Understanding occupational violence

Violence in the workplace is an emerging problem affecting increasing numbers of workers and employers. Across the industrialised world, significant levels of low-level violence such as abuse and threats are now being reported in a range of jobs. While assaults while on the job remain relatively rare in Australia, the potential for the incidence to increase cannot be ignored.

In understanding occupational violence, it is important to realise that the *severity* of violence is not the same as the *incidence*. Some jobs have a high incidence of lower-level violence (for example, verbal abuse of workers in fast-food outlets) although such incidents rarely have severe outcomes. Conversely, armed hold-ups of taxi drivers may be less common, but the potential for a severe outcome involving death or serious injury is much higher.

Similarly, it is also important to understand that official records are likely to significantly understate the level of lower-level client-initiated violence. As a working baseline, the international research suggests around 10 per cent of all incidents will be formally reported.

Recently the California Division of Occupational Safety and Health (CAL/OSHA 1998) developed a typology that separates occupational violence incidents into three basic types:

- **External occupational violence**, which is associated with overt violence such as armed hold-ups and robberies, for example at "corner stores" or banks.

- **Client-initiated violence**, which is inflicted on workers by their customers or clients. For example, a patient may abuse a nurse, a government department worker allocating scarce resources may be threatened, or a passenger having a panic attack may assault airline crew.

- **Internal organisational violence** can include bullying or gross initiation rites. At the heart of many of these incidents is inadequate training, poor supervision, inappropriate management policies and strategies, or a culture that supports such behaviours. This type of violence is usually repeated and escalates in severity over time. Wishful thinking—that the problem will "go away"—is quite unlikely to be effective.

The next paper in this series (no. 10) describes some responses for the prevention and reduction of occupational violence.

Further reading:

CAL/OSHA 1998, *Guidelines for Security and Safety of Health Care and Community Service Workers*, Division of Occupational Safety and Health, Department of Industrial Relations, San Francisco.

Mayhew, C. 2000, *Preventing Client-initiated Violence: A Practical Handbook,* Research and Public Policy Series, no. 30, Australian Institute of Criminology, Canberra.

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