



Griffith Criminology Institute

Assaults on Public Officers: A review of research evidence

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This report was prepared for the Queensland Sentencing Advisory Council. All views stated in this report reflect those of the authors and not the position of the Council.

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Abbreviations

QSAC	Queensland Sentencing Advisory Council
UK	United Kingdom

Executive Summary

Over the past decade or so, there has been growing concern expressed about assaults on public officers, both by workers themselves as well as the public. Although Queensland, like other Australian jurisdictions, has an aggravated offence of serious assault when victims are public officers performing their professional duties, the questions about the adequacy of these laws continues to be questioned. In response to these unresolved concerns, in December 2019, the Queensland Government tasked the Queensland Sentencing Advisory Council (QSAC) to examine and report on the penalties for assaults on police officers, other frontline emergency service workers, corrective services officers, public transport drivers and other types of public officers.

As part of this referral from the government, QSAC commissioned a literature review to identify and assess the *empirical* research evidence about:

- the incidence and context of (particularly the causes and contributing factors, as well as the frequency and seriousness) assaults on public officers
- the impact of penalty and sentencing of assaults, sentencing frameworks and push for reforms, as well as the impact and outcome of these reforms on this type of offending.

A broad conceptualisation of “public officer” was used, including: those working at the frontline in the justice sector; those providing services in the public health sector; those working in state schools; and those providing public transit services. The literature review focuses on the state of knowledge based on available empirical research and does *not* include a jurisdictional overview of legislation and case law.

What do we know about the incidence of assaults on public officers?

Overall, estimates of the prevalence of, and trends in, assaults against public officers, are not easily made. Different data sources, different definitions of violence, and different time periods make it difficult to make comparisons between different types of public officers. Although the majority of studies focused on physical assault, there was a sufficient number of studies that defined workplace violence more broadly. In other words, more reliable studies are required to provide a robust empirical assessment of the extent of assaults against public officers.

With that limitation, the research suggests that, at least in Australia, New Zealand, the United Kingdom (UK) and Canada:

- rates of the incidence of assault may be lowest among firefighters, and highest in the health and welfare sectors
- the most common type of assault against public officers does *not* involve weapons or result in serious injury

- assaults in the workplace are more commonly *reported* by male staff than female staff, across a range of occupational groups.

Trends in the incidence of assaults against public officers are more difficult to assess, due to possible changes in reporting and the environment (in addition to methodological limitations). More recent research suggests that, at least for those in the justice sector, assaults against public officers may have declined. However, this may not be the case for those in the healthcare and welfare sector.

Research also suggests that assaults are *more* likely in particular circumstances or conditions, such as:

- perpetrators involved in substance abuse, *at least in the healthcare sector*
- perpetrators with poor mental health, across a number of sectors
- perpetrators with current or past history of violent behaviour
- officers with less experience on the job
- operational workplace characteristics, which may vary by sector (such as understaffing in the healthcare sector, and ticketing and timetabling issues in the public transit sector).

Although conclusions about the trends and extent of assaults against public officers are made tentatively, the impact of these assaults on both victims and organisation should not be overlooked. For victims, research documents detrimental impacts such as: negative consequences for emotional and physical well-being; decreased connectedness to the organisation; lack of a desire to remain in the occupation; and reduced job performance, including increased errors. However, the extent of the *organisational* costs—such as lost productivity and high staff turn-over—of these assaults has been largely understudied, especially outside the health sector and the United States. A 2011 Australian study of accepted workers' compensation claims made by police officers estimated an average of 587 work hours per claim (ranging from claims for one hour to over 11, 840 hours) was lost due to injuries caused by the *broader* category of occupational violence.

What do we know about the sentencing of assaults on public officers?

Penalty enhancements or mandatory minimum sentencing schemes for assaults against public officers are not unusual in common law jurisdictions. These types of sentencing frameworks generally mean that perpetrators convicted of assaults against public officers will be sentenced more harshly than those convicted of similar assaults against other individuals. The justification for treating public officers differently is based on arguments that their willingness to provide a service to others, often at risk to themselves, aggravates the seriousness of the offence.

The effectiveness of these penalty enhancements or mandatory minimum sentences depends on the outcome that these sentences are designed to achieve. In general, there are two purposes that are

expressed in debate around legislation proposing these sentencing regimes: deterrence, and condemnation and denunciation.

Do penalty enhancements or mandatory minimum sentencing schemes deter future assaults against public officers? There is almost no evidence of the impact of these types of sentences on future assaults on public officers. Since 2009, there have been declines in recorded assaults against police in Western Australia. With the introduction of an amendment to provide mandatory sentences for assaults against police, this trend suggests that such sentencing enhancements may have a deterrent effect. However, there were other significant changes over the same period which could equally explain the reduction in assaults against police, such as the change in policy away from single officer patrols, and a general decline in assaults overall.

Further, if we look at the broader field of sentencing, there is no reliable evidence that these types of offences have a deterrent effect. For example:

- imprisonment, on average, does not achieve the goal of deterrence in studies of general criminal offending. We would not anticipate that this would be different for this type of offending.
- mandatory sentencing has not been found to have a deterrent effect. Harsher penalties have not shown any significant impact on future offending.

Thus, although amendments to sentencing frameworks can clearly communicate the unacceptability of the behaviour, prevention strategies may be a better strategy for reducing the incidence of assaults against public officers. In other words, well-targeted interventions may achieve more in terms of reducing the incidence of these assaults. The types of interventions that have been discussed in research fall into three groups:

- focusing on the *relationship of the officer with the “client”* (e.g. appropriate risk assessment tools, training in skills to de-escalate interactions, clearer instructions and policies for the public).
- focusing on the *workplace environment* (e.g. physical barriers, the organisation of the workplace, public awareness/education posters, surveillance technology).
- focusing on the *relationship of the officer with the organisation* (e.g. simpler and clearer internal reporting processes, supportive management, a culture of safety).

The under-reporting of workplace assaults by victims complicates the identification and implementation appropriate responses and strategies. The reasons for under-reporting are not dissimilar to those found in other victimisation contexts. However, from the small number of studies available, particular barriers to reporting include: confusing internal reporting process; lack of internal support after the assault; dissatisfaction with the response of managers to an incident; and

minimisation of the significance of the incident due to the nature of the perpetrator (e.g. may have poor mental health).

Nevertheless, more work is needed to better identify the types of interventions that will be most successful in minimising assaults, as well as an investment in rigorous evaluations to assess the conditions of success of these interventions. We should expect that the most effective interventions may vary by location and sector.

1. INTRODUCTION

An aggravated form of assault for the cases of public officers assaulted in the course of their work can be found in a number of common law jurisdictions. In Queensland, section 340 of the *Criminal Code* provides increased penalties for assaults against police officers, corrective services officers or other public officers (such as paramedics, nurses and transit officers) whilst they are performing their duties. However, incidents like that of the reported assault of a nurse working in a Toowoomba hospital mental health wing in July 2019¹ continue to raise public debate about whether current sentencing frameworks are an effective response to assaults on individuals who are providing assistance and support to the public as part of their role.

In December 2019, the Queensland Government responded to the increasing public concern around assaults on public officers by tasking the Queensland Sentencing Advisory Council (QSAC) to examine and report on the penalties for assaults on police officers, other frontline emergency service workers, corrective services officers, public transport drivers and other types of public officers. As part of this, QSAC was asked to consider the available evidence, from Queensland, other Australian states and relevant international jurisdictions, about:

- the causes, frequency and seriousness of assaults on public officers
- the impact of offence, penalty and sentencing provisions to address this type of offending.

This report, commissioned by QSAC, presents the findings of a review to identify and assess the empirical evidence about:

- the incidence and context of (particularly the causes and contributing factors, as well as the frequency and seriousness) assaults on public officers
- the impact of penalty and sentencing of assaults, sentencing frameworks and push for reforms, as well as the impact and outcome of these reforms on this type of offending.

1.1 Scope of the review

This report provides a literature review that analyses the evidence around the causes, frequency and seriousness of assaults on public officers, as well as any evidence on the impact and outcomes of these reforms. We focus on these types of offences within Queensland, other Australian states and relevant international jurisdictions (such as the United Kingdom (UK), New Zealand and Canada).

¹ See <https://www.brisbanetimes.com.au/national/queensland/nurses-asked-for-more-security-the-day-before-attack-on-colleague-20190724-p52abm.html>. Queensland is not alone in these concerns, as evidenced by the commentary after the very recently reported assault of a nurse in an Adelaide hospital (<https://www.abc.net.au/news/2020-02-27/sa-nurse-reportedly-knocked-unconscious-in-modbury-hospital/12006510>).

For the purposes of this report, the definition of “public officer” was broadly conceptualised, including:

- officers working at the frontline in justice-related sectors (e.g. police officers, corrective services officers, child safety officers, youth caseworkers)
- those providing frontline emergency services in health (e.g. paramedics, nurses, doctors)
- those working in state schools (e.g. teachers)
- those providing public transport services (e.g. bus and train drivers)².

A jurisdictional overview of legislation and case law of assaults against public officers is **not** part of this literature review.

1.2 Methodology

Our approach consisted of three phases of work, which represented a hybrid of a rapid research appraisal and a narrative (desktop) literature review. Typically, rapid research appraisal reviews use the methods of a systematic review, but limit the databases or scope of the search in order to produce a rapid assessment within time constraints. For example, rapid research appraisals often do not include unpublished research and only include study designs of a particular quality. However, in the case of the current review, where there is limited research available, and the need to make connections with other related fields, a “strict” rapid research appraisal may not provide the needed outcomes. Thus, we combined elements of a rapid research appraisal (particularly in terms of the systematisation of search strategies, and tabulation of studies), with a narrative review that allows for the identification of other fields, and provides a synthesis of the current state of knowledge, gaps in our understanding, and implications for practice.

The phases are:

1. search strategy
2. screening and compilation of the relevant literature
3. organising and synthesis of identified studies.

² A full list of the terms used can be found in Appendix A.

1.2.1 Search strategy (Phase 1)

We searched both the scholarly literature, as well as the websites of relevant government agencies and similar organisations³ based on the inclusion/exclusion criteria set out in Table 1.2. The key search terms used are listed in Appendix A. The search criteria and terms were developed in consultation with QSAC.

Table 1.2: Search strategy

Inclusion criteria	
Date	Published (or publicly available) from 1980 to 2019
Language	English only
Types of studies	Primarily quantitative and qualitative empirical studies. Theoretical studies may be included (based on professional judgement of relevance).
Study design	All designs
Context	Assaults on police officers, other frontline emergency workers, corrective services officers, public transport workers, state school teachers, health workers and other public officers. Related to workplace settings Related to the sentencing of comparable behaviour (e.g. other types of assault)
Jurisdiction	Queensland, other Australian states, New Zealand, UK, Canada.
Fields of expertise	A broad range of fields will be considered, including legal, criminological, psychological, public health, as well as health and safety.
Databases	Google Scholar, ProQuest Criminal Justice and AustLII, Dissertations and Theses, and the National Criminal Justice Reference Service will be explored. Websites of national agencies with research or oversight functions, such as the Australian Institute of Criminology, UK College of Policing, UK Home Office, Australian Institute of Police Management.
Other	Scans will be conducted of the reference lists of relevant identified government reports.

1.2.2 Screening and compilation of relevant literature (Phase 2)

In this phase, the abstracts of studies found in Phase 1 were reviewed for relevance. If considered relevant, the study was downloaded for further screening.⁴ (References of relevant studies were also briefly scanned to identify if any further studies should be included.) The screening process is described in Appendix B.

Our initial searches had over 12,000 hits in the incidence and context of offending searches, and 3,000 hits in the justice responses searches. After screening, we identified a total of 51 (47 on incidence; 4 on sentencing) *relevant* studies that were included in the formal review.

³ These reports and other publications are often known as grey literature.

⁴ If there was any uncertainty about a study's relevance to the review, the study was downloaded.

1.2.3 Research organisation and synthesis (Phase 3)

The third phase involved the categorisation of the selected research publications according to themes, and the commencement of a critical synthesis of the materials. This thematic organisation allowed for more effective synthesising of the research, thus highlighting what is known and still unknown from the evidence-base of available studies. As part of this thematic synthesis, we critically considered the contribution and quality of these studies, in terms of their methodological quality, their relevance to the particular behaviour (assaults on public officers) and the local context (Queensland), as well as the frameworks supported by their evidence.

1.3 Structure of the review

The results of the literature review are provided in Chapters 2 and 3. Chapter 2 examines the research on the incidence and context of assaults against public officers; while Chapter 3 assesses the evidence on the effectiveness (or impact) of sentences imposed for these types of offences. Finally, Chapter 4 provides an overall summary of what we empirically know about assaults on public officers.

2. KEY THEMES AND FINDINGS: INCIDENCE OF ASSAULTS ON PUBLIC OFFICERS

In total, we identified 47 *empirical* studies that examined the incidence of assaults on public officers that were published after 1980, with a focus on the jurisdictions of Australia, New Zealand, the UK or Canada.⁵ Appendix C provides the number of studies by year, country, source, methods and occupational group. The majority of the studies were academic publications from Australia, using quantitative methods. Almost half used survey methodology, although official data and mixed methods were also common. The methodology impacts validity and the extent to which studies can be compared with one another, as well as generalised to broader populations. Sections 2.2.1 and 3.2 of this report comment on issues of underreporting of incidents captured by official data. Sampling strategies, response rates (on surveys) and final sample sizes of studies also need to be taken into consideration. Unfortunately, not all identified studies provided these details. This chapter summarises the findings of these studies, looking at:

- the frequency and seriousness of assaults on public officers
- the context, causes and contributing factors of assaults on public officers.

2.1 Frequency and seriousness of assaults on public officers

2.1.1 Frequency

It is difficult to compare studies in terms of the frequency of assaults due to differences in definitions of assaults (or lack of detail of the definition), as well as different sources of data (e.g. official data or surveys of samples of staff/public officers), or lack of detail of the base population (e.g. specifying a number of incidents rather than an incident rate or proportion). Several studies (e.g. Boyd, 1995; Dawson et al., 2017) note problems with reporting likelihood or reporting thresholds, suggesting official figures underestimate incidence (this is discussed further in section 3.2). Additionally, surveys frame questions in different ways, such as asking about experiences over a career or during a specified period of time. The review identified 30 studies that reported the frequency of assaults against public officers in some meaningfully comparable way (i.e. as a rate or percentage). Table 2.1 shows these by occupational group and provides their range of frequency estimates.

⁵ There was also a considerable body of work from the United States (just over 100 studies). However, given the significant differences in gun ownership, as well as the organisation of policing in the United States, we excluded these studies from the review.

Table 2.1: Number of studies that reported frequency of assaults for occupational groups, and percentage incidence (where reported).

Sector	# of studies ^a	Study Authors (year)	Country	Data	Occupation	Sample size (response rate) ^b	Range of estimates of incidence/ experience
Transport	2	Lincoln & Gregory (2015)	Australia	Survey	Bus drivers	n/r	43% physical assault
		Dawson et al. (2017)	Australia	Survey	Bus drivers	18	89% 'abuse'
Social/ Community Work	8	Briggs et al. (2004)	Australia	Survey	Child protection	721 (21.9%)	23.8% physical assault
		Wilkins (2014)	UK	Survey	Child protection	130 (23.2%)	7% physical violence/assault
		Littlechild (1997)	UK	Survey	Probation	126 (62.0%)	18% violence (excluding verbal)
		Koritsas et al. (2008)	Australia	Survey	Social workers	222 (22.2%)	9% physical abuse
		Puckett & Cleak (1994)	Australia	Survey	Social workers	124 (59.0%)	19% physical assault
		Macdonald & Sirotich (2005)	Canada	Survey	Social workers	171 (57.0%)	35% physical assault
		Leadbetter (1993)	UK	Reporting data	Social workers	331 reports	49% physical assault
		Balloch et al. (1998)	UK	Survey	Social workers	1276 (87%)	One-third physically attacked
Corrective Services	5	Office Insp. Custodial Services (2014)	Australia	Official reports	Correctional officers	n/r	2.65 per 100 prisoners
		Corben (2004)	Australia	Official reports	Correctional officers	n/r	2.7 per 100 prisoners
		Corben (1998)	Australia	Official reports	Correctional officers	n/r	4.6 per 100 prisoners
		Barila (1994)	Australia	Official reports	Correctional officers	n/r	4 per 100 prisoners
		Cashmore et al. (2012a)	Australia	Survey	Correctional health workers	299 (42%)	16% physical abuse
Health	11	Lawrence et al. (2018)	Australia	Survey	Ambulance staff	4378	13% physically attacked or assaulted
		Elston et al. (2002)	UK	Survey	Doctors	697 (62.0%)	10% assaults
		Elston and Gabe (2016)	UK	Survey	Doctors	697 (62.0%)	13% of males, 7% of females, physical assault
		Winstanley & Whittington (2004)	UK	Survey	Healthcare workers	375 (32.9%)	27% assault
		Roche et al. (2010)	Australia	Survey	Nurses	3099 (80.3%)	20% physical violence
		Hegney et al. (2006)	Australia	Survey	Nurses	1349 (45.0%)	over 40% workplace violence
		Hegney et al. (2010)	Australia	Survey	Nurses	1143 (39.7%)	45.7% workplace violence
		Kerr et al. (2017)	Australia	Survey	Nurses	50 (47.0%)	90% physical aggression
		Craig (2016)	New Zealand	Survey	Nurses	85	64% physical injury from violent behaviour during career
		Shea et al. (2017)	Australia	Survey	Nurses	4891 (7%)	67% occupational violence and aggression
Mental health	1	Hopkins et al. (2014)	Australia	Survey	Student nurses	154 (74%)	33% of second-year students, 25% of third-year students, physical violence
		Soares et al. (2000)	UK	Survey	Psychiatric staff	1051 (68%)	85% violence during career, 57% in past 12 months
Police	2	Larsen et al. (2016)	Australia	Official data	Police	n/r	134.7 injuries per 100 employees
		Lawrence et al. (2018)	Australia	Survey	Police	8229	25% physically attacked or assaulted
Firefighters	1	Lawrence et al. (2018)	Australia	Survey	Fire & Rescue	4763	4% physically attacked or assaulted
Education	2	Wilson et al. (2011)	Canada	Survey	Teachers	731 (34.4%)	27.6% 'actual, attempted, or threatened physical violence'
		Riley (2016)	Australia	Survey	Principals	5247	27% to 34% physical violence

Notes:

^a some studies report on more than one occupational group, so studies may appear more than once in this table.

^b n/r=not reported. Response rate reported where available.

The reported incidence rates vary across occupational groups and across studies within occupational groups. The lowest rate by staff population/sample is for firefighters at 4 per cent (Lawrence et al., 2018) while the highest rates are reported amongst the health and mental health sectors. Reported rates are also high for transport workers, teachers and police. Boyd (1995) reports data from workers compensation claims in Canada and concludes that: “the risk of workplace violence for police and health care workers is more than double the risk of violence for workers in all other occupations. Nonetheless, nurses, private security workers, bus drivers, and taxi drivers are also subject to much higher levels of risk than is the population at large” (p.503). Balloch et al. (1998) reported survey data from the UK that suggested social services workers experience more violence than workers in other UK health and welfare services. Cashmore et al. (2012b) explored incidents of violence among correctional health care workers within a New South Wales agency that provides health care to those within the criminal justice system. Cashmore et al. (2012b) concluded from management records that “compared with health care settings in the community, correctional settings are fairly safe places in which to practice” (p.245). Those authors reported that 50% of the incidents of physical abuse occurred in forensic hospitals with only 18 per cent in adult male prisons.

In terms of trends over time, the differences in measurement across studies make comparisons problematic. Few studies commented directly on such trends. Leadbetter (1993) showed an increase in physical violence incident reports made by UK social workers from 1987/88 to 1989/90. Similarly, Maguire (2018) reports that, based on Australian workers compensation claims, assaults against emergency medical staff (paramedics) increased substantially between 2001 and 2014. Riley (2016) showed from surveys over a 6 year period (2011-2016) that physical violence against school principals had risen, with the 2016 rate 8.6 times the rate of the general population. Brennan and Dauvergne (2011) reported an increase in assaults against police in Canada since 2000, but suggested this may have been due to changes in legislation affecting reporting statistics. Conversely, Corben (2004) reported that correctional data in New South Wales showed decreases in assaults against correctional officers. Lincoln and Gregory (2015) also concluded that violent incidents against Queensland bus drivers had decreased by 73 per cent.

2.1.2 Types and seriousness of violence

Where physical violence was reported, this involved different types of acts. Minor assaults, or assaults where no injury occurred, were more common across the occupational groups than serious assaults, or assaults resulting in injury. For example, two-thirds of assaults reported in a survey of doctors in the UK involved a push or shove with no injury (Elston et al., 2002). Hopkins’ et al. (2014) survey of

student nurses' experience of violence in clinical settings revealed that violence most commonly involved being punched or grabbed, but there were also reports of being slapped, bitten, pushed and kicked. Cashmore et al. (2012b) reported that, of 208 workplace violence incidents against correctional health care workers, 52 per cent were assessed as low severity and 46 per cent as medium severity, with few resulting in serious physical injury and none resulting in death.

Leadbetter's (1993) study of social workers in the UK reported experiences of kicks, punches, and "moderate physical aggression, including nipping, slapping, hair pulling, and the throwing of missiles" (p. 625). Similarly, Wilkins' (2014) study of child protection workers reported kicking and slapping, as well as being physically blocked or held hostage by a client. In the transport sector, a survey of Canadian bus drivers by Zhou et al. (2018) found reports of drivers being spat on or punched.

More serious assaults—for example, those involving weapons and/or resulting in injury—are comparatively rarer than less serious assaults. However, there are still reports of serious assaults across a variety of sectors.

In the health sector, Craig's (2016) survey of New Zealand nurses found that, while 52 per cent had experienced violence resulting in at least minor injury (at some point in their career), 13 per cent reported an experience resulting in serious injury. However, Maguire (2018) reported, from workers compensation claims by paramedics in Australia, that serious injuries related to assault had tripled from 2001 to 2014. Elston et al.'s (2002) survey of doctors showed eight reports (out of 697 respondents) involved the use of weapons in assaults. Similarly, Magin et al. (2009) reported that General Practitioner receptionists had experienced threats with guns, although assault was generally uncommon. Hopkins et al.'s (2014) study of student nurses also revealed four cases of having an object thrown at them, as well as one case of attempted stabbing.

Boyd (1995), from Canadian workers compensation claims, concluded that shootings and stabbings were the most serious acts of workplace violence but also rare. He cites one case where a health worker was stabbed, and no shootings, but contrasts this to police officers where the risk of both shootings and stabbings was higher (citing 10 shootings and four stabbings). In Australia, Hine et al. (2018) reported nine per cent of injuries in their sample involved being stabbed or hit with a weapon. In the UK, Brown (1994) noted that 17 per cent of police assaults resulted in 'serious injuries'; the majority of injuries (65%) were minor cuts and bruises.

In other settings, the Western Australia Office of the Inspector of Custodial Services (2014) reported that less than five per cent of assaults against staff in correctional centres were serious. In the study by Wilkins (2014), four per cent of surveyed child protection workers in the UK reported experiencing

physical assault involving a weapon. In the transport sector, Lincoln and Stockill (2015) report the perception of their stakeholder interviewees that ‘severity’ of assaults against bus drivers in Australia is increasing; and Zhou et al. (2018) report that Canadian bus drivers had been threatened at gunpoint (but do not say how many).

2.2 Context, causes and contributing factors

Studies addressing the context, causes and contributing factors fall into two categories: descriptive studies that report the experiences, perceptions or frequencies of features of incidents; and predictive studies that statistically model the relationships between incident features and an outcome variable (here, assault). The features explored can be summarised as perpetrator factors, staff factors and situational factors.

2.2.1 Perpetrator factors

This section summarises the findings relevant to individual (person) characteristics of the perpetrators of assaults against public officers. The key characteristics explored in past research are: substance use; mental health; current/history of violence; gender, age and race/ethnicity; and education/employment.

Substance use

The influence of drugs and/or alcohol was found to be a significant predictor of assaults against staff in the healthcare sector in Canada (Brophy et al., 2018). Similarly, in the UK, Rao et al. (2007) found alcohol and drug use to be more frequent in those who were violent against healthcare staff. Similarly in the UK, Elston et al. (2002) found that 78 per cent of doctors who experienced assaults reported that drug addiction, alcohol problems (either singly or in combination with each other or with mental illness) were factors. Conversely, Dawson et al. (2017) explored data on assaults against Australian bus drivers and concluded that substance use was not a cause; with only 17 per cent of incidents involving passengers under the influence of alcohol or drugs.

Mental health

Mental health issues were cited as factors by studies across several sectors. The WA Office of the Inspector of Custodial Services (2014) reported that prisoner mental health concerns and intellectual disability were significantly over-represented in correctional staff assaults. Rao et al. (2007) noted a high prevalence of schizophrenia and personality disorders (and comorbidity) in those who assaulted

UK healthcare workers. In Australia, Beattie et al. (2019) concluded, from healthcare staff interviews, that client stress and trauma, and previous client trauma, were important factors, while in Canada, observations of social workers led Schneider (2002) to conclude that an increase in numbers of psychiatric patients as clients was contributing to a 'high-risk environment' for staff.

Current or history of violence

Factors associated with current, or a history of, violence were reported as related to assaults. A history of violence was shown to be predictive of assaults against healthcare workers in Canada (Brophy et al., 2018), while Rao et al. (2007) showed rates of violence against UK health workers were more than 20 times higher for patients with a history of violence compared to no violent history (23.6% vs. 1%). Current violent behaviour is also relevant. In Canada, Schneider (2002) concluded from observations of social workers that weapon possession by clients was contributing to the 'high-risk environment'. In Australia, police data revealed that police encounters with aggressive suspects were predictive of officer injuries (Hine et al., 2018). Cashmore et al. (2012b) also reported that attempts to calm aggressive patients contribute to the risk of physical abuse for correctional healthcare workers in NSW.

Gender, age and race/ethnicity

Hine et al. (2018) showed that encounters with female suspects were predictive of police officer injuries. Those authors concluded that officers may be underestimating the risk associated with female suspects. Similarly, in Western Australia corrective services, the Office of the Inspector of Custodial Services (2014) reported that female prisoners are highly over-represented in staff assaults. Age was reported as a factor in assaults against correctional staff in Western Australia. The Office of the Inspector of Custodial Services (2014) found that almost 70 per cent of assaults were committed by those under the age of 35 years. Aboriginal prisoners were also over-represented in the staff assaults.

Education/employment

Schneider (2002) noted, from observations of Canadian social workers, that "[a] sense of desperation and despondency associated with poverty can give rise to frustration and aggression that, in the past, have been acted out against staff and property" (p. 70). In Western Australian corrective services, the Office of the Inspector of Custodial Services (2014) reported that prisoners involved in assaults on staff were less likely to be involved in work or education programs.

2.2.2. Staff factors

The empirical findings for the characteristics of staff who experience assaults are reported in this section. The research has focused primarily on: gender and age; experience and training; and behaviour.

Gender and age

Physical assaults have been found to be more common among, or more commonly reported by, males compared with females, including in samples of British doctors (Elston & Gabe, 2016), Australian nurses (Hegney et al., 2006; Shea et al., 2017), Australian child protection workers (Briggs et al., 2004), and UK social workers (Balloch et al., 1998). Males were also over-represented in injury incidents involving Australian police officers (Larsen et al., 2016). However, methodology can impact findings, and while Cashmore et al. (2012b) found males to more frequently be victims of physical abuse than females in officially recorded incidents (Australian correctional health care workers), the same authors conducted a survey with staff of the same agency and found no statistically significant differences between male and female employees' self-reported experiences of physical abuse.

In relation to age, Hegney et al. (2006) found that younger nurses were more likely to report experiences of violence (but only in the aged care sector; not public or private healthcare settings), a finding also reported by Cashmore et al. (2012b) for correctional health care workers and by Soares et al. (2000) for UK psychiatric staff. However, Shea et al. (2017) reported that their oldest age group of survey respondents (nurses and other healthcare workers over the age of 45yrs) were more likely to report workplace aggression and violence in the past 12 months, after controlling for a number of other factors.

Experience and training

Some studies have found assaults to be more frequent among less experienced staff. This includes nurses in the Australian aged care sector (Hegney et al., 2006; Hegney et al., 2010), Australian Child Protection workers (Briggs et al., 2004) and Australian custodial officers (The Office of the Inspector of Custodial Services, 2014). Balloch et al. (1998) also showed that, while 21 per cent of qualified social workers reported being physically attacked, a higher 30 per cent of social work assistants reported physical attacks. Balloch et al. (1998) noted that assistants were less qualified but also more likely to do 'routine work', which included client visits.

However, Winstanley and Hales (2008) reported no significant difference in physical assaults (in the past 12 months) between qualified versus unqualified, or experienced versus less experienced, UK social workers. Similarly, (Craig, 2016) found no significant difference in assaults between New Zealand nurses who had received aggression management training versus those without such training.

Both studies also report a number of other non-significant results, though, and Winstanley and Hales (2008) specifically note this is 'uncommon' in the research and warrants further investigation.

Behaviour

A study of Australian police use of force incidents conducted by Hine et al. (2018) showed that police were more likely to experience injuries (as a result of assault) where officers used levels of force that were lower than the level of resistance encountered.

2.2.3 Situational factors

The final group of factors that have been identified in empirical studies are the situational factors linked to assaults on public officers. These include contact, the workplace environment and field environment factors.

Contact

It would seem intuitive that physical assault would be linked to personal contact (i.e. contact creates the physical opportunity for assault). Only two of the studies reviewed, both of social workers, specifically cited frequency of direct personal contact as increasing vulnerability to, or likelihood of, physical abuse. Koritsas et al. (2008) found that Australian social workers who reported (in a survey) experience of physical abuse had more direct contact with clients than those who did not report abusive experiences. Schneider (2002) drew similar conclusions from observations of Canadian social workers.

Workplace environment

Studies of the transport, health and community support sectors reported a number of specific workplace factors that are associated with assaults. In the Australian transport sector, both Lincoln and Gregory (2015) and Dawson et al. (2017) found that incidents of fare evasion were associated with assaults of bus drivers. Lincoln and Gregory (2015) noted other ticketing, timetabling and system issues as precipitators of assaults. Similarly, Dawson et al. (2017) found that buses running contrary to the timetable was the second most common trigger for aggression.

Operational factors have also been associated with violence in the healthcare sector. For example, physical violence against Australian nurses has been associated with system delays and proportions of patients waiting, as well as unanticipated changes in the patient population (Roche et al., 2010). Similarly, Cogliati (1998) conducted interviews with Canadian community living support staff who perceived that improper client scheduling was one cause of violence from clients. The environment

has also been shown to impact violence in Canadian healthcare settings, such as room temperature and noise levels (Brophy et al., 2018).

Staffing issues, such as understaffing or staff overload have been linked to physical assaults against Australian nurses (Roche et al., 2010; Shea et al., 2017). Cogliati (1998) reported perceptions of community living support staff that violence from clients was caused by financial cutbacks and managerial and administrative decisions.

Workplace safety issues have also been linked to physical assaults in the health sector, including the absence of safety measures such as security of access points and items, as well as alarms (Brophy et al., 2018), versus workplace priorities for occupational health and safety (Shea et al., 2017). Conversely, Hegney et al. (2010) reported that having a workplace policy for dealing with aggressive individuals did not impact the incidence of workplace violence experienced by Australian nurses. Additionally, a multi-site study of police use of body-worn cameras showed an increase in rates of assaults experienced by officers wearing cameras (Ariel et al., 2016). Ariel et al. (2016) discuss a number of possible explanations for the higher rate of assaults against officers wearing cameras (compared with those not wearing cameras). Methodologically, the authors point out that the effect was limited to the smaller studies in the meta-analysis, but also that wearing cameras may have increased officers' confidence in reporting assaults. Ariel et al. (2016) also suggest, though, that the use of cameras may impact officer behaviour, including an observed reduction in the use of force and a possible reduction in 'assertiveness' that could increase officer vulnerability.

Field environment

Some occupations require staff to have contact with clients in domestic settings, either through visits to the community or where clients live on-site, which has also been cited as creating risks for violence. Surveys of child protection workers in Australia (Briggs et al., 2004) and care workers in the UK (Balloch et al., 1998) report that the risk of violence is increased for staff who make home/community visits, and residential staff. Particularly, Balloch et al. (1998) reported that 62% of residential care workers surveyed had been physically attacked. In policing, attending domestic disturbances has also been cited as particularly dangerous (Ellis et al., 1993).

2.3 Summary

Overall, most studies have focused on physical assault, but due to methodological differences, it is not possible to directly compare the reported estimates of the incidence of assault against public officers. With that caveat, in Australia, New Zealand, the UK and Canada, the available evidence suggests that:

- rates of the incidence of assault may be lowest among firefighters, and highest in the health and welfare sectors.
- the most common type of assault against public officers does *not* involve weapons or result in serious injury.
- assaults in the workplace are more commonly *reported* by male staff than female staff, across a range of occupational groups.
- assaults may be frequent for workers with less experience on the job.

Although limited, research has identified several factors that may increase the likelihood of an assault, including:

- substance abuse has been found to be a significant predictor of assaults, *at least in the healthcare sector*. Interestingly, although only a single study, there is a suggestion that substance abuse may not be a predictor of assaults against public transit officers.
- mental health has been found to be associated with an increased risk of assault, across a number of sectors.
- current or past history of violent behaviour has also been found to significantly predict assaults.
- not surprisingly, working in the field was associated with increased risk of assault.
- operational workplace characteristics have been found to predict an increased risk of assault. These factors vary across the organisational sites, but suggest sources of 'triggers' for frustration and aggression, as well as the importance of workplace safety measures. For example, fare evasion, ticketing and timetabling issues are associated with an increased likelihood of assault in the public transit sector; while under-staffing has been linked to a greater risk of assault in the healthcare sector.

3. KEY THEMES AND FINDINGS: SENTENCING ASSAULTS AGAINST PUBLIC OFFICERS

Overall, empirical research on the sentencing of assaults against public officers is very sparse. Despite our search efforts, only five *empirical* studies⁶ were found which referred to sentencing, although only one provided some empirical evidence addressing the effectiveness or impact of sentencing frameworks for this particular offence. The majority of the initially identified research did not focus on sentencing or penalty enhancements, but rather looked at other issues emerging *after* an assault had occurred (e.g. reporting behaviours, preventative strategies within the workplace to reduce the incidence of assaults). Thus, we supplemented this review with broader research on sentencing and the effectiveness of particular sentencing orders generally. This chapter presents the findings of the identified studies, as well as insights from broader sentencing research.

In this chapter, we discuss:

- the rationale for different penalties for assaults against public officers
- the reporting of workplace assaults
- the effectiveness of sentencing orders.

3.1 Rationale for different penalties

In recent times, a number of domestic and international jurisdictions have increased the penalties associated with assaults against particular groups of public officers, in response to public debate generated after particularly severe assaults of public officers (often paramedics). For example, in late 2018, the Victorian State Parliament passed legislation setting a custodial order as the statutory minimum sentence, and narrowing the circumstances in which the statutory minimum can be waived, for assaults against emergency workers who were delivering or supporting emergency responses (see the *Justice Legislation Miscellaneous Amendment Act 2018*). During the same period, the *Assaults on Emergency Workers (Offences) Act 2018* was passed in the UK, which provided a new aggravated offence of battery and assault in the case of emergency workers acting in the exercise of their functions.

A brief examination of selected briefing notes and second reading speeches indicates that the rationale for these legislative changes is predominately to communicate the unacceptability of this behaviour, reflecting current community expectations that those delivering emergency and other

⁶ i.e. contained analysis of data.

publicly-funded services should be able to do so as safely as possible (see e.g. House of Lords, 2018). (For a similar rationale for expanding existing aggravated offence provisions covering police and paramedics to hospital and health workers, see Drugs and Crime Prevention Committee [Victoria], 2010). In other words, the dominant purpose was described in terms of denunciation and condemnation.

Although not as prominent, increased sanctions for assaults against public officers have also been framed in terms of deterrence. For example, in South Australia, the Deputy Premier and Attorney-General stated that the increased penalties would “assist to deter such offending against police and emergency workers” (House of Assembly, South Australian Parliament, 2019).⁷ In Canada, where new offences for assaults against peace officers were passed in 2009, the amended legislation requires the court to consider both the principles of denunciation and deterrence in sentencing such offences (s.718.02 *Criminal Code (Canada)*, RSC 1985, c. C-46).⁸

Indeed, the provision of protection to emergency workers (and by extension others who provide public services) feels “intuitively correct” (Sorell, 2007, p.215). However, as one legal commentator notes, the basis of treating assaults against public officers as more serious than against a private individual is a mix of two arguments:

- the nature of the work places individuals undertaking these duties in positions of vulnerability
- striking against an individual in the performance of their public duties is also striking against the institution itself (Ashworth, 2015).

Although this position of aggravation is usual in most common law jurisdictions, it is not necessarily universal. For instance, in Germany, the power of the state inherent in interactions between citizens and the police created a potential circumstance of mitigation (Isfen & Rauxloh, 2017).⁹

A related issue is whether certain groups of perpetrators, particularly patients in health care settings, should be prosecuted. For example, Coyne (2002) suggests that prosecution (or legal action) is not an appropriate way to respond to assaults by patients in health settings, especially psychiatric patients. It is not solely a matter of lack of criminal intent, but also about the integrity of delivering mental health services, suggesting that non-legal strategies may be more appropriate (see later).

⁷ *Criminal Law Consolidation (Assaults on Prescribed Emergency Workers) Amendment Bill 2019 (South Australia)*

⁸ However, we note that in the third reading speech, the new offences were seen as demonstrating “the seriousness with which Parliament treats such acts that undermine the rule of law” (House of Commons [Canada], 2009).

⁹ See also Bennardo (2016) for an argument against statutory-based penalty enhancements based on victim characteristics, including occupation.

3.2 Reporting of workplace assaults

Reporting of victimisation is an important requirement for an offence to enter the justice system. Although the research is small with a focus on healthcare workers and teachers,¹⁰ what we do know is that assaults in the workplace (regardless of who is the perpetrator) are under-reported.¹¹ Indeed, much of the commentary around workplace assaults identifies under-reporting as a significant problem (e.g. Farrell et al, 2006; Croker, 1995; Lanza, 1985), making it difficult to estimate the size of the problem and to implement appropriate management and prevention strategies.

The reasons for under-reporting are not dissimilar to those found in other victimisation contexts. However, unlike many other types of victimisation, reporting workplace assaults is complicated by the existence of *internal* reporting processes. Thus, from the small number of studies available, particular barriers to reporting include:

- lengthy and complicated processes for reporting internally within their organisations (Farrell et al, 2006; Croker & Cummings, 1995; Lanza, 1985)
- lack of internal support and guidance after the assault, including fear of retaliation (Moss, 2017)
- dissatisfaction with the response of administrators and managers to a report of victimisation. At least for teachers, one study suggests that when a victim reports, there is a strong expectation that the school will take action, an expectation that is generally not met (Moon et al., 2019). This dissatisfaction with managerial responses may influence the willingness of victims to report in the future.
- minimisation of the significance of the incident by victims. For example, studies have found that it is common for nurses to view workplace violence as 'part of their job' (Buesking, 2016; Croker, 1995), or as an expression of the patients' illnesses (Moss, 2017).
- a perception that reporting incidents will not make a difference, or bring any changes or reforms within their workplace (Moss, 2017).

What is implicit in these studies on under-reporting is that the professional orientation that surrounds many of these professions inhibits reporting. Those working in the health care, education and emergency response sectors have a sense of professional duty to help and assist the public, and do so at particularly traumatic times. If not off-set by organisational support, this may foster a culture of

¹⁰ None of the available studies focused on public transit workers. Increasing use of surveillance (such as CCTV and body-worn cameras) in public transit and policing contexts may have an impact on reporting behaviour for a number of reasons, including the availability of evidence.

¹¹ Abuse by co-workers was also noted as prevalent, at least in the healthcare context, and often overlooked (Farrell 1999). Further, especially in studies of workplace violence for teachers, a broader definition of violence was used, including sexual harassment, verbal abuse, theft and vandalism.

acceptance and rationalisation of workplace violence from patients, students and other members of the public.

3.2.1 *Impact on victims of workplace assaults*

A number of studies have documented the impact on victims of workplace assaults.¹² These detrimental impacts included: negative consequences for emotional and physical well-being; decreased connectedness to the organisation; lack of a desire to remain in the occupation; and reduced job performance, including increased errors (e.g. Moon et al., 2019; Farrell et al., 2006). In addition, a few studies have also noted consequences for the organisation as a whole, such as lowered productivity and increased difficulties in retaining staff (e.g. Moon et al., 2019; Farrell et al., 2006).

The extent of the organisational impact of assaults against public officers is not well understood, with limited studies available especially outside the health sector and the United States.¹³ Using Australian accepted workers' compensation claims made by police officers, Ferguson et al. (2011) found that an average of almost 587 work hours per claim (ranging from claims of one hour to approximately 11,849 hours)¹⁴ was lost due to injuries caused by occupational violence, with a median claim of AU\$9,900. A Canadian study of accepted workers' compensation claims of nurses over a two-year period showed 2,500 workdays were lost to assault-related injuries (Liss & McCaskell, 1992); while in a sample of nurses, Mahoney (1991) found that 19 per cent of participants knew someone who had left emergency nursing after being assaulted.

3.3 Patterns in sentence outcomes for assaults on public officers in Australia

Analyses of patterns in sentencing outcomes for assaults against public officers in Australia are rare, with our search only identifying a single descriptive analysis of sentencing outcomes in Tasmania. This analysis found that, from 2006-2007 to 2010-2011, defendants convicted of the principle offence of assaulting a *police officer* in Tasmania are *more likely* to receive an immediate custodial sentence than those convicted of the principle offence of common assault that (Sentencing Advisory Council

¹² This may include violence from co-workers and colleagues, although the studies discussed in this section focus on occupations that can be broadly classified as public officers.

¹³ Other studies included workplace bullying in their definitions of occupational or workplace violence making it difficult to disentangle the organisational impact of assaults from a member of the public.

¹⁴ The median number of work hours was 152 (Ferguson et al., 2011).

[Tasmania], 2013). However, for those with immediate custodial sentences, there was no significant difference in the average length of imprisonment (Sentencing Advisory Council [Tasmania], 2013).

3.4 Effectiveness of sentencing orders

What is meant by “effectiveness”? Effectiveness means that the actions of the criminal justice system (here, a particular sentence order) have prevented or reduced further offending. There is considerable scholarly discussion on the problematic nature of assessing the effectiveness of criminal justice interventions. For example, what if offending continues, but becomes less serious? Does this mean the intervention was effective? Bartels (2014), in a review of intensive supervision orders, proposes a multi-faceted approach to assessing effectiveness, from patterns in reconviction and breach of orders, evidence of increased pro-social behaviours, to cost-benefit analyses. Further, particular sentence orders are not homogeneous, both within and across jurisdictions. For instance, different conditions may be imposed as part of a particular order. Different programs and support—such as anger management, drug treatment or employment programs—may be available to offenders as part of an order. Some offenders may choose not to participate, or do not fully engage, in such programs. We cannot disentangle the effectiveness of a particular sentencing order without adjusting for these differing contexts. In other words, we need to recognise that assessing effectiveness is multi-dimensional and complex.

Regardless of what measure we select, the effectiveness of different sentencing orders on the incidence of assaults against public officers remains unknown. Perhaps due to the small volume of these types of assaults (compared to all assaults) within the criminal justice system, there are no robust multivariate publicly available evaluations of the effectiveness of particular penalties on the incidence of assaults against public officers.

More broadly, there is a substantial body of empirical research looking at the general effectiveness of different sentencing orders, regardless of offence type (see e.g. Gelb, Stobbs & Hogg, 2019, a recent review commissioned by QSAC). Of particular interest are the findings on the effectiveness of imprisonment, given that the trend in recent responses to assaults against public officers has been to provide penalty enhancements that focus on imprisonment. From these reviews, three conclusions are worth highlighting:

- imprisonment does not, on average, reduce re-offending (i.e. no deterrent effect) (Gendreau, Goggin & Cullen, 1999; Gelb, Stobbs & Hogg, 2019).
- imprisonment has a limited incapacitation effect (Gelb, Stobbs & Hogg, 2019).

- shorter terms of imprisonment are associated with higher re-offending rates (Sydes, Eggins & Mazerolle, 2018), although this might be explained by the lack of programs and support generally available to offenders serving short prison terms (Gelb, Stobbs & Hogg, 2019).

Thus, although the imposition of custodial orders can clearly serve to signal social condemnation of the behaviour, the research evidence more generally suggests that we should not expect imprisonment to achieve meaningful deterrent or other preventative effects.¹⁵

3.4.1 *Impact of mandatory minimums sentences*

In the calls for reform around the sentencing of assaults against public officers, it is not unusual for the proposed sentencing schemes to include mandatory minimum sentences: minimum sentences that are harsher than the current sentencing options. Mandatory minimum sentences are “a specific instance of an attempt to deter crime through penalty increases” (Tonry, 2005, p.53). However, a number of significant reviews indicate that there is no clear evidence that increasing sentence severity has an impact on reducing an individual offender’s future offending (see e.g. Nagin, 1998; von Hirsch et al., 1999; Ritchie, 2011). In other words, more severe penalties, compared to less severe penalties, have not been shown to produce a greater deterrent impact on further offending (Hoel & Gelb, 2008, p.37).

The lack of a robust association between mandatory sentences and future offending is also the case for the Western Australian legislative amendments which introduced mandatory custodial sentences (in 2009), and minimum custodial terms (in 2014), for assaults against public officers. Despite a decline since 2009 in assaults against public officers in Western Australia (*Statutory Review*, n.d.), this decrease cannot be attributed to the impact of the 2009 amendments. Other alternative explanations cannot be ruled out, such as the change in policy around the use of single police officer patrols, as well as a general decrease in assaults in public places (Sentencing Advisory Council [Tasmania], 2013; *Statutory Review*, n.d.). In fact, Tasmania showed a decline in assaults against police during the same period, without the introduction of mandatory minimum sentences for assaults against public officers (Sentencing Advisory Council [Tasmania], 2013).¹⁶

¹⁵ Concerns that there is insufficient evidence that custodial sentences would not have a deterrent effect, especially in the context of these types of assaults (e.g. psychiatric patients, circumstances of high emotion, involvement of alcohol and drugs) were also noted in the Queensland Bus Driver Safety Review (Deloitte Risk Advisory Pty Ltd, 2017) and the New South Wales Legislative Assembly Committee on Law and Safety (2017).

¹⁶ Similarly, no evidence was found that longer custodial sentences would decrease the incidence of assault in New South Wales (Menendez, & Weatherburn, 2016).

In contrast, research has documented a number of unintended consequences of mandatory sentences, particularly:

- the avoidance of mandatory sentences that are seen as unjust, through actions such as charging with a different offence, or withdrawing certain charges (see e.g. Ulmer, Kurlycheck & Kramer, 2007).
- the disproportionate impact on particular groups (such as young people, First Peoples) who present with mitigating factors that can no longer be taken into account, such as first offence and immaturity (for an Australian example, see Morgan, Blagg & Williams, 2001).

In short, based on the evidence to date, mandatory minimum sentences are unlikely to reduce future incidents of assault against public officers. The problem lies, in part, with the issue that sentencing itself does not address the causes of the assaults.

3.4.2 Other impacts of penalty enhancements

The question of other impacts—beyond effectiveness—resulting from penalty enhancements for assaults against public officers cannot be answered. There has been minimal research on the impact of sentencing outcomes on the victims of these assaults. In the only study identified, the impact of penalty enhancement on *reporting* behaviour was examined for a sample of 107 emergency department nurses in six cities in the United States (Runkle, 2016). This study found that penalty enhancements did *not* significantly predict the self-reporting of patient assaults by nurses (Runkle, 2016).

3.5 Prevention (not sentencing) as the focus

Overall, our review found that most studies exploring responses to workplace assaults in general, and those against public officers specifically, typically focused on managerial and prevention strategies (not penalty enhancements) to reduce the occurrence of assaults. These strategies aim to target key risks or triggers of workplace assaults in order to minimise their incidence. To do this, we require a good understanding of the nature of the assaults, and the ways they may vary by location and occupational group, so that we can identify key points of intervention. Although this will require further research, the available research does suggest a number of strategies (Peek-Asa et al., 2002, Speroni et al., 2014; Buesking et al., 2016; Deloitte Risk Advisory Pty Ltd, 2017), such as:

- better risk assessment¹⁷
- de-escalation training
- simpler and clearer internal reporting processes
- physical barriers and surveillance technology (such as CCTV)
- supportive management
- public education/awareness campaigns and codes of conduct.

The types of interventions that have been discussed by researchers and commentators can be categorised into three groups:

- focusing on the *relationship of the officer with the “client”* (i.e. the interaction), through identifying possible “risky” patients, training in skills to de-escalate interactions, and providing clearer instructions and policies for the public.
- focusing on the *workplace environment*, by physical barriers, the organisation of the workplace, public awareness/education posters, and the use of surveillance technology.
- focusing on the *relationship of the officer with the organisation*, with simpler and clearer internal reporting processes, supportive management, and the building of a culture of safety.

Unfortunately, the available evidence about the effectiveness of these types of strategies is ad hoc, but with an emphasis on the health sector. Even in the health sector, recent reviews of the interventions indicate that robust evaluations remain scarce, with most research still directed at defining the problem (Lau et al, 2004; Anderson et al., 2010).

Interestingly, as this research did not emerge from a criminological perspective, these studies do not explicitly engage with crime prevention frameworks, critically considering strategies around target hardening, and reducing opportunities.¹⁸ Adopting a crime prevention approach might provide some valuable insights.

3.6 Summary

In common law jurisdictions that have adopted penalty enhancements for such assaults, these amendments are predominately based on signalling condemnation for the behaviour, or deterrence of future assaults. Evidence of the effectiveness of sentencing orders to achieve a deterrent or other effect for this specific type of offence is non-existent. However, the research evidence shows:

¹⁷ Although risk assessment tools for managing risks of violence are a common response, the evidence is not clear on how well these tools work (Viljoen et al., 2018). There are several reasons for this, including: insufficient knowledge about the violent behaviour itself, and how to reduce its occurrence; lack of attention to how context may influence the type of risk (e.g. young people vs adults; location of behaviour; type of violence); and inconsistent use and implementation by practitioners. Thus, we need more research to develop better tools, as well as a well-thought out support strategy for their implementation (Viljoen et al., 2018).

¹⁸ Some of the strategies identified do fit into a crime prevention framework, such as the use of physical barriers on buses is a form of target hardening.

- on average, imprisonment does not achieve the goal of deterrence in studies of general criminal offending. We would not anticipate that this would be different for this type of offending.
- workplace assaults are under-reported, in part due to organisational structures and practices.
- it is not clear whether penalty enhancements substantially shift sentencing practice.
- although amendments to sentencing frameworks can clearly communicate the unacceptability of the behaviour, prevention strategies may achieve more in terms of reducing the incidence of assaults against public officers.

4. FINAL SUMMARY

The purpose of this report was to provide a review of: (1) the state of our knowledge about the causes, frequency and seriousness of assaults on public officers, and; (2) any evidence on the impact and outcomes of these reforms from relevant common law jurisdictions. We adopted a broad definition of “public officer”, including workers in criminal justice, welfare, health, education, and public transit sectors.

So, what do we know about the incidence of assaults against public officers? Due to methodological differences, we cannot make direct comparisons between studies, making conclusions tentative. Individual studies from Australia, New Zealand, the UK, and Canada suggest that assaults may be lowest among firefighters, and highest in the health and welfare sectors. Although limited, the evidence suggests that the likelihood of an assault is associated with less experience on the job; perpetrator substance use; perpetrator mental health; direct contact with the public; current or past history of violent behaviour; as well as operational workplace characteristics (which vary depending on the sector). However, most studies focus on physical assaults, thus our knowledge of other forms of violence is much more limited.

Evidence of the effectiveness of sentencing orders for this type of offence was non-existent. Research on the impact of prison sentences and mandatory sentencing schemes suggest that to date, there is no robust evidence that these types of sentences deter individuals from further assaults. Penalty enhancements or aggravated offences clearly have a role in denouncing the behaviour, and clearly signally that it is unacceptable. Nevertheless, current evidence suggests that well-targeted interventions may achieve more in terms of reducing the incidence of assaults against public officers. However, more work is needed to better identify the types of interventions that will be most successful in minimising assaults. We should expect that these interventions may vary by location and sector.

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Criminal Code 1899 (Queensland)

Criminal Code (RSC, 1985) (Canada)

Criminal Law Consolidation (Assaults on Prescribed Emergency Workers) Amendment Bill 2019 (South Australia)

Justice Legislation Miscellaneous Amendment Act 2018 (Victoria)

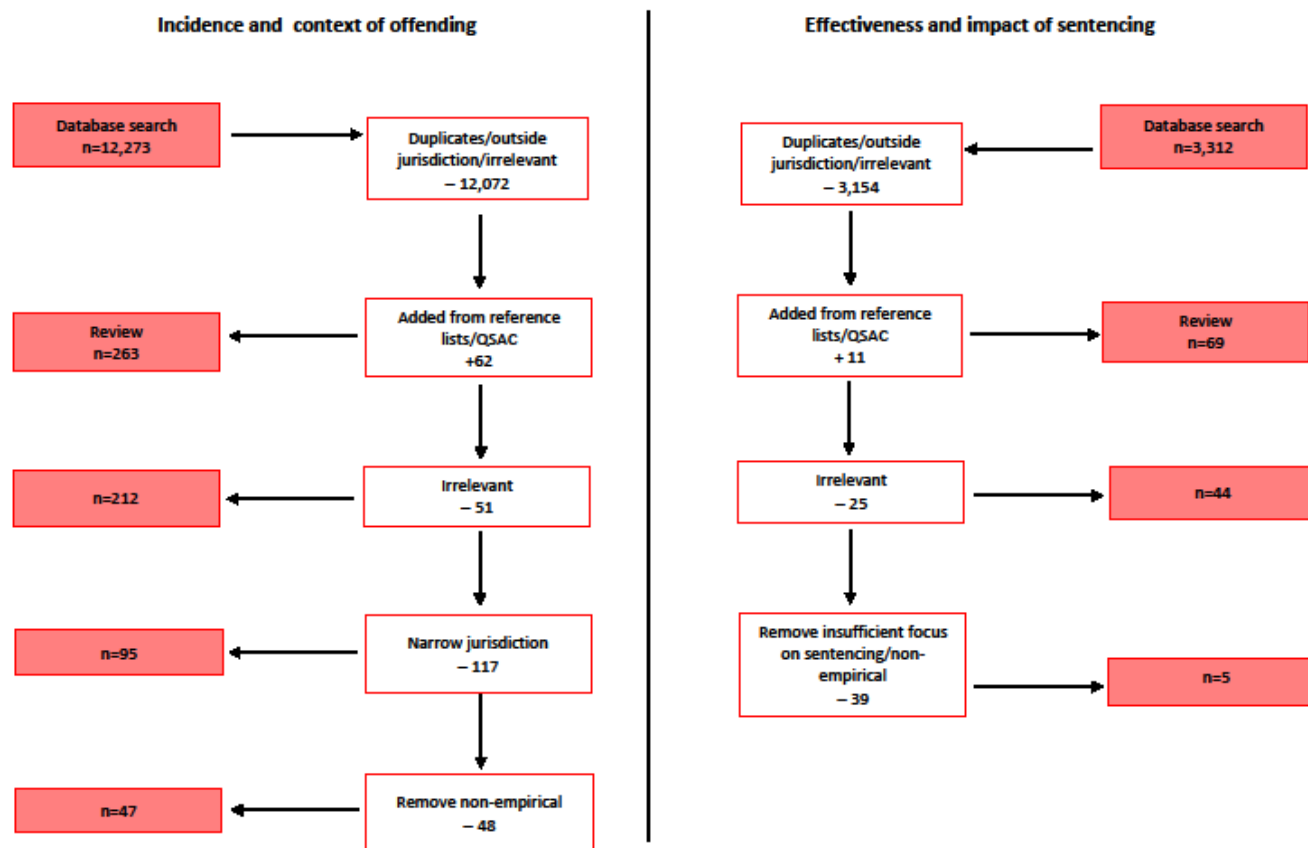
Appendix A: Search terms

Table A.1: Key search terms used

Search terms for professional groups (X)	Search terms for incidence and context of offending	Search terms for justice responses
emergency workers emergency staff ambulance officers bus drivers train drivers transport officers transport workers prison officers/warden parole officers correctional officers corrections officers police police officers nurses first responders fire fighters hospital workers/staff NHS doctors healthcare workers health workers public officers child safety workers teachers social workers rangers youth workers paramedics probation officers youth detention officers youth detention workers	"Assault against X" "Assaults on X" "Assaults of X" "Violence on X" "Violence against X" "Use of force against X" "Injuries to X" "Victimisation of X" "Victimization of X" "Spitting"/"attacks" on X <i>* Notes:</i> 1) "violence" includes "occupational violence"; "workplace violence". Assaults include "workplace assaults" and "occupational assaults" 2) the term "workplace safety" produced too few relevant hits based on preliminary screening 3) the term "resist and obstruct" primarily provided studies relating to police actions (and not actions <u>on</u> police) 4) the term "abuse" primarily produced studies relating to domestic and family violence, based on preliminary screening	"penalties" AND "assault on X" "judicial outcome" AND "assault on X" "sentence" AND "assault on X" "response" AND "assault on X" "respond to" AND "assault on X" "penalties" AND violence against X " "judicial outcome" AND "violence against X" "sentence" AND "violence against X" "response" AND "violence against X" "respond to" AND "violence against X" "evaluation" AND "reform" AND "violence against X" "evaluation" AND "reform" AND "assault on X" <i>*Notes:</i> 1. based on initial searches, switched to term "outcome" instead of 'penalty' due to the number of irrelevant hits. 2. use of term "evaluation" provides too many irrelevant hits 3. the term "punishment" did not produce additional relevant hits
Primary databases searched	Google Scholar; ProQuest Crim Justice; CINCH; Wiley; AIC; UK College of Policing 1980 onwards	Google Scholar; Proquest Crim, Austlii (Journals); AIC; UK College of Policing 1980 onwards
Number of <u>preliminary unscreened</u> hits	n = 12,273	n = 1,785

Appendix B: Screening of studies

Figure B.1: Screening process



Appendix C: Breakdown of studies covering the incidence of assaults on public officers (n=47)

Figure C.1: Number of studies by country

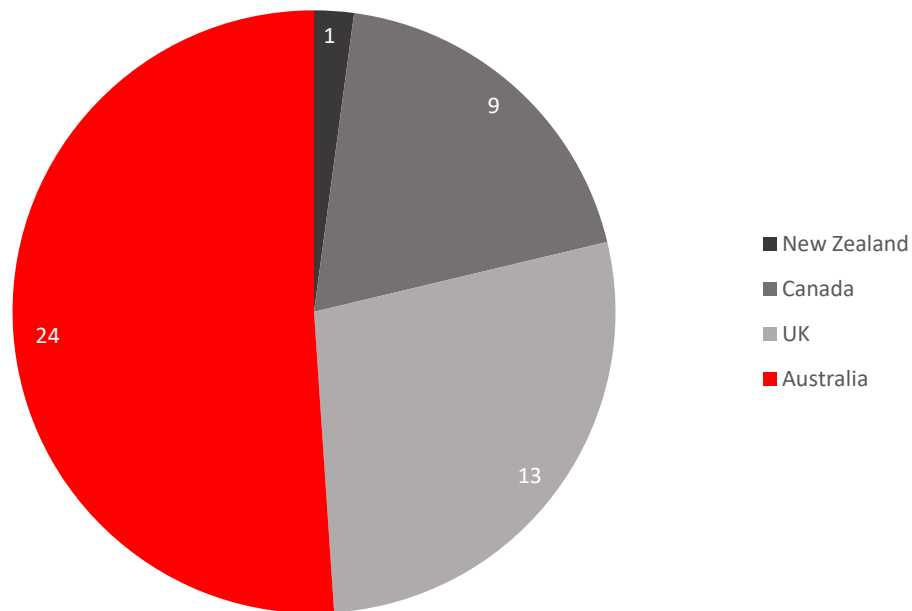


Figure C.2: Number of studies by year

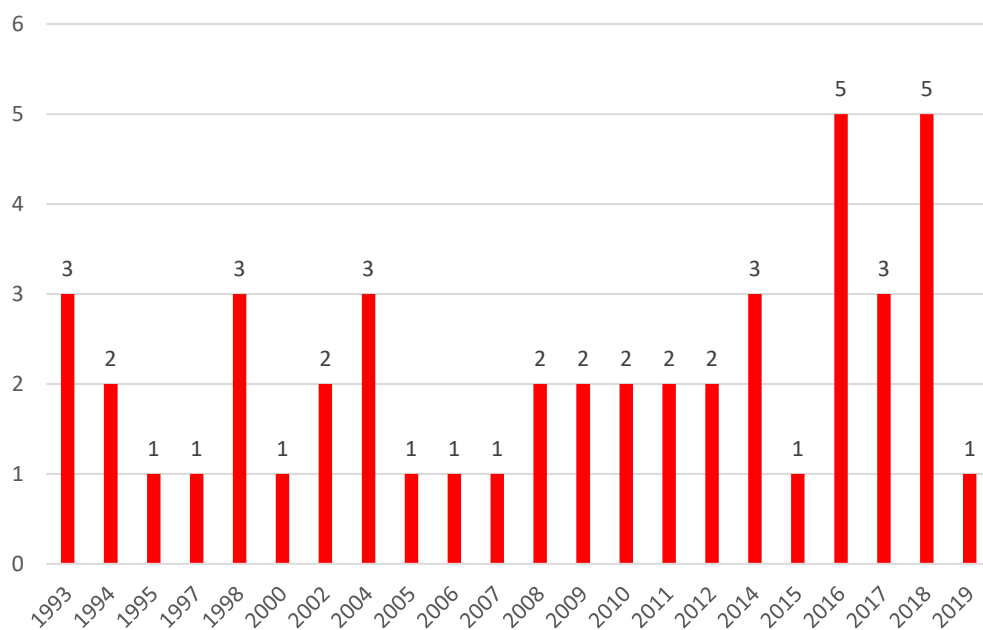


Figure C.3: Number of studies by source

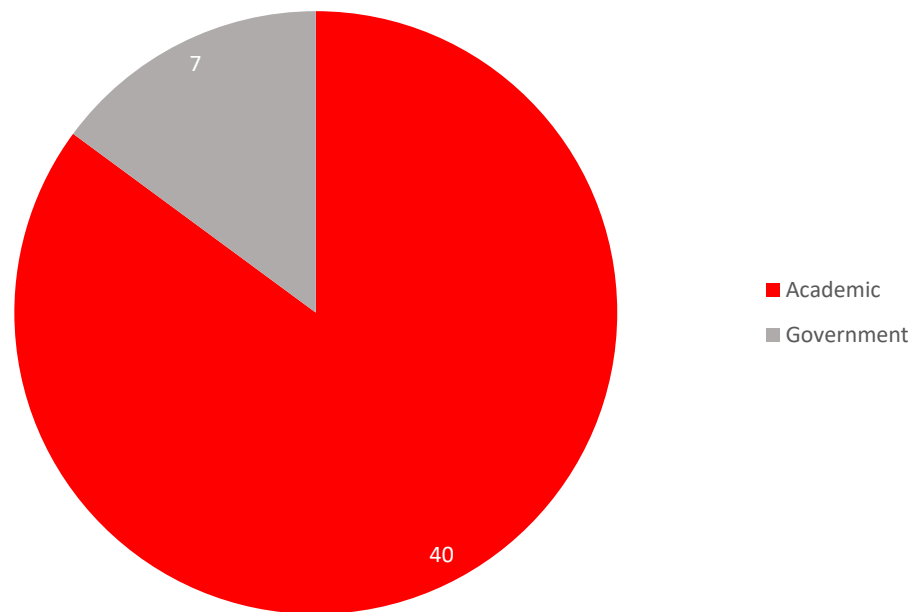


Figure C.4: Number of studies by methodology

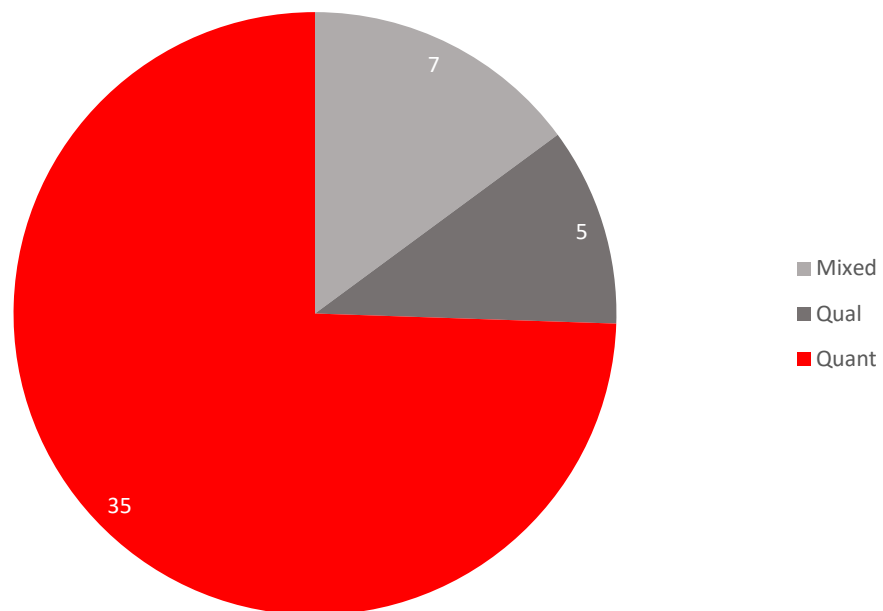


Figure C.5: Number of studies by data source

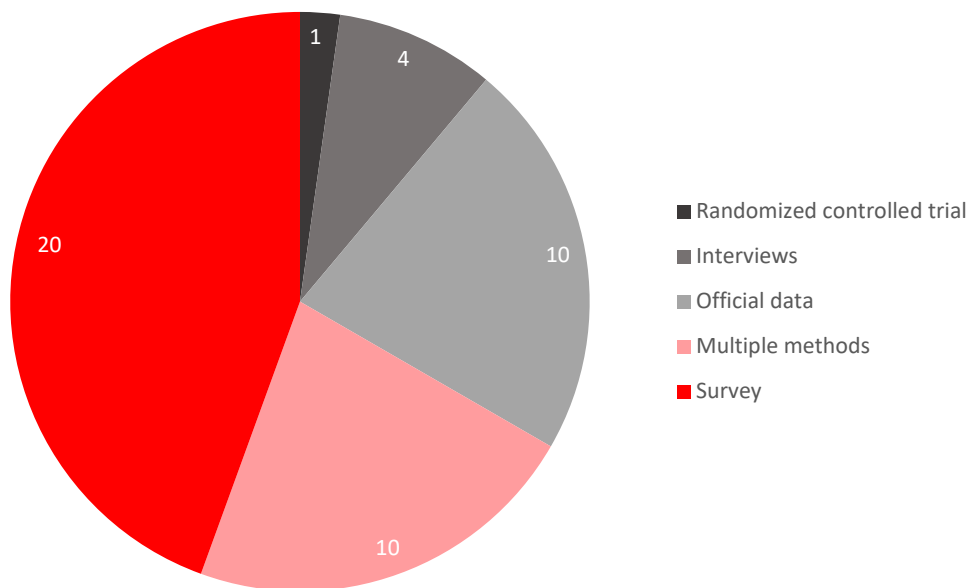


Figure C.6: Number of studies by occupational group

