

HAZARD ALERT

Women as Victims of Workplace Violence

Kentucky Occupational Safety and Health Surveillance - June 2020

What is the hazard?

In Kentucky, from 1998-2018, 33 women were victims of homicide in the workplace, accounting for 22% of all workplace fatalities involving women. By comparison, homicides of men only made up 5% of workplace fatalities in the same time period¹. In Kentucky, homicides are the second highest cause of workplace deaths for women, second only to motor vehicle crashes.

The following women were victims of workplace homicide in Kentucky:

Case 1: A 35-year-old office manager was sitting at her desk when her estranged boyfriend entered the place of business and shot her multiple times in the chest and head. After his capture by authorities, it was discovered that the victim had previously taken out three separate restraining orders against the ex-partner. After several years, the perpetrator pleaded guilty to murder and was sentenced to life in prison.

*Did you know: Nearly one in three women killed in U.S. workplaces were killed by a current or former intimate partner*².

Case 2: A 66-year-old caregiver at a residential care facility attempted to break up a fight between two residents when one resident stabbed and slashed her 139 times with a kitchen knife. Her body was discovered two hours later by a co-worker. The perpetrator was deemed to be mentally incompetent by prosecutors and he was ordered to be involuntarily hospitalized at a mental health center for an indeterminate period.

> Did you know: A 2016 study published in the New England Journal of Medicine reported that those working in the health care field account for 12.2% of the working population, but make up nearly 75% of workplace assaults³.



Recommendations for the prevention of workplace violence:

- Develop and implement a workplace violence prevention program. Include a zerotolerance policy towards workplace violence.
- Perform a worksite analysis to determine an organization's vulnerability to violence.
- Train all employees to recognize the indicators of potential violence by a co-worker, such as outbursts of anger, depression, or increase in paranoia.
- Implement security measures at worksites that keep employees safe. This may include perimeter cameras, security guards, or assigned key-cards.
- Conduct background screenings upon hiring new employees to check if they have a history of violence in their past.



Further Resources:

| Name of Resource | Resource Description | Resource Link |
|--|--|---|
| Understanding Workplace Violence and Response. | A comprehensive guide to identifying types of violence, creating a prevention plan, and considering individual employer needs. | https://www.shrm.org/resourcesandtools/tools- and-samples/toolkits/pages/workplace-violence- prevention-and-response.aspx |
| Workplace Violence. | The Occupational Safety and Health Administration's guide to workplace violence, including risk factors, prevention programs, training, and enforcement. | https://www.osha.gov/SLTC/workplaceviolence/ |
| Is Your Workplace Ready? | The National Safety Council's guide to the needs of employers in developing a prevention plan. | https://www.nsc.org/work-safety/safety-topics/ workplace-violence |
| Findings from the National Violence Against Women Survey. | A study published in the <i>American</i> <i>Journal of Preventative Medicine</i> on co-worker violence. | https://www.ajpmonline.org/article/S0749-3797 (00)00279-8/fulltext |

Let us know what you think about this alert. <u>Click here</u> to complete our brief, anonymous survey.

For additional training materials and information regarding the KOSHS program, please visit the program website at: <u>http://www.mc.uky.edu/kiprc/koshs/index.html</u>

Sources

- [1] Kentucky FACE Program, Kentucky Injury Prevention and Research Center, University of Kentucky.
- [2] https://www.workplacesrespond.org/resource-library/facts-gender-based-workplace-violence/
- [3] Phillips, James. (2016). Workplace Violence against Health Care Workers in the United States. The New England journal of medicine. 374. 1661-1669. 10.1056/NEJMra1501998.

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