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19 August 2026

The Hon. Ben Carroll MP
Premier of Victoria
Via Email Only: ben.carroll@parliament.vic.gov.au

The Hon. Ingrid Stitt MLC
Minister for Health, Minister for Mental Health and Minister for Ambulance Services
Via Email Only: ingrid.stitt@parliament.vic.gov.au

CC:
The Hon. Paul Edbrooke MP,
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The Hon. Sonya Kilkenny MP,
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Leader of the opposition Jess Wilson MP,
Leader of the Opposition;
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Minister Georgie Crozier MLC,
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Re: Violence against Victorian nurses and midwives — our members have less protection than a guard on a train platform, and we are asking you to fix it before Parliament rises.

Dear Premier and Minister

We write on behalf of nurses, midwives and medical professionals working across Victoria, in emergency departments, on general wards, in mental health units, in maternity, in aged care, and alone in the community.

We want to begin with the words of one of our members, a registered nurse at a Victorian mental health service. She was not asked for a slogan. She was asked what would make her safer at work. She wrote four words:

> *"Actual zero tolerance. Not lip service."*
> — Registered Nurse, South West Healthcare, Warrnambool

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There is a poster on the wall of almost every hospital declaring that violence against staff will not be tolerated. Our members can tell you exactly what that poster is worth, because they are the ones who get punched underneath it.

1. What is actually happening to our members

These are not historical accounts. They come from NPAA member surveys run this year and last, and from members who contacted us directly. We have removed names, because our members are afraid of what happens to nurses and midwives who speak up.

> *"I worked for around 8 years at University Hospital Geelong. In that time predators repeatedly followed healthcare workers out of the hospital and even once tried to drag a healthcare worker into their car. On afternoon shifts where there was an attempted assault outside the hospital, the ANUMs would call each other on the wards and tell their nurses to make sure they left in pairs that night and walked together to the car."*
> — Registered Nurse, University Hospital Geelong

> *"The only time I have seen security walk someone to their car was after a patient's family member stated they would kill one of the nurses when they left the hospital after their shift."*
> — Registered Nurse, University Hospital Geelong

> *"I've been refused a security escort, as [it is] not on their roles to leave the hospital. And [I] witnessed a staff member being refused a taxi voucher to their car 4 blocks away in the middle of the night."*
> — Theatre Nurse, University Hospital Geelong

> *"My 8 hour shift is over 9 hours because I leave so early to hunt for a park. I then have to move my car on shift too. Now that it gets dark so early it is already dark before my tea break. I am terrified."*
> — Registered Nurse, University Hospital Geelong

> *"I have only worked here for a short period of time, less than a year, and already there have been multiple times I've been yelled at, stared at and warned to not come any closer, and sworn at/threatened simply from walking past someone... I feel unsafe, and at times, at possibly serious risk of harm, particularly if I am alone."*
> — Clinician, Frankston Mental Health and Wellbeing Local

> *"I have witnessed a staff member pinned against the wall by their throat. It can take 7–10 minutes for a response from the code black team."*
> — Registered Nurse, Victorian public hospital

> *"I was nearly killed one night by a patient and I had no warning about him. I did not report it."*
> — Registered Nurse, Royal Melbourne Hospital

> *"We never get closure, even after making police statements."*
> — Emergency Department Nurse, placed on WorkCover after an assault

> *"It is terrible. I am planning on leaving nursing after 10 years now."*
> — Registered Nurse, Victorian public hospital

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Premier, Minister read that last one again. Ten years of training, experience and public investment, walked out the door because we could not keep her safe at work.

Our survey of nurses, midwives and other health professionals, The Real Emergency: Violence in Our Hospitals, found:

- **74%** supported a trial of hospital-based police officers, with a further 19% open to it.
- **More than half** said they experienced or witnessed violence or aggression daily or weekly.
- **Around 40%** reported physical assault, and around 30% did not report the incident at all.
- Where incidents were reported, the most common description of the outcome was a single word: **nothing.**

2. This is happening to a workforce that is 88% women

Nursing and midwifery in Australia is an 87.9% female workforce, and women make up around 78% of the Victorian health sector workforce. We ask you to hold that alongside what Safe Work Australia found when it looked at workplace violence across the whole country:

- **Registered nurses are the most violence-affected occupation in Australia** — 1,848 serious workers' compensation claims between 2017–18 and 2021–22. That is more than any other occupation, including police.
- **Four of the five worst-affected occupations are between 74% and 88% female.** The one that is not, police, at 29% female, is issued protective equipment, trained in the use of force, and named in Victoria's emergency worker protections.
- **Women's serious claims for workplace physical violence rose 73% in ten years. Men's rose 33%.** The burden is not merely falling on women. It is shifting further onto them.

Source: Safe Work Australia, Workplace and work-related violence and aggression in Australia, September 2024.

Independent research by the Australian National University's Global Institute for Women's Leadership found that up to one in four Victorian healthcare workers experience work-related gendered violence, that 70% of nearly 4,000 surveyed Victorian health workers had experienced aggression, violence or abuse from patients, and that half of those who were sexually harassed did not make a formal complaint (ANU GIWL, 2024).

There is a further problem, and it is about what gets counted. A 2024 international review of 226 studies found that women in the health workforce are disproportionately subjected to verbal abuse, sexual harassment and intimidation, while men are disproportionately subjected to physical violence (PLOS Global Public Health, 2024). Victoria's incident reporting is built around Code Grey and Code Black, events serious enough to bring a response team running. It is therefore structurally blind to the forms of violence women absorb most. The under-reporting in Victorian hospitals is not neutral. It is gendered.

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We say this plainly. If 88% of the people being assaulted in Victorian workplaces at this rate were men, we do not believe it would be managed with a poster and an e-learning module.

3. The first gap: the law protects a police officer all of the time, and a nurse only some of the time

Victoria has a law that says if you injure an "emergency worker on duty", the court must send you to jail for a minimum period. It appears to be one of the strongest protections the state gives any frontline worker. It sits in section 10AA of the Sentencing Act 1991.

The law lists thirteen groups of workers who count as emergency workers. Police, protective services officers, paramedics, firefighters, SES volunteers and others are all on the list. Only one item on that list mentions people who work in hospitals, and it says this:

> *"a person employed or engaged to provide, or support the provision of, emergency treatment to patients in a hospital"*
> — The wording of the only health-worker category in Victoria's emergency worker protections

Then it goes one step further. For a hospital worker, the protection only applies while that person is actually giving emergency treatment. For a police officer or a protective services officer, the protection seems to apply whenever they are performing any duty or exercising any power at all.

We are not lawyers, and we do not need to be. Read those words next to each other and the effect seems obvious:

- A midwife assaulted by a patient's partner in a birthing suite is not an emergency worker.
- A nurse punched on a general medical ward by a patient with dementia is not an emergency worker.
- A mental health nurse dragged down the corridor by her hair in an acute inpatient unit is not an emergency worker.
- An aged care nurse kicked and spat on during personal care is not an emergency worker.
- A community nurse threatened alone in a client's home after dark is not an emergency worker.

A protective services officer standing on a suburban railway platform is.

We want to be careful about the mental health point, because it matters to our members and it is easily twisted. The workforce most exposed to violence arising from acute mental illness, mental health, emergency nurses and those working with dementia patients with severe behaviours, is the workforce apparently with the least protection under this law. In practice our members feel they fall outside the wording almost entirely.

4. The second gap: hospital security has no more power than a bystander

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Every health service in Victoria answers this issue with the same three words: we have security. So we asked a simple question. When a nurse presses her duress alarm and someone comes running, what can that person actually do?

We took the answer from Victoria Police's own published description of what protective services officers do, and from Victoria Legal Aid's public guidance on what security guards can and cannot do. A protective services officer can arrest someone they reasonably believe has committed a serious offence, they do not have to have seen it happen. They can search a person for weapons, seize the weapon, direct someone to move on, and issue an infringement notice.

A hospital security officer can do none of that. They can make a citizen's arrest, but only if they actually see the offence being committed. They cannot search anyone without their consent. They cannot direct anyone to move on. They may use reasonable force to make an arrest, exactly the same as any member of the public.

So the person who answers the duress alarm in a Victorian hospital has about the same authority of a bystander. And as set out above, that person is not an emergency worker either. We are asking security officers to stand between our members and violence while giving them neither the powers nor the protections of the officers who guard a train station.

Our members describe what that means without any need for legal analysis:

> *"More security — they whinge they don't have enough staff to come to code greys."*
> — Registered Nurse, Werribee Mercy Hospital

> *"Security doesn't have much power."*
> — Mental Health Nurse, Alfred Health

> *"Last week I wasn't sure if I would make it past the front entrance with all the yelling and screaming. One obese security officer."*
> — Nurse, Victorian public hospital

One of our members, an emergency department nurse at Western Health who reports being physically assaulted daily, made the case for us, unprompted, when we asked what would help:

> *"More security presence, working alert systems, perspex instead of glass, [enforcing] the no tolerance policy."*
> *— Registered Nurse, Werribee Mercy Emergency Department* ***[VIC]***
> *"Better trained security guards."*
> *— Registered Nurse, Mercy Health Emergency Department* ***[VIC]*** *— threats and intimidation daily*
> *"Dedicated and well trained security that are embedded in ED and part of the team. At present it's ad hoc with a very casual attitude. Consideration of PSOs in ED. This has been a very successful service implemented on public transport."*

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— Emergency Department Nurse, Western Health

She is right, and she should not have had to work it out for herself. Victoria has already proved the model works. It has simply never been applied to the places where the escalating levels of assaults are happening.

5. "They were unwell" has become a reason to do nothing

Our members are clinicians. They understand illness better than anyone. Not one of them wants an unwell person criminalised for being unwell. What they will not accept is a clinical explanation being used as a reason for the employer to do nothing, and that is exactly what is happening.

When we asked members why they had not reported being assaulted, these were the answers:

> *"The incident would just be assigned to the patient being too unwell to behave appropriately. NO action would follow, more responsibility to manage the situation placed on myself, with an increasing feeling of unhappiness weighing on me."*
> — Registered Nurse, West Gippsland Healthcare Group

> *"Part of the job, often associated with either dementia or mental health patients."*
> — Registered Nurse, Victorian public hospital

> *"It appears acceptable within the workplace. Also related to illness or mental deficit."*
> — Registered Nurse, Victorian public hospital

> *"Last time it happened the nurse that read the RiskMan said the patient must've just moved their arm and didn't intentionally punch me."*
> — Registered Nurse, Victorian public hospital

> *"Not taken seriously as it is an expectation, as I work in the ED."*
> — Registered Nurse, Werribee Mercy Emergency Department

> *"Managers do not care because they do not cop it. They will never understand as they hide behind their desks."*
> — Mental Health Nurse, Victorian public health service

> *"Everyone is abused by the patients and there is a culture to just put up with it."*
> — Registered Nurse, Victorian public hospital

> *"Staff and community members need to stop thinking that violence in mental health is just part of the job."*
> — Registered Nurse, Tarnbuk Centre, Frankston

A patient's diagnosis explains their behaviour. It does not explain why a health service failed to flag a known history of violence on the file, failed to warn the nurse before she walked into the room, and failed to give her a duress alarm. Those are not clinical decisions. They are employer failures, and they are the employer's to answer for.

WorkSafe Victoria appears to agree. On 22 May 2026 WorkSafe charged Latrobe Regional Health over the serious assault of a nurse at Traralgon in November 2024 by a patient with a documented history of violence. WorkSafe alleges the service had no system for recording patient violence history

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in medical records, no risk strategies built on that information, and failed to provide or maintain personal or mobile duress alarms. The matter is before the court.

Those allegations describe, almost word for word, what our members have been telling us for years. They are also a ready-made list of the minimum standards that should already apply in every health service in this state, rather than being fought out one hospital at a time, after a nurse has already been hurt.

6. Eleven years of reports, and nobody can say how many Code Greys were called last year

In May 2015 the Victorian Auditor-General reported on occupational violence against healthcare workers. Two-thirds of nearly 5,000 surveyed nurses, midwives and care attendants had experienced violence at work within twelve months. Fifty-eight per cent of 89 surveyed hospitals confirmed incidents were systematically under-reported. Only 44% required training for security, emergency and mental health staff. Incidents including attempted strangulation had been recorded as “mild” or “no harm”. The Auditor-General made ten recommendations, including that the Department and WorkSafe build proper data collection together.

Eleven years on, there is still no published statewide count of Code Grey and Code Black activations in Victorian public hospitals. The Department's own published analysis of Code Grey and Code Black events dates from 2005 and covers four hospitals. The Department's own list of reports on occupational violence and aggression contains nothing published after June 2016.

We want to be fair about this, because the problem is not that nobody is counting. It is worse than that. The Department's own website confirms that incidents are recorded through the Victorian Health Incident Management System, and that the Victorian Agency for Health Information has managed that data collection since 2017, while stating, in the same breath, that occupational violence incidents in Victorian health services are “significantly under-reported”. None of it is published. The Department's own published analysis of Code Grey and Code Black events is dated 2006.

In November 2023 the Auditor-General looked at how this was working in practice, examining Austin Health, Barwon Health and Central Gippsland Health. It found that the Department collects occupational violence information from hospitals only once a year, and that this "means it cannot identify and respond to emerging occupational violence issues in hospitals". It found that two of the three hospitals, Barwon Health and Central Gippsland Health, "do not monitor the severity of incidents", meaning they "may be slow to identify and respond to escalating risks of harm to staff". And it found that none of the three "consistently report the outcomes of critical incident investigations or reviews to their occupational violence and aggression committees".

The Opposition has cited nearly 24,000 violent incidents across Victorian health services in 2024–25 — around 65 a day.

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Meanwhile the national picture has become impossible to ignore. In July 2026 the Australian Institute of Health and Welfare reported that assault hospitalisations of Australian health care workers rose from 49 in 2015–16 to 126 in 2024–25 — an increase of 157%, and that assault is now the second leading cause of injury hospitalisation for health workers, compared with seventh for the general population. The Australian College of Nursing and the Australian Nursing and Midwifery Federation issued a rare joint statement. The Queensland Nurses and Midwives' Union reported that 82% of around 8,000 surveyed members had experienced workplace violence in the previous twelve months. The College of Emergency Nursing Australasia put it as plainly as it can be put: this is not a New South Wales problem, this is an Australian crisis.

Victoria is not exempt from that. Victoria is simply not measuring it properly.

7. This is why they are leaving

Australia is facing a projected shortfall of more than 70,000 full-time equivalent nurses by 2035. Every policy answer to that shortfall assumes we can recruit and keep people. We are asking you to consider what our members actually say about why they go.

> "WorkCover. Punctured lung."
> — Registered Nurse, aged care, Inglewood, Victoria **[VIC]**

> *"I have now resigned and [am] so happy to never go back. [I] worry about my colleagues still there."*
> — Registered Nurse, Frankston Public Surgical Centre

> *"A man in an electric wheelchair followed me all the way to my car... he threw a rolled up magazine at me and started shouting profanities when I told him to stop following me. I moved to permanent night shifts after this happened. Working nights allows me to park right in front of the hospital. I don't want to go through that ever again."*
> — Registered Nurse, University Hospital Geelong

Retention is not a separate problem from safety. It is the same problem, measured later and at far greater cost. Every nurse who leaves takes possibly decades of knowledge and experience with her.

We lose someone who mentors the next generation, and mentoring is one of the things that keeps new graduates in the profession. We lose clinical skills, and skill mix is an issue our members raise with us again and again. We lose a competent team member, and her workload falls to the nurses who stay, which is itself one of the biggest and most persistent problems we hear about.

8. Police in hospitals: a bipartisan opportunity, right now

In June 2025 NPAA and AMPS wrote jointly to the then Minister for Health, the Minister for Police, the Shadow Minister for Health and the Secretary of the Department of Health, asking for a hospital-based police officer pilot in high-risk hospitals, alongside safer staff parking, public reporting of violence, and greater authority for hospital security staff. That call came directly from our members.

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On 8 August 2026 the Opposition announced a two-year pilot of 70 protective services officers across seven major hospitals. We welcome any serious proposal to address this, and we note that it reflects what our members asked for more than a year ago.

Five days ago, on 9 August 2026, a nurse at Werribee Mercy Hospital who reports being assaulted, abused and threatened daily wrote this to us:

> *"I don't think I have ever not seen the police at the Werribee Mercy Hospital ED, and I do support hospital-based police. Others in the past have said no, we don't want hospitals to be like jail, but it's gone too far for ages. Patients go for a cigarette and come back on ice and verbally abuse you and threaten you because they're off their faces, high and psychotic. Our hospital doesn't have a mental health ward that accepts patients or enough drug and alcohol beds... Security came. [I am still] waiting on management to respond to my incident report."*
> — Registered Nurse, ICU and wards, Werribee Mercy Hospital

That is not a submission drafted by an advocate. That is a nurse at the end of a shift, describing a hospital without the mental health and drug and alcohol beds it needs and an incident report nobody has answered.

Our members' safety is not a party political matter, and we will work with whoever is prepared to act. What we are asking for is a bipartisan commitment before Parliament rises, so that whatever happens in November, Victorian nurses and midwives are safer in 2027 than they are today.

9. What we are asking you to do

1. **Fix the wording that leaves most nurses out.** Change Victoria's emergency worker protections so they cover people engaged to provide medical or other health treatment to patients in a hospital, and extend them to community health workers and to people engaged to provide security services in a health service. New South Wales has already written this and it is in force. It would protect ward, mental health, maternity, aged care and community nurses and midwives, who are currently left out.
2. **Widen the Victorian Law Reform Commission's inquiry.** The Commission's Emergency worker protections inquiry, referred on 1 May 2026 and reporting on 30 June 2027, has been asked to look at what "on duty" means. It has not been asked to look at who counts as an emergency worker in the first place. For our members that is the wrong end of the problem, they appear excluded before the "on duty" question is even reached. We ask the Attorney-General to widen the terms of reference.
3. **Commit to police or protective services officers in hospitals, on a bipartisan basis, before Parliament rises.** Use the designation power that already exists.
4. **Require every health service to publish its violence figures monthly.** Code Grey and Code Black activations and occupational violence incidents, in a consistent, publicly accessible format, broken down by the sex of the worker and by the type of incident, including sexual harassment.

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Ambulance Victoria already publishes incidents per 100 FTE with year-on-year comparison. Every health service should be held to that standard.

5. **Make the basics mandatory statewide.** A known history of violence flagged on the patient's file; a risk plan built on that information; personal and mobile duress alarms for all clinical staff; and every employee told where the fixed alarms are. These are the very things WorkSafe is currently prosecuting a health service for not doing. They should be enforceable standards everywhere, not established in a Magistrates' Court after a nurse has been seriously injured.
6. **Guarantee safe access to and from work.** Proper lighting, actively monitored CCTV, security escorts that are allowed to leave the building, staff shuttles, dedicated afternoon and night shift parking, and council parking partnerships.
7. **Ask the Auditor-General to go back and check.** Commission a follow-up audit on the ten recommendations of the 2015 report, and publish the result.

10. Response requested

We request a written response within 14 days. We are also seeking commitments from the Opposition, and we will publish both responses to our members.

Parliament expires on 3 November 2026. There are eleven weeks in which something can be done. Our members have been told for eleven years that violence is not part of the job, while being sent to work in a state where a guard on a railway platform is worth protecting and a midwife is not.

They are not asking for sympathy. They are asking to finish their shift, walk to their car, and go home to their children unharmed. We do not believe that is too much for this Parliament to deliver.

Yours sincerely

Kara Thomas
President
Nurses' Professional Association of Victoria | Nurses' Professional Association of Australia

Dr Duncan Syme
Chairman
Australian Medical Professionals' Society

References and sources

Every claim in this letter can be checked. The sources are listed below in the order they appear.

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Member accounts quoted in this letter are drawn from NPAA member surveys of nurses, midwives and health professionals conducted in 2025 and 2026, and from members who contacted us directly.