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Mapping the risks:

Population demographics and healthcare workplace violence

Driving optimal outcomes and maximizing value

This white paper examines population demographics and the root causes of increasing workplace violence (WPV) in healthcare, outlining foundational strategies for risk identification and mitigation. It also explores emerging, intermediate and advanced prevention strategies and offers guidance on implementing customized solutions tailored to healthcare organizations. Furthermore, it highlights the latest regulatory changes to ensure compliance and outlines next steps for creating safer environments.

By adopting comprehensive strategies—including risk assessments, targeted staff training, security enhancements and fostering a supportive workplace culture—healthcare facilities can reduce WPV. Addressing WPV is critical for the well-being of healthcare workers and improving patient care outcomes.

Introduction

Workplace violence (WPV) in healthcare is a growing concern. Healthcare workers are increasingly exposed to physical and psychological violence from patients, families and even colleagues. This issue affects staff morale, safety and overall productivity. It's imperative that healthcare organizations adopt a tailored, proactive and comprehensive program to mitigate WPV. This white paper examines the scope and impact of WPV, explores underlying demographic and environmental factors and provides recommendations for prevention.

The current landscape

Hospitals around the world are grappling with an alarming increase in WPV, necessitating urgent interventions to ensure a safe and secure environment for healthcare workers. Addressing this issue should be a top priority for healthcare organizations, as the adverse effects of such incidents significantly undermine quality of care delivery.

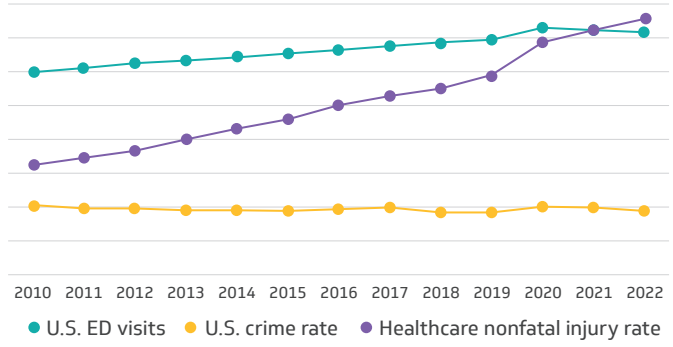
The Occupational Safety and Health Administration (OSHA)[1] published WPV guidelines in 2016, and healthcare is still challenged with implementing them to where they are decreasing incidents of violence. An international study[2] on healthcare involving 148 hospital responses revealed that conditions in many facilities have significantly worsened over the past five years.

To further understand the current state of WPV prevention in healthcare, Vizient conducted a benchmarking study[3] from Q3 2018 to Q2 2019. This study aimed to identify compliance with the OSHA guidelines, but also best practices and evaluate how healthcare organizations compare in establishing effective WPV prevention programs. Focusing specifically on violence perpetrated by patients or visitors against hospital staff (excluding incidents of staff bullying or incivility), the study assessed 189 hospitals across the United States. The findings highlighted substantial opportunities for improvement and provided valuable insights into the current state of WPV prevention efforts.

Healthcare WPV is a complex and escalating issue, encompassing physical assaults, verbal abuse, psychological trauma and threats. Nurses, physicians and support staff face heightened risk due to the unpredictable, high-stress nature of healthcare environments. According to the U.S. Bureau of Labor Statistics[4], WPV incidents in healthcare settings increased by 56% between 2010 and 2022—rising from six to 14 injuries per 1,000 full-time equivalents (FTEs). This rate far exceeds the average for all industries, which stood at 4.3 injuries per 1,000 FTEs. Although healthcare workers represent just 10% of the U.S. workforce, they account for 48% of all nonfatal WPV injuries, highlighting the disproportionate burden they bear.

Some may suggest this rise stems from increased emergency department (ED) utilization; however, ED visits grew by only 16% over the same period—a modest change that doesn't account for the sharp increase in violence. Mental health treatment utilization among adults between the ages of 18 and 44 also rose substantially—from 14.1% in 2010 to 23.2% in 2021[5,6]—suggesting a growing behavioral health demand. Still, this increase in treatment doesn't align proportionally with the spike in healthcare violence. Others might point to national crime trends as a possible driver, but U.S. crime rates declined by 6% during this timeframe.

Figure 1. U.S. emergency department visits, crime rates and healthcare nonfatal injury / illness rates

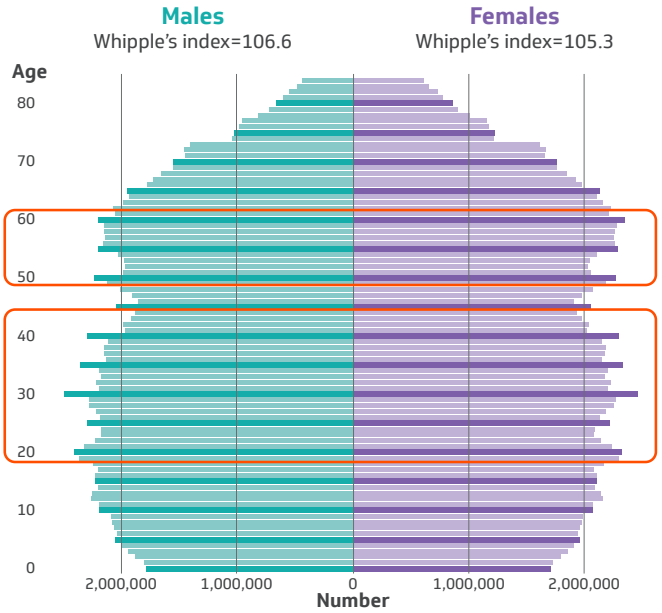


Taken together, these comparisons suggest that the surge in healthcare WPV isn't merely a reflection of societal crime trends, patient volume or behavioral health service demand. There must be other factors that are impacting healthcare WPV. Let's look at a few other data points.

Demographics and risk factors

Over the past three decades, the U.S. has experienced a gradual demographic shift toward an older population, driven by declining birth rates following the baby boomer generation. According to the 2020 U.S. Census,[7] a majority of the population is between ages 20 to 40 and 50 to 60. Furthermore, over the past two decades, the U.S. population has been steadily decreasing in birth rates.

Figure 2. 2020 U.S. Census population pyramid



Source: 1980 Census Summary File 2C (SF2C), 1990 Census Summary File 2C (SF2C), Census 2000 Summary File 1 (SF1), 2010 Census Summary File 1 (SF1), 2020 Census Demographic and Housing Characteristics File (DHC)

U.S. criminal offender trend

The FBI National Incident-Based Reporting System (NIBRS)[8] shows some valuable insights related to criminal perpetrator demographics. Between 2018 through 2022, approximately 50% of the offenders were between the ages of 20 and 49, and more than 69% were identified as male.

Table 1. 2018-2022 U.S. criminal offender demographic

		2018	2019	2020	2021	2022
AGE	0-19	13%	13%	12%	12%	12%
	20-29	25%	24%	24%	24%	24%
	30-39	28%	28%	28%	28%	28%
	40-49	18%	19%	19%	19%	19%
	50-59	10%	10%	10%	10%	10%
	60+	4%	4%	5%	5%	5%
	UNK	2%	2%	2%	2%	2%
SEX	Male	70%	70%	69%	69%	69%
	Female	30%	30%	31%	31%	31%

Patient population demographics

According to a 2020 Centers for Medicare and Medicaid Services (CMS) report,[9] 23% of the patients are younger than 18 years old; 60% are working-age adults (between the ages of 19 and 64) and 17% are older adults (older than 65).

Diving further into the emergency department population, National Hospital Ambulatory Medical Care annual surveys reported[10,11,12,13,14] that between 2018 through 2022, approximately 50% of emergency department patients are between the ages of 25 and 64.

Table 2. 2018-2022 ED patient demographic

		2018	2019	2020	2021	2022
AGE	0-15	20%	11%	14%	18%	17%
	15-24	13%	6%	13%	13%	13%
	25-44	27%	16%	28%	28%	26%
	45-64	23%	30%	24%	23%	23%
	65+	18%	36%	20%	19%	21%
SEX	Male	44%	41.6%	39%	46%	45%
	Female	56%	58.4%	53%	54%	55%

Healthcare WPV perpetrator age

Research studies by Speroni et al.[15] and Pompeii et al.[16] looked at healthcare WPV perpetrator demographics. The studies included 854 cases. Of those cases, 68% of the perpetrators were male and 52.7% were between the ages of 20 and 40.

Drivers of healthcare WPV

Numerous systemic and environmental factors contribute to healthcare WPV. Let's investigate each driver more specifically.

Specific settings

- Emergency departments: Emergency departments are high-risk environments for WPV, with younger male patients (between the ages of 18 and 35) frequently implicated as perpetrators. The fast-paced, high-stress nature of emergency care, coupled with substance-related issues, often precipitates violent incidents. Example: A patient presenting with acute alcohol intoxication may become physically aggressive when denied discharge or treatment.
- Long-term care and geriatric units: Geriatric units face unique challenges, as older adults with dementia or other cognitive impairments are prone to agitation and aggression. Both male and female patients in these settings may pose risks, often unintentionally, due to their medical conditions. Example: An elderly patient with Alzheimer's may lash out physically during routine care due to confusion or fear.
- Psychiatric units: Patients in psychiatric units, often younger and predominantly male, are another demographic with elevated risk. Many have co-occurring substance abuse issues or severe mental health conditions that increase the likelihood of violent behavior. Example: A patient with untreated bipolar disorder and substance dependency may become confrontational during a manic episode.

Age

- Working adults (between the ages of 18 and 40): Studies consistently show that younger adults, particularly those experiencing mental health crises or substance abuse issues, are disproportionately represented among perpetrators of healthcare WPV. This age group often exhibits impulsive or aggressive behaviors, especially in high-stress environments like emergency departments. Acute distress, limited coping mechanisms and substance-induced states can escalate confrontations into violence. Example: Emergency departments frequently encounter younger male patients under the influence of drugs or alcohol, leading to heightened volatility and an increased risk of physical aggression.
- Older adults (ages 65 and older): While older adults are less likely to engage in physical violence compared to younger demographics, those with cognitive impairments, such as dementia or Alzheimer's disease, pose a unique risk. Conditions like confusion, paranoia or delusions may result in agitation or aggressive outbursts directed at healthcare staff. Example: In long-term care settings, older adults may inadvertently lash out at caregivers due to disorientation or frustration stemming from their medical conditions.

Gender

- Male perpetrators: Men account for a higher percentage of WPV incidents in healthcare, often exhibiting physical aggression in high-stress scenarios or while under the influence of substances. Studies[15,16] indicate that male patients and family members are responsible for over 60% of reported violent events in settings such as emergency rooms, psychiatric units and long-term care facilities. Example: A male patient in a psychiatric unit may physically confront staff during a behavioral health crisis.
- Female perpetrators: Although less common, women also are perpetrators of WPV, particularly in cases of verbal aggression or psychological abuse. These incidents are more likely to arise from a family member being a patient or prolonged frustration with healthcare processes or untreated mental health conditions. Example: A wife or mother of a patient undergoing a lengthy and stressful treatment process may express their frustration through verbal hostility toward healthcare providers.

Ethnicity and cultural factors

- Ethnic disparities in violence incidents: Certain ethnic groups may exhibit higher rates of involvement in healthcare WPV, often due to socioeconomic disparities, limited access to healthcare and historical mistrust in medical institutions. Patients from underprivileged backgrounds may display aggression stemming from cumulative stressors such as financial hardship, prolonged suffering or inadequate support systems. Example: A patient from an underserved community may react aggressively in a healthcare setting due to perceived or actual delays in care or mistreatment.
- Cultural mistrust and miscommunication: Cultural differences can significantly impact patient-provider interactions, with mistrust or miscommunication acting as a trigger for aggression. Language barriers, limited health literacy and cultural stigmas—particularly those surrounding mental health—may lead to frustration or resistance to treatment, increasing the risk of volatile situations. Example: A patient with limited English proficiency might misinterpret instructions or feel dismissed, potentially escalating a routine interaction into a tense encounter.

Regulatory and legal frameworks

WPV in healthcare is subject to a growing body of federal and state regulations aimed at protecting healthcare workers and fostering safe environments. The OSHA guidelines[1] mandate that healthcare employers provide a workplace free of recognized hazards, which includes risks related to WPV. Recent updates to the regulatory landscape have moved from broad guidelines to more enforceable standards, including requirements for regular risk assessments, incident tracking, staff training, WPV Committees, use of law enforcement officers and metal detector utilization.

Many states have adopted laws that expand protections for healthcare workers. States such as New York and Ohio have elevated the penalties for assaulting healthcare staff, often classifying such offenses as felonies. Other states, including California, Washington and New Jersey, require healthcare facilities to develop and maintain WPV prevention programs, complete with annual training requirements and mandatory reporting procedures. Illinois goes further, incorporating mental health resources for staff affected by WPV, recognizing the emotional toll these incidents take.

The legal and regulatory framework surrounding WPV in healthcare is expected to continue to evolve. As new risks emerge and awareness grows, policymakers are likely to refine existing standards and introduce innovative measures to protect healthcare workers.

Healthcare organizations must stay abreast of these evolving regulations and ensure full compliance to avoid financial penalties, reputational damage and loss of employee trust. At the same time, embracing regulatory requirements as an opportunity to reinforce a culture of safety can improve retention, morale and organizational resilience.

Implementation roadmap

Effective WPV prevention strategies must be tailored to the unique challenges of each healthcare organization. This starts with establishing a supportive and transparent workplace culture that reinforces expectations and accountability, particularly when staff are encouraged to report incidents without fear of reprisal. Organizations must align their policies with local, state and federal regulations while clearly articulating a zero-tolerance stance toward violence.

Utilizing the OSHA guidelines[1] is a great start to developing a healthcare WPV program. But as the data above shows, it may be important to develop a tailored program based on your facility's unique risks. The following steps outline a pathway to effective implementation and long-term sustainability of WPV prevention programs:

- Conduct a comprehensive risk assessment: Should include facility and community demographic data to include community crime rates, community population demographics, patient volume, patient demographics, facility incident reports, facility services offered, administrative and physical controls to predict and prepare for potential risks. Facility should assess where they are in each area, whether that is emerging, intermediate or advanced, to build upon their efforts.
- Foster a culture of safety and support: Creating a supportive workplace culture is essential to preventing WPV and ensuring staff well-being. Transparent communication about WPV policies, reporting procedures and post-incident support resources builds trust and accountability. Encouraging staff to report incidents without fear of reprisal and providing mental health support, such as counseling and debriefing sessions, promotes resilience and recovery.

- Develop and align policies: Healthcare organizations must prioritize the development and alignment of WPV prevention policies with their mission, values and strategic goals. Policies should clearly communicate a zero-tolerance stance toward WPV, outline consequences for violent behavior and incorporate compliance with local, state and federal regulations. Comprehensive policies create a foundation for consistent practices across the organization, enhancing staff confidence and preparedness.
- Enhance training and communication: Equipping staff with the skills needed to manage high-risk situations is critical. Targeted training programs should include de-escalation techniques, cultural competence, crisis intervention and trauma-informed care. Hands-on simulations and drills further prepare staff to respond effectively to real-world scenarios. Special focus should be placed on high-risk areas, such as emergency rooms, psychiatric units and long-term care facilities, where WPV incidents are more likely to occur. For instance, focus on de-escalation techniques for younger adults in emergency settings or strategies for managing aggression in patients with cognitive impairments in long-term care.
- Enhance communication and cultural competence: Equip staff with tools to navigate cultural differences and improve communication, particularly with patients from diverse backgrounds or those with limited health literacy. Establishing trust and minimizing misunderstandings can significantly reduce tension.
- Engage leadership and build multidisciplinary teams: Secure executive sponsorship to advocate for WPV prevention as a strategic priority. Establish or enhance a WPV prevention team, involving representatives from security, clinical staff, human resources and legal departments.

- Implement environmental modifications: Adjust physical environments in high-risk units, such as emergency or psychiatric departments, to prioritize staff safety. For example, install panic buttons, ensure adequate lighting and create secure spaces for de-escalation.
- Invest in technology and infrastructure: Enhancing security measures and optimizing physical environments are key to mitigating WPV risks. Healthcare organizations should invest in surveillance systems, panic buttons, secure access points and safe rooms. Advanced technologies, such as AI-driven predictive security systems, can improve real-time threat detection and response capabilities. Physical design improvements, such as secured furniture and adequate lighting, can also create a safer workplace.
- Establish continuous monitoring and improvement: Continuous monitoring of risks and adaptation is crucial for sustaining progress. Organizations should think about finding patients who are at risk right away when they see them. They should set up systems to track WPV cases, look at data and see if prevention measures work. Regular updates to policies and practices, informed by emerging trends, new research and staff feedback, ensure that WPV programs remain relevant and impactful.
- Develop and prioritize action plans: Focus on implementing targeted interventions in high-risk areas such as emergency departments, psychiatric units and long-term care facilities. Create a timeline for rolling out new technologies, training programs and policy updates. Allocate resources to address both immediate risks and long-term strategic goals.

By adopting this structured approach, healthcare organizations can effectively mitigate WPV risks, enhance staff safety and create a secure and supportive environment for both patients and caregivers.

Future outlook: 2025–2065

In the short term, from 2025 through 2045, WPV in healthcare is expected to continue increasing due to the increased population of people from the ages of 20 and 45, ongoing systemic pressures and rising interaction with high-risk patient populations.

Over the long term, between 2045 through 2065, aging populations and demographic shifts may result in a reduced proportion—historically associated with a higher incidence of violence. An aging population may shift the nature of WPV, with more incidents tied to cognitive impairments such as dementia. However, incidents in elder care settings are generally less severe and more predictable.

Conclusion

Healthcare WPV is a persistent and evolving threat with far-reaching implications for safety, staff well-being and care quality. The evidence presented in this white paper demonstrates the need for comprehensive prevention strategies grounded in demographic insights, regulatory awareness and data-driven interventions. Through leadership commitment, interdepartmental collaboration and continuous evaluation, healthcare security administrators and hospital executives can implement proactive measures that significantly reduce WPV risks.

As the healthcare environment evolves in response to population and policy shifts, addressing WPV must remain a strategic priority. Conducting a comprehensive community and patient-based risk assessment will lay the groundwork for a secure and resilient healthcare future. With the right tools, training and infrastructure, healthcare systems can foster a safer, more supportive environment for caregivers and patients alike.

Healthcare WPV isn't an inevitable byproduct of care—it's a preventable risk. With focused leadership and cross-functional collaboration, the strategies presented in this paper can be implemented to make measurable improvements in safety and organizational resilience. The future of healthcare depends on it.

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