



HEALTH AND SAFETY **FACT SHEET**

Eliminating Violence in the Workplace

What are the problems?

Violence is an increasing problem for CUPE members. It may take the form of acts of aggression such as hitting, grabbing, kicking, biting, sexual assault or attack with a weapon. It also includes verbal abuse, the threat of physical violence, psychological harassment and bullying. As well, anticipation or fear of violence is a stress factor that may cause physical and psychological problems for the worker.

Who is affected?

CUPE members in many occupational groups are targets for violence. These include:

- Health care workers in hospitals, long-term care facilities and mental health institutions;
- Social workers;
- Education workers;
- Institutional attendants like corrections officers;
- Anyone who works with the public;
- Anyone who works alone.

Problems with statistics

While it's clear that violence is a problem, available statistics don't give us a feel for the actual numbers of workers affected. Statistics Canada released a report on workplace violence in 2007 stating: "Given the lack of national data on workplace violence, the nature, severity and prevalence of the problem has been difficult to quantify."

The major reasons for this are:

- Many physical injuries caused by aggression require minimal treatment, so workers don't miss a day of work, therefore, the injury is never reported to the compensation board;
- Staff may be reluctant to report incidents of violence for fear they will be labelled a troublemaker and be blamed for the occurrence;
- Workers may accept that violent incidents are part of the job and don't consider them worth reporting;
- Management won't process reports or will talk workers out of filing reports on incidents of violence even where injury occurs. They may offer extra sick time to the employee instead;

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- Victims of assault may mistakenly blame themselves for the assault and resist reporting it;
- Verbal abuse or "near miss" incidents of physical abuse are often not considered worth reporting, particularly where the employer is unsupportive;
- In cases of sexual assault, police have noted that it has one of the lowest reporting rates of any crime. This means that women in particular are under-represented in violence statistics.
- Patients with a history of violence are not identified by employers;
- Employers have no policies and procedures in place to deal with violence in the workplace;
- The widely accepted idea that violence is "part of the job";
- Patients do have a right to refuse medication; however, the caregiver is put in the middle between physician and patient. The refusal often takes a violent form and is aimed at the worker, not the doctor;
- Many CUPE members work alone.

Why are workers assaulted?

Numerous causes for violence or factors that increase the risk have been suggested. They include:

- Staff concerns about violence being played down;
- Understaffing and cutbacks mean higher levels of frustration for patients, clients and students;
- The lack of statistics means there isn't an accurate picture of workplace violence, which allows employers to downplay violent incidents;
- Persons in shock or frustrated with the system lash out at the closest person, often a worker;
- Deinstitutionalization has led to persons who need special mental health care being placed in institutions that are not equipped for them. They are under the care of persons who are not specially trained to handle their problems;
- Employers don't provide adequate training for workers in recognizing and defusing violent situations;

TACKLING VIOLENCE ON THE JOB

Identify the problems

Step one in combating violence is to identify the problems in your workplace. CUPE has a sample survey form that you can use. A survey can be done in cooperation with management, in which case the union approves the survey form and is involved in the collection and analysis of the data. If management won't agree to the survey the union should do its own, which normally means it's done outside of working hours.

Survey results are used to pinpoint problem areas and are the basis for recommendations to the joint health and safety committee and/or management. Proposed solutions may include the following:

1. A clear and comprehensive definition of workplace violence that allows for the varied situations of the workplace.

2. Development or revamping of employer policies and procedures regarding violence in the workplace. Effective policies and procedures recognize the potentially violent nature of the work. They provide that all workers are informed of the potential for violence, and that they receive on-going training in recognizing and defusing violent situations. The policies and procedures must aim to eliminate workplace violence. They also must require the reporting of all incidents and provide a reporting procedure.
3. Changes in work organization and workplace layout with the aim of eliminating workplace violence. This measure includes sufficient staffing in order for workers to perform the work safely.
4. The employer must provide education and training to any worker who will be dealing with potentially abusive or violent patients, clients or students. The key elements of such training programs are to increase worker awareness of potential hazards, how to spot problem situations and defuse such situations or prevent injury if violence takes place. Training must be offered to all new employees and re-training provided for all workers on a regular basis.

Strategies for change

To achieve these changes, workers will have to use strategies such as:

- Collective bargaining;
- Lobbying for legislative change;
- Public awareness campaigns;
- Forming coalitions with groups whose concerns overlap.

CUPE locals have their work cut out for them as they try to stop the abuse of their members. This fact sheet and the more detailed guideline, *Stopping Violence At Work*, should help members take the steps necessary to providing protection in the workplace.

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