

Prevention of Workplace Violence

POSITION STATEMENT

Developed by the AIHA® Confined Spaces Committee

Adopted December 13, 2000



The American Industrial Hygiene Association (AIHA) recognizes:

1. Workplace violence caused 12% of all occupational traumatic injury deaths for U.S. workers in 1998, resulting in 709 deaths, out of a total of 6,026 recorded fatalities.⁽¹⁾
2. Violence is the leading cause of traumatic injury death on the job for women workers (34%, 168 out of 482 fatalities) and the second leading cause of death on the job for males.
3. The federal Bureau of Justice Crime Victims Survey documents that between 1992- 1996 there were approximately 2 million nonfatal assaults per year in the workplace. Six million workers are threatened on the job and 16 million are harassed each year.⁽²⁾
4. The industries with large numbers of violent incidents include retail sales, law enforcement, teaching, medicine, mental health, transportation, and private security.
5. Occupations experiencing the greatest number of nonfatal assaults include retail workers, nurses' aides, nurses, teachers, police, security guards, corrections officers, and taxi drivers.
6. Occupations experiencing the greatest number of work-related homicides include taxi cab drivers; law enforcement officers; hotel clerks; gas station workers; security guards; stock handlers and baggers; retail store workers, owners, and managers; and bartenders.
7. Government workers comprise 16% of the working population and 37% of the crime victims.
8. Nonfatal workplace violence alone is estimated to cause 1.8 million lost workdays and \$55 million in lost wages.
9. CALOSHA and others have categorized workplace violence events as follows:
 - a) Type I: criminal intent† the perpetrator has no legitimate relationship to the business or its employees and is usually committing a criminal act prior to the violence. Criminal acts include robbery, shoplifting, and loitering.
 - b) Type II: customer/client† the perpetrator has a legitimate relationship with the business and becomes violent during a business transaction. This category includes customers, clients, patients, students, inmates, and any other group for which the business provides services.
 - c) Type III: worker on worker† the perpetrator is an employee or past employee of the business who attacks or threatens another employee(s) or past employee(s).
 - d) Type IV: personal relationship† the perpetrator does not have a relationship with the business but has a personal relationship with the intended victim. This category includes victims of domestic violence assaulted while at work.
10. Bureau of Labor Statistics (BLS) 1998 Census of Fatal Occupational Injuries (CFOI) Database reveals that 9% of work-related homicides were perpetrated by coworkers or former workers (type III) compared to 79% involving robberies or other crimes (type II).
11. The 1997 CFOI database indicates that 7% of nonfatal assaults were caused by coworkers or former workers (type III) compared to 55% caused by health care patients (type III).

Given the significant impact that workplace violence has on the safety and health of the U.S. workforce, the AIHA supports the following:

1. OSHA should conduct stakeholder meetings to review current approaches to prevention of employee injury due to workplace violence and to get stakeholder views on the need for, proposed scope of, and provisions of an OSHA standard to protect employees from injury due to workplace violence.
2. Occupational safety and health professionals should actively contribute to developing intervention programs, standards, and research efforts geared toward preventing homicide and assault in the workplace.
3. Facility-specific written workplace violence prevention programs should be developed and implemented to protect all personnel from exposure to occupational violence. Industrial hygienists should be included in an interdisciplinary team that develops and implements workplace violence prevention programs.
4. Environmental design, administrative controls, and behavioral strategies should all be considered in the development of site-specific workplace violence prevention programs.
5. Given that type I (robbery and crime) and II (customer, client, patient, etc.) are the categories that correlate with the greatest incidents of fatal and nonfatal violence and are more highly associated with occupational safety and health intervention strategies, occupational safety and health professionals should concentrate their efforts on these types. Worker-on-worker and domestic violence issues are more appropriately addressed by an employee assistance program (EAP), human resources department, and/or organizational behavior specialists.
6. Continued corporate, academic, and governmental funding is needed to support workplace violence prevention research in the areas of:
 - a) Determination of the environmental, organizational, and personal factors that lead to workplace violence in particular industrial sectors;
 - b) Analysis of injury rates, lost work time, and costs associated with workplace violence;
 - c) Evaluation of the effectiveness of controls such as security hardware, alarms, workplace redesign, emergency systems, training programs, written prevention programs, and trauma response;
 - d) Testing of intervention strategies for effectiveness; and
 - e) Program evaluation.

References

- 1) **Bureau of Labor Statistics.** National Census of Fatal Occupational Injuries, 1998. Washington, DC: United States Department of Labor, USDL 99-8, August 4, 1999.
- 2) **Warchopf, G.** Workplace Violence, 1992. Washington, DC: Bureau of Justice Statistics Special Report, U.S. Department of Justice, Office of Justice Programs, July 1998.