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Department of Health and Social Services
William J Streur, Commissioner
Ward B Hurlburt, MD, MPH, CMO

3601 C Street, Suite 540
Anchorage, AK 99503 www.epi.alaska.gov

Division of Public Health
Kerre Shelton, Director

Local (907) 269-8000
24 Hour Emergency 1-800-478-0084

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

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Work-Related Assault Hospitalizations and Homicides — Alaska, 2003–2012

Background

Workplace violence is an important cause of occupational injuries and fatalities nationally.[1] Characteristics of workplaces where violence generally tends to occur include those where 1) money is exchanged, 2) workers interact with the public, and 3) services or goods are delivered.[2] The purpose of this *Bulletin* is to provide an overview of the epidemiology of work-related assault hospitalizations and homicides in Alaska.

Methods

The Alaska Trauma Registry (ATR) was queried to identify work-related assault hospitalizations from 2003–2011. Fatality reports from the Alaska Fatality Assessment and Control Evaluation (AKFACE) surveillance database and the Alaska Violent Death Reporting System (AKVDRS) were used to identify work-related homicides in Alaska from 2003–2012. Assault hospitalizations and homicides were considered work-related if the incident occurred or was initiated 1) in the workplace; 2) while the victim was engaged in a work activity; or 3) on the premises where the victim was living, as required by their job. Annual labor force estimates from the Alaska Department of Labor and Workforce Development Research and Analysis Section were used for denominators to calculate crude rates.

Results

During 2003–2011, the ATR recorded 47 non-fatal work-related assault hospitalizations. During 2003–2012, the AKVDRS and AKFACE databases recorded 20 work-related homicides. The average number of hospitalized assault and homicide victims was six per year (range: 5–11; Table). At least one of the 67 incidents of work-related violence occurred in each of Alaska's six economic regions. Public safety/ military personnel was the most frequently documented occupation category (16/67, 24%), followed by sales/food service workers (14/67, 21%), and taxi drivers (7/67, 10%). Four percent (3/67) of the incidents were among health care workers. Forty-eight percent (32/67) of the victims knew their assailant(s).

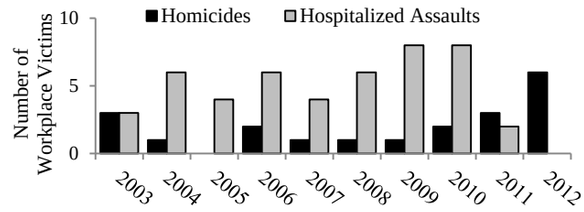
During the study period, work-related assaults accounted for 2% (47/3,118) of all assault hospitalizations, and work-related homicides accounted for 6% (20/339) of all homicides. Nearly half of the work-related homicides occurred during the last 2 years of the study period (Figure).

Table. Work-Related Violence — Alaska, 2003–2012*

Characteristic	Hospitalized Assault* (n=47)	Homicides (n=20)
Male (%)	43 (91%)	15 (75%)
Median age in years (range)	42 (12–81)	42 (18–55)
Average annual number (range)	5 (2–8)	2 (0–6)
Average annual crude rate per 100,000 persons (range)	1.3 (0.5–2.1)	0.6 (0.0–1.5)
Weapon		
Firearm	6 (13%)	14 (70%)
Sharp object	13 (28%)	3 (15%)
Personal weapon (e.g., fist, foot)	16 (34%)	3 (15%)
Victim knew assailant	23 (49%)	9 (45%)
Current/former co-worker	12 (26%)	5 (25%)
Incidents with known circumstantial and environmental factors	40 (85%)	18 (90%)
In progress or precipitating crime (e.g., robbery, drug sale)	7/40 (18%)	6/18 (33%)
Involved an argument, other disagreement, abuse, or conflict	14/40 (35%)	4/18 (22%)
Random act of violence	18/45 (45%)	6/18 (33%)

**ATR data were only available through 2011.*

Figure. Work-Related Homicides and Assault Hospitalizations, by Year — Alaska, 2003–2012*



**ATR hospitalization data were only available through 2011.*

Discussion

As is seen nationally,[1,2] work-related assault hospitalizations and homicides in Alaska occurred primarily within protective services, sales, and transportation (e.g., taxi cab driver) occupations. Compared to 1980–1989,[3] the average annual rate of work-related homicide during 2003–2012 decreased by nearly 50% (1.1 vs. 0.6 per 100,000 workers, respectively); however, the annual number of work-related homicides has been increasing over the past 3 years (Figure).

Alaska law enforcement personnel, who fall into the highest risk group for incurring occupational violence, experienced a decrease in the rate of assaults leading to injury in 2008–2011 compared to 2004–2007, but an increase in the rate of non-injury assaults.[4] Violence against health care workers—a growing problem nationally—accounted for only 3 (4%) of the cases identified in this review, but two of those cases were fatalities.

Findings from a 2005 U.S. Bureau of Labor Statistics survey indicated that over 70% of workplaces do not have a formal violence prevention program or policy.[5] Such programs and policies are useful for establishing violence-prevention strategies that are tailored to the organization's needs. Examples include environmental strategies, e.g., installing strategically-placed security devices; administrative strategies, e.g., reviewing staffing patterns; and behavioral strategies, e.g., offering violence prevention training.[6-8]

Recommendations

1. Employers should develop tailored violence prevention policies that include appropriate staff training and consider all workers, contractors, clients, and visitors.[6-8]
2. Employers should promote open communications and provide employee services after critical incidents.
3. Health care providers should encourage patients to report violent incidents that occur in the workplace to the appropriate senior management.

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(Contributed by Deborah Hull-Jilly, MPH, Injury Surveillance Program, Section of Epidemiology, and Mary O'Connor, MS, National Institute for Occupational Safety and Health, Alaska Pacific Office.)