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Violence at Work: Reducing Assault and Abuse Experienced by Frontline Staff in Public Service Roles.

Thesis for Doctor of Philosophy

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SCHOOL OF REGULATION AND GLOBAL GOVERNANCE, AUSTRALIAN NATIONAL UNIVERISTY

Violence at Work: Reducing Assault and Abuse Experienced by Frontline Staff in Public Service Roles

Steven Anthony Munns

A thesis submitted for the degree of Doctor of Philosophy

of

The Australian National University

June 2023

Declaration

This work contains no material that has been accepted for the award of any other degree or diploma in any other university, and to the best of my knowledge and belief, this thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

Signed  Date 01 June 2023

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Ethics Approval

This doctorial research was conducted with approval from the Australian National University Human Ethics Committee (Protocol No. 2019/385), the Departments of Defence and Veterans' Affairs Human Research Ethics Committee (Protocol No. 164-19) and the Department of Veterans' Affairs Research Committee.

Signed  Date 01 June 2023

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Dedication

I would like to make two dedications:

To my beautiful Mum, Judith Ann Munns (McKenna), who sadly passed away in August 2020. Thank you for helping to create the man I am today. A mother's unconditional love and belief gave me the courage to have a go. There is an Australian Aboriginal proverb that says 'We are all visitors to this time, this place. We are just passing through. Our purpose here is to observe, to learn, to grow, to love and then return home'[1]. Safe journey, Mum—I love you and miss you!!

And to our wonderful family dog, Ruby Munns, who passed away in July 2022. Ruby spent her last two-and-a-half years by my side, after being diagnosed with cancer while I undertook this research. I miss the snoring (caught on many recordings of interviews undertaken during this study) and the happy wag of your tail when I looked at you.

[1] Proverb from Australian First Nations people. (www.barayamal.com.au)

Abstract

Australian Public Service (APS) staff employed in frontline roles are often subjected to verbal and physical aggression. Given the risks of harm, workplace aggression is a significant challenge for organisations.

Retention, recruitment and public confidence in an organisation's services are undermined when employees feel unsafe and disengaged. Prior research into service user violence and aggression (SUVA) has focused on the health sector, notably hospital emergency departments, where SUVA is committed against attending nurses and doctors. Little research has been conducted in APS organisations such as social services (e.g., Centrelink) or veterans' services. A mixed methods approach was applied to understand the nature, prevalence and severity of SUVA perpetrated against staff in two APS organisations: Services Australia and the Department of Veterans' Affairs (DVA), including the Open Arms Veterans' Counselling Service. Data were collected from a work ethnographic study with frontline staff (Services Australia, *n* = 20; DVA, *n* = 10) and service users (Services Australia, *n* = 5; DVA, *n* = 5) who had been involved in SUVA incidents. An online survey of staff SUVA experiences was sent to DVA staff on 1 September 2020 and was accessible for two weeks (256 respondents, 51% of employees) and across Services Australia on 1 March 2021, accessible for two weeks (3,636 respondents, 21% of employees). The survey showed that within the previous 24 months, 1,853 (51%) of Services Australia and 154 (69%) of DVA respondents had been subjected to SUVA. Services Australia and DVA official records of SUVA underestimated the number of incidents, due to impediments to staff reporting. Many Services Australia (1,019; 28.3%) and DVA (87; 41%) respondents stated that they were unsure of or did not believe there was an organisational expectation to report all SUVA incidents. About half of Services Australia respondents (1,759; 48.8%) and more than half of DVA respondents (114; 58.2%) were concerned that they were at risk of SUVA in the future. Respondents across all roles and locations noted concerns about safety, with those in out-servicing roles reporting the highest level of concern.

Thematic analysis of the interviews undertaken with staff and service users indicated three main themes: a) *trigger events* (e.g., staff behaviours, internal policy

and procedures, and legislation), b) *preventative factors* (e.g., violence and aggression training, reporting of SUVA and proactive approaches to reducing SUVA) and c) *personal impacts* (e.g., immediate and ongoing personal impacts on health and productivity). Subthemes, such as wait times and the mental health presentation of service users, were also noted under the theme of trigger events.

Due to the complexity of SUVA, APS organisations would benefit from a proactive, multi-focused approach to risk mitigation policy that encompasses three domains: service users, frontline staff members and the organisation. A SUVA-proactive risk mitigation framework that combines strategies simultaneously across these three domains may be able to provide a more humanistic and robust process to reduce SUVA.

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List of Abbreviations

AHHC	After-hours house call
ADF	Australian Defence Force
ANAO	Australian National Audit Office
ANOVA	Analysis of variance
ANU HREC	Australian National University Human Research Ethics Committee
APS	Australian Public Service
ATO	Australian Taxation Office
BPD	Bipolar personality disorder
CCTV	Closed-circuit television
CPTSD	Complex post-traumatic stress disorder
CPTED	Crime prevention through environmental design
CIMS	Customer Incident Management System
CIRT	Customer Incident Recording Tool
DRCA	Defence Rehabilitation Compensation Act 1988
DVA	Department of Veterans' Affairs
EAP	Employee Access Program
ESOs	Ex-service organisations
GAM	General Aggression Model
IT	Information technology
K10	Kessler Psychological Distress Scale 10
KPI	Key performance indicator
MoG	Machinery of government
MSP	Managed Service Plan
mTBI	Mild traumatic brain injury
MRCA	Military Rehabilitation and Compensation Act 2004
NGO	Non-governmental organisation
OHS	Occupational health and safety
POS	Perceived organisational support
PTSD	Post-traumatic stress disorder
RTA	Reflexive thematic analysis

RJ	Restorative justice
RSL	Returned Services League
SWA	Safe Work Australia
SCP	Situational crime prevention
SIM	Secure Interview Module
SUVA	Service user violence and aggression
SPJ	Structured professional judgement
TA	Thematic analysis
TBI	Traumatic brain injury
TL	Team leader
UCJ	Unstructured clinical judgement
VEA	Veterans' Entitlements Act 1986
WofG	Whole of government
WHS	Work health and safety

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Chapter 1: Introduction

> *It happened within seconds. Seconds. Up, he'd gone, like, there was no time. No time for address, no time for Police, it was just over within seconds. Yes, I'm a bit of a toughie. But that one, yes, that one shook me up for a bit, shaking for a couple of hours …* (Frontline staff, 2021; Interview Participant 13)

Across industrialised and developing countries, there is a rising tide of concern about violence directed against workers (Mayhew & Chappell, 2007). It is now widely acknowledged that aggressive and violent behaviour in the workplace is an occupational health and safety (OHS) hazard experienced by millions of workers around the globe (Chappell & Di Martino, 2006, as cited in Lo et al., 2012). Public sector workers in Australia are employed in diverse environments; many work inside office buildings, others carry out their duties in remote communities. While some public servants' work environments are stable, others work in settings with relatively uncontrolled hazards and risks. Many public servants go about their day-to-day duties in highly politicised environments. Pending elections, formal enquiries, budget restrictions and cutbacks are constant stressors, accentuated in places by a rapidly growing population or situations where there are always too few resources to meet the demands. Unfortunately, these tensions can escalate and contribute to workplace violence and aggression (Mayhew & McCarthy, 2005).

A. Johnson et al. (2018) noted that given the alarming statistics in Australia and worldwide, managing the issue of workplace aggression is a significant challenge for organisations. To foster a work environment free from harm or risk, organisations must implement appropriate policies and practices to deter and manage workplace aggression. Having disengaged employees who feel unsafe at work could lead to high attrition rates and reputational costs for organisations who neglect to introduce such risk mitigation strategies. Fischer et al. (2016) suggested that there has been very little research focused on public sector service user aggression in Australia, where the prevalence of workplace aggression is not well documented.

Within Australia the complex business of government operates under the Westminster system across Commonwealth, state and territory, and local government jurisdictions, conducted by functional departments, each of which is accountable to a

minister, who is in turn accountable to Parliament (Hampson, 1999; Muir, 2002; Mulgan & Uhr, 2000). According to Ryan and Walsh this model involves allocating funds to government organisations to implement targeted programs that contribute to the achievement of broader government objectives. The Australian Commonwealth Government delivers services directly to Australian citizens through various departments and agencies, such as the Australian Taxation Office (ATO), the Department of Home Affairs, the Services Australia agency, the Department of Veterans' Affairs (DVA) and the Open Arms Veterans and Veterans Families Counselling service (Open Arms). This research focuses on two Australian Public Service (APS) organisations responsible for the provision of welfare payments and programs of taxpayer-funded support: Services Australia and DVA. Open Arms is part of DVA, although it operates in a semi-autonomous way, ensuring confidentiality to the Australian Defence Force (ADF) active members and veterans who use its services.

It should be acknowledged that I am a public servant with the Department of Human Services (now Services Australia), having commenced 15 years prior to beginning this research. Before joining the APS, I worked and studied in the field of forensic psychology in various forensic environments in Australia and the UK. My previous postgraduate studies have been in cognitive neuroscience, forensic psychology and public administration. In 2016, I was appointed to lead Services Australia's small forensic psychology team of experienced senior psychologists, which provided service user risk assessments as well as psychoeducation and support for staff who were managing service users on reduced servicing arrangements due to their involvement in SUVA incidents. My knowledge and experience in this role enabled me to bring a degree of insider awareness to the research questions and processes and the difficulties that have arisen. I am also a proud Gumbaynggirr/Bundjalung man and one of only 218 First Nations psychologists practising in Australia. I am deeply aware of the impacts research can have on people, having noted the way in which First Nations peoples have been studied and analysed through a lens that allowed many misconceptions to support the existence of negative stereotypes because the researchers did not first develop a broad understanding of First Nations cultures. It is because of this that I aimed to undertake my research, as I do my work, with a focus on integrity of practice and outcomes.

This chapter describes the organisations that will be the focus of this research: Services Australia and DVA. It is important to understand the historical context of both organisations to appreciate the roles they play in society today as well as the service users, often Australia's most vulnerable people, who rely on them. This chapter also provides a definition of aggression and outlines subsequent chapters of the thesis. Surprisingly, during the period of undertaking this research, two royal commissions have been established to investigate both DVA's policies and procedures (due to excessive suicides among defence personnel and veterans) and those of Services Australia (i.e., illegal debt recovery from welfare recipients) and a short commentary is provided on these.

1.1 Services Australia

During the nineteenth century, there was nothing in any of the Australian colonies that would be recognised today as social security. Charitable relief provided by benevolent societies (Figure 1.1), sometimes with financial help from the authorities, was the dominant mode of support for people unable to provide for themselves (Herscovitch & Stanton, 2008). As noted by Garland in his article on Health & Welfare (2008), a long-standing practice in English welfare was the 'poor law', which had its origins in the 14th century. Under this system 'poor-law overseers levied rates on landowners to establish relief funds that would support local parishioners. The poor-law ethos had a profound influence on the provision of assistance in New South Wales[2].'

[2] New South Wales is the state in Australia where the country was colonised and where the Commonwealth of Australia was later proclaimed.

Figure 1.1

Mothers and Children Appeal Poster, 8 December 1920

Note. Reproduced from *The Dictionary of Sydney*, State Library of New South Wales.

The invalid and old age pension was first introduced in Australia in 1908 (Deeming, 2014). Herscovitch and Stanton (2008) highlighted that there are four propositions to consider about the Australian model of social security and its evolution:

- It differs markedly from the international norm due to its being influenced by British social policy traditions and its geographic isolation.
- It has proven to be remarkably resilient since its inception.
- Arrangements akin to social insurance (as implemented in Germany) have, as a result, developed in the private sector through payroll tax, usually under the direction of legislation and with financial support from government.
- Maximising economic and social participation is and always has been a cornerstone of Australia's system of social security, with the primary focus being on income support, family assistance and health care (Herscovitch & Stanton, 2008).

- The original emphasis of social policy was placed on the protection of male breadwinners and their families, for which Castles (1985) coined the terms wage earners and welfare state. Social-democratic efforts were directed at securing acceptable conditions of work, including legislative measures to pay male workers a fair and reasonable family wage. This differed from Scandinavian countries, which looked to measures drawn from public expenditure rather than wage regulation to fund welfare programs (Deeming, 2014).

The Australian Attorney-General's Department (2022) noted that today, Australia is party to seven core international human rights treaties and that the right to social security is contained in Article 9 of the International Covenant on Economic, Social and Cultural Rights.

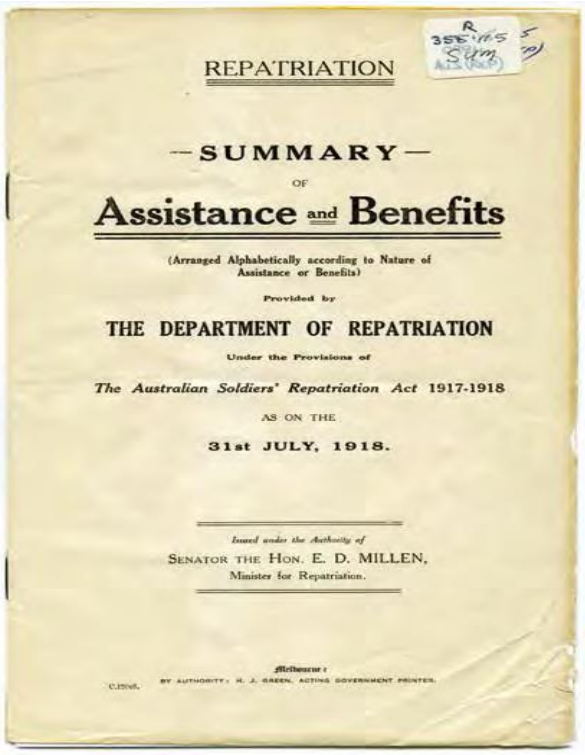
The principle of social security mandates the establishment of a system wherein a nation must, to the best of its resources, guarantee access to a social security scheme. This scheme should offer every individual and family the necessary minimum benefits to attain essential healthcare, basic shelter and housing, access to clean water and sanitation, sufficient food, and the fundamental elements of education. Services Australia is the federal department that provides a broad range of public social and health services on behalf of the Australian Government, delivering Centrelink (which provides social security payments and services), Medicare (Australia's universal health care insurance scheme) and Child Support Services (which facilitates financial support from parents who have separated). These services' activities include assessing and means testing service users as well as assessing physical and mental health conditions (Services Australia, 2019). The Australian Public Service Employee Census (2022) notes that 65% of Services Australia's staffing profile are female whilst 32% are male. It also notes that 80% believe that Services Australia promotes an inclusive workplace culture. However, in terms of whether staff believe their organisation cares about their health and wellbeing, only 57% believed Services Australia does. Further discussion on gender and organisational culture is discussed in chapter 2.

1.2 Department of Veterans' Affairs (DVA)

In his book *Repat: A concise history of repatriation in Australia*, Payton (2018) highlighted that in 1917, the federal parliament passed the Australian Soldiers' Repatriation Act, creating the legislative basis for the Repatriation Department and the Repatriation Commission, which were established the following year (Figure 1.2). The Repatriation Department provided suitable clients with prosthetic limbs; however, it was criticised for its failure to adequately look after veterans suffering from 'shell shock' or 'war neurosis'—what is now called post-traumatic stress disorder (PTSD). In 1947, the Repatriation Department become an integral part of the public service. In the late 1960s, it moved from Melbourne to Canberra, and in 1976, after a lengthy review by Justice Paul Toose aimed at achieving efficiencies and simplifying the system, its name was changed to the Department of Veterans' Affairs.

Figure 1.2

Repatriation Department Booklet Published in 1918 to Explain Assistance and Benefits Provided Under the Australian Soldiers' Repatriation Act



REPATRIATION

—SUMMARY—

OF

Assistance and Benefits

(Arranged Alphabetically according to Nature of Assistance or Benefits)

Provided by

THE DEPARTMENT OF REPATRIATION

Under the Provisions of

The Australian Soldiers' Repatriation Act 1917-1918

AS ON THE

31st JULY, 1918.

Issued under the Authority of

SENATOR THE HON. E. D. MILLEN,

Minister for Repatriation.

Melbourne:

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Payton, P. (2018) writes that 'after the establishment of the Repatriation Department, a network of local medical officers was formed across Australia.

Additionally, there were arrangements for 222 repatriation country hospitals to provide inpatient as well as outpatient treatment'.

Payton noted that a key part of the system was its flexibility, which allowed veterans with war-related ailments to approach their local medical officers directly to seek treatment or advice. Modern and well equipped, these hospitals were major assets. In the mid-1990s, the Commonwealth Government divested itself of the repatriation general hospitals as it shifted from being a major direct provider of health and hospital services to becoming Australia's largest purchaser of health services. Repatriation health entitlement cards (DVA Gold and White Cards) were introduced to indicate the level of health services available to eligible veterans and their families. The Gold Card entitled holders (who included war widows and widowers as well as veterans) to DVA funding for all clinically necessary healthcare needs and all health conditions, whether related to war service or not. The White Card entitled holders to DVA funding for treatment of injuries or conditions caused by war or service-related' (Payton, 2018).

Today DVA provides a service for veterans and their families as well as for current and former defence force members and for Australian Federal Police members with overseas service records. They provide compensation and income support entitlements as well as delivering health care and rehabilitation services (Department of Veterans' Affairs, 2022). Located under the umbrella of DVA, Open Arms 'provides support services to Australia's military community, including families, reservists and some peacekeepers. It is Australia's leading provider of mental health assessments and clinical counselling services for Australian veterans and their families' (Open Arms, n.d., 2022). Wadham and Morris (2019, p.3) have noted 'that while the overall numbers of veterans DVA assists are falling, there is an increasing number of contemporary veterans (service personnel who have undertaken operational service from 1999 onwards).'

According to the Australian Institute of Health and Welfare (2022a), as of June 2021, there were more than 337,000 DVA beneficiaries in receipt of pensions, allowances, or treatment or pharmaceuticals. These allowances and benefits fall under several military compensation Acts: the Military Rehabilitation and Compensation Act 2004 (MRCA), the Defence Rehabilitation Compensation Act 1988 (DRCA) and the Veterans' Entitlements Act 1986 (VEA) (see Appendix I). This included approximately

240,000 veterans and 97,200 dependents (DVA, 2021). Further, DVA estimated that at that time, there were about 613,000 living Australian veterans who had ever served in the ADF either full-time or in the reserves. Based on these figures, 39% of the veteran population are receiving support through DVA, indicating that there is a large pool of clients experiencing various levels of hardship.

The Australian Public Service Employee Census (2022) notes that 66% of DVAs staffing profile are female whilst 31% are male. It also notes that 78% believe that DVA promotes an inclusive workplace culture. In terms of whether staff believe their organisation cares about their health and wellbeing 67% believed DVA does. Further discussion on gender and organisational culture is discussed in chapter 2.

1.3 Aim of This Research

As a public servant and in my prior role as the director of the forensic psychology team at Services Australia, I have witnessed the level of distress experienced by staff after receiving threats of violence against them or their family. I have witnessed the after-effects on the staff of a service centre after a service user has attacked a staff member.

Similarly, DVA staff working in roles that deliver services under government legislation face threats and abuse. It is not the role of staff members to make these rules and regulations, it is the government's. Public service staff are mothers, fathers, sisters, brothers, sons and daughters who go to work each day to pay the bills. No one joins the Australian public sector to be sworn at, to be accosted in the shops or at their children's sporting games or to be assaulted. No one should lie awake at night dreading the next day at work. Unfortunately, in my role as a public servant I have witnessed this to be the life of many frontline staff at DVA and Services Australia, and this situation is why I chose to undertake this study.

The key aim of this research was to better understand the nature, prevalence and severity of service user violence and aggression (SUVA) perpetrated against Australian Commonwealth frontline public servants and to find ways to reduce its occurrence and impact. SUVA is a complex, multifaceted phenomenon, and this study aimed to understand pre-incident factors, including staff and service user behaviour, as well as operational and physical environments, to explore issues associated with the risk of violence and aggression. Further, it sought to determine what factors or

responses were most promising for reducing aggression, as well as delivering an evidence base for developing proactive risk mitigation polices that will hopefully lead to a decline in physical and psychological injuries. As noted by Piquero et al. (2013 p. 390), 'researchers and policy officials should be keenly interested in not only documenting and explaining the prevalence and correlates of workplace violence but also considering the characteristics and motivations associated with the perpetrators of workplace violence'. They suggest that evidence-based research will provide the knowledge required to develop effective risk mitigation polices and frameworks that could lead to a reduction in SUVA incidents in the future.

A central aspect of this research is to uncover what criminologists refer to as the 'dark figure of crime' (Ellis et al, 2009) —in this case, the dark figure of SUVA. The dark (or hidden) figure represents all the violent or aggressive incidents that are committed against frontline APS staff that never come to the attention of Services Australia or DVA because they are not recorded. Mayhew and McCarthy (2005) highlighted that organisational data are now sufficiently comprehensive that it may be confidently stated that occupational violence is a predictable accompaniment to work in some jobs and is in epidemic proportions in a few jobs, while under-reporting is widespread. They estimated that only 10–20% of all violent incidents can be expected to be formally reported. This research also investigated whether the gender of frontline public servants is a factor in whether they are involved in a SUVA incident. Chappell and Di Martino (2006) noted that women are concentrated in many of the higher-risk occupations, such as teaching, social work, and nursing and other healthcare work. This means women are more likely to be at risk of workplace aggression.

Fear of future SUVA can be debilitating and cause major operational issues for an organisation. Mueller and Tschan (2011 p. 227) highlighted that while 'acute fear in a dangerous situation is a natural and often helpful emotion, constant fear of violent victimisation at work can have consequences similar to or worse than actual exposure to violence or threats'. Their proposal involves researchers assisting responsible employers by offering comprehensive insights into factors that can mitigate SUVA, as well as elements that can reduce the fear of becoming a victim in such situations. The location and role of frontline staff may have a bearing on whether they face increased levels of SUVA. Mayhew and Chappell (2007) support Chappell and Di Martino's (2006)

proposition that the occupations and industry sectors where workers are at greatest risk are those which require significant levels of face-to-face contact with clients or customers and are commonly jobs such as health care, social services, teaching and police. Mayhew (2000) also noted that offsite or isolated work environments have a higher risk. Whether in isolated work or in metro office locations confidence in organisational risk mitigation policies and procedures have been found to be essential for frontline staff in dealing with SUVA. Hills and Humphreys (2013) undertook a large Australian national study where medical practitioners (*n* = 16,327) were surveyed to better understand workplace aggression prevention and minimisation in medical practice settings. Their research found that policies, protocols or procedures for aggression prevention and minimisation set a strategic direction for organisations and were associated with fewer physical assaults.

1.4 Service User Violence and Aggression (SUVA) Organisational Data From Services Australia and DVA (Including Open Arms)

This research argues that strategic organisational decisions around mitigating the risk of SUVA are essential. Strategic decisions in relation to SUVA prevention must address ambiguous and complex issues, engage various departments and levels of government and involve high levels of organisational resources (Amason, 1996). Because of the uncertainty, ambiguity and risk associated with strategic decisions (McKenzie et al., 2011), gathering, analysing and considering reliable data and information are critically important in risk mitigation decision-making (Nicolas, 2004). Recorded data on SUVA events have been provided by both Services Australia and DVA as background data for this research. Open Arms data are not distinguished in the DVA collection process and therefore, for this analysis, cannot be analysed separately as independent datasets.

Services Australia and DVA collect their data in different ways—for example, Services Australia has dedicated reporting systems that ask for specific information, while DVA's data about an incident are presented as a summary of the event itself. The full SUVA data tables from Services Australia and DVA are in Appendix II (Services Australia) and Appendix III (DVA and Open Arms). These data are summarised below and provide a picture of the recorded incidents of SUVA encountered by these two

organisations. Organisational data for a 24-month period corresponding to this study's DVA and Services Australia staff online surveys were requested from both organisations to enable a comparative analysis. Due to staff availability being impacted by the COVID-19 pandemic, the two staff online surveys were conducted at different times: with DVA and Open Arms in September 2020 and with Services Australia in March 2021.

1.4.1 Services Australia SUVA Data

The SUVA data in Table 1.1 and Appendix II are dated between 1 March 2019 and 31 March 2021 and were extracted from three internal Services Australia data recording software systems: the Customer Incident Management System (CIMS), an online reporting and recording system in which SUVA incidents are recorded by the team leaders or managers of frontline staff members who have been involved in a SUVA incident; the Customer Incident Recording Tool (CIRT), which, much like CIMS, is an information technology (IT) system in which SUVA incidents are recorded; and the ESSentials human-resources system. Both the CIMS and CIRT data were supplied by Services Australia's Digital Messaging and Analytics Branch, and the ESSentials data were provided by the Service Design, Transformation, Payments and Integrity Branch. For more descriptive detail of these SUVA systems, see Appendix IV.

Table 1.1

Services Australia SUVA Incidents Recorded by Service Mode and Gender, 1 March 2019 to 31 March 2021

Mode of interaction when incident occurred				
Mode	Centrelink	Medicare	Child Support	Total
Face-to-face	23,818	12	0	23,830 (61.01%)
Telephone	11,740	155	3,154	15,049 (38.53%)
Other	182			182 (0.46%)
Total	35,740	167	3,154	39,061
Number of Incidents by customer gender				
Number	Male (%)	Female (%)	Not Recorded (%)	Combined
1	10,526 (75.04%)	4,709 (78.80%)		15,235 (76.05%)
2	1,857 (13.24%)	665 (11.13%)		2,522 (12.6%)
3+	1,643 (11.72%)	602 (10.07%)		2,245 (11.2%)
Total	14,026 (70%)	5,976 (29.85%)	32 (0.15%)	20,034 (100%)
Incident security level				
Service	Low	Moderate	Serious	Total
Centrelink	24,243 (67.83%)	7,837 (21.93%)	3,660 (10.24%)	35,740
Medicare	161 (96.41%)*		6 (3.59%)	167
Child Support	2,798 (88.71%)		356 (11.29%)	3,154
Total	35,039 (89.70%)		4,022 (10.30%)	39,061

* Incidents recorded in the Customer Incident Management System are categorised into three levels of severity, while incidents recorded in ESSentials have only two levels of severity.

The Services Australia data show that during a 24-month period (March 2019 to March 2021), there were 39,061 SUVA incidents, about 1,600 incidents per month. Of these incidents, over 10% (*n* = 4,022) of Services Australia SUVA incidents were rated 'serious', meaning there was deemed to have been a serious risk to the health and safety of staff or others or of damage to property. About three-fifths (61%) of Services Australia SUVA incidents occur in face-to-face environments, predominantly in Centrelink service centres, and 38% over the telephone. The Child Support Agency work is all conducted over the telephone, and 8.1% (3,154 out of 39,061) of the total number of SUVA incidents arose in its work area. Gender data were available only for Centrelink. Although these data are incomplete, 70% of SUVA incidents were reported as involving male service users and close to 30% female. Most (75%) of the incidents

were one-off events, while 12% of service users had been involved in two incidents and 10% in three or more SUVA events.

The SUVA data from Services Australia are problematic as they fail to reveal the whole SUVA picture. There are discrepancies in the completeness of the data extracted from Services Australia due to it providing multiple programs, namely Centrelink, Medicare and the Child Support Agency. These three programs were once independent APS agencies that, through a machinery of government (MoG) change process, evolved into the Department of Human Services and then into Services Australia. Centrelink, Medicare and Child Support Agency staff operate separate IT systems and function under different legislative security and privacy Acts; this complicates operations and prevents frontline staff across the three programs from utilising a unified system. There are also process issues around how aggression incidents are recorded in CIMS, because SUVA incidents can be recorded without the identity of the service user being recorded. This limitation renders it impossible to track service users who may be repeat offenders across different 'brands'. Data on the frontline staff members' roles and the SUVA events' locations were not able to be extracted, and thus these important elements were unavailable.

Services Australia's COVID-19 measures, designed to reduce the risk of infection (e.g., service user queue kept outside the Centrelink site with low numbers permitted into the office; repeated questioning about COVID-19 contacts and symptoms), also likely contributed to SUVA incidents, and data on this have been captured, although not comprehensively. The SUVA data show that in the first year of the pandemic (2019–2020—as per February 2020, 10 or 11 months), 5.39% of SUVA incidents were attributed to COVID-19-related causes, and that this significantly jumped the following year (2020–2021) to 21.75% of SUVA incidents. This suggests that a combination of COVID-19 prevention strategies led to a higher number of SUVA incidents over a longer measured period.

1.4.2 DVA (Including Open Arms) SUVA Data

The SUVA data summarised in Table 1.2 and presented in Appendix III cover 1 September 2018 to 30 September 2020 and were extracted from the DVA Security Incident Register. Although Open Arms operates semi-autonomously from DVA, its SUVA security data are recorded on the same register, and there are no distinguishing

remarks allowing the prevalence and nature of SUVA in the two organisations to be distinguished. Differences in the risk or reported incidence of SUVA between Open Arms and DVA could therefore not be explored. Unlike Services Australia's data, which were provided for this research as summary data, the DVA data were provided in a raw Excel spreadsheet from which the relevant data had to be extracted. The data had been anonymised, and usernames and other identifying information had been removed from the data file.

Table 1.2

DVA SUVA Incidents Reported by Service Mode and Gender, 1 September 2018 to 30 September 2020

Mode of interaction when SUVA incident occurred		
Mode	*n*	%
Face-to-face	30	2.6
Telephone	417	36.3
Email	170	14.8
Third party–reported	412	35.9
Social media	8	0.7
Other	111	9.7
Total	1,148	100.0
Gender of service user		
Gender	*n* (incidents)	%
Female	150	13.1
Male	954	83.1
Unknown	44	3.8
Total	1,148	100.0

DVA provided limited (four weeks') access to their reporting system, but that enabled the extraction of SUVA data providing a snapshot of the 24-month period on which frontline staff were asked to reflect when surveyed in September 2021. DVA data show that during that 24-month period, there were over 1,148 SUVA incidents—about 48 incidents a month—compared to 1,600 in Services Australia. The number of incidents recorded is far lower than that reported by Services Australia, but this reflects the lower number of service users supported through DVA and Open Arms.

Among the SUVA incidents recorded by DVA, 40.9% were of a suicidal nature and approximately 20% involved other forms of self-harm (see appendix III). Thus, about 61% of SUVA incidents recorded by DVA are self-harm or suicide threats. Threats to others was the next highest SUVA incident type, accounting for 13.5% of all the SUVA incidents recorded over the 24-month period. The service mode when the majority of recorded DVA SUVA incidents occurred was telephone contact. Thus, 36.3% of SUVA incidents happened during telephone calls, followed closely by third party–reported[3] incidents at 35.9%, with email the third most common mode at 14.8%.

Most DVA assistance for service users DVA is provided over the telephone. There is also a significant amount of third-party work involving rehabilitation providers and mental health specialists, and their concerns are often raised with the frontline staff (DVA, 2022). Most DVA SUVA incidents involved male clients (83.1%), while 13.1% were female and in 3.8% of events, gender was not identified. Of the 1,148 incidents, 58 had been incorrectly entered, so it was not possible to determine whether those involved were one-off or repeat offenders; however, of the remainder, 472 were single incidents and 170 were repeat incidents involving the same service user (see appendix III).

Much like the Services Australia data, the data from the DVA are problematic as they fail to reveal the whole SUVA picture. The data file contains all security incidents and is not focused exclusively on SUVA (i.e., it counts break-ins, vandalism and theft). Moreover, the data are reliant on accurate input from the frontline staff who were involved in the SUVA incidents. It was important to analyse the data carefully and reread the incident details to ensure that the correct service mode was recorded; there were many examples where an incident was mislabelled as email although it had occurred over the telephone. Further, there were 44 entries that failed to identify the gender of the service user.

In summary, neither organisation's data appear to provide the whole picture of the SUVA their frontline staff face. These details all point to the inadequacy of the

[3] Third parties included rehabilitation professionals as well as psychiatrists and clinical psychologists.

evidence base through which risk mitigation policies and procedures are currently developed and resources allocated.

1.5 Research Questions

APS staff employed in frontline roles are subjected to verbal and physical aggression on a regular basis (Farr, 2018). Given the relative predictability of SUVA, by understanding pre-incident factors, including staff and service user behaviour as well as operational and physical environments, factors associated with the risk of violence and aggression towards staff and other service users can be explored and identified. The development of risk mitigation policies that focus on pre-emptive and prevention strategies needs to be based on a better understanding of the causes of SUVA; this, in turn, could result in the reduction of numbers of confrontations with service users and incidents of psychological or physical harm to APS frontline staff. To achieve the objective of this research, this study aimed to answer the following question:

What is the nature, prevalence and severity of SUVA against Australian frontline public servants, what are its impacts and how can we reduce its occurrence?

This ambitious question may be addressed by exploring the following subquestions.

1. What percentage of frontline staff are impacted by SUVA? Does this differ from organisational data, and are there notable gender and age differences among the staff impacted, with respect to under-reporting?
2. What is the relationship between a frontline staff member's location and work role and their risk of being involved in a SUVA incident?
3. Do frontline staff have concerns for their safety and wellbeing or that they may be involved in a SUVA incident in the future? What is the relationship between frontline staff members' concerns for their safety and wellbeing in the event of SUVA and:
    - under-reporting of SUVA
    - staff attendance at violence and aggression training?
4. Do frontline staff feel confident that they are protected by department or agency risk mitigation policies and processes?

5. What important factors (often referred to as 'trigger[4] events') do frontline staff believe can lead to SUVA incidents, and how can these factors be targeted through proactive mitigation strategies?

1.6 Definition of Violence and Aggression

'Human aggression is any behaviour directed towards another individual that is carried out with the immediate intent to cause harm. In addition, the perpetrator must believe that the behaviour will harm the target and that the target is motivated to avoid the behaviour' (Anderson & Bushman, 2002 p. 28). Aggression represents a prevalent trait in human conduct within modern society, with violence being acknowledged as its most extreme form (Hills, 2018). Liu et al. (2013) contend that while aggressive behaviour and violence are frequently thought of as synonymous, they are distinct. Violence constitutes a specific type of physical assault, whereas aggressive behaviour encompasses a wider range of actions, including physical assault, verbal, psychological and other means of causing harm. In essence, violence is just one manifestation of aggressive behaviour. According to Akan (2021) the conversion of aggression into violence is a result of the interplay between an individual's social and psychological development and their hormonal and neurological makeup. Whilst the risk of aggression turning into violence can occur across a variety of settings, such as family, peer group and school and can also be due to unfavourable cultural and economic environments. Moreover, inadequate communication and interaction as well as negative learning experiences may also lead to violence.

Consequently, aggressive behaviour does not necessarily include a physical component. This distinction is important because, although understanding aggressive behaviour as a correlate or predictor of violence is informative, nonviolent aggressive behaviour can itself lead to negative outcomes and is equally deserving of attention (Liu et al., 2013). Facing aggression and violence in a workplace can be particularly

[4] A trigger for SUVA refers to an event, situation or internal state that initiates or intensifies aggressive or violent behaviour. A trigger can be anything that provokes a person to respond with SUVA, such as frustration (Berkowitz, 1993), provocation (Anderson and Bushman, 2002), environmental factors (Harney, 2007), personal traits (Neuman, 1999) or social factors (Anderson et al., 1998).

distressing, especially when delivering services subject to government regulations and constrained by limited budgets and resources (Hills,2018).

Safe Work Australia (SWA) is an Australian Government statutory body established in 2008 to develop national policy relating to work health and safety (WHS) and workers' compensation (Safe Work, 2019). All Australian state and territory WHS organisations use the SWA definition of violence and aggression in the workplace, and this definition will be used for this research:

> 'SUVA can be any incident where a person is abused, threatened, or assaulted in circumstances arising out of, or in the course of their work. The violence can be either directed at the person or because of witnessing violence against someone else, also referred to as secondary trauma'. (Safe Work, 2019)

Appendix V defines SUVA using a combination of SWA's definition and Mayhew and Chappell's (2007) definition of workplace violence.

1.7 Royal Commissions Into Defence and Veteran Suicide and Into the Robodebt Scheme

While the research and writing for this thesis were being undertaken, the Australian Government opened the Royal Commission into the Robodebt Scheme and the Royal Commission Into Defence and Veteran Suicide. According to information available on the official Robodebt Royal Commission website (https://robodebt.royalcommission.gov.au/) the commission was established on 18 August 2022, with its final report due by 7 July 2023. The Defence and Veteran Suicide Royal Commission, as stated on their official website (htttps://defenceveteransuicide.royalcommission.gov.au/) was established on 8 July 2021; its interim report was delivered on 14 August 2022, and its final report is due on 17 June 2024. These significant national investigations contextualise concerns about the operations of the two organisations covered in this thesis and the implications of this research for frontline staff.

The Robodebt scheme was an initiative beginning in 2016 that aimed to recover overpaid social security benefits, as identified by an automatic algorithmic calculation process for income reported to the ATO and to Services Australia. Consequently, thousands of social security recipients were asked to repay alleged

overpayments. Unfortunately, this new process was flawed, with many recipients being wrongly asked to refund monies (it has been estimated that 470,000 incorrect debt notices were generated by the scheme between 2015 and 2019). As a result, multiple reports by the Commonwealth Ombudsman pointing out various errors, two parliamentary inquires, a Federal Court ruling that deemed the program unlawful, and a class action lawsuit compelled the federal government to reimburse over $1 billion in November 2019. It was thus important to consider whether Robodebt was primarily a policy failure caused by poor implementation and incompetence, or more of an example of policy malfeasance whereby the federal government deliberately bypassed legislation, used technology of questionable accuracy and ignored public service advice to pursue an ideological agenda (ending welfare frauds and scams). The commission was instigated to address these questions (Prasser, 2022). In the case of this research, a further issue is how this maladministration may have contributed to SUVA and to incivility directed towards frontline staff.

The Royal Commission into Defence and Veteran Suicide was established to address the devastating impact of defence and veteran suicide in Australia. Over 1,000 (*n* = 1,273) deaths by suicide among serving ADF members and veterans between 2001 and 2019 are known; however, such events may be under-reported. The commissioners have the mandate and authority to investigate a range of issues, including but not limited to identifying any systemic problems and patterns of behaviour related to suicide deaths among defence personnel and veterans; examining contributing factors and associated behaviours; assessing the impact of institutional cultures within the ADF, the Department of Defence and DVA on the physical and mental health of Defence members and veterans; and evaluating any systemic problems with the availability and effectiveness of relevant support services. The interim report highlighted certain issues that the commission found concerning, which included:

- The DVA compensation and rehabilitation legislative system is so complicated that it adversely affects the mental health of some veterans and has been considered a contributing factor to suicidality. They suggested that there is an urgent need to simplify the entitlement system to reduce the complexity of the claims process and shorten wait times.

- Transition from service for veterans is considered a significant life event that has been considered a traumatic experience; for some, it is associated with increased suicidality and risk of suicide. For veterans, loss of identity, loss of social connectedness to friends and colleagues, and financial hardship add to the emotional strain and impact many families. The commission acknowledged that the ADF has taken some promising steps to improve the transition process; however, there is more to be done.
- Data are problematic, especially with regard to official recordings of suicide. Defence suicide databases require changes to enable accuracy in reporting.
- The organisational culture of the ADF is considered 'unique or unusual' compared to those of other workplaces. It is a 'command and control organisation' in which 'members use lethal force in an offensive or defensive way' and where members must display 'physical prowess' to remain affiliated (https://robodebt.royalcommission.gov.au/).

Due to the timing of both royal commissions, their final reports are not yet available, so there is little information about them in this thesis.

1.8 Thesis Structure

This thesis is presented in nine chapters. **This first chapter** has offered the rationale behind conducting this research and described the context of this study, which focuses on service user aggression perpetrated against frontline Australian Commonwealth public servants in Services Australia and DVA. It also reports what is known or recorded by these agencies about the incidence of SUVA, highlighting the inadequacies of the current recording of these events. In reviewing the literature, it was noted that there have been many studies that have focused on aggression against frontline staff, but most of that literature has focused on hospital emergency departments and aggression from patients towards health professionals working in these areas. The present study examines the presence of SUVA in a frequently relied-on service domain that has seldom been explored: the experience of APS frontline staff who work in social security, child support and veterans' affairs. A working definition of violence and aggression and the key research questions have provided the aim of this thesis, which is understanding and reducing SUVA events among these essential service workers. The royal commissions into Robodebt and into defence and veteran

suicide were important events that occurred during the process of the research and are noted in this chapter.

Chapter 2 provides the background and, along with Chapter 1 and parts of Chapters 3 and 4, contains the literature review. It examines frontline staff and service user characteristics and the impacts of SUVA. It identifies the psychological and physiological influences that are often catalysts for SUVA incidents as well as the probable consequences of SUVA for both frontline staff and service users. Organisational factors are also considered, noting possible mitigating factors that could be employed in the APS frontline staff members' work environments, such as cultural changes and the adoption of whole-of-government (WofG) work practices.

Chapter 3 provides theoretical perspectives that may be considered when seeking to understand the origins of SUVA in the public service environment. SUVA is complex and multilayered, and there are several social science perspectives that can be used. In this research, the theories engaged traverse sociological, psychological and neurological areas as likely foundations for the aetiology of SUVA. Chapter 3 therefore provides a brief review of some of the theoretical considerations that may lead to SUVA taking place, such as bureaucratic power, the social-ecological model, frustration-aggression theory and theories of stereotyping and stigmatisation.

Chapter 4 focuses on the theoretical considerations and interventions that could be adopted in the reduction of SUVA. Consideration is given to three domains: the service user, the frontline staff member and the organisation. A brief review examines risk assessment, the identification of offender types, the responsive regulation of aggression, and the skills development of staff facing SUVA.

Chapter 5 discusses the research methodology, the hypothesis, and their limitations. The reader is provided with the purpose statement and conceptual framework along with the ontological and epistemological considerations I, as the researcher, have brought to this study. The pre-testing of the one-to-one interviews and the development of the staff online survey are reviewed.

Chapter 6 presents the analysis and findings of the ethnographic study undertaken at Services Australia, DVA and Open Arms. A reflexive thematic analysis (RTA) is undertaken on the field notes written during those visits. Themes and subthemes note risk mitigation processes currently in place, such as closed-circuit television (CCTV) cameras and the case management of highly vulnerable service

users, while concerns raised by staff suggest that internal policies and processes and under-reporting may contribute to increased incidents of SUVA.

Chapter 7 reports the quantitative and qualitative analyses of the staff online survey. The quantitative analysis is discussed, and comparisons are made between the two organisations. The reflexive thematic data analysis of the open-ended questions, which provided a deeper understanding of issues faced by frontline staff, is then reported. Some of the findings indicate that there is an under-reporting of SUVA in both Services Australia and DVA, and that there are concerns about current risk mitigation policies and procedures.

Chapter 8 reports the results of the one-to-one interviews that were undertaken with frontline staff and service users from both DVA and Services Australia. An RTA was undertaken; its main themes and subthemes are discussed. One finding that is consistent across both organisations is that there were concerns over staff behaviour and internal policies and procedures.

Chapter 9 reports the triangulation analysis of results between the three phases of the research—the ethnographic study, the staff online survey and the one-to-one-interviews. It also looks at some unexpected results that highlights issues impacting service users from DVA and frontline staff from Services Australia.

Chapter 10 provides the discussion and conclusion of this thesis. The implications of this research are discussed, and suggestions for SUVA reduction procedures are made. A proposed SUVA-proactive risk mitigation framework is discussed, utilising theory from Chapters 3 and 4 and the triangulation results.

1.9 Chapter Summary

In summary, this research provides the first evidence-based study examining factors associated with SUVA against frontline public servants in the APS. Services Australia and DVA are unique organisations whose service users differ from each other in the support they require and the legislation they are serviced under. Organisational data are essential to providing the complete SUVA picture—where it occurs, how often it occurs and through which service modes frontline staff are being impacted. It is also important that data record any underlying factors, whether they are psychological or neurological. The next few chapters identify SUVA impacts in the three key domains of

staff, service users and organisations and consider theoretical issues, causes and effective interventions. The evidence provided by this study's mixed methods approach, involving both quantitative and qualitative analysis, is used to support a SUVA-proactive risk mitigation framework.

Chapter 2: Background

> *You've got to understand, you've gone from being fully fit, strong as shit. You don't drink when you're overseas when you deploy. So, all you're doing is gym, pack march. You're ball-tearingly fit. You go from that to completely broken …* (Service user, 2022: Interview Participant 40).

Following the introduction in Chapter 1, this chapter provides the literature review that identifies the factors that may lead to SUVA incidents taking place within Services Australia or DVA frontline work environments. This chapter is organised into three subsections looking at the typologies of service users and staff and at organisational factors that play a role in the development of SUVA (see Table 2.1). First, I examine frontline staff and service user characteristics and psychological and neurological influences that may be catalysts in a SUVA incident, as well as the probable consequences for both frontline staff and service users. Second, I consider organisational factors such as culture, policies and procedures as well as the effects of contracting in the APS environment.

Table 2.1

Typologies and Factors Across Three Domains: Staff, Service User and Organisation

Frontline staff	• Demographics • Emotional and physical wellbeing • Secondary trauma and concern for future SUVA • Location and role
Service user	• Mental health • Traumatic brain injury and mild traumatic brain injury • Suicidal ideation • Transition out of the military
Organisation	• Organisational culture • Contractors • Policies and procedures • Whole-of-government approach

2.1 SUVA Issues Impacting Frontline APS Staff and Service Users

Human-service workers engaging in the delivery of services to various clients, such as frontline staff in DVA and Services Australia, are often at risk of violent and aggressive behaviours being directed at them. This may be for several reasons,

including daily interactions with both voluntary and involuntary service users who are financially distressed and are being asked to reveal private, often sensitive matters about themselves and their families (Shields & Kiser, 2003). Chappell and Di Martino (2006) state in their book *Violence at Work* that in large organisations that provide public services, employees may encounter individuals with a history of violence or dangerous mental illness or who are under the influence of drugs or alcohol. According to the authors, unpredictable acts of aggression can result in serious incidents, and violent behaviour may be triggered by perceived or actual poor-quality service. Workers' dismissive or uncaring behaviour or a service user's frustration with the organisation's inability to meet their expectations may also lead to violent outbursts. Gadegaard et al. (2018) propose that when dealing with workplace violence in high-risk areas of human-service work, there should be an emphasis on violence prevention behaviours, from top management to the service delivery team and between co-workers.

The frequency and nature of workplace violence can be analysed to evaluate the potential impact of that violence in both organisation and individual domains as well as the forms and roles of prevention behaviours and responses. According to the National Collaborating Centre for Mental Health (UK) (2015), the prevention and management of violence and aggression are complex tasks because how violence and aggression manifest depends on a combination of intrinsic and extrinsic factors as well as the setting and context in which aggression occurs. They suggest that intrinsic factors are a combination of personality characteristics internal to individual perpetrators and victims, such as current intense mental distress and individual abilities to appropriately manage aggression. Extrinsic factors are more varied and include the physical and social settings where violence and aggression occur, the attitudes of those whose behaviour is violent or aggressive, the characteristics of the victims, the experience and training of staff and the perceived risk of danger to others (National Collaborating Centre for Mental Health [UK], 2015).

2.2 Service User Typology—Services Australia and DVA

Services Australia provides Medicare and Centrelink services for their 'customers' through three delivery channels—face-to-face, telephone and online—while the Child Support Agency program is delivered only by telephone. Services

Australia is the Commonwealth Government's primary agency for providing support through emergency payments during natural disasters and pandemics, and staff are located 'on the ground' after such events (when it is safe to do so). In such circumstances, clients are likely to be in various states of distress. Any Australian citizen may require the support of Services Australia during their life, due to the many benefits and programs provided by this organisation. These include family support through tax benefits and child support payments; unemployment benefits; health and disability support; and age support (Services Australia, n.d.-a). It is because of these all-encompassing social security programs that Services Australia has a highly diverse clientele compared to that of DVA.

DVA assist a unique service user population comprised of military veterans who have been trained to kill and use weapons. Many have served in conflicts and have fought in combat, and many suffer from PTSD (Lawrence-Wood et al., 2019). They may also face unique social challenges such as homelessness, addiction and poverty (Tanielian & Jaycox, 2008). Elbogen et al. (2014) noted that violence towards others after returning home from military service has been documented to be a significant problem among veterans in the US, UK, Australia and Canada. In their research, two surveys were sent a year apart to 1,090 US veterans (retention rate of 79%) looking at the extent to which PTSD and other risk factors predict future violent behaviour. They found that a subset of veterans who were diagnosed with PTSD and alcohol misuse had a substantially higher rate of severe violence compared to other veterans. Despite increasing numbers exhibiting problematic anger and aggression, the treatment available (or not) and its effectiveness for this population has received comparatively little research attention (Cash et al., 2018).

Violence and aggressive behaviour in any setting is a complex phenomenon with a variety of triggering factors, behaviours, and consequences, beyond the individual perpetrator's disposition (Gudde et al., 2015). Mental health disorders, including dementia, schizophrenia, anxiety, suicidal ideation and alcohol and drug intoxication, have been identified in people who have committed workplace violence (Gillespie et al., 2010). The literature links potential factors contributing to SUVA events to an offender's perceptions of injustice and provocation (social perceptions), experience of frustration and stress (situational or circumstantial influences), and factors that produce psychological (emotional) or physiological discomfort (e.g.,

crowding). These factors are observed in the form of long waits for service, delays in treatment, being in pain or discomfort, perceived intrusions into one's personal life, and uncomfortable physical environments associated with many older service facilities or resulting from cost control measures that impact on an individual's eligibility for support (Keashly & Neuman, 2008).

Although causal factors for aggression range across the biological, psychological and social spectra of human experience (Ferns, 2007) and are often described collectively as biopsychosocial causes, the two common or general types of aggression that may be differentiate on the basis of motive are instrumental and reactive aggression (Cornell et al., 1996; McElliskem, 2004). According to Berkowitz (1993), hostile aggression is regularly referred to as impulsive or reactive aggression, while instrumental aggression is known as predatory or premeditated aggression. The categorisation of behaviour into hostile or instrumental is determined by three crucial factors:

1. the objective or intention behind the behaviour
2. the degree of emotional arousal accompanying it
3. the extent of planning or premeditation involved. (Durrant, 2013).

Demographic characteristics commonly identified among perpetrators of a range of forms of aggression include poor impulse control, low tolerance of frustration, risk taking, substance abuse, low self-esteem and being unemployed or underemployed (Mayhew & Chappell, 2007).

Service users dependent on Services Australia and DVA likely differ in their characteristics and in the types of services they receive. This may be reflected in differences in the motives, modes or means, and types of violent and aggressive acts committed against their frontline staff. The capability for a threat to occur also adds to the power of the aggressive incident experienced by the frontline staff member. For example, a threat on the life of a public servant made by a disability support pensioner will be considered to pose a different level of risk than if that same threat is made by a veteran who was once a member of an elite military unit.

The following sections consider conditions—mental health, traumatic brain injury (TBI), dementia, suicidal ideation and issues with veterans' transition out of the ADF—and confirm their links to a higher risk of SUVA. These aspects are further raised

in the staff online survey and the one-to-one interview undertaken with frontline staff, which are reported in Chapters 7 and 8.

2.2.1 Mental Health

Frontline staff of Services Australia and DVA should have some knowledge of the mental health issues impacting their service users and a skillset enabling them to work effectively with them (Kilbourne et al., 2018). Aggressive behaviour has been found to occur in many psychiatric disorders (Garno et al., 2008). According to Yee et al. (2011), there is a well-established association between schizophrenia and violence, but it is implicated in a relatively small proportion of reported crime. Aggression and violence in schizophrenia can be explained by psychopathological symptoms, such as delusions or hallucinations, comorbid substance use, social deterioration or periods of psychosis. Previous research has documented that individuals diagnosed with bipolar disorder reported significantly more difficulty with anger, verbal aggression, physical aggression and hostility, especially during acute or psychotic episodes (Ballester et al. 2012; Ballester et al., 2014). Bipolar disorder is also associated with an annual risk of suicidal acts that is 10 times that of the general population and a lifetime risk of suicide that is almost 15 times greater (Hayes et al., 2016).

The transition from full-time military service to civilian life is increasingly viewed as a critical period for the development or exacerbation of mental illness (Shields et al., 2016). Van-Hoof et al.'s (2018) *Mental Health Prevalence Report* provides results from a comprehensive survey on transitioning regular ADF members between 2010 and 2014 (*n* = 4,326). Its focus was on the impact of military service on their mental, physical and social health. It was found that nearly three-quarters of the transitioned ADF members (74%) were believed to have met the criteria for a mental disorder at some point in their lives, either before or after their military career. Most common were anxiety (46.1%) and alcohol disorders (47.5%); almost half (46.4%) were estimated to have experienced a mental disorder in the preceding 12 months, with anxiety disorders being the most frequently reported, and about one in five (23.1%) transitioned ADF members were estimated to have experienced an affective disorder in the preceding 12 months, with depressive episodes being the most common reported.

Miles et al. (2017) argued that PTSD is specifically related to impulsive aggression, or aggression that is emotionally charged and uncontrolled, rather than premeditated aggression, which is planned, unemotional and goal directed. Swogger et al. (2013) suggest that because of their high rates of PTSD, US veterans display behaviours that show a relationship between poor emotion regulation and impulsive aggression. Here, emotion regulation refers to the ability to recognise emotions, accept them and control emotion-related behaviours. A longstanding theory is that individuals with high levels of reactive aggression are at higher risk of suicidal behaviour.

Conner et al. (2003) argued that the act of suicide itself represents a reactive aggressive response to acute psychiatric and interpersonal difficulties. This is supported by research undertaken by Hellmuth et al. (2012), who found that suicidal ideation and aggression were common correlates of PTSD among US Iraq and Afghanistan war veterans. Their research found that numbing, re-experiencing and hyperarousal PTSD symptom clusters were most strongly associated with suicidal ideation and aggression. Letica-Crepulja et al. (2020) noted that the 11th edition of the *International Classification of Diseases (ICD 11)* (World Health Organization, 2018) included a new condition, complex post-traumatic stress disorder (CPTSD), in addition to PTSD. They found that prolonged trauma of severe interpersonal intensity, such as war, is related to high rates of CPTSD among treatment-seeking veterans. CPTSD includes PTSD symptoms plus three additional subdomains as noted in the ICD11:

1. affective dysregulation, encompasses symptoms such as heightened emotional reactivity, anger outbursts
2. negative self-concept, manifests through extreme self-evaluations and persistent negative views of oneself
3. disturbances in relationships involve challenges in forming and maintaining interpersonal connections, including feelings of distance and difficulties in relationship maintenance.

CPTSD also arises from traumatic experiences other than war, such as childhood abuse, severe domestic violence, and torture (Brenner et al., 2019; McElroy et al., 2019).

Mayhew and Chappell (2007) suggested it is a misconception that individuals with mental health issues frequently commit workplace violence. Unless they are detained in closed institutions (e.g., are forensic patients) or suffer from certain conditions, such as paranoid schizophrenia or dementia, the occurrence of such behaviour among them is rare. In fact, according to these authors, 'people with mental illness' are not the primary source of workplace violence or aggression (Mayhew & Chappell, 2007, p. 330).

2.2.2 Traumatic Brain Injury

Return to work is an important outcome measure of a TBI. In the *International Classification of Functioning, Disability and Health* (World Health Organization, 2011), it has been emphasised as a key component for evaluating outcomes. Failure to successfully return to work can result in significant adverse economic and psychosocial repercussions for both individuals and their families. When examining TBI across the entire spectrum, the rate of return to work is connected to the severity of the injury. Studies consistently find that individuals with mild traumatic brain injury (mTBI) return to work more rapidly than those with severe brain injuries; however, the literature is inconsistent about the typical length of time needed to return to work for individuals with mTBI (Wäljas et al., 2014). Even in patients who return to work after mTBI, detailed assessment revealed underemployment and productivity loss associated with residual symptoms and psychiatric complications (Silverberg et al., 2018). This can make people reliant on the assistance of Services Australia and DVA.

TBI is a blunt or penetrating injury to the head that disrupts brain function (Wojcik et al., 2010). Bannon et al. (2015) suggests that head injury can lead to deficits in decision-making ability and regulation of affect—deficits that may influence violent behaviour. Aggression and violence following a TBI has been characterised as unpredictable, irrational, disproportionate and ill-directed. The aggression can occur in the absence of any clear trigger or provocation (Alderman, 2003; Eslinger et al., 1995; Wood & Liossi, 2006). Brower and Price (2001) evaluated evidence for a causal relationship between abnormal frontal lobe function and violent crime, based on a review of research literature published between 1966 and 2000 located through MEDLINE. They found that high rates of neuropsychiatric abnormalities were reported

in persons with violent and criminal behaviour, suggesting an association between aggressive dyscontrol and brain injury, especially that involving the frontal lobes.[5]

In military settings, most TBIs are mTBIs, including concussions and sub-concussions. For US forces deployed to Afghanistan and Iraq, blast exposure is the leading cause of mTBI (McKee & Robinson, 2014; Wojcik et al., 2010). According to Halbauer et al. (2009), soldiers with TBIs present with an array of neuropsychiatric symptoms that may increase the risk of SUVA, such as cognitive dysfunctions (e.g., impaired memory, attention or executive function), neurobehavioural disorders (e.g., mood disorders, PTSD or psychotic disorders) and substance dependence (e.g., opioid use disorder or alcohol dependency). Repeated mTBIs can sometimes provoke the development of chronic traumatic encephalopathy (McKee & Robinson, 2014), a neurodegenerative disease that worsens over time and can only be diagnosed posthumously through neuropathological examination (Saulle & Greenwald, 2012). Individuals posthumously diagnosed with the disease often experienced changes or impairments in behaviour, cognition or emotion prior to death (R. C. Turner et al., 2013).

2.2.3 Dementia

According to Cipriani et al. (2011), aggressive behaviour is categorised among the common behavioural and psychological symptoms of dementia. Changes in the behaviour of people with dementia are very common (Dementia Australia, 2022), occurring in 30–50% of dementia patients (Ballard et al., 2001). Aggressive behaviours prompted by this syndrome often result in many negative consequences, such as the prescription of antipsychotic medications, the use of physical restraints, institutionalisation and increased healthcare costs (Cipriani et al., 2011). The military population face a unique set of factors that may increase the risk of being diagnosed with dementia. TBI and PTSD have a higher prevalence in veterans with dementia in comparison to the civilian population (Raza et al., 2021).

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[5] Brower & Price (2001) noted that lesions to the frontal lobes of the brain do not produce violence and aggression; rather, they create deficits in core executive processes such as emotional regulation. Kennedy et al. (2008) suggest that executive functions are traditionally defined as 'integrative cognitive processes that determine goal-directed and purposeful behaviour and are superordinate in the orderly execution of daily life functions'.

Kennedy et al. (2022) noted that early-onset dementia is a rare form of dementia defined by progressive mental deterioration prior to age 65, with a prevalence in the civilian population estimated at less than 1%. It can have genetic underpinnings but has also been linked to preventable causes such as TBI. Military personnel who develop it or experience early cognitive decline associated with behavioural changes may present with atypical neurologic and psychiatric phenotypes due to combat exposures to blunt and blast TBI in the context of chronic psychological stress (Iacono, 2020). Shively et al. (2012) notes that experiencing a TBI in early life or midlife is associated with an increased risk of dementia later in life. In their study, it was found that veterans who had suffered a severe TBI, characterised by a loss of consciousness or post-traumatic amnesia lasting more than 24 hours, were over four times more likely to develop dementia compared to the control group. Similarly, veterans who had experienced a moderate TBI, defined as a loss of consciousness or post-traumatic amnesia lasting between 30 minutes and 24 hours, had more than twice the risk. Currently, there is limited dementia research specifically involving Australian veterans (Australian Institute of Health and Welfare, 2022).

2.2.4 Suicidal Ideation

'While suicide (and attempted suicide) is often considered deviant, it may also be considered a form of social agency that expresses and handles moral grievances. The moralistic nature of suicide is especially clear in cases where suicide is used to bring harm to others, that is, cases in which suicide is a method of interpersonal aggression' (Manning, 2015 p. 326). Conner et al. (2003) proposed that a subtype of aggression, reactive aggression, underlies the link with suicide, noting implications for suicide risk recognition and prevention. Hubbard et al. (2010) posited that reactive aggression, also known as impulsive or spontaneous aggression, is a defensive or retaliatory aggressive act that is performed in response to real or perceived provocation. Keilp et al. (2006) undertook research with 275 participants with major depressive disorder, including 87 with comorbid bipolar personality disorder (BPD)—69 past suicide attempters and 18 non-attempters—and 188 without BPD (76 attempters, 112 non-attempters). Participants completed standard impulsiveness, hostility and aggressiveness ratings. The study found that BPD participants scored significantly higher than non-BPD participants on all three trait measures. Differences

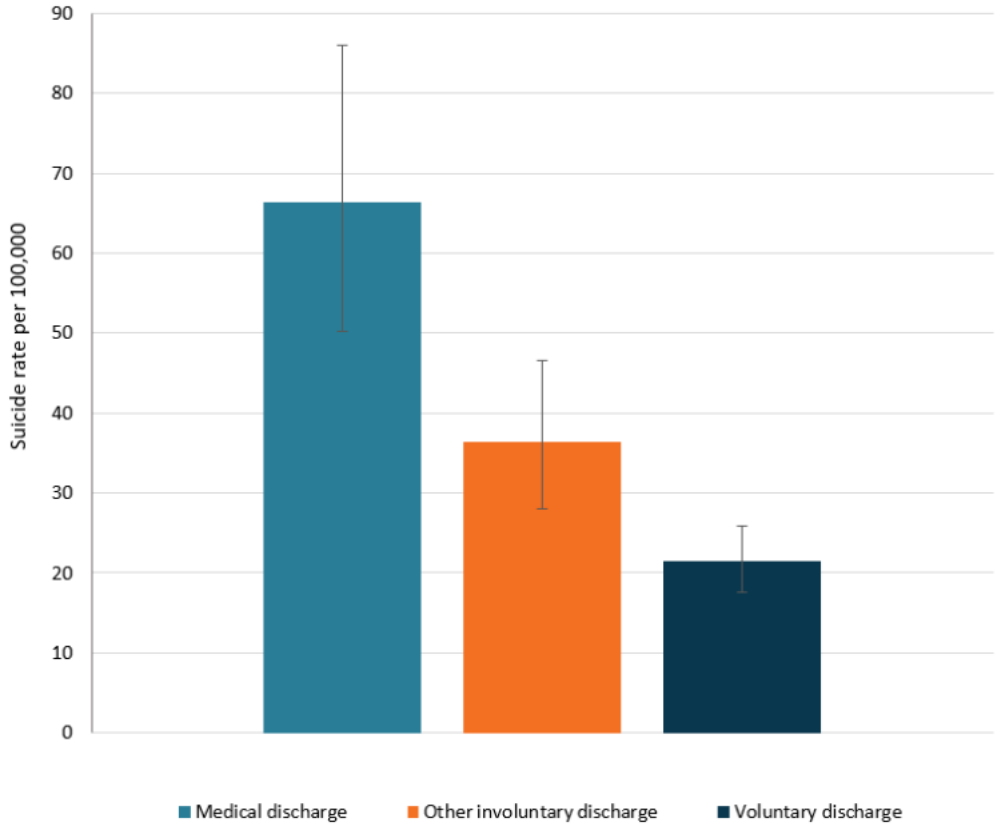
between past suicide attempters and non-attempters were examined, with the sample stratified by BPD status. Stratifying BPD status eliminated attempter–non-attempter differences in impulsiveness and hostility in both participant subgroups. The researchers noted that a history of aggressive behaviour, rather than global personality dimensions such as impulsiveness or hostility, appears to be the distinguishing trait characteristic of suicide attempters with major depression. This suggests that aggressive behaviour may be a more appropriate target for behavioural, genetic and biological research on suicidal behaviour, as well as for the clinical assessment of suicide risk.

The issue of suicide among current and former ADF personnel is a major concern, prompting government investigations, community initiatives and the recent appointment of a permanent National Commissioner for Defence and Veteran Suicide Prevention (Sadler et al., 2021). The Australian Institute of Health and Welfare publishes an online report, *National Suicide Monitoring of Serving and Ex-Serving Australian Defence Force Personnel,* that is an ongoing body of work commissioned by DVA. This report provides updates on the level of suicide among serving and ex-serving ADF personnel who served between 2001 and the present. The report (Australian Institute of Health and Welfare, 2022) noted that in 2018:

- There were 465 suicides in ADF personnel who had served since 2001, including serving and reserve ADF members (*n* = 198) and ex-serving ADF members (*n* = 267).
- The suicide rate was higher among ex-serving males (28 per 100,000) than for ex-serving females (16 per 100,000).
- Reason for discharge from the ADF has previously been identified as a significant predictor of suicide among ex-serving ADF personnel, with a suicide rate of 66 per 100,000 among those discharged for medical reasons (as shown in Figure 2.1).
- The suicide rate among ex-serving males who left as commissioned officers was approximately half the rate of those who left at any other rank (15.5 compared with 31.8 per 100,000 population).

Figure 2.1

Suicide Rates of ADF Personnel Who Had Served Since 2001, by Discharge Reason



Note. Reproduced from Australian Institute of Health and Welfare (2022).

According to Kerr et al. (2018), there are several established risk factors for suicide among the veteran population. PTSD significantly elevates the risk of suicidal thoughts, and even sub-threshold PTSD symptoms carry a similar risk of clinically diagnosed PTSD. Apart from PTSD, the presence of other psychiatric conditions, such as anxiety disorders, substance use disorders and depressive disorders has also been linked to elevated risk of suicide among veterans. Kerr et al.'s (2018) Brisbane-based research with 229 ex-service personnel diagnosed with PTSD showed that those with more severe psychopathology, who served in contemporary conflicts and who were unemployed or on a Totally and Permanently Incapacitated pension were significantly more likely to have attempted suicide.

Varker et al.'s (2022) findings suggest that problem anger is particularly prevalent in veteran and military populations and that mental health conditions such as alcohol abuse and PTSD are consistently associated with anger in veterans. In their research, 12,800 Australian military personnel and veterans' responses were analysed

after they completed a Dimensions of Anger Reactions scale and questions taken from an ADF Mental Health Prevalence and Wellbeing study. Their findings indicate that problem anger is an important, independent correlate of suicidality. They suggested that this highlights the importance of including anger presentation as part of routine clinical assessment and the assessment of suicidal ideation among ADF personnel and veterans. They further noted that anger is included as an integral part of risk assessment in US Veterans Affairs' and DVA's guidelines on the assessment and management of patients at risk of suicide.

2.2.5 Transition out of Military Service

Wadham and Morris (2019 p. 1) observed that 'when a civilian joins the military, they become militarised. This is a profound change to a person's way of being in the world, their reasons for getting up in the morning, their dispositions to others and their sense of who they are. Becoming part of the Australian military is often the pinnacle of achievement for many of these young Australian service personnel's lives. However, when it is time for veterans to separate from the military, it marks a period of substantial transition and transformation. Whether the separation is due to operational contexts or the completion of military service, the process of transitioning can be arduous, challenging and sometimes overwhelming.' Wells et al. (2021) noted that each year, around 5,000 military personnel and their families leave the ADF, navigating what is known as the military–civilian transition, the period of permanent reintegration into civilian life from the defence force. This transition encapsulates the process of change that a serviceperson and their family necessarily undertake when their military career comes to an end; it is a complex process that can span several months or even years. Van Hooff et al. (2018) noted that the potential adjustments incorporate changes in identity, community, residence, social networks, status, family role, occupation, finances, routines, responsibilities, supports and culture. The transition out of the ADF and subsequent reintegration into civilian life has been established as a period associated with an increased risk of psychological adjustment difficulties, psychiatric disorders, suicide, relationship problems, difficulty in securing meaningful employment, alcohol dependence, homelessness, and disabilities resulting from military service (Romaniuk et al., 2020; L. Wood et al., 2022). As L. Wood et al.

(2022) have pointed out, there is a growing need for increased attention to be given to the care, pathways and vulnerability of individuals leaving the ADF.

Military identity and a sense of social connectedness may help explain differences in contemporary Australian veteran wellbeing following transition from military to civilian life. Flack and Kite (2021) suggest that the perceived or real capacity to integrate with social networks is a stronger predictor of wellbeing than received social support. Low social connectedness may explain why an individual with access to social resources may still feel isolated and disconnected from the world. Hence, social connectedness is argued to be central to understanding the relationship between a veterans military identity and their wellbeing following transition from military to civilian life.

Kintzle et al. (2018) suggested that leaving military service requires establishing a new community as well as a sense of connectedness to that community. With the loss of the sense of community, identity and belongingness often provided by the military, the inability to find a new sense of social connectedness may create difficulty for veterans interacting in the civilian world, and this can lead to isolation and further transition challenges. Their research examined the role social connectedness played in the development of PTSD, doing so through surveys measuring PTSD, combat experience, discharge experience and social connectedness among over 700 US veterans. Their findings demonstrate that facilitating the development of new social connections may serve as a protective factor against the development of PTSD symptoms. Wadham and Morris (2019) noted that ‘at the community level, the transitioning veteran is primarily supported by a network of ex-service organisations (ESOs). There are approximately 6,000 ESOs supporting the veteran community in Australia, ranging from local grassroots organisations through to national corporatised structures—an assemblage of charities, social enterprises, community groups, non-governmental organisations (NGOs) and cooperatives.'

2.3 Frontline Staff Typology—Services Australia and DVA

Frontline staff at both Services Australia and DVA are impacted by similar issues when faced by SUVA. Indeed, many frontline staff move between APS agencies and departments during their careers in the public service. Services Australia and DVA also have service users who access both organisations for support, and both organisations

may be faced with SUVA incidents from the same service users but be unaware of it due to organisational silos (created under data protection legislation) that separate APS organisations (Christensen & Lægried, 2007).

Research indicates that public service roles may place staff at risk of SUVA. Fischer et al. (2016) found that government employees in the Netherlands who have responsibility for various civil affairs and whose work brings them in close contact with the public are at far greater risk of SUVA than other sectors. They report on research by Bouwmeester et al. (2014) who found that approximately one of two local government employees experience SUVA over a 12-month period, with 15% of them having encountered 11 or more incidents of workplace aggression within this time frame.

Chappell and Di Martino (2006) reported that in Canada, 61% of social service and institutional workers in the province of Alberta reported having been verbally threatened, 42% physically threatened and 30% physically assaulted, according to a 1994 survey. The 2002/2003 British Crime Survey found that in the UK, 36% of health and social welfare and associate professionals reported being 'very' or 'fairly' worried about assaults at work. In contrast to trends for other forms of violence in society at that time, research indicated that workplace violence was increasing in many countries (Bentley et al., 2013).

2.3.1 Worker Demographics That Increase Risk

Certain demographics have been found to influence the risk of service workers being targets of workplace violence in a healthcare environment. These include the worker's gender, age, years of experience, hours worked and marital status, as well as previous workplace violence training (Gillespie et al., 2010). According to Mayhew and Chappell (2007), SUVA affects men and women differently. Women are disproportionately and significantly more likely to be victims of SUVA. This vulnerability arises from the gendered division of labour, with women more likely to be employed in roles that pose a greater risk of exposure to SUVA; Chappell and Di Martino (2006) have noted that when men and women perform the same tasks under similar conditions, the differences in their experiences of SUVA are minimal. Men tend to experience slightly higher levels of physical violence, while women are slightly more likely to be victims of verbal abuse and sexual assault. They also suggest that these

gender-based disparities in exposure to risk are evident across countries. There is, however, contradictory evidence about whether a worker's gender affects their risk of being verbally or physically assaulted. Ayranci et al. (2006) found that women experience a higher percentage of verbal and physical violence compared with men. Guay et al. (2014) suggested based on their review of the research literature that there are no significant gender differences in the risk of becoming a victim of SUVA, while a study by Chen et al. (2019) found that the relative risk of violence between men and women could change over time and differed between industry sectors within the same period.

Chappell and Di Martino (2006) noted that the available data indicated that around the industrialised world, younger workers had a greater risk of exposure to workplace violence. There are a range of reasons for this, including lack of experience in dealing with violent situations, inability to behave with self-confidence when confronted with aggression, vulnerability in the labour market, and lack of understanding of the workers' protections that are provided by labour laws and regulations governing conditions of employment. This reasoning is supported by research undertaken by Ayranci et al. (2006), who reported a significant finding that suggested that among health employees, workplace exposure to violence was greatest among those who were younger than 39 years. Camerino et al. (2008) noted that compared to their older colleagues, younger nursing staff reported more frequent exposure to various types of violence from patients and their relatives. It is important, however, to highlight that research is inconsistent with respect to other staff demographics. Full-time staff will naturally have more contact with service users than part-time staff, increasing the prospect of them becoming victims of SUVA, and staff trained in violence prevention may well be working in environments more prone to SUVA (Gillespie et al., 2010).

2.3.2 Worker Emotional and Physical Wellbeing

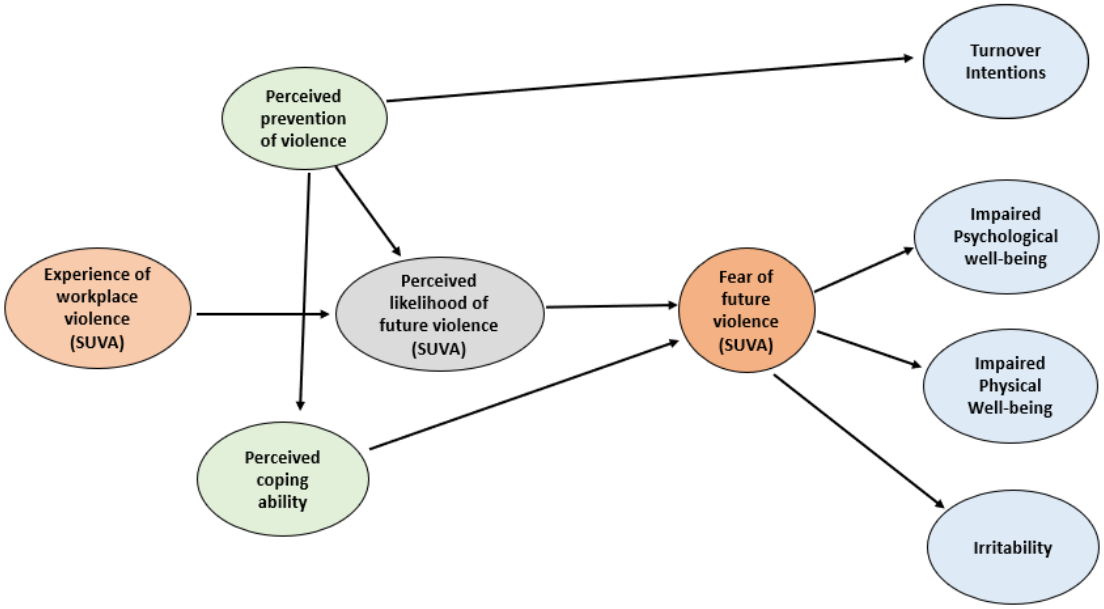
Both physical and psychological violence have serious implications for workers. The most commonly reported symptoms are stress, sleeping problems, fatigue, depression, personal safety concerns, fear, decreased job satisfaction and lowered job performance. Exposure to psychological violence is correlated with higher-than-average rates of absenteeism from work. Although psychological violence is, by its

nature, more cumulative in its impact than physical violence, its negative health effects, measured in terms of absenteeism, appear to be as detrimental as physical violence (Eurofound, 2013; Piquero et al., 2013). Purcell et al. (2017) propose that exposure to workplace violence can decrease a veteran affairs worker's trust in the organisation, reduce job satisfaction and lower morale, leading some to consider quitting. When public employees are confronted with aggression, it can have severe consequences, including increased burnout, reduced wellbeing and less commitment to the organisation (Tummers et al., 2016). The workplace environment may become a source of stress if workers believe it could pose a risk to their wellbeing and feel they do not have enough resources to cope with that threat, resulting in a fear of future aggression and a decrease In emotional and physical wellbeing (LeBlanc & Kelloway, 2002; Mueller & Tschan, 2011).

Mueller and Tschan (2011) surveyed 330 frontline staff from job centres and social security offices in Switzerland about their fear of future violence and their confidence in mitigation strategies. Their responses were analysed using structural equation modelling. The data supported their model of the consequences of workplace violence (shown in Figure 2.2), indicating that the fear of violence indeed leads to psychological and physiological wellbeing issues as well as looking for another job. Further, Mueller and Tschan highlight that their research results point to perceived prevention of violence as an important factor that influences fear levels in the workplace.

Figure 2.2

Extended Model of the Consequences of Workplace Violence



Note. Reproduced from Mueller and Tschan (2011) pg. 218.

The 2016 report by the Occupational Safety and Health Administration on workplace violence in the US highlighted that victims may experience several outcomes other than physical injuries. These can include short and long-term psychological trauma, apprehension about returning to work, altered relationships with colleagues and family members, feelings of inadequacy, guilt or powerlessness, and anxiety about being judged by supervisors and managers.

'Incivility has been identified as a prevalent, crucial issue in workplaces and as one that may be associated with detrimental effects on employees and organisational outcomes' (Namin et al., 2022 p. 1). This type of mistreatment is widespread, encompassing a broad range of disrespectful and impolite behaviours, including shouting, making insulting or demeaning remarks and questioning people's competence (Mostafa, 2022). Service users' incivility has an effect on public service employees' job satisfaction in providing services to the community (Prasetyo et al., 2021) leading to job burnout, emotional exhaustion, increased stress, anxiety and depression, staff looking for alternative jobs, and absenteeism (e.g., Aquino & Thau, 2009; Cortina et al., 2001; Grandey, Tam & Brauburger, 2004; Hershcovis & Barling, 2010; Meier et al., 2013; Skogstad et al., 2014). These effects can lead to significant costs for public organisations, including decreased productivity, increased training

costs and increased healthcare costs (e.g., Hershcovis & Barling, 2010; Skogstad et al., 2014). Incivility in public organisations is more likely to occur if limited autonomy is afforded to public employees due to bureaucratised organisational culture, hierarchy, centralised decision-making processes and formalised rules and policies, all of which lower employees' job motivation and morale (Danish, 2019). Sliter and Jones (2016) suggested that the following contributing factors are antecedents to service user incivility:

- *Organisational climate*—includes an organisation's policies, procedures and leadership, which can affect the way APS staff interact with service users
- *Perceived injustice*—service users may feel they have been treated unfairly by staff
- *Service user stress*—service users who are stressed or frustrated are more likely to engage in uncivil behaviour towards staff
- *Service failure*—mistakes or excessive wait times may result in service user incivility
- *Service user entitlement*—service users who feel entitled to special treatment or believe they have more power than staff (think the customer is always right) may be more likely to be uncivil.

Service user incivility and SUVA are both negative behaviours exhibited by service users towards frontline staff, but they differ in their severity and intensity. Service user incivility refers to relatively minor forms of negative behaviour with ambiguous intent to harm, while SUVA involves more intense, and sometimes extreme, forms of directed negative behaviour. (Cortina et al., 2013)

Al-Hawari et al. (2020) noted that staff members' perceptions of service users treating them in a discourteous manner leads to intense periods of 'emotional regulation' where staff are expected to frequently fake emotions in their interactions by being polite and non-responsive to uncivil service users. The employees attempt to simulate emotions that are not actually felt through careful presentation of both verbal and non-verbal expressions, such as facial gestures or voice tone. For example, negative emotions such as anger and annoyance are often masked with happier expressions (Nguyen & Velayutham, 2018). Al-Hawari et al. (2020) collected data by surveying 192 frontline employees working in service organisations in the financial, educational and healthcare sectors in the United Arab Emirates. Supervisor-rated

employee performance was also measured. The findings show that customer incivility is positively associated with emotional exhaustion, but the impact of customer incivility on emotional exhaustion can be mitigated by employee resilience. It was found that the consequences of emotional regulation (which is also termed emotional labour) included behavioural flexibility and improved service performance. These demanding activities required the constant suppression of felt emotions, resulting in energy depletion and feelings of emotional exhaustion. Employee burnout was observed in emotionally demanding roles where the intensity and frequency of uncivil interpersonal interactions were high.

Raman et al. (2016) proposed that counter-productive work behaviour can be linked to emotional labour. This type of behaviour, which goes against the goals of the organisation, is quite common among employees in many organisations. However, it often goes unnoticed or unreported. Examples of such behaviour may include intentionally working slowly, blaming others and engaging in verbal abuse. These actions may be intentional or unintentional and may stem from various underlying causes and motivations. According to Ogbonna and Harris (2002), the attitudes and behaviours of frontline service providers are a significant factor in customers' perceptions and interpretations of service encounters, creating an impression of what is to come in the service experience (Dagger et al., 2013). Within Services Australia and DVA, SUVA could well result from service users believing they have received poor or uncaring service from emotionally fatigued frontline staff.

2.3.3 Secondary Trauma and Fear of Future SUVA

Workplace violence has a detrimental impact not only on direct victims but also on bystanders who witness it. Witnessing any form of violence in the workplace can instil concern among workers that they, too, may become victims of violence in the future. Research indicates that fear of violence can lead to an adverse relationship between emotional wellbeing and somatic health, as demonstrated by studies conducted by LeBlanc and Kelloway (2002) and Schat and Kelloway (2003). Diem (2015) notes that the theoretical literature argues that secondary traumatic stress, although milder, is similar to that of people who have directly experienced a traumatic event: it involves psychological processes like those that occur in PTSD, including symptoms associated with intrusion, avoidance and hyperarousal. Hall and Spector

(1991) stated that although employees may not actually experience workplace violence, just perceiving a threat of violence is sufficient for them to exhibit many of the typical negative consequences of direct violence, such as anxiety, illness symptoms and negative occupational outcomes.

Additionally, vicarious trauma exposure is associated with burnout which includes emotional exhaustion, depersonalisation and reduced levels of personal achievement. Emotional exhaustion signifies depleted energy and emotional resources, while depersonalisation involves negative or detached responses to aspects of employment. Reduced personal accomplishment is characterised by negative self-evaluation (Diem, 2015). Dupré et al. (2014) developed and tested a model comparing the effects of direct and vicarious exposure to aggression directed at employees by service users. Their findings show that both direct and vicarious exposure to customer aggression affect employees' perceived risk of future occurrences of workplace aggression, which in turn influences their organisational attachment and wellbeing. The effects on those who are vicariously exposed are not as strong as the effects on those who are directly targeted.

Fear can be both pervasive and disempowering and is believed to play a particularly important role in the damage caused by violence, suggesting that the fear responses associated with direct and vicarious exposure to violence were related to subsequent staff outcomes, namely depression, anxiety, sleep disturbances, gastrointestinal symptoms, neglect of job roles and staff looking for another job (Harris & Leather, 2012; Schat & Kelloway, 2000). Fry et al. (2002) found associations between aggressive incidents and pervasive symptoms of psychological distress, including nightmares, fear of being attacked again and a heightened preoccupation with safety. Further, the individual costs of SUVA are not isolated to the worker; they can also have a negative impact on family, friends and colleagues (Bentley et al. 2013).

2.3.4 Location and Role of Worker

According to Mayhew and McCarthy (2005 p.39), 'one important hazard that needs to be widely recognised is the extensive vulnerability to violence faced by public servants who make offsite visits (also called out-servicing)'. Mayhew and McCarthy propose that individuals working remotely or in community settings require enhanced security measures and swift backup systems. These measures might include installing

global positioning systems in vehicles linked to mobile phones, implementing comprehensive call-in systems with automatic checks for unresponsive calls, and conducting risk assessments for clients being visited. Offsite workers are at increased risk because they regularly work in less structured environments, deal with more unpredictable events, assist previously unknown members of the public and sometimes carry out their job tasks in remote places (Mayhew & Chappell, 2003). While Chappell and Di Martino (2006) acknowledged that working alone does not necessarily imply an increased risk of violence, it is widely recognised that the vulnerability of workers may be heightened when they work alone. The degree of vulnerability will depend on the specific circumstances in which the solo work is being conducted. Ifediora (2018) undertook research to evaluate aggression in Australian after-hours house call (AHHC) doctor home visit services. An electronic questionnaire was sent to 300 doctors participating in AHHC through the National Home Doctor Service. They returned a total of 168 valid responses (56.0%). The findings showed that aggression prevalence was 47.1%—reported by nearly half the doctors. This resulted in most doctors in AHHC indicating that they were 'concerned' (90.2%) and/or 'apprehensive' (75.2%) regarding possible future aggression.

Wressell et al. (2018) undertook research that aimed to identify the workplace violence risk profile for remote area nurses across rural and remote Australia delivering health services in geographically isolated Indigenous communities, mining sites and agricultural areas. Their research noted that the most common environmental risk factor was a geographically isolated worksite. McCullough et al. (2012) stated that due to the complex nature of occupational violence in a remote setting, staff are required to use a variety of strategies to reduce SUVA, such as job-specific de-escalation techniques, adequate staffing to provide backup, and the provision of policies, risk mitigation procedures and action by management when hazards are identified. Moreover, in Australian rural areas, frontline staff have reported abuse happening outside the workplace even though they were not in uniform. Frontline staff who had to enforce laws, issue permits or refuse services were particularly vulnerable (Rayner & Lawton, 2017). Jacob et al. (2022) noted that staff feared that perpetrators would remember them from their work and engage them in the community. Here they highlighted that one participant from their research

confided that they would never go shopping in their uniform. The workers felt exposed due to the high risk of encountering service users in the community.

Chappell & Di Martino (2006) proposed that another quite different group of workers at significant risk are those in call centres. While these workers do not have face-to-face contact with service users, constant telephone communications can be a medium for the transmission of verbal abuse and threats. Grandey, Dickter and Sin (2004), through semistructured interviews with 198 call centre workers in two US worksites, uncovered evidence of these frontline staff being exposed to, on average, 10 episodes of customer aggression per day, with some respondents reporting as many as 50 incidents per working day. Deery et al. (2002) were concerned about the possible negative effects of call centre work on the psychological wellbeing of Australian employees. Their study surveyed 480 call centre staff and identified the negative effects of abusive and difficult customers combined with scripted customer service interactions on employee wellbeing. Where customers are rude or aggressive and employees are required to adhere to relatively rigid rules for self-presentation, staff may become emotionally distressed and emotionally exhausted, resulting in higher rates of absenteeism.

2.3.5 DVA Frontline Staff Members and Suicidal Service Users

Frontline staff from both Services Australia and DVA are impacted by threats and actual attempts of suicide by service users. Many service users require support from both DVA and Services Australia's benefits and programs. It is important, however, to mention the heightened level of political and media scrutiny faced by frontline staff at DVA (including Open Arms) due to veteran suicides being attributed to DVA policies and processes (note the Royal Commission into Defence and Veteran Suicide discussed in Chapter 1). According to Wadham and Morris (2019) the process of a veteran transitioning from the ADF involves navigating the intricate bureaucratic and political structures within the military-industrial complex. Networks of power within this complex include the ADF, the DVA and biomedical institutions (due to

medical conditions that require veterans to transition out of the ADF).[6] Communicating with and navigating these entities can be difficult for the veteran, on occasions contributing to suicide. Problem anger, violence, and suicidality are common, interrelated issues among military personnel and veterans (Varker et al., 2022). The Australian Senate Inquiry of the Foreign Affairs, Defence and Trade References Committee produced a report entitled *The Constant Battle: Suicide by Veterans* (Parliament of Australia, 2017) that highlighted a range of issues that contribute to veteran suicide, self-harm and suicidal ideation. These included:

- mental health issues, including depression and PTSD
- homelessness, poverty and lack of income
- unemployment and low job security
- stress on personal relationships and family violence
- social isolation and lack of connectedness
- experiences of sexual assault, bullying and harassment in the ADF
- perceived maladministration within the military justice system
- side effects of mefloquine, an antimalarial drug that can cause psychiatric symptoms in some people, including disturbed sleep, anxiety, paranoia, depression, hallucinations and psychosis
- substance and alcohol abuse.

Research has identified various concerns for staff working with individuals at risk of suicide, including stress, coping with emergency situations, having previous experience with losing a client to suicide, and the need to possess adequate technical and personal competence to manage at-risk clients (Matthieu et al., 2009). Van der Hallen (2021) notes that in the immediate aftermath of client suicide, staff have been reported to have experienced emotions of shock, disbelief, confusion and denial.

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[6] Polypharmacy increases the likelihood of adverse drug events. Veterans who suffer from PTSD frequently experience physical and psychological comorbidities that increase the possibility of both general and psychotropic polypharmacy (Mellor et al., 2022).

Feelings of distress, depression, anger at the client or society, guilt, shame, a profound sense of responsibility, failure and incompetence follow suicide events. Matthieu et al. (2008) noted that clinical providers and frontline non-clinical staff who work with veterans, families and communities are natural gatekeepers who can identify and refer veterans at risk of suicide. In their research, 602 community-based counselling centre staff from US Veterans Affairs participated in an evaluation of a brief standard gatekeeper training program and a scripted behaviour rehearsal. The findings suggested that significant differences in knowledge and self-efficacy were observed between pre- and post-training, especially among the non-clinical frontline staff, for whom the opportunity to rehearse the suicide prevention skills in a supportive peer environment was particularly important.

2.4 Organisational Issues Influencing SUVA

As Rasmussen et al. (2013) pointed out, the incidence of threats and physical violence in the workplace is a significant issue, particularly in the human-services sector. This sector tends to have a higher prevalence of workplace violence due to the nature of the work, which often involves working directly with the public or with individuals who are violent or unstable. Employers who fail to provide a safe and supportive work environment can expect to experience negative consequences, such as absenteeism, reduced productivity, decreased staff morale, higher workers' compensation premiums and expenses, diminished work quality, the need for counselling, mediation, or grievance procedures, increased error rates and difficulty retaining staff (May et al. 2013). Chappell and Di Martino (2006) state that the working environment, including its physical and organisational settings or structure and its managerial style and culture, can influence the risk of violence resulting from interactions with service users. They suggest that the following organisational issues are also considered to influence the likelihood that SUVA may take place in the public sector:

- organisational culture
- policies and procedures
- accurate record-keeping and reporting
- aggression prevention training

- monetary and reputational costs to the organisation
- WofG or networked approaches.

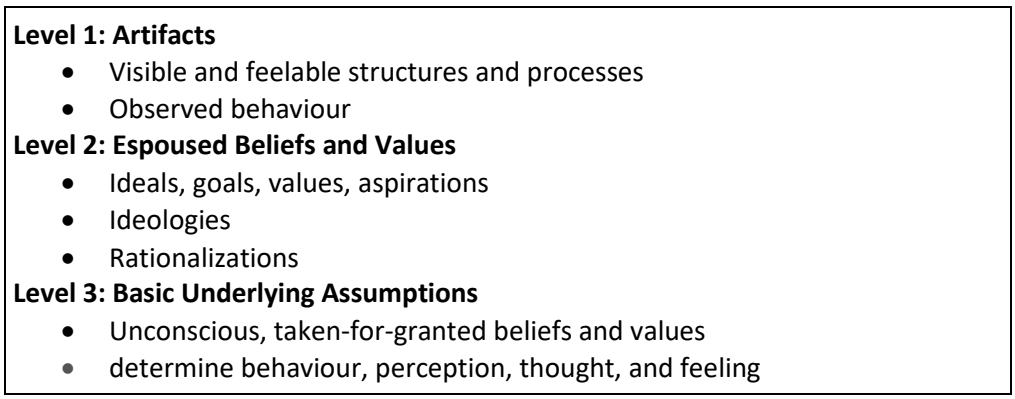
For organisations developing workplace violence prevention strategies, doing that will involve identifying the profiles of potential perpetrators, understanding their motives and examining the workplace environment. Four well-defined workplace violence types are often used in the literature and in practice (Howard, 1996; Peek-Asa et al., 2001). *Type I* workplace violence is that perpetrated by someone with no association with the workplace, such as a robbery against a petrol station attendant; *Type II* occurs when a service user becomes violent towards staff (this is especially common in health and social services); *Type III* occurs when an employee attacks another employee; and *Type IV* occurs when the perpetrator has no personal connection to the workplace but does have a connection with the staff member (e.g., family violence). For this research, SUVA is defined as Type II workplace violence.

2.4.1 Organisational Culture in the Public Sector

Organisational culture in the public sector is a topic about which there is limited empirical understanding (Parker & Bradley, 2000). However, it plays a significant role in the general functioning of any organisation. It determines an organisation's performance and effectiveness. Organisational culture helps employees obtain a sense of identity and purpose. They understand that they belong to a community that has certain values, beliefs and ideologies (Austen & Zacny, 2015). Schein and Schein (2017) noted that culture in general can be analysed at several different levels, where 'level' means the degree to which the cultural phenomenon is visible to a participant or observer. These levels range from the very tangible, overt manifestations that one can see and feel, to deeply embedded, unconscious, basic assumptions. Between these layers are various beliefs, values, norms and rules of behaviour that members of the culture espouse and use as a way of reproducing the culture to themselves and others. The three major levels of cultural analysis are shown in Figure 2.3.

Figure 2.3

The Three Levels of Culture



Note. Reproduced from Schein and Schein (2017). *Organisational Culture and Leadership* (5th ed.).

If a person enters a new culture, they will observe many things that may or may not make sense to them, and they will not have the insight to understand them without asking insiders some questions. It is especially dangerous for them to try to infer deeper assumptions from artefacts and observations alone, because their interpretations will inevitably be based on their own cultural background. Schein and Schein (2017) stated that when we examine organisations and want to describe their cultures, we need to understand these specific concepts. They suggested the following 'Dynamic Definition of Culture':

> 'The culture of a group can be defined as the accumulated shared learning of that group as it solves its problems of external adaptation and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, feel, and behave in relation to those problems.
>
> This accumulated learning is a pattern or system of beliefs, values, and behavioural norms that come to be taken for granted as basic assumptions and eventually drop out of awareness.' (Schein & Schein, 2017 pgs. 32-33)

Harrison and Baird (2015) observed that the organisational culture of government departments and agencies (i.e., public sector organisations) in Australia remains conservative in terms of outcome orientation: that is, it is competitive and achievement-oriented (i.e., has high performance expectations and is results-oriented). Their research considered organisational culture in public service

departments and agencies across Australia. They found that public sector organisational culture in Australia remains reflective of the 'internal process' culture of bureaucracy and hierarchy, with attendant emphasis on rules, conformity and attention to technical detail, although within the APS there are often differences in organisational culture between departments and agencies that can prove problematic. Buick et al. (2018) noted that MoG changes are pursued to achieve supposed gains (such as enhanced efficiency and effectiveness), political priorities, or better outcomes more broadly. These changes often involve major restructuring and upheaval in employees' roles, locations and performance.

The government-initiated nature of MoG changes means that expediency and political need or pressure, rather than organisational principles, tend to be the strongest influence on decisions to reorganise public sector organisations (even where claims of efficiency are made; see Davis et al. 1999; White & Dunleavy, 2010). MoG changes often undermine existing effective work practices and can cause or amplify dysfunction (Peters, 1992). This is partly due to the disruptive nature of structural change (see Andrews & Boyne, 2012) and, often, insufficient time being allocated to planning and implementing the changes (Davis et al., 1999; Nethercote, 1999; White & Dunleavy, 2010). Buick et al. (2018) suggested that the potential gains from MoG changes are lost when unreconciled cultural differences are evident across organisations, supporting the proposition that low cultural compatibility between merged organisations is detrimental. MoG structural changes mean that little time is devoted to longer-term issues such as synergy identification, corporate planning and determining how to establish effective human-resources, operations and finance functions (White & Dunleavy, 2010). This is in stark contrast to the approach advocated by studies into private sector mergers and acquisitions; these emphasise the importance of effective planning and ensuring strategic fit and complementarity (see Marks & Mirvis, 2001; Weber & Tarba, 2012).

Carey et al. (2017) noted that there appears to be an enduring belief that structural change can fix perennial boundary problems. Yet boundaries are not merely structural—they are also cultural and functional (i.e., different people perform different jobs and functions). Placing individuals in the same organisational or departmental unit does not mean that boundaries evaporate—rather, they endure and even potentially cement cultural differences as individuals become increasingly

defensive. Services Australia was formed because of a number of MoG changes that brought together Centrelink (previously a standalone agency), the Child Support Agency (previously part of the ATO), Medicare (previously a stand-alone agency) and the majority of the now-closed Commonwealth Rehabilitation Services (part of Australia's health and allied health workforce), all with their own separate cultures and IT infrastructures (Services Australia, 2022a). The legacy of this merger was that each agency became referred to as a 'program' under Services Australia but continued operating with separate IT systems due to legislation, such as secrecy Acts. This means that SUVA and aggression reporting systems have also remained independent of each other, as evidenced by the organisational data reported in Chapter 1.

Lapuente and Van de Walle (2020) noted that over the last four decades, the public sector in most countries was reshaped by reforms under the rubric of New Public Management (Hood, 1991; Pollitt & Dan, 2011). These reforms included the importation of private sector practices into the internal workings of public administrations. Management ideas from the private sector have been introduced in ways previously unknown in the public sphere, and in all public policy domains, from health care and education to transport and security, and to central bureaucratic services. The central assumption was that businesslike practices would enhance both efficiency and effectiveness (Alford & Hughes, 2008). Housego & O'Brien (2012) note that government entities at various levels in Australia are progressively engaging charitable organisations, not-for-profit entities, and occasionally for-profit enterprises. While estimates vary about the extent of such arrangements, recent statistics suggest they are a large and growing phenomenon.[7] They propose that the transition towards contracting through 'purchase of service' and other types of 'managed markets' has been partly driven by a desire to improve the efficiency and effectiveness of service delivery. Mulgan (2005) notes that outsourcing does not necessarily reduce the level of government spending, only the proportion of government spending consumed by employing internal staff.

[7] An OECD survey reports that in 2011, on average across all member countries, 44% of government production costs were consumed by outsourcing, compared with 47% by employing internal staff (Mulgan, 2015 pg. 7).

2.4.2 Contractors

In 2020, a Senate committee noted that the federal government's controversial average staffing level cap had led APS departments and agencies to use more contract labour, ultimately costing taxpayers more. The Senate committee called for the cap to be abolished, arguing that outsourcing government services is an activity fraught with risk. In its submission to that Senate inquiry, Services Australia argued that outsourcing employees had been a cost-effective way to deliver services within the limitations of the staffing cap. During this same period, the DVA had various roles outsourced, including assistant directors, ministerial delegates, parliamentary officers and senior managers (Jenkins, 2020).

Private contractors, like other private companies, operate under a lower-accountability regime compared to public servants. Their ultimate accountability is to their shareholders rather than to the public, and they are not subject to the numerous accountability pressures that face public officials from the legislature, government auditors, ombudsmen and the media. The main avenues for the public accountability of contractors are through audited contract performance and delivery of the defined outputs (Mulgan, 2005). The following provides an example of the issues. Both former and current contractors employed by Datacom to undertake Centrelink work at the Modbury Call Centre were interviewed by the Adelaide independent online newspaper *InDaily* (Bassano, 2020). A Datacom worker told *InDaily* that Datacom staff were paid lower rates than their public sector counterparts:

> 'We're on the contract call centre award and it's just base award rates but … if we were in the public service system, it's another probably $20,000 a year, and a lot of it comes down to that one fact—there's a lot of churn,'
>
> 'When we first start, we have half a day with a Services Australia social worker. So, you go through something like self-harm and suicide and then a couple of hours on domestic violence and things to look out for and things to handle in a call.'
>
> 'And that's all we've had—half a day'. (Bassano, 2020)

Another former worker told *InDaily* that she chose to leave the job after her mental health deteriorated:

> ‘I went to the doctor multiple times about my mental health while I was there and I ended up being prescribed Valium. I thought I can’t go back to a workplace where I have to take a medication just to go to work,’ she said. (Bassano, 2020)

The former employee said it was not unusual to see staff crying at their desks because of the calls:

> ‘You didn’t know who was going to be on the other line. They could start yelling at you or be really nice, so it always made me a bit anxious about what kind of call it was going to be.’

The former Datacom worker said she quit the role after five weeks due to its impact on her mental health:

> ‘I did not have a day when I wasn’t screamed at by a client, I didn’t have a day when I didn’t hear from a suicidal caller. I was broken after five weeks. I’d lost about six kilos.’ (Bassano, 2020)

The Australian National Audit Office (ANAO) undertook a review with both Services Australia (Auditor-General Report No. 45 2021-22) and DVA (Auditor-General Report No. 45 2021-22) on the effectiveness of the management of contractors. ANAO released the reports in 2022 (Australian National Audit Office, 2022a, 2022b). The reports note that at Services Australia, 9.7% of the workforce were contractors; at DVA, the proportion was 39.3%. The ANAO stated its concerns about the completion rates of mandatory training and about the adequacy of processes within Services Australia to ensure that both contracted staff and their management were aware of mandatory induction training. The ANAO noted that of the contractors engaged by Services Australia as of 28 February 2022, 34.7% had completed the mandatory induction modules, with a further 28.3% of contractors deemed ‘induction compliant’ by Services Australia and 32.2% having completed the 2022 mandatory refresher program. Concerns were also raised about failures from Services Australia and DVA in obtaining individual contractors’ agreement to comply with the government’s policies, standards, protocols and guidelines.

Services Australia had enacted temporary access authorisations in its personnel security policy to enable rapid recruitment of contractors to meet the high service demand generated by COVID-19 and to manage the 2022 east coast flood emergency

and other priorities. The ANAO suggested Services Australia and DVA strengthen assurance activities to ensure that the mandatory requirements were met, particularly when personnel had already been granted temporary access to Australian Government resources (people, information and assets). As of 22 December 2021, 56% of DVA contractors had not completed all modules of the mandatory induction program.

Being undertrained and overloaded with work leads to high stress levels for contractors, creating an environment that may result in SUVA incidents. As illustrated by the comments above, staff health and wellbeing are not the highest priority for their employers—profits are. As public service work is outsourced through Services Australia and DVA, one may ask questions regarding those organisations' duty of care since they know that the work being outsourced may involve SUVA, which could lead to psychological and physiological harm to the contracting staff and service users involved.

2.4.3 Policies and Procedures

'Employees' perceptions of organisational policies, procedures and practices aimed at controlling and removing workplace violence and aggression are crucial to creating a positive workplace climate' (Aytaç & Dursun, 2012 p 3030). 'Policy makers and practitioners who intervene in other people's lives should acknowledge that although they act with best of intentions, there may at times be unintended consequences' (Chalmers, 2003 p. 22). An evidence-based policy approach attempts to build public policy, strategies and interventions based on the best available research and evaluation and reduce the risk of SUVA from occurring (Davies, 2004; Chalmers, 2003; Homel, 2009). The Australian National Research Council and Institute of Medicine has recommended that to prevent mental, emotional and behavioural disorders, federal and state agencies should prioritise the use of evidence-based programs and promote the rigorous evaluation of prevention and promotion programs (O'Connell et al., 2009).

A study by May et al. (2013) undertook a multipronged approach to exploring violence experienced by frontline professionals who work in rural and remote locations in Australia, incorporating a literature review as well as a staff survey (n = 624) and one-to-one interviews (n = 13) with individuals from a range of professions, including allied health professionals, police, doctors and nurses. The focus

of this project was the protection of these workers from violence and other factors that pose a risk to their physical or emotional wellbeing in the unique context of rural and remote settings. Their survey results indicate that respondents believe workplace violence may have a greater impact when experienced by staff who have not had appropriate training in how to manage violent and aggressive behaviour. The survey also found that the under-reporting of violent incidents was more common if an employer did not have policies and practices in place or lacked the resources to implement their policies and practices.

Further, May et al.'s (2013) findings indicated several factors employers should consider when implementing violence prevention policies. One key factor is the need to educate staff about the risks and workplace policies and provide them with the resources to seek help if they feel threatened by unacceptable behaviour. Another important factor is to foster a workplace culture in which violence is not considered a normal part of the job and employees are encouraged to report any violent incidents they witness or experience. It is also crucial to consistently enforce policies and have mechanisms in place to address violent incidents and other inappropriate behaviour in a timely manner. Additionally, policies should be accompanied by work practices that promote the wellbeing of staff, such as ensuring they do not work long or unsociable hours or work alone in high-risk areas. Finally, it is essential to have a system in place to monitor the effectiveness of individual policies and recognise how different strategies interact with each other.

Mayhew & Chappell (2005) recommended that leaders demonstrate their commitment to zero tolerance of workplace violence, encourage cultural change and prioritise workers safety. They should also encourage formal reporting of workplace violence (see Chapter 4), eliminate covert penalties (organisational mistreatment of staff who report) and reduce unnecessary form-filling. It is also recommended that regular audits of workplace violence vulnerability be conducted by independent (OHS) professionals. Organisations have both legal and moral responsibilities to effectively manage workplace aggression. To achieve this, best practice models of aggression prevention must include aggression management training as a key component (Mayhew & Chappell, 2003).

Deans (2004) noted that training programs have many positive outcomes that enhance participants' ability to manage aggressive behaviours. With some basic

training, participants can be more prepared to manage violent and potentially violent situations, and by doing so may reduce the incidence of aggression (see Chapter 4). Chang et al. (2012) suggested that one of the contextual factors that can be changed to discourage violence and aggression may be what Spector et al. (2007) termed the *violence-prevention climate*. The ideal violence-prevention climate, considered from both an individual and organisational level, is a climate in which employees' perceptions of organisational policies, practices and procedures regarding the control and elimination of workplace physical violence and verbal aggression are reinforced by the management's adherence to these policies and procedures and their responses to violent incidents. Kessler et al. (2008) stated that a positive safety climate exists when organisations have high-quality safety policies and procedures in place and the key personnel, such as supervisors, encourage employees to adhere to these policies. They note that a safety climate is often regarded as a proactive approach to enhancing and managing workplace safety.

2.4.4 Whole-of-Government Approach and Reputation Costs

To improve outcomes in service delivery, governments need to adopt a more collaborative, integrated approach that would involve promoting greater coordination and cooperation between government agencies at the same level, between different levels of government and between government agencies and non-profit organisations (Ryan & Walsh, 2004). The concept of joined-up government was first introduced by the UK government in 1997, and a main aim was to deal more effectively with the wicked issues that seemed to be straddling the boundaries of public sector organisations, administration levels and policy areas. Some examples of these issues were frontline staff complaining that national policies appeared blind to the delivery challenges and funding constraints they faced, and the patchwork quilt of providers from private, public and voluntary sectors blurring the lines of accountability (Elliott et al., 2022; Richards & Smith, 2006). Joined-up was presented as the opposite of departmentalism, tunnel vision and vertical silos (Christensen & Lægried, 2007).

In Australia, WofG denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to pressing and persistent issues in service delivery and impact. Approaches can be

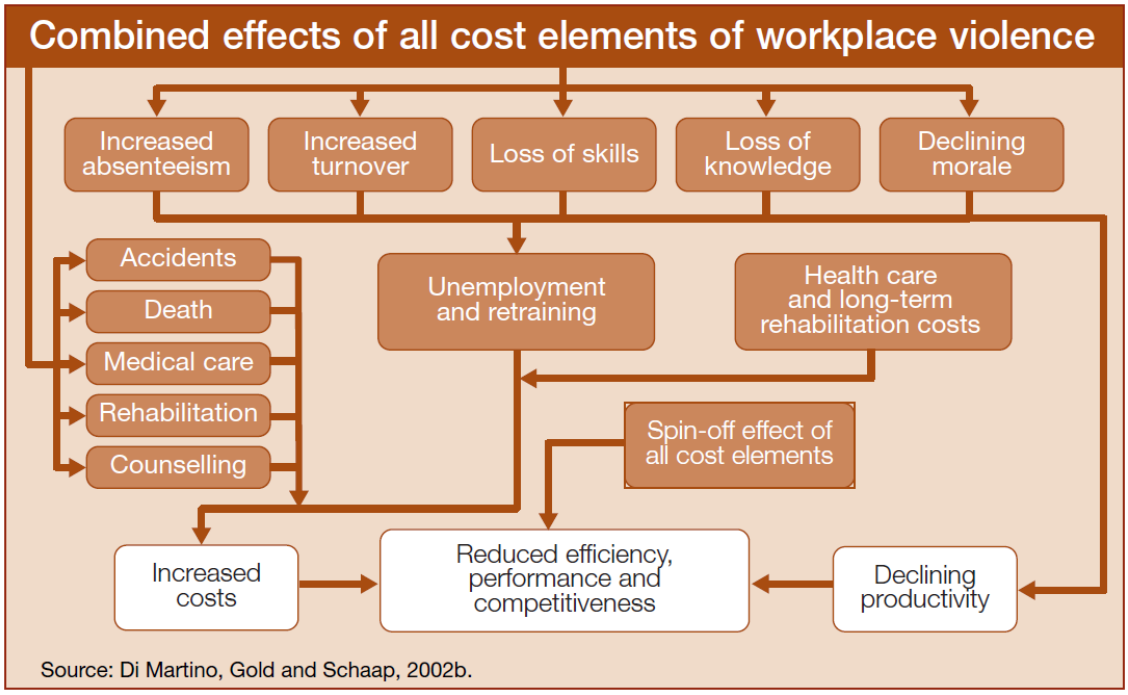
formal or informal. They can focus on policy development, program management or service delivery (Management Advisory Committee, 2004).

Australia has three levels of government—a single federal government, six state governments (Tasmania, Victoria, New South Wales, Queensland, South Australia and Western Australia) and two territory governments (the Northern Territory and the Australian Capital Territory), and approximately 560 local government bodies (including one for each state and territory capital city). While each level of government in Australia bears some responsibility for crime prevention, it is generally acknowledged that the bulk of this responsibility lies with the states and territories (see Clancey et al., 2016; Weatherburn, 2004). WofG approaches are built on the assumption that because it is known that the causes of crime are complex and multifaceted, then preventative responses will be more effective if they combine the efforts of all the relevant government agencies (and community and business groups) into a single coordinated strategy (Makkai, 2004). This approach requires a high level of policy, program and organisational integration, to the point of joint collective action and shared or mutual responsibility for performance outcomes. Many existing processes may need to be changed or at least adapted (Homel, 2005).

Chappell & Di Martino (2006) note that the costs of SUVA are borne not only by the victim and the employing organisation but across all sectors of society. It is only in recent times that experts have started quantifying the multiple and massive costs. Measures to reduce security risks may seem costly and time consuming, especially if no incidents have been reported (Figure 2.4).

Figure 2.4

Combined Effects of all Cost Elements of Workplace Violence



Note. Reproduced from Chappell and Di Martino (2006, p. 138).

However, an incident or incidents may result in low morale among employees, destruction of property, healthcare costs for employees or clients, a poor image for the organisation and difficulty in recruiting and retaining staff. This also includes the cost of absenteeism, lost productivity, higher insurance costs, compensation payments, and emotional trauma among other workers (Simonowitz et al., 1997). (See Deloitte Economics, report summaries in Appendix VI).

2.5 Chapter Summary: Interpersonal and Organisational Contributions to SUVA

SUVA within the APS is complex and multifaceted, with origins in both the individuals involved and the structure and culture of the organisation. SUVA incidents may arise from internal issues such as mental or neurological health of a service user or demographic traits of the staff member, outcomes from SUVA incidents for both the staff member and the service user can be debilitating and lifelong, while the reputational costs for the organisation may be damaging. Risk mitigation strategies should be built upon evidence that they will reduce incidents of SUVA occurring.

Chapter 3 more deeply examines the causes of SUVA by reviewing the main theoretical considerations that may explain its genesis. Proactive risk mitigation strategies to reduce the probability of SUVA can only take place once its causation is understood.

Chapter 3: Theoretical Considerations for Understanding SUVA

> *I was livid … I was making threats to him and his family and everybody else under the sun. And I was furious. I was absolutely furious. I was screaming and in tears and having a mental breakdown … I kept saying to him, you're not helping me. I'm a mentally ill homeless person. I'm desperately struggling to survive right now …* (Service user, 2022; Interview Participant 35)

This chapter presents the study's theoretical grounding in both micro- and macro-level theories of SUVA in the aforementioned three domains, namely frontline staff, service users and the organisational environment (see Table 3.1). Aggression and violence have been studied in a variety of disciplines including anthropology, criminology, biology, economics, political science, communication research, history, sociology and psychology. It is difficult to study human aggression directly because it occurs sporadically and people often have reasons for not acknowledging or reporting it. This complexity is reflected in each scientific discipline having its own forms of analysis, theories and methods for explaining aggression (Bjørkly, 2006).

Table 3.1

Summary of Theories of Aggression in the Public sector Across the Three Domains: Frontline Staff, Service User and Organisation

Level of analysis	Theorised causes
Frontline staff	• Bureaucratic power • Stereotyping, labelling & stigmatisation
Service user	• Psychological and neurological factors • Stereotyping, labelling & stigmatisation
Organisation	• Ecological factors • Bureaucratic power

To explain SUVA within the APS environment, many theoretical perspectives can be considered. Evidence-driven science includes theory generation, development and evaluation as crucial processes, as important as primary data collection (Haig, 2014). Sections 1, 2 and 3 of this chapter demonstrate the contributions at the micro

level of psychological and neurological theories and theories of stereotyping, labelling and stigmatisation, while Sections 4 and 5 demonstrate those of ecological theory and bureaucratic power at the macro level. Table 3.1 highlights the three domains where SUVA theory takes place and how they interact with each other.

3.1 Psychological Approaches to Understanding SUVA

Psychological approaches to understanding aggression and violence focus largely on the cognitive and emotional processes of individuals and how individuals respond to their immediate social environments (Durrant, 2013). The present study focuses on specific issues facing frontline staff and service users. Here, a psychodynamic approach can be incorporated by reviewing frustration-aggression theory (Berkowitz, 2012; Dollard et al., 1939), the social psychology of social interactionist theory (R. B. Felson, 2018) and the integrative framework provided by the General Aggression Model (GAM; Anderson & Bushman, 2002; DeWall et al., 2012). The GAM incorporates elements from cognitive theory and social learning theory along with biological factors to explain how SUVA may arise. It is important to consider individual propensities for violence and aggression and how they are mediated through dynamic factors, and the following subsections outline these different approaches as they apply to SUVA in the context of public service delivery.

3.1.1 The General Aggression Model

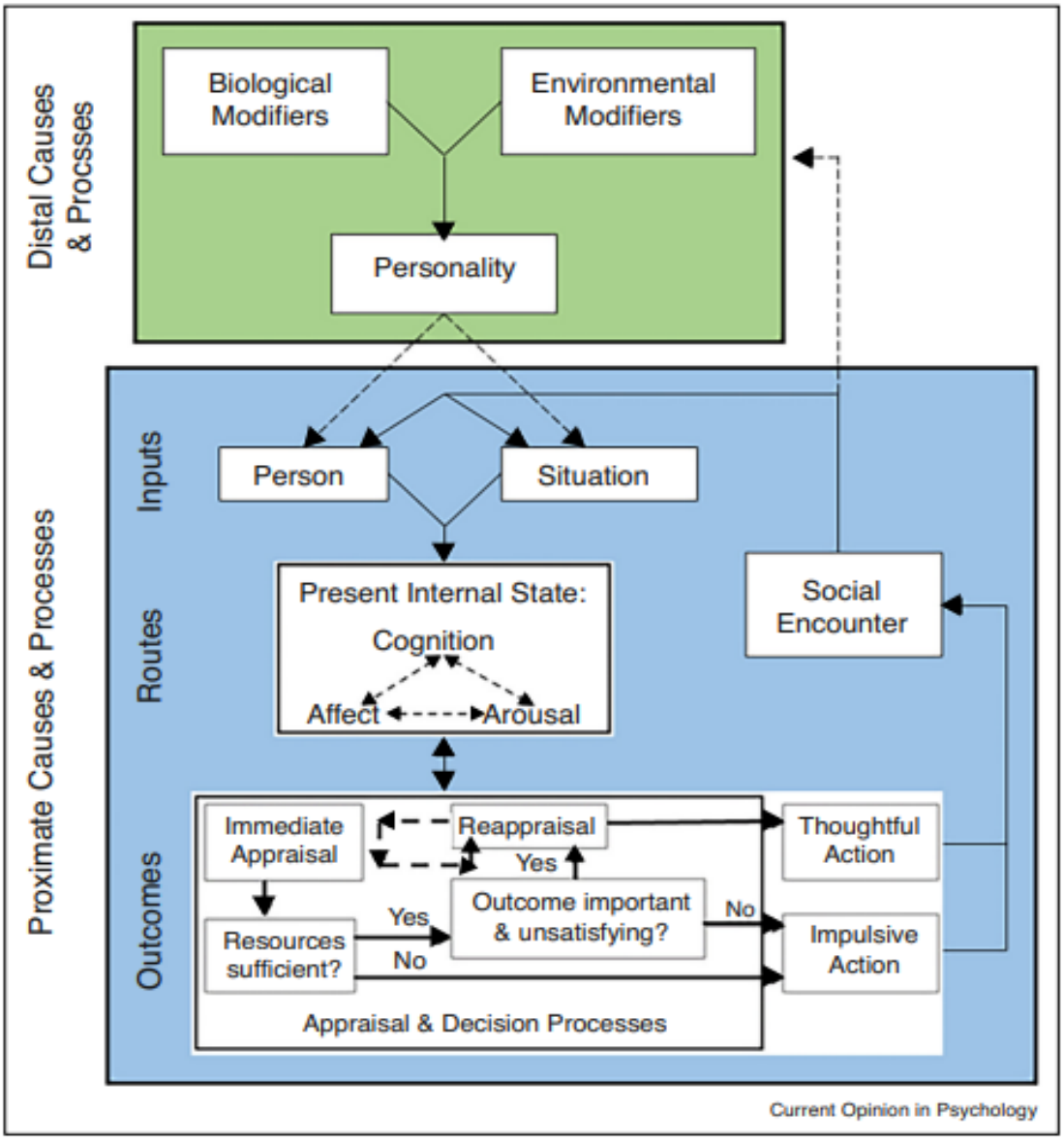
Allen et al. (2017) noted that the GAM is one of the most comprehensive and widely used theories for understanding aggression; it incorporates the roles of social, cognitive, developmental and biological factors in aggression (Anderson & Bushman, 2002; DeWall et al., 2011; DeWall et al., 2012). The GAM includes elements from many domain-specific theories of aggression, including cognitive neoassociation theory (Berkowitz, 1989, 1990), social learning theory (Bandura, 2001; Mischel & Schoda, 1995), script theory (Huesmann, 1986), extinction transfer theory (Zillman & Bryant, 1974) and social interaction theory (Tedeschi & Felson, 1994). The GAM contends that both long-term factors, such as personality traits, and short-term factors, such as provocation, influence aggression. These factors are moderated by internal states, including cognition, affect and arousal, which determine how aggression develops in response to individual and situational factors (Gilbert et al., 2013). As shown in Figure

3.1, the GAM adopts a dynamic, episodic, person in the situation approach to explain aggression. The model separates each episode of aggressive behaviour into three phases, namely, inputs, routes and outcomes:

- The first phase (inputs) focuses on the influence of personological and situational variables.
- The second phase (routes) focuses on how input variables influence affect, cognition and arousal to create an individual's present internal state.
- The third phase (outcomes) focuses on how that present internal state influences appraisal and decision processes that then lead to either thoughtful or impulsive action. That action then influences the social encounter and feeds back into personological and situational variables, repeating the process (Allen et al., 2017).

Figure 3.1

The General Aggression Model



Note. Reproduced from Allen, Anderson & Bushman (2018). The general aggression model. Current opinion in Psychology, 19. 75-80.

According to Gilbert et al. (2017), the GAM places considerable importance on knowledge structures, which serve as guides for people's interpretations and responses to their environment. Three such structures are particularly relevant: perceptual schemata that identify social events (such as personal insults), personal schemata that comprise beliefs about specific individuals or groups, and behavioural scripts that contain information about how people behave in specific circumstances. These structures have the potential to contribute to aggressive outcomes by creating vulnerabilities that trigger negative emotions; appraisals that justify aggression; and

the procedural knowledge necessary to engage in aggressive behaviour. Further, since these thinking–knowing structures are entrenched and are inseparable from the way individuals interact with their environment, they are inherent to individual differences in aggressiveness.

In summary, as an integrative theory for explaining SUVA, the GAM brings together how the individual and the situation influence the service user's and frontline staff member's emotions and cognition, leading to an evaluation of the situation and a decision about whether to engage in SUVA or not. The decision-making process can be radically truncated if the person is already aroused. For example, when a service user is anxious about receiving an emergency payment due to financial pressures, but are refused, they may view this as staff incompetence or poor service directly aimed at them and a SUVA incident may arise.

3.1.2 Frustration-Aggression Hypothesis

Dollard et al. (1939) frustration-aggression theory, more commonly known as the frustration-aggression hypothesis, ranks among the most seminal and frequently discussed theories on aggression. Their original formulation of the frustration-aggression hypothesis stated that 'the occurrence of aggressive behaviour always presupposes the existence of frustration and, contrariwise, that the existence of frustration always leads to some form of aggression' (cited in Breuer & Elson, 2017). Fox and Spector (1999) noted that the Dollard-Miller model views aggression as a consequence of frustration that occurs when an instigated goal-response (or predicted behavioural sequence) is thwarted. It is possible that the individual may find a substitute response; however, if that does not occur, the individual may respond with some covert, externally or internally directed form of aggression. They further add that an aggressive response will be strongly influenced by the individual's perception of the likelihood of being punished. While the inhibition of an aggressive act varies directly with the strength of the punishment anticipated for that act.

Berkowitz (2012) proposed a cognitive neoassociation model to explain the relationship between frustration, anger and aggression. According to the model, the conventional analysis of frustration and anger is oversimplified. People may not always respond with anger or aggression when they are prevented from achieving goals, and they may feel angry even when the goal blockage is legitimate. Berkowitz suggests that

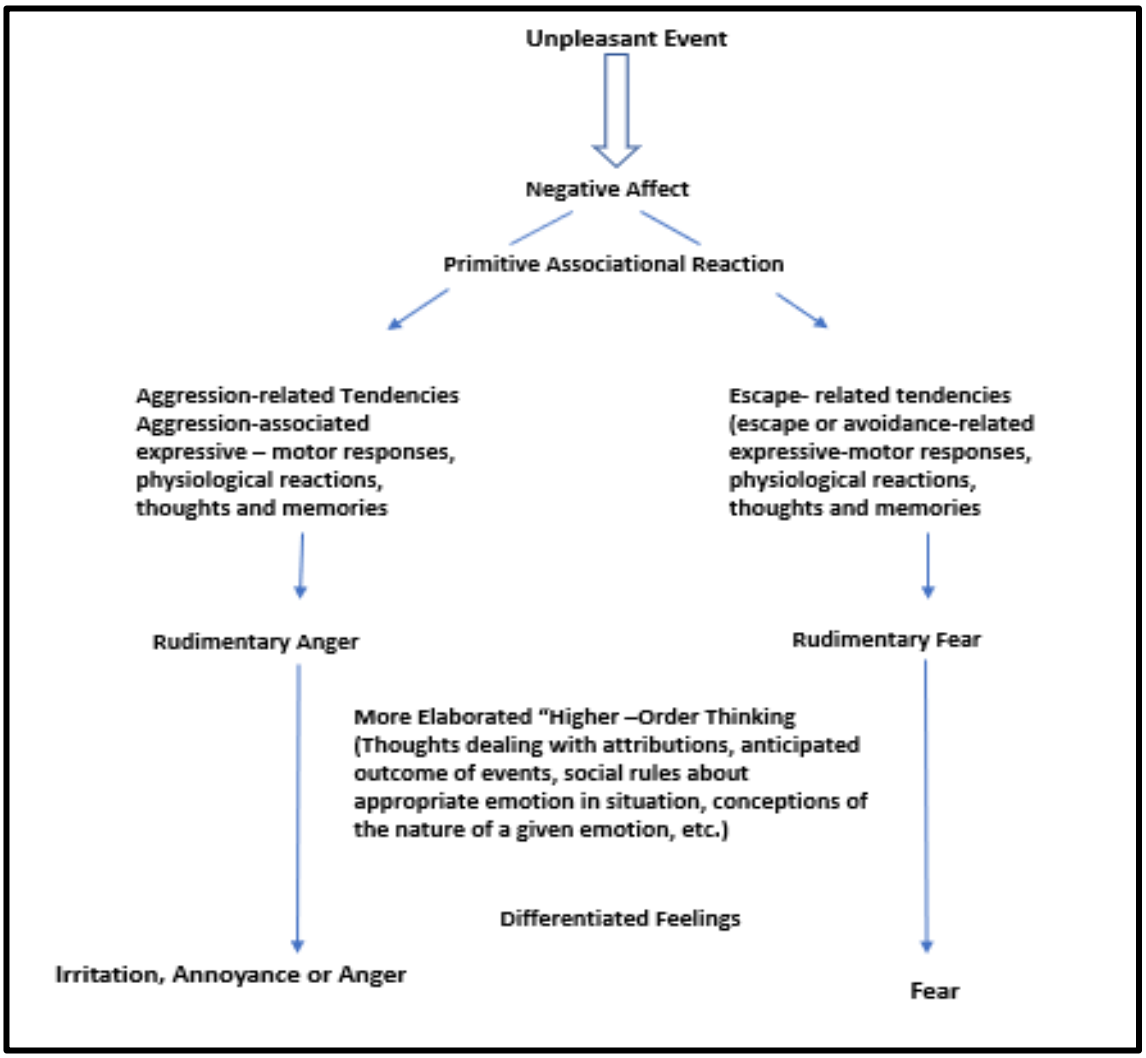
frustration generates negative affect and aggressive inclinations only when it is decidedly unpleasant. The occurrence of aggressive behaviour in response to frustration depends on individual and environmental variables. The fear of repercussions or the absence of the source of frustration can deter aggression. Nevertheless, when aggression retaliation is not an option, the frustration might get displaced and redirected toward an innocent person who is more reachable or appears less threatening (Krahé, 2008).[8]

Based on Berkowitz's (1993) work, Figure 3.2 depicts a simplified representation of an associative memory structure in which aggressive thoughts, emotions and behavioural tendencies are interconnected in memory. Concepts that share similar meanings, such as 'hurt' and 'harm', and concepts that are frequently activated together, such as 'knife' and 'stab', develop robust associations with each other (Anderson et al. 1998). When a concept is thus primed or activated, this activation spreads to related concepts and increases their activation as well. Cognitive neoassociation theory also covers higher-order cognitive processes, such as appraisals and attributions. If people are motivated to do so, they may think about how they feel, make causal attributions for what led them to feel that way, and consider the consequences of acting on their feelings. Such deliberate thoughts produce more clearly differentiated feelings of anger, fear or both. They can also suppress or enhance the responses associated with those feelings. Cognitive neoassociation theory not only incorporates the earlier frustration-aggression hypothesis but also provides a causal mechanism for explaining why aversive events increase aggressive inclinations, that is, via negative affect (Berkowitz, 1989).

[8] According to Anderson and Bushman (2002), in cognitive neoassociation theory, aggressive thoughts, emotions, and behavioural tendencies are linked together in memory.

Figure 3.2

A Simplified Schematic of an Associative Memory Structure



Note. Reproduced from Berkowitz, L. (1993b). Pain and aggression: Some findings and implications. *Motivation and Emotion*, *17*(3), 277–293.

Krieglmeyer et al. (2009) investigated how aggressive reactions to frustration are influenced by attributional processes. They suggested that by knowing that another person did not intend to cause frustration may affect anger and aggression. They found that 'apologising information' was effective in decreasing subsequent aggressive behaviour but not in reducing feelings of anger. This finding accords with the notion that awareness of unintentional behaviour leads to control of aggressive impulses; and suggests that such attributions influence aggressive behaviour mainly via reflective pathways, while impulsive processes remain largely unaffected. Krahé et al., (2018) notes that whether the experience of a frustrating event gives rise to an aggressive response depends on cues present in the situation. The frustration–

aggression link is stronger in the presence of aggressive cues than in the absence of such cues, and it can be weakened by the elicitation of affective states that are incompatible with aggression, such as positive affect induced, for example, by humorous stimuli, pleasant music or an apology.

The usefulness of these micro-level approaches is evidenced by the aggression training and de-escalation techniques taught to frontline staff members in both DVA and Services Australia, which will be further discussed in Chapter 4. A simple apology for the inconvenience of wait times or for the perceived poor service provided to a service user may reduce the aggression experienced by frontline staff and prevent a SUVA incident from occurring. This is effective regardless of the mode of communication with the service user, be it face-to-face, telephone or writing. Receiving feedback from service users on what they perceive as aggressive cues would be a beneficial, proactive policy. Service user reference groups could provide insight into telecommunications recording systems (e.g., on-hold messages), office environment changes and the text in letters they receive from APS organisations. Gaining the service user perspective may prevent unintended consequences leading to SUVA incidents.

3.1.3 Social Interactionist Approach

R. B. Felson (2018) noted that the social interactionist approach challenges the frustration-aggression approaches, which claim that aversive stimuli and negative affect instigate aggression. From a social interactionist perspective, negative affect plays a much more limited causal role in producing violence. A bad mood after an aversive experience may *facilitate* an aggressive response if people fail to consider costs and moral inhibitions when they are in a bad mood. The aversive experience does not instigate aggression unless the person deemed responsible is assigned blame. Blame is a critical element because it leads to a grievance and a desire for retribution. The social interactionist approach treats interpersonal and situational factors as critical to the instigation of aggression, and it recognises that aggressors often view their own behaviour as legitimate or even moral.

The social interactionist approach focuses on the interactions of actors, targets and third parties and views aggression as both instrumental (proactive) and emotional (reactive) in presentation (Neuman & Baron, 2005; Tedeschi & Felson, 1994). Here,

instrumental aggression means an act in which aggression is employed to obtain some valued outcome. In such instances, the harm inflicted on the victim is merely a means to an end and not a goal. Reactive (hostile) aggression, in contrast, is generally viewed as being impulsive, thoughtless, driven by anger, having the ultimate objective of harming the target, and often arising in reaction to some perceived provocation (Anderson & Bushman, 2002). A social interactionist approach emphasises the importance of adversary effects (i.e., the physical threat posed by adversaries). Hence, it argues that people consider the relative coercive power of their opponent when they decide whether to engage in violence and what tactics to use. This suggests that a degree of rationality, or at least quasi-rationality, also plays a part in moderating the risk of violence (R. B. Felson, 2018).

According to R. B. Felson and Tedeschi (1993), this approach is grounded in four key principles. These principles are as follows:

1. It views aggression as instrumental behaviour, driven by specific goals or values.
2. It suggests that aggression is propelled by internal forces such as aggressive energy, instincts, hormones, brain centres, and frustration.
3. It recognises the significance of situational and interpersonal factors in provoking aggression.
4. It places emphasis on the subjective experiences of individuals, highlighting the importance of their values and expectations in evaluating alternative courses of action.

Felson and Tedeschi propose that the initial response to a perceived norm violation can be seen as the first act of aggression, which may lead to retaliation aimed at deterring future attacks, seeking justice of preserving one's reputation. An aggressive interaction depends on the behaviour of both the instigator and the target, while bystanders and the setting also may influence the exchange.

In summary, psychological theories can help to explore and understand the individual motivation that drives SUVA within the public sector environment. The public context is important in understanding why an individual may resort to SUVA. Is SUVA driven by an innate response, a reaction to a frustration, or a socially learnt process? Can an individual's cognitive response to a situation act as a barrier to SUVA or justify progressing towards an aggressive or violent action? Psychologists define

aggression as behaviour that is intended to harm another who does not wish to be harmed (Baron and Richardson, 1994), and aggression is driven or characterised by biological and socially influenced factors. It is the interplay between these two factors that causes an individual to become aggressive, irrespective of the perceived rewards or consequences.

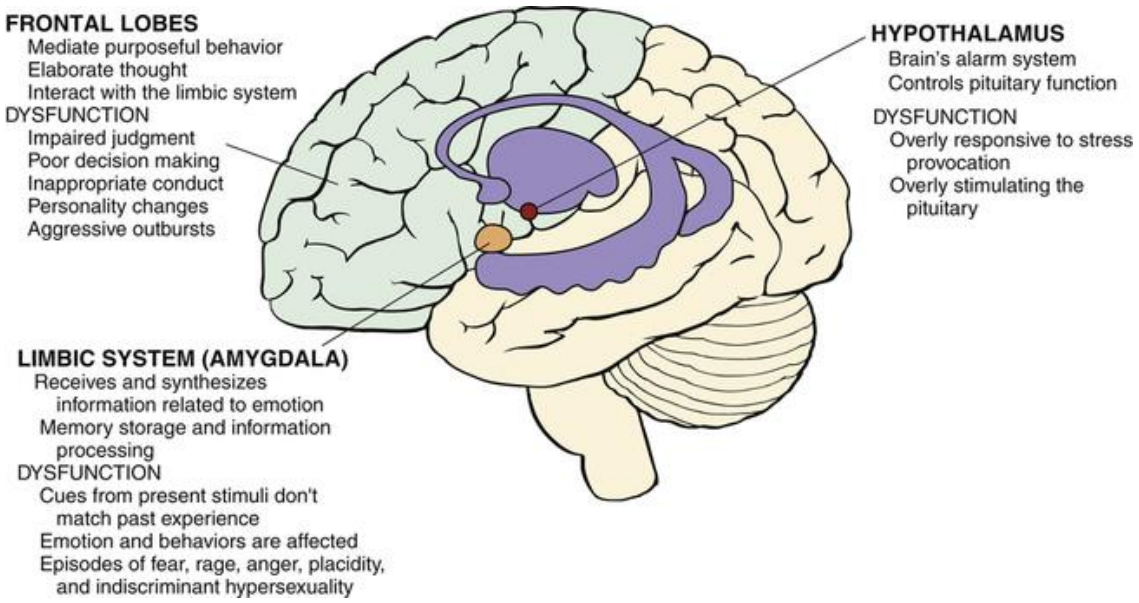
3.2 Neurological Theories

Bartholow (2018 p. 60) proposed that 'like all behaviours, aggression represents the outcome of sets of biological and physiological processes occurring in the brain. Although this may seem obvious, discovering the specific neural circuits and neurophysiological processes responsible for engendering aggressive responses has proven anything but simple'. According to Neuman (1999), the regions of the brain associated with aggression do not exhibit specialised functions solely dedicated to aggression itself. This has led some researchers to propose that aggression emerges as a property of a broader neural network responsible for regulating social behaviours. This network encompasses abilities such as self-management, emotional restraint, and the internalisation of behavioural controls. Ling et al (2020) note that the prefrontal cortex a brain region often linked to aggressive and antisocial behaviour Is involved in conscious monitoring and regulation of behaviour. Additionally, it contributes to various executive cognitive functions like impulse control, emotion regulation, and attention.

Data from both human and non-human studies indicate that subcortical brain regions, particularly the limbic system (Figure 3.3) and specifically the amygdala, are associated with the processing of emotionally salient events, including aggression (Cardinal et al., 2002).

Figure 3.3

The Limbic System



Note. Reproduced from Stuart (2017).

Hoaken et al. (2003) undertook research looking at the relationship between ECF and interpersonal aggressive behaviour. In their study, 46 healthy men and women completed two measures of ECF, the Taylor Aggression Paradigm (Taylor, 1967) and the Go/No-Go discrimination task (Gordon & Caramazza, 1982), a behavioural measure of impulsivity. The impulsiveness of participant responses during the aggression task was also directly assessed by measuring the latency of responses to provocation (set time). Hoakenet al, (2003) state that the findings of their study corroborate previous literature that indicates that individuals who exhibit low performance on tests measuring ECF tend to display more aggression when subjected to increasing levels of provocation. The consistency of this result across a variety of experimental conditions and clinical research provides robust evidence for the role of ECF in provoked aggressive behaviour.

Stoddart and Zimmerman (2011) reviewed data from an eight-year longitudinal study of youth at risk of high school dropout in four public high schools in the US (*n* = 850). Participants were followed up from mid-adolescence through their transition into young adulthood. Analysis was undertaken on the differences in levels of interpersonal violence and on differences in levels of violence over time among participants based on reports of head injury. Results indicated that participants who had ever experienced a head injury before young adulthood reported more

interpersonal violence in young adulthood than participants who had never had a head injury. Further, those respondents who had had a head injury in the past year reported more subsequent interpersonal violence than respondents who had not had a head injury. Stoddart and Zimmerman (2011) noted their findings supported prior studies that link history of head injury to later interpersonal violence.

Linden et al. (2020) noted that there is increasing awareness that the prevalence of TBI among offender populations is many times that found among the general public (25–87% compared to 8.5%; see also Diamond et al., 2007; Hughes et al., 2015; Slaughter et al., 2003). As noted in the previous chapter, TBI is defined as an injury to the brain, caused by an external force, that disrupts the normal functioning of the brain (Peeters et al., 2015). Severe head injuries often cause trauma to the brain, and these TBIs are a leading cause of disability, hospitalisation and death in children and adolescents (Rusnak, 2013) and lead to ongoing detrimental effects on behaviour and social functioning during adulthood (Durand et al., 2017). Williams et al. (2018) noted that TBI is frequently caused by falls, sporting injuries, fights, assaults and road accidents. Rates of injury are high for all including the very young (under five years of age), while adolescents and young adult males are the group most at risk among this group (Yates et al., 2006).

In a post-acute rehabilitation setting, Miles et al. (2021) conducted a longitudinal cohort study involving US veterans and service members to investigate changes in irritability, anger, and aggression from admission to discharge. The primary objectives were to identify distinct groups with different trajectories and determine the predictors associated with these subgroups. The study included a sample of 346 participants, predominantly male (92%) with a median age of 28 years. Of the participants, 78% had experienced a severe Traumatic Brain Injury (TBI)

At admission and discharge, staff utilised the Mayo-Portland Adaptability Inventory to assess the participants' levels of irritability, anger and aggression. The analysis revealed four distinct trajectory subgroups related to irritability, anger and aggression.

1. no irritability, anger or aggression at admission or discharge (*n* = 89, 25.72%)
2. resolved irritability, anger and aggression (*n* = 61, 17.63%)
3. delayed onset irritability, anger and aggression (*n* = 31, 8.96%)
4. persistent irritability, anger and aggression (*n* = 165, 47.69%).

The findings underscored that a significant proportion of veterans and service members exhibited enduring impairment characterised by irritability, anger and aggression. The study emphasised the importance of educating both service providers and veterans' families about the different ways and times that aggression can manifest after TBI.

From a SUVA perspective, it is important to appreciate the neuroscientific discoveries about the damage to a service user's brain and how this can indefinitely change their behaviour irrespective of their social class, race, age or gender. As humans, we are susceptible to motor vehicle accidents, strokes, physical assaults, and injuries on the field of battle. As Chester et al. (2017) noted, across the spectrum of the human experience, the propensity for physical violence lurks within more of us than we would like to imagine. If we can explicate the neural underpinnings of physically aggressive behaviour, our species will then have avenues through which it can be reduced. Poldrack et al. (2018) noted that there is substantial enthusiasm for the potential of neuroscience to accurately predict violence and other forms of serious antisocial behaviour using neuroimaging techniques. They reviewed the status of violence prediction using actuarial and clinical methods and assessed the state of neuroprediction. Despite the potential, however, current techniques unfortunately fall short because the limited studies that have been published are insufficiently accurate to permit definitive judgements in a legal context or even to meet the legal standards for admissibility as evidence of an underlying neurological cause of violence (Poldrack et al., 2018).

3.3 Stereotyping, Labelling and Stigmatisation

In this section, SUVA is considered in terms of how it could be brought about by an individual's impression of others or themselves, be that through stereotyping people, labelling of oneself or the stigmatisation of groups. Confirmation bias is a

cognitive bias that favours information that confirms such existing beliefs and possibly strengthens the prospect of SUVA occurring. According to Willems (2020) **Anti–public service bias**, which is the widespread belief in the inefficiency and bureaucratic nature of public services, is widely discussed and tested in the literature. Such biases mean that employees in the public sector may suffer from a persistent negative reputation. In popular media and movies, public servants (when not the protagonists of a story) are often represented as lazy, risk-averse and, often, corrupt (Van de Walle, 2004). Bertram et al. (2022) noted that understanding the public's attitudes towards government is a crucial topic in public administration, since they form the basis of people's perceptions of a government's legitimacy, as well as the perceived quality of its performance. Completing a large representative survey in the Netherlands, Dutch adult citizens (*n* = 1,175) took part in Bertram et al.'s research. The study investigated whether people's socioeconomic status was associated with their level of negative stereotypes about public sector workers. Acknowledging that socioeconomic status is a complex measure of economic and sociological standing, with no clear-cut standard of measurement, they used income and education as separate measures of socioeconomic status. Their findings suggested that people with lower incomes have more negative stereotypes about public sector workers, seeing these workers as arrogant, authoritative, corrupt, lazy, strict and difficult.

Labelling theory provides a distinctively sociological approach that focuses on the role of social labelling in the development of crime and deviance (Bernburg, 2009). Teraguchi and Kugihara (2015) state that labelling involves describing someone with a single word or phrase. Typical examples are when adults call a youth who causes trouble a 'troublemaker' and when people call a criminal 'abnormal'. The theory assumes that although deviant behaviour can initially stem from various causes and conditions, once individuals have been labelled or defined as deviants, they often face new problems that stem from the reactions of self and others to negative stereotypes (stigmas) that are attached to the deviant label (Becker, 1966; Bernburg, 2009). The labelling theory of violent and aggressive behaviour is socially constructed, and the present study will consider how labelling has real consequences for both public servants and service users, leading to what is referred to as deviancy amplification, the self-fulfilling prophecy. An example here is when media and politicians label service users who are welfare recipients 'dole bludgers' (Archer, 2009) or 'drug users'; this

may amplify emotions, leading to aggressive incidents. Labels given to the public service by media and politicians depersonalise the human workforce in the eyes of the service user. The following headlines are just a few examples found in the Australian press:

> Sunrise has issued an on-air apology over its characterisation yesterday of the majority of Newstart [unemployment benefit] recipients being '***dole-bludgers***' [emphasis added]. (*News.com.au*, Molloy, 2019)
>
> **Dole bludgers** [emphasis added] to permanently lose Centrelink payments if they don't want to work after one welfare cheat sabotaged nearly 100 job interviews in just 12 months. (*Daily Mail Australia AAP*, Mourad, 2018)
>
> **Dole bludgers** [emphasis added]: Thousands exploiting unemployment benefits system. (*Herald Sun AAP*, Marszalek, 2014)
>
> Don't define public servants by '**grey cardigans**' [emphasis added], says outgoing media regulator chief. (*The Guardian Australia*, 2016)
>
> Heat is on **lazy public servants** [emphasis added]. (*The Examiner,* Livingston, 2012)

Stereotypes are learnt and can be explicitly or implicitly taught or reinforced to people through many different social influences, including but not limited to friends and family, neighbours, teachers and peer groups, as well as larger societal influences. The influence of media is one important example. Media have often been studied and discussed in terms of the roles they play in creating, promoting and sustaining stereotypes of many different groups through the representations they present. Some groups are generally under-represented in the media, yet the images of them that do exist in the media are disproportionately stereotypical (Mastro & Greenberg, 2000; Rosenthal & Overstreet, 2016). Stereotypes are shorthand descriptors that people use in an abstract way to summarise the so-called typical characteristics of groups of people in society (Hilton & von Hippel, 1996). These abstract cognitive descriptors are the basis of the processing of information about people, and in turn influence decisions on how to behave in relation to these people (Bodenhausen, 1990; Kunda & Thagard, 1996). Another problem with stereotypes is that they are often long-lasting. Once a person has learned a stereotype about a particular group, it is difficult for them

to erase or forget that belief. Even when meeting individuals of that group who do not fit the stereotype, the person will often dismiss those individuals as 'exceptions to the rule' (Koleser, 2008). Bisgaard and Pedersen (2021) undertook research on frontline public servants in Denmark (*n* = 52) focusing on the intersection of clients' demographics and behaviour with gender-stereotypical expectations. By using audio vignettes of emotional male and female parents, they found that public servants perceive counter-stereotypical client behaviour as more pronounced than stereotypical client behaviour; for example, an angry female client is perceived as angrier and more aggressive than an angry male client. Moreover, frontline public servants are more Inclined to react negatively when a female (as opposed to a male) client displays emotion-based behaviour that is not gender-stereotypical.

According to Cook et al. (2014), *stigma* occurs when a label associated with a negative stereotype is attached to a characteristic (e.g., skin colour, sexual orientation, chronic illness), causing people with this characteristic to be considered separate from and lower in status than others and thus, legitimate targets of discrimination and perhaps violence. The ability to stigmatise is heavily reliant on social, economic and political power, which enable the identification of differences, the creation of stereotypes, the classification of labelled individuals into separate categories, and the implementation of disapproval, rejection, exclusion and discrimination (e.g., via terms like 'dole bludger'). According to Link and Phelan (2001), stigma occurs when the following interconnected components come together:

1. People notice and label differences between humans.
2. Dominant cultural beliefs associate labelled individuals with unfavourable traits, leading to the formation of stereotypes.
3. Labelled individuals are considered outsiders, 'them' rather than 'us'.
4. Labelled individuals experience reduced status and discrimination, leading to unequal treatment.

Significantly for the present study, Schofield and Butterworth (2018) noted that welfare stigma occurs at many levels. It may happen directly through acts of harm (Cuddy et al., 2007) or indirectly when a person navigates social and bureaucratic structures (Hatzenbuehler & Link, 2014), is exposed to negative media portrayals of welfare recipients (Archer, 2009; Golding & Middleton, 1983; Meers, 2014) or experiences how government agencies and service providers interact with their

welfare recipient clients (Baumberg, 2016). Welfare stigma may also occur via exposure to negative attitudes in one's neighbourhood (Galster, 2012) or how clients themselves view welfare recipients (Baumberg, 2016).

Our ***unconscious or implicit biases*** refer to the attitudes or stereotypes that impact our comprehension, behaviours and decisions without our conscious knowledge or control. These biases may be positive or negative, and they affect everyone, including those who claim to be impartial. Staats and Patton (2013) describe the key characteristics of implicit biases. These include being activated automatically and unconsciously, being pervasive, not always aligning with our explicit beliefs, having real-world consequences on our conduct in various fields, and being flexible in that they can be replaced by new mental associations through unlearning. Individuals' implicit attitudes about the public sector affect the way they evaluate public sector performance, and government performance may be judged in terms of an individual's deep-seated, unconscious views of the public sector. Individuals' underlying beliefs about public sector performance are usually difficult to change. Negative views of government performance, in turn, have practical implications for public administration because they make public service jobs more difficult and less rewarding (Marvel, 2016).

Spears and Schmader (2021) noted that there are five kinds of unconscious bias that appear in health care most often; these are likely to be applicable to service users accessing other public sector services:

1. Affinity bias—warm up to people who are like us
2. Halo effect—think everything about a person is good because you like them
3. Perception bias—form stereotypes and assumptions about certain groups
4. Confirmation bias—seek information that confirms pre-existing beliefs
5. Groupthink—sentiments and opinions that fit into a particular group by mimicking others or holding back real thoughts and opinions.

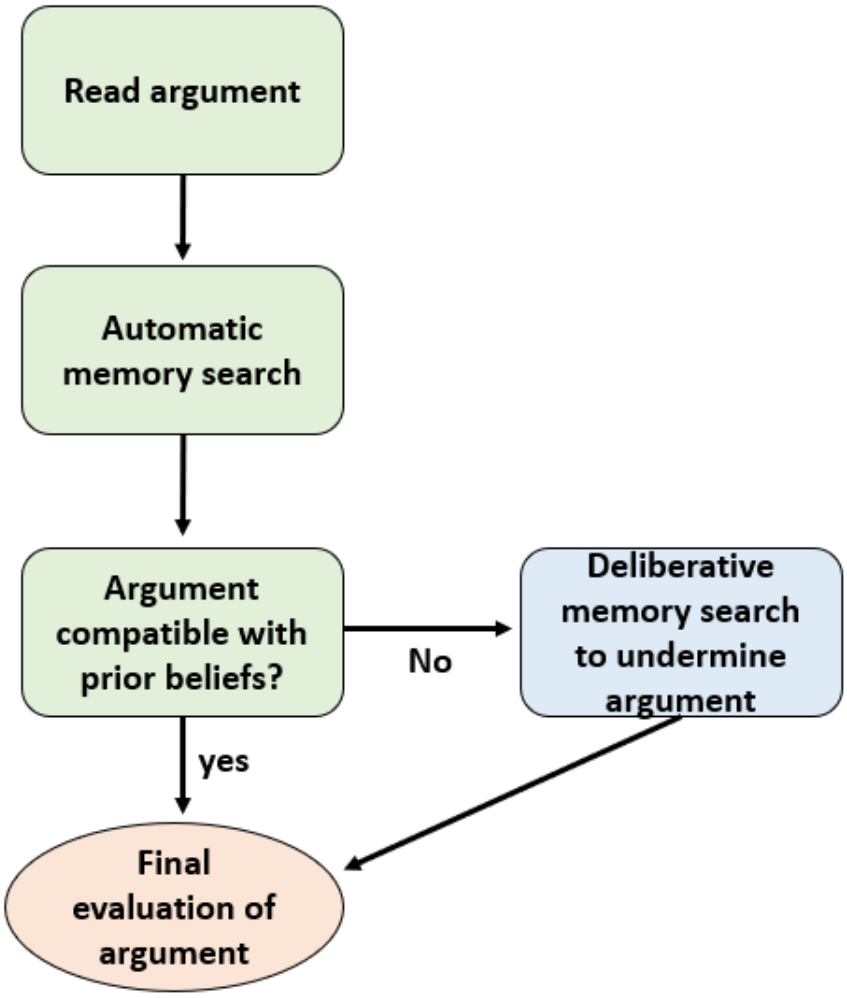
Marvel (2016) have suggested that it is worthwhile to examine how individuals' implicit attitudes contribute to their assessments of public sector performance and whether these implicit attitudes can be overcome. The way in which learning contributes to stereotype persistence is known as **confirmation bias.** Here, individuals accord evidence that confirms stereotypic expectations greater weight than evidence that disconfirms them. As our social environment heavily influences our social

expectations, regularly encountering information that confirms our expectations reinforces these expectations over time (Huebner, 2016; Oyserman & Yan, 2019). Reggev et al. (2021) noted that once established, these expectations induce motivations and cognitive representations that persist even when people are presented with equal amounts of confirmatory and non-confirmatory evidence. Confirmation biases perpetuate stereotypes and discriminatory beliefs about people based on their age, racial identity, ethnicity, disability, gender, sexuality, socioeconomic status and so on. Having an understanding of confirmation bias is important when considering the impact labelling has on people (Darley & Gross, 1984; Nickerson, 1998; Pohl, 2004, as cited in Cox et al., 2022; Valdez, 2021).

Edwards and Smith (1996) conducted research into disconfirmation bias with 112 University of Michigan students. Disconfirmation bias refers to the tendency of individuals to favour and accept evidence that aligns with their pre-existing beliefs, while disregarding evidence that contradicts or challenges those beliefs. The study commenced with a pre-test questionnaire consisting of 45 belief statements that participants would either agree or disagree with on a seven-point Likert scale. The follow-up section of the study saw 54 participants return to take part in a computer-based survey where they were asked to evaluate the strength of particular arguments (e.g., that the death penalty should be abolished) presented to them on a Likert scale: 1 = very weak to 7 = very strong. After completing the argument stage, participants undertook a thought-listing task in which they were asked to decide between arguments for and against the issues they had just evaluated (participants were divided equally into groups that were either for and against). The results showed the effect of disconfirmation bias; it was noted that arguments incompatible with participants' prior beliefs were scrutinised longer, subjected to more extensive refutational analysis and consequently judged to be weaker than arguments compatible with prior beliefs. This is schematised in the disconfirmation model (Figure 3.4).

Figure 3.4

The Disconfirmation Model



Note. Reproduced from Edwards and Smith (1996). *A disinformation bias in the evaluation of arguments*.

Braithwaite's (1989) **reintegrative shaming theory** argues that the stigmatisation of offenders leads to greater reoffending; however, the theory diverges from the labelling theory tradition by rejecting the idea that stigmatisation is an inevitable product of social disapproval, and its corollary that the application of social control is a fraught exercise (Harris, 2010). The theory's primary argument is that the communication of disapproval is of central importance to understanding the effect that criminal justice actions have on the subsequent offending behaviour of individuals. Braithwaite (1989) distinguishes between two forms of disapproval that occur in response to offending: disapproval that is *reintegrative* in nature and disapproval that is *stigmatic* in nature (see Murphy & Harris, 2007). Stigmatic shaming means perpetrators are treated as outcasts, and the shaming is likely to provoke a

defiant reaction from them. Reintegrative shaming includes the use of clear standards of conduct and disapproval and the acknowledgement of harm, with the clear focus being on the aggressive act instead of the individual (condemning the behaviour, not the person).

Braithwaite hypothesised that our social bonds present the opportunity for those who are important to us to shame behaviour that is deviant or criminal, and encourage conformity (Fitch et al., 2018). Reintegrative shaming theory involves disapproval and acknowledgement of harm followed by efforts to reintegrate the offender back into the community (Mongold & Edwards, 2014), providing a strong theoretical basis for Restorative Practices (RJ) (Makkai & Braithwaite, 1994). Here, ideally, society educates those who err against legal standards, and then readily accepts them back into the group without permanent labels or stigmas being attached. RJ represents an alternative to traditional forms of punishment because the goals are to heal the negative consequences of a crime and to repair the relationship between the offender, the victim and the community, rather than relying on retribution to deter the offender (Kurki, 1999; discussed further in Chapter 4).

In summary, the theories help explain how service users and staff behave through possible internalise bias, which may be reinforced by media, politicians and social groups that use labels to propagate negative stereotypes. This bias may help legitimise the expectation violence or aggression may be inevitable and result in the (further) objectification of the individual who is being aggressed against. This is because labels and stereotypes are embedded in negative perceptions such as the portrayal of the undeserving 'dole bludgers' or 'lazy public servants.'

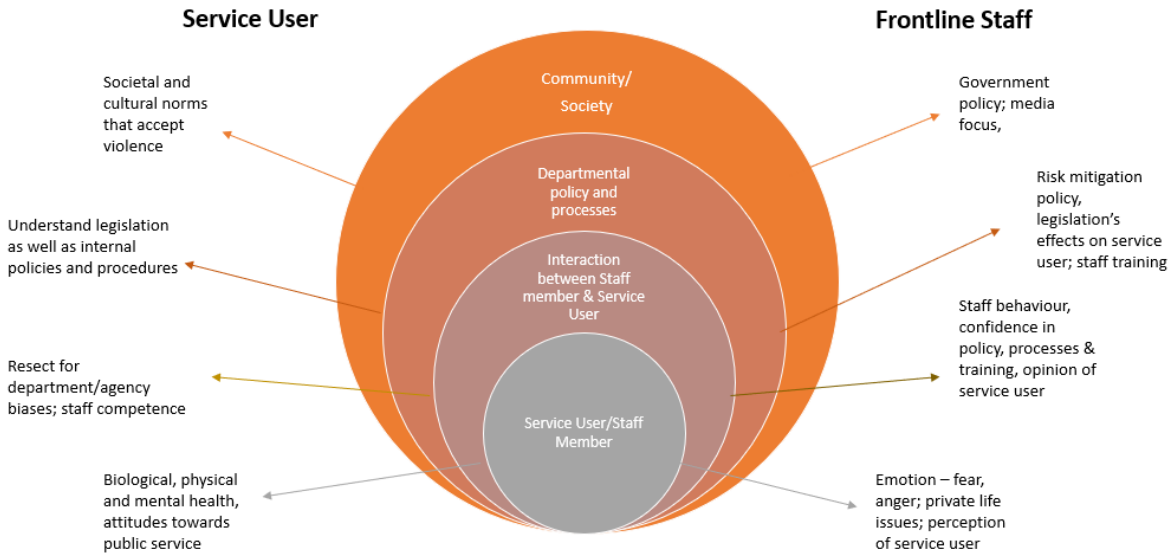
3.4 Ecological Theory of Aggression: From the State to the Individual

Ecological theory enables us to view SUVA through a bigger picture. It shows that the multifaceted levels of society and the interplay of the individuals within it create opportunities for the development of risk mitigation policies and procedures that aim to reduce SUVA. It acknowledges that workplace aggression is a manifestation of both state and organisational factors. This allows us to understand the range of factors that put frontline staff at risk of SUVA or protect them from experiencing it. In the ecological theory, the causal factors of aggression are considered risk factors derived from society's cultural and social norms as well as individual biological or

psychological risk factors (Dahlberg & Krug, 2002). Singer (1961) noted that the consequence of selecting the state (national) level of analysis is that it raises the question of what goals, motivations and purposes are expressed in national policy. It is important to highlight, however, that the state should not be viewed as a single actor. As K. J. Morgan and Orloff (2017) emphasised, the many hands of the state concept moves us towards an understanding of the state as encompassing multiple levels of governance with numerous institutions with varying forms of penetration into civil society that complicate the boundaries between public and private and between state and society. The analysis of the factors that place populations, communities and individuals at risk of violence and aggression enables targeted prevention across various international, state and substate levels (UNODC, 2010). An effective way to present SUVA and its antecedents and interdependencies, incorporating the individual staff member and service user along with their interactions, office climate, values and culture as well as the numerous outside pressures, is presented in the ecological model illustrated in Figure 3.5. The model proposes that events in higher-order social ecosystems, such as government policies on welfare, influence human behaviour through their effects on events in lower-order social ecosystems, such as welfare services (Boxer et al., 2013).

Figure 3.5

Ecological Model of Factors Influencing SUVA Between Frontline Staff and Service Users



Note. Based on Bronfenbrenner's (1979) ecological model.

The different ecosystems are represented by the three levels of the model. First, the *individual* level focuses on characteristics that increase the likelihood of an individual being a victim or a perpetrator of violence. Second, the *relationship* level involves peers, intimate partners and family members who have the potential to shape an individual's behaviour and experience. Third, the *community* level conceptualises how violence opportunities may be greater in some communities or places compared to others—for instance, in communities or locations with poverty or physical deterioration or where there are few institutional supports. At this level, society-wide factors influence rates of violence, including those that create an accepting climate for violence, those that reduce inhibitions against violence, and those that create and sustain gaps between different segments of society—or tensions between different groups or countries (Krug et al., 2002). Harney (2007 p. 75) suggested that 'an ecological perspective emphasises the interrelationships between individuals and the contexts in which they reside, as well as the reciprocal, interactive processes that occur between the state and individual level contexts'.

Keels (2022) proposed that behaviour is developmental and ecological, which means that violent behaviour patterns observed in adolescence and young adulthood did not spontaneously emerge but were built over time by ecological risk factors (present in society, community, school and family and among peers) and individual risk factors (psychological and biological vulnerabilities). These risk factors also present at numerous points during life and often offer opportunities for prevention and intervention. Knowledge about factors that place populations, communities and individuals at risk of aggression enable prevention programs to be targeted to areas and neighbourhoods at risk or to groups of individuals who are already involved in offending or are at risk of violence. At the state level, this knowledge of risk factors assists governments in prioritising crime problems and targeting programs to the regions, cities or sectors that seem most vulnerable (UNODC, 2010).

Applying the ecological paradigm requires violence prevention programs to be multilevel, community-based and culturally situated if they are to achieve the most optimal success (Trickett, 2009). Chan et al. (2016) noted how multilevel programs address the interplay between persons and settings and how individual and collective wellbeing are interdependent. Community-based prevention programs involve the direct and active participation of and collaboration with community members engaged

with the needs of these communities and at-risk populations. For example, suicide prevention efforts have tended to be interventions focused on the individual, interpersonal and institutional levels, but could be enhanced by comprehensive efforts to bring together communities, state agencies, health systems and diverse stakeholders to work in a synergistic fashion that pushes forward multiple efforts simultaneously, as described in the WofG approach (Caine et al., 2018; Castillo et al., 2019).

In summary, the ecological theory of SUVA embodies a multi-networked approach. As noted in Chapter 2, a WofG focus on policy and on program or service delivery incorporates various government jurisdictions and works collaboratively with the non-government and private sectors to achieve outcomes (Homel, 2005). The reduction of SUVA in the public service could be achieved by such an undertaking, which would focus not only on the individual service user but on all domains across the ecological systems. As previously noted, government organisations have a propensity to act alone in independent silos, prioritising core goals and investing less in connections to civil society and other agencies and departments (Christensen & Lægried, 2007).

3.5 Bureaucratic Power

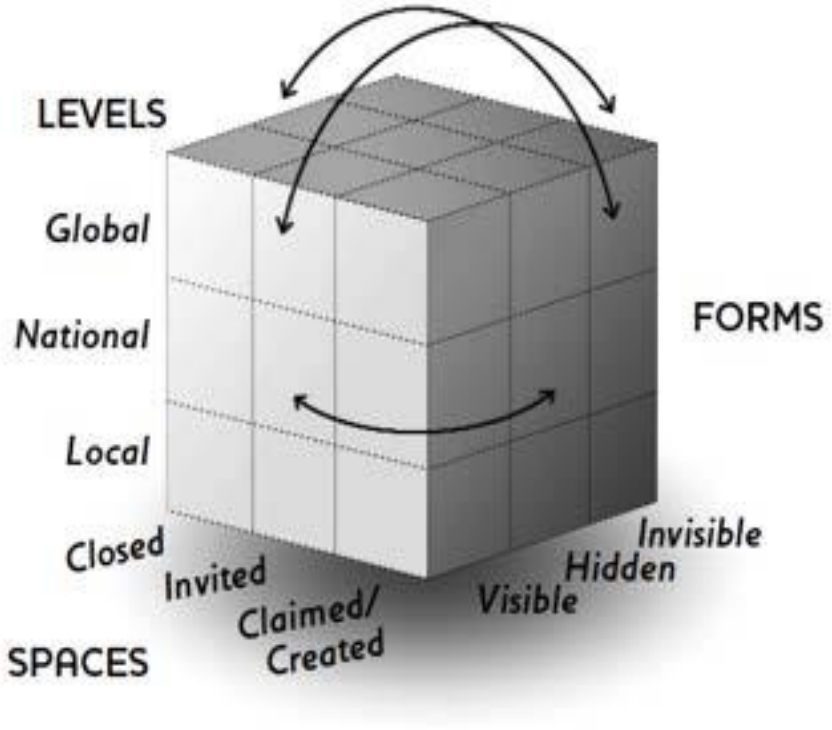
This section explores the contributions of theories of bureaucratic power to understanding SUVA. It considers two domains: frontline staff and their interface with the service users and the organisation where policies and processes are developed. Bradley and Parker (2006) believe that organisation members perceive the culture of public sector agencies and departments as traditional and bureaucratic, with a focus on following rules and procedures rather than achieving desired outcomes. The concept of power and its interpretation is diverse and often a matter of disagreement. Here Barnett and Duvall (2005) argue that power is generated via social relations and influences the ability of actors to shape their own fates and circumstances. Max Weber's (1947, as cited in Sadan, 1997) ideal approach to power focused on the bureaucracy and the concept of impartial authority and rule. He noted that formal authority activates legitimate power (power that is approved by society), so that those who are subjected to it do so with consent, while coercive power is exercised using force. Weber saw the organisational power of the bureaucracy as the source of the

mechanisation and routinisation of human life and a threat to the freedom of the human spirit; his ideal bureaucracy was attentive to measures to restrain corruption and misuses of power such as nepotism.

This is consistent with Gaventa's (1980) proposition of social quiescence, that is, a situation where an apparent lack of conflicts is identified as both a sign and a consequence of the deliberate use of power mechanisms. Conversely, a violation of this quiescence and compliance is a rebellion—in the case of the present study, an act of aggression as a form of rebellion. In a similar framing, Foucault (1977) utilised the notion of Bentham's (1798) Panopticon figuratively as an ideological form of disciplinary power drawn from the medical and military discipline that has long existed in the bureaucracy, where it automates and deindividualises power (Young, 2019). According to Felluga (2015), bureaucracies, like disciplines, contribute to the process of deindividualisation because they promote the idea of the faceless bureaucrat. The effect of this tendency to deindividualise power results in the perception that power resides in the panoptic machine itself—that is, the system rather than its operator. Omari and Paull (2015) supported this view, suggesting that the public sector work environment is perceived as being highly structured and bureaucratic, with low flexibility, an internal focus and a preoccupation with conformity and the enforcement of rules. Analysing and understanding power is critical if power is considered a catalyst for SUVA incidents; one approach is Gaventa's (2006) power cube, shown in Figure 3.6.

Figure 3.6

The Power Cube: Levels, Spaces and Forms of Power



Note. Reproduced from Gaventa, J. 2006. *Finding the spaces for change: A power analysis*. IDS Bulletin, 37(6), 23-33.

In this model, power is analysed in terms of levels of action and spaces and forms of power and their interrelationships. The cube visually represents a way in which we can map the power situation, including actors, relationships and forces, and how we can progress appropriate strategies. Gaventa (2006) noted that although the model is visually presented as a cube, it is important to think about each side of the cube as a dimension or set of relationships, not as a fixed or static set of categories. *Spaces* form a continuum of opportunities, moments and channels in which citizens can act to potentially affect policies and decisions that affect their lives. *Closed spaces* are those where decisions are made behind closed doors by bureaucrats and elites, excluding the people for whom the decisions are being made. These can be compared with *invited spaces* in which service users participate in policy-making either once or an ongoing basis. Other spaces are *claimed or created* by less powerful actors from or despite existing power holders, and may come into being as a result of popular mobilisation on issue-based concerns or may consist of spaces in which like-minded people join together for common pursuits.

Much of the decision-making in public spaces for participation involves competition between global, national and local levels. This context engenders issues like that of Services Australia's Robodebt[9] policy having been formulated in closed spaces. At the national level, politicians and senior bureaucrats met in private without consulting with the service users who would be impacted or the frontline staff members who would be asked to carry out the policy. These decisions made behind closed doors resulted in devastating outcomes for many service users. Also, the vertical dimension of the levels of participation should be a flexible, adaptable continuum, not a fixed set of categories. The relevance and importance of levels and places for engagement varies according to the purposes of differing public sector organisations. Gaventa (2006) suggests that as we analyse the relationships between place and space, we must also examine the dynamics of power that shape the inclusiveness of participation within each by considering the degree to which power is visible, hidden or invisible. The following forms of power influence the extent that power may be changed or adapted:

- **Visible power** is observable decision-making that includes the visible and definable aspects of political power, notably the formal rules, structures, authorities, institutions and procedures of decision-making. Strategies that target this level are usually trying to change policy-making so that the policy process is more democratic and accountable and serves people's needs and rights.
- **Hidden power** sets the political agenda by which certain powerful people and institutions maintain their influence by controlling who can participate in decision-making and what is put on the agenda. Empowering advocacy strategies helps build collective power to influence the way the political agenda is shaped, ensuring the visibility and legitimacy of people's issues.
- **Invisible power** is considered the most insidious of the three dimensions of power through which the psychological and ideological boundaries of participation are shaped. Here, significant problems and issues are excluded not only from the decision-making process but also from the minds and

[9] Royal Commission into the Robodebt Scheme, discussed in Chapter 1. https://robodebt.royalcommission.gov.au

> consciousness of the different stakeholders, even those directly affected by the problems. Change strategies in this area target social and political culture as well as individual consciousness to transform the ways people perceive themselves and those around them and how they envisage future possibilities and alternatives.

Nguyen and Velayutham (2018) noted that traditional public administration has been greatly influenced by Weber's bureaucratic model (Weber, 1947, as cited in Sadan, 1997) under which organisational efficiency could be maximised only through legitimate, rational, corruption-free authority. According to Weber, organisations characterised by labour division, clearly established hierarchy, comprehensive rules and regulations, and impersonal relations are ideal bureaucracies. Policy implementation in bureaucracies is thus viewed as a rational process that can be pre-planned and controlled by policy makers (Tummers & Bekkers, 2014).

A central debate in the field of public administration is how frontline public servants behave during the policy implementation process, specifically on the frontlines of policy enforcement and, crucially in the case of this research, the determination of service user payment eligibility and access to programs of support (Hupe et al., 2015; Lipsky, 2010). Hassan et al. (2021) stated that there are three styles of enforcement available for frontline staff, which emphasise its legal, facilitation and accommodation dimensions. Frontline public servants said to have a legalistic approach engage service users in a formal and rigid way, while those who utilise the facilitative style have a view that some service users break their obligations unintentionally because they do not fully understand the expectations the government department or service has placed on them. This dimension may also be called the educational style. Frontline staff who adopt the third style, accommodation, approach each service user differently by considering their circumstances independently. In the APS context, SUVA has the potential to arise more often when the frontline public servant acts in a legalistic way. Bureaucratic power is viewed by the service user as a way of enforcing the government's policy and legislation rigidly, with no personal empathy or without considering individual circumstances as would be done under the facilitative or accommodation styles of enforcement.

Keashly and Neuman (2008) found differences between the ways in which service users and US Veterans Affairs frontline staff viewed systemic problems. In their

study, they focused on specific hostile interactions that occurred during the delivery of healthcare services. They gathered data on the perspectives of both frontline staff (*n* = 21) and veterans (*n* = 19). Through semistructured interviews, the researchers focused on how the unpleasant encounters began. Veterans perceived that the traditional bureaucratic nature of Veterans Affairs created a system in which (despite their need for services) their concerns went unnoticed or unaddressed (waiting longer to receive payments or services). This impression, in part, derived from the requirement for veterans seeking multiple medical procedures or services to repeatedly disclose the same personal information. While these situational factors led to frustration on the part of veterans, they seemed to have a different impact on the Veterans Affairs staff. For staff, the bureaucratic nature of the system seemed to lead to feelings of helplessness, not frustration.

3.6 Chapter Summary

This chapter has surveyed a suite of psychological, neurological, criminological and bureaucratic social theories of aggression. It has demonstrated that SUVA may occur because of ecological interplay between individual and societal issues or may result from involuntary responses to situations or events and be aimed at the source of frustration or displaced to unrelated targets (e.g., frontline staff from other service providers, who did not cause the frustration). Aggression may be a purposeful act to gain social control but can also be a result of conforming to stereotyped expectations—what is sometimes called a self-fulfilling prophecy. As Liu (2004) noted, aggression, like all types of behaviour, involves biological forces such as neurobiological, genetic or brain chemistry processes. However, biological factors alone do not determine the nature of aggression. The social environment of the individual is a powerful regulator of neurobiological processes and behaviour.

In Chapter 4, theories and interventions that may assist in the reduction of SUVA in the APS environment are considered. As with the theories examined in the present chapter, there are many such theories that can be considered within the three domains of staff, service user and organisation.

Chapter 4: Reducing SUVA: Theories and Interventions

> *The process in reporting incidents of aggression etc. are very cumbersome and time consuming. In my experience, there is a reluctance across the board to report minor or medium acts of aggression, due to time constraints and the strong perception that nothing will come of it anyway …* (Frontline staff 2021; online survey).

In Chapter 2, the typologies of service users and staff, along with organisational factors that play roles in the development of SUVA, were discussed. In Chapter 3, theories of the causation of SUVA across the three domains, from the micro to the macro levels, were reviewed. Due to the complexity of the APS work environment, Chapter 3 considered the environmental milieu in which individuals are socialised to violence and aggression. Thus, Chapter 4 reviews how individuals connect with the services, along with the forms of interpersonal engagement that contribute to SUVA incidents. By acknowledging some of the causes discussed in Chapter 3, this chapter discusses what theories and interventions could be helpful for reducing SUVA.

Section 4.1 focuses on frontline staff and interventions such as training to ensure skills development and confidence in de-escalating SUVA situations (noted in Table 4.1). Section 4.2 focuses on the service user and how an organisation may be able to proactively assess the possibility particular service users may aggress. Section 4.3 (The Organisation) focuses on the appropriate use of crime prevention through environmental design (CPTED) and the potential effects of responsive regulation and RJ techniques.

Table 4.1

Theories of Aggression in the Public Sector Across the Three Domains (Frontline Staff, Service User and Organisation), With Interventions

Level of analysis	Causes	Intervention
Frontline Staff	• Bureaucratic power • Stereotyping, labelling & stigmatisation	• Consistency in reporting SUVA • SUVA training
Service User	• Psychological or neurological causes • Stereotyping, labelling & stigmatisation	• Risk Assessment/identify Offender types • Training in service user conditions (e.g. mental health, neurological issues)
Organisation	• Ecological theory • Bureaucratic power	• CPTED & SCP • Responsive regulation & restorative justice • Whole-of-government approach

4.1 The Frontline Staff Member

Australian Public Service Workers are not only citizens and community members but also have certain obligations they must adhere to when it comes to serving the community. One such responsibility is maintaining the confidence of the community in the capability of the APS, and each member of it, are required to carry out their duties in a professional and unbiased way (Australian Public Service Commission, 2022). According to Fennessy (2022) public servants are sometimes accused of being out of touch with the real world. However, individuals who have experience in both public and private sectors know that it is the public sector that has to understand and address complex challenges that directly influence the lives of people.

Liu et al. (2015) note that public servants in many countries deliver in stressful environments. The public expects more from them, there are limited resources, and they are subjected to emotionally demanding work. One way to reduce this level of stress for frontline staff would be through improved organisational support. According to organisational support theory, employees who perceive themselves and their work contributions as valued, supported, and cared about by the organisations they work for are empowered with perceived organisational support (POS; Brown & Roloff, 2015). The POS construct occupies a prominent place in organisational psychology and management literature, with more than 1,200 studies on this topic.

Organisational support theory suggests that when organisations provide positive resources to their employees, it creates a sense of obligation among employees to reciprocate and contribute towards the organisation's goals. This theory draws on social exchange theory and the norm of reciprocity concept (Kurtessis et al., 2017, as cited in Caesens & Stinglhamber, 2020; Rhoades & Eisenberger, 2002). According to Rhoades and Eisenberger (2002) POS is also valued as assurance that aid will be available from the organisation when it is needed to carry out one's job effectively and to deal with stressful situations. If a POS orientation, along with relevant training, were provided by DVA and Services Australia in managing violence and aggression as well as reporting of SUVA, it could increase the level of POS experienced by frontline staff.

4.1.1 Consistency in the Reporting of SUVA Across the Organisation

Under-reporting of workplace violence is a major issue, to the extent that it seems to be the norm rather than the exception (Chappell & Di Martino, 2006; Wang et al., 2008). Mayhew and McCarthy (2005 p. 35) suggested that 'only between 10% and 20% of all violent incidents can be expected to be formally reported'. Tyler et al. (2022) noted that in Australia, the mechanisms for reporting workplace violence and aggression include the activation of code grey or code black alerts to summon help when property or a person's safety is compromised, as well as national and international protocols involving reporting incidents to managers formally or informally. According to Morphet, Griffiths, Beattie and Innes, (2019) healthcare staff believed that workplace violence was accepted as 'part of the job' and that despite frequent occurrence, it was rarely reported, mainly due to the time needed to enter data into the electronic reporting system. Non-reporting may occur due to a belief that nothing will be done, perhaps because of previous reports not being acted on. Staff may also be fearful of being perceived as unskilled or not up to the job or could be experiencing the strain of the role and may not have time to fill out incident reports (Keogh et al., 2001). Studies suggest that hierarchical management approaches, power-status differentials among staff, an absence of staff training and a lack of violence intervention protocols are potential contributors to staff vulnerability and dissatisfaction (see also Purcell et al., 2017).

In Canada, a survey of hospital registered nurses in Alberta and British Columbia showed that only 30% of nurses experiencing violence reported the incident. Another study concluded that only 5% of nurses assaulted had filed claims with the Ontario Workers' Compensation Board. Reasons for under-reporting of assaults and other types of violence include fear of repercussions if legal action is pursued, a tolerance for workplace violence in practice environments, the perception of violence as part of the job, lack of co-worker and manager support, and perceptions of incompetence for being unable to manage a combative client (Wang et al., 2008). According to Bond et al. (2020), workplace violence and aggression directed towards public officers are under-reported, which complicates the identification and implementation of appropriate responses and strategies. They argue that internal reporting processes contribute to this under-reporting, and they identify various barriers, including complicated and lengthy reporting procedures within organisations, lack of support and guidance for victims after incidents, fear of retaliation, dissatisfaction with the responses of managers, minimisation of incidents' significance by staff, and a belief that reporting incidents will not lead to any changes or reforms in their workplace. Mayhew and Chappell (2007) suggested that under-reporting remains a major deficiency, particularly because this restricts the initiation of appropriate preventative efforts. It is also important to highlight that incident reporting and follow-up systems can be proactive in the way they complement and support policy, enabling the detection of patterns of aggression as a basis for implementing targeted prevention, improved training and remedial actions along with evaluating the impact of initiatives that aim to reduce the likelihood of workplace aggression (Hills & Humphreys, 2013).

According to Morphet, Griffiths and Innes (2019), reporting systems for occupational violence in health care are limited. One study they highlighted was conducted in the USA by Pompeii in 2015 aimed to develop an occupational violence reporting system to be used in two large health services in Texas and North Carolina. Pompeii's findings recommended that the dataset for the reporting system should include nine key elements: type of violence, perpetrator characteristics, contributing factors, perpetrator factors, environmental factors, weapon used, involvement of others, interventions used and a brief description of the event and how it was handled. Morphet, Griffiths and Inns (2019) noted that these elements can be categorised into

the five Ws: who, what when where and why. The 'who' includes information about the perpetrator's characteristics and the involvement of others, while the 'what' refers to the type of violence and the weapon used. The 'when' and where relate to contributing factors and environmental factors respectively. Finally, the 'why' encompasses perpetrator factors, the interventions used and a brief description of the event and how it was handled.

4.1.2 Violence and Aggression Training

Whilst there isn't a singular solution to prevent workplace violence and aggression due to various factors, training is commonly regarded as a crucial component in an organisations effort to address work-related violence. This is particularly true in human-service organisations, where Type II violence[10] is prevalent. Consequently, offering training in conflict and aggression management skills training can, at least in theory, be used to empower employees to better manage relationships with service users (Beech & Leather, 2006). According to Schat and Kelloway (2006), identifying the most suitable type of training intervention for a particular situation requires initiating a comprehensive training needs analysis. This analysis should take into account factors such as the organisational context, the recipients of the training, and the specific types and sources of aggressive behaviour the training will seek to address. A violence prevention program focuses on developing processes and procedures appropriate for the workplace in question. This means that approaches in urban, regional and remote areas should be different to one another (Occupational Safety and Health Administration, 2016).

Hills et al. (2015 p. 3) suggested that 'education and training for the prevention and minimisation of workplace aggression may include any of a broad range of techniques to enhance knowledge and understanding of organisational policies and procedures, legal responsibilities and risk assessment and control strategies. In addition, specific interpersonal skills and behaviour management techniques may be

[10] Type II: the perpetrator is a customer receiving services from an organisation (e.g., a patient in hospital). Health care providers (e.g., nurses) and social service employees (e.g., social workers) are particularly vulnerable to this type of violence; ironically, the perpetrators are often the very people to whom care or services are being provided.

tailored to the specific work roles of personnel in the context of their workplaces'. In a study undertaken by Ming et al. (2019), the researchers constructed a workplace violence simulation training course that mimicked real-world clinical environments and investigated the effects of training on the concepts of workplace violence and on self-confidence about coping strategies. They found significant increases post-training in test scores for both perceptions of workplace violence and confidence about coping with aggression events.

Leach et al. (2019) reviewed the evidence base for de-escalation training across healthcare settings in the UK. The report focuses on individual skills-based training approaches to workplace violence prevention. After reviewing existing de-escalation research published between 2009 and 2019 in the PubMed database, articles that focused on specific de-escalation training approaches and evidence of their efficacy were extracted for analysis. Some of the key findings were:

- When staff have the appropriate knowledge, confidence and skills for handling SUVA they may be less likely to experience negative outcomes such as injuries.
- Evidence of whether de-escalation training is effective at reducing violent incidents is mixed, with few studies evaluating the long-term effects of training. When reductions in violence were reported, they were not always sustained throughout a given study period, which may indicate a need for periodic interventions.
- De-escalation training has been shown to contribute to a significant reduction in lost workdays, improved staff retention, reduced complaints and reduced overall expenditure.
- The limited evidence of the efficacy of individual skills-based training suggests that a combination of factors, including security measures, environmental design and policy interventions in addition to individual skills-based training, may be more beneficial.

Chappell and Di Martino (2006) endorsed regular, up-to-date training as part of a battery of preventative strategies and measures that includes selecting and screening staff, providing information and guidance, improving work organisation and job design, defusing incidents and conducting post-incident de-briefing.

In sum, this section has focused on two areas where a frontline staff member can have a direct effect on the frequency and severity of SUVA incidents. The current literature suggests that aggression prevention training with a focus on de-escalation techniques may lessen the chances of SUVA incidents becoming exacerbated, while a robust and accurate reporting system enables the organisation to put in place proactive risk mitigation measures. The combination of the two could provide an effective and practical SUVA intervention reduction strategy. Other staff-focused initiatives identified in the literature as having the potential to help reduce SUVA include recruitment screening and staff training and development. Organisational recruitment process ensuring applicants are screened for their levels of resilience to aggression through role-play scenarios and behavioural questions may be beneficial. Using them could show how applicants may react in a real-life situation, by demonstrating their ability to act and react under pressure and whether they use appropriate interpersonal skills.

4.2 The Service User

Service users have many vulnerabilities, as discussed in Chapter 3, that can become catalysts for a SUVA incident. Unfortunately, due to the complexity of SUVA, not all incidents are preventable. This section examines alternative types of risk assessment tools that could be utilised by public sector organisations focusing on service users and the risks that they may pose to frontline staff.

4.2.1 Risk Assessment: Historical Context

'Risk assessment tools are widely used throughout the criminal justice system to assist in making decisions about sentencing, supervision, and treatment' (Fazel et al., 2022 p. 397). Professionals can utilise risk assessment tools specifically created for different settings, for various populations, for differing types of violence or intended victim, and for varying timeframes for predicting risk (Singh, 2013). The practice of violence risk assessment has been influenced, if not dominated, by differences between the advocates of two distinct and arguably incompatible approaches. One is unstructured clinical judgement (UCJ), which relies on a clinician's expertise to gather, aggregate and interpret data that are presented as a psychological or psychiatric report on the level of risk posed by an individual (e.g., the risk of future SUVA

incidents). The other is actuarial assessment, which strives to achieve empirically accurate classifications by replacing clinical judgement with validated instruments and algorithms (Falzer, 2013). Avoiding these two extremes, structured professional judgement (SPJ) is intended to integrate the strengths of the other two models while overcoming many of their deficits. SPJ measures provide an organised framework to guide and systematise data collection, risk evaluation, documentation and the communication of risk (Nicholle et al., 2016).

4.2.2 Clinical Risk Assessment

Prediction is the cornerstone of the assessment, mitigation and management of SUVA; however, it is challenging due to the diversity of presentations, and it is unlikely that a single broad predictive (i.e., assessment) tool could be valid and reliable in all circumstances where SUVA needs to be predicted (National Collaborating Centre for Mental Health (UK), 2015). De Vries and Willis (2017) noted that the prevention of aggression and violence is the primary task of clinicians working in forensic and correctional settings. It is the main purpose behind legal decision-making regarding security classifications, permission for leave, and early release or parole. It is also the prime consideration in risk assessments contained within psychological and psychiatric reports that recommend the best approach to intervention for specific individuals. Most importantly for clinicians and ultimately the communities into which their clients are discharged or released, violence prevention is the goal of forensic psychology and psychiatry treatment efforts (de Vries & Willis, 2017). Although clinical assessments are designed for forensic patients and incarcerated populations, it should be noted that within both Services Australia and DVA these populations exist, meaning these measures would be applicable to a certain percentage of the service users who commit SUVA.

In clinical practice, assessments of the risk of dangerousness or violence in an individual are usually based solely on UCJ. In this scenario, recommendations for the most effective strategies to prevent or reduce violence or aggression are founded on a comprehensive evaluation of the person, which can only be achieved via a full psychosocial assessment encompassing historic, cultural and current social and psychiatric factors (Government of Western Australia, Department of Health, 2019). The UCJ approach to risk assessment has been criticised on a number of grounds,

including low inter-rater reliability, low validity and a failure to specify the decision-making process because it is often based on the clinician's subjective interpretation and professional analysis (Monahan & Steadman, 1994; Webster et al., 1997), as well as inferior predictive validity compared to actuarial predictions (Dolan & Doyle, 2000; Mossman, 1994). Thus, it is a commonly used risk assessment process yet one that is prone to errors.

Research indicates that predictions of violence made using unaided (i.e., informal, impressionistic or intuitive) judgement are seriously limited with respect to both accuracy and inter-clinician agreement (Hart et al., 2007). However, the clinical approach has been observed to have the advantages of being flexible and having an emphasis on violence prevention (Hart, 1998). Moreover, Buchanan (1999) suggested that clinical approaches, if they focus on mechanisms through which violence occurs, may enhance the validity of risk assessment, especially when supported by specialist measurement tools, questionnaires and psychological comparisons of offender populations.

4.2.3 Actuarial Risk Assessment

Lamont and Brunero (2009) noted that actuarial risk assessment methods are sometimes known as mathematical, mechanical or statistical prediction (Doctor, 2004). In these methods, static or historical risk factors statistically associated with specific risks are assessed (National Risk Management Programme, 2007). Actuarial risk assessment instruments differ from most psychological tests. Rather than being descriptive or diagnostic in nature, they are predictive or prognostic, designed solely to forecast the future. Findings of actuarial risk assessments are typically interpreted using inductive logic (Hart et al., 2007). The actuarial approach requires the review of data contained in all available records. It needs no direct clinician input, just a translation of the relevant material (e.g., forensic reports) from the records to calculate the risk score. This can be undertaken by non-clinical personnel trained in the process. The score may then be translated into descriptors such as 'low', 'moderate', or 'high' risk (Sreenivasan et al., 2000). There are many examples of reliable, valid actuarial instruments or tools commonly used within contemporary civil and forensic mental health care for the assessment and management of aggression and violence (Lamont & Brunero, 2009). The Violence Risk Appraisal Guide (Kröner et al., 2007) and

Violence Risk Appraisal Guide–Revised (Rice et al., 2013) are actuarial instruments for the prediction of violent recidivism.

Reid (2003) warned against overreliance on actuarial instruments and checklists, pointing out that any assessment should use as much information as possible and include clinical and static factors as well as collateral information. Reid emphasised that, in practice, risk assessment remains a clinical skill, albeit a difficult skill of uncertain validity (Reed, 1997).

This is supported by research conducted by O'Connell and Laniyonu (2023), who found racial and gender disparities in actuarial risk assessment scores assigned to federally imprisoned individuals in Canada. Using published Correctional Service Canada data on incarcerated individuals (*n* = 49,168) recorded between 1 April 2011 and 31 March 2018, they reviewed scores from four risk assessment tools: Static Factors Assessment; Dynamic Factor Identification and Analysis, Revised; Offender Security Level; and the Custody Rating Scale. There was evidence of racial bias, based on static and dynamic disparities indicating that Indigenous and black inmates were rated as higher-risk compared to white inmates. This impacted parole and housing decisions.

4.2.4 Structured Professional Judgement Risk Assessment

More recently, the SPJ risk assessment has been advocated as the best method of considering risk because it combines components of the actuarial and clinical approaches, involving judgements based on empirically validated risk factors, professional experience and contemporary knowledge of the individual (Lamont & Brunero, 2009). It is important to highlight that this is not a clinical forensic psychometric test undertaken with an individual but is an approach used to understand and mitigate the risk of interpersonal violence (Guy et al., 2015). Webster et al. (2014) noted that SPJ involves the consideration of specific risk factors, which are usually derived from a broad review of the literature as well as from clinical experience rather than from a specific dataset. Evaluators complete an SPJ instrument by rating all the specified factors, using interviews, collateral interviews, records and other sources of information providing a level of risk on the individual of low, moderate or high. Some examples of SPJ tools are the Historical Clinical Risk–20 (HCR-20; Logan, 2014),

the Spousal Assault Risk Assessment (Kropp & Hart,2000) and the Risk for Sexual Violence Protocol (Hart et al., 2003).

According to Shepherd et al. (2018), despite being widely administered in Australian correctional and forensic populations, the predictive validity of the HCR-20 instrument has never been explored in Australian settings. They undertook a retrospective study investigating its predictive validity for offending post-release by using it for a randomly selected cohort of forensic psychiatric patients in Melbourne (*n* = 136; female, *n* = 38; male, *n* = 98). The results of the study support the relationship between the HCR-20 and general and violent offending after hospital discharge. A further key finding was that patients who had been reconvicted were found to have significantly higher HCR-20 scores than those who had not been reconvicted. Evidence from the study suggests that the HCR-20 instrument can be administered in Australian forensic conditions with some confidence in its capacity to discriminate reoffenders from non-reoffenders.

Research undertaken by Wertz et al. (2023) retrospectively examined expert witness reports (*n* = 416) written about individuals convicted of violent or sexual offences in Germany between 1999 and 2015. A comparison was made of the predictive accuracy of different risk assessment methods (UCJ, SPJ and actuarial). The comparison was made by analysing the number of actual reoffences according to the Federal Central Register (average follow-up period *M* = 7.08 years). The results indicated a higher predictive accuracy for structured compared to unstructured risk assessment approaches for the prediction of general, violent and sexual recidivism. A further noteworthy result refers to the finding that a combination of actuarial and SPJ instruments yielded particularly high effect sizes for the prediction of recidivism; these were predominantly higher than the predictive accuracies of actuarial or SPJ instruments alone.

Fazel et al., (2022) noted that there are methodological and practical problems with many SPJ risk assessment tools. Completion times can be excessive; for example, the HCR-20's first use was estimated to take 16 person-hours to complete partly because it requires a multidisciplinary approach as well as additional interviewing for the psychological part of the assessment. Some tools insist on a system of paid-for regular training, which must be run by companies that are owned by the tool developers. Training may be necessary to use such tools optimally, but it adds to the

costs of their use. Another problem is that the risk descriptors ‘high’, ‘medium’ and ‘low’ are not correlated with actual risk as defined by the percentage of criminal or violent outcome events that subsequently occur.

4.2.5 Risk Assessment for DVA and Services Australia Service Users

Elbogen et al. (2010) suggested that conducting risk assessments is crucial for identifying which veterans require interventions, such as mental health and medical services. This importance arises from the public scrutiny surrounding veterans involved in violent incidents against others and themselves, the difficulties encountered during their reintegration into civilian life, and the personal struggles that may lead to violent behaviour during transition. Detecting which veterans are at highest risk of violence would enable DVA to take active steps towards engaging veterans in treatment that may be crucial to improving their adjustment to life after deployment. Elbogen et al. (2014) demonstrated the validity of a brief violence risk assessment tool that utilises empirically derived questions designed specifically for US military veterans and may be useful in screening for SUVA. The Violence Screening and Assessment of Needs (VIO-SCAN) instrument queries for the presence of five factors associated with interpersonal violence in US veterans: financial instability, combat experience (having personally witnessed someone being seriously wounded or killed), alcohol misuse, history of violence or arrests, and probable PTSD with frequent anger outbursts. The tool was administered at baseline, then data on violent behaviours were collected one year later, with two independent samples: a nationwide random sample of Iraq and Afghanistan US veterans (n = 1,090) and a self-selected sample of dyads (n = 197) consisting of a veteran plus a family member or friend serving as a collateral informant. In both samples, each baseline risk item was associated significantly with violence during follow-up, and associations with severe violence during follow-up increased in a stepwise manner. VIO-SCAN does not constitute a comprehensive violence risk assessment but is designed to screen veterans for problems with violence and identify potential candidates for a more comprehensive risk assessment (Elbogen et al., 2014; Raskin et al., 2014).

Effective screening for the risk of SUVA from service users of Services Australia would need to be different to that for DVA service users. Service users who engage with Services Australia do so for many reasons. They may be dependent on a benefit

provided through Centrelink, be obliged to connect with the Child Support Agency regarding child support payments, or merely need to process medical information to obtain reimbursements through Medicare. Unlike veterans, service users are not a unique group, and therefore the risk assessment tools used would need to be normed to the Australian population. [The exceptions to this would involve cultural appropriateness issues for First Nations and culturally and linguistically diverse (CALD) populations.] Therefore, a SPJ risk assessment such as HCR-20 may be suitable for Services Australia.

4.2.6 Person–Situation Interaction Framework

An alternative framework through which risk of aggression by particular service users could be assessed is the person–situation interaction framework. Elffers and Reynald (2017) noted that this framework suggests that human behaviour is influenced by the interaction of individual and situational factors, rather than by either type of factor alone, which tends to be the assumption in SPJ risk assessment. In this framework, offender types are identified by assessing the likelihood of SUVA based on a set of service user characteristics (e.g., capacities, experiences, morals, social position, awareness, knowledge) that individualise people's perceptions of the costs and benefits of an opportunity. Differences in person–situation interaction lead to differences in cost–benefit balancing. The implication is that some service users will seize an opportunity while others will let the same opportunity pass. Having this kind of insight into how service users may individually perceive a situation may assist in the implementation of situational crime prevention (SCP) strategies to reduce the incidence of SUVA. For example, interventions may focus on improving communication and de-escalation skills for public servants while also addressing underlying psychological factors that contribute to aggressive behaviour (such as trauma or anger-management issues). To generate offender types, Elffers and Reynald (2017) suggested using a comprehensive approach that involves both bringing together experts who can list potential offender types they have encountered and talking to offenders themselves to extract information about perceptions and motivations. A triangulation of the findings from both expert meetings and offender interviews could generate a more holistic view of various offender types by combining different perspectives.

In summary, SUVA risk assessment, whether it is UCJ, actuarial, SPJ or the person–situation interaction framework, is designed to proactively help in determining the probability of future SUVA. Its aims are to prevent harm to staff or other service users and create better management protocols for those service users deemed at risk. The introduction of such assessments in either DVA or Services Australia would involve a cost, that of training professional staff to enable optimal use of the instrument or framework, as well as an ongoing investment. It would also require a proactive risk mitigation policy. The predictive nature of the assessment would facilitate effective mitigation strategies that would reduce the likelihood of SUVA.

4.3 The Organisation

This section reviews the macro level of the organisation by examining environmental design and what effects it could have in the DVA and Services Australia environments. Responsive regulation in a multi-networked approach is considered, as an alternative to the current siloed approach to the management of SUVA. As acknowledged in the earlier chapters, frontline servicing takes place through various modes of communication: telephone, face-to-face, email and social media. The best risk mitigation strategies would involve considering all these environments and aiming to design processes that seek to reduce the risks in all of them.

4.3.1 SUVA Prevention Through Environmental Design

According to Reynald and Mihinjac (2019), CPTED and SCP have had a longstanding association under the umbrella of environmental criminology. Environmental criminology focuses on crime events and the immediate circumstances in which they occur. Both CPTED and SCP provide practical approaches to crime prevention predicated on the notion of a rational offender, which are supported by the three core opportunity theories of crime, the Rational Choice Perspective (Cornish & Clarke, 1987), the Routine Activity Approach (Cohen & Felson, 1979) and Crime Pattern Theory (Brantingham & Brantingham, 1991), as well as related environmental criminology theories such as defensible space theory (Newman, 1972).

4.3.1.1 Situational Crime Prevention

SCP, as defined by Hough et al (1980) refers to the implementation of measures aimed at very specific types of criminal activity. These measures encompass the systematic and enduring management, design, or alteration of the immediate environment. SCP moves the focus of crime prevention tactics from the potential offender to the situation with which that person is faced (Tilley, 2009). It is sometimes referred to as primary prevention or opportunity reduction, and it is uniquely concerned with the practical question of how motivated offenders successfully commit their crimes. It is based on a well-developed interdisciplinary model drawing from criminology, economics, psychology and sociology. Understanding how the offender carries out the crime is used to craft interventions that remove crime opportunities and thereby prevent offending (Freilich & Newman, 2017). Five specific categories of situational prevention strategies have been identified:

1. those that increase the effort of offenders (e.g., controlling access or hardening targets such as physical barriers to obstruct access to targets)
2. those that increase the risks for offenders (e.g., using security guards or CCTV, ensuring unobstructed visibility in contact areas and increasing the certainty of offender details)
3. those that reduce the rewards for offenders (e.g., concealing the names of staff from service users or limiting access to direct cash benefits)
4. those that reduce the provocation to offend (e.g., reducing frustration in waiting areas by providing better lighting, additional seating, information about wait times, or soothing music)
5. those that remove excuses for offending, such as establishing strict telephone procedures and expectations, providing clear signage to minimise ignorance of expectations, acknowledging positive behaviour (United Nations Office on Drugs and Crime, 2010).

Situational prevention revolves around modifiable conditions that are susceptible to intervention and can reduce or prevent perceived opportunities for crime (Sutton et al., 2008). Bennett (1986) argues that the underlying decision to offend is socially or psychologically determined, but that the final decision—whether to offend against a particular target—is situationally determined. This means that situational factors are unlikely to motivate the unmotivated to offend but will

influence the decision of someone who is already inclined toward offending. The two main theories related to SCP are routine activity theory and rational choice theory (Hodgkinson & Farrell, 2018).

4.3.1.1.1 Routine Activity Theory

Cohen and Felson (1979) developed the criminological theory of Routine Activity Theory. The theory suggests that crime occurs when three elements converge: a motivated offender who has criminal intent, a suitable target that is attractive and lacks proper protection, and the absence of a capable guardian or deterrents. Most violent or property crime involves direct contact between an offender with appropriate skills and resources and a suitable target, and the absence of a suitable guardian, as noted in Figure 4.1 (Bernard et al., 2016; Ekblom & Tilley, 2000). An accessible target can include a person, an object or a place, while a capable guardian has a human element, that is, it is usually a person who, by their mere presence, deters potential offenders from perpetrating a crime. A capable guardian could also be CCTV, provided someone is always monitoring it, or a recorded telephone warning (Department of Attorney-General and Justice, 2011). Some examples of capable guardians currently employed in the APS are security guards, vigilant co-workers and recorded telecommunications.

Figure 4.1

The Routine Activity Theory Crime Triangle

Note. Based on Schaefer, L. (2021). Routine activity theory. In *Oxford Research Encyclopedia of Criminology and Criminal Justice*. Oxford University Press.

Crime can be prevented by keeping motivated offenders away from suitable targets at specific points in time and space, by reducing access to resources (e.g., objects in the office environment that could be used against a target) or by increasing the presence of capable guardians (Ekblom & Tilley, 2000; Kleemans et al., 2012). M. Felson (1986) developed the idea of handlers. Handlers are people who can influence a potential offender's behaviour, such as parents, friends, spouses, teachers or probation officers. While handlers are people who control potential offenders, guardians are tasked with protecting potential targets. Madensen (2014) noted that John Eck (2010) further extended routine activity theory by proposing a third type of crime controller: the place manager, who controls the behaviour of potential offenders and potential victims by regulating access to the site. M. Felson (2017) noted that the crime triangle is really two triangles, one engulfing the other. The inner triangle has the three elements—offender, place and target—that must converge for the crime to occur, while the outer triangle depicts the three supervisors—the handler, guardian and place manager. The handler supervisors the offender, the guardian supervises the

target and the manager supervises the crime setting. According to this theory, it is the absence or inadequacy of any of the model's three elements or three controllers that makes SUVA possible in DVA and Services Australia environments.

Thus, interventions to reduce SUVA can be developed by considering whether one or more of the three elements can be altered or removed and whether one or more of the associated controllers can be made more effective or put into place (Madensen & Eck, 2012). Guardianship requires more than just the existence of the guardian. It also assumes that the guardian has the physical ability to intervene and the willingness to do so (Lab, 2019). It is also important to note that people can fill multiple roles. A DVA or Services Australia site manager, for example, can be the guardian of a staff member by ensuring they are protected from a service user who fixates on them during each call or visit. They may also be a manager in that they can prevent entrance to a site or the acceptance of a phone call from a service user they believe to pose a high risk of SUVA.

4.3.1.1.2 Rational Choice Theory

According to Renzetti (2008) rational choice theory begins with the premise that humans are rational beings who possess free will when making decisions. It is based on the proposition that people will try to achieve the greatest benefits for themselves at the least cost. For the rational choice theorist, even seemingly impulsive or pathological crimes are influenced by rational factors, limitations of time and personal abilities or skills as well as the availability of relevant information and victims Keel (1997) describes the central points of this theory as follows:

1. The human being is a rational actor.
2. Rationality involves an end–means calculation.
3. People freely choose their behaviour, whether conforming or deviant, based on their rational calculations.
4. The central element of calculation involves a cost–benefit analysis of pleasure versus pain—a hedonistic calculus.
5. Choice, with all other conditions equal, will be directed towards the maximisation of individual pleasure.
6. Choice can be controlled through the perception and understanding of the potential pain or punishment that will follow an act judged to be in violation of the social good or the social contract.

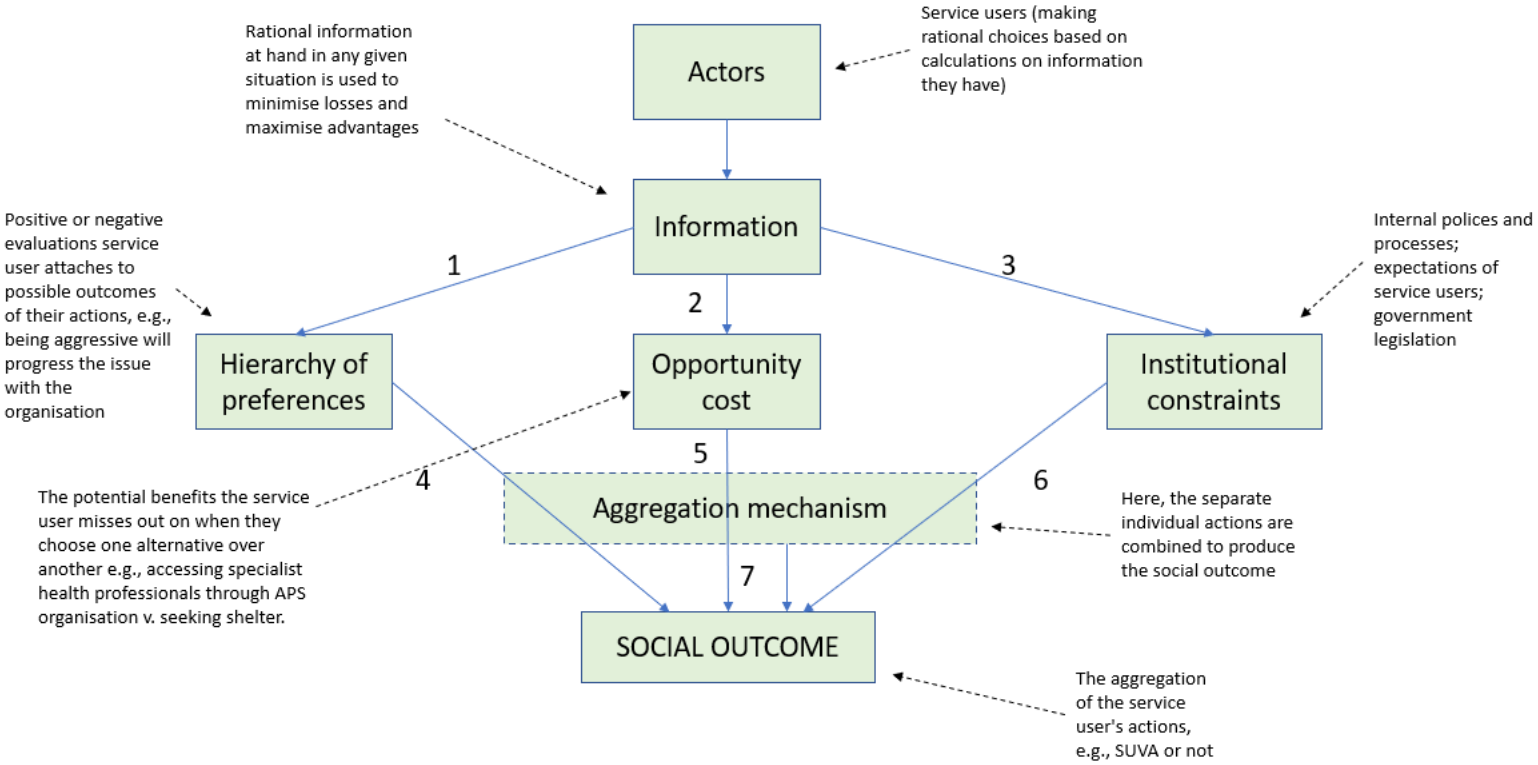
7. The state is responsible for maintaining order and preserving the common good through a system of laws (this system is the embodiment of the social contract).
8. The swiftness, severity and certainty of punishment are the key elements in understanding a law's ability to control human behaviour.

Public policy is heavily shaped by economic theory or, more specifically, by predictions about how individuals will make choices in response to various (dis)incentives. For instance, policies are routinely enacted and debated based on theoretically derived expectations of how individual actors will make choices (Loughran, 2019). Bernard et al. (2016) noted that the goal of policy-making is to consider how potential offenders may weigh costs and benefits in particular situations, and then determine how those situations may be changed so that potential offenders will decide not to commit crimes. Therefore, rational choice theories are associated with SCP.

In Friedman and Hechter's (1988) model, shown in Figure 4.2, the solid lines represent the explanatory paths of typical rational choice theories. Some theories link purposive actors with social outcomes through the mechanism of opportunity costs, while others link them through the mechanisms of preferences or institutional constraints. Actors are always considered purposive and intentional. Opportunity costs are those costs associated with foregoing the most attractive course of action and will vary considerably for different actors. The service user choice process leading to a SUVA outcome has been included in the model.

Figure 4.2

The Various Paths to Social Outcomes in Rational Choice Explanations



Note. Adapted from Friedman, D. and Hechter, M. (1988). *The contribution of rational choice theory to macrosociological research*. . *Sociological Theory*, *6*(2), 201–218

4.3.1.2 *Crime Prevention Through Environmental Design*

CPTED focuses on comprehensive urban planning and architectural design, integrating elements from SPC theory and practice. Its primary objective is to shape how individuals perceive the constructed environment and the ways public space is defined and used. How the use of space is defined by its physical appearance and the ways it influences behaviour through reducing or removing the opportunity for crime are essential themes of CPTED (Sutton et al., 2008). The broken-windows theory is based on the premise that if a window in a building is broken and is left unrepaired, all the rest of the windows in the building will soon be broken. This is as true in well maintained neighbourhoods as ones that are run-down. Disorder and crime are impossible to separate. CPTED and the broken-windows theory suggest that if one nuisance (e.g., a broken window) is allowed to exist, it will lead to crime and community issues that will eventually lead to the decline of the entire neighbourhood. Properties that are neglected and poorly maintained are likely to encourage criminal activity. This is an example of the concepts of image and territoriality, two of Newman's (1973) defensible space elements; the others are natural surveillance and environment (Fennelly & Perry, 2018). Proponents of CPTED argue that environmental design can reduce criminal opportunity, mitigate fear of crime, and contribute to a better quality of life (Crowe, 2000; Newman, 1973, 1996). Some examples are improved lighting, enhanced natural surveillance, and the relocation of gathering areas (Bernard et al., 2016).

In Australia, CPTED has become very popular among police, state and territory crime prevention units and local government authorities (Sutton et al., 2008). Although approaches vary, for the most part, CPTED practitioners apply variations of the following basic strategies:

1. *Territoriality* involves utilising design to foster a sense of ownership among citizens while creating environments where the likelihood of citizen intervention is perceived as high (Crowe, 2000; Newman, 1973; Poyner, 1983);
2. *Natural surveillance* necessitates design that promotes unobstructed lines of sight and orchestrates human activity in a way that surveillance opportunities are likely to be capitalised on at the appropriate time and space;

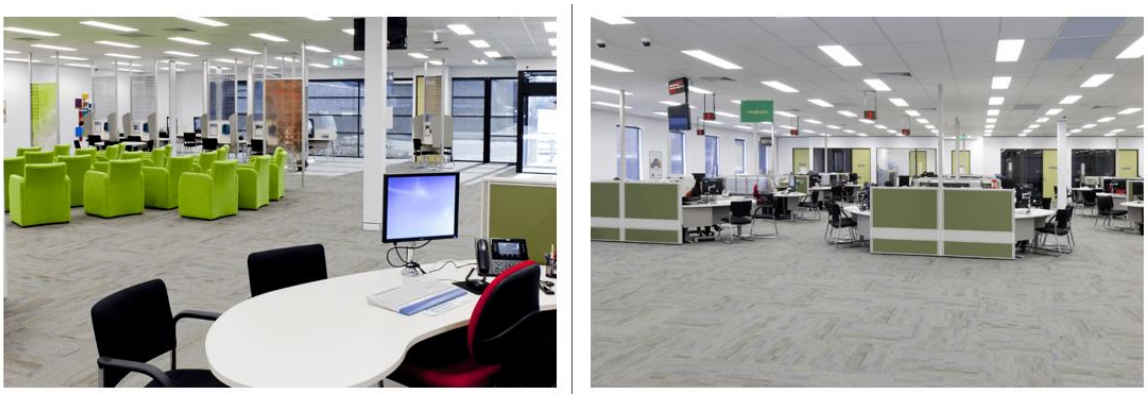
3. *Access control* employs design strategies to effectively manage the entry and exit of individuals to and from a particular space; and
4. *Image* pertains to establishing and maintaining the overall aesthetic integrity of a space, conveying to would-be offenders that the space commands respect. (Parnaby, 2007)

Environmental criminologists have observed a correlation between crime patterns and the environmental and physical layout of places where crimes usually occur. To understand any crime event, multiple factors must be considered, including the characteristics of the offenders, the victim, the location, the legal setting and the technical or mechanical requirements of the crime (Brantingham & Brantingham, 1991).

Services Australia is currently undergoing a modernisation phase that adopts many of the CPTED strategies noted. On the Services Australia website, they state that they are introducing new service centre environments with welcoming, fresh, contemporary designs (Figure 4.3 illustrates the pre-modernisation appearance of two Centrelink sites, and Figure 4.4 shows the new appearance). Frontline staff will welcome and help service users as they arrive at their updated service centres. In some sites, service users will be able to check themselves in on arrival. Most of their sites will also have a side-by-side digital coaching station for service users. This will be a one-on-one way for them to learn about self-service options at their own pace (Services Australia, n.d.a).

Figure 4.3

Pre-Modernisation Centrelink Service Centre Showing Service Desks and Waiting Room



Photos of Tamworth and Emerald Centrelink sites sourced from Richard Crooks Constructions website (2022) and Rufus Design Group website (2022).

Figure 4.4

Modernised Centrelink Service Centre Showing Greeting Space and Service Desk

Photos of Modernised Centrelink sites sourced from Services Australia website (2022)

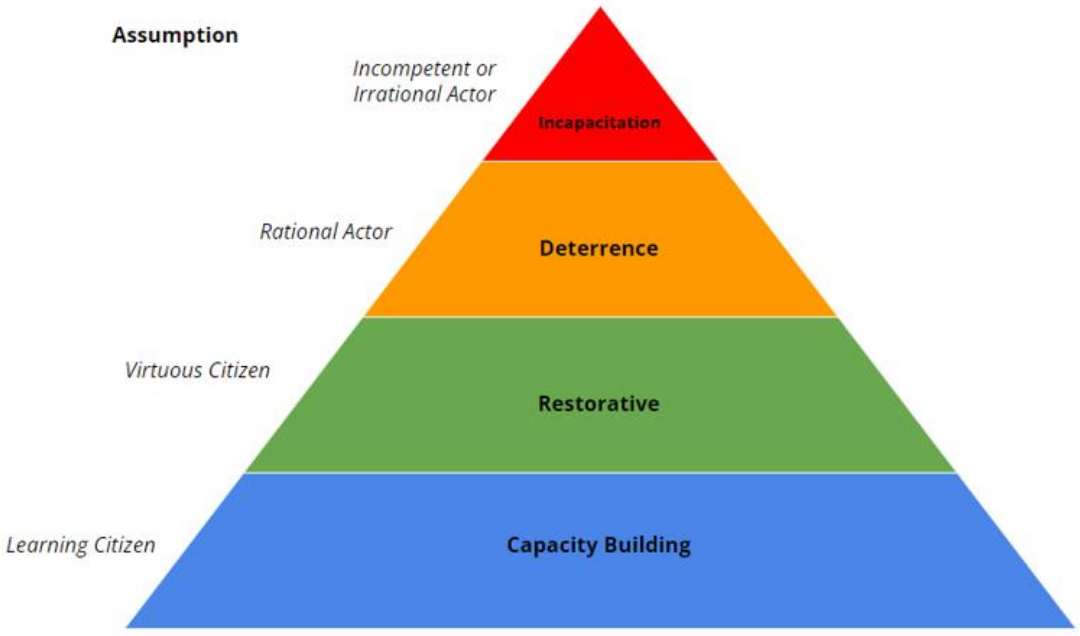
On their website, Services Australia asks service users for input through a short online survey, stating that it is to assist them to keep on meeting c needs and to make changes along the way to improve how people access their services. Services Australia has also indicated that they will be trialling ticketing and transparent wait times as well as video chat to connect customers to specialist staff in other locations (Services Australia, n.d.-a).

4.3.2 Responsive Regulation and Restorative Justice

Ayres and Braithwaite's (1992) theory of responsive regulation provides a framework through which SUVA directed towards frontline public servants may be managed. The most important aspect of the responsive regulation is the dynamic way in which persuasion and/or capacity building is the initial aim of the process prior to escalation up a pyramid of increasing levels of enforcement (Figure 4.5).

Figure 4.5

Responsive Regulation and Restorative Justice Pyramid



Note. Sourced from Braithwaite, J (1994) Restorative Justice and Responsive Regulation: The question of evidence. RegNet Working Paper, No. 51, Regulatory Institutions Network.

Responsive regulatory theory has been widely applied as a criminological theory (Braithwaite, 2014). The basic idea of responsive regulation is that regulators should be responsive to the conduct of those they seek to regulate when deciding whether interventionist responses are required (Ayres and Braithwaite, 1992). According to Murphy (2016), the assumption behind this theory is that by giving a more respectful option a chance to work first, service users being regulated view that regulation as a more legitimate and more procedurally fair process, resulting in a higher likelihood that compliance with behavioural expectations will occur.

Strategic use of the enforcement pyramid requires the regulator to resist categorising behaviours to align them with different levels of the pyramid. In practice, most enforcement pyramids commence the first few stages as RJ (Braithwaite, 2002). The value of responsive regulation and RJ is dependent on the use of responsively chosen

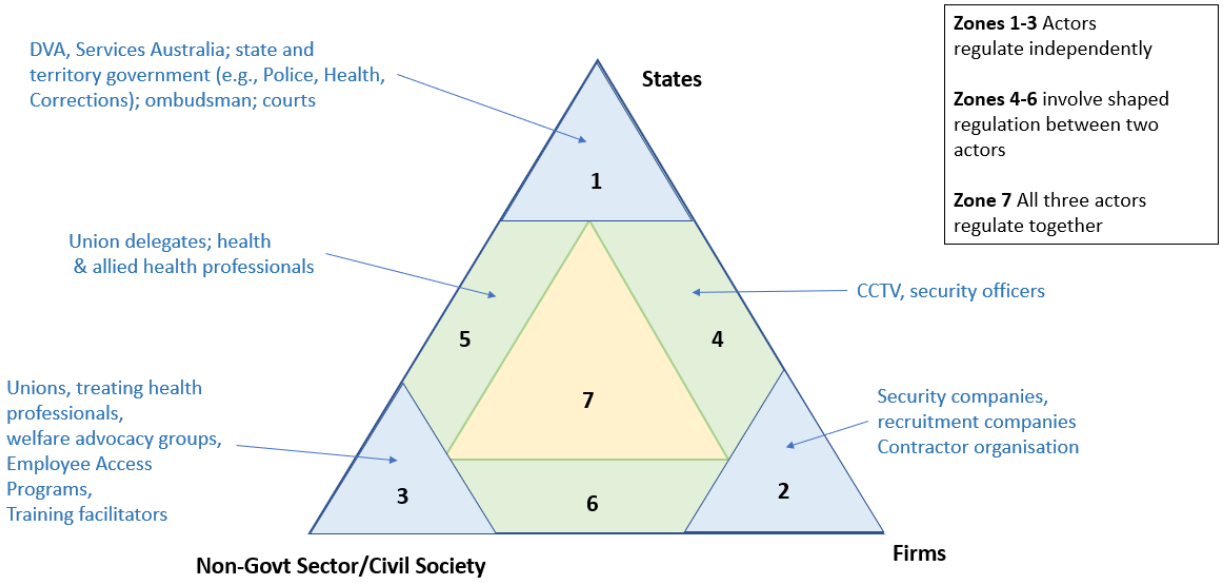
mitigation strategies (Braithwaite, 2016). Braithwaite (2017) suggests that punitive attempts at control should be held in reserve for the minority of cases where persuasion fails and noncompliance is rationally calculated. Irrespective of the seriousness of the behaviour, dialogue should be the first course of action; that rule should be overridden only if there are compelling reasons for doing so. As a guideline for regulators, Braithwaite (2011) provides nine principles for the usage of regulatory theory (Appendix VII).

Braithwaite's responsive regulation pyramid of networked escalation is complementary to Abbot and Snidal's (2009) governance triangle (Figure 4.6), in which a regulator escalates by accessing regulatory pressure from other actors in the network, such as federal, state or territory governments, the private sector or NGOs. Weak regulators can and do use a networked pyramid; in doing so, they primarily escalate their regulatory capabilities not by increasing their own enforcement responses but by widening their networks to access the regulatory capabilities of other actors, who are progressively involved at higher layers of the pyramid (Braithwaite, 2017). For example, DVA or Services Australia could aim to regulate[11] the behaviour of service users who repeatedly resort to SUVA, through a network of organisations brought together in a WofG approach. These could include state or territory community mental health organisations, state, territory or NGO housing providers, ESOs and possibly community corrections services. They would be guided by Braithwaite's responsive regulatory enforcement pyramid, commencing with RJ and moving up the stages as necessary to ensure compliance with behavioural expectations.

[11] The concept of regulation is being used in this thesis rather than that of behavioural management.

Figure 4.6

The Governance Triangle Applied to SUVA Against Frontline Public Servants



Note. Adapted from Abbot and Snidal (2009).

According to Abbott and Snidal (2009) to establish efficient governance procedures, various actors from the state, businesses, and NGOs and civil society will have to perform a comprehensive set of regulatory tasks. These tasks include setting agendas, negotiating standards, implementing standards, monitoring, and enforcing compliance. Enforcement activities encompass both the promotion of compliance and addressing instances of noncompliance. Tripartism, an additional aspect of responsive regulation, involves the participation of public interest groups in the regulatory process. The outcomes of such engagement lead to a shift in the dynamics between the regulator and the regulated, highlighting the valuable role that a locally based group can play as mediator in this process. For example, Services Australia could utilise First Nations or CALD NGOs with considerable cultural expertise and local knowledge, while ESOs and advocates supporting DVA service users might have a monitoring role. It is likely that an element of reintegrative shaming would reinforce the expected behaviours required of the service users and help reduce SUVA (Makkai & Braithwaite, 1994).

4.3.3 Restorative Justice

RJ covers various practices, including apologies, making amends, and acknowledging harm. It aims to help offenders reintegrate into their communities, with or without punishment. RJ involves direct communication, often guided by a facilitator, between victims and offenders, fostering responsibility. This process can lead to apologies, understanding, forgiveness, and agreements to improve behaviour. Ideally RJ is summed up as the 4 Rs: repairing harm, restoring relationships, reconciling individuals, and reintegrating them into their community (Menkel-Meadow, 2007). That community could be a work environment.

Broadhurst et al. (2018) undertook an evaluation of the RJ conference process. Their two-part study first analysed surveys of offenders, victims and their support persons, then used criminal history data to investigate reoffending, comparing RJ conferencing (*n* = 1,143) to the standard criminal justice system process (*n* = 4,668). The results showed that 93% of the conference participants (victims, offenders, and supporters) reported being pleased with the outcome of their conference, and that between 97 and 99% of those participants felt treated with respect, felt able to say what they wanted as part of the process, felt that the process was fair for them and the offender and felt that their rights had been respected. RJ conference participants were found to have been less likely to reoffend or to reoffend as often as non-participants when differences between them were controlled via either a conventional multivariate model or a matched-case analysis. Both approaches produced similar results overall. The multivariate method estimated a 23% reduction and the matched-case method a 30% reduction in the frequency of reoffending, although the positive effect of the RJ conference process appeared to have decayed over time.

4.3.4 Compliance

Silbey (2013) wrote that responsive regulation had provided an important, constructive advance on overly instrumental, economistic and legalistic analyses by recognising the role of interactive, interpersonal social relations that ground both organisational performance and its regulation. Braithwaite (2017) suggested that when compliance fails, a frequently observed reason is that an actor is being a rational

calculator about the likely costs of experiencing law enforcement compared with the potential gains from breaking the law. Escalation through progressively more deterrent penalties will often take the rational calculator up to the point where it becomes rational to comply. This is supported by Freeman (2011), who suggested that those who are compliant form the majority at the base of the pyramid and those at the top of the pyramid must be dealt with by way of deterrence and penalties, while the middle section is occupied by those who wish to be broadly compliant but who might need more help or persuasion to comply. There is a point at which the rational calculator assesses that the costs of noncompliance outweigh its benefits; at this point, proactive engagement and mediation could be beneficial. According to Braithwaite (2016) quite often, however, the regulator finds that they try RJ and it fails; they try escalating up through more and more punitive options, but those all fail to deter. Braithwaite suggests that in such cases, noncompliance is neither about a lack of goodwill to comply nor about rational calculation. It is about the service user not having the competence to comply (Braithwaite, 2017).

This is an issue that is highly relevant to both Services Australia and DVA. In practice, service users of both Services Australia and DVA may not be equipped with the skills or rational insight to competently comply with these agencies' expectations of them. There can be many factors that limit the service user's ability to comply with expected departmental processes, such as chronic poor mental health, brain injuries, homelessness, substance dependence or literacy deficits.

For service users unable to comply, the only regulative processes available may be the more punitive measures at the top of the responsive regulatory pyramid. It may also be argued that many service users are being reactive to public service environments that, for them, result in either counterproductive behaviour or acts of aggression. Service users prone to explosive outbursts due to neurological or psychological conditions, service users recently released from prison, veterans with complex PTSD, or a mother sitting patiently with her ill child may all react to situational frustrations such as long wait times or an unempathetic frontline officer, but it is also at this point that opportunities for restorative remedies in the regulatory process are missed. Braithwaite (2017) notes that when regulation is considered more procedurally fair, compliance with the law is more likely.

The ability of responsive regulation to escalate and de-escalate in a seamless transition both rewards the acceptable behaviour and educates those service users about the behaviours expected of them.

In summary, collaborative governance networks are arrays of vertically and horizontally aligned relationships between organisations, developed to achieve regulatory goals that cannot be achieved effectively by a single organisation (Agranoff & McGuire, 2001). The deployment of a range of regulatory actors to implement combinations of policy instruments that are tailored to individual goals and circumstances will generate more effective and efficient risk mitigation policy outcomes (Gunningham & Grabosky, 1998). Across APS departments and agencies, there are different approaches to how SUVA is being regulated; there is very little consistency. Silos exist in all government jurisdictions (Christensen & Laegreid, 2007), and consistent regulation of service user aggression is unfortunately a casualty of this. Hence, responsive regulation from a networked and tripartism perspective could be an effective WofG approach to the reduction of SUVA.

Chapter 5 outlines the methodological approach of the research by presenting the conceptual framework and the methods used to analyse the quantitative and qualitative data captured in the interviews, ethnographic study and staff online surveys. It describes how pilot testing was undertaken to highlight any methodological weaknesses and limitations. The research hypothesis is further discussed, along with the ontological and epistemological issues that mediate the statistical analyses and interpretations of the evidence that were used to address the research questions.

Chapter 5: Methodology and Design

> *Family relationships also are impacted because of being a public servant. I don't talk to my sister anymore, she always refers to Centrelink as 'Centre stink'. There is always a high level of conspiracy theorists. They look at government and government employees as running the country like the Nazis.* (Frontline staff, 2021 comment during site ethnographic study)

This chapter outlines the mixed methods approach used to collect and analyse data about the nature of SUVA. Given SUVA's complexity, a multiphase sequential design was implemented to bring together several different studies to address the research problem. By integrating quantitative with qualitative data collection methods and analyses, this research offers a nuanced, sensitive means of advancing the study of violent incidents within the APS (Testa et al., 2011). Combining an ethnographic study, and online staff survey, and one to one interviews with both frontline staff and services users, I employed a triangulation approach to obtain a comprehensive understanding of SUVA. The ethnography immersed me in the natural context of the staff capturing subtle behaviours and cultural dynamics. Concurrently the online staff survey collected quantitative data efficiently from a diverse, geographically dispersed staff population. One to one interviews enriched the study by exploring individual experiences and perspectives, providing deeper insights. The overall goal of mixed methods research is to expand and strengthen a study's conclusions and, therefore, contribute to the published knowledge—in this case, that on violence at work (Schoonenboom & Johnson, 2017).

This method of inquiry includes the use of approaches to understand and explain the problems raised by the research question: induction, which is the discovery of patterns that provide insights on the underlying processes and how they relate to the research; deduction, which is the testing of theories and hypotheses; and abduction, which means uncovering and relying on the best of a set of explanations for understanding one's results (R. B. Johnson & Onwuegbuzie, 2004). The development, implementation, and validation (through pre-testing and piloting) of the survey of frontline staff and the selective one-to-one interview that followed it were important

aspects of the research protocol, as was the statistical analysis used in both the quantitative and qualitative phases.

Throughout the chapter, I will also reflect on my own research journey, discussing why I felt it important to study such an important topic and what I personally learned from the experience. The chapter will also describe how the COVID-19 pandemic interrupted and reshaped the research task.

5.1 Mixed Methods Approach

Mixed methods research has become established as a third methodological approach over the past 20 years, complementing and combining the existing traditions of quantitative and qualitative investigation (Tashakkori & Teddlie, 2003; Teddlie & Tashakkori, 2009). It has developed rapidly, emerging as a research methodology with a recognised name and a distinct identity (Denscombe, 2008), especially in some fields, such as education, health sciences, psychology and sociology (Molina-Azorin, 2016). The overall purpose and central premise of mixed methods studies is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems and complex phenomena than either approach alone (Creswell & Plano Clark, 2007). Mixed methods research seeks to combine elements of qualitative and quantitative research approaches. These elements may include, for example, viewpoints, methods of data collection, analyses and inference techniques (R.B Johnson et al., 2017). A mixed methods approach can combine the rich, subjective insights into complex realities generated by qualitative inquiry, with the standardised, generalisable data generated by quantitative research (Regnault et al., 2018).

According to Molina-Azorin, (2016) the mixed methods researcher can give equal priority to the quantitative and qualitative parts of the study or emphasise either approach depending on the research questions and the populations to which a research question applies. The two methods inform each other—a survey cannot be designed without qualitative research input. The way in which data are collected may be determined by the particularities of a research question, by practical constraints on data collection, or, as occurred during this research, by the need to understand one form of

data inquiry (e.g., which questions to ask) before proceeding to the next. These factors influence the sequence the researcher follows to collect both quantitative and qualitative data. Plano Clark (2019) notes that while mixed methods research has great potential for addressing complex research questions, it is also a challenging research approach because researchers must creatively and logically design and implement the combination of methods in ways that allow them to generate meaningful and defensible conclusions.

Tariq and Woodman (2013) listed five common advantages of using the type of mixed methods approach that was used in this study:

- ***Complementarity:*** using data obtained by one method to illustrate results from another.
- ***Development:*** using results from one method to develop or inform the use of another method.
- ***Initiation***: using results from different methods to look specifically for areas of incongruence to generate new insights.
- ***Expansio***n: setting out to examine different aspects of a research question, where each aspect warrants different methodologies.
- ***Triangulatio***n: using data obtained by both methodologies to corroborate findings. This technique is used to analyse results that were obtained within the same study via different methods of data collection. It is used for three main purposes: to enhance validity, to create a more in-depth picture of a research problem, and to interrogate different ways of understanding a research problem. Most often, triangulation helps validate research findings by checking that different methods or different observers of the same phenomenon produce the same results. It can also be used to interrogate inconsistencies and data that are not expected to align (Nightingale, 2020).

5.2 Ethics

This doctoral research and its attendant surveys, interviews and observations were conducted with ethical approval from the Australian National University and the agencies whose staff are at risk of SUVA, as follows:

- Australian National University Human Research Ethics Committee (ANU HREC) Protocol 2019/385, granted on 3 September 2019
- Departments of Defence and Veterans' Affairs Human Research Ethics Committee Protocol Number 164-19, granted on 27 September 2019
- DVA Research Committee approval granted on 27 September 2019
- Services Australia: accepted the ANU ethics approval to conduct the research.

A number of minor variations were subsequently requested through ANU HREC as the research unfolded and specific issues arose. The Department of Defence and Veterans' Affairs Human Research Ethics Committee agreed to support any amendments approved by ANU HREC but requested these updates be provided in writing. The variations applied for and approved are as follows:

- 16 May 2020: expansion of access to DVA service users to include direct approach to the Returned Services League (RSL)
- 24 June 2020: updated question set to be used in the staff online survey to be sent out to DV and Services Australia, after forum group feedback and pilot
- 24 June 2020: amended consent form after recommendation from the Department of Defence and Veterans' Affairs Human Research Ethics Committee
- 24 June 2020: amendment of supervisor email approval for variations
- 24 June 2020: request for change of thesis title to remove the word 'prevent' and replace with 'reduce'.

A request on 24 June 2020 to add CCTV camera evidence for review as part of the research methodology was not approved due to concerns about potential privacy breaches to the service users whose images would be captured on camera.

ANU ethics approval also required that all data were securely stored on password-protected computers within the School of Regulation and Global Governance at the Australian National University or, during transport, on encrypted, thumbprint-protected drives. Physical records were kept in a locked filing cabinet in an office located within the Australian National University or, during transport, in securely locked carrying cases. All research data will be retained and securely stored for at least five years following

publications arising from the research. After the storage period, all identifying details will be removed from the data and the deidentified data will be archived at the Australian Data Archive for use in later research, including potentially by other researchers. The data storage and archival arrangements were approved by all ethics institutions.

5.3 Ontological and Epistemological Considerations

The topics of ontology and epistemology continue to be subjects of ongoing discussion and debate. While there is a general consensus on the definitions of these terms, there is less consensus on the specific ontological and epistemological positions that researchers adopt, as well as the relationship between ontology and epistemology (Marsh & Furlong, 2010). Worldviews as described by Wright et al., (2016), encompass diverse beliefs about the nature of knowledge and how it is acquired. These worldviews shape the research questions asked, the chosen research approach, and the methods used for data collection and analysis. Ontology, which concerns our understanding *of what we can know,* can be conceptualised along a continuum. Researchers at one end of the continuum maintain that an objective reality exists independently of our perception, while this at the other end argue that reality is subjective and socially constructed, without a universally applicable *truth* (Wright et al., 2016).

Okesina (2020) suggests that the researchers paradigm shapes their selection of research methodology and provides four comparisons of research paradigms. Each paradigm aligns with distinct methodologies (see Appendix VIII). The positivist paradigm utilises qualitative methods to clarify relationships among consistent phenomena, involving the generation of numerical data, statistical analysis, and the use of random or probability samples. Conversely, the interpretivist paradigm adopts flexible methodologies such as symbolic interactionism and narrative research. Qualitative approaches within this paradigm avoid preconceived variables, employing purposeful sampling and selecting information rich participants and sites. Okesina further notes that the critical paradigm focuses on social and economic issues through qualitative methodologies entailing dialogue with participants and analysing discourse. In contrast the pragmatic paradigm allows for a combination of methodologies or mixed methods approaches tailored to

specific phenomena. It integrates data collection and analysis methods, rather than relying exclusively on either quantitative or qualitative methods.

From an ontological and epistemological position, this research adopts both qualitative (interpretivist) and quantitative (positivist) worldviews under the pragmatic paradigm. Pragmatism focuses on a 'what-works' philosophy and accordingly utilises both objective and subjective knowledge in a balanced manner throughout the inquiry (Shannon-Baker, 2016). A considerable number of researchers have suggested that for research to be more practical, a combination of worldviews should be adopted to better address research problems and contribute to knowledge (R. B. Johnson et al., 2007; Kivunja & Kuyini, 2017; D. L. Morgan, 2007).

5.4 COVID-19 Impacts on Research

On the 11 March 2020, the World Health Organization declared COVID-19 a worldwide pandemic. The effects on people's lives and businesses were traumatic, and countries closed their borders to international tourists for fear of an outbreak. It also had a significant impact on the present study and shaped the timelines and the accessibility of both sites and people. In Australia universities closed, internal state and territory borders closed and quarantine practices were put in place to restrict movement to reduce the transference of the virus. In the overall scheme of things, the impact of the pandemic on research may appear minor, but many PhD students and their research were greatly affected by the consequences of lockdown. This research was affected by the need for government and Services Australia to respond to the pandemic. Crucially, Services Australia was required by the government to administer a subsidised unemployment benefit for all Australian citizens out of work and facing quarantine measures due to the impacts of COVID-19 (Ramia & Perrone, 2021). This required the rapid redistribution of APS frontline staff to ensure the governments pandemic support program was delivered. It also meant many new temporary staff were brought into Services Australia to assist with the process. Due to COVID-19, my research with Services Australia was suspended for almost six months because of new contact rules and lockdowns designed to minimise transmission of the virus.

Further, a previously planned international component of the research was abandoned due to travel restrictions that arose from the pandemic. Originally, I had intended to visit the British and Canadian public service agencies that provided similar functions to Services Australia and DVA, to observe their work practices and discuss the SUVA risk mitigation strategies they have in place. I had already begun negotiations for a study visit, via a teleconference with colleagues in the UK, and reached out to the relevant services in Canada. Four weeks later, the pandemic hit, and the prospect of visiting these agencies vanished as international travel was blocked, preventing this comparative element of my research.

In Australia, access to DVA staff was not affected as badly as access to Services Australia's, so I was able to commence my research with them first. Thus, I moved from undertaking the research as a combined process with both Services Australia and DVA engaged at the same time, to undertaking the research in stages, first with DVA and then with Services Australia, by running two separate surveys and related follow-up interviews, along with associated time management and data integration issues.

5.5 Research Question

The research questions that call for mixed methods research are often multifaceted, having implicit or explicit interrelated components that might fit traditional qualitative or quantitative orientations. These combination questions often include both the *what and how* and the *what and why* of events, cognitions and behaviours (Tashakkori et al., 2015). Creswell and Tashakkori (2007) suggested writing an overarching integrated or hybrid research question that is later broken down into separate quantitative and qualitative subquestions to be answered during each strand or phase of the study. Following this strategy, the present study begins with a question that requires both qualitative and quantitative approaches. The most traditional or typical approach to generating research questions and hypotheses is for the researcher to develop them in response to problems identified in the literature and in practice. This development process includes identifying a topic, reviewing literature, defining terms and stating a general purpose or objective for the research (Ridenour & Newman, 2008). Research

questions in mixed methods studies are vitally important because they in large part dictate the type of research design used, the sample size and sampling scheme employed and the type of instruments administered, as well as the data analysis techniques, which may be statistical, qualitative or both (Onwuegbuzie & Leech, 2006). In this research, the qualitative focus groups, along with the pilots for the online survey and for the one-to-one interview with follow-up questions, established a robust process for refining and shaping the key research questions about violence at work. Thus, the quantitative survey sought to answer the 'how and what': How are staff impacted by SUVA? What ongoing effects of SUVA do they face? The findings on these questions were combined with the qualitative ethnographic study, the open-ended questions in the survey, and the one-to-one interview, which focused on the 'what and why': What do staff and service users suggest are the triggers that lead to SUVA incidents? What could be changed to reduce violence and abuse?

Sequential mixed methods may be used when the results of one method can be used for planning the next method (D. Morgan, 1998). In the case of this research, the sequence was qualitative–quantitative–qualitative. The sequential approach lies within the broader family of mixed methods, and involves different principles and practices for integrating mixed methods depending on the nature of the research question (Fetters et al., 2013). Also, in sequential mixed methods studies, one might collect data on a separate or different sample of individuals for each phase or select subsets of individuals from one phase to study in the next. In short, in all these scenarios, the samples (and populations), procedures, instruments for data collection, and sometimes even the data analysis techniques of a later phase are often dependent on the results obtained in a previous phase (Tashakkori et al., 2015). As noted in Chapter 1, the research questions for this study comprise an overarching question about violence and aggression against frontline public servants, which is broken into subquestions designed to be answered by the various quantitative and qualitative research phases (see Table 5.1).

Table 5.1

Overarching Research Question and Subquestions

What is the nature, prevalence and severity of SUVA* against Australian frontline public servants, what are its impacts and how can we reduce its occurrence?		
No	**Subquestion**	**Method**
1	What percentage of frontline staff are impacted by SUVA? Does this differ from organisational data, and are there notable gender and age differences among the staff impacted, with respect to under-reporting?	***Quantitative methodology***. Data collected through an online staff survey. Online survey question example: • Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months?
2	What is the relationship between a frontline staff member's location and work role and their risk of being involved in a SUVA incident?	***Quantitative & Qualitative.*** Data collected through ethnography study, online staff survey and one to one interviews. Online survey question example: • What type of service user violent or aggressive incident/s have you been involved in your frontline role/role as a public servant? Ethnographical study: • Observation of staff in work environment
3	Do frontline staff have concerns for their safety and wellbeing or that they may be involved in a SUVA incident in the future? What is the relationship between frontline staff members' concerns for their safety and wellbeing in the event of SUVA and: • under-reporting of SUVA • staff attendance at violence and aggression training?	***Quantitative & Qualitative.*** Data collected through ethnography study, online staff survey and one to one interviews. Online survey question examples: • How safe do you feel in your work environment? One to one question example: • Are you able to recall how you were feeling at the time of the incident?
4	Do frontline staff feel confident that they are protected by department or agency risk mitigation policies and processes?	***Quantitative.*** Data collected through online staff survey. Online survey question example:

		• How would you rate your understanding of the policy and protocols your department has in place to protect you from service user violence and aggression?
5	What important factors (often referred to as 'trigger events') do frontline staff believe can lead to SUVA incidents, and how can these factors be targeted through proactive mitigation strategies	***Qualitative.*** Data collected through ethnography study and one to one interviews. One to one question example: • What do you think could have prevented the situation from occurring & if you could go back in time what would you change. Ethnography study • Observation of work environment and discussions with staff

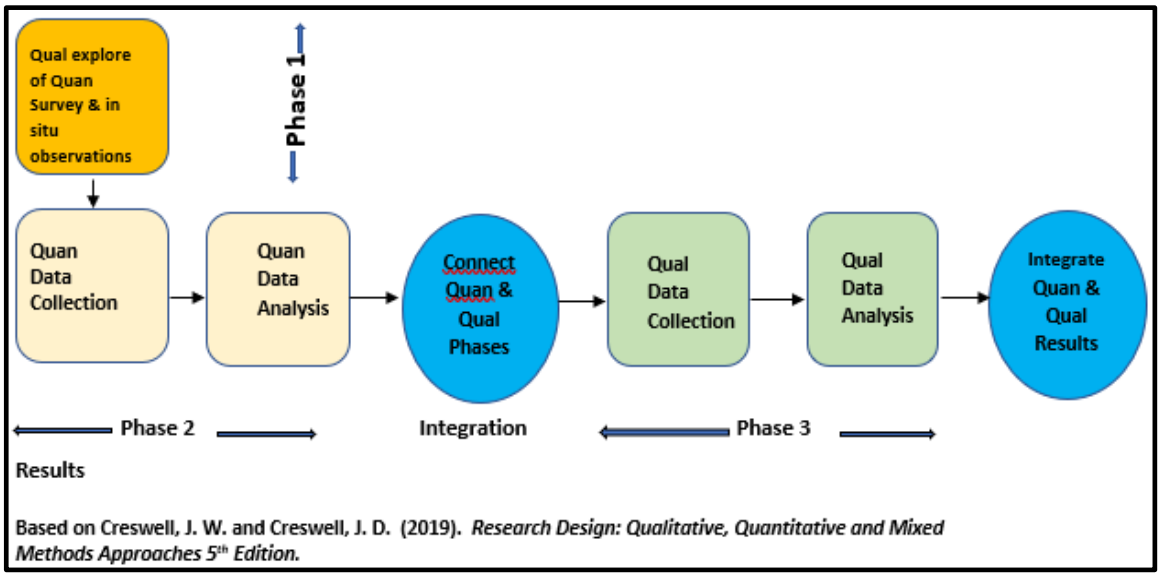
*SUVA = service user violence and aggression

5.6 Conceptual Framework

Through a mixed methods approach, this research sought to understand the nature, prevalence and severity of SUVA perpetrated against frontline staff in two APS organisations, Services Australia and DVA (including Open Arms). This mixed methods approach commenced with an initial qualitative phase (Phase 1) exploring and developing questions and addressing issues through staff focus groups from Services Australia and DVA to ensure the quantitative online survey would be fit for purpose, as well as undertaking an ethnographic study across six site locations within the three organisations. This was followed by a staff online survey (Phase 2) and one-to-one interviews with frontline staff and service users who had been involved in SUVA incidents (Phase 3). This enabled the basic validation triangulation process (Figure 5.1).

Figure 5.1

Multiphase Mixed Methods Approach: An Exploratory Qualitative and Explanatory Sequential Approach



Note. Qual = qualitative. Quan = quantitative.

The rationale for this approach was that although the quantitative data and results would provide a general picture of the research problem, more analysis, specifically through qualitative data collection, would be needed to refine and extend the results and explain any anomalies (Subedi, 2016). According to Ivankova et al. (2006), the strengths and weaknesses of this kind of mixed methods design have been widely discussed in the literature, with its advantages including both straightforwardness and opportunities for the exploration of the quantitative results in more detail because qualitative analysis was used before the quantitative phase. This design can be especially useful when unexpected results arise from a quantitative study, because the qualitative phase allows for a deeper , more detailed exploration of these results. The limitations of this multiphase design, however, are the length of time required to undertake the research and the amount of resources that must be available in order to collect and analyse both types of data. From my experience as a psychologist in forensic environments and in the psychology team role I previously undertook with Services Australia, I was aware of the complexity of SUVA. This complexity required a research method approach that could shine a light on the many factors that visibly or invisibly generate SUVA incidents in the public sector environment.

5.6.1 Phase 1 Part A

Four staff forums were conducted with frontline public servants in Services Australia and DVA. There were approximately 10 staff members (both APS and contract) in each forum. The staff were shown the draft question set and participant information forms and feedback was collated and utilised to amend both.

5.6.2 Phase 1 Part B

The initial qualitative phase required the ethnographic study of the behaviour and activities of staff members at six worksites across Services Australia, DVA and Open Arms. These included two Centrelink service centres, a Centrelink smart centre (call centre), Services Australia's Personalised Services Team, the Open Arms client contact centre, and the DVA client service office all located in Brisbane. These sites were selected because they represent the various frontline staff roles this research was investigating and because COVID-19 restrictions prevented access to regional and remote sites.

The process was that I contacted the manager responsible for the site I was intending to visit (a description of these sites is provided in Chapter 6). In an email, I introduced myself, explained the research I was undertaking and what the site observation would entail—I asked to watch staff work in these environments, have informal chats with staff and managers and walk around the site. All the managers were very accommodating, and some sites, such as the Services Australia smart centre, needed to roster off some staff to enable them to have the freedom to chat with me, while Open Arms made a night shift available for me to attend at very short notice.

The field notes were recorded in a field research journal in an 'unstructured way' (Creswell & Creswell, 2018, p.186), focusing on the behavioural interactions between staff members and service users, staff reactions to SUVA incidents, and any follow-up processes involving the staff member or the service user. The notes were recorded under 'descriptive notes' (what I directly observed or what staff members discussed with me) and 'reflective notes' (which reflected my own personal thoughts on what I was observing). They were transcribed, then analysed using RTA. A key challenge for me was to try and understand how to measure SUVA and how undertaking the ethnographic research would assist with this process.

5.6.3 Phase 2

Survey respondents were selected to take part in this research by DVA and Services Australia based on their having a frontline role (i.e., respondents had to be working directly with service users face-to-face or by telephone, social media or email). Briefings were held between the researcher and relevant senior staff of both APS organisations to explain the research focus and the benefits of their staff members' participation. One week prior to the staff survey, an advertising campaign was undertaken in both DVA and Services Australia to prompt staff to access the survey.

An invitation to the staff online survey was emailed to frontline staff in these organisations, via the senior executive of DVA and Open Arms and via the IT Web Survey section of Services Australia. The number of recipients was about 16,000 for Services Australia and 500 for DVA and Open Arms. The survey was developed utilising Qualtrics survey software (https://www.qualtrics.com) and was informed by the theories described in Chapters 3 and 4 (see Appendix IX). Quantitative statistical analysis using IBM SPSS 26 was undertaken to produce descriptive and inferential data.

For both Services Australia and DVA staff, the survey was open for a two-week period. Midway through the two-week period a reminder was sent out to staff to encourage participation. From Services Australia, 3,737 staff accessed the survey, with 3,636 giving consent to take part (about a fifth [22.7%] of the eligible staff). From DVA, 258 staff accessed the survey, with 256 giving their consent to participate (about half of the eligible staff). The DVA survey dates were 1 September to 15 September 2020 while the Services Australia survey dates were 1 March to 15 March 2021.

5.6.4 Phase 3

Semistructured interviews with staff and service users who had been involved in SUVA incidents were then undertaken. Invitations were sent out to staff who had been involved in prior SUVA incidents asking if they would like to volunteer to take part in the research. Staff were requested to send an expression of interest to an email address established for the research. This resulted in interviews with 20 staff from Services Australia and 10 staff from DVA. Service users from Services Australia were also

approached by that organisation to ask them if they would be prepared to take part in independent ANU research. If a service user gave the organisation permission to send their details to me, I would contact them. Five service users volunteered to take part. Service users from DVA were contacted through RSL branches via the welfare officer and given full information regarding the research. Five volunteered to take part, and undertook the interview at the NSW Grafton RSL office.

Information from the ethnographic study and the staff survey as well as the theories discussed in Chapters 3 and 4 provided some insight into the issues faced during SUVA incidents and was used to inform the question set for the interviews (see Appendix X for the participant information form and guiding question sets). The interview content was focused on the participant's reflections on the incident they were involved in, their feelings at the time of the incident, possible preventative measures, how the situation was handled by the respective organisations, and the participant's thoughts on post-incident processes. The richness of the data obtained came from the degree of flexibility of the interviewer–interviewee conversations, which provided unique data.

Due to the possibility that staff and service user participants could be located anywhere within Australia, coupled with the ongoing COVID-19 restrictions, the one-to-one interviews were undertaken in various ways: face-to-face, by telephone or using videoconferencing technology such as Zoom or Microsoft Teams. Participants with chronic mental health issues or those deemed by the organisation, in consultation with myself, as presenting a high risk of violence or aggression were not to be included in the interviews. There were no participants that met these criteria. With the consent of the participant, the interview was audio-recorded and notes were taken. The ethics protocol required the approval of both staff and service user participants. At the completion of the interview, the Kessler Psychological Distress Scale 10 (K10; Kessler et al., 2003) was used to measure the degree of distress the participant was experiencing so that if there were any concerns, a participant-nominated support could be contacted. A day after the interview the participant was telephoned by myself (a registered psychologist) to ensure there were no mental health issues arising from the interview. Analysis of the qualitative interviews was undertaken using coding and RTA.

5.7 Research Hypotheses and Qualitative Themes

Connelly (2015) notes that a research hypothesis is a specific statement that predicts the direction and nature of the results of a study. Hypotheses can be simple or complex, but they should be understandable to most readers. A hypothesis usually outlines the precise relationship between two or more variables; it can represent an association between the variables or a cause-and-effect relationship (Ross, 1998). Quantitative hypotheses are predictions the researcher makes about the expected relationships among variables and are estimates of events (or attitudes) based on data collected from samples of the relevant population. The testing of hypotheses employs statistical procedures in which the investigator draws inferences about the population from a study sample (Creswell and Creswell, 2018). Maudsley (2011) notes that qualitative research has often been differentiated from quantitative as hypothesis generation rather than hypothesis testing. Qualitative research methods are utilised to explore, clarify, or construct theories, especially when dealing with uncertain and emerging concepts, complex human intentions and motivations, and concepts that are influenced by sensitivity and social factors (Sullivan & Sargeant, 2011).

The quantitative hypothesis and the quantitative subquestions were important as they were to be used to guide recommendations for what is needed to reduce SUVA. They were as follows.

Hypothesis 1 (H1): frontline staff in DVA (including Open Arms) and Services Australia under-report the amount of SUVA they face. **Independent variable:** *agency expectation to lodge incident report*; **dependent variable:** *incidence of SUVA*.

It is hypothesised that the official organisational data recorded by both Services Australia and DVA does not reflect the actual amount of SUVA taking place within the frontline public service environment. It is also believed that work practices within each organisation may be inconsistent in facilitating SUVA events being recorded, due to the burden the reporting process places on work operations. Further, there are concerns that frontline staff do not report due to apprehensions about perceptions of how they are coping in the work environment and ultimately their job suitability (e.g., perceptions that high levels of SUVA may reflect poor interpersonal skills).

Hypothesis 2 (H2): the gender and age of frontline staff in DVA (including Open Arms) and Services Australia will have a relationship with the amount of SUVA directed at them. **Independent variables***: gender and age;* **dependent variable:** *incidence of SUVA*.

In the current literature, there are varying reports of the effects that age and gender have on the risk of being involved in SUVA incidents. It is hypothesised that this research will indicate that there is no association between the gender or age of the frontline staff member and their being involved in SUVA—that is, that the null hypothesis will be supported.

Hypothesis 3 (H3): SUVA increases the concerns of frontline staff in DVA and Services Australia for their future wellbeing and their fear that they will face SUVA again. **Independent variable***: concerns for future safety and wellbeing*; **dependent variable**: *incidence of SUVA*.

It is hypothesised that frontline staff who have been impacted by SUVA will have concerns for their future safety and wellbeing, that is, be afraid that they may be involved in a further SUVA incident. This may be evidenced by staff members' attendance at violence and aggression training and their level of reporting of SUVA incidents.

Hypothesis 4 (H4): frontline staff in DVA (including Open Arms) and Services Australia lack confidence in the current risk mitigation policy and practices of their organisations. **Independent variable***: organisation risk mitigation policy and procedures*; **dependent variable**: *reported level of confidence.*

It is hypothesised that frontline staff feel that the institutional response to SUVA is inadequate, that is, that the risk mitigation policies and processes currently in place to protect them from SUVA and support them after SUVA incidents are inadequate.

Hypothesis 5 (H5): SUVA varies by the work role and location of the frontline staff in DVA (including Open Arms) and Services Australia.**-Independent variables***: role and location of staff member*; **dependent variables**: *incidence of SUVA and feeling safe at work.*

It is hypothesised that the role or work location of a frontline staff member may place them at either an increased or decreased risk of being involved in a SUVA incident.

Hypothesis 6 (H6): frontline staff in DVA (including Open Arms) and Services Australia will be open to participating in RJ processes in the management of SUVA.

Independent variable*: willingness to participate in RJ process*; **dependent variable**: *incidence of SUVA.*

For this research, I was interested in the RJ victim–offender mediation processes often found in the juvenile justice system and other settings where conflicts occur (RJ is discussed in Chapter 3). It is hypothesised that frontline staff and service users who have been involved in a SUVA incident would be supportive of taking part in a mediation process aimed at reducing possible future SUVA.

The analysis of the qualitative questions sought to explore and understand the factors (triggers) that may instigate SUVA, noting that SUVA incidents would be identified differently by frontline staff and service users, and to gain an understanding of the relationship between SUVA and a staff member's work role and location and what other factors or circumstances increase their risk of being involved in a SUVA incident.

5.8 Pre-Testing Via a Staff Forum: Developing and Piloting the Survey

5.8.1 Staff Forum to Develop the Question Set

As mentioned above, staff forums were used in Phase 1 to develop the survey questions. This was done to mitigate against a frequent difficulty with questionnaire design: respondents commonly misinterpret the survey questions (Hilton, 2017).

Toepoel (2016) noted that in developing questions for a survey, there should ideally be a constant conversation between the researcher and the respondents, keeping in mind the key variables to be measured. Tourangeau et al. (2000) have proposed a model for the development of a survey. They divided the survey response process into four major components—the comprehension of the question, the retrieval of relevant information, the use of that information to make a required judgement, and the selection and reporting of an answer.

A draft question set for the SUVA frontline staff online survey was established, with feedback provided by supervisory panel members and academic staff at the ANU School of Regulation and Global Governance. This initial draft of survey questions was used in the ANU ethics application with the knowledge that there would be a variation

request for amendment after the staff-forums review and that modification of the questions would likely occur. The four staff forums were conducted over three days with frontline staff. Both APS and full-time contract staff in Services Australia and Open Arms took part on 18 July 2019, 23 July 2019 and 25 July 2019. Participants responded to a request from their respective organisations for volunteers to participate in this part of the research. The feedback from staff was collated and used to amend both the staff survey question set and the participant information form. Several particular issues were highlighted during these staff forum sessions:

- The language used. For example, the term 'victim' was initially used to describe staff involved in SUVA incidents. Staff forum members rejected the term because they did not see themselves as victims and because some staff were considered instigators of SUVA incidents. The term was removed.
- The order of the Likert scale ratings. The way in which the Likert scales ascended and descended were different to the way in which many internal staff surveys had been conducted. Staff forum participants suggested that staff might automatically start to complete the scales in the way they been previously conditioned to do and that this could result in the incorrect answers being provided, ultimately affecting the validity of the survey. These amendments were made.
- The language in the introduction section to each subset of questions. Participants suggested replacing psychological and criminological terms (e.g., perpetrators or offenders) with person-centric language (e.g., customers and veterans).
- Item order. The flow of question sets required rearranging because the staff forum feedback suggested that the question order felt counterintuitive compared to past internal surveys.

There were no significant differences noted between the feedback provided by Open Arms staff and Services Australia staff. Two comments were consistently made by the staff forum participants. First, staff said they really welcomed the opportunity to complete an independent survey (one not conducted by the APS). Second, many who

attended the forum anecdotally noted that they seldom report through internal reporting mechanisms that they have been involved in a SUVA incident.

5.9 Research Analysis

Curry and Nunez-Smith (2015) noted that in mixed methods studies, analyses are performed on the qualitative and quantitative datasets respectively in accordance with established methods of analysis for each approach. Qualitative analysis is a systematic, iterative process of analysing textual data inductively to generate conceptual categories or recurrent themes to describe or explain phenomena (Pope et al., 2000). Quantitative analysis uses statistical approaches with numerical data to produce measures of statistical significance and association between variables (Best & Kahn, 2005; Hulley et al., 2013; Selvin, 2004).

5.9.1 Qualitative Reflexive Thematic Analysis

Thematic analysis (TA) is a widely used, yet often misunderstood and rarely acknowledged method of qualitative data analysis (Boyatzis, 1998; Roulston, 2001). TA as a method was first developed by Gerald Holton, a physicist and historian of science, in the 1970s. In the social sciences, TA has been used extensively for analysing qualitative data (Clarke & Braun, 2014). It is a useful and accessible tool for qualitative researchers, but confusion regarding its philosophical underpinnings and imprecision in how it has been described have complicated its use and acceptance among researchers (Kiger & Varpio, 2020).

TA is a method for identifying, analysing and interpreting patterns of meaning (themes) within qualitative data. TA is unusual in the canon of qualitative analytic approaches, because it offers a method—a tool or technique unbounded by theoretical commitments—rather than a methodology (a theoretically informed and confined framework for research; Clarke & Braun, 2017). Qualitative approaches are incredibly diverse, complex and nuanced (Holloway & Todres, 2003), and TA should be considered a foundational method for qualitative analysis (Braun & Clarke, 2006). It is because of TA's agility that it has been used to analyse all the qualitative datasets of this mixed methods

research. It enabled myself as the researcher to be part of the data collection processes through observing at work sites and through the ways I engaged participants during the semistructured interviews.

Braun and Clarke (2006) and King (2004) argued that TA is a useful method for examining the perspectives of different research participants, highlighting similarities and differences and generating unanticipated insights. TA is also useful for summarising key features of a large dataset as it forces the researcher to take a well-structured approach to handling data, helping to produce a clear and organised final report (King, 2004). Kiger and Varpio (2020) highlighted the following points:

- Thematic analysis is a versatile and powerful method for analysing qualitative data that can be applied across different paradigms or epistemological orientations.
- Thematic analysis is particularly suitable for exploring experiences, thoughts, or behaviours within a dataset.
- Themes are constructed patterns or meanings derived from the data that provides insights into the research question, going beyond mere summaries or categorisations of codes. Themes can be generated inductively or deductively.

Braun and Clarke's (2006) inaugural publication on the topic of TA in the field of psychology created much interest among scholars across many fields in using their approach in subsequent studies. Since then, Braun and Clarke have published several articles and book chapters, as well as their own book, all of which make considerable contributions to further delineating their approach to TA. They have acknowledged that their 2006 paper left several aspects of their approach incompletely defined and open to interpretation. The term 'reflexive thematic analysis' only recently came about in response to these misconceptions (Braun and Clarke, 2019). Byrne, 2022 notes that Braun and Clarke's (2021) work has highlighted a common tendency among scholars to reference their 2006 article without fully embracing their contemporary approach to RTA. They argue that the term reflexive thematic analysis not only distinguishes is as a specific approach to TA, but also underscores the significance of the researcher's subjectivity as an analytical resource and their reflective engagement with theory, data, and interpretation.

Moreover, Braun and Clarke (2021) acknowledge the high demand for qualitative research skills, which often surpasses the availability of supervisors and the limited coverage of qualitative methods in academic scholarship. To address this gap, they outlined a six-phase process for data engagement, coding and theme development.

1. Familiarisation with the data and taking notes for better understanding.
2. Applying systematic coding to the data.
3. Generating initial themes based on the coded and organised data.
4. Developing and reviewing the identified themes.
5. Refining, defining and giving names to the themes.
6. Writing the research report.

Braun and Clarke emphasis that this phased approach is not intended to be strictly followed. As researchers' analytical skills progress, these six phases can blend together, and the analytic process becomes increasingly repetitive.

RTA is suited to both experiential (e.g., critical realist, contextualist) and critical (e.g., relativist, constructionist) framings of language, data and meaning (Braun & Clarke, 2013). TA can be utilised in both deductive and inductive analytic processes, acknowledging that this distinction exists along a continuum rather than as a ridged dichotomy (Braun & Clarke, 2021). The qualitative analysis for this research applied RTA. The agility of this subtype of TA is suited to experiential research where both deductive and inductive analytic processes are required (Clarke & Braun, 2014). Field notes taken during the ethnographic study visits were inductive, while the open-ended questions contained in the staff online survey were deductive.

The semistructured interviews involved an element of deduction in that several preconceived questions were posed to participants. Participants were also able to guide the conversation, enabling the development of inductive themes, and the use of my subjective skills as the researcher is considered an acceptable part of the TA process. Braun and Clarke (2021) believe an open, organic coding process without the use of a coding framework and without a requirement for inter-rater reliability to control researcher bias underpins RTA. Researcher subjectivity is conceptualised here as a resource for knowledge production, which inevitably adds to the knowledge produced, rather than as a threat to credibility that must be controlled.

5.9.2 NVivo 12

The use of qualitative data analysis software has expanded over the last two decades, with new technology allowing researchers to analyse more data and do so faster and in more complex ways (Robins & Elsen, 2017). A study by Woods et al. (2016) aimed to determine how researchers were using NVivo in empirical studies reported in peer-reviewed journals, especially how researchers were leveraging the features, functionality and methodological opportunities offered by the programs. They found that researchers had used NVivo primarily to analyse textual data from interviews, focus groups, documents, field notes and open-ended survey responses. NVivo also enabled researchers to engage in analytical practices that extended beyond the limits of manual or paper-based techniques, most notably to support the coding and retrieval of data, to differentiate coded data by participant characteristics and to investigate conceptual relationships. Robins and Elsen (2017) noted that using a digital tool like NVivo proved to be critical to the successful completion of a project that required an enormous volume of data to be analysed within a restricted time frame.

This research utilised NVivo 12 to undertake qualitative TA on the datasets from the site observation (Phase 1), the open-ended questions from the staff online survey (Phase 2) and the one-to-one interviews with frontline staff and service users (Phase 3). NVivo 12 was downloaded from QSR International (https://www.qsrinternational.com).

5.9.3 Survey Data Analysis: Descriptive and Inferential

Statistical approaches are subdivided into two major divisions, descriptive and inferential statistics. McGregor (2018) noted that descriptive statistics allow the researcher to draw conclusions about the current data but do not allow conclusions about any population outside the current dataset (the latter require inferential statistics). When using descriptive statistics, researchers use some combination of four types of measurement:

- measures of central tendencies (i.e., mean, mode and median)
- measures of variability or dispersion (spread out or clustered)
- measures of relative position or standing (one variable relative to another)

- measures of relationships or correlations between two or more variables (Ary et al., 2010; B. Johnson and Christensen, 2012; Mackey and Gass, 2005; Wiersma and Jurs, 2009).

In contrast, inferential statistics make inferences or estimations about a population from a sample through hypothesis testing and the estimation of confidence intervals. Inferential statistics are associated with probability theory, which allows the researcher to reach conclusions about a variable beyond the data collected and determine the relative certainty of those conclusions (Frey, 2018). For this research, many of the questions produced nominal or ordinal data, and descriptive statistics were used to analyse the staff survey respondents' demographic data, such as age, gender, educational level and whether English was a first language, as well as experiences of SUVA. The data were presented via frequency and percentage. The inferential statistics were used to determine the relationship between the independent variables (e.g., age, gender, location) and the dependent variables (e.g., SUVA incidents) that represents the APS frontline staff population, as well as exploring cause-and-effect relationships. Analysis was undertaken using IBM SPSS version 26.[12]

[12] The name SPSS is an acronym for IBM's Statistical Package for the Social Sciences. For this research, IBM SPSS Version 26 was downloaded for the quantitative analysis on the online survey data.

Chapter 6: Site Ethnographic Study & Results

DeWalt and DeWalt (2002) highlighted that observation serves as a data collection technique. This approach involves researchers directly observing and recording events, activities, behaviours, and opinions within a specific research setting. Through participant observation, researchers immerse themselves in a natural environment, actively engaging and observing people's actions. DeWalt ad DeWalt also note that this method enhances the study's validity by providing a deeper understanding of the context and phenomenon being investigated. Enhancing validity involves employing supplementary approaches alongside observation, like interviews, surveys, questionnaires or other more quantitative methods. Participant observation is valuable for addressing descriptive research questions, developing theory, and facilitating hypothesis generation and testing.

Merriam (1998) emphasises that the extent of the researcher's engagement in the culture being studied significantly influences both the quality and quantity of data that can be gathered. For this research, I undertook the ethnographic study as a participant observer. This enabled me to observe staff although my main role was to collect data, and meant the staff being studied were aware of my observation activities. This stance as the participating observer enabled me to generate a more complete understanding of staff activities. Ultimately, the staff members controlled the level of information given.

In this research, ethnography was used to provide a better understanding of the SUVA that was impacting staff by providing insight into the SUVA issues that were to be investigated in both the staff online survey and the one-to-one interviews with staff and service users. It also assisted in understanding the environmental designs of each site, both those that were open to service users and those that restricted their access. Four Services Australia and two DVA sites were visited for this part of the research (see Chapter 6 for ethnographic study).

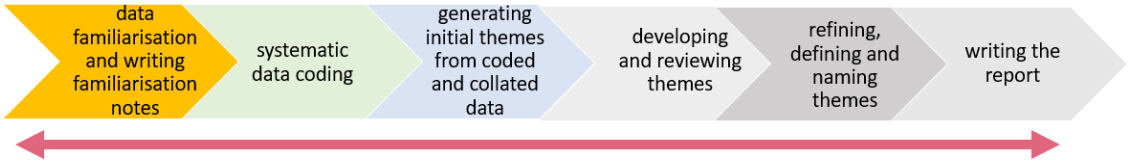
6.1 Field Notes

Field notes are widely recommended in qualitative research as a means of creating detailed descriptions of the study context, encounter, interview, focus group documenting capturing valuable contextual information. They serve as a valuable tool for preserving important details that contribute to a rich understanding of the research setting (Phillippi & Lauderdale, 2018). For an ethnographic protocol it is important to include both 'descriptive' notes, such as notes about what happened, and 'reflective' notes, such as notes about your experiences, hunches and learnings (see Appendix XI), making sure to provide appropriate identification information on the protocol, such as the date, place and time of observation (Angrosino, 2007).

According to Tenzek (2017) it is imperative for the researcher to pay attention to the physical space, location, people, interactions and what is not being said. The field notes collected are considered raw material that captures moment-by-moment accounts of what happens in the observed social context. A great advantage of field notes is that they can uncover information about which the researchers did not have previous knowledge; therefore, field notes can be a great supplement to research. For this research, the field notes that were recorded reflected both descriptive and reflective experiences and observations. All field notes, both descriptive and reflective, were loaded into NVivo, and an RTA was undertaken, adapted from Braun and Clarke (2021), following their Phases 1 to 6 (Figure 6.1).

Figure 6.1

Six Phases of Reflexive Thematic Analysis



Note. Reproduced from Braun and Clarke (2021).

This chapter presents the results from the Phase 1 ethnographic study, which were analysed using RTA via NVivo 12; it will first describe the observation sites and times as

well as the COVID-19 impacts. The qualitative ethnographic study was undertaken at the following locations.

Services Australia

- Mt Gravatt Centrelink Office on 18 and 21 December 2020
- Fortitude Valley Centrelink office on 28 and 29 January 2021
- Brisbane Smart Centre on 25 February 2021
- Personalised Services Team on 19 and 22 February 2021.

DVA and Open Arms

- Brisbane DVA Office on 15 and 16 September 2020
- Open Arms National Client Contact Centre, Brisbane, 9, 10 and 15 September 2020.

Site observation took place for two days in each location except for Services Australia's smart centre, which was observed for one day. While observing in the service user contact environments, I was dressed in appropriate corporate work clothing and wore my identification. I was introduced to the site staff on arrival or when taken to their working environments, so that they were fully informed of my activities.

6.2 COVID-19 Impacts

As previously noted, this research was undertaken during the COVID-19 pandemic. During the ethnographic study, it was possible to observe changes from what may have been the normal operations of the sites that were visited. The Centrelink sites had restricted numbers of service users being admitted depending on the square meterage of their front office. Where queues of service users would previously have formed inside the site, they were now positioned outside. Also, the introduction of the JobSeeker coronavirus supplement had effectively doubled the unemployment benefit, which reduced the number of service users requesting emergency payments. A report written by the Australian Institute's senior economist Matt Grudnoff (2020) noted that the JobSeeker coronavirus supplement instantly lifted 425,000 Australians out of poverty. The DVA sites had at least three-quarters of their office frontline staff working from home. All the work was being done by telephone, email or social media. In discussions with DVA staff during

the site visits, concerns were raised about staff facing SUVA incidents in their own home environments. There were also concerns regarding COVID-19 impacts to service users across both organisations, including the impact of isolation on vulnerable veterans and service users on disability support or the age pension.

6.3 Analysis

At each site, the staff and managers were supportive and engaged with me, providing information on processes both personal and organisational, as well as taking part in discussions regarding issues that appeared to be problematic for both staff and service users and led to SUVA incidents. All the field notes, both descriptive and reflective, were thematically analysed in NVivo, with themes across all sites being aggregated to provide the main themes and subthemes listed in Table 6.1 (see Appendix XII for the full list). The analysis of the ethnographic researchwas used to gather intelligence about particular roles undertaken by staff in DVA, Open Arms and Services Australia, in particular:

- ***how*** the working environment functions, including the interface between staff and service users
- ***why*** SUVA incidents occur across the different roles and work environments
- ***what*** actions staff undertake to mitigate the problem of SUVA.

Information gathered from the site observations was also intended to inform some of the questions for Phase 3 of the research. As well as providing important data on the working environments, the ethnographic study helped inform the questions for the one-to-one interviews. The three main themes of the field notes from the site visits were 1) organisational procedures and staff-initiated SUVA-risk mitigation strategies, 2) SUVA impacts on staff and 3) triggers that may lead to SUVA. These are discussed in detail in the sections below.

Table 6.1

Ethnographic Study Main Themes and Subthemes with Rank Order

Main Themes	Subthemes
Organisational procedures and staff-initiated SUVA-risk mitigation strategies	• **Risk mitigation strategies—No. 1**—not well known or not consistent • **Work environment—No. 2** • **Reporting of SUVA within the organisation—No. 3** • **Security officers—No. 3**
SUVA impacts on staff	• **Ongoing personal issues from SUVA—No. 1** • **Contractor issues—No. 2**—not well trained or not required to meet same standard as APS staff • **Fear or concerns for safety and wellbeing in workplace—No. 3** • **Media impacts—No. 3**—the way service users and public servants are portrayed (stereotyping)
Triggers that may lead to SUVA	• **Internal policy and procedures—No. 1** • **Staff behaviour—No. 2**—poor interpersonal skills or lack of empathy • **Government legislation—No. 3**

6.3.1 Organisational Procedures and Staff-Initiated SUVA-Risk Mitigation Strategies (Main Theme)

This main theme from the ethnographic research considers various types of risk mitigation processes that are currently in place to manage SUVA incidents, along with issues of concern raised by staff and managers during onsite conversations with them. While observing within the Centrelink front office environments I noted:

> *Observe the various CCTV camera angles that customer can see when waiting in the front office. It scrolls through various positions throughout the entire office. This makes the customer [service user] aware that wherever they may be in the office, they are being recorded.*

Services Australia staff said that the use of proactive work processes and protective equipment, such as the Secure Interview Module (SIM),[13] had been found to reduce the likelihood of SUVA occurring. For example:

> *At first contact the customer is asked their CRN or identification and if there is an appointment letter. If there are any concerns about the customer [service user] first contact will write to the interviewing office about suspected customer vulnerabilities this then prepares the interviewing staff member prior to meeting the customer.*
>
> *The SIM desk is a great initiative the staff make sure to use it for all customers [service users], not just those who they have concerns for. If it were used to be the regular 'naughty corner' service users (people) would become aggressive because of it.*

The SIM is a risk mitigation strategy that is in place across most of the Centrelink site environments. Located in front office areas, it is easily used with service users about whom there are behavioural concerns as well as with those who present no issues of concern to staff.

Another process that assists in the reduction of risk is not a strategy regularly endorsed across Services Australia's Centrelink network but an individual initiative implemented by certain site managers. In this informal process, feedback is provided to staff by these managers after a SUVA incident. The reduction of risk begins by addressing the impact of the incident on staff and how this may be mitigated during subsequent service user contact. My field note describes this as follows:

> *In her role as a site manager, she will send out an email to the office after a violent or aggressive incident. She does this in an effort to be transparent about the situation. Here the objective is to let staff know how the situation arose, what*

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[13] A secure interview module is a specially designed interview desk located in the front office. It is wider than normal to put distance between the staff member and the service user. There is an impact-resistant Perspex divider that prevents physical assaults and spitting. When this module is in use, the security officer will be strategically placed to provide support if the service user becomes aggressive.

> *actions were taken and how the issue was concluded. By doing this, it prevents gossip and misinformation from occurring. An example of this was when a woman came into the office, and she went off yelling at the frontline officer that met her at the front of the office for no apparent reason. The manager took the customer into her office. The woman had recently had twins and one had a terminal condition, she had come straight from the hospital in distress and was trying to get the Medicare card completed. When staff were made aware of the situation, they became more empathetic to her situation and were able to close the loop.*

In my conversations with Services Australia call centre staff, they explained how their behaviour in providing clear messages to service users reduces the level of antagonism felt by those users when a poor outcome is being explained. My field notes reflect their preparation for this:

> *When we [staff] explain the process to the customer which is a complex process we tend to get a high number of thank you's. We explain options to the customer where they can have a review of the decision. We make sure that they understand that the decision is about the legislation, not about them. We make sure we read over reports prior to contacting the customer about the decision.*

Both DVA and Services Australia were using risk mitigation strategies involving aggressive service users being 'case-managed' after a SUVA incident. Here, DVA service users are triaged to a professional (a social worker or a psychologist) by whom they are assessed and supported through the administrative process, while Services Australia utilises a multiservice approach, with customer service offices and professional staff involved in the management. There are various elements: modifying the type of servicing (i.e., using phone or email instead of face-to-face), reducing the number of staff that are required to work with a particular service user and ensuring that vulnerable service users are appropriately supported. For example, in DVA, triage connect have clinicians that undertake risk assessment, it is client coordination that has a high level of support where they become the one main contact (Field note).

At Services Australia, customer management plans (Managed Service Plans [MSPs]) ensure appropriate restricted servicing arrangements are in place; often, the service user

has only one main staff contact to ensure service user interaction is controlled, providing Services Australia with an effective method through which SUVA incidents can be limited.

It was observed that at one of the sites, the service centre manager was the one main contact for 52 service users. The field notes reflected concerns about this level of case load:

> *The one main contact role should be shared either as a national team or across the service area (Zone). For an office manager to have 52 management plans is way too much especially when this is on top of their role as site manager for a fairly busy site.*

Conversations about and observations of security officers were a key aspect of the risk mitigation theme and raised issues regarding their training, the organisations who provide them and their integration with APS staff at the sites where they are assigned:

> *One staff member commented that having the security officer being part of the team has been really beneficial in reducing aggressive events. She noted that other Centrelink officers are not like this office security guard, he is very proactive and walks around the office communicating regularly with staff members. She noted that we should empower the security officer to do their jobs.*

The reporting of SUVA was a major subtheme, with comments being made across all the sites, both DVA and Services Australia. Different reporting mechanisms were in use at DVA and Services Australia. A Services Australia staff member commented: 'The CIMS is used a lot in the MSP but seldom as a pro-preventative tool. Staff if they see a CIMS pop up on their screen say "oh my god it has a CIMS" ' (Field note).

A DVA staff member noted:

> *All incidents go through security on the security form and also to Triage and Connect. The old process used to be that the team leader would take over the call complete the incident report and security would follow up with the police and the client.*

Most feedback on the Services Australia reporting system was negative, however:

It takes too long [to report] regular aggressive customers are managed by our line manager. It's a bit tedious. I have been a bit confused. There is definitely underreporting. Some [staff] fuel that, were you putting something on CIMS?.

When aggressive incidents take place, I report them in Essentials.[14] I haven't used CIMS it's a very clunky system.

There were concerns about how staff may be viewed if they were to use CIMS—CIMS could put the staff in a confrontational frame of mind, will say that people could have a really bad situation and they could be branded by this as not being able to cope with the situation.

As noted earlier, the unintended consequences for SUVA of the COVID-19 procedures and the new temporary payments that effectively doubled the unemployment benefit arose during conversations with both Services Australia and DVA staff[15]:

Note the job seeker [unemployment benefit] payment has impacted the customer. They have more money and therefore are not visiting the Centrelink office as regularly as they did prior to the job seeker payment. In essence they have more money …

COVID-19 processes have possibly helped with decreasing aggressive incidents especially controlled entry where security can assess customers.

Due to COVID three quarters of DVA frontline staff are working from home. This can be difficult if you encounter SUVA. In a team there are two team leaders and four delegates.

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[14] Human Resources IT system.

[15] In response to the COVID-19 pandemic the Australian government introduced significant social security benefits for those without jobs, the unemployment benefit (job seeker) effectively doubled and mutual obligations (requirements to seek employment or adhere to reporting conditions) were relaxed (Ramia & Perrone, 2021).

Violence and aggression training was as noted a source of concern, and staff spoke of the pros and cons of the current training provided by DVA and Services Australia. The following staff comments were noted in my field notes.

Open Arms

Client aggression training is currently being reviewed. Looking to work with relationships Australia in developing it. It will be delivered in house.

DVA

Client aggression training is an online format 20–30 mins in duration. They used to be more advanced training called safe talk run by open arms which went for half a day. There was a two-day training called assist something which involved role play. These are no longer available.

Services Australia

*Customer aggression training is very important. A**** went to a three-day course run by an external organisation for team leaders. The gentleman [who runs the course] was Eddie Cardis. It was very good with lots of role plays. It would be good if all staff could do this. Currently staff training is four to five modules, 40–60 mins, down to 10 mins. Don't believe these stick.*

6.3.2 SUVA Impacts on Staff (Main Theme)

This theme considers staff feedback and observations about topics such as immediate or ongoing personal issues, particularly after a SUVA incident; mental health concerns; changes in work practices; and whether there were fears or concerns about safety and wellbeing in the workplace. Some staff focused on specific stressors such as KPIs (key performance indicators) and time constraints and how they may influence how staff behave when working with service users. Staff location and role type was considered in terms of whether a frontline staff member was more vulnerable or susceptible to SUVA due to where they were working. Issues that contribute to SUVA and arise from the employment in Services Australia and DVA of casual staff or contractors (staff employed

by private labour companies) were also raised. The employment of contract staff had been a focus of the government as a means of reducing the size of the APS.

Staff also commented about how they, as public servants, are labelled and treated by the media and service users, along with the negative effects these stereotypes had on them. The following are selected observations and quotes that share concerns about long-term impacts of SUVA, contractor issues and media reports.

Ongoing issues for staff after SUVA incidents

*Ongoing impacts for L**** [a staff member] is that she doesn't walk alone anymore and she has stopped going out with friends and shopping. She is currently on a return to work process but she works 2 hours two days per week. L**** is now seeing a psychiatrist and is also medicated.*

Staff mental health issues

Night staff face high numbers of substance issues [from service users] therefore aggression and threats. Burnout is high for night workers confronted by these consistent levels of aggression.

*L**** is now seeing a psychiatrist and is also medicated.*

Labelling and stereotyping

Family relationships also are impacted because of being a public servant. I don't talk to my sister anymore, she always refers to Centrelink as 'Centre stink'. There is always a high level of conspiracy theorists. They look at government and government employees as running the country like the Nazis.

Media

DVA is not well known to service personnel. Unfortunately, the media set up false impressions of what DVA can do for veterans.

Media is problematic in the way they report issues relating to parental supervision issues. For example, when a mother and her children were set on fire in their car in Brisbane, there were a number of threats from customers stating—'I may as well do what that bloke did'. This threat then leads to a process to clarify the true

intent. You are on edge as you don't want the person to go through with the threat and if you see something in the media your thoughts go to that threat.

Fear and concerns for safety and wellbeing at and away from work

It is a concern knowing the threats coming from someone trained to kill and that they have access to weapons.

As a team manager it is noted that team members suffer anticipatory stress. As the phone can go unanswered. Telephone lines are on a circuit and people choose not to pick it up.

Have concerns for staff working from home? Home is a safe environment, feel violated when abused. They have come into your sanctuary. Protocol when this happens. Skype manager. They will call. And have a debrief over the phone.

Contractor issues

Due to COVID-19 three quarters of the team are working from home this can be difficult if you encounter service user aggression. There are 55 in a team, 2 team leaders, and 4 delegates. Staff commence at an APS 4 level and progress to an APS 5 level after 6 to 9 months in the role. Most of the team are contract. High number of contract staff in a team can take at least 12 months to fully train them.

Contracted call centre such as SERCO and others do not write documents and don't have the same procedural expectations. For example, a suicidal service user (customer) they wanted to hand him off to Personalised Services. They didn't do any proper checks on his safety. They stated that this wasn't their role.

6.3.3 Triggers[16] That May Lead to SUVA (Main Theme)

This theme considers several issues raised by staff during the ethnographic study . Triggers for aggression may be internal psychological processes that occur in response to

[16] A trigger for SUVA refers to an event, situation or internal state that initiates or intensifies aggressive or violent behaviour. A trigger can be anything that provokes a person to respond with SUVA, such as

an environmental trigger, such as a provocation experienced either directly from an individual or indirectly through social exclusion, an aversive event or an aggression-related cue (Warburton & Anderson, 2015). These issues raised by staff concerned subthemes of internal policy and procedures, staff behaviour and government legislation. Poorly timed communication, poorly worded letters, and information being provided to service users via poorly trained staff members were also significant concerns.

Staff mentioned service user impacts, such as financial stress, long wait times for services, and mental health and substance misuse issues, as well as inadequate internal policies and procedures and the overall complexity of dealing with government organisations. DVA staff said:

> *Three systems are very complex. Staff need to go out of one system and into the other and this takes time. The veteran needs to be re-asked for their information to type into the system. Frustrating for the service user (veteran) being asked the same information again.*
>
> *Aggression is at times due to misunderstanding of the role of the Open Arms Client Contact Centre. clients feels at times they have DVA powers.*
>
> *Veterans sent for medical assessments and rated on a point system. This is added to other variables such as gender and vulnerability (functionality) can take four months to complete.*

A Services Australia staff member commented: 'Complex presentations with underlying trauma and mental health issues for customers, combined with complex bureaucratic processes (mutual obligation policy, claim processing etc) create a perfect storm for SUVA.'

Staff behaviour was highlighted as a cause for concern for some staff due to attitudinal disposition: for example, staff with a claim-focused approach rather than a person-focused approach (i.e., were output-focused rather than outcome-focused) fostered an 'us versus them' approach, as shown by the following.

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frustration (Berkowitz, 1993), provocation (Anderson & Bushman, 2002), environmental factors (Harney, 2007), personal traits (Neuman, 1999) or social factors (Anderson et al., 1998).

Services Australia

Staff tend to be too officious in their role. Power can go to some staff heads. They suspect the customer of some wrongdoing, and they seek to catch the customer out. What they should do is complete a tip off and have Business Integrity look into it. The issue is once you go down this line, the customer gets their back up, tend to disengage with you. You can't use empathy or other strategies, the relationship is damaged.

Some staff also cause the issues. They have a bad day, and their attitude is poor.

Further exacerbated by black and white interpretations of operational blueprint—internal policies and procedures.

DVA

Work can be challenging it is a big system with a whole other language. I'm person focused I find that APS staff are focused on the claim process.

The following observations regarding government legislation further highlight the complexity of the system and point to service users applying for benefits or services under a misapprehension they can legitimately claim.

DVA

Gold Card is the aim for many individuals, however it is not the same as it once was due to legislation changes e.g. DRCA, VEA and MRCA.

Services Australia

A customer was on a disability support pension and was due to attend appointments with his private provider and because he didn't attend, he was exited by the provider. In legislation it has been two years since has had his job Capacity Assessment (JCA) interview. So, there are procedural issues that need to take place he is unable to be placed straight back on to the disability support pension.

The private provider gave the customer false information about the process of getting back on his payment. This resulted in the customer becoming angry and frustrated during the interview with the staff member.

In both organisations, the availability of financial support was observed to be a central issue that could lead to SUVA. The reality is that service users are applying for payments or benefits because they believe they are entitled to them, as these comments from Services Australia staff highlight:

> *Noting that the cost of living and medications are going up we reiterate 'I'm sorry this is not the news you want to hear', we recount the legislation, I say to them I'll go through the report with you. Unfortunately, some often fall at the first process.*
>
> *As a social worker we assess the issues for across this payment people are not being eligible. We are finding we are having calls 3 to 6 times per day of threats of suicide as a result of people not receiving a crisis payment.*

Service user mental health and substance misuse are also central to the possibility of a SUVA incident occurring, as the following staff comments show.

> **Services Australia**
>
> *He had a history of mental health, was highly paranoid and lack of insight into his condition.*
>
> *Drugs are a major issue here in the Fortitude Valley. A high number of aggressive situations arise from this.*
>
> **DVA**
>
> *Defence force members are trained to win at all costs. This is a double-edged sword. They hide conditions whilst in the army so that they are deployable. However, there is no evidence of a condition when they go to claim after transitioning out.*
>
> *Defence is a large drinking culture. Self-medicating and having buddies that drink with you where you can often talk through issues together. When they leave (the ADF) they have drinking issues and dysfunction that follows them, but they lose that social contact.*

Three subthemes that warrant highlighting are *veterans' transition out of the ADF* coupled with *veterans trained to fight not flight* along with the subtheme *wait times,*

which was highlighted as one of the major concerns facing service users from DVA and Services Australia. Discussions and observations noted the following.

DVA and Open Arms staff comments

Veterans, like sportsmen have everything handed to them, housing, told what their jobs are e.g. you're a truck driver. Their sports life is controlled and even organise their personal life events. So when they leave the military it's a very massive hole.

They need to budget and lose access to mates. 'Vet poor transition', one day all is organised for them, the next they have to fend for themselves. Many gravitate to where they enlisted or where they ended their time in the military e.g. Mackay, but there are few services available for them.

Australian Defence Force members are taught to fight not flight. This explains the veterans mindset when engaging with DVA. They will not give ground.

Due to a recent advertisement campaign wait times have blown out to 80% in claims.

It can take up to 12 months until a claim is completed. There's about 1000 cases currently unassigned for. There are issues with the letters and system. Here a client lodges and application as time goes by health and professional reports are completed. When it comes to the administrative component, a letter is sent out to the client stating thanks we have accepted your application. This brings a degree of aggression from the client.

Services Australia staff comments

With walk-ins there can be a wait time of up to ½ hour.

Challenging Centrelink processes, attempts to navigate through a difficult system, inexperienced staff, inconsistent and incorrect advice [provided by staff] wait times can all escalate a situation.

The internal mechanisms of both DVA and Services Australia result in service users enduring long wait times for their applications to be completed. These 'delays' arise because of a number of issues, such as:

- Third parties are required to provide reports.
- The internal processes of the organisation are divided up into specialist areas.
- The number of applications outnumber the workforce on hand to complete the tasks.

6.4 Summary of Ethnography study across DVA & Services Australia

The RTA of the field notes highlighted that both organisations have a few effective risk mitigation processes in place. These include private work locations unknown to service users (especially for DVA delegates); Personalised Services staff and Open Arms clinicians; CCTV cameras; reporting structures; and post-incident management regimens. There are also inconsistent work practices that would benefit staff if changed, such as the wording of emails that provide closure for staff after a SUVA incident, and the degree to which site security officers are embedded within staff teams, together with the length of placement of security officers at sites.

With respect to the research question, the findings of the ethnographic study across both DVA and Services Australia suggest the following.

- There is under-reporting of SUVA incidents. This may impact the official organisational data collected by Services Australia and DVA.
- Several triggering factors were observed:
    - internal procedures and processes, coupled with the complexity of government legislation
    - service user mental health (issues include the transition of veterans from the ADF loss support network, veterans having alcohol issues and veterans having been taught ‘fight not flight’)
    - wait times
    - financial stress
    - staff behaviour (attitudinal issues)
    - issues with contractors (concerns that contractors lack accountability, are not trained appropriately to handle SUVA and may actually create SUVA incidents for other APS staff).

- Staff have ongoing concerns for their safety and wellbeing. Issues include threats made by individuals trained to kill by the state (i.e., veterans); staff mental health; staff members' abilities to work in particular roles, the organisation's effectiveness in delivering its services; media labelling and stereotyping and their impacts on staff's personal lives ('my sister won't speak to me …').
- Violence aggression training is an area of concern. For most frontline staff, this appears to be a 20-minute online training course. More intensive experiential training is provided to Team leaders and managers in Services Australia. Open Arms is in the process of developing a new training course with Relationships Australia.

Issues identified as requiring further exploration across the next two phases were:

- age or gender issues, because prior research has indicated that demographic features play a role, including gender (Ayranci et al., 2006; Chappell and Di Martino, 2006; Mayhew and Chappell, 2007) and the age of the worker (Ayranci et al., 2006; Camerino et al., 2008; Chappell and Di Martino, 2006).
- staff confidence in the risk mitigation policies and procedures of their organisations.

The subsequent staff online survey, whose results will be analysed in Chapter 7, and one-to-one interviews with staff and service users, whose results will be analysed in Chapter 8, shed more light on these issues and how they may contribute to SUVA in the APS.

Chapter 7: Staff Online Survey Analysis and Results

'Over the last 25 years technology has revolutionised the way in which surveys are administered' (Evans & Mathur, 2005 p. 195). Survey research can use quantitative research strategies (e.g., using questionnaires with numerically rated items), qualitative research strategies (e.g., using open-ended questions) or both strategies (i.e., mixed methods). As they are often used to describe and explore human behaviour, surveys are frequently used in social and psychological research (Singleton & Straits, 2010). According to the International Labour Office (2013), a comprehensive survey on work-related violence should encompass various forms, including physical, psychological, or sexual violence, specifying the particular subtype (e.g., harassment or assault). Additionally, the survey must establish a defined reference period, like the preceding 12 months. This timeframe strikes a balance, offering sufficient coverage of work-related violence incidents while remaining within range that allows staff to recall them. The choice of the precise duration may vary depending on the survey's frequency. The online staff survey was designed with both quantitative and qualitative measures in mind. This enabled a deeper understanding of the issues raised by staff and allowed them the opportunity to expand their explanations on matters that were of greater concern to them. The design of the branching in the online survey questions also provided opportunities for staff to provide a more explicit answer to key questions.

The question of the frequency of incidents within a specified time frame must also be incorporated as work-related violence does not always consist of a single event; rather, it may involve an accumulation of incidents that eventually constitute work-related violence (Occupational Safety and Health Administration, 2016). 'Some surveys also include a question about ever having experienced an instance of violence, and this can serve as a useful addition to surveys by capturing all events recalled' (International Labour Office, 2013 p. 29), This online staff survey focused on a 24-month period that aligned with the organisational data provided by Services Australia and DVA and many questions requested a response to this time frame. There was however a question focused on whether a staff member had ever been subjected to SUVA enabling an understanding of

the number of staff impacted by a SUVA incident (outside of the studies timeframe). The survey also asked staff to recall the number of SUVA incidents that they had experienced.

According to Alessi & Martin (2010) in any survey, it is important to have an introductory page that introduces the study, clarifies the nature of participation, and outlines the potential risks and advantages of taking part. Anonymous surveys use implied consent, where moving forward with the questionnaire signifies consent as long as sufficient information about the study has been provided. An alternative method is to design the introductory page so that potential participants can give consent by clicking on a button labelled 'I agree to participate'. This research provided the staff member with a participant information page that provided details on the study along with matters of confidentiality and data security. After reading the information the staff member was presented with a consent page that took them to the survey only after they had given their consent to participate.

According to Ball (2019) validity is an important consideration in survey research. It involves assessing different aspects of the survey to ensure accurate and reliable results. There are four types of validity commonly used: face validity; content validity; internal validity; and external validity. For this research face validity was determined through phase 1 of the study where staff assisted in the development of the question set ensuring language in the survey aligned with prior surveys staff had experienced and jargon (psychological and criminological) was removed. Content validity was also addressed through the staff forums but also through the pilot testing. Feedback provided amendments to the language used in the survey as well the way Likert scales were utilised (e.g., removal of word victim). Internal validity was also addressed during the pilot testing notably access and usability of the survey (e.g., question branching) and in consultation with the pilot testing staff understating of content. External validity was obtained through the triangulation of the online survey with both the ethnographic study and one-to-one interview analysis.

7.1 External Non-Randomised Pilot

'To obtain high-quality outcomes, a research study must have relevant experimental design and accurate performance. Analysing feasibility prior to performing the main study can be highly beneficial for this purpose' (In, 2017 p. 601). Hassan et al., (2006) define a pilot study as a small scale investigation conducted to assess research protocols, test data collection tools, evaluate sample recruitment methods, identify potential issues and refine other research techniques in anticipation of a larger study. In general, the rationale for a pilot study can be grouped under several broad classifications: process, resources, management and scientific (Van Teijlingen et al., 2001; Van Teijlingen & Hundley, 2001). Process refers to the feasibility of the steps involved in the main study, such as determining recruitment and retention rates. Resources refers to assessing time and budgetary constraints that may arise during the main study. The pilot data collected can provide insights into aspects like the time it takes to email completed survey questions. Management refers to issues related to human and data optimisation, including personnel and data management.

Avery et al. (2017) noted that there are two types of pilot study: an external pilot, which is merely a rehearsal of the main study because the outcome data are not included as part of the main trial outcome dataset, and an internal pilot, which forms the first part of the trial and whose outcome data contribute to the final analyses, preventing waste and avoiding the recruitment of further participants. The research protocol for the present study's pilot survey was a non-randomised external pilot with 33 APS staff volunteers from the Mt Gravatt Centrelink office taking part. Brisbane sites were the only sites accessible at the time, due to the COVID-19 lockdowns being enforced by the Queensland government. The survey link was emailed to each participant on 28 February 2020 from my ANU email account and was accessible until 4 March 2020. The time required to complete the survey was short due to time and budgetary impacts (equated to 10.5 hours total staff time). Of the participants, 25 were female and eight were male. 28 had English as their first language while five indicated that it was not. Only one participant was aged between 18 and 24 years, six were aged 25–34, 14 were aged 35–44 and 12 were aged 45–64. The primary aims were checking the logistics of delivering the online survey to staff

and ensuring the online survey link provided in the staff email was accessible. This was necessary because APS departments and agencies often have security protocols in place that prevent access to outside surveys.

In a follow-up meeting with the staff who participated in the pilot, they reflected on their experiences of the survey, which were positive. They reported an average completion time of 22 minutes.

The staff feedback gave me confidence in the delivery of the survey link via email as well as confidence in the questions being asked. Some feedback points that made a substantial difference were:

- A back button should be added to the survey to allow participants to go back and revisit previous pages; this was added.
- A branch within the question set led to the wrong follow-up question; this was rectified.
- A request was made to add a question to the survey that asked staff to provide comment on witnessing colleague behaviour that led to an escalation of SUVA incidents; this was added.
- There were two typographical errors; these were fixed.

The pilot provided confidence about the survey as all procedural requirements were met and participant feedback accounted for, enabling the research to progress to the main study.

The staff survey invitation was emailed to all department-nominated Services Australia, DVA and Open Arms staff by agency heads, and, as noted above, just over one in five of the Services Australia staff responded, plus about half the DVA and Open Arms staff. See Appendix IX for the full survey questionnaire.

This chapter reports the results of the online survey sent to frontline staff from Services Australia and DVA (including Open Arms). The survey was conducted after extensive consultation with staff and their supervisors from both APS organisations. With agency and department help, the invitation to participate in the survey was delivered to staff via their organisational email address (DVA, 1 September 2020; Services Australia, 1 March 2021). The survey invitation emphasised that the survey sought to determine whether staff had been involved in a SUVA incident; if so, whether they had reported it;

their concerns about their safety and wellbeing; and their confidence in their organisation's procedures designed to address SUVA. The survey was designed to answer the research question given in Chapters 1 and 5: What is the nature, prevalence and severity of SUVA against Australian frontline public servants, what are its impacts and how can we reduce its occurrence? The sections of the survey focused on the subquestions by collecting data from respondents about the following:

- their work environment (what is the relationship between respondents' locations, their work roles and their risks of being involved in a SUVA incident?)
- their experiences of SUVA incidents (have respondents been involved in a SUVA incident in the past 24-month period and if so, did they report it?)
- the impact of SUVA on their medical treatment for mental or physical health issues
- their degree of fear of becoming a victim of SUVA in the future (do respondents have concerns for their safety and wellbeing or that they may be involved in a SUVA incident in the future?)
- their understanding of the procedures and processes addressing SUVA in their department (do respondents feel confident that they are protected by department or agency risk mitigation policies and processes? Is adequate SUVA training provided by their organisation?)
- their openness to an RJ process being implemented to reduce SUVA (as discussed in Chapter 4)
- their demographics, including their age, gender, role and location.

The questions were a combination of yes–no answers and Likert scales with conditional branching, as well as free text boxes that allowed respondents to comment further on selected questions. Each section commenced with an explanation about each question set to enable respondents to better understand what information was sought from them (as illustrated in Figure 7.1).

Figure 7.1

Frontline Staff Survey on SUVA: Example Lead-In Statement, Question and Branching

Your work environment details are important for this research. We would like to see if your work location increases the likelihood that you may encounter a service user aggressive incident. We will look at the differences in metro, rural and remote regions and compare metro office roles to positions that require working in a less structured outservicing role. We are also interested in whether aggressive incidents differ on the mode of service delivery i.e. phone, face to face or electronically.

Q1.1 How safe do you feel in your work environment?

- Very Unsafe (1)
- Unsafe (2)
- I Never Really Think About My Safety (3)
- Safe (4)
- Very Safe (5)

Display This Question:

If how safe do you feel in your work environment? = Safe

Or how safe do you feel in your work environment? = Very Safe

Q1.2 What makes you safe/very safe?

Display This Question:

If how safe do you feel in your work environment? = Very Unsafe

Or how safe do you feel in your work environment? = Unsafe

Q1.3 Do you feel unsafe/very unsafe because: (Multiple Answers Accepted).

- You work independently with no one else to support you if an issue arises (1)
- You are not sure of the procedures you are to follow if an aggressive incident were to take place (2)
- You feel the security measures that are in place will not protect you if an aggressive incident were to take place (3)
- Due to a prior incident that has occurred (4)
- The level of threat is unknown (5)
- Other: (6) _____

The online staff survey had a response rate from Services Australia of 22% (from the estimated 16,000 staff invited) and a 50% DVA response rate (from approximately 500 staff).[17] The quantitative analyses of the Services Australia and DVA survey results are described in this chapter and reported separately because of the previously noted differences in client characteristics and in the dates when the surveys were conducted.

[17] Figure of 16,000 for Services Australia and 500 for DVA refers to each organisation's population of frontline staff.

An RTA was undertaken on the open-ended questions entitled ‘If there is anything further you would like to add please write in the space below’. There were a significant number of responses to the questions (Services Australia *n* = 1,970; DVA *n* = 23). The analysis was undertaken on the number of responses across the survey to the open-ended question not the number of participants. This was due to participants making multiple responses to these questions.

In the quantitative analysis described below, the number of respondents will change with each analysis. This is either due to the respondent choosing not to answer the question or to the skip logic built into the survey, which branched to follow-on questions depending on how a particular question was answered. Hence, a respondent’s prior answer of yes or no to a question determined whether they were asked to answer more related questions or jump to the next question set. Note also that ‘male’, ‘female’ and ‘other’ are recorded in the gender frequency tables; ‘other’ indicates respondents who chose not to answer the gender question or gave their gender as other than male or female. At the conclusion of the chapter, a cross-comparison is made between the Services Australia and DVA findings.

7.2 Services Australia Quantitative Analysis

The survey was emailed out to approximately 16,000 Services Australia staff. Of these, 3,737 read the survey, with 101 declining to give their consent to take part. Thus, 3,636 staff (22.7%) took part in the survey, with the 101 non-consenting respondents not being included in this analysis. 2,643 participants were female, 814 were male, 11 gave their gender as ‘other’, 102 preferred not to answer the gender question, and 66 did not respond to the question**.** Most questions focused on the period of 24 months between March 2019 and March 2021. This allowed for comparative analysis to be undertaken with the Services Australia organisational data described in Chapter 2.

7.2.1 Hypothesis 1 (H1)

Frontline staff in Services Australia under-report the amount of SUVA they face.

This hypothesis was investigated by examining the relationship between the dependent variable *SUVA incident in past 24 months* and the independent variable *agency expectation to lodge an incident report*. The aim was to explore the under-reporting of SUVA incidents. Over half (51%) of respondents said they had been directly subjected to SUVA in the preceding 24 months (*n* = 1,853), while 49% said they had not (*n* = 1,778); the total number of responses to this question was *n* = 3,631. Over two-thirds (71.7%) of respondents said they reported SUVA incidents (*n* = 2,588), while 28.2% either did not or were unsure whether they were required to do so (*n* = 1,019); the total responses numbered *n* = 3,607 (shown in Table 7.1).

The crosstabulation section of the table, with total responses *n* = 3,603, shows that those who had been subjected to SUVA in the preceding 24 months and did not believe there was an expectation to lodge a report constituted 4% (*n* = 158), while 9% (*n* = 325) said they were unsure. Those who had not been subjected to SUVA and did not believe there was a requirement to report SUVA constituted 3% (*n* = 101), and those who were unsure constituted 12% (*n* = 432).

Table 7.1

Descriptive Statistics for Frequencies of Variables 'SUVA Incident Past 24 Months' and 'Lodge Incident Report'

	Female	Male	Other	All	Valid percent
Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (March 2019 to March 2021)? (*SUVA incident past 24 months*)					
Yes	1360	401	92	1853	51.0
No	1280	413	85	1778	49.0
Total	2640	814	177	3631	100.0
After a violent or aggressive service user incident, is there a departmental expectation that you lodge an incident report? (*lodge incident report*)					
Yes	1874	597	117	2588	71.7
No	193	48	19	260	7.2
Unsure	558	164	37	759	21.0
Total	2625	809	173	3607	100.0

Crosstabulation

Expectation to lodge a report (*lodge incident report*)	Subjected to SUVA in the past 24 months (*SUVA incident past 24 months*)		Total
	Yes	No	
Yes	1367	1220	2587
	52.8%	47.2%	100%
No	158	101	259
	61%	39%	100%
Unsure	325	432	757
	42.9%	57.1%	100%
Total	1850	1753	3603
	51.3%	48.7%	100%

Chi-Square Test of Independence and Cramer's *V*

A chi-square test of independence was performed to assess the relationship between *lodge incident report* and *SUVA incident past 24 months*. There was a significant relationship between the two variables: $\chi^2(2, 3603) = 33.43$, $p = 0.00$. Cramer's $V = 0.1$, indicating a weak relationship.

When combining those who had been subjected to prior SUVA and those who had not been, the total is 28% (*n* = 1,016 from *n* = 3,603). This analysis supports the hypothesis (H1) that there is under-reporting of SUVA (did report 28%, unsure 21% and did not report 7.2%). The question is clear because it asks: 'After a violent or aggressive service user incident is there a departmental expectation that you lodge an incident report? Answer: Yes/no/unsure.' This suggests that Services Australia's SUVA organisational data may be inaccurate, which could impact current risk mitigation policies.

7.2.2 Hypothesis 2 (H2)

The gender and age of frontline staff in Services Australia will have a relationship with the amount of SUVA directed at them.

This hypothesis was investigated by looking for an interaction effect between age and gender and SUVA the staff member faced in the preceding 24-month period. Table 7.2 is a summary of the gender and age responses.[18]

[18] Note that respondent numbers differ in each hypothesis analysis because of respondents choosing to answer or not answer a particular question in the survey. Answering each question was voluntary.

Table 7.2

Descriptive Statistics for Frequencies of Variables 'Gender' and 'Age'

What is your gender?		
Gender	Frequency	Valid percentage
Male	814	22.8
Female	2643	74.0
Other	11	0.3
Prefer not to answer	102	2.9
Total	3570	100.0
What is your age?		
Age	Frequency	Valid percentage
18–24	337	9.5
25–34	623	17.5
35–44	831	23.4
45–64	1,722	48.4
65–74	44	1.2
75+	0.0	0.0
Total	3557	100.0

To describe the role of age and gender in the risk of SUVA, data were recoded to simplify the number of age groups from six to three categories.[19]

Gender was recoded as two categories, 'male' and 'female', with 'other' (*n* = 11) and 'prefer not to answer' (*n* = 102) excluded from the analysis owing to the small numbers. Occasions of SUVA indicating number of incidents in the past 24-month period has also been recoded to a seven-point scale, reduced from 64. This was due to scores not being normally distributed, preventing the use of parametric statistics. A small number of outliers were removed from the analysis (*n* = 51).[20] These outliers were removed as the SUVA number provided by respondents did not fit into an expected range of SUVA; for

[19] Age, recorded in six categories (18–24, 25–34, 35–44, 45–64, 65–74, 75+) was recoded as three categories due to the low numbers in the 18-24 and 65+ groups, as shown in Table 7.2.

[20] *Occasions of SUVA in the past 24 months* was reduced from a 63-point scale to a seven-point scale, reducing respondent numbers from 1,770 (48.7%) to 1,719 (47.3%).

example, some responses reported 10,000 SUVA incidents faced. These may have been a result of input errors. A between-groups analysis of variance (ANOVA) was conducted to explore the impact of gender and age on occasions of SUVA within the last 24 months, noting that the age question asked respondents to select a range rather than a specific number.

Participants were divided into three groups according to their age (Group 1: 18–34, Group 2: 35–44 and Group 3: 45–74), as shown in Table 7.3. As age is a numerical variable and provided in ranges, the chi-square with Cramer's *V* test of association was not the best choice for this analysis. The interaction effect between gender and age and SUVA was found not to be significant, *F(2, 1631)* = [1.01], *p* = .37, as shown in Figure 7.2.

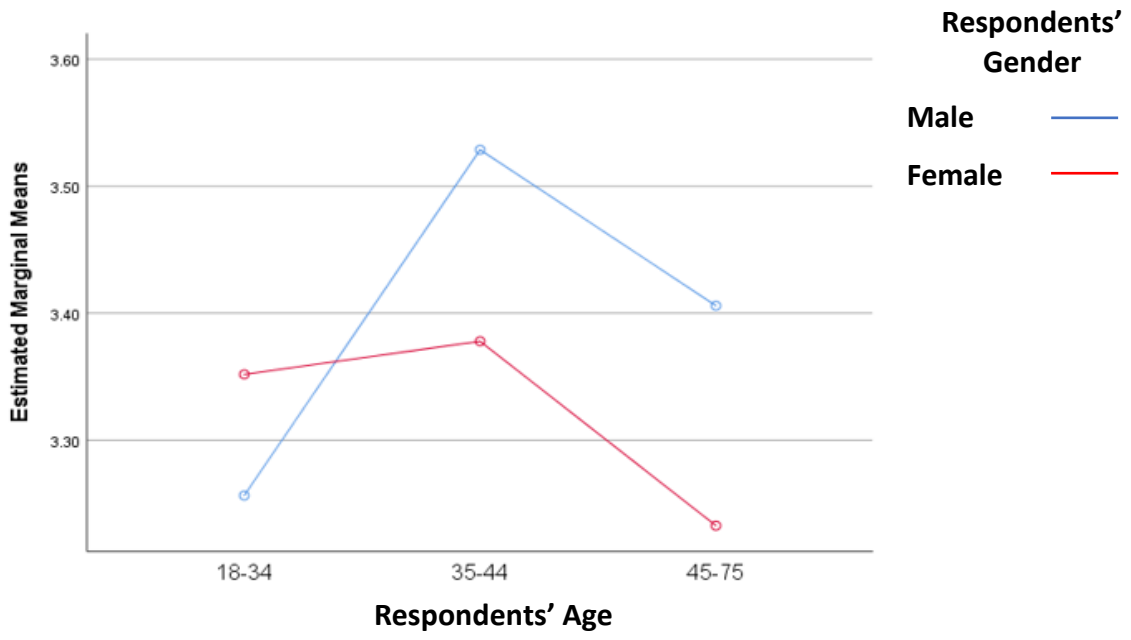
Table 7.3

Descriptive Statistics and Estimated Marginal Means for Occasions of SUVA in the Past 24 Months, *Age and Gender*

Dependent variable: *occasions of SUVA past 24month_R*							
					95% Confidence Level		
Age	Gender	*N*	Mean No. of SUVA	Std Deviation	Std Error	Lower Bound	Upper Bound
18–34	Male	117	3.256	1.35	.132	2.998	3.515
	Female	307	3.352	1.44	.081	3.192	3.512
35–44	Male	87	3.529	1.60	.153	3.229	3.829
	Female	307	3.378	1.50	.081	3.218	3.538
45–75	Male	170	3.406	1.47	.109	3.191	3.621
	Female	649	3.233	1.36	.056	3.123	3.343

Figure 7.2

Interaction Effect of Age and Gender with Occasions of SUVA in the Past 24 Months, for Services Australia



For comparative purposes with the DVA Hypothesis 2 analysis, a simple effects test examining the gender differences at each age group were, in for all ranges, not significant. For example, $F(1, 1631) = .77$, $p = .54$ shows the effects for female gender in the youngest age group of 18–34 years. This suggests that this analysis failed to reject the null hypothesis as there were no interaction noted.

7.2.3 Hypothesis 3 (H3)

SUVA increases concerns of frontline staff in Services Australia for their future wellbeing and their fear that they will face SUVA again.

This hypothesis was investigated by looking at the relationship between the independent variable *concerned of further SUVA against me* and the dependent variable *SUVA incident past 24 months*. The aim was to determine whether there were significant numbers of staff who indicated that they were concerned about their wellbeing because of facing future SUVA in their work environment.

As shown in Table 7.4, almost half (48.8%) the respondents had concerns for their future wellbeing due to facing SUVA (*n* = 1,759), while 51.2% had no such concerns (*n* = 1,847). In the crosstabulation, just over half, 51% (*n* = 1,846) of respondents had no such concerns irrespective of prior SUVA incidents (prior SUVA incident *n* = 597, no prior SUVA incident *n* = 1,249), while nearly half, 49% (*n* = 1,756) had concerns for their future wellbeing due to facing SUVA (prior SUVA incident *n* = 1,240 and no prior SUVA *n* = 516). As noted, more than a third (34%, *n* = 1,240) of the respondents had had prior SUVA experiences. This suggests that actual experience of SUVA significantly increases staff's concerns for their future wellbeing and their apprehension about SUVA; therefore, this hypothesis is supported.

Table 7.4

Descriptive Statistics for Frequencies of Variables 'SUVA Incident Past 24 Months' and 'Concerned About Further SUVA Against Me'

	Female	Male	Other	Frequency	Valid Percent
Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (March 2019 to March 2021)? (S*UVA incident past 24 months*)					
Yes	1360	401	92	1853	51.0
No	1280	413	85	1778	49.0
Total	2640	814	177	3631	100
Are you concerned that you could be subjected to a violent or aggressive act from a service user in the future? (*concerned of further SUVA against me)*					
Yes	1307	356	96	1759	48.8
No	1325	455	67	1847	51.2
Total	2632	811	163	3606	100

Crosstabulation			
	Subjected to SUVA in the past 24 months (*SUVA incident past 24 months)*		
Concerns about further SUVA incidents (*concerned about further SUVA against me*)	Yes	No	Total
Yes	1240	516	1756
	70.6%	29.4%	100%
No	597	1249	1846
	32.3%	67.7%	100%
Total	1837	1765	3602
	51%	49%	100%

Chi-Square Test of Independence and Cramer's *V*
A chi-square test of independence was performed to assess the relationship between *concerned about further SUVA against me* and *SUVA incident past 24 months*. There was a significant relationship between the two variables, $\chi^2(1, 3602) = 527.56$, $p = 0.00$. Cramer's $V = 0.38$, indicating a strong relationship.

7.2.4 Hypothesis 4 (H4)

Frontline staff in Services Australia lack confidence in the current risk mitigation policy and practices of their organisation.

This hypothesis was investigated by looking at the interaction effect between the dependent variable *feeling safe at work* and the independent variable *clear non-contradictory SUVA policy and procedures*. The aim of this testing was to see if a significant number of staff lacked confidence in the prevailing risk mitigation policy and practices of their organisation. The original data on feeling safe are shown in Table 7.5.

Table 7.5

Five Categories Representing Staff Members Level of Feeling Safe in the Workplace

How safe do you feel in your work environment?		
	Frequency	Valid percent
Very unsafe	48	1.3
Unsafe	41	1.1
At times I have concerns for my safety	817	22.5
Safe	1620	44.6
Very safe	1107	30.5
Total	3633	100.0

To describe the role of feeling safe at work, the data were recoded to simplify the number of categories from the five shown in Table 7.5 into two, 'unsafe' and 'safe' (as in Table 7.6).[21] A quarter (24.9%, *n* = 906) of respondents said they felt unsafe in their work environment, while 24.8% (*n* = 850) of respondents did not believe their organisation's risk mitigation policy was clear. The crosstabulation section of the table shows that 20% (*n* = 516) of respondents who felt unsafe believed that policy was clear, and that over half (59.8%, *n* = 508) of respondents who believed policy was not clear nevertheless felt safe in their work environments. The data suggest that if people feel safe in their work environment, they will tend to believe the risk mitigation policies and procedures are working, with 80% (*n* = 2,061) feeling safe and believing the policies and procedures are clear. Given the size of an organisation like Services Australia, however, to have one-quarter (24.8%; *n* = 850) of the staff lacking confidence in the current risk mitigation strategies is concerning.

[21] 'Very unsafe' (*n* = 48), 'unsafe' *n* = 41) and 'at times I have concerns for my safety' (*n* = 817) were combined into 'unsafe' (*n* = 906). 'Safe' (*n* = 1,620) and 'very safe' (*n* = 1,107) were combined into 'safe' (*n* = 2,727).

Table 7.6

Descriptive Statistics for Frequencies of Variables 'Clear Non-Contradictory SUVA Policy and Procedures' and 'Feeling Safe at Work'

	Female	Male	Other	Frequency	Valid Percent
I have clear non-contradictory risk mitigation policy and procedures in my agency. (*clear non-contradictory SUVA policy and procedures*)					
True	1909	592	79	2580	75.2
False	604	200	46	850	24.8
Total	2513	792	125	3430	100
How safe do you feel in your work environment? (*R_feeling safe at work*)					
Unsafe	672	171	63	906	24.9
Safe	1969	643	115	2727	75.1
Total	2641	814	178	3633	100

Crosstabulation			
	Clear, non-contradictory risk mitigation policies		
Feeling safe in work environment (*R_feeling safe at work*)	True	False	Total
Unsafe	516	342	858
	20%	40.2%	25%
Safe	2061	508	2569
	80%	59.8%	75%
Total	2577	850	3427
	100%	100%	100%

Chi-Square Test of Independence and Cramer's *V*

A chi-square test of independence was performed to assess the relationship between *clear non-contradictory SUVA policy and procedures* and *R_feeling safe at work*. There was a significant relationship between the two variables, $\chi^2(1, 3427) = 139.13$, $p = 0.00$. Cramer's $V = 0.2$, indicating a moderate relationship.

7.2.5 Hypothesis 5 (H5)

The location and work role of the frontline staff member will increase the likelihood of exposure to SUVA.

This hypothesis was investigated by examining the relationship between the independent variable *staff work location* (which is a variable made up of multiple-response work location variables) and the dependent variables *SUVA incident past 24 months* and *feeling safe at work*. The aim was to provide more clarity of the working conditions of staff. Some staff work across multiple work domains within Services Australia and therefore they provided multiple responses to their work locations and or roles.

Table 7.7 shows the staff members' responses indicating their work locations.

Table 7.7

Staff Work Locations for Services Australia Respondents

Staff work location	*n*	Response rate	Percent of cases
Metro site	997	26.2%	27.6%
Regional site	684	18.0%	18.9%
Remote site	60	1.6%	1.7%
Out-servicing, metro	47	1.2%	1.3%
Out-servicing, rural	28	0.7%	0.8%
Out-servicing, remote	30	0.8%	0.8%
Smart Centre (call centre)	1922	50.6%	53.2%
Veterans' Client Services locations	2	0.1%	0.1%
Open Arms regional office	1	0.0%	0.0%
Other	31	0.8%	0.9%
Total	3802	100.0%	105.3%

Note: The response rate column is indicative of the respondents' response rate to the question of location. The column showing percentages of cases indicates that some respondents work at more than one work location. Veterans Client Services and Open Arms regional office are DVA staff collocated in Service Australia sites.

In response to survey question *'What type of frontline service do you provide?*' Staff members provided multiple answers which indicated that 2,495 respondents had roles that required telephone work, 1,433 had face-to-face roles, 72 used

videoconferencing technology, and in the 'other' category, 427 respondents predominantly undertook roles such processing of claims and a small number of email responses.

New variables for the site locations that staff worked from were created from a multiple-response list that was contained within the variable *staff work location* (see the crosstabulation in Table 7.8). The analysis of these categorical variables could only be conducted by crosstabulation, which examines the relationships between variables to provide insights, patterns or trends. A chi-square test could not be used in this analysis due to the multiple responses from staff within each variable, an assumption of the chi square is that responses should be uncorrelated with each other.

Of the staff who responded, 2,821 felt safe within their work locations, while 973 felt unsafe. Of particular interest from the analysis is that of staff in the remote out-servicing location, half (50%) stated that they felt unsafe in the work environment (15 responses of 30), and 18 (60%) had experienced SUVA in the preceding 24-month period. Of the 60 remote site respondents, one-third (*n* = 20) stated that they felt unsafe in their work environment, and 55% (*n* = 33) had experienced SUVA incidents in the preceding 24-month period. Of the 105 metro, regional and remote out-servicing respondents, 45% (*n* = 47) said they had concerns for their safety. The full crosstabulation in Table 7.8 breaks down metro, regional and remote out-servicing.

Table 7.8

Services Australia Job Location Frequency and Crosstabulation

		Female	Male	Other	Frequency	Valid Percent
Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (March 2019 to March 2021)? (*SUVA incident past 24 months*)						
	Yes	1360	401	92	1853	51.0
	No	1280	413	85	1778	49.0
	Total	2640	814	177	3631	100.0
How safe do you feel in your work environment? (*R_feeling safe at work*)						
	unsafe	672	171	63	906	24.9
	safe	1969	643	115	2727	75.1
	Total	2641	814	178	3633	100.0

Crosstabulation					
How safe do you feel in your work environment?	Location		Directly subjected to SUVA in past 24 months		Total
			Yes	No	
Unsafe	Metro site	Count	374	73	447
		%	52.9%	38.8%	
	Regional site	Count	228	45	273
		%	32.2%	23.9%	
	Remote site	Count	15	5	20
		%	2.1%	2.7%	
	Out-servicing metro/regional/ remote	Count	33	14	47
		%	4.68%	7.5%	
	Smart Centre	Count	103	69	172
		%	14.6%	36.7%	
	Other frontline locations	Count	10	4	14
		%	1.4%	2.1%	
	Total count		707	188	895
Safe	Metro site	Count	309	237	546
		%	27.2%	15.1%	
	Regional site	Count	222	189	411
		%	19.6%	12.0%	
	Remote Site	Count	18	22	40
		%	1.6%	1.4%	
	Out-servicing metro/regional/ remote	Count	29	29	58
		%	2.5%	1.8%	
	Smart Centre (call centre)	Count	601	1145	1746
		%	53%	72.8%	
	Other frontline locations	Count	10	10	20
		%	0.9%	0.7%	
	Total Count		1134	1573	2707

These results show that all frontline roles incur SUVA: staff members from all frontline roles commented on feeling unsafe and experiencing SUVA. It appears those who feel most unsafe are those in the face-to-face environment both at metro, regional and remote sites and in out-servicing roles. Of particular concern are the out-servicing staff, who the results show are directly subjected to SUVA in an environment external to the

organisation's mitigation strategies. This research finding attempts to try and capture lived realities of staff across locations and roles within Services Australia. Further research focusing on specific risks of SUVA and current risk mitigation policies would be recommended.

7.2.6 Hypothesis 6 (H6)

Frontline staff in Services Australia will be open to participating in RJ processes in the management of SUVA.

This hypothesis was investigated by looking at the relationship between the dependent variable *engage service user in restorative justice* and the independent variable *SUVA incident past 24 months*. The aim was to investigate whether staff would be open to participating in RJ processes with service users as part of the management of SUVA.

The total number of respondents who answered the question about whether they had been directly subjected to SUVA in the past 24 months was 3,631 (yes *n* = 1,853, no *n* = 1,778), while the total number of respondents who answered the question about whether they would consider participating in an RJ activity with service users was 3,524 (yes *n* = 1,381, no *n* = 2,143). The frequency table for these variables is given in Table 7.9. The crosstabulation section shows that 39% (*n* = 1,380) of the 3,521 respondents said they would be prepared to participate in RJ processes. Of these, *n* = 666 (19%) had been involved in SUVA incidents during the preceding 24 months, and *n* = 714 (20%) had not.

The number of staff willing to participate in RJ is very encouraging. It may be possible that some staff said no to participation due to a lack of understanding of RJ. Over a third of the respondents indicating a willingness to take part is a notable number and therefore the idea of introducing RJ across Services Australia would be worth exploring.

Table 7.9

Descriptive Statistics for Frequencies of Variables 'Engage Service User in Restorative Justice' and 'SUVA Incident in Past 24 Months'

Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (March 2019 to March 2021)? (*SUVA incident past 24 months*)

	Female	Male	Other	Frequency	Valid Percent
Yes	1360	401	92	1853	51.0
No	1280	413	85	1778	49.0
Total	2640	814	177	3631	100.0

Would you consider sitting down with the service user and discussing with them the impact their behaviour had on you? (*engage service user in restorative justice*)

	Female	Male	Other	Frequency	Valid Percent
Yes	1017	327	37	1381	39.2
No	1569	474	100	2143	60.8
Total	2586	801	137	3524	100.0

Crosstabulation

Would consider participating in restorative justice meeting with service user (*engage service user in restorative justice*)	Subjected to SUVA in the past 24 months (*SUVA incident past 24 months*)		Total
	Yes	No	
Yes	666	714	1380
	48.3%	51.7%	100%
No	1155	986	2141
	53.9%	46.1%	100%
Total	1821	1700	3521
	51.7%	48.3%	100%

Chi-Square Test of Independence and Cramer's *V*

A chi-square test of independence was performed to assess the relationship between *engage service user in restorative justice* and *SUVA incident past 24 months*. There was a significant relationship between the two variables, $\chi^2(1, 3521) = 10.86$, $p = 0.001$. Cramer's $V = 0.06$, indicating a weak relationship.

7.3 DVA Quantitative Analysis

The same survey that was used with Services Australia staff was emailed to approximately 500 DVA and Open Arms frontline staff. Of these, 258 staff read the survey, with two declining to give their consent to take part. This means that 256 staff took part in the survey. This is a higher engagement level compared to that of Services Australia staff—a 50% response rate (82% for DVA and 12% for Open Arms). Of the participants, 132 identified as female, 36 as male, 1 as 'other', 7 preferred not to answer the gender question and 80 did not respond to it. Most of the questions focused on a period of 24 months between September 2018 and September 2020. This allowed for comparative analysis with DVA organisational data. In Section 7.5, a cross-comparison is made with Services Australia, as the same hypothesis tests and analyses were applied.

7.3.1 Hypothesis 1 (H1)

Frontline staff in DVA (inclusive of Open Arms) under-report the amount of SUVA they face.

This hypothesis was investigated by interrogating the relationship between the dependent variable *SUVA incident in past 24 months* and the independent variable *expectation to lodge an incident report*. The aim was to determine the extent of under-reporting of SUVA incidents. Over two-thirds (69.4%) of respondents had been directly subjected to SUVA in the preceding 24 months (n = 154), while 30.6% had not (n = 68); the total number of responses to this question was n = 222. Nearly three-fifths (58.4%) of respondents reported SUVA incidents (n = 122), while 41.6% (n = 87) either did not or were unsure whether they were required to do so(total n = 209; see Table 7.10. This analysis supports the hypothesis (H1) that there is a significant level of under-reporting of SUVA (41.6% of participants were either unsure, 23.9%, or did not report, 17.7%). This suggests that DVA's SUVA organisational data are inaccurate, which may reduce the effectiveness of current risk mitigation policies.

The crosstabulation section of Table 7.10, with total responses *n* = 209, shows that of those 209, the proportion who had been subjected to SUVA in the preceding 24 months and did not believe there was an expectation to lodge a report was 16% (*n* = 33), while 15% (*n* = 31) were unsure whether there was an expectation.

The proportion who had not been subjected to SUVA and did not believe there was a requirement to report SUVA was a mere 2% (*n* = 4), and 9% were not subjected and unsure (*n* = 19). This analysis supports the hypothesis (H1) that there is under-reporting of SUVA (42%: unsure 24%, did not report 18%). The question is clear because it asks: 'After a violent or aggressive service user incident is there a departmental expectation that you lodge an incident report? Answer: Yes/no/unsure.' This response suggests that DVA's SUVA organisational data may be inaccurate, which could reduce the effectiveness of current risk mitigation policies.

Table 7.10

Descriptive Statistics for Frequencies of Variables 'SUVA Incident Past 24 Months' and 'Lodge Incident Report'

	Female	Male	Other	Frequency	Valid Percent
Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (September 2018 to September 2020)? (*SUVA incident past 24 months*)					
Yes	90	22	42	154	69.4
No	42	14	12	68	30.6
Total	132	36	54	222	100.0
After a violent or aggressive service user incident is there a departmental expectation that you lodge an incident report? (*lodge incident report*)					
Yes	76	28	18	122	58.4
No	24	5	8	37	18
Unsure	31	3	16	50	24
Total	131	36	42	209	100.0

Crosstabulation			
	Subjected to SUVA in the past 24 months (*SUVA incident past 24 months*)		Total
Expectation to lodge a report (*lodge incident report*)	Yes	No	
Yes	80	42	122
	65.5%	34.4%	100%
No	33	4	37
	89.2%	10.8%	100%
Unsure	31	19	50
	62%	38%	100%
Total	144	65	209
	68.9%	31.1%	100%
Chi-Square Test of Independence and Cramer's *V*			
A chi-square test of independence was performed to assess the relationship between *lodge incident report* and *SUVA incident past 24 months*. There was a significant relationship between the two variables, $\chi^2(2, 209) = 8.85$, $p = .012$. Cramer's $V = 0.21$, indicating a moderate relationship.			

7.3.2 Hypothesis 2 (H2)

The gender and age of frontline staff in DVA will have a relationship with the amount of SUVA directed at them.

This hypothesis was investigated by looking for an interaction effect between age and gender and SUVA the staff member faced in the preceding 24-month period Table 7.11 is a summary of the gender and age responses.

Table 7.11

Descriptive Statistics for Frequencies of Gender and Age

What is your gender?		
Gender	Frequency	Valid percentage
Male	36	20.5
Female	132	75.0
Other	1	0.6
Prefer not to answer	7	4.0
Total	176	100.0
What is your age?		
Age	Frequency	Valid percentage
18–24	5	2.9
25–34	42	24.1
35–44	48	27.6
45–64	74	42.5
65–74	5	2.9
75+	0	0.0
Total	174	100.0

To describe the role of age and gender in the risk of SUVA, the data were recoded to simplify the number of age groups from six to three categories.[22]

Gender was recoded as two categories, 'male' and 'female', with 'other' (*n* = 1) and 'prefer not to answer' (*n* = 7) excluded from the analysis owing to the small numbers. Occasions of SUVA indicating number of incidents in the past 24-month period has also been recoded to a seven-point scale, reduced from 64. This was due to scores not being normally distributed, preventing the use of parametric statistics.[23].

A between-groups analysis of variance (ANOVA) was conducted to explore the impact of gender and age on occasions of SUVA within the last 24 months, noting that the age question asked respondents to select a range rather than a specific number.

[22] Age, recorded in six categories (18–24, 25–34, 35–44, 45–64, 65–74, 75+) was recoded as three categories due to the low numbers in the 18-24 and 65+ groups, as shown in Table 7.11.

[23] *Occasions of SUVA in the past 24 months* was reduced from an 18-point scale to a seven-point scale. The regrouping of respondents did not result in a reduction of respondent numbers.

Participants were divided into three groups according to their age (Group 1: 18–34, Group 2: 35–44 and Group 3: 45–74), as shown in Table 7.12. As age is a numerical variable and provided in ranges, the chi-square with Cramer's *V* test of association was not the best choice for this analysis.

The interaction effect between gender and age was found to be significant, *F(2, 101)* = [3.66], *p* = .029, as illustrated in Figure 7.3. Risk increased with age for men but declined for women.

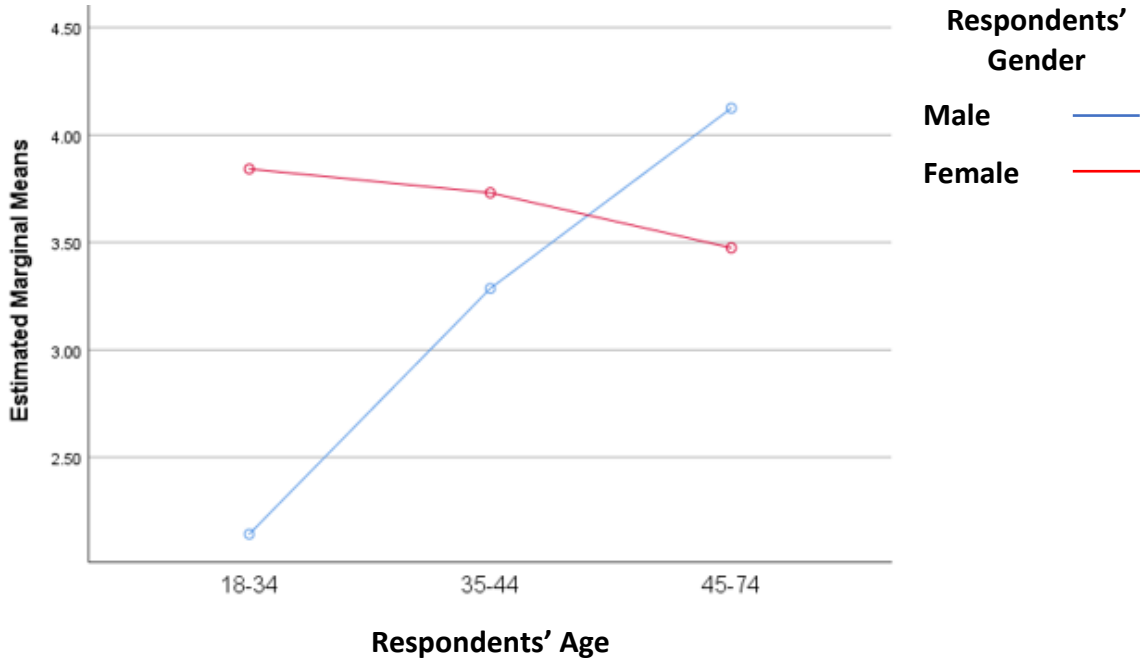
Table 7.12

Descriptive Statistics and Estimated Marginal Means for Occasions of SUVA in the Past 24 Months by Age and Gender

Dependent variable: *occasions of SUVA in past 24 months*							
					95% Confidence Interval		
Age	Gender	*N*	Mean	Std Deviation	Std Error	Lower Bound	Upper Bound
18–34	Male	7	2.143	1.35	.559	1.034	3.251
	Female	19	3.842	1.54	.339	3.169	4.515
35–44	Male	7	3.286	1.11	.559	2.177	4.394
	Female	26	3.731	1.54	.290	3.156	4.306
45–74	Male	8	4.125	1.55	.523	3.088	5.162
	Female	40	3.475	1.46	.234	3.011	3.939

Figure 7.3

Interaction Effect of Age and Gender With Occasions of SUVA in the Past 24 Months, for DVA



A simple effects test examined the gender differences for each age group. For example, *F(1, 101)* = 9.60, *p* = .039 shows that there were significant effects for female gender in the youngest age group, 18–34 years. This suggests that a relationship was found between SUVA, gender and age. This is discussed further in Chapter 9.

7.3.3 Hypothesis 3 (H3)

SUVA increases concerns of frontline staff in DVA for their future wellbeing and their fear that they will face SUVA again.

This hypothesis was investigated by looking at the relationship between the independent variable *concerned of further SUVA against me* and the dependent variable *SUVA incident past 24 months*. The aim was to determine whether there were significant numbers of staff who indicated that they were concerned about their wellbeing because of facing future SUVA in their work environment. As shown in Table 7.13, over half (58.2%) of their respondents had concerns for their future wellbeing due to facing SUVA (*n* = 114) while 41.8% stated that they had no such concerns (*n* = 82).

The crosstabulation showed that just over two-fifths (42%, *n* = 82) of the respondents noted they had no such concerns irrespective of prior SUVA incidents (prior SUVA incident *n* = 41, no prior SUVA incident *n* = 41), while nearly three-fifths (58%, *n* = 114) had concerns (prior SUVA incident *n* = 90, no prior SUVA *n* = 24).

The data showed that 46% (*n* = 90) of the respondents had had prior SUVA experiences. This suggests that actual experience of SUVA significantly increases staff's concerns for future wellbeing and apprehension of SUVA; therefore, this hypothesis is supported.

Table 7.13

Descriptive Statistics for Frequencies of Variables 'SUVA Incident in the Past 24 Months' and 'Concerns of Further SUVA Against Me'

	Female	Male	Other	Freq - uency	Valid Percent
Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (September 2018 to September 2020)? (*SUVA incident past 24 months*)					
Yes	90	22	42	154	69.4
No	42	14	12	68	30.6
Total	132	36	54	222	100.0
Are you concerned that you could be subjected to a violent or aggressive act from a service user in the future? (*concerned for further SVA against me*)					
Yes	81	18	15	114	58.2
No	51	18	13	82	41.8
Total	132	36	28	196	100.0

Crosstabulation			
	Subjected to SUVA in the past 24 months (*SUVA incident past 24 months*)		
Concerns about future SUVA incidents (*concerned further SUVA against me*)	Yes	No	Total
Yes	90	24	114
	78.9%	21.1%	100%
No	41	41	82
	50%	50%	100%
Total	131	65	196
	66.8%	33.2%	100%

Chi-Square Test of Independence and Cramer's *V*
A chi-square test of independence was performed to assess the relationship between *concerned for further SUVA against me* and *SUVA incident past 24 months*. There was a significant relationship between the two variables, $\chi^2(1, 196) = 18.0$, $p = 0.00$. Cramer's $V = 0.30$, indicating a strong relationship.

7.3.4 Hypothesis 4 (H4)

Frontline staff in DVA lack confidence in the current risk mitigation policy and practices of their organisation.

This hypothesis was investigated by looking at the interaction effect between the dependent variable *feeling safe at work* and the independent variable *clear non-contradictory SUVA policy and procedures*. The aim of this testing was to see if a significant number of staff lacked confidence in the prevailing risk mitigation policy and practices of their organisation. The original data on feeling safe are shown in Table 7.14.

Table 7.14

Five Categories Representing Staff Members Level of Feeling Safe in the Workplace

How safe do you feel in your work environment		
	Frequency	Valid percent
Very unsafe	6	2.4
Unsafe	2	0.8
At times I have concerns for my safety	49	19.8
Safe	108	43.5
Very Safe	83	33.5
Total	248	100.0

To describe the role of feeling safe at work, the data were recoded to simplify the number of categories from the five shown in Table 7.14 into two, 'unsafe' and 'safe' (as in Table 7.15).[24] Close to a quarter of respondents (22.3%, *n* = 57) said they felt unsafe in their work environment, while 43.5% (*n* = 74) of respondents did not believe their organisation's risk mitigation policy was clear. The crosstabulation section of the table shows that 14.6% (*n* = 14) of respondents who felt unsafe also believed policy was clear, and that over half (59.5%; *n* = 44) of respondents who believe policies were not clear nevertheless felt safe in their work environments. The data suggest that if people feel safe in their work environment, they will tend to believe the risk mitigation policies and procedures are working, with 85.4% (*n* = 82) feeling safe and believing the policies and procedure are clear. In an organisation like DVA, to have close to half of the staff lacking confidence in the current risk mitigation strategies is concerning.

[24] 'Very unsafe' (*n* = 6), 'unsafe' *n* = 2) and 'at times I have concerns for my safety' (*n* = 49) were combined into 'unsafe' (*n* = 57). 'Safe' (*n* = 108) and 'very safe' (*n* = 83) were combined into 'safe' (*n* = 191).

Table 7.15

Descriptive Statistics for Frequencies of Variables 'Clear Non-Contradictory SUVA Policy and Procedures' and 'Feeling Safe at Work'

	Female	Male	Other	Frequency	Valid percent
I have clear non-contradictory risk mitigation policy and procedures in my department (*clear non-contradictory SUVA policy and procedures*)					
True	72	23	1	96	56.5
False	53	13	8	74	43.5
Total	125	36	9	170	100.0
How safe do you feel in your work environment? (*R_feeling safe at work*)					
Unsafe	34	7	16	57	23.0
Safe	98	29	64	191	77.0
Total	132	36	80	248	100.0

Crosstabulation			
	Clear, non-contradictory risk mitigation policies		
Feeling safe in work environment (*R_feeling safe at work*)	True	False	Total
Unsafe	14	30	44
	14.6%	40.5%	25.9%
Safe	82	44	126
	85.4%	59.5%	74.1%
Total	96	74	170
	100%	100%	100%

Chi-Square Test of Independence and Cramer's *V*
A chi-square test of independence was performed to assess the relationship between *clear non-contradictory SUVA policy and procedures* and *R_feeling safe at work*. There was a highly significant relationship between the two variables, $\chi^2(1, 170) = 14.68$, $p = 0.00$. Cramer's $V = 0.29$, indicating a moderate relationship.

7.3.5 Hypothesis 5 (H5)

The location and work role of the frontline staff will increase the likelihood of exposure to SUVA.

This hypothesis was investigated by examining the relationship between the independent variable *staff work location* (which is a variable made up of multiple-

response work location variables) and the dependent variables *SUVA incident past 24 months* and *feeling safe at work*. The aim was to provide more clarity of the working conditions of staff. Some staff work across multiple work domains within DVA and therefore they provided multiple responses to their work locations and or roles.

Table 7.16 shows the staff members' responses indicating their work locations.

Table 7.16

Staff Work Locations for DVA and Open Arms Respondents

Staff work location	*n*	Response rate	Percent of cases
Metro site	92	35.9%	41.3%
Regional site	1	0.4%	0.4%
Remote site	4	1.6%	1.8%
Out-servicing, metro	4	1.6%	1.8%
Out-servicing, rural	1	0.4%	0.4%
Out-servicing, remote	1	0.4%	0.4%
Smart Centre	1	0.4%	0.4%
Veterans Access Network office	34	13.3%	15.2%
Client Services locations	46	18.0%	20.6%
Open Arms outreach provider network	2	0.8%	0.9%
Open Arms regional office	24	9.4%	10.8%
Open Arms Client Assist contact centre	30	11.7%	7.2%
Other	30	11.7%	13.5%
Total	256	100.0%	114.0%

Note: The response rate column is indicative of the respondents' response rate to the question of location. The column showing percentages of cases indicates that some respondents work at more than one work location. Smart Centre indicates DVA staff collocated in Service Australia.

New variables for the site locations that staff worked from were created from a multiple-response list that was contained within the variable *staff work location* (see the crosstabulation in Table 7.17). The analysis of these categorical variables could only be conducted by crosstabulation, which examines the relationships between variables to

provide insights, patterns or trends. A chi-square test could not be used in this analysis due to the multiple responses from staff within each variable, an assumption of the chi square is that responses should be uncorrelated with each other. As shown in Table 7.17, of the staff who responded, 188 felt safe within their work locations, while 63 felt unsafe. Of particular interest from the analysis is that of the 34 staff in the Veterans' Access Network office, one of DVA's primary face-to-face teams, 28 (82%) had been subjected to SUVA, and 8 (24%) said they felt unsafe in their roles.

Open Arms is a veterans' and veterans families' counselling service consisting of clinicians who are psychologists and social workers, along with an administration team. Of the 41 Open Arms respondents (from Open Arms's Client Assist contact centre, regional centre and outreach provider network), 28 (68%) had faced SUVA incidents, and 7 (17%) indicated that they felt unsafe in their roles.

Table 7.17

DVA Job Location Frequency and Crosstabulation

Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (September 2018 to September 2020)? (*SUVA incident past 24 months*)					
	Female	Male	Other	Frequency	Valid percent
Yes	90	22	42	154	69.4
No	42	14	12	68	30.6
Total	132	36	54	222	100.0
How safe do you feel in your work environment? (*R_safeatwork*)					
Unsafe	34	7	16	57	23.0
Safe	98	29	64	191	77.0
Total	132	36	80	248	100.0

Case Summary						
	Valid		Cases missing		Total	
	N	%	*N*	%	*N*	%
Staff work location/SUVA incident in the past 24 months/do you feel safe in your work environment?	220	85.9	36	14.1	256	100.0

How safe do you feel in your work environment?				
		Directly subjected to SUVA in past 24 months		
	Location	Yes	No	Total
Unsafe	Metro site	19	3	22
		42.2%	30.0%	
	Remote site	1	0	1
		2.2%	0.0%	
	Out-servicing, metro	2	1	3
		4.4%	10.0%	
	Smart Centre (call centre)	1	0	1
		2.2%	0.0%	
	Veterans' Access Network office	8	0	8
		17.8%	0.0%	
	Veterans' Client Services locations	11	4	15
		31.1%	50.0%	
	Open Arms	6	1	7
		6.7%	10.0%	
	Other frontline locations	5	1	6
		11.1%	10.0%	
	Total	45	10	55
Safe (Note: difference in safe and unsafe locations in table due to staff not indicating they felt unsafe)	Metro site	42	27	69
		38.9%	47.4%	
	Regional site	1	0	1
		0.9%	0.0%	
	Remote site	2	1	3
		1.9%	1.8%	
	Out-servicing	2	1	1
		1.8%	1.8%	
	Veterans' Access Network office	20	6	26
		18.5%	10.5%	
	Veterans' Client Services locations	21	10	31
		19.4%	17.5%	
	Open Arms outreach provider network	22	12	34
		20.4%	21%	
	Other	17	6	23
		15.7%	10.5%	
	Total	108	57	165

In response to survey question *'What type of frontline service do you provide?*' Staff members provided multiple answers which indicated that respondents reported that of 293 roles, 169 required telephone work , 61 worked face-to-face, 25 used videoconferencing and 38 used other modes (e.g., social media and email). These results show that all frontline roles incur SUVA: staff members from all frontline roles commented on feeling unsafe and experiencing SUVA.

Of particular concern are the out-servicing staff (Veteran Access Networks), of whom 82% had been subjected to SUVA. This finding supports the hypothesis that roles that require out-servicing or remote work have higher levels of SUVA. This research finding attempts to try and capture lived realities of staff across locations and roles within DVA. Further research focusing on specific risks of SUVA and current risk mitigation policies would be recommended.

7.3.6 Hypothesis 6 (H6)

Frontline staff in DVA will be open to participating in RJ processes in the management of SUVA.

This hypothesis was investigated by looking at the relationship between the dependent variable *engage service user in restorative justice* and the independent variable *SUVA incident past 24 months*.

The aim was to investigate whether staff would be open to participating in RJ processes with service users as part of the management of SUVA.

The total number of respondents who answered the question about whether they had been directly subjected to SUVA in the past 24 months was 222 (yes n = 154, no n = 68), while the total number of respondents who answered the question about whether they would consider participating in an RJ activity with service users was 176 (yes n = 93, no n = 82). The frequency table for these variables is given in Table 7.18. The crosstabulation shows that the group of respondents who would be prepared to participate in RJ processes comprised 57 (61.3%) who had been involved in SUVA incidents during the preceding 24 months and 36 (38.7%) who had not. Overall, 93 respondents (52.84%) supported RJ processes.

The number of staff willing to participate in RJ is very encouraging. It may be possible that some staff said no to participation due to a lack of understanding of RJ. Over a half of the respondents indicating a willingness to take part is a notable number and therefore the idea of introducing RJ across DVA would be worth exploring.

Table 7.18

Descriptive Statistics for Frequencies of Variables 'Engage Service User in Restorative Justice' and 'SUVA Incident in Past 24 Months'

Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (September 2018 to September 2020)? (*SUVA incident past 24 months*)					
	Female	Male	Other	Frequency	Valid percent
Yes	90	22	42	154	69.4
No	42	14	12	68	30.6
Total	132	36	54	222	100.0
Would you consider sitting down with the service user and discussing with them the impact their behaviour had on you? (*engage service user in restorative justice*)					
Yes	65	24	5	93	58.2
No	66	12	4	82	47.2
Total	131	36	9	176	100.0

Crosstabulation			
	Subjected to SUVA in the past 24 months (*SUVA incident past 24 months*)		
Would consider participating in restorative justice meeting with service user (*engage service user in restorative justice*)	Yes	No	Total
Yes	57	36	93
	61.3%	38.7%	100%
No	63	20	83
	75.9%	24.1%	100%
Total	120	56	176
	68.2%	31.8%	100%

Chi-Square Test of Independence and Cramer's *V*
A chi-square test of independence was performed to assess the relationship between *engage service user in restorative justice* and *SUVA incident past 24 months*. There was a significant relationship between the two variables, $\chi^2(1, 176) = 4.32$, $p = 0.038$. Cramer's $V = 0.16$, indicating a weak relationship.

7.4 Services Australia Qualitative Reflexive Thematic Analysis

Qualitative analysis was conducted on the open-ended questions that were provided throughout the online survey. Staff were asked whether there was any more that they would like to add after each section of questions was completed, using the following question: 'if there is anything further you would like to add please write in the space below'. All the data from the open-ended questions were collated together (1,970 responses) because the responses to each question were not specific to its question set; rather, respondents often answered earlier sections' open-ended questions. The responses were loaded into NVivo, and an RTA was undertaken following Braun and Clarke's (2021) TA process (see Figure 5.2).

7.4.1 SUVA Impacts on Staff (Main Theme)

The main theme noted in the responses to the qualitative questions in the online survey was *SUVA impacts on staff*. This consisted of several subthemes (see Table 7.19

and the full list in Appendix XIII), with the three most prominent being *ongoing personal impacts of SUVA, fear or concerns for wellbeing in work* and *staff mental health post-SUVA*.

Table 7.19

Themes and Subthemes in Services Australia Staff Online Survey Responses

Main Themes	Subthemes
SUVA impacts on staff	• Ongoing personal impacts of SUVA—No. 1 • Fear or concerns for safety and wellbeing in workplace—No. 2 • Staff mental health post-SUVA—No. 3
Mitigating SUVA and its impacts	• Reporting of SUVA within the organisation—No. 1 • Staff-noted risk mitigation strategies—No. 2 • COVID-19 impacts on SUVA—No. 3
Differential organisational support	• Poor support—No. 1 (staff comment on perceived lack of support from management and organisation) • Improvements suggested—No. 2 (staff make suggestions around work practices to reduce SUVA)
Triggers that may lead to SUVA	• Staff behaviour—No. 1 (poor interpersonal skills and lack of empathy towards service user) • Internal policy and procedures—No. 2 • Finance issues—No. 3

The ***ongoing impacts*** comments highlight the psychological issues confronting staff and how SUVA prevents them from being able to participate in Services Australia's areas of work fully and actively, with some staff limiting themselves to certain roles:

> *I feel I have a different feeling now of safety, I am nervous on a constant basis my fight or flight is heightened after 20 years of working face to face, originally, we didn't have security, I have been thrown against walls, computers thrown at me, see people personally harm themselves and pushed downstairs. Followed home when I lived alone been told my family is known to them and will be killed. I just work in a face-to-face office I'm a normal staff member who just deals with day-to-day issues and I have experienced this.*

Some become very personal and confronting. One example was being told 'I hope you get raped on the way home tonight.

It's awful and confronting. The aggression is relentless. I will never work in a face-to-face role whilst employed with Centrelink based on an incident which happened years ago with verbal abuse from a customer which has affected me greatly.

Staff raised concerns about job security if staff resilience appears to be impacted by SUVA:

In terms of phone-based interactions with customers, I feel that we are expected to show a high level of resilience when dealing with aggressive or suicidal customers. Any signs that you are not coping results in management telling you that you are not suited to the role. Staff are expected to maintain a high level of resilience or move on (leave).

Fear and concern for wellbeing in work is closely related to another subtheme, *ongoing personal impacts of SUVA*, except that not all ongoing impacts mentioned by staff involved being fearful. Interestingly, issues of rural or remote-town living also come into play, as well as staff noticing their physical reactions to SUVA:

Fear of abuse has stopped me from applying for opportunities in Face-to-Face environment, due to safety concerns in a small town, where I live with my children.

Every incident, no matter how small erodes your sense of safety and confidence in dealing with people. When I was newly employed, customer aggression didn't bother me as it was the customer's issue, however at some point an unconscious switch went on, and now it does bother me, causing physical responses such as an increased heart rate and becoming hot and flustered.

On the same continuum as *fear and concern for wellbeing* and *ongoing impacts on staff post-SUVA* is the subtheme ***staff mental health post-SUVA***. Rather than merely mentioning feelings of stress, anxiety or fear, in this theme, staff reflect on their and their colleagues' clinical mental health issues caused by exposure to SUVA:

Hearing other staff experiences I know that a number of staff suffer anxiety as a result of the level of aggression and pressure they are under at work. It's not just

the incidents it's the constant vigilance needed at work never knowing when another incident may occur. I do not have statistical evidence, but in my opinion a number of our staff that work in sites that are known to have more aggressive incidents have some form of PTSD.

85% of every person who works in my office of 40 has a mental health problem, which includes medication and /or visits to counsellors and / or psychologists and/ psychiatrists.

Violent and aggressive behaviour will ALWAYS have an ongoing impact. Will it happen again? How bad will it be? I've had many a sleepless night worrying about work and what my next phone call would be and how the customer was going to be. Physically it affects me, my heart races, I feel sick. Mentally I play it over in mind, were they directing that at me? Even though I try and block out it pops up into my mind over and over again. I have been verbally abused many a time over the telephone. I still remember a lot of the names I have been called. I don't think that's a good thing. Obviously, I try and not think about it, but it just pops into my mind at random times. Customers NEED to be held accountable for their actions they are having A HUGE impact on staff's mental health.

7.4.2 Mitigating SUVA and its Impacts (Main Theme)

Mitigating SUVA and its impacts is a main theme made up of a number of subthemes focused on the reduction of SUVA. Respondents mentioned the *reporting of SUVA within the organisation, staff-suggested risk mitigation strategies,* and *violence and aggression training* or complementary processes, such as *restorative justice*, after SUVA to reduce the ongoing psychological impacts. One of the best proactive methods of reducing SUVA is having accurate organisational SUVA data. This gives the organisation the opportunity to move resources around to improve security, support staff or better manage aggressive or violent service users (Bond et al., 2020).

Reporting SUVA is the foundation of organisational SUVA data; if that process is devalued and SUVA is under-reported, internal policies based on organisational data will be erroneous. The following survey responses highlight that reporting policy appeared to

be inconsistent, and that some respondents considered it valuable and others did not. There also appeared to be different levels of encouragement from managers.

> *I think more staff need to utilise the CIMS reporting tool as a way to issue reminders to customers notices of expected behaviour—aggression is never acceptable I think more staff need to utilise reporting via the ESS OHS incident tool to give more understanding that it is ok to be affected by customer aggression we are human and everyone deserves to be treated fairly and how they would like/expect to be treated.*
>
> *Any Customer aggression I experience is documented on both my ESS and the CUS's file (where possible—CIMS)*
>
> *I don't believe that all incidents of customer aggression are recorded in the Call Centre space, this may be due to pressure of always having to be on a call. This has a flow on effect if the customer then attends a service centre and there is no record of prior incidents.*
>
> *There is an inconsistency in the way in which service user violence and aggression is being managed across offices within my agency—From my experience I found lots of inconsistency with reporting incidents. Some manager felt you should, and others played it down and did not encourage the importance of reporting the incidents. In hindsight I wish I had reported all of them I've had throughout my career.*
>
> *The process in reporting incidents of aggression etc are very cumbersome and time consuming. In my experience, there is a reluctance across the board, to report minor or medium acts of aggression, due to time constraints and the strong perception that nothing will come of it anyway. The fact that aggressive/abusive customers are allowed to be repeat offenders before any action (i.e. banning from face to face servicing) is taken, backs up this view, that in my opinion is widespread.*

Staff-initiated risk mitigation strategies were found in responses where the staff member had reflected on how they employ their own strategies that led to a reduction in

SUVA. These focus on communication and what types of avoidance processes staff might put in place outside the work environment:

> *True customer service sometimes requires time to explain the underlying policy and reasons for a decision to a customer, and then also explaining any other options available to the customer. Putting yourself in the customer's position is a good starting point, given that you are given the time to understand the customer's perspective.*

> *I always remove my name badge when outside the office (arrival at work, leaving work, lunch or breaks). I don't make eye contact with anyone on the streets near my workplace, just in case they recognise me from inside the office and think eye contact is an invitation to engage with me.*

In the following response, this strategy was also necessitated by the location of the staff member:

> *I have been approached outside of work by someone who was rejected for disability pension in the street, and they were verbally abusive as I had done the interview and the report. I requested the person not approach me outside of work and to follow the processes as guided by the department. I live in a country town of less than 10,000 people. One of the things I have stopped doing is socialising in my town outside of work hours and outside of being with departmental staff, I find I avoid public spaces where I may see a customer who I see has 'visually' identified me. Undertaking phone assessments where people are unable to identify me has 'helped' with this anxiety and also the people I interview are now from all over the country not just from my local town.*

The subtheme ***violence and aggression training*** has received considerable attention and has been shown to be one of the most effective proactive strategies for the reduction of SUVA (Hills & Humphreys, 2013). This theme prompted a number of participant comments; in particular, respondents raised concerns that training was not engaging enough and that it was not specific to their roles within the organisation (e.g., phone v. face-to-face):

Training—an online training will never prepare you. Leaders get a course where they get yelled at, role play etc … that is what F2F [face-to-face] staff need. Reality, and a big healthy dose of it. They need to know that one minute they can be comfortable and in control and the next someone they thought was cool turns on them and becomes uncontrollable. That is what is needed!

There does seem to be a lot of focus on managing physical violence and a lot of the training material does not translate to my role in phone service]. Phone verbal abuse can be less obvious and with national focus being on 'reducing call times' I've been in the situation of shrugging off abuse and taking another call. Getting a Team Leader's attention is possible and encouraged but not always easy.

Some feedback was positive, however:

I have been working in the Public Service for 30 years at QLD Health, ATO and now Services Australia (Centrelink) we are trained upon commencing work in relation to all aspects of APS Code of Conduct/Legislation/ Health and Safety etc. Holds each employee in good stead for any situation that may arise and what process to follow.

As a mitigation strategy, ***restorative justice*** is a tertiary prevention measure: it aims to prevent reoffending, not initial offending. If an RJ measure is effective, it will produce lower rates of reoffending—in this case, lower rates of SUVA (Australian Institute of Criminology, 2004). The responses from staff on this issue were both positive and negative, although most remarks about willingness to participate were negative. The following comments were supportive:

I do not know of restorative justice within the Centrelink system, however I have some knowledge of a similar system in Juvenile Justice and think it is of benefit.

I have had plenty of conversations as a Service officer and Manager in regards to how Customer's actions and words can affect people. This is easy when not in a face to face environment, but as I am protected from physical violence due to a phone line, I feel this is an excellent channel to try and influence positive attitude changes in our services users.

This may be an avenue for managing aggression in situations where a service user has capacity for emotional regulation and empathy.

However, many staff were not supportive of the process, for example:

Why would I want to talk to them and tell them what impact they had on me. I wouldn't want them to know or have the satisfaction.

The instigators of Service User violence and/or aggression are very aware of their actions and the impact they have. They choose to behave this way to get prompt service, to be seen by particular Service Officer's or to get a service/benefit immediately. Confronting them would not change the behaviour and would in fact increase the sense of importance these people feel.

I am very aware of restorative justice process as it was part of my uni degree. I am aware of the benefits particularly looking at Scandinavian countries that use this but in a small town like ours where everyone seems to know everyone and everyone's business I am not sure if this would be appropriate.

7.4.3 Differential Organisational Support (Main Theme)

The main theme *differential organisational support* covers the staff members' thoughts on the organisational support they receive with respect to SUVA. The subthemes consider what staff believed was good support or poor support as well as what changes they thought the organisation might implement to make work life better for staff. *Good support* is a subtheme focusing on what makes coping with SUVA easier. Although *line manager* is a subtheme due to positive and negative issues raised about the line manager's role, the theme of good support tends to focus on the role and support of the staff member's team leader and colleagues.

The following comments from staff mention ***positive support***:

As an Agency we have come along way in supporting our staff during and after customer aggression/violence.

I am very pleased with the processes in place here at Services Aus that prepare us for difficult aggressive situations and the support that is provided by the Agency

towards the staff that are confronted with difficult situations with service users that are aggressive and violent.

I would like to say that I think Services Australia is very good in taking care of staff safety compared to some other Commonwealth, State or Local Government agencies. I feel very safe when I come to work.

Poor support was the most common subtheme, focusing on departmental inaction about SUVA and support of staff post-incident. Select comments by staff are as follows:

I want to feel safe in my job, I don't want to fear coming to work and I would love to terminate an interview as soon as I feel uncomfortable without any repercussions from the front of house team leader worrying about 'wait times'. I want to know I have control of the power to look after myself during an interview, without having to just 'take it' from the customer. I want to know that I come first, and my decision to walk away from an interaction will be supported.

The agency have always taken a 'reactive' approach to aggressive customers rather than a 'proactive' approach. By this, I mean customers can be repeat offenders prior to any action being taken (i.e., removal of face to face services).

It doesn't help that when something happens at the office downstairs an email with the details does NOT come out from management. All this does is fuel the fires of gossip so that whenever the police are there or the media, staff will ask their friends in the office what happened and stories can grow and grow from there, sometimes true, sometimes wildly exaggerated, causing even more fear to build in the minds of employees who were outside observers.

In the child support space, we are expected to put up with aggressive or threatening behaviour, customers who swear and customers who are belligerent, difficult and rude. We also allow them to send in mail that is threatening or includes inappropriate language about the other parent. Often it includes disturbing images or photos as well. If a threat is made to harm you or as was recently stated to me by a customer who is a lawyer—'I will hunt you down', then

you are not supported by the Agency. You are told your option is to go to the Police and make a report.

Staff also provided some feedback on ***possible changes*** that could assist with reducing SUVA and supporting staff after SUVA incidents.

In the call centre environment

Whilst the Dept requires us to undertake the Security Incident Reporting, complete in ESS [ESSentials HR system], and then debrief with TL [team leader], this all adds up in terms of time off phones and adherence with AUX [auxiliary] codes i.e we should be in Green to take the next call, being in OHS to complete security reports is affecting our adherence statistics. If they really care then this OHS AUX code shouldn't affect our adherence percentage. Maybe then staff will take the appropriate time to debrief.

And the face-to-face environment

I feel that in many cases, a customer's poor behaviour (aggression and violence) is rewarded. They get to have a Single Point of Contact (SPOC) who they call directly if they have any service needs. Our regular customers do not get this level of service. I understand why this happens, they want the customer to not come into the service centre, but it does seem like a reward.

7.4.4 Triggers That May Lead to SUVA (Main Theme)

Triggers that may lead to SUVA is a main theme that focuses on a small number of issues that were highlighted as subthemes, such as *staff behaviour*, *internal policies and procedures* and *finance issues.* Comments from staff reflecting on *legislation* mentioned that legislation affects not only the benefits for which service users apply but also the affordability of medications and treatments.

The subtheme that received the most responses was ***staff behaviour***. The following staff responses highlight concerns about other staff:

*My experience also involves stints at the neighbouring D****** service centre which has a very different record of aggressive incidents. I believe that the attitude*

*of staff drives this difference in the culture of the clients at both offices. There seems a much less caring, more militant attitude towards clients in D****** versus the B**** office. This may lead to this very differently behaving customer base even though they are basically from the same region.*

Sometime staff can be impersonal, and come across as un-empathic, patronising and judgemental which can set a vulnerable person offside and into an outburst because they feel unheard or what they are being asked to do is overwhelming.

Some of our processes are internally driven and do not have a customer focus. Our behaviours can be driven by what statistics we collect. For example, some of the smart centre practices are internally focused rather than customer focused, resulting in poor customer service. It is often this poor service that generates repeated contacts and can lead to aggressive behaviours if the customer is not treated well at subsequent contacts.

There was also the following comment about lack of support for staff who have been in a SUVA incident:

I feel that staff are not believed. It appears that customers can speak/act in an inappropriate way but if I react in a way that is not 'vanilla' it becomes as staff behaviour issue and not a customer issue. I have regularly had to have a tough discussion with a customer who didn't like the outcome. They can call you all the names under the sun and threaten violence, do violence and yet I am the one explaining my actions. I do not accept rude behaviour. I approach every, and I mean every, encounter with an open mind, not expecting anything, trying to give the customer a good outcome and when I am attacked—verbally or physically—I expect my Agency to defend me. I had 3 incidents against my name in a 12-month period, where a customer had incorrectly complained. My team leader was instructed to speak to me, even though they knew it was nothing to do with my behaviour. I find this appalling.

The subtheme ***internal policies and procedures*** received a large number of responses:

I have at times questioned the way we do things however I am met with internally focused responses based on how it will impact my/departments stats rather than the impact it would have on the customer. The new master plan, whilst it is great and has driven some positive changes, has not resulted in enough procedural changes that will make it simpler for the customer. We create too much rework for both ourselves and the customer which is an enormous cost that we cannot sustain.

Policy and processes have become more and more complicated over the past 21 years since I commenced work in the department.

It is harder to defuse aggressive situations now a days. Our customers have less respect and less confidence in decisions we make. Debacles like Robodebt have just feed the mistrust in the government and the decisions we make.

Customers often vent their frustration with our processes, particularly now when we are expecting customers to do the majority of their business online or on the phone.

7.5 DVA Qualitative Reflexive Thematic Analysis

Qualitative analysis was conducted on the open-ended questions that were provided throughout the online survey. Staff were asked whether there was any more that they would like to add after each section of questions was completed.

7.5.1 SUVA Impacts on Staff (Main Theme)

The main theme observed in the responses to the qualitative questions in the online survey was *SUVA impacts on staff*.

This consisted of several subthemes (see Table 7.20; the full list is in Appendix XIV) with the three most prominent being *ongoing personal impacts of SUVA*, *fear or concerns for wellbeing in work*, and *stereotyping and labelling*. Note that these differ from the Services Australia subthemes.

Table 7.20

Themes and Subthemes in DVA Staff Online Survey Responses

Main Themes	Subthemes
SUVA impacts on staff	• Ongoing personal impacts of SUVA—No. 1 • Fear or concerns for wellbeing in work—No. 2 • Stereotyping and Labelling—No. 3
Differential organisation support	• Poor support—No. 1 • Good support—No. 2
Triggers that may lead to SUVA	• Legislation issues—No. 1 • Staff behaviour—No. 1 • Service user mental health—No. 2 • Internal policy and procedures—No. 3
Mitigating SUVA risk and impact	• Staff-noted Risk Mitigation Strategies—No. 1 • Reporting of SUVA within the organisation—No. 2 • Violence and aggression training for workplace aggression—No. 3

The ***ongoing impacts*** theme revealed the cumulative effect that abuse has on the staff member:

> *I feel like I work in a department that is widely hated by our client group, and there are many social media groups that bear this out. the cumulative effect of constant abuse from individual clients and the bashing of DVA in the community is significant.*
>
> *Little consideration is given in the APS agencies I have worked into the regular experience of verbal aggression and threats of harm from clients. The effects can also be cumulative and more pronounced in those who have been in front line roles for many years.*
>
> *The impact on my own mental health, the possibility that I will no longer be able to work in this role due to fear and stress.*

There was also a focus on the current political and media attention to veterans and how this heightened exposure is managed by DVA to the detriment of staff health:

Although the political focus and media spotlight on veteran mental health care was needed and is important, it appears to have encouraged a pervasive sense of entitlement, in conjunction with unrealistic service delivery demands (e.g. I need to speak to the Director immediately or I'll contact the media/the minister). I sense that Senior Leadership are under significant pressure to demonstrate to the Minister that the organisation is providing 'something' to these veterans; however, this is often at the cost to the mental health, wellbeing and safety of staff.

Service delivery is a two-way process and the 'psychological contract' between staff and the client must be built on a reasonable level of respect. Tolerating belligerent, aggressive behaviour is not in the best interests of clients as it does not model integration into society.

DVA frontline staff find it necessary to protect themselves from the perceived threat of SUVA:

As result of the Department I work in, I have taken to removing myself from the electoral roll and this has been extended to include my adult children. I also don't tell anyone what Dept or what I do in my role—I just say admin. On social media, I make no reference to my employer nor have any identifying details. This is to protect both my and my family's safety.

The subtheme ***fear or concerns for wellbeing*** reflected frontline staff members' concerns for their personal safety while working for DVA:

Public servants are not trained to manage and deal with this level of aggression and threats of violence and we shouldn't have to be. This is not our core role. However, we are exposed to abuse from people will remind you they are 'trained killers' and our leadership manages this by saying go to EAP [Employee Access Program]. Its just not good enough. If not okay for someone who is given specialist training to deal with conflict to be given an excuse to threaten people, if anything they should be held to a higher level of scrutiny because of their training.

DVA clients are all trained killers, and the MAP clients often have significant comorbidities, low tolerance for bureaucracy and react with anger to any response

that was not what they were seeking. also, many of them have access to weapons and indeed some of them carry weapons day to day. I have more concern for the safety of people in the street than for mine. I have had a client pull a knife on a taxi driver and another one shot at one of my other clients (I didn't witness the shooting, but I was advised by the victim).

Even though I only deal with service users over the phone, I do sometimes feel concerned that the aggression will translate to in-person, if a disgruntled client was to find out my full name, where I live etc.

Service user mental health is a theme where staff reflected on their concerns for the personal safety of the clients (the veterans) and concerns that the service they provide might result in the suicide or self-harm of the service user. For example:

It is an unpleasant situation to deal with and can be both mentally and emotionally draining and traumatic. I am also fearful that a decision I make may have an impact and result in self-harm of a Veteran as I am aware this has happened to another person in the department. I am also worried about the wellbeing and welfare of our clients in these difficult situations.

Stereotyping and labelling is a theme in comments that reflect on the public's view of public servants who work for DVA. As shown by the following staff comments, this stereotyping appears to enable SUVA and even justify it:

Community standards of courtesy and respect have declined, especially towards public servants. I have worked for multiple Government Departments and the worst aggression and threats have occurred from working in DVA. I think we just have accepted this as part of the job and normal for our clients to behave as they do and get away with this behaviour.

This is not ok; it is getting worse more so by the younger generation of client and their family members

I have had clients who have very low opinions of public servants and of myself. but public servants have a very specific role and sometimes explaining our role and the environment in which we operate (legislative etc) can be helpful when assisting

clients with their business. I've been called a 'bureaucrat' as if it is an insult and I always agree that I am a bureaucrat. I am aware of opinions about our veteran clients but only from within the veteran community itself. the public hold our clients in high esteem.

Work location was also raised as a concern for staff:

The verbal abuse happens regularly, usually a few times a week. Always awful, but worse in your own home while working from home. Have changed my details on social media to avoid inappropriate behaviour from clients.

7.5.2 Differential Organisational Support (Main Theme)

Differential organisational support is another main theme of the survey responses. It covers both good and poor organisational support, as well as some suggestions for improvements. **Good support** was reflected by comments such as:

Additional access to supports such as the EAP program are helpful to process the feelings from these workplace situations and traumas that occur.

I feel safe in my workplace and supported by my Management.

In the past 5 years the Dept has taken staff security more seriously.

The concerns are alleviated by the support of colleagues and management, and the compliments from other clients. I just hope more can be done in the space of information and expectations the public have of government services.

Poor support was the most common subtheme. Comments with this theme focused on departmental inaction against SUVA and the support of staff post-incident. The following selected comments by staff are illustrative:

Management should be more involved, instead of leaving it up to the individual to make an incident report. There is no support from Team Leaders or management regarding abusive phone calls. I have experienced numerous abusive phone calls even whilst working from home, and never have I had management call to see if I was ok, even after talking to a TL. We are just told there is EAP if we ever need it? I

have spoken to triage and connect and the security team as part of the process, but there is no support from management.

I have a lot of experience in this area including 6 years case managing clients with unreasonable behaviour exclusively. This was when working in a program that was set up in response to a client attending our front counter with his little boy and shooting himself in the head in front of counter staff and his child. also, I feel like I work in a department that is widely hated by our client group, and there are many social media groups that bear this out. the cumulative effect of constant abuse from individual clients and the bashing of DVA in the community is significant and even though I have raised it at our National Staff Consultative Forum I don't believe that the departmental exec have really understood what it is like in the frontline. and just to be clear, we have WHS policies that focus on falling over or chemical exposure and we have a challenging client behaviour that focuses on how to manage various types of behaviours but nothing about client behaviour being a risk to staff.[25]

Inaction by the Department has led to clients believing they can do what they want without any ramifications. The safety of staff does not appear to be of significance to management as there appears to be little recourse taken against clients who threaten of try to intimidate staff.

7.5.3 Triggers That May Lead to SUVA (Main Theme)

Triggers that may lead to SUVA is a main theme that focuses on a small number of issues that were highlighted as subthemes, such as *legislative issues, staff behaviour* and *service users' mental health.* Responses from staff reflecting on *legislation* mentioned that legislation affects not only the benefits for which service users apply but also the affordability of medications and treatments. Comments included:

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[25] Michael John Heffernan, a Vietnam veteran, shot himself in the head at a DVA office in La Trobe Street, Melbourne, on 20 July 2006. For the present study, it was not possible to verify whether a child was with him.

Frequent changes to legislations and policies with not much clarifications and the pressure to speed through processing claims by putting up barriers to avoid over investigations.

Most instances have arisen from decisions made—it's a legislative decision which client does not meet criteria or legislation—aggression from not understanding how the legislation works.

Unfortunately, due to the nature of eligibility, some clients are ineligible for treatments / benefits. At times the client will take this poorly and lash out at a Customer Service Officer. I feel this is almost unavoidable and comes as part of the job description, all we can do is prepare and have capability to support frontline staff.

Staff behaviour was an interesting theme. Staff members reflected on how the behaviour of their colleagues was sometimes the trigger for SUVA. The following comments highlight this theme:

Some staff I witness don't know how to deal with angry or frustrated clients, and do not even consider many of these clients are suffering with mental health issues or several disabilities. they then talk and shout back at the client, which aggravates the issue even more so.

He didn't label the client however said 'Are you going to go and cry about it' which was not appropriate for someone with severe mental health conditions. Another delegate spent over an hour on the phone calming this client down.

There is a small element within DVA who have a dislike of Veterans and make it their goal to make it difficult for them to receive their entitlements.

Some comments showed a staff member's understanding that some DVA ***clients have mental health issues*** that can lead to SUVA. For example:

Veterans have complex mental health needs that can't always be met with policy and processes from Government. Trained professional support is required to support these concerns and enable interaction to be healthy and supportive for all concerned.

7.5.4 Mitigating SUVA Risk and Impact (Main Theme)

Mitigating SUVA risk and impact is a main theme made up of several subthemes focused on the reduction of SUVA, such as *staff-initiated risk mitigation strategies*, *restorative justice* and *reporting of SUVA within the organisation*. One of the best proactive methods of reducing SUVA is having accurate organisational SUVA data. This gives the organisation the opportunity to move resources around to improve security, support staff or better manage aggressive or violent service users (Bond et al., 2020).

Reporting SUVA is the foundation of organisational SUVA data and as previously noted, it is one of the essential proactive methods for understanding and reducing SUVA. Under-reporting impedes the development of internal risk mitigation policies and procedures. The following survey responses illustrate this:

> *Physical violence or threat of physical violence is regularly reported, it is the day to day verbally abusive behaviour that is not reported. I suspect that staff do not report it because of lack of confidence that they would be supported by Senior leadership.*
>
> *Regarding the quantity of abusive incidents, my colleagues and I feel that our estimates are very low representations of the accurate number of incidents we experience on a daily basis.*
>
> *Although there are policies in place and a security incident reporting mechanism, I believe that our Department expects and tolerates a significant level of aggression and violence towards its staff.*

Restorative justice as a tertiary mitigation strategy received both positive and negative feedback from DVA frontline staff. The following comments highlight both their concerns and willingness to participate.

> **Frontline staff supportive of RJ processes**
>
> *This would only work with clients who are self-aware of their behaviour, and I have had several clients apologise post incident and explain their rationale.*

Frontline staff not supportive of RJ processes

The program I work for is mostly short-term, with limited ongoing contact with service users for the most part. There would be no opportunity for restorative engagement, nor would most clients be willing to participate.

I would not consider sitting down with the service user and discussing with them the impact their behaviour had on me for a number of reasons. A few of these are, their sense of entitlement to get a favourable decision and complex mental health issues which result in an inability to see things from different perspectives. Further to this, I don't want them to know what I look like in fear of being stalked and threatened further as a lot of the Service Users I deal with are trained to kill.

7.6 Cross-Comparisons Between Services Australia and DVA

The cross-comparisons of the quantitative and qualitative data from the online surveys are shown in Tables 7.21 and 7.22 respectively. It is interesting that although Services Australia and DVA (including Open Arms) differ greatly in size, reach and number of service users, there are striking similarities in the results.

Table 7.21

Cross-Comparison of Hypotheses and Quantitative Results Between Services Australia and DVA

DVA	Services Australia
Quantitative Analysis Crosstabulations, Chi-Square and Cramer's *V* Results	
H1: Frontline staff under-report the amount of SUVA they face.	
There was a **significant relationship between the two variables:** $\chi^2(2, 3603)$ = 33.43, p = 0.00. Therefore, the **hypothesis was supported**. Cramer's V = 0.1, indicating a weak relationship between the two variables.	There was a **significant relationship between the two variables**: $\chi^2(2, 209)$ = 8.85, p = 0.012. Therefore, the **hypothesis was supported**. Cramer's V = .21, indicating a moderate relationship between the two variables.
H2: The gender and age of frontline staff do not vary their risk of SUVA.	
Using an ANOVA, the **interaction effect between gender and age was found to be not significant**: $F(2, 1631)$ = [1.01], p = .37. It is not possible to reject the null hypothesis.	Using an ANOVA, the **interaction effect between gender and age was found to be significant:** $F(2, 101)$ = [3.66], p = .029. Therefore, the null hypothesis can be rejected.

DVA	Services Australia
Quantitative Analysis Crosstabulations, Chi-Square and Cramer's *V* Results	
H3: SUVA increases the concerns of frontline staff for their future wellbeing due to fearing they will face SUVA again.	
There was a **highly significant relationship between the two variables**: $\chi^2(1, 3602)$ = 527.56, p = 0.000. Therefore, the **hypothesis was supported.** Cramer's V = 0.38, indicating a strong relationship between the two variables.	There was a **significant relationship between the two variables**: $\chi^2(1, 196)$ = 18.0, p = 0.000. Therefore, the **hypothesis was supported**. Cramer's V = 0.30, indicating a strong relationship between the two variables.
H4: Frontline staff lack confidence in the current risk mitigation policy and practices of their organisation.	
There was a highly **significant relationship between the two variables**: $\chi^2(1, 3427)$ = 139.13, p = 0.000. Therefore, **the hypothesis was supported.** Cramer's V = .201, indicating a moderate relationship between the two variables.	There was a **significant relationship between the two variables**: $\chi^2(1\ 170)$ = 14.68, p = 0.000. Therefore, the **hypothesis was supported**. Cramer's V = .29, indicating a moderate relationship between the two variables.
H5: The location and work role of frontline staff influence their likelihood of exposure to SUVA.	
Remote servicing respondents: 50% stated that they felt unsafe in the work environment, 15 respondents of 30, and of the 30 respondents, 18 (60%) had experienced SUVA in the past 24-month period. Remote site servicing: 1/3 of respondents stated that they felt unsafe in their work environment, that is, 20 of 60 respondents, and of the 60 respondents, 33 (55%) had experienced SUVA incidents in the past 24-month period. Out-servicing, metro/regional/remote respondents (n = 105): 47 (44.8%) stated that they **had concern for their safety.**	Veterans' Access Network Office, which was one of the department's primary face-to-face teams: here, responses indicated that 28 of the 34 (82.4%) had been subjected to SUVA, while 8 of 34 respondents (23.5%) stated that they **felt unsafe in their roles.** Open Arms (Client Assist contact centre, regional centre and outreach provider network): 28 of the 41 (68.3%) respondents indicated they had faced SUVA incidents, while 7 of the 41 (17.07%) indicated that they **felt unsafe in their roles.**
H6: Frontline staff in DVA and Services Australia will be open to participating in restorative justice processes as part of the management of SUVA.	
There was a **significant relationship between the two variables**: $\chi^2(1, 3521)$ = 10.86, p = 0.001 Therefore it was considered that there were sufficient staff willing to take part in the RJ to **support the hypothesis**. Cramer's V = 0.06, indicating a weak relationship between the two variables.	There was **a significant relationship between the two variables**: $\chi^2(1, 176)$ = 4.32, p = 0.038. Therefore it was considered there were sufficient staff willing to take part in the RJ to **support the hypothesis.** Cramer's V = 0.16, indicating a weak relationship between the two variables.

Note: Due to multiple answers for the questions relating to H5, only a crosstabulation analysis could be undertaken.

Table 7.22

Cross-Comparison of DVA and Services Australia Reflexive Thematic Analyses

DVA		Services Australia	
Triggers that may lead to SUVA (main theme)			
Subthemes	1. Legislation issues 2. Staff behaviour 3. Service user mental health	Subthemes	1. Staff behaviour 2. Internal policy and procedures 3. Finance issues
Differential organisation support (main theme)			
Subthemes	1. Poor support 2. Good support	Subthemes	1. Poor support 2. Suggested improvements
SUVA Impacts on staff (main theme)			
Subthemes	1. Ongoing personal impacts of SUVA 2. Fear or concerns for wellbeing in the workplace 3. Stereotyping and labelling	Subthemes	1. Ongoing personal impacts of SUVA 2. Fear or concerns for wellbeing in the workplace 3. Staff mental health post-SUVA
Mitigating SUVA risk and impact (main theme)			
Subthemes	1. Staff-initiated risk mitigation strategies 2. Reporting of SUVA within the organisation 3. Violence and aggression training	Subthemes	1. Staff-initiated risk mitigation strategies 2. Reporting of SUVA within the organisation 3. COVID-19 impacts on SUVA

7.7 Survey Data – staff behaviour and SUVA aggression training

This chapter will now conclude by discussing how the survey data provide some support for the themes that arose from the RTA. Here, staff behaviour was found to have a significant role based on responses to the survey *question 'Have you witnessed an occasion where a colleague's behaviour has led to a violent or aggressive incident?*' From a total of 3,612 responses, 27% (n=971) of Services Australia staff said that they had witnessed a colleague's behaviour lead to a SUVA incident whilst 73% (n=2,641) stated that they hadn't. From a total of 200 DVA staff responses 23% (n=46) staff said they had

witnessed a colleague's behaviour lead to a SUVA incident whilst 77% said that they hadn't. This suggests that a quarter of the incidents that occur are (at least in part) due to staff behaviour.

Further, the survey responses to *'Do you feel service user aggression training equips you with the skills to deal with violent or aggressive service user incidents?*' The DVA staff with a total response rate of 189 highlighted that 33% (n=62) said that they didn't feel service user aggression training equipped them to handle SUVA whilst 67% (n=127) said they felt it did. A total of 3,579 Services Australia respondents answered the question with 27% (n=969) stating that the service user aggression training didn't equip them to handle SUVA whilst 73% (n=2,610) believe that it did. Thus, for both organisations, over a quarter of respondents did not believe that the current aggression training equipped them with the skills to manage SUVA.

Chapter 8: One-To-One Interview Analysis and Results

A semistructured interview is a verbal interchange where one person, the interviewer, attempts to elicit information from another person by asking questions. Although the interviewer prepares a list of predetermined questions, semistructured interviews undertaken in a conversational manner offer participants the chance to explore issues they feel are important (Longhurst, 2016). The conduct of the researcher throughout the interview process is important to its success. An interview is a social interaction, and therefore the researcher needs to foster an atmosphere that solicits active participation.

Interviewer skills that help to foster this atmosphere include careful listening, non-verbal communication, and the ability to observe and interpret what the participant is saying on several levels simultaneously to facilitate an appropriate response (Borbasi et al., 2002).

For an interview to go well, good preparation is crucial. Being prepared includes having thoughts about the location—does the place allow for privacy, is it a pleasant environment, will it allow the participant to relax? It also means having prepared both technically (e.g.,. is there a recorder, is it charged and are there replacement batteries and a pen and paper for notes?) and contextually (is all relevant information about the participant at hand, for instance their mobile phone number in case of delays, and might there be something specific about them that ought to be raised in the interview?; Adams, 2010). Whiting (2008), notes that ethical issues are a priority when vulnerable people are being interviewed. It is therefore important that all the necessary processes are adhered to; this includes the acquisition of informed consent, approval by the local research ethics committee, and the provision of details to the interviewee about the distribution methods of the research findings (e.g., publication or conference presentation). Guidelines similar to those used by practising psychologists may be necessary to ensure the interviewee suffers no subtle injury, such as diminution of self-esteem, and does not experience undue stress during the interview (Qu & Dumay, 2011).

McGrath et al. (2018) noted that the researcher is the prime instrument of data collection and consequently needs to be reflexive and aware of how their role might influence the conversation between themselves and the participant. They argue that the interviewer should not be viewed as someone contaminating or biasing the data, but rather as a co-creator of data alongside the participant, meaning that the interviewer's previous knowledge may play an important part in their understanding of the context or the experiences of the participant. The interviewer is not a passive player in the interview, but an instrument using their abilities, experiences and competencies in the interview situation (Lingard & Kennedy, 2010). Both parties should feel comfortable and ready to finish. Clarke (2006) states that it is good to end on a positive note, or to inject humour. Injecting humour may not be possible or appropriate, but it is important to thank the participant. Interviewees may report that they have enjoyed the experience and have found it beneficial (McIlfatrick et al., 2006); it is important to remember that this might be the first time that someone has listened to their story.

8.1 Pilot Test of the One-To-One Interview

To ensure the suitability of both the research protocol and the one-to-one interview questions (see Appendix X), a pilot semistructured interview was conducted with an APS frontline staff member. The staff member was an experienced public servant and manager who had a background in psychology. The incident discussed in the interview was a real-life incident in which they had been involved. After the interview process had been completed, a questionnaire was provided to the participant to gain a better understanding of the process and determine whether there were any issues that would require changing. The questions and the participant's responses are noted in Appendix XV. The pilot test of the one-to-one research questions and process was exceptionally important. Across all phases of this research, three stages that had the potential to present some risk were the questions regarding the SUVA incident, the K10 assessment of levels of stress, and the first 24 hours after participation. The feedback from the pilot test indicated that the participant had felt supported, that the interaction felt fluid and unconstrained and that it was a positive experience overall.

8.1.1 Participant Selection Process for the One-To-One Interview

The participant selection and post-interview processes were consistent for both Services Australia and DVA. Each department sent out an email providing information to staff on the ANU independent research, inviting volunteers to participate if they had previously been involved in a SUVA incident. Services Australia also asked service users if they would be willing to participate in the research, while DVA service users were approached through the RSL. The processes were as follows:

- Both staff and service user participants were asked if they wished to voluntarily take part in independent research being undertaken by ANU.
    - The Services Australia and DVA staff were given an internal email address via which they were able to indicate their interest in taking part in the research. The staff member's email was kept confidential and stored within the systems of the Services Australia Customer Aggression Prevention Team. These staff members' names and contact details were provided to the ANU researcher, with the staff members' consent.
    - Service users were asked by a Services Australia staff member (either a case worker in the Personalised Services Team, or a member of the customer aggression prevention team) if they would be interested in taking part in the independent research undertaken by ANU. If they were willing to voluntarily take part, their contact details were provided, with their consent, to the ANU researcher.
    - DVA service users were approached by the RSL welfare officer to ascertain whether they would be prepared to voluntarily participate in the research. The willing service users' contact details were provided to the ANU researcher, with their consent. There was no direct contact between DVA and their service users for this research.
    - Some people were considered unable to participate. Both staff and service users known by the organisations to have chronic mental health or neurological conditions or those deemed to present a high risk of violence

or aggression were considered too vulnerable and not suitable for the research, and thus were not approached.

- Once I, as the ANU researcher, had received the organisational referral, I contacted the participant via email or telephone to make arrangements for the interview, acknowledging that their participation was fully voluntary and that they could withdraw at any time during the process. The participant was also made aware that they had full anonymity and that the interview would be confidential.
- As the researcher, I confirmed with the referring organisation whether or not contact had been made with the participant and whether the interview had taken place. If there were concerns about the participant (e.g., possible underlying mental health condition), I contacted the referring organisation to discuss the appropriateness of the referral. I contacted one of the organisations regarding two referrals that did not proceed due to mental health concerns.
- Interviews took between 45 and 75 minutes. A participant consent form was signed by the participant prior to the interview. At the commencement of the interview, I (the ANU researcher) read out the consent form and sought verbal consent. Participants were also asked to acknowledge that they had read the participant information form and had understood what the interview process would entail.
- The K10 assessment was undertaken at the conclusion of the session to determine whether the interview had distressed the participant in anyway. I am a fully registered psychologist with the Australian Health Practitioner Regulatory Agency and a full member of the Australian Psychological Society.
- Within 24 hours, I contacted the participant to ensure there were no adverse effects from the interview.

8.1.2 Kessler Psychological Distress Scale 10

The K10 is a brief dimensional scale designed to measure and monitor trends of psychological distress (Kessler et al., 2003). Recently, the scale has been utilised by

general practitioners and clinicians to screen for common mental disorders and measure treatment outcomes (Sunderland et al., 2012), and it was previously used by the World Health Organization's World Mental Health Survey (Brooks et al., 2006). The K10 has also been used in several recent Australian studies looking at psychological distress (Baxter et al., 2021; Bozic et al., 2022; Rahman et al., 2020).

This measure of psychological distress is based on 10 questions about the person's levels of anxiety and depressive symptoms in the preceding four-week period. Responses are recorded on a five-point scale, and the score is the sum of the responses. Scores range from 10 to 50 and are categorised into three levels: low (10–15), moderate (16–21) and high (22–50) (Kilkkinen et al., 2007). **The results of the Kessler Scale are not included in this research** as they were merely used in a clinical manner to ensure participants were not emotionally impacted. All participants were given assurances that their results would be kept confidential. The results of the scale were discussed with each participant. This process received ANU ethical approval.

Semistructured interviews with staff and service users who had been involved in aggressive incidents were undertaken. Information from the ethnographic research and quantitative survey were used to inform the question set for the interviews (see Appendix X). The content focused on personal characteristics, situational topographies and environmental factors (as noted in chapters 3 & 4) as well as the participant's thoughts on management plans or preventative strategies that were, or could have been, instigated during or after the SUVA incident. It was anticipated that rich data would be obtained due to the flexibility of the interviewer and interviewee exchange, which allowed for a more nuanced and personalised understanding of SUVA. In this analysis, the comments provided by the participants formed the data used in the RTA. It is important to note that the participants' perceptions are valid, even if they may be inaccurate. There was no scope to further investigate any grievances that were aired during the interview process.

In total, 30 frontline public servants and 10 service users interviewed. These included 20 staff from Services Australia, 10 staff from DVA and five service users of each organisation. Due to COVID-19, some of the interviews were undertaken by either computer videoconferencing technology (Zoom or Microsoft Teams) or telephone; the rest were conducted face-to-face. All interviews were undertaken in a private location and

were audio recorded; handwritten notes were also taken. If a participant indicated that they did not wish to be recorded, it was to proceed with handwritten notes only, but no participants requested this.

Staff Interviews took place at Services Australia, DVA and Open Arms locations in metro, rural and remote regions. The K10 was administered after the interview, and participants were followed up after 24 hours (see Chapter 5). All audio recordings were transcribed, and the transcription notes were loaded into NVivo. An RTA analysis was undertaken following Braun and Clarke's (2021) TA process (see Figure 6.1).

This chapter presents the RTA of the interviews with both staff and service users. Section 8.1 presents results from Services Australia, looking at main themes as well as the subthemes that underly them. Section 8.2 does the same for DVA. The third section provides a comparative analysis between the Services Australia and DVA results.

8.2 Services Australia

Interviews were undertaken with 20 Services Australia frontline staff members (16 female and four male) and five Services Australia service users (two female and three male). All participants had been identified as having been involved in a SUVA incident. The staff participants had roles and locations across the Services Australia network. Due to confidentiality, their specific locations are not given.

Staff Locations

- six at metro Centrelink offices (Queensland, New South Wales and Victoria)
- two in the specialised behavioural management team (National Team)
- three at regional Centrelink offices (Northern Territory, Queensland and New South Wales)
- two at rural Centrelink offices (Northern Territory)
- two in the specialist health and allied health team (National Team)
- two social workers located at Centrelink offices (Western Australia)
- three Smart [call] centre staff, of whom one is a social worker (National Team).

The service user participants were recipients of the age pension, JobSeeker (the unemployment benefit) or Austudy (the main student living allowance). One was being managed by Personalised Services[26] due to behavioural issues. These participants were located in Queensland, New South Wales and Victoria.

All audio recordings were transcribed, and the transcription notes were loaded into NVivo. In this analysis, four main themes were developed: *trigger events*, *preventative factors*, *personal impacts of SUVA* and *differential organisational support*. The themes were identified both deductively, from participants' responses to the interview questions, and inductively, from information that the participants themselves voluntarily added to the conversations (see Table 8.1 and the full list Appendix XVI).

Table 8.1

Themes and Subthemes From Interviews with Services Australia Staff and Service Users

Main Themes	Subthemes
Trigger events	• Staff members' behaviour—No. 1 • Internal policy and procedures—No. 2 • Government legislation—No. 3
Preventative factors	• Violence and aggression training for workplace aggression—No. 1 • Reporting of SUVA within the organisation—No. 2 • What could be changed to try and prevent SUVA from occurring—No. 3
Personal impacts of SUVA	• Immediate personal impacts of SUVA—No. 1 • Ongoing personal issues from SUVA—No. 2 • Post-incident Support—No. 3
Differential Organisational support	• Line Manager Support—No. 1 • Organisational Silos—No. 2 • Poor Support—No. 3

[26] A specialised team in Services Australia who case-manage vulnerable or aggressive service users who are on restricted servicing arrangements under a Managed Service Plan.

8.2.1 Trigger Events (Main Theme)

The *trigger events* theme has a number of subthemes, highlighting the complex nature of SUVA. The most prominent were *staff members' behaviour*, *internal policy and processes* and *government legislation*).

The subtheme of how ***staff members' behaviour*** had contributed to a SUVA incident was mentioned by both staff and service users. Some service users commented on a staff member's attitude towards them using words such as 'apathy' and 'inhumane', while staff members commented on a lack of empathy towards the service user and reflected on the power differential in the relationship between the staff member and the service user. An example of problematic staff behaviour is given in the following comments by a staff member:

> *I think sometimes people get stuck in this mentality and they have no empathy. It is like they have been in a role for too long. They have no empathy for a customer's situation. Then all of a sudden, they are becoming the aggressor.*
>
> *I have seen staff turn it into a powerplay on a customer. Then the duress is activated, the customer is walking out, and I was like hang on, no. You did that.* (Participant 08)

A bureaucratic power imbalance between the staff member and the service user regarding social security payments is highlighted by this staff member:

> *If you're working in an area where you've got customer demographics are people that probably a lot of drugs, alcohol, a lot of income support customers coming in. With that you've got to tailor your communication a lot for them to understand the message you deliver. Sometimes I've seen where staff start quoting legislation and policy and start using words that it probably causes a trigger for them to then react because they're not understanding the words staff are using.* (Participant 09)

Some service users reflected on staff behaviour that left them feeling anxious and angry. In the following service user comment, a lack of follow-through, along with inconsistencies in work practices, has led to poor service outcomes:

> *She didn't ring back, she didn't ring me back on Thursday. She was off on her day off on Wednesday. I was actually quite stressed. Because I felt if she said she was going to ring me back. I felt it was very important and I was actually getting really stressed about it and anxious … about 10 minutes before she was leaving her job on Friday, she rang me back to give this bad news … I just said to her, I can't believe you've done this to me. And she said, oh what? I said I just found your behaviour quite unacceptable, and inhumane.* (Participant 34)

Confusion around complaints and the inability to speak with someone in authority to resolve an issue highlighted poor work practices, and a bureaucratic imbalance or a degree of apathy, that could lead to a SUVA incident:

> *She said, they're about the same thing. I said they're not about the same thing. The complaints … you need to read them because they're not about the cancellation of the pension, about another matter … I said, okay, look, we're not getting anywhere, can I speak to your supervisor? I don't have a supervisor. There's no one else you can speak to. If you don't like the decision, go to the Tribunal.* (Participant 33)

Internal policies and procedures were another subtheme. It is important to note that this refers to internal departmental policy and procedures that had been established by the organisation to deliver services in accordance with government legislative Acts. These internal rules may be adapted by the senior executive of the organisation, and often, various internal policies and procedures are developed. When SUVA arises due to internal policy and procedures, the organisation can adapt and change processes that may have caused unintended consequences. As this staff member highlights, these may include:

> *anything you put in place that makes something a little more complex for someone. It could be as simple as, at one point, we got rid of the need for people to provide their bank statements, for instance, as part of the claim process. We did that last year, then we brought it back. You notice that, I wouldn't say it resulted in aggression, but you can see the agitation in some people. Where do I get a bank statement from? Have to go to the bank, I don't have ID, I can't.* (Participant 07)

Services Australia has a focus on digital servicing as a priority for their service users; this is referred to as 'digital by design'. This strategy reduces the foot traffic in the Centrelink service centre, allowing more complex service user issues to be worked through in the face-to-face environment with staff members. The problem with this is the assumption that all service users are computer literate or, indeed, that the IT system supports the service user well enough to deal with their servicing needs. As the following staff member notes, one SUVA incident could have been avoided if staff had focused more on the individual, as opposed to following the standard process of moving individuals to the computers located in the front of the office:

> *The incident was that a gentleman had presented into the office, and he was ushered to do his business in the self-service area. The reason why this incident particularly has stuck in my mind is because automatically he felt brushed off. Automatically he felt like he was just pushed to the computer. He was aggressive. I wouldn't really say aggressive, he was more, it was anger. You could tell it was anger. He was getting angry with our system. He was trying to lodge a claim online, but due to his medical conditions with his fingers, his fingers were seizing up, it was timing out … He wanted an income statement, after all that. After all that, he just wanted an income statement. And it escalated to the point where he was threatening staff and staff's cars, and police were called. I definitely feel like staff don't know how to speak to mob. I definitely … Staff are scared.* (Participant 06)

Even this service user, who had previously worked in a senior role and had been working with IT systems, had issues with the internal polices nudging service users to online servicing:

> *Eventually they bang on and on and on about using their website to upload documents. But it is very difficult. I don't know if you've exposed yourself to the vagaries of it, but it's very difficult to upload material on the My Job site, or even on the iPhone app.* (Participant 32)

Government legislation reforms have changed the criteria by which individuals are eligible for particular Services Australia payments or services. The following comments

provided by staff highlight some of the issues that arise. This staff member explained various aspects of disability support pension eligibility:

> *We established that she'd only recently gone onto payments and she had been taken off a disability support pension because she'd been overseas. So, once she'd returned to Australia, she'd been placed back onto JobSeeker payments but not the disability support pension. So, she was required to report on a fortnightly basis but no one had gone through that process with her. And because she kept escalating and didn't really understand the process, she wasn't reporting so her money wasn't going in and she couldn't understand why.* (Participant 14)

Another staff member explained that private employment organisations can now suspend an individual's social security payment, and mentioned the misunderstandings this causes:

> *[A difficult situation] for me is when their payment is 'sus TCF', so suspended by their employment services provider, such as Sarina Russo or Tursa or MAX Employment, and they have no idea that it's been suspended. I guess being the demographic for F*******, a lot of the times they don't have a phone, they don't have access to email, so they've got no idea that their payment's suspended. And they come in to report and it's then up to us to be as nice as possible and say your payment's suspended, unable to report for you today, you need to go back to your job service provider.* (Participant 01)

8.2.2 Preventative Factors (Main Theme)

Preventative factors is a main theme that was prominent among the staff and service user comments, with some of the more prominent subthemes being *violence and aggression training*, *reporting SUVA* and a theme of reflecting on *what the individual could change to try and prevent SUVA from occurring* initially, rather preventing its recurrence.

Violence and aggression training is another subtheme. The following comments were made by staff in relation to the training they received:

> *Yes. Yes. We have … Now my memory's going to fail me. We have some very specific learning modules, I think they're self-paced, that frontline staff complete.*

> *They've improved. They've improved dramatically in the last few years. And then each year we also have a mandatory training around what to do during what we call code grey, code black scenarios where a customer may be aggressive in a service centre or on the phone and we need to take some proactive action. Some emergency action basically in terms of managing that. I think they're the two main areas of training.* (Participant 12)

Some concerns were raised, however, about the way the training is provided for staff and how effective it is in the long run:

> *No. that's right. It's not facilitated. It's extremely rare that we get facilitated now, which is [why] a lot of people don't absorb it. That's the way that I learn. So in order for me to absorb it, I actually have to take it home and read it over and over and over because it's a new way. I get it, it's all about time. I don't find it effective and most people don't absorb it. And people don't take it home to absorb it. They just go, well if I come across that I'll read up on it …* (Participant 11)

> *Kind of is tick and flick, really, yes. Like every month you'll get an email saying, got to complete this, you got to complete that. And yes, you're just scrolling through reading and then you log off, and it's considered as completed. (Participant 06)*

Aggression training appears to be standardised nationally, irrespective of where the frontline staff member is located:

> *Because you are in a remote location, is your customer aggression training different to what colleagues of yours in a metro site might receive? No, it is all the same. We all have customer aggression and de-escalation techniques. So, yes, we have all the same. I think the only real thing that we get any extra training in I guess isn't quite customer aggression but it helps you. We have Indigenous cultural awareness training. (Participant 08)*

Aggression training for team leaders and managers appears to be substantially different to the online format used to train APS Level 4 frontline staff, who are the predominant type of staff in the call centres and Centrelink front offices:

I got a lot out of the training for aggression I got as a team leader because it was a guy who used to be a hostage negotiator. He was an outsource person and it was a two-day thing. I thought this was absolutely brilliant. He got in four actors. He paid four actors and they were given a script of how they respond. We didn't know what they were going to say or what they were going to do, but we got to sit with all of them. We had a go with each of them. They all had a different scenario that they were putting across. That was fantastic because then he filmed it, he told us he was filming it. We came back and we got to unpack it. In that, we were talking about wording and body language, and how you present. Down to the simple things like if somebody is opening their heart to you and you are sitting there like that it's not going to help. (Participant 15)

Reporting of SUVA within the organisation enables data to be recorded and used to allocate SUVA reduction resources to business areas across the department and to design appropriate violence and aggression training programs. The following staff comments are about the way SUVA is reported in the organisation:

Yes, normally leadership will write it up in CIMS because they'll be the ones that have the access to write it. Normally what I will do is I'll write, for instance if I was involved in the incident, I'll write my story of what I witnessed and what I had that conversation with the customer about. I'll usually get the staff member or anyone else that was involved, staff member, security guard, to write up a little bit of a sentence as well, what happened with them. So, we can kind of put them all together and then put them all in that one CIMS incident, basically. Kind of, yes, everyone writes your own opinion not talking about it to somebody else and get them to write it. So at least it's your own version of [the] event, in a sense. (Participant 02)

There was acknowledgement that CIMS could be used as part of the management of SUVA in both a reactive and a proactive manner. This was noted by the following staff member:

If somebody we know comes in and they've been drinking and we go, come on, Johnny, you've got to leave, and he goes, no, F you, I hate your f'ing guts, and it's

> *really nothing, it's called a low CIMS. But we'll put it up. We don't escalate it. We just do a CIMS. Then that also helps our security team identify, do we need security guards in there? How many incidents do we have per month, what would happen if we didn't have a security guard there that day, between low, moderate and serious? The reason you would do that is then next time Johnny might say, F you, and hit a chair. And then the next time Johnny might actually hit somebody else, and you can see the escalations of a CIMS of somebody. That's the importance of doing these CIMS. And I quite often used to say, we didn't have CIMS before, I can't remember how we used to do it. But if you don't report something happening, no matter how minor it is, they're going to just think your office is cruisey with no violence, no abuse, and you don't need security guards. In one minute, your guard's going to be taken away. So, it just also shows the security team in Canberra that it's relevant that they're here. They're here for a purpose and they do a good job.* (Participant 13)

However, staff participants also mentioned an ongoing issue of staff not reporting SUVA incidents. The following comment considers this from both an operational and a personal perspective:

> *When she was exacerbating, the front-of-house office manager asked me to go into the tearoom just to get out of her firing line. I went in there, and she left without incident. Had the manager and people checking to see if I was all right. I was fine. That was that, pretty much. I don't think the incident was recorded because she didn't actually threaten anything. Or maybe it was. I can't remember if it was or not. And then our office manager just requested I don't serve her again, which I haven't, just because she was just making a few threats against me.* (Participant 20)

The **Personalised Services Team** is a specialised case management team within Services Australia. They manage vulnerable or aggressive service users currently on restricted servicing arrangements under Managed Service Plans. Service users have one case manager, who may be their only contact when engaging with the agency. A Personalised Services Team staff member commented:

It's case management. We have to continue to manage that same person in Personalised Services. So, they're all AP6s [and] at the APS6 level it's very rare that a call gets escalated to a support manager … we have Service social workers come and deliver things like trauma-informed care, strength-based care. There are other ones as well … a lot of them are about different ways and strategies to deal with a customer for customer outcomes … So, how to manage customer aggression, not how to cope with customer aggression …But definitely strategies to manage customer aggression. (Participant 03)

A service user case-managed by Personalised Services commented:

*Personalised Service I think is a good thing. I don't know how I got on it. I assume it's from being aggressive, and I don't believe I can get off it at this point … I think it's good, because basically what they've done is, got their senior staff, who are good at their job, and said, right, you deal with all the problem customers, and then they're able to calm you down, so it's a good thing … I think I was angry at the time about being put on Personalised Services, but now, when I look back on it, it's actually a godsend, to be honest. It's a better way of having it. I appreciate J***** and having one point of contact. I can ring up and just as soon as I tell them my CRN, they go, okay, hang on, we'll see if J***** is available, and put me through. If she's not available, she'll call me back, and she's actually quite nice, to be fair to her. She's lovely. She's been quite helpful, but I've had some mental health issues the last couple of years, and probably taken it out on her. I've lost my temper about these stupid things that they won't do …'* (Participant 35)

A Personalised Services Team staff member commented:

The reactive ones are the ones that will come through where they've had those aggressive moments. It could be one incident in the office, and it could be a high-risk rating of severity. Some, it could be a number of incidents in a short period of time. The aggressive behaviour, throwing the furniture, yelling at staff. the proactive side of things is where it's more a direct referral. It could be like a social worker has picked up potentially that the customer may need a bit more intensive management, because they've had a high number of crisis claims for domestic

violence. We were getting a lot through from the smart centre, our call centre, in regard to the ones that were calling all the time for urgent payment. (Participant 19)

What could be changed to try and prevent SUVA from happening is a subtheme derived from a question posed to both staff and service users. Participants reflected on behavioural and servicing issues that could be changed to try to prevent a SUVA incident. One staff member recommended being firmer with boundaries:

I would have had stronger boundaries, so I would have pushed back. When staff came and said, oh, she's here, she wants to speak to you, I would have said, unfortunately, I'm not available at the moment, so I wasn't seeing her on her terms. (Participant 20)

A service user asked for accountability and consistency from the staff:

I saw several different people on different occasions. And I went into the office. I mean I was going into the office on such an often basis that I could have taken in morning tea and gone in for morning tea. I went in so many times with all my paperwork and stuff like that. I think what they should do is be accountable also. It's on the system that I had seen X, Y, Z people. I had supplied everything as requested … there must be some accountability for errors. You hear all these stories. For god's sake, these poor people that committed suicide when they got all these debts from Centrelink. And I just think, you've got to be accountable. (Participant 34)

A staff member recommended a refocus on how the agency engages their service users:

I think we still have that lens around behaviour. Instead of thinking about it and formulating from a way of, okay well, how can we support this person? Why is this person doing this? And actually, how can we support this person? She has these medical conditions. She has epilepsy. How about we look at this from a positive point of view in how we can support her. And perhaps if we spend a bit of time. Fair enough, maybe it's best if she contacts us on the phone. That might be the better

> *way and the much more supportive way for her to access services so that she's not coming in and feeling kind of overwhelmed by this situation. But let's look at it from a more positive point of view. A more supportive point of view. As opposed to that critical and punitive perspective, which I think we're still [using].* (Participant 12)

Another staff member said that known aggressive or violent service users could be better managed if the interview environment were controlled through IT warning indicators that would select the SIM desk for previously problematic service users. This would prevent the service user being taken back to the staff member's interview desk where the level of risk of SUVA may be higher:

> *This one's easy for me. So, when you book someone in at the front, the front counter, front of house, if they've already got an indicator on there that they've had previous aggressive or bad behaviour, that indicator's on there, you have a CIMs on it, okay. So, you put an additional tile so you know that they have to be picked up at SIMs. So, what happened in F*********, I'm not sure if you heard about it, but it's quite fast paced, if you're not looking at those tiles quickly, you could inadvertently pick up a customer with a CIMS and bring them back to your desk. And that is what happened. And one of my colleagues was serving a customer and he was attached to the public trustee. The service officer called the public trustee, try and get some money for him. Unable to. Public trustee wouldn't give him any more money. But because it was us giving him the news of not getting any money, he got up and spat in the service officer's face. I just think if there was something at check in where it's linked to the [SIM] desks so the service officer is physically unable to accept the customer, it can only be picked up [at SIMs], it would've avoided the whole situation.* (Participant 01)

8.2.3 Personal Impacts of SUVA (Main Theme)

Personal impacts of SUVA is a main theme. It consists of several subthemes, with the most prominent being *immediate personal impacts*, *ongoing personal impacts* and *post-incident support*. It was apparent that SUVA impacts both the staff member and the

service user emotionally and has an ongoing impact on some service users' willingness to engage with services and on staff's ongoing mental health and fear for wellbeing. The following comments from service users show the immediate impacts on them after a SUVA incident, with some reflecting that bureaucratic power was used against them:

> *Yes, very stressed out, distressed. Yes. So, it was like going on a power trip. It feels like unjust. I don't know, it did distress me quite a bit for a few days or a while after this … I felt very powerless because I've been going into Centrelink, so I wasn't in a good financial position, situation at the time. And I'd just got this guy just power tripping. It felt like the people in the positions of authority were abusing the power [and that] bothered me quite a bit. (Participant 33)*

> *I cry. I cry on the phone and after the phone call, I vomited. I was physically ill. I'm not a real … I'm starting to cry now. I'm not a real emotional person, but this is like I'm doing everything I can … I'm a problem solver, that's my personality. When I was working, that's what I did. I solved problems. So, to think that I'm unable to do it is just so frustrating for me. I feel like standing in a Centrelink office and screaming and saying listen to me. You've formed an opinion that I'm old. That I don't know what I'm talking about. That you have all the knowledge, so, therefore, you're right. When, in effect, just listen, and then try and solve the problem. (Participant 31)*

> *The exercise of power over you, is naked. Absolutely naked. And saying, they know that you don't do what they want, they won't give you what you want. And there's nothing you can do about it … I was furious at the treatment. And the woman concerned, I wound up saying to her, I beg you don't take my pension off me. She was sneering back at me, and the power. I was sitting in the car and driving home. And the wife was just an emotional wreck, saying what are we going to do if they take your pension off you … (Participant 32)*

> *And I didn't have a postal address, and this guy cut me off. They cut off my dole, and I had no money for a fortnight. Went without food and was furious, and I was yelling and screaming at everybody. I eventually got through to somebody. I think I got through to complaints department and lodged a complaint, and got him*

removed as my case manager, because they agreed that he had no right to cut off my dole, but I was livid. Yes, and I was screaming blue murder. I was making threats to him and his family and everybody else under the sun. And I was furious. I was absolutely furious. I was screaming and in tears and having a mental breakdown. I was having a mental breakdown at the time anyway, due to other things that were going on in my life. That did not help. I kept saying to him, you're not helping me. I'm a mentally ill homeless person. I'm desperately struggling to survive right now. I need some help and you're the only government organisation that can do that, and you're making my life worse. (Participant 35)

For the staff member, a SUVA incident also takes an emotional toll, as noted by the following comments:

I was quite distressed across that weekend because of that incident, which then impacted personal rec. leave time that I had had in place … Yes, I think I definitely went into fight or flight. I could feel that in myself. And I think I probably went into the more freeze component of that primal response … I felt a bit disconnected. When I contacted my colleague, I was very, I was physically distressed. I was crying, I was struggling trying to articulate what was going on. (Participant 05)

And it happened within seconds. Seconds. Up, he'd gone, like, there was no time. No time for address, no time for Police, it was just over within seconds. Yes, I'm a bit of a toughie. But that one, yes, that one shook me up for a bit, shaking for a couple of hours. I don't know why.

Just even when the next day we watched the CCTV footage of it, yes, I shook for a while after watching it. It was really quite disturbing. (Participant 13)

I hang up and I burst into tears. It was like a Jack Russell … So had to go and take a 10-minute break after that and do the cleansing and the, hoo, not your problem, it's his. So that's how that went. I felt intimidated, I felt threatened. I felt belittled. That's an often occurrence here. But apart from that, you just can't hang on to them. You just have to go, yes I was verbally abused, and yes I was disrespected

and intimidated, and you just have to get past it. You just have to push it to the back or just move on really. (Participant 11)

Ongoing personal issues from SUVA is a subtheme that has been reported across all phases of this research. These personal issues are often psychological and create an atmosphere of fear and concern if engagement is required in the future. For some staff, the impacts last for years past the SUVA event, as noted in the following comments from staff. The following staff member reflected on the call centre environment:

The call centre staff had the highest attrition and highest unpaid leave in the agency because they're dealing with customer after customer. They are expected to not keep the customer, there's that average handle time that's quite minimal. Not a lot of time for debrief, not a lot of time to just go away when you've had a bad customer or an aggressive customer and chill. It's call after call after call, and that does impact upon their health, and you can clearly see that's what's happening. (Participant 10)

The following comments came from staff members from the metro face-to-face environment:

He was very quick to anger, so maybe it was that, that he had shocked me. Do you know what I mean? And so there was some kind of chemical thing that happened in my brain with him just like, bang, on the table and then just from zero to 100.

And he was saying he was going to go and get a machete, and this was in the service centre obviously and he was going to go and get a machete. He had his kids in his car and that was another level. I thought, God, this guy's going to get in the car with such rage and he's going to drive with the kids in the car … We did have a code grey and my boss was calling it, and I had to be pulled from the chair because I was like a stunned mullet. So, for maybe two and a half years after it … almost every time there was an incident of customer aggression I felt like I was going to pass out. I went and saw my doctor about it and he thought that I had post-traumatic stress disorder so I see a different doctor now … they diagnosed me

with anxiety-induced seizure. So, I've had three of them. But that clearly all relates back to that one incident. (Participant 03)

*I'll be perfectly honest, I was asked to come to S******* for a week. I was here for a day and a half and, I don't know, I don't want to get all soppy, but I didn't realise how much working at F******* had really affected me. I came here and after a day and a half I realised I can actually just breathe and do my work. And have a bit of downtime in between customers, instead of bang, bang, bang, aggression, I've got no money, I want a payment, I need this, I want that. So now I'm here for three months, because the manager here, A*****, said you know, R***, I think it's time you need to be a little bit more selfish with your own mental health. I'm a single dad, I have two boys, week on, week off, and she said you need to be a bit more selfish. Because I asked if I could stay there and she said, yes. Well, she put the wheels in motion and M***y approved it by the Friday that I can stay for three months and look at it after that. So, I guess the word burnout comes to mind. I've had enough. I've had enough of F*******. I've never slept so well that I have in the last two weeks. I really couldn't put my finger on it. I thought, oh my god, I've slept right through. I've slept right through again. And, yes, I don't know if there's other outside issues in my life or anything like that, but I just feel like I could finally breathe when I come to work. (Participant 01)*

The following comment came from a staff member from a remote environment:

Here, you are Centrelink staff all the time. Everyone knows who you are. So, we generally don't go out to the pubs or anywhere else, especially if you have annoyed someone. I won't go out to the pub when people ask me about their claim or their next payment. You can't really get away from it. Being the youngest one they say they can't walk to their friend's house or they can't go to the park because you're just not sure anymore. You have got to know where they are all the time. I have a line of sight of them just in case. It's not very nice. (Participant 10)

The ongoing impacts for ***service users*** had been both financial and psychological, with an ongoing fear or reluctance to engage with the agency:

> *My wife resigned [stopped receiving benefits] from Centrelink a couple of months ago. She just couldn't take it anymore. So who do you complain to? They don't give a fuck. [They've] got the money and if you want it, you will do what they want. And if you don't do what they want, you will pay the penalty. And the penalty, is you are complete ad infinitum. They bang on about it continuously. And if you do not do what they want, they will take your money off you. But there's just, but general reluctance to having anything to do with them. They are just not there to help you. They are fucking there to punish you. So how it's affected me? That's what I think about Centrelink. You're always going to have that tension. But to be fearful of going there. (Participant 32)*

> *it's been nearly a year since that whole thing happened. I can't go into a Centrelink office. I can't go by it, I start getting, what's the word, anxious when I go near it or go past it. And so that sort of made it a little bit awkward for me. (Participant 34)*

> *It's broken me. It's been one of the biggest, and I've told them this multiple times, say, you are negatively impacting my mental health. I'm already a depressed mentally ill homeless man, during a pandemic, and you, Centrelink, are negatively affecting my mental health, and you shouldn't do it. You can't do it. You've got to stop. I'm begging you to stop. It's just wrong what they're doing. Please, for the love of God, just stop. Just help me.*

> *They have seriously negatively affected my mental health, in a time when it was already bad, and I've pointed this out to them multiple times, and they don't seem to give a shit. They say, oh, we can't help you. Just go and see your local MP. (Participant 35)*

Post-incident support is an important subtheme. Comments reflected on how staff are supported after a SUVA incident and how support can be a factor in reducing the ongoing impacts, as noted previously:

> *Once that formal stuff was done, the rest of the leadership team just went around and checked on all the other staff members. We did have a couple of staff members that were extremely upset and a little bit shaken by the incident. We gave them*

time-out. So, they were out the back. They chatted to the leadership team and the social workers that were all onsite. When they were ready, we offered if they wanted to go home, totally could, or if they didn't want to work face to face they could just do some processing. The three people that were a bit upset about it, they wanted to stay but they did processing for the rest of the day which is totally fine. We just checked in with them throughout the day. (Participant 17)

What we do in that incident, when it's reasonably significant like that, we would provide a follow-up email. We probably wouldn't go into too much detail around his particular circumstance, just to protect his privacy. We would talk generally about, he came in to complete some business. He then became aggressive, did X, Y, Z. Code grey was called to protect staff and customer safety, then just the process we followed. We had EAP after that, and just encouraging people if they're still impacted or continue to be impacted, that this is the supports that are available to you. (Participant 07)

Participants also mentioned post-incident support from colleagues in particular locations and frustrations with the support process itself:

*Everything looks very good on paper. So yes there's a form you fill out. Yes, there's the EAP that you can go to for counselling. Yes, there's debriefing with your supervisor. But in reality you leave feeling more frustrated than if you just go home and deal with it yourself. So I've actually found that I just don't do anything. I don't report it. I don't debrief. I don't talk to my supervisor. I'll have a talk with a colleague and we'll go wow that was hairy, holy shit. And she'll say, geez J**** I don't know how you do it. And you go wow someone recognised it.* (Participant 04)

The team members, the peers, they are extremely supportive. Extremely. A colleague will come to you hours before a team leader. Most team leaders won't even come up to you. They're like oh yes, whatever. So in that incident, and I never cry, I think I've cried twice here, and the colleagues around me were like oh my God. Because they were going hang up on him, hang up on him. And like I immediately go but I might be able to talk him around so that the next person doesn't get abused. And they're like, no, just hang up, hang up. And I suppose in

> *that way I'm showing a bit of stubbornness, but I just … Anyway, I just wanted to talk him around so the next person didn't have to get abused. And so, when I hang up everyone was like finally. And then I just burst into tears, went to the toilet and I had three peers come in and go, are you okay?* (Participant 11)

8.2.4 Differential Organisation Support (Main Theme)

The main theme *differential organisational support* covers the staff members' thoughts on the organisational support they receive in relation to SUVA. Its subthemes involve what staff believe constitutes good or poor support as well as what changes they believe the organisation might be able to implement to make work life better for staff and lead to a reduction in SUVA. ***Good support*** is a subtheme focusing on what makes it easier to cope with SUVA, in terms of the internal policies that are followed during and after a SUVA incident. Although *line manager* is a subtheme due to positive and negative issues raised about the line manager's role, the theme of good support tends to focus on the role and support of the staff member's team leader and colleagues. The following comments from staff illustrate the positive effects of such support:

> *We're all toward de-escalation techniques. And if we can't de-escalate, because there's raised voices nine times out of ten, leadership are always there behind you ready to take over.* (Participant 01)

> *I do think as well any threat of violence, obviously, that is not going to be tolerated by the agency. I do think the staff safety is important and paramount for the agency. We do have really clear guidelines on, for example, what is code grey, what is code black and what we do in those incidences.* (Participant 17)

> *So, I've personally always felt really supported by my leadership team around me. Because I think they know the type of person I am and how I deal with things. So, they know when I need help and when I don't.* (Participant 14)

Comments about ***poor support*** in Services Australia involved both how the service user is treated after a SUVA incident and how much support the staff member believes they have been given by the organisation. This has an emotional impact on the staff, which is reflected in the following:

So, it will be really great to have an external input to make some changes. The agency goes towards one way and then we have different leadership and it changes all the time. It is the same shit, it is just a different name. (Participant 08)

But basically, it got escalated as far as national, and they said, look, unfortunately we can't do something about that record. Sorry that you had that experience, that's really awful. And it felt a bit, I need a stronger word than dissatisfying, but I felt very let down by that whole process. (Participant 05)

I think it's reiterated my distrust with management. So it's kept that nice and healthy, unfortunately, because I'm here doing the hard yards, taking one for the team without the follow-up. So we're not only dealing with the verbal from the customers on the phone, we're having to deal with the aggression, intimidation, and bullying from local management. (Participant 11)

in reality you leave feeling more frustrated than if you just go home and deal with it yourself. So I've actually found that I just don't do anything. I don't report it. I don't debrief. I don't talk to my supervisor. (Participant 04)

Organisational Silos is a sub theme that highlights where organisations operate independently of one another and avoid sharing information. In the case of SUVA this may be across government, NGO and private sector organisations that may be providing support to a service user who is aggressive. Frontline staff dicuss how silos may lead to SUVA incidents:

It's hard when you're so keen to get it right but we can certainly do more. And working with other agencies and ways to get rid of those silly silos that we work in is just so important. It would make such a big different to the customers that we have, that we're here to serve who really do just have nothing. (Participant 03)

No, in most situations, no. With regards to the DVA, I have never experienced the DVA or even the prison system contacting us to let us know that potentially there could be a threat. Thinking about your question, when we put that CIMS on the record and did our internal processing, we haven't contacted them either. There isn't a process for us to contact, for example, the DVA or the prison system to make

them aware. The only organisation that we have done that with is with job providers. We are relatively close to job providers. (Participant 17)

8.2.5 Staff member location & Restorative Justice

Role and location were discussed with respect to SUVA and if staff may have concern for their wellbeing. The following comments came from staff who had worked in more than one frontline role.

The following staff member was able to compare the way they dealt with SUVA in the call centre environment and in the face-to-face environment:

And I've come from a call centre background. I worked in the call centre for 12 years there's a disconnect when you're on the phone, there is a big disconnect between you and the customer. And I remember her saying to me, wipe that smirk off your face. And I went, oh my goodness. I forgot that people can actually see my face now because I'm used to having that disconnect where you're on the phone, you can do what you like. You can mute, they can't see you, they can't see you rolling your eyes. So, it took me a little bit to go, hang on a second, they can actually see me now. I think it's just something I developed because in the call centre I worked as a support officer. So, a lot of the times I'd take supervisor calls. So, I learned to deal with those aggressive conversations, not so much the aggression in front of you but over the phone. So, I learned to be able to disengage from them. But having that skill to actually be able to turn off that emotion is a lot easier in the call centre than it is face to face. Because, again, within the first couple of days, having someone come to you and tell you about a domestic violence situation where they're in tears in front of you is very different to having them talk to you over the phone. Because over the phone you can sort of imagine them as not a real person. (Participant 14)

Metro

*But you get someone from S********** that's never worked at F******* and they go there for one day and say, oh my god, I don't ever want to go back there. So, I think they're not really prepared for that customer cohort and how many we get*

*each day to warrant having two full-time security guards there. So, I guess for the regular stuff, we're all over it. But I think if F******** is short and we pull someone from another office that's new to the department or hasn't moved around a bit and hasn't worked there, it's a bit of a shock.* (Participant 01)

Remote

*My role in this I was a team leader at the A********** service centre. In such a busy environment like a service centre, there is not always time. There are not always people available. We are quite remote so we don't have the option of having EAP come and see us face to face. Come and have a debrief session or get immediately involved. That is one of the things that is on the post-incident process that is supposed to happen, but because we are remote, we don't have that. So, is it supposed to happen? Yes. Does it always happen? No. Would it help? Yes. Yes, we can often try and book an EAP session or a phone session and we can't get one for it might be three or four days and that doesn't help a person now that has just experienced a serious customer aggression incident that needs help now.* (Participant 08)

I came back in with the legal services interpreter thinking that that was going to change something because he was still not allowed in. So, that exploded. Once that exploded, he went right off the rails and threatened to kill me and left the office. In the next couple of weeks, he approached my children outside the office. He has approached me outside the office. He pulled up one of my staff members in IGA to tell her that he was going to kill me. My children I think were 13 and 24 at the time. Walking out of the shop, he grabbed my 13 year old's hand and said, you're going to die.

So, this became extremely extreme. So, we had to get restraining orders in place. It is a lengthy and stressful process, but the department provided the lawyers. The lawyers had a restraining order in place for me and my 13 year old daughter excluding the oldest one because she's an adult. (Participant 10)

Regional community

I think if you don't live in the area you work, it's a lot easier. Because the chances of you running into them on a weekend or something are very slim. But, say, at lunch time, we often run into people that you've had conversations with and that. Sometimes they'll do the whole, that I'm watching you. One guy down at Woolies, he yelled out to me, saying, you can get effed. Blah, blah, blah, I know where you live, whatever. All that sort of stuff. But it's not as much now. Because the majority of the aggressive customers that we have here are now on managed service plans. So the majority know what they need to do. Whereas before, when they were just getting away with it, coming in and causing grief. (Participant 16)

As Mayhew and Chappell (2003) noted, out-servicing or offsite workers are at increased risk because they regularly work in less structured environments, deal with more unpredictable events, assist previously unknown members of the public, and sometimes carry out their job tasks in quite remote places. Staff contributed the following comments regarding their safety when undertaking work away from the office environment.

Out-servicing, metro area:

Generally, the community organisations they go they there to help, so it's not about completing enquires for that customer while they're there. It's more about teaching them how to use the service, especially your digital, increasing that knowledge in the community. They don't really go out to an organisation where they're going to go process a med cert or something like that. It's more about if someone needs tailored servicing, and they want to enquire about their rejection or their payment, it's probably something they'll do over the phone or redirect them to a service centre. You don't want to be assessing people's payments or medical certificates out in a community organisation. (Participant 09)

Out-servicing, regional area:

Working out in the community. There's a special training as well for that. But the thing is, when you're out in the community and an incident happens, you would

then contact your line manager … they would then send a message to the site managers of that area as well. To say that there might've been an incident or to be aware that something's occurred. Because you don't know if they're then going to go into the site. But you don't carry an alarm or anything like that when you're out in the community, which makes it hard. You rely on the community agency to have things in place. If an incident was to occur, well, you're basically, you have to deal with that yourself and hopefully get some support from whoever's running the community agency. And then you would then either obviously call the police or your line manager. So it's a bit, it's a little bit different. I was at one stage a community engagement officer and I got spat on by a customer. So it can be very intimidating, especially when you're there on your own … (Participant 16)

Out-servicing, remote area:

*We come from the remote servicing teams. We pull up into a community or into an office space or wherever we're setting up. As soon as we walk in there we have to consider where are the tables and chairs? Where are the customers coming in? Where are our escape routes? So, it has always been safety, safety all the time. We didn't have a lot of customer aggression that I can really remember. I know when I got to the Kimberley, we did have an incident that sent us all into a bit of a lockdown. That was okay because we had it set up so that we had the desk there, the customer was there and the door was there for us. So, we just locked ourselves in [behind] the door. Just too easy. We don't have a lot. Usually, if it's a little bit of trouble, we just shut it down again. We have had the community shut us down because of behaviour in the community if they were worried and if they think anything is going to happen. So, they want Centrelink services out there and they know that if we are in danger then we will leave. So, we didn't really have that much trouble … Yes, there was one place that we used to go. In C***** actually, when I went into the Indigenous Servicing Officer space I put up to management to no longer send females, don't send female staff to C*****. The accommodation that we all had there, the toilets and bathrooms were outside of the rooms. It's a place full of undesirable people.*

> *People that have been known to be violent. They have had to fly nurses and staff out of C***** because the men were trying to get to them and things like that. Without anything happening, walking into that accommodation, looking around, going, okay. I had my trip leader who was saying if you're going to get up in the middle of the night to go to the toilet, ring me and I'll walk you there.* (Participant 10)

Comments regarding staff member and service user willingness to take part in a ***restorative justice*** process after SUVA were mixed. Some suggested that it would be a valuable process for both the service user and the staff member:

> *I absolutely think that there's times where there would be value to humanising Centrelink the agency by doing that kind of process, with particularly some of our more highly aggressive customers. Like just really putting that in context for them, this is a human being that you've done this to, who has to go home to children, family, life, whatever. But I think my immediate response was, the agency would never do that, because that's not consistent with my experience of how the agency views its staff … I would see value in it, but my god, would the culture need to shift for that to be seen to have value. And then I'd probably love working for the agency, because it would be such a lovely culture to work in.* (Participant 05)

> *You can see that there's often some customers who are completely unaware of the impact that their behaviour has had on not just the staff member that their aggression was directed at, but to other people in the office. And to other customers sitting in the waiting room. And once that conversation is had with them, they're really remorseful. Yes, you can see that it's really quite powerful to have that conversation with some people. Yes, I certainly think that there can be grounds for that to be a beneficial process. And vice versa. If you have a service officer who's perhaps being just harsh and unsympathetic to a person's situation. If that was explained to them, I'm sure that they would take a different approach to that. (Participant 12)*

There were some staff who believed RJ would be a valuable process for some of their colleagues:

Yes, I think it would be beneficial for both sides. I think it would then make the customer feel like they're being heard. And I think it would definitely be a good idea for the service officer to, you know. They might not like what they're going to hear, but that's when you grow, isn't it, when you're most uncomfortable. That's what I've learnt in the last year. (Participant 06)

Others, however, believed RJ would not be beneficial, as the following comments illustrate.

Here a staff member reflects on mental health issues as an impediment to participating:

I don't know, I'm sort of thinking about the types of customers that we would have and the types of aggressive incidents. I don't know that it would actually be suitable for the majority of our customers. I find as well, depending on the customer and the reasoning behind why they're becoming aggressive, a lot of the time at the end of my interactions with these people, now, not always, but a lot of the time I will actually have them say to me, thank you so much and I'm sorry about the way I acted. I just don't know that it would work with a lot of our types of customers. Especially when you're talking about the mental health aspect and the substance abuse customers, do 'they' really care, I guess, is the issue. (Participant 14)

While Service users believe it is more of an organisational issue rather than individual staff members:

No. Because I don't think anyone … I don't think they would allow you to do it. They wouldn't want to … You know what I think, I think that when you're talking to someone on the phone, it's not their real name. If the person is receptive to it. But it hasn't been my … I just haven't felt that they're actually receptive to any. And as I said to you, I know they're overworked. I know. I actually understand that, but it doesn't help me. (Participant 31)

Yes, and no. To be honest, I don't think so. I think, because you don't know the person really, and nine times out of 10 you never speak to the same person twice,

> *unless in my situation, where you've got a personalised case manager. That's a big issue, you never speak to the same person twice. And I think, from my point of view, if that were to happen, I think I would find it to be quite empty, and I wouldn't put much in what the person would say, if they're being forced by their employer to listen to my grievances and how I felt. I don't think they're really going to care how I feel. At the end of the day, I don't think it will make any difference. (Participant 35)*

Although not primary themes, the following were **subthemes of particular interest** to Services Australia staff with regard to their impact on SUVA. COVID-19 appeared to have had a positive impact due to a number of short-term policies the federal government put in place, such as JobSeeker. The strategic use of security guards in possible hot spots was viewed favourably by staff. **Security guards** were introduced as a measure to reduce the amount of SUVA that takes place within Centrelink sites. Some sites, particularly busy sites that experience higher levels of aggression, will have two officers. The security officers are provided by two nationwide security firms. They are not part of the APS staffing profile, yet it is essential for them to be integrated into the work of the office. Comments made by staff reflected the strengths and weaknesses of the onsite security officer support:

> *We have the use of a security guard. Some sites have two security guards, most have one security guard. We definitely found that with the introduction of security guards a few years ago that it is a bit more of a deterrent for customer aggression.* (Participant 17)

> *I was very nervous and hesitant when I first got moved to my office but working there, especially for instance our guards. Our guards are absolutely fantastic at our office. The same two guards have been working there the whole time that I've been at that office which is incredible. (Participant 02)*

COVID-19 impacts on SUVA is a contemporary subtheme. One might expect COVID-19 to have caused aggression due to its effects on service users' mental health and the need to adhere to social distancing rules and federal government requirements; however, the staff who made the following comments believed the opposite was the case

due to the JobSeeker coronavirus supplement and the reduction of service user numbers within the Centrelink site:

> *To be honest, we've probably had less aggression. You're screening the customer at the front door before they enter. They've got to check-in [with] the guys at the front door. If we've identified someone who could possibly be a customer [with whom] a customer aggression incident could occur, the guards have flagged it with the team leaders that this guy is a bit edgy. If we book him in, we're getting him seen as quickly as possible, so that we don't keep him in the service centre. Get the business completed, let's get him out of the office. But because of the controlled entry stuff and we've got less customers in the office, they're getting seen a lot quicker. We've seen a reduction in aggression. (Participant 09)*

> *Now with COVID we've had quite a few suicidal customers, more so than we've had in the past. Less aggression because there's less customers, less people to perform to, and it's worked quite well. But it was very much directly related to payment. When the government increased, and pretty much doubled everyone's payment, we were getting cupcakes. People were writing in chalk we love you Centrelink, it did fare very well. Now that we've suddenly restricted those payments, bang. We've seen [this] in the MSPs. I used to get three a week [but] now I've got about seven I have to review a week, that's just gone up again.* (Participant 18)

However, not all staff felt that the changes brought in by COVID-19 had decreased the level of aggression:

> *The last couple of weeks people that have become more irate have been because they have been trying to do things online or they have been trying to contact the call centre. Due to higher waiting because of COVID and because of our current lockdown, they can't get through to anyone. So, then they feel really frustrated because they waited an hour and then the phone has dropped out. Then they come into a service centre to be told that we are doing restricted servicing at the moment due to the lockdown. That can make them feel quite frustrated and quite helpless and quite angry with the system because of that.* (Participant 17)

8.3 DVA

Interviews were conducted with 10 DVA frontline staff members (eight female and two male) and with five service users (one female and four male), of whom four were veterans and one was a family member. All participants had been identified as having been involved in a SUVA incident (except for the family member, who was a witness). Staff worked in roles and locations across the DVA network. Due to confidentiality, their specific locations are not given here.

Staff locations:

- Queensland, New South Wales and Victoria.

Staff roles:

- five delegates
- one review officer
- one client service manager
- one who handled general enquiries
- one team leader
- one who performed information access processing.

The service users were located in regional and metro areas. All four veterans have been involved in either peacekeeping or combat as part of operations in the Solomon Islands, East Timor, Iraq and Afghanistan. The family member was the spouse of a veteran.

In the analysis, four main themes were developed: *trigger events*, *preventative factors*, *personal impacts of SUVA* and *differential organisational support*. The themes were identified both deductively, from participants' responses to the interview questions, and inductively, from information that the participants themselves voluntarily added to the conversations (see Table 8.2 and the full list in Appendix XVII).

Table 8.2

Themes and Subthemes From Interviews With DVA Staff and Service Users

Main Themes	Subthemes
Trigger events	• Government legislation—No. 1 • Internal policy and procedures—No. 2 • Finance issues—No. 3
Preventative factors	• Internal risk mitigation strategies—No. 1 • Proactive approach to decreasing SUVA—No. 2 • Violence and aggression training for workplace aggression—No. 3
Personal impacts of SUVA	• Ongoing personal issues from SUVA—No. 1 • Immediate personal impacts of SUVA—No. 2 • Case load KPIs* and time constraints v. serving service users—No. 3
Differential organisational support	• Line manager support—No. 1 • Organisational silos—No. 2 • Poor support—No. 3

* Key Performance Indicators

8.3.1 Trigger Events (Main Theme)

Trigger events had a number of subthemes, highlighting the complex nature of SUVA events. The most prominent were *internal policy and processes*, *staff members' behaviour* and *government legislation.*

Internal policies and procedures are those established by the organisation to deliver service in accordance with government legislative Acts. These internal rules may be modified by the senior executive leadership of the organisation, and often, various policies and procedures are developed in response to issues or events. When SUVA arises due to a misplaced or misunderstood internal policy or procedure, the organisation can adapt and change processes that may have caused unintended consequences (e.g., excessive reliance on poorly trained labour hire workers).

The viewpoint of the DVA service users whose comments appear below was that DVA internal policies are designed to make their lives more difficult and engender

suspicion and frustration, at times resulting in SUVA incidents. One major area of contention that was revealed during the RTA surrounds the process of obtaining medical evidence to support veterans' claims. In the following comment, a veteran noted that many veterans feel that delegates (decision-makers for the administration of pensions) go above and beyond their roles to target them with unnecessary processes, almost as a means of punishing them or discouraging the lodgement of medical conditions that arise. This perception, whether or not it is correct, can lead to instances of SUVA:

> *I put in for tinnitus. I was an infantry soldier. I shot loud things and blasted loud things and I put in for tinnitus. I didn't even put in for hearing loss. And when it got to the delegate, she rang me and said I'm going to review everything. You need doctors' certificates for everything again. I said to her you've got to be kidding. This has all been done … Because I put in another claim. Now, in part of the Act it says that if you put in another claim—that the delegate is entitled to if they feel like they should … She wanted to send me to specialists here and there and I said bullshit. I said I'll go to my GP I've been seeing for 10 years. I've been seeing a psychologist for years. So, I don't need to go to a psychiatrist again. Nothing has bloody changed. I've just managed to handle it. My physio filled out a report. My GP filled out a report. Went to my psychologist. He just looked at me and said you're joking. I said, no, I've got to do this. He said, oh. So, he sat there and did it with me. He said do they realise how damaging this is? I said, no, they don't care mate. I'd dealt with this for so bloody long, talking nearly a quarter of my life I've been dealing with this. To all of a sudden, you've got to do that again, the impact that had on me and my family. I went backwards. I know I did. (Participant 40)*

Staff also recognised that internal processes added to the time taken in processing service user claims, as well as noting that many different delegates would be involved in a claim process, which may add to confusion about whom to speak with:

> *So, a lot of them put claims in. They get one delegate. That's initial liability. They go through all the process with them. Then before I was fully trained, they might go to another delegate that was opening claims after initial liability, and then it would finally come through to another delegate that would determine the claim and do*

that kind of stuff, so I think not only was it time, it was just that it never felt like a smooth process to them. (Participant 09)

Medical evidence provided by service users (veterans) for their claims was a point of frustration for both the service user and the staff member. DVA wish to use their own medical experts, as opposed to those of the service users. This is because there is a panel of medical experts who have been trained in the legislation governing payments for veterans. This was viewed with suspicion by the veterans, who believed the best medical specialist for them is the one from whom they had been receiving treatment. Conflict appeared to have been caused by veterans' awareness that the internal specialist's client was not the veteran, but DVA. Conversely, a service user's personal medical support person or team have been focused on their client's, that is, the service user's, physical and mental health. The following transcripts are representative of the feedback provided by the service users and family member on the process of using an internal specialist and the concerns raised by service users' personal care teams. One veteran stated:

So and it's like, as I say, I know my doctor here, he looks at me as a whole person and goes, man, you're struggling. I can see you're struggling today. You walk into a DVA doctor, and he goes, right we're on here to assess your left knee … Yes, no worries, have a look at it, do what you like. And it's, yes, no worries. And you go to get up, and you can barely get up or do what you're doing because your back has just seized up. And they're just like, yes, whatever, mate. Come on, get up, I've got another one to see … That's it. Don't give a shit. Don't give a shit about you, don't give a shit about your mental health, don't give a shit about anything. I've even heard that, yes, you can get a bonus working for DVA if you can reduce someone's claims. (Participant 37)

The family member, who had accompanied her husband to the internal DVA specialist assessment, noted the following:

*The pain management specialist, in his report, and he even said it and we're just going, what? He said, he can't sit down for any length of time. You can't stand for any length of time. You can't do this for any length of time. But right at the end of the report he advised that L**** could be a taxi driver or a courier. How does that*

> *come about when at the beginning of the report it says specifically that he can't do A, B and C. But yet, those two jobs require A, B and C to be able to carry them out. To me, it was such a conflict. But yet, DVA took it on board.* (Participant 36)

From the interviewed DVA staff members' viewpoint, however, going to internal medical specialists is aimed at benefiting the service users. The reports provided by medical specialists need to correspond with the legislative criteria used by DVA to calculate the monetary support to be provided. Internal medical specialists are trained in the impairment and compensation ratings expected by DVA. One staff member noted:

> *You're also asking them [medical specialists] questions that they don't understand. Not because they're stupid, they're doctors, and they know the medical stuff, but they don't understand the legislation, whereas independents [DVA panel medical specialists] have been trained in both that, and the medicine, obviously. You send them to specialists in the field. And because the GPs don't understand the reports, what we get back is gobbledygook half the time, and so then we've got to send another report back, again adding to all that time to process. It's just that circle of all the decisions that are being made. And making absolutely everything take longer is more frustrating for us, more frustrating for the veteran.* (Participant 25)

Here we see that the internal policies are designed to ensure legislation is being obeyed. The conflict arises when there is contradictory information in the reports provided by the internal specialist; for example, a report that was shown to the author said that a service user could not sit for more than 10 minutes due to a back and leg condition and later in the report stated that they were suitable to be a taxi driver (personal communication). The DVA legislation encourages the separate assessment of individual medical issues rather than the observation of functionality using a grouped assessment.

In the following comment, a staff member notes that under the DVA legislation, it is better financially for the veteran to have each medical condition assessed independently:

> *Each medical issue is a separate claim, so in DRCA, we assess each condition in isolation if we can. You could have three psychiatric conditions. Our goal is to try*

> *and assess them in isolation, so you could have PTSD, major depressive disorder, and you could have a substance abuse condition … Technically, a psychiatrist could sit there and tell us that they all have different symptomology, which then gives them a standalone impairment. However, you'll find a lot of psychiatrists will say … Especially with major depressive and, say, PTSD, they'll be like, whilst there might be separate symptomology, that overlaps too great for me to be able to identify and isolate them from each other. For us, we try and assess everything in isolation. However, sometimes you can't. Three separate ratings, so you could get 20% for MDD. You could get 20% for PTSD, and you could get 10% for your substance abuse. You would get three separate payments if you met the criteria of each of those, and the doctors say that they're separate. It is much better for them to be assessed in isolation, financially or as conditions go for the compensation side of it, than if they're assessed together.* (Participant 23)

However, mistrust in DVA across their service user network is strong. The interviewed family member of a veteran compared DVA to an insurance company:

> *Possibly. I think some of those people in the offices, and I guess I find this with insurance too, some of those people in the offices, it's almost like it's their money. It's their money that they're not wanting to distribute to the people that need or deserve it. And they're like, oh, I don't know. Yes. I guess it is. I think it's going to get harder. I think it's going to get harsher and stricter. I really do. Which I don't know how.*
>
> *There's got to be some kind of royal commission because there's too many people, particularly the young ones, coming home and committing suicide because they had no support. (Participant 36)*

Another concern raised by a service user was the lack of a personal view of the veterans' cases and, how DVA uses an impersonal method of reducing claims by initially denying cases outright without review. This may or may not be accurate—but if it is, it could warrant a review of the DVA's work practices nationally:

> *I've heard of guys, for example a guy that went to Afghanistan. Some of this was probably their own fault in a way. They were coming back claiming everything. So, DVA changed their policy on what they'll accept. One guy got shot in the leg on tour in Afghanistan. His claim got denied. They said it wasn't part of his overseas service … They were told to deny a certain percent of claims, so they were just picking them out at random. I actually spoke to a delegate and someone I know, an advocate as well. I knew this person and we were talking to them off the record, so to speak, and they said we've been told to deny 70% of claims because the real ones will fight it, the ones that aren't real won't. (Participant 40)*

If this is actually true and is known to many DVA service users, that would explain why internal policies and procedures were viewed by service users as one of the primary triggers for SUVA in DVA. The following comments provided by a DVA service user highlight the issue of SUVA as well as the sensitivities of both the staff member and the service user:

> *They stopped paying me, because I refused to go and see one of their specialists. I did go and see the specialist, and he ruled that my back was fine. So, miraculously, broken back, smashed discs and everything, had repaired. Right, so I was capable of, in his assessment, I was capable of working at least 25 hours a week. I went to my specialist who's in Newcastle, and he's a back surgeon. And he just went, he's more qualified than this bloke, and just went, what the fuck? He said, they are joking. And he said, DVA? I said, yes … I rung up DVA in Brisbane and asked if I could come up and see somebody. And instantly I got, are you threatening me? I said, no. I said, I just want to get this sorted out. Who do I come and see and talk to? Once again, I got, are you threatening me? And once again I said, no, I'm not threatening you. I just want to know how the decision came about from your half, and how do we resolve it? We've already done things and everything. Who do I talk to? I'll put you to my supervisor, because I think you're threatening me, sir. Anyway, I got a letter in the mail about six to eight weeks later demanding an apology. (Participant 37)*

Staff members' behaviour, in the context of causing a SUVA event to arise, was raised in the interviews with both staff and service users and was a consistent theme throughout the qualitative phases of the research. Service users in vulnerable states often seek empathy and compassion when dealing with government support organisations, and when the opposite happens, they leave dissatisfied or react and a SUVA incident may take place. As the family member of a veteran stated:

> *And then, quite often, we had to get them again, and again, and again. And it'd probably never end. I don't know. And some of those people I found to be rude. I don't know, they were … They are, sorry, employed by DVA. Do they get these specific things? I don't know. But some of them I found to be a bit rude and not…They had no empathy. So, you'd come out of that just going, feeling so deflated and, oh my God, that's not going to go anywhere. Oh my God, I'm going to have to do this again. And so, you've got to support him and just be there for him and go, oh well, we've just got to move forward. (Participant 36)*

Relatedly, a service user remarked on his reaction to the way a staff member engaged with him after a long period of waiting to hear of the outcome of his claim:

> *I was pretty—I was frothing. I was really mad. And I did threaten to go down there and probably be violent with him, which I probably shouldn't have. But I was over it. Six months I've been told I'm going to get paid. And it's still not there. He said to me, you can't talk to me like that. And I said well I just did. I said you can't talk to me the way you spoke to me either, mate. Because he'd been pretty condescending. And I said I'm not happy about it. (Participant 38)*

A staff member mentioned their concerns about an interaction they had with a colleague who failed to complete a service users claim after making a mistake:

> *When I called that delegate back to say, to point out this is the error that you've made, that delegate's response was, oh it's too late now. I've already made a decision. Go to appeals, they can fix it. That sets them right off. So now I've got to go through this whole new process and be in line and wait in the queue for another long time. More delays for someone else to fix up your mistake.* (Participant 24)

Government legislation that covers DVA service users is complicated, according to the staff who must administer it, and according to veterans, it is designed to confuse and to minimise payments and services to vulnerable service users. The following comments from a staff member are consistent with feedback provided by DVA staff throughout the different phases of this research:

> *We come under three different Acts. It's incredibly complicated and confusing for clients to navigate their way through the process. It's a bureaucratic process, and that's frustrating for people. If you're in a lot of mental pain and a lot of physical pain, to navigate your way through a complex system just adds to the level of things that you just really can't cope with. It's too hard. When you say to people, oh, there's three Acts, and you may fall under one Act and you may fall under three Acts, and we have to assess you, blah blah blah. Their eyes glaze over. I'm a lawyer, and my eyes glaze over. (Participant 22)*

The service users also find the complexity problematic, not only for obtaining clarity about which Act they claim under but also for having staff members competent enough in administering that Act to be able to progress their claims:

> *The Veterans' Entitlements Act, as you know, there are three different … Yes, the old DRCA, MRCA, VEA. And this is another story in itself. This is an intentional complication on [the] DVA side, that absolutely doesn't have to be there, to just confuse things.* (Participant 39)

8.3.2 Preventative Factors (Main Theme)

Preventative factors against SUVA is a main theme including several issues raised by staff and service users that could inform the reduction of SUVA. The predominant subtheme was *proactive approaches*, which is focused on the work practices of DVA. Proactive approaches focus on service consistency, enabling a better understanding of the service users' circumstances, and proactive engagement. A service user said:

> *When you're in DVA, and you get this person, next week you get that person, next week you get someone else, I think each DVA person [veteran] should have a case worker …*

If they have assigned maybe a team, maybe a case worker or psychiatrist and I don't know what else. But just a team for each person so that you don't have to ring up and you get Mary Joe or the next time you get Simon or the next time you get old Bob over there. (Participant 36)

A staff member made the following comment:

And that's part of managing people, unfortunately, and part of managing clients in a one-to-one. I do think whilst it can be tough on staff to have to manage an aggressive person one-to-one all the time, it's probably still better. Because in my mind, it's better off to have one aggressive or nasty piece of work, but they're always getting the same message, the same person they're talking to, the same consistency all the way through. Let him vent it and then he'll calm down and we'll continue on. But you only get to know that if you manage that person one-on-one for a couple of months at a time. It comes down to complexity, as harsh as it sounds. The more complex the role, the better it is to have a single point of contact and lead. (Participant 28)

Proactive servicing suggests reaching out to the service user prior to them engaging you in a state of anxiety or agitation that could lead to avoidable SUVA incidents. This already appears to be happening in DVA, as illustrated by the following responses from a staff member and a service user, who was surprised by the call he received. The staff member said:

So now what they [DVA] put in place is that if [a service user's claim has] just come up to 100 days old and they haven't been looked at, somebody in a dedicated team, like from my area but they're in the Hobart office, I think, they actually ring and let them know now that yes, we're still, it's progressing in the queue. It's still there, we haven't forgotten you. (Participant 29)

The service user said:

*I had a phone call in January this year, January 4th. I know the date. K****. Hi, I'm from a certain part … A new branch of DVA. I'm just calling about your wellbeing. I just laughed at her. She said, what's up? I said, are you taking the piss? Is this a*

> *prank call? So, I've been with you for 11 or 12 years. Are you really fucking asking … I was stuttering, mate, like I am now. I still don't understand. [she said] I'm a counsellor psychologist. If you're lodging … I told her I was lodging more claims. She said, I can assign you a case manager, one person to deal with for your claims. I'm like … And I tell them all the time, mate. I give credit where credit is due. I'm like, you guys are a new fucking bunch. They've all got friends, family, uncles, dads that have served or serving.* (Participant 39)

The following DVA team leader also views the proactive approach to phone contact as a way of ensuring service users do not become anxious or feel as though they have been left behind:

> *Because we are case managing and we're chasing up reports and following up information, I'm a really big believer in closing up the communication loop. So that I say to people, even if you've got nothing to say, let them know you've got nothing to say. Hi, Bob, I know it's been a month since we've last spoken, just letting you know everything's on track. I'll be in touch when I've got more. I know it's stupid, but it lets people relax and think that you haven't forgotten about them.*
> (Participant 28)

Another proactive approach is the staff member preparing themselves to interview both new and potential risk cases. Here, the staff member can review the prior case notes of the client and can determine whether SUVA issues have arisen before:

> *Yes, there is now. It doesn't always work, but on the phone systems that we use now, it actually does, if their DVA number can link in with their phone, it will automatically come up who they are. So straight away I can start, and start putting their number in. And even actually in just in the last week or two, if it does automatically put the number up, it's actually now pre-populating their details on the screen straight away. And we didn't even have that two weeks ago. Yes, we could see their file number before we even speak to them, but now it's actually, in most cases now, prepopulating their details on the system, which is great.*
> (Participant 29)

Best practice is you always go through and see what they've got accepted and stuff like that before you start talking to them. The only other thing I've come across is other people's notes or if they're case-managed, you go in and make sure they're not case-managed because if they're case-managed, you always go through their case manager, but not really. (Participant 23)

Simple file review systems appear essential in the management of SUVA.

Communication style is important. When on the telephone, the ability to listen and to react to the issues unfolding can reduce the likelihood of aggression arising. The following reflections suggest that.

Even if they start angry, once you explain things and once you can say, this is what we can do, this is what we can look at. The door's not closed. Not in those words, but don't stress out about it, because we can do things, don't worry. Once you say that, most of those aggressive clients calm right down. (Participant 24)

Violence and aggression training was considered by participants to be one of the best preventative strategies for the reduction of SUVA. An organisation should provide training that is focused on the type of work and the location of the staff member.

As noted previously, the best mode of learning is experiential activities such as role-plays. The following comments are from staff in relation to the training they receive:

But yes, a lot of it's done online. I'm just trying to think what else they have. But yes, it's mainly training. Compulsory, normally. yes. It ties in with your performance agreements as well, a lot of it. Certain things you can do at your own pace, but they might say, you have to have done this course by a certain time as well. So yes, because they obviously want us to learn how to deal with a lot of these clients. So yes, so we do have a lot of those courses that really help and give us some tools to use. And also, always refers us to our fact sheets that we can refer on to our clients to give them access to help if they need it as well. (Participant 29)

I don't really know what kind of training that we've had, to be completely honest. There's probably been some compliance training that we do, which is just all pretty much the generic stuff that you would get in any department that you work in, I

feel. There may be extra training that you can go and do, but honestly, I haven't even really looked into it.

I feel like our workloads are so high that even when things are suggested to you, you're like, oh yes. Cool, but the reality is that you sit there and you're like, I'm never going to go and do that because I just don't feel like I have time. For me to take a couple of hours or half a day out of your week, it puts you behind. I think there was some training that I did when I first started. (Participant 23)

The ***reporting of SUVA*** within DVA enables data to be recorded and used to allocate resources to reduce SUVA in business areas across the department as well as design appropriate violence and aggression training programs. The following comments from staff are about the current reporting mechanisms:

Yes, and we do have these protocols in place. If we are concerned about either, one, an aggressive client being threatening, like threatening the department, obviously that might have to go up to security to take that further.

Obviously if it's more of a mental health or a wellbeing, we've got our triaging referrals, so we can refer them to that, and possibly have social workers contact them, and go from there as well. But I do feel we've got a lot of things in place to support us, and hopefully the client as well. Triage and connect. We call it. It's like a referral process. So yes, like a wellbeing type thing, where[as] security is more of, I guess, a threat to the department. So, if someone says, I'm coming in, I'm going to put a bomb in the carpark, or something like that, or quite, you know. (Participant 29)

Ultimately, though, the call to report the SUVA incident is up to the staff member involved. It may be the case that staff are not following through on the reporting process because they are assessing risks as low:

But if I had felt like there was some risk there, we could have reported that to our triage and connect system. If we need to do a referral for a social worker, or for a welfare check, or something like that, we can do that. In that case, I didn't do that because I didn't feel like there was a risk to us or to him. If it was more serious or if

> *the person was talking about harming themselves, obviously we would do emergency services. (Participant 21)*
>
> *It's just this constant, and look, that's been going on for many, many years as well, mind you. I don't know what the wording is for it, but we just tend to tolerate bad behaviour more than I know what I would be expected to tolerate if I worked in other government departments. (Participant 27)*

Training staff in the most effective ways to de-escalate situations and reduce the likelihood of a SUVA incident is critical to the risk mitigation processes of an organisation. Training in the reporting of SUVA is equally important, as the organisation's policies depend on the accuracy of the data that is recorded. Further attention will be given to these issues in the discussion section of this thesis.

8.3.3 Personal Impact of SUVA (Main Theme)

Personal impact of SUVA is a main theme that covers the immediate personal impacts of SUVA and the ongoing experiences of both DVA staff and service users. It also involves issues such as the KPIs and time constraints placed on staff, which focus more on outputs than on outcomes. Further, it concerns issues such as post-incident support. The following service user has been managed by DVA's triage and connect team for veterans considered highly vulnerable or complex to manage:

> *I'm red-flagged, mate, up until about 12 months ago. When I contact DVA, they put me on hold. They won't put me through to my case manager, and they call up the fucking CLU unit, which is the funniest thing. That's intentional. Client liaison unit out of Melbourne. So, they're for complex case managers, people with complex cases like myself that have gone on for years. Only [one] person. If I try and call another—transport or another part, I want health, it goes back through to E***, who was my most recent one. And recently, they came up with … E*** called me and said, D****, you're doing really well. Am I? Great. Thanks, E***. I've known you for 18 months. Probably the best out of all of them. Yes [she said], I've been reassigned to people's cases that are more complex. I said, that's funny, because I'm about to lodge six more claims.* (Participant 39)

It is, however, when the impact of a SUVA incident meets with a psychopathology that risk is amplified for the service user. As the following comment illustrates, some veterans with PTSD that combines anger with poor impulse control are at greater risk of suicide and self-harm:

> *Your head's screwed by then and that you doubt yourself. And you're going, did I say something wrong? Did I do something wrong? No, I didn't do anything wrong. Where on a good, clear day, when my head's clear, I'll stand and argue it completely out with you, because I know what I'm saying is correct. It seems like a fight. It's seems like you're in a fight. All the time, yes, yes. And at times, it's like, you know? I could tell you now, and I'll tell you truthfully, at times, it's a fight for my life. Ah, yes. Like I said, I've smashed up one car. I've put a chain around my neck, tied the back, smashed the back window out of the car, tied, put the other end of the chain to a tree, and just going to drive straight off and just rip my head clean off, because it'll be quick and easy. I've thought about walking out the back and just blowing my head off. I've thought about all that. But I've got three young boys. But yes, but see DVA, I told the blokes now, DVA there is not there to help you. Don't get it confused just because they give you a couple of bucks. They are not there to help you.* (Participant 37)

The issue of suicide in the veteran community is the focus of the Royal Commission into Defence and Veteran Suicide and is an issue that weighs heavily on staff members, as observed in the following statement:

> *Yes, because my partner's a serving member as well. So, it feels quite close to home. And he's been in for a few years now and has known quite a few people who have committed suicide, which is devastating for him. But you always have that feeling in the back of your mind. If I make a negative decision that, no matter how much it's backed up by policy and legislation, if I make a negative decision, is it going to impact this person's mental health? Are they going to try to kill themselves? It's horrible. I think that probably impacts me quite a lot.* (Participant 21)

The accumulated impacts of SUVA can result in mental health issues for staff. As the following staff member notes, a worker might feel they are coping well, but then one more call could overwhelm them:

> *Then you don't know how you're going to cope with that afterwards. I think the other thing is, you could be abused 20 times and be absolutely fine, and on the 21st call it's too much. I think it's that, as well. I think sometimes there's, I just can't do this anymore. We have EAP here, which is the Employee Assistance Program that's run by Benestar, which is an absolutely fantastic service that the department offers. You can go and speak to someone, if you're really not coping with these things, but then also you can always speak to your manager. (Participant 22)*

8.3.4 Differential Organisational Support (Main Theme)

The main theme *differential organisational support* covers the staff members' thoughts on the organisational support they receive in relation to SUVA. Its subthemes involve what staff believe constitutes good or poor support as well as what changes they believe the organisation might be able to implement to make work life better for staff and lead to a reduction in SUVA. *Good support* is a subtheme focusing on what makes it easier to cope with SUVA, in terms of the internal policies that are followed during and after a SUVA incident. Although *line manager* is a subtheme due to positive and negative issues raised about the line manager's role, the theme of good support tends to focus on the role and support of the staff member's team leader and colleagues. The following comments from staff illustrate the positive effects of such support:

> *Absolutely. I've never worked at a place before where if someone starts to sound off, the boss will actually get up and walk over and tap you on the shoulder and go, put him to me now.* (Participant 28)

> *My colleagues were very supportive. Because obviously they'd sat around, and they'd heard all of the phone conversations and knew this client as well. My manager was also very kind. He was a very kind person and would call and check that I was okay. And if I ever needed to talk or to have support [I knew] that I could.*

Or there was the EAP, the normal stuff. But I didn't feel like I needed any of that. (Participant 24)

Comments about ***poor support*** in DVA involved both how the service user is treated after a SUVA incident and how much support the staff member believes they have been given by the organisation. This has an emotional impact on the staff, which is reflected in the following:

I don't think at the time that I recognised any emotions whilst on the phone with him, apart from the normal frustration, that sort of thing. And frustration at going round and round in circles over the same argument, which he kept coming back with a different argument to. But it was my sleep over the time that I was dealing with him [that] was absolutely horrific. It was just broken sleep continually. But I don't know necessarily that that was him, more so as in the lack of support from management, and how they were wanting to deal with him. I think it was more that. But honestly, I've been dealing with veterans for 10 years. Because DVA is a political hot potato, that nobody wants to deal with, because the moment a veteran doesn't get what he wants, and he goes on Today Tonight, or … They [DVA] don't ever give out … Obviously they can't, say, give out any details of any individuals, but they just really give no comment at all. They don't support their staff publicly in those situations, which I think is really detrimental to all of us. Those conversations go on in the tearoom, water cooler situation, all the time. (Participant 25)

Organisational Silos is a sub theme that highlights where organisations operate independently of one another and avoid sharing information. In the case of SUVA this may be across government, NGO and private sector organisations that may be providing support to a service user who may be threatening or aggressive. Frontline staff discuss how silos may lead to SUVA incidents:

I think the answer to that question is skewed by the fact that we're so siloed, bluntly. There are certain areas of our business that are utterly hopeless. But that is because, in their defence, it is not an area of the business that would be dealing with it [SUVA] on a regular basis. (Participant 28)

> *But not from other agencies, no. I've never been contacted by anyone from another agency, saying look out for this client or whatever, no. (Participant 24)*

Staff from the regional area did highlight that they were in contact with colleagues from other agencies:

> *We do talk to other agencies. We have got the NDIS next to us. We've got the Centrelink around the corner, and we're a regional area. We know lots of people who work in all the government offices. (Participant 27)*

Although not primary themes, the following were **themes of particular interest.** Veteran-specific issues should be noted as they may be the catalyst for some SUVA incidents not only in DVA settings but also in Services Australia settings if the veteran is receiving a service there.

Veterans are taught 'fight not flight', and this may underpin the way these service users will engage with and treat staff. Turning to SUVA when faced with the obstacles noted in this section of the report appears justifiable to them as a means to achieve the support owed after returning home 'broken':

> *You've got to understand the mentality too, with Defence. You're taught to attack. My psychologist actually said to me, and he deals with Defence people and the police, as well. He said you're taught to take control of the situation straight away which means you be aggressive. So, in Defence, you're taught to be aggressive. If you need to control the situation, you don't do it half-arsed.* (Participant 40)

The following quote from a veteran shows the impact on both them and the DVA staff member of SUVA precipitated by legislation and internal departmental policies:

> *Because they know, mate. What the fuck are we trained to do? I talk to my brother a lot. We had lunch yesterday, mate. What the fuck did I train to do? I hunted people for a decade, and I'm good at it … I can tell what weight you are by the fucking imprint you leave on the ground with your boot, how you walk. Duck feet, whatever, mate … I flew to Sydney whichever fucking time, mate, and took photos down of stuff we didn't even put in patrol reports. We kept it quiet. Again, I've got photos of myself holding fucking skulls, human skulls from whatever happened, and*

I showed this … I threw these Polaroids. I blew up. I threw them at him … I said, have a look at that, mate. You're telling me that I don't have PTSD or … He looked at them. Just started fucking shaking and said, we don't really need to see them … But it's [pause] you don't think you got to use that sort of information. My med docs are there. (Participant 39)

8.3.5 Work location & Restorative Justice

Several factors that may increase the triggers for SUVA have been highlighted above with *internal departmental policies*, *staff members behaviour* and *government policy* being the three primary themes discussed by the interview participants, both staff and service users. Other factors identified included **finance issues**:

Yes, well it pretty much comes down to, I suppose, it comes down to financial stability. Because obviously the service that we provide is quite vital to them. It's their livelihood. And they are incapacitated to work in some form. And I think the recurring element here would be a misunderstanding as to how incapacity payments work and are calculated. (Participant 27)

Service wait times is an issue often reported in the media and was noted as a trigger by staff and service users:

Again, you ring up … I jump on the phone with you now and we'll call DVA and go through the process with me about trying to talk to a human.

Trying to say your name over the phone when you're stressed with PTSD. You've got no money in your pocket. Your fucking missus has taken the kids and gone. You need to talk to somebody, and you got to go through a 15-minute … And then they put you on hold for 25 or 30 minutes. You tell me that people haven't taken their [own] lives over just fucking trying to call them. (Participant 39)

He was quite aggressive because his claims weren't being looked at and hadn't even been allocated. So he was quite not happy about that at all. I'm okay with them getting a bit aggressive, because I do get it. I don't take it personally that when you read the DVA website that it normally, 90 to 150 days for your claims,

and it's a year on and it still hasn't even been delegated to one of our delegates. So, you completely understand their frustrations. (Participant 29)

Mental health issues impact many DVA service users as is noted in the following comments from a staff member:

That's extremely common for us, to be helping people that have substance use disorder as an accepted condition, or alcohol use, or any other mental health conditions. A hundred per cent, that's probably, I don't know what the actual statistics would be on out of our whole caseload, how many people are affected by mental health. But I would say a lot are. (Participant 22)

As well as a reflection on the constant battle this service user has with his mental health:

Yes, they're treated as separate claims. So if I walk in to my GP over here, now he's a GP and he's been treating me for 10 years. So he's seen me go right off the rails. When I say right off the rails, that motorbike sitting outside, they found that on the side of the road. And they found me lying next to it. And there is no rhyme and reason or whatever. It was just I was having a really bad, bad time. I don't remember riding it off the side of the road. I don't remember being cut off or anything like that. I just wake up two weeks later in the Gold Coast when they took me out of the coma. That's how much stress that DVA put on you. (Participant 37)

Location of staff member may at times place staff members at risk of SUVA. There were no reported concerns for safety or wellbeing that differed between roles. Most DVA staff participants' roles were telephone-based, and staff experienced about the same level of SUVA arising from issues outlined previously in this chapter. When participants were asked specifically about working in regional locations or out-servicing roles, the following information on possible SUVA incidents was provided.

Staff reflected on the **Out-servicing roles** they have undertaken and even though they faced some abuse, found the veteran community within the RSL environment very supportive of them:

> *I used to look after the community support advisor [role] and [was] also the veteran support officer. The community support advisor does exactly what you're saying. They go out into the community and they talk to veterans. The veteran support officer goes out on [ADF] bases and talks to veterans and works with veterans. That was a regional approach. What they've done now is they've taken that to a national approach. All the community support advisors work in one team, all the veteran support officers work in another team. I think from a veteran support officer perspective, they're [prospective service users are] current serving [members of the ADF], and I think [those] people would know that that [SUVA] was just not on. Their avenues for getting punished are long and extensive and serious [via ADF guidelines]. I think with the community support officer, I think our ex-service organisations really appreciate the support of the department [and therefore support the out-servicing staff]. I can't see that [SUVA] ever happening.* (Participant 22)

> *We used to do outreach back in the day many years ago … We used to travel regional … To more regional areas … Normally, it was going to the RSL sub-branches or the ex-service organisations, and doing talks there, information talks. Sometimes you would fit in a few booked home interviews for some of our more elderly clients that lived in those remote areas while we were in that area … We used to be involved with lots of community veteran volunteer organisations. You'd always get your stroppy veteran that would want to stand up and make a scene, but I have to say you would never be under threat because they would be shut down really quickly by the other veterans, and more so by the secretary or whoever was in charge of that organisation or that sub-branch. That [a veteran being abusive] would be very disrespectful to them [the RSL] as well; we used to call them the grenades.* (Participant 27)

Working-from-home arrangements have been in place for some time under the APS staff flexible working arrangements. However, working from home has increased considerably under the COVID-19 servicing arrangements: DVA has had up to three-quarters of its workforce working from home. There are concerns about the possibility that staff will be subjected to SUVA while alone in their home environment without team leader or peer support, and about what impact this may have on them. The following comments from staff present both the pros and cons of working from home:

> *No, not [a concern] for me. I might get off the call and then one of my sons might be home, and they go, how's your day going? And I'm like, ah just had an aggressive caller, but all right. I won't go into it with them, but just say, yes, no, just wasn't happy about something. But I think I've dealt with it. And maybe just put it out there, probably need to say it out loud that I had the call. But again, some people will definitely be finding it difficult being at home and not having that where you can just chit-chat straight away to someone. (Participant 29)*

> *I think with the more experienced staff, they know more how to handle those calls and what they can do to look after themselves. I do worry about taking those kind of calls in your safe space, in your home. How does that infect, for want of a better word, your home environment? We do talk to each other a lot. We can Skype each other, we can talk to each other on Gov Teams. Again, people will tell me if they're at home, because we've had very limited experience of this in N*********, obviously. We've only had one week of proper lockdown. But, same. Staff will just Skype me and say, that call was crap. I am going to go and sit outside for 10 minutes, and I'll be like, yes, go for it. (Participant 22)*

> *Well, for me, I actually love working from home, Steve, I love it. And I know that if I called any of my colleagues, if I needed to, that they would be supportive and helpful. And we've got a new manager—same with her. I feel like if I have a bad client … And actually, she's got a lot of experience, technically. So she can also step in and when she started in the role a lot of these aggressive clients. You would start with them. And when they'd get bad, she'd just take them off you and she would*

have the direct contact with those clients. She's taken a big role in that way. (Participant 24)

Staff members' and service users' willingness to take part in a **restorative justice** process after SUVA was mixed, with only some suggesting that it would be a valuable process for both the service user and the staff member. The following staff member wanted to inform the service user about how they felt after a SUVA incident:

I would be all for it most definitely because I would love to tell that person how they made me feel. I might've been having an off day. I might've lost someone to suicide too, and I would love to let them know some days that I go home so upset that I'm not even able to talk to my husband about it. I just sit there all night and cry. (Participant 27)

Whilst a **service user** highlighted that an advocate, who is an veteran themselves, may be best placed to mediate the RJ case conference:

I think that's a great idea. I'll tell you something. If you look at sub-branch advocate, there's a perfect mediator. You understand the Defence person's point of view. You also understand the process if you've been trained enough and you can tend to lower the abuse coming from the veteran because you say, all right, I understand what you're saying. I've lived it. I get it. So, there's a perfect mediator. (Participant 40)

But RJ is not for everyone as this service user points out:

No, you're going get people like me who just get highly aggressive. And that's no good, because I don't, I really don't want to hurt that person. (Participant 37)

8.4 Cross-Comparisons Between Services Australia and DVA

In the RTAs described in this chapter, the same four main themes were identified in the responses for both Services Australia and DVA: *trigger events*, *preventative factors*, *personal impacts of SUVA* and *differential organisational support*. As noted previously, both sets of themes were identified both deductively, from participants' responses to the

interview questions, and inductively, from information that the participants themselves voluntarily added to the conversations.

Although the main themes are the same, there are differences in which subthemes were most relevant to the two organisations, as shown in Table 8.3. The themes are weighted by number of participant responses in the subthemes and thus in the main themes.

Table 8.3

Cross-Comparison Table of Themes from One- to-One Interviews with Services Australia and DVA Staff & Service Users

DVA		Services Australia	
Trigger Events (Main Theme)			
Subthemes	1. Government legislation 2. Internal policy and procedures 3. Staff members' behaviour and finance	Subthemes	1. Staff members' behaviour 2. Internal policy and procedures 3. Government legislation
Preventative Factors (Main Theme)			
Subthemes	1. Internal risk mitigation strategies 2. Proactive approach to decreasing SUVA 3. Violence and aggression training	Subthemes	1. Violence and aggression training 2. Reporting of SUVA within the workplace 3. What could be changed to try and prevent SUVA from occurring
Personal Impacts of SUVA (Main Theme)			
Subthemes	1. Ongoing personal issues 2. Immediate personal impacts 3. Caseloads and time constraints v. serving service users	Subthemes	1. Immediate personal impacts 2. Ongoing personal issues 3. Post-incident support
Differential Organisational Support (Main Theme)			
Subthemes	1. Line manager support 2. Organisational silos 3. Poor support	Subthemes	1. Line Manager Support 2. Organisational silos 3. Poor support

The data in Table 8.3 will be used in the triangulation analysis in Chapter 9.

Chapter 9: Triangulation of Results

> *I feel I have a different feeling now of safety, I am nervous on a constant basis my fight or flight is heightened after 20 years of working face to face, originally, we didn't have security, I have been thrown against walls, computers thrown at me, see people personally harm themselves and pushed downstairs. Followed home when I lived alone been told my family is known to them and will be killed. I just work in a face-to-face office I'm a normal staff member who just deals with day-to-day issues and I have experienced this.* (Survey participant)

9.1 Summary of Key Findings

This thesis sought to understand the nature, prevalence and severity of SUVA against Australian frontline public servants—examining its effects on them, service users and the organisation—and how SUVA may be reduced in the future. The survey and interviews indicated that higher numbers of staff have been impacted by SUVA incidents than officially recorded on organisational data, due to under-reporting. At DVA, younger female staff members were found to be more at risk of abusive or aggressive incidents than other staff members. Analysing the relationship between staff location and role and SUVA indicated higher levels of concern for safety among out-servicing staff members and that staff located in remote areas were not given the same post-incident support as their colleagues in the metro locations. Staff across all frontline roles raised concerns for their safety and wellbeing, indicating that at both organisations (DVA and Services Australia), violence and aggression training was as inadequate and not meeting the needs of staff in the event of a SUVA incident. This had led staff to apply their own risk mitigation strategies, resulting in inconsistent approaches. Across both staff cohorts, participants highlighted a lack of confidence in the organisation's current risk mitigation policy and its procedures to protect staff.

Several SUVA triggers were highlighted in this study. The three most notable were internal policy and procedures, government legislation and the behaviour of staff. These

findings indicate areas where Services Australia and DVA could proactively address SUVA risk mitigation policy and procedures.

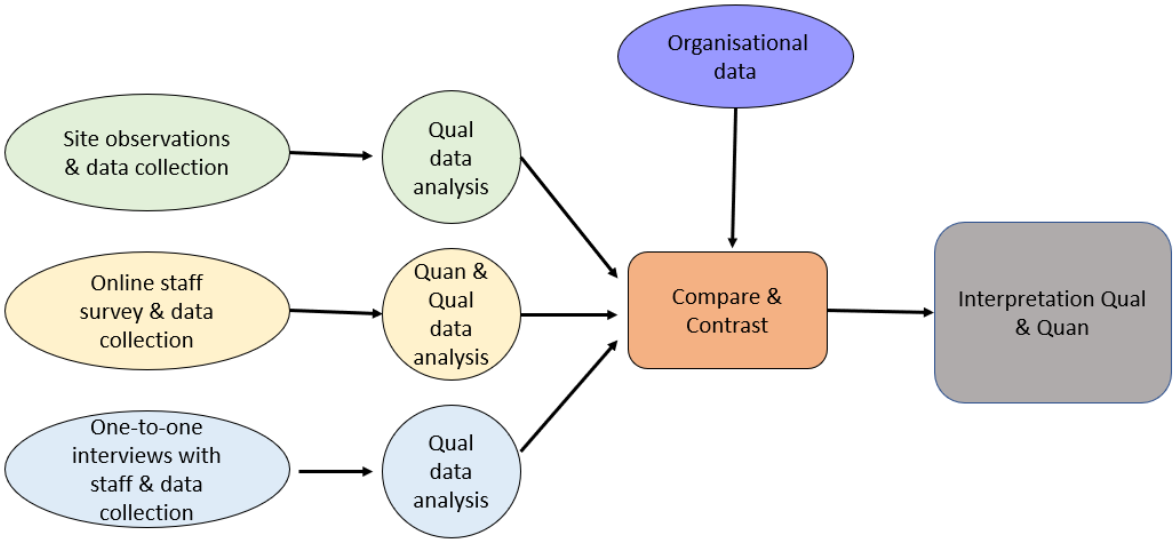
9.2 Interpretation and Triangulation of the Data Sources

A triangulation analysis was undertaken across the three parts of the research: the ethnographic study, the staff online survey and the one-to-one interviews with staff and service users.

Triangulation helps validate research findings by verifying that different methods or different observers of the same phenomenon produce the same results. It can also be used to interrogate inconsistencies found in the data. The methodological framework used was convergence, as the analysis of the three phases of the research indicated a high level of overlap and consistency between the datasets collected using the three different methods (Figure 9.1) (Creswell & Plano Clark, 2007). This effect was even stronger when the analysis indicated similar findings between Services Australia and DVA.

Figure 9.1

Triangulation Design: Convergent Model



Adapted from Creswell & Plano Clark, 2007 *Designing and conducting mixed methods research*. SAGE Publications.

The following section focuses on the triangulation analysis conducted for each research hypothesis, showcasing the convergence of the ethnographic study, the online staff survey, and one-to-one interviews. This comprehensive analysis offers valuable insights into SUVA and the effects it has on both staff and service users within Services Australia and DVA.

9.2.1 Hypothesis 1: Frontline staff in DVA (including Open Arms) and Services Australia under-report the amount of SUVA they face.

Hypothesis 1 (H1) postulated that in both DVA and Services Australia, SUVA is under-reported. Both organisations had substantial co-occurrence of the variables relevant to SUVA incidents in the prior 24-month period and the expectation to lodge an incident report. The crosstabulations were interesting in that they indicate that for Services Australia, 28% (*n* = 1,019) of the staff said that there was either no expectation to lodge a report (7%, *n* = 260) or that they were unsure whether they were required to do so (21%, *n* = 759). For DVA, the proportions were higher: 42% (*n* = 87) of the staff either said that there was no expectation (18%, *n* = 37) or that they were unsure (24%, *n* = 50). Services Australia and DVA reporting processes are very different, due in part to the size of their respective workforces and the type of service user (i.e., veterans v. general). At DVA, the breakdown in reporting appears to arise due to staff members' failure to input incident details, leading to inaccuracy (under-recording) in the data, while Services Australia lacks consistency in the reporting process nationally because team leaders decide whether a SUVA incident is serious enough to report, and their standards vary (organisational data noted in chapter 1). There is also evidence from both organisations that staff themselves are hesitant to report SUVA for various reasons. These include time constraints, lack of clarity on whether incivility from service users is considered reportable and, at the more severe end, reluctance to report due to fears that they may be deemed unsuitable and terminated from their job (see online staff survey responses chapter 7 & one-to-one interviews chapter 8). This also suggests that organisational data on SUVA is inaccurate and thus limits the organisations' abilities to develop effective proactive policies and processes.

This is corroborated by findings from all three phases of data collection. Online survey comments from Services Australia (Chapter 7, sect 7.3.2) and DVA (chapter 7, sect 7.4.4) respondents also mentioned under-reporting of SUVA. The Services Australia ethnographic study findings also included reluctance to report in certain circumstances (see chapter 6, sect 6.2.1), and, at DVA, a recent change in the process of reporting (chapter 6, sect 6.2.1). The triangulation analysis was also supported by the one-to-one interviews with Services Australia Participant 20 (chapter 8, sect 8.1.2) and DVA Participants 21 and 27 (chapter 8, sect 8.2.2).

9.2.2 Hypothesis 1: The gender and age of frontline staff in DVA (including Open Arms) and Services Australia will have a relationship to the amount of SUVA directed at them.

Hypothesis 2 (H2) proposed that the age and gender of staff would influence the number of SUVA incidents staff were exposed to. A difference was found between Services Australia and DVA. In the quantitative analysis, no significant results were found for Services Australia with respect to age groups or the gender of the staff. This was not the case, however, for DVA, where female staff in the 18–34 age range were found to be at greater risk of being involved in a SUVA incident. The DVA results therefore imply that there is a relationship between SUVA, gender and age of staff in DVA (including Open Arms). For Services Australia, however, the results failed to reject the null hypothesis.

During the ethnographic study and the one-to-one interviews, the gender and age of the staff member was not raised as an issue of concern. About three-quarters of the participants across the three phases were women, which is a reflection of the staffing profile for the two organisations, and this may account for the increased likelihood that gender was reflected in the results.

9.2.3 Hypothesis 3: SUVA increases the concerns of frontline staff in DVA and Services Australia for their future wellbeing and their fear that they will face SUVA again.

Hypothesis 3 (H3) postulated that frontline staff who had been involved in a SUVA incident in the preceding 24 months would be concerned that they could be subjected to

future incidents. The quantitative analysis found significant relationships between these two variables. The crosstabulations showed that 49% (*n* = 1756) of the Services Australia staff had concerns that they could be subjected to SUVA in the future. Of these, 35% (*n* = 1,240) had been involved in SUVA incidents in the prior 24 months, while 14% (*n* = 516) had not. The DVA figures were similar. 58% (*n* = 114) of the DVA staff were concerned that they could be subjected to SUVA in the future. Of this 46% (*n* = 90) had been involved in SUVA incidents in the prior 24 months, while 12% (*n* = 24) had not.

The triangulation analysis of the RTA across all three phases of data collection corroborated these findings. This is shown by the staff survey responses of a Services Australia respondent (Chapter 7, sect 7.3.2) and a DVA respondent (chapter 7, sect 7.4.1) reflecting on impacts facing staff. The site ethnography data also corroborated the feedback from the staff online survey about ongoing concerns and impacts; this is shown by the DVA (Chapter 6, sect 6.2.2) and Services Australia (chapter 6, sect 6.2.2) observations. The one-to-one interviews reflected on the issues that resonate with staff, such as threats of service user suicide for DVA (Chapter 8, sect 8.2.3) and, for Services Australia, when SUVA incidents start without warning (chapter 8, sect 8.1.3, Participant 13).

9.2.4 Hypothesis 4: Frontline staff in DVA (including Open Arms) and Services Australia lack confidence in the current risk mitigation policy and practices of their organisations.

Hypothesis 4 (H4) proposed that DVA and Services Australia staff lack confidence in the current SUVA risk mitigation policies and practices of their organisations. The crosstabulations highlighted that at Services Australia, 25% (*n* = 850) of the staff believed that their organisation's risk mitigation policies and procedures were not clear. Respondents from DVA had a higher positive response, 44% (*n* = 74); this could be related to the gender issue, where SUVA was found to be higher for younger female staff. Both chi-square analyses indicated a relationship between the two variables that was considered moderate (using Cramer's *V*). Both organisations having at least a quarter of

their staff lacking confidence in their risk mitigation policies and procedures suggested that the hypothesis is supported.

The triangulation analysis across the three phases corroborated this relationship through the RTA noting DVA staff commenting on the lack of support from leadership post SUVA (chapter 7, sect 7.4.2). Also, a Services Australia Child Support Agency worker commented on how they felt unsupported by the organisation's risk mitigation after a threat from a service user who was a lawyer (chapter 7, sect 7.3.3). SUVA reporting ensures the appropriate allocation of resources and investment in mitigation measures such as violence and aggression training. The training, however, must be applicable to the role and location of the staff member and must ensure that skills, such as de-escalation, are developed appropriately. DVA respondents, during the ethnographic study , noted a reduction on training (chapter 6, sect 6.2.1).

While Open Arms staff noted during the site observation that due to high attrition rates, better client aggression training was to be developed (chapter 6, sect 6.2.1), Services Australia, much like DVA, has an online violence and aggression training package that takes approximately 20 minutes for most of their frontline staff (including contractors), but team leaders and management have access to a three-day training workshop with intensive role-plays. The issue this raises is whether the right people are receiving the interactive training (chapter 6, sect 6.2.1). These findings were also supported by data from the staff online survey (chapter 7, sect 7.6), in which a quarter of respondents from both organisations did not think the aggression training equipped them with the right skills. One-to-one interviews with staff and service users also highlighted why there was a lack of confidence in the current risk mitigation policies and processes of Services Australia (Chapter 8, sect 8.1.2, Participant 11) and DVA (chapter 8, sect 8.2.4, Participant 25).

9.2.5 Hypothesis 5: SUVA varies by the work role and location of the frontline staff in DVA (including Open Arms) and Services Australia.

Hypothesis 5 (H5) proposed that the location and work role of the frontline staff would influence the likelihood of exposure to SUVA and their feelings of safety. As a new

variable was created from several multiple-choice variables, all of which were categorical, this analysis could draw only on crosstabulations to examine the relationships. Further, as the organisations are different in the services they deliver on behalf of the government, it was difficult to undertake a detailed analysis of most roles and functions.

Triangulation of the RTA across the three methods indicates that SUVA situations arise due to staff location. Staff online survey respondents from Services Australia residing in rural towns noted their difficulties when service users knew who they were and where they resided (Chapter 7, sect 7.3.2). DVA staff reflected on work-from-home practices implemented during the COVID-19 pandemic and the abuse they received from service users (chapter 7, sect 7.4.2). This was also supported by conversations during the site observations at DVA, in which concerns were raised about SUVA incidents experienced while working from home (Chapter 6, sect 6.2.2). One-to-one interviews also highlighted the risk mitigation issues for staff in out-servicing roles and some of the SUVA they have been subjected to while working alone (Chapter 8, sect 8.1.4, Participant 16) DVA out-servicing staff also reflected on abuse they received whilst working remotely (chapter 8, sect 8.2.5, Participant 27). There are also differences between Centrelink sites because some see higher levels of SUVA due to the demographics of their service users (chapter 8, sect 8.1.3, Participant 01). Services Australia smart [call] centre staff reflected on their working environment, in which there is a strong focus on outputs rather than outcomes. Here, work practices impact staff faced with SUVA incidents, leading to high attrition rates due to concerns for their safety (chapter 8, sect 8.1.3, Participant 10). Of all locations, remote and rurally located staff appeared to be the most impacted personally due to small communities that meant they and their families were known to the service users who were threatening SUVA (chapter 8, sect 8.1.4, Participants 10 & 16).

9.2.6 Hypothesis 6: Frontline staff in DVA (including Open Arms) and Services Australia will be open to participating in RJ processes in the management of SUVA.

Hypothesis 6 (H6) postulated that staff from both Services Australia and DVA would be open to participating in an RJ process. It was investigated by exploring if staff from both Services Australia and DVA would be open to participating in RJ processes with

service users as part of the management of SUVA. The survey question about this proposed a case conference concept that would provide an opportunity for all involved in the SUVA incident to participate in a process that would discuss the situation. For Services Australia, the crosstabulation shows that staff who would be prepared to participate in the RJ processes comprised 39% (*n* = 1,380) of the total respondents to this question (*n* = 3,521). This percentage consisted of the 19% (*n* = 666) of respondents who had been involved in prior SUVA incidents over the prior 24-month period and the 20% (*n* = 714) staff who had not been. The crosstabulation for DVA shows that respondents who would be prepared to participate in the RJ processes comprised 61% (*n* = 57) of the respondents who had been involved in prior SUVA incidents during the prior 24-month period and 39% (*n* = 36) of staff who had not been involved in a SUVA incident. This meant 93 respondents, 53% of the total respondents to this question (*n* = 176). The finding that one-third of the Services Australia respondents and more than half the DVA respondents said they were willing to take part in an RJ process provides some support for the hypothesis.

In the qualitative responses there was a considerable number of negative comments, which perhaps reflects a deep-rooted concern for safety or a poor understanding of the RJ program's aims. In the open-ended questions of the staff survey, responses from both DVA staff (chapter 7, sect 7.4.4) and Services Australia staff indicated concerns for their safety and questioned if behavioural change would occur from the RJ process (chapter 7, sect 7.3.2). The ethnographic study could not be included in this analysis because RJ was not raised during them. In the one-to-one interviews, staff and service users expressed both positive and negative views on participating in an RJ process. Positive views were expressed by Services Australia staff (chapter 8, sect 8.1.4, Participant 12) and a DVA service user (chapter 8, sect 8.2.5, Participant 40), while the negative views came from DVA service user (chapter 8, sect 8.2.5, Participant 37).

9.2.7 Triggers that may lead to SUVA incidents.

Triggers that may lead to SUVA incidents. To answer the research question about what drives a SUVA incident, the RTA from the three phases of the study has been

triangulated. The same three themes were consistently present: staff behaviour, *internal policy and procedures* and *government legislation*.

There are many reasons why ***staff behaviour*** was considered to have been a trigger for SUVA. These include the demographics of the service users (i.e., their levels of welfare dependency), which have an impact on staff, as noted by a Services Australia staff member (chapter 8, sect 8.1.1, Participant 09). The attitudes of staff were also mentioned. For example, staff with a claim-focused approach rather than a person-focused one (in other words, output-focused rather than outcome-focused) fostered an 'us versus them' approach; in one example, a DVA staff member reported being concerned about the behaviour of a colleague who did not want to correct an error they had made, but preferred to put the onus back onto the service user by requiring them to follow up through an appeal (chapter 8, sect 8.2.1, Participant 24). Problematic staff behaviours were also described by a DVA service user (chapter 8, sect 8.2.1, Participant 38), and a Services Australia staff member reflected on colleagues lacking empathy (chapter 8, sect 8.1.1, Participant 06) or being too officious (chapter 6, sect 6.2.3). Finally, a Services Australia staff survey respondent mentioned the cultural differences between two service centres and their staff members' attitudes towards service users (chapter 7, sect, 7.3.4).

Internal policies and procedures are those established by the organisation to deliver service in accordance with government legislative Acts. These internal rules may be modified or expanded by the senior executive leadership of the organisation, and often policies and procedures are developed that are divisive and negative, as the impact of Services Australia's Robodebt policy illustrates (noted in chapter 1). A staff member from Services Australia reflected on post-COVID-19 procedural changes that occurred when previously relaxed processes had been tightened up (chapter 8, sect 8.1.1, Participant 07). Problems can also be caused by digital-first processes that isolate those unable to use or understand the IT system (chapter 8, sect 8.1.1, Participant 06). The effects of policy and procedure were also highlighted by a DVA service user, who explained how an overly officious internal process is interpreted as a form of punishment (chapter 8, sect 8.2.1, Participant 40) and by a DVA staff member, who mentioned concerns about the wording of letters (chapter 6, sect 6.2.3).

Government legislation is complex and creates confusion, according to frontline staff from both organisations. This theme was consistently present for both Services Australia and DVA. For example, DVA staff members put into perspective the issues facing service users (chapter 8, sect 8.2.2, Participant 22) and the lack of trust among DVA service users (chapter 8 section 8.2.2, Participant 39). Services Australia respondents highlighted how legislation allows private organisations to suspend government payments, leading to SUVA incidents in the Centrelink office (chapter 8, sect 8.1.1, Participant 01) and how service users on the disability support pension can have it cancelled if they go overseas for a certain period (chapter 3, sect 8.1.1, Participant 14). The data show that across both Services Australia and DVA, financial issues, mental health and wait times were consistently considered common triggers for SUVA.

9.3 Unexpected Results

Some results that were not the focus of the research were evident during the different phases of the research and warrant highlighting. For DVA **the transition from the ADF to civilian life i**s a difficult period. Interestingly, most of the veterans interviewed for this research were not aware of DVA on discharge, which is concerning, as all were discharged on medical grounds.

> *Veterans, like sportsmen have everything handed to them, housing, told what their jobs are e.g. you're a truck driver. Their sports life is controlled and [ADF] even organise their personal life events. So when they leave the military it's a very massive hole. They need to budget and lose access to mates. ' Vet poor transition', one day all is organised for them, the next they have to fend for themselves. Many gravitate to where they enlisted or where they ended their time in the military e.g. Mackay, but there are few services available for them.* (field notes from Open Arms site visit)

Another aspect of the transition was highlighted across all three phases of the research. **Veterans are taught 'fight not flight'**, and this may underlie the way these

service users engage with and treat DVA staff. There is no process of deprogramming a serviceperson when they leave the ADF. The following comment made by a veteran summarises this point:

> *You've got to understand the mentality too, with Defence. You're taught to attack. My psychologist actually said to me, and he deals with Defence people and the police, as well. He said you're taught to take control of the situation straight away which means you be aggressive. So, in Defence, you're taught to be aggressive. If you need to control the situation, you don't do it half-assed.* (Interview Participant 40)

COVID-19 impacted both organisations in various ways. For Services Australia, there were both positive and negative aspects of the health and safety processes that were established. Staff responses noted higher numbers of suicidal threats by service users due to isolation, but it was also noted that the restricted numbers of service users within the service centre meant fewer incidents. Also, the higher unemployment benefit which was effectively doubled in response to the COVID-19 pandemic (Rama & Perrone, 2021) meant fewer applications for emergency payments, which have frequently and consistently been cited as a process that increases the chances of SUVA (chapter 6 and chapter 8). DVA, too had been affected by COVID-19, although in different ways. Three-quarters of staff were asked to work from home, and although some staff were happy with this process, others were not due to facing SUVA in their home environment. The following Services Australia staff member reflects on the controlled entry of service users and the reduction in SUVA:

> *To be honest, we've probably had less aggression. You're screening the customer at the front door before they enter. They've got to check-in the guys at the front door. If we've identified someone who could possibly be a customer [with whom] a customer aggression incident could occur, the guards have flagged it with the team leaders that this guy is a bit edgy. If we book him in, we're getting him seen as quickly as possible, so that we don't keep him in the service centre. Get the business completed, let's get him out of the office. But because of the controlled*

> *entry stuff and we've got less customers in the office, they're getting seen a lot quicker. We've seen a reduction in aggression.* (Interview Participant 09)

Security officers were introduced as a measure to reduce the amount of SUVA that takes place within the Centrelink sites. Pros and cons of this were noted across the three phases, but the consensus was that security officers are important to the face-to-face environment and their presence assists in decreasing SUVA. Where issues arise is in the integration of the security officer with the APS staff team; participants mentioned how that relationship can help build strong risk mitigation processes.

> *We have the use of a security guard. Some sites have two security guards, most have one security guard. We definitely found that with the introduction of security guards a few years ago that it is a bit more of a deterrent for customer aggression.* (Participant 17)

> *Yes I actually do [have a security guard] in my office. I was very nervous and hesitant when I first got moved to my office but working there, especially for instance our guards. Our guards are absolutely fantastic at our office. The same two guards have been working there the whole time that I've been at that office which is incredible.* (Participant 02)

Chapter 10: Discussion and Conclusion

> *'Yes, I think it would be beneficial for both sides. I think it would then make the customer feel like they're being heard. And I think it would definitely be a good idea for the service officer to, you know. They might not like what they're going to hear, but that's when you grow, isn't it, when you're most uncomfortable. That's what I've learnt in the last year.'* (Interview Frontline staff, Participant 06).

10.1 Implications of the Findings

The results contribute a clearer understanding of SUVA in DVA and Services Australia. The thesis identifies what triggers SUVA incidents, their impacts on staff and service users, and how the complete reporting of SUVA incidents is essential to the ability to keep accurate data and develop proactive risk mitigation policies and procedures. Three factors that have been highlighted throughout the three phases of this research as triggering SUVA incidents are staff behaviour, internal policies and procedures and government legislation. APS staff are typically focused on providing good outcomes for service users. Staff themselves are service users of the APS and are themselves subjected to the frustrations faced by complex, frequently changing government legislation and departmental polices. One issue that recurs is the need for training and the role of the appropriate training of staff, which leads to a stronger organisational culture. Staff who feel more connected to their organisation believe they have the appropriate skills to undertake the work at hand, and they will more likely feel confident and in control when a SUVA incident occurs and be more capable of de-escalation and coping behaviour.

Policies and procedures introduced by organisations to provide services in accordance with legislation were reported to be a focus of frustration by both staff and service users. The disconnect between the legislation's intent and the way in which it is delivered creates unintended consequences. An APS organisation that focuses on outputs rather than outcomes is one that views service users as widgets on an assembly line, not as individuals with distinct, unique issues.

Both Services Australia and DVA have output-focused policies and procedures that may lead to the underservicing of service users. For example:

- Call time constraints used in the call centre environment pressure staff to allocate certain amounts of time to each call. This may leave some service users feeling their matters were not appropriately dealt with.
- The expectation to manage high caseloads means time pressures for DVA staff, which could drive poor work behaviours, such as too quickly processing an application and giving a decision, then suggesting the applicant appeal the process.
- Staff may be unable to be flexible with service users who are vulnerable due to mental health issues or homelessness.

These output-focused work processes, which aim to reduce service user wait times, have unintended consequences because a service user may resort to SUVA if they feel aggrieved by the actions of the staff member. It is also in these time-pressured environments that SUVA is often not reported, which impedes the accurate recording of SUVA organisational data. The quality of organisational data influences what type of service user aggression training the organisation invests in, as well as its decisions about risk mitigation strategies, such as the location of security officers across the network.

In this research, both staff and service users said that government legislation was complex, confusing and designed to disadvantage service users. The royal commissions into Robodebt and into defence and veteran suicide, both established while this research was being undertaken, identify these complexities. In the past decade, the federal government has introduced policies that aim to reduce welfare, reduce APS staff numbers, increase the dependence of APS on online processes and outsource APS work to private contractors and labour hire agencies (e.g., Serco, Datacom, Adecco) (ANAO, 2022a, 2022b; Andrew et al., 2020; Rami & Perrone, 2021; Parsell et al., 2020). In the area of social services, Workforce Australia Providers, who are private companies, have been given the authority to suspend people's government unemployment benefits for noncompliance reasons (O'Sullivan et al., 2021). This has led to service user confusion and

to SUVA incidents occurring at Centrelink sites and during telephone calls with call centre staff.

Continuous changes in the disability support pension application process have caused service users to have ongoing difficulties with acquiring specialist reports (e.g., psychiatric, orthopaedic) to progress their applications; private appointments are cost-prohibitive, and there are year-long waiting lists in the public sector (Senate Community Affairs References Committee, 2022). Different legislative Acts that establish veterans' eligibility for payments and support appear to align with various campaigns veterans have served in, causing considerable confusion (see chapter 8). Support for vulnerable veterans transitioning from the ADF to civilian life appears to be minimal, with mental health issues and homelessness being major issues of concern reported by across the site visit, online survey, and one-to-one interviews.

10.2 Research Findings

Given the findings of the research, the following suggestions aim to reduce SUVA incidents across both Services Australia and DVA (including Open Arms):

1. Barriers to reporting SUVA (and service user incivilities) should be reduced. There are inconsistencies in the way SUVA is recorded in both DVA and Services Australia. Consistent policy on reporting should be introduced and training provided to staff and managers. An independent SUVA reporting system in DVA would provide a specific focus on SUVA data and enable appropriate resourcing across the network.
2. Investment in SUVA training is essential. This research indicates that all staff in frontline roles (telephone or face-to-face, remote or metro) should take part in experiential or role-play training designed for their specific role and location.
3. While using contractors reduces taxpayer burdens in the short term, it has been made clear that it may incur long-term costs. Concerns about the level of training provided to contractor staff and how this may affect their work with service users and increase SUVA were raised throughout this research as well

as by the ANAO (2022a & 2022b). An increase in the average staffing level cap would enable more frontline staff to assist service users.

4. The government should clarify what DVA is funded to do: is it an insurance or workers compensation provider or a support and care provider or a mixture of both? Providing support and care requires appropriate funding. The process of transitioning out of the ADF currently results in the burden of proof being on veterans, who feel 'broken' by their ADF experience, rather than on the ADF, who could give DVA the required psychological, medical and legal supporting information. A review of the medical assessment regime for veterans could be helpful in reducing this burden. A possible model is the Job Capacity Assessment process undertaken in Services Australia for disability support pension applicants (Services Australia, n.d.-b). In this process, a functional capacity assessment examines all the applicant's physical and mental health conditions using impairment tables and a rating is provided. The assessments are undertaken by health and allied health professionals whose areas of expertise align with the applicant's primary conditions, and they are permitted to confer with colleagues regarding other conditions. The process focuses on all the applicant's medical and psychological conditions together, rather than each being assessed separately (chapter 8, sect 8.2.1, Participant 37, 'not looked at as a whole person' comments; (chapter 8, sect 8.2.1, Participant 25).
5. There are concerns for the mental health of staff working in teams or service centres where there are high levels of SUVA, both face-to-face and on the telephone. Should there be a system of staff rotation in and out of these high-demand and high-risk areas? If this is too difficult, perhaps staff could be permitted short-term secondments to other roles (chapter 8, sect 8.1.3, Participant 01), 'impacts of high stress environment' comments.
6. A notable theme throughout this research is vulnerable service users with mental health challenges or TBIs. Staff who work with service users impacted by these conditions should be skilled to provide the appropriate level of

support. It is incumbent on departments to provide appropriate training and develop policies to ensure better awareness with an aim of reducing SUVA.

7. During the period of this research, more proactive approaches to working with service users were introduced by both organisations. These include proactive calls to service users through DVA's triage and connect service, proactive case management through Services Australia's Personalised Support team, and a call-back system that aims to reduce service users' need to wait on hold when calling Services Australia. The next step would be the identification of at-risk service users, either through an appropriate SPJ risk assessment process or by generating offender types (using the person–situation interaction framework); this could lead to a reduction of SUVA across the network.
8. Service user incivility refers to relatively minor forms of negative behaviour, while SUVA involves more intense and sometimes extreme forms of negative behaviour. As noted in Chapters 1 and 2, both forms impact APS staff wellbeing. It may be the case that some of the incidents not reported by staff could be incivilities, not SUVA. From a proactive risk mitigation policy perspective, incivilities should be recorded and acted on in the same way as SUVA incidents. Many incidents may start out as an incivility and quickly progress into an extreme SUVA incident.
9. Consideration of reducing organisational silos and fostering a networked approach to responsive regulation of SUVA in a WofG way, may prove beneficial in reducing violence and aggression against frontline staff. Restorative justice case conferences as an aspect of the SUVA management process could provide beneficial outcomes for both frontline staff and service users.

10.3 Limitations

There were inevitable limitations to this research. The COVID-19 pandemic impacts have already been discussed during Chapter 5, but, critically, they prevented comparisons with the UK public sector and blocked access to remote Indigenous communities. Delays

in internal approval also had a significant impact on this study delaying the analysis and almost preventing one-to-one interviews with service users from occurring, resulting in lower numbers being interviewed for this research. Lawyers for Services Australia spent over eight months deciding whether to permit access to data or interviews with staff and service users. DVA initially agreed for me to undertake the three phases of the research, only for their lawyers to state late in the implementation of the research that they could not progress the access to service users. This led to a variation request to the ANU HREC to allow access to DVA service users through the RSL. The delay resulted in lower numbers of DVA service users being interviewed.

This was a substantial project, but as highlighted it would have benefited from a larger sample of service users. Further research should try to obtain a larger sample. The potential for selection and sampling bias must also be considered. The sample of this research was selected using restricted sampling, that is, the research was only conducted with two APS organisations, Services Australia and DVA. This study also used non-randomised selection of participants through voluntary surveys and one to one interviews. While the findings of this study provides valuable insights into service user violence and aggression against frontline public servants, caution should be exercised due to the potential of impacts on external validity when generalising the results to the broader APS population. Future research should consider sampling techniques such as random sampling or stratified sampling. Finally, the online survey results were perhaps influenced by the voluntary nature of answering the questions. Variations in responses were noted in the analysis. In hindsight, there should have been fewer categorical variable measures and more questions asking for numeric or weighted estimates.

10.4 SUVA-Proactive Risk Mitigation Framework

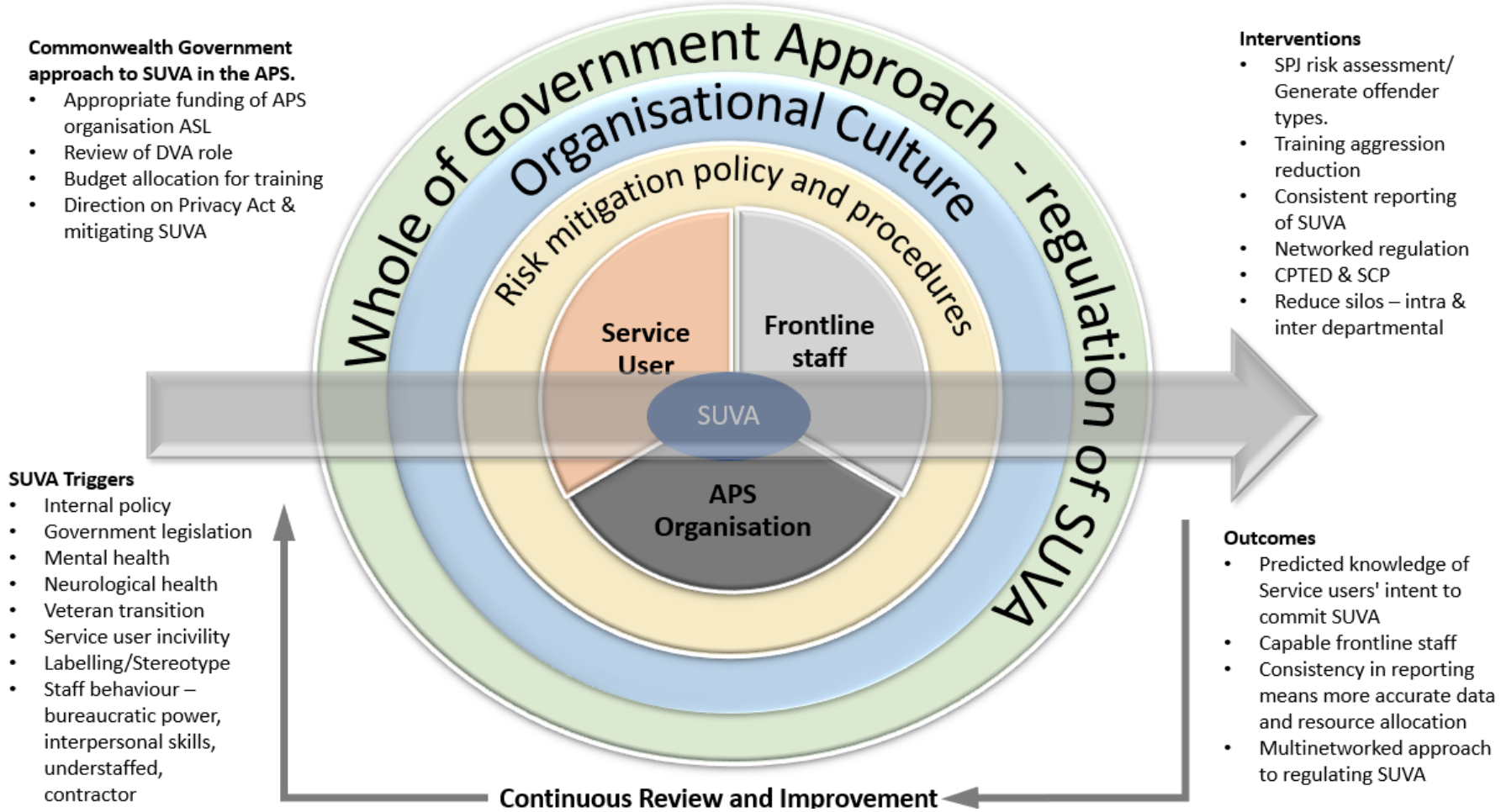
Exposure to SUVA in the workplace can have debilitating consequences for the staff who are exposed. The causes and triggers for SUVA are multifaceted, and the literature review has found evidence that aggression can develop through an ecological process if individuals live in social poverty in locations where violence and aggression

become normalised during the individual's upbringing. Transition and reintegration into civilian life for veterans has been identified as a time of loss. Moving out of the ADF military values and culture and leaving behind social supports they shared with other soldiers isolates many veterans. If transition issues are coupled with exposure to traumatic and stressful events from service, possible PTSD symptomology may place the service user at risk of being aggressive or suicidal. Neurological and psychological problems for all service users are themselves caused by either a mixture of genetic and social influences or an external force causing irreparable damage to the most important organ in the human body, and, from a holistic viewpoint to the totality of who we are.

Due to the roles a frontline public servant undertakes in administering legislative Acts and the environments in which they carry out that work, it is unfortunately an outcome of servicing such vulnerable people that SUVA is likely to occur. It is for this reason that a SUVA-proactive risk mitigation framework (Figure 10.1) is proposed; this is focused on reducing the occurrence of incidents rather than trying to reach the unattainable goal of total prevention. Within the public sector environment, SUVA's complexity requires a set of evidence-based theoretical strategies that can be implemented simultaneously to mitigate the level of risk, as described in Chapter 4. A comprehensive SUVA prevention framework for the APS should consider a range of factors, including individual (staff-related and service user–related), organisational and environmental factors, as described in Chapters 2 and 3.

Figure 10.1

SUVA-Proactive Risk Mitigation Framework



The framework (Figure 10.1) and process map (Appendix XVIII) involve the combination of a risk assessment model, effective interventions at both the situational or environmental level and the individual level, and the management of potential risk factors.

The framework includes both responsive regulation and RJ, implemented via a networked multi-agency approach. Some of the key features of the framework are:

- As the primary regulatory and funding body for APS organisations, the Commonwealth government could help support the reduction of SUVA through policies that encourage safe work environments and by funding training programs and resources that help APS organisations reduce and respond to SUVA incidents. One area where clarity is required is the Privacy Act and the ability for organisations to share data about risk behaviour in order to reduce harm to staff on the front line.
- Organisational culture that prioritises customer service over employee safety may inadvertently increase the risk of SUVA. Ongoing culture audits could be undertaken considering the possible impacts of MoG and legacy IT systems issues in creating barriers. A positive organisational culture is one that has shared values, is collaborative and innovative and supports employee wellbeing.
- APS organisations should develop and implement consistent proactive risk mitigation policies and procedures for reporting and responding to SUVA and introduce risk assessment processes like SPJ or the generation of offender types (using the person–situation interaction framework).
- APS organisations should provide SUVA training that enhances the skills and confidence of staff to help prevent the escalation of SUVA. This should include de-escalation techniques and training provided in an experiential way and acknowledging staff role and location.
- Internal policies and procedures developed in closed spaces (Chapter 3) that exclude the staff who must deliver them and the service users who are affected by them can result in tragic consequences. Transparency when developing these policies is a goal that should be aimed for.

10.5 Conclusion

This thesis offers the first empirical research examining factors associated with SUVA involving frontline public servants in DVA and Services Australia. The findings demonstrate that current organisational data do not reflect the true number of SUVA incidents. This is because of inconsistent reporting practices across both organisations and ambiguity about what is reported. The inaccuracy of the data may, in turn, affect the types of organisational risk mitigation strategies being considered. It will also influence where resources are located to provide effective risk mitigation procedures (e.g., training or security officer allocations). One of the best proactive risk mitigation strategies is providing staff with high-quality violence and aggression prevention training that is specific to their roles. There is also evidence to suggest that experiential components, such as role-plays to practise skills such as de-escalation techniques, are particularly effective ways to prepare staff for the possibility of a SUVA incident. Unfortunately, most staff noted that they are given as little as 20 minutes' online training, reducing the activity to a cursory 'tick and flick' process. Recurring themes throughout this research were staff behaviour, internal policies and procedures, and government legislation, all of which can act as catalysts for SUVA incidents.

Staff behaviour can reflect various problems in the organisation, such as service being provided by under-trained contracting staff, staff not receiving adequate training after changes in government legislation, inadequate staffing levels, staff having poor interpersonal skills, staff not having self-confidence when working with vulnerable service users, time constraints, quotas and a lack of individualised attention to difficult cases. All these factors were observed or reported during this research. Internal policies and procedures are the responsibility of the organisation's senior executive service, who must design them to facilitate adherence to government legislation. Overly officious processes have led to extreme outcomes for service users, as witnessed in the Royal Commission into Defence and Veteran Suicide and the Royal Commission into the Robodebt Scheme; poor policy often leads to unintended consequences.

A public service that provides empathy and support and focuses on outcomes rather than economic or budgetary constraints and outputs would be the public service of

choice for most service users. The legislation that underpins the work of both DVA and Services Australia demands fiscal constraint, and feedback from this research notes that this creates great difficulties for society's most vulnerable. Veterans refer to themselves as being 'broken'; their transition from the ADF is abrupt, and many feel a great loss of identity, purpose and respect. Their expectation of DVA is that they will receive support and advice, but many feel as if they have engaged an insurance company whose purpose is to minimise their claims and reduce the payouts they believe they are entitled to. This issue was raised by both staff and service users in this research. Concerns are equally bad for disability support pension applicants who lack the funds to pay for specialist medical appointments to give them the evidence they need to support their claims.

The SUVA-proactive risk mitigation framework presents an opportunity for APS organisations to holistically mitigate SUVA. An evidence-based, proactive approach that tackles SUVA at the interface between service users and frontline staff enables the development of risk mitigation policies and procedures and may provide a SUVA litmus test for new government legislative policies. It is time to challenge the siloed mentality and seek to establish a networked approach to regulating SUVA. It is hoped that this research may ultimately lead to a reduction in physical and psychological injuries to both staff and service users.

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Appendices

Appendix I: Military Compensation Acts

Defence Rehabilitation Compensation Act 1988 & Veterans' Entitlements Act 1986

Type of Service	**If your injury occurred on service:**		
	On or after 7 Dec 72 and before May 86	**On or after 22 May 86 and before 7 April 94**	**On or after 7 April 94 and before 1 July 04**
Peacetime Continuous Full-Time Service (CFTS)			
Enlisted on or after 7 April 94	N/A	N/A	DRCA
Enlisted on or after 22 May 86 (and have completed 3 years continuous service by 6 April 94)	N/A	DRCA & VEA	DRCA
Type of Service	**If your injury occurred on service:**		
	On or after 7 Dec 72 and before May 86	**On or after 22 May 86 and before 7 April 94**	**On or after 7 April 94 and before 1 July 04**
Enlisted on or after 22 May 86 (and have continuous services up to and after 7 April 94)	N/A	DRCA	DRCA
Enlisted before 22 Amy 1986 (and have continuous services up to and after 7 April 94)	DRCA & VEW	DRCA & VEA	DRCA & VEA
Former members (prior to 7 April 94)	DRCA & VEA	DRCA & VEA	N/A
Part-time service	DRCA	DRCA	DRCA
Operational Service (warlike service)	VEA	VEA	VEA
Peacekeeping Service (non-warlike service)	DRCA & VEA	DRCA & VEA	DRCA & VEA
Hazardous Service (non-warlike service)	No Declared	DRCA & VEA	DRCA & VEA
Military Rehabilitation & Compensation Act 2004 (MRCA):			
This Act provides for compensation and other benefits to be provided for current and former members of the Defence Force who suffer a service injury or disease in the military on or after the 01/07/2004. The Act also provides for compensation and other benefits to be provided for the dependants of some deceased members.			

Note. Reproduced from www.wrightlawyers.com.au/veterans-affairs/3-facts-about-military-compensation-acts-you-need-to-know/

Appendix II: Services Australia Service User Violence and Aggression Organisational Data

Services Australia SUVA data (1 March 2019 to 31 March 2021)				
Total Number of SUVA Incidents:	Centrelink = 35,740 Medicare = 167 Child Support = 3,154 Services Australia Total = 39,061			
Mode of interaction when incident occurred:				
	Centrelink	Medicare	Child Support	Total
Face-to-face	23,818	12		23,830 (61.01%)
Telephone	11,740	155	3,154	15,049 (38.53%)
Other	182	-	-	182 (0.46%)
Total	35,740	167	3,154	39,061
Gender of Service User (Centrelink only)				
Gender	No of Identified Customers	Percentage		
Female	5,976	29.81%		
Male	4,026	70.01%		
Not Recorded	32	0.18%		
Total	20,034	100%		
Number of Incidents	Male	Female		
1	10,526 (75.04%)	4,709 (78.80%)		
2	1.857 (13.24%)	665 (11.13%)		
3+	1,643 (11.72%)	602 (10.07%)		
Total	14,026	5,976		
Single incident v. repeat offender data (Centrelink only)				
Incident No:	Number of identified customers	Percentage		
1	15,255	76.15%		
2	2,525	12.60%		
3	2,254	11.25%		
Total	20,034			

Customer information is not available in ESSentials data; therefore, the above three tables are for Centrelink incidents only. Additionally, CIMS incidents can be recorded without customer details—therefore, not all Centrelink incidents will have been captured in the tables.

Incident security level				
Brand	Low	Moderate	Serious	Total
Centrelink	24,243 (67.83%)	7,837 (21.93%)	3,660 (10.24%)	35,740
Medicare		161 (96.41%)	6* (3.59%)	167
Child Support		2,798 (88.71%)	356 (11.29%)	3,154
Total		35,039 (89.70%)	4,022 (10.30%)	39,061

* Incidents recorded in CIMS are categorised into three levels of severity, while incidents recorded in ESSentials only have two levels of severity.

Threats of self-harm or suicide	
Centrelink	995
Medicare	-
Child Support	464
Total	1,459

The agency is no longer using Customer Aggression data to provide a count of threats of self-harm or suicide. The counts above are where 'self-harm' has been selected as an aggression type in addition to another aggression type

Location of Incident		
Location	Number of Incidents	Percentage
Major Cities of Australia	21,439	65.19%
Inner Regional Australia	6,660	20.25%
Outer Regional Australia	3,600	10.95%
Remote Australia	598	1.82%
Very Remote Australia	591	1.80%
Total	32,888	

Geographical location information has been derived from the customer's home address (or temporary or short-term address where the customer is currently residing) at the time of the incident. It is based on the Australian Statistical Geography Standard Remoteness Structure.
(More information: https://www.abs.gov.au/websitedbs/d3310114.nsf/home/remoteness+structure)

Additional Centrelink Breakdown		
Mode of interaction	Incidents	Percentage
Face-to-face—Service Centre	23,708	66.33%
Face-to-face—Agents	56	0.16%
Face-to-face—Out-servicing	42	0.12%
Face-to-face—Mobile Service Centre	12	0.03%
Phone—Inbound	9,788	27.39%
Phone—Outbound	1,952	5.46%
Digital—Email	57	0.16%
Digital—Authenticated channel	37	0.10%
Digital—Express Plus mobile app	30	0.08%
Digital—Social Media	8	0.02%
Writing—Letter	50	0.14%
Total	35,740	

COVID-19-related incidents		
Year	Incidents (includes 'COVID' free text search term)	Percentage of incidents
2019–2020	997	5.39%
2020–2021	3,443	21.75%

Appendix III: Department of Veterans' Affairs (Including Open Arms) Service User Violence and Aggression Organisational Data

Department of Veterans' Affairs SUVA data (1 September 2018 to 30 September 2020)		
Total number of SUVA incidents:	1148	
Mode of interaction when incident occurred:		
Mode	No.	Percentage
Face-to-face	30	2.6%
Telephone	417	36.3%
Email	170	14.8%
Third party–reported	412	35.9%
Social media	8	0.7%
Other	111	9.7%
Total	1,148	100%
Gender of Service User (Centrelink only)		
Gender	No. of Identified Customers' Incidents	Percentage
Female	150	13.1%
Male	954	83.1%
Not recorded	44	3.8%
Total	1,148	100%
Number of Incidents	Male	Female
1	927	149
2	25	1
3+	1	0
	45 Unknown across all three numbers of incidents	
Subtotal (gender noted only)	953	150
Total clients (inclusive of unknown)	1,103	

Single incident v. repeat offender data		
Single or repeat	Number of identified customers	Percentage
Single incident	472	
Repeat incident	170	
Of the 1,148 incidents, 58 were not entered correctly, so it was not possible to determine if these were single or repeat offenders.		
Total	1,148	100%

Incident security level			
Low	Moderate	Serious	Total
1,119	27	1	1,148 (1 entered without details)

Type of incident	
Suicide	469 (40.9%)
Self-harm	228 (19.9%)
Threat to others	155 (13.5%)
Threat to self-harm and to others	15 (1.3%)
Actual harm to others	1 (0.1%)
Mental health issues	99 (8.6%)
Anger, frustration	26 (2.3%)
Abusive and swearing	19 (1.6%)
Drugs and alcohol	7 (0.6%)
Concerns for welfare	57 (4.9%)
Other	72 (6.3%)
Total	1,148 (100%)
The agency is no longer using Customer Aggression data to provide a count of threats of self-harm or suicide. The counts above are where 'self-harm' has been selected as an aggression type in addition to another aggression type	

Location of client when Incident occurred		
Location	Number of Incidents	Percentage
Australian Capital Territory	45	3.9%
New South Wales	208	18.1%
Victoria	150	13.1%
Western Australia	119	10.4%
Northern Territory	14	1.2%
Queensland	450	39.2%
South Australia	86	7.5%
Tasmania	35	3%
Overseas	9	0.8%
Unknown	32	2.8%
Total	1,148	100%
Geographical location information could not determine whether client was remote, regional or urban located.		

Location of staff member		
Location	Number of Incidents	Percentage
Australian Capital Territory	113	9.8%
New South Wales	95	8.3%
Victoria	183	16%
Western Australia	193	16.8%
Northern Territory	22	1.9%
Queensland	322	28%
South Australia	145	12.6%
Tasmania	53	4.6%
Unknown	22	2%
Total	1,148	100%

COVID-19-related incidents
Nil specific data recorded that is related specifically to COVID-19 work practices.

Appendix IV: Services Australia Service User Violence and Aggression Data Systems

Services Australia SUVA Data Systems
System:
The Customer Incident Management System (CIMS)
Date data extracted:
Data extracted on 25 May 2021.
System description:
CIMS is an IT (online) reporting/recording system that SUVA incidents are recorded in by the team leaders or managers of frontline staff members who have been involved in a SUVA incident. Staff members provide an account of the SUVA incident to their team leader who adds this CIMS record to the service user's file. The CIMS organisational data are updated weekly with event data for Services Australia to monitor and track. Total counts drawing across the data fields may not match the total number of CIMS incidents or events recorded given multiple entry option for reporting staff. Multiple instances of the same combination of fields 'nature' and 'type' may legitimately be recorded in one CIMS incident if the 'specific' field is unique to each. CIMS automatically calculates the incident severity level based on the selections made by staff—Low severity, moderate severity and serious severity.
System:
Customer Incident Recording Tool (CIRT)
Date data extracted:
Data extracted on 12 May 2021 (Medicare data were not available after 15 February 2021)
System description:
CIRT much like CIMS is an IT system in which SUVA incidents are recorded. Medicare data were not available after 15 February 2021 and were also extracted/included from the CIRT record. CIRT data are based on data extracted on 12 May 2021. CIRT volumes/counts represent recorded numbers of incidents. Unless otherwise specified, CIRT volumes provided in this report also exclude incident type: 'self-harm' and 'health and safety' (where they were the only incident type selected). CIRT incidents can be recorded without customer details. Different aggression types, causes and triggers can be selected from a CIMS incident when complex events occur.
System:
ESSentials—HR System
Date data extracted:
Child Support and Medicare (until 14 February 2021) data have also been extracted from ESSentials. ESSentials data are updated monthly, and these data were extracted on 21 April 2021. Customer information is not available in ESSentials data.
System description:
ESSentials counts provided in this report exclude 'threat to suicide' and 'terminated call'. Multiple different categories can be selected for one incident in ESSentials and therefore total counts in tables and/or charts may not match the total number of incidents (they will likely exceed if multiple entries about the same incident occurs). Not all staff from within Services Australia are able to report customer (service user) aggression in the ESSentials database, only supervisors.

Appendix V: Definition of Service User Violence and Aggression

Here, SUVA is defined using a combination of the Safe Work Australia (SWA) definitions and those from Mayhew and Chappell (2007) to provide a complete list of actions and behaviours.

SUVA can be any incident where a person is abused, threatened or assaulted in circumstances arising out of, or in the course of, their work.
Broad range of actions and behaviours that are included in the SWA definition
• biting, spitting, scratching, hitting kicking • punching, pushing, shoving, tripping grabbing • throwing objects—including defacing or destroying property • verbal threats—including swearing at someone or making offensive noises or gestures • aggravated assault • any form of indecent physical contact • threatening someone with a weapon (improvised or not) or armed robbery.
Definitions by Mayhew and Chappell (2007) will be included in the research definition
• homicide • behaviours that create an environment of fear—e.g., making gestures that communicate a threat—similar to verbal threats • stalking—including waiting outside the office to harass or threaten an employee, following an employee home or approaching them in public • degrading and/or violent initiation rites • behaviours that lead to severe stress or avoidance behaviour in the recipient (e.g., racial or gender abuse).

Appendix VI: Summaries of Work Institute Retention Report 2017 and Safe Work Australia Report 2022

<table>
<tr><th colspan="2">The Work Institute's Retention Report 2017</th></tr>
<tr><td>The Work Institute's 2017 annual Retention Report suggested that replacing an employee cost about a third of that employee's salary. Thus, the average worker making $45,000 a year will cost about $15,000 to replace, when advertising, screening and testing applicants, training, and onboarding costs (among others) are included. For some harder-to-fill positions, this cost could increase to 50% of the worker's salary. Work-related injuries, illnesses and deaths impose costs on employers, workers and the community.</td><td>Direct costs include items such as workers' compensation premiums paid by employers or payments to injured or incapacitated workers from workers' compensation jurisdictions.
Indirect costs include items such as lost productivity, loss of current and future earnings, lost potential output and the cost of providing social welfare programs for injured or incapacitated workers.
The level of costs borne by each economic agent varies with the severity of the injury or disease. While measures of direct costs are understood and reasonably simple to measure, these costs cover only a fraction of the total cost of work-related injury and disease. Work Institute 2017</td></tr>
<tr><th colspan="2">The Safe Work Australia Report—Deloitte Economics 2022</th></tr>
<tr><td>The Safe Work Australia report (2022) by Deloitte Economics investigated the potential economic impact of work-related injury and illness in Australia between 2008 to 2018. The findings provide insight into the relationships between work-related injuries and illnesses and economic activities in Australia, allowing for more targeted policy interventions grounded in robust analysis. The analysis was based on methodology from the World Health Organization guidelines for identifying the economic consequences of disease and injury. Their findings found that between 2008 and 2018 the cost of work-related injury and disease to the Australian economy was $28.6 billion, representing 1.6% of Gross Domestic Product. Some results from this report that are significant for the public sector are:</td><td>Industries most affected by work-related injuries and illnesses show health care the highest with 14.5%, followed by retail trade at 9.0% and public administration in third place at 7.8%.
In 2017–2018, public administration and safety as an industry had 42,500 recorded work-related injuries or illnesses.
Of the five most commonly observed work-related injuries and illnesses across 2019–20, mental illness was the fifth most common at 9% of the total.
From 2008–2018, the impact on employment for public administration and safety was 15,500 full-time equivalent staff lost.</td></tr>
</table>

Appendix VII: Braithwaite's Principles for the Usage of Regulation

	Principles for the usage of regulation
1	Think in context; do not impose a preconceived theory
2	Listen actively; structure dialogue that: • gives voice to stakeholders • settles agreed outcomes and how to monitor them • builds commitment by helping actors find their own motivation to improve • communicates firm resolve to stick with a problem until it is fixed.
3	Engage those resistant with fairness; show them respect by construing their resistance as an opportunity to learn to improve regulatory design.
4	Praise those who show commitment.
5	Signal that you prefer to achieve outcomes by support and education to build capacity.
6	Signal, but do not threaten, a range of sanctions to which you can escalate; signal that the ultimate sanctions are formidable and are used when necessary, though only as a last resort.
7	Network pyramidal governance by engaging wider networks or partners as you move up a pyramid.
8	Elicit responsibility, resorting to passive responsibility (holding actors responsible for past actions) when active responsibility fails.
9	Learn; evaluate how well and at what cost outcomes are being achieved; communicate lessons learned.

Note. Reproduced from Brathwaite (2011)

Appendix VIII: Comparison of Four Research Paradigms

Paradigm	Positivist	Interpretivist	Critical	Pragmatic
Ontology	Naïve realism Single reality	Relativist Multiple realities	Historical realism Multiple realities	**Relational Non-singular reality**
Epistemology	Objective	Subjective	Transactional / subjective	**Objective -subjective Either or both dependent upon the research question(s)**
Axiology	Value-free	Value laden, biased and balanced	Value laden, biased and culture-sensitive	**Value-driven, both objective and subjective stance**
Methodology	Experimental - methodology Quasi-experimental Correlational Causal-comparative Randomised control trials	Phenomenology Symbolic-interactionism Ethno-methodology Narrative-inquiry Hermeneutics Action research	Feminist theory Neo-Marxist Cultural studies Action research Disability theories Queer theory Participatory-inquiry Ideology-critique	**Mixed- methodology: Experimental-methodology Quasi-experimental methodology Phenomenology Narrative inquiry**
Design	Descriptive Explanatory Survey Case study Longitudinal Cross-sectional	Descriptive Exploratory Ethnography Grounded theory Case study Longitudinal Cross-sectional	Descriptive Exploratory Ethnography Grounded theory Case study Longitudinal Cross-sectional	**Descriptive Explanatory Exploratory Ethnography Grounded theory Case study Longitudinal Cross-sectional**
Method (most often used)	Quantitative Highly structured (Questionnaires) Tests Observations Document Analysis Large samples Hypothesis testing Random sampling Statistical analysis	Qualitative In-depth investigations (Semi-structured interviews, or in-depth unstructured interviews and observations) Document analysis Small samples and purposive sampling	Qualitative or quantitative (mostly qualitative) Interviews Participants' observation Questionnaires Triangulation of methods	**Mixed-method Quantitative and qualitative (combine both methods)**

Note. Okesina. (2020). A critical review of the relationship between paradigm, methodology, design and method in research (p. 66). *Journal of Research and Method in Education*, 10(3), 57–68. https://doi.org/10.9790/7388-1003015768

Appendix IX: Staff Online Question Set and Participant Information Sheet

Staff email

The email to staff consists of the participant information sheet. This is an ANU Human Ethics obligation and a prerequisite for all participants to read prior to taking part in the survey itself. The structure of the email is taken from the ANU ethics committee participant information form template. Embedded in the email was a link to the online survey. The email addresses who I am as the researcher, the description of the research and any risks, as well as confidentiality issues.

Online staff survey

The survey commences with the participant consent form. If the staff member chooses not to participate, they simply select not to give their consent, and the survey is ended (hopefully this does not happen too often).

The survey is broken up into specific question blocks that each begin with an explanation about what the following question set will be seeking from the participant. These explanations are highlighted in this printed section in bold font and a light-blue background.

1. Focuses on how SUVA impacts work environments and locations and if the mode of service delivery, that is, phone, face-to-face or electronic, increases or decreases SUVA.
2. Focuses on the type of SUVA, where it took place, possible triggers and confidence in leadership team.
3. Seeks to better understand if labelling or stereotyping can increase SUVA.
4. Focuses on whether staff under-report SUVA and whether they seek support for mental health or physical injury.
5. Seeks to better understand secondary workplace trauma and the ongoing impacts on staff, such as fear of being involved in future SUVA incidents. Could this increase unplanned leave?
6. Is aimed at understanding the risk mitigation procedures and processes the department has in place and how these are viewed by the staff, and whether staff may be open to restorative justice processes in the risk mitigation policy.

7. Ascertains the survey demographics.
8. Seeks staff permission for a possible follow-up questionnaire.

The **questions are not shown in numerical order**; this is an artefact of the editing that has been undertaken in the development of the survey—the numbers are not seen in the online version, and the survey flows naturally.

Note that in the question set there are blue text boxes that highlight the skip logic and branching that is taking place throughout the document. When a question is answered, the survey will take the participant to the next logical question. Staff are not required to complete every question in the document.

The survey is asking staff to comment on a 24-month period. In this example, the date range is September 2018 to September 2020, which is the date range provided to DVA (inclusive of Open Arms) respondents. Services Australia's date range was March 2019 to March 2021.

Dear Participant,

My name is Steve Munns and I am a PhD student with the School of Regulation and Global Governance at the Australian National University (ANU). My research is focused on violence in the workplace, specifically:- *Violence at work: reducing assault and abuse directed at frontline staff in public service roles.* Prior to commencing this research, I have worked as a public servant for the past 15 years recently heading up the Department of Human Services Forensic Psychology Team where we provided support in the management of violent and aggressive service user incidents. As a psychologist, I have worked and studied in various forensic environments both in Australia and the United Kingdom.

As part of my research, I am conducting a survey to obtain feedback on service user violence and aggression. You are receiving this email as you are employed in a service user facing frontline role with Services Australia, Department of Veterans' Affairs (DVA) or Open Arms Veterans' and Families Counselling Service. **I am inviting you to participate in this survey - your experience and opinions are invaluable to my research.** Responses will be de-identified, with only aggregated data used in my thesis. It is hoped that the outcome of this research will determine an evidence-based way forward in developing proactive risk mitigation policies leading to a reduction in physical and psychological injuries to frontline staff. You can access the survey via this **Link**.

There is a link to this survey at the end of this email, but before you start this survey I need to provide you with more information about my project.

General Outline of the Project:

Description and Methodology: This research seeks to understand how you as a public servant have experienced service user violence and aggression. Service users are known as Customers within Services Australia and Veterans' or Veterans' family members within DVA and Open Arms. We define workplace violence and aggression as any incident where

you are abused, threatened or assaulted in circumstances arising out of, or in the course of your work. Violence can be either directed at you or as a result of you witnessing violence against someone else. We are interested in the impacts of service user aggression, in particular, we are interested in what triggers are involved and how we may be able to reduce these situations from arising in the future. We would also like to gauge your understanding of the current risk mitigation policies and procedures within your department aimed at reducing violence and aggression as well as investigate the role fear is playing in the work-life of the frontline APS employee.

- **Participants:** This survey link is being sent to all frontline service user facing public servants (inclusive of contractors employed in these roles) within Services Australia, DVA and Open Arms Veterans and Veterans' Families Counselling Service via your departmental email. The survey will be conducted online.
- **Use of data and feedback:** The data will be used to produce published articles and conference presentations that will be reviewed by academics and professionals. A summary of the research will be made available to participants by contacting Steve Munns on 0421918922 or steve.munns@anu.edu.au
- **Project Funding:** This research is supported by a research scholarship through the Sir Roland Wilson Foundation. The purpose of the Sir Roland Wilson Foundation is to advance the study and development of public policy and management within Australia and Internationally.

Participant Involvement:

- **Voluntary participation & withdrawal:** Your participation in this survey is voluntary, and you may decline to take part or to withdraw from participation at any time. You may also decline to answer any question in the survey. If you withdraw, the data you have provided prior to withdrawal may be destroyed and not used however once you have submitted your survey it will not be possible to

withdraw from the research. Approval for your participation has been provided by the Secretary of your Department.

What does participation in this research entail?

- **Location and Duration:** The survey questionnaire is not expected to take longer than 20 mins. Approval has been given to participate during normal work hours.
- **Risks:** Answers are anonymous and you are able to withdraw from the survey at any time. There are no identifiable risks.
- **Benefits:** There is limited literature in the area of violence and aggression against Australian public servants so this research will offer a unique insight into this area of public policy. The primary aim is to understand the nature, prevalence, and severity of violence and aggression from the service user toward frontline APS staff. In turn, this will contribute to policy development aimed at proactively reducing the level of violence and aggression aimed at frontline APS staff.

Exclusion Criteria

- **Participant Limitation:** This survey is designed for public servants who currently work or have worked in front line roles where contact with service users has been conducted through face-to-face, video conferencing, telephone or online via email and social media.

Confidentiality:

We will keep your identity confidential. Access to the data you provide will be restricted to the research team and identifying details will be stored separately from the rest of the research data. Published results will only be reported as a summation of all survey answers and you will not be identifiable within published outputs. Your individual responses will not be shared with your employer.

Privacy Notice:

In collecting your personal information within this research, the ANU must comply with the Privacy Act 1988. The ANU Privacy Policy is available at *https://policies.anu.edu.au/ppl/document/ANUP_010007* and it contains information about how a person can:

- Access or seek correction to their personal information;
- Complain about a breach of an Australian Privacy Principle by ANU, and how ANU will handle the complaint

Data Storage:

- **Where:** Data will be securely stored on password-protected computers within the School of Regulation and Global Governance at the Australian National University. Physical records will be kept in a locked filing cabinet in an office located within the Australian National University.
- **How long:** All research data will be retained and securely stored for at least five years following publications arising from the research.
- **Handling of data following the required storage period:** After the storage period, all identifying details will be removed from the data and the non-identified data will be archived at the Australian Data Archive (www.ada.edu.au) for use in later research, including potential use by other researchers.

Queries and Concerns:

- **Contact details for more Information:** Any requests for information or queries regarding the study participants should be directed to steve.munns@anu.edu.au 0421918922.

- **Contact details if in distress:** If you feel distressed by any questions, you should contact your team leader, Employee Assistance Program or Lifeline (13 11 14).

Ethics Committee Clearance:

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (Protocol 2019/385). If you have any concerns or complaints about how this research has been conducted, please contact:

Ethics Manager The ANU Human Research Ethics Committee The Australian National University Telephone: +61 2 6125 3427 Email: Human.Ethics.Officer@anu.edu.au

Follow this link to the Survey:

Take the Survey

Or copy and paste the URL below into your internet browser:

https://anu.au1.qualtrics.com/jfe/form/SV_eqAkES0jpXzYtrT?RID=MLRP_82GQTJTzqLP6eLH&Q_CHL=email

Follow the link to opt out of future emails:

Click here to unsubscribe

Thank you for taking the time to participate in this survey.

Kind regards

Steve

Steve Munns

Pat Turner PhD Scholar, Sir Roland Wilson Foundation

School of Regulation & Global Governance

College of Asia & the Pacific

The Australian National University

Online Staff Survey

Consent to participate

By progressing with the online survey, you are acknowledging that you have read and understood the participant information emailed to you explaining the research project and inviting you to participate.

By selecting the '**I Consent'** button below you:

- agree to participate in the project;
- agree that the data collected may be used in future research projects;
- are aware that your answers are anonymous and you may withdraw from the survey at any time;
- are aware you may decline to answer any question in the survey; and
- acknowledge that once you have submitted your survey it will not be possible to withdraw from the research.

*Please note that selecting '**I Do Not Consent**' will take you to the end of the survey.*

○ I Consent (1)

○ I Do Not Consent (2)

Skip To: End of Survey If Consent to participate By progressing with the online survey, you are acknowledging that yo... = I Do Not Consent

This research seeks to understand how you as a public servant, have experienced service user violence and aggression. Service users are known as customers within Services Australia and Veterans or Veterans' family members within DVA and Open Arms Veterans' and Families Counselling Service. The time period of interest for this research is September 2018 to September 2020. The survey questionnaire is not expected to take longer than 20 minutes. Please be open and honest in your responses - they are confidential.

By completing the survey you will be assisting in understanding the prevalence and severity of service user violence and aggression, and, in turn, contributing to policy development aimed at reducing its impact and occurrence.

Workplace violence and aggression is defined as any incident where you are abused, threatened or assaulted in circumstances arising out of, or in the course of your work. The violence can be either directed at you or as a result of witnessing violence against someone else, this is referred to as secondary trauma. The following are a broad range of actions and behaviours that are included in the survey definition:

- biting, spitting, scratching, hitting, kicking;
- punching, pushing, shoving, tripping, grabbing;
- throwing objects – including defacing or destroying property;
- verbal threats – including swearing at some or making offensive noises or gestures;
- aggravated assault; any form of indecent physical contact;
- threatening someone with a weapon (improvised or not) or armed robbery;
- homicide;
- behaviours that create an environment of fear – e.g. making gestures that communicate a threat;
- stalking - including waiting outside the office to harass or threaten an employee, following an employee home or approaching them in public;
- degrading and/or violent initiation rites; and
- behaviours that lead to severe stress or avoidance behaviour in the recipient.

Your work environment details are important for this research. We would like to see if your work location may increase the likelihood of encountering a violent or aggressive incident by a service user.

We are also interested in whether violent or aggressive service user incidents differ based on the mode of service delivery i.e. phone, face to face or electronically.

Q1.1 How safe do you feel in your work environment?

- ○ Very unsafe (1)
- ○ Unsafe (2)
- ○ At times I have concerns for my safety (3)
- ○ Safe (4)
- ○ Very safe (5)

Display This Question:

If How safe do you feel in your work environment? = Safe

Or How safe do you feel in your work environment? = Very safe

Q1.2 What makes you feel safe/very safe in your work environment?

_____

Display This Question:

If How safe do you feel in your work environment? = Very unsafe

Or How safe do you feel in your work environment? = Unsafe

Q1.3 Do you feel unsafe/very unsafe because: (Multiple answers accepted).

- [ ] You work independently with no one else to support you if an issue arises (1)
- [ ] You are not sure of the procedures you are to follow if a violent or aggressive incident were to take place (2)
- [ ] You feel the security measures that are in place will not protect you if an aggressive incident were to take place (3)
- [ ] Due to a prior violent or aggressive service user incident (4)
- [ ] The level of threat toward you from a service user is unknown (5)
- [ ] Other: (6) _____

Q2 What work environment are you employed in (Multiple answers accepted)?

- [ ] Service Centre - Metro site (inner city) (1)
- [ ] Service Centre - Regional site (country township) (2)
- [ ] Service Centre - Remote site (3)
- [ ] Out-servicing role – Metro (4)
- [ ] Out-servicing role – Rural (5)
- [ ] Out-servicing role – Remote (6)
- [ ] Smart Centre (7)
- [ ] Veterans' Access Network Office (VAN) (8)
- [ ] Veterans' Client Services Locations (9)
- [ ] Open Arms Outreach Provider Network Office (10)
- [ ] Open Arms Regional Office (11)
- [ ] Open Arms Client Assist Contact Centre (12)
- [ ] Other service user frontline role (13)

_____

Q3 Where is your worksite located?

_____

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Q4 What type of frontline service do you provide? (Multiple answers accepted)

- [ ] Face to face (1)
- [ ] Telephone (2)
- [ ] Video Conference (3)
- [ ] Other (4) _____

Q95 Do you work in a team leader, management or operational position in which you are required to deal with aggressive or violent service user incidents on a **regular basis** as part of your role?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Do you work in a team leader, management or operational position in which you are required to dea... = Yes

Q96 What is your role within the department?

- ○ Team Leader (1)
- ○ Manager (2)
- ○ Personalised Services Officer (Services Australia) (3)
- ○ Managed Access Protocol Role (DVA) (5)
- ○ Other: (4) _____

Q123 Do you work in a Social Work or Allied Health role?

- ○ Yes (1)
- ○ No (2)

Q5 If you work in an out-servicing role do you undertake an operational debrief after each visit to community to provide a service?

- ○ Yes (1)
- ○ No (2)
- ○ Sometimes (3)
- ○ Never been a part of my role (4)

In this section of the survey we aim to better understand various factors relating to the service user aggressive incident.

This will look at situational factors, concerns that you may have had with regards to the service user at your point of contact and whether other State, Territory, Federal or NGOs may have had recent involvement with the service user prior to the incident occurring.

It will also look at where incidents occur and your confidence levels in the way in which the aggressive incident was dealt with by the leadership team.

For this research most of the questions are asking you to reflect on violent or aggressive incidents that occurred over the past 24 month period (September 2018 to September 2020).

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Q7.1 Have you been directly subjected to service user violence or aggression whilst in a frontline role within the past 24 months (September 2018 to September 2020)?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

*

Q7.2 On how many occasions have you been subjected to service user violence or aggression in your role within the past 24 months (September 2018 to September 2020)?

_____

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q8 When did the most recent violent or aggressive service user incident occur?

- ○ This week (1)
- ○ Last week (2)
- ○ Last month (3)
- ○ Last 6 months (4)
- ○ Last 18 months (5)
- ○ past 24 months (6)

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q9 Where did this/these violent or aggressive service user incident/s take place (with regards to incidents over the past 24 months - September 2018 to September 2020)? (Multiple answers accepted).

- ☐ In your work environment (1)
- ☐ Whilst you were in a public space (shopping centre, park, sports) (2)
- ☐ At home (3)
- ☐ Other (4) _____

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q10 What type of service user violent or aggressive incident/s have you been involved in within the past 24 months (September 2018 to September 2020)? (Multiple answers accepted).

- ☐ Physical assault at work (1)
- ☐ Physical assault outside of work (10)
- ☐ Verbal abuse - face-to-face at work (2)
- ☐ Verbal abuse - face-to-face outside of work (11)
- ☐ Verbal abuse on the telephone (3)
- ☐ Verbal abuse on the video conference technology (4)
- ☐ Social media such as department Facebook, etc. (5)
- ☐ Social media - Personal Facebook, LinkedIn, etc. (12)
- ☐ Distressing material sent via department email (6)
- ☐ Distressing material sent via surface mail to department (7)
- ☐ Followed outside of work (8)
- ☐ Threat to harm (13)
- ☐ Threat to kill (14)
- ☐ Other (9) _____

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q11 Do you think there were contributing factors? Can you comment on the possible circumstances of the service user (with regards to incidents over the past 24 months - September 2018 to September 2020) (Multiple answers accepted).

- [ ] They appeared under the influence of a substance (1)
- [ ] There was a known mental health issue that may have been untreated (2)
- [ ] They looked unkempt and possibly living rough (3)
- [ ] They were agitated from the start of the interview (4)
- [ ] Presented well dressed with no notable concerns (5)
- [ ] They stated upfront they were angry due to the wait time to discuss the matter with you (7)
- [ ] They stated upfront they were angry after they received correspondence from the department in the mail. (8)
- [ ] They were agitated due to the COVID-19 measures put in place (10)
- [ ] Other: (9) _____

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q12.1 Were you aware at the time, or are you aware now that the service user/s was/were involved with another State or Commonwealth government department or Non-Government Sector Organisation (NGO) prior to engaging you and becoming aggressive or violent (with regards to incidents over the past 24 months - September 2018 to September 2020)?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

And Were you aware at the time, or are you aware now that the service user/s was/were involved with a... = Yes

Q12.2 Which department/s? (Multiple answers accepted).

- ☐ State or Territory Mental Health (1)
- ☐ State or Territory Corrective or Community Services (2)
- ☐ State or Territory Housing (9)
- ☐ DVA (3)
- ☐ Open Arms – Veterans' and Families Counselling Service (4)
- ☐ Services Australia (5)
- ☐ ATO (6)
- ☐ NGO (7)
- ☐ Other (8) _____

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Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q13 On a scale of 1- 5 how confident did you feel with how the violent or aggressive situation/s by a service user was/were dealt with by your leadership team?

- ○ 1 - Not very confident (1)
- ○ 2 - Not confident (2)
- ○ 3 - Not aware of the process taking place (3)
- ○ 4 - Confident (4)
- ○ 5 -Very confident (5)

Q15 After an aggressive or violent service user incident/s do you or your colleagues undertake an operational debrief with your team leader or manager?

- ○ Yes (1)
- ○ No (2)
- ○ Sometimes (3)

Q16.1 After a violent or aggressive service user incident is there a departmental expectation that you lodge an incident report?

- ○ Yes (1)
- ○ No (2)
- ○ Unsure if I am expected to (3)

Display This Question:

If After a violent or aggressive service user incident is there a departmental expectation that you... = Yes

Q16.2 What is the name of the departmental system/s you have used to lodge an incident?

_____

Display This Question:

If After a violent or aggressive service user incident is there a departmental expectation that you... = No

Q16.3 Do you believe it should be compulsory to lodge an incident report after a violent or aggressive service user incident?

- ○ Yes (4)
- ○ No (5)

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q17.1 After lodging an incident report, are you informed of the action taken in relation to the service user?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If After lodging an incident report, are you informed of the action taken in relation to the service... = Yes

Q17.2 What was the action taken in relation to the service user? (Multiple answers accepted).

- ☐ Restricted access (1)
- ☐ Service user management plan (7)
- ☐ Ban (2)
- ☐ Custodial sentence (3)
- ☐ No action was taken (4)
- ☐ Don't remember (5)
- ☐ Other: (6) _____

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q98 Why do you think violent and aggressive service user incidents have been levelled at you (over the past 24 month period - September 2018 to September 2020)? (Multiple Answers Accepted)

- ☐ Personal Attributes (Race, Gender, Sexuality, etc.) (6)
- ☐ The Bureaucratic Decision you made as a public servant (1)
- ☐ The complex and changing government policy (2)
- ☐ COVID-19 measures put in place (7)
- ☐ Other: (5) _____

Display This Question:

If Why do you think violent and aggressive service user incidents have been levelled at you (over th... = COVID-19 measures put in place

Q126 What aspect of the COVID-19 Measures do you feel lead to service user violence and aggression? (Multiple Answers Accepted)

- [ ] Claim eligibility (1)
- [ ] Controlled entry (11)
- [ ] Queueing outside office (12)
- [ ] Wait times (In Office and On Phone) (14)
- [ ] Self-isolation refusal (15)
- [ ] Social distancing (7)
- [ ] Reaction to Screening questions (16)
- [ ] Negative reaction to physical protective screens (17)
- [ ] Other: (10) _____

Display This Question:

If Why do you think violent and aggressive service user incidents have been levelled at you (over th... = Personal Attributes (Race, Gender, Sexuality, etc.)

Q97 What do you believe were the attributing factors for the service user to become violent or aggressive with you personally? (Multiple answers accepted).

- ☐ My race (1)
- ☐ My religion (2)
- ☐ My gender (3)
- ☐ My sexual orientation (4)
- ☐ My age (5)
- ☐ Other: (6) _____

Display This Question:

If Why do you think violent and aggressive service user incidents have been levelled at you (over th... = The complex and changing government policy

Q100 What aspect of government policy changes do you feel leads to service user violence and aggression? (Multiple answers accepted)

- ☐ Staff aren't properly briefed or trained in the changes prior to roll-out. (1)
- ☐ Service users aren't aware of the changes and are caught off guard. (2)
- ☐ Policy change has had a lot of public attention and the service user feels as if they are being singled out. (3)
- ☐ Other: (4) _____

Display This Question:

If Have you been directly subjected to service user violence or aggression whilst in a frontline rol... = Yes

Q19 Upon reflection of the service user violent or aggressive incident/s you have been involved in as a frontline public servant (over the past 24 month period), what percentage of incident/s do you feel occurred from the outset of your meeting and what percentage were reactive to a decision you needed to make? (Total Must Equal 100).

At the outset : _____

After I informed the service user of the decision : _____

Total : _____

Q101 Although this research is focused on the past 24 month period, we would like to know if you **have ever been involved** in a violent or aggressive service user incident in your role as a frontline public servant?

- ○ Yes (4)
- ○ No (5)

Display This Question:

If Although this research is focused on the past 24 month period, we would like to know if you have... = Yes

Q118 What type of service user violent or aggressive incident/s have you been involved in your frontline role/role as a public servant? (Multiple answers accepted).

- ☐ Physical assault at work (1)
- ☐ Physical assault outside of work (10)
- ☐ Verbal abuse - face to face at work (2)
- ☐ Verbal abuse - face to face outside of work (11)
- ☐ Verbal abuse on the telephone (3)
- ☐ Verbal abuse on the video conference technology (4)
- ☐ Social media such as department Facebook, etc. (5)
- ☐ Social Media - Personal Facebook, LinkedIn, etc. (12)
- ☐ Distressing material sent via department email (6)
- ☐ Distressing material sent via surface mail to department (7)
- ☐ Followed outside of work (8)
- ☐ Threat to harm (13)
- ☐ Threat to kill (14)
- ☐ Other (9) _____

398

Display This Question:

If Although this research is focused on the past 24 month period, we would like to know if you have... = Yes

Q103 Has this incident had a continuing impact on your concern for your safety and wellbeing in your role as a public servant?

- ○ Yes (4)
- ○ No (5)

Q20 If there is anything further you would like to add please write in the space below.

_____

Labelling theory is a social science concept which suggests violent and aggressive behaviour is socially constructed and influenced by labels we apply to people.

This research will consider how labelling has real consequences in creating negative stereotyping or stigmatisation of both public servants and service users.

Q90 At times labels can be given to service users: dole bludger for someone who may be unemployed or con artist and imposter for veterans are just some examples. Do you believe these labels are justified?

- ○ Yes (4)
- ○ No (5)

Q104 Do you use these types of labels to describe service users yourself?

- ○ Yes (4)
- ○ No (5)

Q91 In society, who do you see using labels against service users? (Multiple answers accepted).

- ☐ Media (1)
- ☐ Friends and family (2)
- ☐ Politicians (3)
- ☐ Other APS staff (4)
- ☐ Service User (6)
- ☐ Other (5) _____

Q92 Have you had direct experience where the label 'public servant' has been used by a service user to depersonalise who you are as an individual?

- ○ Yes (1)
- ○ No (2)

400

Display This Question:

If Have you had direct experience where the label 'public servant' has been used by a service user t... = Yes

Q93 In society who do you see using labels against public servants in a stigmatising way? (Multiple answers accepted).

- [ ] Media (1)
- [ ] Friends and family (2)
- [ ] Politicians (3)
- [ ] NGOs (4)
- [ ] Service User (6)
- [ ] Other (5) _____

Q105 Have you witnessed an occasion where a colleague's (APS Staff Member, Contractor employed by the department) behaviour has led to a violent or aggressive incident from a service user occurring (over the past 24 months - September 2018 to September 2020)?

- ○ Yes (4)
- ○ No (5)

Display This Question:

If Have you witnessed an occasion where a colleague's (APS Staff Member, Contractor employed by the... = Yes

Q106 What was the behavioural issue? Multiple answers accepted

- ☐ APS staff member spoke rudely (offensive or bad mannered way) towards the service user (1)
- ☐ APS staff member was unempathetic to the service users' issue, citing bureaucratic rules to justify decisions (2)
- ☐ APS staff member spoke to service user in a condescending, judgmental way (3)
- ☐ Other: (4) _____

Q94 If there is anything further you would like to add please write in the space below.

_____

Injury information is important as it indicates the type of injuries that can be sustained by yourself or your colleagues as a result of a service user's violent or aggressive behaviour.

It is also important to note if you or your colleagues choose to inform the department about assistance you may require. It could also suggest an underreporting of service user aggression within the department.

402

Q21.1 Have you sought assistance (Health and/or Allied Health) due to being subjected to a violent or aggressive incident from a service user either directly or as a witness (over the past 24 months - September 2018 to September 2020)?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Have you sought assistance (Health and/or Allied Health) due to being subjected to a violent or a... = Yes

Q21.2 How long after the incident did you engage treatment?

- ○ Within 24 hours of incident (4)
- ○ Within 48 hours of incident (5)
- ○ Within 72 hours of incident (6)
- ○ Within a week of the incident (7)
- ○ Within one month of the incident (8)
- ○ Within three months of the incident (9)
- ○ Within six months of the incident (10)
- ○ Within a year of the incident (11)
- ○ Greater than a year of the incident (12)

Display This Question:

If Have you sought assistance (Health and/or Allied Health) due to being subjected to a violent or a... = Yes

Q21.3 What type of assistance was this? (Multiple answers accepted).

- ☐ Physical support (1)
- ☐ EAP or counselling support (2)
- ☐ First aid only – no follow up (3)
- ☐ Other (4) _____

Display This Question:

If Have you sought assistance (Health and/or Allied Health) due to being subjected to a violent or a... = Yes

Q22.1 Is the department aware of this support?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Is the department aware of this support? = No

Q22.2 Why did you **not** report it? (Multiple answers accepted).

- ☐ Feel that it would jeopardise my position (1)
- ☐ Feel I could be blamed for the incident occurring (2)
- ☐ It's an expectation of my role that these incidents occur (3)
- ☐ I don't want my colleagues or family worried about me (4)
- ☐ I see other staff members not treated very well after developing health issues arising from aggressive service user incidents (5)
- ☐ Other (6) _____

Display This Question:

If Have you sought assistance (Health and/or Allied Health) due to being subjected to a violent or a... = Yes

Q23.1 Did the aggressive service user incident lead to you lodging a compensation claim?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Did the aggressive service user incident lead to you lodging a compensation claim? = Yes

Q23.2(24) What is the condition noted on the claim? (Multiple answers accepted).

- ☐ Physical (1)
- ☐ Psychological (2)
- ☐ Both Physical and Psychological (4)
- ☐ Other (3) _____

Q24(25) If there is anything further you would like to add please write in the space below.

_____

Secondary workplace trauma as well as workplace fear and safety are reviewed in this section. In particular, we would like to know about the impacts on you and your colleagues who may not have been directly involved in the violent or aggressive incident but witnessed it.

We are also interested in the type of support you may seek as well as how regularly aggressive incidents occur and whether fear of being involved in future aggressive incidents may impact on unplanned leave.

406

Q26 Have you witnessed an aggressive or violent service user incident directed towards a staff member in your work environment, where you were not directly involved (within the past 24 months - September 2018 to September 2020)?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Have you witnessed an aggressive or violent service user incident directed towards a staff member... = Yes

Q27 How often does a violent or aggressive service user incident directed towards staff within your work environment occur (within the past 24 months - September 2018 to September 2020)?

- ○ Multiple times a day (1)
- ○ Once daily (2)
- ○ Multiple times a week but less often than daily (3)
- ○ Once weekly (4)
- ○ Multiple times a month but less often than weekly (5)
- ○ Once a month (6)
- ○ Less often than once a month (7)
- ○ Never (8)

Q107 Have you witnessed a violent or aggressive incident between service users take place in your work environment (within the past 24 months - September 2018 to September 2020)?

- ○ Yes (4)
- ○ No (5)

Display This Question:

If Have you witnessed a violent or aggressive incident between service users take place in your work... = Yes

Q108 How often is there a service user aggressive incident directed towards other service users within your work environment (within the past 24 months - September 2018 to September 2020)?

- ○ Multiple times a day (1)
- ○ Once a day (2)
- ○ Multiple times a week but less often than daily (3)
- ○ Once weekly (4)
- ○ Multiple times a month but less often than weekly (5)
- ○ Once a month (6)
- ○ Less often than once a month (7)
- ○ Never (8)

408

Q28.1 Are you concerned that you could be subjected to a violent or aggressive act from a service user in the future?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Are you concerned that you could be subjected to a violent or aggressive act from a service user... = Yes

Q109 How would you best describe your feelings in regards to these concerns?

- ○ Fearful - worried as I have no control over the situation. (1)
- ○ Apprehensive - I am aware that the incident will happen however I am prepared for it. (2)
- ○ Aware but not concerned (5)

Display This Question:

If Are you concerned that you could be subjected to a violent or aggressive act from a service user... = Yes

Q28.2 Has concern about being involved in an aggressive or violent incident limited the type of roles you would apply for within your department or in other APS departments?

- ○ Yes (4)
- ○ No (5)
- ○ Not sure (7)

Display This Question:

If Are you concerned that you could be subjected to a violent or aggressive act from a service user... = Yes

Q29 What concerns you the most about being involved in an aggressive or violent incident? (Multiple answers accepted).

- ☐ Service user has the means to follow through on their threat (1)
- ☐ Service user lives in a small community with me (2)
- ☐ I am well known in the community as is my family (3)
- ☐ Service user has history of violence and aggression (4)
- ☐ The level of isolation I work in (5)
- ☐ Other (6) _____

Display This Question:

If How would you best describe your feelings in regards to these concerns? = Fearful - worried as I have no control over the situation.

Q30.1 Has the fear of being involved in a violent or aggressive service user incident led to you taking personal leave and not attending work?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Has the fear of being involved in a violent or aggressive service user incident led to you taking... = Yes

Q30.2 Did you inform your team leader of the reason for not attending or provide an alternative illness or reason not to attend?

- ○ Provided details of the incident and its impacts (1)
- ○ Provide an alternative reason (2)

Display This Question:

If Did you inform your team leader of the reason for not attending or provide an alternative illness... = Provide an alternative reason

Q30.3 Why did you provide this reason?

_____

Q31 If there is anything further you would like to add please write in the space below.

_____

Understanding the risk mitigation procedures and processes the department has in place is important.

In this section we want to look at your understanding of the procedures and processes your department has in place, as well as how the aftermath of an aggressive event is managed. We are looking at positive organisational support - perceived organisational support (POS), the

degree to which a staff member believes their organisation values their contributions and cares about their wellbeing fulfilling their socioemotional needs.

We are also looking at the restorative justice process as a probable component of the service user risk mitigation process. Restorative justice is a strategy that provides an opportunity for all stakeholders involved in the violent or aggressive incident to participate in a process that discusses the harm done, and for the perpetrator to acknowledge their impact upon others and to make amends.

Q32 How would you rate your understanding of the policy and protocols your department has in place to protect you from service user violence and aggression?

- ○ Not very good (1)
- ○ Not good (2)
- ○ I know that they're there but never look at them (3)
- ○ Good (4)
- ○ Very good (5)

412

Q33 How supported do you feel by your direct manager when a violent or aggressive service user situation arises?

- ○ Not very supported (1)
- ○ Not supported (2)
- ○ Have never had this situation arise for me (3)
- ○ Supported (4)
- ○ Very supported (5)

Display This Question:

If How supported do you feel by your direct manager when a violent or aggressive service user situat... = Not very supported

Or How supported do you feel by your direct manager when a violent or aggressive service user situat... = Not supported

Q34 If you don't feel supported what could your manager do to make you feel more supported? (please do not mention the name of your line manager)

_____

Q35 Have you completed department service user aggression training (this can be in online module form, face to face, as well as specific training designed for your role within the department)?

- ○ Yes (1)
- ○ No (2)
- ○ Don't know/unsure (3)

Display This Question:

If Have you completed department service user aggression training (this can be in online module form... = Yes

Q36 When did you last attend service user aggression training?

- ○ Within the last 6 months (1)
- ○ Between 6 and 12 months ago (2)
- ○ Longer than 12 months ago (3)

Q37 Do you feel service user aggression training equips you with the skills to deal with a violent or aggressive service user incident?

- ○ Yes (1)
- ○ No (2)

Q110 Does your role involve out-servicing (away from the DVA, Open Arms, or Services Australia site) on a regular basis?

- ○ Yes (4)
- ○ No (5)

414

Display This Question:

If Does your role involve out-servicing (away from the DVA, Open Arms, or Services Australia site) o... = Yes

Q111 Are you required to undertake service user aggression training specific to the out-servicing environment you are servicing?

- ○ Yes (4)
- ○ No (5)

Display This Question:

If Are you required to undertake service user aggression training specific to the out-servicing envi... = Yes

Q112 How would you rate your confidence when dealing with a violent or aggressive service user incident in this out-servicing environment as a result of undertaking this training?

- ○ Not very confident (1)
- ○ Not confident (2)
- ○ Somewhat confident (3)
- ○ Confident (4)
- ○ Very confident (5)

Display This Question:

If Are you required to undertake service user aggression training specific to the out-servicing envi... = No

Q113 Are you concerned for your safety and wellbeing as a result of not undertaking the specific aggression training for the out-servicing environment you are working in?

- ○ Yes (6)
- ○ Sometimes (7)
- ○ No (8)

Display This Question:

If Are you concerned for your safety and wellbeing as a result of not undertaking the specific aggre... != No

Q114 How would you best describe your feelings in regards to this?

- ○ Fearful - worried as I have no control over the situation. (1)
- ○ Apprehensive - I am aware that the incident will happen however I am prepared for it. (2)
- ○ Aware but not concerned (4)

Q115 Do you find that there are so many service user aggression training programs conducted by your department that you unsure what may be compulsory and what may be recommended to complete?

- ○ Yes - I'm confused about what I am required to do. (1)
- ○ No - I am aware what is expected. (2)

416

Q38 Do you believe that service users who are violent and/or aggressive are appropriately managed by the department after an incident?

- ○ Never (1)
- ○ Seldom (2)
- ○ Sometimes (3)
- ○ Very often (4)
- ○ Always (5)

Q39 What is your level of understanding regarding your department's management processes after a service user violent or aggressive incident?

- ○ Very poor (1)
- ○ Poor (2)
- ○ Somewhat of an understanding (4)
- ○ Good (5)
- ○ Very good (6)

Q122 How supported do you feel from your team leader or line manager after being involved in a service user violent or aggressive incident?

- ○ Not very supported (1)
- ○ Not supported (2)
- ○ Somewhat supported (3)
- ○ Supported (4)
- ○ Very supported (5)

418

Q117 Please answer *true* or *false* to the following statements.

	True (1)	False (2)
Employees communicate information about potentially violent or aggressive service user behaviour to appropriate staff. (1)	○	○
Management communicates information to employees about incidents of service user violence and aggression. (2)	○	○
Employees are familiar with the department's service user violence and aggression prevention policy. (4)	○	○
Access and freedom of movement within the workplace are restricted to those persons who have a legitimate reason for being there. (5)	○	○
Alarm systems such as panic alarm buttons, silent alarms, or personal electric alarm systems are being used for prompt security reasons. (6)	○	○
There is an inconsistency in the way in which service user violence and aggression is being managed across offices within my department. (7)	○	○
After an aggressive incident I am provided time to recover, debrief and compose myself. (8)	○	○
I have clear non-contradictory risk mitigation policy and procedures in my department. (9)	○	○

Q40 In a controlled environment, and as part of the way in which violent or aggressive service user incidents are regulated within your department, would you consider sitting down with the service user and discussing with them the impact their behaviour had on you?**

*Note** Restorative Justice processes enable the incident to be reviewed; understand how the incident came about; enable those responsible to acknowledge their role, apologise and make amends; and, enable those who were harmed to regain a sense of dignity and safety.*

- ○ Yes (1)
- ○ No (2)

Q40.1 How would you rate your knowledge of restorative justice processes.

- ○ Very poor (1)
- ○ Poor (2)
- ○ Some knowledge (3)
- ○ Good (4)
- ○ Very good (5)

Q41 If there is anything further you would like to add please write in the space below.

_____

420

The survey demographics questions tell us a little more about the current work force in your department.

Q42 What department do you currently work for?

- ○ Services Australia (1)
- ○ DVA (2)
- ○ Open Arms Veteran and Veterans' Family Counselling Service (3)

Q43 What is your age?

- ○ 18 - 24 (1)
- ○ 25 - 34 (2)
- ○ 35 - 44 (3)
- ○ 45 - 64 (4)
- ○ 65 - 74 (5)
- ○ 75 years or older (6)

Q44 How long have you worked in the public service?

- ○ Years (1) _____
- ○ Months (2) _____

Q45 Have you always worked in public service frontline roles?

- ○ Yes (1)
- ○ No (2)

Q46 Please specify your ethnicity

- ○ Caucasian (1)
- ○ Aboriginal (2)
- ○ Torres Strait Islander (3)
- ○ Aboriginal and Torres Strait Islander (4)
- ○ Asian (5)
- ○ Pacific Islander (6)
- ○ Other (7) _____

Q47 Is English your first language?

- ○ Yes (1)
- ○ No (2)

422

Q48 What is your gender identity?

- ○ Male (1)
- ○ Female (2)
- ○ Other (3) _____
- ○ Prefer not to answer (4)

Q49 What is your current marital status?

- ○ Single (1)
- ○ Married or in a domestic partnership (2)
- ○ Widowed (3)
- ○ Widowed and re-partnered/remarried (4)
- ○ Divorced (5)
- ○ Divorced and re-partnered/remarried (6)
- ○ Separated (7)

Q50 Are you a parent?

- ○ Yes (1)
- ○ No (2)

Q125 Are you a primary caregiver?

- ○ Yes (1)
- ○ No (2)

Q51 What is your highest level of education?

- ○ No schooling completed (1)
- ○ Year 10 or below (2)
- ○ Completed secondary school (3)
- ○ Trade/technical/vocational training (4)
- ○ University undergraduate degree (5)
- ○ Master's degree (6)
- ○ Doctorate degree (7)

Q52 Are you a person with disability?

- ○ Yes (1)
- ○ No (2)
- ○ Rather not say (3)

Display This Question:

If Are you a person with disability? = Yes

Q124 Please indicate the area of primary impairment:

- ○ Mobility (1)
- ○ Visual (2)
- ○ Hearing (3)
- ○ Other (4) _____

Seeking permission for follow up questionnaire.

Q53 Would you be open to the research team asking you to complete a further questionnaire based on your responses in this survey?

- ○ Yes (1)
- ○ No (2)

Display This Question:

If Would you be open to the research team asking you to complete a further questionnaire based on yo... = Yes

Q54 Please provide your contact details. These details will not be stored with the survey data and once used to contact you with a follow up questionnaire they will be destroyed.

- ○ Name (1) _____
- ○ Email Address (2) _____

Q55 We appreciate the time you have given to complete this staff survey. If there is anything further you feel you would like to add and that we haven't covered off in the survey we would welcome your comments.

_____

_____

_____

_____

_____

Appendix X: Participant Information Sheet and One-To-One Interview Guiding Questions

Dear Participant,

Researcher:

My name is Steve Munns and I am a PhD Student in the School of Regulation and Governance at the Australian National University.

Project Title: Violence at work: reducing assault and abuse directed at frontline staff in public service roles.

General Outline of the Project:

Description and Methodology: We are conducting research on the impacts of aggressive incidents involving APS staff. Aggressive incidents are often multidimensional and the triggers involve a complex interplay of the individuals involved, situational circumstances and the service users prior engagement with the department. Your thoughts on the conditions that contribute to these situations and any preventative strategies would be an important aspect in how we can reduce these incidents from occurring in the future. This research seeks to understand these situations from both the APS staff member and service user perspective.

- **Participants:** We intend to interview APS frontline staff members and service users. This will consist of service users and staff from Services Australia; Department of Veterans' Affairs; and Open Arms Veterans' and Veterans' families counselling service. All participants will have been documented as having been involved in an incident through their respective departments within the past 12 month period. APS staff and service users will not be matched with regards to the incident that they were involved in, participation is randomly referred by the respective departments based upon participants willingness to take part in the research.
- **Use of data and feedback:** The data will be used to produce published articles and conference presentations that will be reviewed by academics and professionals. A summary of the research will be made available to participants by contacting Steve Munns on 0421918922 or steve.munns@anu.edu.au
- **Project Funding:** This research is supported by a research scholarship through the Sir Roland Wilson Foundation. The purpose of the Sir Roland Wilson Foundation is

to advance the study and development of public policy and management within Australia and Internationally.

Participant Involvement:

- **Voluntary participation & withdrawal:** Your participation in this research is voluntary, and you may decline to take part or to withdraw from the research without providing an explanation at any time until the work is prepared for publication. Within the research, you may also decline to answer any question. If you withdraw, the data you have provided prior to withdrawal will be destroyed and not used.
- **What does participation in the research entail?** You are invited to take part in an interview to discuss your experiences of a particular incident with your department that became aggressive and what your views regarding that situation are. We define aggression in this instance as any incident where the staff member may have been verbally abused, threatened or assaulted. With your consent, I will record the interview so that I can accurately analyse it. During the interview, I may ask some personal questions about how you believe the situation arose, how the department managed the situation and in retrospect what could have been done to avoid the situation from having arisen in the first place. This interview will not focus on health or mental health treatment or insurance issues you may currently be involved in.
- **Duty of care:** If during the interview you were to report anything to me that may in the future cause harm to yourself or someone else including issues impacting your respective department I will have a duty of care to report this to either your treating health professional or your department depending on the risk noted.
- **Location and Duration:** Interviews are expected to last between three quarters of an hour to an hour and may be conducted either face to face, by telephone or via a computer link like zoom at a time that is convenient for you. After the interview you will be contacted within a 24 hour period by me to ensure you weren't impacted in any way by the interview.
- **Risks:** The research carries little risk, although you may feel uncomfortable or distressed talking about the situation. At the conclusion of the interview I will undertake a quick questionnaire.

The questionnaire is known as the K10 which measures levels of anxiety and depression. If you appear to be impacted in anyway by the interview, I will liaise directly with your treating health profession/s for follow up support.

- **Benefits:** It is unlikely that you will personally benefit from participation in this research. However, the work will improve our understanding of the ways in which service user aggression begins and may have broad benefits in terms of policy initiatives.

Exclusion Criteria

- **Participant Limitation:** Only staff and service users who have been involved in an incident of an aggravated nature have been invited to participate in these interviews.

Confidentiality:

We will keep your identity confidential. Access to the data you provide will be restricted to the research team and identifying details will be stored separately from the rest of the research data. Published results will only be reported as a summation of all survey answers and you will not be identifiable within published outputs.

Privacy Notice:

In collecting your personal information within this research, the ANU must comply with the Privacy Act 1988. The ANU Privacy Policy is available at *https://policies.anu.edu.au/ppl/document/ANUP_010007* and it contains information about how a person can:

- Access or seek correction to their personal information;
- Complain about a breach of an Australian Privacy Principle by ANU, and how ANU will handle the complaint

Data Storage:

- **Where:** Data (recorded and transcribed) will be securely stored on password-protected computers within the School of Regulation and Global Governance at the Australian National University. Physical records will be kept in a locked filing cabinet in an office located within the Australian National University.
- **How long:** All research data will be retained and securely stored for at least five years following publications arising from the research.

- **Handling of data following the required storage period:** After the storage period, all identifying details will be removed from the data and the non-identified data will be archived at the Australian Data Archive (www.ada.edu.au) for use in later research, including potential use by other researchers.

Queries and Concerns:

- **Contact details for more Information:** Any requests for information or queries regarding the study participants should be directed to steve.munns@anu.edu.au 0421918922.
- **Contact details if in distress:** If you feel distressed by any questions, you should contact your team leader, Employee Assistance Program or Lifeline (13 11 14).

Ethics Committee Clearance:

The ethical aspects of this research have been approved by the ANU Human Research Ethics Committee (Protocol 2019/385). If you have any concerns or complaints about how this research has been conducted, please contact:

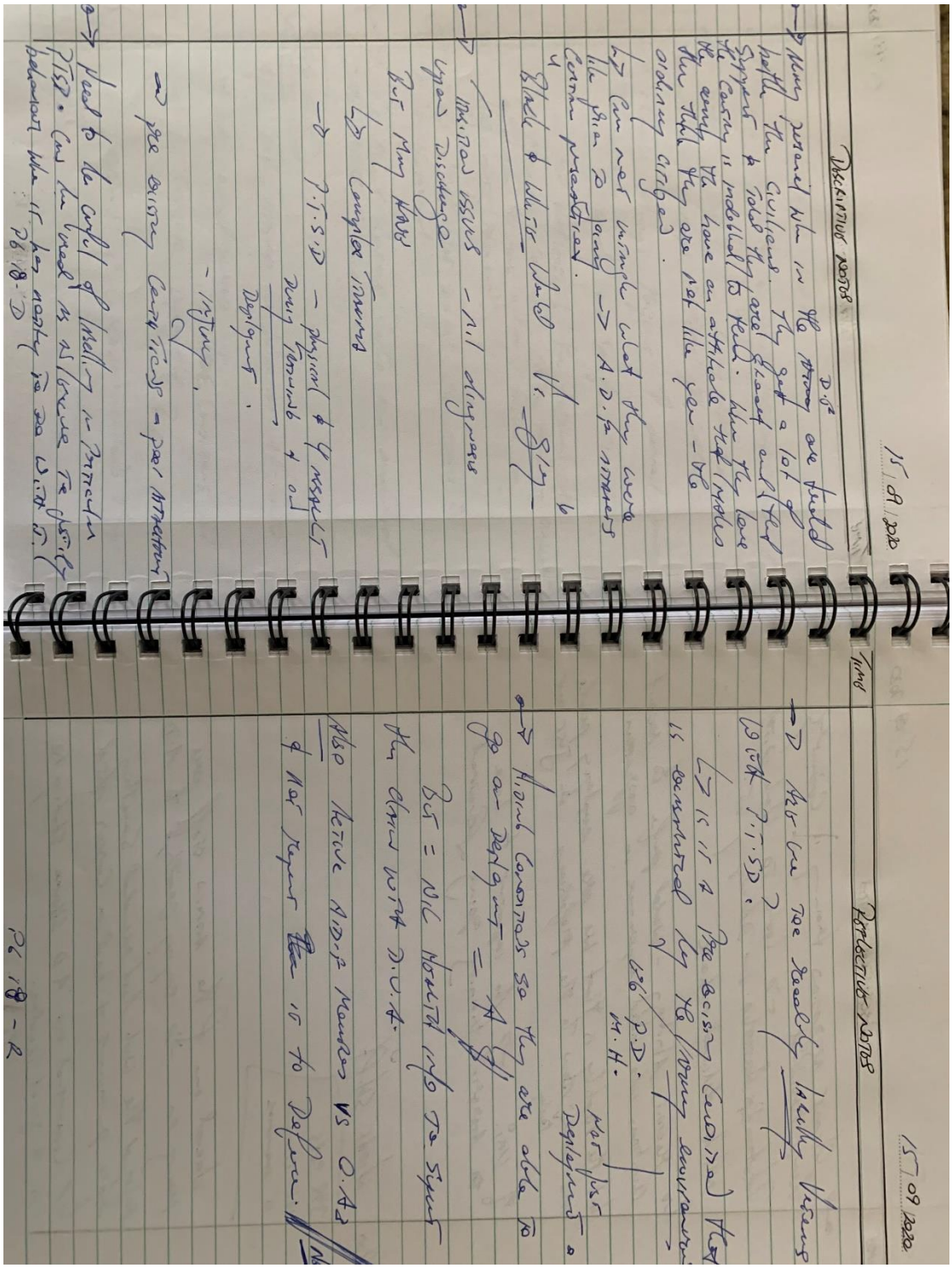
Ethics Manager The ANU Human Research Ethics Committee The Australian National University Telephone: +61 2 6125 3427 Email: Human.Ethics.Officer@anu.edu.au

Semistructured interviews with staff and service users who have been involved in SUVA incidents were undertaken. Information from the ethnographic study and the quantitative survey as well as theories from Chapters 3 and 4 of the thesis were used to inform the question sets. Content focused on personal characteristics, situational topographies and environmental factors as well as the participant's thoughts on management plans or preventative strategies that may have been instigated during or after the SUVA incident. The questions were used as a guide to keep the interview on track.

Guiding Questions for Staff Member		
Qs	Suggested Question	What the question is hoping to obtain—not for participant.
Q1	Are you able to reflect how the incident began and the circumstances surrounding it?	It would be interesting to see if the staff member reflects on concerns they may have had prior to commencing the interview with the service user, if there are limitations of the legislation guidelines or if there were any trigger or exit points that could been handled differently.
Q2	Are you able to recall how you were feeling at the time of the incident?	Hope to gain insight into the emotional state of the staff member this will assist in determining if there may have been an element of frustration or anger being directed at the service user by the staff member themselves.
Q3	What do you think could have prevented the situation from occurring if you could go back in time what would you change (e.g., was another state or Commonwealth department involved with the service user)?	By asking this question more directly it is hoped that the staff member may have thought retrospectively about preventable actions.
Q4	Would you think it beneficial to have been given the opportunity to sit down with the service user and share with them the impact the incident had on you?	Restorative regulation may be one avenue of discussion in the thesis so it would be good to see if staff are open to a restorative justice model. It may also directly impact the current service user management models in place within the departments.

Guiding Questions for Service User		
Qs	Suggested Question	What the question is hoping to obtain—not for participant
Q1	Are you able to reflect how the incident began and the circumstances surrounding it?	It would be interesting to see if there are trigger points that the service user recognises that may assist in future policy development
Q2	Are you able to recall how you were feeling at the time of the incident?	This is important to see whether the service user arrived at the interview already angry/ frustrated or whether there was a particular issue within the DHS process
Q3	What was the treatment of you by the department after the event and do you agree with it?	Mitigation processes are in place to prevent further incidents from occurring. It would be interesting to note if there is a level of insight regarding their behaviour, if 'perceived punishments' are inhibitors to aggressive behaviour or if in the service users eyes their treatment wasn't perceived as a deterrent for future events from occurring.
Q4	Would you think it beneficial to have been given the opportunity to sit down with the staff member and listen to how they felt about the situation?	In Restorative regulation a more dynamic way in which persuasion and/or capacity building are attempted prior to escalation up a pyramid of increasing levels of punishment—integrating restorative, deterrent and incapacitation justice

Appendix XI: Descriptive and Reflective Field Notes from Ethnographic Study



Appendix XII: Full List of Ethnographic Research Main Themes and Subthemes With Rank Order, for Department of Veterans' Affairs and Services Australia

Main Themes	Subthemes
Organisational procedures and staff-initiated SUVA-risk mitigation strategies	• *Community and Public Sector Union (CPSU*)—public campaign regarding staff safety • *COVID-19 impacts on SUVA*—service user isolation and protective processes put in place in contact areas • *Ex-ADF working for DVA*—comments made that staff who have been in ADF can provide better outcomes as they cannot be challenged on not knowing what it is like • *Interagency communication*—siloed working • *Location and entrance of site* • ***Reporting of SUVA within the organisation*—No. 3** • ***Risk mitigation strategies*—No. 1**—not well known or not consistent • ***Security officers*—No. 3** • *Staff recruitment* • *Staff technical training* • *Violence and aggression training*—workplace aggression • ***Work environment*—No. 2**
SUVA impacts on staff	• ***Contractor issues*—No. 2**—not well trained, not required to meet standards of APS staff • *Digital transformation impacts on SUVA*—moving service users to online when they may have physical limitations or not have the skills to enable this • ***Fear or concerns for safety and wellbeing in workplace*—No. 3** • *Immediate personal impacts of SUVA*—physical and psychological impacts on staff post-incident • *KPIs and time constraints v. serving service users* • *Location of staff member*—level of risk, e.g., out-servicing v. in-office • **Media impacts—No. 3**—the way service users and public servants are portrayed (stereotyping) • *New Concept Centre*—concerns raised by staff over the move to a more open-plan environment—risk issues • ***Ongoing personal issues* from SUVA—No. 1** • *Political impacts*—concerns raised over ongoing publicly motivated legislative changes. e.g.,

Main Themes	Subthemes
	disability support pension, reacting to veteran media reports • *Silos within organisations* • *Staff mental health post-SUVA* • *Stereotyping and labelling*—of both staff and service users • *Working from home*
Triggers that may lead to SUVA	• *Communication*—overly officious letters and staff language • *Finance issues* • ***Government legislation*—No. 3** • *Inability to afford to see health specialists or long wait times to see them* • ***Internal policy and procedures*—No. 1** • ***Mental health*—No. 3**—of service user • *NGOs, Job Network providers, Disability Employment Services*—warning of possible SUVA from one of their clients, or their role in suspending service user payments • *Service users' sense of entitlement* • *Service wait times* • *Specific days or events or social media incidents*—e.g., Anzac Day • ***Staff behaviour*—No. 2**—poor interpersonal skills or lack of empathy • *Substance misuse* • *Veterans taught to fight not flight*

Appendix XIII: Full List of Main Themes and Subthemes in Services Australia Staff's Online Survey Responses

Main Themes	Subthemes
SUVA impacts on staff	• *Compensation claims*—staff claiming • *Contractor issues*—poor training or poor quality of service • *Digital transformation impacts on SUVA*—government agenda to move more service users onto computer to access services • ***Fear or concerns for safety and wellbeing in workplace*—No. 2** • *Immediate personal impacts of SUVA*—physical and psychological impacts after incident • *Job Network and Disability Employment Services impact on SUVA*—private organisations involved in suspending payments of service users • *KPIs and time constraints v. serving service users* • *Lack of cultural understanding by staff and organisation*—for Indigenous clients as well as service users from non-English speaking backgrounds • *Lack of deterrents for service users*—consequences appear superficial to staff • *Location of staff member*—are work location and role a risk for SUVA? • *Media impacts*—the way service users and public servants are portrayed (stereotyping) • *Office layout*—Centrelink—open-plan v. barriers to free movement for service user • ***Ongoing personal impacts of SUVA*—No. 1** • *Political impacts*—government-of-the-day policies, e.g., Robodebt • *Repercussions of SUVA on service users* • ***Staff mental health post-SUVA*—No. 3** • *Stereotyping and labelling*—by staff and service users • *SUVA managed inconsistently*—by team leaders or managers and by organisation • *Vicarious trauma* (secondary trauma)

Main Themes	Subthemes
Mitigating SUVA and its impacts	• *Communication to prevent SUVA*—reduce official departmental jargon, ensure language is appropriate for target audience and use signage in front office environment • ***COVID-19 impacts on SUVA*—No. 3** • ***Reporting of SUVA within the organisation*—No. 1** • ***Restorative justice*** • *Security officer within the Centrelink office* • *Service user apologises*—often, service users apologise after the event for their behaviour • ***Staff-noted risk mitigation strategies*—No. 2** • *Violence and aggression training*—workplace aggression
Differential Organisational support	• *Good support*—staff noted the importance of post-incident support from the organisation and management as well as of awareness that if an issue were to happen the organisation would have their back • ***Improvements suggested*—No. 2**—staff make suggestions around work practices to reduce SUVA • ***Poor support*—No. 1**—staff comment on perceived lack of support from management and organisation
Triggers that may lead to SUVA	• *Accommodation issues* • *Communication*—letters sent to service users and statements made by staff • ***Finance issues*—No. 3** • *Government legislation* • *Inconsistency of staff and team leaders* • ***Internal policy and procedures*—No. 2** • *Mental health* • *No notable causes of SUVA from service user*—nil prior concerns or warning signs • *Service users' sense of entitlement* • *Service wait times* • ***Staff behaviour*—No. 1**—poor interpersonal skills and lack of empathy towards service user • **Substance misuse**

Appendix XIV: Full list of Main Themes and Subthemes in Department of Veterans' Affairs Staff's Online Survey Responses

Main Themes	Subthemes
SUVA impacts on staff	• Contractor issues • **Fear or concerns for wellbeing at work—No. 2** • Immediate impacts of SUVA • Location of staff member • **Ongoing personal impacts of SUVA—No. 1** • Repeat offenders • Security concerns • Staff characteristics impacting SUVA • Staff mental health post-SUVA • **Stereotyping and Labelling—No. 3** • Working from home
Differential organisation support	• **Good support – No. 2** • Improvements suggested • **Poor support—No. 1**
Triggers that may lead to SUVA	• Internal policy and procedures • **Legislation issues—No. 1** • Media impacts • Political impacts • **Service user mental health—No. 2** • Service users' sense of entitlement • Service wait times • **Staff behaviour—No. 1**
Mitigating SUVA risk and impact	• **Reporting of SUVA within the organisation—No. 2** • **Restorative justice** • Service user apologises post-SUVA • **Staff-noted risk mitigation strategies—No. 1** • **Violence and aggression training—workplace aggression—No. 3**

Appendix XV: Pilot Semistructured Interview Participant Feedback

Feedback on staff interview process	
Questions on the interview process	
Did you feel the interview was structured in such a way that you felt comfortable in providing information to me—less structured than structured?	The interview was fluid, and the open-ended questions meant I did not feel constrained as to the content of my answers. The opportunity to reflect without closed or directional questions meant I considered the incident from aspects that I hadn't before. It also offered me the opportunity to tangent—though I'm sure my tangent wasn't useful—but potentially others will be to your research.
Were the questions delivered in a way that you were aware of what information I was seeking—were they clear?	Yes, definitely.
Were there aspects of the interview process that you were concerned about?	Only that I would be judged for how I managed the incident, that I had done something 'wrong' or could have handled it better in your view. Perhaps stipulating prior or at the start of the interview that your line of questioning is not related to the management of the incident, rather the impact it had on the individual, the follow up and supports in place post incident, and things which could have triggered it etc. Perhaps I am just living up to my reputation as my own worst critic?
Were there aspects of the interview process that you would remove/change/amend?	You provided a good brief prior to the interview, however I could potentially have been more structured in my answers if I was told prior to specifically think about one customer aggression incident-though not sure whether this would be a good thing (in being more structure) or a detrimental (in that my answers were rehearsed or pre-prepared, that I was answering in way I thought you would want me to rather than ad hoc)
Did you feel you were provided with enough information on your: Confidentiality? What would happen with the data—both written and audio? That a follow up contact with a psychologist would take place and how it would occur?	 Yes Yes Yes

Were you comfortable with the K10 assessment at the end of the interview?	Absolutely. I am wondering if the K10 at the start might work better from a whole of interview perspective? Participants who may experience some emotional impacts from the interview might not necessarily answer honestly to avoid embarrassment? Perhaps participants might feel more relaxed and answer more accurately at the commencement of the interview? You probably have valid and very intelligent reasons for running it at the end so feel free to ignore me!
Did you leave the interview emotional in any way—e.g. angry, sad, frustrated etc.?	Not initially. I did register feeling frustrated/angry that as public servants there is some level of 'acceptance' that we will be exposed to customer aggression and inappropriate behaviour. This feeling wasn't overwhelming or debilitating, more a recognition that we should not be witness or victim to aggression strictly as a result of our roles.
Questions on the psychologist follow up	
Were you comfortable with the way in which the psychological follow up took place?	Yes, absolutely.
Were you happy with the time frame of the follow up?	The only thing I could possibly suggest is to do the follow up first thing the morning after the one-on-one interview for a couple of reasons- particularly for frontline staff. Negative psychological effects are most likely to happen overnight following an interview, and would be best captured and supported first thing, and a follow up occurring part/mid-way through the day could become a tick and flick as staff get bogged down in the mechanics of the day and don't find/have the time to give it proper consideration.
Are there any aspects of the follow up process that you would change or add to?	Only as above.
Did the follow up leave you feeling emotional in any way e.g. sad, angry, frustrated etc.?	The follow up actually had the reverse effect and is something I will be implementing in my post incident follow up far more rigorously in future. I felt well supported, I felt cared for, I felt validated and that I had a safety net if things had not gone well.

Would you like to add anything further?	Overall it was a really positive experience for me. I felt that the department is allowing victims of aggression to have a voice that we previously hadn't, which was a surprising way to feel post interview, I wasn't expecting that. Your manner, care and professionalism made this process very easy. You are a credit to you!

Appendix XVI: Full List of Main Themes and Subthemes from Services Australia Staff and Service User Interviews

Main Themes	Subthemes
Trigger events	• Communication—letters and staff • Digital transformation impacts on SUVA • Family issues • Finance issues • **Government legislation—No. 3** • **Internal policy and procedures—No. 2** • Mental health issues • No notable causes of SUVA from service user • Prior negative dealings with government departments • Prison release forensic • Racial issues • Security officer within the Centrelink office • Service users' ability to access health and allied health professionals • Service users' sense of entitlement • Service wait times • Stable accommodation • **Staff members' behaviour—No. 1** • Substance misuse
Preventative factors	• Consistency • Coping processes when dealing with SUVA • COVID-19 impacts on SUVA • Internal risk mitigation strategies • Management contact • Proactive approach to decreasing SUVA • **Reporting of SUVA within the organisation—No. 2** • Restorative justice • Security officers • Service user apologises for their actions • Staff recruitment • Staff technical training • **Violence and aggression training—workplace aggression—No. 1** • **What could be changed to try and prevent SUVA from occurring—No. 3**

Main Themes	Subthemes
Personal impacts of SUVA	• Case load KPIs and time constraints v. serving service users • Fear or concerns for safety and wellbeing in workplace • **Immediate personal impacts of SUVA—No. 1** • Mental health issues • Office layout—Centrelink • **Ongoing personal issues from SUVA—No. 2** • **Post-incident support—No. 3** • Stereotyping and labelling • Working from home
Differential organisational support	• Good support • Improvements suggested • **Organisational silos – No. 2** • **Poor support—No. 3** • **Line manager support – No. 1**

Appendix XVII: Full List of Main Themes and Subthemes from Department of Veterans' Affairs Staff and Service User Interviews

Main Themes	Subthemes
Trigger events	• Communication—letters and staff • Delays in processing applications • DVA and Centrelink co-location • Family issues • **Finance issues—No. 3** • **Government legislation—No. 1** • **Internal policy and procedures—No. 2** • Medical evidence and APS organisation processes at odds • Mental health issues • No notable causes of SUVA from service user • Royal commission issues • Service users' sense of entitlement • Service wait times • Specific days or events or social media incidents • **Staff members' behaviour—No. 2** • Substance misuse • Veterans taught 'fight not flight'
Preventative factors	• Coping processes when dealing with SUVA • DVA delegates who have served in the ADF • **Internal risk mitigation strategies—No. 1** • Ministerial intervention • **Proactive approach to decreasing SUVA—No. 2** • Reporting of SUVA within the organisation • Restorative justice • Security officers • Service user apologises for their actions • Staff recruitment • Staff technical training • **Violence and aggression training—workplace aggression—No. 3** • What could be changed to try and prevent SUVA from occurring

Main Themes	Subthemes
Personal impacts of SUVA	• **Case load KPIs and time constraints v. serving service users—No. 3** • Fear or concerns for safety and wellbeing in the workplace • **Immediate personal impacts of SUVA—No. 2** • Mental health issues • **Ongoing personal issues from SUVA—No. 1** • Post-incident support • Stereotyping and labelling • **Working from home—No. 3**
Differential organisational support	• Good support • **Line manager support—No. 1** • **Organisational silos—No. 2** • **Poor Support—No. 3**

Appendix XVIII: Process Map of Service User Violence and Aggression Reduction Framework