



Responding to Occupational Violence and Aggression

Challenging Behaviours in a retail
environment



AACS

AUSTRALASIAN ASSOCIATION OF CONVENIENCE STORES

Established 1990



CONTENT

- Identifying behaviours that are challenging
 - ▶ Verbal and physical
- Signs of intoxication
 - ▶ Types of substances commonly used and presentation
 - ▶ Withdrawal state
- Signs of mental illness
 - ▶ Types of illness and how they may present



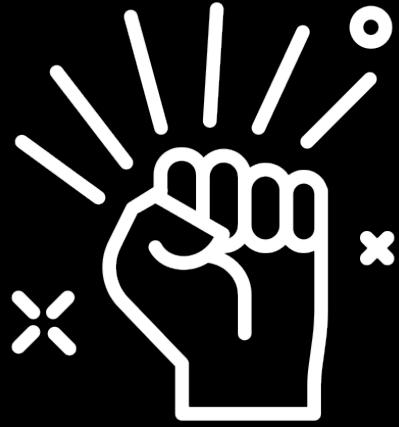
CONTENT

- Responding to challenging behaviour
 - ▶ Risk management
 - ▶ De escalation
 - ▶ Crisis strategies
 - ▶ Recovery and Review
- Organisational Approach



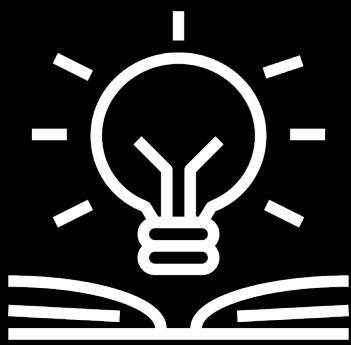
What is Occupational Violence and Aggression?





Occupational violence and aggression is when a person is abused, threatened or assaulted in a situation related to their work. It might come from anywhere – clients, customers, the public or even co-workers.

[Worksafe.vic.gov.au.](https://www.worksafe.vic.gov.au/) (2019).

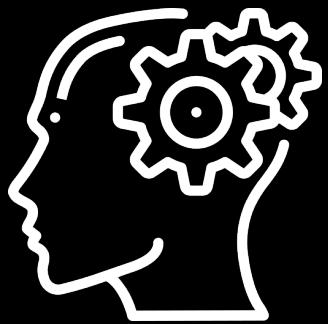


CASE STUDIES

A customer comes in to your store demanding attention, shouting swearing and threatening.

How would you approach the customer?

- ▶ What techniques would you use to diffuse the situation?
- ▶ Who could you call for assistance?



TYPES OF BEHAVIOURS OFTEN SEEN

Verbal	Physical
Raised voice/shouting	Intruding into physical space
Swearing	Spitting
Racial epithets	Throwing items
Threats	Physical assault



WHY MIGHT THESE BEHAVIOURS OCCUR ?

- Customer frustration
 - ▶ Wait times
 - ▶ Other customers
 - ▶ Operator conduct/response
 - ▶ Organisational policies and procedures
- Intoxication
- Mental Illness



WHAT MAY LEAD TO CUSTOMER FRUSTRATION ?



- Long Lines



- Technology

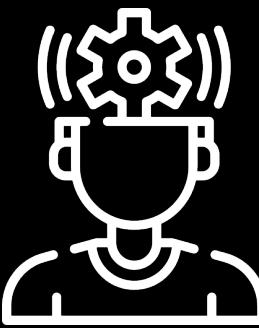


- Lack of Staff



Substance Use: What is a Psychoactive Drug?





WHAT IS A PSYCHOACTIVE DRUG?

- A drug is a substance that comes from outside the body, crosses the blood/brain barrier, and has an effect similar to our natural neurotransmitters
- Psychoactive drugs affect the central nervous system. They affect mood, perception and consciousness.
- These drugs can include prescribed medications, alcohol, inhalants, and illicit drugs such as cannabis, heroin and methamphetamine



CLASSIFICATION OF SUBSTANCES

Drugs are can be classified according to their:

- legal status and legal use
- therapeutic purpose
- Origin
- Chemical structure
- Effect on the Central Nervous System



CLASSIFICATION OF DIFFERENT SUBSTANCES

Depressants -
Slow down

- Alcohol
- Cannabis
- Opioids (e.g. heroin and codeine)
- Benzodiazepines (e.g. valium and temazepam)

Stimulants -
Speed up

- Methamphetamines (e.g. ice)
- Caffeine
- Nicotine
- Ecstasy

Hallucinogens -
Distort reality

- LSD
- Magic mushrooms
- Ketamine



DEPRESSANTS

PRESENTATION OF INTOXICATED PERSON

- How to identify a person presenting under the influence of a depressive substance:
 - ▶ Alcohol
 - ▶ Opiates
 - ▶ THC/Cannabis



DEPRESSANTS
ALCOHOL

PRESENTATION OF INTOXICATED PERSON

- Impaired coordination
- Alcohol smell
- Unsteady gait
- Slurred speech
- Eyes glazed





Mental Health Issues: Types of Mental Illness





MENTAL HEALTH

High Prevalence Illness

- Depression: 15% of the population
- Anxiety: 25% of the population

<https://www.beyondblue.org.au/media/statistics>

Low Prevalence Illness

Approximately 3% of the population

- Schizophrenia
- BiPolar
- Substance induced psychosis

<https://www.betterhealth.vic.gov.au/health/ServicesAndSupport/mental-illness-statistics>



MENTAL HEALTH

MYTHS ABOUT MENTAL ILLNESS:

People with Mental Illness are dangerous

- Fact: This false perception underlies some of the most damaging stereotypes for people with mental illness. People with a mental illness are seldom dangerous. Even people with the most severe mental illness, whose symptoms may cause them to act in bizarre or unusual ways, are rarely dangerous.
- 'Psychotic' does not mean 'violent' - Violence is not a symptom of psychotic illnesses like schizophrenia. The causal link between psychosis and violence is inconclusive.



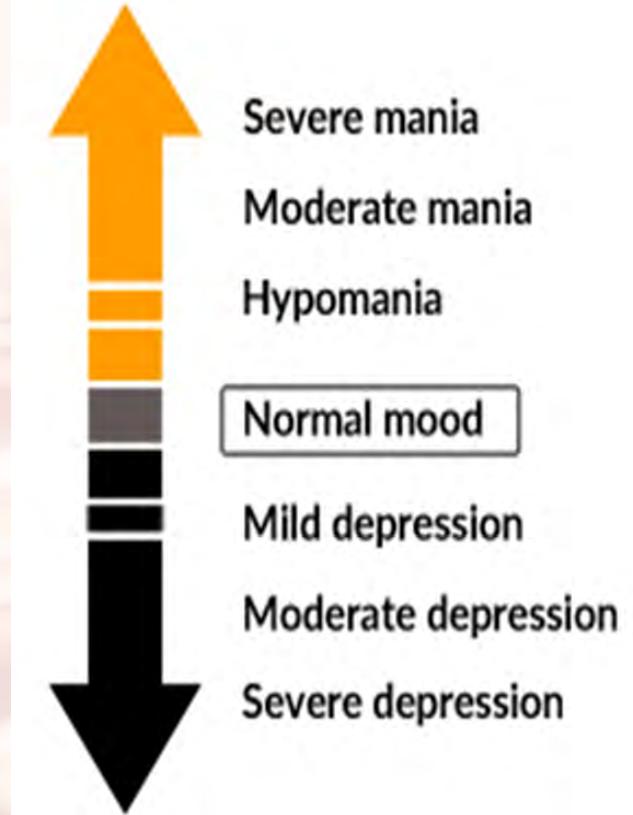
MENTAL HEALTH ISSUES: DEPRESSION & ANXIETY

Signs and symptoms of Depression and Anxiety include, but are not limited to:

Depression	Anxiety
Feeling extremely sad or tearful	Persistent, excessive or unrealistic worries (generalised anxiety disorder)
Impaired thinking or concentration.	Intense excessive worry about social situations (social anxiety disorder)
Feeling emotionally flat or numb	Compulsions and obsessions which they can't control (obsessive compulsive disorder)
Loss of interest and motivation	Panic attacks (panic disorder)
	An intense, irrational fear of everyday objects and situations (phobia).



MENTAL HEALTH ISSUES: BIPOLAR



(Blackdoginstitute.org.au, 2017)

People experiencing bipolar disorder can have:

Depressive episodes:

- low mood,
- feelings of hopelessness,
- extreme sadness and
- lack of interest and pleasure in things

Manic or Hypomanic episodes:

- extremely high mood and activity or agitation,
- racing thoughts,
- little need for sleep and rapid speech.



MENTAL HEALTH ISSUES: SIGNS & SYMPTOMS OF SCHIZOPHRENIA

Psychotic: One of the main symptoms of schizophrenia is psychosis. A person experiencing psychosis finds it hard to tell what is real from what isn't. Psychosis is often experienced in episodes — short periods of intense symptoms. The main symptoms of psychosis are:

Delusions — false beliefs that can't be changed by evidence

Hallucinations — hearing voices or otherwise sensing things that aren't real

Disordered thinking — muddled, disrupted thoughts and speech

Disordered behaviour — unusual, inappropriate or extreme actions.

Non Psychotic: in addition to psychosis, there are other kinds of symptoms experienced by people with schizophrenia. These vary from person to person — not everyone experiences all of these symptoms.

Low motivation, lose the ability to express emotions and feel much less pleasure

Cognitive deficits — problems with attention, memory, verbal skills and other mental functions

'Functional decline' – having difficulty working, being social and organise their lives



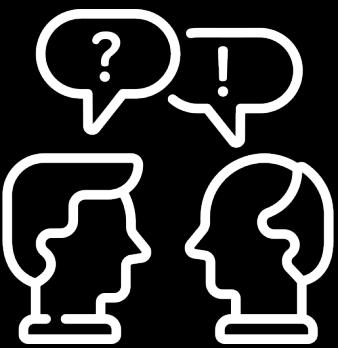
IDENTIFYING BEHAVIOURS: TRIGGERS

- Frustrating events
- Mental Health issues
- Substance use issues – Intoxication or withdrawal state
- Frightening events

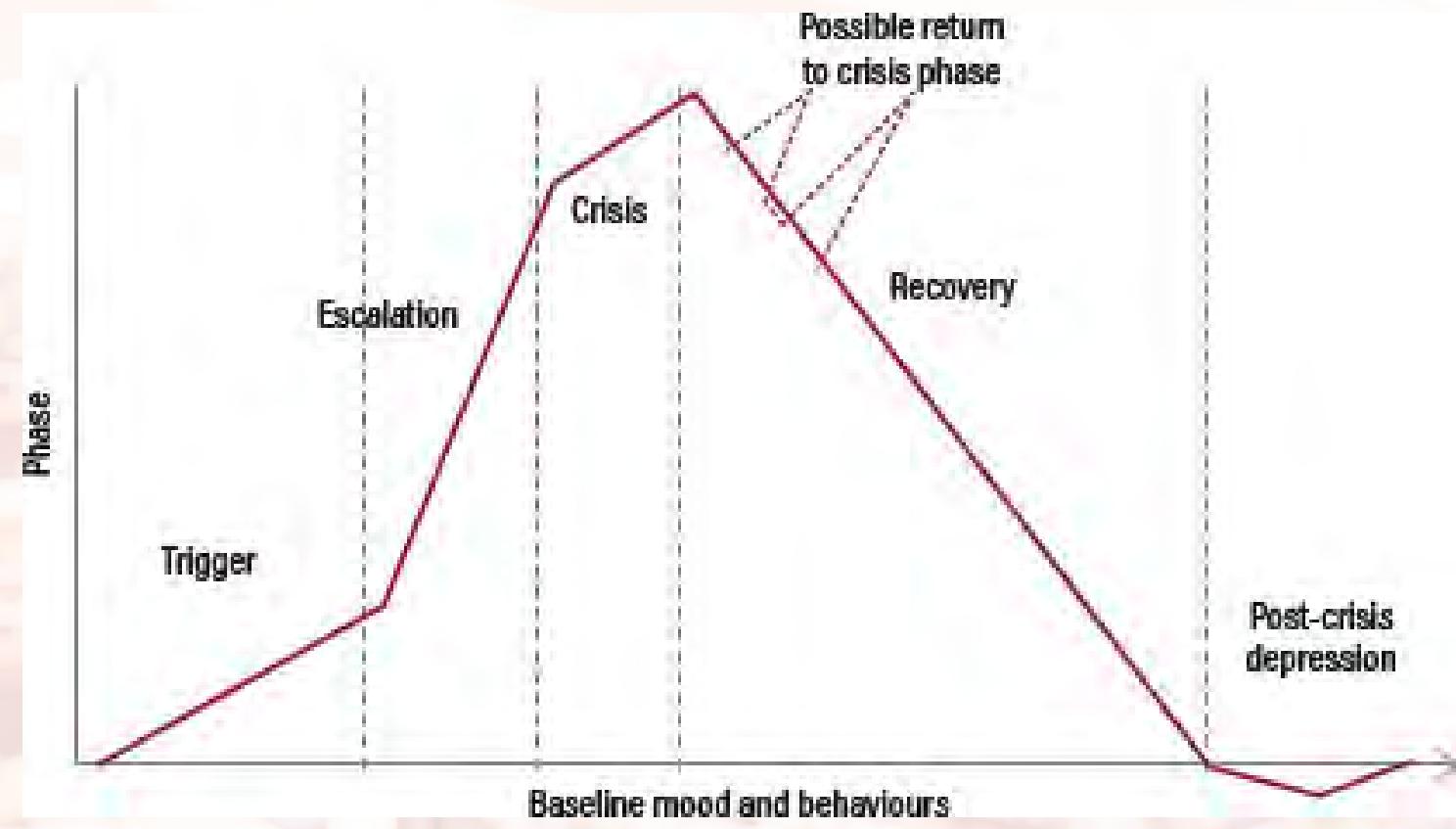


ENVIRONMENTAL FACTORS THAT MAY INCREASE RISK OF AGGRESSION

- Geographical location, whether urban or rural, local crime rate and risk
- Shop/office design such as lighting, entrances and exits, position and height of furniture and goods, screens
- Poor quality of service/goods
- Current security precautions and arrangements



RESPONDING TO CHALLENGING BEHAVIOURS ASSAULT CYCLE

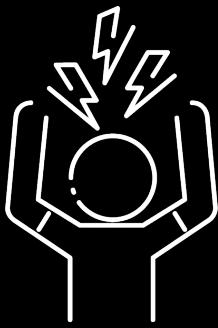


(Hallett, 2018)



Escalation





ESCALATION

What are the signs someone is escalating?

- Increased agitation
- Raised voice
- Tense, frustrated or angry facial expression
- Abusive or derogatory comments



Communicating with an aggressive customer

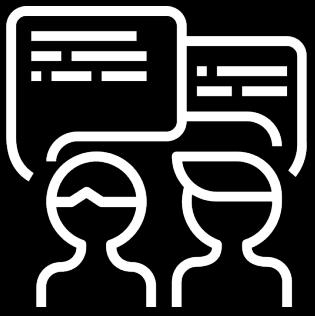




HOW TO RESPOND TO AGGRESSIVE BEHAVIOUR: GENERAL STRATEGIES

Be aware of your own behaviour

How you react will have an impact on the situation and may avoid a violent confrontation



HOW TO RESPOND TO AGGRESSIVE BEHAVIOUR: GENERAL STRATEGIES

- Stay calm
 - ▶ Try and keep your emotions in check
- Be professional
 - ▶ Promote a positive and helpful interaction
 - ▶ Let them express their anger
 - ▶ Don't sound threatening or challenging
 - ▶ Try not to provoke the customer
 - ▶ Do not turn you back on them



HOW TO RESPOND TO AGGRESSIVE BEHAVIOUR: GENERAL STRATEGIES

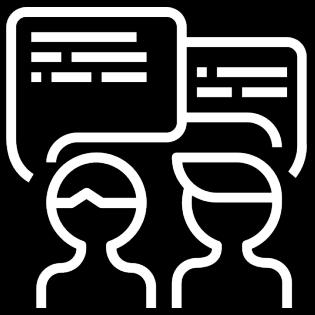
Try to avoid the following:

- Debate
- Insults
- Laughing
- Showing your fear
- Excessive understanding
- Humour
- Excessive friendliness
- These will only make the situation worse



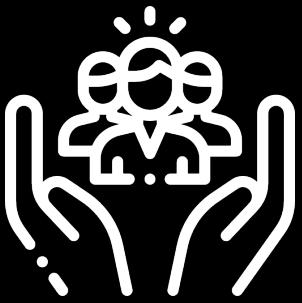
HOW TO RESPOND TO AGGRESSIVE BEHAVIOUR: GENERAL STRATEGIES

- Don't ignore the person
- Don't get into a power struggle
- Don't defend your credibility or that of the business
- Don't let the attention shift from the persons behaviour to yours
- Do not threaten or give ultimatums
- Don't make any promises you do not intend to keep



HOW TO RESPOND TO AGGRESSIVE BEHAVIOUR: GENERAL STRATEGIES

- Observe and monitor the situation
 - ▶ Is the person calming on their own or are they escalating
- Review surroundings
 - ▶ What is around you – can anything be used as a weapon
 - ▶ Is there anything that can be used a barrier/buffer between you and the aggressor
 - ▶ Who else is in the vicinity – can they help or hinder the situation
- Get help



COMMUNICATION: BE AWARE OF NON VERBAL ACTION

Eye Contact:

Monitor eye contact as too much can be threatening but too little can be interpreted as dismissive

Gestures:

Avoid gestures or movements that may be perceived as threatening.
However actions such as a slight nod of your head shows that you are listening but is not threatening

Space or proximity:

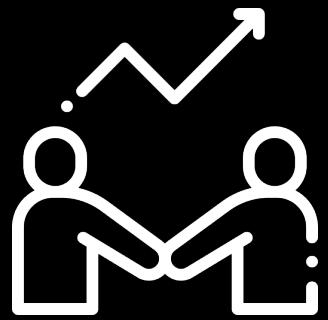
Give the person enough space so they don't feel threatened, and you can maintain your safety, but not so much that they feel you are moving away/ignoring them.

Stance:

Maintain an open stance – don't cross your arms or have them behind you back.

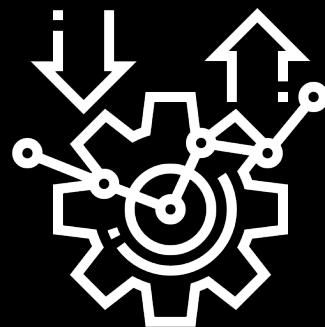
Facial expression:

Try not to show too much emotion – smiling, cringing frowning – as this may be interpreted as condescending, dismissive or even hostile. However some emotion is needed to show that you are listening not ignoring them.



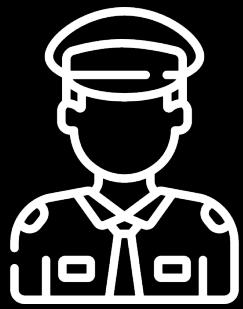
SERVICE ENVIRONMENT: ENSURING SAFETY FOR ALL

Providing clear visibility and lighting for staff so that they can either leave quickly or they can raise help. This might also help to identify suspicious assailants	Arranging for staff to have access to a secure location
Ensuring that the minimum necessary cash is kept in tills by adopting procedures to move cash quickly and safely to more secure zones	Changing the layout of any public waiting areas by providing better seating, lighting, decor
Placing high value goods out of easy reach	Providing bright lighting around the building and removing possible cover for assailants
Widening counters and/or raising counter heights	Installing screens or similar protective devices for areas where staff are most at risk
Ensuring adequate queue management by using clear and ample signs and, where appropriate, ensuring easy access	Monitoring high risk entrances, exits and delivery point



RISK MANAGEMENT & MINIMISATION

Ensuring that staffing levels are appropriate to the particular task and the time of day, and if there is a high risk - is the level adequate?	Rotating high risk jobs so that the same person is not always at risk, or doubling up for particularly high risk tasks
Providing adequate and appropriate information to staff on procedures and systems	Providing personal alarms for high risk staff
Specific training on violence to staff as part of the health and safety management training programme	Putting up clear signs asking those wearing crash helmets to remove them on entering the shop
Establishing clear emergency procedures, for example effective planning for staff on telephone numbers	Providing solution training on recognising and dealing with violence, and the potential for violence what to do and where to go in the event of an incident, emergency
Ensuring that experienced or less vulnerable staff are used for high risk tasks	



CRISIS STRATEGIES: WHEN DE-ESCALATION IS NOT SUCCESSFUL

- **Leaving the situation:** Before leaving the situation, the worker should consider what must be done to escape and where the nearest place of safety is located. Do not leave as a panic reaction, but a positive action, go towards a place of safety, not just away from danger
- **Taking no additional action:** A deliberate choice of non-action may be appropriate in order to achieve a more favourable longer term situation. Freezing or making no movement, ignoring what is being done, and continuing with current actions can be the most appropriate options in a violent situation
- **Seeking backup:** Sometimes it can be beneficial to seek additional help, expertise or simply “strength in numbers” in dealing with an aggressive person.
- **Call the police**



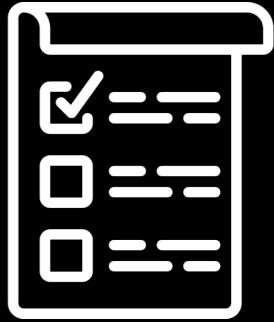
CRISIS STRATEGIES: WHEN TO LEAVE

- The moment a situation seems totally uncontrollable or you feel in imminent danger
- When the person appears to believe they have nothing to lose and appears intent on harming someone



WHEN TO CALL THE POLICE

- Know your agencies policy for calling police - If you don't know your agency policy go ahead and back your own judgement – **TELEPHONE POLICE**
- Attempted or threatened violence against another person
- Theft or attempted theft of property
- Damage to property
- Aggression is viewed as totally unacceptable behaviour and therefore the customer should be asked to leave the premises as soon as possible. Should the customer refuse to do so , the police may be called to assist in the process.



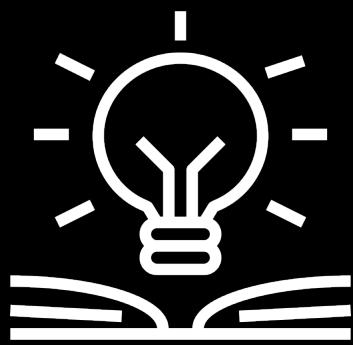
RECOVERY & REVIEW: WHAT TO DO AFTER AN INCIDENT

- Debrief
- Could the event have been avoided?
- Identify what worked or didn't work to diffuse the situation
- Is further training required for staff
- Do security arrangements require modifying



ORGANISATIONAL RESPONSE

- A clear commitment from managers
- A positive service environment
- Clear policies and procedures
- Emergency back up
- A system for incident reporting
- Regular staff training and practice
- A mechanism for support and debriefing



CASE STUDIES

Now that you have completed this training how would you now handle this scenario?

- A customer comes in to your store demanding attention, shouting swearing and threatening.
- How would you approach the customer?
 - ▶ What techniques would you use to diffuse the situation?
 - ▶ Who could you call for assistance?

Was your response different this time?

If so how?

If not why not?



SELF CARE

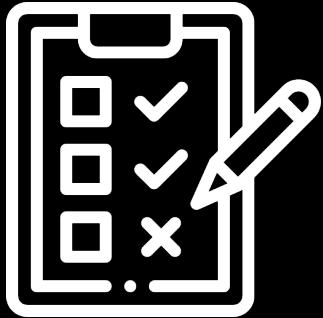
If you have been affected by workplace violence seek support:

- Your manager
- Friend or family member
- Professional counsellor



Worksafe Victoria Occupational Violence: Risk Assessment Checklist





WORKSAFE VICTORIA OCCUPATIONAL VIOLENCE: RISK ASSESSMENT CHECKLIST

The following Checklist has been created by Worksafe Victoria and is designed to help employers meet their legal obligations to manage risks associated with occupational violence

All employers should carry out a regular check of the workplace in consultation with health and safety representatives and workers to identify if there are signs that occupational violence is happening or could happen (risk identification), and take steps to implement solutions to control risks.

Follow the checklist to assess the risks and list possible solutions to be implemented.

If you tick YES to any of the questions below, implement risk control measures such as those mentioned under 'solutions for occupational violence' in this document. Retain a copy of this document if you use it to identify a risk of injury or risk control.



REFLECTION

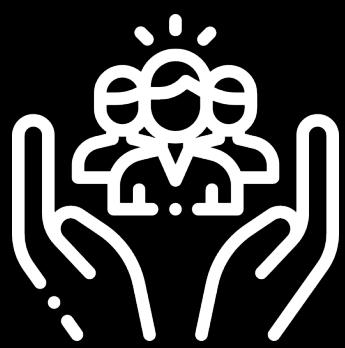
Think of a time when you have been involved in or have witnessed an incident of occupational violence or threat of violence

- What factors contributed to this incident?
 - ▶ Environmental
 - ▶ Organisational
 - ▶ People
- With *hindsight* name **one** thing that could have been done differently to reduce the risk of future occupational violence?



REFERENCES

- Occupational violence information sheet, How employers can reduce or eliminate the health and safety risks of occupational violence in the workplace. (2019). [ebook] Melbourne: Worksafe Victoria. Available at: <https://www.worksafe.vic.gov.au/resources/occupational-violence-information-sheet> [Accessed 28 Jul. 2019].
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THANK YOU

