ASRC
AUSTRALIAN SECURITY RESEARCH CENTRE

OCCUPATIONAL VIOLENCE, AGGRESSION AND DUTY OF CARE IN AUSTRALIA

CONTENTS

RESEARCH TEAM

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EXECUTIVE SUMMARY

The aim of this research project was to conduct research into workplace and occupational violence (OVA) in Australia. This report is one tool that can be used to address the observed gap in managing the issues associated with OVA. The research team has investigated prevention and preparation, response, and recovery with regard to OVA and its impact on mental health across six main industry sectors in Australia.

THESE ARE

- retail and customer service,
- liquor and hospitality,
- the private security industry,
- banking and financial services,
- healthcare and aged care services, and
- education and training.

The research team made every effort to apply solid academic rigour to their research approach. That done, while writing the report they took into account that the target audience for this research is non-academics and the report has been written with that in mind. It is their intent that the report be a useful tool to assist any and all to affected stakeholders to tackle the problem.

In order to gain a robust view, research was undertaken utilising a multitiered approach that incorporated

- an **on-line survey**,
- **literature review** and
- **interviews** with leading practitioners in the field.

In doing so, **six main areas for consideration** were identified (or proposed), name

1. Work Systems,
2. Work Related Exposure,
3. Emotional and Physical Impacts,
4. Prevention and Preparation,
5. Control Measures, and
6. Incident/Post Incident Management.

Notable findings were as follows:

1. WORK SYSTEMS

- 76% of survey respondents indicated they at least occasionally work isolated from other staff support

- Approximately 25% of respondents indicated they feel safe at work less than half the time. This seemed to correlate with perception of how supportive their colleagues were when confronted with aggression.

- Violence and aggression is accepted as either "normal" or a "regular part of the job" by more than half of the respondents. 45% of respondents indicated that it would be reasonable to expect one or more incidents of violence per year in their duties.

- Only 22% of respondents thought their organisation's reporting and follow up procedures were highly effective.

- Experts interviewed for this research all agree that layered, well-designed systems of work are important for managing the risk of occupational violence.

WORK RELATED EXPOSURE

1 Over 90% of respondents had experienced aggression or violence in their workplace, with over 36% reporting they experience it at least five times per year.

2 Approximately 75% of the aggression reported by respondents was perpetrated by customers, students, or bystanders.

3 As OVA can manifest at work, in personal time and online a Whole of Person Model that incorporates the best mitigatory and management approaches needs to be developed that address the issue in all three spheres.

EMOTIONAL / PSYCHOLOGICAL AND PHYSICAL IMPACTS

- While only 32% of respondents reported a physical injury as a result of violence or aggression in the workplace, more than 76% noted an emotional / psychological injury.

- Experts noted these impacts manifest in trackable outcomes including poor morale, absenteeism and decreased staff output.

- Over 41% of respondents indicated they required time off work as a result of the experienced violence and aggression.

- Issues around community and domestic violence 'spill-over' into the world of OVA and vice versa.

PREVENTION AND PREPARATION

- **68%** of respondents **did not believe their organisation provided adequate preventative measures** to protect them from violence and aggression
- **54%** of respondents reported having **received no training in the management of violence or aggression**
- Level of training alone does not seem to impact the individual's confidence in the organisation's overall preparedness to manage situations of violence and aggression, but rather a layered approach is necessary.
- **More than 85%** of respondents indicated they would **like to receive more training in verbal de-escalation** skills, while **80%** would value general security and safety awareness training.
- **Most systems tend to focus on resilience and response** instead of presilience[1] (prevention and preparation).

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[1] Presilience is a trademarked term of the Risk 2 Solution Group and used in this report with permission.

CONTROL MEASURES

1 Most existing controls are reactive in nature, such as CCTV or duress buttons.

2 More than 25% of respondents indicated they were not aware of any controls in place to keep them safe from violence or aggression.

INCIDENT/POST-INCIDENT MANAGEMENT

- **41%** of respondents indicated that their organisation's **post-incident management was poor or very poor**.
- Many response **processes do not cover the entire spectrum of risk** and are inherently biased or even negligent in application
- **Doubt has been cast over how effectively post-incident management procedures are implemented**, with most respondents indicating that "business as usual" resumes very quick after an incident which is desirable from a resilience perspective but potentially detrimental if after action and physical and mental recovery requirements are not taken into account.

SUMMARY OF KEY FINDINGS

Our analysis identified four main areas that appeared to collectively form the foundation of workplace and occupational violence management. These were onsisting of perception, awareness, reporting and management practices. The issue of "perception" in particular was identified as playing a central role. This is significant in terms of risk assessments, acknowledging and increasing awareness, and enabling an improved quality and quantity of reporting to occur, so that better risk management can indeed be established.

The below points provide a summary of key aspects found in the research:

- OVA is a larger area of risk than many organisations acknowledge
- Organisations with public and/or customer facing staff should deem OVA a strategic risk with the appropriate risk-based methodology supporting its treatment;
- A duty of care exists for employers who place staff in situations where they may be exposed to OVA while performing their duties;
- Most current responses are reactive in nature and rely on the perceived resilience of staff i.e. there is comparatively very little done in the way of Presilience[2] and proactive approaches;
- An integrated mitigatory approach that incorporates actions in the 6 cluster areas above is critical for effective management of OVA risk;

- The issue of perception was considered as being worthy of particular focus in undertaking OVA management as it underpins many of the other aspects;
- It was noted that domestic and community-based violence 'spill over' into the workplace creating greater challenges in managing the risk;
- The impact of OVA incidents on staff mental health is far larger than that of physical harm therefore the management of OVA and staff mental health should be closely aligned; and
- There is a requirement for a 'shared responsibility' approach to tackle this challenge across all stakeholders. At an organisational level this issue transcends traditional silos such as HR, safety, security and business continuity teams. They must all work together to tackle the problem.

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[2] Ibid

KEY FINDINGS

1. OVA is a larger area of risk than many organisations acknowledge

2. There is no doubt that a duty of care exists to protect staff from OVA.

3. Most existing controls are reactive, with little done to be proactive or preventative

4. The risk of OVA must be addressed by an integrated approach

5. Perception of occupational violence and aggression is noted as an area worthy of future study

6. Domestic and community-based violence often 'spill over' into the workplace

7. OVA impacts mental health much greater than physical health, and treatments must address this

8. There is a requirement for a shared responsibility to tackle this challenge across all stakeholders

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1. INTRODUCTION

"workplace violence constitutes a rapidly increasing risk exposure.

Workplace and occupational (or work-related) violence and aggression, as defined by Safe Work Australia, consists of any incident where a person is abused, threatened or assaulted in circumstances relating to their work.

Workplace and occupational violence covers a broad range of actions and behaviours that create a risk to health and safety, and includes any form of assault (such as biting, spitting, scratching, hitting, kicking punching, pushing, shoving, tripping, grabbing or throwing objects), any form of indecent physical contact, or any intimidating behaviour that creates a fear of violence (such as stalking or threatening to do any of the previous).

As evidenced by both anecdotal and empirical research data, the issue of workplace and

occupational violence constitutes a rapidly increasing risk exposure for customer facing organisations – both in terms of probability and impact, regardless of an organisation's size or the industry in which they operate.

Although traditionally regarded as a concern primarily for the law enforcement and healthcare industries (where research projects have tended to focus), a growing number of other sectors are expressing increasing concern as their staff are also victimised by anti-social behaviour, violent robbery, assault, and alcohol-and-drug-related violence. It has also been noted that domestic and community-based violence 'spill over' into the workplace creating a greater challenge to managing the risk.
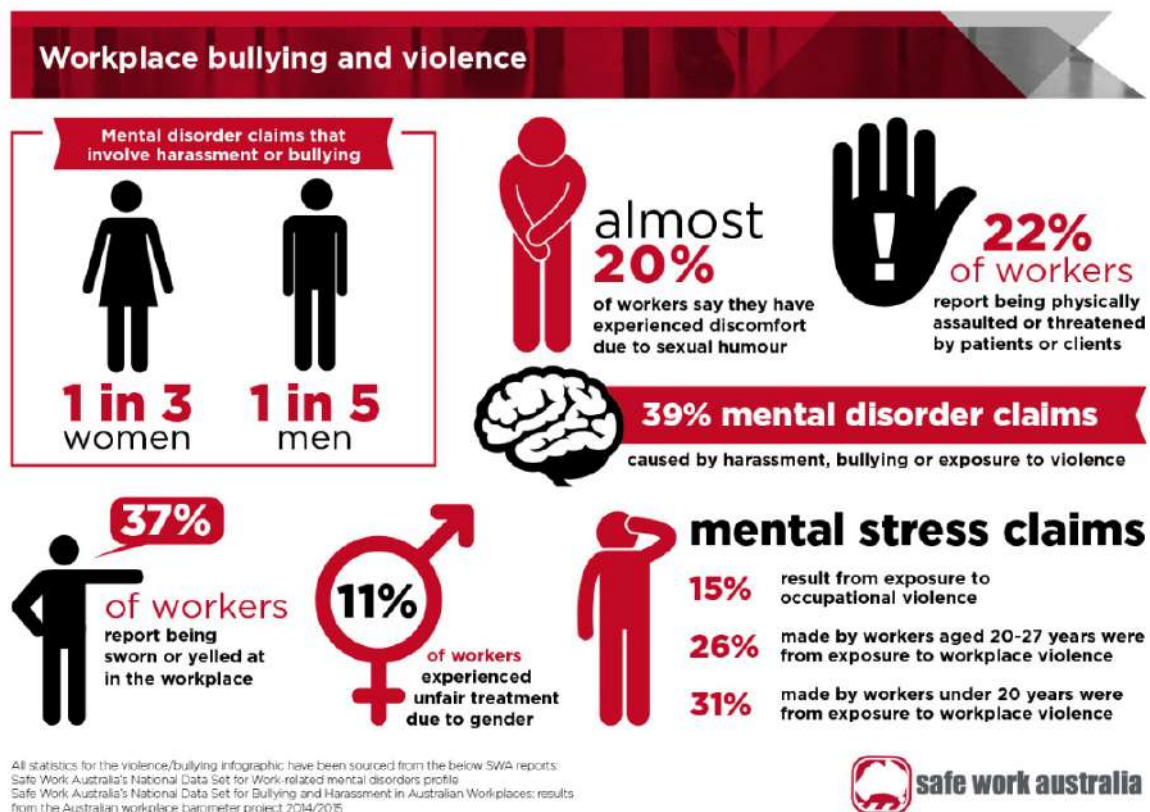
Figure 1 (Source: www.safeworkaustralia.gov.au/doc/infographic-workplace-bullying-and-violence)

Under the Work Health and Safety Act (2011)[3] an employer's duty of care is explicit – that is, to provide a place of work and system of work that is free from risk to the health and safety for all employees and other relevant stakeholders. This extends to managing the issue of workplace aggression and occupational violence occurring as well as the associated physical and psychological impacts that such incidents may create.

Interestingly, however, although such concerns appear to be on the increase, there only seems to be limited body of research into actually managing the issues associated with the same, with the exception of the aforementioned law enforcement and healthcare industries.

The purpose of this report is to begin addressing the gap, and to investigate the areas of [i] **prevention and preparation**, [ii] **response**, and [iii] **recovery**, as they relate to workplace and occupational violence. , analysing the same across six of the main industry sectors in Australia:

1. **retail and customer service**
2. **liquor and hospitality**
3. **private security industry**
4. **banking and financial services**
5. **healthcare and aged care services**
6. **education and training**

In doing so, the research was seeking to identify issues and related actions such as:

- ✎ **the current state of workplace aggression** and occupational violence in Australia;
- ✎ **the training currently being provided** to staff in various industries;
- ✎ **what technology and physical, environmental factors** that are being applied are actually working to reduce risk;
- ✎ **the general policies, procedures, training and support** that should be made available to staff dealing with aggression and violence in the workplace;
- ✎ **the notion of what "best practice" may look like for managing violence** in the Australian workplace; and
- ✎ **areas for future research** into workplace and occupational violence in Australia.

For the purposes of this report the term Occupational Violence and Aggression (OVA) will be utilised to describe the myriad of actions that could constitute a harm causing activity. That said, it can be used interchangeably with workplace aggression and violence, or other descriptors that may be applicable to the field.

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[3] This aspect holds true for state-based legislation too even if worded slightly differently.

2. METHODOLOGY

The methodology consisted of establishing key review questions and appropriate mechanisms in order to gather data and information.

It was a stated aim of the research team to ensure we applied solid academic rigour to our research approach. Given that the key audience for this research are non-academics we have not written this report as a pure academic text. Rather, it is written as something that will help all stakeholders tackle the problem. The review utilised a triangulation of research methods. This approach combines qualitative and quantitative research methods and compiles those results to develop a comprehensive picture of the phenomenon under study.

THE METHODOLOGY CONSISTED OF ESTABLISHING KEY REVIEW QUESTIONS AND APPROPRIATE MECHANISMS IN ORDER TO GATHER DATA AND INFORMATION. THE REVIEW OF DATA COLLECTION METHODOLOGIES CONSISTED OF THE FOLLOWING:

LITERATURE REVIEW

Peer reviewed and industry based journals and associated conference proceedings.

QUANTITATIVE RESEARCH

Qualitative online survey.
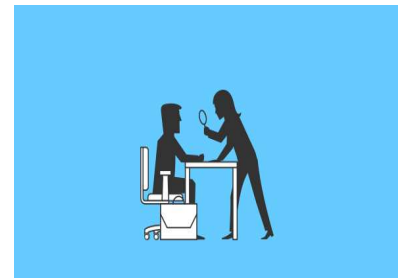
QUALITATIVE RESEARCH

Formal and informal depth interviews.

2.1 LITERATURE REVIEW

The source documents selected for the literature review were chosen from a range of recognised peer-reviewed and industry-based journals, and associated conference proceedings. In order to ensure that an appropriate scope of content was considered, the range of literature was determined by the issues identified in this report's introduction. Additionally, wider issues raised by the source documents themselves as the review of literature progressed were examined. Please see the References section at the end of the report for further information.

The online survey was undertaken utilising the SurveyMonkey platform. Consisting of 37 questions, the survey was designed to gather data on issues associated with work systems, work related exposure, emotional and physical impacts, prevention and preparation, control measures, and incident/post-incident management.

The survey was distributed over a period of 4 months via the following avenues:

- Distribution to industry bodies;
- Open distribution through targeted LinkedIn and Facebook groups;
- Internal distribution through TradeWind, Infront security, Risk 2 Solution and the ASRC's databases and
- Open distribution/invitation at industry events.

Overall, the research team received 426 responses which was deemed to be a viable sample size to inform the findings of this research project and making it one of the largest research projects ever conducted across multiple sectors in Australia with a focus on OVA.

Results can be seen in the table on the next page.

Table 1 Details of Survey Respondents

Respondents	n= 426				
Age	≤ 20 yrs	n =2 (0.47%)	20 to 29 yrs	n =68 (15.96%)	30 to 39 yrs	n =96 (22.53%)
	40 to 49 yrs	n =78 (18.31%)	50 to 59 yrs	n =108 (25.35%)	≥ 60 yrs	n =46 (10.8%)
	Not Defined	n =28 (6.57%)	Mean Age	43 yrs	-	-
Gender	Female	n = 238 (55.87%)	Male	n = 181 (42.48%)	Other/not defined	n = 7 (1.65%)
Industry	Private Security	n = 78 (18.31%)	Retail and Customer Service	n = 14 (3.29%)	Liquor and Hospitality	n = 8 (1.88%)
	Banking and Financial	n = 3 (0.70%)	Healthcare and Aged Care	n = 35 (8.22%)	Passenger Transport (Inc. aviation)	n = 6 (1.41%)
	Community/ Support Services	n = 67 (15.73%)	Education and Training	n =185 (43.43%)	Other	n =30 (7.03%)
Role	Frontline	n =192 (45.07%)	Supervisor	n =34 (7.98%)	Manager	n =44 (10.33%)
	Executive	n =23 (5.40%)	other	n =133 (31.22%)	-	-

2.3 QUALITATIVE RESEARCH

Interviews were conducted both on a formal and informal basis to gather information from the relevant experts. Experts were identified based on their recognition and experience as managers/practitioners in fields directly involved with workplace and occupational violence management:

Formal interviews were conducted with:

- **Dr Richard Diston** (Director, The Security Doctor)
- **Ellis Amdur** (Founder, Edgework Crisis Intervention Resources)
- **Steve Bills** (Director, Security & Emergency Management, Monash Health)

Additionally, we have referenced a number of interviews from the *Managing Violence Podcast* with internationally recognised experts in the OVA field. These experts are listed below:

- **Robert (Jim) Snipe** – Clinical aggression specialist and registered nurse, specialising in the instruction of aggression management in a healthcare environment.
- **Ellis Amdur** – Psychotherapist and crisis intervention trainer, specialising in mental health, drug and alcohol interventions
- **David Grossman** – leading authority, author and subject matter expert on violence, prevention and psychological response
- **Marc MacYoung** – Highly published author on self-defence and violence management

- **Patrick Van Horne** – Author of Left of Bang, expert in threat recognition and security protocols
- **Gershon Ben Keren** – Workplace violence expert with dual Masters in psychology and criminology
- **James Hamilton** – Senior Vice President of Quality in Protection for Gavin De Becker & Associates, former FBI Special Agent in charge of training for hostile environments

2.4 INTEGRATION OF FINDINGS

The findings from the various research methodologies were then analysed and key aspects interrogated to develop themes and considerations. These themes and considerations were then grouped into six main areas namely;

1   Work Systems,

2   Work Related Exposure,

3   Emotional and Physical Impacts,

4   Prevention and Preparation,

5   Control Measures, and

6   Incident/Post Incident Management.

2.5 POTENTIAL LIMITATIONS

Although this research undertaking has addressed a number of key issues associated with workplace and occupational violence, there are potential limitations that are to be acknowledged.

Firstly, whilst the number of respondents to the on-line survey (n=426) is consistent with the sample size of the other projects reviewed, the number of respondents does constitute a potential limitation in itself. It can be argued that this characteristic in itself is a strong indicator of the current perceptions of significance being attributed to the issue of workplace and occupational violence by some members of the at risk workgroups. Indeed, although the statistics distinctly show an increasing level of risk to workers due to workplace and occupational violence, it was interesting to read one respondent's comment that *"It's not a problem, and your questions are skewed to imply that it is"[4]*.

Secondly, a larger level of participation was expected by workers from the liquor and hospitality, and passenger transport industries. This expectation was based on recent events nationally which have led to industry employees and representatives calling for more action to address the very issue at the centre of this report, yet participation rates of these industries were 1.88% and 1.41% of respondents respectively.

Thirdly, the "employment role" of respondents was predominantly that of Frontline Worker (approx. 45%), with those of Supervisor, Manager and Executive being under-represented with all three categories each constituting 10% or less of respondents. Also, a higher than expected 31.22% of respondents nominated "other" as their role classification. Although the latter has been attributed to a methodologic issue in that the classification terminology offered may have affected this aspect (i.e. Does a teacher see themselves as a "frontline worker" or "other"?), this is not considered to have impacted on the findings. However, it is maintained that a greater level of participation by those in Supervisor, Manager and Executive roles would have added additional value to this undertaking by sourcing different perspectives.

Finally, not all respondents answered all questions within the survey. Although there was no pattern to this, it is considered to be an opportunity lost by participants to contribute to the value of this research.

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[4] This was the only response of this nature i.e. 1 out of 426 making it statistically insignificant but the research team believed it showed an interesting view held by some stakeholders.

3. FINDINGS

This section details the findings, which have been grouped into the following areas for the purpose of discussing the issues raised, aligning them against the literature reviewed as well as the information obtained from the interviews. The key themes into which the findings have been grouped into are:

> The larger scale, and arguably more impactful issue appears to be emotional or psychological in nature.

WORK SYSTEMS

Respondents recorded a higher than expected rate of lone work, with 76.53% reporting that their system of work involves working alone, even if rarely,

WORK RELATED EXPOSURE

36.72% of respondents indicated that they have experienced workplace aggression/violence "frequently", 19.79% indicated a "regular" exposure, 18.75% remarked that was exposure was "occasional", with 15.63% and 9.11% indicating that their exposure was "rare" and "never", respectively.

EMOTIONAL AND PHYSICAL IMPACTS

The larger scale and arguably more impactful issue appears to have been emotional and psychological in nature.

PREVENTION AND PREPARATION

31.72% of respondents indicated that they believed their organisation provides adequate preventative measures to protect them from violence and aggression, with a further 39.27% restricting their responses to "somewhat".,

CONTROL MEASURES

Results appear to indicate that current control measures aimed at reducing OVA are primarily (what could be argued as being) reactive in nature i.e. based on resilience alone with limited to no focus on building Presilience.

INCIDENT AND POST INCIDENT MANAGEMENT

A key failing of many OVA training approaches is the misconception that all situations can be avoided, de-escalated or prevented.
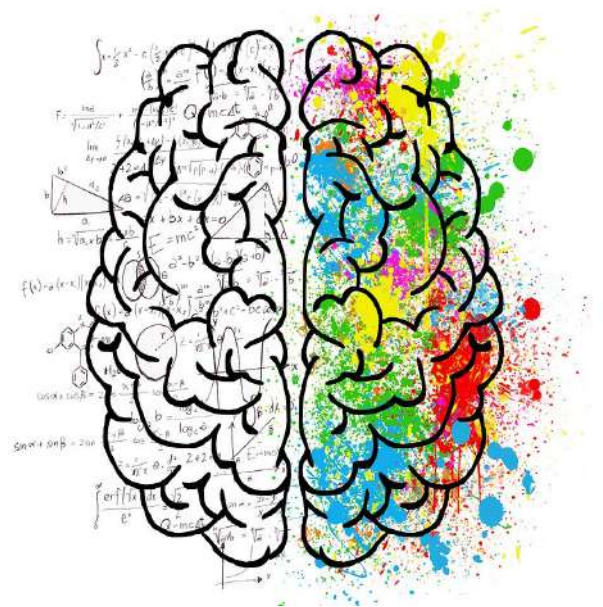
3.1 WORK SYSTEMS

Respondents recorded a higher than expected rate of lone work, with 76.53% reporting that their system of work involves working alone, even if rarely. Whilst this was initially considered to be a risk factor with regards to exposure to workplace and occupational violence, this was not reflected in perceptions by respondents, of whom 30.54% reported that they "mostly" feel safe, 27.84% of whom "nearly always" feel safe, and 16.22% of whom "always" feel safe. The remaining 25% of respondents expressed a different risk perception, saying that they only feel safe half of the time (13.51%), that they rarely feel safe (8.65%), or that they never feel safe (3.24%).

This may relate to the fact that 65.13% reported that their organisation has a workplace and occupational violence management policy, with 28.82% reportedly not being sure.

Other factors that appear to contribute to the feeling/perception of safety are the extent to which staff support each other, the acceptance of aggression within the parameters of their work, and the organisation's reporting and follow-up systems.

Firstly, most respondents remarked favourably on the level of support by staff, with 29.91% of respondents remarking that staff supported each other quite well in the event of being confronted by aggressive/violent behaviour, with a further 26.59% rating this support as being "very effective" and 19.64% rating the same as being "okay". Reflecting the results initially presented above, the remaining respondents (approximately 25%) reported that staff support was "poor" (12.69%) or "very poor" (4.53%), or that they worked "alone" (6.65%).

Secondly, it was interesting to note that 27.49% of respondents indicated an attitude that aggression is mostly accepted as "normal" in their industry, with a further 25.98% considering it to be a "regular part" of the job. In contrast, however, 18.43% considered it is not to be acceptable, with 14.2% indicating a zero-tolerance approach. The remaining 13.9% determined it to be a significant issue in their industry. This aspect links strongly to what experts have defined as the acceptance of risk in the OVA related sectors. It is clear that when linking theses findings back to organisational level appetite and tolerance statements it seems that attitude makes the difference, not simply what is down on paper. These opinions were reflected to a degree, by the fact that 18.55% of respondents determined that five or more incidents a year should be reasonably expected in their industry, with 10.38% considering this to be between three to five incidents per annum, and 16.35% considering the reasonably expected rate to be once or twice a year. The remaining respondents considered less than one a year (20.13%), or never (34.59%), to be what is reasonably expected.

Thirdly, approximately 60% of respondents indicated that they thought their organisation's reporting and follow-up system was partially effective (37.79%) or highly effective (22.8%), with 11.73% remarking that such is informal. The remaining respondents (approximately 28%), however, considered their system either to be ineffective (13.68%), or were not sure (14.01%).

Such results would appear to indicate that perceptions of safety are not just influenced by systems of work, but also the presence of a management/reporting/follow-up system, the level of support afforded by other staff, and the acceptance of violence/aggression as being an element of the work environment itself. Indeed, such is consistent with the commentary offered by Diston (2020), Amdur (2020) and Bills (2020) – each of whom cited that a structured risk management-based approach is needed. This should consist of explicit management commitment (i.e. steering committees, appropriate resources, executive level responsibility etc), ongoing training appropriate to context (and the associated risk profile/s), clear policies and guidelines as to "what" and "how", and an organisational approach that rejects "victim blaming" and denial. Diston (2020) went further to say that workplace and occupational violence is a strategic risk for organisations, and that management inaction, or what may be seen to be weak and permissive management practices, can themselves be root causes for acts of workplace and occupational violence, with the latter also being commented on by Amdur (2020).

The role of establishing, implementing and maintaining an organisational policy/management system dedicated to workplace and occupational violence cannot be understated, with Wressell et al (2018) concluding that a lack of congruence between "policy" and "implementation" could relate to the normalisation of violence in the workplace. Indeed, Barneveld & Jowett (2005) proposes that violence in workplaces needs to be unambiguously recognized as an occupational health and safety issue, rather than being treated as an external (police) responsibility and/or being "accepted" as a workplace reality, and for appropriate policies to be actively implemented.

Morphet et al (2019) acknowledges how difficult it can be to develop and apply policies/guidance in a form that is a "one size fits all package", due to the unpredictable nature of behaviour, particularly in those who were unwell, with this being reflected in commentary by Hinson & Shapiro (2003) that violence has a range of causes, and that no single solution will work to dispel it in the workplace. They went on to further comment that a comprehensive organisation-wide approach to prevention is needed, and that such approaches are most effectively achieved by a range of site–specific measures under an organisational framework. This is supported by Barneveld & Jowett (2005), who propose a number of possible measures to reduce the exposure of workers to workplace violence, namely the mandatory development of codes of conduct and agreements among organisational stakeholders, and the recognition that cooperation is crucial in developing policies to manage workplace and occupational violence. OVA is a larger area of risk than many organisations acknowledge and for those organisations with public and or customer facing staff OVA should be deemed a strategic risk with the appropriate risk-based methodology supporting its treatment.

Similarly, the accurate reporting of workplace and occupational violence is essential, with Morphet et al (2018) remarking much can be improved many instances. Morphet et al (2018) further commented on the importance of shared information and communication between internal and external stakeholders (such as police, etc.) and on the need for staff to complete regular training and education on the same – a point that is repeated by Wressell et al (2018) in their commentary that the development of a culture that supports and encourages reporting of all violent incidents needs to be a focus at all levels of the organisation. Indeed, the need for such is highlighted by Chapman et al (2009) and Shapiro et al (2018), who both observed that formal reports were written approximately 10% of the time, with this being attributed to perceptions that workplace and occupational violence was "part of the job" and that management teams failed to act on issues raised. Finding similar issues, Morphet et al (2018) also remarked that inconsistent, and sometimes incomplete, reporting can also be attributed to cumbersome reporting methods, time constraints, and incident severity inaccuracies.

It is equally as important that linked to the concept of reporting is a real "lessons learned and applied" methodology. Experience should be used as a tool for training and skills development in an active feedback loop (Schneider 2012; Minnaar and Schneider 2015). For organisations that attempt to cover up the serious nature of OVA or simply don't know the scale, based on ineffective reporting systems and cultural traits, the ability to apply this concept effectively is a crucial consideration.

Finally, underpinning the former points is the need for a positive culture associated with managing workplace and occupational violence, as determined by Hegney et al (2010), who concluded that whilst workplace violence was associated with high work stress, teamwork and a supportive workplaces served to actively mitigate workplace and occupational violence.

This was further highlighted by Mayhew & Chappell (2007), who remarked that "systemic" pressures (including production pressures, cost-cutting, excessive work intensification, tense and demanding inter-personal relationships) and organisational cultures that tolerate (and perhaps even rewards) aggressive behaviour can actively serve to undermine its management, with Speedy (2006) similarly observing that workplace violence is often perpetuated within organisations, due either to cultures of acceptance, or fear of retribution. As such there is no doubt that the linkage between poor mental health and aggression in the workplace is clearly a concern.

3.2 WORK RELATED EXPOSURE

In terms of exposure to workplace and occupational violence, 36.72% of respondents indicated that they have experienced workplace aggression/violence "frequently", 19.79% indicated a "regular" exposure, 18.75% remarked that was exposure was "occasional", with 15.63% and 9.11% indicating that their exposure was "rare" and "never", respectively.

The actual types of exposure to self (and others) reported by respondents were 82.97% (83.24 %)"general verbal", 51.08% (62.7 %) "verbal threats", 42.16% (49.46%) "objects thrown", 40.27% (52.16%) "assault", 27.03% (40.54%) "being spat on", 15.41% (27.03%) "bodily fluids being thrown", and 12.7% (26.22%) "use of weapon/multiple people", with only 11.08% (12.97 %) nominating "n/a".

The perpetrators of the above were then identified by respondents as persons known to them outside of work (2.34%), equals/subordinates (13.02%), bystanders (13.8%), colleagues (14.06%), superiors (16.67%), and customers (41.15%) – with perhaps the most concerning being 33.33% identified as being mainly students or parents in the education sector.

These results reflect the anecdotal and media reports of workplace and occupational violence, and illustrate the changing risk profile that this issue represents. Indeed, although a review of the selected literature has identified a relative increase in workplace and occupational violence in a number of industries, there seems to be contradictory results in terms of the various demographics of those exposed. What is of concern is that propensity for antisocial behaviour and the desensitisation to the use of violence (Grossman, 2020).

For instance, where research by Boyle et al (2007) into aggression against paramedics only identified a statistical difference between men and women with regards to the incidence of sexual harassment and sexual assault, broader work by Mayhew & Chappell (2007) concluded that the risk of being exposed to workplace and occupational violence varies according to a number of factors, including job category, the nature of the work being performed, gender, age and experience. Hills (2017), also concluded that consideration must be given to personality, age and professional experience, as well as work locations, conditions and settings when developing strategies for the prevention and minimisation of workplace aggression.
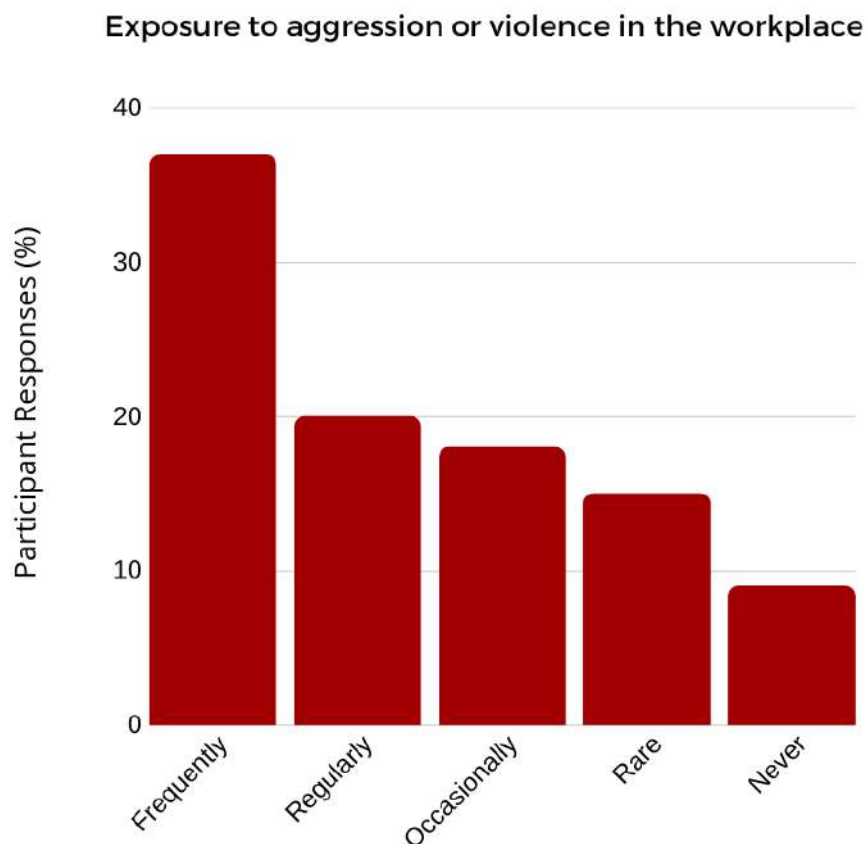
Figure 2 Exposure to aggression or violence in the workplace

Hence, we can see the complexity of not just the issue, but also in modelling the appropriate management of the same. Schneider (2012), highlights that there are attributes which increase the likelihood of effectively preventing or responding to aggression and physical threats, and that not all people are equally endowed with these characteristics and attributes. This underpins the importance of staff selection and training in this area. He further explains the *Whole of Person model* (Schneider, 2017). This model indicates the need to develop safe and effective practices that transcend three domains, namely; work life, personal life and virtual life. All are critical for managing OVA, which can manifest in all three aspects.

Regardless of industry, however, the review of selected literature and associated interviews indicate that the increased risk of workplace and occupational violence remains an evolving issue to be managed.

3.3 EMOTIONAL / PSYCHOLOGICAL AND PHYSICAL IMPACTS

A review of the survey's responses indicates that, whereas physical injuries have indeed been experienced by a significant number of respondents, the larger scale and arguably more impactful issue appears to have been emotional and psychological in nature.

This is evidenced by 67.19% of respondents indicating that they have not experienced a physical injury as a result of workplace and occupational violence, with those who have, describing their physical injuries as bruising (26.82%), lacerations (11.98%), assorted (8.07%), head/spine (3.65%), and broken bone/s (2.34%).

This is in contrast with the emotional / psychological impact experienced not just by respondents, but also their families. In this regard, whilst only 23.18% of respondents indicated that they had experienced "no" impact, 18.75% indicated a "small" impact, 24.22% indicated "some" impact, 17.45% indicated a "notable" impact, and 16.41% indicated an impact that was "substantial" in nature. Interestingly, the emotional impact on the respondents' families appeared to be somewhat similar, with 35.16% reporting "no" impact, 21.35% indicating a "small" impact, 23.7% indicating "some" impact, 10.94% indicating a "notable" impact, and 8.85% indicating an impact that was "substantial" in nature.

When discussing the impacts of workplace and occupational violence, issues such as absenteeism, poor morale and reduced staff outputs are readily recognised (Bills, 2020; Wressell et al, 2018), and are arguably expected as a post-incident consequence. However, further concerns arise when considering the true extent of impacts from workplace and occupational violence, both in terms of their depth and scope.

In terms of "depth", both physical and emotional/psychological aspects need to be considered, and the results show that the absence of a physical injury does not mean that an emotional impact has not occurred. Indeed, Shapiro et al (2018), found that persons may experience traumatic stress symptoms to an extent that the same may have an adverse impact on their day to day life, with Mayhew et al (2004), concluding that impact from non-physical occupational violence can, in many instances, at least equal the emotional trauma of physical assaults. This is also reflected in the commentary by Diston (2020), and supported by many of the other interview candidates - non-physical violence impacts may be worse than those associated with a "more visible" physical assault.

There are problems however; how do you quantify the impact of someone who is living in fear based on their exposure to violence, for example, or measure the impact on quality of life for them, their families, friends and employers where it is substantial and ongoing.

Emotional impacts experienced by those exposed to occupational violence or aggression
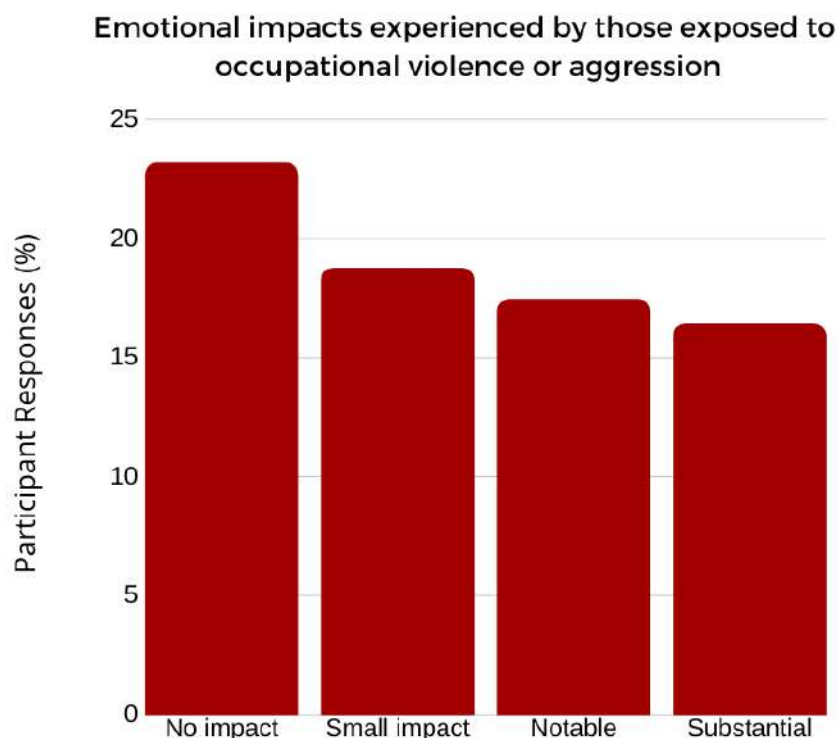
Figure 3 Emotional impacts experienced by those exposed to occupational violence or aggression

Diston (2020) introduces the concept of "scope" when commenting, noting that OVA impacts can also be vicarious in nature, and that limiting one's view in this regard may actually increase the associated risk. This is reflected in the results, with approximately 75% of respondents stating that family members were experiencing a range of impacts as a result of the respondents themselves being exposed to workplace and occupational violence. This aspect clearly shows the worrying and intertwined nature of Domestic / Community violence with OVA.

The scale of this issue, and the impact/s involved, can arguably be seen in the fact that 41.62% of respondents indicated that time off work was required as a result of their exposure to workplace and occupational violence. The importance of managing these exposures, however, extends beyond meeting WHS obligations to maintain a healthy and safe workplace/work system, in that the changes of behaviour (often observed following an exposure to workplace and occupational violence) can then lead to persons being more exposed/suspectable to further incidents of workplace and occupational violence (Tonso et al, 2016). Such behaviours can range from avoidance behaviours (Shapiro et al, 2018) to that of acceptance (Hills et al, 2018), which highlights the need to manage any emotional and physical impacts resulting from OVA. This commences with appropriately debriefing incidents and continues on to the provision of suitable post incident support (Shapiro et al, 2018).

3.4 PREVENTION AND PREPARATION

With regards to the issues of prevention, 31.72% of respondents indicated that they believed their organisation provides adequate preventative measures to protect them from violence and aggression, with a further 39.27% restricting their responses to "somewhat".

This is reflective of the responses rates to the question of how well their organisations prevent incidents of aggression/violence, with 15.41% rating this as being "very effective", 25.14% attributing the rating of "quite well", and a further 24.05% regarding the same as "okay". Whilst this would appear to indicate a perceived level of organisational ability, it should also be noted that approximately 35% of respondents rated the same as being "poor" to very "poor".

Similar levels of confidence were also recorded in terms of organisational "preparedness" to manage workplace and occupational violence, with approximately 51% of respondents commenting their organisations were "prepared/well prepared", with a further 6.65% rating the same as being "very effective".

Interestingly, however, respondents then indicated that training in aggression/violence management and resilience was somewhat limited, with 54.47% indicating that they were not trained in aggression/violence management within the first 6 months of employment, and with 74.59% having never received training in resilience of any kind. It was also observed that 43.81% of respondents regarded their training as being inadequate, with 32.33% rating the same as "somewhat adequate".

Furthermore, approximately 66% of respondents indicated that they had not received refresher training, with those who had received such, reporting a wide range of experiences (ie. 17.87% annually, 7.49% bi-annually, 6.34% more than 6 monthly, 1.44% 6 monthly). To further contextualise this, although 23.5% and 25.47% of respondents considered 1 to 2 days of training per year (respectively) to be appropriate, 21.38% considered the same of 4 to 8 hours, and 23.27% considered that up to 4 hours training was appropriate. This is underpinned by research (Schneider, 2012 & Minnaar and Schneider, 2015) which highlights that the skills required for personal safety, de-escalation and (in the extreme) self-defence are "Perishable" and require regular refresher training to maintain basic level competency.

These results would appear to indicate that training does not play as key a role in developing confidence in organisational prevention and preparation as was expected which may be attributed to poor training delivery or the non-delivery of fit for purpose training (numerous Interview respondents). Although a link can be seen, it was not observed to be as strong in this instance as reported in the literature reviewed.

Additionally, when asked about the topics covered during training, respondents indicated that they covered general safety and security awareness (61.67%), verbal de-escalation (41.79%), restraint techniques (22.48%), physical self-defence (20.17%), escapes from grabs (19.88%), and other (38.62).

Respondents went on to identify the main causal factors for workplace and occupational violence as being drugs and alcohol, mental health issues, financial stress, lack of skills to manage, frustration, disengagement, culture (both organizational and community), lack of adverse consequence for actions, perceptions and stereotypes, lack of resources, and a lack of communication and respect.

Respondents also commented on topics considered to be most beneficial when undergoing training, with these including verbal de-escalation (85.53%), general safety and security awareness (80.82%), physical self-defence (51.26%), escapes from grabs (48.11%), restraint techniques (46.54%) and other (15.72%). These were all subject areas which diverge to a degree from those currently being learnt by respondents.

In what is a contrast to the responses received to the survey, a review of the selected literature consistently identified training as being key to establishing, implementing and maintaining systems for the management of workplace and occupational violence, and to having confidence in the same. In particular, Hinson & Shapiro (2003) identified that learning to recognise the signs of violence, and how to handle it, should be part of training for all health workers. Furthermore, Hinson & Shapiro (2003) remarked that training and retraining ought to be conducted regularly so staff are better equipped to function proactively, not reactively, in response to individual incidents. Interestingly a study conducted by Mäki & Kokko (2011) from the HAAGA-HELIA–University of Applied Sciences, in Helsinki, Finland, was a medical centric study which measured cortisol release in frontline workers before and after receiving training. It clearly showed that with proper training cortisol levels were significantly reduced, which is supported by Schneider's (2012) research that showed the importance of developing an approach of "stress inoculation" for those who have to deal with the ongoing reality of being exposed to aggression and violence.

The concept of focusing on building robust people in a proactive manner to develop 'Presilience'[5], instead of just relying on the hope that our people will be resilient, can be a significant cost saver in the long term (Schneider & Minnaar, 2013).

Hinson & Shapiro (2003) went further to also conclude that training should not be used as the principal violence prevention strategy in isolation, and that there is no substitute for a well-constructed, comprehensive plan that includes risk analysis, regular safety audits, staff acceptance, management support, and appropriate resourcing. More specifically they suggested that a robust approach should encompass risk analyses, policies and procedures to govern staff behaviour, a centralised documenting and reporting process, establishing a steering committee, limiting access points, office security, as well as training staff in identifying/defusing/handling violent behaviours. Similarly, Cashmore et al (2016) recommended that in addition to training, four other elements were needed for effective prevention of and preparation for OVA , namely workplace policies and procedures, professionalism in the delivery of services, managing horizontal violence, and managing the physical environment itself. This also creates the platform for the concept of shared responsibility where all stakeholders are engaged to tackle the problem across conventional silos or perceived boundaries.

This approach is further supported by Mitra et al (2018), who observed that hospitals with a high frequency of incidents often did not have continuous security presence, and by Lamonta & Brunerob (2018) who found that while training resulted in a significant increase in overall confidence in coping with patient aggression, it needs to be complimented by a multi-faceted organisational approach which includes governance, quality and review processes. Finally, Bills (2020) and Amdur (2020) and numerous other interview respondents agree that a "best practice" approach encompasses elements such as consistent and ongoing training (in both internal and external conflict management skills), the availability of a range of tactical options, appropriate staffing levels, organisational support and acceptance of issues, clear policies and guidelines, and resourcing as needed.

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[5] Presilience is a trademarked term of the Risk 2 Solution group and used in this study with permission.

3.5 CONTROL MEASURES

Results appear to indicate that current control measures aimed at reducing OVA are primarily (what could be argued as being) reactive in nature i.e. based on resilience alone with limited to no focus on building Presilience. The reliance seems to be on cameras (46.4%) that, along with duress buttons (24.5%), constitute the most common controls. More preventative means of control were also identified such as the proximity of security officers (26.51%), and the presence of barriers (19.88%) and grills/shutters (7.49%), and a significant number of respondents (39.19%) further indicated that other means were in place, such as access control (approx. 3%), general staff proximity (approx. 5%), phone/email based call for assistance systems (approx. 4%), or the very concerning note that no controls were present (approx. 27%).

These results indicate that, whilst in some instances there are a number of (layered) controls in place, there is evidence that for over 25% of respondents there are no controls currently in existence.

When asked, respondents offered several recommendations they considered as constituting "effective" control measures. These included training, personal protective equipment, consistency in approach/policy/management, security presence and associated infrastructure, mental health support, increased awareness, and counselling.

These suggestions/practices are consistent with those identified in the literature reviewed and were echoed by the interview respondents. Cashmore et al (2016), Hinson & Shapiro (2003), Maguirea et al (2018) and Schneider (2012) all propose increased proactive and reactive security initiatives such as overt officer presence, duress alarms and surveillance systems. Whilst Maguirea et al (2018) went on to suggest broader strategies such as specialized training and the use of physical restraint equipment, Hinson & Shapiro (2003) continued to propose environmental considerations. Encompassing access/egress and visibility issues, they also identified physical infrastructure characteristics, ranging from building design and area designation, to the nature of equipment present in specific areas. Finally, Hinson & Shapiro (2003) also identified the need for clear policies and guidelines as to the "what" and "how" of identifying and handling aggressive persons. This was a requirement that was also stressed by Amdur (2020) as being crucial to any suite of control measures.

3.6 INCIDENT/POST-INCIDENT MANAGEMENT

In terms of actual incident response, a key failing of many OVA training approaches is the misconception that all situations can be avoided, de-escalated or prevented. In reality, it may be true that in many cases victims need to actually defend themselves. Many response processes do not cover the entire spectrum of risk and are inherently biased or even negligent in application. In this aspect, it was agreed that the more wholistic the training was the more effective response was likely to be. Conversely if training focused only on de-escalation and avoidance the less confident people would be and the more likely they were to get hurt (Amdur 2020, Ben-Keren 2019 and Diston 2020).

Although 60.69% of respondents identified that post incident support was provided, only 55.02% further commented that such was delivered "effectively". Indeed, although 30.94% of respondents remarked that their organisation's support staff were "effective", 28.01% restricted their rating to "okay" only, with approximately 41% saying that the same was "poor" or "very poor" in nature.

These results indicate that post incident support constitutes a significant opportunity for improvement, a point which appears to be reinforced by the fact that 62.87% of respondents identified that their workplace resumes normal conditions immediately after an incident, with 26.38% describing this as occurring within a matter of hours– outcomes that raise the question as to the level of "effective" support offered, and the actual or perceived pressure experienced by respondents to resume normal operation.. The remaining timelines nominated by respondents (ie. 1.63% saying normal resumption of duties within weeks, and 1.95% within months) also introduces the notion of exploring this area further as to the scale of incident/s being experienced and the actual effectiveness of post-incident management from the respondents' perspective.

Indeed, Chapman et al (2009), Hegney et al (2006), Hinson & Shapiro (2003), Morphet et al (2018) and Shapiro et al (2018) all consistently identify the explicit need for incidents relating to workplace and occupational violence to be effectively managed, with this extending to also include recovery management post-incident. In doing so, their commentary around the need for consistent guidelines extends beyond the need for adequate clarity and detail, to ensuring that the guidelines are actually enacted and that reports are indeed followed-up. In the absence of such follow up, the accuracy of reporting can be significantly diminished, both in terms of quality and quantity (Chapman et al, 2009; Morphet et al, 2018). Furthermore, Hinson & Shapiro (2003) and Shapiro et al (2018) also highlight the need for incident management to incorporate objective debriefing sessions and reporting protocols, points echoed by Amdur (2020).

4. CURRENT SITUATION AND NEXT STEPS

As with other areas of WHS and security, perhaps the main challenges for the effective management of workplace and occupational violence relate to the issues of perception, awareness, reporting, and management practices – each of which appear to be inter-related. This conclusion is based on the literature reviewed, the interview findings and the surveys returned, which highlighted that each issue appeared to necessarily co-exist with one another. In fact, there is a requirement for a shared responsibility to tackle this challenge across all stakeholders and at an organisational level this issue transcends traditional silos such as HR, safety, security and business continuity which all need to work together to tackle the problem.

The following section follows this rationale and provides a range of suggestions to improve the management of workplace and occupational violence at an organisational level, as well as identifying those potential "next steps" to be undertaken in improving the management of OVA in Australia.

For ease of understanding and application, this section has been divided into five elements:

1 Prevention and Preparation

2 Response

3 Recovery

4 General

5 Next Steps

4.1 PREVENTION AND PREPARATION

Adequate prevention and preparation-based actions jointly provide the foundation for any risk management system, establishing the framework on which to build personal and organisational response and recovery capabilities. With regards to workplace and occupational violence, the following prevention and preparation initiatives are proposed for consideration:

4.1.1 Limiting Risk Exposure

- Focus on building presilience not just assuming resilience is inbuilt in staff.
- Lead from the top - whereby the appropriate appetite, tolerance and attitude are driven by organisational leaders to tackle the issue of OVA.
- Work systems that remove or restrict the requirement for staff to work in isolation are to be established.
- A risk-based approach to determining work schedules and practices is to be adopted, rather than restricting decisions to a standardised approach.
- An understanding of the Whole of Person Model (WopM) should be applied especially for offsite and remote workers.
- A centralised documentation/reporting process is to be established so that potential issues and lessons learned are readily retained, communicated and reviewed.

4.1.2 Infrastructure and Protective Design

- Discreet static duress alarms are to be installed within easy reach at workstations
- Discreet personal duress alarms are to be issued to staff, these are becoming particularly important with the changes in work dynamics and for workers that conduct external site visits.
- Improved lighting and visibility of work colleagues, work areas and access points should be ensured.
- Visible CCTV/security cameras are to be installed with associated signage.
- Toughened glass panels are to be installed if appropriate.
- Staff identification cards and electronic access cards are to be issued, and their use enforced.
- Overt and covert emergency alert systems are to be installed.
- CPTED (Crime Prevention Through Environmental Design) principles are to be utilised in facility/infrastructure design/layout.
- Clear access and egress to areas is to be ensured, and any obstacles to staff evacuation removed.
- Weapons of opportunity in work areas (e.g. letter openers, chemicals etc.) should be risk assessed to determine the necessity of them remaining accessible.
- Furnishings are to be secured and/or their characteristics considered so as to restrict damage if thrown, or otherwise used as a weapon/barricade.
- Access points to selected work areas are to be limited.
- Security access to buildings/work areas is to be controlled.
- Layout is to provide clear readability, direction and free flow of foot traffic.
- Signage indicating that aggressive behaviour will not be tolerated, and that offenders will be prosecuted etc., is to be installed.

4.1.3 Policies and Procedures

✓ Clear guidelines and instructions regarding staff obligations, rights and responsibilities are to be provided.

✓ Clear guidelines and instructions regarding differing levels of conflict and associated personal mitigation measures are to be provided.

✓ Clear guidelines and instructions with regard to safe and secure conduct and engagement when dealing with violent and/or aggressive persons are to be developed and provided, ensuring that these guidelines do not contradict the employee's basic legal rights to take reasonable measures to ensure their own safety or that of others.

4.1.4 Staff Training

🖉 All staff are to be appropriately vetted and background checked to ensure no prior issues with violence or conflict management.

🖉 An approach of holistic presilience as opposed to reactive resilience is critical.

🖉 Staff are to be trained in cross-cultural awareness and basic mental health issues.

🖉 Staff are to be trained to in broader situational and security awareness with a specific focus on the ability to recognise agitation and aggressive mannerisms, prior to the same escalating to violent behaviour.

🖉 Staff are to be trained to use interpersonal communication strategies to better display empathy, build rapport, and manage signs of agitation.

🖉 Staff are to be trained to recognise their own behaviours, and stress triggers, that may contribute to aggressive behaviour on their behalf or by others.

🖉 Staff are to be trained in de-escalation techniques.

🖉 Staff are to be trained in emergency procedures.

🖉 Staff should be trained with their colleagues and co-workers where work environments allow for group and team responses to be applied.

🖉 Staff are to be trained in the provided code of conduct and rules of engagement relating to acts of violence/aggression and where and when additional self-protection may be applicable.

🖉 Leader and managers should be trained in incident and emergency response management.

🖉 Staff training in the above areas is to be ongoing, be regarded as a priority, and be conducted by an appropriately qualified person. Re-training should be done annually, similar to the frequency of CPR training.

4.2 RESPONSE

An effective response to any act of workplace and occupational violence is to be timely, appropriate in scale, and contextual in nature. Given the wide range of potential scenarios, the following response initiatives are being proposed for consideration and have intentionally been kept relatively broad in nature:

4.2.1 Raising the Alarm

- Alarm and alert systems (both static and personal) are to be regularly tested, maintained and reviewed.

- Even if alarm and panic buttons are in use ability for call for help and have a response protocol is strongly encouraged.

4.2.2 Emergency procedures

- The development, regular drilling and updating of emergency procedures (e.g. Code Grey, Code Black protocols) is to be ongoing and subject to review.

- Active liaison and training with the relevant emergency services, authorities, and security providers, is to be ongoing.

4.2.3 Staff Training

- Staff should be trained in the appropriate and effective use of the alarm and alert systems (both static and personal)

- Staff should be trained in the correct use of physical restraint equipment, if issued.

- Staff should be trained in defensive tactics, as required of their role and exposure to risk.

- Staff should be trained in first-aid and medical first response.

- Staff should be trained in policies and guidelines relating to personal responsibilities, code of conduct and rules of engagement.

🖉 Staff training in the above areas is to be ongoing (at least annually), be regarded as a priority, and be conducted by an appropriately qualified person.

4.3 RECOVERY

Given the potential for the physical and emotional impacts of workplace and occupational violence to be significant (and latent) in nature, an organisation must equally focus on their post-incident recovery capabilities as much as they do their ability to respond to the actual incident itself. In this context, the following recovery initiatives are being proposed for consideration:

4.3.1 Employee Assistance Programs (EAPs)

🖉 EAP services are to be made readily available to all staff and family members

🖉 All staff are to be empowered to reach out for support at any time, regardless of severity of incident or proximity to the event, noting that emotional or psychological harm may take some time to become apparent or be acted upon

🖉 EAP service provision is to remain confidential

🖉 Accessing EAP services is to be encouraged and de-stigmatised wherever possible

4.3.2 Mental health and buddy aid

🖉 Proactive and integrated mental health programs are a crucial component for staff wellbeing

🖉 It has been identified that a strong team dynamic where buddy aid and assistance whether, mental or physical, is the norm creates a healthier and safer workplace.

4.3.3 Operational Debrief Sessions

🖉 Operational debrief sessions are to be conducted following any incident involving workplace and occupational violence and are to be scaled appropriately.

🖉 Operational debrief sessions are to be conducted in an objective and no-blame environment.

🖉 Required levels of support are to be provided prior to, during, and following an operational debriefing session.

🖉 Staff impacted by an incident are not to return to work environments they are not ready or prepared for.

🖉 Managers and leaders should make sure lessons are learnt and that mistakes made are used to strengthen the environment and limit the potential for a negative incident of the same type to easily occur again.

4.3.4 Incident Investigations

- Incident investigations are to be conducted following any incident involving workplace and occupational violence and are to be scaled appropriately.

- Incident investigations are to be conducted in an objective and no-blame environment.

- Suggested mitigations, resulting from incident investigations, are to be implemented where practicable.

- Information gathered during an incident investigation is to be shared with the appropriate work groups and authorities.

- The staff member making the report which triggers the incident investigation is to be kept informed of progress of the investigation, with first contact occurring within one business day of the report being received.
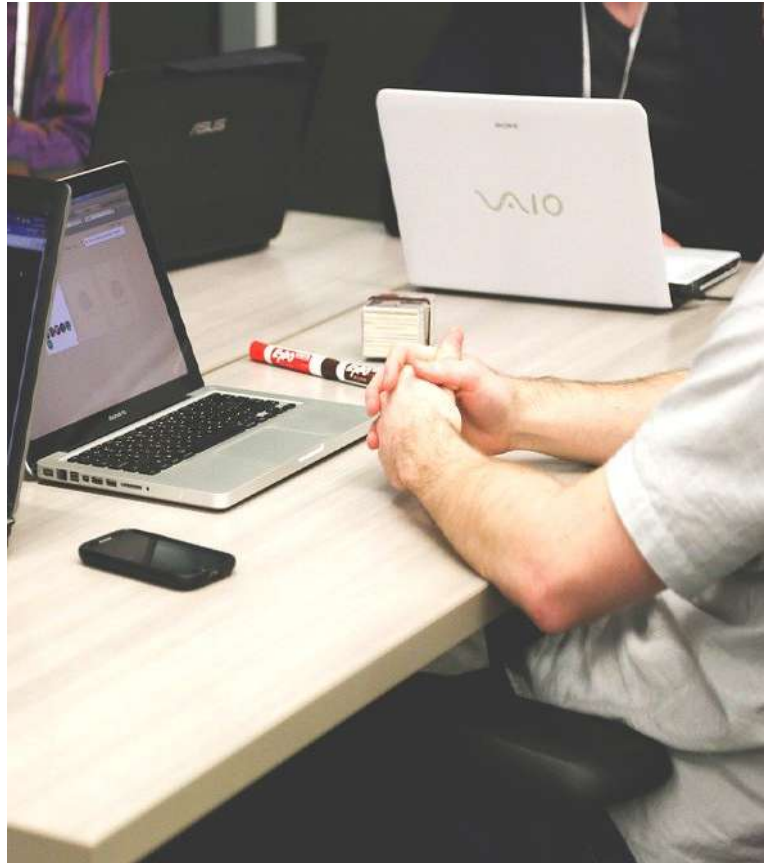
4.3.5 Returning to Business as Usual

✓ Procedures for resuming operations are to be clearly documented.

✓ Staff are to be trained in the procedures pertaining to returning to business as usual.

✓ Local management representatives are to have the discretion to close temporarily following an incident if staff are emotionally or physical incapable of resuming work.

✓ While business continuity is an important goal, it should never occur at the expense of staff physical and mental health.

4.4 GENERAL

Underpinning the effectiveness of the previous initiatives are a number of core organisational principles, consisting of both task and process-based plans. The following general initiatives are being proposed, in support of the former, for consideration:

4.4.1 Culture

- Staff are to be empowered and encouraged to support each other when confronted with acts of workplace and occupational violence.
- An organisation is to continuously work towards establishing, implementing and maintaining a culture of support, trust and presilience.
- An organisation is to continuously work towards establishing, implementing and maintaining a culture that supports and encourages reporting of all incidents of workplace and occupational violence, at all levels of the organisation.

4.4.2 Commitment

- An organisation is to demonstrate its commitment to addressing workplace and occupational violence by ensuring that appropriate resources are dedicated to its management and prevention.
- Non-verbal aggression and threats are to be treated as seriously as physical acts of violence in every way.
- A management level position with responsibility for managing workplace and occupational violence is to be established.
- A steering committee with responsibility for managing workplace and occupational violence is to be established.
- Workplace and occupational violence is to be incorporated into an organisation's risk register and assigned to a responsible person for actioning of the development of applicable mitigations strategies.
- Appropriate strategic appetite and tolerance statements should be

4.4.3 Reporting, Audit and Compliance

- Effective reporting systems must be developed that transcend silo's i.e. there is no point if they are only captured on a safety/health/incident management system but not reported as security and/or criminal incidents where appropriate.
- Comprehensive reporting of all incidents relating to workplace and occupational violence is to be strictly enforced.
- Incident reports are to be reviewed with immediacy and investigated appropriately with suitable internal and/or external investigative resources.
- Management systems and procedures relating to workplace and occupational violence are to be regularly monitored and reviewed with the intent of ensuring internal and external compliance.

4.5 NEXT STEPS

The key issues of **perception**, **awareness**, **reporting**, **and management practices** have been identified, with such issues being reflective of the outcomes of the survey, the interviews as well as the wider literature that was reviewed.

These issues appear to form the foundation for workplace and occupational violence management moving forward, to not only meet statutory WHS obligations, but also to continue working towards achieving "best practice" standards.

In doing so, these issues combine to provide a framework suitable for use at both a macro and micromanagement level. It can also be contextualised for organisational needs and the associated risk exposures that the relevant stakeholders experience. Based on the findings of this project, it is suggested that the issue of perception, in particular, plays a central role, as this has significant influence in terms of risk assessments, acknowledging and increasing awareness of the issue/s in question, and enabling an improved quality and quantity of reporting to occur, so that a better risk profile can indeed be established.

Therefore, although it is being suggested that the issues of perception, awareness, reporting, and management practices be considered for future exploration in their entirety, **it is maintained that the issue of perception is worthy of particular focus in undertaking such work.**

5. Conclusion

This paper commenced with the challenge of looking at current issues associated with workplace and occupational violence, with a view to moving forward and improving the management of OVA. Although such issues have indeed been highlighted, the key is to now work towards improving the areas identified as the next steps, namely perception, awareness, reporting, and management practices. This is particularly relevant based on the key findings of this research report which can be summarised as:

- OVA is a larger area of risk than many organisations currently acknowledge. For those organisations with public and/or customer facing staff OVA should be deemed a strategic risk with the appropriate risk-based methodology supporting its treatment;

- There is no doubt that a duty of care exists for employers who place staff in situations where they may be exposed to OVA while performing their duties;

- Most responses are reactive in nature and rely on the perceived resilience of staff i.e. there is comparatively very little done in the way of Presilience[6] and proactive approaches;

- An integrated approach that incorporates actions in the 6 cluster areas above is critical for effective management of OVA risk;

- The issue of perception is considered as being worthy of particular focus in undertaking OVA management as it underpins many of the other aspects;

- It isnoted that domestic and community-based violence 'spill over' into the workplace creating a greater challenge to managing the risk;

- The impact of OVA incident on the mental health of staff has the potential to be far larger than that of physical harm. As such, the management of an OVA incident and the mental health of affected staff post incident are very closely aligned; and

- There is a requirement for a shared responsibility to tackle the OVA challenge across all stakeholders. At an organisational level this issue transcends traditional silos such as HR, safety, security and business continuity. This means they all need to work together to tackle the problem.

Perhaps increased perception of the danger of OVA is the corner stone for future research and work by practitioners in this field, and it is argued that a better understanding as to the dynamics between perception and the other identified issues will contribute significantly to this field of endeavour.

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[6] Presilience is a trademarked term of the Risk 2 Solution Group and used in this report with permission.

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DR GAVRIEL (GAV) SCHNEIDER

RMIA Risk Consultant of the year (2019)
IFSCE Global Thought Leader (top twenty influencers in security and fire)

About Dr Gav - *Acknowledged Risk Leader*

Dr Gav is the Group CEO of Risk 2 Solution and is an acknowledged subject matter expert on human centric and integrated risk management. He has a broad background in safety and security, emergency management and incident response, with extensive senior level management and leadership experience.

He has led numerous, high-level consulting and advisory projects and has two decades of Operational Specialised Risk Management, Cultural Change, Security and Safety experience in over 16 countries. Dr Gav has a National Security Clearance (NV2) and is a fellow of ARPI, ISRM, GIA, IML as well as a RSecP and CPP. He is considered Australia's leader in the field of Psychology of Risk and has been the postgraduate Program Director for ACU's psychology of risk program since 2016.

Education and Training

❖ Doctor of Criminology

❖ Certificate in Disruptive Strategy (Harvard Business School)

❖ Master of Technology in Security and Risk Management

❖ Graduate Diploma in Management (Learning) & Strategic Leadership

❖ Advanced Diploma in Integrated Risk

❖ Advanced Diploma WHS

DR PAUL JOHNSTON

Senior Risk Consultant and Behavioural Scientist

About Dr Paul - *Risk and Behavioural Expert*

Paul has over 20 years of operational and management consulting experience in both the public and private sectors, during which time he has provided risk management advisory and capacity development services to a wide range of industry groups throughout Australia and internationally – with this encompassing a number of major infrastructure, transport, and oil & gas projects.

A Certified Practicing Risk Manager (CPRM), Chartered Generalist OHS Professional (ChOHSP), and Certified Master Anti-Terrorism Specialist (CMAS), his specific areas of expertise relate to HSES risk management and capacity development on both an organizational and societal level.

Adopting a behavioural science approach, Paul actively integrates the principles of Behavioural Based Safety and risk management to facilitate sustainable cultural change and leadership development that is supported by, and actively aligned with, wider management and operational frameworks - thereby facilitating HSES management as being truly "business as usual".

Education and Training

- ❖ PhD (Public Safety Risk Management)
- ❖ Graduate Certificate in Occupational Hygiene Engineering
- ❖ Bachelor of Behavioural Science (OH&S)
- ❖ Diploma in Security and Risk Management
- ❖ Certificate IV in Safety Leadership (OHS)
- ❖ Certificate IV in Training and Assessment
- ❖ Certificate III in Security Operations

JOE SAUNDERS

National Practise Lead – Occupational Violence Prevention

About Joe – *Occupational Violence Specialist*

Joe is a dedicated risk management professional with a specialty in the occupational violence prevention, conflict management and verbal de-escalation training. He has designed and delivered OVA programs for organisations including state and federal government departments, aide and social services providers, and private companies.

He also recently concluded a stint as the Research Coordinator for the Australian Security Research Centre's research project into occupational violence and duty of care in Australia.

Joe is the Regional Vice Chair of the Institute for Strategic Risk Management (ANZ Chapter) and an Associate Member of the Australian Risk Policy Institute.

Education and Training

- ❖ Graduate Certificate in Psychology of Risk
- ❖ Diploma of Security Risk Management
- ❖ Diploma of Occupational Health & Safety
- ❖ Diploma of Management
- ❖ Certificate IV Aggressive Behaviour Management
- ❖ Certificate IV   Training and Assessment