

Exploring workers' compensation PTSD claims caused by sexual workplace violence

Kerri Wizner, MPH, CPH, MDGuidelines, Katherine Cunningham, PhD, Salem Veterans Administration, and Elizabeth Ringler-Jayanthan, MSW, MPIA, Pittsburgh Action Against Rape

Introduction

Workplace violence (WPV) is the fifth leading cause of nonfatal occupational injuries in the U.S. (BLS 2019) Annually, 10 million people report sexual violence by a workplace-related perpetrator. (Basile et al. 2019) One study of employed women found that 38% experienced sexual harassment at work. (Potter & Banyard 2011) Facing a traumatic event at work can have serious mental health consequences, including posttraumatic stress disorder (PTSD). Receipt of negative social reactions to assault victims, such as stigmatization at work, has been linked to greater PTSD symptom severity. (Ullman & Filipas 2001)

This study aims to identify the prevalence and characteristics of PTSD claims for sexual WPV and examine outcomes related to these cases.



Methods

Using a retrospective cohort study design, workers with a PTSD diagnosis and no physical injury were identified in the California Workers' Compensation Information System from 2009 to 2018 and then categorized as sexual WPV using keywords from the free-text description of the claim (Figure 1).

To determine if medical treatment was recommended by evidence-based guidelines, the American College of Occupational and Environmental Medicine (ACOEM) Clinical Practice Guideline was consulted. These treatment guidelines have been adopted by California's workers' compensation system as reasonable and necessary medical care.

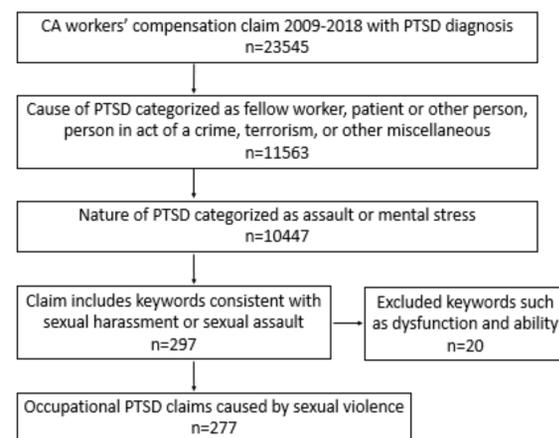


Figure 1. Flow diagram for included claims.

Results

Sexual WPV was identified as the cause of PTSD without physical injury in 277 workers' compensation claims over the 10-year period, an overall low prevalence (1.2%). Most of the claims were from women, had a mean age of 40, a mean income of \$44k, and the most frequent industries represented were public administration (e.g., justice system), administration, and accommodation & food. Those who did return to work had a median disability length of 125 days, but 20.6% required no time away from work. Most (82%) were due to harassment (Table 1).

Table 1. Demographics for study claims.

Demographics		n=277 n (%)
Sex	Female	247 (89.2%)
	Male	28 (10.1)
Age	Years median, [range]	40 [16 – 72]
Income	USD median, [range]	\$35,861 [\$4,992 – 314,352]
Top industries	Public administration	44 (15.9)
	Administration	25 (9.0)
	Accommodation & food services	25 (9.0)
	Health care & social assistance	23 (8.3)
	Retail trade	19 (6.9)
	Manufacturing	17 (6.1)
Job class	Sedentary/ Light	142 (51.3)
	Medium	49 (17.7)
	Heavy/ Very heavy	11 (4.0)
Returned to work	No	91 (32.9)
	Yes	186 (67.2)
Disability length	Days median, [range]	124.5 [0 – 1680]
	No days away	57 (20.6)
Type of sexual violence	Harassment	228 (82.3)
	Assault	30 (10.8)
	Rape	19 (6.9)
Disability cost	USD median, [range]	\$15,764 [\$0 – 96,284]

In this study, 36.5% of patients received at least one prescription (median n=7) and 74.4% of patients received at least one service (median n=12). The most common services were psychological evaluations & assessments, cognitive behavioral therapy, biofeedback, and physical/occupational therapy. The most common prescriptions were benzodiazepines and antidepressants. The median time away from work was shorter for those that received only recommend services (140 days versus 245 days). However, the median time away from work was longer for those that received only recommended prescriptions (364 days vs. 281 days), seen in Figure 2.

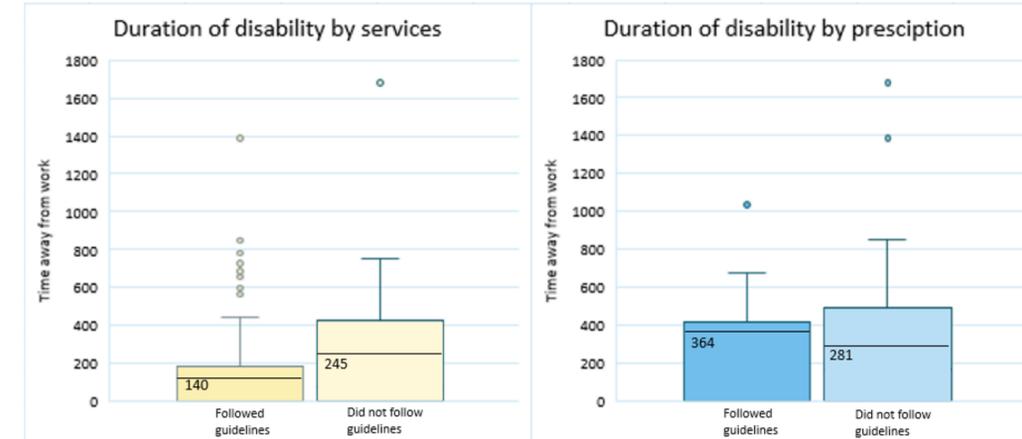


Figure 2. Durations by treatment type received.

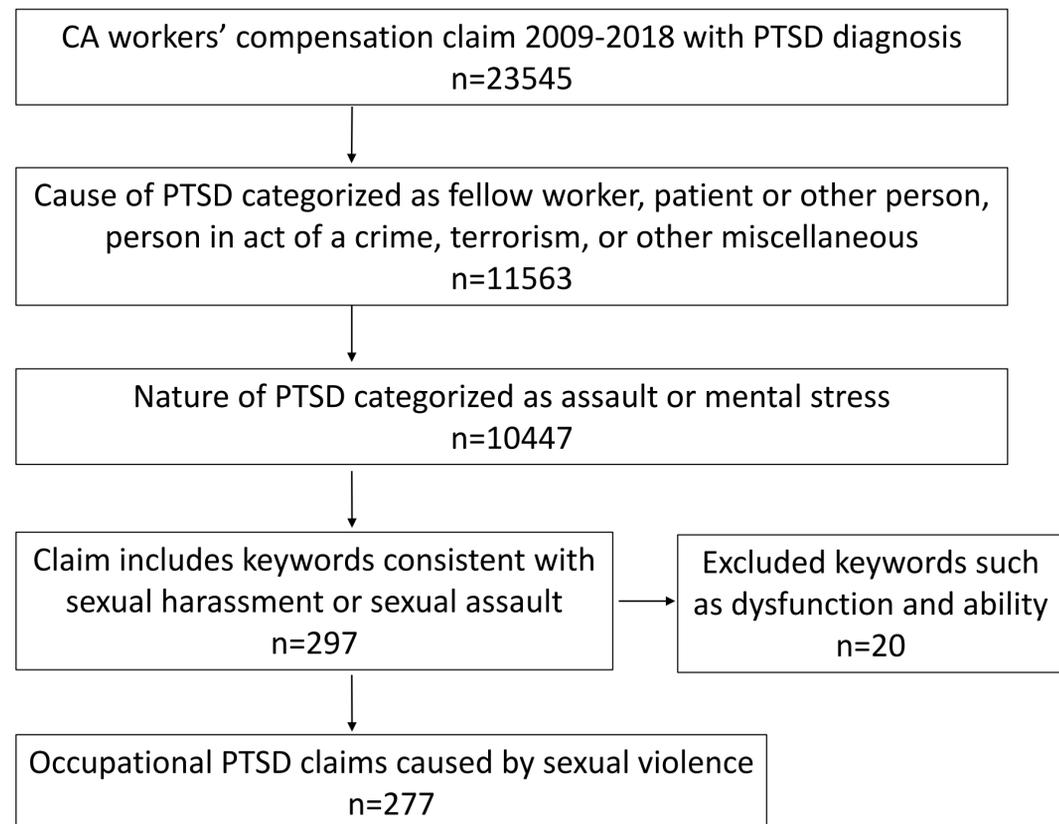
Limitations to this study include: using workers' compensation data, assuming a blank RTW date signified no RTW, misclassification of WPV, and missing measures on PTSD severity, treatment compliance, and chronic exposures to WPV.

Discussion

This descriptive analysis helps identify at-risk industries where sexual violence prevention programs may have the most impact. People who get PTSD from stigmatizing traumatic events have a wide range of reactions, as seen in this study where 21% needed no time away from work, but 17% of people required more than one year away from work, and 33% never went back to their job.

Following ACOEM guideline-recommended treatments had a mixed effect with following recommended services having 105-day shorter median duration but following recommended prescriptions had an 83 day longer median duration. Severity of WPV PTSD in workers' compensation populations needs to be further studied.

This research also found that many prescribed treatments are being given to PTSD patients based on insufficient evidence and current treatments need additional research.



Demographics		n=277 n (%)
Sex	Female	247 (89.2%)
	Male	28 (10.1)
Age	Years median, [range]	40 [16 – 72]
Income	USD median, [range]	\$35,861 [\$4,992 – 314,352]
Top industries	Public administration	44 (15.9)
	Administration	25 (9.0)
	Accommodation & food services	25 (9.0)
	Health care & social assistance	23 (8.3)
	Retail trade	19 (6.9)
	Manufacturing	17 (6.1)
Job class	Sedentary/ Light	142 (51.3)
	Medium	49 (17.7)
	Heavy/ Very heavy	11 (4.0)
Returned to work	No	91 (32.9)
	Yes	186 (67.2)
Disability length	Days median, [range]	124.5 [0 – 1680]
	No days away	57 (20.6)
Type of sexual violence	Harassment	228 (82.3)
	Assault	30 (10.8)
	Rape	19 (6.9)
Disability cost	USD median, [range]	\$15,764 [\$0 – 96,284]

