

# GUIDELINES-DIRECTIVES



## STOPPING VIOLENCE AT WORK



Canadian Union of Public Employees  
Syndicat canadien de la Fonction publique







**T**his guideline was developed by CUPE's National Health and Safety Department, based on drafts prepared by participants at the 1987 health and safety conference. It will be used by CUPE locals throughout the country to address problems of violence in their jurisdiction.

The purposes of this booklet are:

- To provide background information on violence in the workplace — who is affected, suggested causes and factors that increase the risk; and,
- To present solutions and strategies for eliminating the problem.

It is a document for action to be used with the fact sheet and questionnaire as a tool for change. We recognize that member action in implementing the strategies suggested in the guideline is the only way to reduce violent incidents.

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## Stopping Violence at Work

*"Violence has not been understood because it is most often responded to by avoidance, ambivalence, denial and attempts to snuff it out."*

John Lion, M.D.



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## Health & Safety

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This newsletter is published four times a year by CUPE's Health and Safety Department. For more information, please contact Colin Lambert, national director, at (613) 237-1590 or write to CUPE Health and Safety Department, 21 Florence St., Ottawa, Ont. K2P 0W6.



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# Introduction

## A. Is There a problem?

CUPE members provide many services which place them in danger of being both physically and verbally abused. Workers in hospitals, nursing homes, homes for the aged, mental health and mental retardation institutions, in social service departments and social/family service agencies or in educational institutions are at risk. They are in direct contact with patients, clients or other individuals who may be angry, confused, disturbed, dangerous or suffer various disabilities associated with aging. The workers are the front line contact with potentially disturbed persons, so that when a patient or client strikes out, employees are often the victims.

The violence can take the form of acts of aggression such as hitting, grabbing, kicking, biting, attack with a weapon or acts involving sexual contact. It also includes verbal abuse, the threat of physical violence, sexual advances, mental harassment and other psychological violence.

### Case Examples

Staff cutbacks, particularly in social services and health care, have contributed to an increase in reported incidents of violence. Here are some cases in point.

In a nursing home in Windsor, Ont., a nursing assistant and CUPE member, was brutally attacked by a six foot, four inch ex-boxer. She was held up by the man and her head was pounded against the wall. The only thing that saved her life was that another employee came into the room quite by accident and distracted the attacker.

Another union member described how a disturbed patient had a nursing assistant by the ankles and was hanging her out of a fourth-floor window when he was discovered. The nursing assistant had to work alone on the night shift.

In February 1986, a psychiatric patient battered two women, a nurse and a nursing aide, with a pool cue in an Alberta hospital. They were the only workers on the night shift overseeing five female and 13 male patients in a forensic ward for the criminally insane. The nurse was left with one hand broken, the other sprained, and a fractured bone in her neck. The aide suffered numerous cuts on her face and head and a broken hand. She had to undergo surgery for her injuries. Two other male patients are credited with saving the women from further injury.

In one rehabilitation hospital where CUPE members work, over a 21-month period 80 per cent of the nursing staff suffered injuries due to physical assault.



At a home for the aged in the same geographical area over a 24-month period 35 per cent of the nursing staff suffered injuries caused by a patient.

In 1986, child care workers were held hostage during a custody dispute at the Winnipeg airport. CUPE representative Sandra Oakley said incidents involving weapons and assaults on child care workers are rising. "The physical violence has been increasing, as well as the seriousness of the situation," Oakley said.

In a 1985 survey of 1,111 social service and institutional workers, the Alberta Union of Provincial Employees found that in the past three years:

- 61.3 per cent of those surveyed had been verbally threatened by a patient/client and *41.5 per cent had been physically threatened*,
- *29.5 per cent had been physically assaulted* and approximately 5 per cent had been off work due to a physical assault,
- 19 per cent had personal property damaged due to a physical assault.

We can all think of scenarios that put public employees in danger of being assaulted. For example, in emergency rooms staff often have to deal with persons who are on drugs or intoxicated; library workers in bookmobiles generally work alone and are subject to attack; custodial workers, particularly in rural areas often work alone at night.

## **B. Who Gets Injured?**

While we hear about potential and actual abuse of patients in various institutions, statistics demonstrate that this is not the major violence problem to be addressed. Unpublished statistics of the United States Veterans' Administration reveal that of over 12,000 assaults in a five-year period, less than five per cent involved staff assault of patients. "The statistically significant problem is of patient assault on other patients and patient assault on staff."

### **Workers at Risk**

Among CUPE's membership, in general we have found that it is persons involved in direct patient care, such as nursing staff, health care aides or personal care workers, who are the major targets of violence in health care. Case workers who go into the community to retrieve children in custody cases or provide other standard social services are also injured, as are clerical workers in social services offices or admitting clerks in hospitals.

CUPE members have identified a number of other occupational groups that are at risk from job-related violence. They include:

- Workers who collect monies
- Bus drivers
- Emergency attendants
- Public parks police
- Institutional attendants
- Workers in shelters for women and children
- Teachers or teachers' aides
- Unemployment insurance or compensation clerks
- Arena workers
- Guards, security officers and police officers
- Any worker who must work alone (e.g., custodial workers)

### **Problems with Statistics**

As stated earlier, available statistics don't really give us a feel for the

actual numbers of workers affected. The major reasons for this are:

- Many injuries caused by aggression of patients, clients or a member of the general public require minimal treatment, so the worker doesn'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 labeled "provocative" and be blamed for the occurrence. Or they accept that the incidents go with the territory and don't consider them worth reporting. In addition, victims of any assault may consciously or subconsciously blame themselves for the assault and therefore resist reporting it.
- Management may discourage workers from filing reports or claims and offer extra sick leave instead as a form of compensation.
- Verbal abuse or "near miss" incidents of physical abuse are often considered not worth reporting, particularly where the employer is unsupportive.



## C. Why Are Workers Assaulted?

Once the problem is recognized, the next step in trying to tackle the issue of violence in the workplace is to uncover the causes of violence. Health and safety committees, unions, psychiatrists — all have sought explanations for assaults on workers. Some suggested causes are:

- *Staff experience and knowledge* concerning needs of an institution, in terms of case loads, etc., are *not used*, and their concerns about safety may be overlooked or played down;
- *Understaffing*, which results in persons working alone or with too few staff members to provide sufficient coverage;
- Persons *frustrated* with the system, in shock, or angry (e.g., patients, clients or their relatives) lash out at the closest person, often a worker;
- With increasing deinstitutionalization the most stable patients are placed in community facilities or at home. The most disturbed and potentially dangerous remain in the institutions. Because of cuts in health care, fewer institutions exist that have staff or facilities capable of handling such patients. Therefore, they are often “dumped” in nursing homes or homes for the aged where they can’t get the necessary special care. Workers in these facilities generally don’t have the training to handle these patients and so are put in a potentially dangerous situation;
- *Insufficient training* in recognizing and defusing pre-violent situations. This is worsened because of rapid staff turnover in many institutions;
- *Patients with a history of violence are not identified*. Yet research has shown that the most important predictor of future violence is past violence;
- *Lack of support* from management to the point where workers become paranoid about expressing concerns;
- The concept that *violence is “part of the job,”* that is, an inevitable part of public sector work, so that nothing is done to change working conditions;
- *While patients who require medication have the legal right to refuse the medication* the refusal often takes a violent or abusive form. The lack of medication may also contribute to a violent act by the patient;
- A patient’s personal physician has decision-making power concerning

the medication needed to control behaviour, and the institution's ability to handle the patient. Staff safety generally has a lower priority to the physician who may also be unaware of how the patient is treating staff members;

- Many CUPE members must *work alone* as custodial workers in small schools for example, or as health care aides or RNAs. In many cases no backup is provided;
- The persons with the least amount of control over the process or system deal with the public. For example, clerks with no decision-making power deal with workers applying for unemployment insurance benefits. Anger is directed at these front-line employees rather than more appropriately at the system (i.e., the rule makers);
- In general, employers exhibit a *reactive approach* to violence on the job rather than a preventive approach;
- *Ineffectual management guidelines* on the issue create an environment that says to the worker, "We don't care";
- CUPE members have to deal with persons who are on drugs, who are drunk or otherwise in an altered state.

To recap:

- CUPE members are subject to increasing acts of violence on the job.
- Persons providing direct patient care or social services are more likely to be injured, but anyone in contact with patients/clients is a potential victim.
- Acts of aggression towards workers are often not reported or counted as part of injury statistics.

Clearly there is need for concern about violence as an occupational health and safety problem.



# Tackling the issue of violence on the job

## A. Identify the Problems in Your Workplace

The first step for a local or a committee to take in combatting violence is to identify the problems in their specific workplaces. You need to know if there is a problem with violence, who is being affected, the severity of the problems, and people's attitudes towards the issue.

### Survey the Membership

The suggested way of gathering this information is to do a survey of the members (see CUPE's sample questionnaire, which can be modified for your use). The survey can be done solely by the union, however, it's much easier to carry out the process if you have management's support. Then all distribution, filling out of the surveys and collection can be done on work time. Therefore, you should raise the issue with the joint committee or with management directly if you don't have a joint committee.

Prior to starting this process, whether the employer is involved or not, it's a good idea to have a special union meeting to describe the purpose of the survey, how results will be used, confidentiality, etc.

If management agrees to the process, the union must either help develop the form or at least have veto rights on the final form. They also must be involved in the tabulation and evaluation of results. Where there is a committee this can be accomplished through that body. Otherwise, special procedures for this process must be worked out between the employer and the union.

Once the survey form is developed and approved the committee should develop a covering letter explaining its purpose. It is then distributed, with individual committee members having responsibility for specific areas, departments or units. To ensure that people actually fill out the form, limit the response time to a few days. The same person who distributed the forms then collects the completed surveys.

Once the surveys have been tabulated the health and safety committee or the local should have a special meeting to discuss the results. Using the survey, pinpoint problem areas as well as causes and factors that increase the risk of violence. Review the list of possible causes in section I of this guideline. Which of these are relevant?

### Report to the Employer

The committee should then prepare a report of the survey findings and include any other relevant records (e.g., injury reports). The report would conclude with recommendations for change which become the

basis for proposed *solutions*. These might include:

- Development or revamping of employer policies and guidelines regarding violence in the workplace,
- Changes in work organization and layout of the workplace,
- Education and training for workers.

### **Union-conducted Survey**

Note, where the employer does not agree to help with the survey, the union will have to carry out most related activities outside of work. The union health and safety committee, the union executive or a special committee dealing with this issue can develop the survey and distribution plans.

If you get a good turnout at the meeting and have a membership list available, each person attending could be responsible for distributing and collecting forms for three to five people, depending on the local size. Experiment with this process.

Clearly the more members involved in the distribution the more confusing it might be. The plus side is that more members will be involved in a union activity!

After collection and analysis of the forms, the union should:

- Bring the results to the next joint labour-management meeting for discussion; or
- Take results and recommendations directly to management.



## **B. Solutions**

### **Employer Policies**

If the employer currently has a policy related to violence the committee should evaluate it for effectiveness, checking it against the points below. Where no policy exists, the union or committee should consider incorporating these basic points into a suggested policy to be presented to the employer.

A comprehensive workplace policy on violence:

- a) Recognizes the potentially violent nature of the work and provides that all prospective employees are informed of the potential for violence — not as a way for the employer to opt out of providing protection, but as part of the employees "right to know";
- b) Affirms that workers are not expected to put themselves at risk while performing their job;
- c) Affirms that on-going training in recognizing and handling potentially violent or violent situations is necessary. All new employees will be trained before commencing work;
- d) Provides a systematic approach for the management of aggressive patients, clients or members of the general public;
- e) Provides that staff will be notified of aggressive patients/clients through red tagging of files or some other means;
- f) Is supportive of persons who won't handle aggressive persons if they do not feel capable, don't have enough backup, etc. That is, employee complaints or refusals are treated as legitimate;
- g) Requires reporting of all incidents of abuse, including near misses, and provides a reporting procedure;
- h) Requires that all assaults resulting in physical or mental injury are reported to the workers' compensation board;
- i) Outlines a basic procedure for investigation of incidents involving the health and safety committee;
- j) Supports prosecution of assailants who are mentally competent. Provides for legal assistance to assaulted workers.

### **Changes in Work Organization and Layout of the Workplace**

The committee should determine what it is about the workplace that

makes it easier for workers to be assaulted or increases the tension of clients/patients. It should consider the normal work area including wards, admitting, waiting areas and the emergency room in hospitals, homes or institutions. In social service offices, consider interview rooms, reception and waiting areas and individual offices. Don't forget places such as parking lots, parking garages, and facilities where workers often work alone at night (e.g., schools).

The following suggestions are aimed at reducing violence by redesign of certain parts of the workplace.

- a) *Parking lots/garages:*** Increase lighting; hire security personnel to work around-the-clock; ensure that automatic doors close quickly.
- b) *Reception/admitting:*** Increase height of counter and put glass barrier between worker and public; install door to restrict access to office areas; provide front desk with alarm button; rearrange and redesign waiting areas to make them comfortable and soothing.
- c) *Interview rooms:*** Equip interview rooms with two doors and alarm buttons/buzzers and increase their size. In some cases it may be advisable to put in two-way mirrors, and in some areas where the potential for violence is high closed-circuit TVs are used.
- d) *Entrances/Exits:*** Provide only one office entrance for the public, but provide an additional entrance/exit for staff. Also provide mirrors to monitor the hallway.
- e) *Washrooms:*** Provide private washrooms for staff.

The way work is done also has an effect on the potential for violence. The major concern under the heading of work organization issues raised by social services, health care workers, school custodians and other CUPE members affected by violence is *staffing*.

Understaffing results in hospital, institutional and nursing home workers handling wards by themselves, particularly at night; custodial workers cleaning alone at night with no one checking up on them by phone or via a walkie-talkie device; and social workers carrying too heavy a case load. These circumstances in turn put workers at increased risk of abuse.

Unions must first get staffing recognized as a health and safety issue, either through legislative change, legal interpretation (recognition) of what's already covered by the legislation or through collective bargaining. Then the union can evaluate, possibly through the committee structure, where extra staff are necessary. Some

suggestions:

- Never leave one person alone in an office over lunch hour. If additional staff aren't available or lunch hours can't be staggered, then the office should be closed.
- Where persons are responsible for supervising potentially violent residents, backup support is essential. In general this requires double staffing.
- Double staffing is also suggested in situations such as retrieving a child from home under a court order or dealing with clients under extreme pressure who have expressed themselves abusively in the past.
- If additional full-time workers performing the same task aren't hired, as in the case of custodial workers, then additional security personnel should be hired to ensure that no one works alone.
- Additional staff hours should not come from overtime and double shifts but from the hiring of full-time staff who work in one area or who are assigned to shortage areas on a need basis. While relying on overtime may help avert crisis situations, in the long run it takes a major toll on the health of workers. It is a Band-aid approach to a chronic problem.

Another organizational issue that must be addressed is the reporting of incidents of abuse. One of the major reasons we can't accurately state the number of workers who are abused on the job is that these incidents are not reported. Lack of such information also contributes to the recurrence of similar incidents.

It's recommended that the workplace policy on violence address the issue of reporting and that a procedure be developed by the joint health and safety committee or at a minimum by the employer in consultation with the workers. The committee will first have to determine what an incident is and how near misses are to be reported.

The form then should answer the questions who was abused, what were they abused with (e.g., words, chair, fist), when and where did the incident occur, how did it occur (e.g., employee was interviewing a client who suddenly started screaming at the employee or threw a book at the employee), and why did the incident occur (e.g., too few staff, insufficient or no training for employee, patient or client under additional strain, person didn't want to comply with orders of guard or security officer).

Provision of the form goes hand in hand with a policy that requires the reporting of incidents and a procedure for investigation. While the form is filled out by the worker or the workers representative (signed by worker if possible, otherwise by the rep), as for any other accident, the incident requires an investigation to clearly determine all the underlying causes.

It's suggested that two members of the joint committee perform the investigation, interview witnesses, etc., and then make their report to the whole committee. The incident forms and the investigators' report then become part of the accident record for the agency or institution. These are reviewed on a regular basis by the committee to determine trends and to recommend corrective measures.

In addition to internal reporting procedures, the employer's policy should recognize the importance of workers filing claims with WCB. This is another way that violence becomes recognized as a legitimate health and safety issue. The union must ensure that a WCB claim is filed when any of its members are injured, either physically or mentally.

### **Education and Training of Workers**

Employers should be prepared to offer training programs to all workers in a setting where they may encounter potentially violent persons. Therefore, anyone in an institution, nursing home, etc., should get some training. While it's recognized that certain workers (e.g., psychiatric nurses, social workers) receive some training in this regard as part of their professional studies, in many cases it is insufficient.

Lack of training can make a problem situation worse by inspiring inappropriate behaviour on the part of the care giver. If workers learn how to spot problems before they occur and how to defuse a potentially violent situation many violent incidents can be prevented.

The key to the training is to make workers aware of potential hazards, how to spot problem situations and how to defuse them or prevent injury if physical abuse is attempted. At the same time, the intent is not to make workers paranoid.

All new workers must be trained and longer term employees retrained on a regular basis. It's suggested that both management and workers be trained using methods that give everyone a "gut-level" understanding of what a potentially violent situation feels like. Therefore, role playing and case studies can be very useful.

Persons with specialized education and experience in the recognition and control of violent situations should provide the

training. This may involve bringing in outside consultants who provide seminars in the area and who have developed appropriate training materials and methods. The committee should interview and evaluate each proposed trainer or team of trainers and then make a recommendation to the employer.

Another approach would be for the employer to sponsor the training of a current employee who would then train the other workers. If this procedure is followed there will always be someone "in-house" to provide retraining and new employee training as well as to act as a resource for all workers and the employer.



## **C. Strategies**

Recognizing that certain changes need to be implemented is another step in the struggle to reduce abuse against workers. However, it's unlikely that such changes will occur just because they're necessary. Workers will have to use a number of strategies to ensure that there are significant changes made in their work organization and in their workplace. These include:

- Lobbying for legislative change,
- Collective bargaining,
- Bring attention to the problem of violence aimed at workers through public awareness campaigns, and link it to system problems, not individual workers' problems,
- Forming coalitions with groups whose concerns overlap with yours.

### **Legislation**

The major issues of concern with regard to legislation are:

- Recognition of physical or mental abuse as an occupational health and safety hazard;
- Recognition of understaffing as a cause of violence and therefore an issue that must be addressed by enforcers of the legislation;
- Requirement that workplaces be assessed for staffing needs keeping the potential for violence in mind; the law to require that sufficient staff be provided as identified by the assessment;
- Recognition of the need to prohibit working alone in many situations and to provide additional protection if jobs absolutely must be performed by persons working alone;
- Recognition of the need for specialized training for workers who may face abuse on the job;
- Clarification of when workers can use their right to refuse to do work in violent or potentially violent situations;
- Compensation for abuse-related injuries and stress conditions.

Initially the local should identify possible solutions that can be found in the existing legislation. Are there articles in the section on employer responsibility that apply to potentially violent situations?

What about training and notification requirements? Is there language on working alone? These are just some of the suggested questions that should be asked.

Following this analysis the local should determine what it is they want specifically covered in legislation (e.g., items from the preceding list). A letter requesting such changes and containing a rationale for them can then be sent to the appropriate minister. To increase the impact on the minister, start a letter writing campaign. Contact other locals, the CUPE division and the provincial labour federation and request support for this campaign. Provide such groups with a copy of your letter to the minister and ideas they might incorporate into their letters.

Following up such a campaign by lobbying individual politicians can also be useful. Discuss the issue of violence with opposition party members and request that they raise it in the legislature. For example, the issue of understaffing and its effect on violence aimed at workers was raised during question period by an Alberta New Democratic Party member at the legislature when the budget for the department of social services was tabled.

At any time the local or division can also prepare a more formal submission to the minister providing background on the issue of violence and requesting specific changes in the legislation. CUPE locals have also participated in hearings set up by provincial governments to hear testimony on general health and safety issues or to solicit comments on proposed regulations.

The province-wide hearings set up by Ontario MLA Elie Martel (NDP) also gave CUPE members an opportunity to testify on poor enforcement of the law or to discuss issues that weren't addressed by the law. Two CUPE locals raised the issue of violence and presented dramatic statistics on incidents from their institutions. They pointed out how the existing system simply was not responding to such hazards.

### **Collective Bargaining**

Trying to get something enshrined in legislation or even getting an interpretation out of a governmental agency may take some time. Unionized workers, however, also have the opportunity during negotiations to raise health and safety issues. Violence against the members is such an issue and can be addressed in the collective

agreement.

To prepare for bargaining, the negotiating committee needs information on the incidence of violence. If good records have not been kept, then a union survey will often provide the kind of background and statistics necessary to approach management. The committee should then consider the suggestions which follow and prioritize those that are the most crucial in their workplace.

Note that *if the local doesn't have a general health and safety clause, that's the place to start!*

Such a clause points out the responsibility of the employer to provide a safe and healthy workplace and to not expose workers to unsafe conditions or situations.

Recognizing that each workplace is different with standards based on individual realities, the local will look at developing clauses specific to their workplace. For example, case loads may be the key issue in a social service agency, while working alone may be the key issue for custodial workers in a school board local.

Some issues that could be covered:

- A joint policy on violence which addresses all necessary issues (see previous section on policies),
- The right to alternative work following an incident,
- All time off as a result of abuse must be compensated at the worker's normal rate of pay;
- A clause that reaffirms the worker's right to refuse work and deals with the employer's responsibility to provide alternatives to a dangerous situation,
- Prohibition of working alone and provisions for special situations where workers must work alone,
- Employer's responsibility to provide sufficient workers to perform the job safely, and specifically to prevent abuse or violence.

### **Promoting awareness**

For legislative or collective bargaining strategies to work, and for corrections to be made in the workplace, workers, employers, boards of institutions, city councils and the general public must be made aware of the existence and severity of the problem.

A good place to start is in the workplace. Initially, publishing a fact sheet with the statistics from your workplace or from similar



workplaces will help raise interest in the issue. Publishing statistics and describing actual incidents is the first step in helping people to shed guilt or self-blame. It helps workers to recognize that it's not they who have a problem, but the workplace, work organization, management, agency, patient, etc. This same information can be used to impress management with the reality of the problem and can be further used to pressure boards and councils to address the issue.

In a broader public awareness campaign the first priority is to counter any impressions that workers are to blame for all public sector problems. For example, if residents in an institution aren't bathed often enough it's because there simply are not enough staff, not that staff are not working or don't care.

Specifically on the issue of abuse, the dynamics of violence have to be explained to counter the blame often laid on the care-giver. Articles such as *When Caring Is Your Only Defense* (Winter 1987 Public Employee), are particularly useful for this. The above article dealt specifically with abuse of CUPE members and discussed the need for increased training when working with geriatric patients, particularly those with Alzheimer disease. It also pointed out that organizations working with geriatrics, including the Alzheimer Society, have been lobbying for increased staff for years. They recognize the importance of increases both for patient care and as a protection for the worker.

Local unions or individual workers should also seek access to the systems already in place. For example, letters to the editor are read by thousands of people and often produce a major response. A health and safety committee member and a member of the Alzheimer Society or some similar organization could produce a joint program on one of the community TV channels or radio hotline shows.

Finding a city councillor who is willing to speak on your behalf is also useful, as they have better access to the media. Of course, you want their support as well if you're trying to change policies on working alone or deal with the necessity for increased staffing (things that might have an impact on city budgets).

# CONCLUSION

Tackling the issue of violence on the job requires some of the same approaches used for other health and safety issues. However, the nature of the problem and ethical issues of actions such as refusing care to a violent individual makes it somewhat more difficult to solve. As well, some of the solutions such as staffing changes are ones that enforcers of health and safety legislation have traditionally avoided.

CUPE members clearly have their work cut out for them. It is hoped that this guideline will help them take the first steps towards viable solutions.





## **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 advances or attack with a weapon. It also includes verbal abuse, the threat of physical violence and mental abuse. As well, anticipation or fear of violence is a stress factor which may cause physical and psychological problems for the worker.



- 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;
- Victims of assault may consciously or unconsciously blame themselves for the assault and therefore resist reporting it;
- Verbal abuse or "near miss" incidents of physical abuse are often not considered worth reporting, particularly where the employer is unsupportive.

### **Who Is Affected?**

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

- Health care workers in nursing homes, extended care facilities, home for the aged, hospitals and mental health and mental retardation institutions,
- Social workers,
- Guards, security officers and police officers,
- Bus drivers,
- Teachers' aides,
- Anyone who must work alone.
- Institutional attendants,

### **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. The major reasons for this are:

- Many injuries caused by aggression require minimal treatment so that the worker doesn'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 that they will be labeled provocative and be blamed for the occurrence. Or they accept that the incidents go with the territory and don't consider them worth reporting;

### **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;
- 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;
- Workers aren't given adequate training in recognizing and defusing violent situations;
- Patients with a history of violence are not identified;
- The concept 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 it's aimed at the worker, not the doctor;

- Many CUPE members work alone.

## Tackling violence on the job

### Identify the Problems

Step one in combatting 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 co-operation with management, in which case the union approves the survey form and is involved in the tabulation and analysis. Where management won't agree, the union should do its own survey, which normally means it's done outside of working hours.

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

**1.** Development or revamping of employer policies regarding violence in the workplace. Effective policies 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 on recognizing and defusing violent situations. In addition, the policies provide approaches for managing aggressive patients, require reporting of all incidents and provide a reporting procedure.

**2.** Changes in work organization and workplace layout so that it is more difficult for workers to be assaulted and so that there are sufficient workers available to perform the work safely. Work organization also includes the development of a procedure for reporting incidents of abuse.

**3.** Education and training must be provided by the employer to any worker who will be dealing with potentially abusive or violent patients or clients. The key elements of such training programs are increasing worker awareness of potential hazards, how to spot problem situations and defusing such situations or preventing injury if physical abuse is attempted. Training must be offered to all new employees and update 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.

Clearly 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 for providing protection in the workplace.



For more information contact:  
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## Sample questionnaire on the extent and consequences of client/patient aggression

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This sample questionnaire is a model for one to be used in your workplace. It's aimed at gathering data on the types and numbers of incidents of aggression that occur in CUPE workplaces.

If you are interested in incidents involving social service workers the questionnaire can be used as is. For other workplaces, such as health care facilities and other institutions, however, some of the wording will have to be changed. For example, you will speak of residents or patients as opposed to clients. In addition, the questions about workplace conditions and policies will differ. You'll be asking similar questions but will need to reflect on the situations in your workplace.

The National Health and Safety Department will be glad to help you refine the survey form for your own use or develop a shorter survey, and make suggestions on conducting a survey.

### Introduction

#### Dear Sisters and Brothers:

Many of our members have expressed concern over the growing trend in aggressive acts aimed at workers. To determine the extent of the problem and to identify some of the consequences we would like you to fill out this questionnaire.

This survey is voluntary and the final report will not identify individuals. *All individual information is confidential.*

Section 1 of this survey deals with *physical assault* and section 2 with *threats against staff*.

Because each worker may have been assaulted or threatened more than once in this time period there are spaces for recording each incident separately. That is, questions **(2) - (30)** have been repeated twice and questions **(32) - (40)** have been repeated three times. For each incident answer the appropriate questions.

For example, if you've been assaulted twice in the past two years, answer questions 2-30 under Incident =1 for the first incident that occurred to you and questions 2-30 under Incident =2 for the second incident that occurred, and so on.

# Section One: Aggressive Incidents

(1) Have you been abused by a client in the past 2 years? Yes ☐ No ☐  
If yes, please answer questions 2 through 30. If no, go to question 31.

## Incident # 1

(2) Where did the incident happen?

- (a) Office visit ☐
- (b) Home visit ☐
- (c) Group home ☐
- (d) Public place ☐
- (e) Receiving centre ☐

(3) What time of day did the incident happen?

- (a) Morning ☐
- (b) Afternoon ☐
- (c) Evening ☐
- (d) Night ☐

(4) Were you alone? Yes ☐ No ☐

Had you requested assistance prior to the incident? Yes ☐ No ☐

(6) If yes, to whom had you made the request?

- (a) Police ☐
- (b) Supervisor ☐
- (c) Co-worker ☐

(7) Did you have any previous indication that a confrontational situation might develop? Yes ☐ No ☐

(8) If yes what was the indication?

- (a) Chart file ☐
- (b) Co-workers ☐
- (c) Professional ☐
- (d) Supervisor ☐
- (e) Previous knowledge ☐
- (f) Prior involvement with client ☐

(9) Who was responsible for the aggressive situation?

- (a) Client (adult) ☐
- (b) Client (child) ☐
- (c) Parent ☐
- (d) Sibling ☐
- (e) Other relation or friends ☐

(10) Did the assault involve a weapon? Yes ☐ No ☐

(11) If so, was it a:

- (a) Gun ☐
- (b) Knife ☐
- (c) Other ☐

(12) Were you injured? Yes ☐ No ☐

(13) What was the extent of your injury?

- (a) No lost time ☐
- (b) Lost time ☐
- (c) If lost time, how many days? ☐

(14) Did you apply for workers' compensation? Yes ☐ No ☐

(15) Did you report incident to police? Yes ☐ No ☐

(16) Did you report the incident to your supervisor? Yes ☐ No ☐

(17) Did you make a written report? Yes ☐ No ☐

(18) Did you enter incident in client's file? Yes ☐ No ☐

(19) Did you make out an incident report? Yes ☐ No ☐

(20) Did you discuss the incident at case conferences? Yes ☐ No ☐

(21) Did you discuss the incident at team meetings? Yes ☐ No ☐

(22) Was a charge laid against the client? Yes ☐ No ☐

(23) Did you recommend a charge be laid? Yes ☐ No ☐

(24) Did the supervisor recommend a charge be laid? Yes ☐ No ☐

(25) Did the Crown attorney recommend a charge be laid? Yes ☐ No ☐

(26) Did the Crown attorney oppose laying a charge? Yes ☐ No ☐

(27) Did you oppose laying a charge? Yes ☐ No ☐

(28) Did you make any recommendations as a result of the incident? Yes ☐ No ☐

(29) Was the aggressive client referred to other professionals for treatment or assistance? Yes ☐ No ☐

(30) Was any further action taken regarding this incident? Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Incident #2

(2) Where did the incident happen?

- (a) Office visit ☐
- (b) Home visit ☐
- (c) Group home ☐
- (d) Public place ☐
- (e) Receiving centre ☐

(3) What time of day did incident happen?

- (a) Morning ☐
- (b) Afternoon ☐
- (c) Evening ☐
- (d) Night ☐

(4) Were you alone? Yes ☐ No ☐

(5) Had you requested assistance prior to the incident? Yes ☐ No ☐

(6) If yes, to whom had you made the request?

- (a) Police ☐
- (b) Supervisor ☐
- (c) Co-worker ☐

(7) Did you have any previous indication that a confrontational situation might develop? Yes ☐ No ☐

(8) If yes what was the indication?

- (a) Chart file ☐
- (b) Co-workers ☐
- (c) Professional ☐
- (d) Supervisor ☐
- (e) Previous knowledge ☐
- (f) Prior involvement with client ☐

(9) Who was responsible for the aggressive situation?

- (a) Client (adult) ☐
- (b) Client (child) ☐
- (c) Parent ☐
- (d) Sibling ☐
- (e) Other relations or friends ☐

(10) Did the assault involve a weapon? Yes ☐ No ☐

(11) If so, was it a:

- (a) Gun ☐
- (b) Knife ☐
- (c) Other ☐

(12) Were you injured? Yes ☐ No ☐

(13) What was the extent of your injury?

- (a) No lost time ☐
- (b) Lost time ☐
- (c) If lost time, how many days? ☐

(14) Did you apply for workers' compensation? Yes ☐ No ☐

(15) Did you report the incident to police? Yes ☐ No ☐

(16) Did you report the incident to your supervisor? Yes ☐ No ☐

(17) Did you make a written report? Yes ☐ No ☐

(18) Did you enter the incident in the client's file? Yes ☐ No ☐

## Threats Against Staff

- |  |                              |
|--|------------------------------|
| <b>(19)</b> Did you make out an incident report?   | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(20)</b> Did you discuss the incident at case conferences?                                      | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(21)</b> Did you discuss the incident at team meetings?   | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(22)</b> Was a charge laid against the client?  | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(23)</b> Did you recommend a charge be laid?  | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(24)</b> Did supervisor recommend a charge be laid?   | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(25)</b> Did the Crown attorney recommend a charge be laid?                                     | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(26)</b> Did the Crown attorney oppose laying a charge?   | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(27)</b> Did you oppose laying a charge?  | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(28)</b> Did you make any recommendations as a result of incident?                              | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(29)</b> Was the aggressive client referred to other professionals for treatment or assistance? | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |
| <b>(30)</b> Was any further action taken regarding this incident?                                  | Yes <input type="checkbox"/> |
|  | No <input type="checkbox"/>  |

If yes, give details: \_\_\_\_\_

- (31)** Have you been threatened by a client during the past two years? Yes ☐  
No ☐
- If yes to question **31**, please answer questions **32** to **40**.  
If no to question **31**, please go to question **41**.

### Incident # 1

- (32)** How was the threat given? ☐
- (a) Over the phone ☐
- (b) In writing ☐
- (c) In person ☐
- (33)** What type of threat was given? ☐
- (a) Threat of personal physical violence ☐
- (b) Threat with a weapon ☐
- (c) Threat of suicide ☐
- (34)** Did the threat result in physical violence to you? Yes ☐
- No ☐
- (35)** Did you report the threat to anyone? Yes ☐
- No ☐
- (36)** If yes, who did you report the threat to? ☐
- (a) Supervisor ☐
- (b) Police ☐
- (c) Co-worker ☐
- (37)** Did you fill out an incident report? Yes ☐
- No ☐
- (38)** Did you put a note in the client file? Yes ☐
- No ☐
- (39)** Had any action result from your reports? Yes ☐
- No ☐

### Incident # 2

- (32)** How was the threat given?
- (a) Over the phone ☐
- (b) In writing ☐
- (c) In person ☐
- (33)** What type of threat was given?
- (a) Threat of personal physical violence ☐
- (b) Threat with a weapon ☐
- (c) Threat of suicide ☐
- (34)** Did the threat result in physical violence to you? Yes ☐ No ☐
- (35)** Did you report the threat to anyone? Yes ☐ No ☐
- (36)** If yes, who did you report the threat to?
- (a) Supervisor ☐
- (b) Police ☐
- (c) Co-worker ☐

- (37)** Did you fill out an incident report? Yes ☐  
No ☐
- (38)** Did you put a note in the client file? Yes ☐  
No ☐
- (39)** Did any action result from your reports? Yes ☐  
No ☐
- (40)** If yes, what was the action?
- (a) Client referred to professionals ☐
- (b) Client assigned to another worker ☐
- (c) Report made to police ☐
- (d) Other ☐

### Incident # 3

- (32)** How was the threat given?
- (a) Over the phone ☐
- (b) In writing ☐
- (c) In person ☐
- (33)** What type of threat was given?
- (a) Threat of personal physical violence ☐
- (b) Threat with a weapon ☐
- (c) Threat of suicide ☐
- (34)** Did the threat result in physical violence to you? Yes ☐ No ☐
- (35)** Did you report the threat to anyone? Yes ☐ No ☐
- (36)** If yes, who did you report threat to?
- (a) Supervisor ☐
- (b) Police ☐
- (c) Co-worker ☐
- (37)** Did you fill out an incident report? Yes ☐ No ☐
- (38)** Did you put a note in the client file? Yes ☐ No ☐
- (39)** Did any action result from your reports? Yes ☐ No ☐
- (40)** If yes, what was the action?
- (a) Client referred to professionals ☐
- (b) Client assigned to another worker ☐
- (c) Report made to police ☐
- (d) Other ☐

## Section Three: Workplace Conditions

## Section Four: Policies and Procedures

(41) Do you have an individual office? Yes ☐ No ☐

(42) Do you have a separate interview room? Yes ☐ No ☐

(43) If yes, does the interview room have any of the following?

(a) Glass panels that allow observations of the persons inside ☐

(b) An alarm system to switchboard ☐

(c) An alarm system to supervisor's office ☐

(d) An alarm system to an external security company ☐

(44) Is the room suitable for interviews? Yes ☐ No ☐

(45) If no to question 44, please comment on why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(46) If you have an external security system how long does it take the police to respond to an alarm? ☐

(a) 0-5 minutes ☐

(b) 5-10 minutes ☐

(c) 10-15 minutes ☐

(d) 15 minutes or longer ☐

(47) When office is open for business are you ever alone in office? Yes ☐ No ☐

(48) Do you work at night? Yes ☐ No ☐

If yes to question 48, please answer questions 49 to 52. If no, please go to Section Four, question 53.

(49) Do you work alone at night? Yes ☐ No ☐

(50) What does your night time work involve?

(a) Home visits ☐

(b) Office interviews ☐

(c) Other meeting places ☐

(d) Receiving centre ☐

Do you have a two-way municator? Yes ☐ No ☐

(52) Do you have a pager? Yes ☐ No ☐

(53) Under what circumstances would you request that a co-worker accompany you to a client meeting?

(a) Where there is a previous history of violence ☐

(b) Where there have been previous threats ☐

(c) Where you believe that a violent situation may develop ☐

(d) Where you have been warned by someone else that violence may occur ☐

(54) Do you always request that a co-worker accompany you in the above situations? Yes ☐ No ☐

(55) If you answered no to question 54, in what situations would you *not* ask that a co-worker accompany you?

(a) Where there is a previous history of violence ☐

(b) Where there has been a previous threat ☐

(c) Where you believe that a violent situation may develop ☐

(d) Where you have been warned by someone else that violence may occur ☐

(56) If you request that a co-worker accompany you, is this request automatically granted in all circumstances? Yes ☐ No ☐

(57) Do you always discuss the situations described previously with your supervisor before acting? Yes ☐ No ☐

(58) If no to question 57, which situations would you not discuss with supervisor?

(a) Where there is a previous history of violence ☐

(b) Where there has been a previous threat ☐

(c) Where you believe that a violent situation may develop ☐

(d) Where you have been warned by someone else that violence may occur ☐

(59) Have you ever been refused permission to have a co-worker accompany you to a meeting with the client? Yes ☐ No ☐

(60) Do you have a written policy outlining when a co-worker will be assigned to accompany you? Yes ☐ No ☐

(61) Have you ever called the police for assistance? Yes ☐ No ☐

(62) If you answered yes to question 61, what was response from the police department?

(a) Did they respond to the call for assistance? Yes ☐ No ☐

(b) Did they respond promptly? Yes ☐ No ☐

(c) Did they provide adequate support and protection? Yes ☐ No ☐

(63) Do you have a written policy outlining when to call the police for assistance? Yes ☐ No ☐



## Section Five: Training

## Section Six: Attitudes

(64) Have you received any formal training on how to recognize and deal with potentially violent clients? Yes ☐ No ☐

(65) If you answered yes to question 64, please indicate where you received your training

- (a) During university courses ☐
- (b) During orientation period for present job ☐
- (c) During in-services workshop ☐
- (d) During outside workshops ☐

(66) Do you think such courses should be offered on a regular basis as part of in-services? Yes ☐ No ☐

(67) Do you believe that you can influence and prevent any potentially violent situation? Yes ☐ No ☐

(68) Has your training and experience equipped you to deal with all violent situations that may arise in your working environment? Yes ☐ No ☐

(69) Do you believe that in some violent situations disciplinary action of a worker may be warranted? Yes ☐ No ☐

(70) Have you ever been disciplined because of your involvement in a violent incident? Yes ☐ No ☐

(71) Do you think that if you and a client are involved in a violent incident that your position with the agency will be compromised, and that chances of promotion will be harmed? Yes ☐ No ☐

(72) Have you seriously considered leaving your present employer? Yes ☐ No ☐

(73) Have you seriously considered changing occupations? Yes ☐ No ☐

(74) How many of your co-workers have left during the past 24 months? Yes ☐ No ☐

(75) Would you advise a relative or friend to take up your occupation? Yes ☐ No ☐

Do you have any thoughts — comments — criticisms — advice or recommendations concerning the following:

- (i) Client aggression;
- (ii) Violent incidents;
- (iii) Workers response to above;
- (iv) Working conditions?

For more information contact:  
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