Ending Manitoba's Workplace Violence Epidemic:

Practical Solutions to a Long-Standing Problem

Manitoba Federation of Labour

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Lastly, the MFL wishes to thank our affiliate unions for their relentless advocacy on all aspects of workplace health and safety, and, in the context of this report, for their determined efforts to combat workplace violence and keep their members safe. Violence should never be part of the job.

Note on measuring workplace violence injuries

While this report relies heavily on WCB data for accepted workplace injury claims, readers should be aware that WCB accepted claim numbers understate the true extent of workplace violent injuries (and all workplace injuries) for a number of reasons:

(1) approximately 25% of the workforce is not covered by WCB and is therefore not represented (this includes teachers, who are known to experience high rates of violence);

(2) injured workers are pressured by some employers to not make WCB claims in an effort to maintain lower employer premiums (a practice known as "claim suppression"); and

(3) accepted injury claims do not account for claims that are made but denied for various reasons, some of which are structurally unfair. This tends to under-represent psychological injuries in particular—including those linked to violence—as these injuries face much higher denial rates due to discriminatory treatment under workers compensation legislation.

In addition, and as reported by many workers interviewed for this project, workers experiencing repeated violence become understandably discouraged from reporting when no action is taken in response.

INTRODUCTION

Current data on workplace violence in Manitoba matches what unions hear from their members all the time: there is a growing epidemic of violence in Manitoba workplaces, and workers are suffering workplace violence injuries across a wide range of sectors.

The were close to 2,200 workplace violence injuries in Manitoba last year. Not only is this level of workplace violence alarmingly high, but it has also been increasing for a long time. In fact, the number of injuries caused by workplace violence in Manitoba more than tripled between 2015 and 2025. This increase includes a 20% jump in workplace violence injuries in just the last two years.[1]

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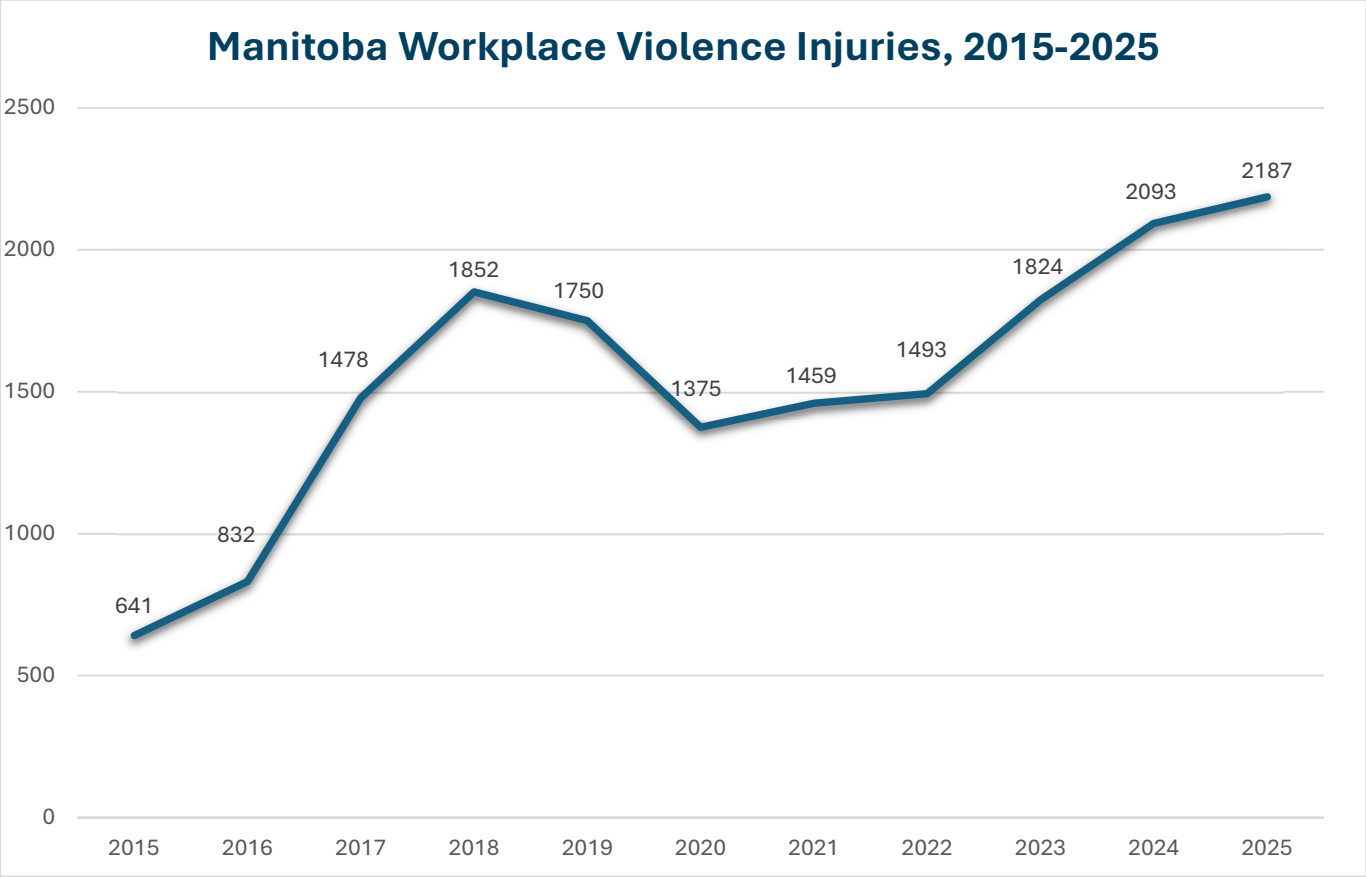

1 Manitoba Injury and Illness Statistics Report, 2026. https://www.wcb.mb.ca/injury-and-illness-statistics/

Workplace violence injuries are occurring in many different industries and sectors. The following table lists the 10 occupations with the highest rates of time-loss workplace violence injuries (referring to injuries serious enough to have resulted in workers needing to miss time from work to recover) last year:

Occupation	Number of Time-loss Workplace Violence Injuries[2]	% of Total Time-loss Workplace Violence Injuries
Home support workers, housekeepers and related occupations	180	14.4%
Elementary and secondary school teacher assistants	163	13.1%
Nurse aides, orderlies and patient service associates	155	12.4%
Community and social service workers	109	8.7%
Security guards and related security service occupations	85	6.8%
Correctional service officers	83	6.7%
Registered nurses and registered psychiatric nurses	69	5.5%
Bus drivers, subway operators and other transit operators	64	5.1%
Police officers (except commissioned)	36	2.9%
Early childhood educators and assistants	34	2.7%
Total:	**978**	**78.3%**

Together, these 10 occupations—most of which are in the public sector—experienced 978 time-loss workplace violence injuries, accounting for close to 80% of all time-loss workplace violence injuries in the province.

It is also noteworthy that workplace violence disproportionately affects women workers, who account for about 60% of all time loss workplace violence injuries.[3] This arises in part from the fact that women workers are over-represented in the occupations that have the most violent injuries, such as in healthcare and education.

2 WCB 2025 time loss injuries. Note that these occupational categories are those used by the WCB, based on the National Occupational Code terminology.

3 WCB 2024 time-loss injuries (2025 data not provided).

Workplace violence disproportionately affects women workers, who account for about 60% of all workplace violence injuries.

However, studies on the interaction of gender and workplace violence in Canada have also shown that being a woman worker in and of itself increases the likelihood of being subject to workplace violence, as does being an LGBTQIA+ or a racialized worker, and that the propensity to experience violence increases when these factors intersect.[4]

Many underlying socio-economic factors have been identified as contributing to growing workplace violence, including addictions, mental illness, poverty and homelessness. While it is critical that more resources be directed to supporting those struggling with these issues, employers nonetheless have a legal duty to eliminate or mitigate to the fullest extent possible the hazard of workplace violence, just as they do any other workplace hazard, and workers have a right to be protected from workplace violence. It is therefore urgent to identify and take steps to protect workers from violence on the job and its serious physical and psychological effects. Where employers do not meet their hazard elimination and mitigation obligations, government must step in to enforce health and safety rules.

With that goal in mind, the MFL has undertaken the present research project, which includes an assessment of current workplace violence injury data for Manitoba as well as a summary of academic research and other publicly available evidence about workplace violence and the effectiveness of measures taken to address it. In addition, and most importantly, this study includes valuable firsthand accounts from Manitoba workers who deal with violence in the workplace while performing a variety of different jobs and in many different work settings.

A total of 38 workers were interviewed to better understand the extent, scope and forms of violence experienced on the job in Manitoba, as well as the ways in which employers have responded or not responded to workplace violence. Workers also provided valuable insights about corrective actions that should be taken to prevent workplace violence to keep workers and others safe. (See Appendix A for a list of workers interviewed.)

We are very grateful to these workers for sharing their experiences, and especially so given the serious and damaging effects that workplace violence often has on workers'

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4 Examining Risk of Workplace Violence in Canada: A Sex/Gender-Based Analysis, *Annals of Work Exposures and Health*, Volume 62, Issue 8, October 2018, Pages 1012–1020, https://doi.org/10.1093/annweh/wxy066;
Sexist, Racist, and Homophobic Violence against Paramedics in a Single Canadian Site, Justin Mausz, et. al., *Int. J. Environ. Res. Public Health* 2024, 21(4), 505; https://doi.org/10.3390/ijerph21040505; Canadian Labour Congress, "Harassment and Violence in Canadian Workplaces: It's [Not] Part of the Job, APRIL 2022. https://documents.clcctc.ca/human-rights/Respect-at-Work-Report-2022-03-28-EN.pdf

physical and psychological health. Our report identifies the workers we interviewed by their occupation and work setting, rather than by name, so as to protect their identities.

The report is organized into 10 sections based on different sectors of the economy and begins with empirical and research findings for each sector, followed by input from worker interviews. The report identifies a number of sector specific actions that should be taken to reduce workplace violence, as well as many common cross-sector issues requiring action, such as:

- Understaffing that leaves workers more vulnerable to violence and with less capacity to manage violent situations.
- Lack of appropriate space and facilities to prevent and respond to violence.
- Dangerous working alone practices.
- Lack of enforcement of existing laws and regulations, including those on violence prevention, reporting and response, as well as properly functioning Joint Health & Safety Committees.
- Lack of training to help workers deal with potentially violent situations.
- A tendency to blame violence on the workers affected rather than on weaknesses in employer workplace health and safety programs.
- Workplace cultures that normalize workplace violence as “part of the job”.

HEALTHCARE

Nearly 40% of all violent workplace injuries in Manitoba are experienced by healthcare workers.[5] Registered nurses, healthcare aides, orderlies, and home care workers are all among the top 10 occupations with the most workplace violent injuries.

Nearly 40% of all violent workplace injuries in Manitoba are experienced by healthcare workers.

A recent survey conducted for the Canadian Federation of Nurses (CFNU) confirms the magnitude of workplace violence being experienced by nurses. It found that a staggering 98% of nurses in Manitoba experienced at least one incident of workplace violence or harassment in the past year, the highest rate of any province. In 63% of these incidents, the violence experienced was physical; in 96% nurses experienced verbal abuse; and in 78% nurses experienced bullying.[6]

5 844 of 2,187 workplace violence injuries were in health care last year - Manitoba Injury and Illness Statistics Report, 2026. https://www.wcb.mb.ca/injury-and-illness-statistics/.

6 Unpublished Survey Data, Canadian Federation of Nurses Unions Survey, 2026.

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The occupational category of Home Support Workers accounts for the highest percentage of violent injuries among all WCB-covered occupations in Manitoba. Home care workers are known to face a high risk of violence on the job, particularly when assisting clients with cognitive disorders or substance abuse issues.

As an example of the challenges that home care workers face, in mid-March, the WRHA stopped providing services within a Winnipeg apartment building because of concerns about worker safety. Clients instead had to go to a nearby community facility to receive home care. Following security upgrades, including additional security staff and more regular monitoring by staff of N'Dinawemak, the organization that supports the tenants, in-home services were resumed in mid-May.[7]

In healthcare, as in other sectors, many violent incidents and injuries go unreported, for a variety of reasons. According to the CFNU survey cited above, 31% of Manitoba nurses did not report incidents of violence because they feared repercussions.[8] An evaluation undertaken by the Ministry of Health and Long-Term Care in Ontario found that reasons given by workers for not reporting included a culture of tolerance for violence in their workplace, lack of management support, and fear of being perceived as incompetent for being unable to manage the situation.[9]

In Manitoba, the problem of workplace violence in healthcare has reached the point where MNU has taken the drastic measure of grey-listing two major hospitals: Winnipeg Health Sciences Centre (HSC) and Thompson General. Grey-listing is a declaration by the union that a workplace is unsafe and doesn't meet professional standards, and workers are therefore advised to not take jobs or accept available shifts at the facility.[10]

Since grey-listing, a number of important safety improvements have been made at these institutions. At HSC, these include more Institutional Safety Officers (ISOs), a 24-hour Winnipeg Police Service presence, more security in tunnels and parkades, upgrades to cameras, lighting and weapons detection, and more stringent access controls. ISOs have

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7 Home care resumes at North End Manitoba Housing building after security upgrades – Winnipeg Free Press

8 Unpublished Survey Data, Canadian Federation of Nurses Unions Survey, 2026.

9 Sping Wang, "A Review and Evaluation of Workplace Violence Prevention Programs in the Health Sector Final Report, http://www.mtpinnacle.com/pdfs/Rev-Work-violence-MOHLTC-2008.pdf

10 https://www.winnipegfreepress.com/breakingnews/2026/04/17/another-hospital-another-grey-listing

also been added at Thompson General, along with a 24-hour security presence and secure access points.[11]

Nurses at Saint Boniface and Seven Oaks Hospitals have also voted to authorize their union to grey-list their workplaces if sufficient safety improvements are not made. MNU is calling for stronger access controls, enhanced communication protocols in emergencies, more staff, and better supports for staff after a critical incident.[12] The union is also calling for ISOs to be on site at all times.[13] Commenting on the recent Seven Oaks vote to grey-list, MNU President Darlene Jackson said, "They are demanding action on safety concerns that have persisted for far too long. Every healthcare worker has the right to a safe workplace, and every patient deserves care in an environment that is properly staffed, supported, and secure."[14]

"Every healthcare worker has the right to a safe workplace, and every patient deserves care in an environment that is properly staffed, supported, and secure."

- **Darlene Jackson, President of the Manitoba Nurses Union**

Many factors exacerbate the risk of violence in healthcare, including inadequate resources for treating patients with mental health or addictions issues, or with cognitive conditions such as dementia.[15] A recent study on the challenges of nursing violent patients found that the "duty of care" is also an important factor, as it creates pressure for healthcare workers to deliver care, even under circumstances where there are clear risks to their own health and safety.[16]

Research on nursing homes has found that factors including staffing shortages (that both frustrate patients and leave workers more vulnerable to violence), working alone, a

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11 "Nurses' vote makes Seven Oaks General Hospital fourth Manitoba facility on safety-focused grey list," https://www.winnipegfreepress.com/breakingnews/2026/06/12/nurses-vote-makes-seven-oaks-general-hospital-fourth-manitoba-facility-on-safety-focused-grey-list

12 "Nurses vote to grey list Seven Oaks Hospital over safety concerns," Jun 12, 2026. https://www.cbc.ca/news/canada/manitoba/seven-oaks-hospital-nurses-grey-list-9.7233598

13 "Nurses' vote makes Seven Oaks General Hospital fourth Manitoba facility on safety-focused grey list," https://www.winnipegfreepress.com/breakingnews/2026/06/12/nurses-vote-makes-seven-oaks-general-hospital-fourth-manitoba-facility-on-safety-focused-grey-list

14 "Seven Oaks General Hospital Nurses Vote to Grey List Facility Amid Safety Concerns," https://www.manitobanurses.ca/news-events/article/308/seven-oaks-general-hospital-nurses-vote-to-grey-list-facility-amid-safety-concerns

15 Wang, "A Review and Evaluation of Workplace Violence Prevention Programs in the Health Sector."

16 "Nursing violent patients: Vulnerability and the limits of the duty to provide care," Nursing Inquiry, 2022, https://pubmed.ncbi.nlm.nih.gov/34398479/

lack of managerial support for measures to protect workers, and the absence of effective security measures in buildings and surrounding areas are also important contributors.[17]

Studies have also shown that excessive wait times resulting from a shortage of staff and other resources is strongly correlated to the potential for violence. For example, an analysis of emergency departments showed that the likelihood of a violent incident increased in direct relation to the duration of the wait.[18] In assisted living facilities, staff shortages mean that a small number of staff are often responsible for a large number of residents, and the ratio of providers to residents increases at night. In home care, working alone has been found to present a particularly strong risk of violence, as workers must routinely enter private residences, frequently in geographically isolated areas.[19]

Healthcare unions in Manitoba (the largest being CUPE, MGEU, MAHCP and MNU) have consistently raised ongoing staffing shortages as a major problem for patient care and for workers being able to care for patients appropriately and safely, including worsening the risk of workplace violence. Staffing shortages not only raise the risk of violence, but also leave workers with limited time and mental resources to deal with the effects of violence, which can worsen both physical and psychological impacts.[20] Calls for adequate staffing and mandatory staff-patient ratios are echoed by the Canadian Federation of Nurses Unions (CFNU) to "reduce risks of violence exacerbated by understaffing and excessive workloads."[21]

According to the most recent provincial budget, over 4,000 net new healthcare staff have been added by the current provincial government since it was elected in 2023.[22] This represents significant action, but the extent of system staffing shortages remains severe, with many more healthcare workers needed to fix the system to provide quality care and safe and healthy working conditions. The provincial government has also recently passed legislation that sets out a framework to move toward elimination of mandatory overtime

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17 Wang, "A Review and Evaluation of Workplace Violence Prevention Programs in the Health Sector

18 "Workplace Violence and Patient Management Time in the Emergency Department: An Observational Study", Work, Environment and Health, 2025, https://www.mattioli1885journals.com/index.php/lamedicinadellavoro/article/view/17113

19 Nang Nge, et. al., "Determinants of violence towards care workers working in the home setting: A systematic review, "Am J Ind Med. 2022 Mar 29;65(6):447–467. Determinants of violence towards care workers working in the home setting: A systematic review - PMC

20 MGEU, "From Crisis to Stability Fixing the Staffing Crisis in Manitoba's Health Care System," https://www.mgeu.ca/uploads/public/documents/Reports/2024-07-18-health-care-report-final1.pdf;
MAHCP, Staffing Challenges in Allied Health Professions," https://mahcp.ca/our-challenges/; MNU, "Healthcare in Manitoba is in Crisis: Recommendations for Nursing Staff Support," https://wfpquantum.s3.amazonaws.com/pdf/2025/44517_MNU_White_Paper_Report.pdf
"Manitoba health minister urged to boost minimum staffing ratios at personal care homes," https://www.cbc.ca/news/canada/manitoba/staffing-levels-personal-care-homes-cupe-9.7111289

21 CFNU, "Violence Against Nurses in Canada: An Urgent Call To Action"

22 Manitoba Budget 2026, p. 29, https://www.gov.mb.ca/asset_library/en/budget2026/budget2026.pdf

for nurses and the establishment of safe nurse-patient ratios.[23] These have the potential to be very important measures, long called for by nurses, but the timeframe and process for implementation remain unclear. Also unclear is how and when other groups of healthcare workers will be scoped in.

In response to growing workplace violence, this past February, the Manitoba government announced that additional Institutional Safety Officers (ISOs) would be assigned to Winnipeg hospitals: 60 to Health Sciences Centre and 18 to Saint Boniface. Also announced were plans for an enhanced safety app to provide real-time alerts to staff, installation of amnesty lockers to provide secure storage at entry points, better monitoring of access points, and expanded surveillance systems—all things that healthcare unions have been pressing for.[24]

With respect to increasing security staff in healthcare settings, experience indicates the importance of high-quality training for these staff. For example, CFNU points to the example of Michael Garron Hospital in Toronto, where having staff trained in recognizing and de-escalating potential violence has been credited with reducing the number of incidents where force had to be applied by more than half. CFNU also notes the positive effects of having security staff trained in areas such as trauma-informed practices, Indigenous cultural safety, mental health and substance use.[25]

Worker Interview Findings

Long Term Care

Three healthcare aides (identified here as Healthcare Aides 1, 2, and 3) interviewed as part of this project work in long term care facilities, caring primarily for elderly patients with cognitive conditions, which can create the potential for aggression and violence.

These workers shared that violence is common in their workplaces, recounting instances where they have been witnesses and direct victims of violence. According to one, “It is frustrating, after going into 6 different rooms, getting slapped, hair pulled, spitting in my face...you get fed up.” (Healthcare Aide 1)

They also talked about how employers downplay the growing problem or lay blame on the workers, tending to not believe or support workers who raise concerns about violence. Said one healthcare aide,

“There is a lot going on at the nursing home and nobody’s doing anything about it. Employers are sweeping it under the rug and people don’t care…. They are just going to tell me it was my fault.” (Healthcare Aide 1)

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23 https://web2.gov.mb.ca/bills/43-3/b028e.php; https://web2.gov.mb.ca/bills/43-3/b026e.php.

24 https://winnipeg.citynews.ca/2026/02/19/more-safety-officers-to-be-placed-in-manitoba-hospitals-safety-app-extended-health-minister/

25 https://nursesunions.ca/research/white-paper-violence-against-nurses-in-canada-an-urgent-call-to-action/

Another described how,

“There are residents throwing chairs, throwing tables, chasing after you, hitting you, punching you, kicking you, scratching you, biting you, spitting in your face. Management just says, ‘that’s too bad, you should watch out, be careful’.” (Healthcare Aide 2)

A third added,

“It affects our mental health. We’re getting beaten up and then it feels like we’re nothing, like they don’t care.” (Healthcare Aide 3)

Healthcare aides working in long term care observed that short-staffing makes working conditions even rougher, as workers often need to take leave because of the effects on their mental health. At the same time, they said, management provides little

understanding or support for workers suffering from these effects, which makes it hard for people to seek help. As one healthcare aide put it:

“Mental health is like an elephant in the room. It’s hard for people to be vulnerable about it, and then it’s hard for that not to be listened to.” (Healthcare Aide 3)

All these healthcare aides pointed out that short-staffing increases the potential for working alone, which in turn contributes to workers’ exposure to violence. One healthcare aide noted that while their workplace has formal protocols around working alone, they often can’t be met because of a lack of staff. This same lack of staff, they said, also means delays in providing assistance to workers in violent or potentially violent situations. (Healthcare Aide 3)

Working alone or being severely overburdened by the lack of staff to care for the number of patients also leaves workers with little capacity to manage violent patients. One healthcare aide described how, especially during night shifts, as few as two healthcare aides can be responsible for up to 50 people, and that there are insufficient numbers of nurses too. (Healthcare Aide 1)

Healthcare aides working in long term care spoke of their strong sense of duty to care for patients, even when it exposes them to potential violence. As one put it,

“It’s hard to think of how to change the environment sometimes, because the issues are people with complex disorders, mental health challenges. We have to take care of them. We cannot leave somebody in a brief that’s not changed for hours on end, just because they’re having a bad day and they’re upset.” (Healthcare Aide 3)

The same healthcare aide also noted that as violence against workers increases, there is more of a tendency to normalize it, despite the toll it takes on workers, particularly their mental health. The situation is made worse, they said, by the lack of training in how to properly deal with a violent patient:

“When you’ve got a man that you’re trying to feed, you’re trying to meal assist, and all of a sudden he’s upset, angry, and he grabs a spoon or he grabs a fork, and he starts getting up and yelling. You want training on how to respond. You want to be confident, you want to know what to do, and you don’t want to be panicking.” (Healthcare Aide 3)

Long term care workers also described how the responsibility to provide patient care and a lack of employer support for workers facing violence combine to discourage workers from refusing duties they believe will or may expose them to violence. In these situations, according to the workers, they are sometimes accused of neglecting their duties by the employer.

Another challenge stems from families of patients being unaware that their loved ones are violent. This can add to workers sensing a lack of understanding and support: “They can get very upset at us because families don’t understand our job I think,” said one healthcare aide. This is another area, they said, where the employer could play a more supportive role, including by educating families about what is happening with their loved one, what the role of the healthcare aide is in their care, and the importance of worker safety. Instead, the employer often sides with the family when they criticize the worker regarding their handling of a violent patient.

Based on their many years of experience, one healthcare aide observed that a lack of staff, resulting in limited patient interaction, can increase the potential of patients to become aggressive.

“If we had a little bit more [time], we could sit with residents, we could talk to them, and that could develop residents’ skills, and that could change their own perception of living in the facility. I think it increases agitation when somebody who loves to talk is not socializing. I think it increases agitation, it increases anxiety.” (Healthcare Aide 3)

Another healthcare aide made a similar point, noting that there is barely enough time to complete the very basic tasks of feeding, bathing, etc., leaving no opportunity to engage with residents in a way that would help calm and regulate them, or to be proactive in preventing violence against staff and fellow residents. (Healthcare Aide 2)

Emergency Departments

Three nurses, a healthcare aide and a social worker who work in hospital emergency rooms (identified here as ER Nurses 1, 2, and 3, Healthcare Aide 4, and Hospital Social Worker) were interviewed for this project.

Similar to those working in long term care settings, ER workers observed how elderly patients with cognitive issues can be a source of violence and aggression. They raised as well that patients under the influence of drugs or having metal health episodes are also frequent sources of violence in emergency rooms.

The ER healthcare aide described how police often bring people they have arrested under the influence of drugs to the ER to obtain medical clearance. Often, police must leave them there, making the hospital responsible for the person. The hazards of this situation are increased by the lack of seclusion rooms and quiet spaces to de-escalate potentially violent patients, resulting in these persons being kept in a regular room, sometimes with more than one patient under the care of a single healthcare aide.

As they put it: “It is still unsafe for one person to keep track of one aggressive patient in an unlocked room, but how can you care for two unsafe people at once when they are both escalating?” (Healthcare Aide 4)

An ER nurse described a violent incident involving a highly agitated patient under the influence of drugs:

“We had a young man who was under the influence of a number of substances who needed medical attention. It took 3 police officers, 2 or 3 nurses and very high doses of sedatives to restrain him. He spit at all of us, he was taking swings at us, he was trying to bite us...all of this so we could help him. When he wakes up the next morning, he says ‘I don’t remember any of this. What happened to me? I am so sorry.’ How do you hold a population like that accountable? You can’t because they are not of sound mind.” (ER Nurse 1)

The ER healthcare aide described another scenario: a patient was brought in asleep and woke up in a highly agitated state. He verbally assaulted other patients, physically assaulted a staff member, and had to be restrained for a half hour until police arrived.

The healthcare aide went on to explain that there are so many violent hazards, that all of their work can be considered dangerous work: “It is hard to exercise the right to refuse dangerous work when your whole job has dangerous components.” (Healthcare Aide 4)

One ER nurse spoke to the effect that frequent experiences and threats of violence take on workers who have a strong commitment to care—as one explained:

"There is not a single nurse or healthcare aide or support staff who went into their career thinking that today I might get hit. Today I might have someone pull a knife on me. Today one of the patients might have a gun in their knapsack. None of us entered a career thinking that this is something we have to worry about when we are trying to take care of patients. In our mind we have to think about 'am I standing in the right place in the room if I have to get out quickly or if my partner needs help am I in earshot to help?' This is what we face every day." (ER Nurse 2)

While they are strong advocates of patient care, the nurses said that many healthcare workers have the impression that management believes only patients have rights, and tend to respond to reports of workplace violence by blaming the worker, asking things like, "What could you have done differently in that situation to prevent that from happening?"

An ER nurse spoke to the effect of employer inaction on violence and the tendency to blame staff for the violence they experience:

"The common denominator that we've all probably experienced was anger, frustration, disappointment because there were never any proactive measures in preventing this. If we were to report violent incidents it was very much what were you doing in this situation? How could you have done better?" (ER Nurse 3)

One nurse summed up how the perception about their profession has changed:

"At one time in history, healthcare workers used to be treated with respect. It wasn't very long ago that we were called the Healthcare Heros who saved the world from COVID. Now we are dirt." (ER Nurse 1)

These nurses point out that the working conditions, including frequent violence, and their effects on staff are significant contributors to nurses deciding to leave the job. This adds to more staff vacancies, a further deterioration of conditions and an increase in the burden and stress on remaining staff.

Short-staffing was identified as a major issue by the ER workers interviewed for this project. For example, the ER healthcare aide explained that when a healthcare aide is taken off floor duties for a 1-on-1 care assignment, they are often not backfilled, and there are persistent shortages across multiple positions:

We need more doctors and nurses as well as nurse practitioners and healthcare aides. There are a lot of shortages of people to do the work and a shortage of money to pay them. The practice of using agency staff is expensive and doesn't solve the problem." (Healthcare Aide 4)

In terms of solutions, one ER nurse described the positive effect that ISOs and controlled entry have had in reducing violence at the ER where they work:

"Once we implemented the ISOs, the violence had decreased significantly. We used to have two main entrances into our building and when we implemented the ISOs, we shut down one of the main entrances so that all persons with the exception of ambulances have to go through that main entrance. Everybody is searched, everybody is weapon-scanned and all dangerous prohibited items are removed from that person so that has helped with weapons, confiscation of alcohol, drugs, and whatever." (ER Nurse 3)

This same nurse pointed out that these measures were adopted after advocacy by the union and the grey-listing of the facility. The other ER nurses as well as the ER healthcare aide all called for more highly trained security personnel to help deal with escalating violence in the ERs where they work. They also noted that the union was able to work through the Workplace Health and Safety Committee to get amnesty lockers to reduce the number of prohibited items entering the hospital, and better communications systems to get help when someone is being attacked.

The hospital social worker interviewed for this project who assists patients with social and economic barriers to access needed services, described how growing drug use, homelessness, and a lack of services for those with mental illness and cognitive impairments is creating a more volatile and violent environment.

Conditions are especially bad, they said, for the more vulnerable workers:

"The frontline people that greet people at the hospital, those are the people that are going to get hurt the fastest. And oftentimes they are newcomers to Canada, they are people with very low English skills, and they certainly don't know their rights as Canadians and they finally got a job. So what are they going to do? They won't complain." (Hospital Social Worker)

They also noted how frustration with wait times increases the potential for violence, and how nurses and other workers are so "burnt out" by job demands that they have little capacity to deal with these situations:

"We talk about someone who has a low threshold for frustration, we've got them sitting in an emergency room with a 12 to 18-hour wait, there's chaos and noise… And then the only response we have is to call the police when they hit someone, they're arrested and released almost immediately and then the cycle goes on and on." (Hospital Social Worker)

Home Care

A nurse and a healthcare aide who work in home care (identified as Home Care Nurse 1 and Healthcare Aide 5) were interviewed for this study. They both described the violence they experience and the factors that contribute to it.

Sometimes the risk of violence arises from working in a private home. The healthcare aide recalled being threatened with a knife in a client's home, where the police were summoned.

The healthcare aide also described the following situation:

"There was a client that had a gun in his home, he has dementia and the gun is under his pillow. Whether it's loaded or not, no idea. That is an issue just there alone! Like, that gun should be locked up. And the employer's plan? Their health and safety plan, their safe visit plan was to send two people in. How is that safe? Now you're endangering two people." (Healthcare Aide 5)

Home care workers also experience violence in the area in which the home is located. The healthcare aide recalled a colleague being beaten in the area of the client's home. The nurse said, while sometimes the client is the risk,

"It's a mix and sometimes it's the neighborhoods that we're in. For example, we have a building that there was so much violence in that building like stabbings and shootings and all different things." (Home Care Nurse 1)

The nurse spoke to the need for more training on violence prevention and pointed out that, currently, workers are simply not given the opportunity to do training: "We do have a lot of different elements, training modules that we can take but it's just a matter of finding the time." (Home Care Nurse 1)

The nurse also suggested that better communications would help protect workers from violence:

"There's a few things that we need but good communication. For example, there was an incident … there was a gun and they didn't communicate very well with others in the community area there that something was going down." (Home Care Nurse 1)

The healthcare aide called for reinstating pre-visit assessments which were halted some time ago. Previously, a case coordinator would do an assessment before the home care worker entered the home. This helped determine the state of the client physically and mentally and the risk the person may pose to staff entering their home. The healthcare aide called the decision to stop these assessments "negligent". (Healthcare Aide 5)

EDUCATION

Note: while school support staff are covered by WCB and therefore counted in WCB workplace violence statistics, teachers are not. This report cites alternative sources of information to inform the state of workplace violence against teachers.

WCB data shows that Educational Assistants experienced 166 workplace violent injuries last year, accounting for over 13% of all workplace violent injuries in Manitoba, the second highest of any WCB occupational category.

A report from an urban School Division shows that in one eight-month period, there were 1,260 documented incidents of workplace violence and aggression against Educational Assistants.

In one eight-month period, there were 1,260 documented incidents of workplace violence and aggression against Educational

About half of violent incidents involved students with additional needs and the other half involved the general student population. The report noted that along with the many physical injuries these incidents caused, "Additional impacts reported by staff included property damage, such as broken eyeglasses, as well as significant psychological and emotional strain associated with repeated exposure to workplace violence. Reports further identified ongoing psychosocial stress and anxiety experienced by staff following aggressive student incidents."[26]

Teachers also experience very high levels of workplace violence. According to one recent comprehensive survey of Manitoba teachers done by Julie D. Braaksma as part her research for a PhD thesis, *Violence and Harassment Directed Towards Teachers, 2025*:

- 40% of teachers experienced up to 3 episodes of violence during the 2023–2024 school year; 22% experienced 4-10 episodes; 9% experienced 11-20 episodes; and 15% experienced over 20 episodes.
- Many were threatened with violence at least twice per month.
- Most threats came from students, but a significant portion also came from parents.[27]

26 "Educational Assistant Reports of Aggression and Violence"

27 Julie D. Braaksma, *Violence and Harassment Directed Towards Teachers*, PhD Dissertation, Adler University, 2025.

A recent survey of 3,370 public school educators conducted by Probe Research on behalf of the Manitoba Teachers' Society (MTS) further confirms the escalating violence being experienced by educators. The survey found that 70% of educators say violence has increased over their careers, 61% say the severity has increased, 46% say it is a serious problem in schools, and 55% say it makes it difficult to do their jobs. One survey respondent described multiple serious violent events over their career, including weapons seizures and repeated emergency lockdowns, while others said violence has become so routine it is simply "part of the job".[28] The majority of respondents also said the access to student supports has declined over their careers, with many pointing to reduced special education capacity and growing unmet student needs.

70% of educators say violence has increased over their careers.

MTS President Lillian Klausen described the findings as evidence of the effects of chronic under-resourcing: "Violence in schools is not appearing out of nowhere. It is growing in a system that has been pushed past its limits—where funding and staffing hasn't kept pace with student need and supports have been allowed to erode. In some cases, supports have been completely cut."[29]

"Violence in schools is not appearing out of nowhere. It is growing in a system that has been pushed past its limits – where funding and staffing hasn't kept pace with student need and supports have been allowed to erode. In some cases, supports have been completely cut."

- **Lillian Klausen, President of the Manitoba Teachers' Society**

The extent of the problem is also underscored by the fact that in 2023 the Workplace Safety and Health Branch took the dramatic step of adding schools to its list of the province's most dangerous workplaces. At the time, unions representing education workers stated they were not surprised with the decision, and cited growing class sizes and a lack of resources for students with special needs as major contributors.[30] In early

28 "Violence in Schools Reach Alarming Levels", https://www.mbteach.org/mtscms/index.php/2026/05/25/nr-violence/

29 "Violence in Schools Reach Alarming Levels", https://www.mbteach.org/mtscms/index.php/2026/05/25/nr-violence/

30 "Schools on Manitoba's list of high-risk industries," https://www.thesafetymag.com/ca/topics/safety-and-ppe/schools-on-manitobas-list-of-high-risk-industries/436339); "One school year, 350 safety

2026, MTS stated that, in some schools, the problem had grown to the point where members were equipping themselves with protective arm guards.[31]

Based on feedback from surveyed teachers, the Braaksma study cited above identified a number of system factors as key contributors, including:

1. Increased number of students with high needs integrated into regular classes.
2. Lack of support in the schools for students with high needs (e.g., behaviour specialist, psychologist, social worker, counsellor).
3. Increased number of students per class.
4. Lack of teacher training on how to program for students with dramatically different needs.
5. Lack of teacher training on how to respond to violent students.
6. Lack of teacher training in working with students who have a diagnosis of a cognitive/mental condition.
7. Increased use of non-planned areas (libraries, gyms, etc.) as regular classrooms.[32]

The study also noted that, despite the size and seriousness of the problem, there has been little analysis of the effectiveness of various measures to prevent violence against teachers. A survey of anti-violence measures used in schools in the US and elsewhere made a similar observation, noting that much of the research that has been done focuses on perceptions of effectiveness rather than quantifiable measures such as the number of incidents before and after specific preventative measures were introduced.[33]

However, the author of the Manitoba study made a number of recommendations based on extensive input from the many Manitoba teachers interviewed:

1. Mandatory reporting of all incidents of violence and threats of them.
2. Investigation of all incidents, involving at minimum the school principal and the employee co-chair of the Workplace Safety & Health committee, to determine the cause and to identify control measures that should be implemented.
3. Giving credence to all reports and avoiding victim blaming.
4. Safe Work Procedures outlining known risks of working with a student, precautions or personal protective equipment required, and other steps to keep the worker safe.
5. Documentation of incidents and investigation results in the student's cumulative file.

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violations: Manitoba divisions added to index of 'high-risk industries,'" July 21, 2023, https://www.winnipegfreepress.com/breakingnews/2023/07/21/one-school-year-350-safety-violations-manitoba-divisions-added-to-index-of-high-risk-industries

31 https://globalnews.ca/news/11606533/student-teacher-violence-manitoba/

32 Braaksma, 2025.

33 Andrew H Perry, et. al, "Addressing Violence Against Educators: What Do Teachers Say Works?" School Psychology. 2023 Oct 30. 39(5):488–498 https://pmc.ncbi.nlm.nih.gov/articles/PMC11844353/

6. Student Safety Plans outlining known triggers, observed behaviour, and strategies to help regulate the student.
7. Non-Violent Crisis Intervention or similar training for all workers interacting with the students.
8. Adherence to the legislative requirement to inform workers about the risk of violence involving people they may encounter during their work.
9. Smaller class sizes.
10. Consistent rules across schools and locations.
11. Holding all staff, students, parents, and visitors accountable for their actions while on school grounds.[34]

MTS largely agrees with these recommendations, though cautions against blanket recommendations for addressing individual students' behaviours, noting that those working closely with students are in the best position to determine the right course of action in each case.

Overall, MTS emphasizes systemic issues such as lack of resources and overcrowding as the key contributors to classroom violence. MTS President Lillian Klausen attributes growing violence to "chronic underfunding, unmet student needs, and classrooms stretched beyond capacity", and calls for "meaningful investment in prevention—more counselors, social workers, psychologists, special education services, and trauma-informed supports"[35]

Like in health care, the current provincial government has taken some important steps to address staff shortages in education, including adding over 800 teaching positions and over 600 other education staff positions, including educational assistants, school psychologists, speech therapists and occupational therapists.[36] While this represents important progress, not all new positions have been filled yet, and many more teaching and non-teaching staff are needed to not only support quality education but also ensure a safe environment in which students can learn and workers can do their jobs.

A recent survey by the Canadian Union of Public Employees (CUPE) of their school support members provides insight into the extent of the violence faced by these workers and the lack of meaningful action to address it.[37] About 30% of CUPE's school support survey respondents said they had been threatened with violence, primarily by students.

In addition to those threatened, about 40% of CUPE survey respondents had been physically assaulted by a student. This included being slapped, kicked, spat on, and stabbed with writing instruments. Most of those reporting that they had been assaulted were educational assistants; a smaller number were bus drivers.

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34 Braaksma, 2025.

35 Correspondence from MTS President Lillan Klausen, January 21, 2026.

36 https://news.gov.mb.ca/news/index.html?item=71299&posted=2025-10-29

37 CUPE 3206 Violence and Harassment in the Workplace Survey Results

In nearly all cases, the workers reported the assault but saw little in the way of meaningful action taken in response. Responses to reporting included being told to fill out an incident form report (on which no action was taken), being reminded they had been trained to deal with these situations, or being told this behaviour was to be expected from that particular student. In the vast majority of cases, the worker was not aware of any report resulting in an incident investigation as required under the *Workplace Safety and Health Act*.

According to a CUPE survey of school support workers, 40% of respondents said they had been physically assaulted by a student.

Many surveyed educational assistants observed that the problem was growing worse, and not just among the higher needs students that EAs deal with. As one respondent put it: "I feel like when I first started working with the division, violent, aggressive experiences were mostly from our higher needs students but, in the recent years, it seems a vast majority of our students are not only showing more violent, aggressive and verbal behaviour to each other but also to staff especially when it comes to verbal."

Others felt their safety was seen as a low priority because of division policies: "The employer expects employees to put up with violent students. It seems to me that a student's right to be in school takes precedence over my right to be safe in the workplace. For example, a student who constantly kicks their EA is dealt with by giving shin pads to the EA."

Worker Interview Findings

Three Educational Assistants (identified here as Educational Assistants 1, 2, and 3) interviewed for this project described the challenges of supporting students with special needs and behavioural issues, including violence and aggression. They recounted multiple incidents of violence including assaults, spitting, and throwing of objects. As an example, one Educational Assistant noted that:

We have a student who has over 40 violent reports filed in less than a year and the student is only 12 years old, and he is going to escalate over the years. He will get bigger and stronger. It is very scary and this is not the only student that falls into this category." (Educational Assistant 1)

While there are many reports of violence and resulting injuries every year, Educational Assistants said many incidents still go unreported. One Educational Assistant noted that while the introduction of online reporting in some school divisions allows staff to easily report violence, the number of incidents and resulting injuries have become so common that there is significant under-reporting. They added that under-reporting also results from the attitude of supervisors, who will tell Educational Assistants that injuries caused by violence from special needs students are "just part of the job". (Educational Assistant 1)

All three Educational Assistants noted the importance of students with additional needs having an appropriate educational environment and programs but pointed out the negative effects of operational changes and a lack of resources in this regard. As one recalled:

“When I first started...students would be rated as Level 1, 2 or 3. A Level 3 would have one-to-one with an EA while a Level 1 could be 4 students to one EA. We would have the supports we needed in case a student deregulated and we needed to remove the other students from the room or get the other student out.” (Educational Assistant 1)

They also described how, in the past, special needs students were integrated with the general school population for some classes, schools had a “calming room” which could be used for de-escalation when needed. Now, however, all students are in the same—often overcrowded—classrooms, which increases the likelihood of the special needs students becoming overwhelmed and aggressive. As one Educational Assistant put it, “You have so much happening there that the student can’t handle it.” (Educational Assistant 1)

One area where Educational Assistants identified a significant gap was training, for example, on the conditions that affect the students they work with and on de-escalation techniques. As one of them put it: “I think training is the way to go. Training, training, training. Educational Assistants should have the minimal training and continued training throughout.” (Educational Assistant 2)

A specific missed opportunity that an Educational Assistant raised was Professional Development (PD) days. On the 10 PD days held in most schools each year, Educational Assistants get paid but do not attend any training, which they noted is time that could be used to get training they need. (Educational Assistant 2)

Despite the many risks and challenges they face, and the lack of support from employers, all three Educational Assistants interviewed expressed a strong commitment to their jobs and the students they serve. As one said:

“We do not want to get hurt but at the same time, we don’t want the student to not get what they need. These students deserve a good life and if they cannot work in a school environment with lots of students, there should be something else for them.” (Educational Assistant 1)

Another put it this way,

“How do we help these people without the people who are helping them getting hurt? It is not their fault; it is not the girl’s fault. She is autistic. What do we do? It is hard not to be hardened by these things.” (Educational Assistant 2)

A third added,

“At the same time, they are the most loving kids. There are kids who have problems and we have to help these kids and educate them.” (Educational Assistant 3)

Two teachers (identified here as Teachers 1 and 2) were also interviewed for this report and echoed many of the experiences and insights relayed by Educational Assistants, including significant recent increases in school violence.

One teacher explained that in addition to “the psychological damage it does to you”, which forces many to take leave, the escalating violence places increased demands on teachers and detracts from their ability to fulfill their core duties:

“Now, we have to be experts in controlling and maintaining violent episodes, or navigating through that, in addition to everything else that’s expected.” (Teacher 1)

Another teacher explained how they are impacted by the same conditions described by Educational Assistants, where all children regardless of their needs are placed in the same crowded classroom. The teacher described an incident where a special needs student “Called me names and threatened to stab me. These are difficult situations to deal with when you have a classroom full of other children.” (Teacher 2)

Teachers also noted that many incidents go unreported, partly because management downplays the seriousness. For example, one of them said, if a student assaults a teacher in a way the supervisor considers minor, they will discourage reporting it and ask things like “oh, really, that is violence?” This teacher added that when staff do report violence, the supervisor often blames them:

“It’s not unusual for the first question to be ‘what did you do? Did you follow the behaviour plan?’ As if to say me getting injured from a student was my fault. It’s kind of like as long as all of the procedures that they put in place are followed, they can’t get sued.” (Teacher 1)

These working conditions and the lack of action to address them is resulting in high turnover and staff shortages:

“Teachers are leaving. They can’t make it one more day in class. Something has to be done. We need to attract teachers in rural areas because we don’t have enough teachers and people are not getting a full education. There must be some way that the provincial government can put more money into getting more teachers in these areas.” (Teacher 2)

Teachers described an urgent need for more resources to support existing teachers and to attract and retain new ones. One said that teachers cannot be expected to teach a classroom of 25 while also dealing with one person who has psychological or neurological problems and requires more direct attention. Meanwhile, with a severe lack of certified

teachers in the province, teachers are sometimes asked to teach multiple classes at once. Schools need assistance to recruit and retain teachers, because they can't do it any more on their own.

Teachers also expressed strong commitment to their profession and the students despite the many challenges of the job. Said one,

"I don't believe kids get up in the morning saying, 'I'm going to hurt my teacher today.' But they are missing something. They are not getting what they need and they are turning to violence which can't be acceptable any longer." (Teacher 1)

TRANSIT

Workplace violence against Transit Operators is responsible for just over 5% of all violent workplace injuries in Manitoba, or 64 incidents last year. The 2017 murder of a Winnipeg Transit operator by a passenger is a particularly tragic example of the violence that has plagued this sector for years, and it is getting worse. A 2025 Statistics Canada report showed that from 2016 to 2024, violent incidents on Winnipeg Transit buses rose by a staggering 281%.

The Amalgamated Transit Union (ATU) Local 1505, which represents transit operators, noted at the time that transit operators were also reporting an increase in weapons on buses, including BB guns, makeshift weapons and projectiles.[38] In November 2025, after an operator was shot with an air rifle, the union noted that there had already been over 200 violent incidents on buses that year, with about half involving violence directed primarily at the transit operator.[39]

A 2025 Statistics Canada report showed that from 2016 to 2024, violent incidents on Winnipeg Transit buses rose by a staggering 281%.

In addition to the physical and psychological toll of the violent attacks they experience, transit operators are also affected by witnessing and intervening in violence perpetrated against passengers. For instance, in February 2026, a passenger was being violently attacked by another passenger before the transit operator had to intervene and physically remove the attacker from the bus, thereby putting himself in danger. An ATU spokesperson noted at the time that, "This attack, especially the violence inflicted on a passenger, is a sobering reminder that our operators are facing

38 https://www.cbc.ca/news/canada/manitoba/winnipeg-transit-violence-data-9.6992403
39 Bus driver shot in Winnipeg is latest incident in on-going crisis | Canadian Occupational Safety

dangerous and unpredictable situations every day, and it is past time for more action to make transit safer for everyone."[40]

A recent member survey conducted by ATU 1505 attests to the level of violence that transit operators face. It was found that over 30% of transit operators have been physically assaulted at least once and over 80% have been verbally assaulted. Transit employs a large number of new Canadians and the survey found that in 40% of all violent incidents experienced by transit operators racism had been a key factor.[41]

ATU 1505 is hopeful that the introduction of stronger fare enforcement by Community Safety Officers (CSOs) has the potential to reduce violence. The union notes that "about 90 per cent of violent or disruptive incidents were perpetrated by people who had not paid the fare."[42] The union says that CSOs have been beneficial in this regard, though it is hard to be certain what effect their presence has had on the incidence of violence.[43]

ATU 1505 has been calling to make a pilot project carried out in 2025 permanent, under which Winnipeg Police Officers were assigned to buses. It was recently announced that this practice will be reintroduced, with officers patrolling on buses as well as around stations and stops, though the City has not committed to making the program permanent. In making the announcement, the Winnipeg Police Service noted the successful reduction in violent incidents achieved during the 2025 pilot.[44]

According to a member survey by ATU 1505, over 30% of transit operators have been physically assaulted and over 80% have been verbally assaulted.

Another area where progress has recently been made is upgrading of the transit communications system. As an evaluation of prevention measures undertaken in a number of US transit systems highlights, it is crucial that operators be able to communicate to summon assistance in violent situations.[45] ATU 1505 has long noted the weaknesses in the Winnipeg system, with frequent equipment failures and communication gaps. The City recently committed funding to overhauling transit's communication system, and initial infrastructure to support the new system is being put in place. ATU 1505 President James Van Gerwen noted that, "This is well needed — we've been pushing for this for years. The radios we have are over 30 years old and the

40 https://www.ctvnews.ca/winnipeg/article/i-did-not-see-it-coming-charleswood-resident-speaks-out-after-assault-on-transit-bus/

41 ATU local 1505 Safety Shield Survey.

42 Winnipeg police to patrol bus routes, shelters and stations, amid violent crime concerns | CBC News

43 Correspondence from Derek Hanley, Executive VP, ATU 1505, March 26, 2026.

44 "Winnipeg Police Service Resumes Transit Safety Project this Spring," May 22, 2026, https://www.winnipeg.ca/police/community/news-releases/2026-05-22-winnipeg-police-service-resumes-transit-safety-project-spring

45 "Review of measures to prevent and manage aggression against transport workers," *Science Direct*, October 2023 , https://www.sciencedirect.com/science/article/pii/S0925753523001443

system is so outdated that it is hard to get parts for it. This will give us better performance and more reliability."[46]

Alongside these measures, ATU 1505 continues to advocate for another key protection for operator safety: installation of full enclosure shields for drivers. Operators clearly support this call. In the survey cited above, over 70% of respondents said the partial shield model currently in use was ineffective in protecting them from assault, and 95% favoured introduction of fully enclosed shields.

There is clear evidence of the effectiveness of full shields in cities where they have been introduced. In Ottawa, for example, the shields are credited with a significant decrease in the number of assaults on operators.[47] The US study cited above also found full enclosures to be an effective measure to protect operators.[48] The same holds for the Canadian cities where they have been introduced. In addition to Ottawa, the shields have been credited with a significant drop in the number of assaults on operators in Calgary, Edmonton, and Brampton.[49]

Worker Interview Findings

Two transit operators (identified here as Transit Operators 1 and 2), both of whom had been victims of severe violence on the job, were interviewed for this project, and spoke of the rising rates and severity of violence against transit operators as well as riders:

"It is not just drivers getting assaulted but members of the public also." (Transit Operator # 2)

They noted that transit operators in uniform have even been attacked on the street. Interviewed transit operators suggested that while issues like addictions, mental illness, and poverty are all key factors in the current escalating violence, employer attitudes and a lack of protective measures are also key contributors. The employer, one said, often responds to reports of violence by blaming the worker, and also seeks to "keep incidents hush hush." (Transit Operator 1)

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46 https://www.winnipegfreepress.com/breakingnews/2026/04/15/city-considers-upgrade-to-transits-decades-old-radios

47 "Protective Shields Ottawa OC Transpo," https://www.ctvnews.ca/ottawa/article/protective-barriers-credited-for-drop-in-serious-assaults-against-oc-transpo-drivers/

48 "Review of measures to prevent and manage aggression against transport workers," Science Direct, October 2023 , https://www.sciencedirect.com/science/article/pii/S0925753523001443

49 "Council approves $15 million from reserve to install assault barriers on transit buses," May 27, 2025, https://calgaryherald.com/news/local-news/council-approves-funding-assault-barriers-transit-buses; "New driver safety shields installed on Edmonton buses," 2019-06-02, https://atu569.ca/new-driver-safety-shields-installed-on-edmonton-buses; "Brampton Transit installing bus driver safety shields across fleet after big spike in assaults," July 11, 2018, https://www.bramptonguardian.com/news/brampton-transit-installing-bus-driver-safety-shields-across-fleet-after-big-spike-in-assaults/article_4ed08be5-6cfb-5c4a-a705-1569f4f95c88.html

According to these transit operators, the physical and mental effects of violence cause chronic staffing shortages. They estimated that 125-150 staff were currently on leave for medical issues. These vacancies place increased stress on remaining transit operators, while a high turnover rate adds additional costs to the system in terms of training and equipping new hires. These resources, in addition to WCB costs associated with violent injury claims, could instead be invested in improving operator safety and preventing injuries, the transit operators said.

As for protective measures, the transit operators recalled that 'Banning Notices', which alerted operators to persons who were prohibited from using Transit, often for violent behaviour, had been an effective tool but have now been discontinued.

The transit operators also proposed that additional policing or security personnel would be an effective deterrent. They noted that many Canadian cities, including Vancouver, Toronto and Calgary, have safety officers on their transit system. They recalled that Community Safety Officers had been assigned to Winnipeg buses in response to calls from their union, but those officers are now being used elsewhere in the city, while violence continues to arise on buses.

One of the transit operators suggested that investing in better security would save money in the end:

"They could hire a security person or police officer who could deal with that for the same amount of money as they spend on WCB claims." (Transit Operator 2)

These transit operators also echoed the call of their union for full driver safety shields and urged that they be installed immediately.

RETAIL

The retail sector is characterized by many of the factors that are known to contribute to a risk of workplace violence: public access, exchange of money and goods, and frequent working in isolated locations and/or alone. These are exacerbated by underlying societal factors such as addictions, poverty, and mental health issues that can fuel unpredictable and aggressive behaviour among customers.

Much of the violence that takes place in retail is associated with theft. A recent survey by the Retail Council of Canada found that not only has retail theft been steadily increasing in recent years but so has the increase in violence associated with theft. More than 90% of retailers indicated that shoplifters are exhibiting more violence compared to a few years ago.[50]

50 "Retail Crime is More than Just Shoplifting—It's a Safety Crisis," https://www.retailcouncil.org/topics/loss-prevention/retail-crime-in-canada-report/

In Manitoba, retail theft began to increase sharply around 2015. In response, in 2020, the Manitoba government established a Retail Crime Roundtable that included representatives from government, employers, law enforcement, and labour to consider ways of curbing the trend.[51] The key initiative coming out of the Roundtable was the establishment of a Retail Crime Task Force, from which labour was excluded. Based on the task force's work, the focus became enhanced policing and enforcement, as exemplified by directing more Winnipeg Police Service (WPS) resources toward curbing shoplifting. For example, in 2023, commenting on a 44% increase in retail theft over the previous year, the WPS reported that it had recently made hundreds of arrests for shoplifting.[52]

A resolution sponsored by UFCW 832 at the 2024 MFL Convention called for revitalizing the Task Force with the voice of labour added. In November 2024, the government announced that they would be making permanent a program that grew out of the Task Force: the Retail Theft Initiative, with labour, through UFCW 832, having a voice at the table.

One measure coming out of the initiative was the provision of funds to pay for police to work overtime in what were called "retail hotspots". The Manitoba chapter of the retail Council of Canada applauded this decision and urged the Justice Minister to continue focusing resources on curbing retail crime.[53] This was followed in 2025 by the government introducing a rebate for businesses to offset the cost of installing cameras and other security systems. At the same time, the government said that it was working with the security industry to provide enhanced and quicker training for security guards to provide services at local businesses.[54]

UFCW 832 questions whether the actions taken under the initiative to date have had a meaningful impact on violence. That is largely because of the overriding focus on loss prevention while little attention is paid to retail violence and its effects on workers.

Statements by the WPS provide little clarity on the matter. In 2025, for instance, the WPS noted that the proportion of incidents of theft that were escalating to violence was "moderating", though it is unclear what was meant by this. The Justice Minister stated that the government's approach and investment in law enforcement was "showing results" and that "we are starting to see the needle moving in the right direction. We see more

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51 "Winnipeg police step up enforcement with retail theft prevention initiative," December 4, 2023. https://globalnews.ca/news/10146229/winnipeg-police-retail-theft-initiative/

52 Winnipeg police cracking down on retail thefts, 151 arrests made https://winnipeg.citynews.ca/2023/12/04/winnipeg-police-cracking-down-on-retail-thefts-151-arrests-made/

53 "Manitoba to make retail crime crackdown permanent," November 14, 2024, https://www.cbc.ca/news/canada/manitoba/winnipeg-province-theft-crackdown-spending-1.7384021

54 "Manitoba continues crackdown on retail theft with new measures," September 11, 2025 https://globalnews.ca/news/11410504/manitoba-retail-theft-minister-plans/)

police hit the streets. We see more crimes being solved. We have accomplished a lot." Again, no evidence was offered of reduced retail violence.[55]

The approach of cracking down on retail theft through enhanced policing continued into 2026. Early this year, the WPS noted that it had arrested 72 people during the recent previous Christmas shopping season and attributed this to the addition of 12 new police officers at retail areas.[56]

Worker Interview Findings

Four retail workers (identified here as Retail Workers 1, 2, 3, and 4) were interviewed for this project; all had many years of experience in a mix of rural and urban retail locations.

All reported that violence has dramatically increased in the sector in recent years. As one of them put it,

"It's definitely different than it was say 10, 15 years ago." (Retail Worker 1)

Another recalled an especially tragic incident where an employee was killed by thieves fleeing from a robbery. (Retail Worker 2) The use of weapons such as machetes has also become more common.

Retail workers pointed to the underlying factors, including an increase in untreated drug addictions and mental health issues, as well as poverty that is making people "more desperate". As one of them put it:

"It is completely unpredictable who walks through those front doors, what drugs they're on, what they're gonna do. We found machetes on our grocery store shelves before. Bags with drugs, stolen items left behind. Needles being left behind." (Retail Worker 1)

These workers also pointed out that the risk of violence is not just inside the store. Workers leaving the store at closing time, especially at night and in certain locations, are also at risk of violence. One of them described an incident where an employee was severely beaten while collecting shopping carts in the parking lot at night. (Retail Worker 2)

Retail workers described how the attitudes of employers increase the risk of violence. One recalled an employer being angry and yelling at staff because they did not intervene to stop a shoplifter from leaving. (Retail Worker 1) Another said that employers are

55 "Shoplifting reports spiked in Winnipeg last year after increase in funding for anti-retail-theft initiatives," May 07, 2025 https://www.cbc.ca/news/canada/manitoba/winnipeg-police-crime-2024-stats-1.7528650

56 https://www.cbc.ca/news/canada/manitoba/winnipeg-province-theft-crackdown-spending-1.7384021

reluctant to take action against customers even when they are known to have sexually harassed a worker:

“Customers who have sexually harassed or in some cases stalked employees often go without facing repercussions with management dragging their feet on banning customers and even being slow to produce camera footage to assist in police investigations.” (Retail Worker 3)

Exploitation of those in precarious employment also plays an important role:

“To decrease the chances of violence, staff are forbidden on risk of termination from even accusing a shoplifter of stealing let alone physically engaging with one. But most employees are underpaid and underemployed, and the employer tells us that the loss in sales due to shoplifting negatively affects the hours available for staff. So employees still engage with shoplifters despite clear instructions not to.” (Retail Worker 3)

All spoke to the effects that violence and the constant fear of violence have on workers’ mental health. The hostility and anger, one said, is mentally draining, and puts workers in a constant state of alert:

“You start to read people when you work retail long enough, you kind of know where the conversation is going to go. And it’s kind of like, okay, let’s get ready for this, and you just set yourself up that you’re in a fight now because they’re going to tear you apart.” (Retail Worker 3)

These workers also spoke to the need for better training for staff on managing violent situations, and for more access to support services for those injured and traumatized by violence. One also pointed out that many store owners may not even be aware of what their legal obligations are when it comes to protecting workers from violence. (Retail Worker 4)

Another issue these workers emphasized was gaps in the system for alerting others and summoning assistance in crisis situations. They explained that many employers have a rule barring workers from having their cell phones with them. One recalled an incident that underscores the effects of this in the absence of other means of communicating:

“We had a skeleton crew that day, and there were customers with kids, grandparents…we were trying to track down someone to call 911 while also blocking the aisle. We aren’t allowed cell phones on the work floor so I couldn’t call 911. There’s nobody there to help us. We’re alone.” (Retail Worker 1)

Another described the flaws in the system for summoning assistance from management when faced with a hostile customer. The phone call to management, they explained, takes place in front of the customer, which only increases their agitation:

“Well, I’m on the phone right in front of the customer. I’m like ‘this is uncomfortable, I’m asking you to come down, why don’t you just come down?’ Now this customer’s seeing this, and it’s pissing them off a little more.” (Retail Worker 2)

All suggested that a better system communication is needed, such as codes that are well understood by all employees and management as well as any security staff present, so that everyone knows what is happening and what they should do.

Security guards, these workers said, may deter some shoplifters but are not authorized or trained to physically intervene in violent situations. Also, in many cases they are only present during peak store hours, which means they are usually not there during the high-risk periods like closing time and at night.

SECURITY GUARDS

One effect of the rise in theft and violence in retail, and of violence against workers in many other sectors, is an increased use of security guards. From 2024 to 2025 alone, the number of private security guards in the province jumped by more than 900.[57]

While additional security personnel may help curb violence against other workers, they in turn often become targets of violence themselves. As noted by Jeff Traeger, the President of UFCW Local 832, which represents many security guards, the role of security guards is not to detain or physically engage with violent people, yet they are often confronted with violent situations in which they become the target. This no doubt contributes to the fact that 7% of all workplace violent injuries are towards Security Guards.

A UFCW 832 member that works in retail observed how this dynamic puts security guards at risk: “Employers are asking security companies to do things that they are not allowed to do, such as interact with the shoplifter and remove items. This puts the guard at risk as, if he doesn’t do what the client asks, he will be penalized by the client and removed from site and, if he does what is asked, if things go wrong or go public, he bears the brunt of the discipline and either gets removed, fired or charged.”[58]

Multiple reports from the Winnipeg Police Service (WPS) attest to the degree of violence experienced by these workers. Thus far in 2026 alone, the WPS reported three incidents in which security guards were seriously assaulted by armed persons, and one whose life

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57 “On guard: Business is booming for private security in Manitoba,” April 16, 2025, https://www.winnipegfreepress.com/breakingnews/2025/04/16/on-guard-business-is-booming-for-private-security-in-manitoba;
“Increase in security guards in Manitoba has local activist concerned,” March 17, 2026, https://winnipeg.citynews.ca/2026/03/17/concern-increase-private-security-guards-manitoba

58 E-mail correspondence, Union Representative, UFCW 832, April 15, 2026.

was threatened during an armed robbery.[59] Note that these are only the incidents in which the crime was deemed serious enough to be the subject of a police report. Many other security guards are injured by violence, as indicated by the fact that this occupation is among the top 10 with the highest incidents of violence, with 85 injuries, accounting for close to 7% of all workplace violence last year.

While being a security guard can be a highly challenging and dangerous occupation, it is also usually low paid. In 2014, the Government of Manitoba established a special minimum wage for security guards. The aim of the security guard minimum wage was to recognize required training and to seek to retain more workers in the profession, which would help to develop the skills and experience needed to deal with potentially violent situations. Despite being unanimously supported by the government's appointed Labour Management Review Committee, the Pallister government cancelled the security guard minimum wage in 2017.

The Pallister government cancelled the security guard minimum wage in 2017.

UFCW 832 continues to advocate for the re-instatement of the security guard minimum wage. As President Jeff Traeger has said, "The job is dangerous. The least they can get is adequate training and compensation."

"The job is dangerous. The least they can get is adequate training and compensation."

- **Jeff Traeger, President of the United Food and Commercial Workers 832**

Worker Interview Findings

A security guard interviewed for this project recalled being subject to multiple forms of violence including being punched, kicked, and spat on, as well as having interactions with people carrying guns, machetes, and knives. They provided an example of the type of situations they frequently face:

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59 https://www.winnipeg.ca/police/community/news-releases/2026-03-18-man-custody-following-armed-assault-security-guard-ellice-avenue-hotel-c26-62691; https://www.winnipeg.ca/police/community/news-releases/2026-03-09-armed-man-arrested-after-threatening-kill-security-guard-c26-54684; https://www.winnipeg.ca/police/community/news-releases/2026-02-14-violent-robbery-sends-security-guard-hospital-c26-34903

“One day, what happened was, there was someone sleeping outside and he got really aggressive. He punched me. And we were just standing there; I just took the punch. And the thing he said was ‘I’m gonna come tomorrow, punch you again’. When they are arrested, the next thing they say is ‘I’m gonna get released tomorrow and I’m gonna come back in the mall again, and you’re not gonna do anything about it’. So that’s the mentality people have right now for the security guards.” (Security Guard 1)

They also described how guards can be left with no recourse or support when subjected to violence. They are not empowered to physically engage a perpetrator and, if they do so even in what they believe is self-defence, they can be reprimanded by the employer.

The security guard emphasized the need for more and better training on the use of force, first aid, mental health, and especially de-escalation. They pointed out that security guards often find themselves in situations where violence or some other traumatic event has taken place, requiring them to summon emergency services or police, but often lack training on the right way to handle these situations. They noted that while some employers, including theirs, provide very good training, many do not and the standards are very uneven across the profession.

They also pointed out that many entering the profession are new immigrants, and a lack of knowledge about their rights and the racism they are subjected to adds to their vulnerability on the job.

Another issue this guard raised was the lack of requirements for minimum security staffing at different sites. For example, a single guard is not sufficient to provide security at a large public building with open access, but, as it stands, there is no requirement for a minimum number.

CANNABIS STORES

More than two-thirds of cannabis store employees felt unsafe for much or all of their time at work.

An area of retail that is especially susceptible to theft and violence is cannabis sales. A 2025 survey conducted by UFCW Local 832, which represents many workers in the sector, found that more than two-thirds of cannabis store employees felt unsafe for much or all of their time at work. The survey revealed numerous accounts of worker assaults, with some workers suffering very serious resulting injuries.[60] The

60 https://ufcw832.com/letsbeblunt/

survey results are reflective of frequent media reports about violent thefts at cannabis stores including armed robberies.[61]

UFCW 832's survey gathered input on the contributors to this violence, and identified measures to address it, including:

- Removal of mandated window coverings, which prevent outside witnesses when an incident is occurring.
- Use of controlled entries or other measures to prevent dangerous customers from entering stores.
- A ban on employees working alone, which sacrifices worker safety to reduce employer costs.
- Mandated closing times, given that many violent and potentially violent incidents occur late at night.
- Ensuring security systems include silent alarm/panic buttons to protect workers and allow them to call for help.

The requirement that cannabis stores have opaque or covered windows is a particular focus for the UFCW 832's concerns, as it conceals what may be taking place inside the store, including armed robberies and assaults.

In Manitoba, this requirement is rooted in the *Safe and Responsible Retailing of Cannabis Act* (s. 101.7) which states that: "The holder of a retail cannabis licence must ensure that cannabis and cannabis packages and labels in the cannabis store are not visible to a young person."[62] That requirement mirrors Section 29 of the federal *Cannabis Act*: "Unless authorized under this Act, it is prohibited for a person that is authorized to sell cannabis to display it, or any package or label of cannabis, in a manner that may result in the cannabis, package or label being seen by a young person."[63]

However, in response to safety concerns, several provinces have adopted a more flexible approach to allow for more visibility into the stores. In 2022, the Alberta Gaming, Liquor and Cannabis Commission eliminated from its *Retail Cannabis Store Handbook* the requirement that cannabis products or related items not be visible from the exterior. The Commission noted that the change was made "in response to numerous cannabis store robberies". It continues to prohibit the use of windows for marketing that targets young people.[64]

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61 https://www.cbc.ca/news/canada/manitoba/winnipeg-police-transcona-cannabis-store-robbery-1.7439845; https://www.ctvnews.ca/winnipeg/article/gunpoint-and-sexual-harassment-manitoba-union-calls-for-better-safety-legislation-at-cannabis-stores/

62 https://web2.gov.mb.ca/laws/statutes/2018/c00918e.php

63 https://laws-lois.justice.gc.ca/eng/acts/C-24.5/FullText.html

64 https://stratcann.com/news/alberta-cannabis-stores-no-longer-need-window-coverings/

The Liquor and Cannabis Regulation Branch (LCRB) of BC made a similar change in 2023, removing from the Cannabis Licensing Regulation the requirement that cannabis and accessories not be visible from outside, but prohibiting window displays.[65]

In 2025, the requirement that cannabis and accessories not be visible from the exterior of the premises was eliminated from the Ontario Registrar's Standards for Cannabis Retail Stores. While noting the requirements of the federal law, the Alcohol and Gaming Commission of Ontario (ACGO) maintained that window coverings were not actually a requirement in Ontario as long as stores found another way to adhere to the federal rule. A spokesperson for the ACGO also noted that, while the new rules created the risk of violating the federal law, it would only become a real problem "if the display of the product itself may entice youth or pose public health and safety concerns."[66]

Worker Interview Findings

Two cannabis store workers (identified here as Cannabis Store Worker 1 and 2) interviewed for this project spoke to the violence, threats and constant risk that workers in this sector are subjected to. They recounted incidents of stores being robbed at gunpoint, of thieves wielding machetes, and of a customer having a gun put to their head during a robbery.

These workers also identified multiple factors that contribute to the risk of violence in these stores, including the fact that cannabis store windows are currently required by law to be covered. Both stated that this increases the risk of employees being assaulted or subject to an armed robbery. One of them noted that, in the case where a customer was held at gunpoint, a robbery was in progress when the customer entered, but they had no way of knowing because of the covered windows. (Cannabis Store Worker 1) Both expressed frustration about this requirement and noted the inconsistency with how the sale of alcohol is regulated. As one of them put it:

"It has been almost ten years since cannabis has been legalized. It is a controlled substance just as much as alcohol is and it is still being villainized. It is over-controlled and under-controlled at the same time. The government needs to be proactive instead of reactive in something like this. They seem to dig in their heels when it comes to safety regarding cannabis dispensaries." (Cannabis Store Worker 1)

Another common concern for these workers was the inability to control who enters the store. Both thought that a universal requirement for locked doors and a more robust system for screening customers (other than just checking for age) before entry would greatly improve employee safety. They noted that, while at some stores the entrance is

65 https://www2.gov.bc.ca/gov/content/employment-business/business/liquor-regulation-licensing/about-lcrb/bulletins/bulletin-23-04-repeal-cannabis-visibility-rules

66 https://stratcann.com/news/ontario-removes-cannabis-visibility-rules-for-retailers/#:~:text=rules%20for%20retailers-,May%2023%2C%202025%20%7C%20David%20Brown,the%20exterior%20of%20the%20premises

constantly locked, there is no enforced standard across the industry. In some cases, even when a locked door is an official policy of the store, owners discourage it as it may deter customers from entering the store. (Cannabis Store Worker 2)

One cannabis worker observed how the combination of inadequate screening and covered windows combine to escalate the risks of workplace violence:

"It can be a little bit more nerve wracking in this industry because we don't really know who's going to come in. It doesn't help that we have our windows blocked off so we cannot see who is coming in and people walking by can't see what's going on in the store." (Cannabis Store Worker 1)

Working alone was another major concern that both interviewed workers identified. Both said working alone was common practice in the business, but one that should never take place in a store selling a controlled substance. One worker said it was very common in smaller stores where owners say they cannot afford to have more than one worker present. In this worker's view, cost should never trump worker safety, and if an employer cannot afford to keep workers safe, they should not be in business.

While covered windows, inadequate control of entry, and working alone were the main concerns raised by these workers, there were several other factors they believe contribute to the risk of violence. These include customers who are volatile because they are intoxicated or under the influence of drugs, a problem exacerbated by the fact that many cannabis stores are open late at night. There is also insufficient enforcement to ensure that employers are meeting their obligations regarding the health and safety of store staff.

LIQUOR MARTS

The establishment of controlled entrances at Manitoba Liquor Marts has had an enormously positive effect in curbing retail violence. In 2019, Liquor Marts were in the throes of an epidemic of theft and related violence. There was an average of 20 thefts at liquor marts every day, many involving weapons, threats, or severe violence, including a single incident that left several employees injured.[67]

The Manitoba Government and General Employees' Union (MGEU), which represents Liquor Mart workers, had repeatedly called for action to protect its members, and for involvement of the union in developing solutions.[68] A key resulting measure was the creation of controlled entrances where customers must show and have their ID scanned before they are able to enter. Following the installation of controlled entrances, Liquor

67 "'We should be protected,' says employee after violent Winnipeg liquor store robbery," (https://www.cbc.ca/news/canada/manitoba/liquor-mart-tyndall-park-assault-1.5374524).

68 "MGEU member speaks out about violent attack, need for immediate joint action," https://www.mgeu.ca/news-and-resources/the-latest/news/1933/article-1933

Marts experienced a 97.5% decrease in theft. As the MGEU noted at the time, this came with a corresponding decrease in violence and anxiety experienced by workers.[69]

> **"Secured entrances put a stop to the brazen thefts and violence our members were seeing on a daily basis. Now, Manitobans enjoy some of the safest liquor stores in the country."**
>
> - **Kyle Ross, President of the Manitoba Government and General Employees' Union**

Commenting on a 2023 proposal by the former Stefanson government to allow private retailers to sell liquor, MGEU President Kyle Ross noted that such locations would not have the safety benefits that come from the system in place at Liquor Marts: "Secured entrances put a stop to the brazen thefts and violence our members were seeing on a daily basis. Now, Manitobans enjoy some of the safest liquor stores in the country."

The experience at Liquor Marts in reducing violence highlights the importance of bringing the voice of unions and workers to the table, and that solutions can be found when there's a willingness to make required changes.

Worker Interview Findings

Two Liquor Mart workers (identified here as Liquor Mart Workers 1 and 2) interviewed for this report spoke of the major difference the introduction of controlled entrances has made in reducing violence, especially that associated with theft. One of them explained how the system works:

"We have a system that has the ability to ban people. If you come into my LC and you've stolen or perhaps you were very verbally aggressive with people or physically aggressive, when your ID is scanned a bright red screen comes up that says 'don't let this person in', and you have a little speech you read them, and you give them a little card of who they can call to speak about the ban." (Liquor Mart Worker 1)

The other described the reduction in the number of incidents and the positive effects on employees:

"Everybody seems to be quite excited about the door entry process. It's working well and has nearly eliminated the problem. At one point, we were filing incident reports at a minimum of upwards of 10 incidents per day. It is mind boggling how much of a difference it has made." (Liquor Mart Worker 2)

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69 Liquor Mart thefts plummet 97.5% at stores once reeling from brazen shoplifters | CBC News

One worker described the escalation of the problem beginning in the years immediately prior to the COVID pandemic. Back then, this worker recalled, staff were trained in non-violent crisis intervention, simply asking a thief to leave the merchandise but not taking further action if they did not. Then they explained, the problem just grew rapidly out of control:

"During most of that time, what we were experiencing was looting, people were mobbing the stores. We would get 3, 4, 5 kids with duffel bags or hockey bags. They would come into the store, and they would just start filling up the bags with bottles. The sound of the glass clanging as they emptied off a shelf is unforgettable as we would never handle the merchandise that way. They would just come and then leave. It was the presence and the intimidation of that many people coming and being so brazen and so audacious that you are almost afraid of what they'd be willing to do." (Liquor Mart Worker 2)

This worker also recalled that during this time, staff were frequently assaulted along with being threatened with pepper spray and other weapons. The stores became very dangerous workplaces and staff were traumatized. Various measures were introduced, this worker said, including security staff and police officers, but none had the effect that the controlled entrances have had.

The other Liquor Mart worker pointed out that while the controlled entrances have radically reduced theft and violence, risks still remain. There are still customers who harass employees, including over the requirement to show ID, and who become aggressive when they are refused service because they are intoxicated. Customers who should be denied entry occasionally slip through the system, and some even try to force their way in through the exit doors. Liquor Mart parking lots also continue to present a risk of violence to workers, particularly at night.

Overall, however, both of these workers describe the controlled entry system as a major success.

CORRECTIONS

Corrections Officers are routinely exposed to violence on the job. As described in a recent study on the work of correctional officers in Canada, these workers are regularly exposed to violence directed at themselves, including physical and verbal assault. They also frequently witness and respond to incarcerated people engaging in self-harm, including suicidal behaviours, and to violence between incarcerated people. More than 90% of correctional workers surveyed for the study had been exposed to physical assault.[70] In

70 Coulling, Ryan, et. al., "'We must be mentally strong': exploring barriers to mental health in correctional services." Frontiers in Psychology, January 2024. https://pmc.ncbi.nlm.nih.gov/articles/PMC10844506/

Manitoba, while corrections officers account for just 1% of the total workforce, they experience a disproportionate 7% of all workplace violent injuries.

Corrections officers account for just 1% of the Manitoba workforce, but they experience a disproportionate 7% of all workplace violence injuries.

It is unsurprising that these conditions take a tremendous toll on corrections officers' mental health. A 2023 study on corrections workers in Manitoba found that about one-third of study participants screened positive for PTSD, with physical assault and violent deaths being the two key triggers. The study pointed out that, while the institutional population creates the potential for violence, there are many factors that result from policy and funding decisions such as overcrowding, high caseloads and short-staffing, which increase the risk.[71] The study also concluded that, "mental health might be systematically improved by addressing gaps in staff-prisoner/client ratios, providing training to enhance staff safety and ability to respond to stressful work events, and enhancing support resources to deal with workplace stressors."[72]

Research on violence and psychological harm in a number of different Canadian institutions made a similar observation: that while some hazards are inherent to the job, factors such as overcrowding and a lack of resources, including staffing, both intensifies those hazards and makes it more difficult for workers to deal with them and their effects.[73] A review aimed at addressing prison violence in Ontario described the matter this way:

> *Research on strategies for reducing institutional violence refutes claims that it is dependent on the degree of dangerousness of inmate populations, rather, it is a direct product of prison conditions and how government authorities operate prisons. The conditions of confinement directly impact correctional operations and work environments. Empirical literature continuously demonstrates that humane conditions of confinement ease both inmate and staff experiences of correctional environments and institutional misconducts including violence.*[74]

This makes a recent member survey conducted by the MGEU especially timely and relevant. Based on data showing the number of people incarcerated has increased steadily while staffing levels have been virtually unchanged for several years now, the

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71 Laura McKendy, et. al., "Understanding PTSD among correctional workers in Manitoba, Canada." https://uregina.scholaris.ca/server/api/core/bitstreams/37aed5bf-89af-4e2e-b325-2342df8247c9/content

72 McKendy, et. al., "Understanding PTSD among correctional workers in Manitoba."

73 Coulling, January 2024.

74 Key findings and recommendations | Institutional Violence in Ontario: Final Report https://www.ontario.ca/document/institutional-violence-ontario-final-report/key-findings-and-recommendations

MGEU notes that, "This is creating a dangerous situation, with staff burning out and facing growing challenges managing inmates safely." Key findings of the MGEU survey include:

79.2% of Manitoba corrections officers say overcrowding has led to an increase in violent incidents in their workplace.

- 79.2% of Manitoba corrections officers say overcrowding has led to a significant or extreme increase in violent incidents in their workplace.
- 46.9% say overcrowding is the most important issue facing members, and 77% say overcrowding has gotten a lot worse in the last two years.
- 88.6% say overcrowding significantly or severely contributes to unsafe situations for staff and inmates.

One respondent stated, "We are consistently in survival mode with reacting to incidents… we do not have time, spaces or staffing to apply programming or interventions… It feels like we are all just waiting for something terrible to happen before the funding and resources will be seen as a priority."[75]

The MGEU points to these findings to reinforce its position that violence against officers and the many harms it causes will only be alleviated through a substantial investment in staff and a reduction of overcrowding.

Worker Interview Findings

A corrections officer interviewed for this project (identified here as Corrections Officer 1) pointed out that, last year, there were four deaths in Manitoba jails including two inmate murders. This was a historical high and an indication of a violence problem that is growing steadily worse. Violence, this corrections officer said, is routine, and even when inmates are confined to their cells, they find ways to assault officers, including throwing hot liquids through the bars.

This corrections officer spoke in stark terms about the effects of violence on them and their fellow officers:

"I told my partner that there is a point where there will be a version of me that you will no longer recognize or no longer like... you need to tell me because I will leave. I love my job but at the end of the day, I am a father and I am a husband and I have to make sure that the home I am coming to is a safe place." (Corrections Officer 1)

Even those best equipped mentally to deal with the conditions often become unwilling or unable to carry on:

75 "Manitoba Correctional Officers face chronic short-staffing, burnout, and dangerous overcrowding," March, 2026. https://www.mgeu.ca/news-and-resources/the-latest/news/2443/manitoba-correctional-officers-face-chronic-short-staffing-burnout-and-dangerous-overcrowding

“We are losing people that are the lights; the people that make our dark place a little brighter. They want to go home and go to sleep and not be woken up by nightmares. When they are lacing up their boots to work, they are fighting back tears because they know what to expect when they get there.” (Corrections Officer 1)

This corrections officer points to overcrowding and a lack of programming and other supports as significant factors in the growing violence. When you throw offenders into overcrowded jails, “violence is the first thing that happens.” (Corrections Officer 1)

The corrections officer described how, in these overcrowded conditions, staff struggle just to keep things from getting out of control, leaving no time for anything like rehabilitation support. This, combined with a lack of space, means offenders are often released with no capacity to not re-offend. Thus, the general public as well as the workers and inmates are adversely affected by the lack of space and resources.

The corrections officer also explained how these conditions and the resulting violence results in significant public costs through overtime, medical costs and isolation services. A specific effect of the lack of space is that inmates with mental health and addictions issues are often crowded in the same space with serious offenders. There are also no treatment programs for those dealing with addictions and external agency help is limited.

The deteriorating conditions and the mental health effects of the job lead to high vacancy rates and staff turnover. One result, the corrections officer said, is that training and hiring standards are lowered, resulting in a lot of staff without the skills and experience required for the demands of the job. The majority of new hires are new Canadians, whom the corrections officer said are subject to frequent racism.

An area of need that this corrections officer placed a lot of emphasis on was training. Basic training occurs, they said, but the standards of on-the-job training have fallen because staff are so busy managing an overpopulated facility. They suggested that the same formal law enforcement training that other agencies have should occur in corrections, including having new staff partnered with designated trainers on the job and not working without supervision until they have sufficient experience. They also said that that staff need better and more frequent training on how to deal with inmates who become aggressive and combative, and that training in de-escalation should be done at least once every two months.

“We need staff who can handle issues on the floor such as someone who is struggling with rehab, just coming into custody, mental health issues. I did new training last year—8.5 years into my career. The last time we had actual training was when I started corrections. We do an upgrade on first aid and fire training and stuff like that. But there should be training every two to three months on day-to-day activities for every single officer.” (Corrections Officer 1)

FIRST RESPONDERS

Paramedics

Paramedics are regularly placed in situations where multiple factors create a very high potential for violence. Those to whom they provide care for are often in severe emotional or mental distress, under the influence of drugs or alcohol, or have recently been victims of violence themselves (sometimes this violence is ongoing when paramedics arrive at the scene).

A member survey carried out in 2025 by MEGU, which represents paramedics in Winnipeg, confirms the levels of violence these workers face and the toll it takes. Key results of the survey included that an incredible 93% of paramedics have been exposed to violence on the job. Other research has found that female paramedics experience both verbal and physical violence at an even higher rate than their male co-workers and are also frequently the victims of sexual harassment and violence. The findings of this recent MGEU survey reveal an even higher level of violence than the very high levels reported in another study six years earlier. A 2019 survey done by a University of Manitoba Researcher found that nearly every Winnipeg paramedic surveyed had experienced verbal assault, and over 70% had been the victim of physical assault.[76]

93% of paramedics have been exposed to violence on the job.

70% of paramedics said they had seriously considered leaving their job because of workplace violence.

In the MGEU survey, over 70% of paramedics said that workplace violence was a major reason they had seriously considered leaving the job in the previous year. This only adds to the understaffing that the MGEU and its members point to as a major contributor to the violence they experience. "Every day, we're walking into unpredictable and often dangerous situations. Without enough staff, without time to decompress after traumatic calls and without a shift in management approaches, the crisis will only get worse."[77]

There is consistently about a 20% vacancy rate in the complement of Winnipeg paramedics, and MGEU has repeatedly called for prioritizing recruitment and retention to ensure enough paramedics are available to meet the demands of the job, and to allow for sufficient time for those affected by violence to get

76 Setlack, J., et. al. "Workplace violence and psychopathology in paramedics and firefighters: Mediated by posttraumatic cognitions." *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement, 53*(3), 211–220. https://doi.org/10.1037/cbs0000240

77 https://www.thesafetymag.com/ca/topics/safety-and-ppe/winnipeg-paramedics-struggle-with-violence-burnout-and-shortages/535715

the support they need.[78] The situation is similar for paramedics outside Winnipeg. The Manitoba Association of Health Care Professionals (MAHCP) represents rural paramedics and a broad range of allied health professionals throughout the province. Recently, MAHCP President Jason Linklater stated: "Paramedics are being threatened with weapons, they are experiencing physical and verbal assaults and threats, and they have been dealing with a rise in troubling incidents in recent years."[79] In rural areas, the threat of violence is increased by the long trips paramedics often take transporting potentially violent patients. MAHCP also points to staff shortages as a significant factor, with about 200 rural paramedic positions vacant, recruitment numbers falling well short of government commitments, and the number of new recruits not even keeping pace with departures.[80]

"Paramedics are being threatened with weapons, they are experiencing physical and verbal assaults and threats, and they have been dealing with a rise in troubling incidents in recent years."

- **Jason Linklater, President of the Manitoba Association of Health Care Professionals**

The effects of workplace violence on paramedics, both as direct victims and as witnesses, are multiple and severe. In addition to physical injuries, these incidents take a tremendous psychological toll. The 2019 study referred to earlier found a strong correlation between workplace violence and a high incidence of mental health conditions, including PTSD, among Winnipeg paramedics.[81] A more recent study of paramedics in another Canadian city made similar findings, noting that symptoms of mental disorders including PTSD, major depressive disorder, or generalized anxiety disorder, were significantly higher than in the general population, "pointing to a *mental health* crisis within the profession."[82]

These effects are evident in WCB injury data. In the first ten months of 2024, there were 147 accepted WCB claims for psychological injuries among Winnipeg paramedics,

78 "Winnipeg paramedics face on-the-job violence, burnout, understaffing," https://www.mgeu.ca/news-and-resources/the-latest/news/2391/winnipeg-paramedics-face-on-the-job-violence-burnout-understaffing

79 "Health-care professionals facing increasing violent incidents," https://mahcp.ca/rural-paramedics-face-increasing-violent-incidents/, Feb 2025

80 "Health-care professionals facing increasing violent incidents," https://mahcp.ca/rural-paramedics-face-increasing-violent-incidents/, Feb 2025

81 Setlack, "Workplace violence and psychopathology in paramedics and firefighters."

82 Mausz, Justin, et. al., "Mental Disorder Symptoms and the Relationship with Resilience among Paramedics in a Single Canadian Site," *Int J Environ Res Public Health. 2022 Apr 17;19(8):4879.* https://pmc.ncbi.nlm.nih.gov/articles/PMC9030944/#sec5-ijerph-19-04879

equating to nearly 15,000 lost hours of work.[83] In addition to the effects on these workers and their families, this exacerbates the staff shortages that worsen the problem.

Worker Interview Findings

Four paramedics were interviewed for this project (identified here as Rural Paramedics 1 and 2 and Winnipeg Paramedics 1 and 2). All recounted multiple horrific examples of escalating violence on the job. As one rural paramedic said,

"I cannot recall a time—probably in the last 20 years—where there hasn't been some form of verbal to physical assault at least once per shift." (Rural Paramedic 1)

A Winnipeg paramedic stated,

"Somewhere out there right now, while we're speaking, some paramedic or firefighter is being threatened and assaulted right now. I guarantee it." (Winnipeg Paramedic 1)

All related to the sentiment that being pushed, hit, spat on and threatened or assaulted with weapons has become a regular occurrence for paramedics. One described having to restrain a person who had sexually assaulted them until the police arrived, all the while being threatened that they would be beaten beyond recognition. (Winnipeg Paramedic 2)

Another recalled being spat on in the face by a person who turned out to have a serious contagious disease, while another described being attacked by a person in a drug-fueled rage:

"He was swinging. I can still see the look in his eyes, the lights were on but nobody's home. He's just pure rage. He was big and on drugs, and he had very big hands. He was able to wrap his hands around my throat and lock his fingers in the back. I remember saying to myself: 'if you pass out, you're dead.'" (Rural Paramedic 1)

Violence has become so common, one said that it becomes normalized, viewed as "just part of the job."

All of those interviewed spoke about the mental toll of this frequent violence, even on those who are not directly victims:

"You don't necessarily have to have been punched and go to the hospital for the violence to have an effect on you over time." (Winnipeg Paramedic 1)

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83 Winnipeg firefighters, paramedics off the job for 17,600 hours over 10 months due to psychological injuries | CBC News, https://www.cbc.ca/news/canada/manitoba/winnipeg-fire-paramedic-service-psychological-injuries-1.7417356

A specific effect described by one is the kind of hyper-vigilance associated with PTSD:

“You just sit at home,” one said, “and, you know, I have an alarm system, and I’m always looking out my window. It has a real long-term effect on peoples’ mental health.” (Winnipeg Paramedic 2)

Another spoke of how the job can change a person and how they worry about others in similar circumstances:

“I’m just like please don’t let it change the goodness in your heart and the sweetness that you are, and the want to help people. I just don’t want it to change them, and the world is so crazy these days.” (Rural Paramedic 2)

In terms of the factors driving this increase in violence, the interviewed paramedics noted the influence of societal issues including increased drug use, poverty, and untreated mental illness. At the same time, they pointed out factors that are more directly under the control of employers and those who fund the system. For all, the overriding theme in this regard was understaffing and how it contributes to deteriorating working conditions and the effects of violence on paramedics. As one said,

“We’re in a really dire situation right now, where our call volume over the last ten years has doubled and the number of paramedics has halved.” (Winnipeg Paramedic 2)

Another pointed out that,

“We run consistently at less than 50% of our staffing. So 50% of their positions are vacant and have been vacant for years. It’s been over a year since we’ve had paramedics hired.” (Winnipeg Paramedic 2)

Paramedics explained how persistent understaffing combined with escalating service demand exacerbates the effects of workplace violence. One noted that,

“It’s no longer like ‘oh my god, you’re assaulted, so terrible, how can we help you?’. Now it’s like ‘well, were you hurt? You have another call, so you gotta go.’ We don’t even have that capacity to sort of unwind or talk to somebody to make sense of what just took place.” (Winnipeg Paramedic 2)

Another identified concern was how inadequate information and communication increases the risk of violence. A key issue for all was the lack of information about the potential for violence at a location they are dispatched to. Sometimes, one noted, police have information that there is a potential for violence at a given location, but paramedics are sent in without this information. They suggested a system for sharing this information, and for dispatchers to provide it, would improve safety.

Another issue raised by all four paramedics was the lack of concern and support on the part of employers. One described the employers' tendency to respond to reports of violence by attributing it to some weakness or mistake on the part of the worker: "They always come back and say, well, maybe this isn't the right industry for you, or what did you do to put yourself in that position?" (Winnipeg Paramedic 2)

Others noted specific examples of how the employer's attitudes and actions convey a lack of support and expose them to risk. One paramedic recalled mentioning the right to refuse unsafe work and being told that, if they felt unsafe entering a building, then they could wait in the ambulance while their colleague did it alone. Another noted how the employer's concern for call response times overrides worker safety, pointing out that, while they are closely monitored between calls, no one checks on them at the scene of a call, even if they are there for an extended period.

These workers also noted the need for enhanced training to help paramedics protect themselves from violence. Other issues raised were under-reporting of violent incidents and a lack of action when reports are made, which further discourages reporting. As one paramedic put it, this creates an attitude of, "Why am I doing another form for something that nothing's gonna happen?" (Rural Paramedic 1)

Firefighters and Firefighter/Paramedics

Firefighters and firefighter/paramedics are also frequently exposed to violence in the course of their duties. Recently the United Fire Fighters of Winnipeg, IAFF Local 867 (UFFW), pointed to a number of incidents including a member being struck by a metal pole, another being punched, and another threatened with a knife as examples of what they say is an escalating number of violent incidents experienced by its members.[84]

In 2025, 58 violent incidents against firefighters and firefighter/paramedics were recorded in Winnipeg.

Commenting on a recent member survey showing that 40% of firefighters in Canada had been assaulted on the job in the previous 5 years, International Association of Firefighters (IAFF) president Edward Kelly drew special attention to Winnipeg, noting that 58 violent incidents had been recorded in Winnipeg alone in 2025.[85]

Kelly noted that the figures gathered from the survey were likely much lower than the actual number of violent incidents because of under-reporting. Factors contributing to under-reporting include an inefficient

84 "Violence 'becoming the norm' for Winnipeg firefighters on the job, legislative change needed: union." July 2025. https://www.cbc.ca/news/canada/manitoba/firefighters-union-protections-safety-violence-winnipeg-1.7585857

85 "Firefighters report a rise in violence on duty — IAFF calls for stronger federal protections," December 30, 2025, https://ctif.org/news/firefighters-report-rise-violence-duty-iaff-calls-stronger-federal-protections

reporting system, a tendency to only record incidents where a worker is injured, and the exclusion of verbal assaults.

One factor that contributes to the potential for violence is lack of information. Whether responding to a fire or a medical emergency, there can be many unknowns about the circumstances at the scene, including the potential for violence. As UFFW President Nick Kasper noted following a recent assault: "It's challenging to not know what you're getting into when you arrive at a scene. We rely on the information our call takers receive. But of course, when we arrive on-scene, things aren't always as they seem and sometimes unpredictable occurrences like this happen."[86]

Also, when attending to medical emergencies, firefighters and firefighter/paramedics must remain at the location with the patient until their condition is resolved or they are transported to a medical facility. This can take considerable time, especially if they require assistance from the overburdened ambulance system. Where there is a potential for violence from patients or others at the scene, the likelihood of being exposed increases with the duration of the stay.

"It's challenging to not know what you're getting into when you arrive at a scene."

- **Nick Kasper, President of the United Fire Fighters of Winnipeg IAFF Local 867**

UFFW has called for a system under which dispatchers would inform firefighters when they are called to a high-risk address, as is already done when dispatching police.[87] UFFW would also like members to be provided with PPE to prevent violent injuries, and with enhanced training on violence prevention and on the psychological effects of violence. They would also like clear regulatory requirements for employers to provide unions and WSH committees with information about violent incidents and the measures taken in response.

Unions representing first responders recently welcomed the strengthening of penalties for violent crimes committed against first responders. Speaking to provisions of the recently passed federal Bill-14 (The Bail and Sentencing Reform Act), which creates new aggravating factors for courts to consider in sentencing in crimes against first responders and public transit workers, as well as cases involving organized retail theft, UFFW

86 "Union head condemns attack on Winnipeg firefighter hit with pole during vehicle fire," https://www.cdnfirefighter.com/union-head-condemns-attack-on-winnipeg-firefighter-hit-with-pole-during-vehicle-fire/

87 Winnipeg fire fighters call for measures to reduce on-duty violence. https://www.iaff.org/news/winnipeg-fire-fighters-call-for-measures-to-reduce-on-duty-violence-2/

President Nick Kasper described the changes as: “a huge win for firefighters, paramedics and first responders across the country to better recognize and prevent violence against those that are helping others.”[88]

Worker Interview Findings

Two firefighters (identified here as Firefighter 1 and 2) were interviewed for this project, voicing that violence and threats of violence are becoming more common on the job with firefighters being punched, kicked and spit on as well as threatened or attacked with weapons.

One firefighter noted how increasing drug use is fueling the violence they are experiencing:

“When we wake somebody up from an overdose, oftentimes they can become violent pretty quickly. They get mad at us. Because we took the high that they worked hard to get, right? They’re angry and it’s not just the patient that’s angry, it’s their friends…. It’s multifaceted, if we can address the addictions, the homelessness, the mental health issues, all of those things, then it makes a safer workplace for all of us.” (Firefighter 1)

Firefighters described how the constant exposure to violence has serious mental health impacts—as one put it:

“You walk into a place, and you’re constantly scanning for violence and for problems. And that wears on you. A lot, and quick. We’re exposed to this violence and it’s what’s causing us to develop things like PTSD.” (Firefighter 1)

Firefighters also emphasized the effects of a lack resources—as one said,

“There’s the people we’re dealing with, the physical safety, but the sheer volume of calls and the under-resourcing that we’re experiencing contributes to these massive delays in response time, delays in availability for police, for fire, for paramedics. And we’re having a hard time doing our jobs safely or effectively because we’re just overburdened.” (Firefighter 2)

A connection was also noted between the burden on firefighting resources and the lack of staffed ambulances. When not enough ambulances are available, it was explained, fire trucks with paramedics are dispatched, detracting from resources to fight fires. The problem is increasing with the growing shortage of resources for both services and the increasing calls to respond to medical incidents involving drugs and violence.

Firefighters also shared the paramedics’ concerns about unknowingly entering locations with the potential for violence. Dispatchers and supervisors, one of them said, can provide

88 City News – Winnipeg, interview, June 19, 2026: https://winnipeg.citynews.ca/2026/06/18/unions-representing-first-responders-react-to-bail-reform-passing-as-violence-incidents-on-the-rise/

this information if they have it, but they often do not, leaving workers with no information or relying on word-of-mouth.

Firefighters also advocated for enhanced training, including self-defense, to help protect themselves from violence. They also called for legislation that would increase criminal penalties for crimes against first responders and healthcare providers.

CHILD AND FAMILY SERVICES / SOCIAL WORK

As shown by a synopsis and assessment of multiple studies, the environments in which social workers operate generate a lot of potential for violence.[89] These workers frequently interact with clients affected by addictions, poverty, domestic abuse and other sources of trauma, creating stressful and volatile environments. As one study on preventing violence against social workers puts it:

> *Risk decisions in these situations are fraught with difficulty: emotions are high; information is often incomplete, inadequate, or misleading; situations can deteriorate or change quickly with little warning… Any decision is likely to leave some people dissatisfied and angry.* [90]

Other factors such as working alone, especially in remote areas, have also been found to elevate the risk of violence in social services.[91]

The results of these working conditions are evident in the fact that social and community support workers have the fourth highest number of workplace violent injuries per year in Manitoba, and account for 8.7% of all workplace violent injuries.

A spokesperson for the National Association of Social Workers in the US recently noted that violence against social workers comes in many forms: "Social workers experience safety threats from clients and their family members, including attempted assaults, actual assaults, threats of harm, verbal abuse, property damage, stalking, and cyberbullying."[92]

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89 Emma Boonzaaier, et. al., "Occupational risk factors in child protection social work: A scoping review", *Children and Youth Services Review*, Volume 123, April 2021. https://www.sciencedirect.com/science/article/abs/pii/S0190740920323100; "Guidelines for Social Worker Safety in the Workplace", https://www.socialworkers.org/Practice/NASW-Practice-Standards-Guidelines/Guidelines-for-Social-Worker-Safety-in-the-Workplace

90 Sue Coyle, "Practice Matters: Social Worker Safety," *Social Work Today*, Vol. 24. https://www.socialworktoday.com/archive/Winter24p26.shtml

91 Coyle, "Practice Matters: Social Worker Safety."

92 Coyle, "Practice Matters: Social Worker Safety."

In a survey of social workers, one Canadian city found that 24% of respondents had been victims of a physical assault on the job and 53% had received verbal threats.[93] A nationwide survey of those working in child protection found that 44% had been physically assaulted or threatened with physical assault.[94]

Social and community support workers experience the fourth highest number of workplace violence injuries per year.

Worker Interview Findings

Child and Family Services

Three Child and Family Services (CFS) workers interviewed (identified here as CFS Workers 1, 2, and 3) all spoke of the violent hazards they face and how many, especially new workers, are unprepared for being assaulted by the people they are trying to help.

As one put it,

"There are a lot of things that people probably don't even think of as violence happening in the field. Screaming, swearing, racist remarks, possessing knives. Lots of drug trafficking from peoples' houses." (CFS Worker 1)

One CFS worker described how certain situations, such as child apprehensions, are especially fraught and can require police intervention because of the potential for violence. Another noted how, especially in rural areas, CFS workers can be known in the community, so the threat of violence is not confined to work. This worker had home alarms installed because of the threat of people coming to their residence.

The violence and its impacts on workers' mental health results in many having to go on leave or exit the profession altogether. As one CFS worker put it, "Usually, the job takes two or three years out of somebody and then they move on to something a little less intense." (CFS Worker 2) Another worker recalled leaving their previous position over concerns for their safety. Staff vacancies and constant turnovers increase already unmanageable workloads, taking a further toll on workers' mental health.

Workers also noted how a lack of support to meet the rising demand for services exacerbates crises in many communities, leading to more potential for violence. Last year, one recalled, there were layoffs in their area due to lack of funding at the agency, while caseloads simultaneously increased. Another described the mental anguish arising when violence is committed by the people they and their fellow workers seek to help:

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93 Cheryl Regehr, et. al, "Experiences of in-person violence and cyberviolence against child welfare workers in Canada," *British Journal of Social Work* (2025) 00, 1–22, https://doi.org/10.1093/bjsw/bcaf192

94 https://www.casw-acts.ca/files/documents/Social_Workers_Excluded_as_Public_Safety_Personnel_EN.pdf

“This person who is assaulting you is someone’s son, it’s someone’s dad, it’s someone’s brother. And they probably had hope one day. They had something good. And because all the systems and the paper and the red tape and the lack of supports, here we are.” (CFS Worker 3)

Another significant issue raised by these workers was the dangers associated with working alone, especially in rural and remote areas. CFS workers can travel long distances, often without cell phone access. One explained that, for child apprehension situations, the goal is to attend in pairs but, because of staff shortages, this is sometimes not possible. One explained that, if there is a known potential for violence, the police can be asked to attend, but that the employer does not always support this option.

Like paramedics and firefighters, CFS workers also raised the issue of unknowingly entering locations where there is potential for violence:

“Some people think we know which houses are unsafe. And sometimes we’ll go to homes, and the police will say ‘you should not have gone without us’, but nobody gave us that information. Nobody updates us.” (CFS Worker 3)

These workers did point to some changes that have improved safety. One is an app that, for those in an area with internet coverage, allows the employer to track your location and allows the worker to alert the supervisor when they are in danger.

Another worker noted a change in practice at the agency where they work that aims to keep child apprehensions to a minimum while also keeping children safe. According to this worker, this has reduced hostility towards CFS workers and reduced the potential for violence.

Community Support

Another worker interviewed has been an Outreach Worker for Adults with FASD for many years.

They stressed the importance of training in dealing with potentially violent situations:

“I believe in prevention, being preventative rather than reactive. A lot of the things that I see where participants might be escalating in a residential setting, where somebody does get hit, 99% of the time that could have been avoided with better training.” (Outreach Worker)

While experience is also an important asset in these situations, this Outreach Worker noted that the low wages and undervaluing of the work, combined with the challenges of the job, lead to a lot of turnover and to hiring a lot of new staff without the right skills: “It’s almost like the frontline people are disposable. There’s always more.” (Outreach Worker) New hires, they said, are not given the proper training and support so they often experience significantly more violence at work.

This Outreach Worker also noted concerns with the system for monitoring staff. They often work alone and, while there is a procedure for checking in to appointments, there is no system to monitor if staff check back out at the end of their shift. According to this worker, the check-in system is for time management of staff, not for their safety.

CONCLUSION

Manitoba data on workplace violence and the worker interviews that inform this report underscore how workplace violence has been increasing in both frequency and severity across many sectors and occupations over the course of many years. This problem did not emerge overnight, but it has now reached a crisis level. This report also highlights the many impacts that this high and growing workplace violence has on workers. In addition to physical injuries, violence is taking a tremendous toll on workers' mental health.

It is also clear that workplace violence affects more than workers. Patients, customers, clients, everyone within the environments where this violence takes place can be impacted. Violence also adversely affects the quality of many public services Manitobans rely on. For example, it increases medical absences from work, job vacancies and job turnover, leaving gaps that directly affect not only the workers providing public services but those that depend upon them.

One of the striking observations that emerges from the worker interviews conducted for this report is how, in the face of these highly challenging conditions, so many workers retain a remarkable dedication to their jobs, the services they provide, and those they provide them to, whether students, patients, families, customers, etc. This dedication is especially notable alongside the lack of support employers often show for these workers' well-being.

Unions have been working hard to raise awareness about workplace violence, to require employers to meet their health and safety responsibilities and to call on government to strengthen both enforcement and prevention strategies. We must work together to stop the current epidemic of workplace violence.

We urge government and employers to listen and work cooperatively with unions to understand workplace violence concerns, and to implement the following recommendations.

RECOMMENDATIONS

Recommendation 1: Implement a provincial workplace violence prevention strategy

Over the last decade, the number of violent workplace injuries has tripled in Manitoba, but SAFE Work Manitoba, the WCB's prevention arm, has yet to develop a prevention strategy targeted at reducing workplace violence. This is a major gap in Manitoba's current prevention programming. Violent injuries need urgent attention, and a comprehensive provincial strategy should be developed in partnership with labour and rolled out to support employer responsibility, education, violence hazard identification, elimination and mitigation, and changing the current workplace culture of acceptance and worker-blaming.

Recommendation 2: Fund safe staffing levels

While the provincial government has taken some important steps to reverse the staffing declines that resulted from public service cuts under the previous government, staffing shortages remain very serious in healthcare, emergency response, education, corrections and many other vital public services. Staffing shortages are not just compromising public service quality, access and timeliness, but it is clear from this report that they are also creating dangerous working conditions in which workers are being exposed to workplace violence and suffering high and increasing rates of violent workplace injuries. The overwhelming majority of occupations experiencing the highest rates of violent workplace injuries in Manitoba are in the public sector. Workers interviewed for this project universally identified safer staffing levels as foundational to turn the tide on workplace violence—both in terms of creating working environments where violence is less likely to occur and workplaces better equipped to respond to violence.

Recommendation 3: Ensure safe facilities to deal with workplace violence / address overcrowding

Relatedly, another common theme of this report is the need to have appropriate physical spaces to deal with violence when it happens in a workplace, such as a safe and properly staffed location in an Emergency Room to receive violent patients being brought in by police, safe spaces in schools to respond to violence, dedicated safe areas to deal with violence in correctional institutions, etc. Several workers interviewed for this project spoke about a lack of appropriate physical space (and lack of safe staffing) as worsening worker exposure to violence on the job. And, of course, it's easy to understand how long waits in hospitals, packed classrooms, overcrowded jails, etc., not only make it more difficult for workers to deal with violence, but also greatly elevate the risk of violence in the workplace. Greater public investment is needed to ensure public facilities (and staffing levels) can safely accommodate the volume of people they need to accommodate.

Recommendation 4: Ensure security personnel are highly trained to help protect workplaces experiencing high rates of violence

As noted in this report, particularly in healthcare, there are calls for highly trained security personnel to be put in place to deal with exceptionally high rates of workplace violence. Security personnel should receive high quality training including in de-escalation, trauma-informed practices, cultural safety and awareness, dealing with mental health and substance use, and medical first aid. These jobs require skilled workers and re-establishing the Security Guard Minimum Wage could help attract, support and retain workers who perform these important roles.

Recommendation 5: Enforce the existing legal requirement for employers to train workers on workplace violence hazards and develop a formal training standard on workplace violence

It is a core responsibility of all employers under Manitoba's Workplace Safety & Health Act and Regulations to train workers on any workplace hazards, including hazards related to workplace violence. Many workers who shared their experiences as part of this project spoke about the need for better training to assist them in dealing with violent situations, including de-escalation techniques.

It is further recommended that the Manitoba Safety & Health Training Standards Council be mandated to develop a formal and mandatory standard for training on workplace violence to ensure high quality training throughout Manitoba workplaces. The Council's mandate is to develop training standards on high impact hazards, and it is clear that workplace violence meets that test.

Recommendation 6: Enforce the existing legal requirement for all workplaces to carry out a violence hazard assessment, and ensure that employers with identified violence hazards develop and follow appropriate violence prevention policies

Manitoba is not doing enough to enforce its own Workplace Violence Regulation, and workers are paying the price. While the Regulation requires that all workplaces undertake a workplace violence hazard assessment, there is no evidence that the Province of Manitoba has ever undertaken a focused enforcement campaign in this area to determine the state of compliance. If violence hazards are not assessed, it goes without saying that they will not be addressed.

Additionally, workers have reported that many workplaces mandated by the Workplace Violence Regulation to have a violence prevention policy in place are not following these policies (frequently related to understaffing). The Workplace Safety & Health Branch should be resourced and mandated to dramatically step up enforcement around workplace violence policies and hazard mitigation. A 40% increase in workplace violent injuries over the last two years cries out for dedicated enforcement to curb the epidemic of violence.

Recommendation 7: Enforce the existing legal requirement for workplaces to have a functioning Joint Workplace Safety and Health (WSH) Committee / Provide Unions with Committee records

Joint WSH Committees are vital to the effective functioning of a workplace safety and health management system, including through recognizing and addressing violent hazards. Joint WSH Committees have a mandated role in risk assessments, incident investigations, and ensuring corrective actions are taken to prevent recurrences. Many workers reported that their Joint WSH Committees are not meeting their responsibilities and lack the required information and support from Management to perform their duties.

As an indication of how bad the situation has become in healthcare, MAHCP has resorted to filing legal action with the Court of King's Bench to compel Shared Health (the employer) to meet its obligations under the *Workplace Safety and Health Act* and Regulations with respect to the requirement to have functioning Joint WSH Committees, to ensure health and safety representatives are adequately trained, and that violent incidents are properly reported, investigated and followed up with improvement actions.

The WSH Branch should undertake a targeted enforcement campaign to ensure employers have properly functioning Joint WSH Committees. Government should also re-instate the previous requirement (cut by the Pallister government) to file Joint WSH Committee Minutes with the Branch to improve tracking and enforcement in this area.

The Workplace Violence Regulation should also be amended to make explicit the right of Joint WSH Committees to receive at every meeting information on all workplace violent incidents, and the corrective actions that have been taken or remain outstanding by the employer in response.

Employers should also be required to provide unions with records of all Joint WSH Committee materials, including but not limited to minutes and incident reports.

Recommendation 8: Enforce the existing legal requirement for all employers who require employees to work alone to do so under the terms of appropriate Working Alone Procedures

It is well established that working alone presents additional hazards related to workplace violence, and many of the worker participants we spoke to stress this point. Additional enforcement resources should be employed to make sure employers have working alone procedures, to make sure these procedures are informed and appropriate to workplace violence hazards, and that employers have the staff and other measures in place to abide by their own working alone procedures.

Serious consideration should be given to banning working alone in sectors experiencing high rates of workplace violence.

Recommendation 9: Require effective communication systems at work to better prevent and respond to violence

Workers in many different types of workplaces identified poor communication systems as interfering with their ability to alert co-workers to violence or the possibility of violence and to call for help, for themselves or for others. Effective communication systems should be a mandated component of workplace violence prevention policies. While good communication is a universal concern in preventing and dealing with workplace violence, there are additional considerations in rural and northern settings where workers may not even have the benefit of cell phone services. Unreliable cell phone service often puts workers in a position where they are forced to work outside the terms of their employer's working alone procedures.

Recommendation 10: Ensure workers have available information about potentially violent environments, and that corresponding mitigation measures are taken

Many workers who participated in this project identified that their employers and/or police have vital information about people or locations with high probabilities of violence, and that this information is not shared with workers who have to interact with these people and places in advance. This is totally unacceptable. Workers should never be sent into known potentially violent situations without having available information and being provided with every appropriate hazard reduction measure. Protocols need to be developed to ensure information sharing between institutions, facilities, and police.

In the case of public institutions, like schools and personal care homes for example, communication protocols should also be developed to improve understanding and interaction with the families of violent patients, students, etc., so that families understand what's happening and the protocols needed to keep everyone safe.

Appendix A – List of Workers Interviewed

Sector	Workers	Unions
Education	3 Educational Assistants 2 Teachers	MTS, MGEU, CUPE,
Transit	2 Transit Operators	ATU 1505
Corrections	1 Corrections Officer	MGEU
Security	1 Security Guard	UFCW 832
Healthcare	3 Long Term Care Healthcare Aides 3 Emergency Room Nurses 1 Emergency Room Healthcare Aide 1 Home Care Nurse 1 Home Care Healthcare Aide 1 Hospital Social Worker	MAHCP, MNU, CUPE, MGEU
Child and Family Services/Social Work	3 CFS Workers 2 Community Support Workers	MGEU
Cannabis Sales	2 Cannabis Store Workers	UFCW 832
Liquor Marts	2 Liquor Mart Workers	MGEU
Retail	4 Retail Workers	UFCW 832
Emergency Services	2 Winnipeg Paramedics 2 Rural Paramedics 2 Firefighters	UFFW, MGEU, MAHCP

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