STATEMENT OF

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BEFORE THE

COMMITTEE ON SMALL BUSINESS

U.S. HOUSE OF REPRESENTATIVES

JULY 21, 1994

50272-101

REPORT DOCUMENTATION PAGE	1. REPORT NO.	2.	PB95-129250

4. Title and Subtitle NIOSH Testimony on Small Businesses by L. Rosenstock, July 21, 1994	5. Report Date 1994/07/21
	6.
7. Author(s) NIOSH	8. Performing Organization Rept. No.
9. Performing Organization Name and Address NIOSH	10. Project/Task/Work Unit No.
	11. Contract (C) or Grant(G) No. (C) (G)
12. Sponsoring Organization Name and Address	13. Type of Report & Period Covered
	14.
15. Supplementary Notes	

16. Abstract (Limit: 200 words) This testimony summarized information and comments regarding efforts of NIOSH to prevent violence in the workplace, with special emphasis on crime in small businesses. Homicide was the third leading cause of death from traumatic injury in the workplace from 1980 through 1989, accounting for 12% of the 63,589 who died. It was the leading cause of death among women, accounting for 41% of all their occupational injury deaths. These were clustered in specific workplaces and occupations, especially small businesses. Taxi drivers and law enforcement personnel had the highest rates; other groups with high rate included employees in liquor stores, gas stations, detective and protective services, justice and public order agencies, grocery stores, jewelry stores, hotels and motels, and restaurants and bars. For nonfatal violence, one group at risk was health care and community service workers. Half of the workers' compensation claims from the Washington State psychiatric hospital were for work related assaults. Routine face to face contact with large numbers of people, handling money, delivering passengers or goods, and jobs involving more than a single work site or routine travel were all associated with nonfatal assault at work. Women working alone were at increased risk of sexual assault. Prevention and intervention activities have been researched by NIOSH and reports have been published including an Alert concerning a request for assistance in preventing homicide in the workplace which sought to inform workers and employers about the dangers.

17. Document Analysis a. Descriptors

b. Identifiers/Open-Ended Terms NIOSH-Publication, NIOSH-Author, NIOSH-Testimony, Rosenstock-L, Health-care-personnel, Retail-workers, Mortality-data, Traumatic-injuries, Law-enforcement-workers

c. COSATI Field/Group

18. Availability Statement	19. Security Class (This Report)	21. No. of Pages 9
	22. Security Class (This Page)	22. Price

(See ANSI-Z39.18) *See Instructions on Reverse*

OPTIONAL FORM 272(4-77)
(Formerly NTIS-35)
Department of Commerce

Mr. Chairman and Members of the Committee, I am Dr. Linda Rosenstock, Director of the National Institute for Occupational Safety and Health (NIOSH), of the Centers for Disease Control and Prevention (CDC). Thank you for this opportunity to comment on the Institute's research and related activities for preventing violence in the workplace.

NIOSH was established by the Occupational Safety and Health Act of 1970 to conduct occupational safety and health research and develop innovative methods for dealing with occupational safety and health problems. This research often begins with surveillance, which includes the systematic collection and evaluation of data to identify workers at greatest risk of injury or illness. Risk factors are then investigated and targeted control measures are designed and evaluated. A key responsibility of NIOSH is to transmit recommendations to the Occupational Safety and Health Administration (OSHA) for its use in developing workplace standards. NIOSH also makes recommendations to workers and employers for preventing and controlling specific hazards.

NIOSH, as well as CDC in general, recognizes violence as a serious public health problem. CDC's National Center for Injury Prevention and Control is addressing the problem of violence at the community level. My comments today will focus on the impact of violence on workers, with special attention to crime in small business.

As your Committee has recognized, external crime such as robbery, as opposed to attacks by disgruntled employees, is a key component of violence in small businesses. Robberies and crimes, such as rapes and other felonies, were associated with 82 percent of work-related homicides in 1992. The remainder included police killed on duty or arose from personal disputes involving coworkers, relatives, customers, or clients.

Workplace Homicide

Homicide was the third leading cause of death from traumatic injury in the workplace from 1980 to 1989, accounting for 12 percent of the 63,589 who died. It was the leading cause of death for working women, accounting for 41 percent of all their occupational injury deaths. It is also the leading cause of occupational fatalities in six states and the District of Columbia. Homicide rates are also high for workers 65 and older, a group which in general has very low rates of homicide.

NIOSH obtained these data on work-related homicides through our National Traumatic Occupational Fatalities (NTOF) surveillance system, which collects death certificates involving work-related deaths from the 50 States, New York City, and the District of Columbia. This is the only national database that allows for an understanding of occupational injury deaths prior to 1992.

Although workplace homicides account for a small proportion--

about 4 percent--of all homicides, there are some unique features of this kind of violence that allow for workplace specific prevention programs. In fact, there are reasons to think that efforts targeted here may prove to have a very significant impact. The 7,600 work-related homicides identified in the 1980's were clustered in specific workplaces and occupations, especially small businesses. Taxi drivers had the highest rate of any group, nearly 40 times the national average, with African-American taxi drivers killed at a rate nearly 60 times the national average. Taxi drivers were more likely to be killed on the job than law enforcement personnel, who had the next highest rate. Other workers at high risk for work-related homicide are those employed in liquor stores, gas stations, detective and protective services, justice and public order agencies, grocery stores, jewelry stores, hotels and motels, and restaurants and bars. Overall, the retail trade and service industries accounted for over 50 percent of all work-related homicides during the 1980s.

In 1992, there were about 1,000 work-related homicides according to The Bureau of Labor Statistics' Census of Fatal Occupational Injuries (CFOI), which uses multiple sources for identifying deaths from traumatic injuries in the workplace. Eighty percent of these homicides were in metropolitan areas. Twenty-five percent of the workers killed were self-employed, a group that comprises only about nine percent of all workers. Twenty percent were in two groups which are usually small business proprietors: sales supervisors and proprietors, and

managers and owners of food service and lodging establishments. The use of firearms was a common element in these crimes, with eighty-two percent of work-related homicides committed with a firearm.

Nonfatal Violence

Homicide is only part of the problem of violence in the workplace. The National Crime Victimization Survey, conducted by the Bureau of Justice Statistics, can be used to estimate the incidence of nonfatal assaults in the workplace. In 1992, approximately 670,000 persons were assaulted while at work or on duty in the United States. This represents 11 percent of all crimes of violence. This estimate can be broken down by type of violence: 425,000 simple assaults, 183,000 aggravated assaults, 53,500 robberies, and 8,000 rapes. Clearly, nonfatal workplace violence is a substantial occupational safety and health problem.

Available national data do not allow us to identify workers at greatest risk for nonfatal workplace violence. A few state-specific studies using workers' compensation data have suggested that groups at high risk for homicide are also at high risk for nonfatal violence.

It is important to identify groups at greatest risk for nonfatal violence so that research and prevention efforts can be appropriately targeted. One group at risk for violence is health care and community service workers. In 1992, two out of three

nurses at a Washington State psychiatric hospital were assaulted by patients, according to a report by the Washington State Department of Labor and Industries. Half of the workers' compensation claims from this hospital's employees in 1992 were related to injuries from work-related assaults. To address these kinds of occupational safety concerns, the California Occupational Safety and Health Administration has issued "Guidelines for the Safety and Security of Health Care and Community Service Workers" based on the research of numerous investigators.

The risk for assault at work seems to be related to the task performed. Routine face-to-face contact with large numbers of people, handling money, delivering passengers or goods, and jobs involving more than a single work site or routine travel were all associated with nonfatal assault at work. Women working alone seem to be at increased risk of sexual assault. The majority of rapes were committed by strangers, and not usually associated with a concurrent robbery or use of a weapon.

Clearly, more data on the nature and impact of nonfatal assaults in the workplace are needed. Existing data on the distribution of nonfatal assaults and the occupational groups at high risk are limited. In a study conducted by Northwestern National Life, a large majority of workers who experienced a workplace attack or threat of physical harm suffered psychological trauma, depression, ulcers and other stress-related conditions. About 40 percent of these workers had their work

life disrupted, with some becoming less productive and others quitting their jobs.

NIOSH is currently working with criminal justice agencies to further understand nonfatal workplace violence. Recent modifications to the National Crime Victimization Survey should assist us in identifying high risk groups. NIOSH is also pursuing the possibility of collecting data from police records to assist with research on workplace violence and potential strategies for prevention.

Prevention Activities

Once NIOSH identifies a workplace health or safety problem, the Institute informs affected employers and workers. In September 1993, NIOSH issued an Alert entitled, "Request for Assistance in Preventing Homicide in the Workplace." This Alert informed high risk employees and employers of their increased risk for homicide. It suggested potential strategies to prevent these tragic deaths, urged employers to take immediate action, and encouraged researchers to address the many unanswered questions regarding workplace homicide.

Approximately 20,000 copies of this document were disseminated to trade journals, safety and health officials, labor groups, the academic and public health communities, law enforcement agencies, advocacy groups, and insurance companies. Media coverage was extensive, which we believed was critical in

getting this message to small business proprietors.

Intervention Research

The convenience store industry has been a forerunner in considering measures to reduce crime in their establishments. NIOSH has reviewed studies addressing the effectiveness of crime prevention measures in convenience stores and identified environmental modifications, such as making high-risk areas more visible, providing good external lighting, and minimizing cash on hand, which appear to reduce robberies in convenience stores. Reducing robberies should also reduce the incidence of homicides and assault-related injury, since two thirds of homicides in convenience stores involve robberies.

Although there is a general consensus that these measures reduce crime, it is not clear which components are most effective. There is considerable debate about the effectiveness of certain measures, such as multiple clerks at night, surveillance cameras, and bullet-proof enclosures. Study design limitations and conflicting results across studies make it difficult to identify the critical elements for preventing robberies in convenience stores. The effectiveness of these measures in actually preventing violence against employees has not been assessed.

NIOSH has proposed a research project to evaluate the effectiveness of environmental design factors to prevent robbery

and robbery-associated violence. The study, which will begin this year, will focus on the effectiveness of environmental designs to reduce robbery in a large metropolitan area.

Crime prevention strategies effective in convenience stores could be transferable to other retail trade and service industries, where the majority of homicides occur. Rigorous evaluations of prevention measures in other high risk groups, such as taxi drivers, law enforcement and security guards are also needed.

Although a decrease in violence in our society would have an impact on the workplace, violence in the workplace is in some ways unique. In the general population, the majority of homicides are committed by relatives or acquaintances. In the workplace, homicides are primarily associated with robbery. Older persons who experience the lowest risk for homicides in the general population are at greatest risk for work-related homicides. Workplace violence is not uniform, but clustered in specific workplaces with relatively controlled environments. Specific changes in tasks and working conditions can be implemented to protect workers in some high risk occupations. Also specific research studies can be undertaken to identify additional prevention measures.

We can take specific steps to prevent violence in the workplace as we undertake efforts to reduce violence in society.

Conclusion

Mr. Chairman and Members of the Committee, this concludes my statement. I would be pleased to answer any questions you may have regarding NIOSH research on violence in the workplace.