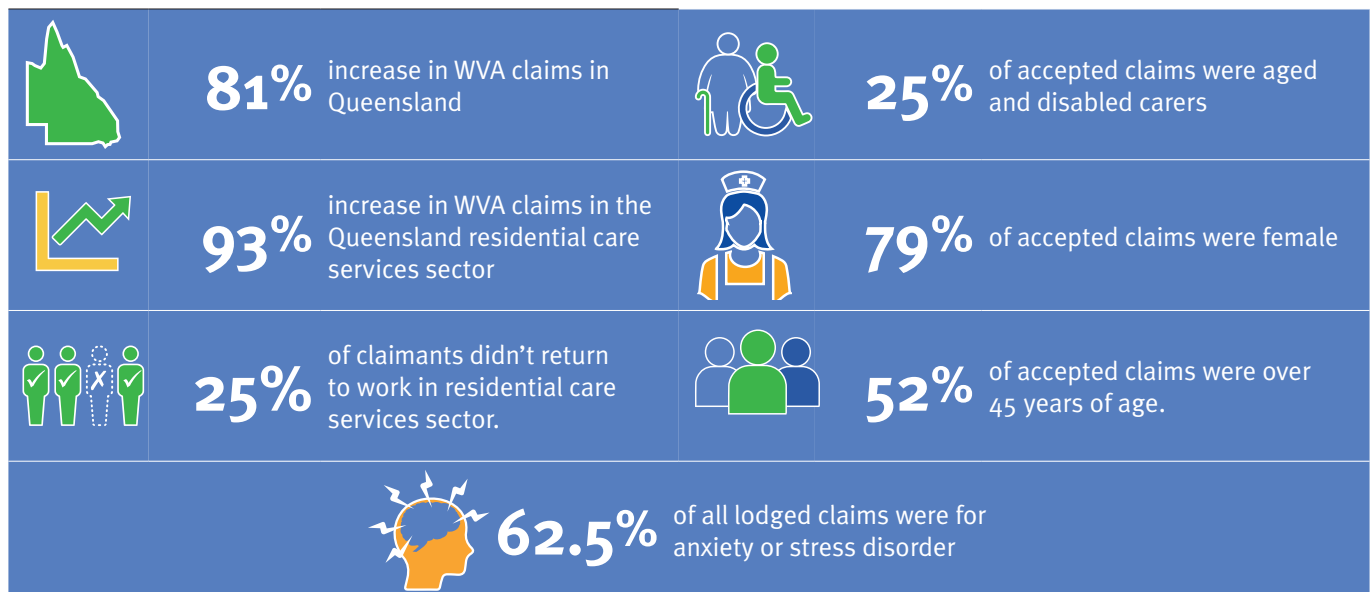# Work-related violence and aggression in residential aged, disability and youth care

Residential aged, disability and youth care workers are at risk of work-related violence or aggression (WVA) directly and as witnesses, particularly from residents with emotional, behavioural and intellectual disorders, or cognitive deterioration. Frequent exposure to even low levels of WVA can have a long-term impact on psychological health. This conduct can escalate to other forms of aggression and violence such as physical assault. There are other consequences from WVA including economic and social costs to the worker, their family, their organisation and the wider community. Like all work health and safety risks, WVA risks must be managed.

Statistics show that claims for WVA in the residential care sector have doubled in the past five years, with 95 per cent of claimants needing to take at least one day off work and 25 per cent of claimants never returning to work in this sector after injury.

Queensland Government

Under-reporting of WVA incidents in the residential care sector suggests the problem is much larger than these statistics show.

In the last five years

81%	increase in WVA claims in Queensland	**25%**	of accepted claims were aged and disabled carers
93%	increase in WVA claims in the Queensland residential care services sector	**79%**	of accepted claims were female
25%	of claimants didn't return to work in residential care services sector.	**52%**	of accepted claims were over 45 years of age.

62.5% of all lodged claims were for anxiety or stress disorder

Source:

- Queensland Scheme Analysis database (QSA) – Queensland scheme-wide database, claims data provided by insurers and database maintained by Office of industrial Relations. Data as at 31 January 2021.

Legal Duty

Work health and safety laws are designed to ensure the health and safety of workers and others in the workplace. 'Health' includes physical and psychological health.

The *Work Health and Safety Act 2011* (the Act) places the primary health and safety duty on the business owner or employer—this is referred to in the Act as a person conducting a business or undertaking (PCBU). The PCBU has the primary duty of care to ensure, so far as is reasonably practicable, that the health and safety of workers and other people are not put at risk from WVA.

This includes ensuring:

- the provision and maintenance of a work environment without risks to health and safety
- the provision and maintenance of safe systems of work
- the provision of any information, training and instruction or supervision necessary to protect workers from risks to their health and safety arising from work.

In short, PCBUs must manage risks from WVA. If it is not reasonably practicable to eliminate them, they must be minimised.

Workers have duties too. They must take reasonable care of their own health and safety and ensure that their actions and omissions do not adversely affect the health and safety of others. They must comply with any reasonable instruction and co-operate with any reasonable policy or procedure given to them by the PCBU that relates to managing the risks to health and safety from WVA.

What is work-related violence and aggression?

Work-related violence and aggression is any incident or behaviour in which a person is abused, threatened or assaulted in circumstances relating to their work, whether within or outside the place of work.

WVA covers a range of actions and behaviours that create a risk to health and safety. This may include:

- physical assault, such as biting, scratching, hitting, kicking, pushing, grabbing, or throwing objects
- intentionally coughing or spitting on someone
- sexual assault or any other form of indecent physical contact
- harassment or aggressive behaviour that creates a fear of violence or aggression, such as stalking, verbal threats and abuse, non-verbal actions intended to threaten or intimidate, or yelling and swearing
- gendered violence and aggression, including sexual harassment (gendered violence is any behaviour directed at or affecting any person because of their sex, gender or sexual orientation, or because they do not adhere to socially prescribed gender roles, that creates a risk to health and safety)
- violence or aggression from a family or domestic relationship when this occurs at work.

In residential care workplaces, WVA is at increased risk of occurring when providing services to residents with cognitive function deterioration or emotional, behavioural and intellectual disorders.

WVA can be:

- physical or psychological harm
- in person, such as verbal or via gestures or threats
- through written correspondence, electronic means or online (such as via social media platforms or text messages).
- one-off or repeated incidents
- lower level behaviour, such as name-calling
- physical assault and other criminal offences.

Who is at risk of work-related violence and aggression and what are the consequences?

Although all residential care workers are at risk of WVA, almost 80 per cent of claimants are females. Workers in the residential care industry are at increased risk due to high risk activities, such as working alone or at night, in sometimes unpredictable environments and where they are providing services to people who may be suffering cognitive impairment, have behavioural or psychiatric conditions, are distressed, ill or under the influence of drugs or alcohol.

Victims and their families can suffer emotional trauma from WVA incidents. It can contribute to both psychological harm and physical injury and illness to victims and witnesses. Even lower level but frequent aggression exposure, such as name calling, can have a lasting effect on workers' health.

WVA can lead to:

- feelings of isolation, social isolation, or family dislocation
- a loss of confidence and withdrawal
- physical injuries as a result of assault
- stress, depression, anxiety or post-traumatic stress disorder (PTSD)
- illness such as cardiovascular disease, musculoskeletal disorders, immune deficiency and gastrointestinal disorders e.g. as a result of stress
- misuse of alcohol and other drugs
- suicidal thoughts.

Workers and their health and safety representatives (HSR) have the right to refuse to carry out or stop work if there is a reasonable concern that the worker will be exposed to a serious risk to their health and safety from an immediate or imminent hazard.

Why is work-related violence and aggression under-reported?

Sometimes, workers may be deterred from reporting WVA because:

- there is normalisation that verbal and physical abuse is part of the job and culture and it is something that has to be tolerated
- reporting goes against the nature of resident care and risks breaking the bond of trust between a resident and a carer
- incidents are captured on residents' client management files that are separate to workers safety management files and require duplication of recording
- workers may not categorise their experiences as serious enough to be reported
- there is a perception that nothing will happen if the incident is reported
- they would rather forget about it
- the injury happened to someone else
- fear of retribution e.g. workers shifts or hours may be reduced due to speaking up.

How can work-related violence and aggression be prevented?

WVA can be prevented in the residential care industry by using the following approaches:

1. Undertake a risk assessment

Identify the hazard

Look for indicators of WVA at your work. You should:

- talk to workers directly or consider using anonymous surveys, such as the **People at Work** psychosocial risk assessment tool
- conduct site walk-throughs to identify work design factors that increase risk
- observe worker behaviour and how they interact with residents
- consider whether issues already identified between workers and residents could escalate further e.g. to violence
- observe the culture of the workplace to determine whether WVA is accepted as part of the job
- refer to industry standards and guidelines which may highlight risk factors for the residential care industry

- review relevant records such as incident and injury records, first aid reports, workers' compensation claims and absenteeism rates
- review resident client management plans for incidents of WVA not captured in WHS records
- identify and keep track of the type of aggression workers are exposed to and the frequency of the exposure.

Assess the risk

After identifying the hazards, assess the risks in consultation with your workers. The factors listed below may increase the likelihood and risks of residential care worker's exposure to WVA:

The work

- the services provided
- how work is performed, including the physical, psychological and emotional demands of the tasks and activities
- the task duration, frequency, and complexity
- the context and systems of work
- need for workers to carry money or medication.

The physical working environment

- the vehicles and buildings and their location including the time it would take to have a supervisor or shift manager attend the residence in an emergency
- the equipment, materials and substances used
- the design of the work area – does it reduce or contribute to the likelihood and/or consequence of WVA
- working at night or in isolation
- visiting times (e.g. visitors may trigger aggression in residents).

The workers

- physical, emotional and psychological capacities
- worker experience and skillset
- frequency of exposure to aggression and violence.

The resident

- family background, childhood abuse, criminal history
- previous history of WVA

- compliance with treatment
- distress or pain e.g. as a result of illness
- individual behavioural triggers e.g. frustration or perception of encroachment on personal space
- physiological imbalances or disturbances
- use of alcohol or illicit substances
- cognitive impairment such as dementia, delirium, autism, Alzheimer's etc.

Other considerations

- Noise can be irritating and/or overwhelming and can exacerbate stress and aggression, particularly in people with cognitive impairment.
- A lack of natural light can cause distress and have negative effects on psychological health, including social withdrawal and low mood. Glare can have a similar effect on behaviour.
- The colours of walls, buildings, signs and uniforms have been found to impact on human behaviour.
- The likelihood of aggression increases as the temperature does.
- Lack of space can increase agitation.

Effectively control the risk

PCBU's must first attempt to eliminate the identified WVA hazard. If elimination is not possible, it is vital to minimise the risk so far as is reasonably practicable. Preventing and responding to WVA will usually require multiple control measures and can include:

Design of work

- appropriate lighting in areas of a facility
- appropriate space (including outdoor areas) so residents have adequate personal space to retreat to when threatened or do not want to interact with others
- secure storage for potentially dangerous items, such as kitchen and occupational therapy equipment and/or visitor belongings
- furniture fixed to walls, floors or ceilings where appropriate
- a set routine with regular permanent workers
- controlled stimuli (e.g. noise, pedestrian traffic, temperature)
- redesigned or refurbished existing environments so they are more secure (for example provide a 'safe room', identify and remove potential weapons from the environment, or install a physical barrier in cars between the driver and the resident)
- review of the requirement for working alone and

providing additional service providers where required

- access to well-maintained motor vehicles so they do not break down in unsafe locations or times

- avoiding the need for workers to carry money or medications and discourage workers from wearing jewelry

- refusing or modifying services until risks are eliminated or minimised where appropriate

Safe systems of work

- emergency procedures include the consideration of the time it would take to have a supervisor/shift manager attend the house to support the worker

- review of existing control measures following any changes to services

- routine assessment of resident risk

- referrals include assessment of needs, risks and responsivity to interventions to better understand the resident's behaviours

- regular review of resident care plans (medication, pain management)

- staff work in pairs with high risk residents where appropriate

- work with residents and their families to identify behavioural expectations surrounding service provision and the consequences to service provision if these are not met (take into consideration the resident's ability to understand the issues or modify behaviour)

- relevant information about the resident is communicated during handovers, as well as conveyed to the supervisor or shift Manager

- provision of reliable communication devices to maintain contact with the worker

- personal duress alarms and provide procedures and training in their use

- preventative strategies and the steps to be taken if an incident occurs

- trained security personnel where appropriate.

Training

Training is considered an administrative control measure. It should complement and support higher order control measures, such as design, policy and work practices. Training could include:

- understanding individual impairments and how to communicate with residents who have such impairments e.g. dementia patients

- policies and procedures for preventing and managing aggression, including defusing potentially aggressive situations

- emergency response procedures to threatening situations including seeking assistance before the situation becomes critical

- avoidance and de-escalation strategies as well as evade and escape techniques

- dealing with challenging behaviour including recognising behaviour triggers and early signs reporting processes for all hazards including abuse and threats

- knowledge of legislation pertaining to restrictive practices and restraint

2. Demonstrate strong and committed safety leadership

To develop a positive safety culture in your business, you need to show strong safety leadership, influencing others to adopt health and safety as an important work goal and leading by example. It is important to foster a positive and respectful work culture where violence and aggression is not tolerated.

Leadership teams demonstrate a commitment to a culture where WVA is not accepted as part of the job by:

- setting health and safety objectives and accountabilities

- ensuring effective health and safe systems of work are in place to identify and control risk

- allocating resources to the prevention and management of WVA

- developing and promoting policy and key initiatives

- encouraging and empowering workers to speak up if they are feeling unsafe or experience WVA

- consulting with and supporting workers

- monitoring and reporting on performance outcomes and acting on issues and opportunities for improvement.

3. Provide effective consultation

Consult with workers and health and safety representatives (HSRs) when:

- identifying risks in the workplace

- making decisions about ways to control WVA risks

- engaging expert clinicians to determine the drivers of client/resident risk

- making decisions about information and training on WVA

- witnessing signs that WVA is affecting the health and safety of workers

- proposing change that may affect the health and safety of work.

Consideration should also be given to consulting referrers, clients, residents and their families.

4. Respond appropriately to incidents

Immediately after an incident, ensure that everyone is safe and provide first aid or urgent medical attention where necessary.

In the event of a WVA incident:

- encourage workers to report aggressive or violent behaviour formally (with consideration of processes for informal, anonymous or confidential reporting)

- provide evidence-based practical, emotional and social support to individuals affected

- address inappropriate resident behaviour early and investigate what led to WVA

- provide a supportive, responsive, consistent and confidential response to reports of WVA

- consult, co-operate and co-ordinate with other PCBUs who you share a duty with to identify and control risks and resolve issues as they arise

- monitor the worker for symptoms of physical, cognitive, emotional and behavioural distress in the short and long term (particularly if they persist longer than four weeks).

PCBUs must also manage the risk of internal work-related violence and aggression between colleagues and from members of the public or families.

In some circumstances you may be required to **report the incident** to Workplace Health and Safety Queensland, to Queensland Police or to the Aged Are Quality and Safety Commission.

Further resources

Workplace Health and Safety Queensland (**worksafe.qld.gov.au**)

- *Work Health and Safety Act 2011*

- *Work Health and Safety Regulation 2011*

- **Work health and safety consultation, co-operation and co-ordination Code of Practice 2021**

- **How to manage work health and safety risks Code of Practice 2021**

- **Managing the work environment and facilities Code of Practice 2021**

- **Preventing and responding to work-related violence guide**

- **Prevention and management of work-related violence and aggression in health services guide**

- **A guide to working safely in people's homes**

- **People at Work – Psychological risk assessment tool**

- **Violence and Aggression Incident Investigation Tool** – a tool that can help support a systematic investigation following a violence incident

- **Workplace package for domestic and family violence** – a package containing useful materials to strengthen support for employees affected by domestic and family violence (DFV) at your place of work

Safe Work Australia (**safeworkaustralia.gov.au**)

- **Work-related psychological health and safety: A systematic approach to meeting your duties**

- **Principles of good work design: A work health and safety handbook**

AEU21/6385