



---

# **Cal/OSHA, DOT HAZMAT, EEOC, EPA, HAZWOPER, HIPAA, IATA, IMDG, TDG, MSHA, OSHA, and Canada OHS Regulations and Safety Online Training**

## **Since 2008**

This document is provided as a training aid and may not reflect current laws and regulations.

Be sure and consult with the appropriate governing agencies or publication providers listed in the "Resources" section of our website.

[www.ComplianceTrainingOnline.com](http://www.ComplianceTrainingOnline.com)



[Facebook](#)



[LinkedIn](#)



[Twitter](#)



[Website](#)



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

## Violence in the Workplace

July 1996

DHHS (NIOSH) Publication Number 96-100



### Current Intelligence Bulletin 57

#### Foreword

The purpose of the Occupational Safety and Health Act of 1970 (Public Law 91596) is to assure safe and healthful working conditions for every working person and to preserve our human resources. In this Act, the National Institute for Occupational Safety and Health (NIOSH) is charged with recommending occupational safety and health standards and describing exposures that are safe for various periods of employment, including (but not limited to) the exposures at which no worker will suffer diminished health, functional capacity, or life expectancy as a result of his or her work experience.

Current Intelligence Bulletins (CIBs) are issued by NIOSH to disseminate new scientific information about occupational hazards. A CIB may draw attention to a formerly unrecognized hazard, report new data on a known hazard, or disseminate information about hazard control. CIBs are distributed to representatives of academia, industry, organized labor, public health agencies, and public interest groups as well as to Federal agencies responsible for ensuring the safety and health of workers.

Each week in the United States, an average of 20 workers are murdered and 18,000 are assaulted while at work. These staggering figures should not be an accepted cost of doing business in our society—nor should death or injury be an inevitable result of one's chosen occupation.

This CIB reviews what is known about fatal and nonfatal violence in the workplace, defines research gaps, and recommends general approaches to workplace violence prevention. The document also summarizes issues that need to be addressed when dealing with workplace violence in various settings such as offices, factories, warehouses, hospitals, convenience stores, and taxicabs. No definitive strategy will ever be appropriate for preventing violence in all workplaces, but we must begin to change the way work is done in certain settings to minimize the risk to American workers. We must work together to address the research and prevention challenges posed by the complex issue of workplace violence. This document serves as the foundation for developing a comprehensive strategy for reducing violence in U.S. workplaces.

Linda Rosenstock, M.D., M.P.H.  
Director, National Institute for Occupational Safety and Health  
Centers for Disease Control and Prevention

## Abstract

This document reviews what is known about fatal and nonfatal violence in the workplace to determine the focus needed for prevention and research. The document also summarizes issues to be addressed when dealing with workplace violence in various settings such as offices, factories, warehouses, hospitals, convenience stores, and taxicabs.

Violence is a substantial contributor to occupational injury and death, and homicide has become the second leading cause of occupational injury death. Each week, an average of 20 workers are murdered and 18,000 are assaulted while at work or on duty. Nonfatal assaults result in millions of lost workdays and cost workers millions of dollars in lost wages.

Workplace violence is clustered in certain occupational settings: For example, the retail trade and service industries account for more than half of workplace homicides and 85% of nonfatal workplace assaults. Taxicab drivers have the highest risk of workplace homicides of any occupational group. Workers in health care, community services, and retail settings are at increased risk of nonfatal assaults.

Risk factors for workplace violence include dealing with the public, the exchange of money, and the delivery of services or goods. Prevention strategies for minimizing the risk of workplace violence include (but are not limited to) cash-handling policies, physical separation of workers from customers, good lighting, security devices, escort services, and employee training. A workplace violence prevention program should include a system for documenting incidents, procedures to be taken in the event of incidents, and open communication between employers and workers. Although no definitive prevention strategy is appropriate for all workplaces, all workers and employers should assess the risks for violence in their workplaces and take appropriate action to reduce those risks.

## Acknowledgements

This document was prepared by Lynn Jenkins of the National Institute for Occupational Safety and Health (NIOSH). The author thanks the following NIOSH personnel for their review and comment: Jane Lipscomb, Ph.D.; Naomi Swanson, Ph.D.; Tim Pizatella; Nancy Stout, Ed.D.; Terry Wassell, Ph.D.; and William Halperin, M.D. The staff of the Injury Surveillance Section of the Division of Safety Research, NIOSH, also provided support and assistance to the development of this document.

The author gratefully acknowledges the work of the following reviewers: Bill Borwegen of the Service Employees International Union; Jordan Barab of the American Federation of State, County, and Municipal Employees; Jay Malcan, Ph.D., of the Virginia Department of Criminal Justice Services; and Pam McMahon, Ph.D., of the Division of Violence Prevention at the National Center for Injury Prevention and Control.

Editorial review and production assistance were provided by Anne Hamilton, Herb Linn, Joyce Spiker, Vanessa Becks, Jane Weber, Susan Feldmann, Rosemarie Hagedorn, Ann Stirnkorb, Dick Carlson, and Julie Tisdale.

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA  
30329-4027, USA  
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)

