

**ASSAULT-RELATED INJURIES REPORTED BY
QUEENSLAND POLICE OFFICERS**

December 1996

Research and Coordination Division

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EXECUTIVE SUMMARY

This research report presents data on reported assault-related injuries sustained by police officers in the Queensland Police Service (QPS) during the course of their duties.

The objectives of the study were to:

- collect information about the incidence and nature of assault-related injuries sustained by police officers while on duty, as well as the context in which these occurred
- where possible, assess whether or not there have been changes over time in the nature and context of assault-related injuries
- identify situations that make police vulnerable to assault
- provide the QPS with information to assist in the formulation of policy on safety matters, the policing of violent offenders, and training for operational police officers.

Data were collected from the relevant Workers Health and Safety Forms for the full calendar years 1990, 1991 and 1995, as well as for the first six months of 1996. The aggregated data provided an overall view of factors relevant to assault-related injuries. The financial years 1990/91 and 1995/96 were compared to determine the extent and nature of change in the reporting of assault-related injuries.

The key findings of this study are:

- The injuries incurred were generally not of a serious nature, with few officers requiring hospitalisation or being unable to attend work.
- Most assault-related injuries sustained by police officers are the result of direct physical contact with another person, particularly through hitting or punching.
- Contrary to popular belief, weapons are rarely used to inflict an injury against a police officer.
- There has been a substantial increase in the number of police reporting assault incidents involving body fluids.
- Injuries were most likely to be incurred in the course of the arrest process and the act of physically restraining a person. This finding highlights the potentially volatile nature of these processes.
- The most common locations where injuries were incurred were the street or footpath, a private residence or a police watchhouse.
- The timing of assault-related injuries tended to match the pattern for public disturbances with most injuries occurring between 6.00 p.m. and 6.00 a.m.
- Officers of the rank of Constable had the highest rate of reported injuries. Officers employed on general duties work accounted for 82 per cent of the injury reports.
- 64 per cent of officers who made reports had seven years or less experience.
- Female officers incurred slightly fewer serious injuries than male officers.

This research has some important implications for the training of police officers, especially in conflict resolution and occupational health and safety. In particular, the study highlights:

- the need for proper training of police officers in a wide range of conflict resolution skills including communication/persuasion skills, tactical positioning methods, hand-to-hand control techniques and the proper use of physical restraints
- the significant contribution that experienced field supervision of junior officers may make to reducing assault-related injuries
- the importance of education and training in effective occupational health and safety practices to help allay unnecessary fears about the risk or fear of a disease-related injury.

INTRODUCTION

This research report summarises data on assault-related injuries sustained by Queensland police officers while on duty. The information was collected by staff of the Research and Coordination Division from Queensland Police Service (QPS) Workers Health and Safety Forms (Form 7, Q.P. 276 and Form 2), which record work-related injuries.

Our objectives in undertaking this study were to:

- collect information about the incidence and nature of assault-related injuries sustained by police officers while on duty, as well as the context or circumstances in which these occur
- where possible, assess whether or not there have been changes over time in the nature and context of assault-related injuries
- identify situations that make police vulnerable to assault
- provide the QPS with information to assist in the formulation of policy on safety matters, the policing of violent offenders, and training for operational police officers.

The statutory basis for undertaking this research derives from section 23(g)–(h) of the *Criminal Justice Act 1989*.

DATA SOURCES

In December 1989, following the proclamation of the *Workplace Health and Safety Act 1989*, a Commissioner's Circular (119/89) was issued informing all Queensland police officers of their new obligations under the Act, effective as of 1 January 1990. Under sections 27 and 28, employers were required to maintain a record of all injuries, illnesses and occurrences or dangerous events resulting from the workplace. The Act instructed employers to record all work injuries sustained by employees within three days of an incident occurring and, if the incident was serious, to notify the Division of Workplace Health and Safety within 24 hours.

Section 6(1) of the Act defined 'work injury' as:

- (a) an injury that arises out of or in the course of employment and that requires first aid or medical treatment; or
- (b) the recurrence, aggravation, acceleration, exacerbation or deterioration in an employee of an existing injury in the course of employment, which employment was a contributing factor to that recurrence, aggravation, acceleration, exacerbation or deterioration, that requires first aid or medical treatment.

On 1 July 1995, the 1989 Act was superseded by the *Workplace Health and Safety Act 1995* and *Workplace Health and Safety Regulation 1995*. The relevant recording provisions are now contained in the Regulation at sections 14 and 15. The main change is to the definition of 'work injury' — medical treatment for the injury is no longer a condition. The prescribed form required to be completed has continued to be Form 7, Q.P. 276 (as well as Form 2 if the matter is serious). The instructions under the original Commissioner's Circular are also still in force.¹

METHODOLOGY

For the purpose of this study, the data selected for analysis relate only to recorded *injuries* resulting from *assault* against police and police liaison officers while on duty. Although police liaison officers are not sworn, they have been included in this study because their work involves considerable public interaction and consists of 'front-line' duties.² Public servants employed by the QPS and recruits have not been included.

Data were collected for the full calendar years 1990, 1991 and 1995, as well as for the first six months of 1996.³ For the purposes of this report we examined both the aggregated data (533 cases) and data for individual financial or calendar years.⁴ The purpose of comparing different years was to measure the extent and nature of any changes over the intervening period, although some caution is necessary when interpreting the findings due to the small number of reports recorded in 1990 and 1991. Analysis of the aggregated data comprises a substantial part of this paper and allows for an overall view of factors relevant to assault-related injuries.

1 As of 1 January 1997, versions of the Workplace Health and Safety Forms will be computerised allowing for the electronic recording of workplace injuries, illnesses or dangerous events. As part of the new process, the last 12 months of the manually recorded data will be back-captured.

2 There were only four Liaison Officers who submitted assault-related injury reports.

3 Due to resource constraints, it was not possible to collect data for the period 1992-94.

4 It should be noted that the number of reported injuries do not equate with the number of officers injured, as some officers reported an assault-related injury on more than one occasion.

After preliminary analysis of the Workers Health and Safety Forms, we devised a detailed coding scheme to record data on variables of interest. Information was collected about:

- the injured police officer, encompassing demographic data and employment details such as rank, length of service and type of duties
- when, where and how the assault occurred⁵
- the activity the officer was engaged in at the time of the assault
- the resulting injuries, location of injuries, medical treatment and number of days required off work.

STRUCTURE OF PAPER

The findings from our study are presented under the following headings:

1. Reporting of assault-related injuries
2. Cause of injury
3. Description of injury
4. Context of assault injury
5. Characteristics of injured officers
6. Summary
7. Policy implications

⁵ As much of this information was recorded in narrative form, suitable codes were created to categorise the details accordingly; for example, the coding scheme outlined 15 choices for how the first injury occurred, ranging in seriousness from 'touch' to 'shot'.

1. REPORTING OF ASSAULT-RELATED INJURIES

A comparison by financial year shows that between 1990-91 and 1995-96, the rate of reported assault-related injuries per 1,000 officers increased by about 525 per cent, from eight per 1,000 officers to 53 per 1,000 officers (see table 1).⁶ In the first six months of 1996 there was an increase of 41 per cent on the number of assault-related injuries reported in 1995, indicating that the number of such reports is still increasing rapidly.

TABLE 1 – REPORTED ASSAULT-RELATED INJURIES BY POLICE STRENGTH, 1990-91 — 1995-96

1990-91			1995-96			Per cent Increase 1990-91 to 1995-96		
Number		Rate	Number		Rate	Number		Rate
Assault-injury Reports	Police strength	Per 1,000 officers	Assault-injury Reports	Police strength	Per 1,000 officers	Assault-injury Reports	Police strength	Per 1,000 officers
50	5,895	8.5	345	6,496	53.1	590.0	10.2	524.7

Source: Figures for police strength based on QPS *Statistical Review 1990-91*; QPS *Statement of Affairs 1996*.

Note: Police strength for 1995-96 includes Liaison Officers.

Table 2 compares the number of reports of assault-related injuries received in 1990-91 and 1995-96 with the number of offences of 'assault police' recorded by the QPS in the same two years.

TABLE 2 – REPORTED ASSAULT-INJURIES AND OFFENCE REPORTS OF 'ASSAULT POLICE' 1990-91 AND 1995-96

Type of report	Number		Per cent Increase
	1990-91	1995-96	
Assault-injury reports	50	345	590.0
'Assault police' reports	1,390	2,007	44.4

Source: Figures for 'assault police' reports provided by QPS Statistical Services, Information Resource Centre. These data refer only to offences under the *Police Administration Act* and *Police Act*.

The key points to be noted from this table are:

- only a small proportion of the assaults reported against police resulted in an injury report being submitted

⁶ Only valid percentages have been used in the analysis. Figures reported in the tables have been rounded to the nearest decimal place and figures in the text rounded to the nearest whole number.

ASSAULT-RELATED INJURIES REPORTED BY QUEENSLAND POLICE OFFICERS

- assault-related injury reports increased by around 590 per cent between 1990-91 and 1995-96, compared with only a 44 per cent increase in reported offences of assaults against police.

The latter finding suggests that the dramatic rise in the number of reports of assault-related injuries in the last few years is *primarily* because of changed reporting procedures rather than increased violence towards police. Factors which may have lifted the reporting rate include:

- a greater willingness by police officers to report incidents of assaults resulting in injuries, perhaps as a result of an emphasis by management, or increased knowledge of the statutory obligations imposed by the relevant legislation
- the legislative changes which came into effect 1 July 1995 no longer restrict the reporting of work injuries to those that require medical attention
(In 1995-96, 21 per cent of officers who submitted an assault-related injury report did not require medical treatment for the injury, compared with only 2 per cent in 1990-91)
- increased knowledge or understanding by police officers about rights relating to their health and how these can be protected
- an increase in concern about the spread of infectious diseases such as Hepatitis C and HIV.

2. CAUSE OF ASSAULT INJURY

The coding for 'cause of injury' allowed for up to three types of injuries per report. The use of physical force by a person was the most common method by which injuries were inflicted against the police officer (see table 3). Most of the injuries recorded (73%) resulted from physical contact with another person, such as hitting or punching. The second most common method was the use of body fluids such as blood and saliva (20%), followed by physical contact with the ground, wall or fence (12%). In 2 per cent of cases, the injury was inflicted by the use of a vehicle. There were no injuries caused by fire.

TABLE 3 – REPORTED ASSAULT-RELATED INJURIES BY CAUSE OF INJURY

Cause of Injury	Percentage (n=493)
Physical contact with a person	72.8
Physical contact with wall, fence, ground, door	11.6
Pointed object (e.g. needle, nail)	1.2
Blunt instrument (e.g. club, bat, bottle)	2.4
Edged weapon (e.g. knife, razor blade)	0.8
Firearm	0.2
Body fluids (blood, saliva, urine)	19.7
Vehicle	2.0
Fire	—
Other	1.6

- Notes: 1. Percentages add up to over 100 per cent because up to three causes of injury per report could be recorded.
 2. Table shows aggregated data for 1990, 1991, 1995 and January–June 1996.

In 1990–91, there were no injuries reported where body fluids were the principal weapon or means of inflicting the first listed injury. However, by 1995–96, 15 per cent of reported initial injuries were caused by body fluids. This trend may be largely due to the increased knowledge on the part of officers about infectious diseases such as Hepatitis C or HIV and perhaps also due to increased fear of contracting these diseases. Similarly, there may be a greater awareness among offenders of this threat and the potential use of body fluids as a weapon.

It is evident that very few of the assault-related injuries reported by police officers involved the use of weapons. As shown by table 3, about 5 per cent of injuries were caused by a weapon of some form. Only 1 per cent of injuries were caused by an edged weapon such as a knife and there was only one case (recorded by a male police officer) of injury caused by a firearm.

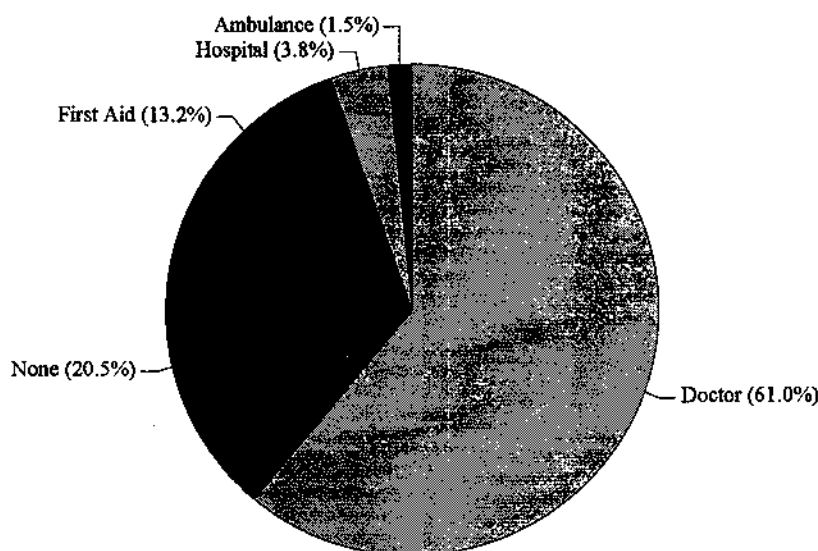
3. DESCRIPTION OF INJURY

The assault-related injuries inflicted against police officers were most likely to be sustained in the head region (48% of reported injuries), including the eyes, mouth, jaw and ears. The next regions most commonly injured were hands (26%) and arms (25%).

MEDICAL ATTENTION

Of the officers who reported an assault-related injury in 1995-96, 80 per cent required some form of medical treatment (see figure 1), either a doctor's attention (61%) or first aid (13%). Injuries tended to be minor, with an ambulance being required in only 2 per cent of cases and approximately 4 per cent of officers being admitted to hospital.

FIGURE 1 - MEDICAL TREATMENT OF ASSAULTED POLICE OFFICERS, 1995-96



- Notes: 1. Before July 1995, an injury report was not required unless the injury resulted in medical attention.
 2. n=341.

By comparison, as noted above, only 2 per cent of the injuries reported in 1990-91 did not require any medical treatment. This difference appears to be largely attributable to changed reporting requirements introduced by the 1995 *Workplace Health and Safety Act*.

TIME OFF WORK

In 1995-96, the great majority of officers (87%) who reported assault-related injuries did not require time off work, reflecting the generally minor nature of the injury. Of those who did require time off, 30 per cent were absent for only one day. The largest number of days lost amounted to 42 days and was recorded by one police officer. The median was three days.

4. CONTEXT OF ASSAULT INJURY

TYPE OF ACTIVITY

The specific type of activity that a police officer is most likely to be engaged in when injured in an assault is the process of making an arrest (46%). The act of physically restraining a person also has an increased risk of injury through assault (20%). Activities such as searching a person, stopping a vehicle or interviewing/talking to a person do not appear to be high-risk activities (see table 4).

TABLE 4 – REPORTED ASSAULT-RELATED INJURIES BY TYPE OF ACTIVITY

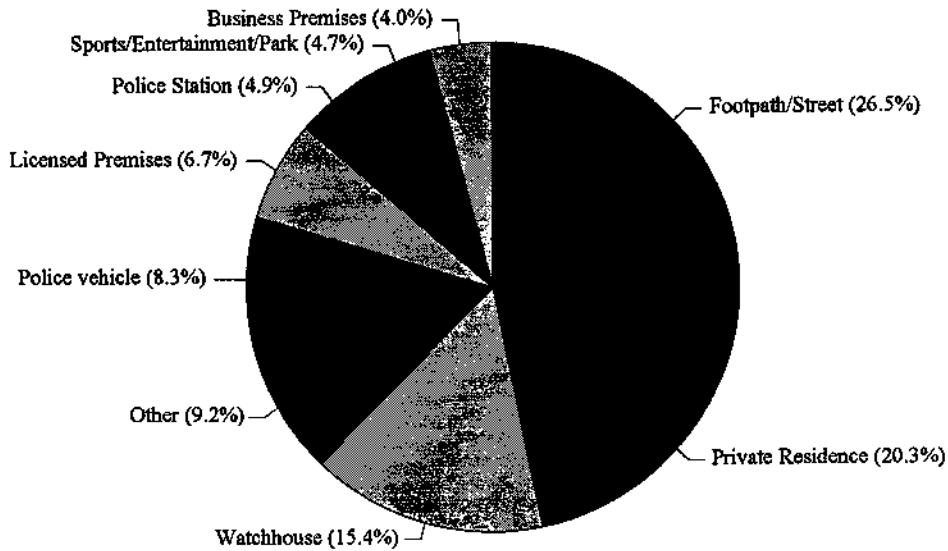
Type of activity	Total (n=506)
Making an arrest	45.8
Searching a person	2.8
Physically restraining a person	20.4
Stopping a vehicle	1.4
Interviewing or talking to a person	3.6
Escorting a person	9.1
Non-specific activity in vicinity of person	7.1
Other	9.9

- Note:
1. Table shows aggregated data for 1990, 1991, 1995 and January–June 1996.
 2. Percentages may not add up to 100 per cent due to rounding error.

PLACE OF ASSAULT INJURY

An assault-related injury is most likely to be sustained by a police officer 'on the street' (26%). Other common locations are a private residence including its surroundings (20%) and a police watchhouse (15%). Only 7 per cent of assault-related injuries occurred at licensed premises (see figure 2).

FIGURE 2 – REPORTED ASSAULT-RELATED INJURIES BY PLACE OF OCCURRENCE

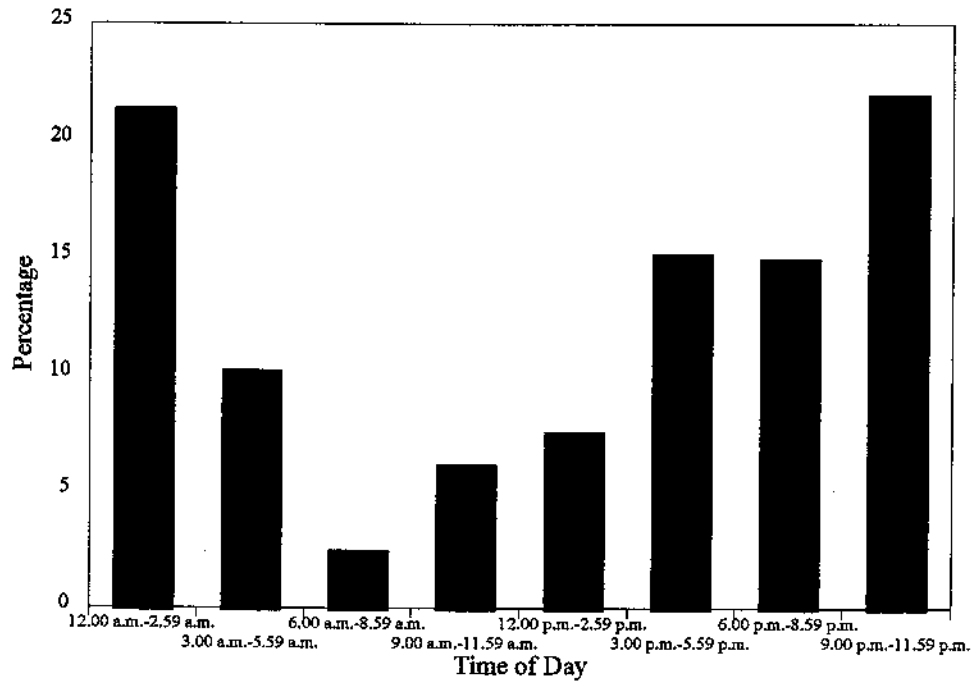


- Notes: 1. Figure shows aggregated data for 1990, 1991, 1995 and January–June 1996.
2. n=448.

TIME ASSAULT OCCURRED

More than two-thirds (69%) of assault injuries occurred between 6.00 p.m. and 6.00 a.m. (see figure 3) with the most common time being between 9.00 p.m. and 3.00 a.m., during which about 43 per cent of assaults occurred. The hours between 6.00 a.m. and noon appear to be safer with few assault injuries recorded. This pattern broadly corresponds with the distribution of calls for police to public disturbances (QPS 1993, p. 160).

FIGURE 3 – TIME OF ASSAULT-RELATED INJURY



- Notes: 1. Figure shows aggregated data for 1990, 1991, 1995 and January-June 1996.
 2. n=528.

5. CHARACTERISTICS OF INJURED OFFICERS

The data indicate that some categories of police officer are more at risk than others. Factors of importance include type of duties, rank, length of service, age and gender, which are all interrelated to some extent.

TYPE OF DUTIES

The majority of police officers (82%) reported being assaulted while conducting general duties, the policing role which generally involves the most interaction with the public. The next most common duty reported was plain-clothes duty (8%), followed by traffic duty (4%).

In 1990-91, 12 per cent of officers who reported being injured as a result of an assault were on traffic duty compared with only 3 per cent in 1995-96. This may be more indicative of a reduction in the allocation of police officers to traffic duty than of a decrease in violence towards police on traffic duty. By contrast, assault-related injuries reported by officers engaged in plain-clothes duty increased over the four-year period, from 4 per cent to 8 per cent of all reported assault-related injuries.

RANK

Officers in the 'front-line' ranks of Constable and Senior Constable are the most likely to incur assault-related injuries while on duty, with Constables experiencing by far the highest injury rate (83.4 per 1,000 officers, compared with 49.5 for Senior Constables). As table 5 indicates, there was also a substantial proportion of assaults reported against officers of the rank of Sergeant, most of whom (62%) were on general duties at the time of the assault, with another 18 per cent on plain-clothes duty.

TABLE 5 -- REPORTED ASSAULT-RELATED INJURIES BY RANK
1995-96

Rank	Number	Percentage	Rate per 1,000 officers
Constable	197	59.5	83.4
Senior Constable	89	26.8	49.5
Sergeant	43	13.0	27.8
Senior Sergeant	-	-	-
Commissioned Officer	1	0.3	3.6
Police Liaison Officer	2	0.6	22.2
Total	331	100.0	186.5

Source: Figures for police strength based on QPS *Statement of Affairs 1996*.

Note: Data are shown only for 1995-96, to enable the number of injuries to be expressed as an annual rate per 1,000 officers.

LENGTH OF SERVICE

The average length of service of the police officers was approximately seven years and six months, with the longest serving officer having 29 years' experience. As table 6 shows, officers with seven years' service or less accounted for 64 per cent of all assault-related injuries and those with three years' service or less for 27 per cent of reported injuries. The most likely explanation for this finding is that relatively junior officers are responsible for much of the front-line policing. In addition, it may be that very junior officers are less skilled in managing conflict.

TABLE 6 – REPORTED ASSAULT-RELATED INJURIES BY YEARS OF SERVICE OF OFFICER

Length of service	Percentage (n=516)
1 year or less	9.3
2-3 years	17.6
4-7 years	37.0
8-15 years	24.3
more than 15 years	11.7

- Note: 1. Table shows aggregated data for 1990, 1991, 1995 and January-June 1996.
 2. Percentages may not add up to 100 per cent due to rounding error.

AGE

As table 7 indicates, the majority of officers who reported an assault-related injury were young; approximately 31 per cent of officers were under the age of 26 years and 78 per cent under the age of 36 years. This, again, reflects the fact that most general duties officers are relatively junior.

TABLE 7 – REPORTED ASSAULT-RELATED INJURIES BY AGE OF OFFICER

Age group	Percentage (n=521)
under 21 years	1.0
21-25 years	29.8
26-35 years	47.4
36+ years	21.9

- Note: 1. Table shows aggregated data for 1990, 1991, 1995 and January-June 1996.
 2. Percentages may not add up to 100 per cent due to rounding error.

GENDER

Some important issues relating to gender and the reporting of assault-related injuries were identified in this study.

Reporting of assault-related injuries. Table 8 displays the rate of assault injuries per 1,000 officers by gender. Rates are shown only for Constables and Senior Constables, to control for the fact that females are under-represented in the higher ranks where contact with the public is less frequent and therefore the risk of injury is much less.

**TABLE 8 – REPORTED ASSAULT-RELATED INJURIES BY GENDER
(CONSTABLES AND SENIOR CONSTABLES)
1990-91 — 1995-96**

Gender	1990-91 (%)		1995-96 (%)	
	Number of assault-injury reports	Rate per 1,000 officers	Number of assault-injury reports	Rate per 1,000 officers
Male	38	10.5	230	67.3
Female	5	11.4	55	74.0

Source: Figures for police strength based on QPS *Statistical Review 1991-92*; QPS *Statement of Affairs 1996*.

Taken at face value, the data suggest that female officers are at a slightly greater risk than males of being injured. However, these apparent differences may be due largely, if not entirely, to different reporting patterns by male and female officers.

In 1995-96, 29 per cent of female officers did not require any medical treatment for their reported injury compared with only 18 per cent of males. Further analysis of injury reports by Constables and Senior Constables requiring medical treatment indicates that female officers reported a slightly lower rate of assault injuries (see table 9). This suggests that gender differences may be due to females being more likely than males to report low level injuries, rather than due to any difference in actual risk levels.

**TABLE 9 – REPORTED ASSAULT-RELATED INJURIES REQUIRING MEDICAL TREATMENT BY GENDER
(CONSTABLES AND SENIOR CONSTABLES) 1995-96**

Gender	Number of reports where medical treatment required	Rate per 1,000 officers
Male	183	53.5
Female	36	48.4

Source: Figures for police strength based on QPS *Statement of Affairs 1996*.

Note: Medical treatment includes the administering of first aid, assistance of an ambulance, treatment by a doctor or admission to a hospital.

Type of activity. According to our data (see table 10), female officers are more likely than males to have injuries inflicted while searching or escorting a person. On the other hand, males appear to be at greater

risk during the arrest process. These differences are statistically significant. One possible explanation is that males and females may be allocated to different types of tasks. However, this aspect requires further investigation.

TABLE 10 – REPORTED ASSAULT-RELATED INJURIES BY TYPE OF ACTIVITY AND GENDER

Type of activity	Male (%) (n=418)	Female (%) (n=87)
Making an arrest*	48.1	34.5
Searching a person**	1.9	6.9
Physically restraining a person	20.3	20.7
Stopping a vehicle	1.7	–
Interviewing or talking to a person	3.8	2.3
Escorting a person**	7.2	18.4
Non-specific activity in vicinity of person	7.2	6.9
Other	9.8	10.3

- Notes:
1. * indicates results statistically significant ($p < .05$).
 2. ** indicates results statistically significant ($p < .01$).
 3. Table shows aggregated data for 1990, 1991, 1995 and January–June 1996.

6. SUMMARY

The key findings of this study are as follows:

- Although 81 per cent of injured officers required some form of medical attention, few required hospitalisation (4%). In 85 per cent of cases, the injury did not interfere with the officer's ability to continue working.
- Most assault-related injuries sustained by police officers are the result of direct physical contact with another person (73%), with hitting or punching (32%) being the most common method of injury.
- Injuries caused by weapons accounted for only about 5 per cent of reported injuries. Knives accounted for only 1 per cent of injuries and there was only one case in the study of an officer being injured by a firearm.
- There has been a substantial increase in the number of reports of injuries due to body fluids.
- Potentially volatile encounters such as arrests (46%) and the act of physically restraining a person (20%) were the most common instances in which an assault-related injury occurred.
- Assault-related injuries were most likely to be incurred on the street or footpath (26%), at a private residence (20%) or at a police watchhouse (15%).
- Injuries were likely to occur at times which broadly matched the pattern for public disturbances recorded by the QPS, with 69 per cent of injuries occurring between 6.00 p.m. and 6.00 a.m.
- Officers who are most at risk of an assault-related injury are those who are assigned to general duties, are relatively young and are of junior rank. Constables have by far the highest risk of incurring an assault-related injury. About 64 per cent of the officers who reported an assault-related injury had served less than eight years in the QPS.
- In 1995-96, a slightly higher proportion of female officers than males submitted reports of assault-related injury. However, females incurred proportionately fewer serious injuries than male officers. It is quite possible, therefore, that the ostensibly higher rate of injuries to females reflects gender differences in reporting behaviour.
- Female officers are less likely than males to be injured during the potentially volatile process of arrest. On the other hand, searching and escort duties appear to entail greater risk of assault-related injury for female officers. These findings could be attributable to differences in task allocations for male and female officers.

7. POLICY IMPLICATIONS

There has always been a belief—to some extent reinforced by the media—that the greatest risk to police comes from an armed and dangerous offender. However, the data presented in this paper tell a very different story. As this paper shows, police officers are rarely injured with a weapon such as a knife or a gun. In fact, only about 5 per cent of all assault-related injuries reported by police involved the use of weapons. Police officers face a much greater risk of injury from a kick, punch or splash of human blood.

These findings have important implications for the training of police, especially in conflict resolution and occupational health and safety. Specifically:

- It is important that police are trained in a wide range of conflict-resolution skills. That is not to say that the present emphasis on firearms training should be diminished, but rather, that training should be enhanced and expanded to provide an opportunity for members to learn advanced communication/persuasion skills, tactical positioning methods, hand-to-hand control techniques and the proper use of physical restraints.
- The research shows that Constables were most likely to sustain an assault-related injury. This is not surprising as junior ranks are primarily involved in front-line policing. However, it may also be that older officers have more experience in preventing and resolving conflicts. This emphasises the potentially important contribution that enhanced field supervision of junior officers and improved rostering practices may make to reducing assault-related injuries on duty.
- Our analysis found that the use of human body fluid as a weapon was the second most common method of injury and that such reports are increasing. Although the actual risk of contracting an infectious disease in this way is low, the fear among police is relatively high. To combat this fear, it is essential to raise the level of awareness about the whole area of infectious diseases. Training in effective disease prevention and the provision of proper basic equipment, such as gloves, masks and containers for sharp objects, would be important steps towards reducing the risk or fear of a disease-related injury. It is understood that a new QPS Communicable Diseases Policy is currently in draft form awaiting costings on protective equipment and training.⁷ When adopted, the new policy should deal with many of these concerns.

⁷ Information received from the Industrial Relations Branch, QPS, 2 December 1996.

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