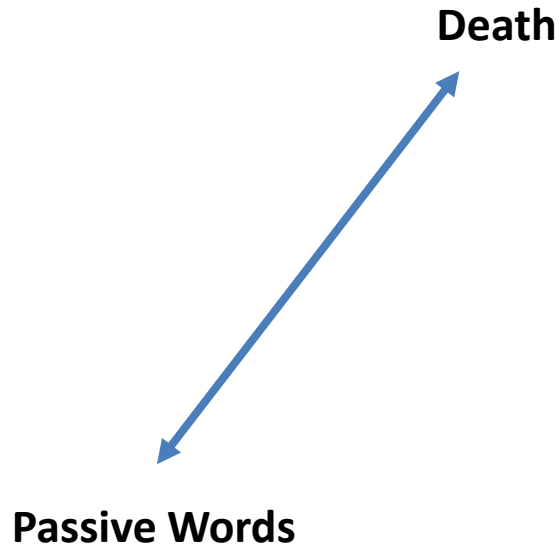




Occupational Violence and Aggression: Enhancing Safety of Public-Facing Staff

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(Australia)



- Involves incidents in which a person is abused, threatened or physically assaulted in circumstances of work
- Can involve disagreements, escalating conflicts, domestic incidents, robbery & terrorism



- OVA is well-reported across most societies
- Higher risk when people are isolated, working overnight and when handling cash or other valuables
- Within Australia, each jurisdiction has an OVA guideline
- OVA consistently reported across occupational sectors
- Increased risk in healthcare, police/security and public-facing roles
- Legislation = compliance but other approaches unknown

Why the study was necessary



- Many high-risk organisations failed to have formalised systems that addressed OVA – high worker injuries
- Some organisations work to standards but aimed at compliance, not OVA
- Anecdotal evidence – approaches to OVA were shallow, irregular and unplanned
- There was little difference between public and private



RQ - What practices did organisations adopt to minimise OVA risks?

How the study was conducted



- Mixed methods
- Review 40 major public and private organisations in Australia
- Orgs similar in size and structure >500 <1500 personnel
- Each organisation had substantial public-facing staff/services
- Methodology: (i) survey (ii) semi-structured interviews across focus groups
- 8 focus groups (Mel and Syd)



- Framework for safety/OVA
- Proactive and reactive approaches
- What formal/informal systems existed?
- Induction methods
- Training including content, duration, competency outcomes
- Trainer qualifications and experience
- Essential areas of training i.e. communication, skills acquisition, assessment methods ...

Evidence about victims of OVA:

- Usually isolated
- No access control to immediate area i.e. receptionist ...
- No overt protections i.e. layers of security such as base building controls, lift controls, floor access control, cautionary signage, CCTV ...
- No covert protections i.e. duress alarm, safe escape route ...
- No capable guardianship
- No training
- No (or deficient) protocols ...

Major findings:

- Healthcare orgs generally had better systems
- Most orgs capture security risks under common approaches to RM i.e. reputational, financial, operational, WHS and environmental but not OVA
- Little difference between public and private orgs
- Most orgs failed to align with OVA guidelines
- Factors such as incident history, size, location and level of public activity did not appear to impact upon org appetite to eliminate or minimise OVA
- Litigation, individual responsibility and media reporting impacted upon org appetite



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AN INTRODUCTION TO OPERATIONAL SECURITY RISK MANAGEMENT



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1. About Operational Security Risk Management
2. Consultants as a Security Resource
3. Operational Security Systems
4. The Security Risk Framework
5. People and Security Systems
6. Legal Issues
7. Occupational Violence and Aggression
8. Emergencies & Critical Incidents
9. The Future of Operational Security Risk Management

