WORKPLACE VIOLENCE

Violence in the workplace has become an epidemic. Not only is workplace violence increasingly common in workplaces where violence is expected -- for example, corrections, law enforcement and mental health -- but in almost every occupation that deals with the public.

According to the Bureau of Labor Statistics, homicides were the second leading cause of death in the workplace in 1992, accounting for 17 percent of all workplace deaths. "Worker-on-worker" violence makes up 4 percent of all workplace homicides; the rest are the result of robberies, or assaults by residents, patients or customers against workers.

Homicide was the leading cause of traumatic workplace death among women in the United States from 1980 to 1989. Forty-one percent of women's workplace deaths were the result of homicide, compared with 10 percent among men. Although women account for only 7 percent of all worker fatalities, they were the victims in 17 percent of reported workplace homicides.

Violence-related fatalities are only the tip of the iceberg. According to the Department of Justice, one million individuals become victims of violent crime each year while working or on duty. A half million employees miss 1.8 million days of work each year, resulting in more than $55 million in lost wages, not including days covered by sick and annual leave. Workplace violence accounts for 16 percent of the more than 6.5 million acts of violence experienced by individuals age 12 and over.

The Department of Justice also reports that government employees have a higher rate of violence than private sector workers. Government employees make up 18 percent of the U.S. workforce, but make up 30 percent of the victims of violence.

Injuries and deaths related to workplace violence should no longer be tolerated. Most incidents are predictable, most are preventable. And like any other workplace hazard, it is the responsibility of the employer to take reasonable measures to minimize the likelihood of workplace violence.

WHAT IS WORKPLACE VIOLENCE?

Workplace violence is not just limited to physical assault, but can also include near misses, verbal abuse, and sexual harassment. Even the fear of assault or witnessing an assault on a co-worker can have serious health affects on workers.

EFFECTS OF VIOLENCE

Aside from physical injuries, violent, abusive or threatening incidents in the workplace often result in serious and disabling psychological damage. Victims of workplace violence also have an increased risk of post traumatic stress disorder (PTSD), a disorder common among combat veterans and victims of terrorism, crimes, rape and other violent incidents. Psychological trauma is a common outcome of violent incidents, but one that has not received nearly enough attention or study. Emotional problems resulting from violent incidents include self doubt, depression, fear, post traumatic stress syndrome, loss of sleep, irritability, disturbed relationships with family, friends and co-workers, decreased ability to function at work, and increased absenteeism. Workers often blame themselves when they are injured in an assault, and management often encourages this self-blame.

It is rare that these issues are dealt with effectively even in the short term. But there is increasing evidence that victims and witnesses of violent incidents need long term treatment to fully overcome these problems.

CAUSES OF VIOLENCE

It is clear that we are living in a much more violent society. There are more guns on the streets and more people are handling their problems through violence. Naturally, much of this violence spills over into the workplace -- hospital emergency rooms and social service offices -- and "outside workplaces," such as neighborhoods where housing inspectors, home health workers and child welfare workers work.

Not only has society become more violent, but public policy has led to general society becoming more violent and more dangerous for workers, especially the people AFSCME represents -- social services workers, health care workers, and mental health workers.

Deinstitutionalization has created an enormous homeless population. Many of these people are mentally ill and potentially violent. People who need the structure and supervision of an institution are now crowding our homeless shelters, unemployment offices, emergency rooms and outpatient mental health clinics.

The staffing levels in these agencies are not adequate to deal with the case loads. This again leads to more violence in society and against workers.

RISK FACTORS

There is a very dangerous common myth that workplace violence is essentially random and unpredictable. Because we can't predict it, we can't do anything about it.

However, most violent acts are predictable -- even in supposedly non-violent jobs, where "random" acts of violence occur. Experts have compiled a long list of risk factors that are used to predict violence, including the work environment, work practices and the victim/perpetrator profiles.

Environmental factors that predict violence include a violent society, a violence prone neighborhood, the large number of weapons in circulation, early release of mental patients, and hospitalization instead of incarceration of criminals and risk of criminal penalties for injuring patients or clients.

Work Practices include low staffing levels, working alone, working with money, long waits for services by customers, clients or patients, or the lack of available services.

Perpetrator profiles include mentally ill persons who are not properly supervised or treated, gang members, relatives of injured persons, and drug users. People with a history of violent behavior are also prone to violent acts.

Victim profiles include:

- Employees who work in homes or in the community;
- People who handle money;
- Workers in institutions for the mentally ill or retarded who are not trained in violence avoidance or self defense;
- Persons who provide care, advice, information such as health care workers, mental health workers, emergency room and admission workers, and social services;
- People who deal with complaints, such as social service, child welfare and unemployment workers;
- Workers who have the power to act against the public, inspect premises and enforce laws, such as inspectors, child welfare, law enforcement/corrections officers, and security guards;
- People working alone, such as child welfare workers, custodians, public park workers, parking meter attendants, and housing inspectors.
- People working late, unsocial hours such as health care workers, custodians and workers in homeless shelters.

PREVENTING VIOLENCE

Because violence can be predicted, it can also be prevented, even in workplaces that serve groups of the public who tend to be aggressive and violent. In almost every situation, there are solutions. Some are easy, painless and cheap, others are more difficult and more expensive. Solutions differ greatly from occupation to occupation, and from workplace to workplace. Nevertheless, there are clearly measures that can be taken to make the work environment less dangerous, even in the most inherently dangerous workplaces. After identifying the risk factors that increase the likelihood of workplace violence, the first thing the union should do is come up with possible solutions. As far as possible, the same principles should be used as are used by

industrial hygienists: first, attempt to eliminate the problem, then attempt to engineer or build the problem out of the workplace. Finally, change administrative procedures.

- **Remove the Problem:** Mental health and social service workers are frequently assaulted by patients or residents in health care or social service facilities who should be in jails or forensic facilities.
- **Engineering Controls** include metal detectors (stationery or hand-held), changing office design to provide escape routes for employees, panic alarms, bullet proof glass, entrance controls in certain parts of the building, closed circuit TV cameras, restricting entrance to a facility after dark, mobile phones for field personnel. Not all of these are practical in every workplace, but effective measures can be found for any workplace.
- **Administrative controls** can include additional staffing, a ban on working alone, recording accidents, verbal abuse and "near misses," and training in diffusing violent situations or in self-defense. NOTE: Training as the *sole* safety program element will create an impossible responsibility on the employee for safety and security for him or herself, coworkers or other clients. Other program elements must always accompany training.

POST-INCIDENT PROCEDURES

Physical injury is not the only result of workplace violence. Major, long-term psychological trauma can occur after a violent incident. Often, supervisors don't know how to deal with such situations. In some mental health institutions, for example, criminal actions are automatically brought against workers after any incident where a resident is injured. Supervisors sometimes start writing out a disciplinary report against an injured worker, even before first aid procedures have begun.
Even those supervisors who are sensitive to emotional trauma may not recognize that a violent incident -- even those which do not result in a physical injury -- can have serious and long-lasting psychological effects on an employee.

Lack of support for workers who are victims of violent incidents discourages workers from reporting incidents. Lack of support can also lead to needlessly prolonged psychological trauma, both among victims, as well as co-workers and witnesses.

There must be a system in place where persons trained in treating people exposed to violent incidents can intervene immediately after an incident has taken place. Whether the procedure is called counseling or "debriefing," the procedure must begin as soon as possible.

Also, workers who witness incidents and co-workers who do the same jobs as the assault victim -- even in a different location -- may also need counseling or debriefing. Such counseling should be done by experts in Post Traumatic Stress Disorder and other problems facing people who have witnessed or been involved in violent incidents. Often the counseling must be long-term and include family members.

TAKING ACTION

It is the employer's responsibility to maintain a safe workplace. A violent workplace is an unsafe workplace. Unfortunately, employers are often not willing to work with the union to attack the problem.

Supervisors often assume that violence is just "part of the job" and workers shouldn't complain. Supervisors sometimes laugh off employee requests for police accompaniment when going alone into neighborhoods that are so dangerous that even armed police would not enter them alone. Some supervisors discourage employees from filing workers compensation claims or taking time off for violence-related workplace injuries. Some blame the worker for a violent incident. Some workers blame themselves.

When the employer is not willing to work aggressively on solving the problem, the union must take action to educate workers and force management to act.

UNION ACTION

Talk to workers, conduct a survey. Urge members to document all assault incidents, close calls, and abusive behavior. This data should be reviewed on a regular basis and discussed with management. Keep members informed through the local union newsletter. Develop a plan of action. Attempt to work with management to develop a plan to prevent workplace violence. If management refuses to respond, the union should take action. File grievances, develop contract language, build coalitions, or go to the media.

USING OSHA

Another effective action is to use OSHA (in those 23 states where public employees are covered by OSHA). Although there is no OSHA standard designed to protect workers from violence, OSHA has cited employers under the *General Duty Clause,* which requires employers to provide a safe workplace. In order to sustain a general duty clause violation, OSHA must *prove the existence of a hazard, which is recognized and causes or is likely to cause death or serious physical harm, and the existence of a feasible and effective method to abate the hazard.*

The union will need to assist OSHA in building its case.

1. *Prove to OSHA That a Hazard Exists*

The employer's injury and illness forms (OSHA Log 300) will hold evidence on the extent of violence-related injuries. Grievances, complaints, minutes of health and safety committee meetings, and workers' compensation records will also be evidence that a problem exists.

2. *The Hazard Is Recognized*

Recognized means that the employer has knowledge that assaults are a hazard in the workplace and/or that workplace conditions make violence likely. Recognition can also mean that the employer *should have* knowledge that assaults are a problem in the workplace even if the employer doesn't admit there is a problem. For example, the employer *should have known* there is a problem because this problem is generally recognized by people working in the field, or there have been several studies written, or guidelines have been issued.

Recognition can be proved in the following ways:

- The facility's or department's own internal rules.
- Journal/professional articles recognizing violence in this type of workplace.
- Injury statistics in the workplace or in the industry in general.

3. *The Hazard Causes or Is Likely to Cause Death or Serious Physical Harm*

Workers Compensation records, medical records, and accident reports can be used to prove the severity of injuries related to workplace violence.

4. *A Feasible and Effective Method to Abate the Hazard Exists*

There are a variety of sources of information on potential steps that can be taken to minimize the likelihood of violence in the workplace. These could include:

- A mental health, correctional or other facility's own internal rules and procedures designed to minimize violent incidents;
- Methods used in similar facilities;
- Employee surveys;
- Health and Safety Committee recommendations;
- Literature search for articles, studies or guidelines.

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For more information about protecting workers from workplace hazards, please contact the AFSCME Research & Collective Bargaining Department, Health and Safety Program at (202) 429-1215. You can also contact our office located at 1625 L Street, NW Washington, DC 20036.