The Importance of Safety Training in Forensic Psychology Graduate Programs

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Abstract

This study examined current psychology graduate students' and early career professionals' (ECPs) (N = 156) perceptions of safety and experiences while working with forensic populations. ECPs were defined as individuals who had completed graduate studies in a psychology masters- or doctoral-level program within the past five years. Results suggest that, although the majority of students and ECPs have experienced safety violations while working in forensic settings, they reported feeling fairly safe in such settings. Furthermore, while more safety training and higher self-proclaimed proficiency levels in the different safety training areas (e.g., assertiveness training, self-defense, safety awareness) were generally related to higher reported levels of safety in forensic settings, these respondents reported a higher incidence of safety violations. The results of this survey highlight the prevalence of safety violations among students and ECPs, as well as the need for program-sponsored safety training in graduate training programs.

Keywords: (early career professionals, graduate students, safety training, forensic psychology)

Introduction

Within the increasingly popular specialization of forensic psychology, there are practice areas that require many mental-health professionals to interact with individuals who have committed violent crimes. As such, the safety of mental-health professionals working with potentially violent populations is of paramount concern. Nevertheless, it remains an understudied subject.

The extant literature on the safety of mental-health professionals has primarily focused on the prevalence of violence occurring within inpatient psychiatric settings and the preparedness of mental-health professionals to handle such incidents. In 2000, Division 12

(Society of Clinical Psychology) of the American Psychological Association (APA) convened a task force to examine education and training for addressing behavioral emergencies (APA, 2000). This task force concluded that, during their careers, as many as 40% of clinical psychologists may be assaulted by their patients. Other research suggests that between 24% and 40% of psychologists have been assaulted by patients (Guy, Brown, & Poelstra, 1990; Tryon, 1986). Generally, 81% of clinicians have been attacked by their patients, either verbally, physically, or through harassment, (Tryon, 1986). Estimates of the number of psychologists who have been stalked by patients typically range from 5%-13% (Gentile, Asamen, Harmell, & Weathers, 2002). However, a relatively recent survey of Australian psychologists revealed that 20% of respondents had been stalked by a patient for a period of at least two weeks (Purcell, Powell, & Mullen, 2005).

Although the literature regarding patient violence against psychologists is sparse, research regarding the prevalence of violence directed towards social workers has yielded similar findings. Survey research has uncovered high levels of violence directed towards social workers, and a recent survey suggests that patient assaults against social workers often go unreported (Macdonald & Sirotich, 2001). In addition, surveys of mental-health professionals suggest that safety training is inadequate or unavailable in the field. Corder and Whiteside (1996) found that an alarming majority of psychologists surveyed feel inadequately trained to address safety concerns in the profession, with only one-quarter of psychologists reporting that they had ever received any type of safety or violence-management training.

Of particular concern is that graduate students, who have less training than clinical psychologists, have an increased risk of being assaulted. Guy et al. (1990) found that the majority of reported patient assaults on clinicians occurred during graduate training or within the first five years following the completion of a graduate program. Researchers have speculated that early-career mental-health professionals are at a greater risk of assault because they may not realize violence potential, nor do they understand boundaries or how to defuse potential dangerous behaviors (Guy & Brady, 1998).

Given their higher risk of being assaulted, it is unsurprising that, like their professional counterparts, many psychology graduate students feel ill prepared to work with violent patients. One study designed to assess graduate psychology students' safety training and violence preparedness found that graduate students were unhappy with their violence-management training. These students also reported low confidence with regard to their abilities to work with potentially violent patients (Gately & Stabb, 2005). Similar findings have been reported in other studies. For example, Tryon's (2001) survey of school psychology graduate students revealed that only 23% of all students and 30% of advanced-level students reported feeling adequately prepared to handle a patient who may be violent. These findings are particularly concerning considering that violence preparedness training appears effective at reducing the severity and prevalence of dangerous incidents experienced by mental-health professionals. For example, Gately and Stabb (2005) observed positive correlations between perceptions of training and confidence in handling violent situations. Moreover, safety training has been found to reduce

the incidence of clinician-directed violence (Allen, McDonald, Dunn, & Doyle, 1997), as well as the detrimental emotional effects of such incidents on clinicians (McAdams & Foster, 1999).

In addition to the obvious physical dangers associated with patient assault, the effects of being victimized by a patient can have damaging psychological effects on mental-health professionals. Guy and colleagues (1990) found that therapists who had experienced assault were less likely than other therapists to work with potentially violent patients in the future.   Jorgensen and Hartman (1997) observed that working in high-risk environments can lead to fear, stress, and burnout among mental-health practitioners. Serious long-term psychological consequences of patient assault have also been found to correlate with feelings of disempowerment, anxiety, fear, and depression (Littlechild, 2002).   Importantly, less experienced practitioners—those most at risk for assault—appear especially vulnerable to the psychological consequences of patient violence.

Forensic Psychology

According to the *Specialty Guidelines for Forensic Psychology* (American Psychological Association, 2012), forensic psychology can be defined as "professional practice by any psychologist working within any subdiscipline of psychology (e.g., clinical, developmental, social, cognitive) when applying the scientific, technical, or specialized knowledge of psychology to the law to assist in addressing legal, contractual, and administrative matters" (APA, 2012, p.1). Mental-health professionals within the field of forensic psychology often work with individuals who have had contact with the criminal justice system. Psychologists have noted that one risk factor for future violence is the presence of a criminal record or a history of violence (regardless of arrest history) (Louwe, Strydom, & Esterhuyse, 2005). Therefore, practitioners working primarily with this population may be particularly vulnerable to violence. The issue of safety training, which may reduce the incidence and deleterious effects of clinician assaults, is particularly salient for graduate students and early career professionals (ECPs) working in the field of forensic psychology.

A growing number of graduate programs in psychology offer specialization in forensic training. A recent survey by Burl et al. (2012) identified a total of 68 programs across 41 institutions that offer this unique training specialty. They also examined the core curriculum within graduate programs specializing in forensic psychology. Although numerous topics were covered (e.g., forensic assessment, victimology, juvenile offending), safety training and conflict resolution were *not* among the topics that generalized across programs (Burl et al., 2012). In fact, Magaletta, Patry, Dietz, and Ax (2007) reported that less than 25% of students in psychology graduate programs receive *any* formalized safety training prior to working in a correctional or forensic setting.

Although most students do not receive program-sponsored safety training in graduate school, they are often exposed to on-the-job safety training once they begin to work in correctional or forensic environments (Magaletta et al., 2007). Additionally, there are

many opportunities, especially through the Federal Bureau of Prisons, for students to gain practicum experiences in correctional settings during graduate school (Magaletta et al., 2011). However, the vast majority of graduate students do not receive program-sponsored safety training.

Study Purpose

The prevalence of clinician-directed violence and the damaging effects of such incidents have been well documented within general clinical settings. Considering that ECPs are at a higher risk for assault than experienced professionals, and most vulnerable to the psychological impact of patient assaults, it is imperative to investigate the incidence of safety violations experienced by young mental-health professionals working with particularly dangerous populations. As such, the purpose of this study was to examine current psychology graduate students' and ECPs' perceptions of safety and experiences while working with forensic populations.[1] This study also examined the factors that influence their perceptions of safety. To our knowledge, this is the first study to examine safety perceptions and incidents of safety violations in burgeoning forensic mental-health professionals.

This study was derived from several basic intrinsic assumptions that we had about graduate students and ECPs. First, we believed that graduate students and ECPs feel unsafe working with criminally involved individuals. We also believed that graduate students and ECPs lack safety training. Finally, we believed that graduate students and ECPs experience a high number of safety violations. However, due to the exploratory nature of this research project and the dearth of research in this area our analyses were primarily exploratory.

Methods

Respondents

Respondents included 156 psychology graduate students and ECPs (32 males, 123 females, 1 unreported) with self-reported experience working in forensic settings. Respondents were eligible for this survey if they had worked or were currently working with forensic populations as part of graduate training. Respondents were asked about their graduation year or projected graduation year, which ranged from 2006 to 2016. The majority of respondents (62.8%) reported a graduation or projected graduation year between 2011 and 2014. Respondents were pursuing various degrees: Ph.D. (44.2%), Psy.D. (41.7%), Masters (10.3%), Joint Degree Programs (2.6%), Ed.D. (.6%), and Other (.6%). Respondent age ranged from 22 to 56 (*M* = 31.30, *SD* = 6.58). Respondents' self-reported race as Caucasian (83.3%), Asian (5.8%), Other (5.8%),

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[1] Within forensic psychology, professionals may work with individuals who are or are not criminally involved. For the purposes of this survey, however, we were interested in examining ECPs' and graduate students' experiences working primarily with those who were involved with the criminal justice system.

African American (3.2%), and American Indian or Alaskan Native (1.3%); respondents' ethnicities were Hispanic or Latino (3.8%) and Non-Hispanic or Latino (94.9%) (1.3% of participants did not report their ethnicities).

Procedure

ECPs and student members of the American-Psychology Law Society (AP-LS; Division 41 of APA) were contacted via the APLS email listserv and asked to complete an anonymous online survey. Interested individuals were directed to the Survey Monkey website and informed that the researchers were seeking current graduate students and ECPs (defined as those who had graduated within the past five years). Once the respondents completed the questionnaire, they were thanked for their participation.

Materials

The survey was created for the purposes of this research project only. The initial survey question stated, "As part of your graduate program, did you (or do you), work with forensic or correctional populations?" Respondents who answered "no" to this question were directed to an Internet page thanking them for their participation. Only respondents who answered affirmatively to this initial question were directed to the remaining survey questions.

The survey items consisted of questions regarding demographics (including a question about their year, or projected year, of graduation), experience working with forensic populations (inside and outside correctional facilities), safety-training background (both within and independent from their graduate program; self-defense, assertiveness, safety awareness, and "other"), and perceived or actual threats to safety sustained in forensic settings. Specifically, respondents were asked about incidents of physical, sexual, and verbal assaults and harassment. Responses were recorded on Likert scales, with 1 representing "never," 4 representing "sometimes," and 7 representing "always." Respondents were asked one open-ended question regarding the type of safety training they would recommend if they believed that graduate programs should offer safety training. The survey is available from the first author upon request.

Results

Overall Perceptions of Safety

Respondents were asked to rate how safe they felt in a variety of forensic settings on a Likert scale ranging from 1 to 7, with 1 indicating "extremely unsafe" and 7 indicating "extremely safe." In general, respondents indicated that they felt moderately to extremely safe working with offenders individually inside a locked correctional facility (M = 5.26; SD = 1.06); in a group setting inside a locked correctional facility (M = 5.12; SD = 1.19); individually outside a locked facility (M = 4.83; SD = 1.30); and in a group setting outside a locked facility (M = 4.82; SD = 1.36). A one-way between-groups ANOVA was conducted to determine if there was a significant difference in how respondents felt in these four settings. There was a significant effect for the different situations, F (3,

614) = 4.86 p < .005, eta squared = .02 (small effect size). Post-hoc comparisons using Tukey's HSD indicated that the mean score for working with offenders individually inside of locked correctional facilities significantly differed from the means scores of working with offenders individually and in a group outside of locked correctional facilities.

Overall Safety Violations

We were also interested in examining how often respondents experienced certain kinds of threats and/or assaults while working with forensic populations. Overall, 96.2% of respondents reported experiencing at least some incidents of safety violations. To identify the most frequently experienced safety violations, we asked respondents to rate their prior experience with seven different types of incidents on a Likert scale, with 1 indicating "never" and 7 indicating "frequently."

In descending order of the most frequently reported violations, respondents noted that they experienced: "sexually inappropriate comments or gestures towards you or in your presence" (M = 3.55; SD = 1.83); "verbal intimidation" (M = 3.44; SD = 1.84); "physical intimidation tactics" (M = 2.51; SD = 1.58); "masturbation or exhibitionism in your presence" (M = 1.96; SD = 1.25); "threats against you or your family" (M = 1.91; SD = 1.38); "inappropriate sexual touching of your person" (M = 1.18; SD = 0.64); and "physical assault" (M = 1.17; SD = 0.73) (see Table 1).

Table 1. Frequency of Self-Reported Safety Violations for Graduate Students and ECPs (Total N = 156)

Type of Safety Violation	N of respondents who reported at least some incidents of safety violations	% of respondents who reported at least some incidents of safety violations
Sexually Inappropriate Comments or Gestures Towards You or in Your Presence	131	84.5%
Verbal Intimidation	127	81.4%
Physical Intimidation Tactics	99	63.5%
Masturbation or Exhibitionism in Your Presence	78	50.0%
Threats Against You or Your Family	65	41.7%
Inappropriate Sexual Touching of Your Person	19	12.2%
Physical Assault	13	8.3%

Safety Training

Twenty-two percent of respondents reported participating in a safety-related training as part of their graduate school program. Substantially more respondents (66%) reported that they had taken part in some type of safety training program outside of their gradu-ate program. Participation in safety training inside and outside of graduate program was primarily similar across degree types (see Table 2).

Table 2. Breakdown of Safety Training by Degree

Highest Degree Received or Pursuing	N	% of Respondents who participated in Safety Training Inside of Graduate Programs	% of Respondents who participated in Safety Training Outside of Graduate Programs
Ph.D.	69	15%	65%
Psy.D.	65	28%	69%
Master's	16	19%	63%
Joint Program	4	50%	50%
Ed.D.	1	100%	100%
Other	1	100%	100%

In general, respondents indicated that, outside of graduate school, they participated in self-defense (51.3%), assertiveness training (25.6%), safety awareness (57.7%), and "other" trainings (14.1%) (e.g., "non-violent crisis intervention training," "training in boundary issues," "firearms training," "gang education," "pressure point control tactics," "restraint training"). Respondents were also asked whether they believe safety training should be incorporated into forensic psychology graduate programs, and the majority (75.6%) endorsed the belief that graduate programs should offer some type of safety training. Respondents were asked to describe the types of training they recommended in an open-ended format. Some examples of their suggestions included crisis man-agement, verbal de-escalation tactic, self-defense, and safety awareness.

Factors Influencing Perceptions of Safety and Safety Violations

Gender and safety. Although men and women were almost equally likely to report prior experience with at least one safety violation (95.9% of women, 96.9% of men), interesting gender differences emerged with respect to the types of safety violations most frequently experienced. Specifically, women were significantly more likely than men to experience all types of violations of a sexual nature. For example, 89.4% of women but only 65.6% of men reported experiencing "sexually inappropriate comments or gestures," χ^2 (6, N = 154) = 17.0, p = .005, V = .33 (medium effect size); and 14.6% of women but only 3.1% of men reported experiencing "inappropriate touching" while working with forensic populations, χ^2 (6, N = 155) = 8.91, p = .032, V = .24 (medium effect size). Moreover, women (M = 3.82, SD = 1.80) reported experiencing "sexually inappropriate comments or gestures towards you or in your

presence" significantly more frequently than men (M = 2.50, SD = 1.57), t(152) = -3.79, p < .001, d =.78 (large effect size).

Although there were no statistically significant gender differences with respect to safety perceptions, setting type appears to moderate perceived safety. Specifically, in correctional settings, men and women reported equivalent levels of perceived safety. However, in community settings, men appeared to feel safer than women do. When working with offenders individually outside correctional facilities, women (M = 4.75, SD = 1.33) reported feeling less safe than men (M = 5.13, SD = 1.16), t(152) =1.44, p = .08, d = .30 (small effect size). Similarly, when working with groups of offenders outside correctional facilities, women (M = 4.74, SD = 1.45) endorsed feeling less safe than men (M = 5.10, SD = .91); $t(74.28)$ = 1.68, p = .10, d = .30 (small effect size).[2]

Figure 1. A Comparison of the Perceptions of Safety Between Genders
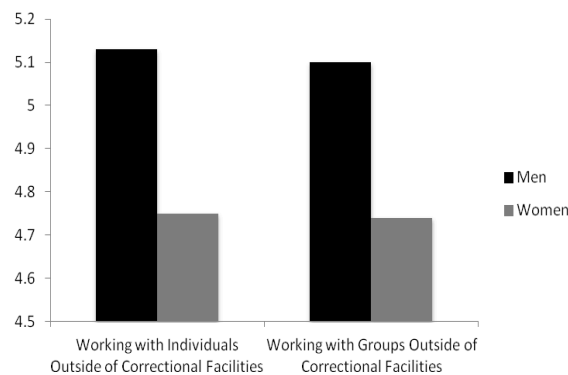
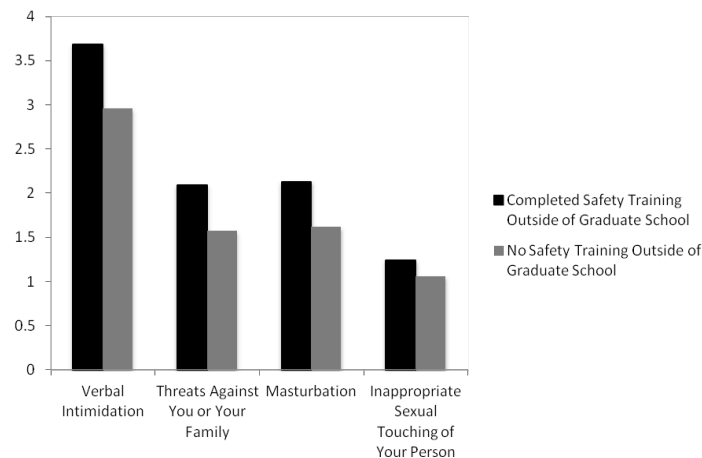## Safety Training and Perceptions of Safety

Participation in certain types of safety training curricula also appears to impact perceptions of safety in particular settings. Specifically, respondents who took part in program-sponsored safety training reported feeling safer working with a group of offenders inside of locked correctional facilities (M = 5.50, SD = 1.02) than respondents with no program-sponsored safety training (M = 5.02, SD = 1.21), t(153) = -2.12, p = .035, d = .43 (medium effect size). These findings were not replicated with respect to safety perceptions when working with offenders individually inside of locked correctional facilities, or with offenders outside of locked correctional facilities. Lastly, participation in community-based safety training did not impact perceptions of safety.

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[2] An independent samples t-test was run; however, the assumption of equal variance was violated, and therefore, equal variances were not assumed when analyzing these results.

Safety training and safety violations. Interestingly, completing safety-training courses outside of a graduate program was often correlated with higher incidence of safety violations. Specifically, respondents who completed safety training outside of graduate programs experienced more instances of safety violations than their peers who had taken no safety-training courses outside of a graduate program. In particular, they had more instances of "verbal intimidation" (M = 3.68, SD = 1.76 versus M = 2.96, SD = 1.92), t(154) = -2.34, p = .021, d = .39 (small to medium effect size); "threats against you or your family" (M = 2.09, SD = 1.39 versus M = 1.57, SD = 1.31) t(154) = -2.27, p = .025, d = .39 (small to medium effect size); "masturbation" (M = 2.13, SD = 1.35 versus M = 1.62, SD = .95), t(139.77) = -2.71, p = .008, d = .44 (medium effect size); and "inappropriate sexual touching of your person" (M = 1.24, SD = .75 versus M = 1.06, SD = .31), t(148.23) = -2.20, p = .03, d = .031 (small effect size).

Figure 2. Frequency of Safety Violations for Respondents with and without Safety Training

There were no statically significant differences in the number of safety violations experienced by respondents who had taken part in program-sponsored safety training compared to those who had not.

Safety proficiency and perceptions of safety. We requested information regarding respondents' self-proclaimed expertise levels in four types of safety trainings to examine whether their self-reported proficiency influenced their perceptions of safety and experience with actual safety violations while working with forensic populations. In the area of self-defense, 51.3% of respondents rated themselves as novices, 30.1% as intermediates, and 5.1% as experts. Regarding assertiveness training, 25% of respondents rated themselves as novices, 50.6% as intermediates, and 10.3% as

experts. Finally, with respect to safety awareness, 14.1% rated themselves as novices, 58.3% as intermediates, and 19.2% as experts.[3]

Self-reported proficiency levels (novice, intermediate, and expert) in various types of safety training areas appeared to positively impact perceptions of safety when working in specific settings. There was a statistically significant difference among training levels in assertiveness training when working with a group of offenders outside of correctional facilities: $F(3, 147) = 3.20$, $p = .025$, $\eta^2 = .06$ (medium effect size). Post-hocs (using Tukey HSD) revealed that, compared to their counterparts, respondents who considered themselves experts in assertiveness training ($M = 5.50$; $SD = .97$) felt significantly safer than novices ($M = 4.37$; $SD = 1.67$; $p = .024$) when working with a group of offenders outside of correctional facilities.

Additionally, there was a significant difference between respondents with varying levels of training in safety awareness when working with groups of offenders inside of locked facilities, $F(3,150)= 3.80$, $p=.012$, $\eta^2 = .07$ (medium effect size). Post hocs using Tukey HSD revealed that respondents who considered themselves intermediates ($M = 5.33$; $SD = .98$) in safety awareness felt significantly safer than novices ($M = 4.41$; $SD = 1.44$; $p = .006$). Similarly, respondents who considered themselves experts ($M = 5.17$; $SD = 1.00$) in safety awareness felt significantly safer working with groups of offenders outside correctional settings than those who considered themselves novices ($M = 4.14$; $SD = 1.70$), $F(3, 148) = 2.78$, $p = .043$, $\eta^2 = .05$ (small to medium effect size).

Safety proficiency and safety violations. Self-reported proficiency levels in various safety-training programs related to reported experiences with actual safety violations.   Unexpectedly, individuals with higher self-reported proficiency levels generally reported a higher incidence of safety violations. With respect to self-defense, individuals who reported higher levels of proficiency also reported more safety violations, $F(3, 78) = 2.87$, $p = .042$, $\eta^2 = .10$ (medium to large effect size). In particular, post-hoc analyses using Tukey HSD revealed that experts ($M = 2.50$; $SD = 2.38$) reported more instances of safety violations in the "other" (e.g. "physical posturing," receipt of graphic drawings and letters, death threats) category than novices ($M = 1.16$; $SD = .91$; $p =.031$) and intermediates ($M = 1.09$; $SD = .42$; $p = .027$).

When examining respondents' proficiency levels in assertiveness training, there were significant differences with regard to the frequency of "verbal intimidation," $F (3, 150) = 7.60$, $p < .001$, $\eta^2 = .13$ (large effect size); "threats against you or your family," $F (3, 150) = 4.20$, $p = .007$, $\eta^2 = .08$ (medium effect size); "masturbation or exhibitionism in your presence," $F (3, 150) = 3.62$, $p = .015$, $\eta^2 = .07$ (medium effect size); and "physical intimidation tactics," $F (3, 150) = 7.58$, $p < .001$, $\eta^2 = .13$ (large effect size). The general trend was such that experts again reported more instances of safety violations than their counterparts in all categories except one ("inappropriate sexual touching of your per-

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[3] The final area of safety training we asked to respondents to identify was in the category of "other."

son"). Post-hoc analyses using Tukey HSD revealed that experts (M = 5.06, SD = 1.39) reported significantly more instances of "verbal intimidation" than novices (M = 3.28, SD = 1.85; p = .003) and intermediates (M = 3.38, SD = 1.78; p = .003); significantly more instances of "masturbation of exhibitionism in your presence" (M = 2.75; SD = 1.39) than intermediates (M = 1.81, SD = 1.12; p = .02); and significantly more instances of "physical intimidation tactics" (M = 3.56, SD = 1.86) than novices (M = 2.23, SD = 1.58, p = .016).

Respondents' proficiency levels in safety awareness were also examined F(3, 151) = 5.63, p = .001, η^2 = .10 (medium to large effect size). Again, post-hoc analyses using Tukey HSD revealed that experts reported significantly more instances of "verbal intimidation," (M = 4.37; SD = 1.61) than intermediates (M = 3.33; SD = 1.81; p = .029).

Finally, for proficiency level in the other category, respondents' level of proficiency related to their safety violations, F(3, 54) = 5.72, p = .002, η^2 = .24 (large effect size). In particular, according to post-hoc analyses (using Tukey HSD), intermediates (M = 3.00; SD = 1.67) reported significantly more incidents of "masturbation or exhibitionism in your presence" than novices (M = 1.20; SD = .45; p = .018).

Discussion

This study examined the safety perceptions and experiences of psychology graduate students and ECPs working with criminal populations. Our assumptions prior to this study were that graduate students and ECPs feel somewhat unsafe in certain forensic settings, and that they experience a relatively high rate of actual safety violations in forensic settings due, in part, to their lack of experience and minimal safety training. Additionally, we expected those with relatively more safety training would experience fewer safety violations than those with no safety training while working in a forensic setting.

Results from our study suggest that the majority of graduate students and ECPs feel moderately to extremely safe while working with offenders individually or in groups inside a locked correctional facility. However, they feel slightly less safe working with these populations outside of a locked facility. Reasons for feeling safer inside a correctional facility rather than outside were not formally explored, but likely include the increased level of supervision, presence of more support staff, and standardized safety protocols. Additionally, graduate students and ECPS might feel relatively safer while working in locked correctional facilities because their potentially dangerous patients are incarcerated, rather than in the community.

Furthermore, we found that psychology graduate students and ECPs experience high rates of safety violations, although the severity of these violations varied among respondents. The majority of students experience at least one safety violation while working in their chosen field. Notably, 66% of men and 89% of women experienced sexually inappropriate comments or gestures directed towards them on at least one occasion. Verbal intimidation was the second most frequently reported safety violation,

with 81% of men and 81% of women reporting this type of violation. The high incidence of safety violations is particularly surprising considering that the majority of respondents reported feeling moderately to extremely safe working in forensic settings. These findings highlight that graduate student and ECP safety is a concern even when these individuals report feeling safe.

Next, we considered whether safety training decreased the incidence of actual safety violations. Respondents with safety training experiences outside of graduate school reported a *higher* incidence of safety violations in three specific areas (verbal intimidation, masturbation, and inappropriate sexual touching) than respondents with no safety training. Possible explanations for this finding include the potential for respondents to seek out training after experiencing safety violations and an increased awareness of possible safety violations as a result of training. Additionally, it is possible that respondents working in higher risk settings sought out safety training, or those respondents with more advanced safety training felt more competent to put themselves in higher risk situations. It is also possible that higher risk settings are more likely to provide safety training. More research in this area is warranted.

Perhaps the most useful finding from this study was that the majority of graduate students and ECPs working in forensic settings expressed a desire for formal safety training as part of their graduate curriculum. Forensic graduate programs should consider implementing formal safety training—especially considering the prevalence of safety violations and desire for training among graduate students and ECPs. Although logistically it may be challenging for forensic psychology graduate programs to add more training to their curriculum, safety training appears to be a topic that is not only practical, but also desirable. Furthermore, graduate programs may not need to include an entire course on safety training; an optional seminar or lecture could help bolster students' awareness of some of the challenges that may arise with regard to their safety. Safety is a concern inherent in working in the field of forensic psychology, as demonstrated by the results of this survey, and graduate programs should acknowledge the possible dangers students face working with forensic populations.

Results from our study suggest that graduate students and ECPs who received formal safety training generally felt safer in forensic settings. The present study did not focus on the types of training that would be most effective in specific forensic settings. Future research should investigate whether certain types of training (de-escalation, assertiveness, physical holds, etc.) are more appropriate and effective in certain settings. Regardless of the type of training, it is clear that graduate students and ECPs want safety training as part of their formal graduate school curriculum and that actual safety violations are a real risk facing graduate students and ECPs. Future research should also be conducted to determine if the types of safety violations differ systematically based on the type of forensic population. Finally, future research should examine how varying demographic information of the patients (i.e. gender, age) may impact safety perceptions of graduate students or ECPs.

This study had several limitations. First, as it was exploratory, many of the questions on the survey were broad and included an "other" category that was not easily coded or analyzed. Similarly, the terms "safety violations" and "safety trainings" were intentionally broad. Next, we did not collect demographic variables regarding the forensic populations with which respondents worked (e.g., juvenile, female, violent, non-violent). Additionally, the survey did not define whether patients or other staff committed the safety violations. Although it was anticipated that patients initiated the majority of violations, it is possible that respondents were including "staff on staff" assault experiences. Furthermore, due to the large number of analyses we conducted, it is possible that we found significant results due to the increased chance of making a Type 1 error. Finally, there were limitations regarding our sample. The sample we used was limited to AP-LS members. Although AP-LS is the flagship organization for forensic mental-health professionals, the membership may not be representative of professionals working in forensic settings who are not AP-LS members. We also do not have an accurate estimate of how many ECPs and graduate students are members of AP-LS, and therefore, we were unable to estimate our response rate.

Conclusion

Previous research suggests that graduate students and ECPs are at increased risk of safety violations while working in a forensic setting. Our results appear to corroborate this finding. We found that graduate students and ECPs working in forensic settings experience high rates of safety violations. Furthermore, our research shows that, although ECPs and graduate students may enter forensic settings with confidence regarding their safety, they lack training in handling safety violations if and when they occur. As a result, it would be useful for students and ECPs to have an opportunity to pursue training in this area.

The majority of graduate level forensic psychology programs do not provide formal safety training as part of the curriculum (Burl et al., 2012). This is alarming considering the high prevalence of safety violations among graduate students and ECPs and the desire for such training. Many graduate students and ECPs seek out safety training from other sources. However, this is likely not sufficient because the overwhelming majority of respondents still believe that forensic psychology training programs should offer safety training as part of their curriculum. Additionally, graduate programs may find themselves liable should their students experience any form of safety violations, whether it be physical or verbal. The findings of this study clearly indicate that forensic psychology training programs should be encouraged to seriously consider the risk of safety violations and incorporate formal safety training into their curricula.

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