Occupational based violence in primary health care

Department of General Practice
Department of Social Work
Ambulance and Paramedic Studies
SECTION A.

This section asks about your experience of verbal abuse associated with work. The definition of verbal abuse is a patient/client, their friend/s, family member/s, other professional/s or work colleague/s using offensive language, yelling or screaming with the intent of offending or frightening you. It can include threats or abuse over the phone, but excludes sexual harassment and sexual assault (see pages 5 & 6). Please answer by circling the number that matches your answer.

1. Have you been subjected to verbal abuse in the last 12 months?
   1. No  Go to Question 11
   2. Yes
   6. Who were the main perpetrators of the verbal abuse? Please circle all that apply.
      1. Patient/client
      2. Patient’s/client’s families, relatives, companions or friends
      3. Other professional or work colleague
      4. Bystander
      5. Other
      Please specify ________________________________________

2. In the last 12 months, how frequently has verbal abuse happened to you? Please circle only one response.
   Once  A few times  About once a month  About once a week  About daily
   1    2    3    4    5

3. In the last 12 months, when has the verbal abuse occurred? Please circle all that apply.
   1. During my working day
   2. During my working night
   3. When not working (day time)
   4. When not working (night time)

4. In the last 12 months, where has the verbal abuse occurred? Please circle all that apply.
   1. Usual work location (eg. office, waiting room, ambulance branch, vehicle)
   2. Public place (eg. hospital, sporting facility)
      Please specify ________________________________________
   3. Private Residence
   4. Other
      Please specify ________________________________________

5. Briefly describe the incident of verbal abuse (in the last 12 months) that worried you most, and why.
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

6. Thinking of this particular incident, please answer questions 6 to 10.
   6. Who were the main perpetrators of the verbal abuse? Please circle all that apply.
      1. Patient/client
      2. Patient’s/client’s families, relatives, companions or friends
      3. Other professional or work colleague
      4. Bystander
      5. Other
      Please specify ________________________________________

7. What was the gender of the perpetrator? Please circle all that apply, and indicate number.
   1. Male  __________
   2. Female  __________

8. Do you think there were any underlying factors that precipitated this incident? (eg., alcohol intoxication, psychosis, service dissatisfaction etc). If yes, please explain.
   ___________________________________________________________________
   ___________________________________________________________________

9. What was your immediate response to the verbal abuse? (eg., did nothing, called security/police, yelled for help). Please explain.
   ___________________________________________________________________
   ___________________________________________________________________

10. What was your level of fear during the incident? Please circle only one response.
    None  Mildly apprehensive  Quite Apprehensive  Frightened  Very frightened
    1    2    3    4    5
This section asks about your experience of property damage or theft associated with work. The definition of this is a patient/client, their friend/s, family member/s, other professional/s or work colleague/s, causing damage to, or stealing property belonging to you, your family or your workplace. It includes damage to or theft of a vehicle, personal effects, home contents, office equipment, and supplies, or office furnishings. Attempted theft of the above items is also included. Please answer by circling the number that matches your answer.

11. Have you been subjected to property damage or theft in the last 12 months?
   1. No Go to Question 21
   2. Yes

12. In the last 12 months, how frequently has property damage or theft happened to you? Please circle only one response.
   Once  A few times  About once a month  About once a week  About daily
   1 2 3 4 5

13. In the last 12 months, when has the property damage or theft occurred? Please circle all that apply.
   1. During my working day
   2. During my working night
   3. When not working (day time)
   4. When not working (night time)

14. In the last 12 months, where has the property damage or theft occurred? Please circle all that apply.
   1. Usual work location (e.g., office, waiting room, ambulance branch, vehicle)
   2. Public place (e.g., hospital, sporting facility)
   3. Private Residence
   4. Other
   Please specify ____________________________

15. Briefly describe the incident of property damage or theft (in the last 12 months) that worried you most, and why.
   ______________________________________
   ______________________________________
   ______________________________________

Thinking of this particular incident, please answer questions 16 to 20.

16. Who were the main perpetrators of the property damage or theft? Please circle all that apply.
   1. Patient/client
   2. Patient’s/client’s families, relatives, companions or friends
   3. Other professional or work colleague
   4. Bystander
   5. Other
   Please specify ____________________________

17. What was the gender of the perpetrator? Please circle all that apply, and indicate number.
   1. Male __________
   2. Female __________

18. Do you think there were any underlying factors that precipitated this incident? (e.g., alcohol intoxication, psychosis, service dissatisfaction etc). If yes, please explain.
   ______________________________________
   ______________________________________

19. What was your immediate response to the property damage or theft? (e.g., did nothing, called security/police, yelled for help). Please explain.
   ______________________________________

20. What was your level of fear during the incident? Please circle only one response.
   None  Mildly apprehensive  Quite Apprehensive  Frightened  Very frightened
   1 2 3 4 5
This section asks about your experience of intimidation associated with work. The definition of intimidation is a patient/client, their friend/s, family member/s, other professional/s or work colleague/s purposely threatening, following you, using gestures to purposely offend or frighten you. Please answer by circling the number that matches your answer.

21. Have you been subjected to intimidation in the last 12 months?
   1. No      Go to Question 31
   2. Yes

22. In the last 12 months, how frequently intimidation happened to you?
    Please circle only one response.
    Once          A few times       About once a month       About once a week       About daily
    1                2                3                4                5

23. In the last 12 months, when has the intimidation occurred? Please circle all that apply.
   1. During my working day
   2. During my working night
   3. When not working (day time)
   4. When not working (night time)

24. In the last 12 months, where has the intimidation occurred? Please circle all that apply.
   1. Usual work location (e.g. office, waiting room, ambulance branch, vehicle)
   2. Public place (e.g. hospital, sporting facility)
      Please specify ________________________________
   3. Private Residence
   4. Other
      Please specify ________________________________

25. Briefly describe the incident of intimidation (in the last 12 months) that worried you most, and why.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Thinking of this particular incident, please answer questions 26 to 30.

26. Who were the main perpetrators of the intimidation? Please circle all that apply.
   1. Patient/client
   2. Patient’s/client’s families, relatives, companions or friends
   3. Other professional or work colleague
   4. Bystander
   5. Other
      Please specify ________________________________

27. What was the gender of the perpetrator? Please circle all that apply, and indicate number.
   1. Male  _______
   2. Female _______

28. Do you think there were any underlying factors that precipitated this incident? (e.g., alcohol intoxication, psychosis, service dissatisfaction etc). If yes, please explain.

_________________________________________________________________
_________________________________________________________________

29. What was your immediate response to the intimidation? (e.g., did nothing, called security/police, yelled for help). Please explain.

_________________________________________________________________
_________________________________________________________________

30. What was your level of fear during the incident? Please circle only one response.

None          Mildly apprehensive          Quite Apprehensive          Frightened          Very frightened
   1                2                3                4                5
This section asks about your experience of physical abuse associated with work. The definition of physical abuse is a patient/client, their friend/s, family member/s, other professional/s or work colleague/s physically attacking you, or attempting to attack you. It includes behaviours such as punching, slapping, kicking or using a weapon or other object with the intent of causing bodily harm. Please answer by circling the number that matches your answer.

31. Have you been subjected to physical abuse in the last 12 months?
   1. No  Go to Question 41
   2. Yes

32. In the last 12 months, how frequently has physical abuse happened to you? Please circle only one response.
   Once  A few times  About once a month  About once a week  About daily
   1  2  3  4  5

33. In the last 12 months, when has the physical abuse occurred? Please circle all that apply.
   1. During my working day
   2. During my working night
   3. When not working (day time)
   4. When not working (night time)

34. In the last 12 months, where has the physical abuse occurred? Please circle all that apply.
   1. Usual work location (eg. office, waiting room, ambulance branch, vehicle)
   2. Public place (eg. hospital, sporting facility)
   3. Private Residence
   4. Other
   Please specify ________________________________________

35. Briefly describe the incident of physical abuse (in the last 12 months) that worried you most, and why.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Thinking of this particular incident, please answer questions 36 to 40.

36. Who were the main perpetrators of the physical abuse? Please circle all that apply.
   1. Patient/client
   2. Patient’s/client’s families, relatives, companions or friends
   3. Other professional or work colleague
   4. Bystander
   5. Other
   Please specify ________________________________________

37. What was the gender of the perpetrator? Please circle all that apply, and indicate number.
   1. Male  __________
   2. Female  __________

38. Do you think there were any underlying factors that precipitated this incident? (eg., alcohol intoxication, psychosis, service dissatisfaction etc). If yes, please explain.
_________________________________________________________________
_________________________________________________________________

39. What was your immediate response to the physical abuse? (eg., did nothing, called security/police, yelled for help). Please explain.
_________________________________________________________________
_________________________________________________________________

40. What was your level of fear during the incident? Please circle only one response.

   None  Mildly apprehensive  Quite apprehensive  Frightened  Very frightened
   1  2  3  4  5
This section asks about your experience of sexual harassment associated with work. The definition of this is any form of sexual propositioning or unwelcome sexual attention from a patient/client, their friend/s, family member/s, other professional/s or work colleague/s. It includes behaviours such as humiliating or offensive jokes and remarks with sexual overtones, suggestive looks or physical gestures, inappropriate gifts or requests for inappropriate physical examinations, pressure for dates, and brushing, touching or grabbing excluding sexual touching (eg., the genital or breast area). Please answer by circling the number that matches your answer.

41. Have you been subjected to sexual harassment in the last 12 months?
   1. No     Go to Question 51
   2. Yes

42. In the last 12 months, how frequently has sexual harassment happened to you? Please circle only one response.
   Once A few times About once a month About once a week About daily
   1  2  3  4  5

43. In the last 12 months, when has the sexual harassment occurred? Please circle all that apply.
   1. During my working day
   2. During my working night
   3. When not working (day time)
   4. When not working (night time)

44. In the last 12 months, where has the sexual harassment occurred? Please circle all that apply.
   1. Usual work location (eg. office, waiting room, ambulance branch, vehicle)
   2. Public place (eg. hospital, sporting facility)
   3. Private Residence
   4. Other

45. Briefly describe the incident of sexual harassment (in the last 12 months) that worried you most, and why.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thinking of this particular incident, please answer questions 46 to 50.

46. Who were the main perpetrators of the sexual harassment? Please circle all that apply.
   1. Patient/client
   2. Patient’s/client’s families, relatives, companions or friends
   3. Other professional or work colleague
   4. Bystander
   5. Other
   Please specify ________________________________________

47. What was the gender of the perpetrator? Please circle all that apply, and indicate number.
   1. Male  __________
   2. Female  __________

48. Do you think there were any underlying factors that precipitated this incident? (eg., alcohol intoxication, psychosis, service dissatisfaction etc). If yes, please explain.

______________________________________________________________________________
______________________________________________________________________________

49. What was your immediate response to the sexual harassment? (eg., did nothing, called security/police, yelled for help). Please explain.

______________________________________________________________________________
______________________________________________________________________________

50. What was your level of fear during the incident? Please circle only one response.

None   Mildly apprehensive   Quite Apprehensive   Frightened   Very frightened
1      2                    3                    4                    5
This section asks about your experience of sexual assault associated with work. The definition of sexual assault is any forced sexual act, rape or indecent assault perpetrated by a patient/client, their friend/s, family member/s, other professional/s or work colleague/s. It includes brushing, touching or grabbing of the genitals or breast. It also includes attempted sexual assault. Please answer by circling the number that matches your answer.

51. Have you been subjected to sexual assault in the last 12 months?
   1. No     Go to Question 61
   2. Yes

52. In the last 12 months, how frequently has sexual assault happened to you? Please circle only one response.
   Once   A few times   About once a month   About once a week   About daily
   1     2     3     4     5

53. In the last 12 months, when has the sexual assault occurred? Please circle all that apply.
   1. During my working day
   2. During my working night
   3. When not working (day time)
   4. When not working (night time)

54. In the last 12 months, where has the sexual assault occurred? Please circle all that apply.
   1. Usual work location (e.g. office, waiting room, ambulance branch, vehicle)
   2. Public place (e.g. hospital, sporting facility)
      Please specify ______________________________________
   3. Private Residence
   4. Other
      Please specify ______________________________________

55. Briefly describe the incident of sexual assault (in the last 12 months) that worried you most, and why.

Thinking of this particular incident, please answer questions 56 to 60.

56. Who were the main perpetrators of the sexual assault? Please circle all that apply.
   1. Patient/client
   2. Patient’s/client’s families, relatives, companions or friends
   3. Other professional or work colleague
   4. Bystander
   5. Other
      Please specify ______________________________________

57. What was the gender of the perpetrator? Please circle all that apply, and indicate number.
   1. Male  __________
   2. Female  __________

58. Do you think there were any underlying factors that precipitated this incident? (e.g., alcohol intoxication, psychosis, service dissatisfaction etc). If yes, please explain.

59. What was your immediate response to the sexual assault? (e.g., did nothing, called security/police, yelled for help). Please explain.

60. What was your level of fear during the incident? Please circle only one response.

   None    Mildly apprehensive    Quite Apprehensive    Frightened    Very frightened
   1     2     3     4     5
**SECTION B.**

In the last section you described your experience of violence associated with work. If you have experienced violence associated with work please complete Sections B-E. If you have not experienced violence associated with work, please go to Section D and Section E.

61. Thinking of the most significant episode of violence that you have experienced, please describe the impact it has had on you personally.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

62. Thinking of the most significant episode of violence that you have experienced, please describe the impact it has had on your personal relationships.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

63. Thinking of the most significant episode of violence that you have experienced, please describe the impact it has had on your work.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

**SECTION C.**

This section asks you questions about how you responded to violence (associated with work) after it occurred. Please answer by circling the number that best matches your answer.

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>64. Did nothing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>65. Discussed with friends and/or family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>66. Discussed with colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>67. Discussed with supervisor/mentor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>68. Received professional debriefing/counselling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>69. Completed an incident report</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>70. Took days off work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>71. Took on a different role</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>72. Sought medical attention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>73. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify</td>
<td></td>
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</tr>
</tbody>
</table>
SECTION D.

Below is a list of comments made by people after stressful life events. Using the following scale, please indicate how frequently each of these comments were true for you DURING THE PAST SEVEN DAYS.

<table>
<thead>
<tr>
<th>Comment</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>74. I thought about it when I didn’t mean to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>75. I avoided letting myself get upset when I thought about it or was reminded of it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>76. I tried to remove it from memory</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>77. I had trouble falling asleep or staying asleep because of pictures or thoughts about it that came into my mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>78. I had waves of strong feelings about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>79. I had dreams about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>80. I stayed away from reminders of it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>81. I felt as if it hadn’t happened or wasn’t real</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>82. I tried not to talk about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>83. Pictures about it popped into my mind</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>84. Other things kept making me think about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>85. I was aware that I still had a lot of feelings about it, but I didn’t deal with them</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>86. I tried not to think about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>87. Any reminder brought back feelings about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>88. My feelings about it were kind of numb</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Comment</th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>89. I found it harder to help people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>90. I felt helpless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Section E.

This section asks you for general demographic information.

91. Gender
   1. Male
   2. Female

92. Age_____________ years

93. Average hours per week in service ___________ hours

94. Number of hours per week spent in direct client/patient contact _______ hours

95. Years as paramedic ____________ years

96. Qualifications __________________________

97. Do you usually respond to a call as a
   1. Single responder
   2. Two person crew
   3. More than one 2 person crew

98. Station location
   1. Capital city
   2. Other metropolitan centres (urban centre population >100,000)
   3. Large rural centres with population 25,000-99,000
   4. Small rural centres with population 10,000-24,999
   5. Other rural centres with population < 10,000
   6. Remote centres with population > 5000
   7. Other remote centres with population < 5000

Thank you for your assistance. Please return this questionnaire using the reply paid envelope provided.