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Exploration of the Referral Process of Social Work Within a Policing Structure

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Abstract

Police officers have historically taken on social service-related roles by providing non-law-enforcement services to members of the community. A relatively small fraction of police departments employs social workers to assist with providing social service resources to the individuals that come into contact with police. Social workers in these settings provided expertise and resources for individuals experiencing homelessness, difficulty with mental health, poverty, victims of violent crime, and trauma associated with the aforementioned areas. Music therapy is a field poised to serve these populations, as shown by a review of existing research, yet not much is known about the use of music therapy as a possible referral source from policing personnel. Therefore, the purpose of this phenomenological study was to illuminate the experiences of social workers that work within a policing structure to recommend steps for music therapists to better serve individuals seen by the social workers. The researcher conducted semi-structured interviews with social workers, officers, and supervisors from a midwestern police department regarding their experiences with the referral processes, perceptions of the social workers by police officers, and knowledge and barriers to music therapy. Themes from interviews indicated that the referral process works most effectively when mutual respect, understanding, and desire to help are present between the social workers and referring officers. Barriers to music therapy include cost, availability, and location of services, as well as stigma surrounding mental health. Limitations of the study, research implications, and recommendations for music therapists were discussed.

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Exploration of the Referral Process of Social Work Within a Policing Structure

It is recognized that much of the day-to-day work of police officers resembles social work (Muir, 1979); however, police officers are rarely trained for the skills needed by professional social workers. Balancing law enforcement and social work roles is challenging. Recognizing this, the designated police department (PD) initiated a program to embed social workers within their organization. Social workers work alongside officers providing services to service persons who interact with police. However, little is known about the role of the social workers within the designated PD, how they are perceived and utilized by officers, and how exactly they receive and make referrals. This research fills this gap and is positioned to be the first academic study of social workers in the chosen PD.

Music therapy is a growing field, expanding into many different populations. This currently includes forensic work with convicted offenders of crimes. While research supports the efficacy of music therapy with offenders (Hakvoort, et al., 2015), little is known about the use of music therapy with victims of crime. There is however research to support music therapy achieving goals that may be common to victims of violent crimes such as managing pain, building resilience, or mitigating symptoms of Post-traumatic Stress Disorder (PTSD) (Mondanaro et al., 2020; Stewart, 2019).

This study will bridge the gap between needs of the service persons of social workers and resources provided by music therapists. Extrapolating from available research, music therapy can be effective for victims of violent crime. By elucidating the existing phenomena surrounding social service referral processes and possible barriers to music therapy, this study hopes to join the two fields.

History of Social Work Within Policing

Police throughout American history have often taken on a social work role. One publication created in conjunction with the Department of Justice and the Program in Criminal Justice Policy and Management at the JFK School of Management at Harvard University listed a police function as "social services" in the 19th century (Kelling & Moore, 1988). While they were ultimately fueled by political corruption such as political mob patronage and bribery from community members, police services, including job search, housing, and food, bettered the neighborhoods in which police worked. Police Departments turned away from social services as the reform era (circa 1920) focused on ending corruption and enforcing crime control; but by the 1970s the community policing era had begun. This era does not list social services as a function of policing, but, more broadly, problem solving. This is defined to include "provision of services" with a heavy emphasis on crime prevention in addition to crime control (Kelling & Moore, 1988).

Beyond doing the work themselves, police departments had a history of referring to additional services. A Department of Justice study (Scott & Moore, 1981) collected data on which organizations police officers referred to the most, the kinds of funding and services those groups entailed, as well as what influenced the referral process. While this report is 40 years old, it provided a comprehensive overview of police referral patterns and attitudes across several major city departments. Overall, 7.2% of police-citizen encounters studied included at least one referral. Medical assistance, violent crime, and dependent persons were most likely to be referred to additional services. However, not everyone referred to a service received the service. For example, 13% of victims of any crime encountered by police during the study were suggested to be referred to services. However, only 7% of victims were fully referred to the service by an

officer aiding the citizen in more actively contacting the agency. A later portion of the study surveyed the citizens that interacted with police and confirmed the data. While 16% of those surveyed said police referred them to another service, only one-third of those were directly aided by police in contacting the agency (Scott & Moore, 1981). This suggests a positive correlation between direct police assistance and actual citizen services obtained.

Scott and Moore (1981) also examined officers' attitudes toward referral by rank and found that patrol officers, the lowest rank of those surveyed, were most likely to think that referrals were a waste of time, however, 92% to 97% of those patrol officers mentioned knowing agencies that could help with domestic disturbances, alcohol treatment, and juvenile problems, and 78% to 95% went on to state that they regularly referred to these organizations (Scott & Moore, 1981). The data showed a juxtaposition between officer attitudes, their knowledge of helping agencies, and actions about the referrals. This could imply officer hesitance to work with an individual whose sole job is referral because officers may feel they are already completing the task. In contrast, it could also indicate an officer willingness to utilize the position because of desire for an additional opportunity to provide services to the community.

Police most often refer to agencies who service the following areas: public intoxication, mental illness, drug abuse, juvenile problems, family crisis, runaways, victim assistance, problems of the elderly, and problems of the indigent. It was reported that officers were more likely to name organizations that were funded mostly by state and federal sources over those funded locally or privately (Scott & Moore, 1981).

Social Workers in Conjunction with Police Officers

Several police departments in the US are known to employ social workers. For example, states such as Missouri, Kentucky, Oregon, Texas, Illinois, and Wisconsin all have programs (James-Townes, 2020; Patterson, 2008; Smith, 2020; Wood, 2020). The social workers provided non-law enforcement aid to citizens in need. This included referring to outside services, providing follow-up support for individuals with "long-term" needs that police officers cannot address, dealing with mental health concerns, handling crisis response, and aiding for issues such as domestic violence, elder abuse, and mental health.

While there is no research specifically about social service interactions within the chosen PD, studies surrounding dynamics of social service and police relationships have been conducted in other places. A study conducted in Australia lays groundwork for possible relationship dynamics between social workers and uniformed officers. Cooper, Anaf, and Bowden (2008) focused on interactions between social workers and police officers, specifically concerning bikie gang violence and helping women escape abuse from the gangs. Bikie gangs are groups often associated with motorcycle culture. The study outlined differences in priorities and approach. The results demonstrated that officers focused on evidentiary and legal benefits the women may provide in police investigations, whereas social workers emphasized keeping the women safe from retaliation and the women's holistic needs. These differences can be tied back to the histories of the two groups. Police in Australia are governed by a hierarchical, patriarchal structure similar to the military and are seen as an arm of the state that maintains order through the use of force. Social workers in Australia see their work through a lens of social justice, human rights, and how cooperation can achieve human wellbeing. The obvious divide in

ideology led to a breakdown in communication and a lack of trust between the two branches

during work around bikie gangs (Cooper, Anaf, & Bowden, 2008). Parallels in basis can be

drawn to the American counterparts of these two groups. This may account for the patrol officers

previously mentioned who believed referrals to be a waste of time.

Another study conducted in the northeastern United States looked at the efficacy of social

workers in conjunction with police Crisis Intervention Teams (CIT). Patterson (2004) had similar

results to the bikie study. He found that social workers needed to be aware of the paramilitary

organization of police departments and its associated culture, especially because issues may arise

when social workers feel they needed to handle dangerous situations on their own. The study

also noted that social workers were perceived to be beneficial to police, but only when police

officers are satisfied with social workers' contributions (Patterson, 2004).

It should also be noted that some social workers are voicing opposition to integration

with police departments (James-Townes, 2020). One such social worker describes the

differences in philosophical approaches and goals described above. James-Townes also states the

police co-responding with social workers will make the social workers' jobs more difficult, as

the people they served are often traumatized by prior police interactions and respond with

heightened anxiety to their presence. Though Patterson (2008) believed in the efficacy of social

workers in policing, they raised several barriers for the inclusion of social workers within police

departments. These barriers were funding, requirement of a degree and experience in a relevant

field, police officer concerns about civilian safety, influence of police unions and perceptions of

being "replaced," appropriate training and supervision, use of police equipment by civilians, and

position of social workers within department divisions (Patterson, 2008). Many of these concerns

are rooted in the main divide between social workers and police officers or civilians and police officers.

Music Therapy

Before the beginning of this study, the social workers were known to have worked with individuals experiencing homelessness, substance abuse, domestic violence, and those having been victims or witnesses of a crime (K. Kirchhoff, personal communication, October 13, 2020). Existing music therapy research supports its use in many of these areas.

Music therapy is defined by the American Music Therapy Association (AMTA) as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. These goals could include physical rehabilitation, recovery from brain injuries, emotional support, pain reduction, and other quality of life-related needs (AMTA, 2021).

The field of music therapy has increasingly focused on social justice causes. The mission statement of *Music Therapy Perspectives* (2020), one of the leading music therapy research journals published through AMTA, includes "ethical and culturally responsive practices advancing social justice principles" as a basis of music therapy. There is also a movement to highlight social justice issues, such as centering marginalized voices and removing barriers related to socioeconomic status, race, disability, and gender expression (Webb & Swamy, 2020),

Music therapists have long worked in forensic settings. There is ongoing research in this area, such as the study by Hakvoort et al. (2015) which investigated the use of music therapy to increase coping skills and anger management in forensic psychiatry patients. Utilizing pre- and post-tests and a control group, it was found that offenders who received music therapy anger management programming showed greater change in increased positive coping skills and

decreased the use of avoidance, a negative coping skill, than the control group. The study also suggested that music therapy may accelerate the process of behavioral changes, an outcome useful when transferred to other treatment areas such as substance abuse or increased resilience.

Existing research supports the feasibility of music therapy treatment with individuals with trauma or PTSD and survivors of sexual assault. Stewart (2019) exemplifies the use of somatic, or sense-based, music therapy treatment to overcome PTSD symptoms. The study described PTSD symptoms as being based in an impaired stress response in the client's nervous system. Music therapy can help the client access the parts of their brain normally shut down during reminiscence about the incident, allowing them to renegotiate and work through the trauma. Hakvoort et al. (2020) studied the efficacy of music therapy to regulate arousal and attention in patients with Substance Use Disorder and Posttraumatic Stress Disorder (PTSD); the dual diagnosis of these two disorders can increase treatment complexity for the patient. The study found that music therapy treatment significantly decreased symptoms of PTSD experienced by the participants overall. Among the specific symptoms tracked, increased arousal and change in mood and cognition showed a significant decrease. Strehlow (2019) outlines how neuroscience supports the use of music therapy with children survivors of sexual abuse. The study noted the use of music to respond to the child's high arousal, need for safety and security within therapy sessions, and to deal with emotions that felt too overwhelming. These areas are linked to the child's ability to form healthy, appropriate attachments in the future.

Beyond these targeted populations, music therapy is effective in building resiliency, a characteristic involving one's ability to respond positively during times of stress. This includes aspects of personal competence and acceptance of self and life (Mondanaro et al., 2020). Mondanaro et al. (2020) found that music therapy notably increased resilience in patients

undergoing chemotherapy for cancer. The music decreased pain levels and increased comfort in

the short-term as well as moderated perceived stress levels to increase adaptability to treatment.

Taken together, the research supports the utilization of music therapy services for persons seen

by PD social workers.

While research demonstrates the feasibility of social services within the police structure

and the efficacy of music therapy in treating individuals seen by social workers, there is currently

no pathway to describe how these two sectors meet. The purpose of this phenomenological study

was to illuminate the experiences of the social workers to recommend steps for music therapists

to better serve service persons seen by the social workers. With this knowledge, music therapists

will be better positioned to serve populations encountered by social workers embedded in police

departments. This study will elucidate patterns of referral and reasonings behind them.

Method

Theoretical Framework

Seeing as this study aims to build a better holistic, descriptive, and narrative

understanding of social workers directly employed by the designated PD, a qualitative approach

was appropriate (Astalin, 2013). More specifically, a phenomenological study design was used.

Phenomenological designs clarify and explain gaps in understanding (Astalin, 2013). As there is

no standing research about the social workers employed by the chosen agency, this study

explores many facets of the role including coworker perceptions, social worker roles, and

regulations through the lens of the social workers themselves. Phenomenological studies are

particularly relevant for phenomena that are dependent upon individual's attitudes and

perceptions and for setting aside researcher assumptions about the situation being studied

(Lester, 1999). Social workers as they exist now being a recent development for policing and the

difference between social work and police cultures being large, no assumptions can be made about work environment or responsibilities.

Sampling and Recruitment

This study was conducted using purposive sampling. Because of the small number of possible subjects in certain interview categories and the desire to maximize the range of experiences by subjects with social work, purposive sampling provided the best option to choose subjects. In this study, subjects were recommended by contacts within the PD, beginning with the social workers. Several social workers were able to recommend additional subjects after their interviews were completed to avoid bias in their responses. Aside from being recommended to the study based on contact knowledge of the requirements, subjects were then confirmed to fit the following requirements: Subjects had to be 18 years of age, directly employed by the chosen PD, and meet one of the following operational definitions of subject types. Officer: district officer working on the ground who makes referrals to a social worker on a regular or frequent basis. Social worker: an employee of the chosen police department to do non-law enforcement social work. Supervisor: division command staff for a unit containing a social worker wherein the social worker directly reports to the division command staff or other administrative personnel with substantial knowledge of the social workers. One other term is important to note: the term "service person" will be used to refer to individuals who received non-law enforcement aid or resources from social workers.

Participants

A total of nine participants were interviewed for this study. The participant pool was comprised of both males and females. All the social workers held a minimum education of a bachelor's degree, with some of participants also holding master's degrees in criminal justice or

social work, including social work licenses in two states. All social workers had experience in a

social work-related field before being hired at the specified PD. Social workers had been

employed by the designated agency for a range of 6 months to 3 years with a mean of 2.2 years.

All supervisors and some officers held bachelor's degrees. Sworn personnel had been employed

by the agency for a range of 6 to 22 years with a mean of 15.75 years.

Procedures

Semi-structured interviews allowed for exploration of each participant's lived

experiences within their work. The researcher created an interview script for each of the three

subject types that provided consistency across all the interviews; it also left room for additional

questions depending on subjects' responses. Interview scripts can be found in Appendices A, B,

and C. Questions discussed educational and work background and common workplace

interactions. Most questions centered around referrals to social workers including frequency,

service person goals and outcomes, and process, as well as referrals from social workers to other

organizations including frequency, organization characteristics, process, and limitations. Subjects

then were asked about perceptions of social services and the viability of music therapy as a

possible referral placement. The conclusion of the interview included open questions for subjects

to offer any additional information or insights into the program.

All written materials, as well as consent procedures used in the study, were approved by

the Institutional Review Board at the researcher's university. Once participants read and agreed

to the informed consent procedures, a mutually agreeable interview time was set up. Due to

issues surrounding the Coronavirus, some interviews were conducted over Zoom while others

were conducted in person. Each interview was captured on audio recording. Before the start of

recording, the researcher verbally reviewed and confirmed participant agreement to the informed

consent document. Each interview lasted 20-45 minutes in length. At the end of each interview, the researcher thanked the subject for their participation and notified them that they could contact the researcher with any additional information or if they needed to withdraw any statements.

Data Analysis

Each interview was recorded and transcribed. The researcher then read each transcript several times to obtain a general sense of the individual's attitudes and experiences and noted specific sentences that directly related to the phenomena being studied, following Lester's (1999) recommendation. These sentences were then distilled down to a short quoted or paraphrased statement that captured the essence being expressed. These points were each written on a 'post-it' note and organized by subject type; repetitions or marked differences between answers were noted. As exemplified by Ghetti (2011), no singular shared experience was forced upon participant answers; rather, an attempt was made to compare unique experiences and elucidate commonalities or notable deviations between them. At this stage, data points were again aggregated, this time to reflect themes more broadly across all study subjects. Once these themes were noted and summarized, transcripts were re-read for any additional relevant points.

The reasons for referral to and from social workers were coded as to how they fit within the structure of Maslow's Hierarchy of Needs. Maslow defines five levels of needs for human fulfillment. The base of the pyramid, the most basic needs are "Physiological." These include food, water, shelter, air, and warmth. Next is "Safety," examples of which are safety, steady job, insurance. "Social Needs" is comprised of belonging, love and family, followed by "Esteem Needs" such as self-worth and accomplishment. Finally, the top of the pyramid is "Self-actualizing Needs" which is defined as self-aware personal growth (Aanstoos, 2019). The methods of participant selection allowed for deep descriptions of experiences related to social

workers within the PD, which was valued over the ability to generalize from sample to population that random sampling would have allowed.

Researcher Bias

As the individual who selected this area of interest, it could be argued that the researcher would inherently be biased in the analysis of findings. The researcher approached this study as a student music therapist with a belief that music therapy can serve the needs of service persons seen by the social workers and with a special interest in individuals affected by crime and trauma. The researcher's beliefs directly impacted interview scripts and most likely impacted interview conduction and data analysis as well. In addition, many of the interview questions were qualitative in nature, gathering personal perceptions of the participants as seen through their lived experiences. This again opens data to the possibility of bias.

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Results

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Several main themes emerged from interviews with social workers, supervisors, and referring officers. These included: duties of the social worker role, interactions with other department members, diverse reasons for referral to and from social worker, and views of music therapy.

Social Workers

While the reporting structure of the social workers was not specifically included in the purpose of this study, its unorthodoxy seems to have rippling effects into the culture and interactions surrounding the social workers, and thus should be briefly mentioned. As civilian members of the PD, social workers do not follow the same chain of command outlined by and for sworn officers. The PD employs social workers who work with five patrol divisions. Another social worker is primarily administrative and is housed at the agency's headquarters. Each of the

social workers housed within a specific patrol division delineated three supervisors. First, they

report to the division's Operations Sergeant for day-to-day needs and liaison to other

administrative staff. They also submit a weekly report to the Operations Sergeant. Second, social

workers report to their Division Commander for formal needs and occasionally additional

referrals. Finally, the social workers named a third supervisor in a Human Resources Division

Commander who had been working closely with the social work program since its inception. The

social worker at the agency headquarters described their report as being the executive officer of

the patrol bureaus. There was some confusion across the board as to which supervisor would be

completing the social workers' end-of-year evaluations.

      The social worker role was broadly defined by a social worker as "stuff officers wouldn't

have time or resources" to do, a sentiment echoed by other interviewees. More specifically, this

is manifested in taking and completing referrals from officers for "the lost population of people

that we couldn't help out," as one supervisor stated. The role also includes riding along with

officers on patrol, following up with on-going referrals, and building relationships with and

discovering new resources. A few social workers have taken on more niche duties such as case-

tracking for the juvenile unit, being a representative at Child Protective Services case reviews

and handling administrative tasks. Some administrative tasks include building a data capture and

referral system for the social workers, working with publishing partners, and generally

maintaining research needs about and for the role.

      The overarching factor across all descriptions of a "typical day" for a social worker is

that there is not one. Social workers said that their day "varies a lot" and "is never the same," and

that "anything can happen." First, most social workers split their weekly hours between day and

night shifts. They explained that the need for their services never stops and that working on both

schedules gives them the ability to help more people. They also mentioned that holding different hours allows them to interact and build relationships with more officers, a theme that returns throughout the data. Social workers are currently working full time which includes a 40-hour work week, paid overtime, health benefits, sick time, and paid time off.

Social workers listed many tasks that comprise their days. These included attending roll call, responding to email, riding along with officers on patrol, following up with service persons via phone or in-person meeting, initiating new service person contacts upon receiving referrals, and being called out to the field for referrals. Social workers differed in how much time they allotted to each activity. While all of them mentioned riding along with officers, two emphasized that they engaged in this activity daily. The social worker who completes primarily administrative work listed being in their office as a daily activity but agreed with the others that "it just changes." They also mentioned that they "still help out sometimes with other patrol divisions" when needed. Examples given for such a situation included two children being dropped off at another social worker's office. The administrative social worker offered support as the social workers worked to get the children to a more permanent location.

Social workers listed many members of the PD as regular interactions. These included: patrol officers, detectives, division command staff, headquarters administrative staff, and special unit officers. From the perspective of officers interviewed, both supervisors and referring officers, interactions with the social workers occur "almost daily" across the board. Some referring officers reported seeing the social worker every day because of shared office space, while a supervisor said they saw the social worker 3-5 days per week due to the social worker's varied hours.

Referrals to Social Workers

There are no formal rules regarding referrals to social workers. One social worker, when asked directly if regulations are in place for referrals to social workers, said simply that it "must be a sworn officer," meaning a uniformed member of the PD, not a civilian. While all other social workers made a similar statement at some point during the interview, no others answered that question as such.
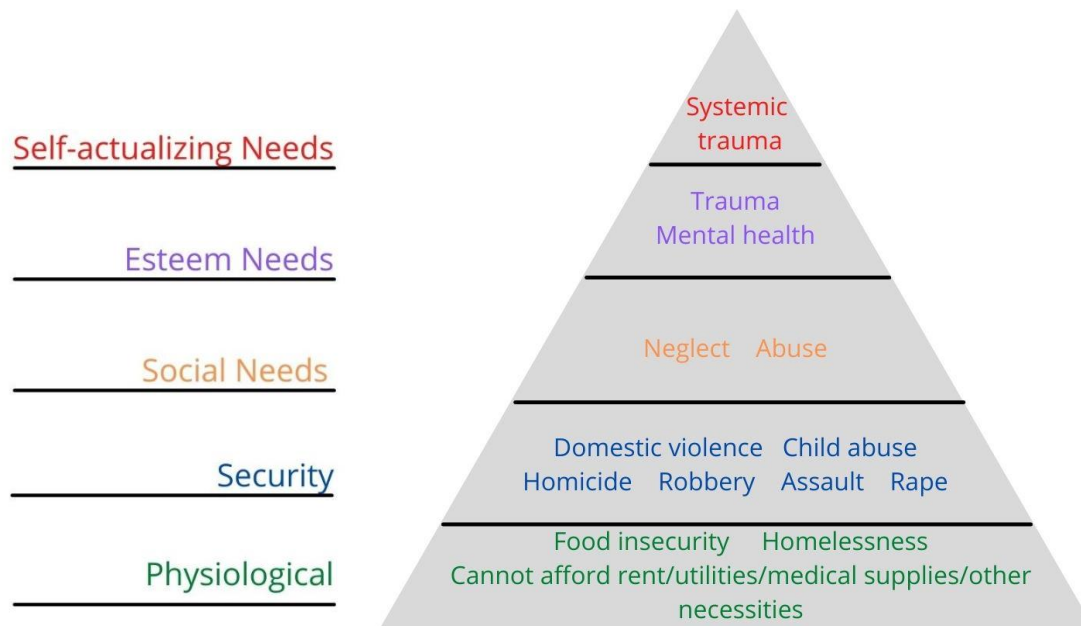
There is a wide variety of processes for referrals to be submitted to social workers. Across all interviewees, the following methods were listed: phone call, text message, email, ride along, called out over radio, directly from the division commander, and note left on desk. The two most frequently listed processes were phone calls and ride alongs. Several social workers stated that an official referral system is currently being created and will be online soon. In conjunction with the aforementioned data-tracking abilities, the same data capture system will be used for the referral process. This will be an online form that officers will use to log referrals, rather than the less structured methods occurring currently. Social workers receive referrals from several personnel, including patrol officers, detectives, special unit officers, division commanders, and civilians walking in the lobby. Patrol officers are the most common personnel to receive referrals from.

The process of an officer to decide to refer to a social worker can be distilled down to one phrase— "officer discretion." Other responses included consideration of whether children were involved or how "serious" the call was. A supervisor referenced remembering "past successes" of calling social workers to determine a referral, while a referring officer stated: "a lot of the calls we go to are social work-related." One referring officer and one social worker noted that they are more likely to provide or continue a referral if the individual is cooperating with the PD and "want[s] to get out of the cycle (of crime)." Interviewees were also asked if it was more

likely for social workers to be called to the scene of the incident or to follow up with the referral afterwards. Most interviewees said it was more likely to follow up, and one said the social workers is usually already at the scene because of riding along with an officer. The remaining interviewees stated that it "depends on the situation" and "if the officer knows the severity of it."

All the officers and supervisors interviewed stated directly that they had not received training to work with the social workers. One officer mentioned not knowing how to utilize the resource until the social worker at their division requested help with a referral service. One officer and one supervisor stated that they had been at the division since the very first social worker was introduced, and that they had "all learned together" with the social worker as the program grew. One supervisor described their work with the social workers as being a "trial by fire." Several interviewees confirmed that training on interacting with and utilizing social workers will occur at the 2021 in-service training. The content of this training is unknown. One supervisor mentioned that they "wouldn't be surprised" if utilizing social workers was included in training for new officers at the academy, but this is unconfirmed.

Reasons for referral to a social worker span a wide range. The reasons were categorized by Maslow's Hierarchy of Needs. See Figure 1.

Figure 1

The frequency of referrals to social workers also encompasses a large range. Social workers described receiving anywhere from five to thirty new referrals per week. Several social workers stated an average around fifteen referrals per week. The administrative social worker reported that an average of 43.6 referrals were received per week across all social workers total. This would lead to an average of 7.27 referrals per social worker per week. Several interviewees also noted that social workers work with different types of referrals. One officer described going to the social worker with "small inquiries almost daily" while they only reached out to the social worker with large referrals three to four times per month. One social worker echoed this sentiment, saying that in "not [all of those referrals] do I need to go out and do something face-to-face."

One social worker also stated that they continue to work on long-term referrals for weeks or even months after the initial referral is received. The frequency of multiple service person
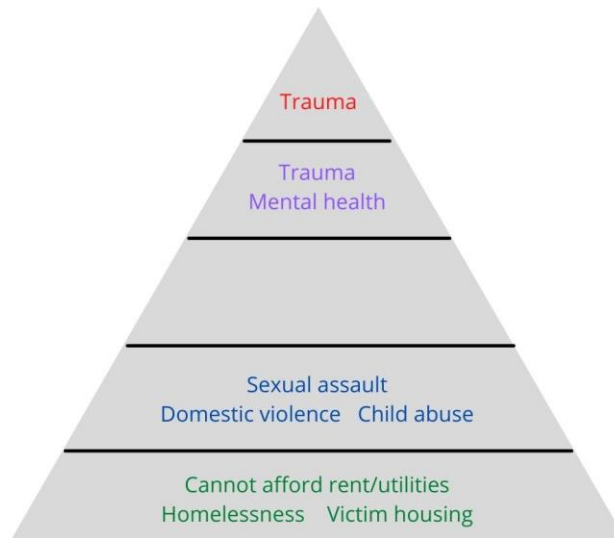
contacts within one referral varies. One social worker and one supervisor stated that it happens

"more often than not" while several other social workers said it only happens on a "few cases."

Another social worker, when asked about frequency of multiple service person contacts

answered with their own question: "How many times do I attempt? Or how many times am I

successful?" Examples given for situations that require multiple contacts included assistance

paying for utilities and needs related to homicide involvement.

Referrals to Resources Outside of the Police Department

All interviewees confirmed that the PD has no standards for social workers to follow

when referring to resources outside of the PD. Some social workers did note that each

organization referred to outside of the PD has their own referral process and requirements for

service persons.

Social workers refer to resources outside of the agency "almost every time" they receive

a referral. It should first be noted that the social workers as a department within the PD do not

receive funding to provide services directly to service persons. Social workers stated that service

persons had "long-term" needs that other organizations could handle, further stating, "we don't

usually do case management." A few social workers also noted that "the whole point of the

program isn't for us to be the intervention or like the act that we came into their life is the only

intervention that we are getting into. Referral is our intervention."

Social workers listed many reasons for referring to organizations outside of the PD. This

set of reasons has again been categorized using Maslow's Hierarchy of Needs. See Figure 2.

Figure 2

When referring to resources outside of the PD, social workers were asked about the

importance of location and cost as considerations. Social workers described the location as being

"huge." Factors for its importance first include the service area of any given organization.

Because of requirements linked to funding, organizations often serve only within certain states,

counties, or zip codes. Most social workers noted the consideration of bus routes for service

persons. They described many service persons relying on the bus not only to receive services that

the social worker recommended, but also to get their kids to school, to get themselves to work,

and to complete any other out-of-the-house tasks. This impacted the social worker's decision to

refer to any organizations too far from the service person's home address. One social worker also

mentioned the differences between concentrations of service persons and services. For example,

while many referrals from one patrol division lead to recommendations for therapy, access to

therapists was concentrated in a different area and may be difficult to get to by relying on public transportation.

As far as costs, social workers described this consideration as "one of the biggest things that keeps individuals from services." As mentioned previously, social workers do not have funding to pay for service persons' services. Many referrals include going to organizations specifically for funding requests, such as when a service person needs assistance paying bills. Some services such as traditional talk therapy are offered by certain organizations on a sliding scale. Needs will sometimes be covered by Medicaid or private insurance. One social worker mentioned looking for services that were included in a service person's insurance plan. In other cases, service persons pay out-of-pocket. It should also be noted that interviewees mentioned officers and social workers personally paying out-of-pocket when resources were not available for the service person. Several social workers and referring officers offered this information, also describing stores and restaurants donating food, other goods, and time to service persons seen by officers.

Resources Outside of the Police Department

Many resources were mentioned by supervisors, officers, and social workers. The types of organizations mentioned most victim services and community resource centers. Organization types that were mentioned by both social workers and sworn officers were sexual assault services, community resource centers, and medical facilities.

Outside resources were explored in terms of how they receive funding and how many staff they utilize. In terms of funding, most organizations referred to are nonprofits. Some social workers also mentioned churches. When asked where they received funding from, social workers listed federal and state government, private donors, tax levies, and grants. Social workers

expressed no partiality towards any type of organization or funding. When asked about the number of staff, three social workers said they did not know how many staff were employed at any of the organizations they refer to and one said, "it varies." One social worker did note that larger organizations tended to have better staff and were more likely to accept insurance. Another social worker said they would "just shop around until [they found] something." This summarized the overall feeling of the social workers that the type of funding and number of staff are not important to their referral considerations.

Attitudes and Perceptions

Several interviewees were asked about their personal perceptions of social work within the PD. A supervisor called the social workers "another resource" to utilize. Officers stated that "it's a must" and that "it makes our job easier." They also noted that they needed to first collaborate with the social worker before believing in their importance. A social worker echoed this stating, "it takes a while to find our place."

When asked about colleagues, interviewees portrayed an overall positive response. Almost all social workers agreed that they "love [social workers] once they use us." Officers and supervisors who had positive personal perceptions of social workers stated that their peers had "about the same" views. One social worker noted that officers who were older and who had been employed by the agency longer were less likely to refer to the social workers. An officer who had been employed about 14 years before the social work program began supported this sentiment saying, "we [weren't] going to change" when discussing the introduction of the social workers.

Violent Crime

This study included a particular emphasis on the involvement of social workers with cases of violent crime. The most typical instances of violent crime the social workers get involved with include homicide, assault, robbery, domestic violence, rape, and abuse. The frequency of referrals for violent crime to social workers varied across all interviewees. One officer said they "very rarely" referred for violent crime while one social worker said "70%" of all referrals are violent crime. One supervisor stated, "it fluctuates," a sentiment echoed by a social worker who listed a range of 3-10 out of their 20 total weekly referrals to be violent crime-related. It should be noted that each division, because of its different geographic location, receives different numbers of each kind of crime, which explains the variance across social workers.

When asked about which organizations they refer out to for violent crime related needs, social workers listed the following types of organizations: children's services, sexual assault and domestic violence services, victim services, medical facilities, and victim advocacy. The only organization type mentioned by multiple social workers was victim services which was mentioned by over half. The victim services organization provides aid such as counseling services, funeral expenses, and support for victims and families of victims of violent crime. Across all supervisors and police officers there was awareness of a sexual assault service, a victim service, a community resource center, and a medical facility.

One social worker described a different perspective. They said, "a lot of the time [when] we get in there for violent crime-related, what we're working with isn't necessarily the violent crime." They described walking into a house where a homicide took place and noticing food insecurity and other occurrences associated with low income. The social worker said they are usually working with other issues besides violent crime, so they use "pretty much all of the

normal partners." Examples of these issues include food insecurity, inability to pay rent, and subpar living conditions, especially for children.

Music Therapy

All participants were asked if they were familiar with music therapy and if they had ever interacted with a board-certified music therapist in a professional capacity. All supervisors and referring officers answered "no" to both questions. Almost all of the social workers were familiar with music therapy and several of them had interacted with a board-certified music therapist. These interactions took place through a previous employer not associated with their current work at the PD. All interviewees had positive responses to the viability of music therapy with the service persons they see. One social worker said they would "absolutely" use it, and one supervisor and one officer referred to music therapy as "another tool in the toolbox."

Interviewees discussed possible barriers to music therapy services. Cost was the most frequently named obstacle. "It all comes down to money," one social worker stated. Other interviewees cited the location of the services or the mobility of the service to come to service persons, availability of music therapy services, and stigma or cultural considerations around going to therapy.

<div align="center">

Discussion

</div>

Reasons for Referral

Referring to Figure 1, there is much to be observed about the reasons for referral to social workers. There is a wide variety of reasons, but the areas suggested by officers and supervisors only appear in the bottom three tiers of the pyramid. These areas are often immediate needs that present physical signs; that is, these are basic visually-obvious needs. While mental health and therapy are listed in this figure, those areas were mentioned by social workers. This second

group of referral reasons are more long-term problems, and they are often not evident visually. The comparison of the two reason groups shows a philosophical difference between police officers and social workers: police officers look to solve immediate needs, while social workers look for long term needs that are often root causes of more immediate ones. Referencing Figure 2, there is again a wide span of needs, but there are less items listed. This also shows the more over-arching view of human needs that social workers have.

Necessary Program Elements

One of the most salient themes from social workers and officers alike is that the social service program is based on the "partnership" between referring officers and social workers. "We are just designed that we work alongside our officers, not instead of," one social worker described. The social workers do not work in a silo amongst only their own personnel; they regularly interact with and in fact are dependent on uniformed officers. While most aid provided to service persons is facilitated by the social workers, the officers are the initial point of contact. Without their judgement of a situation and subsequent referral to a social worker, the program could not continue. The relationship between officers and social workers needed to maintain and grow the program is built on mutual respect, understanding, and a desire to help. The following paragraphs will expand on these elements in terms of their current presence within the PD as well as ways to further enhance them.

Respect

Officer respect for social workers is influenced by social workers' inclusion, or lack thereof, in the report structure of the PD. Police departments function under a paramilitary, patriarchal power structure. There are direct and hard lines of command that govern all sworn officers. Social workers are already differentiated as outside of this system by the fact that they

are not sworn officers. As previous research showed, police have a general wariness of outsiders. Even as the social workers are full-time, they are not included in the direct lines of report that the sworn officers follow. The confusion in terms of report structure leads to differences in how supervision roles are viewed and enforced, opening the door for miscommunication. This can be seen in how the supervision roles are described. One supervisor interviewed described their role as "collaborative" with the social worker, but also mentioned receiving a weekly report from the social worker which would imply a supervisory position. The social worker for this patrol division listed the supervisor just mentioned as the personnel who will complete the social worker's end-of-year review, but a different supervisor for the patrol division said they would be completing the review.

The Division Commander also mentioned enforcing the separation of officers and social workers saying of the social worker assigned to their patrol division, "we try to distance [them] a little bit from the PD while remaining a PD employee." They described the social worker wearing casual street clothes rather than a uniform as evidence of the "distance." They justified this change as a way for civilians to feel more comfortable interacting with the social worker. Another social worker supported this sentiment, describing a situation where the family of a homicide victim was distressed about their children being held inside the scene of the investigation while they were told to stay outside. The social worker, clearly not directly involved in the investigative process, was able to mediate between the two sides and have the children released to the family. Both the unintentional and purposeful separation of social workers from sworn officers has positive effects on community interactions and connectivity, but negative effects on intra-PD relationships. Tying into officers utilizing visual cues to determine reasons of referral, it follows that officers would respond to the visual reminder of separation

between themselves and the social workers. The public feels more at ease working with a social worker in plain clothes, but the unclear power structure and visible differences between the two groups causes a lack of trust between the social workers and officers.

Another widely mentioned theme is that "cops are bad at change," as one social worker stated. This means a "feeling out timeframe," as one officer put it, is needed before they will accept and respect social workers. The aforementioned social worker went on to explain that while the pattern of sticking to training helps an officer in the field, it also causes them to respond negatively when a new program is introduced. One officer agreed with the sentiment saying of their work when the social workers were introduced "we [weren't] going to change it." As mentioned previously about perceptions of the social workers, older officers are hesitant to accept and utilize the program, having been so ingrained in solely law-enforcement policing. This initial distrust means that social workers must spend time "building friendships and trust" as one social worker described. One officer supported this saying, "some officers might think that social workers think all cops are bad or vice versa."

The amount of time social workers spent in a patrol bureau was directly related to officers' willingness to work with them. The social worker who has been with the PD the longest approached the interview with concise answers without extraneous details, business-like language, and a serious affect, much like interviews with sworn officers. This social worker receives violent crime referrals every day. Another social worker has been with the PD for almost as long but had only been at their patrol division for a short amount of time. This social worker interviewed with a friendly facial expression and tone of voice, many filler, and informal words, and laughed throughout the interview, showing much more emotion than the contrasting social worker. This social worker received almost no violent crime referrals, in fact searching out

their own through a city-wide PD report system. This example shows a correlation not only

between social worker time spent at the agency and the number of violent crime referrals, but

also social worker assimilation to PD culture and the number of violent crime referrals. "It takes

a special person," one social worker said: "Police officers are something else."

Understanding

Officers have received little to no formal training about utilizing the social workers. This

first manifests in a lack of understanding about social workers' role and abilities. One officer

noted that they "didn't know what to expect or what [social workers'] intentions were" when

they started. In terms of informal training, a supervisor mentioned having "none" specifically on

the social services program before being put in the supervision role over the program. The same

supervisor also mentioned that social workers attend roll call and explain their services to sworn

officers in the division. This could be considered informal training on program usage.

A lack of consistent and thorough training has led to a lack of understanding about the

role and capabilities of the social workers, as well as an inconsistency in types and numbers of

referrals. There were no specific factors listed that impact officer discretion or whether these

factors vary between officers. One officer described, "there's times where we as police officers

don't think that this is a social worker call. . . and . . . we found out that it actually is a social

worker issue." The example given following this statement described a disturbance call where

the adult daughter of a family was "terrorizing" the rest of the family. Once done completing

their call at the scene, the officer was able to connect the family to the social worker for other

services. Further, more detailed officer training could minimize these situations.

Training could also include overviews of service person's successful outcome to provide

officers with a bigger picture. This would help bridge the gap between the police officers' short

term approach and the social workers' long term approach. When asked about a time a referral

went well, one officer described working with Home Depot to donate Christmas trees to families

in low-income housing at the holidays. While this act has a positive impact on a family, it is a

one-time action that has no long-term implications or solutions for solving basic issues the

family may be having surrounding their low-income situation. When asked about successful

service person outcomes, social workers described several goals. These included that the service

person was "satisfied," could "progress," had "safety," and had achieved "independence" from

addiction or other limiting circumstances. Another successful outcome listed by a social worker

was "resources [being] available." Beyond service person-specific outcomes, social workers

described aiming to "rebuild trust in law enforcement." These goals are long-term and work

beyond immediate needs to help the service person move out of their current situation. One

social worker described "holistically wanting to help people." This mindset, offered as a filter for

officers to use when facing a non-law enforcement situation, could increase referrals to social

workers. Holistic education, including the need for therapy, could increase the number of

referrals social workers can then send to out to services such as music therapy, thus increasing

the demand for music therapists to serve these populations.

Desire to Help

The third important factor of officers being the first line of referral is "it's gotta be a

partnership," as one social worker put it. "If it's working, its working with us and we're working

together," an officer stated. This sentiment of collaboration, echoed by existing literature about

social work and policing interactions, is central to the program at the PD. "We are just designed

that we work alongside our officers, not instead of," another social worker said when describing

the uniqueness of the program. For the program to be successful, for social workers to do their

job of connecting service persons to outside services, the officers must first send referrals to the social workers. Collaboration must be rooted not only in mutual respect between officers and social workers but also a genuine desire to help people. As previously mentioned, a social worker described their role as "holistically wanting to help people." Almost all social workers and half of the supervisors stated that officers also "want to help people." One social worker added that "police officers actually care, and they want to see a change in the people they refer to" social workers. Another described that officers "care enough about the people they are interacting with to refer these people for additional supports." Almost all social workers and half of the officers also stated that officers are "also great about coming back," meaning that after making a referral they will check in with the social worker to see how the referral turned out and how the service person is doing. A few social workers also described taking the referring officer with them to follow-up visits, not only so service persons "can see that [the officer] cared enough to follow up and bring [the social worker] into the situation," but also because the officer has "made that initiation to start helping somebody. . . and they want to carry it out." In addition to supporting the fact that referring officers "have big hearts" as one social worker noted, these situations support the social workers' goal to improve community relations, thus a desire to help, and mutual respect and understanding are necessary to facilitate an effective social services program.

Barriers to Music Therapy

Four main barriers to music therapy were mentioned: cost, availability, stigma, and location. Possible solutions to these areas are considered.

Cost

About half of the interviewees asked listed cost as a barrier to music therapy services. When a service person is low income, paying for additional services beyond basic needs can be difficult. One social worker gave an example about talk therapy: "It's kind of like feed my kids, pay my bills or spend . . . $50" on one therapy session. As mentioned earlier regarding Maslow's Hierarchy of Needs, therapy is a top tier need. Service persons may have difficulty justifying filling that need when needs at the base of the pyramid are not being met. One social worker suggested that service persons could not afford music therapy unless the therapist was doing "pro bono work out of the goodness of their heart" or if "they were affiliated with a nonprofit who covered . . . their price." To this end, the other services provided to service persons of social workers are sourced through nonprofit organizations that either entirely cover or mostly cover the cost of services. This implies that the best way to introduce a new service such as music therapy would be through the same channels already in existence: provisions by nonprofits and existing agencies.

Availability

About half of the interviewees also mentioned availability of music therapy services as a limitation to use. One social worker directly stated, "I don't know of any music therapy resources right now." Two social workers knew of music therapy services at two local hospitals. One social worker suggested that it would be beneficial for there to be "more" music therapy services, split between non-profits organizations and private practice. This study did not include a review of all music therapy resources in the area, but whether there are more music therapists serving these populations or not is relevant in two perspectives. First, there may not be music

therapists in the community serving these populations. Second, if the services are in the

community, more advocacy may be needed to increase awareness.

Stigma and Cultural Considerations

Stigma or cultural considerations surrounding therapy was also mentioned as a barrier to

music therapy referral by about half of the interviewees. One officer mentioned specifically

when working with children that the "biggest obstacle" is usually the parent not being "open-

minded" about referral options. Several social workers made comments about service persons

having "reservations" about "therapy and different kinds of therapy." One social worker

mentioned service persons having aversions to talk therapy because "it has a bad rap, or it hasn't

worked for them in the past." While this social worker saw this comment as an opening for the

positive inclusion of music therapy as an alternative, another social worker noted that their

service persons called therapy "white people stuff," including a dislike for all therapy services.

As noted above, additional advocacy about music therapy services, and mental health in general,

could be a solution. Including music therapy services in wide-spread public health campaigns

from government agencies is one route to complete this. One social worker mentioned that many

of their service persons are prescribed psychotropic drugs to treat mental illness through a

medical facility. Advocating for increased emphasis on therapy in conjunction with medication

could also help reduce stigma.

Location

Finally, location was mentioned by one interviewee as a barrier to music therapy

services. As discussed above, location is a major consideration for referral to services. While

only one interviewee mentioned location when specifically asked about barriers to music

therapy, the large emphasis placed on location in all other areas of referral imply it is equally important for this service. The supervisor noted that ease of transportation for service persons to arrive at the service or the mobility of the music therapists to visit service persons would contribute to referral numbers. A possible solution could be a music therapist comfortable doing in-home visits with service persons. While this would add ease from the service person's perspective, it would have implications for the music therapist including travel cost, limitations of equipment, and range considered reasonable for delivery of services. Another solution would be for the music therapists to be housed in a permanent location near the most affected geographic location rather than the city core. In the optimal scenario, music therapists would be housed in multiple communities to provide close options for service person access.

Recommendation for Music Therapists

It is unclear how many music therapists are positioned to work with these populations. This may be because of a lack of awareness from providers such as service-based nonprofits. Very few nonprofits were mentioned by social workers as employing traditional talk therapy which is much more widely available than music therapy. Increasing advocacy specifically to nonprofits could increase availability of music therapy. This may take the form of a private practice reaching out to contract with an existing provider, or it may be an individual music therapist proposing the creation of a music therapy program within an existing service agency.

Based on existing research, it appears not many music therapists serve individuals affected by violent crime. Trauma care in music therapy education is often treated as an advanced-level practice and is not a specific focus of undergraduate music therapy education. Research exists for co-occurring diagnoses such as PTSD, substance abuse disorder, and mood disorders. However, music therapists are encouraged to use their clinical experience to

extrapolate from similar research available. For example, interventions used to process the

trauma of domestic violence could be reasonably transferred to work with the trauma of violent

crime. Also, forensic research surrounding perpetrators of crime may have viable relevance.

Conclusion

      "Looking at last week, we had two people killed. . . We had three people shot. We had

one rape that occurred, and that was about an average week." This statement from a supervisor

interviewed underscores the intense need for additional services for victims of violent crimes.

Combined with the lack of awareness and available opportunities surrounding music therapy,

there is much work to be done. First, officers are the first line of referral; officers and social

workers need to have mutual respect, understanding, and a desire to help for the program to

continue to grow and be successful. More consistent and in-depth training for officers on goals

for referral, as well as the continued integration of social workers into PD departments will

increase the regularity of referrals for violent crime-related needs. In addition, barriers to music

therapy such as cost, availability, stigma, and location need to be addressed. Increased advocacy

targeted at community members, non-profit organizations, and social workers by music

therapists could begin to bridge the gap.

      This study only scratched the surface of the social worker phenomenon and its

connections to music therapy services for victims of violent crime and other service persons seen

by the social workers. As the social worker program continues to grow, additional investigation

should be done into emerging procedures, officer training, and quantitative data associated with

tracking outcomes from referrals. From the music therapy side, the profession would benefit

from investigating music therapist's perspectives on working with this population. A third area

involving non-profit awareness of music therapy and provision of therapy services should also be

expanded upon.

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Appendix A

Social worker: an employee of the chosen PD employed to do non-law enforcement social work.

- Background
  - Can you please tell me about your educational background?
  - Do you have college education in social work and/or a license in social work?
  - How many years have you been a social worker, and how long have you worked at the PD?
  - Did you work as a social worker prior to being hired by the PD? If so, what is your work history?
  - What other members of the PD do you interact with most often?
- Referrals to SW
  - What is your role within the PD?
  - What does a typical day look like for you?
  - Where do your referrals come from?
  - When do officers get you involved?
  - On average, how many referrals do you receive in a week?
  - Is it more common to be called to the scene of the incident or after the fact?
  - How often do you receive referrals for violent crime trauma and related needs?
  - How often do you perform follow ups with clients?
  - What do you consider to be a successful client outcome?
- Referrals to other places
  - How many times per week do you refer to an outside organization?
  - What are the most common goals for which you make referrals to outside agencies?
  - Approximately what percentages of cases do you make an outside referral?
- Other places
  - What types of organizations do you refer to in terms of private for profit, private nonprofit, state funded, county funded, city funded, or police funded?
  - What sizes are the organization in terms of number of staff?
  - Who pays for services from outside agencies?
  - How much is cost a consideration?
  - How much is location a consideration?
  - What agencies do you refer to most often for violent crime/trauma?
    - Does it change for children? Family?
  - What if any other regulations are in place for the outside referral process?
  - Who outlines these regulations?
- Other
  - What do you believe are perceptions of your work within the PD?
- Music therapy
  - Are you familiar with music therapy?

- o Have you ever interacted with a Board-Certified Music Therapist on a professional level? If so, what was the context? Describe your interaction(s). If not, what is your conception of music therapy?
  - o Explain MT definition
  - o What are your initial reactions to the viability of music therapy in conjunction with your violent crime related work?
- Other
  - o What do you believe are perceptions of your work within the PD?
  - o Is there anything else you would like to include?

Appendix B

Supervisor: division command staff for a unit containing a social worker wherein the social worker directly reports to the division command staff or other administrative personnel with substantial knowledge of the social workers.

- Background
    - Can you please tell me your education and work history?
    - What is your role within the PD?
    - What is your familiarity with the PD social workers?
- Referrals to social workers
    - How often so social workers engage with violent crime trauma and related needs?
    - What is the average caseload for a social worker in a week?
    - When do you get a social worker involved?
    - Is it more likely to call the social worker to the scene or after the fact?
- Referrals to other places
    - How do social workers contact services outside of the PD?
- Other places
    - What if any other regulations are in place for the referral process?
    - Who outlines these regulations?
- Other
    - What are your perceptions of social work within the PD?
    - What do you think are your colleague's perceptions of social work within the PD?
- Music therapy
    - Are you familiar with music therapy?
    - Have you ever interacted with music therapy on a professional level?
    - Music therapy is the evidence-based practice of music being used by a credentialed music therapist to achieve nonmusical goals. (Have prepared basic info on a few assumed client goals for easy reference)
    - Do you think there is an opening for music therapy with the social work?
- Other
    - Is there anything else you would like to include?

Appendix C

Officer: district officer working on the ground who makes referrals to a social worker on a regular or frequent basis.

- Background
    - Can you please tell me your work history?
    - What is your role within the PD?
- Referrals to social workers
    - How many times per week do you engage with a PD social worker?
    - How often is violent crime trauma or a relates need the reason for involving a social worker?
    - When do you get a social worker involved?
    - Is it more likely to call the social worker to the scene of the incident or after the fact?
- Other
    - What are your perceptions of social work within the PD?
    - What do you think are your colleague's perceptions of social work?
    -
- Music therapy
    - Are you familiar with music therapy?
    - Have you ever interacted with music therapy on a professional level?
    - Music therapy is the evidence-based practice of music being used by a credentialed music therapist to achieve nonmusical goals. (Have prepared basic info on a few assumed client goals for easy reference)
- Other
    - Is there anything else you would like to include?