

Conducting Surveys on Violence in the Workplace

Introduction

The most important source of information on workplace hazards is our members. In fact, they may be the only source of information on workplace violence hazards since management may not document incidents (or near misses). In addition, conducting regular surveys may also enable the local union to evaluate workplace violence prevention measures, and educate members at the same time. This document will provide some guidance on conducting a survey in your workplace, and provides an example of some of the survey questions you may wish to use.

Preparing to do the survey

A survey can be carried out solely by the union, but it is easier to carry out if you have the employer's support. With the employer on board, distribution, filling out the surveys, and collection can be done on work time which will improve the chances of participation.¹ However, the following conditions should be met before you proceed with a *joint* survey with the employer:

- The employer and the union have a full and agreed-upon understanding that the purpose of the survey is to identify hazards that may lead to violence in the workplace.
- The employer and the union agree on the questions being asked.
- Union volunteers will distribute and collect the survey on work time.
- The survey design and implementation will ensure that participants are not identified, and their individual responses are kept confidential.
- The employer will not receive any of the hard copies of the survey or raw data, only summarized results so that individual worker confidentiality can be further assured.
- Results of the survey will be shared with all employees.

If the above conditions are not met, or the employer does not support the idea of a survey, then the local should proceed with its own survey. This survey would need to be done outside of work hours, requiring more time to ensure that everyone has a chance to complete the survey. The union health and safety committee or the union executive can develop the survey and distribution plans.

Once the survey is developed and approved, the health and safety committee should develop a letter explaining the purpose of the survey, and provide contact info for members who have questions. If the survey is being done in collaboration with the employer, ensure that the letter contains information about the time available to complete the survey at work.

¹ Locals considering doing a survey in an online format should contact their regional health and safety representative who can provide support for the process.

Developing the survey

When developing the survey, review the list of possible hazards that lead to violence that are covered in the Violence prevention guideline that is a part of this kit to see which may be relevant in your workplace. A number of sample surveys have been provided at the end of this document.

Information can be collected either through a written questionnaire distributed to workers or through one-on-one interviews (oral surveys). A written survey may be appropriate if the union wants personal or sensitive information, since the form won't identify the individual. For example, a worker may be reluctant to voice to a union representative fears about a co-worker, but may be more willing to describe the problem in an anonymous questionnaire. One-on-one interviews can be very useful for organizing the membership as it gets people talking about their jobs and working conditions, and introduces union leaders to the rank and file members. Oral surveys are also a way to involve members who have difficulty with written questions due to literacy challenges or because English or French is not their mother tongue. If a number of members have another mother tongue, consider translating the survey and recruiting survey distribution and interviewer volunteers fluent in those languages.

Maximizing participation

Have individual health and safety committee members take responsibility for distributing the survey to specific areas, departments or units. To ensure that people actually fill out the form, limit the response time to a few days. Have the same person who distributed the forms collect the completed surveys.

Prior to introducing a survey into the workplace, whether the employer is involved or not, it is a good idea to have a special union meeting to describe the purpose of the survey, how results will be used, confidentiality, etc. It is recommended that you engage your CUPE servicing representative or health and safety specialist when developing the survey as well.

Results

Once the surveys have been collected and the results tabulated, the health and safety committee or the local should have a special meeting to discuss the results. Using the survey, pinpoint problem areas, causes and factors that increase the risk of violence and use the meeting to start to plan for ways the union can work to fix any issues that have been found in the survey.

A note about Demographic and Occupation Information

Demographic profiles (answers grouped by age, gender etc) allow us to see patterns in workplace hazards that we might miss otherwise. Given that workplace violence hazards and rates are higher for women and other marginalized workers, these patterns are very important.

Some members are reluctant to answer questions about their identity and occupation, especially in small work places where the information can identify the respondent (e.g. there is only one person in the worksite under 35) or expose them to discrimination (e.g. homophobia).

For very small workplaces or locals, where demographic or occupationally related questions could easily identify members, it is If you are running an electronic survey, place them at the end of the survey, and explain why the local is collecting the information, and make them optional. On tip is that you should consider using ranges where applicable.

Demographic and occupational questions include (but are not limited to):

What is your job title: _____

What is your age?

- 19-25
- 26-35
- 36-45
- 56-65
- 65+

How many years of experience do you have in your current position?

- 0-5
- 6-10
- 11-15
- 16-20
- 21-25
- 25+

What is your primary gender identity?

- Female
- Male
- Transgender
- Transsexual
- Intersex
- Two-spirit
- FTM (female-to-male)
- MTF (male-to-female)
- Gender non-conforming/Genderqueer/ Androgynous
- Other, please specify _____

Do you consider yourself: (Mark more than one or specify, if applicable)

- White
- Chinese
- Black
- Filipino
- Latin American
- Arab
- Korean
- Japanese
- West Asian (e.g., Iranian, Afghan, etc.)
- South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)

- Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- Aboriginal/Indigenous/First Nations/Métis/Inuk (Inuit)
- Other, please specify _____

Are you an Aboriginal person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?

Note: First Nations (North American Indian) includes Status and Non-Status Indians.

- No, not an Aboriginal person
- Yes, First Nations (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

Do you consider yourself a ... (Please check all that apply.)

- Person with a physical disability
- Person with a learning disability
- Person with a mental health challenge
- Person with low vision/vision disability
- Person who is hard of hearing
- Person who is Culturally Deaf
- Person with a disability not listed above, please describe ...

Does a physical condition or mental condition or health problem reduce the amount or the kind of activity you can do at work?

- Yes, sometimes
- Yes, often
- No

Do you consider yourself ... (Please check all that apply.)

- Heterosexual
- Lesbian
- Bisexual
- Gay
- Queer
- Two-spirited
- Other, please specify _____

Sample Survey General

Violence and Harassment in the Workplace

Thank you for taking the time to complete this survey. The data you provide will be essential as we work for safer workplaces, free from violence. All the information you provide is confidential and the results will only be presented in the aggregate (grouped so that individuals cannot be identified).

FACILITY DESIGN AND FIELD WORK:

- 1.) Is access to office areas/employees' workstations restricted to only authorized staff and escorted guests?
 Yes No Don't know
- 2.) Are all areas that employees walk through (e.g., parking lots, hallways, stairwells, etc.) secure and well lit?
 Yes No
- 3.) Do you conduct home visits or field work?
 Yes No
- 4.) Are employees who conduct field work provided with personal alarm systems, beepers, phones or other means of directly communicating a need for assistance?
 Yes No Don't know
- 5.) How can security be improved at your workplace or in the field (e.g., better lighting, more security personnel, metal detectors)?

TRAINING

- 6.) Have you received any employer-sponsored training on how to deal with potentially violent situations?
 Yes No

If yes, has your training prepared you to deal with violent situations that may arise in your working environment?

- Yes No Don't know

- 7.) Have you been trained to recognize and address discrimination, stereotypes, domestic violence and other aspects of human rights-related harassment and violence?
 Yes No Don't know

EMPLOYER POLICIES

- 8.) Is there a violence prevention program at your workplace?
 Yes No Don't know
- 9.) Does your workplace have a written policy concerning violence?
 Yes No Don't know

If yes, have you been provided training on the policy? Yes No

- 10.) Is there a program to provide support for employees who are victims of violence?
 Yes No Don't know

- 11.) Is there counseling available for (please check all that apply):
 victims of assaults?
 those who were witnesses?
 those who are concerned?
 don't know.

- 12.) Are there specific policies or measures to prevent violence or harassment against marginalized workers:
 Yes No Don't know

VIOLENT INCIDENTS

- 13.) Have you ever been harassed² at your current job?
 Yes No

- 14.) If yes, who harassed you (check one)?
 Client
 Inmate
 Patient
 Resident
 Stranger
 Relative or friend of patient/client/inmate
 Co-worker (or former co-worker)
 Manager/supervisor
 Spouse/lover (or former spouse/lover)

² (note that an additional section on harassment has been included after this section as a separate survey)

Other _____

If yes, please describe: _____

15.) Have you ever been threatened at your current job?

Yes No

If yes, who threatened you (check one)?

- Client
 - Inmate
 - Patient
 - Resident
 - Stranger
 - Relative or friend of patient/client/inmate
 - Co-worker (or former co-worker)
 - Manager/supervisor
 - Spouse/lover (or former spouse/lover)
 - Other _____
-

If yes, please describe the nature of the threat:

- Threat to injure or kill you.
 - Threat of personal property damage.
 - Threat to injure or kill your family.
 - Other _____
-

16.) Have you ever been physically assaulted at your current job?

Yes No

(if no, proceed to question #24)

17.) Who physically assaulted you (check one)?

- Client
 - Inmate
 - Patient
 - Resident
 - Stranger
 - Relative or friend of patient/client/inmate
 - Co-worker (or former co-worker)
 - Manager/supervisor
 - Spouse/lover (or former spouse/lover)
 - Other _____
-

18.) Please describe:

Grabbed

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Slapped

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Pushed

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Kicked

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Hit with a fist

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Hit with an object

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Knifed (or attempted)

If yes, on how many occasions? _____

Most recent occurrence (m/yr): _____ / _____

Other _____

19.) Where, did your most recent violent incident occur?

Office

Parking lot

Client's residence

While traveling to or from a client visit

Other (please specify): _____

20.) Were you alone when you were assaulted?

Yes No

21.) What was the extent of your most recent injury (check all that apply)?

- Cuts
 - Bruises
 - Broken bones
 - Internal injury
 - Psychological trauma
 - Other (please specify) _____
-

22.) Did you seek medical attention for your most recent injury?

- Yes
- No

23.) Did you need to stay overnight in a hospital for your most recent injury?

- Yes
- No

24.) Did you lose time from work as a result of - your most recent injury(s)?

- Yes
- No

If yes, how many days:

25.) Did you ever report an incident (harassment, threat, or physical assault) to management?

- Yes
- No

If yes, describe how management responded and what actions were taken

PERSONAL OPINION

26.) On a scale of 1 to 10 (1 = not worried, 10 = very worried), how concerned are you about your personal safety at work? Please circle one.

1 2 3 4 5 6 7 8 9 10
(not worried) (very worried)

27.) On a scale of 1 to 10 (1 = not prepared, 10 = very prepared), how prepared do you feel to handle a violent situation (i.e., physical injury, threat or harassment)?

1 2 3 4 5 6 7 8 9 10
(not prepared) (very prepared)

28.) On a scale of 1 to 10 (1 = not committed, 10 = very committed), how would you rate your employer's commitment to preventing workplace violence?

1 2 3 4 5 6 7 8 9 10
(not committed) (very committed)

29.) Have you seriously considered changing your occupation due to violent incidents you were involved in, witnessed or knew about?

Yes No

Additional Comments

Section 2 - Workplace Harassment

Harassment is defined as offensive behaviour that a reasonable person would consider unwelcome. It may be physical, psychological, or a combination of the two. It may be based on a characteristic such as gender, race, ethnicity, sexual orientation, sexual identity, or another characteristic. It may also be a pattern of verbal comments. Harassment may be one incident which has a severe impact on the target or it may be repeated incidents. The unwelcomed behaviour may be direct or indirect, obvious or subtle, and can take place by written, verbal, physical, electronic, or any other means of expression.

1.) Have you had a personal experience with harassment in your workplace:

- In the last 3 months
- In the last 6 months
- In the last 12 months
- In the last 2 years
- None

2.) If yes, did you report the incident to your employer?

- Yes
- No

3.) Was a written complaint made to the employer?

- Yes
- No
- Not applicable

- 4.) To your union local?
- Yes
 - No
- 5.) Was a formal investigation conducted into the incident?
- Yes
 - No
 - Not applicable
- 6.) Did the incident lead to any disciplinary proceedings?
- Yes
 - No
 - Not applicable
- 7.) Were you personally satisfied with the outcome of this process?
- Yes
 - No
 - Not applicable
- 8.) Does your employer have an explicit policy about the need for respectful workplace conduct?
- Yes
 - No
 - Not applicable
- 9.) Does your employer have a policy address the problem of bullying in the workplace?
- Yes
 - No
 - Not applicable
- 10.) If yes, have efforts been made to publicize this policy at work?
- Yes
 - No
 - Not applicable
- 11.) Have workers within your workplace had any training on harassment within the past 12 months?
- Yes
 - No
 - Not applicable

12.) Do you have any additional thoughts or experiences you would like to share with us on Violence, Aggression or Harassment in the workplace?

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