



Self-perceived competence and willingness to ask about intimate partner violence among Swedish social workers

Lisa Lundberg & Åke Bergmark

To cite this article: Lisa Lundberg & Åke Bergmark (2018): Self-perceived competence and willingness to ask about intimate partner violence among Swedish social workers, European Journal of Social Work, DOI: [10.1080/13691457.2018.1540970](https://doi.org/10.1080/13691457.2018.1540970)

To link to this article: <https://doi.org/10.1080/13691457.2018.1540970>



© 2018 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group



Published online: 03 Nov 2018.



Submit your article to this journal [↗](#)



Article views: 1466



View related articles [↗](#)



View Crossmark data [↗](#)



Self-perceived competence and willingness to ask about intimate partner violence among Swedish social workers

Självupplevd kompetens och beredskap att fråga om våld i nära relationer hos svenska socialarbetare

Lisa Lundberg and Åke Bergmark

Department of Social Work, Stockholm University, Stockholm, Sweden

ABSTRACT

In this article we explore the extent to which Swedish social workers encounter IPV, as well as their readiness to handle these cases. The study draws from data gathered in an online survey answered by 787 caseworkers within the personal social services, exploring the rate of asking clients about intimate partner violence, access to IPV training, level of self-rated competence, and amount and frequency of IPV-cases in the caseload. Our findings do on the one hand confirm that IPV is a widespread problem that a large proportion of social workers come across on a regular basis, and on the other show that substantial parts of Swedish social workers consider themselves to be rather ill-equipped at handling cases of IPV. Results from multiple regression analyses show that training, high self-perceived competence and administrative procedures each tend to increase the likeliness of social workers regularly asking clients about IPV. Social service organisations striving to increase their ability to detect and support victims of IPV are thus likely to benefit by raising the level of staff competence as well as implementing administrative procedures throughout the organisation.

ABSTRAKT

I artikeln undersöker vi i vilken utsträckning svenska socialarbetare kommer i kontakt med våld i nära relationer och deras beredskap att hantera sådana ärenden. Studien bygger på data från en internetbaserad enkät, besvarad av 787 handläggare inom individ- och familjeomsorgen, kring hur ofta de frågar om våldsutsatthet, tillgång till utbildning om våld i nära relationer, självupplevd kompetens i att hantera våldsärenden, samt förekomst av ärenden som rör våld i nära relationer. Studien bekräftar att våld i nära relationer är ett utbrett problem som en stor andel socialarbetare regelbundet kommer i kontakt med, men den visar också att de svarande upplever att de är förhållandevis dåligt rustade för att hantera sådana ärenden. Vidare framkommer att utbildning kring våld i nära relationer, hög självupplevd kompetens inom området och för området specifika administrativa rutiner var för sig tenderar att öka sannolikheten att socialarbetare regelbundet frågar klienter om våldsutsatthet. Socialtjänstorganisationer som strävar mot att öka sin förmåga att upptäcka och ge stöd till våldsutsatta skulle därmed sannolikt gynnas av att höja personalens kompetensnivå samt att implementera administrativa rutiner i organisationen.

KEYWORDS

Intimate partner violence; social services; competence; screening

NYCKELORD

Våld i nära relationer; socialtjänst; kompetens; screening

CONTACT Lisa Lundberg  lisa.lundberg@socarb.su.se

© 2018 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

Introduction

In Sweden, the personal social services (PSS) are responsible for providing help and assistance to victims of intimate partner violence (IPV). Social workers encounter individuals and families in many different situations and circumstances, a position that provides them with numerous opportunities to address domestic violence,¹ identify those affected and offer support (Crabtree-Nelson, Grossman, & Lundy, 2016; Tower, 2003).

Although Swedish social work education largely provides a generalist competence, a majority of social workers practise their profession in specialised areas, handling specific problems or categories of clients (Bergmark & Lundström, 2007). The PSS, where a vast majority of Swedish social workers are employed, are administrated by local municipalities and usually organised into separate units for handling social assistance, substance abuse and child welfare, which by tradition constitute the major areas. While some municipalities have developed specialised handling of IPV within the PSS, much work with victims of violence is handled within the traditional areas (Lundberg, 2018). Even with high levels of specialisation, social workers in all parts of the social services are expected to be able to identify and refer victimised clients in need of assistance and support (SOSFS 2014:4) and the different areas within the PSS provide specific services in the intersection of IPV and other social problems. For example, victims of domestic violence with co-occurring substance abuse tend to gain from coordinated or integrated support from both substance abuse services and domestic violence agencies (Bennett & O'Brien, 2007; Easton, Swan, & Sinha, 2000; El-Bassel, Gilbert, Wu, Go, & Hill, 2005). Caseworkers making social assistance assessments need to be able to recognise IPV in order to provide their services in ways that target the specific vulnerability of low-income women exposed to violence (Purvin, 2007). When failing to do so, the risk of victims returning to violent partners may increase (Ulmestig & Eriksson, 2017). In addition, lack of IPV knowledge among social workers may lead to negative attitudes towards women not leaving abusive partners and to the problem being denied or avoided (Black, Weisz, & Bennett, 2010; Fusco, 2013; Hanson & Patel, 2010; Hester, 2011; Humphreys, 1999).

IPV has damaging consequences in all layers of society. It is however likely that women seeking and receiving support from social services are exposed to violence to a higher degree than the general population. There is, for example, reason to believe IPV is a widespread problem among child welfare clients (Broberg et al., 2011). In a Swedish study conducted among teenagers in a school setting, more than 1 in every 10 children reported at least one incident of IPV in their family, with higher rates among those with separated parents (Annerbäck, Sahlqvist, Svedin, Wingren, & Gustafsson, 2012). In addition, a number of studies have shown larger proportions of exposure to IPV among women on social assistance than among women in general (Tolman & Raphael, 2000; Tolman & Rosen, 2001). In a Swedish study, women injured by violence were found to have an elevated risk of receiving social assistance for as long as 10 years after the incidents (Trygged, Hedlund, & Kåreholt, 2013). Women with substance abuse problems are at a higher risk of IPV than other women, and experiences of IPV tend to increase the risk of subsequent substance abuse (El-Bassel et al., 2005). While studies indicate that IPV is a frequent problem among women and children in PSS target groups, it is yet not clear how widespread the problem is and to what extent social workers are recognising partner violence among clients. Although victims of IPV may specifically seek support from the social services due to the abuse, many women do not convey their situation unless upon a direct question, due to fear of the perpetrator, shame, or not knowing or trusting there is help to get (Bacchus, Mezey, & Bewley, 2003; Lutenbacher, Cohen, & Mitzel, 2003; O'Campo, McDonnell, Gielen, Burke, & Chen, 2002). It is therefore important that social workers, in order to identify victims, are prepared to ask clients about exposure to IPV. The willingness to inquire into experiences of violence and abuse has been associated with self-perceived confidence, or self-efficacy (Warrener, Postmus, & McMahon, 2013). This article aims to explore access to IPV training, levels of self-rated competence, and amount and frequency of IPV cases in the caseloads of PSS social workers. In addition, we aim to analyse potential associations between training, IPV

caseload/frequency, self-rated competence and willingness to ask about IPV. Our focus is summarised in the following questions:

- (1) How prevalent is IPV as a feature in Swedish PSS social work and to what extent does this vary between different areas?
- (2) To what extent do PSS social workers consider themselves capable of identifying and handling cases of IPV?
- (3) To what extent do PSS social workers ask clients about IPV and which factors increase the likelihood of social workers asking on a regular basis?

IPV and professional competence

A concept that encapsulates the most salient preconditions for enhanced professional focus and capacity in the area is 'self-efficacy', which refers to people's confidence in their ability, skill and capacity to handle specific situations (Bandura, 1997). Having confidence in one's ability may influence the course of action one takes in a given situation, as well as the objectives set, and the persistence with which one tries to achieve them (Bandura, 1997). As Danis (2004) as well as Warrener et al. (2013) have pointed out, social workers may have high self-efficacy in general social work, while feeling less confident in aspects of social work that concern victims of IPV.

Professional experience with IPV, training in the area and explicit administrative procedures on how to ask about violence are all factors that have been associated with increased self-perceived competence as well as with increased willingness to screen for domestic violence (Postmus, McMahon, Warrener, & Macri, 2011; Tower, 2003, 2006; Warrener et al., 2013). In turn, training and self-perceived competence in relation to IPV may increase the number of identified IPV cases, leading to wider experience (Renner, 2011). A Swedish study in a health care setting indicates that female staff are more likely than male staff to ask clients about IPV, as are those who knew where to refer patients exposed to violence in a relationship for further support (Lawoko, Sanz, Helström, & Castren, 2011; Sundborg, Saleh-Stattin, Wändell, & Törnkvist, 2012; Tower, 2006). Studies also imply that to change attitudes and raise awareness and competence in handling domestic violence, specific IPV training may be needed rather than general MSW courses (Black et al., 2010; Currier & Carlson, 2009). While earlier studies differ on whether general experience in the social work profession increases IPV competence, professional experience of domestic violence – through voluntary commitment or as a social worker – has been associated with increased self-perceived competence in the area (Danis, 2004; Davis, 1984; Warrener et al., 2013; Yoshihama & Mills, 2003). In turn, lack of academic preparation and lack of professional experience have been indicated as barriers to self-efficacy (Danis, 2004).

Method

In 2014, all PSS caseworkers in a random selection of 49² medium-sized Swedish municipalities (population ranging from 16,000 to 59,000) were invited by individual e-mails to take part in an online survey on their work routines, experience and competence in the area of domestic violence. The survey was sent to 1533 individual social workers and was answered by 1004 respondents, giving a response rate of over 65 per cent; but as for the purpose of this particular study all supervisors and social workers not administrating cases³ were cleared from the file, the sample used consists of responses from 787 caseworkers.

Table 1 presents background factors for the respondents in the sample. A large majority of the caseworkers were women holding an academic degree in social work. Their age ranged from 22 to 67 years, and on average respondents had around 12 years of professional experience as social workers. Approximately half worked with children, youth or families in the areas of child welfare

Table 1. Features of the respondents ($n = 782-787$).

Men	%	10.3
Women	%	89.7
Child welfare (CW)	%	41.6
Social assistance (SoA)	%	20.5
Substance abuse (SuA)	%	13.0
Family law (FL)	%	9.3
General unit/other (GO)	%	15.6
Degree in social work	%	89.3
Degree in other area	%	9.0
No academic degree	%	1.7
Age	M	42.0
Number of years as social worker	M	11.6
Number of years at present office	M	6.9

and family law. Those working in areas not possible to classify into the set categories ('other') were very few (4.2 per cent) and were included in the group of those working in a general unit.⁴ There were no differences between units according to gender, but those working in family law were older, with a mean age of 49, and had considerably more experience as social workers with a mean of 20 years in the profession. More than 90 per cent of respondents working with child and family issues are educated in social work, while 17 per cent of those working in substance abuse have an academic degree in another field.

The number of respondents in each municipality varied, with a range between 3 in the smallest municipality and 39 in the largest. The distribution of respondents with respect to gender, age, years of experience and inclusion in different specialties did not vary significantly between municipalities. However, there were significant differences between respondents from different municipalities with regard to training and administrative procedures, which indicate that the municipalities prioritise work with IPV differently.

For analyses, data were entered into Statistical Package for Social Sciences (SPSS) version 24. One-way analyses of variance (ANOVA) and Pearson's chi-square were used to determine significant differences between groups. In order to investigate associations between independent and dependent variables, multiple logistic as well as linear regression analyses were performed.

The prevalence of IPV as a feature in Swedish PSS social work was measured through two variables. The first, *IPV in caseload*, aimed to capture the current proportion of IPV in the caseloads of social workers, whether or not IPV was the client's main problem. Secondly, in *frequency of IPV cases*, respondents were asked to approximate how often they handled cases related to IPV.

In order to measure access to IPV training, respondents were asked to what extent they had received training related to IPV during the past three years in any of the four areas: victims of IPV, perpetrators, children and risk assessment. Respondents were given four options in each area: 'training that lasted during the course of several days', 'one day training', 'seminar(s)' and 'no training'. These items were then combined into *IPV training*, indicating the highest level of training in any of the four categories.

Access to *administrative procedures for identifying IPV* was measured through the question of whether respondents, within their organisational unit or group, had specific administrative procedures or guidelines for identifying domestic violence, and whether they abided by these procedures in their work. The question did not specify what was to be regarded as procedures.

Self-perceived competence was measured through five questions asking to what extent respondents felt they had the competence needed to handle cases of violence. The response alternatives were given on a Likert scale ranging from 1 (no, not at all) to 10 (yes, completely) and covered competence in identifying IPV, providing support to victims of violence, motivating perpetrators to receive treatment and assessing the risk for (further) violence. The five items were analysed for reliability using Cronbach's alpha, yielding a coefficient of 0.89. As this was an acceptable result, the items were combined (to a mean value) creating an index variable ranging from 1 to 10.

Asking clients about IPV. Respondents were requested to estimate to what extent they ask clients about exposure to violence in an intimate relationship. They were subsequently asked to rate the significance of different factors for *not* asking about IPV.

Results

In this section, we will present our findings in an order that relates to the three questions listed in the introduction. Throughout the presentation, we offer separate accounts for the different units (see [Table 1](#) for abbreviations). The reason for this is that IPV is likely to occur everywhere within the PSS organisation, but the preconditions to handle the problem may vary with the units' area of specialisation.

The first part of the results relate to the prevalence of IPV as a feature in Swedish PSS social work. In [Table 2](#), we present reported frequency of encountering IPV cases and proportion of cases of IPV in current caseload. Findings indicated that while there was a group of social workers that came across IPV weekly, almost one-third of respondents to their knowledge rarely encountered clients exposed to domestic violence. On average, respondents estimated that about one-fifth of cases in their caseload was related to IPV, while not necessarily the main focus or reason for the client's interactions with the PSS. It may be important to bear in mind that some municipalities had specialised handling of IPV and social workers working mainly with domestic violence cases may have increased the mean level of IPV in caseload. Nevertheless, the relatively high mean proportion of IPV cases points towards domestic violence being a widespread problem among Swedish PSS clients.

Significant differences were found in frequency and proportion of IPV cases between areas of specialisation. Family law stands out, with three out of four respondents handling cases of IPV at least once a month, and IPV was a factor of at least some significance in almost one-third of family law cases. Conversely, a rather high proportion of social workers in child welfare reported handling cases of IPV only once a year or less.⁵ This was somewhat unexpected, as social work in child welfare inherently involves exploring relations within the family and previous studies point towards IPV being frequent among parents in child welfare cases (Broberg et al., 2011). However, the variation in frequency and proportion of IPV in caseload among respondents within the same areas of specialisation⁶ suggest a need to regard results as an indication of diverging ability to identify IPV, as much as of actual prevalence of IPV among clients.

In the next step we directed our attention towards the social workers' estimations of their own ability to identify and handle cases of IPV. As shown in [Table 3](#), few believed that they fully had the competence needed as regards to IPV. With a mean self-perceived competence just above 5, respondents on average placed themselves midway between entirely competent (10), and not at all (1). Comparatively low scores were noted for substance abuse and social assistance units compared to child and family units, with nearly half of respondents in substance abuse units having a low mean competence score. While a fifth of respondents in child welfare estimated their competence to be on the higher scale, every fourth child welfare worker instead estimated their competence to be low, results thus indicating a considerable variation in confidence within this area of

Table 2. Frequency and proportion of IPV in PSS social work according to area of specialisation.

		GO	CW	Su A	So A	FL	All
Frequency of IPV cases^a n = 725							
Encounter IPV every week	%	15.7	12.5	4.2	1.3	25.4	10.9
Encounter IPV every month	%	32.2	32.2	28.4	28.2	50.7	32.7
Encounter IPV every six months	%	30.4	27.5	41.1	20.8	15.5	27.2
Encounter IPV once a year or less	%	21.7	27.8	26.3	49.7	8.5	29.2
Proportion of IPV in caseload^b n = 723							
	M	20.3	21.5	14.0	6.7	31.0	18.2
	SD	22.9	19.5	14.9	7.4	24.7	19.7

^aPearson chi-square $p < .000$.

^bOne-way ANOVA $p < .000$.

Table 3. Self-perceived IPV competence according to area of specialisation ($n = 682$).

		GO	CW	Su A	So A	FL	All
Mean self-perceived competence score ^a (1–10)	M	5.33	5.37	4.40	4.51	5.49	5.06
	(SD)	(1.98)	(1.93)	(2.06)	(2.06)	(1.41)	(1.99)
Proportion with high competence ^b (>7.00)	%	24.1	20.9	8.8	11.1	13.1	17.0
Proportion with low competence ^b (<4.00)	%	27.9	25.5	47.3	40.3	14.8	30.9

^aOne-way ANOVA $p < .000$.

^bPearson chi-square $p < .000$.

specialisation. Further analysis showed positive associations, although weak, between self-perceived competence and number of years in the profession, age and IPV in caseload (not shown in table).

In order to examine the influence of background factors as well as recent training on respondents' self-perceived competence a multiple linear regression analysis was performed. As age and number of years in profession were highly correlated, the latter variable was excluded from the analysis. Results are presented in Table 4 and, as to be expected, training significantly increased confidence, in particular training that had taken place during the course of several days. However, even with training taken into account, there were significant differences between respondents in the different areas of specialisation. Social workers in substance abuse and social assistance rated their competence lower than did respondents working with families or in general units. It was not possible from our data to see exactly why this was the case, but it raises the question of whether substance abuse professionals not only to a lesser extent receive IPV training but also whether the training they receive is not sufficiently adapted to conditions relevant in the context of substance abuse.

The model explain 18 per cent of variation in competence. As the survey merely inquired into training that had taken place within the last three years, respondents may have attended less recent training in IPV, not captured in the study but influencing results, and of course social workers may attain competence and confidence through other means than training, for example by way of experience in working with victims of violence.

Our third research question regarded the extent to which PSS social workers ask clients about IPV. Table 5 shows reported frequency of asking about IPV and the significance of different factors for not asking. Four out of 10 social workers in our sample stated that they always or often ask clients about exposure to IPV. More than half of respondents asked only if there were special reasons for this, mostly because they saw no sign of IPV or that the case was not related to it, and a small group stated that they never or almost never asked clients about IPV. Considering the different units, the areas of family law and substance abuse stand out, with a majority stating that they always or often asked about IPV. Among respondents in social assistance, however, more than 1 in 10 rarely or never asked clients about IPV.

A majority of respondents deemed not observing any signs of IPV and IPV not being part of the case as relevant or rather relevant factors when not asking. One in 10 answered that being unsure of

Table 4. Factors related to self-perceived competence.

	B	CI (95%)
Age	0.027***	0.015–0.040
Men	0.265	–0.180–0.710
Social assistance	–0.784**	–1.247–0.321
Child welfare	–0.016	–0.428–0.395
Family law	–0.124	–0.722–0.474
Substance abuse	–0.851**	–1.363–0.339
Training seminar	0.447*	0.107–0.788
Training day	0.864***	0.427–1.301
Training several days	1.872***	1.444–2.300

Notes: Multiple linear regression analysis ($n = 641$), adjusted $R^2 = 0.18$.

Reference categories: women, general unit, no training.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5. Frequency of asking about IPV and relevance of reasons not to ask.

		GO	CW	Su A	So A	FL	All
Frequency of asking clients about IPV^c (n = 754)							
Ask always/often	%	35.3	33.4	53.1	23.4	83.1	38.9
Ask when special reason	%	62.2	61.4	44.9	64.6	15.5	55.7
Very rarely/never ask	%	2.5	5.2	2.0	12.0	1.4	5.4
Relevance^a of reasons for not asking (n = 683–696)							
No sign of IPV	%	57.0	56.6	43.5	69.2	29.5	55.2
Case not related to IPV	%	57.0	56.6	43.5	69.2	29.5	51.6
Forgetting to ask	%	28.0	25.2	40.0	25.2	21.7	27.4
Client may be offended	%	14.8	9.6	17.4	20.0	5.1	13.3
Unsure of how to ask	%	11.2	8.5	15.1	18.8	0.0	11.2
Don't know what to do in case of IPV	%	5.5	3.2	8.5	7.6	0.0	4.9

^aIndicates per cent of respondents stating that the different factors were relevant or rather relevant.

^cPearson chi-square $p < 0.000$.

how to ask was a relevant or rather relevant factor. This was more common among respondents in social assistance, as was fear of offending the client by asking about IPV. Among those in the area of substance abuse, 40 per cent stated that forgetting to ask was a relevant aspect when not asking about IPV. This could indicate that including questions about IPV in client assessment or investigation to a high extent was required or at least expected among these respondents.

Table 6 displays the results of a multiple logistic regression analysis for asking clients about IPV, which showed that training, high self-perceived competence and administrative procedures all tended to have individual significance with regard to frequency of asking about IPV. Even with level of specialisation, training and administrative procedures included in the analysis, respondents who scored high on self-competence were twice as likely to ask clients about IPV always or often compared to those with low or medium scores. Likewise, having attended training during several days, compared to no training, significantly increased social workers' rate of asking about IPV. Access to administrative procedures, with level of competence, age and specialisation included in the analyses, also increased the likelihood of asking about IPV on a regular basis compared to not having administrative procedures.

There were also differences between respondents according to area of specialisation. Compared to other units within the PSS, social workers employed in family law were much more likely to ask about IPV regularly, with training, age and level of competence included in the analysis. In addition, caseworkers in substance abuse were more than twice as likely to ask always or often about IPV compared to those working in units other than family law. One possible explanation is the fact that questions about IPV are included in widespread substance abuse assessment instruments such as the Addiction Severity Index (National Board of Health and Welfare, 2017), and while some may have interpreted this as administrative procedures for asking about IPV, others may not.

Table 6. Factors related to always or often asking about IPV.

	OR	CI (95%)
Men	0.663	0.374–1.173
Social assistance	0.747	0.416–1.341
Child welfare	0.931	0.563–1.542
Family law	10.873***	4.502–26.261
Substance abuse	2.346**	1.266–4.348
Attended seminar/s	1.308	0.841–2.033
Day training	1.103	0.630–1.931
Several days training	2.061*	1.179–3.604
Low competence score (<4.00)	1.003	0.653–1.539
High competence score (>7.00)	1.977**	1.216–3.214
Access to administrative procedures for identifying IPV	2.334***	1.590–3.427

Notes: Multiple logistic regression analyses (n = 640). Reference categories: women, general unit, no training, medium competence score, no access to administrative procedures.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Nagelkerke $R^2 = 0.23$, Hosmer & Lemeshow $\chi^2 = 4.204$ $p = 0.838$.

The Hosmer–Lemeshow test results ($\chi^2 = 4.204$, $p = .838$) indicate the model has a satisfactory goodness of fit. On the other hand, the Nagelkerke R^2 value was 0.23, pointing towards factors not included in the model playing a significant part in whether or not social workers ask about IPV.

While it is possible that social workers asking regularly about IPV had duties more related to this area, habitually asking about IPV is likely to increase the prospect of identifying victims of violence, compared to enquiring about IPV only in specific circumstances. This assumption was confirmed by the results from multiple logistic regression analyses, as shown in Table 7. Respondents who always or often asked about IPV were much more likely to come across cases of IPV at least once a month, with area of specialisation, level of training and competence held constant. Looking at units separately, this was particularly obvious in the area of social assistance, as respondents in this area were more than 10 times as likely to encounter IPV at least once a month when asking regularly. Those reportedly asking often or always within the area of substance abuse, interestingly, did not encounter IPV more often than those asking on indication. If questions on IPV are part of standard assessment procedures within this area of specialisation, these results could be an indication of social desirability bias with respondents in this area of specialisation overestimating their rate of asking about IPV.

Having received training was, as has been shown, associated with higher self-perceived competence as well as with a higher rate of asking about IPV. Analyses of data showed that access to training was not associated with age, gender, years in the profession or years at present social services office. There were, however, significant differences between the areas of specialisation. Table 8 presents the proportion of respondents that had received training and proportion with access to administrative procedures related to identifying IPV according to area of specialisation. Results indicated that among all respondents, two-thirds had attended some IPV training during the last three years. Among respondents employed in substance abuse and social assistance units, the proportion that had attended training was significantly lower than among social workers in other areas of specialisation.

Analyses⁷ also showed an association, although weak, between training and current IPV caseload ($p < .001$), and that respondents with training came across cases of IPV more often than those without training ($p < .01$). This may indicate either that those who handled cases of IPV more regularly had greater access to training, or conversely, that training influenced the number of cases identified. Correspondingly, respondents that considered their competence to be low appeared to encounter IPV more rarely than did those that deemed themselves more competent ($p < .000$, not shown in table). This may be due to greater experience influencing competence, but it may also indicate that a lack of competence and experience lessened the number of IPV cases identified. Still, among respondents that handled cases of IPV every week, 1 in 10 had low self-perceived competence in the area and almost a third lacked recent training (not shown in table).

A majority of respondents had access to administrative procedures for asking clients about IPV. However, only 43 per cent of all social workers stated that they adhered to such procedures in their work, while one-fifth answered that they had procedures for identifying IPV in their unit but that these were of lesser significance in their work. The gap between the proportion that had

Table 7. Odds ratio of coming across IPV at least once a month when always or often asking clients of IPV.

	N	OR
All areas of specialisation ^a	635	2.591***
Separate analyses for each area of specialisation ^b		
General unit	102	2.634
Social assistance	137	11.761***
Child welfare	252	2.074**
Family law	56	2.814
Substance abuse	88	0.654

Note: Multiple logistic regression analyses, asking less often – asking when special reason, rarely or never asking was combined as reference category.

^aArea of specialisation, level of IPV training and competence held constant.

^bFile split into groups, looking at each area of specialisation individually. Level of IPV training and competence held constant.

** $p < .05$, *** $p < .01$, **** $p < .001$.

Table 8. Access to IPV training and administrative procedures.

		GO	CW	Su A	So A	FL	All
IPV training^a (n = 677)							
Any IPV training	%	72.9	70.4	49.3	62.0	77.4	68.2
Several days of IPV training	%	15.0	20.7	12.1	11.7	19.4	16.7
One day IPV training	%	22.4	15.0	15.4	12.4	9.7	15.2
Single seminar/s on IPV	%	35.5	34.6	31.9	38.0	48.4	36.3
No IPV training	%	27.1	29.6	40.7	38.0	22.6	31.8
Administrative procedures for identifying IPV^b (n = 737)							
Have procedures	%	67.5	58.2	69.0	55.4	84.5	63.0
Follow procedures	%	45.3	33.9	51.5	40.5	73.2	43.1

^aPearson chi-square $p = .037$.

^bPearson chi-square $p < .000$.

access to administrative procedures and those that actually abided by them indicates a rather large number of respondents not making use of organisational arrangements. Unfortunately, the survey did not cover the reasons why respondents deemed procedures to lack significance. One interpretation would be that respondents not following guidelines carried out work in which these arrangements do not apply. It is also possible that confident or well-trained social workers do not feel the need to rely on specific routines. On the other hand, complementary analyses tended to refute this explanation, as a larger proportion of respondents with training followed procedures than those without training. There were also noticeable differences between units with regard to administrative procedures, as almost three-quarters of social workers in family law abided by procedures, while this was the case for only a third in child welfare.

Discussion

This study shows that IPV is present in a considerable proportion of cases throughout the Swedish PSS. While the results are likely to be indicative of caseworkers' varying ability to identify domestic violence as well as of its actual prevalence, it is clear that IPV is a widespread problem in all areas of PSS. Still, substantial parts of the social workers consider themselves rather ill-equipped at handling these cases.

With IPV specialisation, expertise may be concentrated within groups of staff that gain experience through the work they do (Ekström, 2018). However, although PSS in general are largely specialised organisations, units or groups allocated to manage IPV are relatively sparse, a fact that inevitably leads to responsibility being laid upon other units (Lundberg, 2018). While specialised support is likely to benefit clients in need of specific services, circumstances that are more complex may involve an array of caseworkers from different units (Grell, Ahmadi, & Blom, 2016). Irrespective of specialised units present, victims of domestic violence may need assistance in various areas, including social assistance and child and family services, all bringing different resources and expertise to the client's situation. Lack of IPV competence among caseworkers in general may therefore be a matter of concern regardless of how work is organised.

PSS organisations have an obligation to ensure their staff have the competence needed to perform the tasks they are given. Nevertheless, some responsibility to ensure proficiency in social work perhaps ought to fall on the institutions educating new social workers. Recent national educational regulations stipulate the area of IPV as of July 2018 to be included in Swedish social work education, as well as in a number of other higher education programmes leading to human service degrees (SFS 1993:100). This study highlights the necessity of this development. The current generalist outline of social work education provides students with a broad theoretic base but leaves them short of deeper knowledge and competence on specific social problems (Bergmark, 2010). While traditional areas such as substance abuse, poverty and child welfare have strong traditions within social work research and education, less recognised areas such as IPV are regularly

absent from the curricula. With a generalist approach in social work education, PSS organisations need to provide in-house training and guide recently educated social workers into the every-day components of social work practice. Ideally, skilled and experienced colleagues tutor newly employed staff members in aspects related to their field of expertise. However, vis-à-vis less established issues in social work practice, this educational model may prove inadequate and a hard challenge for PSS organisations to meet. It presupposes organisational ability, capacity and ambition to continuously educate and train new social workers in complex phenomena such as IPV. With sparse IPV specialisation, few members of staff may have the competence needed to impart skill in the area to new generations of social workers.

While a majority of social workers in our sample only ask about IPV upon indications of abuse, caseworkers that regularly ask clients about IPV come across the problem more frequently. Training, high self-perceived competence in the area, as well as access to administrative procedures all tend to increase the likelihood of social workers asking regularly about experiences of partner violence. It is perhaps not surprising that those that lack confidence and training in handling cases of IPV are also less willing or able to explore the issue in their everyday work. When enquiring into experiences of violence, social workers need to have confidence in their ability to respond and to provide support to their clients (Warrener et al., 2013). While self-efficacy in an area does not necessarily reflect actual competence, it may influence the ambition and the resolve with which a particular situation is approached (Bandura, 2006). In addition, lack of IPV training may be linked to victim blaming attitudes, which have a negative effect on the support and services, rendered (Black et al., 2010; Fusco, 2013; Hanson & Patel, 2010; Hester, 2011; Humphreys, 1999). Our study consequently advises PSS organisations striving to increase their ability to identify victims of violence to raise the staff competence in IPV as well as to implement relevant administrative procedures throughout the organisation.

Our aim in this article has been to describe and analyse the prerequisites for work with IPV within the Swedish PSS. In this respect, the study holds some limitations. The survey only encompasses medium-sized Swedish municipalities and it is possible that social workers in larger or smaller municipalities vary from our sample in prevalence of IPV, access to training or in other aspects. In addition, respondents choosing not to participate may differ from caseworkers completing the survey, although our response rate may be described as overall satisfactory. Our multivariate analyses gives us valuable indications of factors related to central components as competence and the inclination of asking about IPV, but do only include circumstances registered in the survey. Since a considerable part of the variation is unexplained in our models, we may here have identified an area for further research.

Notes

1. Domestic violence and IPV will be used synonymously in this article to signify violence against a partner in an intimate relationship.
2. 50 municipalities were selected, but one municipality declined to partake in the study.
3. E.g. staff carrying out various interventions or upholding administrative functions, rather than assessing or investigating cases.
4. While 15.6 per cent of respondents stated that they work in a general unit, these respondents may yet be specialised within this unit, handling specific problems/client groups.
5. Filtering out respondents handling youth and foster care placements, one in five (19.5 %, not shown in table) social workers handling child and family cases only encounter or identify cases of IPV once a year or less.
6. General unit (GO), child welfare (CW), substance abuse (SuA), family law (FL).
7. Pearson's chi-square test.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was funded by The Swedish Crime Victim Compensation and Support Authority [grant number 08498/2011].

Notes on contributors

Lisa Lundberg is a doctoral student at the Department of Social Work at Stockholm University. She is exploring the work carried out regarding domestic violence by Swedish personal social services, *with particular focus directed towards organisational features, interventions, administrative routines and efforts to raise competence.*

Åke Bergmark is Professor of Social Work at Stockholm University Department of Social Work. His research areas are social assistance, social services organisation and welfare state structures. Previously he has served as Research Director at the Swedish Institute for Future Studies and as a member of the national Welfare Commission. Since 2014 Professor Bergmark is also chief editor of International Journal of Social Welfare.

References

- Annerbäck, E. M., Sahlqvist, L., Svedin, C. G., Wingren, G., & Gustafsson, P. A. (2012). Child physical abuse and concurrence of other types of child abuse in Sweden – Associations with health and risk behaviors. *Child Abuse & Neglect*, 36(7–8), 585–595.
- Bacchus, L., Mezey, G., & Bewley, S. (2003). Experiences of seeking help from health professionals in a sample of women who experienced domestic violence. *Health & Social Care in the Community*, 11(1), 10–18.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: Freeman.
- Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (Vol. 5, pp. 307–337). Greenwich, CT: Information Age.
- Bennett, L., & O'Brien, P. (2007). Effects of coordinated services for drug-abusing women who are victims of intimate partner violence. *Violence Against Women*, 13(4), 395–411.
- Bergmark, Å. (2010). Social work in the advanced welfare state – the case of Sweden. In Erath, P & Littlechild, B. (red) *Social Work across Europe*. Ostrava: Albert.
- Bergmark, Å., & Lundström, T. (2007). Unitarian ideals and professional diversity in social work practice – the case of Sweden. *European Journal of Social Work*, 10(1), 55–72.
- Black, B. M., Weisz, A. N., & Bennett, L. W. (2010). Graduating social work students' perspectives on domestic violence. *Affilia*, 25(2), 173–184.
- Broberg, A., Almqvist, L., Axberg, U., Grip, K., Almqvist, K., Sharifi, U., ... Iversen, C. (2011). *Stöd till barn som bevittnat våld mot mamma: resultat från en nationell utvärdering*. [Support to children witnessing violence against their mothers: Results from a national evaluation]. Retrieved from <http://oru.diva.portal.org/smash/get/diva2:534375/FULLTEXT01.pdf>
- Crabtree-Nelson, S., Grossman, S. F., & Lundy, M. (2016). A call to action: Domestic violence education in social work. *Social Work*, 61(4), 359–362.
- Currier, D. M., & Carlson, J. H. (2009). Creating attitudinal change through teaching: How a course on 'women and violence' changes students' attitudes about violence against women. *Journal of Interpersonal Violence*, 24(10), 1735–1754.
- Danis, F. (2004). Factors that influence domestic violence practice self-efficacy: Implications for social work. *Advances in Social Work*, 5(2), 150–162.
- Davis, L. V. (1984). Beliefs of service providers about abused women and abusing men. *Social Work*, 29(3), 243–250.
- Easton, C. J., Swan, S., & Sinha, R. (2000). Prevalence of family violence in clients entering substance abuse treatment. *Journal of Substance Abuse Treatment*, 18(1), 23–28.
- Ekström, V. (2018). Carriers of the troublesome violence—the social services' support for female victims of domestic violence. *European Journal of Social Work*, 21(1), 61–73.
- El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship between drug abuse and intimate partner violence: A longitudinal study among women receiving methadone. *American Journal of Public Health*, 95(3), 465–470.
- Fusco, R. A. (2013). 'It's hard enough to deal with all the abuse issues': Child welfare workers' experiences with intimate partner violence on their caseloads. *Children and Youth Services Review*, 35(12), 1946–1953.
- Grell, P., Ahmadi, N., & Blom, B. (2016). The balancing Act: Clients with complex needs describe their handling of specialised personal social services in Sweden. *British Journal of Social Work*, 47(3), 611–629.
- Hanson, S., & Patel, L. (2010). Linking the circles of violence: Woman and child abuse in the same family system in South Africa. *Practice: Social Work in Action*, 22(1), 33–44.
- Hester, M. (2011). The three planet model: Towards an understanding of contradictions in approaches to women and children's safety in contexts of domestic violence. *British Journal of Social Work*, 41(5), 837–853.
- Humphreys, C. (1999). Avoidance and confrontation: Social work practice in relation to domestic violence and child abuse. *Child and Family Social Work*, 4, 77–87.

- Lawoko, S., Sanz, S., Helström, L., & Castren, M. (2011). Screening for intimate partner violence against women in health-care Sweden: Prevalence and determinants. *ISRN Nursing, 2011*, 510692. doi:10.5402/2011/510692.
- Lundberg, L. (2018). A new area of expertise? Incorporating social work with intimate partner violence into Swedish social services organizations. *Nordic Social Work Research, 8*(2), 171–184.
- Lutenbacher, M., Cohen, A., & Mitzel, J. (2003). Do we really help? Perspectives of abused women. *Public Health Nursing, 20*(1), 56–64.
- National Board of Health and Welfare. (2017). *ASI-manualen. Anvisningar till ASI Grund och ASI Uppföljning. Reviderad version 2017* [ASI-manual. Instructions for ASI baseline and follow up. Revised edition 2017] Retrieved from <http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19466/2014-6-15.pdf>
- O'Campo, P., McDonnell, K., Gielen, A., Burke, J., & Chen, Y. H. (2002). Surviving physical and sexual abuse: What helps low-income women? *Patient Education and Counseling, 46*(3), 205–212.
- Postmus, J. L., McMahon, S., Warrener, C., & Macri, L. (2011). Factors that influence attitudes, beliefs, and behaviors of students toward survivors of violence. *Journal of Social Work Education, 47*(2), 303–319.
- Purvin, D. M. (2007). At the crossroads and in the crosshairs: Social welfare policy and low-income women's vulnerability to domestic violence. *Social Problems, 54*(2), 188–210.
- Renner, L. M. (2011). 'I'm wondering if I am completely missing that': Foster care case managers and supervisors report on their IPV training. *Children and Youth Services Review, 33*(2), 386–394.
- SFS 1993:100 Högskoleförordning [The Higher Education Ordinance].
- SOSFS 2014:4. Socialstyrelsens föreskrifter och allmänna råd om våld i nära relationer [Regulations and general advice on violence in intimate relationships]. Retrieved from <https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19441/2014-5-7.pdf>
- Sundborg, E. M., Saleh-Stattin, N., Wändell, P., & Törnkvist, L. (2012). Nurses' preparedness to care for women exposed to intimate partner violence: A quantitative study in primary health care. *BMC Nursing, 11*(1), 1.
- Tolman, R. M., & Raphael, J. (2000). A review of research on welfare and domestic violence. *Journal of Social Issues, 56*(4), 655–682.
- Tolman, R. M., & Rosen, D. (2001). Domestic violence in the lives of women receiving welfare mental health, substance dependence, and economic well-being. *Violence Against Women, 7*(2), 141–158.
- Tower, L. E. (2003). Domestic violence screening: Education and institutional support correlates. *Journal of Social Work Education, 39*(3), 479–493.
- Tower, L. E. (2006). Barriers in screening women for domestic violence: A survey of social workers, family practitioners, and obstetrician-gynecologists. *Journal of Family Violence, 21*, 245–257.
- Trygged, S., Hedlund, E., & Kåreholt, I. (2013). Våldsutsatta kvinnor drabbas av långsiktiga negativa ekonomiska konsekvenser [Female victims of violence suffer from long term negative economic consequences]. *Socialmedicinsk Tidskrift, 90*(4), 604–612.
- Ulmestig, R., & Eriksson, M. (2017). Financial consequences of leaving violent men-women survivors of domestic violence and the social assistance system in Sweden. *European Journal of Social Work, 20*(4), 560–571.
- Warrener, C., Postmus, J. L., & McMahon, S. (2013). Professional efficacy and working with victims of domestic violence or sexual assault. *Affilia: Journal of Women and Social Work, 28*(2), 194–206.
- Yoshihama, M., & Mills, L. G. (2003). When is the personal professional in public child welfare practice?: The influence of intimate partner and child abuse histories on workers in domestic violence cases. *Child Abuse & Neglect, 27*(3), 319–336.