



Violence in the Workplace—An Updated Analysis

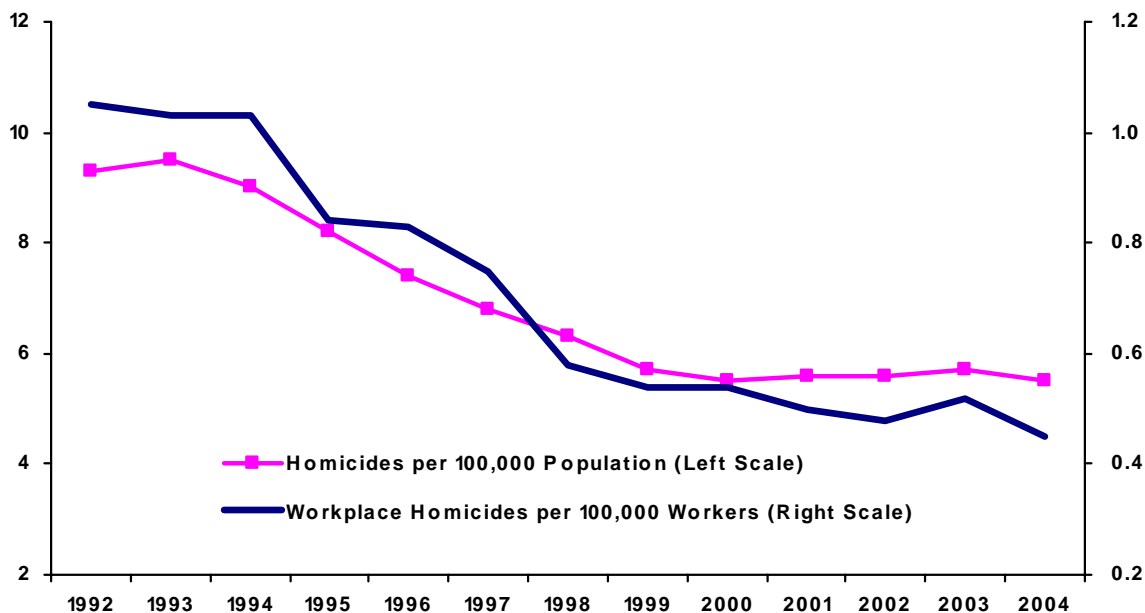
The murder of five postal workers by a coworker at a California mail facility, along with proposals in Florida to allow workers to leave guns in their cars in company parking facilities, has once again focused national attention on the issue of workplace violence.¹

continues to be made in reducing workplace homicides in the private sector, where the 14% decline in 2004 (from 0.52 per 100,000 workers in 2003 to 0.45 in 2004) was nearly four times the more modest 4% decline of the homicide rate for the nation as a whole (Exhibit 1).

In spite of the suggestions in the headlines, the latest available news on workplace violence is mixed. Progress

Exhibit 1

Workplace Homicide Rates in Private Industry Are Continuing to Trend Lower



Source: US Bureau of Labor Statistics, US Department of Justice. Excludes the effects of the September 11, 2001 terrorist attacks.

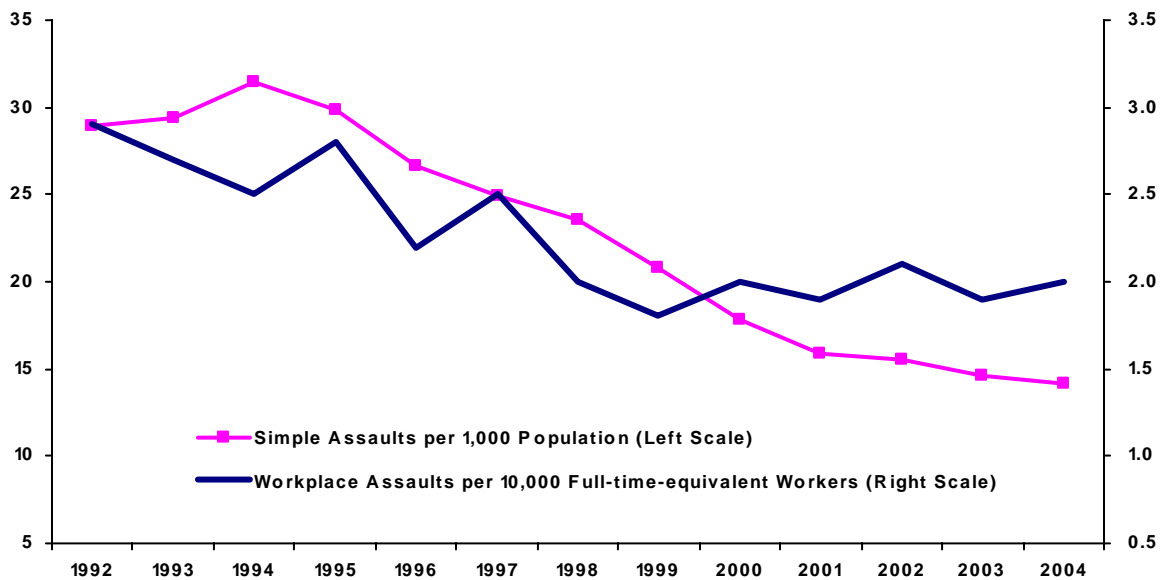
For some occupations, declines in homicide rates have been especially dramatic. (For example, a five-fold decline in homicide rates among taxi drivers between 1992 and 2002 is described later in this paper.)

Unfortunately, in contrast to consistent declines for the simple assault rate in the country as a whole, this was not

the case for the incidence rate of lost work-time (LWT) assaults, which has been trending higher since 1999, (Exhibit 2). The good news, however, is that the workplace incident rate for both types of crimes is significantly lower than that experienced in the general population.

Exhibit 2

Incidence Rates for Lost Work-Time Assaults Have Not Declined in Line With the Drop in National Assault Rates



Source: US Bureau of Labor Statistics, US Department of Justice

This paper first takes a close look at recent data and trends on workplace homicides and assaults using data from the US Bureau of Labor Statistics (BLS). It then provides detailed information on claims involving workplace violence using data from the National Council on Compensation Insurance, Inc. (NCCI). Key findings include the following:

- Robberies are by far the major cause of workplace **homicides**, accounting for roughly 75% of homicides where the cause has been identified. Not surprisingly, the primary victims of workplace homicides have occupations where there is direct customer contact and where cash or other valuables are accessible, such as salespeople (e.g., cash register operators), security guards, and taxi drivers.
- In contrast, some 60% of workplace **assaults** are concentrated in health services, social assistance, and personal care occupations. Workers in nursing homes are major victims, since roughly 60% of assaults in the healthcare industry occur in such facilities.
- A distressingly high fatality rate of 3% in workers compensation claims involves “in act of crime” incidents as compared with claims from other causes. Moreover, crime-related claims are also more likely to involve serious injuries—particularly to the head and central nervous system.

Key Indicators From the Bureau of Labor Statistics

The BLS has extensive data on workplace fatalities and lost work-time injuries and illnesses. The data include separate breakouts for workplace homicides and “assaults by persons.”² The latter category includes both criminal assaults and noncriminal acts by coworkers and others, especially patients (data are reported on a combined basis; data specifically relating to criminal assaults are not available). The following sections take a detailed look at the BLS data as they relate to workplace violence, focusing first on workplace homicides and then on workplace assaults by persons.

Workplace Homicides

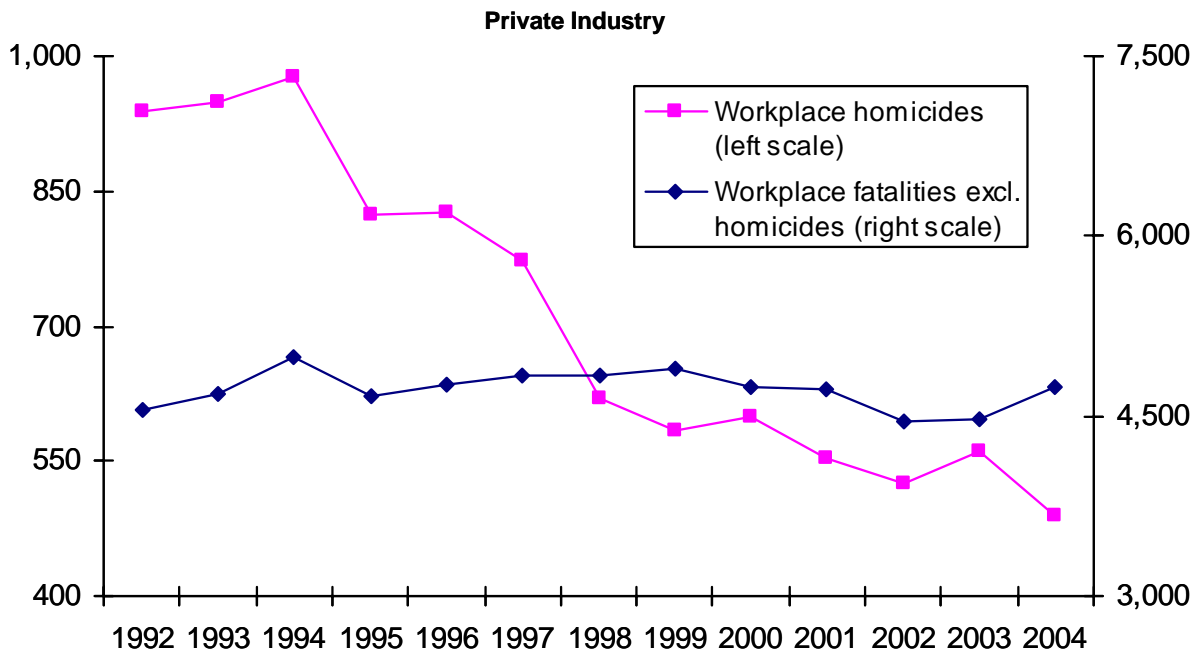
Recent Trends in Workplace Homicides and Fatalities

The number of workplace homicides in the private sector has been trending lower over time, with a total of 489 such homicides in 2004, down from a high of 976 in 1994 (Exhibit 3). The decline was most rapid between 1994 and 1999, averaging 9.7% a year.

Since then, the rate of decline has slowed to an average of 3.8% a year between 1999 and 2004. In contrast, workplace fatalities in the private sector, excluding homicides, have actually edged higher, from 4,557 in 1992 to 4,696 in 2004.³

Exhibit 3

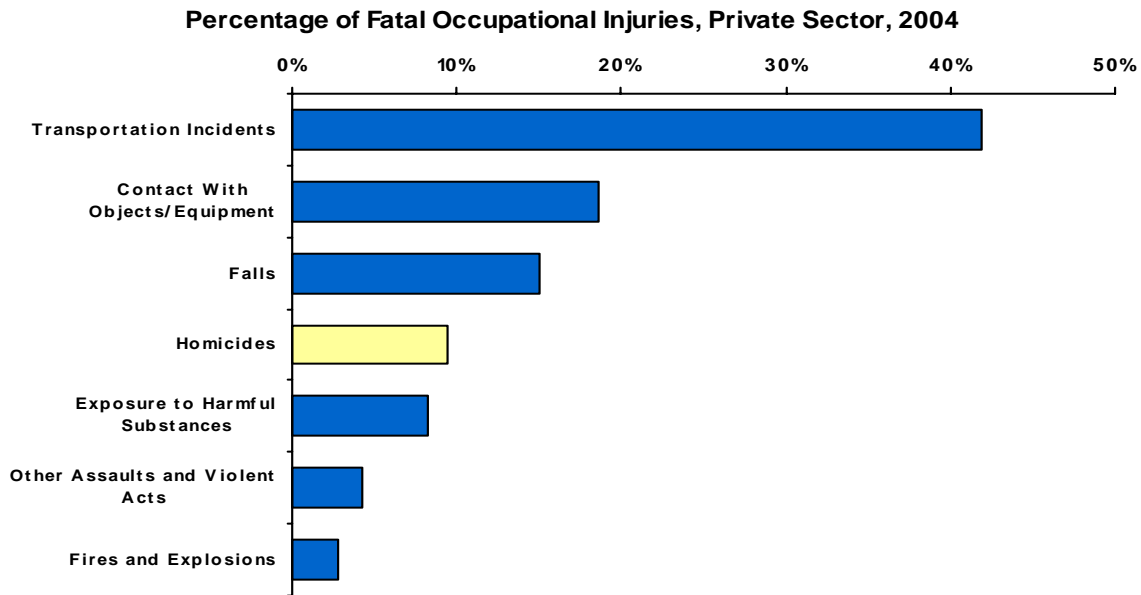
Progress in Reducing Workplace Homicides Has Been Proportionately Greater Than for Nonhomicide Fatalities



Source: US Bureau of Labor Statistics. Data exclude September 11, 2001 terrorist attacks.

Workplace homicides accounted for nearly 10% of private-sector workplace fatalities in 2004. In contrast, the largest cause of workplace fatalities was transportation incidents (most of which were motor vehicle-related). “Contact with objects or equipment” was the second largest cause (Exhibit 4).⁴

Exhibit 4

Workplace Homicides Account for Nearly 10% of Workplace Fatalities

Source: US Bureau of Labor Statistics. Data exclude September 11, 2001 terrorist attacks.

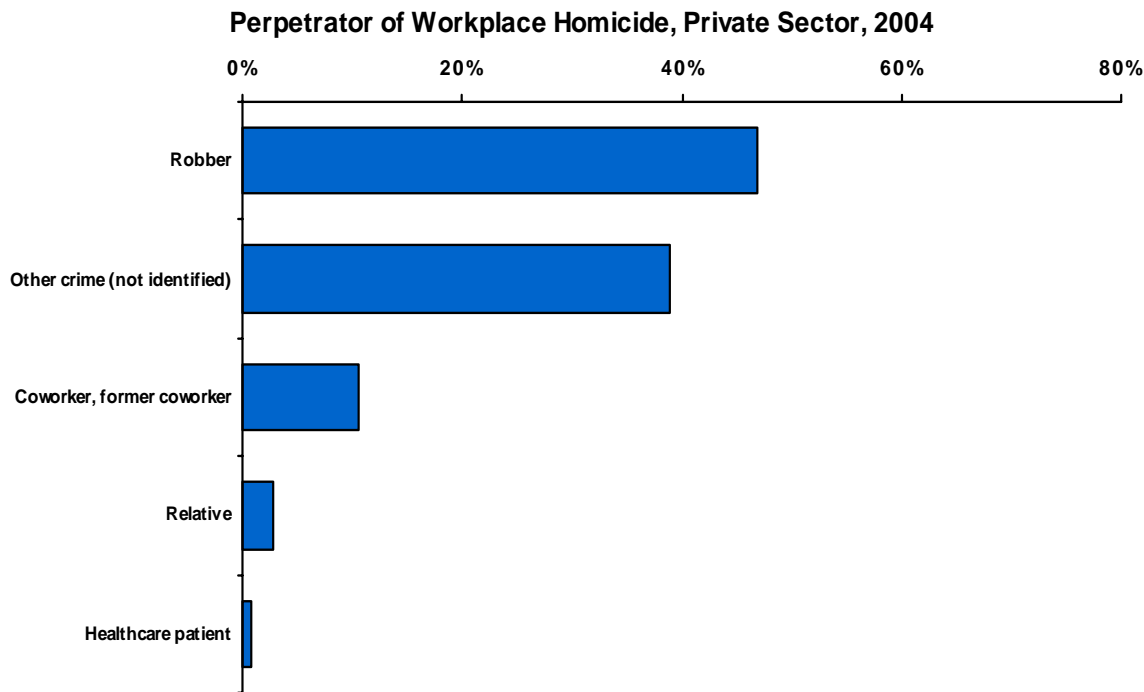
Robbery—The Major Cause of Workplace Homicides

Despite the headlines of shootings by disgruntled workers, roughly half of all workplace homicides in 2004 involved robberies (Exhibit 5). More revealing is that, of

the 282 homicides where the BLS was able to identify the perpetrator (out of a total of 489), roughly 75% involved robbery (other perpetrators include coworkers, relatives, and healthcare patients).

Exhibit 5

Nearly Half of Workplace Homicides Involve Robbery



Source: US Bureau of Labor Statistics

Occupations Vulnerable to Robbery Face Greatest Risk of Homicide

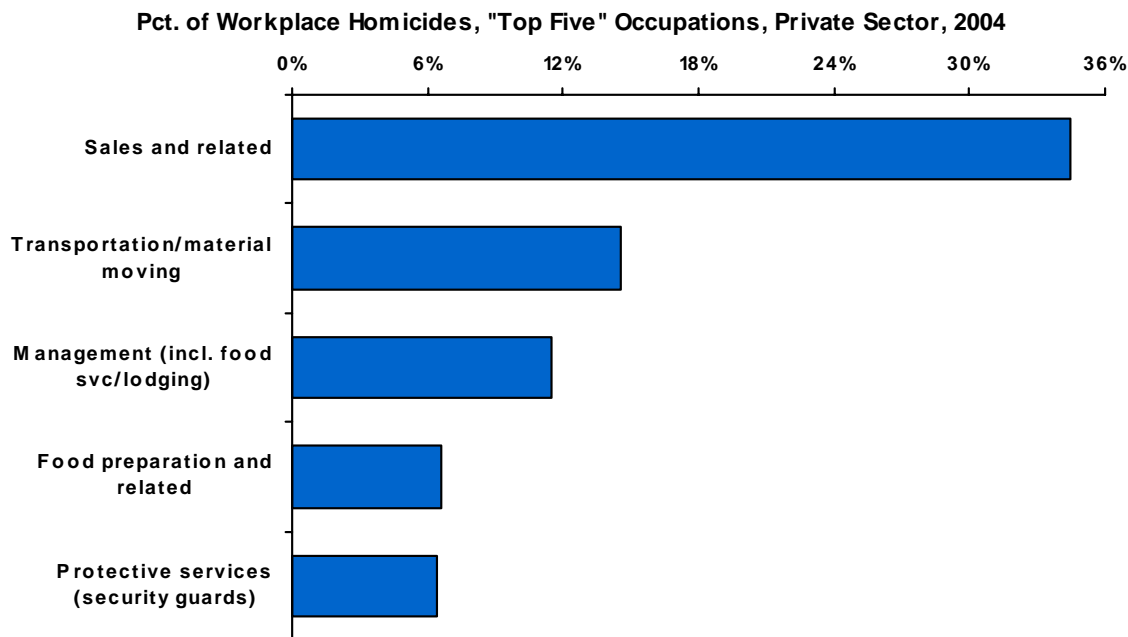
Since robbery is by far the largest cause of workplace homicides, it follows that people in occupations that involve direct customer contact are especially vulnerable—particularly those occupations that require handling of or access to cash.

Indeed, as shown in Exhibit 6:

- Sales and related occupations, such as first-line sales managers and cashiers, account for 35% of homicides
- Transportation and material-moving occupations, which include taxi drivers and delivery truck/sales drivers, account for nearly 15% of workplace homicides
- Other occupations in the “top five” group include managers (especially managers of lodging and food establishments), food preparation and related occupations, and private protective services (security guards)

Exhibit 6

Workplace Homicides Are Concentrated in Customer Facing and Protective Occupations



Source: US Bureau of Labor Statistics

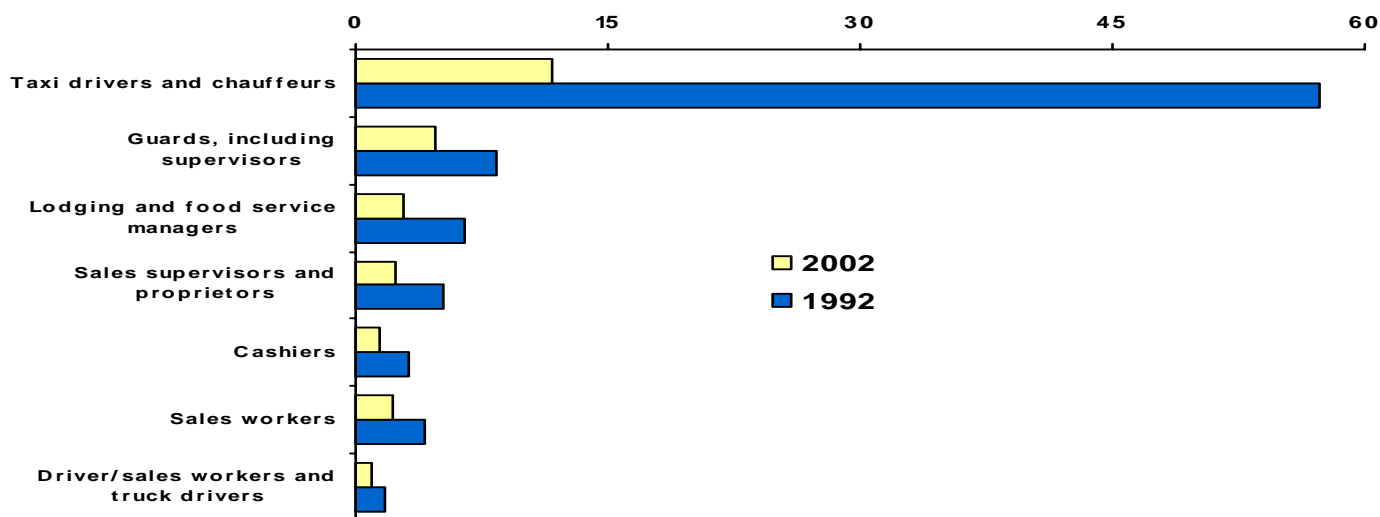
Exhibit 7 focuses on eight especially high-risk occupations based on their homicide incidence rates—that is, the number of homicides per 100,000 workers. These incidence rates were computed by NCCI using homicide and occupational employment data from the BLS.

The exhibit indicates especially high incidence rates for taxi drivers and security guards; it also shows the substantial progress that has been made in reducing incidence rates between 1992 and 2002, especially for taxi drivers. Comparisons through 2004 are not appropriate because the BLS changed its occupational classification system in 2003.⁵

Exhibit 7

Substantial Declines in Workplace Homicide Incidence Rates Have Occurred for High-Risk Occupations

Workplace Homicides per 100,000 Workers, Private Sector



Source: US Bureau of Labor Statistics and NCCI. Incidence rates computed using occupational employment data.

The five-fold decline in the homicide rate for taxi drivers is especially dramatic and appears to reflect both societal changes and the increasing use of partitions between drivers and passengers. In that regard, a study of taxicab assaults in Baltimore found that assaults on taxi drivers decreased 56% the year following a citywide requirement for taxi partitions.

That study also found a 90% decline in taxicab assaults between 1992 and 1998, reflecting the widespread

implementation of partitions as well as population changes, improved policing, and a general decrease in robberies. From a dollars and cents perspective, a related analysis found a "17-to-1 benefit cost ratio of the estimated savings from reduced injuries versus the costs of citywide shield installation."⁶

Additional detail on how workplace homicides vary by industry, gender, and age is provided in Appendix A.

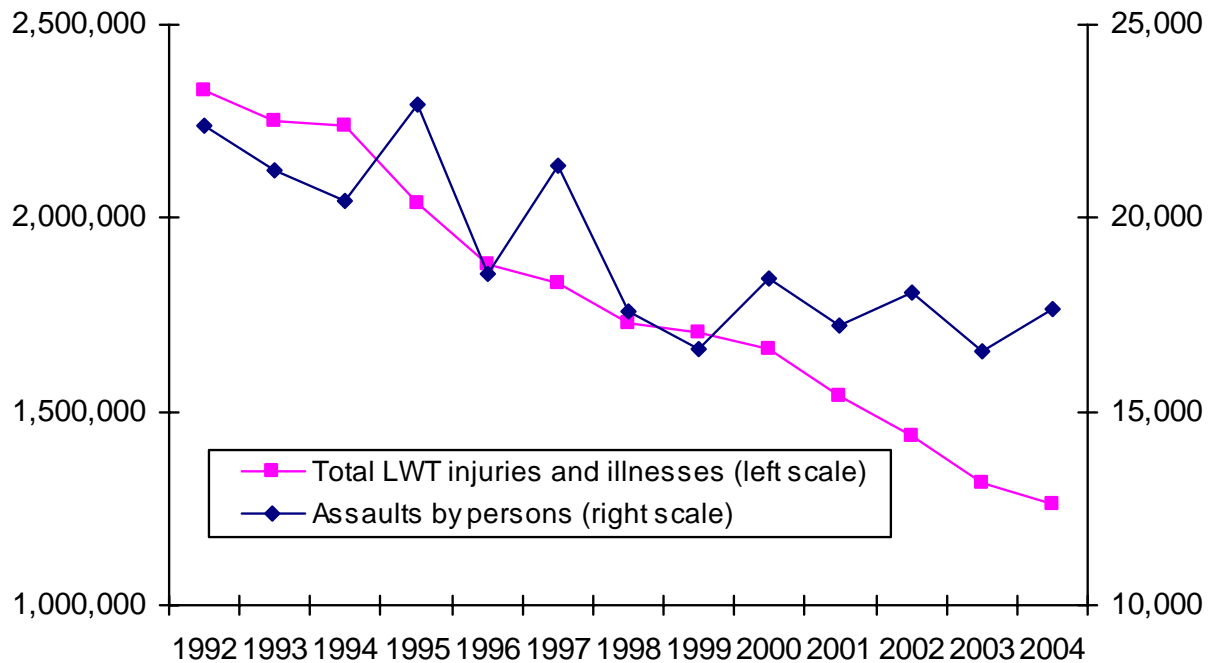
Workplace Assaults by Persons

Recent Trends in Workplace Assaults and Other Lost Work-Time Injuries

After trending lower between 1992 and 1999, the number of lost work-time (LWT) assaults has fluctuated in a narrow range, in contrast to the 5% annual rate of decline in overall LWT injuries and illnesses between 1992 and 2004 (Exhibit 8).

Exhibit 8

Workplace Assaults Have Shown Less of a Decline Than Have Total LWT Injuries and Illnesses Since 1999

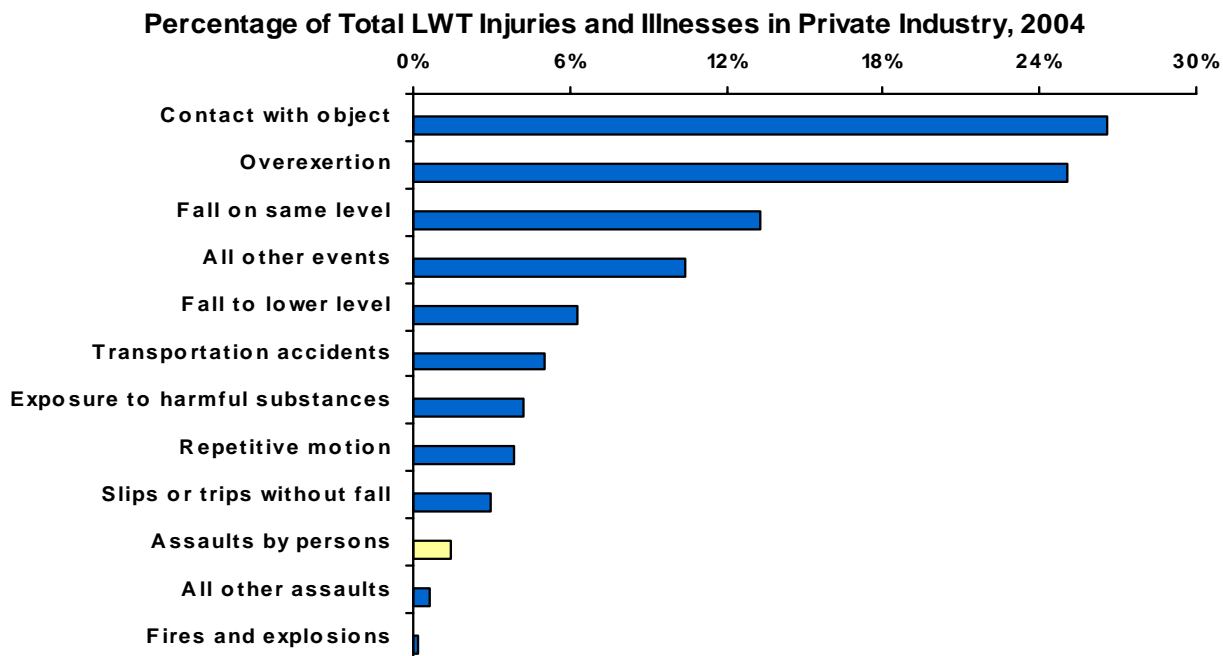


Source: US Bureau of Labor Statistics

As shown in Exhibit 9, workplace assaults represent only a small percentage of total workplace injuries and illnesses (1.4% in 2004). In contrast, roughly half of all injuries and illnesses are the result of either contact with an object or overexertion (Exhibit 9).

Exhibit 9

Workplace Assaults Account for Less Than 2% of All LWT Injuries and Illnesses



Source: US Bureau of Labor Statistics

Most Workplace Assaults Are in Healthcare-Related Occupations

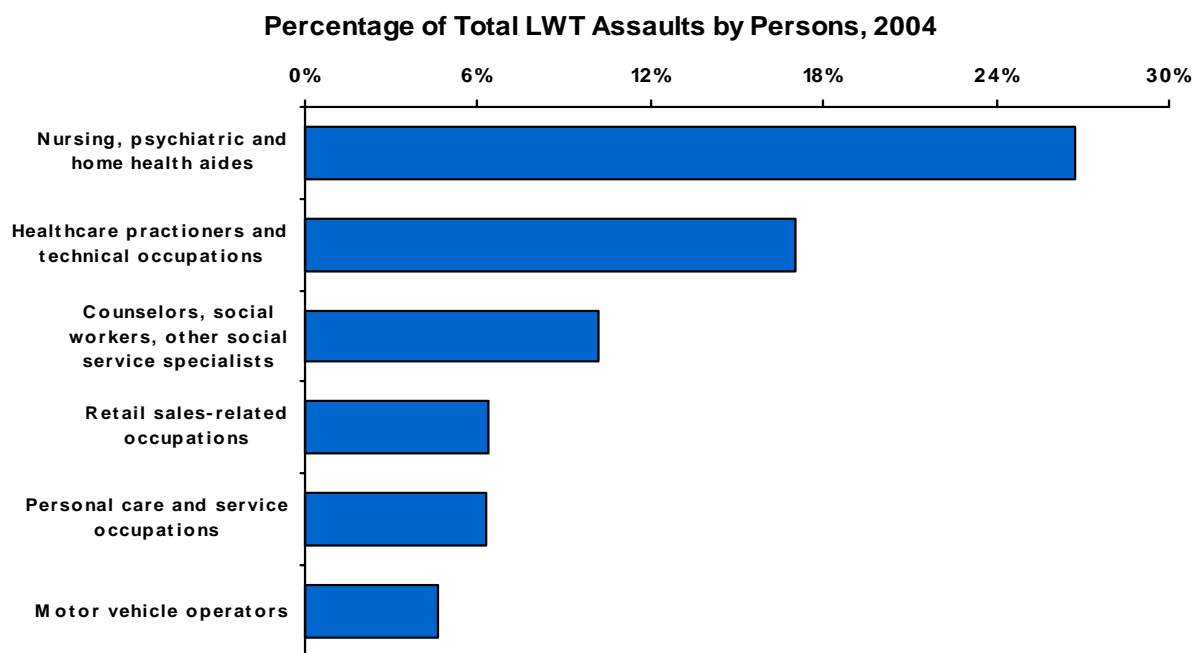
Exhibit 10 shows the occupational distribution of LWT assaults in 2004 for occupations with the largest assault shares.

Healthcare, and social service and personal care occupations (the latter including home care aids) account for roughly 60% of the total. The bulk of those assaults reflect actions by patients. With the population aging, it is likely that these percentages will only increase in coming years.

Retail sales occupations (including cashiers, first-line supervisors, and retail clerks) account for about 6.5% of the total, with motor vehicle operators (driver/sales workers, truck drivers, and taxi drivers) accounting for about 5%. These occupations are vulnerable to assault largely because they involve both direct customer contact and, often, cash-handling responsibilities.

Exhibit 10

Healthcare-Related Workers Account for the Largest Share of Workplace Assaults

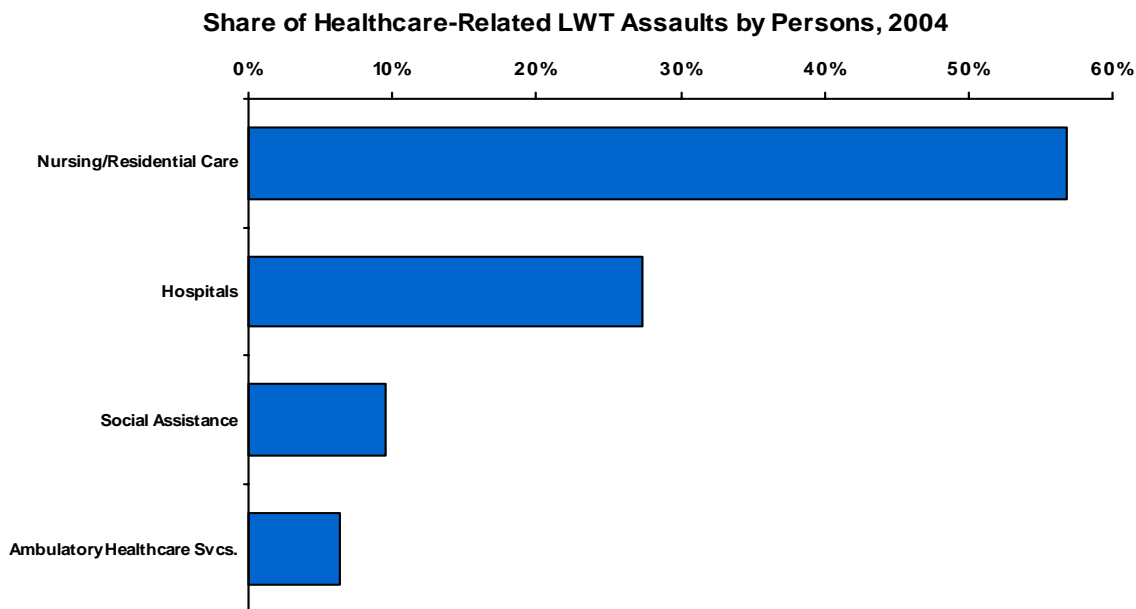


Source: US Bureau of Labor Statistics. Categories shown account for 71% of total LWT assaults.

Within the healthcare industry, 57% of LWT assaults in 2004 were from nursing and residential care facilities, and 27% were from hospitals (Exhibit 11). About a third of LWT assaults in ambulatory healthcare service came from outpatient care centers.

Exhibit 11

Within the Healthcare Industry, Most Workplace Assaults Occur in Nursing-Related Facilities



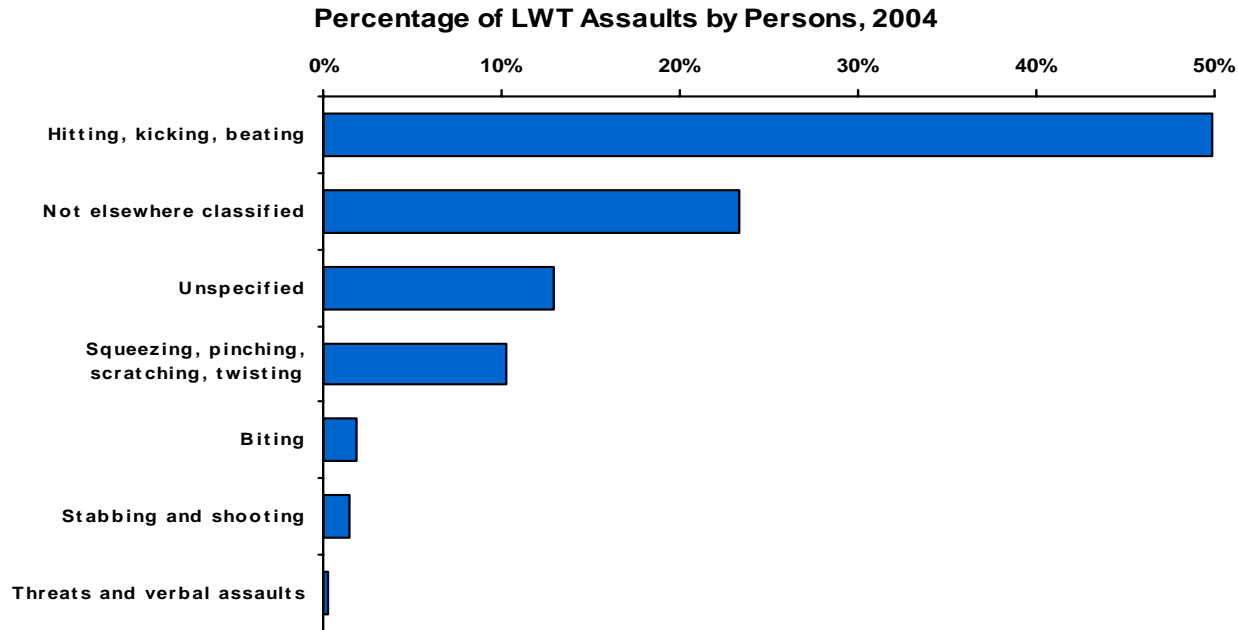
Source: US Bureau of Labor Statistics

“Hitting, kicking, and beating” was the major type of assault, with “squeezing, pinching, scratching, and twisting” the next largest specified category. Together, these categories comprise nearly 60% of all workplace assaults (Exhibit 12).

These types of actions are reflective of the sometimes violent nature of nursing home patients suffering from Alzheimer’s and related diseases as well as hospital patients who may behave in ways that result in injuries to their caregivers. In marked contrast, potentially deadly assaults are far less frequent, with stabbings and shootings accounting for only 1.5% of the total.

Exhibit 12

Nearly Half of All Workplace Assaults Involve Kicking, Hitting, or Beating



Source: US Bureau of Labor Statistics

Additional details on how workplace assaults vary by industry, gender, age, and duration of injury are provided in Appendix B.

NCCI Findings on Violence-Related Claims

Workplace Violence Detailed Claim Information

The claim information used in this report is from NCCI's Integrated Database (IDB).⁷ That database includes fields that provide information on the nature and cause of injury, injury group designation (e.g., fatal, permanent partial, permanent total), and payments made for indemnity and medical benefits.⁸ The specific data used were from the second report for Injury Years 2000 through 2002 and include only claims involving lost work-time (amounts have not been developed to ultimate).⁹ The impact of the terrorist attacks on September 11, 2001 was excluded from this analysis.

Share of Total Claims

The IDB "cause of injury" categories that most directly incorporate claims associated with workplace violence are "in act of crime" and "struck by fellow worker or patient." These two categories comprise a very small percentage of total claims (Exhibit 13).

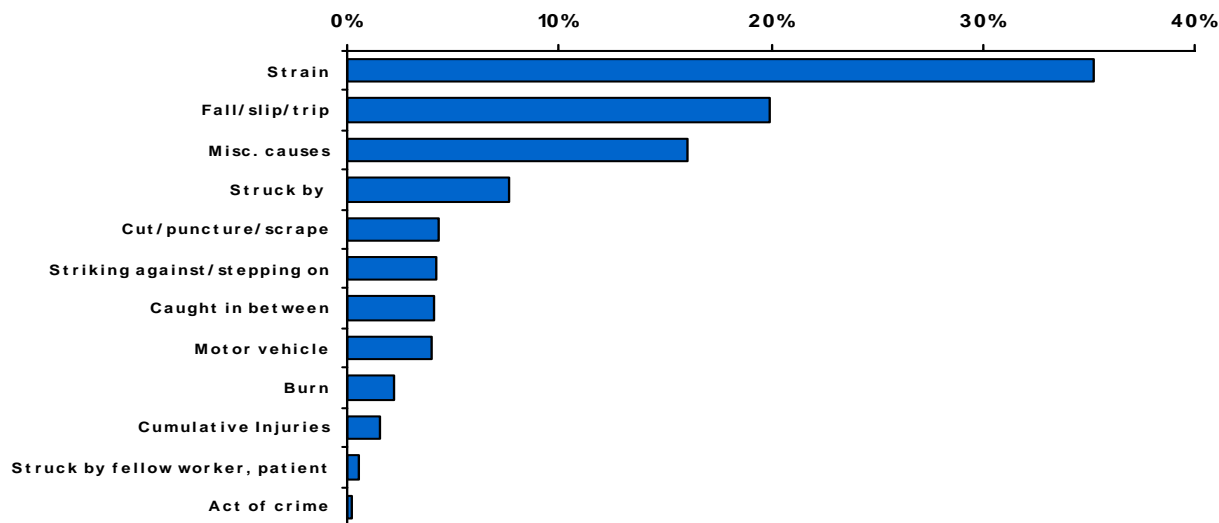
- "In act of crime" includes injuries associated with robbery and other criminal activities, accounting for 0.3% of all claims, on average, in 2000–2002
- "Struck by fellow worker or patient" includes injuries associated with noncriminal contact among workers or among workers and patients, averaging 0.5% of claims in that same period, 2000–2002

The combined 0.8% of all claims is roughly in line with the 1.2% of all lost work-time injuries and fatalities in the BLS dataset for 2000–2002.

Exhibit 13

Workplace Violence-Related Claims Are a Very Small Percentage of Total Claims

Percentage of Total Claims, 2000–2002
(Data as of Second Report)



Source: NCCI, IDB database. Excludes claims related to the events of September 11, 2001.

Injury Group Distinctions

Exhibit 14 provides data on the injury group distribution of workplace violence claims for 2000–2002. In general, injuries associated with crime victims tend to be more severe than those in the noncrime-related categories. This is especially true for fatalities, where 3.0% of “in act of crime” claims involved fatalities versus only 0.3% for the “all other” category. BLS data show a similar result, with homicides accounting for 3% of lost-time cases involving workplace violence in the 2000–2002 period.¹⁰

Claims associated with an act of crime also have a higher percentage of claims involving permanent total injuries

and a lower percentage of claims involving temporary total injuries versus “all other” claims—all of these differences being statistically significant. (The difference in permanent partial percentages between “in act of crime” and “all other” was not statistically significant).¹¹

In marked contrast, injuries associated with “struck by fellow worker/patient” were less severe than both crime-related and “all other” claims.¹²

The differences in injury group distribution may reflect differences in the nature of injury by body part. These differences are discussed in the next section.

Exhibit 14

Injuries Resulting From “In Act of Crime” Tend to Be More Severe Than Injuries Resulting From Other Causes

Percentage of Claims by Injury Group, 2000–2002 Average
(Data as of 2nd Report)

	In Act of Crime	Struck by Fellow Worker, Patient	All Other
Fatality	3.0%	0.1%	0.3%
Perm. Total	0.6%	0.2%	0.4%
Perm. Partial	27.8%	27.0%	28.4%
Temp. Total	68.5%	72.8%	70.9%

Source: NCCI, IDB database. Excludes claims relating to the events of September 11, 2001.

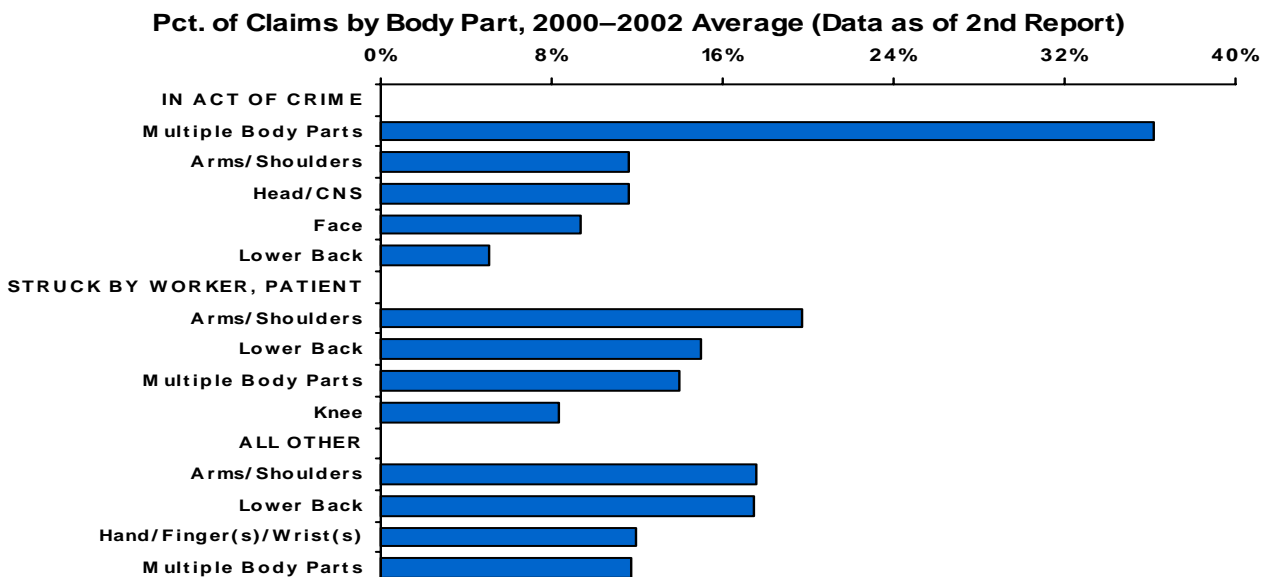
Claims by Part of Body

Multiple body-part injuries and injuries of the face and central nervous system are more likely to occur in claims involving criminal violence than in either the “struck by fellow worker or patient” or the “all other” claim categories (Exhibit 15). Such injuries can often be substantial, and the greater proportion of them being crime-related claims may help to explain the more severe nature of those claims from a benefit-type perspective.

Low-back injuries, which tend to be less severe and life-threatening than those cited above, are far more prevalent in the other cause-of-claim categories. Interestingly, low-back injuries accounted for 18% of all nonviolence-related claims, but only 5% of crime-related claims.¹³

Exhibit 15

Body-Part Injuries Differ Among Assault-Related Claim Categories



Source: NCCI, IDB database. Excludes claims related to the events of September 11, 2001.

Indemnity Severity by Cause of Injury

The average indemnity payment per lost-time claim associated with workplace violence was higher than average for claims “in act of crime” and lower than average for “struck by fellow worker or patient” during 2000–2002 (Exhibit 16). The dollar amounts are based on constant (Year 2000) dollars (these are as of the second report and are not developed to ultimate).

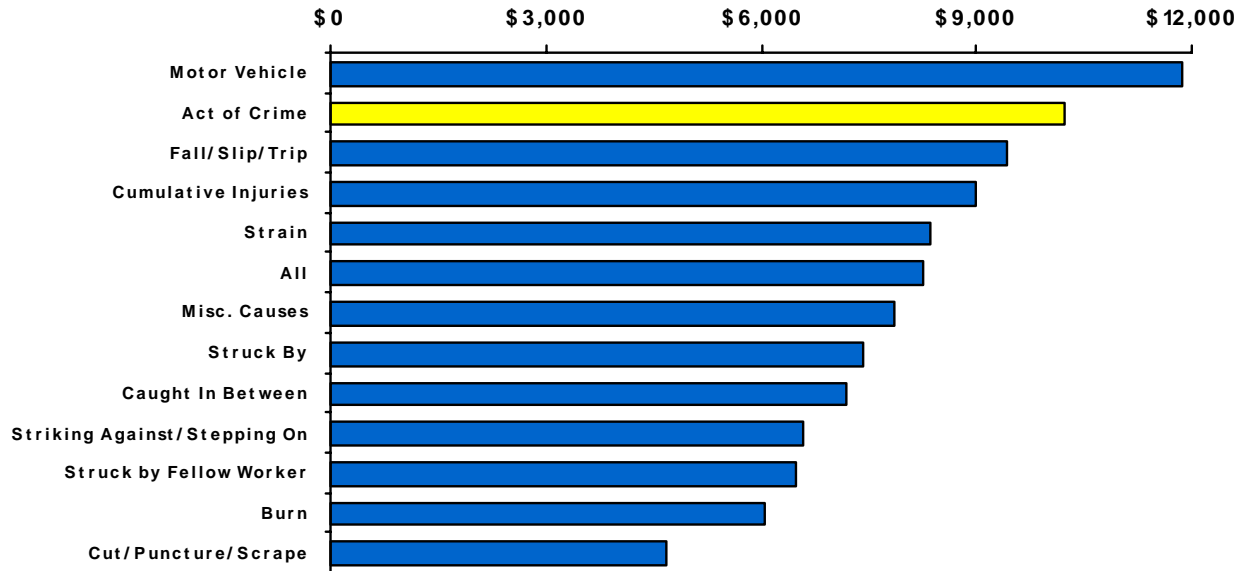
Indemnity payments associated with “criminal-act” claims averaged \$10,241 per claim versus \$8,264 for the average of all claims and \$6,497 for claims involving “struck by fellow worker or patient.” Crime-related claims are second to motor vehicle-related claims, which have the highest indemnity payment (\$11,879 per claim).

The relatively high indemnity severity for crime-related claims can be attributed, in part, to a higher frequency of multiple body-part injuries. Such injuries tend to have longer recuperative times than do other body-part injuries.¹⁴

Exhibit 16

Crime-Related Injuries Have The Second Highest Average Indemnity Severity

Average Indemnity Payments per Claim, 2000–2002 Average,
in Constant (Year 2000) Dollars
(Undeveloped Data as of 2nd Report)



Source: NCCI, IDB database. Excludes claims related to the events of September 11, 2001.

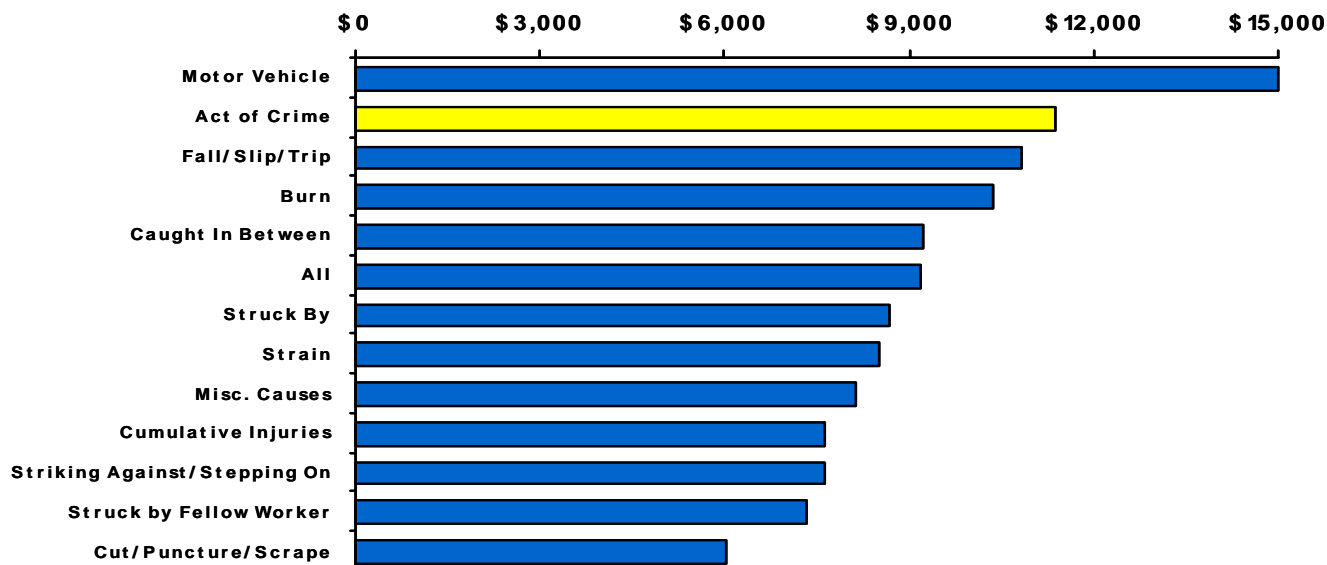
Medical Severity by Cause of Injury

Medical payments for crime-related claims, at \$11,360 per claim (calculated on the same basis as indemnity severity), was also the second-highest claim category behind motor vehicle accidents (Exhibit 17). The average medical payment per claim for all claims was \$9,179 during 2000–2002. In contrast, medical payments per claim for claims involving “struck by fellow worker or patient” were \$7,332. As with indemnity severity, body-part differences provide a reasonable explanation for the differences in medical severity (with crime-related claims having a far greater portion of injuries that are likely to entail substantial medical treatment.)

Exhibit 17

Crime-Related Injuries Have the Second Highest Average Medical Severity

**Average Medical Payments per Claim, 2000–2002 Average,
in Constant (Year 2000) Dollars
(Undeveloped Data as of 2nd Report)**



Source: NCCI, IDB database. Excludes claims related to the events of September 11, 2001.

Recommendations to Reduce Workplace Violence

Research at the National Institute for Occupational Safety and Health (NIOSH)¹⁵ suggests a number of factors that increase the likelihood of workplace violence, including:

- In healthcare or social services fields, working with persons who may tend to be mentally unstable or violent
- Having contact with the public, especially involving the exchange of money
- Having a mobile workplace, such as a taxicab or delivery truck
- Guarding property or possessions
- Working alone, especially in high-crime areas

This research also suggests a number of prevention strategies, including:

- Environmental designs to reduce cash handling, increase physical separation (through bulletproof barriers), improve lighting, and make use of silent alarms and surveillance cameras and, where appropriate, body armor
- Administrative controls, such as increasing the number of staff on duty, reviewing cash-handling procedures, improving policies for reporting threats, increasing education and training in dealing with workplace violence, and improving medical support after an incident has occurred
- Behavioral strategies to improve both conflict resolution and awareness of Exhibit 16 the risks of workplace violence¹⁶

Appendix A

Workplace Homicides Industry, Gender, and Age Detail

Homicides by Industry

Exhibit A1 shows the distribution percentage of workplace homicides in 2004 for major NAICS (North American Industrial Classification System) industry groups.¹⁷

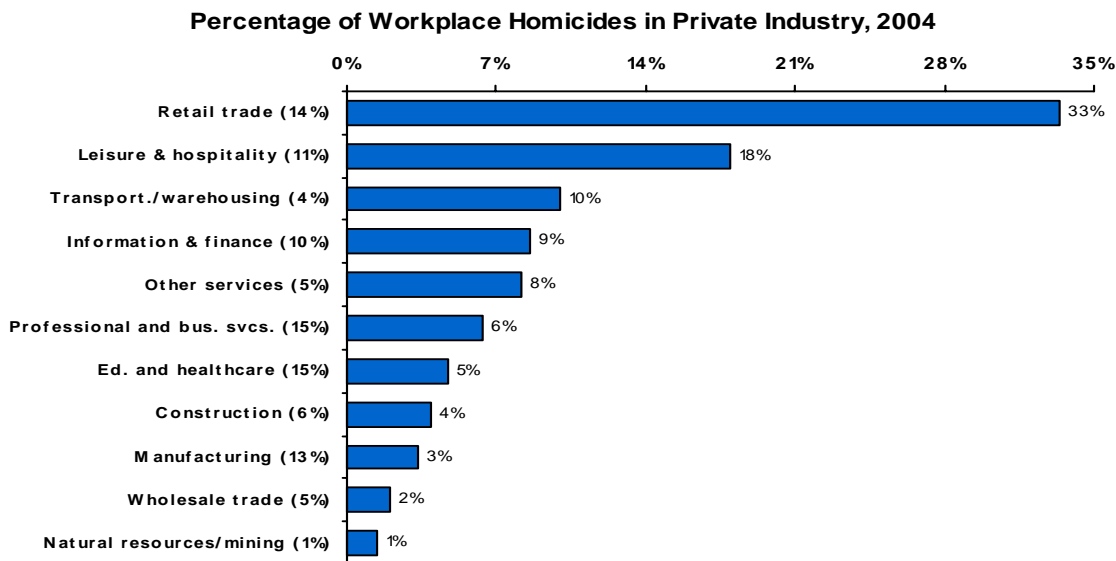
Not surprisingly, in light of the large share of homicides among retail sales-related occupations, retail trade accounts for a disproportionately high percentage of the

total private sector homicides—33%—versus the 14% share of private employment shown by the figures in parentheses. Most of the homicides in the retail trade sector occurred in food and beverage stores, and gasoline service stations.

The leisure and hospitality sector (mainly food service and drinking places) accounts for 18% of homicides versus only an 11% employment share. Finally, some 10% of homicides are in the transportation/warehousing industry sector (which includes the taxi and limousine industry), with only 4% of private employment in that sector.

Exhibit A1

Retail Trade Has the Highest Share of Workplace Homicides

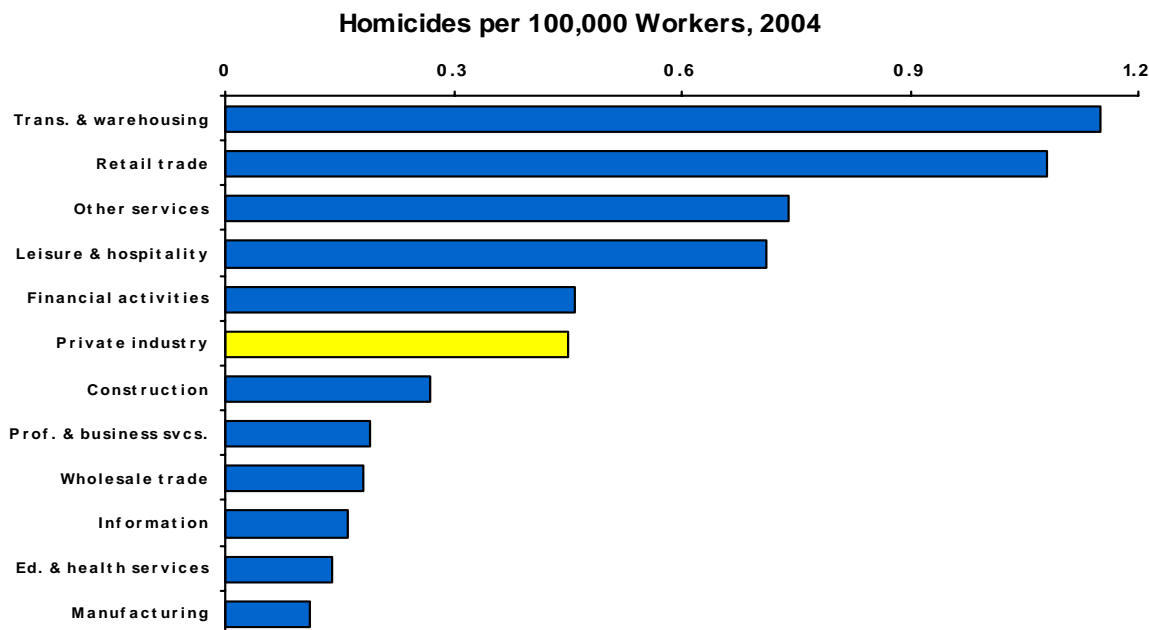


() = Percentage of Private Employment in 2004
Source: US Bureau of Labor Statistics

Exhibit A2 shows the rate at which homicides occur in private industry per 100,000 workers in 2004. As would be expected, transportation and warehousing (which includes taxi drivers) and retail trade had especially high incidence rates. These incidence rates were calculated by NCCI.¹⁸

Exhibit A2

There Is a Wide Disparity in Workplace Homicide Incidence Rates by Industry



Source: NCCI (using data from the US Bureau of Labor Statistics)

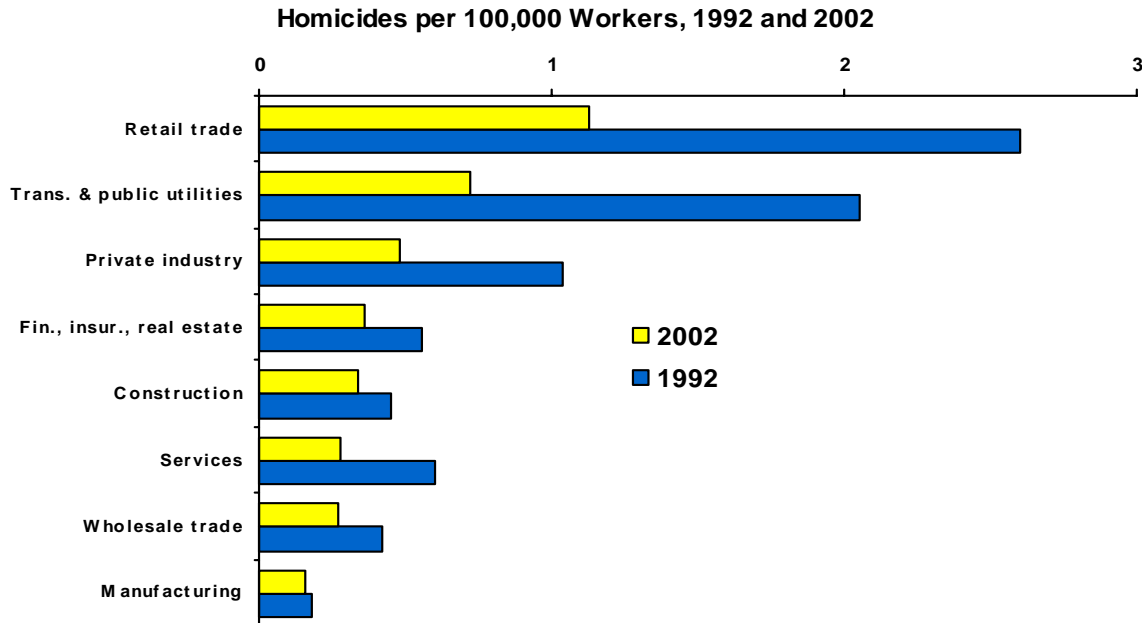
Just as the BLS adopted new occupational classifications in 2003, it also adopted the NAICS standard for classifying industries. Prior to that, data were maintained on an SIC (Standard Industrial Classification) basis. The two systems have some marked differences. For example, food service and drinking places, which were in “retail trade” in the SIC system, are now in the “leisure and hospitality” “supersector” in the NAICS configuration. Security guards, included in the “services” category under SIC, are under “professional and business services” in

NAICS. Therefore, industry data for 2003 and 2004 cannot be compared with earlier years.

Consistent SIC-based industry data are available, however, for the 1992–2002 period. Those data indicate a marked decline in homicide incidence rates across industries over that period for all major SIC industries (Exhibit A3). Declines were especially large in retail trade, and transportation and public utility sectors, which reflect lower incidence rates for cashiers and taxi drivers.

Exhibit A3

Workplace Homicide Incidence Rates by Industry Declined by More Than 50% Between 1992 and 2002



Source: NCCI (using data from the US Bureau of Labor Statistics)

Gender and Age Differences

In 2004, men accounted for 82% of workplace homicides, far higher than their 54% share of the workforce. In general, men are far more likely than women to be involved in occupations with a high risk of homicide. For example, men account for roughly 80% of employment in the two occupations with the highest homicide rates (protective services, and transportation and material moving—mainly taxi drivers).

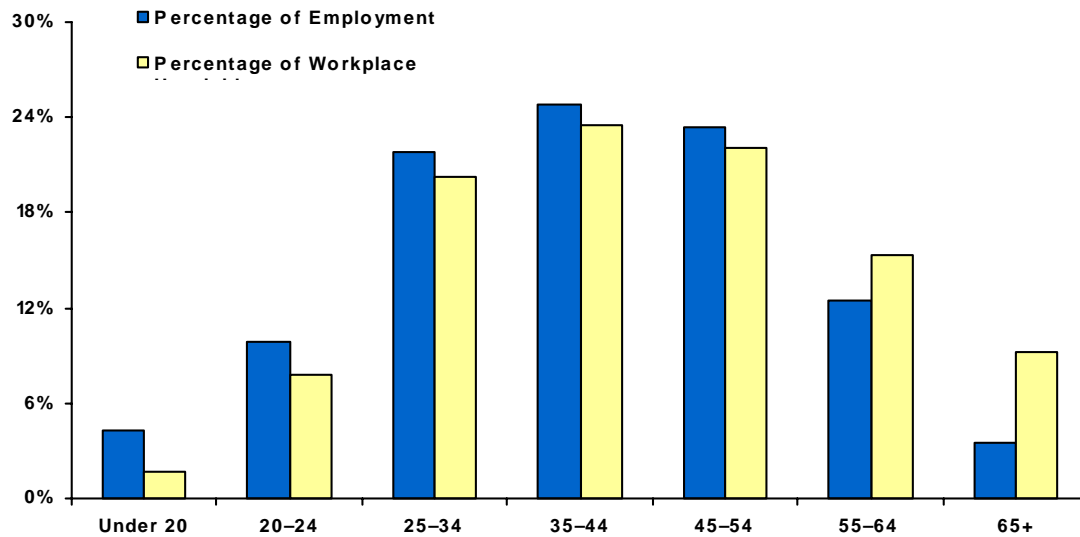
Age differences are less pronounced, with the distribution of homicides by age in rough alignment with the age

distribution of the workforce. However, as seen in Exhibit A4, older workers tend to have a somewhat higher share of homicides (especially workers over 65), while younger workers (especially those under 20 years of age) have a disproportionately lower share. In part, that reflects age distributions in high-risk occupations. For example, persons aged 65 and above, who comprise 3.6% of employment (based on occupational employment for persons 16 years and over) account for 7.4% of security guards and 11.3% of taxi drivers.

Exhibit A4

Older Workers Have a Disproportionate Share of Workplace Homicides

Private Industry, 2004



Source: US Bureau of Labor Statistics. Based on all workplace homicides.

Appendix B

Workplace Assaults Industry, Gender, Age, and Time Away From Work Detail

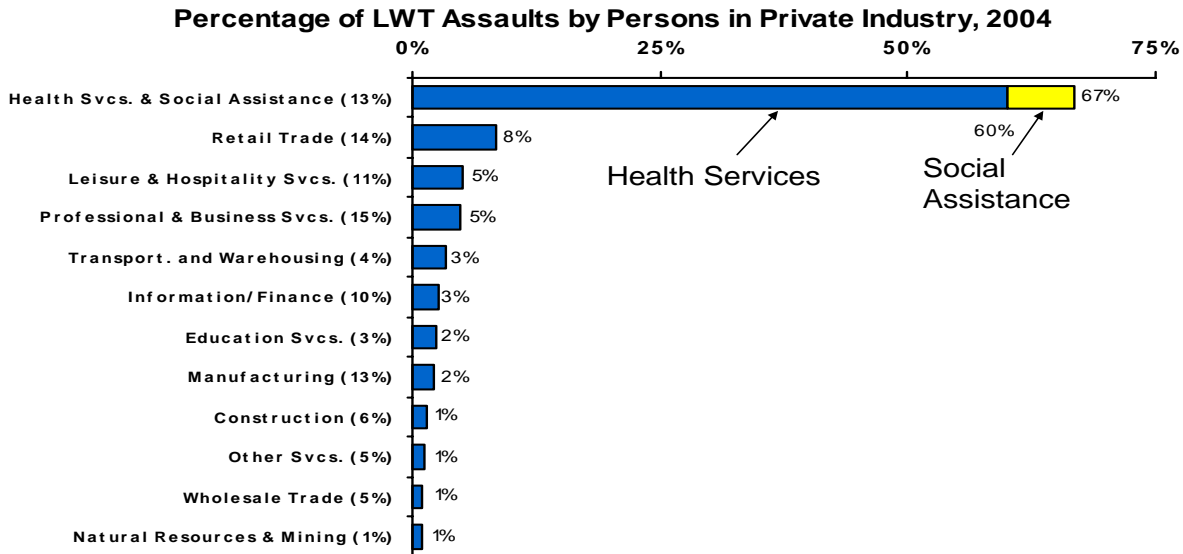
Workplace Assaults by Industry

Reflective of the occupational mix of workplace assaults, health services and social assistance accounted for two-thirds of all workplace assaults in 2004—even though only 13% of private industry workers are in those industries (Exhibit B1).

The percentage in healthcare-related industries is roughly eight times the percentage in the next highest category, retail trade (mainly food and beverage stores, and gasoline service stations).

Exhibit B1

Most Workplace Assaults Occur in the Health Services Sector



() = Percentage of Private Employment in 2004
Source: US Bureau of Labor Statistics

Leisure and hospitality services (mainly food service and drinking places) and professional and business services (mainly protective services) each account for about 5% of workplace assaults. In contrast, retail trade, and leisure and hospitality services accounted for nearly half of all workplace homicides in 2004. The incidence rate of LWT assaults per 10,000 full-time workers is shown in Exhibit B2 for selected industry groups. The BLS calculates incidence rates by industry in terms of injuries and illnesses per 10,000 full-time workers.

As shown in the exhibit, the overall incidence rate was 2.0 in 2004. For healthcare, the incidence rate was 11.3. That implies an incidence rate of 1.0 for all industries, excluding healthcare.

Two subsectors within healthcare had especially high incidence rates—nursing homes and hospitals (as shown in Exhibit 11, nursing home assaults comprise the lion's share of assaults in the healthcare sector).

Other industry groupings with outsized incidence rates include urban and interurban transportation, savings institutions, elementary and secondary schools, investigative services, and gasoline stations and convenience stores.

Exhibit B2
Incidence Rates for LWT Assaults for
Selected Industry Groupings, 2004

All industries	2.0
Healthcare*	11.3
All excluding healthcare*	1.0
Within healthcare:	
Hospitals	9.4
Nursing and residential care	30.1
Other high incidence rate sectors:	
Urban transit systems	43.1
Interurban and rural bus transportation	8.3
Savings institutions	8.8
Elementary and secondary schools	8.7
Investigative and security services	5.3
Gasoline stations and convenience stores	4.0

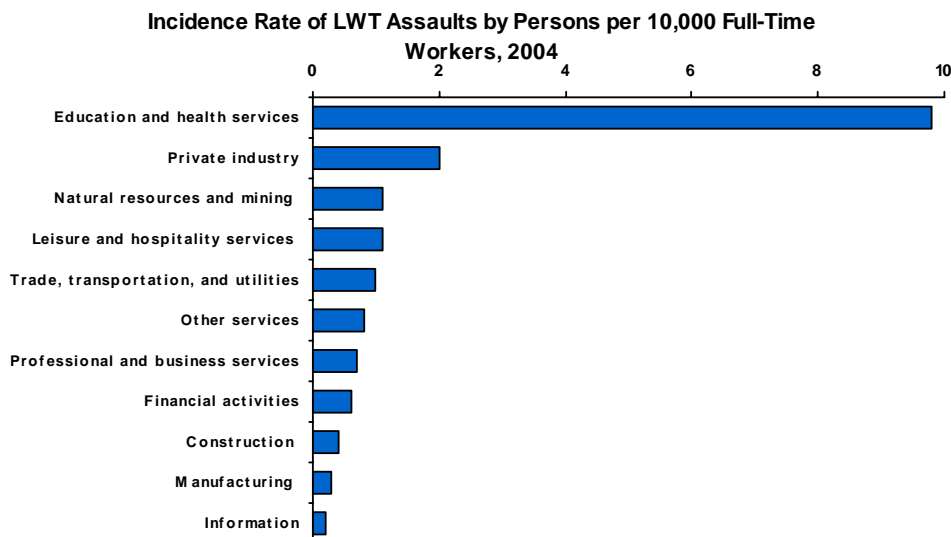
Source: US Bureau of Labor Statistics and NCCI

* NCCI estimate

Exhibit B3 provides BLS-calculated incidence rates for workplace assaults for all NAICS “supersectors.” As would be expected, based on the data in Exhibit B2, the incidence rate for the education and health services supersector is by far the highest of all major industry groupings.

Exhibit B3

The Education and Health Services “Supersector” Has the Highest Incidence Rate of Workplace Assaults

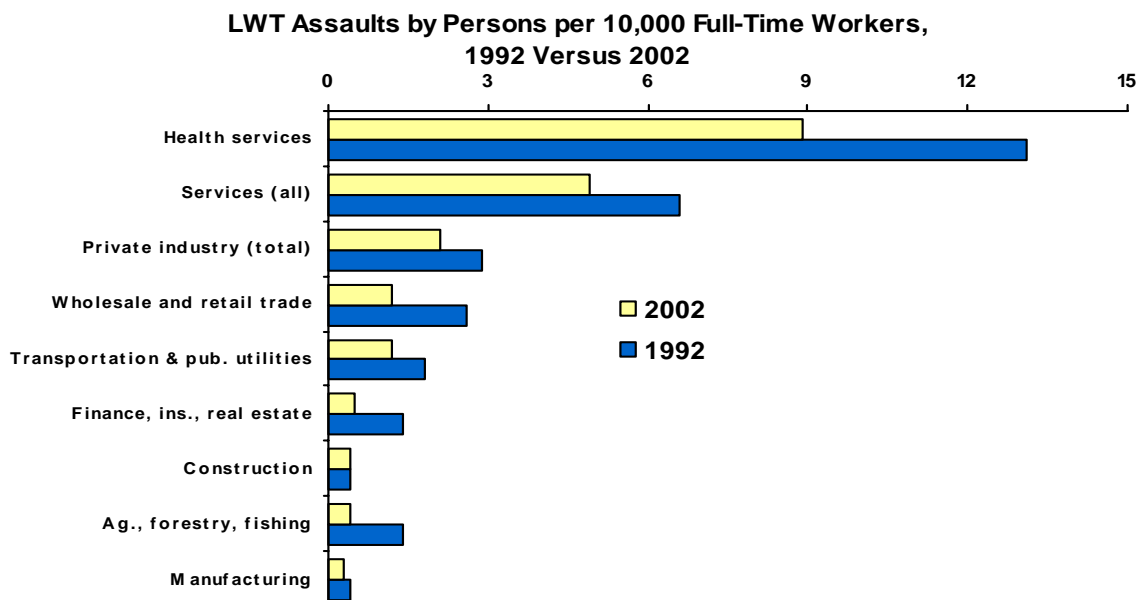


Source: US Bureau of Labor Statistics

As is the case with workplace homicides, the shift from SIC to NAICS limits comparisons of workplace assault incidence rates by industry to the period through 2002. Exhibit B4 provides such a comparison for 1992–2002. Incidence rates are seen to decline for most major industries. Healthcare is shown separately, given its importance (under the SIC system, healthcare is included with the “services” category)

Exhibit B4

Incidence Rates for Workplace Assaults Have Declined for Most Industry Groups



Source: US Bureau of Labor Statistics. SIC basis (discontinued in 2003).

Gender and Age Differences

In 2004, nearly two-thirds of LWT assaults were against women (versus 18% for workplace homicides). This result largely reflects the fact that women comprised 72% of employment in healthcare practitioner and technical occupations and 90% of employment in healthcare

support occupations in that year (Exhibit B5). These two occupational groups accounted for a combined 46% of all workplace assaults then.

The next largest occupational category in terms of the number of assaults—personal care services (including

child care and home care aides)—is also dominated by women. That category accounted for 12% of LWT assaults in 2004.

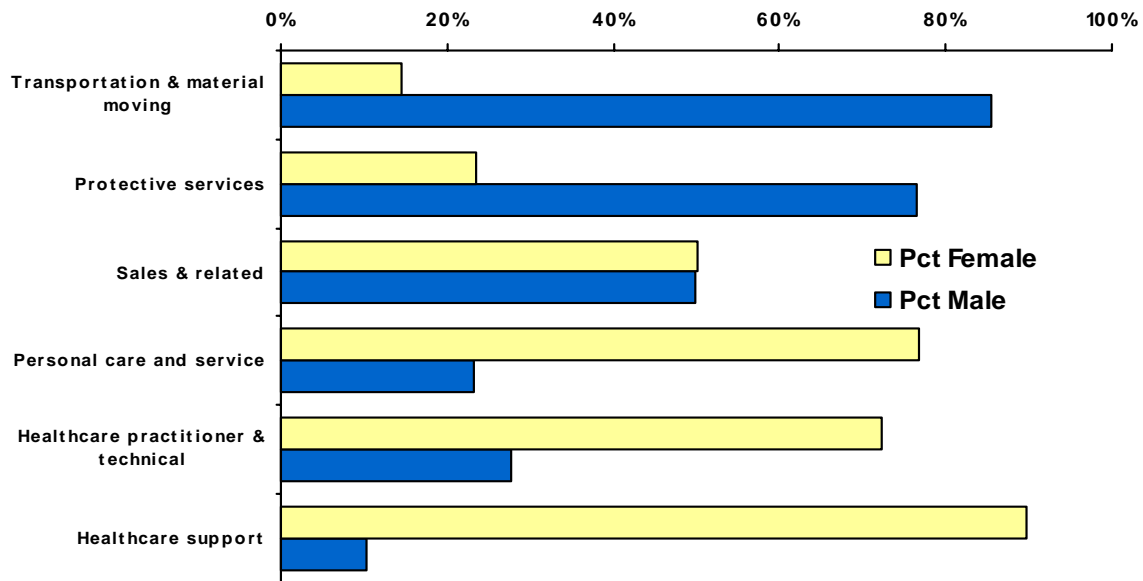
Interestingly, the occupations with high homicide rates—protective services, and transportation and material

moving—have low incidence rates in terms of workplace assaults. Women account for a relatively small percentage of workers in those two occupations (23% and 15%, respectively).

Exhibit B5

Gender Composition of Workplace Assaults Is Markedly Different by Occupation

Male/Female Percentage of LWT Workplace Assaults by Persons, 2004



Source: US Bureau of Labor Statistics

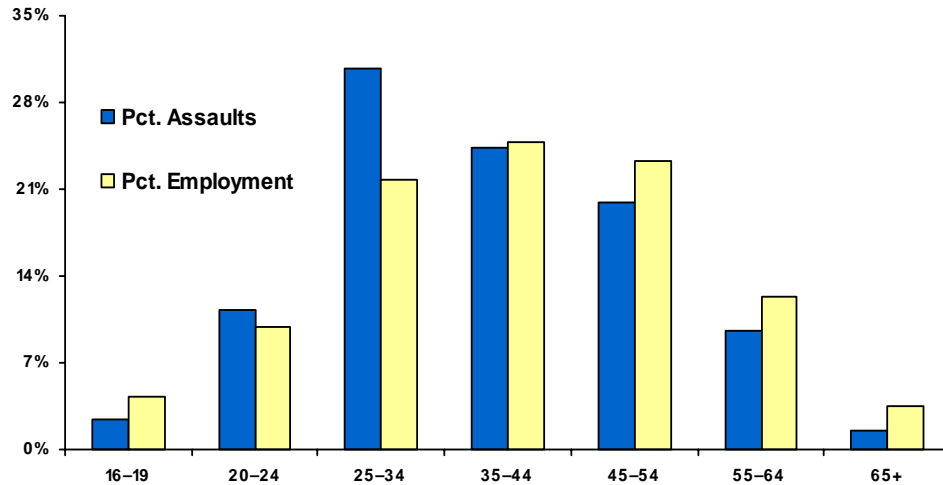
In general, the age distribution of workplace assaults follows the overall age distribution of the workforce (Exhibit B6). However, there is a disproportionate percentage of assaults in the 25–34 age

group. That largely reflects the fact that 33% of workers in the healthcare and social assistance sectors (which account for the bulk of workplace assaults) are in that age group.

Exhibit B6

A Disproportionate Share of Workplace Assaults Occurs Among Workers Aged 20 to 34

Age Distribution of LWT Assaults by Persons and Employment, 2004



Source: US Bureau of Labor Statistics

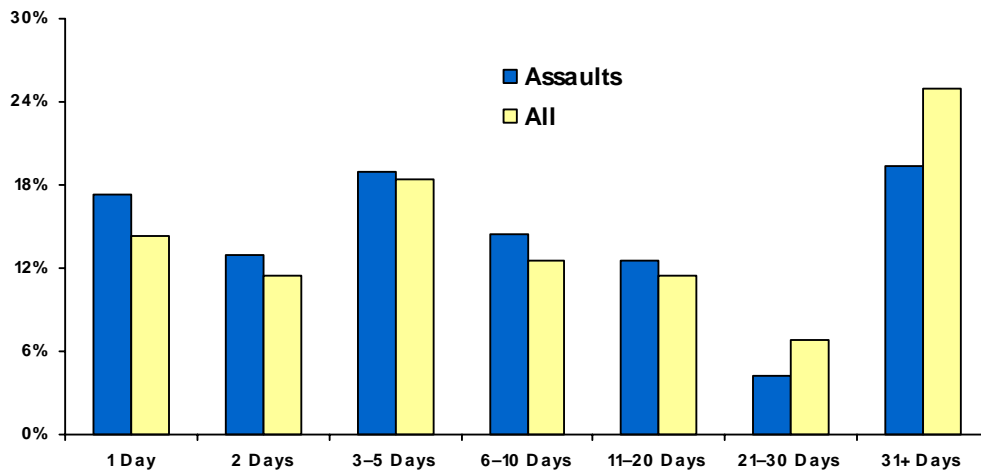
Days Away From Work

Days away from work for workplace assaults tend to be similar to those for all workplace injuries and illnesses (Exhibit B7), although such assaults appear somewhat less likely to result in long-duration injuries (those 21 days or longer) than all injuries. One possible explanation is that most workplace assaults involve injuries resulting from actions of healthcare patients or personal care clients that may be less severe, on average, given the age or ill health of the perpetrator.

Exhibit B7

There Are Small Differences in Days Away from Work Between All LWT Injuries and Workplace Assaults

Distribution Percentage of Injuries and Illnesses by Days Away From Work in 2004



Source: US Bureau of Labor Statistics

ENDNOTES

¹ This paper is the third in a series of NCCI reports examining trends in workplace violence. It provides new and updated information and analyses using both claims data from the National Council on Compensation Insurance, Inc. (NCCI) as well as data from the US Bureau of Labor Statistics (BLS). The previous papers include:

Martin Wolf, Dan Corro, and Chun Shyong, "Workplace Violence and Its Implications for Workers Compensation: Frequency, Cost and Other Claim Characteristics," NCCI (November 1999).

Martin Wolf "An Analysis of Violence in the Workplace," *The Journal of Workers Compensation*, Vol. 12, No. 3, Spring 2003, pp. 79–90.

² The BLS also captures data on "assaults by animals."

³ The BLS adjusted the workplace homicide and fatality data to exclude deaths related to the September 11, 2001 terrorist attacks.

⁴ Traffic accidents are a leading cause of the most severe workers compensation claims and a major component in the long-term tail of workers compensation loss development. See the NCCI study "Traffic Accidents—A Growing Contributor to Workers Compensation Losses," which examines implications for workers compensation in terms of claims characteristics and costs.

⁵ Prior to 2003, the BLS used the Census Bureau's occupational classification system. Effective in 2003, the agency switched to using the Standard Occupational Classification (SOC) system.

⁶ John R. Stone and Daniel C. Stevens, "The Effectiveness of Taxi Partitions: The Baltimore Case," a paper prepared for The Southeastern Transportation Center, University of Tennessee—Knoxville, June 1999.

⁷ Prior NCCI studies on workplace violence used NCCI's Detailed Claim Information (DCI) database as the source for claims data. The DCI dataset is based on a sample of claims, while the IDB contains unit reports that include all claims. There are also significant differences in data reporting protocols between the two databases. As a result, the findings in this section, particularly in terms of dollar amounts, should **not** be compared to those previously provided.

⁸ The IDB includes complete data for all NCCI states, Texas, and some Independent Bureau states. States with limited (or no) representation in the IDB include CA, DE, MA, MN, ND, NJ, NY, OH, PA, TX, WA, WV, and WY.

⁹ Employers are generally held liable for injuries resulting from violent acts that occur in the workplace, although coverage specifics vary from state to state. In most jurisdictions, medical expenses are covered in full, but coverage for lost wages is generally subject to a cap, typically two-thirds of a state's average weekly wage benefit. Standards of payment for total and partial disabilities differ. Payments for compensable fatalities are typically made to the surviving spouse until death or remarriage and to dependent children until they reach the age of majority.

¹⁰ NCCI data exclude fatalities and injuries related to the September 11 World Trade Center attack. The BLS also excludes fatalities related to September 11 from its compilation of work-related fatalities. Note that the NCCI percentage of fatalities for "in act of crime" incidents is not directly comparable to the BLS figure because the BLS does not distinguish between assaults by persons in act of a crime and noncriminal assaults.

¹¹ Standard tests were run for statistical significance between proportions. The differences between "in act of crime" and other were significant at the 95% level or above for fatal, permanent total, and temporary total.

¹² Those differences were statistically significant across all benefit group categories.

¹³ BLS data for 2004 also show multiple body-part and head injuries to be the two largest “body-part” categories for workplace assaults by persons (each at 23%.) Finger, hand, and wrist injuries is the third-highest category (16% on a combined basis), followed by back injuries (15%). In contrast, for all workplace injuries and illnesses, BLS data place back injuries in first place (28% of the total), followed by finger hand and wrist injuries (22%), multiple body-part injuries (13%), and knee injuries (10%).

¹⁴ According to 2004 BLS data, 36.2% of multiple body-part injuries involve 21 or more days away from work. This compares to 31.8% for all injuries.

¹⁵ For a listing of NIOSH publications, research, and related links, visit the NIOSH Web site at www.cdc.gov/niosh/homepage.html.

See also:

University of Iowa Injury Prevention Research Center, *Workplace Violence, A Report to the Nation*, February 2001.

US Department of Justice, Federal Bureau of Investigation, *Workplace Violence—Issues in Response*, 2004.

¹⁶ These suggestions were excerpted from NIOSH, *Violence in the Workplace—Risk Factors and Prevention Strategies*, July 16, 1996.

¹⁷ NAICS is the North American Industrial Classification System. It has replaced the US Standard Industrial Classification (SIC) system. NAICS was developed as the standard for use by federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the United States.

¹⁸ The BLS does not provide industry-specific incidence rates for homicides. However, it does provide such measures for workplace assaults by persons. Incidence rates for natural resources and mining were excluded because of the low amount of data in that category.

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