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UNDERSTANDING THE MANY FACES OF WORKPLACE VIOLENCE

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Thomas McIlvane, a former letter carrier for the United States Postal Service (USPS) in Royal Oak, Michigan, had a long history of verbally abusing and threatening his supervisors, coworkers, and customers. After being suspended several times for threats and poor performance, he was eventually fired for profane threats and insubordination. While awaiting the arbitration decision on his firing, McIlvane repeatedly threatened to kill people at the post office if he lost his arbitration. On November 14, 1991, the day after an arbitrator upheld his firing, McIlvane followed through on his threats. He shot and killed four USPS employees and wounded four others before killing himself (Report of the United States Postal Service Commission on a Safe and Secure Workplace, 2000).

Although violence committed by current or former employees, such as this tragic incident, is the stereotypical workplace violence scenario that comes to mind for many people, this is *not* the modal workplace violence

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event. Consider this: Employee-initiated homicide accounted for 15% of workplace killings in the United States in 1998 (see Sygnatur & Toscano, 2000). In addition, worker-on-worker violence accounted for fewer than 10% of nonfatal violent injuries in a study examining eight southern California cities (see Peek-Asa, Schaffer, Kraus, & Howard, 1998). Instead, the vast majority of occupational violence is committed by nonemployees or outsiders (e.g., Peek-Asa, Runyan, & Zwerling, 2001; Sygnatur & Toscano, 2000).

Workplace violence has been categorized into four major types based on the perpetrator's relationship to the workplace (see Merchant & Lundell, 2001; Peek-Asa et al., 2001; University of Iowa Injury Prevention Research Center, 2001). In type I, the assailant has no legitimate relationship with the targeted workplace or its employees and enters the work environment to commit a criminal act (e.g., robbery). Individuals at particular risk for this type of violence include taxicab drivers, convenience store employees, and gas station attendants. In type II, the perpetrator has a legitimate relationship with the organization and commits an act of violence during a work-related interaction. Health care providers (e.g., nurses) and social service employees (e.g., social workers) are particularly vulnerable to this type of violence; ironically, the perpetrators are often the very people to whom care or services are being provided. In type III, the offender is an employee or former employee of the workplace. Typically, an employee targets a coworker or supervisor for perceived wrongdoing. Because McIlvane killed individuals at his former place of employment, his actions are categorized as type III violence. In type IV, the perpetrator does not have a legitimate relationship with the workplace but has a personal relationship with an employee (i.e., the intended victim). This category includes victims of intimate partner violence who are assaulted or killed while on the job.

The literature suggests that predictors of workplace violence depend on the type. For example, the risk for type I violence has been linked to characteristics of employee job tasks, such as exchanging money with the public and working alone at night (Castillo & Jenkins, 1994), while insider-initiated violence (type III) has been linked to both employee (e.g., trait anger; Douglas & Martinko, 2001) and organizational (e.g., perceptions of injustice; Barling, 1996; Folger & Skarlicki, 1998; Martinko & Zellars, 1998; O'Leary-Kelly, Griffin, & Glew, 1996) factors. Preliminary evidence suggests that there may be differential outcomes for victims, depending on the source of the violence (i.e., coworker vs. member of the public; LeBlanc & Kelloway, 2002), pointing to the importance of distinguishing between the different types of workplace violence. However, none of the types should be considered mutually exclusive (Meadows, 1998). For example, employees in certain industries (e.g., retail) are potentially at risk of type I violence such as robbery, and they may also experience type III events from coworkers.

Although the United States has seen a 35% decline in workplace homicides from 1992 to 2000 (Bureau of Labor Statistics, 2002), job-related violence remains an important issue. Homicide, the most severe form of workplace violence, is the third leading cause of death for all workers, accounting for 677 fatalities in 2000 alone (Bureau of Labor Statistics, 2002). Less severe forms of occupational violence (e.g., assault) are even more widespread. Between 1993 and 1999, American workers suffered an annual average of 1.7 million nonfatal violent victimizations (Bureau of Justice Statistics, 2001). Although Canadian workplaces experience lower levels of job-related violence, they are not immune from this phenomenon, as workplace killings at Concordia University, Montreal, Quebec, in 1992 (Montreal University staff gunned down, 1992) and Ottawa-Carleton Transpo, Ottawa, Ontario, in 1999 (Smith, 1999) show.

In the past decade, there has been an increase in studies published on workplace violence (cf. Baron, Neuman, & Geddes, 1999; Dupré & Barling, 2003). However, most of the focus has been on insider-initiated violence (type III)—the other three types have received far less attention. Hence, the purpose of this chapter is two-fold. First, we review the existing literature on all four types of workplace violence (including predictors and outcomes of violence). Second, we identify existing gaps in the workplace violence literature and potential opportunities for future research.

TYPE I: STRANGER-INITIATED WORKPLACE VIOLENCE

May 15, 2001, Antigonish, Nova Scotia, Canada: Yancy Meyer, a 19-year-old university student, was working alone at Need's Convenience Store when he was stabbed to death during a late night robbery. (Brooks, 2001)

August 2, 2002, Detroit, Michigan, United States: An employee of Happy's Pizza delivery was shot dead during an apparent robbery. Two weeks earlier, another employee of the organization was also killed on the job. (Another pizza delivery man killed, 2002)

More employees are killed each year as a result of type I violence than from all other types combined. Approximately 67% of workplace homicides recorded by the U.S. Bureau of Labor Statistics in 1998 were robbery-related (see Sygnatur & Toscano, 2000). A significant number of nonfatal injuries also fall within this category. For example, in a study of eight California cities, criminal acts accounted for 46% to 67% of violent assaults (Peek-Asa et al., 1998).

Epidemiological studies of work-related homicides (e.g., Castillo & Jenkins, 1994; Davis, 1987; Kraus, 1987; Loomis, Wolf, Runyan, Marshall,

& Butts, 2001) have identified several job tasks that may increase employee risk for type I violence. For example, Castillo and Jenkins (1994) examined the death certificates of individuals killed at work in 1980 to 1989. Their results suggest that interacting with the public, working alone or in small numbers, working in the late evening or early morning, guarding something of value, and exchanging money with the public are associated with increased risk for homicide. Earlier studies conducted by both Davis (1987) and Kraus (1987) reported similar findings. Based on the results of these studies, it should not be surprising that taxicab drivers have the highest risk for workplace homicide of any American occupation (see Davis, 1987; International Labour Organization [ILO], 1998; National Institute for Occupational Safety and Health [NIOSH], 1997)—they work alone, exchange money with the public, work outside of normal hours, and they may be asked to drive passengers to secluded locations.

In 1998, more restaurant workers were killed on the job in the United States than police officers (see Schlosser, 2002) or postal workers (see *Report of the United States Postal Service Commission on a Safe and Secure Workplace*, 2000), confounding stereotypes about workplace violence. Approximately four fast food employees are killed each month during the course of a robbery, which usually occurs early in the morning or late at night when few employees are present (see Schlosser, 2002).

About two thirds of the robberies at fast food restaurants involve current or former employees (see Schlosser, 2002), and although perhaps more common in fast food restaurants, the phenomenon is not limited to this industry. The following incident is not uncommon: In the early morning hours of Monday, July 8, 2002, Margaret McCarty, 32, and William Harrison, 36, two managers at Logan's Roadhouse restaurant in Livonia, Michigan, were killed during an early morning robbery when they were the only ones in the restaurant working (Garrett, Hall, & Shepardson, 2002). Three days later, the police arrested Ellis Robinson, a 31-year-old former meat manager for Logan's Roadhouse restaurant: He had been fired from the restaurant in early June (Garrett & Shepardson, 2002). Robberies and homicides perpetrated by current or former employees, such as the tragic incident just described, underscore the difficulty with categorizing workplace violent events into one of the four types. Should the events be categorized as type I violence because the primary motive appears to be robbery, or should they be categorized as type III events because the perpetrator is a current or former employee of the organization? We classify this as type I, thereby emphasizing that the intent of the action is more important in defining its nature than the background of the perpetrator.

We are unaware of any studies in the organizational psychology literature that have examined the outcomes for individuals exposed, either directly or vicariously, to type I violence. However, there is evidence in the criminol-

ogy literature to suggest that being a victim of robbery can have negative consequences for employees and their organizations, even in the absence of physical injury. For example, Gabor and Normandeau (1989) reported on the findings of a five-year study of armed robbery. Using police files, they examined 1,266 cases of armed robbery in Quebec, Canada. Not surprisingly, the authors found that the targets of robbery were usually convenience stores and other small businesses. Two thirds of the victims interviewed experienced one or more of the following symptoms after the robbery: chronic nervousness, insomnia, nightmares, headaches, and changes in appetite. The most frequent complaints were fear of future hold-ups, moodiness, depression, a general distrust of others, and feelings of aggressiveness. Almost a quarter of the victims mentioned that the experience prompted them to modify their lifestyle, including changing jobs.

Leymann (1985) interviewed 221 employees involved in 73 bank robberies that took place in the greater Stockholm area during a four-year period. Respondents either witnessed the robbery or were in an adjacent room at the time of the incident. (Nineteen percent of their sample had experienced more than one robbery.) The most frequently experienced symptoms during the robbery were heart palpitations (41%), shaky hands (25%), and weak legs (26%); 17% also said they feared for their lives during the event. Four percent of respondents took sick leave following the robbery and 14% asked for and received treatment, including prescriptions for tranquilizers. Finally, 15 of the 221 respondents reported that exposure to robbery was the immediate cause of, or contributed to, their decisions to change employment.

Miller-Burke, Attridge, and Fass (1999) used a retrospective self-report methodology to examine employee perceptions of the consequences of being involved in a bank robbery. One third of employees reported psychological symptoms, including difficulty in falling or staying asleep, difficulty concentrating, headaches, exaggerated startle response, nightmares, and reexperiencing the event. More threatening incidents, such as being in close proximity to the perpetrator(s) during the robbery, feeling a greater threat to personal safety, and the use of a weapon by the perpetrator(s), were associated with workers experiencing more symptoms of posttraumatic stress, higher perceived stress, and worse physical health. Like Leymann (1985), they also showed that organizational functioning was impaired. Six percent of employees reported missing work because of the robbery, and more than 40% expressed less desire to continue working for their employer. In addition, more than half of the respondents reported declines in productivity following the experience, and 13% perceived that the robbery had a negative impact on their work relationships. Harrison and Kinner (1998) also found that severity of trauma was related to distress level in victims of armed robbery. As well, the researchers reported that victim vulnerability attributions (i.e.,

the belief that one is particularly vulnerable to victimization) and avoidant coping strategies were associated with higher levels of distress.

Anecdotal evidence suggests that the negative publicity that follows incidents of violence may also be costly for organizations. For example, Frank Portillo, Jr., president of Brown's Chicken and Pasta Restaurant chain, claims his organization lost \$1 million in the three months following the 1993 robbery and murders in his Palatine, Illinois, restaurant, which left seven employees dead (see Lyndon & Zalud, 1997). It is not only the reactions of employees following robbery and violence that negatively influence organizational functioning.

Thus, being exposed to robbery has negative consequences for victims and their organizations. Victims experience a range of both physical and psychological symptoms varying in intensity and length of duration, and victim coping strategies and attributions affect employee recovery. For a percentage of employees, exposure to robbery results in declines in productivity and turnover. Nonetheless, it is clear that much more research is needed on the psychological and physical outcomes of type I workplace violence.

TYPE II: CLIENT-CUSTOMER-PATIENT-INITIATED WORKPLACE VIOLENCE

October, 3, 2001, Manchester, Tennessee, United States: Igic Damir, a 29-year-old passenger on a Greyhound bus, slit the throat of its driver, Garfield Sands, causing the bus to flip on Interstate 24. (McClure, 2001)

May 30, 2002, Montreal, Quebec, Canada: A psychiatric outpatient repeatedly stabbed a nurse during their scheduled appointment at the Sir Mortimer B. Davis Jewish General Hospital. The two had been regularly meeting for three years. (Davenport, 2002a, 2002b)

Compared to type I violence, type II violence is less likely to result in employee death. In 1997, 3% of workplace homicides in the United States were related to type II events (see Peek-Asa et al., 2001). However, more than 50% of nonfatal incidents fall within this category (see Peek-Asa & Howard, 1999). The perpetrators are typically customers, clients, or patients. Individuals employed in the service industries, such as health care, social services, retail, and food service, are the most likely targets of these incidents.

Recent data indicate that hospital workers are among those at highest risk for type II events (see, e.g., NIOSH, 2002). Although violent incidents can occur anywhere in hospitals, they are more likely to occur in geriatric and psychiatric wards, emergency departments, and waiting rooms (NIOSH, 2002; see also Health Services Advisory Committee, 1987). Most threats

and assaults to health care workers are perpetrated by patients and, to a lesser extent, visitors (e.g., NIOSH, 2002). May and Grubbs (2002) conducted a survey of emergency department, intensive care unit, and general floor nurses in a Florida hospital. Seventy-four percent of nurses in their sample reported being physically assaulted in the past year by patients, family members, and visitors. Emergency department nurses reported the highest rate of assault (82%). Assaults were most commonly committed by patients with cognitive impairments (79%) and substance abuse problems (61%). The most common causes of assault by family members and visitors were anger at (a) enforcement of hospital policies (58%); (b) the patient's condition or situation (57%); (c) long wait times (48%); and (d) the health care system in general (47%). High rates of violence and aggression have been linked to low recruitment and retention rates of nurses (Jackson, Clare, & Mannix, 2002).

As stated earlier, individuals employed in the social services are also at risk. In fact, approximately 13% of nonfatal assaults that cause lost time from work occur in social service settings (see NIOSH, 2002). Guterman, Jayaratne, and Bargal (1996) surveyed 535 American and 591 Israeli social workers and found that approximately 49% of the former and 47% of the latter experienced at least one victimization experience over the past year, including physical assaults and threats of assault, threats of lawsuits, being sued, verbal abuse, and sexual harassment. There were no significant differences between social workers in the two countries in frequency of physical assaults, lawsuits, threats of lawsuits, and verbal abuse, suggesting that victimization from clients might cross national boundaries in similar ways.

Several job tasks are considered risk factors for type II violence. Providing service, care, advice, or education can put employees at increased risk for violence (Canadian Centre for Occupational Health & Safety [CCOHS], 1999), especially if clients, customers, or patients are experiencing frustration, insecurity, or stress (NIOSH, 2002; Painter, 1987; see also Lamberg, 1996). Workers may also be at risk if their jobs allow them to deny the public a service or request (Hearnden, 1988; NIOSH, 2002). Under these circumstances, client, customer, or patient anger and frustration may culminate in employee assault. Interacting with unstable or volatile populations (e.g., psychiatric patients, criminals), as well as individuals who are under the influence of drugs or alcohol, may also pose a risk to employees (CCOHS, 1999; NIOSH, 2002). Barling, Rogers, and Kelloway (2001) showed that working in clients' homes, away from the normal support and protection offered by the organization, was also a risk factor for experiencing workplace aggression and violence. Finally, working alone is also likely to increase risk (CCOHS, 1999; NIOSH, 2002).

Although occupational groups at risk for type I violence and type II violence share some (but not all) high risk job characteristics such as interacting with the public and working alone, they are believed to differ in

perpetrator intent. Type I violence results from criminal behavior such as robbery and, as a result, is best described as instrumental aggression (see Anderson & Bushman, 2002). Type II violence, on the other hand, usually results from customer, client, or patient anger or frustration and may be best classified as reactive emotional aggression (see Anderson & Bushman, 2002).

Many of the studies examining employee and organizational outcomes of type II episodes have focused on the health care industry. A review of the literature suggests that exposure to violence results in employee fear, as well as declines in worker emotional, physical, and cognitive functioning (e.g., Barling et al., 2001; Rogers & Kelloway, 1997; Schat & Kelloway, 2000). Type II violence also has detrimental consequences for organizations (e.g., Barling et al., 2001; Levin, Hewitt, & Misner, 1998; Schat & Kelloway, 2000). Barling et al. (2001) conducted a study of health care providers who work inside their clients' homes and found that exposure to workplace violence (including physical aggression, sexual harassment, and psychological aggression) predicted employee fear of future violence. Fear of violence predicted worker negative mood (anxiety and anger), which in turn predicted cognitive difficulties. Health care providers who feared continued violence also reported a decline in affective commitment to their organization, turnover intentions, perceptions of injustice, and neglect of job duties. Negative mood also predicted a decline in affective commitment and an increase in perceptions of injustice. Hence, in this study evidence was found that the effects of workplace violence on personal and organizational outcomes were indirect, mediated by fear and negative mood.

Levin et al. (1998) used focus groups of emergency room nurses to investigate outcomes of assaults from patients for employees. Nurses reported experiencing short- and long-term emotional, physical, and personal difficulties, as well as changes in their professional lives following an experience of violence. Physical effects ranged from the immediate pain of the violent incident to long-term chronic pain. Other effects included anger, muscle tension, loss of sleep, feelings of isolation, nightmares, and flashbacks. Nurses who experienced assault also perceived a change in their experience of work, such as withdrawing from their patients and pulling away from their profession. It is interesting to note that nurses perceived nonintentional assaults by patients who were confused or under the influence of drugs or alcohol as more acceptable than intentional assaults.

Schat and Kelloway (2000) found that witnessing workplace violence may also result in negative outcomes for health care personnel and their organizations. Similar to Barling et al. (2001), these authors found that both direct and vicarious exposure to workplace violence predicted employee fear of future violence. Fear predicted employee emotional well-being, which in turn predicted somatic well-being and neglect of job duties. Employee training that targeted workplace violence was found to relate to enhanced percep-

tions of control. Worker perceptions of control were associated with a decrease in fear, as well as enhanced emotional well-being.

Investigators have recently begun to examine whether support buffers the negative consequences of workplace violence and aggression. For example, Leather, Lawrence, Beale, Cox, and Dickson (1998) examined the effects of intraorganizational (e.g., from the personnel department) and extraorganizational (e.g., from family) support on well-being, organizational commitment, and job satisfaction. They asked British pub licensees to indicate how often a variety of violent events occurred in their pubs; only vicarious violence was examined in this study. The authors found evidence for the moderating effects of intraorganizational support. More recently, Schat and Kelloway (2003) examined whether instrumental and informational organizational support moderate the relationship between workplace violence (including physical, psychological, and vicarious violence) and personal (fear of violence, emotional well-being, and somatic health) and organizational (job-related affect and job neglect) outcomes. In their study, instrumental support was operationalized as support received from coworkers, supervisors, and management following the experience of violence, whereas informational support was operationalized as whether employees received training on how to deal with aggressive or threatening behavior at work. Their sample consisted of employees in a health care setting. The authors found that instrumental support moderated the relationship between workplace violence and emotional well-being, somatic health, and job-related affect. Informational support interacted with workplace violence to predict emotional well-being. Neither type of support mitigated the effects of workplace violence on fear of future violence or job neglect.

Therefore, there is sufficient evidence to suggest that exposure to type II violence, whether direct or indirect, has detrimental consequences for employees and their organizations. Although prevention of workplace violence should be the primary goal of any organization, it is not always possible to prevent all violence. Thus, more research on organizational support and other possible psychosocial buffers is required.

TYPE III: INSIDER-INITIATED WORKPLACE VIOLENCE

April 7, 1999, Ottawa, Ontario, Canada: Pierre Lebrun, a transit worker of Ottawa-Carleton Transpo, shot and killed four of his coworkers and seriously wounded two others before killing himself. Reports suggest that Pierre Lebrun felt constantly taunted at work because of his stutter. (Smith, 1999)

December 26, 2000, Wakefield, Massachusetts, United States: Michael McDermott, an employee of Edgewater Technology, a software

consulting firm, shot dead seven of his coworkers. The shootings were apparently not random—five of his victims worked in the accounting department, and McDermott had an outburst in that department the week before. (Valdmanis & Morrison, 2000)

Insider-initiated violence receives more media coverage than public-initiated violence, even though employees commit far fewer homicides and assaults than do members of the public (see, e.g., LeBlanc & Kelloway, 2002; Peek-Asa et al., 1998, 2001; Sygnatur & Toscano, 2000). However, it is not only the media that appear to be disproportionately focused on type III violence. It is apparent from even a cursory review of the academic literature that research is focused on insider-initiated violence. We are not suggesting that investigators abandon their interest in type III violence—its consequences can be devastating for victims and their organizations. Rather, we are calling for an increase in research attention dedicated to the other types of violence.

Research on type III workplace violence can be complex, because this phenomenon has multiple sources, targets, and causes (cf. Dupré & Barling, 2003). For example, perpetrators can be either employees or managers, and violence can be directed toward one or more of three different targets: current or former superiors, peers, and subordinates. Researchers have begun to distinguish between specific sources and targets of aggression; initial evidence suggests that factors that predict work-related violence vary depending on the target of aggression (Greenberg & Barling, 1999). In this section, we conduct a brief review of the predictors and consequences of type III violence. For a more thorough review of the literature, see Dupré and Barling (2003).

Unlike the first two types of violence discussed, employee task characteristics are not associated with risk for insider-initiated violence (also referred to as employee-initiated violence). In fact, there is no evidence to suggest that certain occupations or industries are more or less prone to this type of violence. Rather, investigators have suggested that type III workplace violence is likely the result of a complex interaction between perpetrator and organizational factors (e.g., Barling, 1996; Douglas & Martinko, 2001; Martinko & Zellars, 1998; O'Leary-Kelly et al., 1996).

Perpetrator factors have been hypothesized to contribute to insider-initiated violence (e.g., Barling, 1996; Martinko & Zellars, 1998), and some empirical work has examined the role of individual differences. One example is the study conducted by Douglas and Martinko (2001). Their sample consisted of managerial and nonmanagerial personnel. The authors reported that individual difference variables (e.g., trait anger, hostile attributional style, attitudes toward revenge, and previous exposure to aggressive cul-

tures) accounted for 62% of the variance in their measure of workplace aggression.

Type A behavior pattern has also been linked to aggressive behavior on the job. For example, Baron et al. (1999) had employees in managerial and nonmanagerial positions rate the frequency with which they engaged in aggression against various targets, including their immediate supervisor, a coworker, a subordinate, a superior other than their immediate supervisor, and their organization. Higher scores on a measure of type A behavior pattern were associated with increased frequency of aggression toward immediate supervisors.

Alcohol consumption and history of aggression have also been linked to aggression in organizational settings (e.g., Greenberg & Barling, 1999; Jockin, Arvey, & McGue, 2001). For example, Greenberg and Barling found that binge drinking and history of aggression are related to psychological aggression toward coworkers and subordinates but not toward supervisors. Both Stuart (1992) and Graham (1991) have suggested that alcohol abuse is common in employees who kill at the workplace.

Although individual factors clearly play a role in workplace violence, some researchers argue that organizational factors are more important predictors of violence (e.g., Dupré & Barling, 2003; Inness, Barling, & Turner, in press). Inness et al. (in press) examined predictors (both situational and individual factors) of supervisor-targeted aggression among moonlighters (i.e., individuals who work two jobs, each with a different supervisor). In addition to confirming that supervisor-targeted aggression is a situationally specific phenomenon, their results showed that workplace factors account for more of the variance in aggression than do individual factors.

The majority of empirical work on insider-instigated aggression has focused on situational factors that might predict aggression on the job. Perceptions of interactional injustice, feeling overcontrolled, and electronic monitoring have all been hypothesized to predict type III violence (e.g., Barling, 1996; Folger & Skarlicki, 1998; Martinko & Zellers, 1998; O'Leary-Kelly et al., 1996).

Research indicates that feeling overcontrolled is associated with aggression toward the overcontrolling individual (Dupré & Barling, 2004; Ehrensaft, Langhinrichsen-Rohling, Heyman, O'Leary, & Lawrence, 1999). Dupré and Barling (2004) found that feeling overcontrolled and perceived injustice predicted employee aggression toward supervisors. These relationships were minimized, however, when employees perceived organizational sanctions against workplace aggression.

Perceptions of interactional injustice were also found to predict supervisor-targeted aggression in employees' primary place of employment, and it explained substantially more of the variance in workplace violence

than did individual difference factors (Inness et al., in press). Folger, Baron, and McLean-Parks (1996) also found evidence of perceived interactional injustice as a predictor of physical assaults among employees (cf. Folger & Skarlicki, 1998). Finally, Greenberg and Barling (1999) found surveillance methods used to monitor employees were positively associated with psychological aggression against a supervisor.

Workplace aggression has negative consequences for both individuals and their organizations (e.g., Budd, Arvey, & Lawless, 1996). However, most of the literature on outcomes of violence comes from research focused on public-initiated aggression or from studies that inquire about employee experience of violence but do not ask participants whether the perpetrator was a coworker or a member of the public. It is possible that victims of violence experience different consequences depending on the source of the violence. In fact, two recent studies found evidence of differential effects of violence from coworkers and the public (i.e., LeBlanc & Kelloway, 2002; Santos & Leather, 2001).

LeBlanc and Kelloway (2002) examined employee and organizational outcomes of coworker-initiated psychological aggression (physical aggression from coworkers was negligible in this study) and public-initiated physical and psychological aggression. Exposure to psychological aggression from coworkers predicted emotional well-being, physical well-being, and affective commitment to the organization, which in turn predicted intent to turnover. Public-initiated aggression, including physical and psychological aggression, predicted employee perceptions of likelihood of future violence, which in turn predicted fear of future violence; it also predicted employee intent to turnover. Given the results of this study, researchers examining workplace violence might be advised to ask respondents to indicate who the source of the violence is.

In a study examining the effects of violence and aggression on police officers and civilian support staff in an English police force, Santos and Leather (2001) showed that both violence and aggression from the public and from coworkers have an impact on employee well-being and posttraumatic stress symptomology. However, the effects of violence and aggression from individuals within the organization were more detrimental to employee health and well-being than violence and aggression from the public.

Although employee-initiated violence is less common than public-initiated aggression, preliminary evidence suggests that the former may have more detrimental consequences for employee well-being (Santos & Leather, 2001). Although the reasons for the differences are unknown, O'Leary-Kelly et al. (1996) suggested that when harm is caused by a member of an organization, trust in coworkers and the organization may be damaged to a greater extent than when the violence is perpetrated by a member of the public.

TYPE IV: PARTNER-INITIATED WORKPLACE VIOLENCE

August 22, 1997, Santa Clara, California, United States. Kenneth McMurray shot and killed his estranged girlfriend, 33-year-old Maria Lualhati, at her place of employment, NEC Electronics, Inc., and then killed himself. (Man kills ex-girlfriend, 1997)

May 31, 2001, Kingston, Ontario, Canada. Michael Shawn Martin, 28, shot and killed his former girlfriend, 20-year-old Jeanine Perry, in the parking lot at her place of work and then killed himself. (Armstrong & Larsen, 2001)

Domestic abuse is rarely acknowledged in discussions of workplace violence. Yet, conjugal violence and its consequences do sometimes spill into the workplace. In 1997, 5% of homicides on the job were the result of domestic violence (see Peek-Asa et al., 2001); and, in a recent study, approximately 2% of nonfatal violent injuries on the job were the result of domestic disputes entering into the workplace (see Peek-Asa et al., 1998). Intimate partner violence may also pose a danger to the safety of other employees in the organization (Braverman, 1999) who "get in the way" of the perpetrator or who witness the violence. On October, 7, 1997, Charles Ruben White, 42, murdered his former girlfriend, Pamela Henry, 38, at her place of employment, Protocall, Inc. He also fatally shot one of her coworkers, Juanita Morin, 41, who tried to stop him (Hendricks & Tedesco, 1997). Given the high rate of domestic abuse and the real possibility that it can enter into the workplace, investigations need to be conducted examining domestic abuse in the context of the workplace. Currently, there is little empirical research on type IV workplace violence.

The physical and emotional effects of abusive relationships on victims are well documented. For example, a recent study conducted by Mertin and Mohr (2000) of Australian victims of domestic abuse found that 45% of their sample met all diagnostic criteria for posttraumatic stress disorder (PTSD). Morrell and Rubin (2001) reported that 62% of their sample met the criteria for PTSD. In addition to experiencing physical and emotional pain, domestic abuse victims may also lose their livelihood. For example, Kathy Evsich, vice president of Women Against Domestic Violence, an activist group based in the United States, recently went to Capitol Hill to tell her own story. She recounted how she was fired from two jobs because her employers would not tolerate her husband's frequent phone calls and threats (see Munn, 2002). A recent qualitative study (Swanberg & Logan, 2004) of intimate partner violence found that 20% of batterers made harassing phone calls to their victims, 10% made harassing phone calls to their victims' supervisors, 56% stalked their victims (i.e., watched them from afar) while they were at work, and 72% showed up at their victims' work site.

Recent data is shedding light on the frequency with which domestic abuse affects women's employment. Statistics Canada's 1999 General Social Survey on Victimization suggests that 32.9% of women in the sample had to take time off from everyday activities, including paid or unpaid work, as a direct consequence of being victimized (Johnson & Bunge, 2001). A recent study conducted by Riger, Ahrens, and Blickenstaff (2000) reported that 85% of female domestic abuse victims residing in a Chicago shelter who were employed missed work because of the abuse, and 53% were fired or quit for the same reason. Swanberg and Logan (2004) conducted a qualitative study of 32 women who had experienced domestic abuse in the past two years and were employed at the time the abuse occurred. More than 50% of victims missed work "with some regularity" (absenteeism ranged from once every two weeks to three or four times a month). The most prevalent reasons for missing work included sleep deprivation, physical evidence of the abuse, psychological distress, depression, anxiety, incarceration, hospitalization for an injury, physical restraint from going to work by the batterer, damaged car or hidden car keys, and batterer refusing to drive victim to work. In addition, almost 50% of respondents had been terminated from at least one job in the last year. Reasons for termination included poor work attendance, receiving too many phone calls at work, poor job performance, and batterer showing up at work too many times.

Some organizations (e.g., Liz Claiborne Inc., Polaroid Corp., Blue Cross Blue Shield of Massachusetts) have implemented domestic violence awareness programs, including enhancing security for employees involved in abusive relationships (see Jossi, 1999; Kolettis, 2000). Methods considered effective in dealing with domestic violence at work include relocating the victim within the organization, changing work schedules, changing an employee's phone extension, and providing security escorts to and from parking lots (Anderson, 2001; Munn, 2002). The situation is further complicated when both the abuser and victim are employed by the same organization.

Despite the fact that domestic violence sometimes spills into the workplace, it is often neglected in discussions of workplace violence, and it is poorly understood. Given that domestic abuse has devastating consequences for victims and their organizations, we strongly encourage researchers to investigate this phenomenon.

CHALLENGES FOR THE FUTURE

In this section, we first discuss some general challenges for future research; thereafter we discuss challenges specific to each of the different

types of workplace violence. Throughout, the issues are presented as questions that need to be confronted.

Research on workplace violence has been impeded by lack of standard conceptual and operational definitions of violence. For example, Jenkins (1996) and LeBlanc and Kelloway (2002) defined violence as physical assaults and threats of assault directed toward employees, and Schat and Kelloway (2000) included psychological aggression (e.g., yelling) and vicarious violence in their definition. As a result of this inconsistency in defining violence, it is difficult to make comparisons across studies. Until researchers can agree on how narrowly or broadly to define workplace violence, current difficulties will continue.

Precise statistics on workplace homicide are difficult to acquire because no single agency is responsible for collecting data, and different agencies use different data collection techniques. For example, the Bureau of Labor Statistics (BLS), Department of Labor, collects Census of Fatal Occupational Injuries (CFOI) data. Sources of CFOI data include death certificates, workers' compensation reports and claims, reports to regulatory agencies such as the Occupational Safety and Health Administrations (OSHA), police reports, medical examiner reports, and media stories (see Peek-Asa et al., 2001). The National Institute for Occupational Safety and Health (NIOSH) also collects data on workplace homicide (i.e., National Traumatic Occupational Fatality Database [NTOF]), but it relies solely on death certificates (see Peek-Asa et al., 2001). It is even more difficult to attain precise statistics on nonfatal injuries because employees may underreport their experiences of violence (e.g., Lion, Snyder, & Merrill, 1981), and no coordinated surveillance system exists to collect this information (Merchant & Lundell, 2001). The lack of accurate data on nonfatal assaults makes it difficult for researchers to identify high-risk workers and to evaluate programs designed to reduce workplace violence (Peek-Asa et al., 2001). Information on the economic costs (e.g., impact on businesses affected; lost productivity) associated with both fatal and nonfatal events is also lacking (see Merchant & Lundell, 2001).

It is also critical that some uniformity be applied to the way in which the different types of workplace violence are categorized. As we noted with an example earlier, it is possible that the same situation might be categorized as more than one type. We would suggest the most appropriate way to resolve this is to classify the event in terms of the intent of the perpetrator, rather than the target of the event. Doing so emphasizes the importance of intent in understanding the meaning of the violent incident.

One last general question—whether all four types of workplace violence should fall under the counterproductive work behavior umbrella—has not yet been answered. Hence, we ask whether workplace violence should only reflect

counterproductive work behaviors when the specific intent of the perpetrator is to cause harm to an employee or the organization, or perhaps when the target of the act is either the workplace or an employee? This issue certainly awaits conceptual clarification.

TYPE I VIOLENCE

There are many questions that remain unanswered about type I violence. Are programs aimed at training employees to cope with robbery successful? A recent study conducted by Schat and Kelloway (2000) found that employee training that targeted workplace violence (in a health care setting) related to enhanced perceptions of control. Worker perceptions of control were associated with a decrease in fear of future violence and enhanced emotional well-being. It is interesting to note that the trained group reported greater exposure to direct violence compared to employees that did not undergo training. The authors suggested that it is likely that the organization offered training to those employees most likely to face violence on the job. Another possibility is that training targeting workplace violence might give employees a false sense of control, which may place them at greater risk for future violence. It would be important to determine whether training aimed at potential robbery victims would be beneficial for employees. A large number of individuals aged 19 and younger are employed in various retail occupations such as convenience stores and restaurants (Janicak, 1999); hence, it would be important to understand whether young employees benefit from the same type of training as more mature employees. For many young individuals, working in a fast food restaurant or a convenience store is their first job. How does being exposed to violence and aggression at a first job influence later perceptions of employment? Do young workers suffer more severe consequences when exposed to violence compared to more mature employees?

It is also important to gather additional information on organizational responses to robbery. What forms of organizational support would most benefit employee victims of robbery? Would young employees benefit from the same type of support as more mature workers? What types of coping strategies are most effective for victims of robbery? Would young workers benefit from different coping strategies? There is evidence to suggest that employee vulnerability attributions and avoidance coping strategies following robbery may be counterproductive for victims (Harrison & Kinner, 1998). More research is also needed to better understand the impact of robbery on organizational functioning (e.g., productivity)?

TYPE II AND TYPE III VIOLENCE

Initial evidence suggests that there are differential effects of coworker- and public-initiated violence on personal and organizational outcomes (e.g., LeBlanc & Kelloway, 2002). More research would be needed to understand the extent of these differences. For example, are employees more likely to blame the organization (i.e., hold the organization responsible) when they are victimized by an insider rather than an outsider? What are the moderators (e.g., reprimand the perpetrator, discharge the perpetrator) of type III violence that would lessen the negative impact for the victim and organization? What are the repercussions for perpetrators of type III violence? In other words, do their supervisors and coworkers change their perceptions of and behavior toward them (e.g., do coworkers ostracize them, take sides)? Initial studies suggest that there are differential predictors of aggression toward coworkers, subordinates, and supervisors (Greenberg & Barling, 1999). Investigators should continue to explore this avenue of research.

How effective are organizational sanctions against violence in preventing employee-initiated aggression? A recent study conducted by Dupré and Barling (2002) found that organizational sanctions moderated the relationship between predictors of aggression and supervisor-targeted aggression. How effective are zero-tolerance policies against violence? What are the repercussions for perpetrators of public-initiated violence? How do organizations deal with the perpetrators and their victims? Does organizational response depend on the severity of the aggression? Do different industries respond differently? Do victims feel differently about the perpetrator if the violence was unintentional (e.g., the perpetrator was drunk, mentally ill)?

Is there a spill-over from public-initiated aggression to coworker-initiated aggression? A recent qualitative study suggested that exposure to robbery had a negative impact on work relationships (Miller-Burke et al., 1999).

TYPE IV VIOLENCE

To date, the topic of domestic violence in the workplace has received little attention in the empirical literature; hence, there are many potential avenues for future research. Practitioner-oriented journals suggest that trust in management is an important determinant of whether victims of domestic abuse confide in their supervisors, yet there is no empirical evidence to show that this is the case. Researchers could examine what the important organizational climate variables are that predict employee willingness to disclose domestic abuse. We know little about how organizations respond

to disclosure. Do upper-level managers in organizations even recognize domestic violence as a problem for the organization, or do they consider it a personal problem? Are employees provided with support from their organizations following disclosure or are their problems ignored? A recent study conducted by Swanberg and Logan (2004) suggested that women who confided in their supervisors experienced short-term benefits, such as schedule flexibility and job relocation.

Are victims of domestic abuse more likely to confide in their supervisors or coworkers? What are effects of knowledge of domestic abuse on coworkers? What strategies are effective to prevent domestic violence from spilling over into the workplace? How should organizations handle the issue of domestic violence when both individuals in the relationship are employed in the organization? Anecdotal articles suggest that victims of abuse experience frequent harassment on the job (e.g., threatening phone calls; Zachary, 2000). How frequently victims are harassed on the job needs to be examined in more detail.

CONCLUSION

Stereotypes about workplace violence abound. For example, it is believed that employee-initiated violence accounts for most violent situations in the workplace. Yet, as noted earlier, the data show that this is incorrect. This has critical implications for how workplace violence is seen in terms of counterproductive behaviors. Although we are not suggesting in any way that stranger-, customer-, employee-, or partner-initiated violence are any more acceptable or less detrimental, we must conclude this chapter by calling for conceptual clarification of the relationship between the four types of violence and counterproductive work behaviors. In addition, although a large body of research has developed relating to employee-based violence, research must now address the predictors and outcomes of all other types of workplace violence as well.

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