A grocery store checker lifts 11,000 pounds of groceries every day.

The workforce is now comprised of 50% women.

A UPS driver makes 150 deliveries a day and 30 more pick-ups.

Women’s injury risk is similar to men between the ages of 18-24, but the injury risk is 50% higher for women ages 55-64.

Women are three times more likely than men to develop carpal tunnel syndrome.

Many immigrant women perform jobs with higher injury rates.
State: CA
Womens Work Injuries Demand Attention: [1969-12-31]

The percentage of women in the workforce has steadily increased and is now equal to that of men. From the 1960s to the 1990s, the percentage of women performing higher risk jobs, such as construction and manufacturing, also grew according to the California Commission on Health and Safety and Workers Compensation (CHSWC). With this increase in working women and a broader choice of jobs have come increased workplace injuries. Yet, attention to the causes of, and how to prevent and best treat, these injuries to women has lagged behind.

Its time to pay close attention and identify strategies and methods to improve womens workplace health and safety. A recent study by the Pew Research Center found that 40% of households with children under the age of 18 have a mother who is the sole or primary provider. When a mother is injured at work, the entire familys well being can be jeopardized.

CHSWC also found that mens injury risk decreases as they age, but womens work injury risk increases as they get older. We can only speculate on why this is as adequate research studies have not been done.

According to the Centers for Disease Control and Prevention (CDC), one explanation could be that women face different workplace health challenges than men, partly because men and women tend to have different kinds of jobs. Per the Institute for Womens Policy Research, the 20 most common occupations for full-time women include secretaries, receptionists, nurses, home health aides, customer service representatives, maids, housekeepers, waitresses, and social workers. Women in these occupations are at risk for hand, wrist, back and foot injuries from repetitive work activities such as typing, heavy lifting, and standing for long shifts over a prolonged period of time. CDC indicated more research is needed, focusing on job and anatomical differences, to determine why women have a higher chance of getting musculoskeletal disorders than men.

CDC indicates that another explanation could be the failure to provide safety training and/or proper safety equipment for women. For example, household workers and housekeepers often deal with poorly maintained carts, cleaning tools with handles that are too short for hard to reach areas and little or no protection from chemical exposure or needle stick injuries. And tradeswomen, such as carpenters, electricians, ironworkers, and masons, are provided with respirators, safety harnesses and tools that fit improperly and are designed for a mans body. The organization Tradeswomen, Inc. has requested more research comparing injury rates of men and women, the types of injuries suffered, and injury prevention.

An alarming statistic is violence against women in the workplace. In 2012, workplace violence became the second highest cause of womens on-the-job fatalities. Nurses and psychiatric technicians were attacked and killed by inmates at correctional facilities. Many female farmworkers are victims of rape and sexual assault by their supervisors. There are too many stories of teachers, saleswomen, social services employees, and other female workers who are victims of homicide, robbery, and assault. Women are also sexually harassed to a greater degree than men, resulting in depression, anxiety, and other forms of psychiatric injury. Yet, according to a 2006 Bureau of Labor Statistics study, more than 70% of U.S. employers had no formal
policy to deal with workplace violence. The study further found that only 4% of all U.S. employers provide training to employees about domestic violence and its impact on the workplace.

Research has shown that despite making gains in employment opportunities, women continue to earn, on average, less in wages than men performing the same job. Further, according to the U.S. Department of Labor, two-thirds of minimum wage earners are adult women. Since injured workers cannot sue their employer for pain and suffering or to recover lost wages (except in very limited circumstances), workers compensation payments are usually inadequate. These limited payments significantly impact single mothers and female breadwinners. And, unfortunately, some women cannot return to their jobs as a result of a work injury, thus compounding the problem.

Too many women workers receive injuries that could have been prevented. And the effects of work injuries on women, especially those raising a family, can be devastating. It is time for our legislature, research organizations and those who care about the well-being of working women, and the families they support, to examine the causes of, and to identify solutions for, womens work injuries.

*Christel Schoenfelder is an Ontario attorney specializing in workers compensation and a co-chair of the California Applicants Attorneys Association (CAAA) Womens Caucus.*
Women in the Workforce
How Workers’ Compensation Insurance Affects Working Women

The percentage of women in the workforce has steadily increased and is now 50%.
From the 1960's to the 1990's, the percentage of women performing higher risk jobs, such as construction and manufacturing, also grew.¹

Women account for only about 40% of all work injuries since they tend to work in less risky occupations than men; however, women ages 25-64 who perform the same jobs as men with the same number of hours have a 20% to 40% higher rate of injury. One reason for this disparity could be attributed to workplaces, machinery and equipment traditionally being designed for men. (Neuhauser, p. 22)

Women’s injury risk is similar to men between the ages of 18-24, but the injury risk is 50% higher for women ages 55-64.
After consideration for occupational risk and work hours, the average injury risk for men is fairly constant between the ages of 18-44 and significantly declines thereafter. On the other hand, women’s injury risk is fairly constant until age 54 and then declines slower thereafter compared to men. (Neuhauser, p.13-16) Unfortunately, there is evidence that work injuries are underreported after the age of 65, likely shifting the medical treatment burden for these work injuries to Medicare. (Neuhauser, p. 21)

Women’s Safety Issues

- **Underreporting of Work Injuries by Immigrant Workers**

  A study found that many women migrant garment workers do not report their work injuries, even though they are legally entitled to workers’ compensation benefits. Despite their injuries, these women continue working and endure chronic pain. This study also found that almost all patients surveyed at a Northern California Asian Immigrant Women Workers Clinic had a work injury, yet most of these women had not reported their injuries because they either did not know they were entitled to workers’ compensation benefits or were afraid of job consequences.²

- **Women are concentrated in lower-paying jobs, some of which are injury-prone.³**

  **Farmworkers**— Women comprise 30% of California farm workers who spend long days doing physical labor in hard weather conditions and are exposed to harmful chemicals.

  **Hotels and restaurants**— Almost 50% of leisure and hospitality workers are women and are primarily maids who experience high rates of back injuries and waitresses who are on their feet throughout their entire shift.

  **Education and health**— Approximately 75% of workers in education and health are women, including teachers and nurses, who have highly-stressful and physically demanding jobs. One study found women sustained nearly 75% of needlestick injuries and those greatest at risk included nurses, nursing assistants, orderlies, janitors, and maids.⁴ Nurses are daily exposed to fatal bacteria.

  **Manufacturing**— About 30% of manufacturing workers are women and are concentrated in assembly line jobs that produce repetitive strain injuries.

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³ Data from Michael Bernick’s “The Latest Data on Women and Men in the California Workforce,” Fox & Hounds (Jan. 11, 2012).

**Wholesale and retail**– Around 43% of wholesale and retail trade workers are women, with the greatest concentration in jobs that require repetitive motion and produce cumulative trauma strains such as grocery store cashiers.

**Trades**– More women are working in traditionally male-dominated dangerous jobs such as the construction and trucking industries. Women in these industries are concerned about lack of proper training, inadequate tools and protective equipment such as utilization of harnesses designed for men’s bodies, and unsatisfactory restroom facilities. A study found 30% of women killed by motor vehicles in the construction industry were flaggers.

### Impacts of Workers’ Compensation Insurance on Women

Since women and men tend to perform different kinds of jobs, women face different health challenges in the workplace. **Women generally report more work-related injuries for “carpal tunnel syndrome, tendonitis, respiratory diseases, infectious and parasitic diseases, and anxiety and stress disorders.”**

Women are also at risk for job injuries due to social, economic, and cultural factors. Women perform more part-time, temporary, or contract work which generally has lower wages and fewer benefits. Many immigrant women perform jobs with higher injury rates. [US Centers for Disease Control and Prevention](http://www.cdc.gov/niosh/topics/women/). Research also indicates that women are less likely to hold management positions. [US Centers for Disease Control and Prevention](http://www.cdc.gov/niosh/topics/women/)

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7 US Centers for Disease Control and Prevention. [http://www.cdc.gov/niosh/topics/women/](http://www.cdc.gov/niosh/topics/women/)

**Carpal Tunnel Syndrome** research shows “women are three times more likely than men to develop carpal tunnel syndrome, perhaps because the carpal tunnel itself may be smaller in women than in men.”

Women’s permanent disability compensation should not be reduced because women are allegedly predisposed to carpal tunnel syndrome due to a different anatomy than men.

**Apportionment** is the practice of deducting a percentage of permanent disability attributable to causes outside the job. Doctors may legally reduce disability compensation to women for such factors as degenerative changes, pregnancy, osteoporosis and osteopenia— even if these conditions were asymptomatic before the work injury.

**Example:** A 73-year-old woman suffered a spinal fracture and 40% of her permanent disability compensation was reduced because she was diagnosed with osteoporosis. Although the court did not allow the doctor to apportion to “age,” the doctor was allowed to apportion to the preexisting osteoporosis condition even though it was not previously labor-disabling and such apportionment would disproportionately impact women.

**Stress and Psychological Disorders** More women than men report feeling stressed out at work, undervalued by their employer and underpaid. Stress can affect a woman's physical and mental health leading to: • anxiety • depression • insomnia • nausea • headaches • poor appetite • high blood pressure • low self-esteem • fatigue • alienation • increased susceptibility to infection

**SB 863 eliminates compensation for psychological consequences of work-related orthopedic injuries, except in limited circumstances.** Unfortunately, some women experience psychological disorders after sustaining an orthopedic injury. For example, mothers with back injuries cannot lift their own young children, women face the reality that they can no longer do the job they love because of a work injury, and women become addicted to pain medication. The consequences of a work injury— pain, limitation in activities of daily living, dire financial situations— can be devastating to an injured worker. Under SB 863, these women may not be compensated for the psychological symptoms and permanent disability they have to live with after a work injury.

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9 National Institute of Neurological Disorders and Stroke. [http://www.ninds.nih.gov/disorders/carpal_tunnel/detail_carpal_tunnel.htm](http://www.ninds.nih.gov/disorders/carpal_tunnel/detail_carpal_tunnel.htm)

Growth of Women in the Workforce Demands Attention to Women’s On-The-Job Injuries

By Christel Schoenfelder, Esq.

The percentage of women in the workforce has steadily increased and is now equal to that of men. From the 1960’s to the 1990’s, the percentage of women performing higher risk jobs, such as construction and manufacturing, also grew according to the California Commission on Health and Safety and Workers’ Compensation (CHSWC). With this increase in working women and a broader choice of jobs have come increased workplace injuries. Yet, attention to the causes of, and how to prevent and best treat, these injuries to women has lagged behind.

It’s time to pay close attention and identify strategies and methods to improve women’s workplace health and safety. A recent study by the Pew Research Center found that 40% of households with children under the age of 18 have a mother who is the sole or primary provider. When a mother is injured at work, the entire family’s well being can be jeopardized.

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According to the Centers for Disease Control and Prevention (CDC), one explanation could be that women face different workplace health challenges than men, partly because men and women tend to have different kinds of jobs. Per the Institute for Women’s Policy Research, the 20 most common occupations for full-time women include secretaries, receptionists, nurses, home health aides, customer service representatives, maids, housekeepers, waitresses, and social workers. Women in these occupations are at risk for hand, wrist, back and foot injuries from
repetitive work activities such as typing, heavy lifting, and standing for long shifts over a prolonged period of time. CDC indicated more research is needed, focusing on job and anatomical differences, to determine why women have a higher chance of getting musculoskeletal disorders than men.

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An alarming statistic is violence against women in the workplace. In 2012, workplace violence became the second highest cause of women’s on-the-job fatalities. Nurses and psychiatric technicians were attacked and killed by inmates at correctional facilities. Many female farmworkers are victims of rape and sexual assault by their supervisors. There are too many stories of teachers, saleswomen, social services employees, and other female workers who are victims of homicide, robbery, and assault. Women are also sexually harassed to a greater degree than men, resulting in depression, anxiety, and other forms of psychiatric injury. Yet, according to a 2006 Bureau of Labor Statistics study, more than 70% of U.S. employers had no formal policy to deal with workplace violence. The study further found that only 4% of all U.S. employers provide training to employees about domestic violence and its impact on the workplace.

Research has shown that despite making gains in employment opportunities, women continue to earn, on average, less in wages than men performing the same job. Further, according to the U.S. Department of Labor, two-thirds of minimum
wage earners are adult women. Since injured workers cannot sue their employer for pain and suffering or to recover lost wages (except in very limited circumstances), workers’ compensation payments are usually inadequate. These limited payments significantly impact single mothers and female breadwinners. And, unfortunately, some women cannot return to their jobs as a result of a work injury, thus compounding the problem.

Too many women workers receive injuries that could have been prevented. And the effects of work injuries on women, especially those raising a family, can be devastating. It is time for our legislature, research organizations and those who care about the well-being of working women, and the families they support, to examine the causes of, and to identify solutions for, women’s work injuries.

Christel Schoenfelder is an Ontario attorney specializing in workers’ compensation and a Co-Chair of the California Applicants’ Attorneys Association (CAAA) Women’s Caucus. She can be reached at c.schoenfelder@rkmlaw.net
Senate Concurrent Resolution No. 18

RESOLUTION CHAPTER 61

Senate Concurrent Resolution No. 18—Relative to Pain Awareness Month and Women In Pain Awareness Day.

[Filed with Secretary of State July 3, 2013.]

LEGISLATIVE COUNSEL’S DIGEST

This measure would recognize September 2013 as Pain Awareness Month and call upon all Californians to observe that month by learning how to improve the quality of life of Californians suffering from pain. This measure would also recognize September 13, 2013, as Women In Pain Awareness Day to draw public attention to gender disparity in pain assessment and treatment in the United States.

WHEREAS, More than 100 million Americans live with chronic pain caused by various diseases or disorders, and, each year, nearly 25 million Americans suffer with acute pain; and

WHEREAS, Though medical knowledge and technology exist to relieve or greatly ease pain, most pain is untreated, undertreated, or improperly treated, and many health care professionals are still unaware of how to effectively treat pain; and

WHEREAS, People who suffer from chronic pain often are stigmatized and marginalized and often are not informed about the right to effective pain assessment and management, and most people with pain, including those at the end of life, get little or no relief; and

WHEREAS, Women have a higher prevalence than men of chronic pain syndromes and diseases associated with chronic pain, such as fibromyalgia, complex pain syndrome, and osteoarthritis, and women respond differently to certain analgesics; and

WHEREAS, Women’s pain reports are taken less seriously than those of men, and women receive less aggressive treatment than men for their pain; and

WHEREAS, Women have developed a number of coping mechanisms to deal with pain, and this may contribute to a general perception that they can endure more pain and that their pain does not need to be taken as seriously; and

WHEREAS, Women more frequently report pain to a health care provider, but are more likely to have their pain reports discounted as emotional or psychogenic and, therefore, not real; and

WHEREAS, The California-based Partners for Understanding Pain is a growing coalition of pain sufferers, physicians, nurses, social workers, pharmacists, therapists, civic leaders, nonprofit organizations, and health care businesses whose mission is to improve the quality of life for people in California experiencing pain; and

WHEREAS, It is the collective mission of this movement to provide practical information for people with pain, inform health care professionals about pain management, and serve as an advocate for people experiencing pain; now, therefore, be it

Resolved by the Senate of the State of California, the Assembly thereof concurring, That the Legislature recognizes the month of September 2013 as Pain Awareness Month, and calls upon all Californians to observe this month by participating in appropriate ceremonies and activities, and by learning how to improve the quality of life for people in California suffering from pain; and be it further

Resolved, That the Legislature recognizes September 13, 2013, as Women In Pain Awareness Day to draw public attention to the important need to raise awareness concerning gender disparity in pain assessment and treatment in the United States; and be it further

Resolved, That the Secretary of the Senate transmit copies of this resolution to the
author for appropriate distribution.
America’s work force has changed in the last 50 years. Though men still outnumber women in the workforce, the percent of women working has steadily increased from 34% in 1950s to 60% today. The percent of men working has been decreasing during this time, from 84% in the 50s to only 73% working today.  

Women are now marrying later in life, staying in school longer, delaying childbirth, and having fewer children than in previous years. More women are choosing to continue working while also balancing the traditional parenting responsibilities.

Work-related health challenges facing women

Women face different workplace health challenges than men. This is partly because men and women tend to have different kinds of jobs. Women generally have more work-related cases of carpal...
tunnel syndrome, tendonitis, respiratory diseases, infectious and parasitic diseases, and anxiety and stress disorders. Social, economic, and cultural factors also put women at risk for injury and illness. For example, women are more likely than men to do contingent work part-time, temporary, or contract work. Compared to workers in traditional job arrangements, contingent workers have lower incomes and fewer benefits. Like all workers in insecure jobs, women may fear that bringing up a safety issue could result in job loss or more difficult work situations. They may also be less likely to report a work-related injury.

Within America's workforce, immigrant women are a particularly at-risk group. They face barriers related to their immigrant status as well as issues in balancing work, home, and family. Compared to native-born women, immigrant women work in industries and jobs with much higher injury rates.

Sexist treatment and gender discrimination in the workplace can affect a woman's physical and mental health. Sexual harassment can lead to:

- anxiety
- depression
- lower self-esteem
- alienation
- insomnia
- nausea
- headaches

Balancing work and family tasks can put additional stress on women, who in many families still take primary responsibility for childcare and eldercare. When family and work demands collide, the resulting stress can lead to physical health problems such as poor appetite, lack of sleep, increase in blood pressure, fatigue, and increased susceptibility to infection. It can also result in mental health problems such as burnout and depression.

Learn more about these issues and others facing women workers:

**Women's Safety and Health Issues at Work**

**Job Area**

- Agriculture ([/niosh/topics/women/agriculture.html](/niosh/topics/women/agriculture.html))
- Construction ([/niosh/topics/women/construction.html](/niosh/topics/women/construction.html))
- Health Care ([/niosh/topics/women/healthcare.html](/niosh/topics/women/healthcare.html))
- Manufacturing ([/niosh/topics/women/manufacturing.html](/niosh/topics/women/manufacturing.html))
- Sales ([/niosh/topics/women/sales.html](/niosh/topics/women/sales.html))
- Services ([/niosh/topics/women/services.html](/niosh/topics/women/services.html))
- Transportation ([/niosh/topics/women/transportation.html](/niosh/topics/women/transportation.html))

**Health Concerns**

- Bloodborne Diseases ([/niosh/topics/women/bloodborne.html](/niosh/topics/women/bloodborne.html))
- Cancer ([/niosh/topics/women/cancer.html](/niosh/topics/women/cancer.html))
- Ergonomics and Muscle/Bone Disorders ([/niosh/topics/women/ergonomics.html](/niosh/topics/women/ergonomics.html))
- Heart Disease ([/niosh/topics/women/heart-disease.html](/niosh/topics/women/heart-disease.html))

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Content source: National Institute for Occupational Safety and Health Education and Information Division
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“Pay Equity and Discrimination.” Institute for Women’s Policy Research. 

“Providing Safe & Healthy Workplaces for Both Women & Men.” International Labour Organization. 


Various links- “Women's Safety & Health Issues at Work.” *Centers for Disease Control and Prevention (CDC)*. [http://www.cdc.gov/niosh/topics/women/](http://www.cdc.gov/niosh/topics/women/)


WOMEN IN THE WORKFORCE TODAY

2014 WOMEN’S SYMPOSIUM

MAUREEN D. MINER, MD
Diplomate, American Board Of Physical Medicine & Rehabilitation
Diplomate, American Board Of Pain Medicine
Subspecialty Board Certified, Spinal Cord Medicine
Subspecialty Board Certified, Pain Medicine
Qualified Medical Examiner
UPPER BODY CUMULATIVE TRAUMA IS BY FAR THE MOST COMMON MUSCULO-SKELETAL INDUSTRIAL INJURY IN WOMEN
CUMULATIVE TRAUMA

CUMULATIVE TRAUMA =
REPETITIVE STRAIN INJURY =
OVERUSE SYNDROME

- OCCURS OVER TIME (CUMULATIVE)
- DUE TO OVERUSE OF BODY PART
- INJURED BODY PART IS REPETITIVELY STRAINED

OCCURS IN VARIOUS BODY PARTS TO SOFT TISSUES
SUCH AS MUSCLES, TENDONS, LIGAMENTS
CAUSES OF C.T.

- AWKWARD POSTURES
- PROLONGED REPETITIVE MOTIONS
- UPPER AND LOWER EXTREMITY INJURIES ARE MOST COMMON WITH UE > LE [AM JOUR PUB HEALTH]

WHAT I SEE: TASKS PERFORMED ABOVE THE NORM OR “SUDDEN EXERTION”
RESULTS OF UE C.T.

- COMPUTER BACK
- CARPAL TUNNEL SYNDROME
- MOUSE SHOULDER
- EYE STRAIN
- WHAT I SEE: “WEAK PENDULUM”
PREVENTION STRATEGIES

- CORRECT POSTURE PROBLEMS
- TIGHTEN ABDOMINALS
- SHOULDER RETRACTION STRENGTHENING
- TAKE REGULAR BREAKS
- USE KEYBOARD COMMANDS WHEN POSSIBLE
- ERGONOMICS
WOMEN ARE AT HIGHER RISK FOR C.T. IN THE UPPER EXTREMITIES;

IT’S ABOUT FREQUENCY AND TIME ... (AND THE AT-RISK EMPLOYEE??)