

Work-Site Intervention to Reduce Work-Related Assault Injury

The Challenge:

Homicide has been the second leading cause of occupational death following motor vehicle crashes since the early 1990's. The number of workplace assaults leading to injuries, but not death, is unknown. But this number probably greatly exceeds the number of fatalities. Numerous violence prevention programs have been implemented and evaluated, but no information was gathered about which components are most successful or which intervention components work best in different business settings. Before any agency can respond to the problem, risk factors must be clearly understood, effective countermeasures must be developed and tested, and intervention models that are acceptable and feasible to affected businesses must be developed and their applicability determined.











Approach:

Businesses at high risk in Los Angeles City were eligible for study participation. Once businesses were mapped by zip code to a corresponding LAPD jurisdiction crime level, a random sample within each crime level was taken. Field consultants enrolled the business (including comparison businesses) during the first visit. A baseline security assessment was conducted, followed by implementation of the intervention program in a one-on-one, on-site consultation (comparison businesses were excluded from this step). Follow-up surveys were administered at three and 12 months post-intervention. Field consultants completed the "Community Variable Survey" at the time of the 2nd follow-up interview. Crime data collection from LAPD and linkage for the areas involved in the study coincided with baseline and follow-up time periods of the study. Among the many analyses performed, were calculations of pre- and post-intervention crime rates, and identification of the relationship between business characteristics and overall compliance.

Results:

Our findings indicate that the intervention program was successful in reducing overall crime and particularly robbery and attempted robbery. Furthermore, reductions in crime were directly related to the level of compliance. In fact, businesses that implemented the highest number of intervention components experienced the only decreases in crime rates, while all other businesses experienced increases. The intervention focused on robbery prevention, so the proportionally higher decreases of robbery compared with all violent crime among intervention but not comparison businesses is further evidence of the program's success. This is the first evidence to show that the level of compliance of a workplace violence intervention program is related to a decrease in crime. Most business owners voluntarily implemented some, but not all, of the intervention program, and these changes were directly related to decreases in crime rates.

Impact:

The Workplace Violence Prevention Program provides important information that is not widely available to small business owners. Because this is one of the first federally-funded projects to develop and implement such a program, and since it does appear to be effective, we felt it was very important to make efforts to increase the availability of the program. Thus, we made several important collaborations that will assist with further dissemination of the program: Korean American Grocer's Association; Oxnard Police Department; Cal/OSHA Consultation Services; and the Los Angeles Police Department. All of these organizations have received some training and materials to assist them in continuing to provide the project's important prevention information.

Lead Researchers:

Jess Kraus, PhD, UCLA/SPH/SCIPRC Corrie Peek-Asa, PhD, UIOWA/Dept.Occup.Environ.Hlth

Research Partners:

Cal/OSHA Consultation Services Program, Sacramento, CA Los Angeles Police Department, Los Angeles, CA Korean American Grocers Association, Los Angeles, CA KAGRO "Project Build-Up" Partners, Los Angeles, CA Oxnard Police Department, Los Angeles, CA

For complete description of this project and others see the CD Rom "A Compendium of NORA Research Projects and Impacts, 1996-2005" located at www.cdc.gov/niosh.

The findings and conclusions in this report have not been formally disseminated by the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health should not be construed to represent any agency determination or policy.