

# Violence in California's Mental Health Hospitals

Workers Deserve Stronger Protection

*“Without reservation, the frequency  
of assaults has increased.”*

**Brian Sears**  
Teaching Assistant  
Atascadero State Hospital



## INTRODUCTION

# DMH employees work under dangerous conditions

By many accounts, Donna Gross cared deeply about the mentally ill patients she oversaw, many with extensive criminal records ...



One of them accosted the 54-year-old psychiatric technician while she was alone at Napa State Hospital in October 2010, strangling her to death for some jewelry and less than two dollars in cash. Jess Willard Massey, 37, has been arrested and charged with her murder. He was admitted to Napa more than 10 years ago after he was found not guilty by reason of insanity in an incident where he car-jacked and stabbed another state worker 11 times in the chest and neck.<sup>1</sup> Gross's brutal death ignited widespread outrage and demand for change from other employees who, like Gross, endure dangerous working conditions at the five state Department of Mental Health (DMH) institutions.

*"... mental health workers became crime victims on the job at a rate 5.5 times higher than the general population of workers ..."*

According to the U.S. Department of Justice's National Crime Victimization Survey, professional and custodial mental health workers became crime victims on the job at a rate 5.5 times higher than the general population of workers, and more than three times the rate of other medical workers.<sup>2</sup> The average annual rate of non-fatal violent crime for every 1,000 workers was 12.6 overall, compared to 68.2 for mental health professionals and 69 for custodial mental health workers. For this sector of employees workplace violence is a regular part of their job.

Service Employees International Union Local 1000, which represents more than 4,000 employees at California's five state mental hospitals, conducted focus groups and surveyed workers at DMH facilities, in December 2010 for insight on the prevalence and causes of workplace violence. We also examined California Occupational Safety and Health Administration (Cal-OSHA) data and press articles going back to the 1990's to get a full picture of the extent to which violence against staff pervades our state mental health institutions.

During the course of our field research, workers detailed a work environment rife with danger and stress. For some, dangerous encounters with patients are a common occurrence. Understaffing or inadequate staff-patient ratios leave workers dangerously outnumbered and isolated. Accurately measuring violence toward workers in the institutions is nearly impossible because record-keeping and reporting is inconsistent despite complaints from employees about time-consuming paperwork.

The staff we heard from call for a number of changes which we cover in detail in our recommendations section at the end of the report. Included in this list of reforms is the need to review and revamp the overall therapeutic framework to include concerns about staff safety. Staffing ratios must improve and must be enforced so that employees are rarely alone. Assaults must be documented simply, but effectively and consistently, which includes timely notification to law enforcement. And laws and regulations must undergo reforms so that there are clear repercussions for violence, abuse and threats.

## SEIU Local 1000 research project

In the winter of 2010, Local 1000's research department conducted a survey to gauge the level of violence experienced by employees and get their insights on causes. The survey was distributed to employees at DMH's five state mental hospitals: Patton, Napa, Coalinga, Metropolitan, and Atascadero. In all, 307 DMH employees responded to our survey. We included in this analysis, three of the five facilities—Napa (169 respondents), Patton (65 respondents) and Atascadero (68 respondents). The number of responses from Metropolitan and Coalinga were low so they were not included in our data analysis.<sup>3</sup>

In addition to our survey work, our research team conducted focus groups with a broad range of employees at each facility. We asked workers in various classifications a series of open ended questions about their personal experiences with patient violence, such as how often it took place, the circumstances under which it happened, how it's changed over the years and whether any remedies

have been initiated. While we can not make generalizations about the type or the prevalence of violent assaults against staff based on our research, our survey results and focus groups show that violence against staff at state DMH facilities is affecting a significant portion of staff. They view the assaults and abuse as often severe, and the response coming from management as being erratic at best and inadequate at worst.

This report is an analysis of the survey results and focus group responses, as well as Cal-OSHA records, first aid logs and press reports of violence at DMH institutions. An abbreviated appendix at the end of the report provides detailed tables of the survey results containing cumulative data for all three DMH facilities that were included in the final analysis.<sup>4</sup> Before we look at how workers in DMH facilities responded to our queries about their experiences with violence in the workplace, a little background will help put the issue in context.

**BACKGROUND**

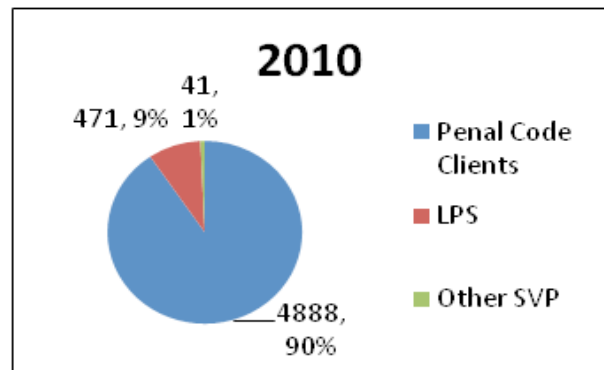
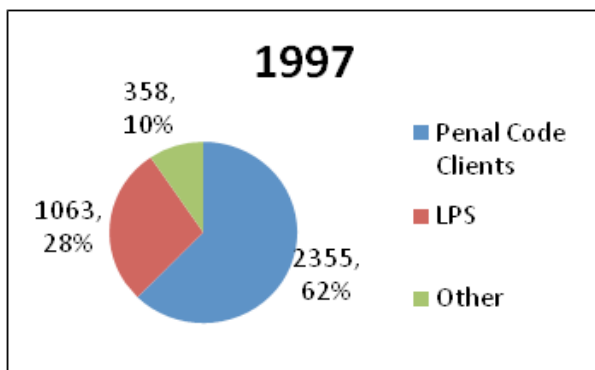
# The “Enhancement Plan” Philosophy of Care—better patient care, higher risk to staff

In May 2006 the State of California reached a legal settlement with the Department of Justice concerning alleged civil rights violations at four California Department of Mental Health state hospitals: Metropolitan, Napa, Patton and Atascadero. After years of allegations of civil rights abuses, a consent judgment was issued and implemented as the “Enhancement Plan.”<sup>5</sup> Since the introduction of the Enhancement Plan many workers at these state institutions have perceived a notable increase in the amount of violence directed against hospital staff.

The Enhancement Plan introduced a new way of treating individuals in DMH facilities. Instead of treatment “silos” where patients often felt isolated, they would participate in “treatment malls” that allowed them to choose from a daily menu of individualized services in a community setting. This would require teams of level of care workers that specialized in different psychiatric, medical and rehabilitative services and would require more freedom of movement and openness in facility space.

This approach was seen as a humane and clinically tested response to allegations of patient abuse and departures from generally accepted professional standards of care. But this approach also tended to downplay the shifting nature of DMH’s patient population. While DMH was busy creating a more therapeutic environment for its patients, its patient population was becoming more violence-prone, as increasing numbers of them were being referred by California’s criminal courts. As new sets of metrics—like the reduction of “restraint and seclusion” rates were being introduced to measure the success of DMH’s implementation of the new approach to care, the inability of staff to set behavioral limits and consequences for patients increasingly left staff vulnerable to physical attacks and abuse. As one nurse in Napa state hospital put it “the Enhancement Plan philosophy is fine for non-forensic individuals with mental health issues. It’s not appropriate for violent criminals with mental issues coming from the court system.”<sup>6</sup> Chart 1 below shows the dramatic shift in the makeup of DMH patients since 1997<sup>7</sup>

**CHART 1: Makeup of DMH Patients, 1997 and 2010**



Note: LPS stands for the Lanterman–Petris–Short Act of 1967 that set up California’s current state mental health system. SVPs stand for sexual violent predators.

The consent judgment was to be terminated five years after the effective date of the judgment in May, 2011. Mohamed El Sabaawi, a physician from Virginia, is the appointed monitor and will continue to conduct bi-annual reviews of progress towards compliance under his direction. Given the death of Donna Gross and other attacks on staff, now is a good time for the department to evaluate some of the shortcomings of the current approach as it

relates to violence in DMH facilities. These shortcomings have contributed greatly to a dangerous work atmosphere for staff at the State’s mental health hospitals.

## FINDINGS AND ANALYSIS

# Patient on Staff Violence is Increasing at State Facilities

As the ratio of penal code clients has increased the rates of violence in DMH has increased as well.<sup>8</sup> The overall trend in staff assaults involving patients has been up since 2007 (after Enhancement Plan implementation began) increasing more than 18 percent in the last four years.<sup>9</sup> In some institutions the rate of violence has gone up significantly. At Atascadero we've seen the rate of reported physical assaults resulting in injury against staff double in the last 5 years, from 61 in 2006 to 120 in 2010.<sup>10</sup> Patton violence on staff went from 223 incidents in 2007 to 255 for 2010, an increase of 14 percent.<sup>11</sup> Cal-OSHA data on staff assaults in Coalinga State Hospital is limited to only three years (the facility opened in late 2005), but assaults on staff have increased there as well by over 47 percent.<sup>12</sup> While Coalinga is the safest institution in DMH with regard to staff violence, the trend is going in the wrong direction even in this facility. Metropolitan State Hospital is the only facility where there appeared to be a consistent downward trend in staff violence. Unfortunately, that trend ended in 2010 when Cal-OSHA reports revealed

a 21 percent increase in assaults against staff after an impressive four year decrease of 42 percent.<sup>13</sup>

While our OSHA research found that the level of physical assaults that were reported and required first aid has remained relatively stable in Napa over the last five years, a 2010 Los Angeles Times analysis showed that all attacks, including incidents of verbal abuse, spitting, gassing and other types of aggression have increased fourfold just over the last year.<sup>14</sup>

We found the most dramatic data around patient on staff violence when we looked at individual classifications of workers at the state's mental health facilities. Assaults against Psychiatric Technicians went up 30 percent from 2005 to 2009.<sup>15</sup> The department's RN's have seen a 52% increase in assaults during that same period.<sup>16</sup> Individual facilities have all seen increases as well. In 2005, 43 of Napa's Registered Nurses were the targets of assaults; by 2010 that number had risen to 68—a 58 percent increase in just five years.<sup>17</sup> Assaults against RN's at Metropolitan have increase 47% in the last three years.<sup>18</sup>

## Workers Speak Up About Violence in the Workplace

### Violence is a daily part of the job for DMH staff

In the focus groups we conducted in winter 2010, numerous stories created a picture of violence in the workplace as way of life for employees at state hospitals. At any time, for any reason, a patient can turn on workers for nothing more than a light shining too brightly. A worker at Metropolitan vividly described dealing with a man who grew enraged when he was told not to squirt toothpaste along a door jamb. He believed gas was leaking in.

One participant in our focus group discussion at Metropolitan State Hospital in Los Angeles described stooping down to clean the floor on her shift in March 2010. Suddenly, a female patient at the hospital came up behind the custodial worker and shoved her into the wall. The 5 foot 4 employee suffered head contusions and spinal strain and had to undergo therapy. She returned to work in December, even though she still suffers bad headaches and battles fears of another attack. "I prayed a lot before I came back," she said.<sup>19</sup>

Workers are often expected to fend off attacks or restrain patients on their own. As they scrub bathrooms, administer medication, conduct classes and serve food, many workers describe working conditions in which they are left largely unguarded, and alone, with no one to watch their backs. In our focus groups, employees repeatedly cited staff shortages as a prime security issue, because it means that workers often find themselves alone with sometimes violent patients.

A Napa worker said she had been chased and cornered by a patient and felt "terrorized" by some patients at the facility. Patients have jumped over the counter in the cafeteria to get to food service workers, and regularly throw food at staff when they are unsatisfied with the food or service, or when they're off their medication according to the Napa employee.<sup>20</sup>

In our December 2010 SEIU Local 1000 survey, 57.8 percent of 294 employees from all three institutions who responded to the question reported they had been attacked on the job (See Appendix A). At Napa, 65 percent of the respondents reported being attacked. The percentage at Patton was 57 percent and at Atascadero, it was 40 percent (See Appendix C). Looking at just the 114 nurses who responded from all three institutions, 67.5 percent, nearly seven out of 10, reported being attacked (See Appendix B).

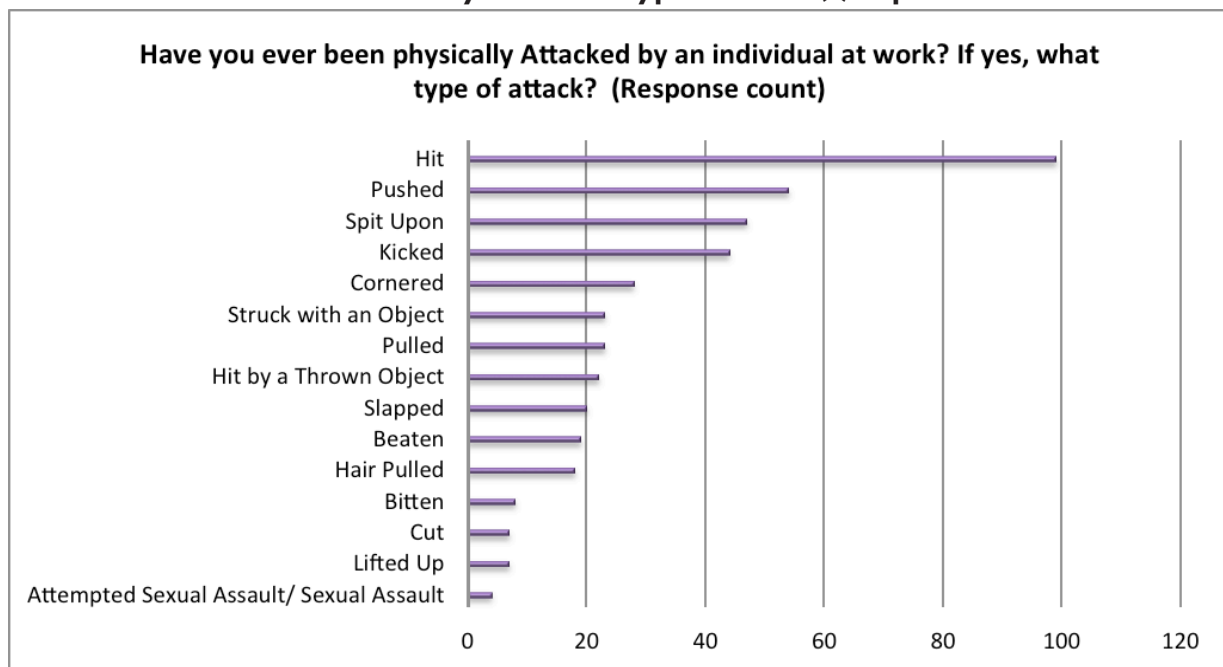
Of 158 workers at all three hospitals who responded to our survey question about injuries about 15.5 percent reported injuries from multiple attacks in the previous six months. Of those attacked, more than 6 in 10 attacks reported by workers from all three institutions resulted in medical care (See Appendix A). At Atascadero, the percentage of injuries needing medical care was 44 percent. At Patton, it was 43 percent, but at Napa, 71 percent who

reported being attacked needed medical attention (See Appendix C).

*“Workers reported being beaten, spit on, bitten, kicked, having their hair pulled and being sexually assaulted among other things.”*

Perhaps even more astonishing is the severity of violence and abuse taking place in the state’s mental facilities. Workers reported being beaten, spit on, bitten, kicked, having their hair pulled and being sexually assaulted among other things. Of the 170 respondents who indicated that they have been physically attacked at work, the types of attacks were reported as follows (the total adds up to more than 170 due to multiple attacks per worker (See Appendix A).

**CHART 2: SEIU Local 1000 survey results on type of attack(s) experienced**



At the hospitals, workers described a frustrating environment. Even those who are not level of care staff are often victims of violence. “I’ve been verbally assaulted and have had things thrown at me, but the attitude is that it’s just part of the job. Non-level of care staff are constantly abused... I know that the hospital police have their hands tied and are instructed not to step in until the situation becomes physical but to me that seems ineffective” said Kory Moser, an office assistant at Coalinga, who used to work in the cafeteria.<sup>21</sup>

A 2006 University of Maryland research paper—done for a SEIU Washington State local following the death of a community mental-health care worker—notes a “Catch-22” for mental health workers: “Mental health workers are trained to work with clients who display behavioral symptoms, but when are the symptoms “part of the job” and when are they ‘workplace violence’? Put another way, mental health workers should not have to die or risk disabling injury taking care of clients, but many are unclear how and whether to protect themselves from clients that they want to help and cure.”<sup>22</sup>

# Safety is in numbers

## Understaffing is a key factor in violence at hospitals

Nurses, housekeepers, food servers, teachers and others who work at several state hospitals say the most dominant factor compromising worker safety is inadequate staffing levels. In focus group discussions and through the survey conducted by SEIU Local 1000, employees repeatedly linked inadequate staffing with increased attacks.

“When you have 50 patients in a unit and three staff, there really isn’t much you can do,” said Cheryl Whaley, a laundry worker at Coalinga.<sup>23</sup>

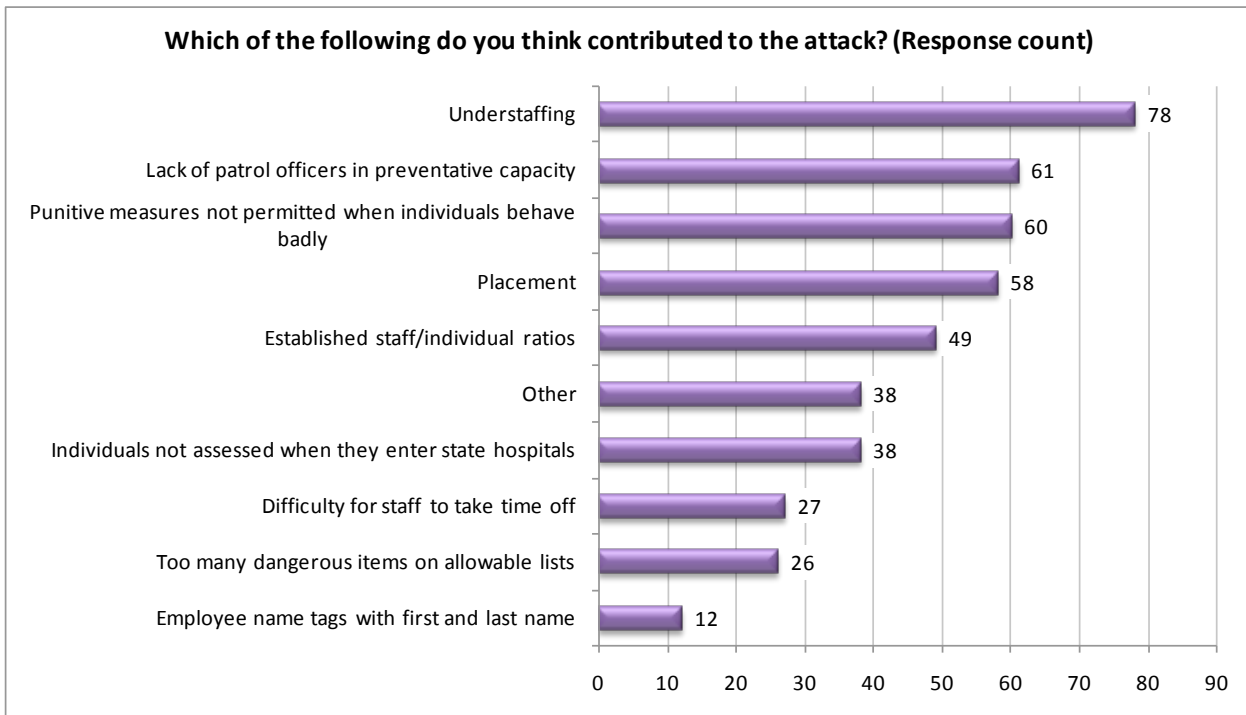
Staff working alone makes them vulnerable and invites aggression from patients, workers said. At Napa, employees report working alone frequently. A food service worker there, said she often had to “lock the doors due to understaffing and it can get very hot in the kitchen area.”<sup>24</sup> Kathleen Thomas-Morris, a registered nurse at Napa, said that chronic understaffing at the institution is “a set-up for people to get hurt.”<sup>25</sup> Prevention could go a long way to curb violence she said. “There’s a difference

between HPOs (hospital police officers) responding after a physical attack and deterring violence with proper staffing levels,” she said.<sup>26</sup>

The 2006 University of Maryland research paper generally recommended improving violence prevention training, reducing caseloads and working in pairs. “Staff working alone or in isolation from other staff are vulnerable to assault,” the report says in summarizing known risk factors.<sup>27</sup>

In the Local 1000 survey, employees who had been attacked were asked to choose any of 10 factors they believed contributed to the assault. Looking at responses from all three hospitals, the largest number, 78 employees, cited understaffing as a factor (See chart below and Appendix A). Though the response rates varied among the three hospitals, understaffing was chosen more times than any of the other factors by respondents from each hospital. (See chart below)

**CHART 3: SEIU Local 1000 survey results on factors contributing to having been assaulted**





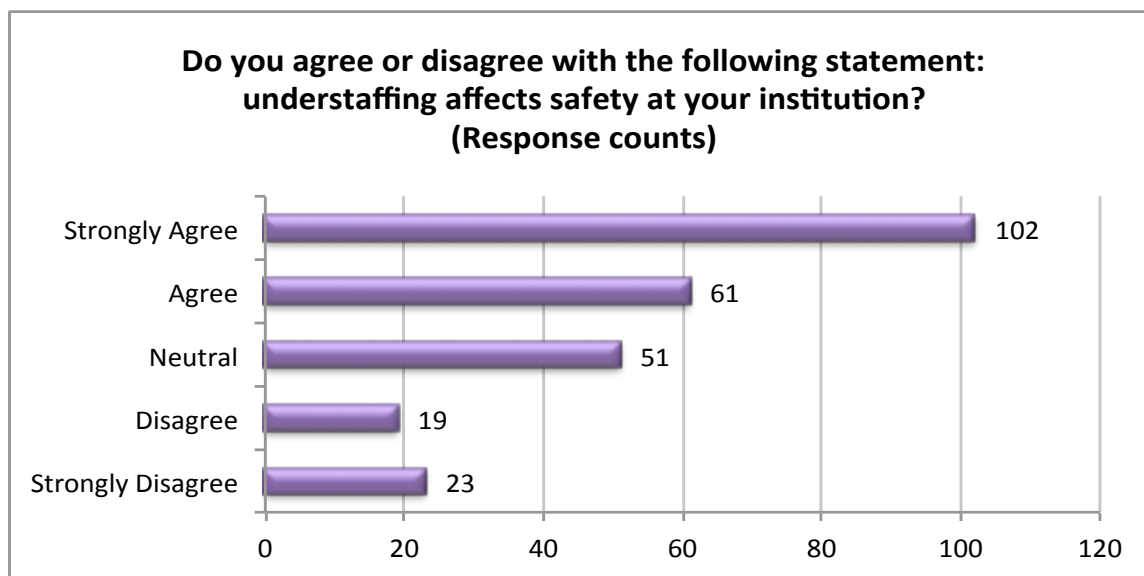
DMH workers in general were asked to rate different factors that might affect safety. Of the 253 respondents from the three institutions, 170 “strongly agree” that understaffing affects safety. (See chart below and Appendix A) Responses from each hospital varied somewhat: Among Napa employees, 70 percent strongly agreed. At Patton, 54 percent of respondents agree with the statement and at Atascadero 56 percent agree (See Appendix C).

Long-time employees recalled that when staffing levels were better—at least adequate—patients were

less likely to attack or react violently. Many of our focus group participants were convinced that the presence of more staff served as a deterrent.

At Patton State Hospital, workers said the facility has a long pattern of exceeding established patient-staff ratios, resulting in what’s called “working short.” “Even though Patton says to never be alone with a patient, I’m always alone,” said Tracy, a nurse who is responsible for administering shots to patients.<sup>28</sup>

#### CHART 4: SEIU Local 1000 survey results on understaffing



## Official reports obscure the true extent of violence

### Documentation process is cumbersome and data is inconsistent

It appears to us that no official record captures the true scope of violence. An examination of Cal-OSHA records and first-aid logs from state institutions from 2005 to 2010 found vague, conflicting and possibly misleading descriptions about the circumstances of injuries, confounding any straightforward tally of worker-patient violence.

Cal-OSHA records for Metropolitan State Hospital that tracked work-related injuries and illnesses, for example, show 17 patient attacks during September 2009. Yet in another incident recorded that month, the cause for “pain, right face” was listed simply as “fist,” with no reference to an attacker. Another reported injury “pain, middle abdomen/stomach” was caused by “fist and foot”, according

to Cal-OSHA records also without any indication of their having been an assault.<sup>29</sup>

DMH’s First Aid Logs are handwritten, making them difficult to read. These logs are inconsistent and do not focus on the cause of injuries, which may or may not be included in the narrative.<sup>30</sup> Even the federal Occupational Safety & Health Administration, in its own guidelines for preventing workplace violence for health care and social service workers, concludes that the recorded rates of attacks on workers probably fall short: “Incidents of violence are likely to be underreported, perhaps due in part to the persistent perception within the mental health industry that assaults are part of the job.”<sup>31</sup>

Employees have their own measure of increasing violence. “Without reservation, I’d say the frequency (of assaults) has increased”, said Brian Sears, a teaching assistant at Atascadero State Hospital. Attacks on staff and on other patients are increasing in severity, too, he said, extending to workers who are not directly treating patients. “The data that we collect needs to be meaningful,” he said.<sup>32</sup>

At Coalinga, focus group participants agreed that a lot of violence isn’t reported. One worker said “when patients assault you, if you report it, you have to fill out all this paperwork and nothing really happens to the patient that assaulted you”<sup>33</sup> This acts as a deterrent to reporting. At Napa, the workers call it “taking care of

the paper not the patient.” Level-of-care workers are so burdened by paperwork that they have little time for one on one talk therapy, said Kathleen Thomas-Morris.<sup>34</sup> This echoes the findings of a California Department of Finance Report, on DMH, that identified the problem of level-of-care staff performing administrative tasks that take away from their primary responsibilities and are better suited to clerical workers.<sup>35</sup> Overburdening level of care staff with clerical duties reduces the amount of time that doctors, nurses and medical technicians spend with patients and impedes their ability to deliver the best mental care possible.

## CONCLUSION

# Time to rethink and reform DMH safety practices

Donna Gross’s killing must be a wake-up call for DMH directors, facility managers and legislators. Our research shows that the current approach to staff safety is informed by a philosophy that emphasizes patient choice and independence over staff safety. It’s an approach that has led to an increase in violence in DMH facilities and an atmosphere of apprehension among staff who have to work under these stressful and too often dangerous conditions. Finally, it’s an approach that cannot be fully evaluated

because the data that comes out of DMH facilities and headquarters on rates of violence and abuse on staff is often incomplete, contradictory and painfully cumbersome for employees to provide and compile. Local 1000 calls on DMH to fundamentally rethink its set of assumptions concerning employee safety and work with rank and file workers to implement our recommendations aimed at reducing the level of violence at our state mental hospitals.

## RECOMMENDATIONS

Throughout the process of gathering and analyzing information we received through our focus groups and surveys there were a number of recommended solutions to the problem of patient on staff violence in DMH facilities that came from the workers themselves. We grouped those solutions in two sections—Policy and Facility.

### Policy Recommendations

- **Revisit therapeutic framework.** DMH experts should work with the appointed consent decree court monitor to modify the current Enhancement Plan approach to patient mental health treatment. A renewed commitment to staff safety must inform any revamped plan for patient care.
- **Provide adequate staffing levels for front line workers.** Ensure staffing levels provide adequate coverage for all workers who have regular contact with patients, particularly level of care employees and facility support workers.
- **Consolidate and reduce paperwork for level of care staff.** Create a new regulatory mandate requiring DMH to do a top to bottom review of all of the clerical and administrative tasks that level of care staff are required to complete during the regular course of their duties. Include a review of paperwork connected to reporting assaults on staff. Find ways to reduce duplication and shorten the amount of time spent on these types of responsibilities by level of care workers.
- **Create a more uniform and comprehensive process for reporting violence against staff.** The Department must make reporting violence against staff less cumbersome for victims and should revamp its forms in order to maintain data consistency from the point of the initial attack to year end department reports and OSHA filings.
- **Bring local law enforcement into the information loop.** Legislation is needed that will explicitly include state mental hospitals within the requirement that hospital facilities report assaults and batteries against hospital personnel to their local police agency after an assault has taken place and shorten the reporting deadline from 72 hours to 24.
- **Provide real consequences for staff abuse.** Patients should be held accountable for violent or abusive behavior. The department should institute graduated responses towards activities like gassing (throwing urine or feces at workers), threatening or intimidating employees and assaulting staff.

### Facility Recommendations

- **Standardize safety equipment throughout all state hospital facilities.** All institutions should have working panic buttons, and Plexiglas guards along the food serving areas.
- **Maximize HPO and security guard deployment in facilities.** Require Hospital Police Officers and security guards to have a presence in every unit, remain on patrol, and quickly respond to alarm calls rather than permitting officers to cluster.
- **Require all facilities to do risk assessments of incoming patients.** Each individual must go through a complete assessment process so that staff knows which patients have a high propensity for violent behavior and can place them in the appropriate unit.
- **Limit name-tag information to first names only.** Facilities should end the practice of putting last names on name tags to protect worker privacy and safety.
- **Make charts for individuals in state hospitals available to all workers who sign the privacy agreement.** Facilities should allow all workers to have access to information about potentially violence patients—not just nurses.
- **Provide safety and disability pay for at-risk workers.** Until serious steps are taken to reduce violence against DMH staff in California's mental health facilities, workers who are put in harm's way should be compensated for the hazards they work under on a day to day basis.



## ENDNOTES

1. Kerana Todorov, "District Attorney Files Charges Against Napa Hospital Patient," Napa Valley Register, Oct. 26, 2010; Kerana Todorov, "Suspect in Napa State Killing had Stabbed a Woman in '90s," Napa Valley Register, Oct. 30, 2010.
2. Bureau of Justice Statistics Special Report, "National Crime Victimization Survey, Violence in the Workplace," 1993-99. December 2001, Detis T. Duhart, Ph.D, <http://www.bjs.gov/content/pub/pdf/vw99.pdf>
3. Our response rate for Metropolitan was 17. For Coalinga it was 16.
4. A full appendix that includes facility level survey results and results for nurse respondents can be obtained upon request.
5. The Enhancement Plan is based on a therapeutic team, comprised of the treating psychiatrist, the treating psychologist, the treating rehabilitation therapist, the treating social work, a registered nurse, the psychiatric technician who best knows the individual, a teacher, and family members, advocate, lawyer and pharmacist.
6. Focus Group Participant, SEIU Local 1000 Focus Group Interview with Napa State Hospital Employees, November 9, 2010
7. California Department of Finance, Department of Mental Health Budget: State Hospital In-Hospital Population Count, 1997-2010. Note: we use the terms Forensic Patients and Penal Code Patients interchangeably in the report.
8. The below chart was compiled from California Occupational Safety and Health Administration (Cal-OSHA) 300, 300A documents by SEIU Local 1000 researchers. The documents on staff injuries were provided by DMH for years covering 2005 through 2010 (partial year data for 2010 was extrapolated to get full year data).
9. Ibid.
10. Ibid.
11. Ibid.
12. Ibid.
13. Ibid.
14. Lee Romney, Patient Aggression Intensifies at Napa State Hospital, Los Angeles Times. November 3, 2010.
15. Cal-OSHA form 300 and 300a documents, 2005-2010.
16. Ibid.
17. Ibid.
18. Ibid.
19. Focus group participant, Unpublished Focus Group Interview at Metropolitan State Hospital, SEIU Local 1000. November 2010.
20. Focus group participant, Unpublished Focus Group Interview at Napa State Hospital, SEIU Local 1000. November 2010.
21. Kory Moser, Unpublished Focus Group Interview at Coalinga State Hospital, SEIU Local 1000, December 2010.
22. Kathleen M. McPhaul, PhD, MPH, RN, Jane Lipscomb PhD, MS, BSN, FAAN, RN, "The Risk of Violence in the Mental Health Work: A Report on Workplace Violence in Washington State Community Mental Health Services," September 2006, <http://www.seiu1199nw.org/Admin/Assets/AssetContent/1a236abf-e0df-4dc5-a4c3-3877190760de/546bfa9e-94e2-495f-9d30-54cc81f55e47/65b5196d-fd6f-4f85-a237-1f1c7fbc432b/1/UM%20Safety%20Report.pdf>
23. Cheryl Whaley, Unpublished Focus Group Interview at Coalinga State Hospital, SEIU Local 1000, December 2010.
24. Focus group participant, Unpublished Focus Group Interview at Napa State Hospital, SEIU Local 1000. November 2010.
25. Kathleen Thomas-Morris, Unpublished Focus Group Interview at Napa State Hospital, SEIU Local 1000. November 2010.
26. Ibid.
27. Kathleen M. McPhaul, PhD, MPH, RN, Jane Lipscomb PhD, MS, BSN, FAAN, RN, "The Risk of Violence in the Mental Health Work: A Report on Workplace Violence in Washington State Community Mental Health Services," September 2006, <http://www.seiu1199nw.org/Admin/Assets/AssetContent/1a236abf-e0df-4dc5-a4c3-3877190760de/546bfa9e-94e2-495f-9d30-54cc81f55e47/65b5196d-fd6f-4f85-a237-1f1c7fbc432b/1/UM%20Safety%20Report.pdf>
28. Tracy--, Unpublished Focus Group Interview at Patton State Hospital, SEIU Local 1000, December 2010.
29. U.S. Department of Labor, Occupational Safety and Health Administration, Form 300A, Summary of Work-related Injuries and Illnesses, for Metropolitan State Hospital, August 2009.
30. California Health and Welfare Agency, Department of Developmental Services, First Aid Log, August 2009.
31. U.S. Department of Labor, Occupational Safety & Health Administration, "Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers," 2004, <http://www.osha.gov/Publications/OSHA3148.pdf>
32. Brian Sears, Unpublished Focus Group Interview at Atascadero State Hospital, SEIU Local 1000, December 2010.
33. Focus group participant, Unpublished Focus Group Interview at Atascadero State Hospital, SEIU Local 1000, December 2010.
34. Kathleen Thomas-Morris, December 2010.
35. Budget Estimate Audit: State Hospital Budget Estimate Review, California Department of Finance. November 2008



## APPENDIX A: Selected Survey Results Using Aggregated Data

Complete survey results are available upon request to the SEIU Local 1000 Research Department. These results are only those that were cited in the body of the report.

In the following tables, 'Percent' refers to the percent of all survey respondents, 'Valid Percent' refers to the percent of those who responded to the particular question, and 'Cumulative Percent' accumulates the Valid Percents for the various response choices.

### 7. Have you ever been physically threatened by an individual at your current worksite?

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
No	73	23.8	24.6	24.6
Yes	224	73	75.4	100
<b>Total</b>	<b>297</b>	<b>96.7</b>	<b>100</b>	
No response	10	3.3		
<b>Total</b>	<b>307</b>	<b>100</b>		

### 17. In the past six months, how many times have you been injured from an attack?

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Not attacked	102	33.2	64.6	64.6
1	31	10.1	19.6	84.2
2	13	4.2	8.2	92.4
3	5	1.6	3.2	95.6
4	7	2.3	4.4	100
<b>Total</b>	<b>158</b>	<b>51.5</b>	<b>100</b>	
No response	149	48.5		
<b>Total</b>	<b>307</b>	<b>100</b>		

The following questions (#13 and #14) follow #11 that asked, "Have you ever been physically attacked by an individual at your current place of employment?"

### 14. Did you seek medical care for your injuries?

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
Not attacked	102	33.2	64.6	64.6
1	31	10.1	19.6	84.2
2	13	4.2	8.2	92.4
3	5	1.6	3.2	95.6
4	7	2.3	4.4	100
<b>Total</b>	<b>158</b>	<b>51.5</b>	<b>100</b>	
No response	149	48.5		
<b>Total</b>	<b>307</b>	<b>100</b>		

**The responses to Question #13 are in descending order by percent responding 'Yes'.**

13. Please choose the type of attack.

Responses N=170	Frequency	Percent	Valid Percent
Hit	99	32.2	58.2
Pushed	54	17.6	31.8
Spit Upon	47	15.3	27.6
Cornered	28	9.1	16.5
Struck with an Object	23	7.5	13.5
Hit by a Thrown Object	22	7.2	12.9
Slapped	20	6.5	11.8
Beaten	19	6.2	11.2
Hair Pulled	18	5.9	10.6
Bitten	8	2.6	4.7
Attempted Sexual Assault or Sexual Assault	4	1.3	2.4
Cut	7	2.3	4.1
Lifted Up	7	2.3	4.1

**22. Which of the following do you think contributed to these situations?**

Responses N= 170	Frequency	Percent	Valid Percent
Understaffing	77	25.1	45.3
Lack of patrol officers in preventive capacity	60	19.5	35.3
Punitive measures not permitted when individuals behave badly	60	19.5	35.3
Placement	58	18.9	34.1
Established staff/individual upon entry to state hospital	49	16.0	28.8
Lack of assessment on individuals upon entry to state hospital	38	12.4	22.4
Difficulty for staff to take time off	27	8.8	15.9
Too many dangerous items allowed on allowable lists	26	8.5	15.3
Other	38	8.5	15.3

**22g. Which of the following do you think contributed to the situation in which you were attacked? Employee name tags with first and last name**

Responses	Frequency	Percent	Valid Percent	Cumulative Percent
No	158	51.5	92.9	92.9
Yes	12	3.9	7.1	100
Total	170	55.4	100	
No response	137	44.6		
Total	307	100		



## APPENDIX B: Selected Results for Registered Nurses

Complete survey results for Registered Nurses are available upon request to the SEIU Local 1000 Research Department. These results are only those that were cited in the body of the report.

### 11. Have you ever been physically attacked by an individual at your current place of employment –

	Ever attacked		Total
	No	Yes	
Count	37	77	114
% within RN Class	32.50%	67.50%	100.00%

## APPENDIX C: Selected Results by Facility

Complete survey results by facility are available upon request to the SEIU Local 1000 Research Department. These results are only those that were cited in the body of the report. “Row Percent” shows how individuals from the institution responded to the question by percent. The total runs across the chart. “Column Percent” represents the percent of respondents that answered the question in a particular way. The total runs down the chart and includes a tally from all three institutions.

### 10. Have you ever been physically attacked by an individual at your current place of employment?

			Attacked by Individual		Total
			No	Yes	
Facility	Atascadero	Count	40	27	67
		Row Percent	59.70%	40.30%	100.00%
		Column Percent	32.30%	15.90%	22.80%
	Napa	Count	58	108	166
		Row Percent	34.90%	65.10%	100.00%
		Column Percent	46.80%	63.50%	56.50%
	Patton	Count	26	35	61
		Row Percent	42.60%	57.40%	100.00%
		Column Percent	21.00%	20.60%	20.70%
Total		Count	124	170	294
		Row Percent	42.20%	57.80%	100.00%
		Column Percent	100.00%	100.00%	100.00%

**13. Did you seek medical attention for your injuries?**

			Medical Care?		Total
			No	Yes	
Facility	Atascadero	Count	14	11	25
		Row Percent	56.00%	44.00%	100.00%
		Column Percent	23.70%	10.60%	15.30%
	Napa	Count	30	73	103
		Row Percent	29.10%	70.90%	100.00%
		Column Percent	50.80%	70.20%	63.20%
	Patton	Count	15	20	35
		Row Percent	42.90%	57.10%	100.00%
		Column Percent	25.40%	19.20%	21.50%
Total		Count	59	14	163
		Row Percent	36.20%	63.80%	100.00%
		Column Percent	100.00%	100.00%	100.00%

**24e. Which of the following impact safety at your facility? Staffing/individual ratios**

			Staffing ratios					Total
			Strongly disagree	Disagree	Neutral	Agree	Strongly agree	
Facility	Atascadero	Count	0	3	3	20	34	60
		Row Percent	0.00%	5.00%	5.00%	33.30%	56.70%	100.00%
		Column Percent	0.00%	25.00%	21.40%	33.90%	20.60%	23.30%
	Napa	Count	6	7	6	23	102	144
		Row Percent	4.20%	4.90%	4.20%	16.00%	70.80%	100.00%
		Column Percent	85.70%	58.30%	42.90%	39.00%	61.80%	56.00%
	Patton	Count	1	2	5	16	29	53
		Row Percent	1.90%	3.80%	9.40%	30.20%	54.70%	100.00%
		Column Percent	14.30%	16.70%	35.70%	27.10%	17.60%	20.60%
Total		Count	7	12	14	59	165	257
		Row Percent	2.70%	4.70%	5.40%	23.00%	64.20%	100.00%
		Column Percent	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%



