

WORKPLACE VIOLENCE – FACT SHEET

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In “Preventing Workplace Violence. Workplace Violence Facts” (<http://www.afscme.org/health/viol02.htm>), the American Federation of State, County and Municipal Employees reports that:

1. “According to the U.S. Department of Labor, murder was the second leading cause of death in the workplace in 1996, accounting for 15% of all workplace deaths.”
2. “Violence among co-workers occurs very infrequently compared to other types of workplace violence. Since 1992, violence among co-workers has averaged only about 6% of all work-related homicides. The rest are the result of robberies or other crimes.”
3. “According to the U.S. Department of Justice, each year nearly one million individuals become victims of violent crime while working or on duty. Eight percent of all rapes, 7% of all robberies, and 16% of all assaults occur at work. Workplace violence accounts for 16% of the more than 6.5 million acts of violence experienced by individuals over the age of 12.”
4. “Health care workers, especially those in mental institutions, suffer the highest number of non-fatal workplace violence incidences.”
5. “Since 1980, job-related violence has been the leading cause of death in the workplace for women. In 1996 34% of fatal injuries among women were homicides. Seventeen percent of the male fatalities were homicides. Women made up 8% of all worker fatalities, but 15% of all reported workplace homicides.”
6. “Certain public employees such as health care workers, correction officials, social service workers and teachers, are affected by workplace violence more than others. Government workers make up 18% of the U.S. workforce, but 31% of the victims of workplace violence.”

According to The National Institute for Occupational Safety and Health (NIOSH) (<http://www.cdc.gov/niosh/2002-101.html>):

1. “Recent data indicate that hospital workers are at high risk for experiencing violence in the workplace. According to estimates of the Bureau of Labor Statistics (BLS), 2,637 nonfatal assaults on hospital workers occurred in 1999 – a rate of 8.3 assaults per 10,000 workers. This rate is much higher than the nonfatal assaults for all private-sector industries, which is 2 per 10,000 workers.”

2. **“Hospital personnel at increased risk of violence include emergency response personnel, hospital safety officers, and all health care providers.”**
3. **“Violence may occur anywhere in the hospital, but it is most frequent in the following areas: psychiatric wards, emergency rooms, waiting rooms, [and] geriatric units.”**

NIOSH also reported the following:

1. **“A security screening system in a Detroit hospital included stationary metal detectors supplemented by hand-held units. The system prevented the entry of 33 handguns, 1,324 knives, and 97 mace-like sprays during a 6-month period.”**
2. **“A violence reporting program in the Portland, Oregon VA Medical Center identified patients with a history of violence in a computerized database. The program helped reduce the number of all violent attacks by 91.6% by alerting staff to take additional safety measures when serving these patients.”**
3. **“A system restricting movement of visitors in a New York City hospital used identification badges and colored-coded passes to limit each visitor to a specific floor. The hospital also enforced the limit of two visitors at a time per patient. Over 18 months, these actions reduced the number of reported violent crimes by 65%.”**

NIOSH recommended the following:

1. **“Hospitals should form multidisciplinary committees that include direct-care staff as well as union representatives (if available) to identify risk factors in specific work scenarios and to develop strategies for reducing them”**
2. **“All hospital workers should be alert and cautious when interacting with patients and visitors. They should actively participate in safety training programs and be familiar with their employers’ policies, procedures, and materials on violence prevention.”**

To ensure that adequate measures are being taken to prevent workplace violence at NYCHHC facilities, it is recommend that

- 1. the Social Work Chapter conduct a series of meetings at HHC facilities to discuss workplace violence, with the goal of gathering information about specific incidents, identifying specific areas of concern, extending support to the membership, and providing advocacy for social work staff at high risk for violence;**
- 2. the Social Work Chapter, in coordination with Local 768 and the District Council 37 Occupational Safety and Health Department, (DC 37 OSHD) conduct work site inspections of NYCHHC facilities to identify and investigate workplace hazards, especially those that put social work staff at high risk for violence; and**
- 3. the Social Work Chapter, in coordination with Local 768 and the DC 37 OSHD, and pursuant to Article XIV, section 1.d., of the Citywide Contract, request a meeting of the HHC Labor Management Safety and Health Committee. The goals of this meeting would be to:**
 - A. establish a labor/management consensus that violence in the workplace is a serious problem that must be prevented;**
 - B. discuss what measures management has taken thus far to prevent workplace violence at NYCHHC facilities, with special reference to “general prevention strategies” recommended by NIOSH; and**
 - C. work collaboratively with management to achieve a violence-free workplace for every social worker employed at a NYCHHC facility.**