Workplace Violence

in Community Based Care and Support Services

AUT SOCIAL TRANSFORMATION RESEARCH INSTITUTE

NEW ZEALAND POLICY RESEARCH INSTITUTE
TE KĀHUI RANGAHAU MANA TAURITE

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Executive Summary

Workplace violence (WPV) is any behaviour that threatens or causes harm to workers while they carry out their work. Workplace violence can take the form of psychological abuse, physical abuse, sexual harassment and sexual violence. WPV may originate from colleagues, managers, people accessing services/tāngata whai ora, or the people around them such as whānau, household members or neighbours.

While workplace violence in hospital settings is recognised and addressed, much less is known about WPV that occurs in community settings. Even **less is known about the experiences of care and support workers who work in people's homes in the community.**

This work reports on data from a survey of **279 support workers in home and community health, mental health and addiction, and disability support** Managers were also surveyed, but due to the small number of manager responses, this report focuses primarily on support workers.

22.4% of support workers experience workplace violence on a weekly or daily basis.

Workplace violence is common: **79.6%** of support workers experienced some form of workplace violence. Psychological abuse was more common – both from colleagues/managers and people accessing services/tāngata whai ora or people in their household. Just over one third (34.8%) of support workers experienced psychological abuse targeting their gender, and slightly more (35.4%) reported experiencing sexual harassment targeting their gender.

Māori and other ethnic groups do experience workplace violence that targets their ethnicity. Support workers also experience workplace violence that targets their gender.

The impact of workplace violence on support workers included changing how they worked: avoiding the situation, and changing their behaviour, and 39.8% found it harder to do their job long term after experiencing WPV.

While one third (33.7%) of respondents reported that they felt stronger/more resilient after experiencing workplace violence, 30.5% reported that WPV caused them to lose confidence in themselves in the longer term.

Workplace violence is largely tolerated as part of the job. WPV training is not readily available: 44.5% disagree or strongly disagree that training is available for new staff; 53.3% disagree or strongly disagree that refresher training is available; and 41.1% disagree or strongly disagree that training for management on dealing with WPV was available.

This survey indicates that workplace violence is common and persistent, and that there are considerable training gaps across these sectors. This suggests the need for concerted efforts to establish high quality and accessible training for support workers and managers across this workforce.

1. Introduction

Since the introduction in 2019 of the International Labour Organisation's Convention on Violence and Harassment (ILO C190), the issue of workplace violence (WPV) has attracted increasing focus globally. Indeed, WPV is experienced each day by employees globally (ILO, 2023). The ILO defines WPV as a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in or are likely to result in physical, psychological, sexual, or economic harm and includes gender-based violence and harassment (ILO, 2019).

Community based care and support workers are a crucial part of the health workforce in Aotearoa (EY, 2019; HDSR, 2020; NZ Productivity Commission, 2015). However, these frontline health workers are at risk of workplace violence that without robust research remains largely invisible. The broader 'Health Care and Social Assistance' industry has the second highest industry assault-related fatality rate of workers in New Zealand (Windelov & Fromm, 2021; Worksafe NZ, 2020). International research has identified a failure to consider the broader work environment in preventing and mitigating WPV (Lovell & Skellern, 2017). Further gaps exist in considering ethnicity, racism and gender as factors in WPV (Ridenour et al. 2019) as well as recognising sexual harassment and violence for this workforce (Karlsson et al., 2020).

> *At times we are out in the community with up to three 'challenging' clients who can be violent/unpredictable, and it often falls onto the more confident (not necessarily more trained, but more confident) staff to address the behaviours while the lesser trained staff are able to work with less 'challenging' people.*

Drawing on the ILO definition of workplace violence, this survey asked for support workers' experience of WPV: work-related physical, psychological (emotional) or sexual violence and harassment that occurs during work. WPV can take place at the employer's premises, in the place a support worker is working (such as someone's home), or while traveling for work. WPV may originate from colleagues or managers, or from customers and the public. This research asked

not only what violence occurs (if any), but how workplaces provided follow up support, what workplace training and mitigation policy was in place and the impact of WPV on support workers.

The online survey was disseminated via social media advertising, such as Facebook and Google platforms, as well as through relevant networks and key stakeholders. This research covered the following areas:

- Disability support
- Home and community care
- Mental health and addiction support

Both support workers (including peer support workers and healthcare assistants) and managers (including care co-ordinators and team leaders) were invited to take part. The survey received a total of 299 responses.

The survey used established survey questions including the ILO survey on violence (2022), the New Zealand Human Rights Commission report on 'Experiences of Workplace Bullying and Harassment in Aotearoa New Zealand' (2022) and academic published research (ILO, 2013). The survey included open ended questions on what workplace initiatives could reduce the incidence of violence, and some of these answers are used throughout the report to illustrate the day-to-day experiences of support workers.

2. Participant demographics

The survey participants were predominantly middle-aged women with substantial experience in care and support work, and most held relevant health and well-being qualifications. The group was largely New Zealand European, with additional representation from Māori and other ethnic communities, and was geographically spread across both the North and South Islands.

Figure 1: Demographics of the participants in our survey

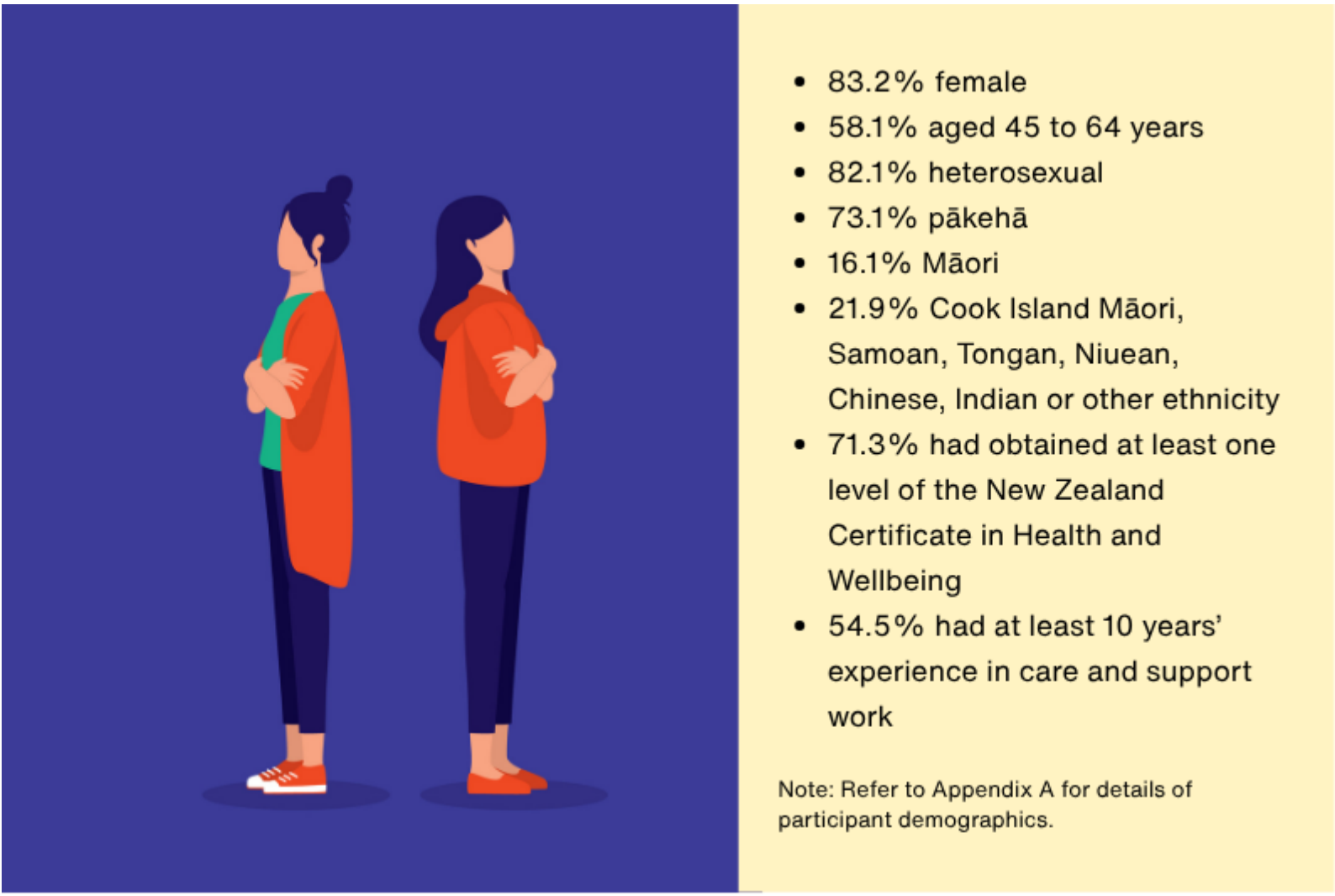
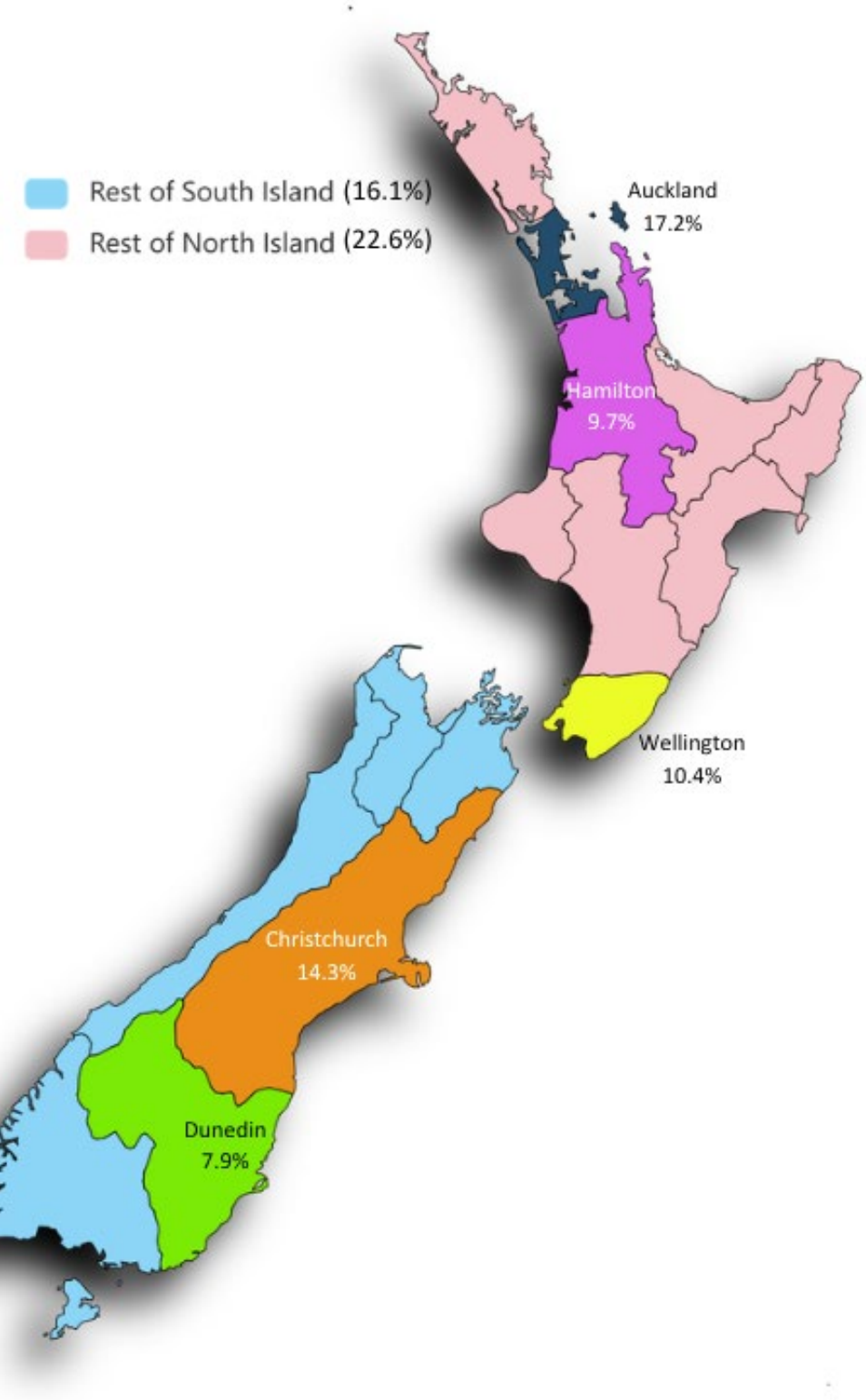


Figure 2: Distribution of where the participants were located in New Zealand



Note: Percentages do not add to 100%. Sample size = 279.

Figure 3 shows that most of the survey respondents worked in the home and community support sector (54.12%), followed by disability support (24.01%). Figure 4 illustrates almost half of the respondents (46.6%) worked in for-profit organisations.

Figure 3: Distribution of support services in which respondents worked

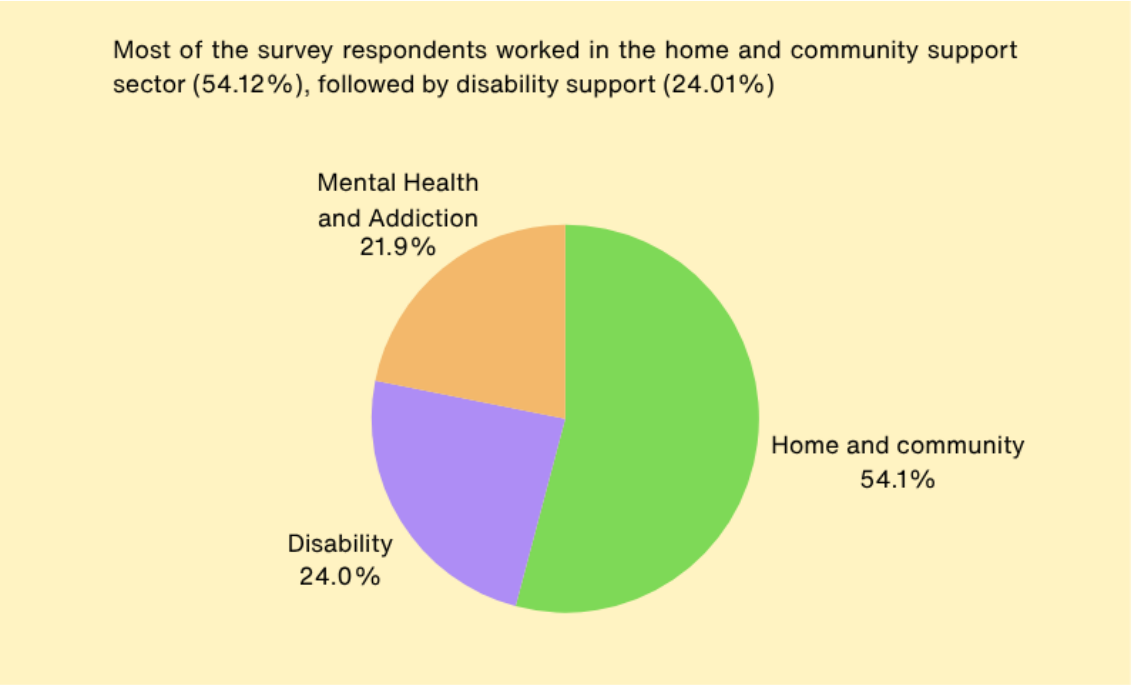
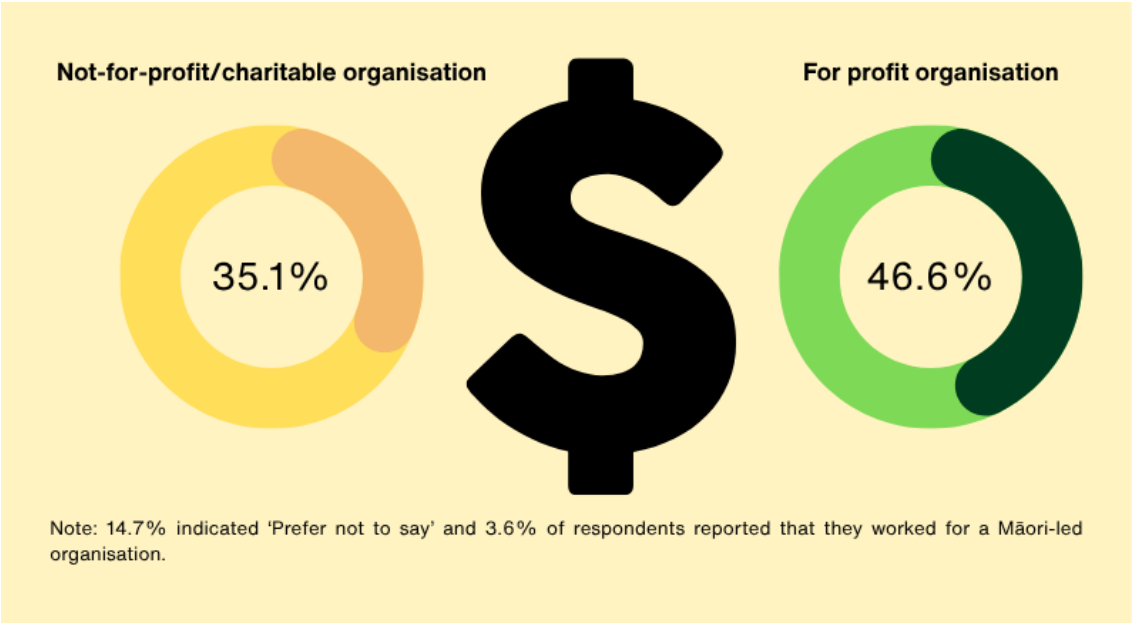
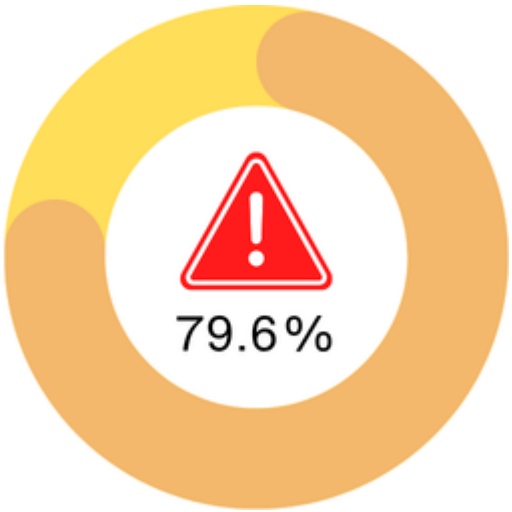


Figure 4: Proportion of participants working in profit or not-for-profit organisations



3. Workplace violence experienced by support workers

A large proportion of support workers (79.6%) reported that they have experienced workplace violence in their jobs.



As mentioned earlier, workplace violence is defined as work-related physical, psychological (emotional) or sexual violence and harassment. It can take place at your employer's premises, in the place you are working (such as someone's home), or while traveling for work. WPV may originate from colleagues or managers, or from customers and the public. This survey used the following categories of workplace violence:

- Physical violence, e.g. hitting, pushing, slapping etc.
- Psychological violence e.g. insults, threats, bullying or intimidation.
- Sexual harassment e.g. unwanted sexual attention, leering, comments on your sexual life, pictures or emails.
- Sexual violence, e.g. unwanted touching, hugging or other contact, actual or attempted rape.

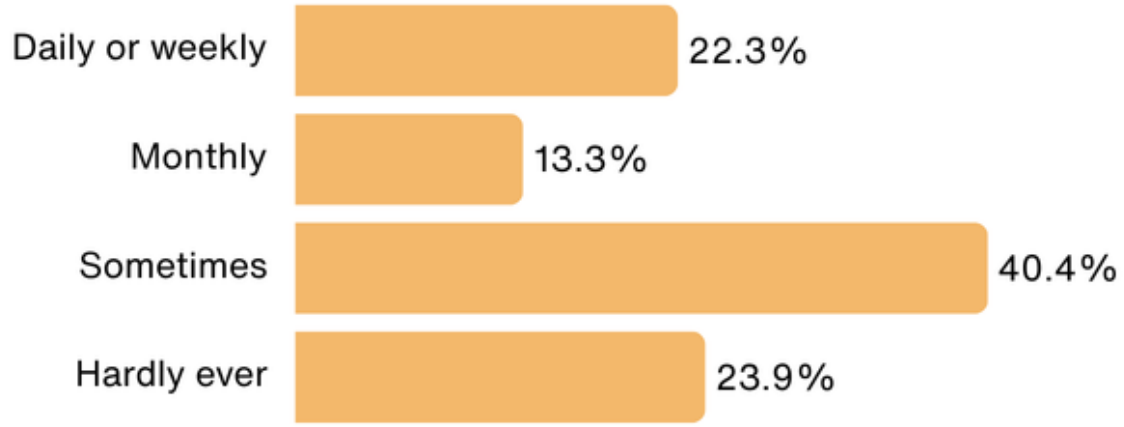
This section reports on the different categories of violence (physical, psychological, sexual harassment and sexual violence). It reports on each of these for violence that originates from:

1) colleagues or managers, and
2) people accessing services, or people in their household.

Questions asked how often support workers had experienced workplace violence in the last five years.

When asked how often they experienced some type of workplace violence, about 23.3% of support workers reported that they experienced it daily or weekly, while about 23.9% reported that they hardly ever experienced WPV (Figure 5).

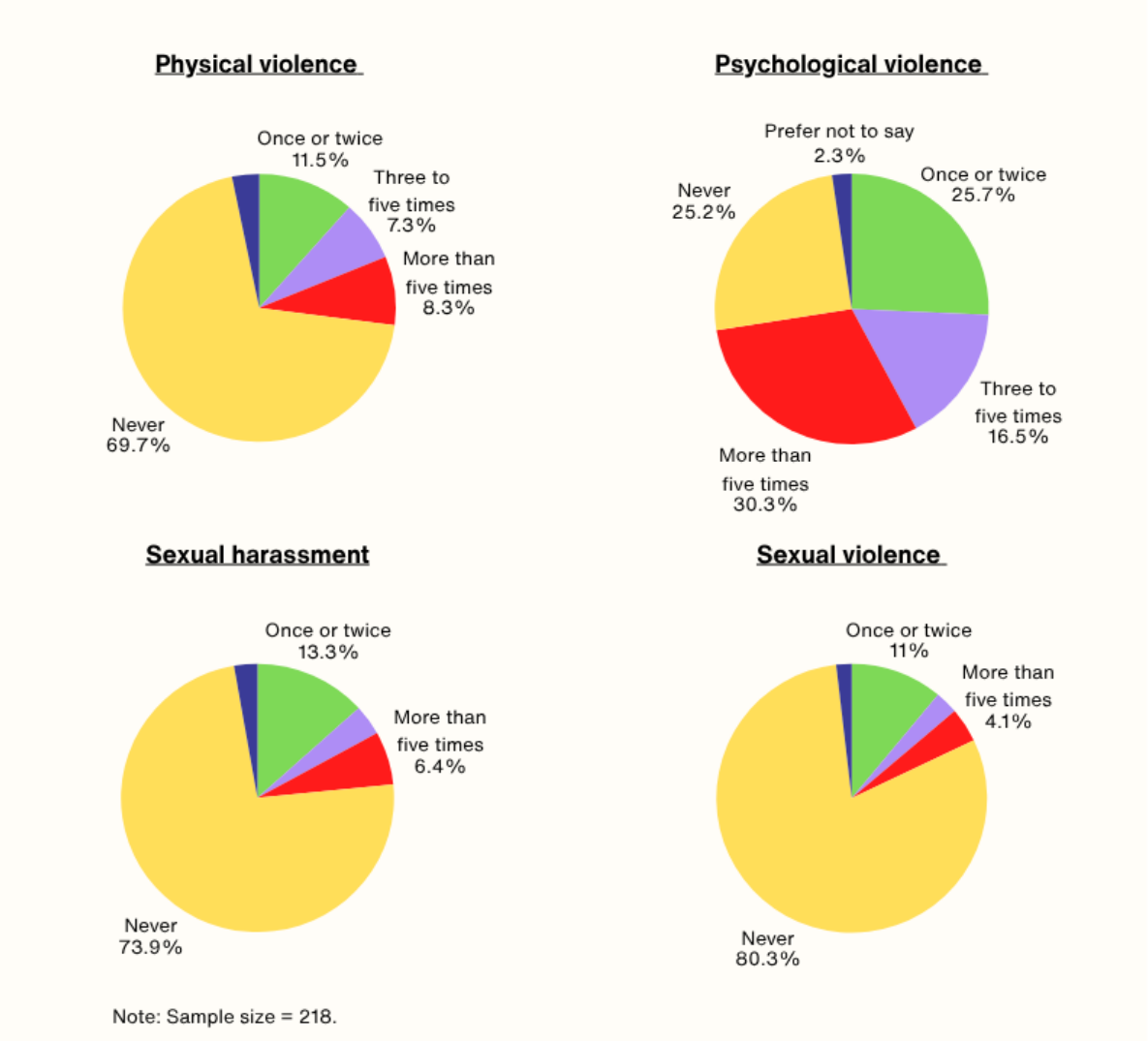
Figure 5: In general, how often do you experience some type of workplace violence?



Note: Sample size = 188.

Psychological violence appears to be the most prevalent form of workplace violence experienced by support workers from colleagues or managers. Around 25.7% reported experiencing it once or twice in the past five years, while a further 30.3% reported experiencing it more than five times. In contrast, the majority of respondents reported no experience of other forms of violence over the same period: 69.7% for physical violence, 73.9% for sexual harassment, and 80.3% for sexual violence (see Figure 6).

Figure 6: In the last 5 years, how many times have you experienced the following incidences from colleagues or managers at work?

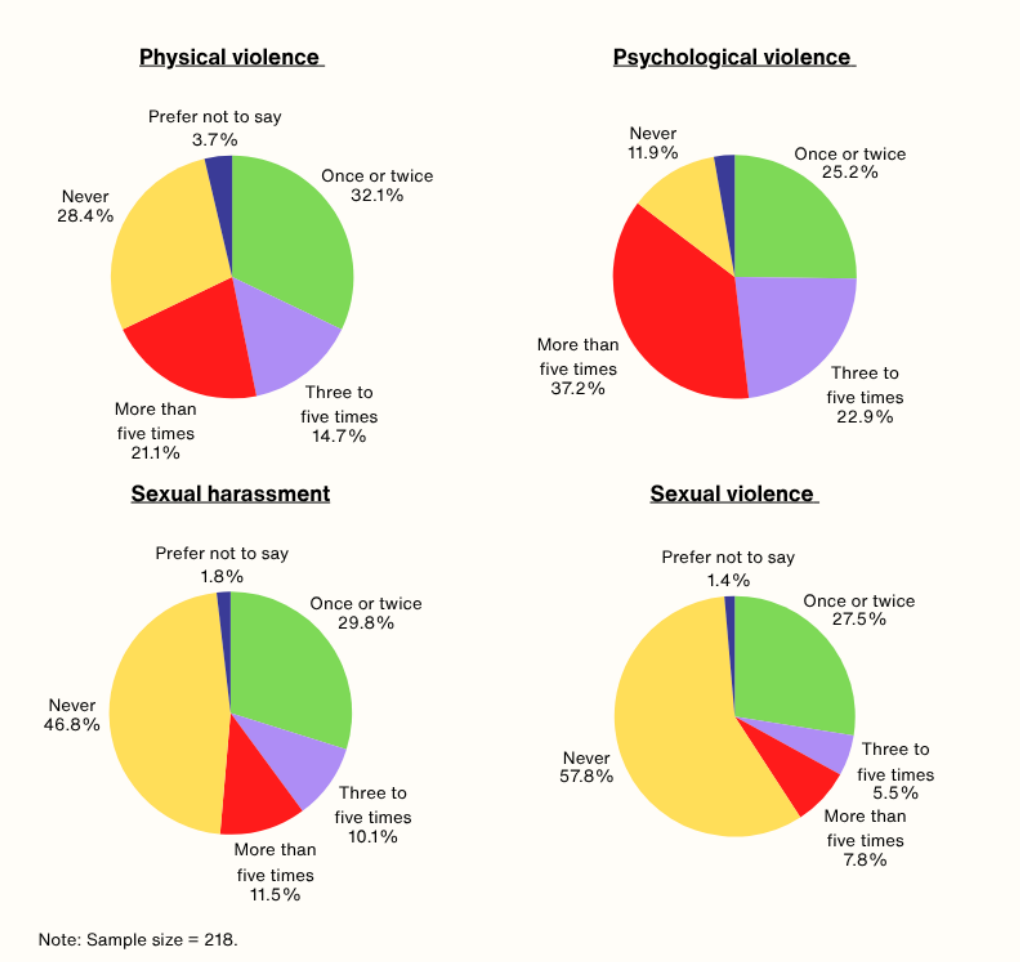


Note: Sample size = 218.

Psychological violence is the most commonly reported form of violence experienced by support workers from clients, people accessing services, or their family/whānau. A substantial proportion reported repeated exposure, with 37.2% experiencing it more than five times and 22.9% experiencing it three to five times in the past five years. Physical violence was the next most common, with 21.1% reporting more than five incidents and 14.7% reporting three to five incidents (see Figure 7).

While sexual harassment and sexual violence were reported less frequently, they remain notable. For sexual harassment, 11.5% experienced more than five incidents and 10.1% experienced three to five incidents. Compared with other forms of violence, a smaller proportion of respondents reported never experiencing psychological (11.9%) or physical violence (28.4%), whereas higher proportions reported never experiencing sexual harassment (46.8%) and sexual violence (57.8%) (see Figure 7).

Figure 7: In the last 5 years, how many times have you experienced the following incidences from clients/people accessing services/tāngata whai ora or their family/whānau?



Gender, sexuality and ethnicity

Workplace violence that targeted a support worker's ethnicity, gender or sexuality was less common. The survey specifically asked if respondents had experienced any of these forms of workplace violence, noting that this was not broken down into the origin of the violence – colleagues/managers, or people seeking services and/or their households.

Ethnicity

Table 1 below provides the responses grouped by Māori, pākehā and 'other'. The group of 'other' combines: Cook Island Māori, Samoan, Tongan, Niuean, Chinese, Indian and 'other' due to small responses from each of these cohorts. When asked if they had experienced WPV targeting their ethnicity, more than half of Māori and other ethnicities (excluding pākehā) experienced psychological violence that targeted their ethnicity. Psychological violence was defined as including insults, threats, bullying or intimidation. More than half of those who responded had experienced psychological violence at least once that targeted their ethnicity. Just over a quarter of Māori and nearly a third of 'other' ethnic identities experienced physical violence at least once or twice in the last five years that targeted their ethnicity. Of concern is that a quarter of Māori respondents experienced sexual harassment and just under a quarter experienced sexual violence targeting their ethnicity at least once in the past five years.

Table 1: How often do you experience workplace violence targeting ethnicity?

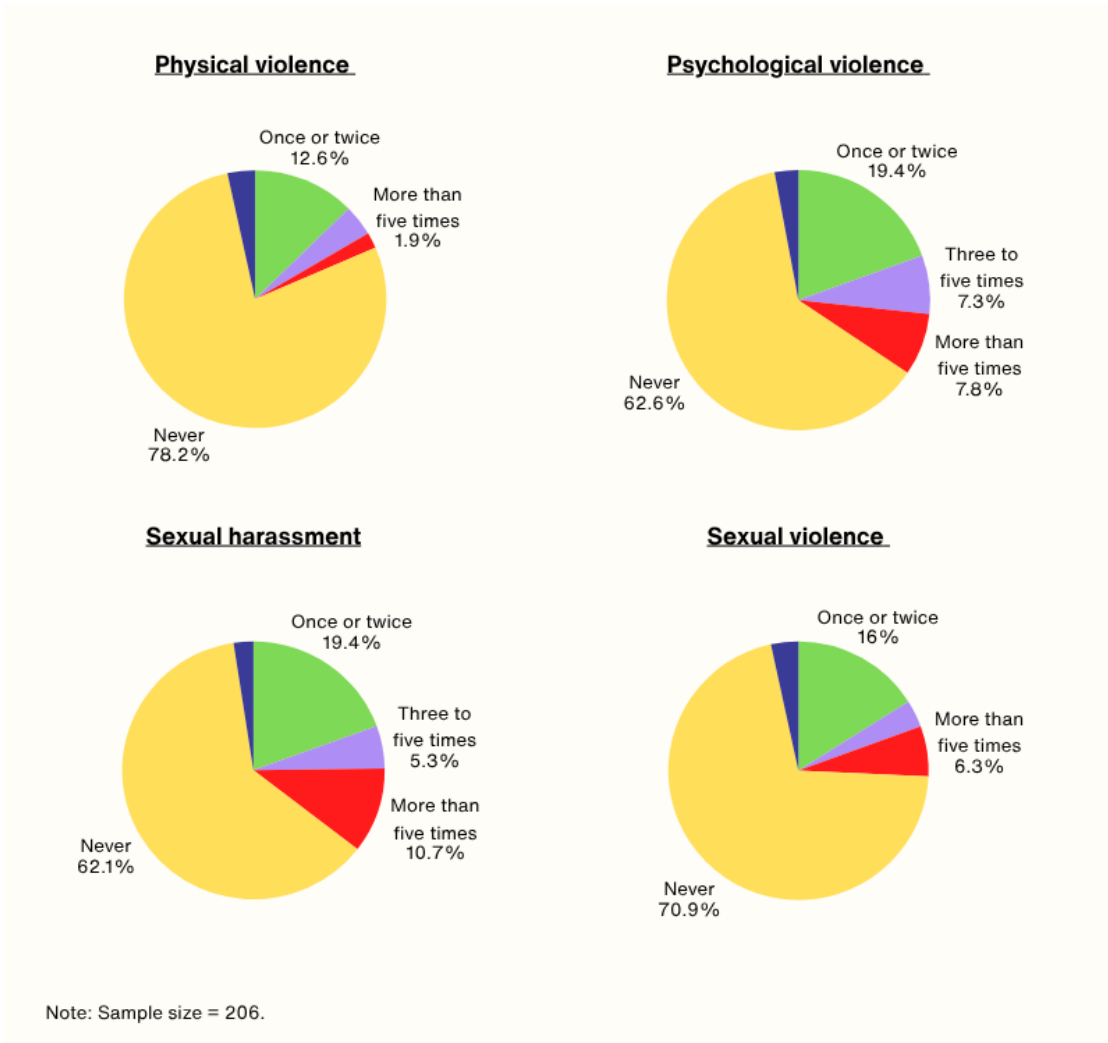
	Never %	Once or Twice %	Three to Five Times %	More than five times %	Prefer not to say %
Physical Violence					
Māori	72.2	13.9	5.6	2.8	5.6
Pākehā	88.8	5.0	3.7	1.9	0.6
Other	69.2	13.5	11.5	3.8	1.9
Psychological Violence					
Māori	47.2	19.4	16.7	11.1	5.6
Other	40.4	15.4	26.9	17.3	0
Pākehā	68.9	14.9	9.3	6.8	0
Sexual Harassment					
Māori	75.0	13.9	5.6	2.8	2.8
Other	82.7	11.5	5.8	0.0	0.0
Pākehā	88.8	6.2	2.5	1.9	0.6
Sexual Violence					
Māori	77.8	13.9	2.8	2.8	2.8
Other	80.8	13.5	3.8	1.9	0.0
Pākehā	91.3	6.2	0.6	1.2	0.6

Note: Sample size = 206.

Gender and sexuality

Participants identified in the majority as female (83.2%), with 0.4% identifying as another gender and 14% as male. Gender-related incidents were most commonly reported for psychological violence and sexual harassment. Approximately 34.5% of respondents reported experiencing psychological violence at least once (19.4% once or twice, 7.3% three to five times, and 7.8% more than five times), while a similar proportion (35.4%) reported experiencing sexual harassment at least once (see Figure 8). Sexual violence was reported less often, but it remained significant: 25.7% of respondents reported experiencing it at least once. These experiences include behaviours such as unwanted touching, hugging, or other forms of non-consensual contact (see Figure 8).

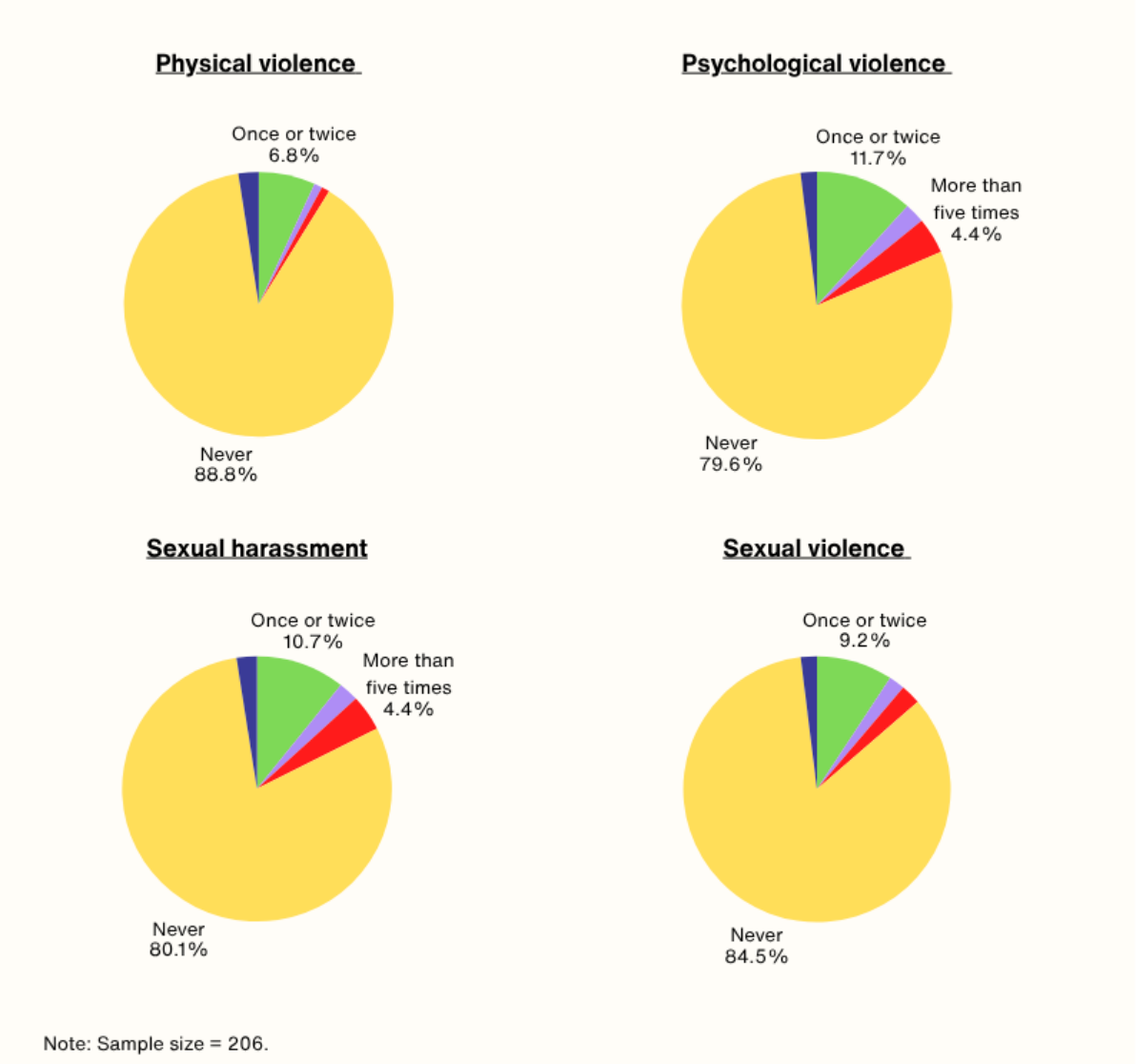
Figure 8: In the last 5 years, how many times have you experienced the following work-related incidences where the incidence of violence is about your gender?



Note: Sample size = 206.

The majority of respondents identified as heterosexual (82.1%), with some identifying as 'gay or lesbian' (2.5%), bisexual (6.8%), or another identity (2.5%). Reports of workplace violence targeting respondents' sexuality were relatively low across all categories, with the majority indicating they had never experienced such incidents (see Figure 10). Psychological violence and sexual harassment were the most commonly reported forms, though still limited in prevalence, with a small proportion experiencing repeated incidents (see Figure 9).

Figure 9: In the last 5 years, how many times have you experienced the following work-related incidences, where the incidence of violence is about your sexuality?



4. The impact of workplace violence

This section examines the impact of workplace violence on care and support workers, including the impact on their mental health, work and career, and personal life and relationships. Respondents were asked to reflect on both the immediate impact at the time WPV incidents occurred and any longer-term or ongoing impacts. Overall, WPV is associated with substantial short- and long-term consequences across these domains.

Impact on mental health and personal lives

Workplace violence has a significant impact on support workers' mental health and personal lives. The most commonly reported effects were:

Feeling anxious or depressed:

- 73.3% at the time of incident
- 48.7% in the longer-term

Difficulties with sleeping or eating:

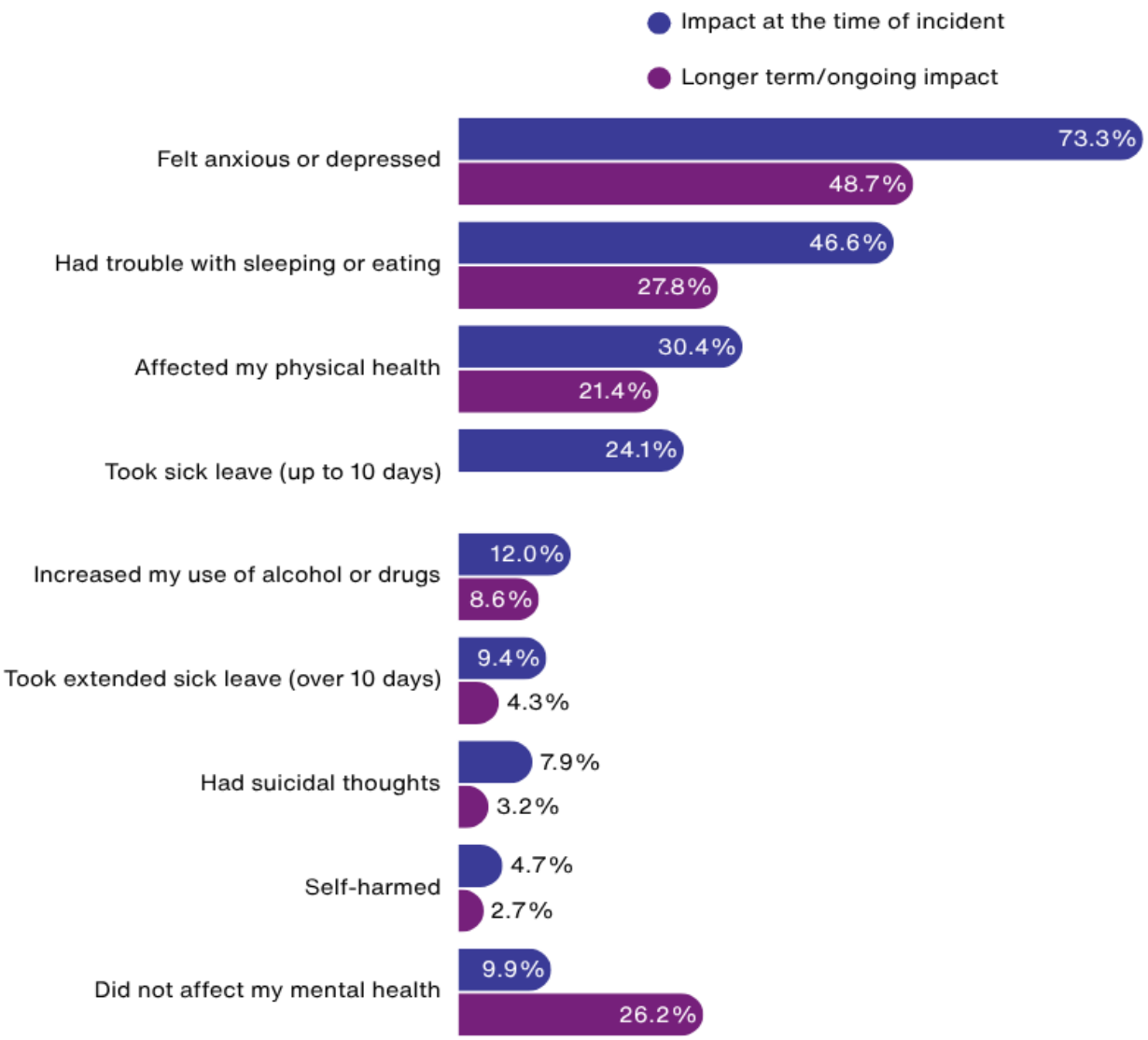
- 46.6% at the time of incident
- 27.8% in the longer-term

Impacts on physical health:

- 30.4% at the time of incident
- 21.4% in the longer-term

Figure 10 shows that workplace violence had substantial immediate and longer-term impacts on the mental health of support workers. In contrast, the proportion of respondents reporting no impact on their mental health increased from 9.9% at the time of the incident to 26.2% in the longer term, suggesting some level of recovery or adaptation over time.

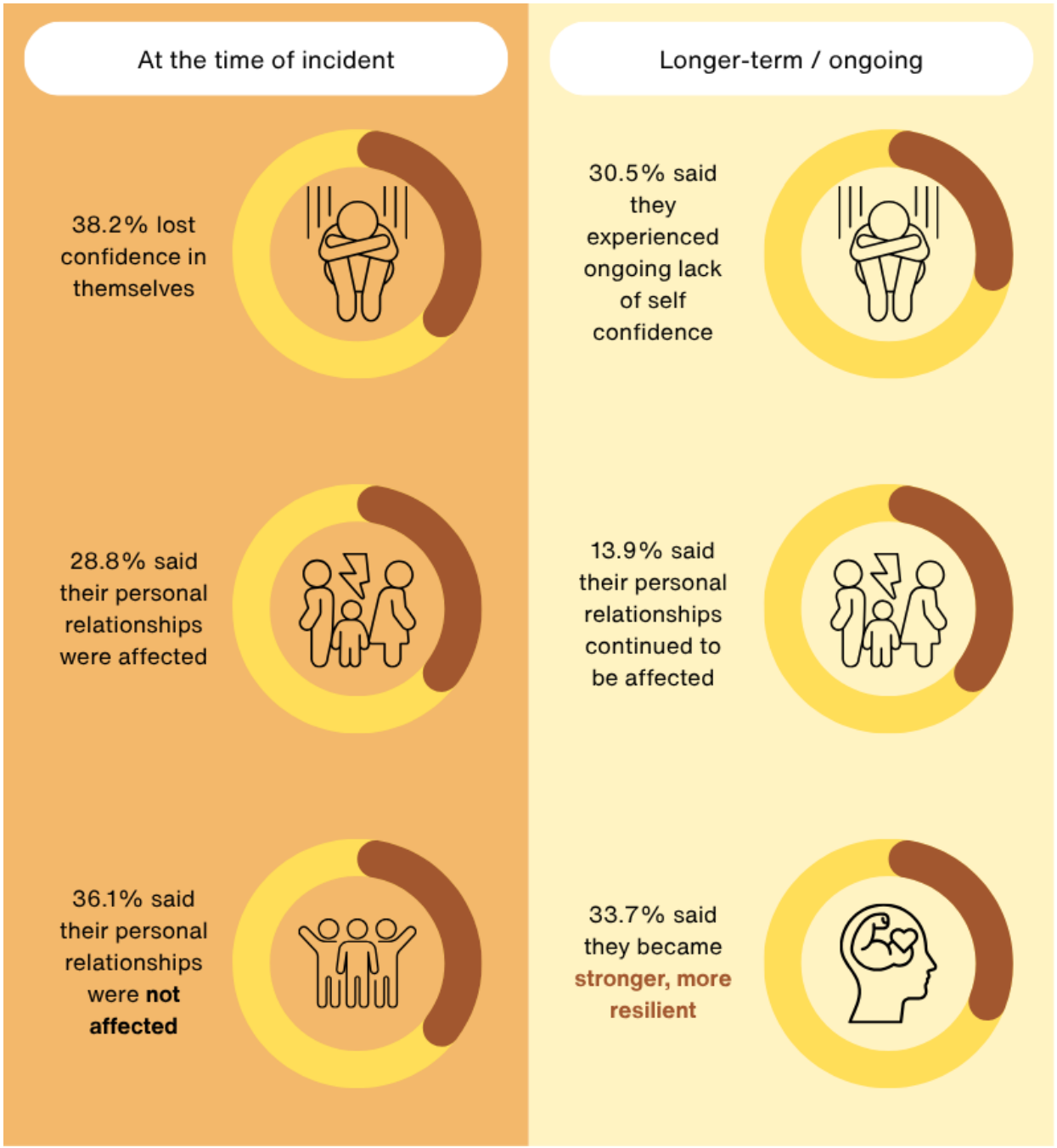
Figure 10: Impact of workplace violence on mental health at the time incident and in the longer term



Note: Percentages do not add to 100% as respondents could select multiple options.

The impacts on personal lives were significant: 38.2% of support workers reported a loss of confidence and 28.8% experienced impacts on their relationships, while a smaller proportion continued to face these challenges over time (30.5% and 13.9%, respectively), and notably, 33.7% reported becoming stronger and more resilient despite these experiences (see Figure 11).

Figure 11: Impact of workplace violence on personal life or relationships at the time of the incident and in the longer term



Note: Percentages do not add to 100% as respondents could select multiple options.

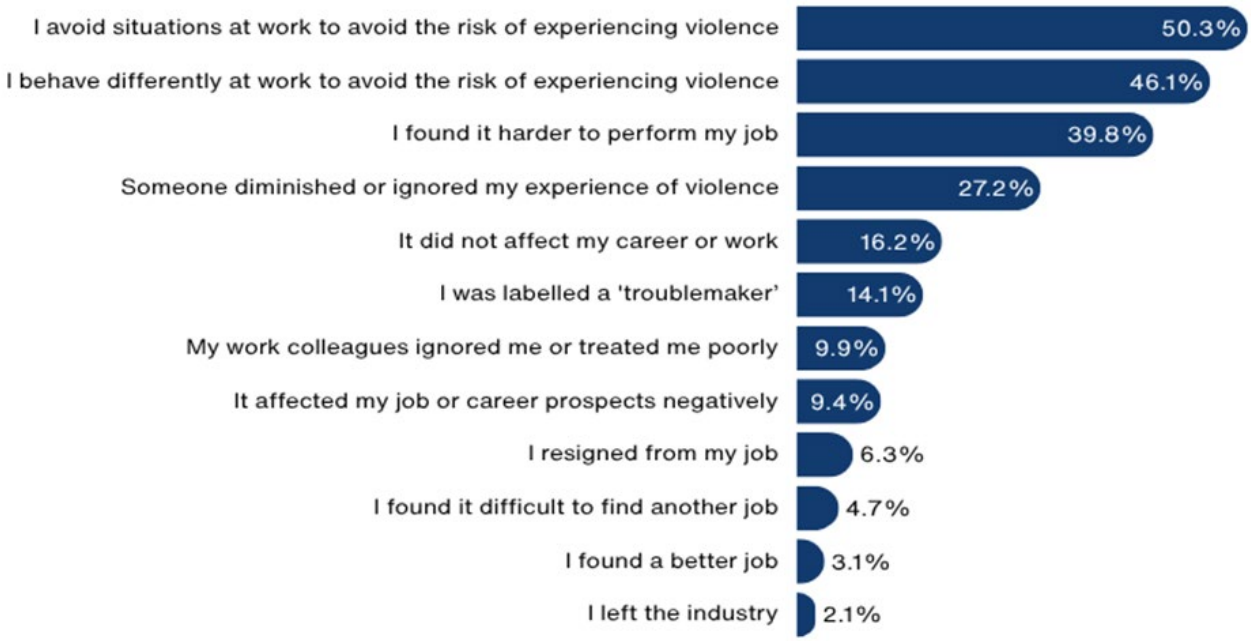
Impact on career or work

In addition to mental health and personal life, workplace violence also affected how support workers were able to carry out their roles, with potential flow-on effects such as reduced income and productivity. Key impacts included:

- 9.4% of respondents took more than 10 days of leave following an incident (Figure 10).
- Half of respondents (50.3%) avoided certain situations at work to prevent further violence, and 46.1% reported changing their behaviour to reduce risk (Figure 12).
- 39.8% found it harder to perform their job following an incident and 37.4% continued to find it difficult in the longer term (Figures 12 and 13).
- Some respondents resigned from their job at the time of the incident (6.3%), while others made longer-term changes, including changing jobs or careers (8.0%) or leaving the industry entirely (2.7%) (Figure 12 and 13).

Additionally, 24.1% took sick leave with a further 9.4% requiring extended leave initially, and 4.3% persisting into the longer term. More severe outcomes, such as increased use of alcohol or drugs (12.0% initially; 8.6% longer term), suicidal thoughts (7.9% initially; 3.2% longer term), and self-harm (4.7% initially; 2.7% longer term), were reported by smaller groups but were still present across both timeframes.

Figure 12: Impact of workplace violence on career or work at the time of incident

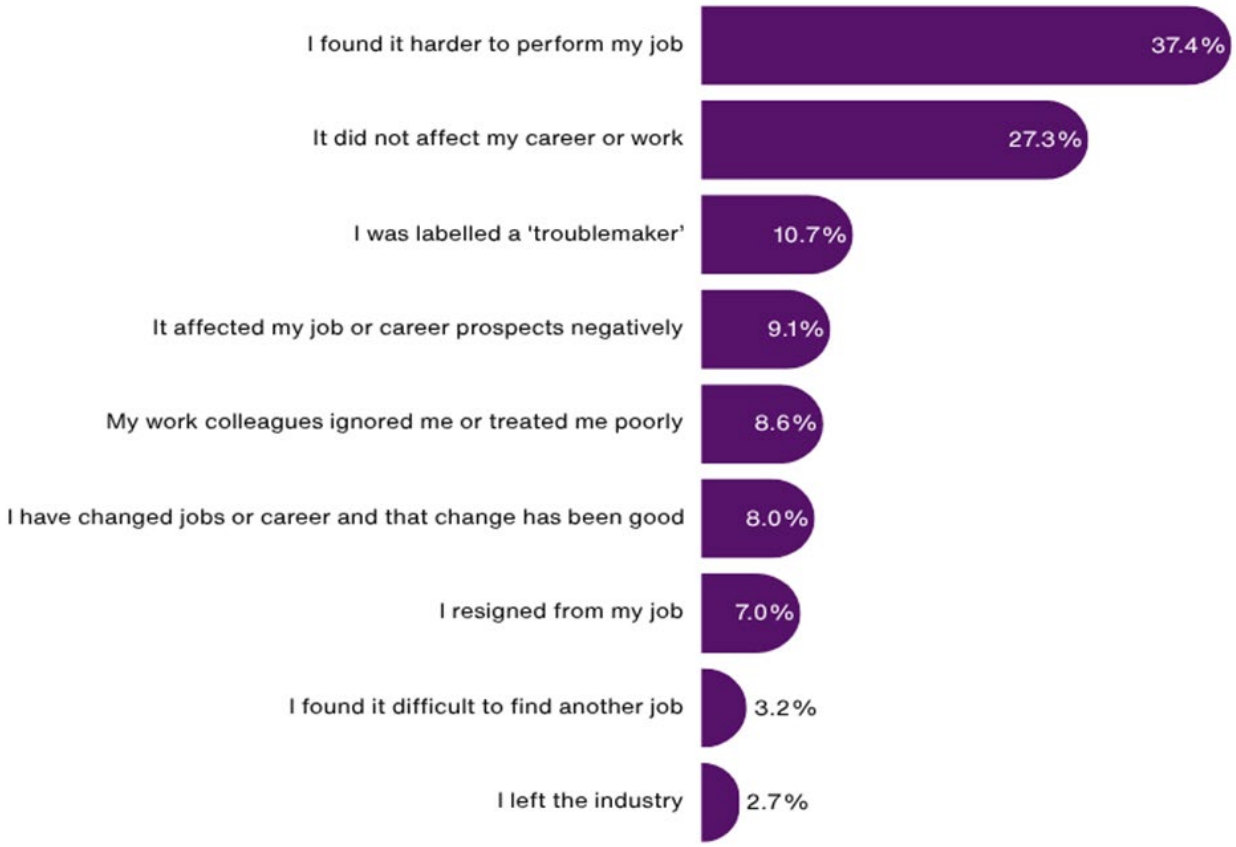


Note: Percentages do not add to 100% as respondents could select multiple options.

Over the longer term, a smaller proportion of respondents reported ongoing negative impacts on work relationships (see Figure 13):

- 10.7% reported being labelled as 'troublemakers'.
- 8.6% experienced being ignored or treated poorly by colleagues.
- 9.1% felt the incident had a lasting negative impact on their job or career.

Figure 13: Impact of workplace violence on career or work in the longer term



Note: Percentages do not add to 100% as respondents could select multiple options.

5. Following up after incidents of workplace violence

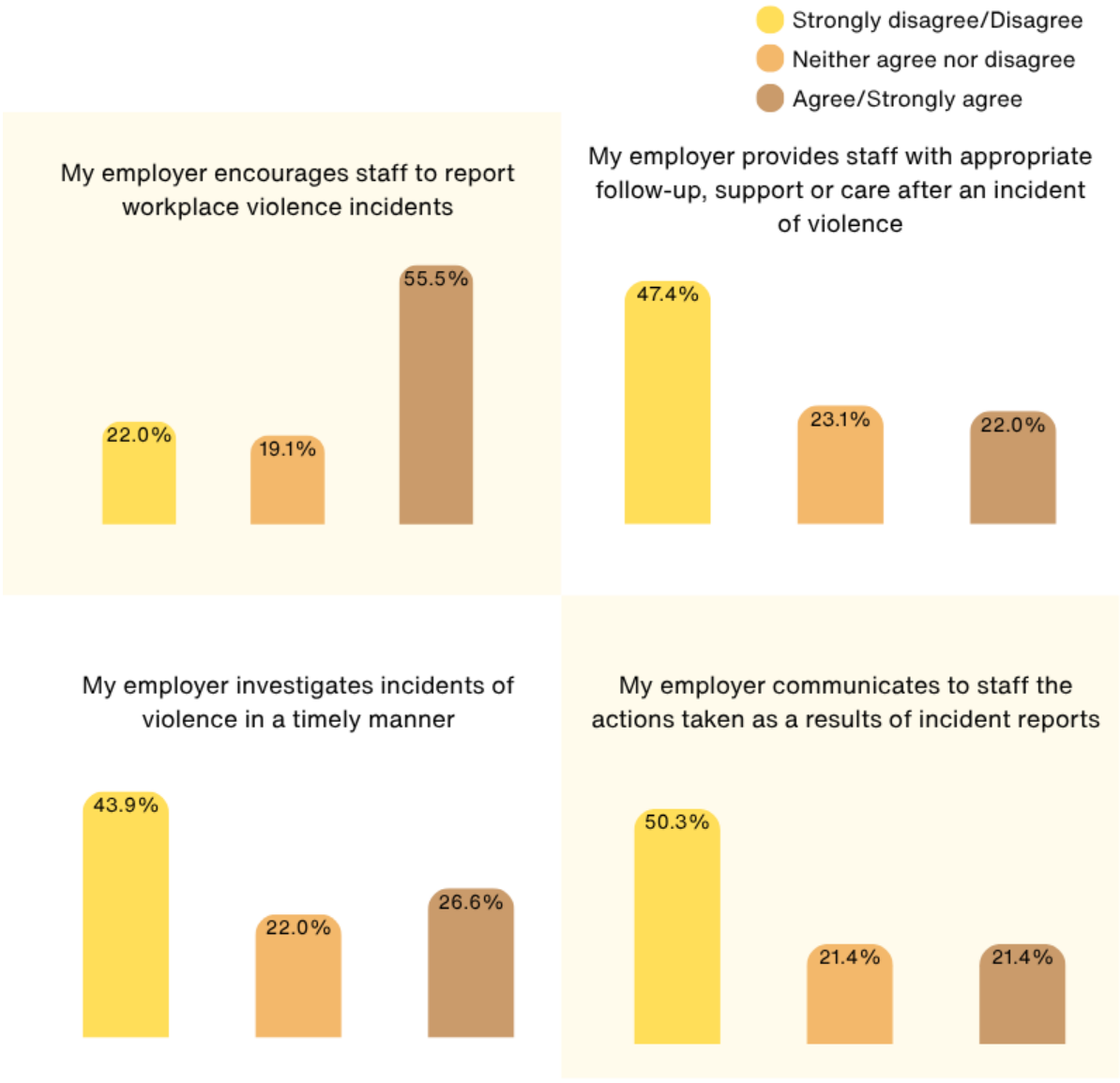
87.8% of respondents said that they told someone about the workplace violence incident that they experienced at work.

65.9% said that they made a formal complaint about their experience.

Employer responses to workplace violence appeared mixed across several areas. While over half of respondents (55.5%) agreed that their employer encourages staff to report incidents, fewer reported positive experiences with follow-up support, with 47.4% disagreeing that appropriate care is provided and only 22.0% agreeing. Similarly, 43.9% disagreed that incidents are investigated in a timely manner, compared to 26.6% who agreed. Communication of actions taken was also limited, with half of respondents (50.3%) disagreeing that employers effectively communicate outcomes of incident reports, and only 21.4% expressing agreement. See Figure 14.

We work with people so there is an inevitability that there will be some form of violence experienced, however, the issue is the lack of care when concern is raised and the lack of care when an incident happens.

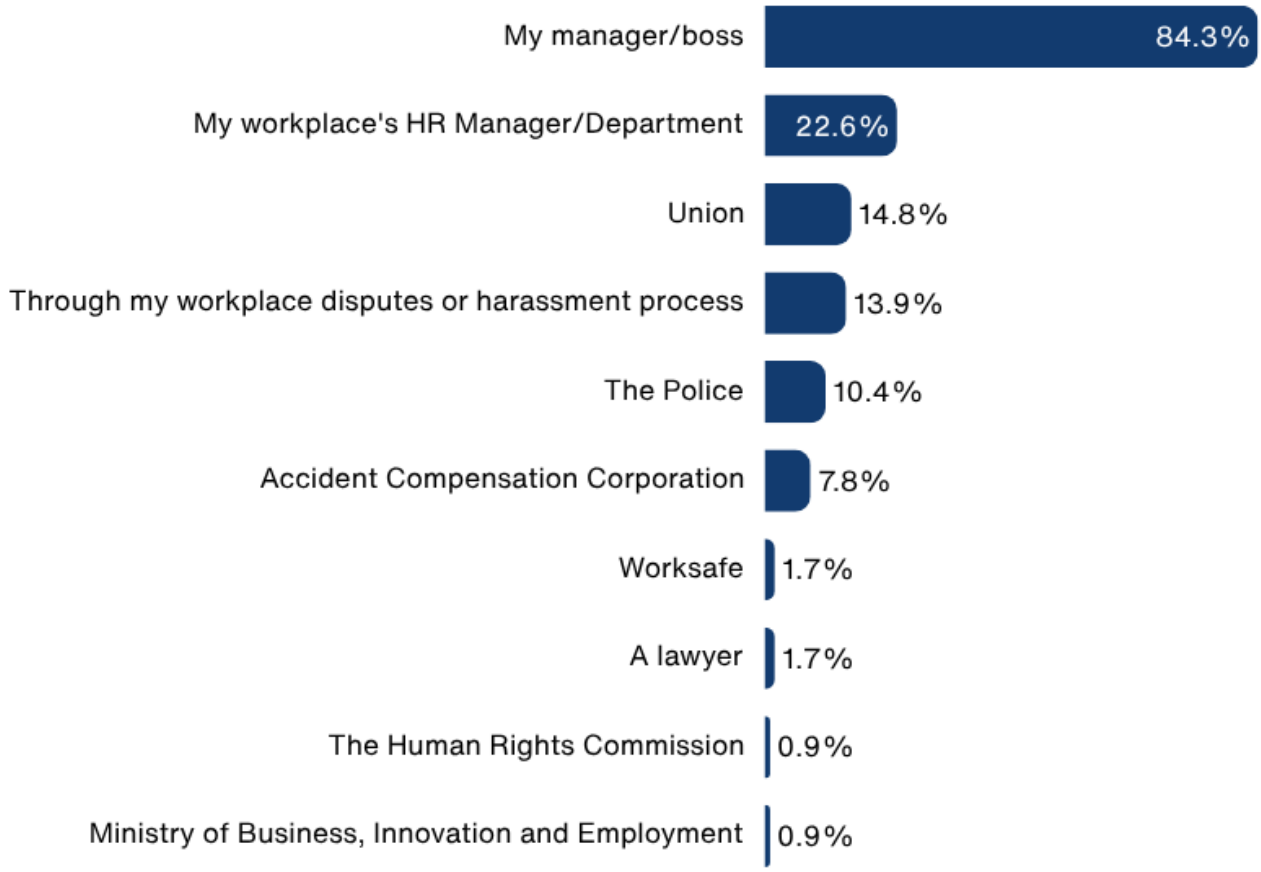
Figure 14: Does your employer encourage reporting of workplace violence and follow up any reports adequately?



Note: Sample size = 173.

The majority of respondents (84.3%) reported incidents to their manager or boss, while fewer engaged formal or external channels, including HR departments (22.6%), unions (14.8%), or workplace dispute or harassment processes (13.9%). A smaller proportion escalated matters externally, such as to the Police (10.4%) or the Accident Compensation Corporation (7.8%). See Figure 15.

Figure 15: Which organisation or people did you formally report or make a complaint to?



Note: Sample size = 115.

Top 3 reasons for not reporting a workplace violence incident

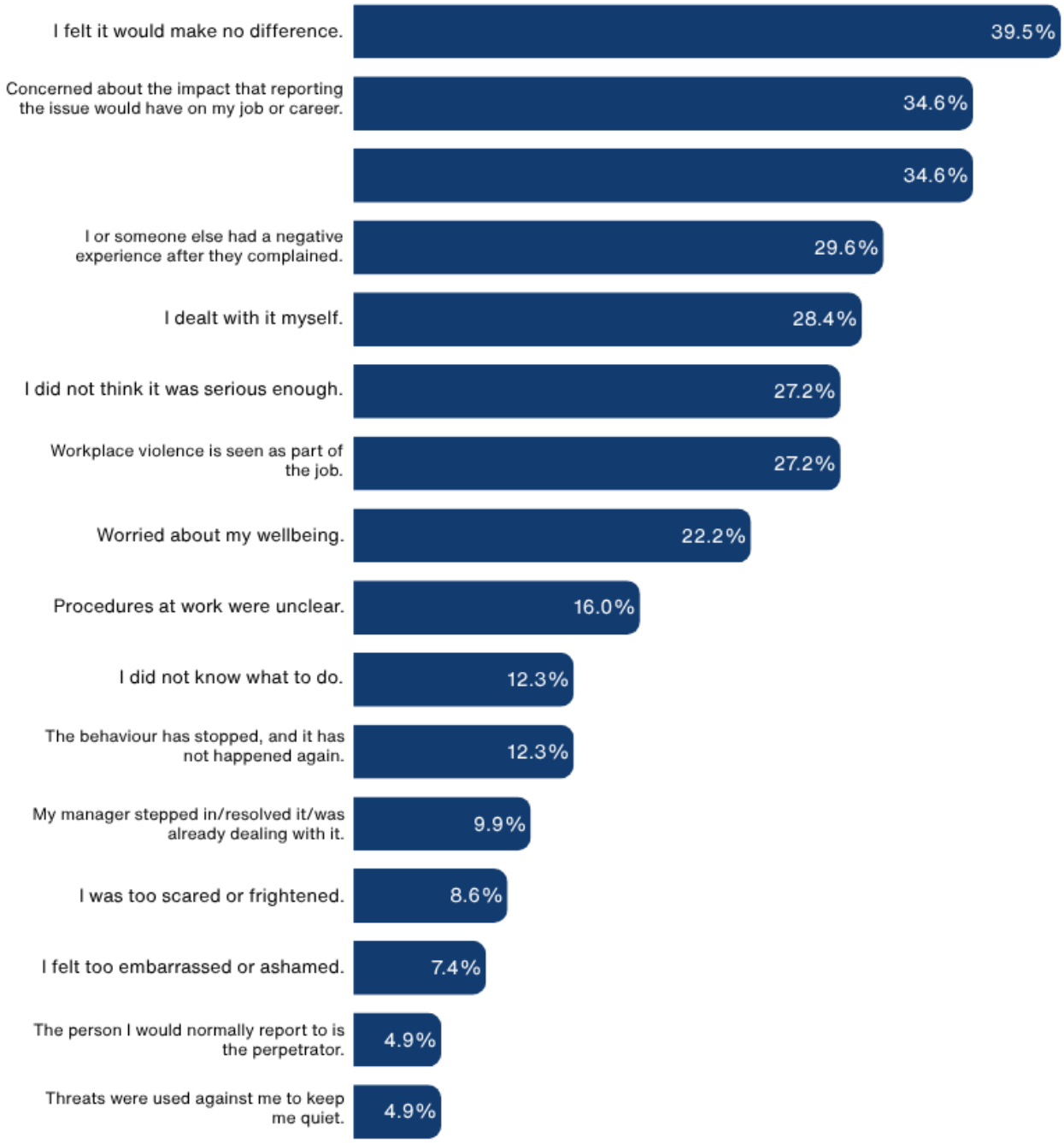
39.5% felt that it would make no difference

34.6% were concerned about the impact it would have on their job or career

34.6% were concerned that reporting would make the issue worse

Of those who did not seek support or report workplace violence, the most commonly cited reasons were that they felt reporting would make no difference (39.5%), were concerned about the impact on their job or career (34.6%) and believed that reporting could make the situation worse (34.6%). Other contributing factors included previous negative experiences with reporting, choosing to deal with the issue independently, and perceiving the incident as not serious enough to report. See Figure 16.

Figure 16: If you did not seek support or report your experience, please indicate why

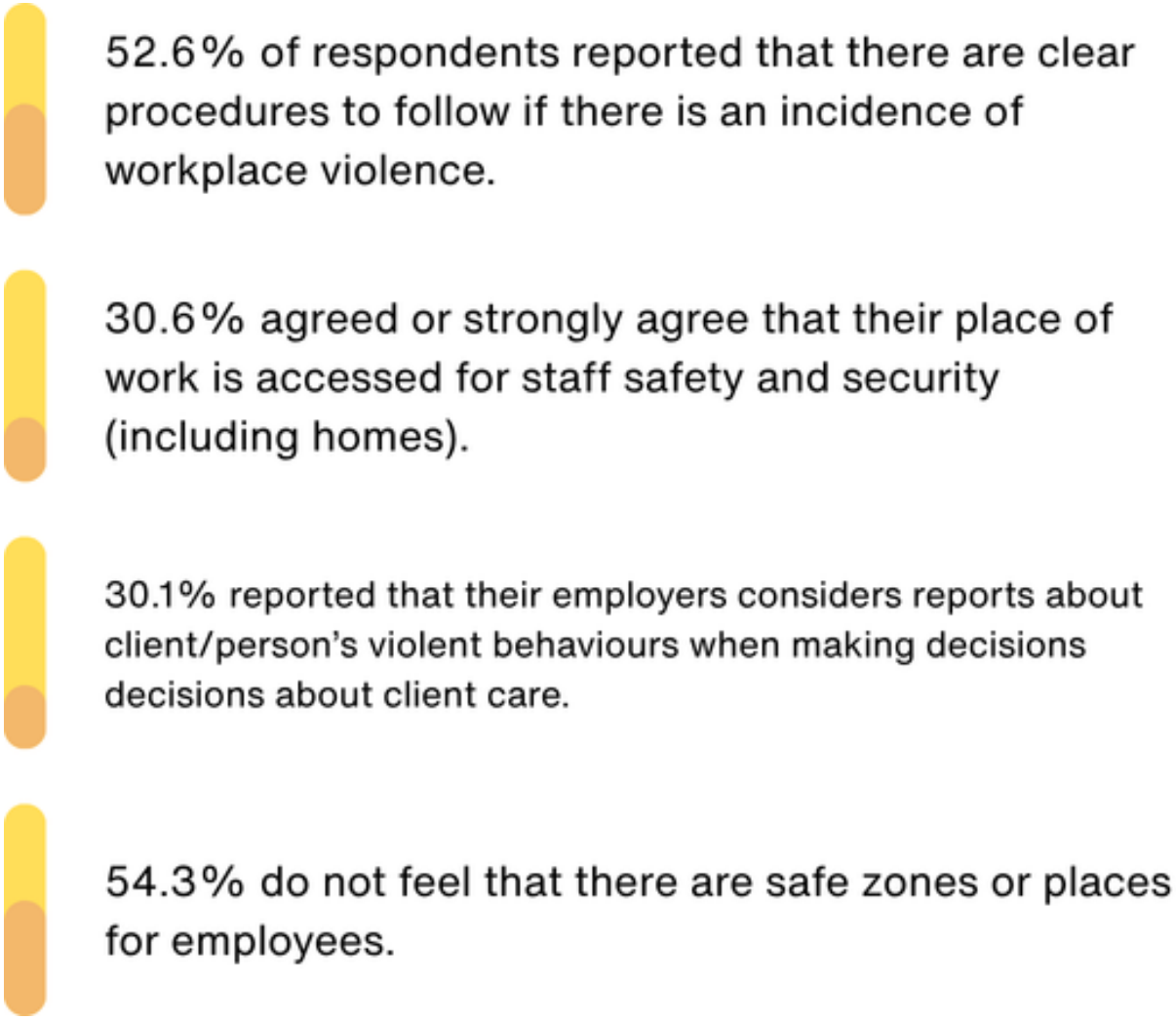


Note: Sample size = 81.

6. Preventing workplace violence

There are clear gaps in terms of either communicating WPV mitigation and prevention policy and procedure to support workers or indeed ensuring that there are policies and procedures in place (see Figure 17). As indicated above, there is an element of tolerance or acceptance of WPV as part of the job.

Figure 17: Procedures in place to prevent workplace violence



Note: Sample size = 173.

We need to know how to address it, how to report it, what to do to keep ourselves safe, how to avoid it. The knowledge of all violence that can occur in our workplace and the knowledge to proceed afterwards and who is there to help us.

Training in workplace violence prevention is essential to ensure staff are equipped to respond effectively and maintain safe environments both when they begin their job and refresher training to reinforce WPV prevention and mitigation. However, survey responses indicate gaps in the availability of training for managing and responding to violent incidents (see Figure 18).

Figure 18: Is specific workplace violence prevention training available at your workplace?

Note: Sample size = 180.

While international best practice emphasises the importance of actively involving employees in workplace violence prevention planning, participation among respondents appears limited.

Only about a fifth of respondents (21.7%) reported that they are actively involved in developing action plans to prevent workplace violence.

Only 15.6% said that there are forums for staff to share WPV experiences and learn from each other.

7. Managers' experiences of workplace violence

Only 20 managers responded to this survey. That could be due to how the survey invitation was disseminated through various networks, and social media. It also could be because of a range of unknown factors, such as there being fewer managers overall than support workers, or a lack of time available. However, while this is a very small sample and can only be illustrative, it might provide a useful touchpoint for further research into managers' experiences of workplace violence.

This category included care co-ordinators/team leaders as well as managers. It is possible that this might account for younger respondents. Ethnicity is not reported in Table 2 below to ensure confidentiality of respondents in a small sample size.

Table 2: Demographics of managers who responded to the survey

Characteristic	Number of manager respondents (n)
Age group	
16–24	0
25–34	4
35–44	3
45–54	6
55–64	3
65–74	2
75+	0
Prefer not to say	0
Gender	
Male	2
Female	16
Another gender	0
Prefer not to say	2
Location	
South Island	10
North Island	10

Experiences and impact of workplace violence

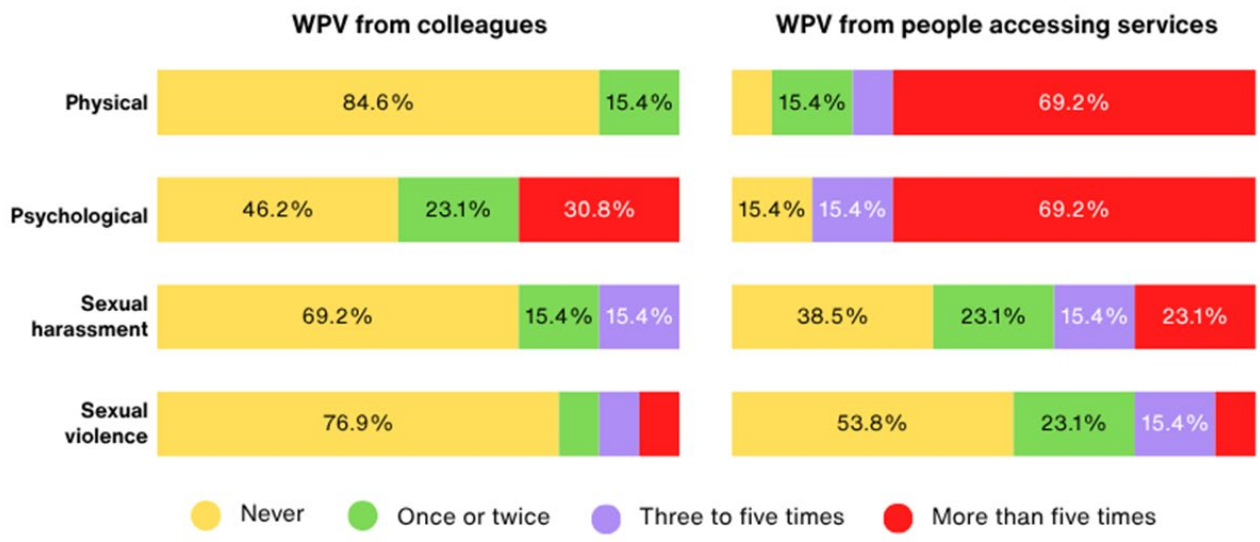
About 70% of manager reported experiencing workplace violence in their role. Figure 20 shows that among those who responded, violence originating from people accessing services/tāngata whai ora or their household was reported at high frequency, with 69.2% experiencing physical violence more than five times in the past five years, and the same proportion (69.2%) reporting psychological violence more than five times.

In contrast, WPV originating from colleagues or managers was less common (Figure 19):

- 84.6% of managers reported never experiencing physical violence.
- 69.2% never experienced sexual harassment and 76.9% never experienced sexual violence.

However, psychological violence from colleagues remained relatively prevalent, with 53.9% of managers experiencing it at least once (23.1% once or twice and 30.8% more than five times).

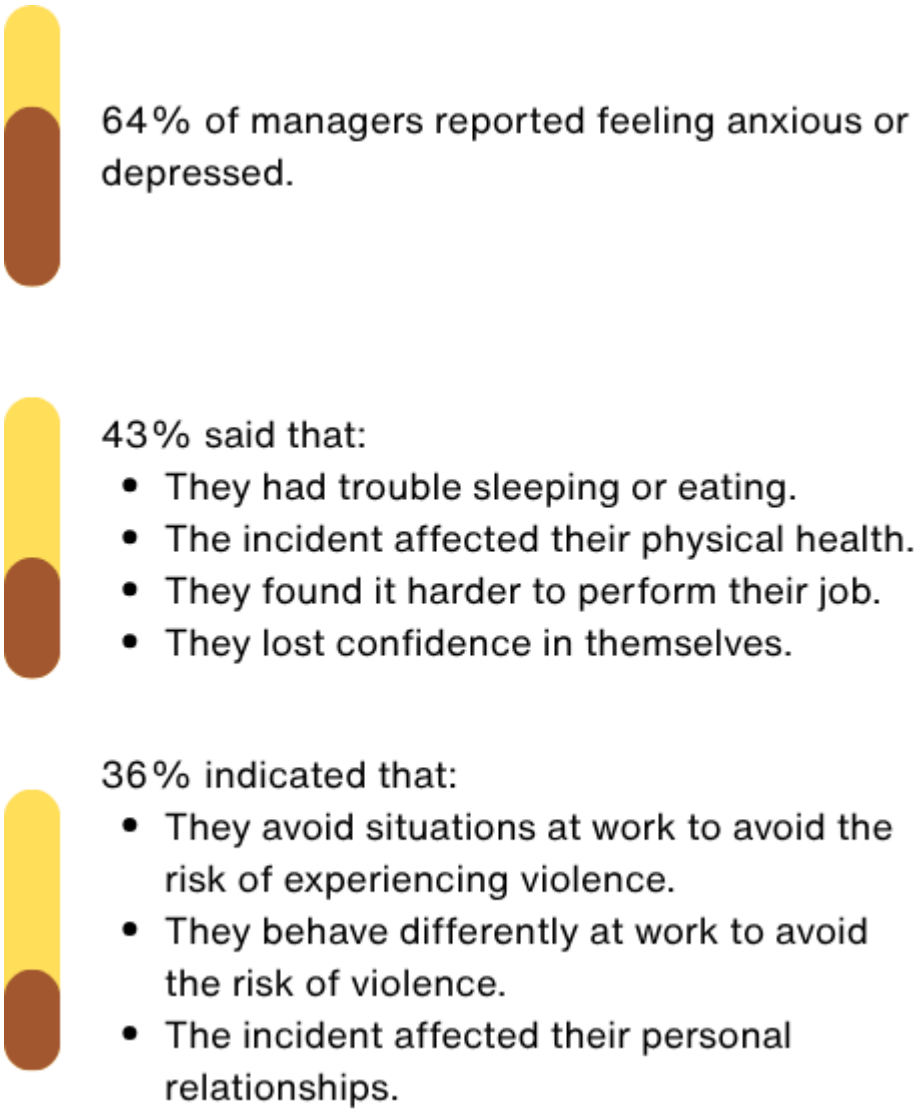
Figure 19: Managers' experiences of workplace violence



Note: Each horizontal bar adds to 100%. Interpret with caution due to small sample size. Sample size = 13.

Managers reported similar impacts of workplace violence to support workers, with the most commonly reported short-term effects including emotional distress, disrupted wellbeing, and changes to work behaviour (see Figure 20)..

Figure 20: Impacts of workplace violence on managers at the time of the incident



Note: Interpret with caution due to small sample size. Sample size = 13.

How can workplace violence be mitigated?

Managers were asked what things would make it easier for them to mitigate and prevent workplace violence. As mentioned above, the number of managerial respondents was small, and these results can only be viewed as indicative for future research. From the managers who responded, some key themes began to emerge around:

- Having clear relationship boundaries for all, including the families/households of people seeking services.
- More management support, and greater collaboration with all staff and leadership in providing solutions around violence at work. Collaboration with other organisations.

Clear and visible communication for all involved (staff, people accessing services/tāngata whai ora, their family and/or household) in the services about what is workplace violence and that it is not acceptable.

Some of the challenges for WPV mitigation that were identified included:

- The cost of training, including having sufficient staff to enable time away from work for training.
- A lack of appropriate training or information available.
- An embedded culture of acceptance of WPV as part of the job.
- High staff turnover, lower skilled staff and often lack of management supervision.

Funding and regulation underpinned both the challenges and solutions: funding is inadequate for safe staffing levels; there is a lack of regulatory monitoring and specific guidance/training on WPV in these sectors.

8. Conclusion

The results of this survey indicate that WPV is commonly experienced by support workers across all categories of violence (physical, psychological, sexual harassment and violence). It is also common across contexts, originating from both colleagues/managers and people seeking services/their whānau and/or household. Psychological violence was more common, however physical violence from people accessing services/whānau/household was experienced by nearly two-thirds of support workers.

Of note is that support workers do experience workplace violence that targets their ethnicity, gender or sexuality suggesting that discrimination underpins some workplace violence. This must be taken into account in training, policy and support for those who experience WPV.

More than half of support workers thought that workplace violence was expected to be tolerated as part of the job. Perhaps in part because of a pervasive culture of tolerance, both managers and support workers noted a lack of specific WPV violence training. Specific WPV training was difficult to access not just because of a lack of availability but potentially due to funding and regulatory issues that did not support staffing levels to accommodate absence for training sessions, nor adequately fund the training provision itself.

These results indicate that WPV is a significant issue in community-based support services, yet violence prevention and mitigation is not available to substantial proportions of the workforce. This suggests that it is crucial that work be undertaken to establish policy levers to develop, provide and fund specific WPV prevention training for these sectors in order to create safe spaces for staff and people accessing services/tāngata whai ora, their families and households.

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Appendix: Details of Support Worker Characteristics

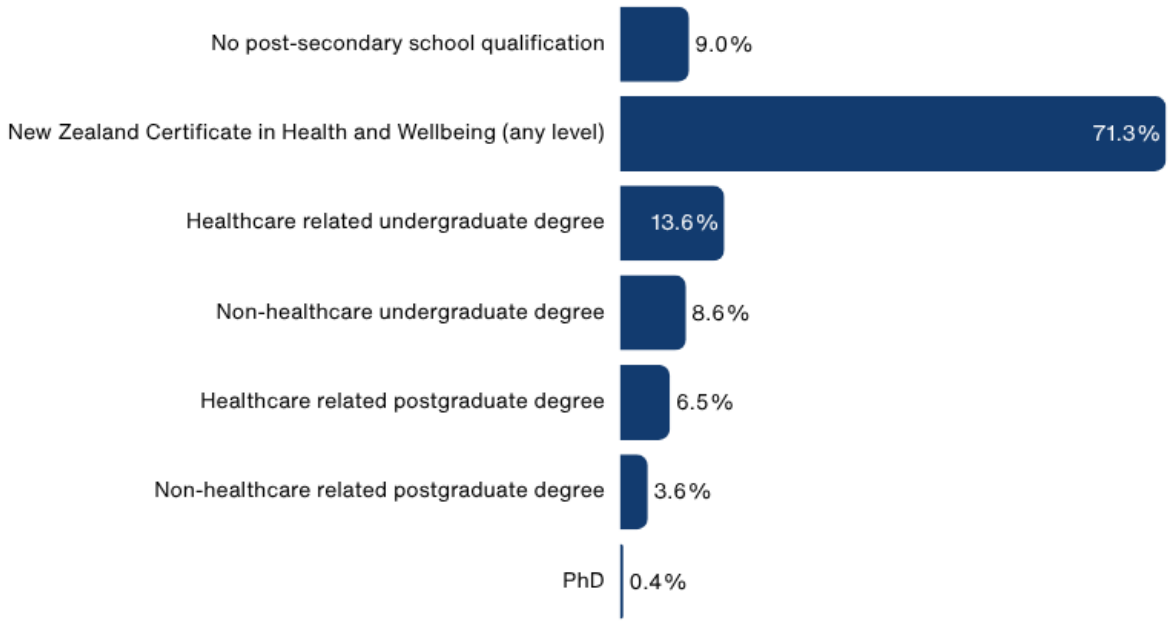
Appendix Table 1: Demographics of support workers who responded to the survey

Characteristic	%
Age group	
16–24	3.6
25–34	12.9
35–44	13.3
45–54	26.9
55–64	31.2
65–74	10.8
75+	1.1
Prefer not to say	0.4
Gender	
Male	14.7
Female	83.2
Another gender	0.4
Prefer not to say	1.8
Sexual identity	
Heterosexual/Straight	82.1
Gay or Lesbian	2.5
Bisexual	6.8
Another identity	2.5
Prefer not to say	6.1
Ethnicity*	
Māori	16.1
New Zealand European	73.1
Cook Island Māori	1.8
Samoan	1.1
Tongan	1.4
Niuean	0.7
Chinese	0.4
Indian	5.0
Other	11.5
Prefer not to say	2.2
Location	
Auckland	17.2
Hamilton	9.7
Wellington	10.4
Rest of the North Island	22.6
Christchurch	14.3

Characteristic	%
Dunedin	7.9
Rest of the South Island	16.1
Prefer not to say	1.8

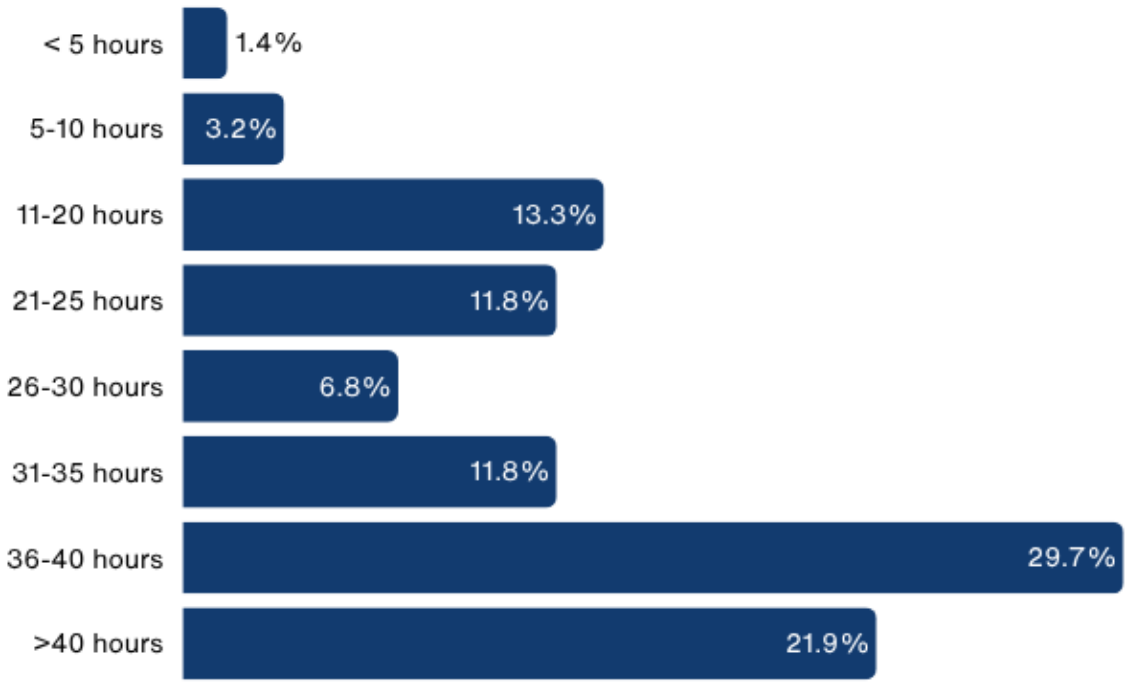
Note: *Respondents could choose more than one ethnicity option.

Appendix Figure 1: Respondent qualification levels



Note: Respondents could choose multiple options. Sample size = 279.

Appendix Figure 2: Number of hours worked per week



Note: Sample size = 279.