



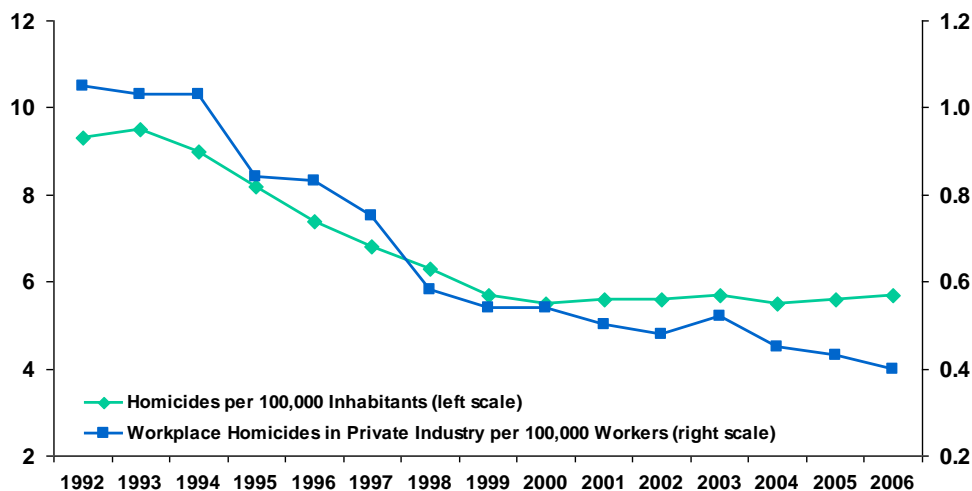
Violence in the Workplace—An Updated Analysis

This paper is the fourth in a series of NCCI reports on workplace violence.¹ It provides updated data and analyses based on the latest available information from the US Bureau of Labor Statistics (BLS) on workplace homicides and assaults by persons and from NCCI on the characteristics of claims associated with workplace violence.

Progress continues to be made in reducing workplace violence, both homicides and assaults:

- As shown in Exhibit 1, workplace homicide rates (in the private sector, per 100,000 workers) are trending decidedly lower, down 25% between 2000 and 2006 (the latest year for which BLS data is available) and down 61% since 1992. In contrast, homicides rates for the nation as a whole (per 100,000 inhabitants) have actually edged higher since 2000 (increasing roughly 4%), while declining a welcomed-but-far-less 39% since 1992. The “level” of homicide rates also differs markedly, with the national rate roughly 14 times that in the workplace.

Workplace Homicide Rates Have Been Trending Lower Since 2000, in Contrast to the Small Rise in Overall Homicide Rates

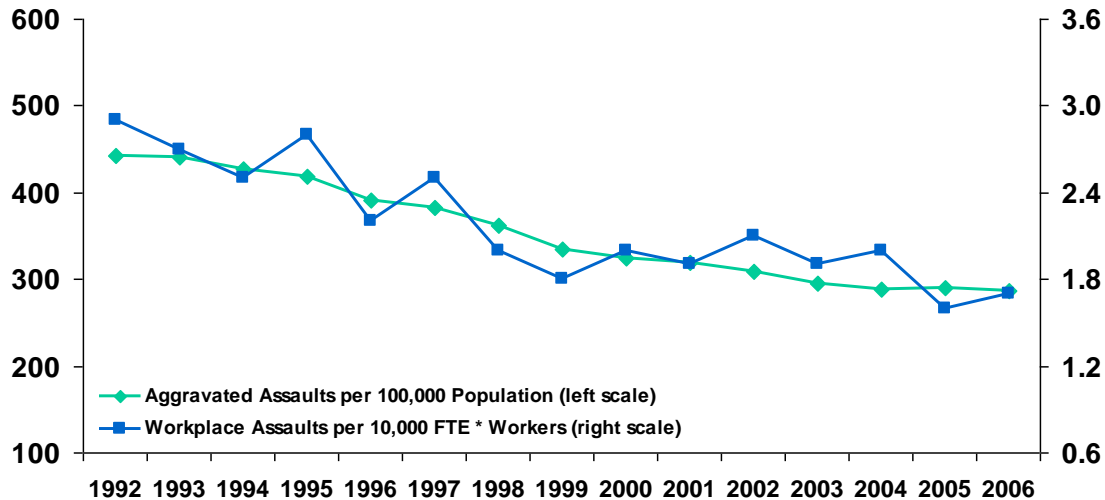


Source: US Bureau of Labor Statistics; US Department of Justice

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- Workplace assaults rates (per 10,000 full-time-equivalent workers) have been more volatile on a year-to-year basis (Exhibit 2). Recently, the rate declined 20% in 2005 (the largest drop since 1998) and then turned up 6% in 2006. Nationally, assault rates (in term of aggravated assaults per 100,000 inhabitants) have shown a more consistent downward pattern. Interestingly, over the full 1992–2006 period, both measures have declined by roughly similar percentages (41% for the workplace assault rate and 35% for the national aggravated assault rate).

The Incidence Rate for Workplace Assaults Has Shown Little Net Change Since 1999



* FTE is Full-Time Equivalent

Source: US Bureau of Labor Statistics; US Department of Justice.

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Exhibit 2

The balance of this study provides (a) more detailed information on workplace homicides and assaults, using BLS data through 2006, and (b) claim-related information from NCCI on the effects of workplace violence on key workers compensation metrics in 2003 through 2005. Key findings include the following:

- Robberies continue to be the major cause of workplace homicides, accounting for roughly 70% of such deaths. The latest data is consistent with prior results that show that the primary victims of workplace homicides are in occupations where there is direct customer contact and where cash or other valuables are accessible, such as sales (e.g., cash register operators), security guards, and taxi drivers.
- As in the previous report, workplace assaults are concentrated in health services, social assistance, and personal care occupations. Workers in nursing homes are major victims, with roughly 50% of assaults in the healthcare industry occurring in such facilities.
- NCCI claims data provides separate breakouts for claims involving “in act of crime.” Such claims are nine times more likely to involve a fatality than noncrime-related claims (2.7% of crime-related claims involve a fatality vs. 0.3% for all other claims).
- NCCI data also indicates that nonfatal crime-related claims, on average, involve more serious injuries—particularly to the head and central nervous system—than do noncrime claims (where back strains and sprains are more prevalent).
- In part because of the more serious nature of their injuries, crime-related claims have higher indemnity and medical severity (i.e., cost per claim) than other claims when claims are classified by cause of injury. (As in previous studies, traffic accidents continue to have the highest severity.)

Key Indicators From the Bureau of Labor Statistics

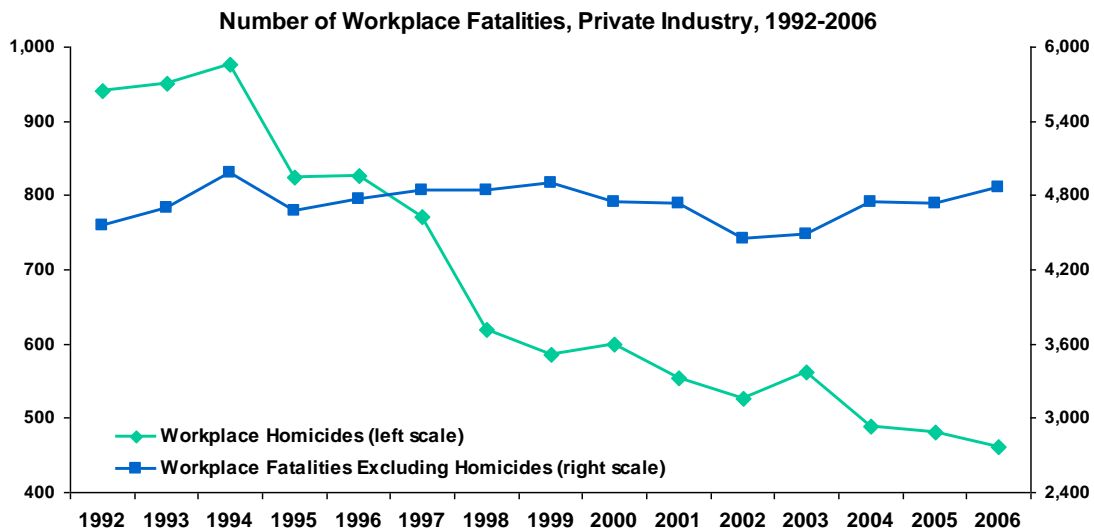
The BLS has extensive data on workplace fatalities and lost work-time injuries and illnesses. The data incorporates separate breakouts for workplace homicides and “assaults by persons.”² The latter category includes both criminal assaults and noncriminal acts by coworkers and other persons, especially patients (data is reported on a combined basis—data specifically relating to criminal assaults is not available). The following sections take a detailed look at the BLS data as it relates 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, with a total of 461 such homicides in 2006, 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 3.3% a year between 1999 and 2006. In contrast, the number of workplace fatalities in the private sector, excluding homicides, has declined just 0.2% a year between 1994 and 2006 and has been trending slightly higher since 2001.³

Workplace Homicides Have Trended Decidedly Lower Since the Mid-1990s, in Marked Contrast to “All Other” Workplace Fatalities



Source: US Bureau of Labor Statistics

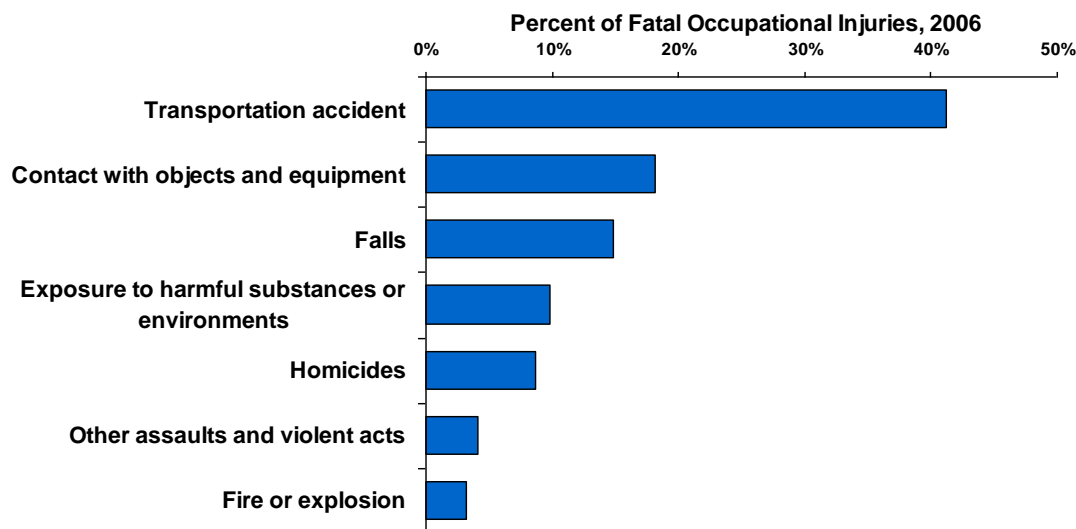
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Exhibit 3

Workplace homicides accounted for 8.7% of private sector workplace fatalities in 2006. The largest cause of workplace fatalities was transportation incidents (most of which were motor vehicle-related).⁴ “Contact with objects and equipment” was the second-largest cause (Exhibit 4).

Workplace Homicides Account for Less Than 10% of Workplace Fatalities



Source: US Bureau of Labor Statistics

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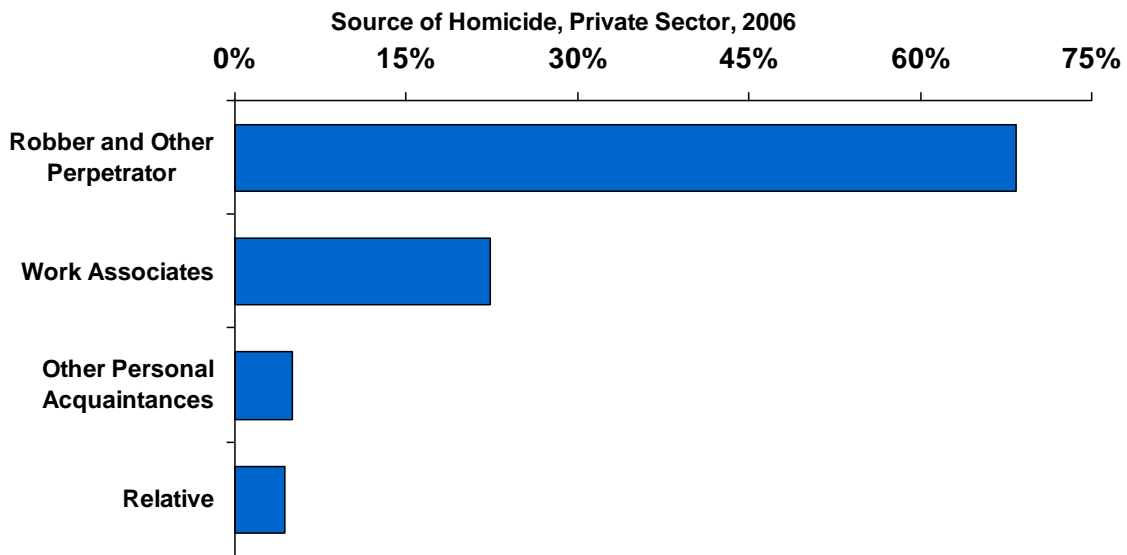
Exhibit 4

Robbery—The Major Cause of Workplace Homicides

Nearly 68% of all workplace homicides in 2006 were caused by “robbers or other perpetrators”—a percentage very much in line with that seen in prior years (Exhibit 5). Work associates accounted for 22% of homicides, split about evenly between coworkers/former coworkers and customers/clients. Actions by other personal acquaintances (including current and past “significant others”) and relatives (mainly spouses) made up the balance.

Shootings were involved in 80% of workplace homicides. Stabbings and “hitting/kicking/beating” were involved in 7% and 6% of workplace homicides, respectively, with the balance (6%) not classified.

Roughly Two-Thirds of Workplace Homicides Involve Robbery



Source: US Bureau of Labor Statistics

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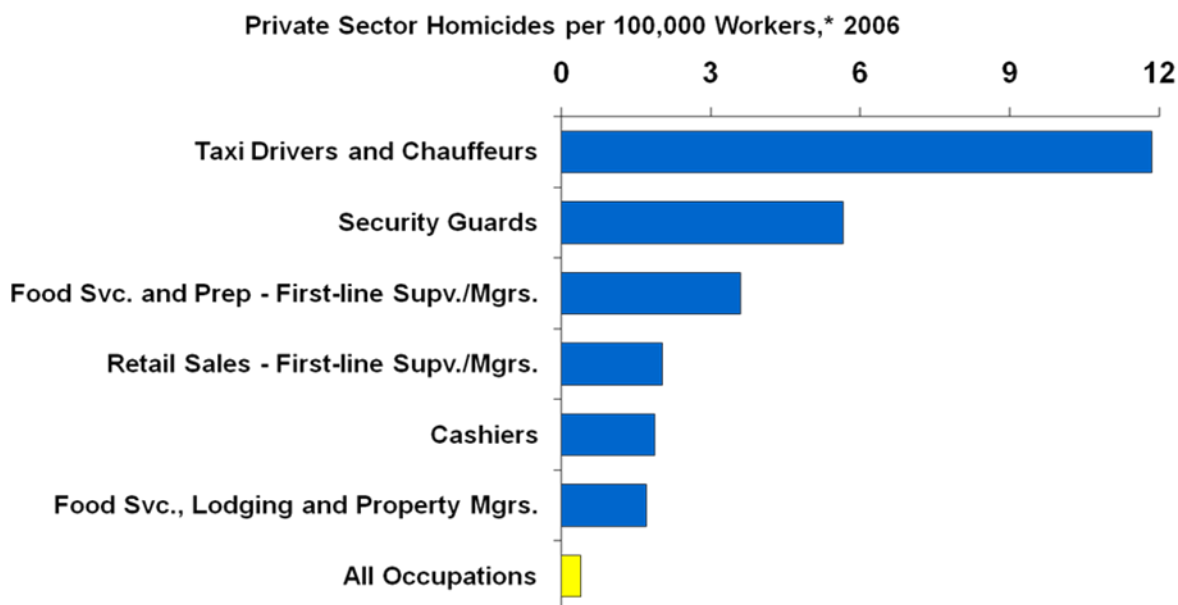
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Exhibit 5

Since robbery is far and away the largest cause of workplace homicides, it follows that occupations that involve direct contact with customers or other persons are especially vulnerable. Indeed, as shown in Exhibit 6:

- Homicide incidence rates (in terms of homicides per 100,000 workers) were highest for taxi drivers/chauffeurs and security guards—occupations that typically involve the handling of cash or the safeguarding property in an often isolated or unprotected environment
- Other high-risk occupations include persons involved in food preparation and related activities, cashiers, and managers of lodging and food establishments
- These percentages are consistent with those in prior years' data

Homicide Rates Are Highest for Taxi Drivers Among “High-Risk” Occupations



* Includes self-employed persons

Source: US Bureau of Labor Statistics and NCCI

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Exhibit 6

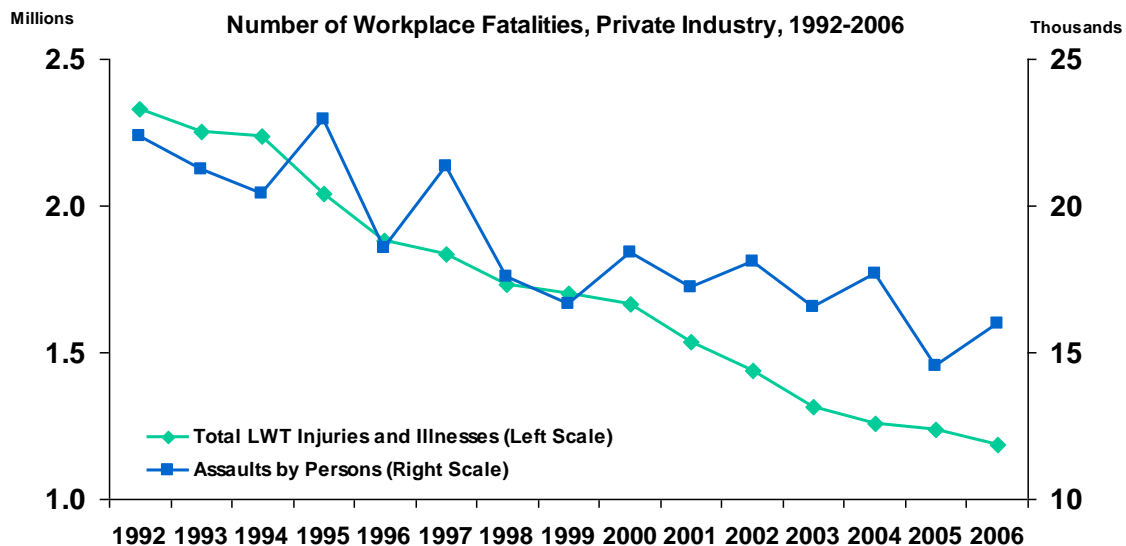
Additional details on how workplace homicides vary by industry, gender, and age are provided in Appendix A.

Workplace Assaults by Persons

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

After trending lower between 1992 through 1999, the number of lost work-time (LWT) assaults has shown an erratic pattern, with an 18% decline in 2005 (largely reflecting reduced assaults among healthcare and social assistance workers) followed by a 10% rise in 2006 (also concentrated in the healthcare sector). For 1999–2006 as a whole, workplace assaults declined at an average annual rate of just 0.6%. In contrast, overall LWT injuries have shown a larger and consistent decline since 1999, averaging 5% a year. (Exhibit 7).

Workplace Assaults Have Shown Less of a Decline Than Have Total Lost Work-Time Injuries and Illnesses Since 1999



Source: US Bureau of Labor Statistics

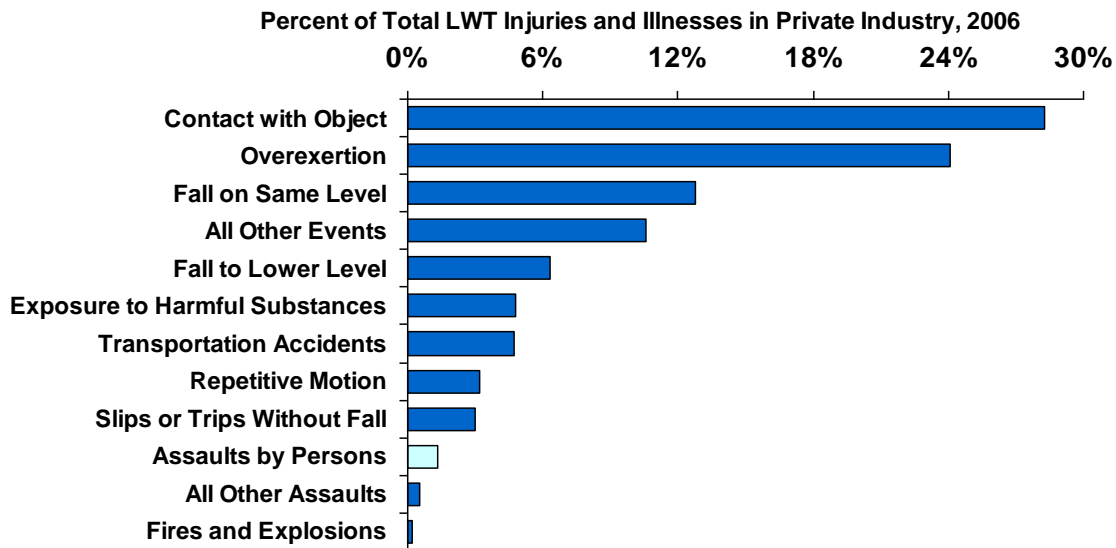
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Exhibit 7

As shown in Exhibit 8, workplace assaults represent a small percentage of total workplace injuries and illnesses (1.3% in 2006). In contrast, more than half of all LWT injuries in 2006 were the result of either contact with an object or overexertion.

“Assaults by Persons” Account for Less Than 2% of All LWT Injuries and Illnesses



Source: US Bureau of Labor Statistics

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Exhibit 8

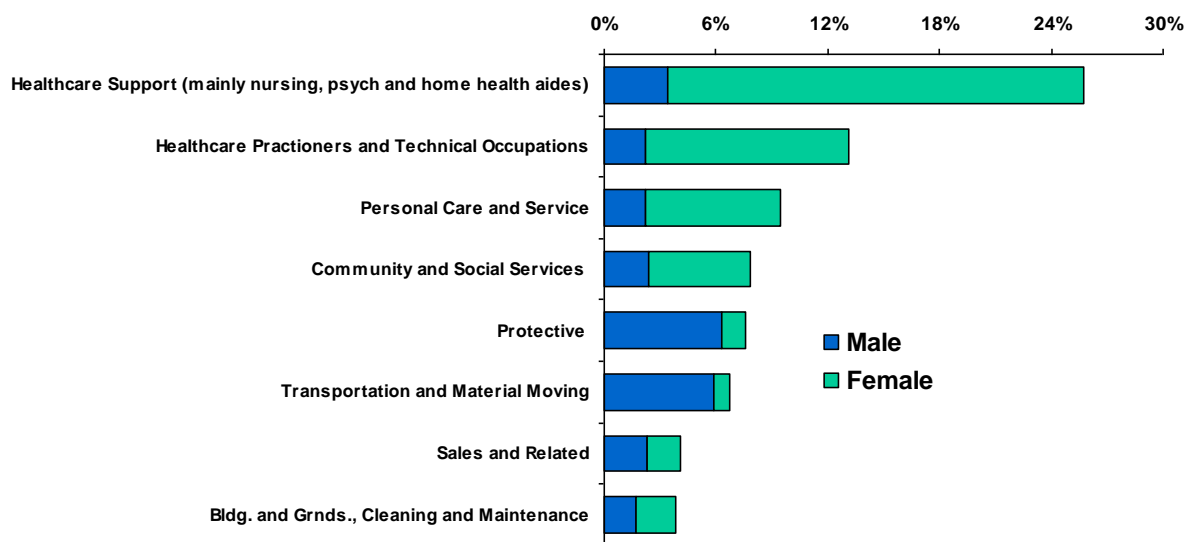
Most Workplace Assaults Are in Healthcare-Related Occupations

Exhibit 9 shows the distribution of LWT assaults by persons in 2006 for occupations with the highest assault percentages. As was the case with workplace homicides, occupations that involve direct contact with customers/clients have the largest share of violence-related cases.

- Healthcare, personal care, and community and social service occupations (the top four bars in the chart) accounted for roughly 55% of total assaults in 2006. Women, who comprise roughly 80% of employment in those categories, also incurred the lion's share of healthcare-related assaults.
- Protective services and transportation-related occupations (mainly taxi and delivery truck drivers) account for roughly 14% of assaults. Men were the primary victims of such assaults, which is not surprising because men comprise roughly 80% of employment in those categories.
- Retail sales and maintenance and cleaning occupations are also seen to be vulnerable to assaults, accounting for roughly 8% of assaults in 2006 on a combined basis.

Health/Personal Care/Social Service Occupations (Which Are Female-Intensive) Comprise the Largest Share of Workplace Assaults

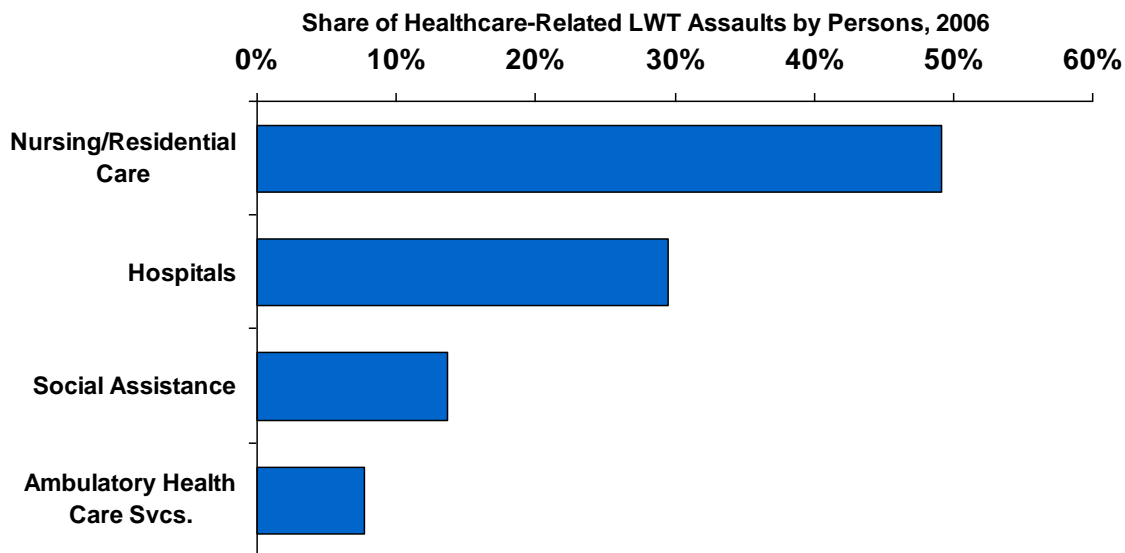
Percent of Total LWT Assaults by Persons in Private Industry, 2006



Categories shown account for 78% of total LWT assaults by persons
Source: US Bureau of Labor Statistics

Within the healthcare industry, nearly 50% of LWT assaults by persons in 2006 were from nursing and residential care facilities, and nearly 30% were from hospitals (see Exhibit 10).

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



Source: US Bureau of Labor Statistics

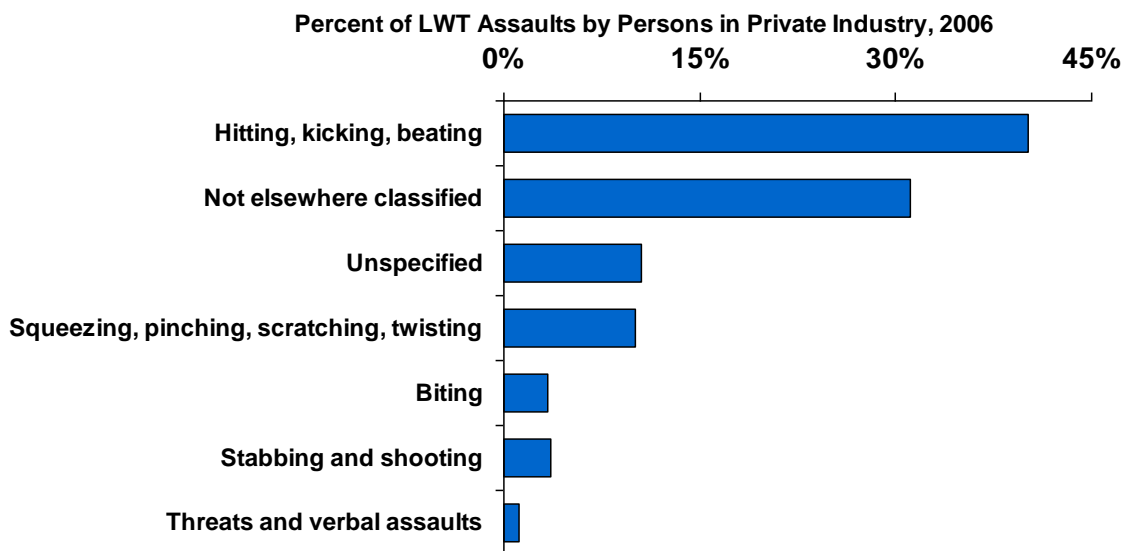
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Exhibit 10

“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 50% of all workplace assaults (Exhibit 11). 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 “act out” in ways that result in injuries to their caregivers.⁵ In marked contrast, potentially deadly assaults are far less frequent, with stabbings and shootings accounting for just 4% of the total.

40% of Workplace Assaults Involve Hitting, Kicking, or Beating



Source: US Bureau of Labor Statistics

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Exhibit 11

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

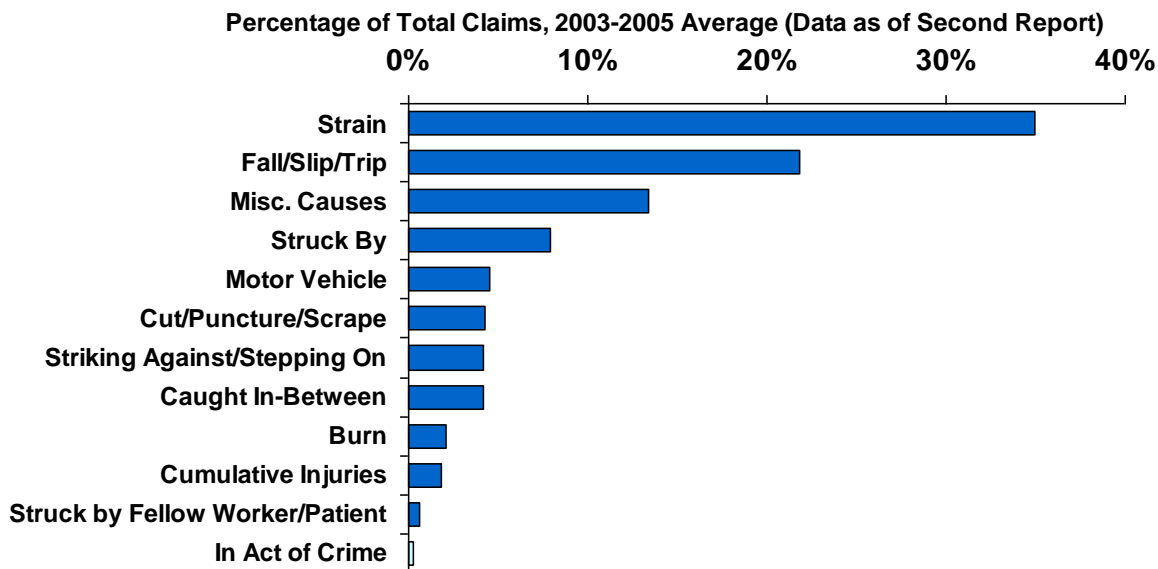
NCCI Findings on Violence-Related Claims

The claim information used in this report is from NCCI's Integrated Database (IDB).⁶ 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.⁷ The specific data used was from the second report for Injury Years 2003 through 2005 and includes only claims involving lost work-time (amounts have not been developed to ultimate).⁸

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." Those categories accounted for a very small percentage of all claims—0.3% and 0.6%, respectively—in 2003 through 2005 (see Exhibit 12). That combined 0.9% is roughly in line with the 1.4% of fatalities and lost work-time injuries attributable to homicides and assaults by persons in the BLS data, a relationship consistent with that seen in NCCI's prior workplace violence reports.⁹

Claims Involving "In Act of Crime" Are a Very Small Percentage of Total Claims



Source: NCCI; IDB database

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Exhibit 12

Injury Group Distinctions

Exhibit 13 provides data on the injury group distribution of claims involving “in act of crime,” “struck by fellow worker or patient,” and all other claims. In general, outcomes associated with being a crime victim tend to be more severe than for noncrime-related categories.¹⁰

- That is especially the case for fatalities, where 2.7% of claims “in act of crime” involved fatalities vs. just 0.2% for “struck by fellow worker/patient” and 0.3% for all other claims. One possible explanation of this result is that firearms are more likely to be involved in claims involving “in act of crime” than is the case in other claim categories.¹¹
- There are small—and not especially meaningful—differences between “in act of crime” and the other claim categories for permanent partial, permanent total, and temporary total classifications.

Fatalities Are a Higher Proportion of “In Act of Crime” Claims Than for Other Claim Categories

**Percentage of Claims by Injury Group, 2003–2005
Average (Data as of Second Report)**

Injury Type	In Act of Crime	Struck by Fellow Worker or Patient	All Other
Fatality	2.7%	0.2%	0.3%
Permanent Total	0.7%	0.1%	0.4%
Permanent Partial	30.1%	27.3%	30.8%
Temporary Total	66.5%	72.4%	68.5%

Source: NCCI; IDB database

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Exhibit 13

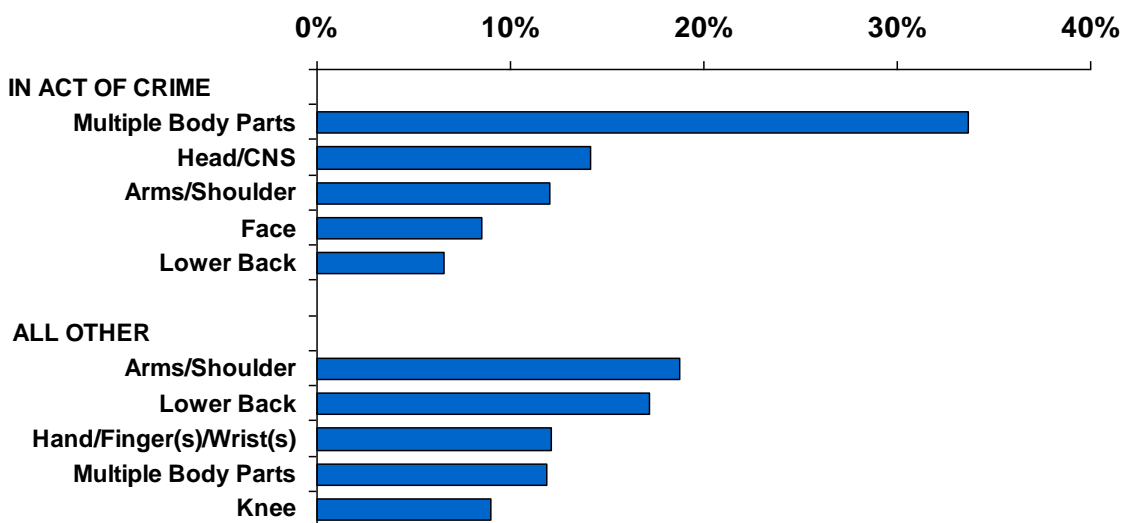
Claims by Part of Body

Multiple-body-part injuries and injuries of the face and central nervous system were more likely to occur in claims involving criminal violence than for all other claims (see Exhibit 14—the distribution for “struck by fellow worker/patient” is not shown since it is similar to that of “all other claims”). Such injuries can often be severe, and the greater proportion of them in crime-related claims may help to explain the more severe nature of those claims from a benefit-type perspective.

Lower back injuries, which tend to be less severe and life-threatening, are far more prevalent in the other cause-of-claim categories. Interestingly, lower back injuries accounted for 17% of all claims but only 7% of crime-related claims.

Body Part Injuries Differ Among Assault-Related Claim Categories

Percent of Claims by Body Part, 2003–2005 Average (Data as of 2nd Report)



Source: NCCI; IDB database

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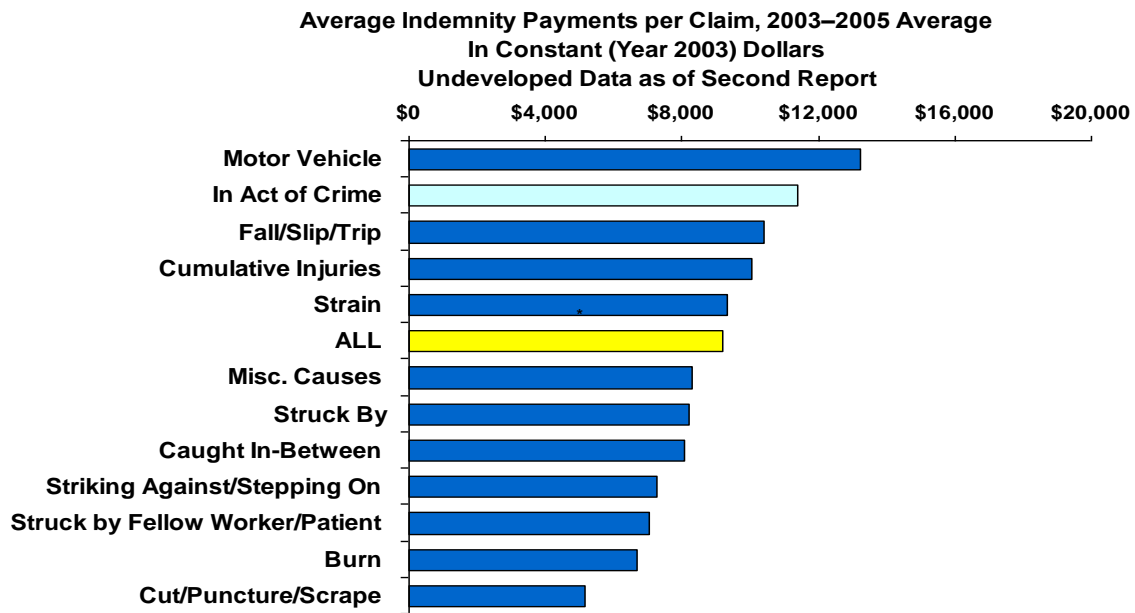
Exhibit 14

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 2003 through 2005 (Exhibit 15). The dollar amounts are based on constant (Year 2003) dollars. Note that the payments are as of the second report and are *not* developed to ultimate.

- Indemnity payments associated with criminal-act claims averaged \$11,381 per claim vs. \$9,182 for the average of all claims and \$7,029 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 (\$13,246 per claim).
- The relatively high indemnity severity for crime-related claims can be attributed, in part, to a higher frequency of fatalities and multiple-body-part injuries (injuries that tend to have longer recuperative times than do other body part injuries).¹²

Crime-Related Injuries Have The Second Highest Average Indemnity Severity



Source: NCCI; IDB database

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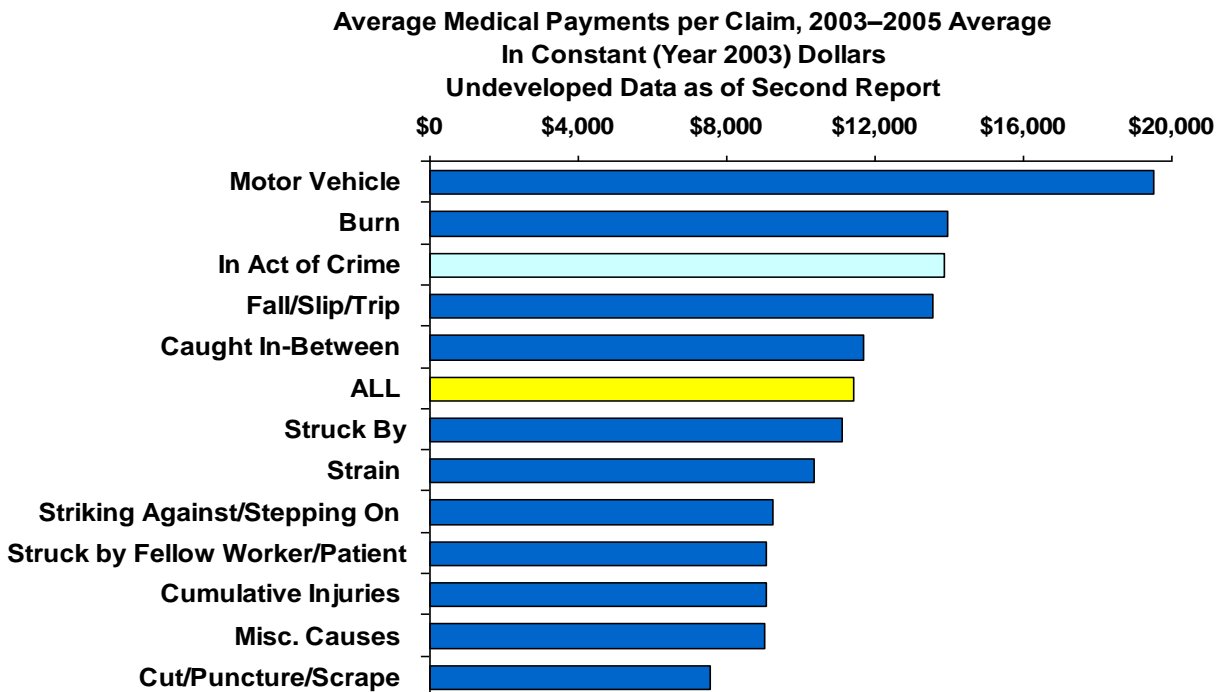
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Exhibit 15

Medical Severity by Cause of Injury

Medical payment for crime-related claims, at \$13,882 per claim (calculated on the same basis as indemnity severity) was the third-highest claim category behind motor vehicle accidents and burns (see Exhibit 16). The average medical payment per claim for all claims was \$11,417 during 2003 through 2005. In contrast, the average medical payment per claim for claims involving “struck by fellow worker or patient” was \$9,080. 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).

Crime-Related Injuries Have Above-Average Medical Severity



Source: NCCI; IDB database

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Exhibit 16

NIOSH Recommendations to Reduce Workplace Violence

Research at the National Institute for Occupational Safety and Health (NIOSH)¹³ suggests a number of factors that increase the likelihood of workplace violence. They include:

- Working with persons in healthcare or social services 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 suggested a number of prevention strategies. They include:

- *Environmental designs* to reduce cash handling, increase physical separation (through bullet-proof 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 the risks of workplace violence¹⁴

Appendix A

Workplace Homicides

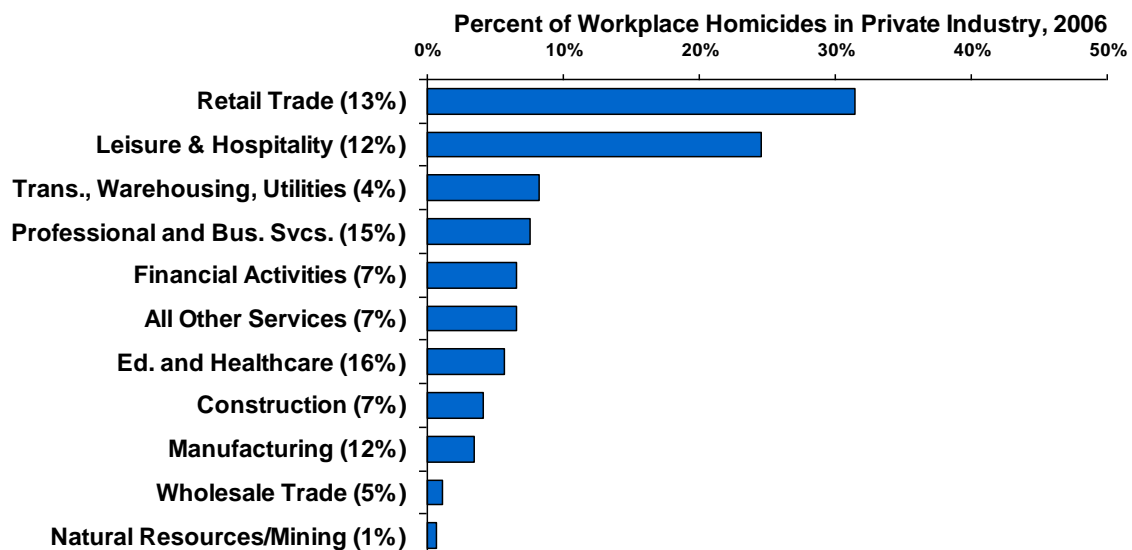
Additional BLS Data by Industry, Gender, and Age

Homicides by Industry

Exhibit A1 shows the percentage distribution of workplace homicides in 2006 for major NAICS industry groups (i.e., “supersectors” in BLS terminology).¹⁵

- 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—31% vs. the 13% 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 25% of homicides vs. a 12% employment share.
- Finally, some 9% of homicides are in the transportation/warehousing industry sector (which includes the taxi and limousine industry). Just 4% of private employment is in that sector.

Retail Trade Has the Highest Percentage of Workplace Homicides



() = Percent of Private Employment in 2006

Source: US Bureau of Labor Statistics

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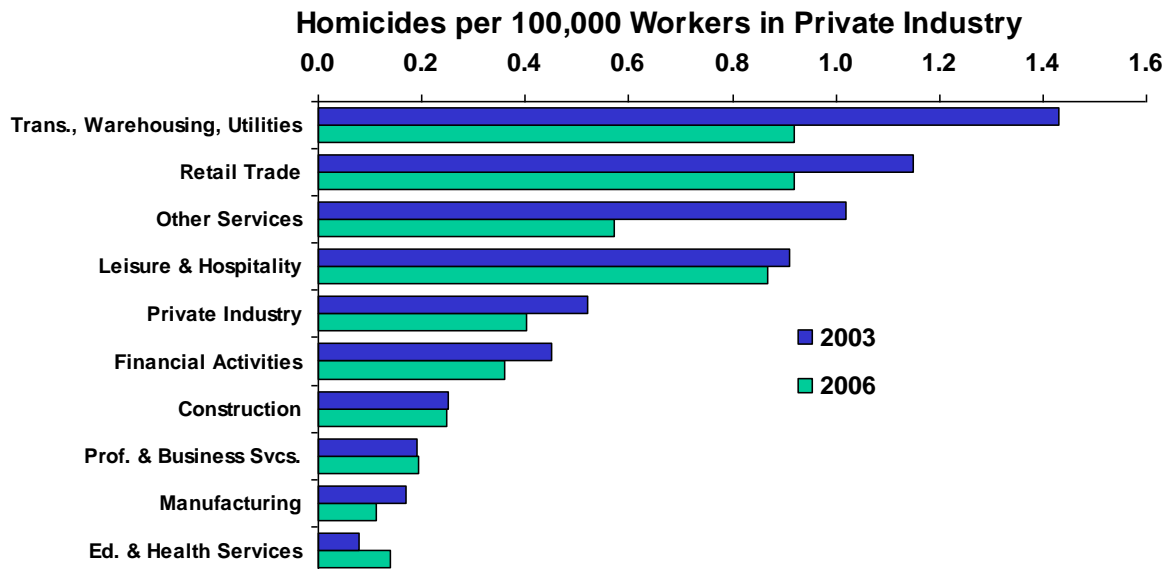
Exhibit A1

Exhibit A2 shows the rate at which homicides occurred in private industry per 100,000 workers in 2006 and 2003. The comparison year of 2003 was selected because it is the earliest year for which consistent NAICS-based data is available. Prior to 2003, the BLS reported data using the SIC classification system.¹⁶ These incidence rates were calculated by NCCI.¹⁷

The chart makes two points:

- Homicide incidence rates, as would be expected, are highest in the retail trade; leisure and hospitality; and transportation, warehousing and utility “supersectors.” The rate in those three sectors averaged 0.9 homicides per 100,000 workers, well above the average incidence rate of 0.4.
- Incidence rates have declined in all supersectors except education and health services, where the rate rose from .08 to .14. (Most of the homicides in both years were in the healthcare and social assistance subsectors).

Workplace Homicide Rates Have Declined in All Major Industry Groups Except Ed. & Health Svcs.



Source: US Bureau of Labor Statistics

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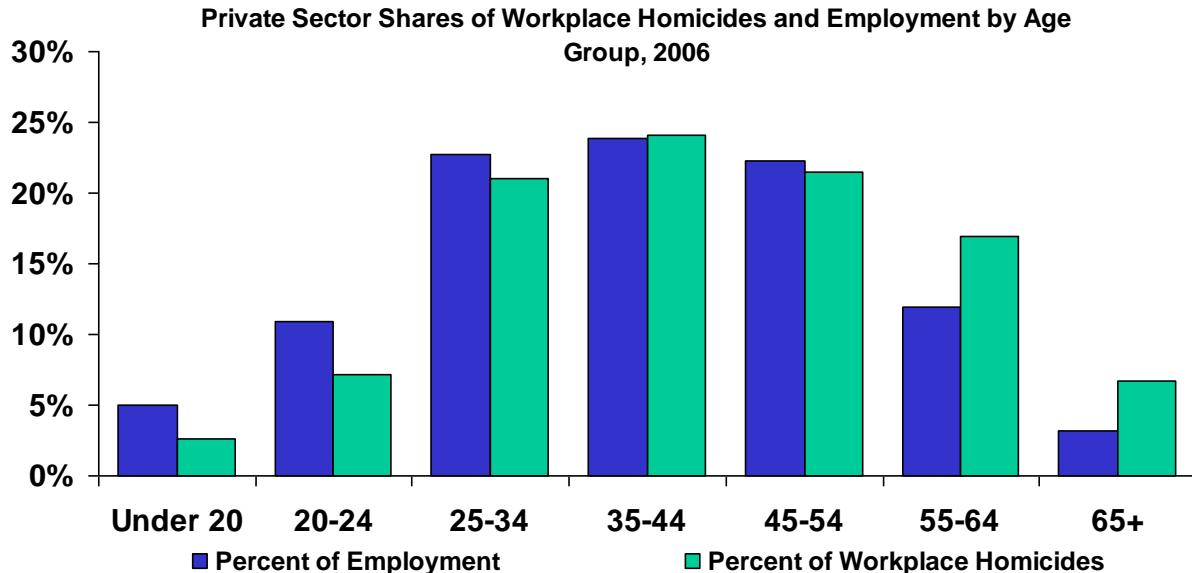
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Exhibit A2

Gender and Age Differences

- Men accounted for 78% of workplace homicides, far higher than their 55% share of employment in 2006. In general, men are far more likely to be involved in high-risk-of-homicide occupations than women. 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.
- 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 A3, 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 3.7% of employment (based on occupational employment for persons 16 years and over), account for 9.3% of security guards and 10.6% of taxi drivers.

The Share of Workplace Homicides Relative to Employment Is Low for Younger Workers and High for Older Workers



Source: US Bureau of Labor Statistics

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Exhibit A3

Appendix B

Workplace Assaults by Persons

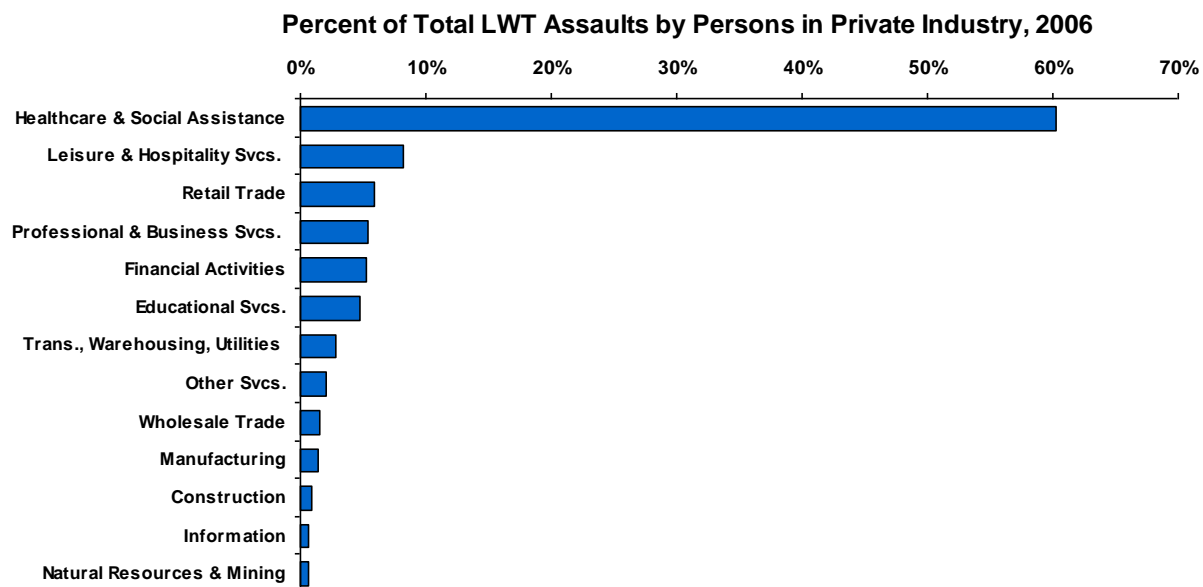
Additional BLS Data by Industry, Gender, Age, Time Away From Work, and Part of Body/Nature of Injury

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 by persons in 2006—even though only 13% of private industry workers are in those industries (Exhibit B1).

- The percentage in healthcare-related industries is roughly seven times the percentage of the next highest category, leisure and hospitality services
- Retail trade, professional and business services (mainly protective services), financial activities, and educational services each account for roughly 5% of workplace assaults

Assaults Against Workers in the Healthcare Industry Account for the Largest Portion of Workplace Assaults



Source: US Bureau of Labor Statistics

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Exhibit B1

The incidence rate of LWT assaults by persons is shown in Exhibit B2 for selected industry groups. The BLS calculates these incidence rates in terms of injuries and illnesses per 10,000 full-time workers.

- As shown in the exhibit, the overall incidence rate for workplace assaults was 1.7 in 2006. For healthcare, the incidence rate was 8.3. The incidence rate for all industries excluding healthcare is estimated by NCCI to have been 0.8 per 10,000 full-time workers.
- Within the healthcare sector, nursing homes have an especially high incidence rate (and, as shown in Exhibit 10, nursing home assaults by persons comprise nearly half of all workplace assaults in the healthcare sector).
- Other industry groupings with high incidence rates include urban transportation systems (which include taxi and limousine services), elementary and secondary schools, lessors of residential buildings, convenience stores, and security guards.

**Incidence Rates for LWT Assaults by Persons for
Selected Industry Groupings, 2006**

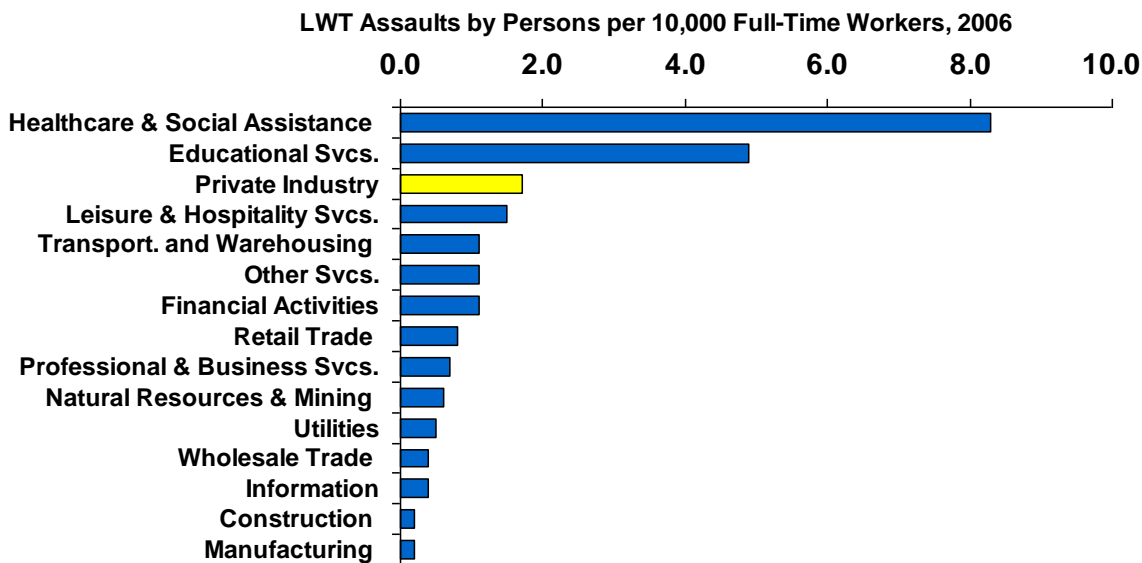
Private Industry, Total	1.7
Healthcare and Social Assistance	8.3
Within healthcare:	
Hospitals	8.2
Nursing and residential care	20.9
Other high incidence rate sectors:	
Urban transit systems (incl. taxi service)	16.1
Elementary and secondary schools	14.8
Lessor of Residential Buildings	13.6
Convenience Stores	10.3
Security Guards	5.6

Source: U.S. Bureau of Labor Statistics

Exhibit B2

Exhibit B3 provides BLS-calculated incidence rates for workplace assaults by persons 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 far and away the highest of all major industry groupings.

Assault-Related Incidence Rates Are Highest for Health Services



Source: US Bureau of Labor Statistics

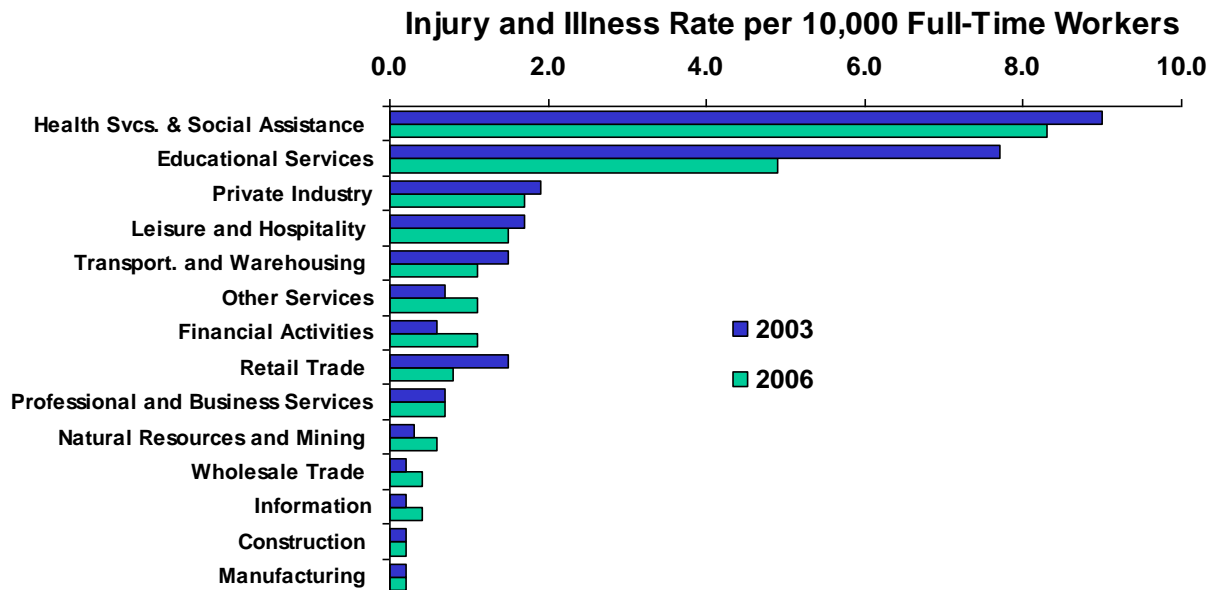
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Exhibit B3

The shift from SIC to NAICS limits comparisons of workplace assault incidence rates by industry prior to 2003. The pattern of changes is decidedly mixed, although the four industries with the highest incidence rates in 2003 posted lower rates in 2006 (Exhibit B4).

Changes in Assault Incidence Rates Posted a Mixed Pattern Between 2003 and 2006



Source: US Bureau of Labor Statistics

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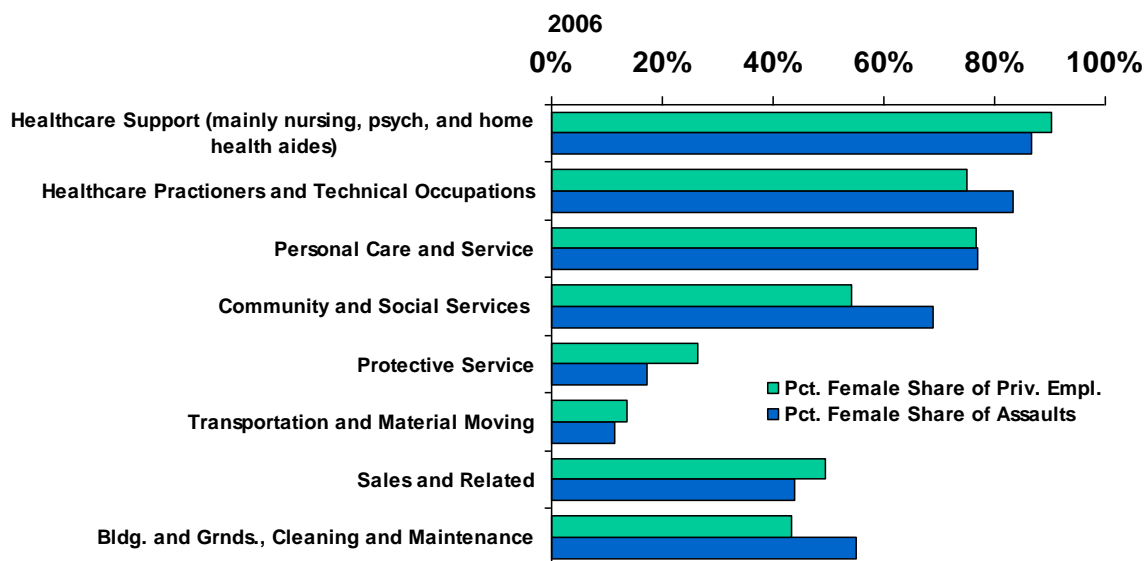
Exhibit B4

Gender and Age Differences

Nearly two-thirds of LWT assaults by persons were against women in 2006 (vs. a 22% female share of workplace homicides). This result largely reflects the fact that women accounted for 82% of workplace assaults in four occupations that, collectively, account for 56% of overall workplace assaults. Those occupations include healthcare practitioners, healthcare support, personal care, and community and social services (see the top four bar pairs in Exhibit B5).

In contrast, women comprised a small share of workplace assaults in transportation and protective service occupations (where their employment shares were relatively low). The share of assaults in sales and building/grounds/cleaning/maintenance occupations for women was also generally consistent with the female share of employment in those categories.

Shares of Assaults by Gender Are Roughly Consistent With Shares of Employment



Source: US Bureau of Labor Statistics

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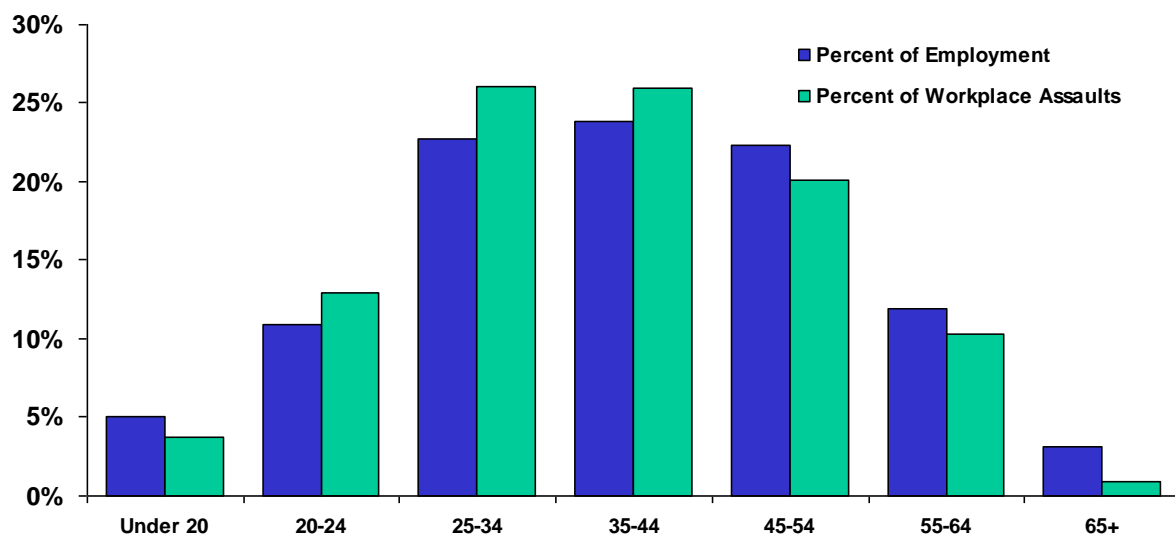
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Exhibit B5

In general, the age distribution of workplace assaults by persons is in line with the age distribution of the workforce (Exhibit B6). However, it does appear that workers aged 20–44 have a somewhat higher share of assaults than their share of overall employment, while workers younger than 20 and older than 45 have a somewhat lower assault share relative to their share of employment.

The Age Distribution of Workplace Assaults Is Roughly In Line With That of Employment

Private Sector Shares of Assaults and Employment by Age Group, 2006



Source: US Bureau of Labor Statistics

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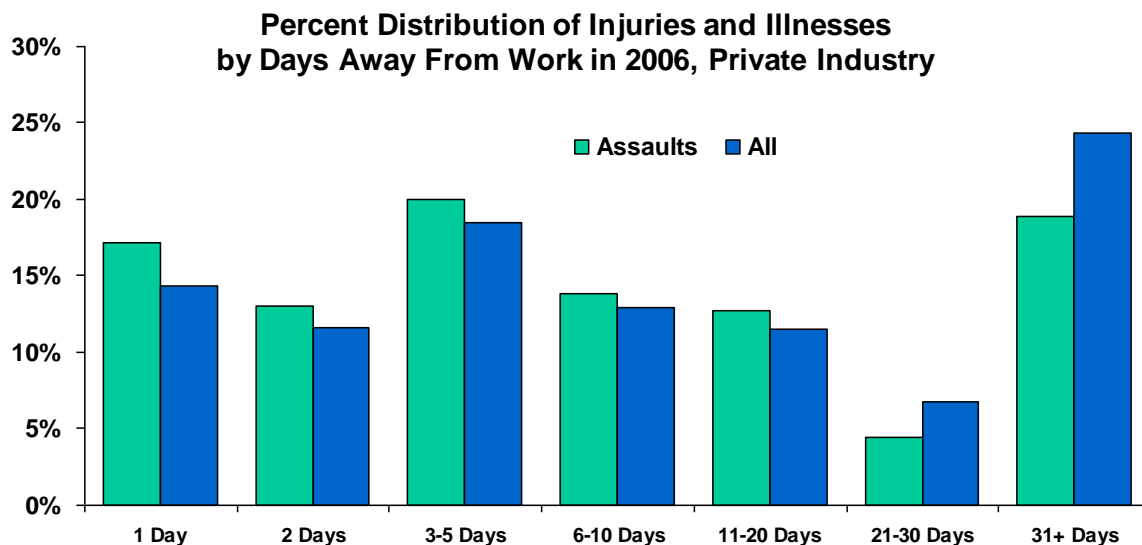
25

Exhibit B6

Days Away From Work

Days away from work for workplace assaults by persons tend to show a similar pattern as all workplace injuries and illnesses (Exhibit B7). Long-duration injuries are seen to be somewhat higher for all injuries than for workplace assaults by persons; however, this is, in part, because the “all industry” average includes the effect of transportation accidents, where long-duration injuries account for nearly 38% of all such injuries (vs. 23% for workplace assaults).¹⁸

Workplace Assaults Have a Lower Share of “Long-Duration” Days Away From Work Than Do All Injuries



Source: US Bureau of Labor Statistics

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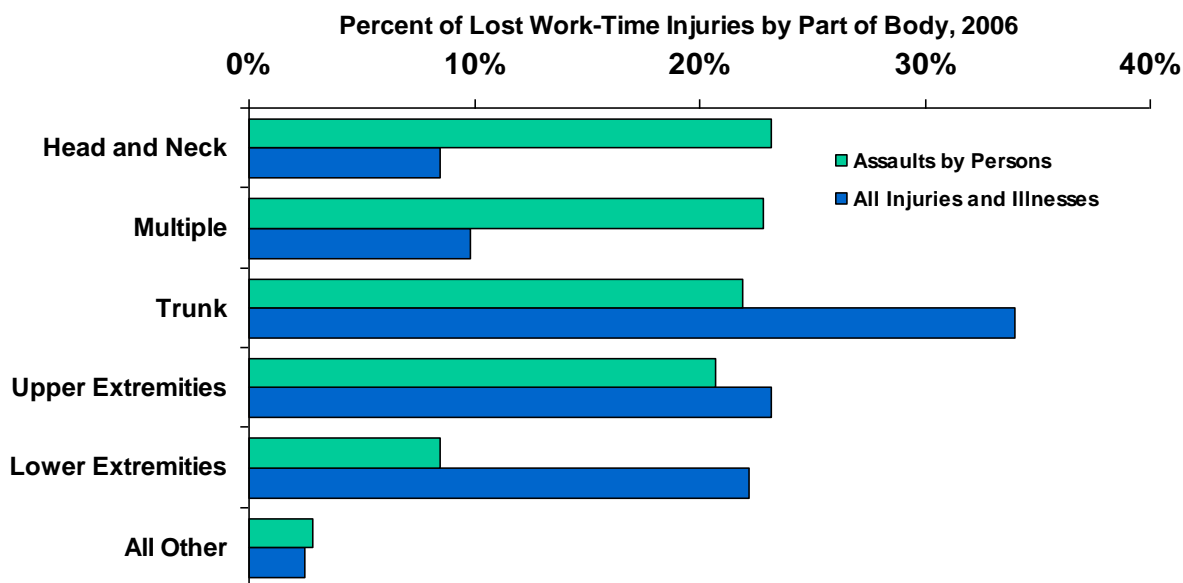
26

Exhibit B7

Part of Body and Nature of Injury

Workplace assaults are more likely to result in head, neck, and multiple injuries than all workplace injuries. In contrast, trunk and lower extremity injuries are less prevalent in assault-related injuries. These findings, shown in Exhibit B8, are consistent with the NCCI claims data as shown in Exhibit 14.

Assaults Involve Head/Multiple Body-Part Injuries to a Greater Extent Than Is the Case for Overall Injuries



Source: US Bureau of Labor Statistics

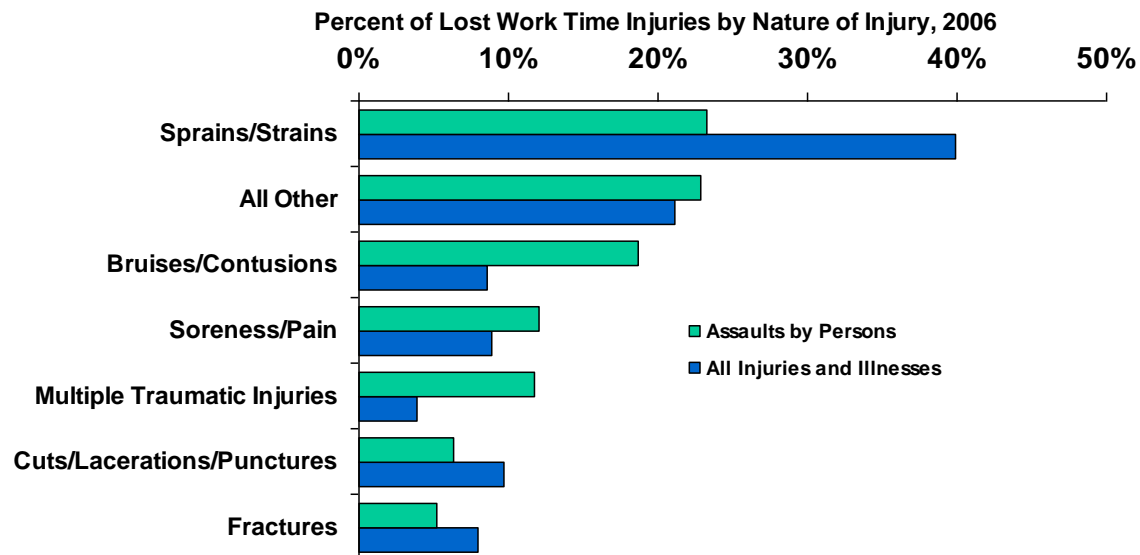
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Exhibit B8

Workplace assaults are more likely to involve bruising, soreness/pain, and multiple traumas than is the case of all workplace injuries (where sprains and strains are the most prevalent “nature of injury” [Exhibit B9]).

Assault-Related Injuries Involve More Multiple Trauma and Bruising Than Seen for All Injuries



Source: US Bureau of Labor Statistics

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Exhibit B9

ENDNOTES

¹ The previous papers include:

Martin Wolf, “Violence in the Workplace—An Updated Analysis,” NCCI Research Brief, September 2006.

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

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

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.

NCCI fatality data (over all claim categories) has declined at a 2.2% annual rate between 1993 and 2006, also excluding the impact of September 11. As concerns crime-related fatalities in the NCCI data, there are simply too few (fortunately) to draw meaningful conclusions as to trend. For example, in 1996 (the first year for which data is available for the “in act of crime”

classification), there were 39 crime-related fatalities. The number of such fatalities increased to a high of 83 in 2000 and has then declined in each subsequent year, to 44 in 2006.

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” that examines implications for workers compensation in terms of claim characteristics and costs. The study is available on NCCI’s Web site (ncci.com).

⁵ A discussion of these issues is provided in Kathleen M. McPhaul’s and Jane A. Lipscomb’s, “Workplace Violence in Health Care: Recognized but not Regulated,” *The Online Journal of Issues in Nursing*, September 30, 2004.

⁶ 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 with those previously provided.

⁷ The IDB run used in this analysis 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, NJ, ND, OH, PA, WA, WV, and WY.

⁸ 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 paid to the surviving spouse until death or remarriage and to dependent children until they reach the age of majority.

⁹ The higher BLS percentage may reflect the BLS including in its count of lost-time cases all injuries with one day or more absent from work. In contrast, NCCI data is reflective of statutory waiting periods (that vary by state) before an injury is counted as a lost-time workers compensation claim.

¹⁰ The table does not show equivalent data for “struck by fellow worker” because the percentage distributions were essentially the same as for “all other” claims.

¹¹ This inference reflects BLS data for 2006 that shows that shootings were involved in 80% of workplace homicides and that only a miniscule percentage of nonfatal workplace injuries (less than .0.1%) involved use of ammunition and firearms.

¹² According to 2006 BLS data, 36.3% of multiple-body-part injuries involve 21 or more days away from work. This compares with 31.1% for all injuries.

¹³ 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

¹⁴ These suggestions were excerpted from NIOSH, “Violence in the Workplace—Risk Factors and Prevention Strategies,” July 16, 1996

One relatively new concern related to workplace violence for which behavioral strategies have been suggested is workplace bullying, which has been defined as “the repeated, malicious, health-endangering mistreatment of one employee ... by one or more employees.” Common behaviors include false accusations of mistakes and errors, hostile glares, other intimidating nonverbal behaviors, yelling, shouting, screaming, put-downs, insults, excessively harsh criticism, unreasonably heavy work

demands.” (see David Yamada, J.D., “Potential Legal Protections and Liabilities for Workplace Bullying,” New Workplace Institute, June 2007.)

Alaska, Colorado, Missouri (NCCI states), and New York (a non-NCCI state) are examples of states, that (under certain circumstances) permit compensability for mental injuries that may not be a result of an initial physical injury. However, all four states have language specifying that certain conditions arising out of the course of employment including disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer are not compensable mental injuries.

¹⁵ 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.

¹⁶ The NAICS and SIC systems have some marked differences. For example, food service and drinking places, which were in “retail trade” in the SIC system, are 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 after is not comparable to earlier years.

¹⁷ 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 paucity of data in that category.

¹⁸ Transportation accidents accounted for 4.7% of all workplace injuries and illnesses in 2006 vs. 1.3% for workplace assaults. BLS data indicates that the incidence rate for serious injuries related to transportation accidents is substantially higher than for workplace assaults.

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