Violence in the Workplace: Impact on Workers and Employers and the Role of the Occupational and Environmental Health Nurse

By

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ABSTRACT

Violence in the workplace was virtually unheard of until the 1970s. “However, violent events have been associated with work throughout human history and have grown in complexity as civilizations have become more advanced” (Peek-Asa, 2001, p. 109). Societal exposure to all kinds of violence is much more frequent than previous decades due to news broadcasts, movies, video games, television, and books that portray violence vividly (Phillips, 2007).

Workplace violence creates a ripple impact causing physical, psychological, and financial problems to victims, co-workers, families, businesses, and others in the community. Employees have a right to expect a work environment that provides protection and promotes safety from harassment, threats, and violence. In addition, the Occupational Safety and Health Act (OSH Act) of 1970 “ensures every worker a workplace free from known hazards” (Peek-Asa, 2001, p. 109).

Violence remains the fourth leading cause of worker deaths, but is now at its lowest annual total in the history of the government’s annual census according to the Bureau of Labor Statistics (2006). Part of this downward trend in workplace homicides has been due to employers taking a proactive approach in implementing plans and procedures that address potential violent incidents.

The occupational and environmental health nurse (OEHN) is in a unique professional position to provide information, leadership skills, and practical tools to management and employees to combat workplace violence. The OEHN has
knowledge of evidence-based approaches and functions as a liaison with a multidisciplinary team to develop, manage, implement, and evaluate primary, secondary, and tertiary prevention strategies.
ACKNOWLEDGEMENTS

I want to express my sincere thanks and appreciation for the encouragement, support, and patience of Susan A. Randolph and Judith Ostendorf who made valuable contributions as editors towards the successful completion of my master's paper. Many thanks also to my husband, David, for his love, support, and belief in me that I could accomplish this.
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CHAPTER I
INTRODUCTION

One in six violent crimes in the United States occurs in the work setting. Workplace violence may include robberies; acts of violence by disgruntled co-workers, clients, customers, or patients; and domestic violence involving ex-spouses or family members (Mannila, 2008).

The National Institute for Occupational Safety and Health [NIOSH] (2006) estimates 1.7 million workers are injured each year during workplace assaults; this figure for violent workplace incidents accounts for 18 percent of all violent crime in the United States. Workplace violence may be caused by substance abuse, ethnic differences, and tensions among workers, outsourcing, downsizing, automation, reduced tax revenues, budgetary shortages, and increased demands for public services (Hoobler & Swanberg, 2006).

Workplace violence is detrimental to both the employee and the employer. This paper will explore the major types of workplace violence, warning signs, environmental factors contributing to workplace violence, impacts on victims, and implications for business and industry. Comprehensive violence prevention programs including hazard prevention and controls instituted by employers to combat violence will be addressed. Ultimately, the occupational and environmental health nurse (OEHN) has a leadership role and responsibility in planning and promoting a safe and healthy workplace. The American Association of Occupational Health Nurses Inc. (AAOHN) addressed workplace violence prevention in their 2006 public policy platform (Industry Notes, 2006).
OEHN is a valuable resource in implementing various policies and programs to protect workers from violence.

**Definition of Workplace Violence**

The U.S. Department of Justice/Federal Bureau of Investigation (FBI) (2002) defines workplace violence as any action that may threaten the safety of an employee, impact the employee’s physical or psychological well-being, or cause damage to company property. NIOSH (1996) also defines workplace violence as any physical assault, threatening behavior, or verbal abuse occurring in the workplace.

The mainstream media often cover sensational and dramatic acts of violent behavior, especially physical assaults and shootings that occur in the workplace. The Workplace Violence Research Institute further expands the definition of workplace violence to mean “any act against an employee that creates a hostile work environment and negatively affects the employees, either physically or psychologically” (Mannila, 2008, p. 62). The spectrum of workplace violence ranges from offensive language to homicide. Physical assaults include such events as beatings, shootings, rape, suicide, or suicide attempts. However, the definition of workplace violence may include such psychological trauma as incivility, intimidation, harassment, or obscene phone calls known as *scatalogia* (Clements, DeRanieri, Clark, Manno, & Kuhn, 2005).

Behavior in the workplace ranges from positive to negative actions. Negative or deviant behavior is divided into workplace incivility and verbal and physical violence. Workplace incivility is a new concept and is defined as “low-
intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect” (Hutton, 2006, p. 23). For example, aggression such as yelling, swearing at a co-worker, spreading rumors, and/or destroying a co-worker’s property could be described as workplace incivility. Other low-level types of violence may include mobbing, bullying, and ostracizing.

**The Riskiest Jobs**

According to Parker (2006), the occupation greatly affects the likelihood of a worker becoming the victim of a homicide. AAOHN (2008) reported there are major risk factors associated with certain jobs such as exchange of money; contact with the public; delivery of passengers, goods, or services; and having a mobile workplace.

Taxicab drivers and chauffeurs are considered high risk as they commonly work alone, may drive into areas with high crime rates, and handle cash transactions. “Transportation and moving occupations saw 70 murders in 2004, 57 by shooting. Of those, 37 were taxicab drivers and chauffeurs; 20 were drivers, sales workers, or truck drivers” (Parker, 2006, p. 44).

Workers in sales and related occupations experienced the majority of workplace homicides in 2004. A total of 166 workers were murdered of which 129 were shooting victims. First-line supervisors within sales and related occupations were most frequently killed followed by cashiers. Top ranked executives experienced the next highest number of homicides in 2004 along with law enforcement workers (Parker, 2006).
Nonfatal workplace violence is also a grave concern which affects worker productivity and morale. Government workers rather than private sector employees tend to have greater numbers and higher rates of assault (Mannila, 2008). Of particular concern is the high rate of violent incidents targeting health care workers. The assault rates on staff in some psychiatric units are greater than 100 cases per 100 workers according to The University of Iowa Injury Prevention Research Center (2007). Condon and Hughes (2006) also report health care workers as having the highest incidence of assault injuries.

Another group of workers that should be added to the list of riskiest jobs due to workplace violence are known as “boundary spanners.” This term is used to describe those occupations that bridge the gap between management and co-workers/outsiders such as suppliers or customers. These workers deal with the stress of the external environment and also experience pressure from management, their co-workers, and organizational policies (Hoobler & Swanberg, 2006).

Workplaces Prone to Violence

NIOSH (1996) recognizes additional factors that may predispose a workplace to violence: working with unstable or volatile persons in health care, social service, or criminal justice settings; working alone or in small numbers; working late at night or early morning hours; working in high crime areas; guarding valuable property or possessions; and working in community based settings. Certain industries consistently have elevated homicide rates, sometimes exceeding the national average by ten-fold. Taxicabs, liquor stores, gas stations,
protective agencies, and restaurants/bars have been identified as being the riskiest workplaces for violence to occur (NIOSH, 1996).

Nonfatal violence events and injuries have been a serious problem for many years and have increased in severity. Forty-eight percent of nonfatal injuries from workplace assaults and violence occur in health care or social services (Phillips, 2007). Psychiatric facilities, community mental health clinics, infirmaries in corrections departments, pharmacies, and community health care facilities comprise those health-related workplaces that are more prone to violence (National Security Institute, 1995).
Scope of the Problem


Homicides are captured in the fatal violence data. However, data on injuries associated with nonfatal violent attacks are not as comprehensive due to lack of a consistent and central reporting system. Information or data may be linked to multiple areas such as worker’s compensation claims, employee health records, clinic or hospital records, or the OSHA log. If the violent event is reported, police records may fail to identify a victim as an employee or that the event took place at work. Nonfatal violent events may go unreported by the victim. Some businesses may fail to report what they believe are insignificant events that are considered to be violence in the workplace (Peek-Asa, 2001).

Incidence/Prevalence Associated with U.S. Workers

"Older workers are at higher risk for workplace homicides and rates for workers age 65 and older exceed 2.7 per 100,000 workers" (Peek-Asa, 2001, p. 111). Older workers may be considered easier targets or victims because they are perceived as frail or may have difficulty recovering from the incident.
Violence is not evenly distributed among ethnic individuals in the U.S. workplace. New immigrants of any ethnicity as well as Blacks, Asians and Pacific Islanders, and Hispanics tend to have an elevated risk as victims of violence (Parker, 2006).

There are gender differences related to workplace violence according to research. Women are more likely to be targets of sexual harassment, rape, or stalking while men are at greater risk for physical abuse in the workplace (Leiter, Frizzell, Harvie, & Churchill, 2001).

Sexual assault is considered to be a violent behavior in the workplace. Perpetrators of sexual assault are more likely to be inside the organization or business rather than an external customer or client. According to Hoobler and Swanberg (2006), almost 62 percent of perpetrators of sexual assault were linked to superiors in the workplace.

**Morbidity/Mortality Associated with U.S. Workers**

Homicide is the leading cause of death for women in the U.S. workforce and, depending on the geographic region in the nation, may rank first, second, or third as the leading cause of death among all workers (Anderson, 2004). The Bureau of Labor Statistics (2008) reported that homicides in the workplace increased by 13 percent in 2007. However, homicides declined 44 percent from the high of 1,080 reported in 1994. Homicides for police officers and supervisors in retail sales saw substantial increases in 2007. According to Peek-Asa (2001), 2 million U.S. workers experienced a violent victimization while at work including 1.5 million simple assaults, 396,000 aggravated assaults, 51,000 rapes
and sexual assaults, and 84,000 robberies. In addition, certain types of behavior during robbery have been known to affect the outcome for injury. If a worker attempts to resist, tricks, argues, or pursues the robber, the chances for injury are greater (Peek-Asa).

Anderson (2004) conducted a survey of 270 participants who were victims of co-worker violence (women, n=86; men, n=184). It was reported that 27 percent of the women were raped, 34 percent were physically assaulted, 40 percent were stalked, and 8 percent were threatened. Of the men, they were at greater risk for physical assault (79 percent), while 16 percent of men were threatened, and 7 percent were stalked. Further data demonstrate if the victim is female, 78 percent of the perpetrators are male. When the victim is male, 97 percent of perpetrators are men.

Suicide is mentioned briefly as it is considered violence in the workplace. Suicide has been a prevalent workplace problem for decades comprising 3.5 percent of deaths among males and 2.5 percent among females. Workers having increased rates of suicide include those in health care, farming, law enforcement, and the Armed Forces. In a study among city workers, police officers were found to have three times the suicide rate (Peek-Asa, 2001).

Four Major Types of Workplace Violence

Although workplace violence is complicated with many sources and causes, four types of workplace violence will be examined. An example of each type is listed in Table 2.1. It is important to understand each type of workplace violence to plan prevention and intervention strategies.
TABLE 2.1

FOUR TYPES OF WORKPLACE VIOLENCE

<table>
<thead>
<tr>
<th>Types of Workplace Violence</th>
<th>Example of Workplace Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I: Criminal Intent</td>
<td>Several armed robbers boarded a bus. One pointed a gun at a driver while others ordered passengers to hand over wallets and jewelry. Driver tried to radio for help, and one perpetrator shot him. Another perpetrator opened gunfire on the passengers.</td>
</tr>
<tr>
<td>Type II: Customer/Client</td>
<td>After being denied continuation of welfare benefits, a man with known mental illness became agitated and attacked a welfare case worker. Co-workers broke up the altercation and escorted man out of office. When his case worker left office after work, the man attacked and killed her while she was trying to get into her car.</td>
</tr>
<tr>
<td>Type III: Worker-on-Worker</td>
<td>After argument with supervisor over repeated absences and poor productivity, employee went to his desk and got a gun. He waved it and said “I’m going to show everyone who is boss.” He returned next day saying he had calmed down and would like event to be forgotten. Since office did not have policy for handling situation, supervisor took no further action.</td>
</tr>
<tr>
<td>Type IV: Personal Relationship</td>
<td>Nurse recently ended relationship with long-time boyfriend because of rising conflict. He appeared at her workplace and demanded to see her. He physically assaulted co-worker for not allowing him to see her.</td>
</tr>
</tbody>
</table>

Source: Peek-Asa (2001)
Type I: Criminal Intent

Eighty-five percent of workplace homicides fall into the criminal intent type of workplace violence. The primary motive is theft and a weapon is often involved, increasing the likelihood of deadly assault. The perpetrator does not have any established relationship with the business or industry. Workers who are at greatest risk include taxicab drivers, convenience store clerks, security guards, and owners of “mom and pop” stores. These workers typically exchange cash with customers, work late night hours, and work alone. Since truckers may travel on unfamiliar routes, they are especially at risk for violence perpetrated by strangers (Anderson, 2004).

Type II: Customer/Client

Type II incidents involve the customer or client of the worker that occur within the worker’s normal duties. The perpetrator has involvement with the business and becomes violent while being served by the business. Health care workers, social workers, police officers, prison staff, flight attendants, and teachers are examples of workers who may be potentially exposed to this type of violence in their line of duty (The University of Iowa Injury Prevention Research Center, 2001).

Type III: Worker-on-Worker

Approximately seven percent of workplace homicides fall into this type of workplace violence. The perpetrator is an employee or past employee who threatens or attacks a co-worker related to dissatisfaction after one or a series of
work-related or interpersonal disputes. Managers or supervisors may be at a greater risk of being victimized (Anderson, 2004).

**Type IV: Personal Relationship**

Women are frequently the victims of Type IV violence. Harassment and stalking are commonly carried out by the perpetrator. Even though the perpetrator does not have a relationship with the business, he/she has a relationship with the intended victim or worker. The perpetrator is most likely a husband or boyfriend of the victim. NIOSH (2009) estimates over 25 percent of female victims of workplace homicides are assaulted by people they know (spouses, friends, co-workers, or customers). Domestic violent incidents that carry over into the workplace account for 16 percent of workplace homicides.

**Workplace Violence Risk Factors/Warning Signs**

The perpetrator of workplace violence may possess certain risk factors or warning signs. These warning signs fall under the categories of substance abuse, mental health changes, and behavioral characteristics. It is important to understand there is no certain profile that predetermines if a person may become violent. In fact, all situations should be examined as a whole and viewed as unique.

**Substance Abuse**

Drug and alcohol related problems are one of the top four reasons for the increase in workplace violence. The U.S. makes up about eight percent of the world’s population while consuming 60 percent of the world’s illegal drugs (Mannila, 2008). Individuals who are addicted to drugs and/or alcohol may be
more prone to violence due to the problems associated with addiction as well as the lowering of inhibitions.

In addition, some workers or individuals who are under stress turn to the use of alcohol or drugs for temporary relief from stressors. Some businesses have implemented drug free workplace policies including drug testing and employee assistance programs to assist workers in dealing with stressors such as substance abuse issues, work, family, legal, or financial difficulties. However, the Bureau of Labor Statistics (2006) reported 70 percent of workplaces in the U.S. do not have a formal workplace policy or program that addresses violence. Because some small businesses may not have these programs, employees with substance abuse problems may not get assistance and behaviors associated with addiction may be overlooked.

Mental Health Changes

The risk of violence in a health care setting such as a psychiatric hospital is particularly high. A client suffering from mental illness is at greater risk in committing a violent act. Mental health problems such as dementia, a history of depression or bipolar disorder, changes in mood, and suicidal or homicidal ideation are key warning signs identified by the FBI (American Association of Occupational Health Nurses [AAOHN], 2003).

While a suicide threat may not appear as dangerous to others, it must be taken seriously. “Suicide by cop” is a phenomenon known in law enforcement by those wanting to be killed in the act of wounding or killing someone else (U.S. Department of Justice/FBI, 2002).
Behavioral Traits/Problematic Behavior

The break-up of a marriage or romantic relationship, a mishandled termination or job performance review, family conflicts, personality conflicts between a supervisor and employee or between an employee and another coworker, financial concerns, or legal problems may be risk factors that lead to potential violence. According to McElhaney, a psychologist and the director of Critical Response Associates, “We have never seen a case of workplace violence where someone just snapped. In every single one, there are a series of events either someone ignored or did not respond adequately” (Henneman, 2006, p. 10).

It is of paramount importance that employers, employees, and OEHNs recognize signs of problematic behavior to be proactive in reporting and responding to potential warning signs. AAOHN completed a survey and found the majority of respondents in the workplace did not recognize many of the key warning signs leading to potential violence (AAOHN, 2003). A list of problematic behavior that should not be overlooked (U.S. Department of Justice/FBI, 2002) include:

- Increasing belligerence or hostile attitude,
- Ominous, specific threats,
- Hypersensitivity to criticism/tendency to blame others,
- Recent acquisition/fascination with weapons,
- Apparent obsession with a supervisor, coworker, or employee grievance,
- Preoccupation with violent themes in movies, etc.,
• Interest in recently publicized violent events,
• Outbursts of anger,
• Extreme disorganization,
• Noticeable changes in behavior, and
• Homicidal/suicidal comments or threats.

Environmental Factors Contributing to Workplace Violence

Although the prevention of workplace violence often focuses on the warning signs of the perpetrator, there are environmental factors that may contribute to workplace violence. Violence has caught some companies unprepared. For example, a former employee returned to his old worksite, drove a car onto the sidewalk and into the lobby, jumped out, and shot and killed a security guard. The company scrambled to initiate emergency plans focusing on environmental factors, ongoing management, and employee relationships (U.S. Department of Justice/FBI, 2002).

Physical (Design) and Additional Environmental Factors

Physical factors in a building may heighten the risk for workplace violence. Isolated locations for job activities, lighting problems, lack of communication devices, areas of uncontrolled access, and areas of prior security problems may increase the likelihood of assaults. These factors are common in almost every workplace setting.

According to the National Security Institute (1995), additional environmental factors may contribute to increased reports of workplace violence: the prevalence of handguns, a decrease in medical and mental health care for the
mentally ill, and the increased use of hospitals by police and the criminal justice system for acutely disturbed individuals.

**Labor-Management Relations**

Due to the changes in the U.S. economy, companies have gone through down-sizing, reorganizing, and restructuring while at the same time expecting and demanding more from their employees. As a result, stress levels in employees have climbed causing workplace violence to escalate. Table 2.2 illustrates characteristics of companies at risk for violence.

There are specific factors that may contribute to negativity and stress in the workplace precipitating problematic behavior. Poor management styles contribute to job dissatisfaction and decreased morale, such as managers giving inconsistent discipline, over-monitoring or “micro-managing”, and reprimanding an employee in front of his co-workers. Frustration and increased job stress may arise from poorly defined job tasks and responsibilities. Security personnel who do not have the proper training or motivation may be hindered in adequately protecting a business and its employees (Gates, 2001).

Downsizing in a company may lead to additional work with fewer resources including enough staff to perform the job duties. As a result, understaffing leads to job overload. The University of Iowa Injury Prevention Research Center (2001) has revealed that in some health care settings, assaults by patients or clients have increased as a result of low staffing.
<table>
<thead>
<tr>
<th></th>
<th>CHARACTERISTICS OF COMPANIES AT RISK FOR VIOLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Authoritarian management style.</td>
</tr>
<tr>
<td>2.</td>
<td>Large number of grievances.</td>
</tr>
<tr>
<td>3.</td>
<td>High incidence of absences, illnesses, and injuries.</td>
</tr>
<tr>
<td>4.</td>
<td>A sense of unfairness or injustice by employees.</td>
</tr>
<tr>
<td>5.</td>
<td>High turnover rates.</td>
</tr>
<tr>
<td>6.</td>
<td>Increasing incidence of harassment.</td>
</tr>
<tr>
<td>7.</td>
<td>Chronic labor and management disputes.</td>
</tr>
<tr>
<td>8.</td>
<td>Excessive demands for overtime.</td>
</tr>
</tbody>
</table>

Source: Gates (2001)
Financial Implications on Industry and Business

The financial consequences of workplace violence for employers are enormous and are estimated to be 202 billion dollars each year (Hoobler & Swanberg, 2006). Costly litigation, lost productivity, and damage control are the primary affected areas. The cost of one violent incident includes high costs of medical and psychiatric care to victim(s). Hutton (2006) reports workplace injuries stemming from on-the-job violence cost organizations 4.2 billion per year. In addition to the previously mentioned costs, businesses incur the costs and time of restoring their public image.

Multiple law suits are often filed against an employer when the violence results in injuries or death. In December 1993, $4.25 million was awarded to a postal employee shot by a coworker in Dearborn, Michigan (Mattman, 2001). Most cases are settled out of court with litigation involving negligent hiring and retention.

The National Crime Victimization Survey is a national household survey conducted annually. This survey estimates approximately 500,000 workers lose 1.75 million work days annually as a result of violence in the workplace. Lost productivity occurs throughout the business and increases up to 80 percent for the first two weeks following a violent event (Anderson, 2004). Several reasons for the lost productivity include: time lost by co-workers talking about the incident, absence of the killed or injured worker, time police and internal security take to question and investigate, decreased productivity of workers experiencing post-
traumatic stress syndrome, and time spent by employees in counseling sessions (Mattman, 2001).

**Impacts on Worker Life**

Workplace violence has far reaching consequences for the victim(s) and other employees throughout a company. Besides the effect of financial loss and decreased productivity for the entire organization, there is associated job dissatisfaction, decreased employee morale, absenteeism, and problems with employee retention. Finally, the impact of the incident impacts a worker’s life and family—physically, psychologically, and financially.

**Physical**

The majority of workers or victims after a violent event report difficulty sleeping and generalized irritability. MacDonald, Colotla, Flamer, and Karlinsky (2003) found that 96 percent of the claimants who had experienced violence at work reported difficulty both falling and staying asleep. Thoughts involving the incident or threats regarding safety tended to reoccur at night.

**Psychological**

Short- and long-term psychological problems, fear of returning to work, and changes in relationships with other coworkers, family, and friends have been reported by those directly assaulted and/or by workers who have witnessed a violent event (Choe, 2000). Employees or victims typically report having difficulty concentrating and processing information after a traumatic event. Employees will internalize their feelings evidenced by depression or withdrawal.
or externalize showing anger or outbursts of emotional and behavioral responses (Clements et al., 2005).

**Financial**

As mentioned previously, the loss of productivity and absence often follows a violent incident in the workplace. Fear, frustration, and anxiety do not make a productive worker. According to the Transport Workers Union of America (2007), a half million employees miss 1.8 million days of work each year, resulting in more than $55 million lost in wages; this figure excludes days covered by sick and annual leave. Victims of workplace violence take an average of five days off from work in an effort to recuperate (Choe, 2000). Finally, there are those workers who are never able to return to their pre-injury occupation due to being physically and/or psychologically incapacitated.

**Stages of Crisis Reactions Experienced by Workers**

It is difficult to predict how an incident of workplace violence will influence the ability of workers to cope. In fact, certain factors may influence the intensity of the event and how the victim may deal with it such as the duration of the event, the amount of terror the victim experienced, the sense of control or lack of control the person had during the violent incident, if the victim experienced serious injury, or if the victim experienced loss (i.e., a co-worker's death). Intense stressors in the victim's personal life or previous experiences as a victim may be unique variables as to how the victim will work through the event.
Worker (Victim) Impact and Emotional Consequences

The worker may experience a variety of intense emotions and behavioral changes after a violent event in the workplace. These emotions may encompass anger, rage, fear, terror, grief, sorrow, confusion, helplessness, guilt, depression, withdrawal, and even despair. Following a violent incident, workers experience three stages of crisis reactions known as shock, impact, and reconciliation to various degrees (U.S. Department of Agriculture, 1998).

Stage I: Shock

During the violent event, workers experience physical symptoms in which the heart rate increases, perpetual senses become heightened, and adrenaline levels increase to meet the threat. Directly following the chaos of workplace violence, workers are confronted with shock, numbness, and disbelief. Workers may even feel angry or a sense of betrayal because they felt their workplace was safe from such an event.

Stage II: Impact

Intense emotions may persist during Stage II lasting several days to a few months. Post-traumatic stress disorder (PTSD) is a diagnosis that is "characterized by the presence of symptoms that develop following exposure to an event that involves actual or threatened death, serious injury, or a threat to the physical integrity of self or others" (MacDonald et al., 2003, p. 63). Symptoms must persist for at least a month to meet the criteria of the diagnosis for PTSD. Symptoms commonly linked to PTSD are associated with re-experiencing the event or avoiding feelings, places, or people associated with the event.
Post-traumatic reactions have been documented among groups of workers following a violent incident or criminal assault. In a retrospective study on PTSD suffered by workers, those workers associated with a violent crime displayed a greater number of psychological symptoms than workers involved in an industrial accident (MacDonald et al., 2003). Specific symptoms of PTSD may include intrusive thoughts, nightmares, flashbacks, insomnia, hyper-vigilance, and difficulty concentrating.

Table 2.3 gives an example of a distribution of various occupations that experienced or witnessed violence or trauma in the workplace. Table 2.4 illustrates the percentage and rank of order of PTSD symptoms experienced by those workers.

**Stage III: Reconciliation**

Stage III is often a long-term process for workers to reach closure. Individuals will adjust at different rates and in different ways. Workers will make an attempt to understand the impact it had on their life and to make some sense out of the actual event. As the one year anniversary approaches to the event, workers are typically drawn to the memory of the event along with the associated fears and losses (Clements et al., 2005).

It is essential for the employer and OEHN to understand the three stages of crisis reactions the worker may experience. Both the employer and the OEHN will be better prepared to refer the worker to the appropriate resource(s) to provide assistance, support counseling, and aid in the return to work process.
### TABLE 2.3

**FREQUENCY OF OCCUPATION AND EXPOSURE TO TRAUMA**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>n</th>
<th>Experienced</th>
<th>Witnessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail sales clerk</td>
<td>14</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Group home worker</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Railway personnel</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Clerical personnel</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Hospital nurse</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Restaurant personnel</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Hotel clerk</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Truck driver</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Transit operator</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Tree planter</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fisherman</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Emergency service</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Fuel controller (airport)</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Fitness instructor</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Security guard</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Lab technician</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Survey assistant</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>44</td>
<td>36</td>
<td>8</td>
</tr>
</tbody>
</table>

Source: MacDonald et al. (2003)
### TABLE 2.4
PERCENTAGE AND RANK ORDER OF POST-TRAUMATIC STRESS DISORDER (PTSD) SYMPTOMS

<table>
<thead>
<tr>
<th>PTSD Diagnostic Groupings and Symptoms</th>
<th>Percent (No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recurrence/re-experiencing</strong></td>
<td></td>
</tr>
<tr>
<td>Distress at internal/external cues</td>
<td>88.6 (2)</td>
</tr>
<tr>
<td>Intrusive thoughts</td>
<td>75 (5)</td>
</tr>
<tr>
<td>Dreams</td>
<td>72.7 (6)</td>
</tr>
<tr>
<td>Physiological reactivity to cues</td>
<td>68.2 (8)</td>
</tr>
<tr>
<td>Acting/feeling as event were happening</td>
<td>25 (14)</td>
</tr>
<tr>
<td><strong>Avoidance/numbing</strong></td>
<td></td>
</tr>
<tr>
<td>Avoid places or activities</td>
<td>86.4 (3)</td>
</tr>
<tr>
<td>Diminished interest/participation in activities</td>
<td>68.2 (8)</td>
</tr>
<tr>
<td>Avoid thoughts, feelings, conversation</td>
<td>56.8 (11)</td>
</tr>
<tr>
<td>Detachment</td>
<td>31.8 (12.5)</td>
</tr>
<tr>
<td>Restricted affect</td>
<td>18.2 (15)</td>
</tr>
<tr>
<td>Foreshortened future</td>
<td>15.9 (16)</td>
</tr>
<tr>
<td>Inability to recall certain aspect</td>
<td>11.4 (17)</td>
</tr>
<tr>
<td><strong>Physiological Arousal</strong></td>
<td></td>
</tr>
<tr>
<td>Difficulty falling/staying asleep</td>
<td>95.5 (1)</td>
</tr>
<tr>
<td>Hyper vigilance</td>
<td>81.8 (4)</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>68.2 (8)</td>
</tr>
<tr>
<td>Irritability</td>
<td>59.1 (10)</td>
</tr>
<tr>
<td>Startle</td>
<td>31.8 (12.5)</td>
</tr>
</tbody>
</table>

Source: MacDonald et al. (2003)
CHAPTER III

PROTECTING WORKERS FROM VIOLENCE

Threat/Risk Assessment

Responding to threats is an essential part of any workplace violence prevention plan. Threats can be subjective and subtle making it more difficult to address as there is no physical evidence. The next section will define what constitutes a threat and how to identify and report the event. The threat assessment will analyze the credibility of the threat and evaluate the individual who made the threat. Lastly, an incident response team is crucial to respond to all potential reports of violence in the workplace.

What Constitutes a Threat

A threat can be defined as “a statement or an expression of intention to inflict evil, injury, or damage” (Merriam Webster Online Search Dictionary, 2009). Expressions of threat may be verbal, written, and involve threatening body language. According to the U.S. Department of Justice/FBI (2002), an alternative definition for threat would be “any verbal or physical conduct that threatens property or personal safety or that reasonably could be interpreted as intent to cause harm” (p. 24). Although threats can be subjective, employers have an obligation to address threats to make sure employees do not feel frightened or intimidated.

Identifying and Reporting Threats/Threatening Behavior

One of the things employers can do is to create a climate in which both management and employees are free to report threats, disturbing incidents, or
potential signs of danger. A reporting system can be set up which designates those individuals who will handle complaints in a confidential manner. The employee who wishes to report an incident can remain anonymous, either reporting by phone, writing a report, or submitting a comment in a locked suggestion box. Additional reporting can be done through proper management channels such as reporting initially to a supervisor if the employee feels comfortable with it.

Management should provide training to all workers on what and where to report. Table 3.1 illustrates the important information that should be included in a threat incident report. Whatever reporting system is adopted, the business should publicize it on bulletin boards, the business’ intranet, employee newsletters, or notices with paychecks. A feedback system should be in place to inform the individual that the complaint was investigated and what actions were implemented.

**Threat Assessment**

Most threats will not lead to a violent act in the majority of cases according to the U.S. Department of Justice/FBI (2002). However, the threat can damage safety and incur a climate of negativity in the workplace. It is essential for management to have a threat assessment in place that analyzes the exact nature or context of the threat or behavior, the identified person or target, the motivation of the worker who is making the threat(s), and the ability of the worker to carry out the threat (U.S. Department of Justice/FBI).

Just as there is no profile to determine if a worker will become violent, there are no characteristic signs to evaluate a threat and a worker who makes that
## TABLE 3.1

**FACTS TO INCLUDE IN A THREAT INCIDENT REPORT**

- Name of threat maker and his/her relationship to the company and to the recipient
- Names of the victims or potential victims
- When and where the incident occurred
- What happened immediately prior to the incident
- The specific language of the threat
- Any physical conduct that would substantiate an intention to follow through with the threat
- How the threat maker appeared (physically and emotionally)
- Names of others who were directly involved and any actions they took
- How the incident ended
- Names of witnesses
- What happened to the threat maker after the incident
- What happened to the other employees directly involved after the incident
- Names of any supervisory staff involved and how they responded
- What event(s) triggered the incident
- Any history leading up to the incident
- The steps which have been taken to ensure that the threat will not be carried out

threat. Each case should be evaluated on the basis of its circumstances. The worker’s background may be checked including work history, criminal record, mental health history, military history, and past behavior while on the job. Threat assessments should be conducted by a psychologist, psychiatrist, or other professionals who have training in threat assessment and management due to legal concerns (U.S. Department of Justice/FBI, 2002).

**Incident Response Team**

An incident response team within the organization should reflect a multidisciplinary approach. Team members may include representatives from security, human resources, management, union, occupational health department, or employee assistance program. Team members should report to a primary team leader or senior manager to avoid miscommunication. The line of authority along with the team’s representatives, roles, and responsibilities should be clearly defined when initially organizing the team.

The primary responsibility of the incident response team is to respond to all reports of violence including threats, harassment, or other behavior that may frighten any worker. Some larger companies may have outside experts or consultants train their incident response teams in risk evaluation, threat assessment, and conflict resolution (U.S. Department of Justice/FBI, 2002). Members on the incident response team may conduct training sessions for new/current employees, supervisors, and managers in workplace violence prevention on a regular basis.
The incident response team should document all incidents and investigations, monitor results of solutions implemented, and evaluate other actions that were taken. The incident response team should have planned meeting times and keep abreast of new strategies for preventing workplace violence. Consulting with others in the community such as law enforcement officials, mental health professionals, emergency response personnel, and other specialties or agencies will assist in being more prepared before an actual incident occurs.

**Hazard Prevention and Control**

The Bureau of Labor Statistics (2006) completed a representative survey of 7.4 million U.S. establishments or businesses employing over 128 million workers. The study found that even though 5 percent of workplaces experienced at least one episode of workplace violence, most reported the incident did not prompt any changes in preventive strategies. These findings indicate a need for businesses to consider hazard prevention and control approaches.

For a comprehensive program, OSHA recommends environmental design and use of technology for violence prevention in health care. Examples exist for the successful use of environmental design to control community, residential, and retail crime (McPhaul et al., 2008). General engineering controls, administrative/work practice controls, and maintenance controls will be addressed as possible solutions.

**General Engineering Controls**

Ideally, the prevention of workplace violence should be considered during new construction or when a business is undergoing major renovation. The floor
plan and physical layout of a workplace should be reviewed. Visibility, alarm signals, the location of emergency phones, control of access, arrangement of work space, and clearly marked escape routes should be emphasized and incorporated into the designs of the work setting.

A worksite analysis and walkthrough of the agency should be completed to identify and correct any obvious security hazards. All work areas including grounds and parking where employees frequent should be well-lighted and protected to decrease the incidence of assaults. The following are possible measures that can be used as engineering controls for workplaces (McPhaul et al., 2008):

- Protected enclosures can be installed to serve as a barrier between employees and clients/outside customers. Deep service counters and/or Plexiglas can be used in customer windows.
- Sharp instruments or firearms should be screened by metal detectors.
- Service rooms or rooms used for counseling in a health care setting should be designed with two possible exits. The furniture should be arranged so that exits are not blocked.
- Curved mirrors may be installed at hallway intersections or concealed areas.
- Security or surveillance cameras may be used to monitor isolated work areas, grounds, and parking lots.
- Lockable and secure bathrooms should be installed for workers, separate from clients or outside customers.
• Alarm systems or panic buttons may be installed. Periodic testing and maintenance should be done on the system. A telephone link to the local police department should be established.

• Employees who work in a secure area should be given access keys while on duty.

• A waiting room should be available for clients or outside customers. If possible, the waiting room should have adequate seating, appropriate temperature, restroom availability, television, and information posted regarding services of the business. The design will help clients wait calmly for services and avoid agitation and confusion.

**Administrative and Work Practice Controls**

Administrative controls such as a “zero tolerance policy” should be established in the workplace to inform employees that no acts of violence will be tolerated and all reports will be investigated and addressed. Every employee should have training in workplace violence prevention. A written workplace violence statement should set a standard for appropriate work behavior and affirm the company’s commitment to take action on any complaint regarding threatening, harassing, or violent behavior (U.S. Department of Justice/FBI, 2002). The company policy should state that the possession of weapons on company property is prohibited. The written statement should be made available to all employees.

Policies should be instituted regarding the hiring and terminating of employees. Hiring, pre-employment screening, and background checks will be
A progressive discipline policy should address the discussion and documentation of performance problems. Periodic meetings to discuss performance problems over a three to six month period are recommended where the employee is told his/her job is in jeopardy unless improvements are made. This progressive discipline policy helps to address employee behavior and performance problems before they escalate (Snavely, Ankeny, Henderson, Begin, & Smith, 2007). Table 3.2 illustrates firing or termination proceedings designed to assist supervisors responsible for carrying out this task.

Terminations should be done during the middle of the week. According to Snavely et al. (2007), the day of the week an employee is terminated can have consequences. There are often no resources available to the employee on a late Friday afternoon. During the termination proceeding, supervisors should provide phone numbers to assist with unemployment benefits and job placement. An employee may be entitled to severance pay depending on company policy and years worked with the company. Background checks should also be performed on workers prior to termination, even if one was completed during the hiring process as there may be updated records on arrests for crimes or assaults.

Awareness and training is a critical component of the organization’s work practice controls to ensure that all workers have knowledge about what to do and how to report if they are confronted with a violent situation. Training should include: reviewing the agency’s workplace violence policy, reporting incidents and reporting procedures, defusing potential volatile situations or aggressive
TABLE 3.2
TERMINATION PROCEDURES

- Terminate at the beginning or the end of the work shift.
- Do not allow the employee to return to his/her work area.
- Make the firing a statement of fact, not a discussion or debate.
- Have the act of termination, all associated paperwork, and other activities including counseling and/or out-placement in the same locale.
- Preserve the terminated employee’s dignity.
- State post-termination communications as future oriented.
- If a violent reaction can be reasonably anticipated, brief the security department and request that they stand by.

Source: Mattman (2008)
behavior, dealing with hostile persons, managing anger, and resolving conflicts using anger management (U.S. Department of Agriculture, 1998).

Supervisors need specific training in workplace violence prevention. Leadership training and skills are needed to set clear job standards, administer consistent discipline, and implement probation or termination proceedings for a worker. There is always a possibility that difficult situations could turn into major problems and ultimately lead to violent behavior from the worker. Supervisors should be trained in handling crisis situations, initiating basic emergency procedures, and knowing what resources and support services are available. Supervisors also need to be trained to identify workers who are depressed and under a great deal of stress. These workers can be offered confidential counseling through the Employee Assistance Program.

Further administrative and work practice controls may be instituted and are summarized to include (National Security Institute, 1995):

- Sufficient and flexible staffing should be available to manage workloads in times of understaffing, weekends, holidays, etc.
- Workers should not be left alone in situations that pose a risk for violence.
- Managers should be trained to provide assistance in crisis and emergency situations.
- Security guards may be needed and trained to respond to potential violent behavior.
• Security services should be arranged to escort workers into parking lots in the evening or late hours.

• Visitors to a company should sign in at a front entrance and be given name tags and/or passes to access a department. A restricted visitor list for those who have a history of violence may be kept and updated by security (i.e., health care institution).

• Workers should wear appropriate clothing and limit jewelry depending on the workplace to discourage theft and strangulation.

• Workers need to carry keys in an inconspicuous manner.

• All employees should be encouraged to report all incidents of threats, harassment, or aggressive behavior. The threat management team or the facility should keep records of all reported incidents.

• Managers should establish a liaison with the local police department to establish a response mechanism in times of crisis.

• Employees who work off-site should prepare a daily work plan and keep their supervisor periodically informed. If the employee does not report in at the designated time, follow-up should be done.

• Procedures should be established to reduce the likelihood of assault and robbery for workplaces involving exchange of money or goods.

**Maintenance Controls**

In addition to general engineering and administrative/work practice controls, maintenance controls are programs that companies utilize on a long-term or continuous basis to prevent violence.
• Security: Some companies internally employ or contract security guard officers to monitor facilities, grounds, and parking. Different measures can also be used in workplace settings such as photo identification badges or individual coded key cards to access certain locations.

• Threat Assessment/Management: A threat management team or incident response team evaluates persons under suspicion who may pose a risk to particular workers and manages a crisis situation in a way that protects employees and the agency. The threat management team also works with management to develop a threat plan.

• Alternative Dispute Resolution (ADR): A neutral third party who is competent, trustworthy, and truly neutral can be used to resolve conflicts between workers or between workers and management. ADR can also assist workers who want to resolve a dispute but do not want to file a formal complaint or want to resolve a conflict quickly. It can be used to settle many types of disputes and at the same time help to prevent the escalation of a conflict into a potentially violent situation (U.S. Department of Agriculture, 1998).

• Employee Assistance Programs (EAP): Many businesses contract with a confidential Employee Assistance Program. Professional counselors are available to assist employees in dealing with problems that may impact job performance such as drug and alcohol problems, family issues, problems or conflicts in the workplace, and legal, and/or financial difficulties. If there is a conflict between an employee and
supervisor, trained counselors can intervene by developing ideas to deal with uncomfortable situations.

- Family Life Programs: Some larger companies have benefits for employees that include child care and flex time away from work. These types of programs are beneficial in promoting a positive atmosphere in the workplace.

**Preventive Measures and Strategies**

Violence in the workplace takes its toll in the tragic loss of victims and impacts a company's financial status and reputation. Therefore, it is of paramount importance that a company establishes an effective workplace violence prevention program. First and foremost, commitment by top management is needed to provide authority for refusal to tolerate any threats or violent behavior. Management commitment is further needed to ensure budgetary and staff resources to carry out the program.

The following guidelines provide the foundation for employers to combat workplace violence: preparing pre-incident violence prevention, addressing threatening or violent incidents, and managing the aftermath of an incident (Timm & Chandler, 1996). These guidelines are summarized below and were initially developed for employers and law enforcement.

**Pre-incident Violence Prevention and Preparation**

Perform pre-employment screening. Pre-employment screening, including reference checks, background checks, and drug testing, should be implemented to reduce the potential for personnel exhibiting negative behavior. Applications
should be carefully verified by human resources or security department personnel to ensure items on the application form are accurate. According to Mattman (2008), "repeated studies have shown that up to 42 percent of applications contain intentional misstatements of material facts" (p. 4). Prior employment periods may be intentionally left out as the client may want to hide unsatisfactory job performance, termination for cause, or time spent in jail. Some applicants have been known to list non-existent degrees and accomplishments.

**Take advantage of community resources.** Law enforcement, security firms, and the local Chamber of Commerce can help an employer stay abreast of current crime trends and prevention strategies. Police officers may educate individuals in what actions to take if threats or violent behavior occur. In addition, the local police can visit and become familiar with the agency's physical layout. Law enforcement and security experts can also educate employees on how to prevent becoming a victim and provide general information in combating crime.

**Review security policies and procedures.** The employer should review all safety and security policies and procedures on a periodic basis to reduce an organization's chance of violence. Security surveys of the facility should be done frequently and at different times of the day and week to determine if any modifications need to be made. Lighting, alarms, metal detectors, surveillance cameras, and general work areas are examples of items that might be reviewed. The hiring or staffing of extra security should be re-examined in the event an employee exhibits signs of potential violence prior to termination.
Improve internal and external communication. Emergency responders both inside the organization and in the community need access to crisis management plans, evacuation plans, and building plans in the event of a dangerous or even hostage situation. All of these plans and a list of contact persons (i.e., managers, incident response team members) should be kept in several accessible locations throughout the company. A code word or phone number needs to be established to alert managers and supervisors when a crisis ensues.

Establish ground rules for behavior. A zero tolerance policy to violence should be established and applicable to everyone employed by the company. All reports of threats or violent behavior should be investigated and action taken without exception. Possession of weapons should be prohibited on company property. A policy for a drug-free workplace should be incorporated into a company's plan for violence prevention. Informing employees about policies on drugs, threats, violent behavior, and weapons possession will set clear standards for acceptable behavior and behavior that will not be tolerated.

Train managers and employees. A policy and procedure manual on violence prevention in the workplace should include a section on education and training. Managers should be provided with sensitivity training and aggression/anger management in dealing with troubled or potentially violent workers. Training should be given to managers and supervisors on appropriate ways to handle job performance issues, discipline, lay-offs, and pending terminations. Employees should be given training and information on how to
recognize the early warning signs of violence, how to respond in an incident, and how to report an incident.

**Implement prevention programs.** When a company has programs in place to assist troubled employees, this will help to address managerial issues and identify possible solutions before threats or violence arise. An Employee Assistance Program (EAP) should provide all employees confidential counseling with referrals to other professionals such as psychologists or psychiatrists as needed. Other community resources should be made available such as domestic abuse assistance and/or shelters. Exit interviews should be made available to employees who retire, resign, are transferred, or terminated. An exit interview program may identify potential violence related security or management problems in advance.

**Establish a reporting procedure.** Employers must encourage employees to report threats, harassment, and acts of violence without fear of reprimand or criticism. The employer should establish avenues of reporting mechanisms: telephone hot line number, designated representative(s) in the organization, suggestion box, or website address.

**Prepare a threat management team and plan.** A threat management team or incident response team along with a policy should be prepared so that everyone in the organization understands what will happen and what is their role. A liaison with community law enforcement should be formed for collecting evidence or interviewing involved parties after an incident. The threat management plan might also include managing communications regarding the incident (i.e., outside media
or internally), assigning the responsibility for contacting family members of victims, and managing general operations in the company post-crisis. The threat management plan should include communicating with customers or clients outside the organization regarding any changes in business plans (i.e., orders from suppliers). Managing clean-up and repairs should also be documented in the plan.

**Addressing Threatening or Violent Incidents**

*Use all available resources.* The level of risk posed by the threat maker may require an evaluation by law enforcement and/or other trained professionals such as a psychologist or psychiatrist. Fitness for duty evaluations should be done for any employee exhibiting abnormal or dysfunctional behavior in the workplace. If a threat has been made, the potential target(s) should be notified in addition to the police.

*Evaluate security.* Additional security measures should be put in place depending on the risk and circumstances. Hiring or staffing additional security should be considered. The protection of workers may require changing their phone numbers, their physical location in the work setting, or providing them with a panic alarm. Depending on the threat, mail or packages may need to be screened. The U.S. Postal Service and local police department can provide procedures for handling suspicious mail or packages.

**Managing the Aftermath of an Incident**

*Trauma Plan.* Health care resources should be listed in the threat management plan. It is especially important to provide psychological counseling for workers and those who have witnessed the event within 24 to 72 hours after
the event. Stress debriefing is critical during this time period and involves communication to all employees about the events that took place as well as a future plan of action. Counseling should be provided to workers regarding how to communicate with other co-workers or victims who are re-entering the workplace after an absence. Some businesses close temporarily after a violent incident. Preparation helps businesses in the long run as it helps to reduce financial loss including decreased productivity and workers' compensation claims (Timm & Chandler, 1996).

Support Prosecution of Offenders. Employers should urge the prosecution of offenders which confirms violence is not tolerated. Employers should accommodate their workers by allowing them to attend court sessions if needed. Crime stoppers or awards can be used by a company in cooperation with law enforcement to identify offenders.

**Guidelines in Workplace Violence Prevention**

Despite the fact that workplace violence has garnered media attention in the past few decades, workplaces have been slow to plan and institute preventive policies and programs. In a 2006 survey of city and county governments, only one percent of responders described violence against employees in public facilities as a very serious problem. Only one fourth of local governments had instituted violence prevention policies and programs (Hobbler & Swanberg, 2006).

Although some organizations have declined to address workplace violence prevention, it is both a moral and legal duty for an employer to provide a safe and
healthy workplace. Employees also have duties and responsibilities to work with management in supporting a violence-free workplace.

**Legal Obligations and Duties of Employers**

Under the General Duty Clause, part of the Occupational Safety and Health Act, employers have an obligation to provide employees a safe and healthy workplace, which includes prevention of workplace violence (U.S Department of Labor, Occupational Safety and Health Administration [OSHA], 1996). The U.S. Department of Labor, OSHA (1996, 2004) published recommendations for workplace violence prevention for the retail and health care industry. The goal of these documents were to encourage workplaces to develop a written program for workplace violence prevention.

While the focus of OSHA’s guidelines was on retail establishments and health care, there are basic elements any employer can use to tailor a plan to meet their own specific needs within the workplace. OSHA identified five key components to utilize when constructing a violence prevention program: management commitment and employee involvement, worksite analysis, hazard prevention and control, safety and health training, and evaluation.

Some states have taken legislative action due to increasing incidents of violent acts including Alabama, Arizona, Colorado, Illinois, Nevada, North Carolina, and New Mexico (Columbus Hospital Shooting, 2008). Many state courts have ruled an employer is liable for dangerous acts of employees if the harm was foreseeable. “California and Washington now require employers to conduct security risk assessments, develop prevention strategies, establish record keeping, investigate complaints, and report workplace violence incidents” (Mannila, 2008, p. 63). If the employer fails to intervene in situations of threats or harassment, the employer may be held liable under federal and state statues (Timm & Chandler, 1996).

Employers or employment counselors have the duty to warn an identified employee, spouse, or a third party of a threat made by another to do bodily harm to that person according to laws in some jurisdictions. It is illegal for an employer to discriminate against an employee; for instance, the employer cannot take retaliation against employees who express concerns regarding unsafe working conditions as in threats of violence (Timm & Chandler, 1996).

The American with Disabilities Act (ADA) of 1990 may need to be considered in workplace violence prevention. The ADA prohibits employers from discriminating against qualified individuals with physical or mental disabilities. If an employee claims that his violent or threatening behavior is the result of a disability and requests accommodation, the employer is under obligation to investigate. The employer may disqualify an employee who poses danger to self or others in the workplace (Timm & Chandler, 1996).
Employee Strategies and Involvement

Employees should take a proactive approach in working with management to combat violence. Employees serve as an important source of information about operations and the general environment of a business. They can be valuable and practical problem solvers by identifying issues and perceiving hidden impediments to proposed changes.

Employees should have a clear understanding on policies prohibiting drug and alcohol use, sexual harassment, threats, intimidation, and violence. They have an obligation to recognize and report assaultive behavior or criminal intent. Depending on the workplace and legal constraints, employees may participate in various forms of violence prevention in the workplace: participate in surveys and offer suggestions regarding security issues, serve on committees responsible for writing policies and procedures to minimize the risk of violence in daily operations, assist in a workplace hazard analysis, and/or participate in routine security inspections of the workplace.

Obstacles to Implementation

There may be various obstacles for employers implementing workplace violence prevention programs and policies. Perhaps one of the main reasons businesses fail to address violence prevention is due to a lack of resources. Due to an increasing tight economy, some employers do not feel the need to institute such a program. The violence prevention program may be seen as an extra and unwarranted expenditure rather than an investment with a return.
Another obstacle to workplace violence prevention programs may be the overall corporate attitude or organizational culture. Aggression may appear to be a part of the job or culture. "For example, in a study of New York state workers, the majority of those working in jails and health care reported violence to be everyday occurrences and not particularly worthy of report" (Hoobler & Swanberg, 2006, p. 232). Some corporations promote an ultra competitive atmosphere rather than one of team work. Organizations that have authoritarian type managers, negative personalities, and an overload of work may result in worker job stress that eventually translates into violence risk factors (U.S. Department of Justice/FBI, 2002).

A substantial barrier can be an employer's lack of awareness regarding environmental conditions for potential violence. In addition, the culture of violence seen on television and in movies permeates American society including workplaces. There may be a lack of manager discipline and/or denial that violence even exists. Some employers and employees may have a false sense of security that violence could never happen in their workplace.

For organizations that have the resources for workplace violence prevention programs, a lack of access to evidence-based prevention programs or risk information may be a barrier to implementing their own programs. There are various types of programs and interventions for different types of workplace violence and different occupational settings, but most have not been vigorously evaluated or researched. According to NIOSH (2006), companies with workplace violence prevention programs may be unwilling to share their workplace violence
prevention data such as statistics, program information, or even successes due to privacy issues or proprietary attitudes. Most of the research that has been done in workplace violence prevention has been completed in government agencies but little has been achieved with private employers. Because of the limited research, potential preventive approaches and their effectiveness have not been adequately studied.

A lack of a written policy providing critical information on the definition of workplace violence, specific behaviors constituting workplace violence, consequences for those behaviors, and who is accountable for the program can fail to protect a well meaning organization and its employees. A deficient reporting mechanism and investigative follow up for workplace violence may fail to address single incidents or abusive behavior patterns. Workers may perceive a lack of empowerment; thus, they may have difficulty expressing their concerns if they are not sure whether their employer will support them.

A final obstacle to workplace violence prevention may be ineffective communication and lack of training. A company may have a workplace violence prevention policy, but their workers may not understand what constitutes workplace violence, how to report, and how the company responds to threats or violent behavior. The importance of communication and training on workplace violence prevention may be given a low priority status compared to other demands of the organization.
Solutions for Small and Large Employers

Contrary to popular belief, the majority of incidents that employers deal with are not sensational multiple homicides, but lesser cases of assaults, domestic violence, stalking, threats, harassment, and physical/emotional abuse on a much more frequent basis. The best defense against violence in the workplace is being prepared and initiating a proactive approach with a policy and program regardless of company size.

Each employer and organization will need to perform a worksite hazard analysis to assess existing and potential hazards for workplace violence. The U.S. Department of Labor, OSHA (2005) has an approach that is common sense and practical including 1) reviewing records and past experiences, 2) conducting an initial worksite inspection and analysis, and 3) performing periodic safety audits.

OSHA’s first recommendation is to conduct a review of records: injury and illness records, workers’ compensation claims, and police reports (Table 3.3). The records of the past two to three years will determine the prevalence of the risk of workplace violence. Employers with more than one location should review records at each place of operation. Other resources that may prove useful include similar local businesses, community and civic groups, local law enforcement, and other trade associations or industrial groups across the country. Employers may also want to develop short surveys about workplace violence that employees can complete confidentially. Survey responses may yield information on jobs, locations, and other work situations where the risk of violence appears the highest.
### TABLE 3.3

**COMPILING INFORMATION ON PAST INCIDENTS OF VIOLENCE**

- Has your business been robbed during the past 2 or 3 years? Did injuries occur due to robberies or attempts?
- Have employees been assaulted in altercations with customers?
- Have employees been victimized by other criminal acts at work (including shoplifting that became assaultive)? What kind?
- Have employees been threatened or harassed while on duty?
- How serious were the injuries, if any?
- Was a firearm involved? Was a firearm discharged? Was the threat of a firearm used? Were other weapons used?
- What part of the business was the target of the robbery or other violent incident?
- At what time of day did the robbery or other incident occur?
- How many employees were on duty?
- Were the police called to your establishment in response to the incident?
- What tasks were the employees performing at the time of robbery or other incident?
- What processes and procedures may have put employees at risk of assault? Were there additional factors that may have facilitated a positive outcome?
- What preventive measures are in place and used correctly?
- What were the actions of the victim during the incident? Did these actions affect the outcome of the incident in any way?

OSHA’s second recommendation in conducting a thorough risk assessment involves a walkthrough survey. Any apparent trends in injuries or incidents relating to a particular job or worksite along with specific tasks associated with increased risks should be noted. Environmental/physical features of the building and the effectiveness of security measures already in place should be evaluated. Informal interviews with supervisors and employees can be addressed during the walkthrough survey.

Periodic safety audits, the third recommendation from OSHA on risk assessment, is an ongoing process. The purpose is to review workplace hazards and the effectiveness of control measures already implemented.

Even though OSHA has set guidelines for both health care and retail, there are general principles that can be taken and applied to both small and large businesses. There is no single control that will protect all employees. The employer may need to utilize a combination of controls in relation to the hazards identified by the analysis. Engineering controls, administrative/work practice controls, and maintenance controls were previously highlighted.

Crime Prevention Through Environmental Design (CPTED) is a security and design theory with interventions that have been applied to a retail environment (McPhaul et al., 2008). However, employers can apply the ideology to their own facilities. There are four elements of CPTED including 1) natural surveillance, 2) access control, 3) territoriality, and 4) activity support. Natural surveillance entails viewing both an employer and customer/client population. For example, health care providers have the ability to view a patient population in the
ward or in a program environment (i.e., physical therapy) and to be viewed by other staff and patients. Access control addresses physical entry to the facility or worksite including entrances, door types, and traffic floor patterns. Territoriality is an effort to empower the legitimate occupants of a space over the criminal elements that would occupy a space. For instance, a locked medication room in a health care clinic would discourage crime or theft allowing only designated staff to gain admittance. Lastly, activity supports refer to environmental design that encourages safe behavior and impacts customer/client service such as environmental areas are clean, are well-lit, have adequate temperature control, and are comfortable for designated work activities (McPhaul et al., 2008).

Regardless of company size and resources available, commitment from top management on down, a written workplace violence prevention policy, and collaboration of employees from different disciplines and levels of the organization cannot be over-emphasized. Large companies may already have the expertise in security, health, human resources, legal, and employee assistance departments. However, smaller businesses may need to establish contact and regular consultation with local law enforcement, mental health agencies, social service agencies, and security firms. The pre-arranged use of outside expertise by smaller businesses will help to ensure effective programs for those companies having fewer workers, departments, and resources (NIOSH, 2006).
According to a national job analysis for occupational and environmental health nurses (OEHNs), most OEHNs work in hospitals, manufacturing, federal government, chemical products, insurance and real estate, primary metals, communications, and food industries (Ruff, Gerding, & Hong, 2004). Because of the broad spectrum of workplaces, OEHNs have a unique opportunity to provide leadership in instituting policies and programs that prevent workplace violence.

AAOHN and OSHA have an alliance in recognizing and preventing workplace hazards. AAOHN developed an advisory and a quick tip guide that provides guidance for health care workers on prevention, response, and recovery from a workplace violence incident (U.S. Department of Labor, OSHA, 2008). Further, occupational and environmental health nurses are knowledgeable about the health, economic, and social consequences of workplace violence (Hewitt, Levin, & Misner, 2002). The AAOHN (2008) Advisory on Workplace Violence advocates that the OEHN can champion primary, secondary, and tertiary prevention strategies to prevent violence in the workplace.

**Primary Prevention**

One of the initial focuses for the OEHN is to gain support from top management and staff to develop and implement a workplace violence prevention program. It is important to stress to the organization that workplace violence is unpredictable and can happen in any workplace at any time. By developing a plan
ahead of time to prevent violence, psychological and medical costs, legal liabilities, and loss of productivity by valued workers can be avoided or at least decreased.

The OEHN can be instrumental in assessing violence data in both the community and the workplace. An analysis of violence rates in the community should be done by reviewing police and city records. Patterns of violence in the workplace should be reviewed. Some of this information can be gleaned from OSHA illness and injury logs as well as insurance and workers’ compensation reports. The analysis of violence trends of similar industries can be assessed based on documentation and success strategies.

The OEHN knows the employee population including differences in age, gender, ethnicity, education, and culture. He/she may develop a survey to assess violence unique to the workplace. A worksite assessment that identifies existing or potential hazards in the physical layout should be completed for the facility. The OEHN can take part in the assessment with other team members, as discussed later in this chapter.

**Policies and Procedures**

The OEHN may serve on a committee establishing policies and procedures to be used in workplace violence prevention. Members of the policy committee should recognize that the potential for violence can be caused by internal and external sources. The OEHN can highlight the need for the employer to screen individuals for risk factors of violence prior to hiring to avoid negligent hiring. Negligent hiring refers to “hiring an individual who the employer knew or
should have known had some attribute or character trait that could create an undue risk of harm to others" (Gallant-Roman, 2008b, p. 453). Employers who do not thoroughly screen job candidates can be liable for subsequent damage or violent acts based on being found guilty for negligent hiring.

The OEHN can advocate for a workplace violence prevention policy to include ways to protect victims of domestic or intimate partner violence. It is estimated that domestic or intimate partner violence affects 1 in 4 women in the United States at some point in their lives (Tjaden & Thoennes, 2000). The policy should protect victims and at the same time hold offenders at and away from the worksite accountable. Table 4.1 illustrates components in a comprehensive domestic violence policy and program.

The Violence against Women Act (Title VII) states “that the employer must prove that the employer took all reasonable steps to protect the safety of the crime victims and others at the workplace” (Katula, 2006b, p. 341). An employer can be held liable if they are aware of domestic violence situations and do not provide safe measures. The act, renewed in October 2005, promotes workplace safety, tax credits, employment protection, anti-discrimination, and provides grant money (Katula, 2006b).

Some OEHNs are employed in a health care setting. The OEHN can stress the importance of instituting a policy on an alert system as part of the organization’s violence prevention program. An alert system policy and protocol establishes a system for flagging patients who have positive results on admission screening for potential violence.
**TABLE 4.1**

**COMPREHENSIVE DOMESTIC VIOLENCE POLICY AND PROGRAM**

- Visible corporate support for employees who are or who may be victims of intimate partner violence.
- Presentations from organizational leaders focusing on the issues of domestic violence.
- Human Resources policies addressing fair practices in dealing with intimate partner violence including non-discrimination against victims in recruiting, hiring, and promoting, and sensitivity in performance evaluation.
- Education for management, supervisors, and employees about how to respond when a coworker is a victim of intimate partner violence.
- Availability of Employee Assistance Program, Occupational Health Department, or other counseling/professional service sensitive to victims of intimate partner violence.
- Benefit packages sensitive to the needs of victims offering emergency changes in benefit coverage or emergency financial support.
- Paid and unpaid leave and flexible schedules so abused employees can go to court and testify, seek counseling, or relocate to safe housing.
- Extra security measures: relocating an abused employee's workstation to a safer location, escorting employee to parking lot and providing priority parking in a safe location, asking employee for a photograph of the abuser for identification purposes in alerting security.
- Printed resource materials including brochures, employee education posters, and referral cards.
- Implementing events and education during Intimate Partner Violence Awareness Day during October.

Alert system risk indicators appear in Table 4.2. The alert system was implemented by a hospital in 2003 for the purpose of informing health care staff about a patient’s risk for violence. It also afforded the health care staff to take advance precautions (i.e., notify security to standby) in an effort to reduce assault incidents (Kling et al., 2006).

**Workplace Violence Education**

Training and education of both supervisors and employees is essential in a workplace violence prevention program. Recognizing potential violent offenders, warning signs, behaviors, and situations is a key prevention strategy (Ruff et al., 2004). Providing education to employers and employees will help them gain knowledge on their workplace’s violence policy and empower them to build confidence in their ability to handle potential threats and violent behavior.

The OEHN may elect to do workplace violence prevention education alone or utilize guest speakers from organizations such as law enforcement, the Chamber of Commerce, or organizations assisting victims of intimate partner or domestic violence. Information can be presented at employee health and wellness fairs and employee lunch and learns. Posters can be displayed throughout the company. Brochures on workplace violence prevention can be distributed in employee paychecks or be made available in offices such as occupational health or human resources. Information can also be accessed on a company’s intranet site.

The OEHN may develop his/her own education and training curriculum on workplace violence prevention. Training program or information should
### ALERT SYSTEM RISK INDICATORS IN A HEALTH CARE SETTING

- A flag is initiated on the computerized patient care record, on the patient's chart, and on the patient's wrist band with the presence of **any** of the following indicators:
  - History of violence or physical aggression
  - Physically aggressive or threatening
  - Verbally hostile or threatening
- A flag is initiated with the presence of three or more of the following indicators:
  - Shouting or demanding behavior
  - Displaying signs of drug or alcohol intoxication (potential for withdrawal)
  - Suffering auditory or visual hallucinations
  - Threatening to leave
  - Confused or cognitively impaired
  - Suspicious
  - Withdrawn
  - Agitated

Source: Kling et al. (2006)
encompass those risk factors that contribute to assaults, etiology of violence, general characteristics of violent people, the methods of controlling aberrant behavior, methods of protection and how to avoid becoming a victim, reporting methods, and finally, methods to obtain corrective actions. The OEHN can emphasize the occupational health office is a safe and confidential place where individuals can disclose concerns about violence or seek subsequent care.

**Employee Education**

Every employee population in a worksite is distinct and should be analyzed to discover its vulnerability to violence. The OEHN is in a significant position to observe and interact with employees. According to Gallant-Roman (2008a), the reason employees do not report threats or acts of violent behavior is because their supervisor is the perpetrator. In some occupations such as nursing, nurses are also often hesitant to report acts of violence. Some nurses are fearful about being stigmatized as poor care givers or perceive that violence goes along with their job. Others are worried about supervisor reprisal. Regardless, the OEHN should stress that no employee should accept violence as a part of their job and to report acts of threats or violence immediately.

Employers have a responsibility to educate workers about domestic violence and its potential effect in the workplace. The OEHN can play an important part in educating employees about the different types of domestic abuse (i.e., physical, psychological, and economic) that may occur and intervention strategies. The OEHN may utilize several resources in educating others. The Power and Control Wheel was designed by educators to depict the kinds of
violence (i.e., physical, psychological, and economic) abusers may use to coerce and control their victims (Katula, 2006a). The OEHN may invite guest speakers from local agencies in the community to offer training on domestic violence. Educating the potential victim about having a safety plan ahead of time may prevent future injury and trauma. Table 4.3 identifies a safety checklist the OEHN can provide to employees should it become necessary for them to leave their partner and/or home.

In addition, the OEHN may utilize the Corporate Alliance to End Partner Violence (CAEPV), founded by the Illinois State Farm Insurance Company. CAEPV works with employers to develop prevention programs in workplaces to combat domestic violence (Katula, 2006a). It can provide a valuable tool for the OEHN to network with other employers allowing for increased awareness and sharing of ideas to educate the workforce in decreasing this type of violence.

**Supervisor Education**

Educating supervisors on workplace violence prevention is extremely important as supervisor support has shown to be a defense against workplace violence (Gallant-Roman, 2008a). The OEHN can instruct supervisors about the behavioral phases associated with violence so they will be able to intercede earlier before behaviors escalate. There are three behavioral phases associated with violence. Phase I (baseline) represents a calm phase of normal behavior prior to disturbance. When an individual becomes disturbed and displays verbal or nonverbal behaviors that indicate the threat of violence, this is considered pre-assault or Phase II. The acute excitement stage or actual assault is
TABLE 4.3

SAFETY PLAN LIST:

INFORMATION THE OEHN CAN DISTRIBUTE TO EMPLOYEES

- Hide extra money
- Hide extra set of house and/or car keys
- Have a secret code with family and friends
- Ask neighbor(s) to call the police if violence begins
- Remove weapons from the home
- Have the following important documents or articles in a handy and safe location:
  - Social security numbers
  - Rent and utility receipts
  - Birth certificates
  - Driver’s license
  - Bank account numbers
  - Insurance policy numbers
  - Copy of marriage license
  - Valuable jewelry
  - Important names and telephone numbers
  - Bag of extra clothing and toiletries

Phase III and the individual displays out-of-control verbal and physical behavior (Disatsio, 2002).

The OEHN can train supervisors to recognize early warning signs of violence: excessive grievances, decreased work performance, history of aggression or depression, expressing desire to hurt others, blaming others for their problems, obsession with a coworker or another individual, chemical dependence, dependence on work for self-esteem, low tolerance for frustration, defensiveness, interpersonal conflict, or fascination with weapons (Keely, 2002). Referring employees to occupational health or the Employee Assistance Program are examples of interventions that can be used to assist those having a potential to become violent.

The OEHN can instruct supervisors and management about the different types and sources of violence. One source of violence that has not been mentioned is horizontal violence, described as violence that occurs among and between workers and their colleagues (Baltimore, 2006). Supervisors need to know this type of violence can occur over time and is often subtle in nature. Horizontal violence displays a wide range of behaviors including gossiping, withholding information, insubordination, criticism, innuendo, undermining, intimidation, and verbal and physical aggression (Gallant-Roman, 2008b).

Health problems such as hypertension, cardiac disease, diabetes, depression, and panic disorders can result from the continual stress an employee perceives from horizontal violence (Sofield & Salmond, 2003). It is important for supervisors to recognize and curtail this type of violence. In addition to the health
problems, the consequences of this behavior may also result in decreased job satisfaction, low morale, greater turnover amongst staff, and absenteeism.

The OEHN can educate supervisors about domestic violence and its signs in the workplace. Immediate supervisors may become aware of an employee experiencing signs of domestic violence before anyone else in the workplace. Signs of domestic violence are excessive absences or tardiness, a sudden or sustained drop in job productivity, frequent or unexplained bruises/injuries, frequent work breaks, concealing clothing especially in warmer weather, lack of concentration, difficulty making decisions, behavioral changes such as appearing distracted, depressed, or anxious, and excessive phone calls or visits from the abuser (Katula, 2006b). If a supervisor suspects that the employee is a victim of domestic violence, the OEHN can encourage the supervisor to approach the employee with concerns while maintaining a professional boundary. The supervisor can assist in providing a referral to EAP or recommend that the employee see the OEHN.

**Multidisciplinary Team Approach**

The OEHN has an opportunity to be a part of a team assigned to workplace violence prevention. It is vital to have the support of top management so the effort will be accepted throughout the organization and sustained. Ideally, an organization should have two teams. One team should plan for the overall organizational safety and other team members should be a part of an incident response team (Clements et al., 2005). Diverse knowledge and expertise is critical for planning and developing various strategies.
In addition to the OEHN, other essential departments should include human resources, union, management, safety and health, security, medical/psychology, legal, communications, public relations, and EAP (NIOSH, 2006). The OEHN can research current literature and measures to prevent workplace violence, review existing institutional data on assault prevalence, develop and distribute educational materials, educate supervisors and employees, participate in walkthroughs of the facility, recommend various control measures to minimize the risk of violence, treat and counsel victims of assault in the workplace, contribute to the policy making process, and compile a list of available resources on workplace violence.

**Psychological Well-Being of Employees**

Occupational and environmental health nurses are in a position to help employees identify strategies to deal with stressors in their work and personal lives. Physical, psychological, and behavioral symptoms can result if individuals do not have adequate coping skills. Cardiovascular disease is a prime example of a physical illness related to stress. The outcome of psychological strain can result in depression, chemical abuse, anxiety, or anger. An individual’s anger or rage can evolve into early signs of escalating violence if not addressed (Gates, 2001).

The OEHN should assess employees for the presence of physical, psychological, and behavioral outcomes of stress and identify workplace stressors (i.e., workload, interpersonal relationships). There are several types of instruments or questionnaires that measure occupational stress and personal stressors. Table 4.4 identifies a list of occupational stress instruments which focus on stressors...
### TABLE 4.4

**OCCUPATIONAL STRESS INSTRUMENTS**

- Generic job stress questionnaire
- Job Content Questionnaire (Karasak, 1985)
- Job Characteristics Index (Sims, Szilagyi, & Keller, 1976)
- Job Diagnostic Survey (Hackman & Oldham, 1975)
- Job Stress Survey (Spielberger & Vagg, 1999)
- Maslach Burnout Inventory (Maslach, 1982)
- Occupational Stress Indicator (Williams & Cooper, 1997)
- Occupational Stress Inventory (Osipow, 1998)
- Work Environment Scale (Moos, 1981)

Source: Gates (2001)
common in workplaces such as job overload, job burnout, role ambiguity, and decision latitude (Gates, 2001). Table 4.5 lists lifestyle or personal stressors and sources of social support. Absence and accident records can also be reviewed to assess stress in the workplace. However, the OEHN can gain much information and detect stressors simply by interviewing employees and others in an organization.

Depending on the information obtained, the OEHN can examine ways to implement programs to help groups of employees identify their stressors and develop effective coping responses. The OEHN can plan and implement classes for stress management and relaxation, biofeedback, and time management. Regarding management’s interest and commitment, the OEHN can also initiate exercise and general wellness programs. Even though total fitness programs help to reduce stress and improve general health, not all employees attend or participate for various reasons.

According to Gates (2001, p. 396), “The best approach is one in which occupational and environmental health nurses can work with individual employees to develop a plan specific to their needs and lifestyles.” The OEHN can be supportive in helping employees identify individuals in their work and personal lives who can help them to cope. “Research demonstrates social support is an important mediator in the stress and strain cycle” (Gates, p. 396).
### TABLE 4.5

**PERSONAL STRESSORS, RESOURCES, AND INSTRUMENTS**

- Daily Stress Inventory (Brantley, Catz, & Boudreaux, 1997)
- Hassles and Uplift Scale (Kanner, Coyne, Schaefer, & Lazarus, 1981)
- Life events and difficulties schedule (Brown & Harris, 1982)
- Life situations
- Life Stressors and Social Resources Inventory (Moos & Moos, 1994)
- Social Readjustment Rating Scale (Holmes & Rabe, 1967)
- Universal and Group Specific Life Events Scale (Miller, 1981)

Source: Gates (2001)
Secondary Prevention

Secondary prevention focuses on early detection and screening so that interventions can be instituted. Occupational and environmental health nurses are frequently the first to see both potential perpetrators of violence and victims of violence in the workplace. The OEHN can identify those individuals who may potentially exhibit violent behavior through screening techniques and referrals when assisting with Type IV violence (personal relationship or domestic).

Worker Violence Risk Assessment

The OEHN can observe individuals during pre-employment screening and health surveillance exams to detect any aberrant behavior or past history that may be a significant sign of potential violence. The occupational health history can provide information to the occupational staff in assessing individual risk. General characteristics on the health history form can be red flags for potential violence. Keely (2002) indicates individuals younger than 40 years old, single, residing in an urban area, history of substance abuse, homelessness, little social contact, and paranoia can be predictive of violence.

According to Disatsio (2002), violent behaviors can be found in individuals with psychiatric diagnoses including bipolar disorders, paranoid delusions or psychosis, substance abuse, dementia, impulse control disorders, and personality disorders. Failure to take psychiatric medications may indicate an increased risk for violence. The information of whether the individual is a threat to him- or herself or to others, or whether the employee is capable of violence should be determined by a clinician. The OEHN and occupational health care
provider can be influential in referring the individual to additional health care professionals, social service workers, or EAP. Management should receive information from occupational health if the individual can safely perform the essential functions of the job without harm to self or others.

**Early Recognition and Prompt Intervention**

Since the OEHN is familiar with the employee population and often has trusted relationships with workers, he/she is in an ideal setting to conduct risk assessments and provide early screening for victims of violence. It is essential for the OEHN to screen for violence as it is a public health concern that seriously impacts a workplace. One survey found that only 10.8 percent of OEHNs screen for domestic violence in the workplace (Malecha & Wachs, 2003). The OEHN has a responsibility to recognize the prevalence and impact of domestic violence.

Domestic violence accompanies workers as they move from the home environment into the workplace. Domestic violence occurs among all ethnic groups; however, some groups are affected more depending on their gender, race or ethnicity, income, and education. Domestic violence ranks higher among women than men; higher among multiracial, non-Hispanic, American Indian, or Alaskan Native women; and higher among those with a lower income and educational level ( Peek-Asa, 2001).

"Routine screening for intimate partner violence during health care visits has been recommended as a means of prevention, early detection, and effective intervention" (Malecha & Wachs, 2003). The OEHN may develop a written screening procedure intended for all female clients regardless of health history or
if presenting signs of abuse are suspected. There are two specific assessment
questions that have proven to be a rapid and sensitive tool for recognizing
intimate partner violence (Wiist & McFarlane, 1999):

(1) Within the past year, have you been hit, slapped, kicked, pushed, or
otherwise physically hurt by someone and if so, by whom?

(2) Within the past year, has anyone forced you to have sexual activities
and if so, by whom?

These questions can be asked by the OEHN in a safe and confidential
environment once initial rapport has been established. Abused women will
eventually disclose information if nonjudgmental and compassionate care is
displayed during health visits (Malecha & Wachs, 2003). Table 4.6 provides
documentation guidelines that the OEHN can use to describe abuse in an
employee health record. It is imperative that the employee health record be
objective, accurate, and comprehensive as it may be used as evidence in future
legal proceedings.

If the employee responds “yes” to one or both of the assessment questions,
the OEHN should also assess the immediate safety of the employee along with
any dependents. If it is unsafe for the employee to return home, the OEHN can
assist by contacting emergency housing or shelters. Notifying law enforcement
may be necessary if the employee needs immediate protection and/or to file
assault charges. The OEHN may support the employee by providing contacts with
other community agencies: district attorney’s office handling restraint orders,
TABLE 4.6

DOCUMENTING ABUSE IN A CLIENT RECORD:

DOCUMENTATION GUIDELINES

• Thoroughly describe every injury and use a body map to document the extent and location of injuries.

• Take photographs of injuries known or suspected to have resulted from intimate partner violence.

• Write legibly or use a computer for documentation.

• Always use direct quotes with phrases such as “client states” or “client reports” to indicate the information is in the client’s own words. Never paraphrase. Avoid phrases such as “client claims” or “client alleges.”

• Use medical terms and avoid legal terms such as “alleged perpetrator,” “assailant,” and “assault.” Do not use the term “domestic violence” in the diagnosis section of the medical record. Such terms are not medical terminology.

• Describe the person who abused the client and the relationship to the victim by using direct quotes.

• Describe the client’s demeanor, for example, whether she is crying, shaking, or is upset or calm. Document only what is observed.

• Record the time of day the client is examined and indicate how much time has elapsed since the abuse has occurred.

crisis hotline numbers, counseling services, health care service providers, and legal assistance.

Finally, the occupational and environmental health nurse must be aware that some states mandate health care providers to report suspected cases of domestic or intimate partner violence. California, Colorado, Kentucky, New Hampshire, Rhode Island, and New Mexico all have mandatory reporting laws (Malecha & Wachs, 2003). The OEHN should be knowledgeable about local and state laws on domestic violence, the classifications of misdemeanor assaults and felony assaults, and eligibility and criteria for obtaining protective or restraining orders. The OEHN’s knowledge will be vital in empowering workers to protect themselves from personal relationship violence.

**Tertiary Prevention**

Tertiary prevention includes conducting post-incident analysis and providing support for workers and victims after an incident occurs. The OEHN can plan and develop provisions for employees who have been assaulted. The OEHN can also assist the employee to return back into the workplace. Community and government agencies provide multiple resources the OEHN can utilize to prepare for workplace violence situations.

**Conducting Post-Incident Analysis**

The first priority is establishing medical evaluation and treatment whenever an assault takes place, regardless of the severity or time of day. The OEHN can establish operating procedures for transportation and referring injured workers to local community hospitals. Workers may need psychological care
rather than physical care. A critical incident debriefing program should be established. The OEHN can develop a counseling program and coordinate counseling through the occupational health service by psychiatrists, psychologists, or social workers. Regardless of whether victims of assault are seen internally or are referred to outside professionals, the counseling staff should be knowledgeable and well-trained in handling issues of assault and violence.

Some individuals may experience PTSD after a violent incident. The individual may have trouble sleeping, relating to others, and returning to and adjusting to the work setting. If the employee has been out of work, the OEHN may act as a case manager and communicate with outside health professional(s), vocational rehabilitation, immediate supervisor, and coworkers in helping the employee return back to work. Modified duty or a gradual return to work may be needed to help the employee adjust. A job evaluation may be required and implementation of workplace accommodations may be instituted to ensure a successful return to work (MacDonald et al., 2003).

The OEHN should be an integral part of the team to review the assault incident and evaluate what strategies were used and their effectiveness. No matter how effective the policy and procedures appear, there are no guarantees that preventive strategies will be successful in avoiding workplace violence. It is important to evaluate each aspect of the incident in hopes that improvements can be shared and developed. Examples of questions to consider during the evaluation session include:

- Was there early recognition of escalating behavior or warning signs?
• What means, if any, was used to diffuse the volatile situation?
• What methods were used to protect other workers? Were these methods effective?
• Was additional assistance available (i.e. outside law enforcement, security, threat assessment team, incident response team)?
• Did all communication systems including alarms and intercom codes function correctly?
• Did assault victims receive the necessary medical and psychological care in a timely manner?
• Was the media referred to the public affairs staff?
• Were the procedures for recovering from a workplace violence emergency effective (i.e., communication with employees, disaster clean up and repairs, law enforcement investigation, continuation of business, return to work for employees)?

Initiating Appropriate Referrals

Follow-up psychological support is imperative in the first few days after a violent incident. “It is estimated that 78 percent of employees experience at least one adverse symptom in response to work-related violence, and 20 percent of those physically assaulted and 25 percent of victims of non-physical violence experienced five or more symptoms” (Findorff, McGovern, & Sinclair, 2005, p. 365). Anger, sadness, irritation, and depression were some of the adverse symptoms commonly reported (Findorff et al.).
The ongoing nature of psychological symptoms in employees can create difficulty adjusting in both the home and work environment, making it more challenging for others to effectively respond. Thus, the OEHN can identify those individuals who may need counseling and assist in referral to EAP or other counseling services in the community. The OEHN and occupational health provider should be available in the weeks following a workplace violent incident to provide further care and referrals as necessary.

**Integrating Community and Government Resources**

Increased cooperation and involvement with agencies in the community and government are essential in reducing violence in the workplace. The OEHN should be knowledgeable of the information available from these resources. He/she may have the opportunity to work with various individuals and agencies to coordinate preventive efforts and policies. These resources are a valuable asset to the OEHN and employer in both preventive strategies and in dealing with the aftermath of workplace violence. Appendices A and B provide a list of federal government and non-government agencies, respectively.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

According to the Bureau of Labor Statistics (2006), workplace homicides have significantly decreased by more than 50 percent since 1994. The BLS reported in 2006 that workplace homicides dropped 9 percent and is now at its lowest total in the history of the government’s annual census. However, non-physical violence is still cause for concern by many employers. Low level types of violence such as harassment, mobbing, bullying, ostracizing, and other deviant behavior are more subtle and difficult to address (Hutton, 2006).

Many companies and especially smaller businesses have not developed policies and programs to aid in preventing workplace violence. Two million American workers are victims of workplace violence each year (The University of Iowa Injury Prevention Research Center, 2007). The cost of workplace violence places a financial burden on companies and affects the morale of employees. It is in the best interest of companies to be proactive and protect their employees, customers, vendors, and other visitors to the greatest extent possible.

The occupational and environmental health nurse can be a major contributor in working with management and employees to promote the health and safety of a company. Since the OEHN has knowledge and expertise about the work environment, he/she can address primary, secondary, and tertiary prevention and program development. In addition to implementing preventive strategies, the OEHN can play a significant part in establishing policies, researching trends and
tactics, dealing with difficult employees or customers, and participating in threat
assessment and as a member on an emergency response team.

**Current Trends and Policy Implications**

Companies are facing different challenges even though workplace
homicides have decreased (Workplace Violence Update, 2008). How companies
handle issues surrounding workplace violence are increasingly on the minds of
legislators, attorneys, and researchers. Therefore, it is imperative that
management address these concerns in policies and procedures.

Bullying has been on the forefront of corporate violence prevention.
Currently there are no federal or state statues banning workplace bullying.
According to the Workplace Bullying Institute in Bellingham, Washington,
bullying can be defined as “repeated, health-harming mistreatment that could
involve verbal abuse; threatening, humiliating, or offensive behavior or actions; or
work interference” (Workplace Violence Update, 2008, p. 11). The consequences
of bullying can lead to health problems for those workers who are victimized and
can cause issues for employers. Workplace bullying can infer a poor
organizational climate and lack of trust with management resulting in higher
absenteeism, decreased production on the job, and increased legal costs.

Bullying is difficult to address since there is no law against it, and it is also
challenging for employers to regulate behavior in the workplace. Some violence
prevention experts recommend implementing a policy entitling workers to an
environment where they are not harassed for any reason. An employer’s sexual
harassment and workplace violence policies may apply in some situations (Bain,
2006). Some employers are adopting zero tolerance workplace policies that address interpersonal misconduct and follow through with termination proceedings or the employee is moved to another location for a violation of misconduct (Workplace Violence Update, 2008).

Employers and legislators are starting to focus more attention on domestic violence. It was previously thought that domestic violence only affected a company if a violent incident occurred in the workplace. Now, employers are realizing there are hidden costs associated with domestic violence such as absenteeism and a drop in productivity. In addition, the cost of health care connected with domestic violence may be unknown due to the ongoing physical and emotional damage victims may encounter.

Corporate Alliance to End Partner Violence is a leader in best practices for corporations to identify strategies for addressing domestic or intimate partner violence. Legislators have been working on a bill intended to assist victims of domestic violence with leave from work, insurance benefits, unemployment compensation, and protection from workplace discrimination. Even though this bill has not yet become law, several states have had success in providing assistance to victims of domestic violence. The state of Maine requires employers to grant paid or unpaid leave to victims of crime (Workplace Violence Update, 2008).

Legislators believe that regulation is needed for companies to provide education and reporting methods to their employees concerning violence in the workplace. As previously discussed, some workplace cultures accept violence as
part of the job and employees tend not to report acts of violence. Employers need
to tailor their training on workplace violence prevention to the characteristics of
their organization and at the same time, emphasize to all employees the
importance of reporting both verbal and physical violent incidents.

Suggestions for Future Research

Violence prevention strategies in the workplace have been an emerging
interest for employers, law enforcement, and legislators. However, research on
violence prevention remains in the early stages. Some governmental agencies
have conducted research; however, there has been minimal research to evaluate
data on strategies and interventions in a variety of workplace settings and for
specific types of violence. Part of the difficulty has been consistency of reporting
mechanisms and obtaining the data.

The data that have been currently available, including police reports,
emergency room visits, workers' compensation claims, insurance payments, and
death certificates, do not always reveal the range of workplace violence
specifically nonphysical incidents. The data on death certificates also need to be
more specific indicating if the crime took place at work. NIOSH (2006)
recommends that data collection should be standardized with key information
inserted into existing data sets and better categorization of data. Researchers
should be able to gain access to workplace violence data from private companies
and insurance companies.

There needs to be increased collaboration between companies, public
health, and criminal justice agencies to distinguish risk factors and precipitating
events of violent incidents and to evaluate the effectiveness of preventive programs. Informational software systems for employers and managers need to be developed to track workplace violence and preventive activities. Employers are interested in what strategies will work for their company and also the costs/benefits of prevention programs. They expect a return on investment and this cost is not always easy to calculate and evaluate. Further research is needed on actual and potential losses that may occur from workplace violence.

The OEHN can assist with further research in different work organizations and how it affects the development, implementation, and impact of workplace violence prevention programs. It is essential to understand what makes education and training effective, specifically the program content, teaching methods, follow up activities, etc. When the OEHN addresses these issues, information should be disseminated to various employers and agencies so that credible and practical evidenced-based programs and interventions can be utilized.
REFERENCES


Columbus Hospital Shooting Reinforces GNA’s Concern Over Workplace Violence: Studies show an increase in violent attacks on health care providers. (2008). *Georgia Nursing*, 68(2), 5.


APPENDICES

A. Federal Government Resources for Workplace Violence ................... 86
B. Non-Government Resources for Workplace Violence ....................... 88
APPENDIX A

FEDERAL GOVERNMENT RESOURCES FOR WORKPLACE VIOLENCE

1. Office of Personnel Management (OPM)
   Agencies of Employee Relations and Health Services Center
   1900 E Street, NW
   Washington, DC 20415
   (202)-606-1858
   www.opm.gov/Employment_and_Benefits/WorkLife/Official

   Provides advice and assistance to Federal agencies relating to EAP, workplace violence, traumatic incidents, reasonable accommodations, and discipline.

2. Department of Health and Human Services
   Centers for Disease Control and Prevention
   National Institute for Occupational Health & Safety (NIOSH)
   Robert A. Taft Laboratories
   4676 Columbia Parkway
   Cincinnati, OH 45226-1998
   (800)-356-4674
   www.cdc.gov/niOSH/homepage.html

   NIOSH has issued a publication on workplace violence, Violence in the Workplace: Risk Factors and Prevention Strategies. Callers may learn about NIOSH training resources or request a NIOSH workplace health hazard evaluation.

3. Department of Justice
   National Institute of Justice
   National Criminal Justice Reference Service
   Bureau of Justice Assistance Clearinghouse (BJAC)
   P.O. Box 6000
   Rockville, MD 20849-6000
   (800)-851-3420
   www.ncjrs.org
Toll free number offers several information options including fax on demand service for informational documents on workplace violence prevention, being able to speak with a specialist, or learning how to access electronic newsletter through their web and email address.

4. Department of Labor
Occupational Safety and Health Administration
200 Constitution Avenue, NW
Washington, DC 20210
(202)-219-8031
www.osha.gov/

OSHA’s most recent publication on workplace violence is Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers, U.S. Department of Labor, Occupational Safety and Health Administration, (OSHA 3148), 1996.

5. Women’s Bureau
200 Constitution Avenue, NW
Washington, DC 20210
(202)-219-6665
www.dol.gov/wb/


APPENDIX B

NON-GOVERNMENT RESOURCES FOR WORKPLACE VIOLENCE

1. American Association of Occupational Health Nurses, Inc. (AAOHN)
   2920 Brandywine Road, Suite 100
   Atlanta, GA 30341
   (770) 455-7757
   www.aaohn.org/
   Advances health, safety, and productivity of domestic and global
   workforces by providing education, research, public policy, and practice
   resources for occupational and environmental health nurses.

2. American Psychiatric Association (APA)
   Division of Public Affairs
   1400 K Street, NW
   Washington, DC 20005
   (888) 267-5400
   www.psych.org/
   Fact sheet, *Violence and Mental Illness*, Document Number 6109 is
   available.

3. American Psychological Association (APA)
   1200 17th Street, NW
   Washington, DC 20036
   (202) 955-7600
   www.apa.org/
   Information on violence is available.

4. Corporate Alliance to End Partner Violence
   2416 E Washington Street, Suite E
   Bloomington, IL 61704
   (309) 664-0667
   www.cawpy.org/
   Develops and distributes information and implements programs about
   intimate partner violence in the corporate community.
5. **Family Violence Prevention Fund**  
383 Rhode Island Street, Suite 304  
San Francisco, CA 94103  
(415) 252-8900  
http://endabuse.org/  

Assists companies in addressing physical safety for victims.

6. **International Association of Chiefs of Police (ICAP)**  
515 North Washington Street  
Alexandria, VA 22314  
(703) 836-6767  

Published a booklet Combating Workplace Violence: Guidelines for Employers and Law Enforcement.

7. **International Critical Incident Stress Foundation**  
10176 Baltimore National Pike, Unit 201  
Ellicott City, MD 21042  
(410) 750-9600  
www.icisf.org/  

Provides information/training on critical incident stress management.

8. **National Coalition Against Domestic Violence (NCADV)**  
P.O. Box 187449  
Denver, CO 80218  
(303) 839-1852  
www.ncadv.org/  

A grassroots and non-profit membership organization to end violence in the lives of women and children.

9. **National Crime Prevention Council (NCPC)**  
1700 K Street, NW, Suite 618  
Washington DC 20006  
(202) 466-6272  
www.ncpc.org/  

Provides information on the prevention of crime and violence.
10. National Domestic Violence Hotline
   (800) 799-SAFE or (800) 787-3224 (TTY)
   http://feminist.org/911/crisis.html

   Nationwide hotline offers crisis intervention, problem-solving skills,
   information, and referral to service agency providers.

   1757 Park Road, NW
   Washington, DC 20010
   (202) TRY-NOVA
   www.trynova.org/

   Refers callers to local victim assistance organizations.

12. National Victims’ Center
   P.O. Box 588
   Arlington, VA 22216
   (800) FYI-CALL
   www.ncvc.org/

   Provides information and referrals to local victim assistance organizations.

13. Nursing Network on Violence Against Women, International
   PMB 165, 1801 H Street, Suite B5
   Modesto, CA 95354
   (888) 909-9993
   www.nnvawi.org/

   Eliminate violence through advancing nursing education, practice,
   research, and public policy.