WE CAN PREVENT
VIOLENCE
IN HEALTH CARE
Together

VIOLENCE AGAINST NURSES IN CANADA:

AN URGENT CALL TO ACTION

The CFNU is Canada's largest nurses' organization, representing 250,000 frontline unionized nurses and nursing students in every sector of health care – from home care and LTC to community and acute care – and advocating on key priorities to strengthen public health care across the country.

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Violence against nurses in Canada's health care systems has been a longstanding crisis across all work settings and jurisdictions, continuing to go largely unnoticed and under-reported. The failure to prevent, respond to and meaningfully prosecute systemic levels of violence against nurses leaves workers vulnerable and unsafe.

In recent months, beyond the typical violence and assaults nurses routinely face, there were stabbings of nurses and other health care workers and weapons and drugs of all sorts being brought into facilities, posing a direct threat to workers. The working conditions nurses face daily would not be tolerated for other occupations.

In the context of understaffed workplaces and overstretched health care workers, there is a high degree of urgency to tackle this crisis from a variety of angles, with a wide range of tools and with a significant investment of resources. We cannot take nurses for granted in assuming they can accept the status quo indefinitely. Nurses affected by violence experience psychological and physical injuries that pose significant challenges for retention.

The Canadian Federation of Nurses Unions (CFNU) urges federal, provincial and territorial health ministers, as well as all health employers, to take coordinated and comprehensive actions to make health care workplaces safe for all workers and, resultantly, for the patients they care for. Nurses' unions are eager to work together with governments and employers to implement evidence-based reforms to radically improve workplace safety.

Nursing is a safety-critical industry, where patients receive life-saving care. To provide these critical services to patients, nurses require a healthy and safe work environment.

Nurses call on you, political leaders and health care decision-makers, to pledge to use all tools and resources at your disposal to eradicate violence and harassment from our health care systems, and to uphold cultural safety and humility in our workplaces.

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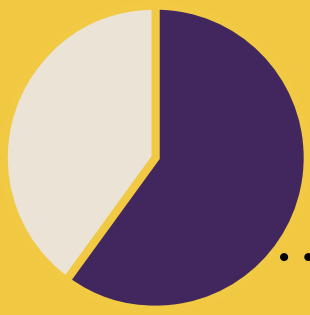
BACKGROUND

Every day, nurses face verbal abuse, threats, harassment and physical assault from patients, patients' families, members of the public and even their own coworkers. The COVID-19 pandemic magnified this violence, with health care workers targeted during anti-vaccine protests, to the point that some were advised not to wear identifiable uniforms in public for their safety.

Despite the pervasiveness of violence in nursing, accountability is rare. Between 2006 and 2021, researchers found just 12 English-language sentencing decisions involving nurses as victims of violence, and five prosecutions under Ontario's *Occupational Health and Safety Act* for such incidents.

This lack of deterrence sends a dangerous message that violence against nurses is acceptable or, as many nurses have come to understand, just "part of the job." Violence in any workplace must never be tolerated.



6 in 10 nurses

experienced job-related violence or abuse at least once in the previous year

VIOLENCE AGAINST NURSES BY THE NUMBERS

In CFNU's national survey from January 2025, more than 4,700 nurses across Canada told us about their experiences with violence. Six in 10 participants experienced job-related violence or abuse at least once in the previous year.

Of those who had experienced violence or abuse on their job, 82% experienced verbal abuse, 18% experienced sexual abuse, and nearly half experienced physical violence from patients or their families.

Nurses across the country are experiencing unacceptable levels of violence and harassment in the workplace, with data indicating disturbing increases in many jurisdictions.

These incidents are costly for governments through lost time and workers' compensation benefits, despite the fact that many violent incidents and injuries go unreported.

Accepted workers' compensation claims involving violence account for a tiny fraction of the violent incidents occurring in our health care workplaces. They can provide some degree of understanding, however, in the absence of publicly available data on violence.

"Nurses and health care workers in every sector – from home care to acute care – face appalling levels of violence and harassment from coast to coast to coast. Our political leaders must urgently signal their intention to protect nurses and health care workers from this scourge, using every tool at their disposal."

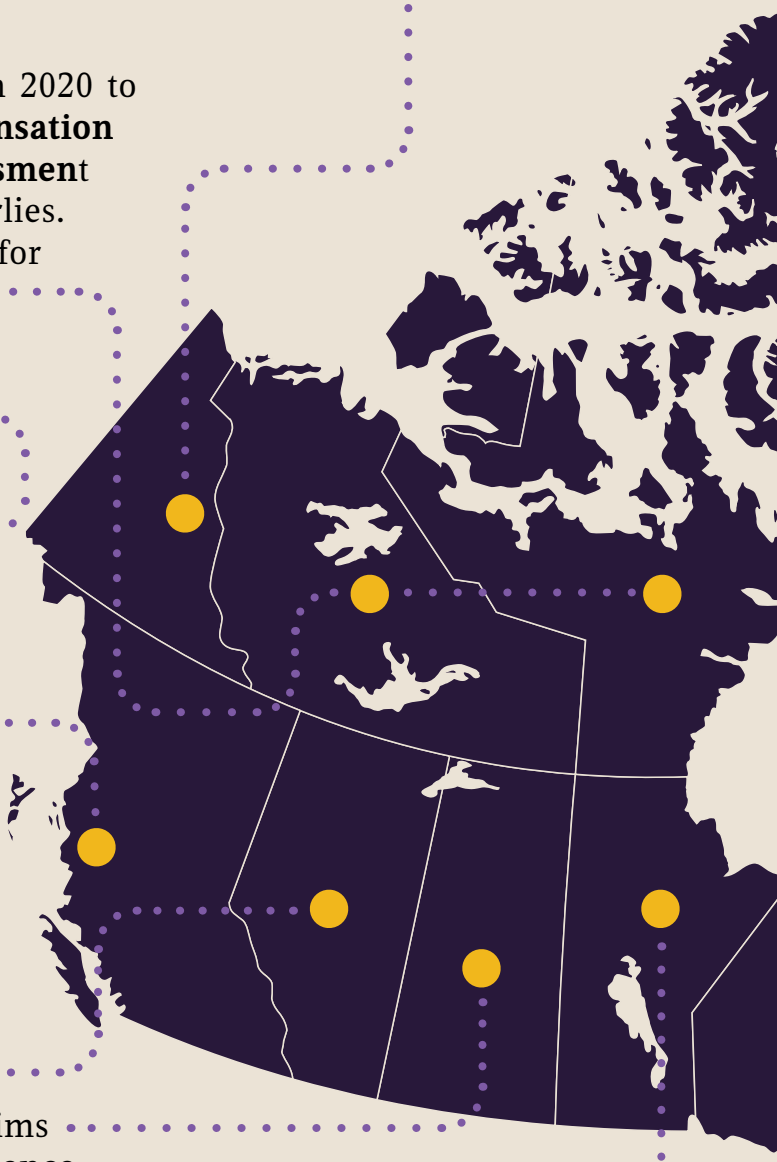
– Linda Silas, President
Canadian Federation of Nurses Unions

In **Yukon**, a bargaining survey in 2025 for three workplaces found **40% of nurses disagreed or strongly disagreed that they feel safe at work**. A theme from open-ended responses noted frequent violence and aggression from patients and visitors, unreliable or absent security, limited RCMP responses when incidents escalate and unsafe night staffing.

In **Northwest Territories and Nunavut**, from 2020 to 2024 there have been **60 accepted workers' compensation claims related to assaults, violent acts or harassment** for all regulated nurses and nurse aides and orderlies. This represents 10.7% of all accepted claims for these professions.

In **British Columbia**, there were **507 violence-related accepted workers' compensation claims in 2024**, compared to 344 in 2016. The spike began in 2019 with 533 claims and has plateaued at a high rate ever since.

In **Alberta**, the United Nurses of Alberta's annual member survey in 2024 found **43% of nurses experienced physical violence at work in the previous 12 months**, compared to 37% in 2019, and 70% experienced non-physical violence at work, compared to 63% in 2019.



In **Saskatchewan**, workers' compensation claims were accepted for **62 acts of assault and violence against nurse supervisors and registered nurses** in 2023, compared to 46 in 2019. In this five-year period, the highest number of accepted claims was 82 in 2020, at the height of the pandemic.

In **Manitoba**, there were **812 workers' compensation claims** accepted in 2024 for nurses who were the victims of assault and violent acts, compared to 298 in 2015.

In **Ontario**, accepted workers' compensation claims for **violence-related incidents have increased nearly threefold** since 2012 for all nursing occupations (from 406 in 2012 to 1,190 in 2024).

In **Quebec**, in 2023 there was a **45.3% increase in violence-related injuries among health care professionals**, as compared to 2019, with a large overrepresentation of the victims being women.

In **New Brunswick**, since 2021 there have been **442 violence-related accepted workers' compensation claims from nurses,** nursing aides and orderlies, and nursing assistants, with 102 in 2024 alone. Earlier this year, 59.3% of nurses reported experiencing violence or abuse related to their job in the past year.

In **Prince Edward Island**, the PEI Nurses' Union (PEINU) conducted a member survey on workplace violence in July 2025, which found **88% of nurses experienced some form of workplace violence in the last year**, and 36% experienced violence more than five times in that period. However, over half (51%) did not report their most recent incident.

In **Newfoundland and Labrador**, health care workers (roughly a quarter of whom identified as nurses) filled out an annual survey administered in 2024, showing that **86% have been the victim of workplace violence**, 70% have been the victim of physical violence, and 89% have been the victim of non-physical violence in the previous 12 months.

In **Nova Scotia**, earlier this year **54.6% of nurses reported experiencing violence or abuse related to their job** in the past year. Of those nurses, 83.3% experienced verbal abuse from patients or patients' families, and 43.4% experienced physical violence from patients or patients' families.

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ENFORCING THE LAW WHEN NURSES FACE VIOLENCE

Efforts to address workplace violence in health care through legislation have been inconsistent and weakly enforced.

- The 2004 Westray Bill amendments to the *Criminal Code* – which allow prosecution of organizations and their representatives for workplace injuries and fatalities against their staff – have seen only 10 successful prosecutions in over 20 years, with minimal penalties. The amendments have yet to be applied to negligent health care employers who fail to take needed precautions to protect their workers from violence.

- Bill C-3 (2021) created a new offence to deter intimidation of health care workers and recognized violence against them as an aggravating factor in sentencing. However, police, Crown prosecutors and the courts have failed to adequately enforce these amendments.

- As noted in a 2023 legal analysis of workplace violence against nurses in Canada, a 2015 decision illustrates why being a nurse may not have been regarded as an aggravating factor up until recently legislated changes. A labour arbitrator wrote that "unlike police work, health care work is not an inherently risky profession. While there is some risk, people do not become health care providers with the knowledge and expectation that they are entering a dangerous profession."

- Under provincial and territorial occupational health and safety acts and regulations, employers have a legislated duty to implement a workplace violence prevention policy and program – which would include risk assessments and worker training – and to make the policy and risk assessment available to workers. Failure to comply with the act and regulations can result in penalties, such as fines. However, employers are rarely held accountable for violations.

WHAT WORKS: SPOTLIGHTING LEADING PRACTICES

In addition to enforcing existing laws, provinces, territories and health employers can introduce effective tools and policies that can form the basis for improved protection for nurses and all health care workers.

- **Violence risk assessment tools and care plans –** Effectively identifying patients at risk of violence and instituting individualized care plans to help prevent incidents ought to be implemented and enforced in every health care facility as part of a mandatory violence prevention policy and program. An innovative tool to assist with these employer obligations includes:

    - The *Behavioral Safety Program* with Alberta Health Services, which follows a four-step process to identify and communicate the safety risk and care plan for patients who are more likely to harm a worker.

- **Integrated security teams with in-house personnel –** Facilities with in-house security personnel that receive specialized training and are integrated into the care team are well-equipped to protect staff from potential incidents of violence. A 2018 report based on five hospitals in Ontario found in-house security teams were viewed more favorably by staff than externally contracted security teams and were seen as being better-trained and more knowledgeable.

    - At Michael Garron Hospital, the need for security personnel to apply force was reduced by 58% in three years through the hospital's use of protection services employed in-house, with staff who are comprehensively trained in de-escalation and other techniques, and who are part of the broader health care team.

    - B.C.'s Relational Security Officers (RSOs) program of in-house well-trained staff – which emphasizes training on trauma-informed practice, Indigenous cultural safety and humility, and mental health and substance use – has shown measurable reductions in violence, workers feeling safer and improved RSOs' confidence in performing their duties.

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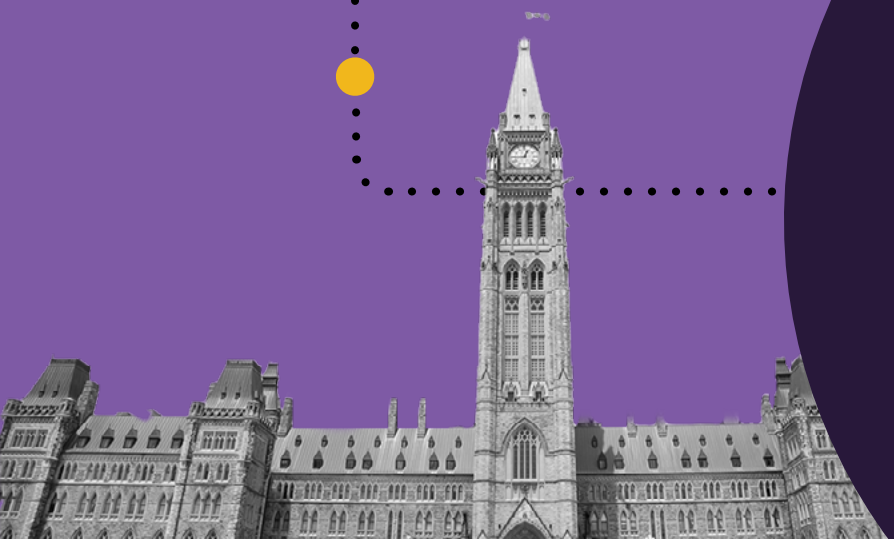
"The record is clear: the courts and the legal system have failed to protect nurses who are victims of workplace violence. We also know that employers play a critical role in ensuring that nurses are safe from all levels of violence and harassment. Nurses and other health care workers should never feel vulnerable at work. Political leaders need to step up, and fast."

– Sioban Nelson
Professor Emerita, University of Toronto



KEY RECOMMENDATIONS

The CFNU calls on federal, provincial and territorial governments to urgently take the following actions to tackle the deepening crisis of violence in our health care systems.

1. STRENGTHEN ENFORCEMENT OF EXISTING LAWS

- Provide mandatory comprehensive training to police, Crown prosecutors and judges on enforcing the Westray Bill amendments – which should be applied to health care employers – and Bill C-3.

- Establish dedicated Crown prosecutors for workplace violence cases – with heightened attention on the health care sector – and mandate that charges by police should automatically be laid in incidents of violence against a nurse and later removed if deemed necessary by the Crown following further investigation.

- Ensure occupational health and safety legislation and regulations are enforced by enacting penalties on employers who fail to comply with the legislative and regulatory requirements to address violence in the workplace.

2. INVEST IN PREVENTION AND TRAINING

- Enforce in all health care settings the use of risk assessment tools and individualized care planning for patients with the potential to become violent.

- Expand access to comprehensive training on de-escalation, crisis intervention, trauma-informed care, cultural safety – particularly in relation to Indigenous workers and patients – and occupational health and safety, addressing the current gap in training in which 37% of nurses report having received no workplace violence training.

3. MANDATE SAFE STAFFING LEVELS

- Adopt mandatory minimum nurse-patient ratios to reduce risks of violence exacerbated by understaffing and excessive workloads. Inadequate staffing levels in nursing is a structural condition that leads to higher incidents of violence in the workplace.

- British Columbia is the first province to implement nurse-patient ratios, and Nova Scotia is implementing its own safe staffing model. All provinces and territories must follow suit.

4. ESTABLISH A NATIONAL STANDARD FOR VIOLENCE PREVENTION IN HEALTH CARE, WITH A PARTICULAR FOCUS ON HEALTH CARE SECURITY PERSONNEL

- Set minimum thresholds for training of health care security personnel, safe staffing and enforcement penalties, as has been recommended by the Association of Workers' Compensation Boards of Canada.

- Make adherence to this standard a part of the accreditation process for health care facilities across the country.

5. ENSURE INFRASTRUCTURE UPGRADES ARE MADE TO PROTECT WORKERS

- Following the lead of Windsor Regional Hospital, Artificial Intelligence (AI) weapons detection systems are being installed in other workplaces and jurisdictions, including in London (Ontario), Winnipeg (Manitoba) and in Nova Scotia. Other provinces are rightfully beginning to explore this technology as one tool among many to help protect health care workers from threats to their safety.

- Security cameras should be widely installed in and around facilities, and various ways of summoning assistance, including personal alarms, should be provided to any health care worker wishing to have access to one.

6. SUPPORT WORKERS AFFECTED BY VIOLENCE

- Introduce presumptive workers' compensation coverage for PTSD for nurses, aligning with measures already in place for police, firefighters, paramedics and others. Alberta has recently committed to this, leaving only New Brunswick, Nunavut, Northwest Territories and Yukon to provide this coverage for nurses.

- Ensure violence prevention policies and programs within health care workplaces have thorough debriefing processes in place following violent incidents.

- Provide adequate psychological support and leave options for workers recovering from violent incidents.

7. ADOPT RECOMMENDATIONS FROM PARLIAMENTARY HEALTH COMMITTEE

- The Parliamentary Standing Committee on Health (HESA) report from 2019 on violence facing health care workers provides numerous recommendations that have yet to be taken up by governments. Opportunities exist for federal-provincial-territorial and stakeholder collaboration to implement them.

- Recommendations yet to be implemented include a public awareness campaign across the country to highlight the human cost of violence against health care workers; a pan-Canadian framework to prevent violence in health care; and funding to the Canadian Institute for Health Information (CIHI) to develop standardized definitions around violence in health care and collect national standardized data on it.

THE TIME TO ACT IS NOW

Nurses are the backbone of Canada's health care system. It is unacceptable that the very people entrusted with caring for patients are left to work in environments where violence is common, expected and too often ignored.

By adopting leading practices and our key recommendations, Canada's federal, provincial and territorial governments – and the employers under their purview – can create safer and more respectful workplaces. The time to act is now to ensure nurses can focus on delivering the high-quality care that each of us depends on.

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