



**American Hospital
Association™**

Advancing Health in America

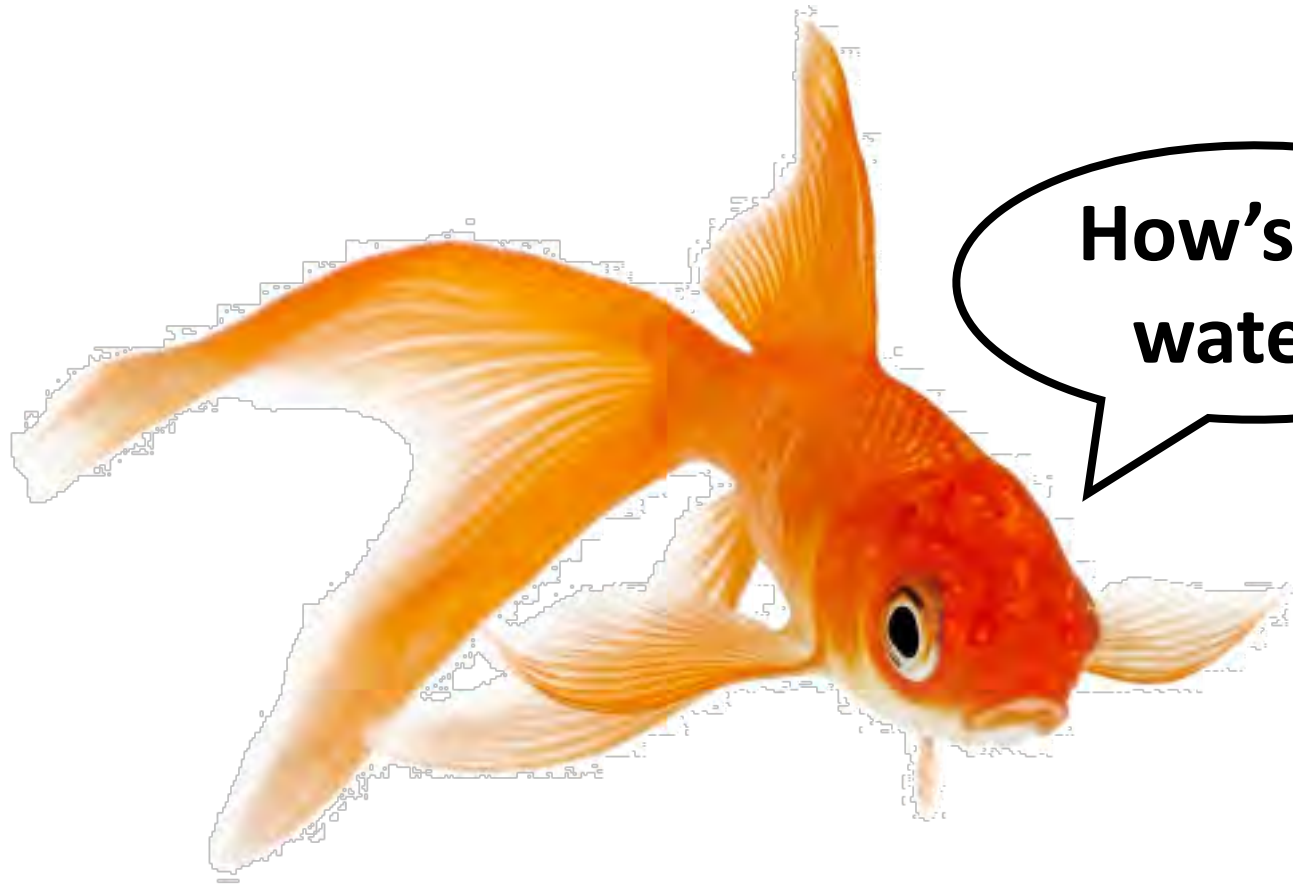
Building Safer Workplaces and Communities: Strategies to Prevent and Address Workplace Violence in Health Care

April 9, 2026

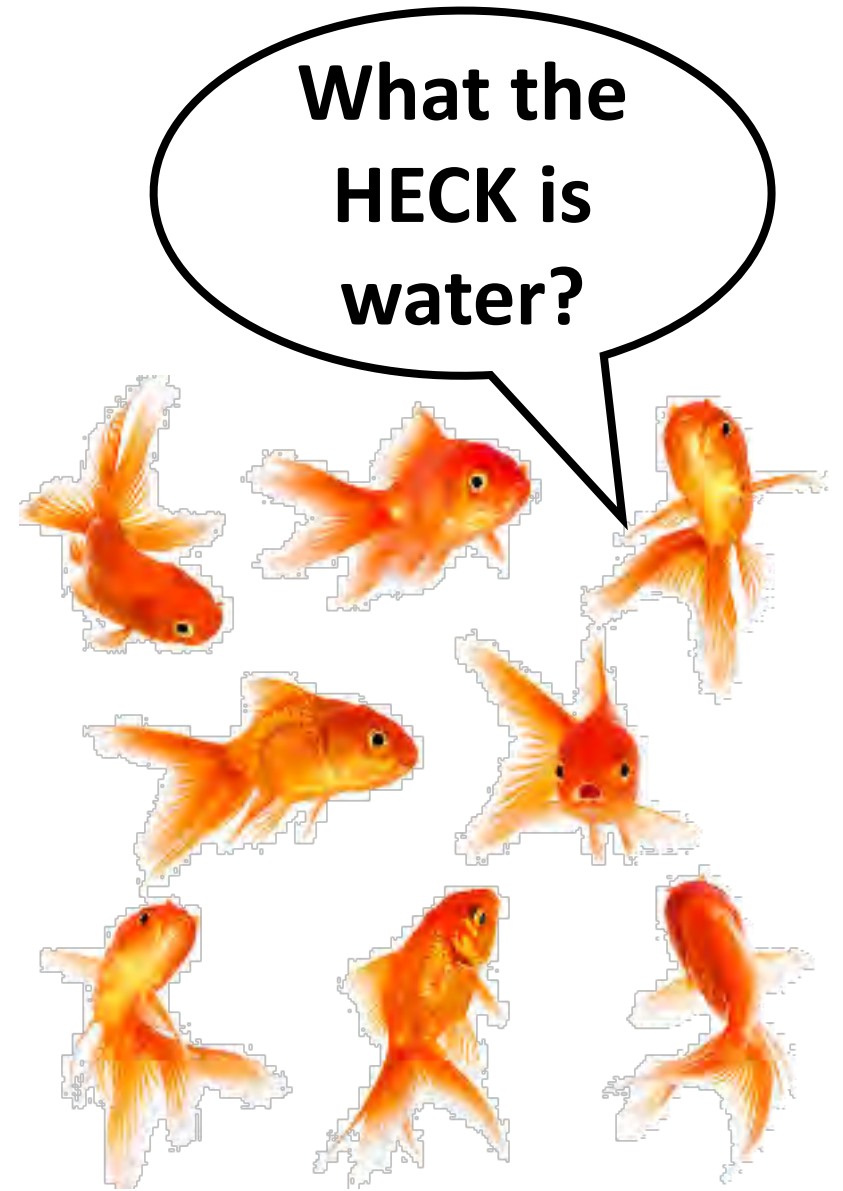
The speakers have no known financial or personal conflicts of interest that could have influenced the work presented here.

Learning Objectives

1. Explain the scope and impact of workplace violence across health care and community settings.
2. Identify and apply evidence-informed strategies for prevention and mitigation.
3. Identify strategies for integrating violence-focused trauma support into existing organizational well-being programs without creating entirely new structures.



How's the water?



What the HECK is water?

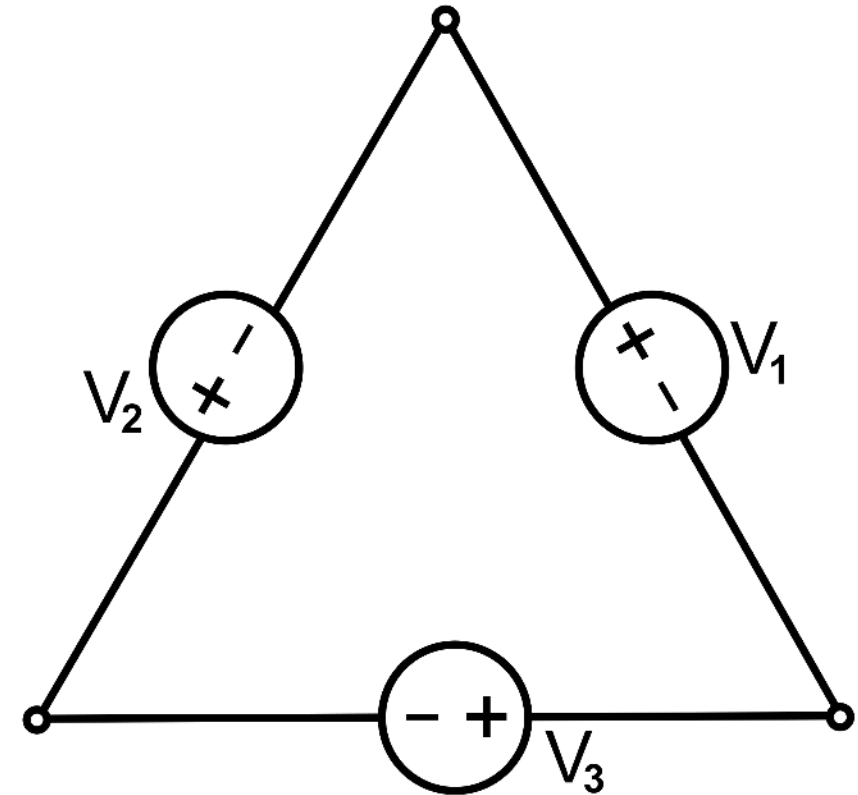
UNDERSTANDING

THE ENVIRONMENT

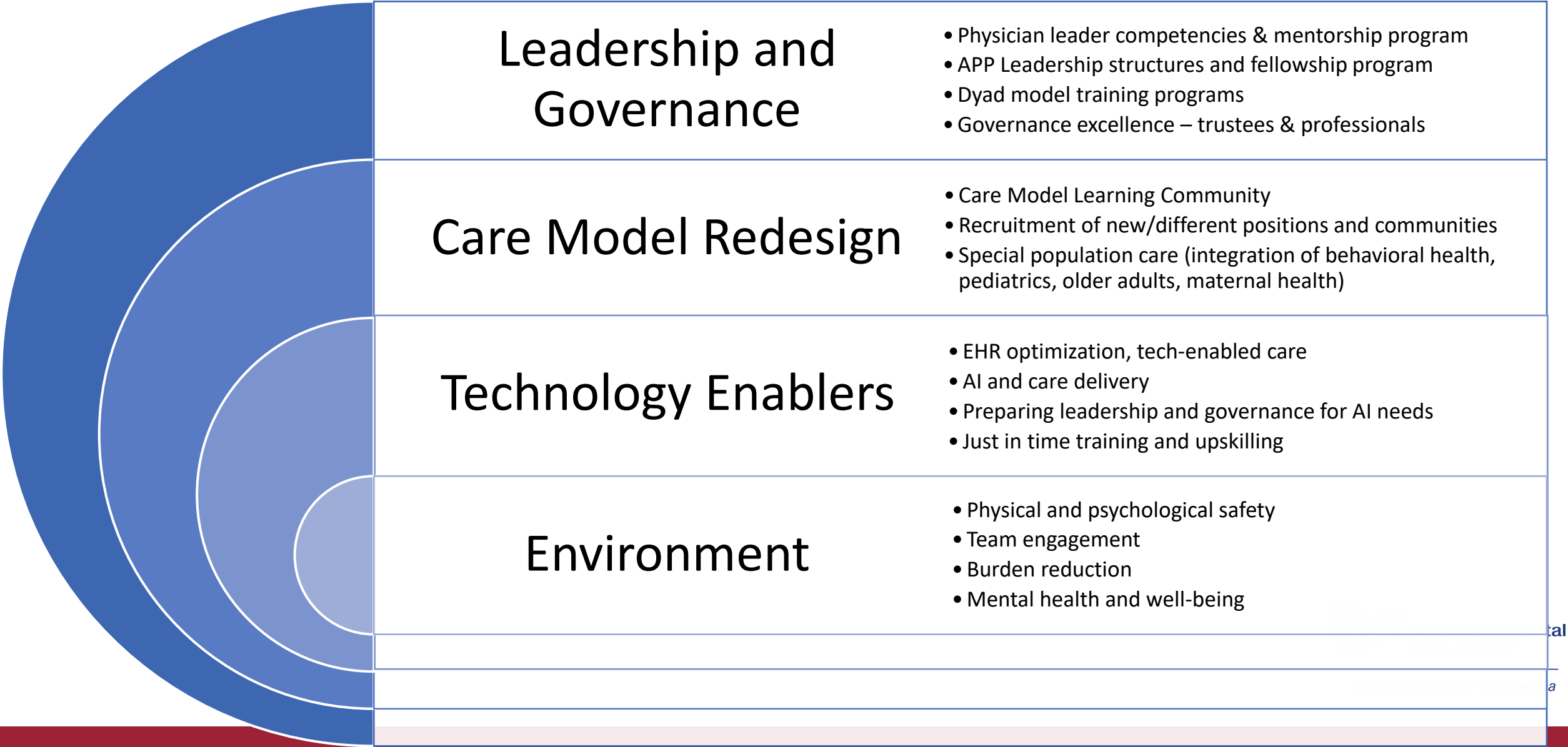
Health Care Landscape

Recent years have seen :

- Exposure of weaknesses in health care financing models
- Significant supply chain vulnerabilities
- Massive pressure on the health care workforce
- Shift to digital health solutions
- Need to shift care delivery models
- Imperative for improved emergency preparedness



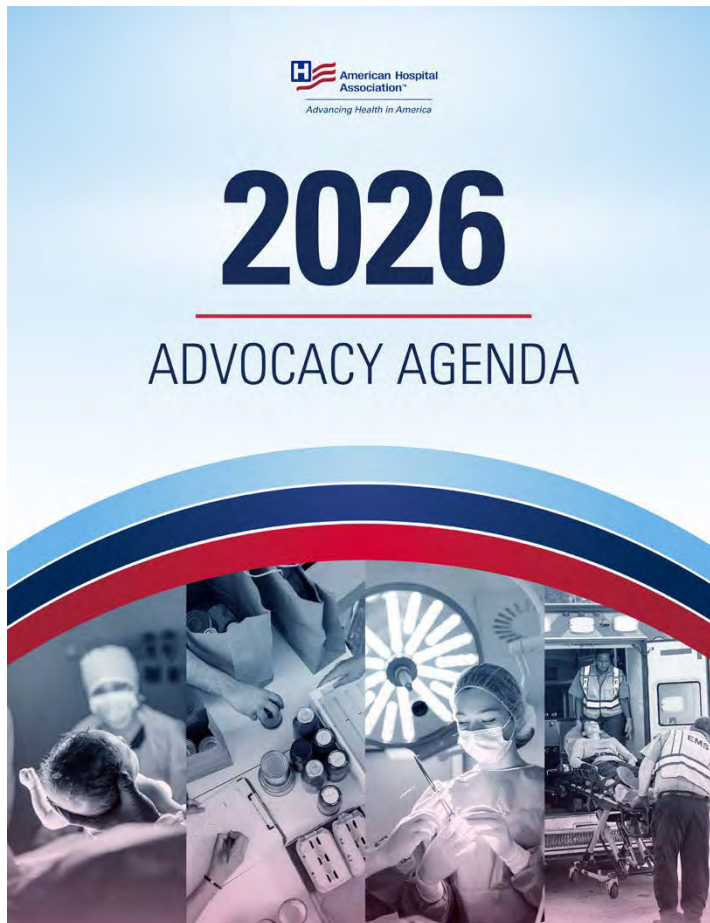
Workforce Strategy 2026



AHA Advocacy Agenda



The AHA works with Congress, the Administration, regulatory agencies, courts and others to positively influence current public policy to support hospitals' efforts to care for patients.



Focuses on four critical priorities:

- Ensure access to and affordability of care
- Strengthen and support the health care workforce
- Reduce burdensome and unnecessary regulations
- Spearhead innovation to advance health

aha.org/advocacy-agenda



Save Healthcare Workers Act (H.R. 3178/S. 1600)

Our nation's health care workers, who tirelessly treat patients while facing increased violence, deserve the same legal protections as airline workers.

Congress should enact the bipartisan Save Healthcare Workers Act (H.R. 3178/S. 1600), which provides protections similar to those in current law for flight crews, flight attendants and airport workers.

The Save Healthcare Workers Act would make it a federal crime to knowingly assault a hospital worker on the job and establish fines, imprisonment, or both for these offenses.



The fact sheet is a document from the American Hospital Association. It features a blue header with the AHA logo and the text "American Hospital Association Advancing Health in America". The main title is "Fact Sheet: Workplace Violence and Intimidation, and the Need for a Federal Legislative Response". The document is divided into sections: "The Issue", "Background", and a list of references. The "The Issue" section discusses the increase in workplace violence in the health care field. The "Background" section provides context on hospital protocols and the impact of violence. The references section includes two news articles from 2025.

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Advancing Health in America

Fact Sheet: Workplace Violence and Intimidation, and the Need for a Federal Legislative Response

The Issue

For the past decade, the health care field has experienced a sharp increase in workplace violence. Several factors have imposed significant stress on the entire health care system, and in some instances, patients, visitors and family members have attacked health care staff and jeopardized our workforce's ability to provide care. This rise in workplace violence has shown no indication of subsiding. Hospitals, health systems and providers support the enactment of a federal law that would protect health care workers from violence, just as current federal law protects airline and airport workers.

Background

Hospitals and health systems have long had robust protocols to detect, deter and respond to violence against their team members. However, violence against hospital employees continues to increase. Day after day, the media reports on patients or family members assaulting hospital staff, sometimes with deadly consequences. For example, a Kentucky nurse was choked, thrown to the ground, and hit by a patient who later told police she was mad because "staff was taking too long to discharge her from the hospital."¹ Last year, a Florida physician sustained a concussion, brain contusion and two broken ribs after an alleged attack by a patient's relative.²

Data supports these news accounts. A Press Ganey survey found that on average, two nurses are assaulted every hour in the U.S., and a 2024 American College of Emergency Physicians survey found that 9 out of 10 respondents reported having been attacked or threatened in the past year.

Workplace violence has severe consequences for the entire health care system. Not only do these assaults cause physical and psychological injury for health care workers, but they make it more difficult for nurses, physicians and other clinical staff to provide quality patient care. Nurses and physicians cannot provide attentive care when they are afraid for their safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions.

In addition, violent interactions at health care facilities tie up valuable resources and can delay urgently needed care for other patients. Studies show that workplace violence reduces patient satisfaction and employee productivity and increases the potential for adverse medical events.

¹ Mike Stinson, Patient chokes nurse because her discharge was taking too long, Kentucky cops say, Lexington Herald Leader (April 28, 2025)

² Mariah Taylor, Florida physician injured after alleged attack by patient's son, Becker's Hospital Review (Oct. 16, 2024) <https://www.beckershospitalreview.com/legal-regulatory/issues/florida-physician-injured-after-alleged-attack-by-patient-son/>

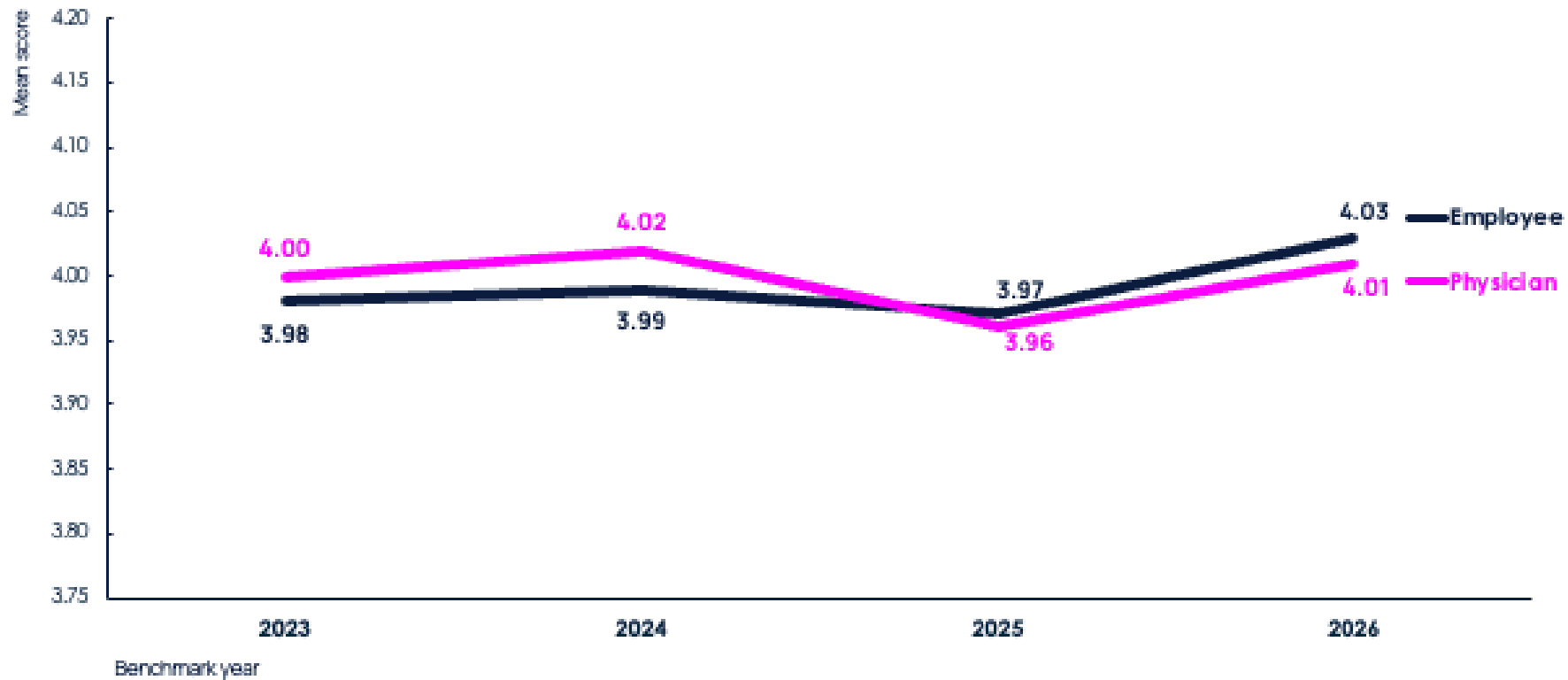
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Page 1 of 2 | #3178 @AHA

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Engagement on the Rebound

National caregiver engagement has rebounded

Employee and physician engagement are trending significantly upward



What's Driving Engagement?

A deep commitment to safety culture

- It's not just a virtue, it's a daily expected skill

Support and well-being

- Support that is meaningful – having a voice and walking the walk

Trust and alignment with senior leadership

- I trust you in where you're leading us and I'm on the same page

Health Care Workplace Violence

Health care workers are

5x

more likely to experience workplace violence than workers overall.

Nearly half

of nurses report experiencing physical violence and **68%** report experiencing verbal abuse.

2 out of 3

emergency department physicians reported being assaulted in 2022. One quarter of them report being assaulted multiple times a week.

Hospitals and health systems have implemented numerous protocols to stem workplace violence, but they need help. By enacting federal protections, Congress can create a powerful deterrent against workplace violence in hospitals and increase penalties for those who harm our caregivers.

- Rick Pollack, President & CEO, AHA

Health care workers who experience violence are more likely to feel anxious, depressed and burnout compared with those who did not.

85% report anxiety

60% report depression

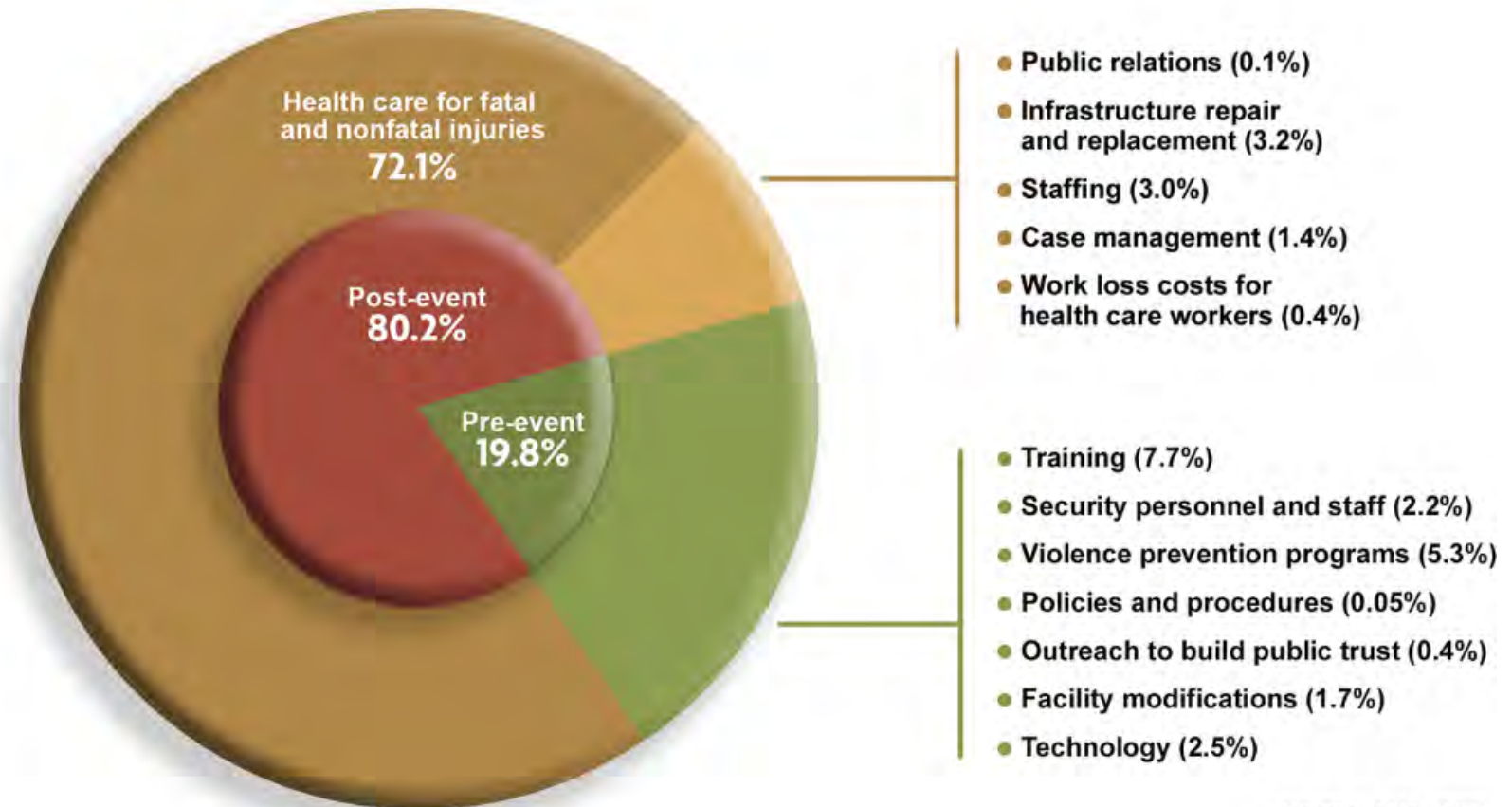
81% report burnout

2023 Annual Cost of Violence to Hospitals

Violence, including workplace (in-facility) and community violence, abuse and threatening behavior, is a significant public health issue affecting the U.S. health system and communities.

- **Annual financial cost of violence to hospitals estimated at \$18.27 billion dollars**
- Additional impacts difficult to quantify: Public perception, staff recruitment and retention, legal concerns, job satisfaction, psychological harm to health care workers

Percentage breakdown of estimated 2023 violence costs to U.S. hospitals and health systems (by pre- and post-event and component costs)



Source <https://www.aha.org/costsofviolence>, Graves JM, Moore M, Avery A, Wolff C, St. Vil C, Jackson E, Vrablik M, Wong A, Qiu Q, de Leon A, Faustino I, Kumar A. The Burden of Violence to US Hospitals: A comprehensive assessment of financial costs and other impacts of workplace and community violence. Report, Harborview Injury Prevention and Research Center, University of Washington, March 2025.

Source: AHA, 2025

2023 Annual Cost of Violence to Hospitals

Cost Category	In millions of USD	Location of Violence	
		Community	Workplace
Pre-Event Financial Costs	3,620.5		
Training costs	1,403.7	X	X
Security personnel and staffing	404.3	X	X
Violence prevention programs*	959.2	X	X
Policy and procedure development	8.6	X	X
Outreach to build public trust	79.7	X	
Facility modification to prevent and mitigate harms	306.0	X	
Investments in technology to monitor possible events	459.0	X	X
Post-Event Financial Costs	14,648.8		
Health care costs for fatal and nonfatal injuries	13,165.6	X	
Work loss costs for workers in the health care setting	79.0		X
Case management	252.5	X	
Staffing	541.3	X	X
Replacement & repair of damaged infrastructure & equipment	584.8		X
Community interface and public relations	25.6	X	X

Note: Values may not sum to totals due to rounding.

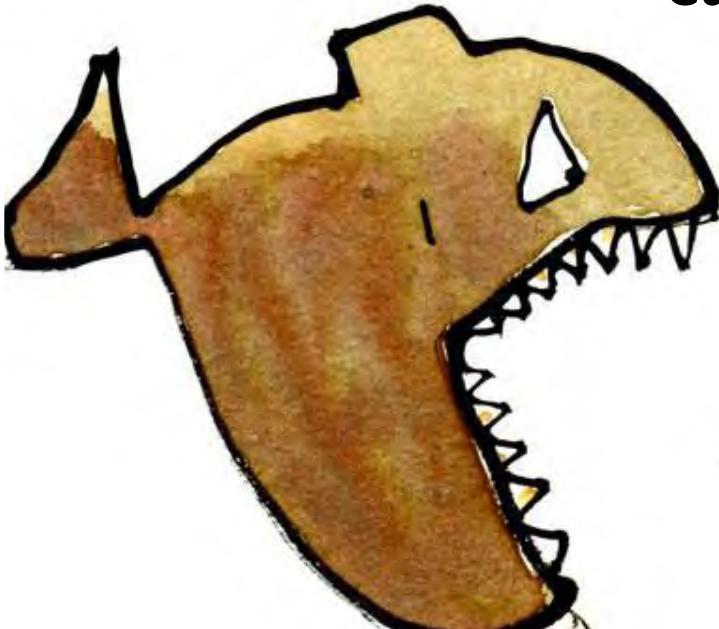
*Relates to expenses other than training

Source <https://www.aha.org/costsofviolence>



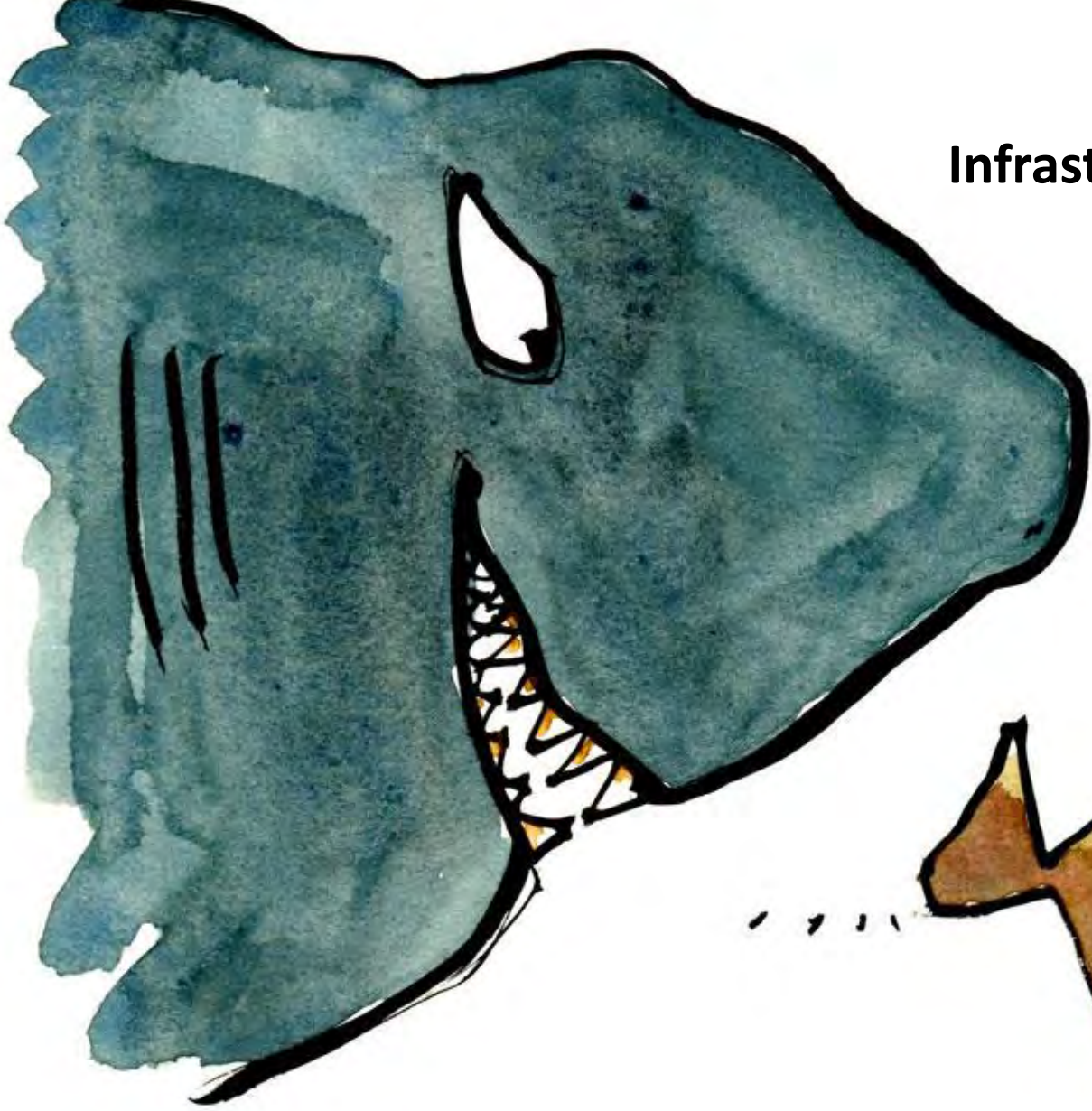
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Culture

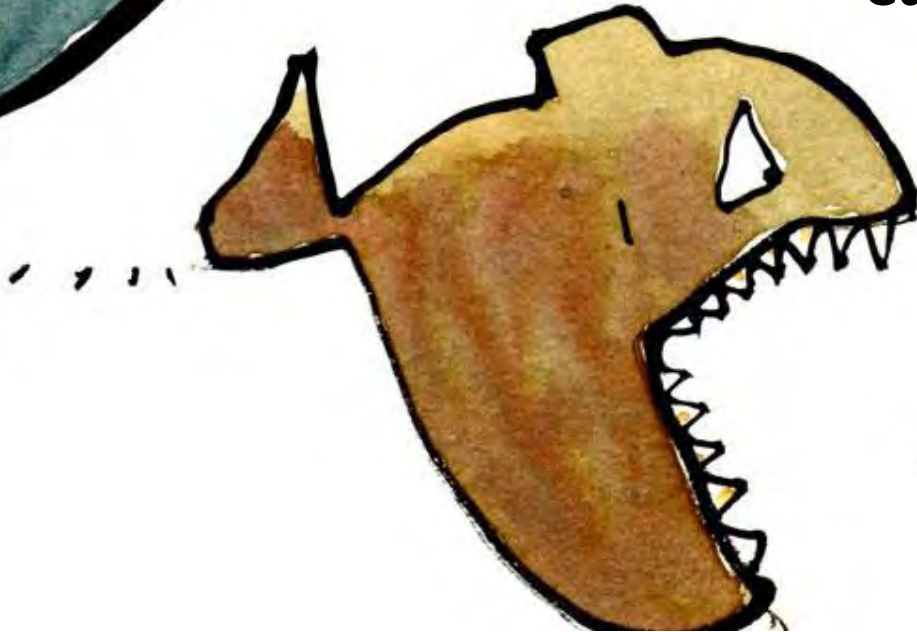


Strategy





Infrastructure



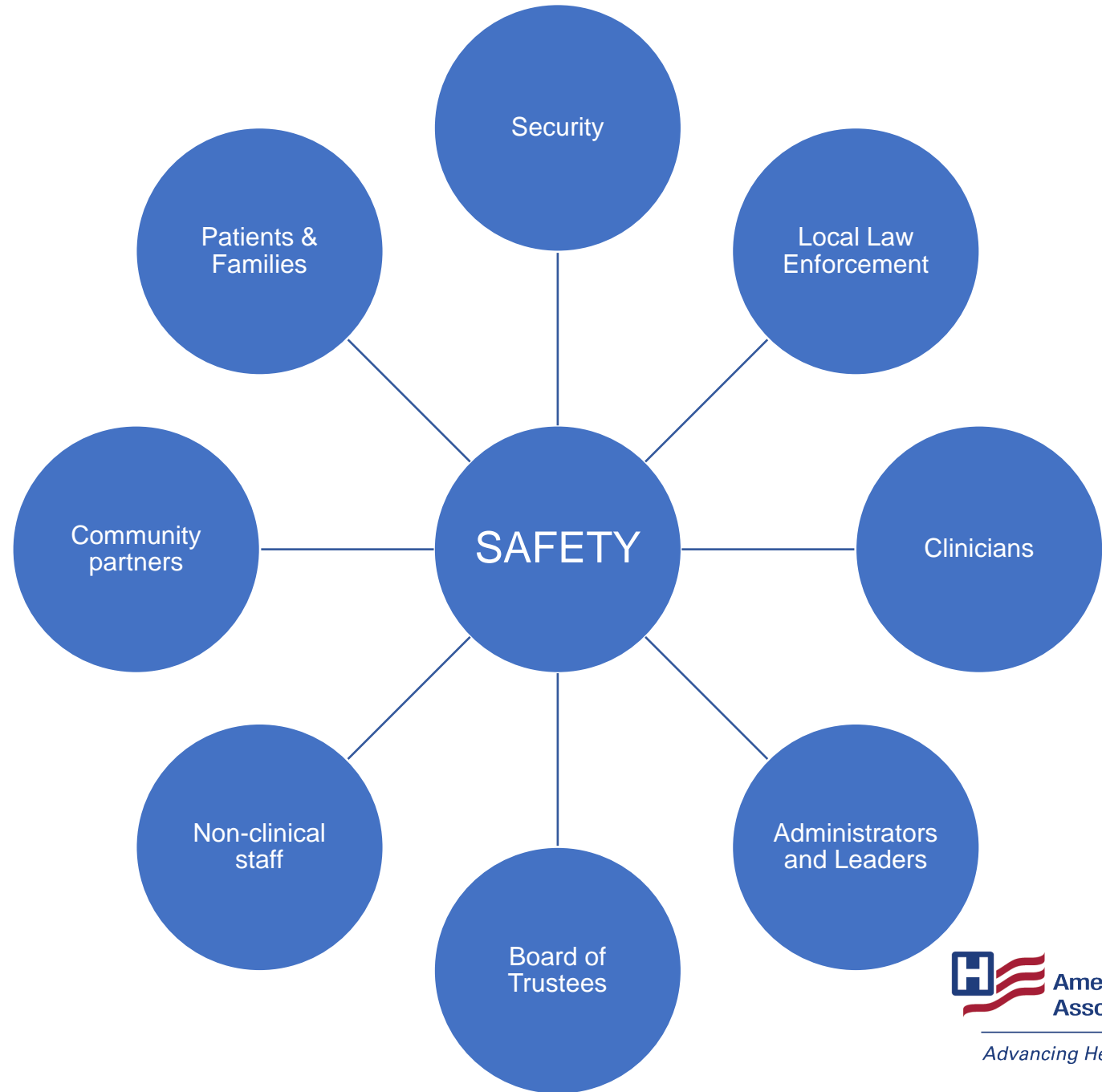
Culture



Strategy

Violence prevention is **NOT** just
your security team's job.

Violence prevention is a core responsibility of all team members.



Violence in hospitals and communities affects:

Health
Outcomes

Workforce
Wellbeing

Recruitment
and
Retention

Operational
Efficiency

Patient
Safety

Public Trust
in Hospitals



The American Hospital Association's Hospitals Against Violence (HAV) initiative supports hospitals and health systems in preventing, responding to, and mitigating the impacts of violence across workplace and community settings.

WHAT WE DO:

- Create guidance, practical tools, and collaborative opportunities to reduce the incidence and impact of violence
- Share prevention-oriented, system-level solutions that enhance safety while reinforcing the hospital's role as a trusted community leader during times of crisis
- Serve as a national convener, elevating promising practices from hospitals and health systems across the country and fostering partnerships with federal agencies, law enforcement, public health experts, and community organizations

Building a Safe Workplace and Community

A Framework for Hospital and Health System Leadership

AHA's Hospitals Against Violence framework helps guide hospital and health system leadership address the issues of violence in their workplaces, with an emphasis on educating and protecting the workforce. In this effort, we must acknowledge that community violence encroaches into the health care setting, and our workforce is part of the community.

Leadership should push for greater data collection, collective accountability, and ongoing education and training. With this approach, we can achieve the four pillars necessary for implementing a comprehensive violence mitigation strategy: trauma support, violence intervention, culture of safety and mitigating risk.



To learn more about the AHA's **Hospitals Against Violence** initiative, visit www.aha.org/HAV



Foster safety for your **workforce**, in your **workplace** and in your **community**.



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Building a Safe Workplace and Community

Mitigating the Risk of Violence

The American Hospital Association's Hospitals Against Violence (HAV) initiative hosted the American Society for Health Care Risk Management (ASHRM) for a facilitated dialogue to explore challenges and current strategies to mitigate the risk of violence. The discussion fostered an exchange of ideas and solutions that informed this issue brief and accompanying case studies.





Building a Safe Workplace and Community

Violence Mitigation in a Culture of Safety





Building a Safe Workplace and Community

Community Violence Intervention





Building a Safe Workplace and Community

**Providing Trauma Support
to Your Workforce Following an
Incident or Threat of Violence**



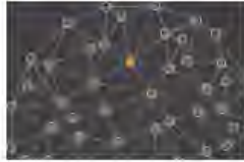
Guide for Hospital and Security Leaders



- Collaboration with International Association for Health Care Security and Safety (IAHSS) to create a guide for mitigating violence.
- Guide includes actionable steps health care and security leaders can take together to build a safer workplace and highlights several case examples.

Peer Examples

Part 2: Resource Highlights



Study: Cost of Community Violence to Hospitals and Health Systems

The AHA engaged Milliman to conduct a study, Cost of Community Violence to Hospitals and Health Systems, of the financial impact to hospitals and health systems of dealing with all types of violence within their facilities and communities to better illustrate the enormity of violence as a public health problem. For the purposes of this study, we defined violence broadly and to include any intentional use of physical force to cause injury or bodily harm. This report presents the findings of our research.

Tool: Violence Risk Assessment

Risk managers need to proactively prepare their institutions to prevent violence in the workplace. At the same time, risk managers need to know what to do when faced with an immediate situation. The American Society for Health Care Risk Management's Health Care Facility Workplace Violence Risk Assessment Tool is designed to assist in both of these areas. The resource includes a violence prevention preparation checklist and a separate tool to address it if it happens.



Case Study and Webinar: Urban Safety Net Hospital's Journey to Reduce Violence

Grady Health System in Atlanta stands as one of the largest urban safety net providers in the United States. They recognized rising community and hospital violence and its obligation to keep employees, visitors and the community safe. Learn more in the Managing Workplace Safety and Reducing Workplace Violence in Hospitals webinar and case study.



Webinar: Strategies to Address Violence in Post-acute Environments

Speakers address how post-acute care providers are taking a more active role to help address violence in their communities. Two Illinois rehabilitation hospitals shared how they provide care to patients who have violently acquired injuries, including issues of trust, drug and substance abuse, and lack of community-based services or family support as well as initiatives to prevent and address workplace violence.

Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Changing Perceptions About Safety Event Reporting at Advocate Aurora Health

Advocate Aurora Health, dual headquartered in Milwaukee, Wis., and Chicago, Ill., is a leading provider of health care.



Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Heightened Vigilance at MLK Jr. Community Healthcare

MLK Jr. Community Healthcare in Los Angeles, Calif., has the second busiest emergency department in Los Angeles County. The department serves more than 1.5 million patients annually.



Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Security Measures Elevated at Norton Children's Hospital

Keeping staff safe from aggressive patients and visitors is top of mind at Louisville, Ky.-based Norton Children's Hospital. When behavioral health admissions and visitor



Children's safety culture grew rapidly after the 2017 shooting at the hospital. The hospital's safety culture grew rapidly after the 2017 shooting at the hospital. The hospital's safety culture grew rapidly after the 2017 shooting at the hospital.

Creating Safer Workplaces: Safety Strategies that Worked

January 2022

Strict Entry Procedures at St. Joseph's Hospital of Buckhannon in W.Va.

In 2019, leaders at St. Joseph's Hospital of Buckhannon in West Virginia, a critical access hospital, realized they needed to strengthen their security presence and add safety controls to their facility. This need came to a head when a patient slashed his own wrists with a knife during an emergency room (ER) visit and in front of a nurse. This was traumatic to that nurse and troubling for the entire staff.



Security team at St. Joseph's Hospital

"He could have just as easily lunged at the nurse," said St. Joseph's President Skip Gjolberg. "This event caused us to reassess the safety of our staff and patients."

In response, the organization doubled its safety team, adding security officers among other staff. While Gjolberg said that convincing him and other leaders to spend more money "took some work," it was worth it.

As a result of the investment, security staff monitor the facility and grounds 24/7. Two security officers are on duty during each hospital shift, with one dedicated to monitoring the ER entrance. Leaders also added extra security cameras and security lock boxes outside hospital entrances, where local law enforcement and fire department officers can access keys to the facility, maps of the building, badges and other necessary items in case of emergencies.

In addition to the extra security, leaders implemented a workplace violence training program called AWADE (Awareness, Vigilance, Avoidance, Defense and Escape/Environment), to educate staff and security officers on de-escalation techniques.

Leaders also train security officers on how to use gel-based pepper spray — aerosol spray can infiltrate the ventilation system — and handcuffs. The officers do not use firearms or stun guns.

In 2020, leaders limited access to the building, requiring badges or codes for visitors, patients and staff at all entry points. They ordered the front lobby closed after 5 p.m., when visitors and patients must enter through the ER entrance. This area features a controlled access door that requires an additional badge or access code.

Leaders also regularly survey staff about their safety concerns and address those worries on a consistent basis. Gjolberg said these measures have improved the security of the facility and the safety of patients and staff.

"[Staff] feel more confident in their duties, and they just feel safe in at the hospital itself," Gjolberg said. "Just walking out to the parking lot at night and knowing that there's security present" makes a difference.

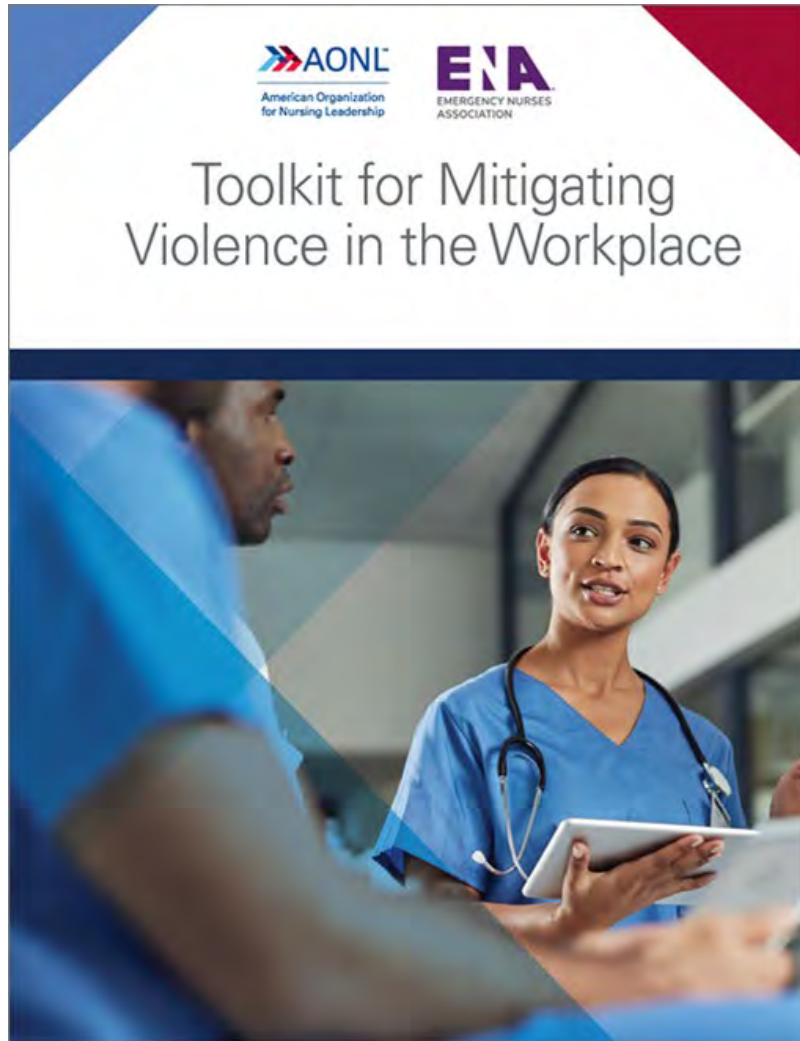


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<https://www.aha.org/system/files/media/file/2021/10/creating-safer-workplaces-guide-to-mitigating-violence-in-health-care-settings-f.pdf>

<https://www.aha.org/system/files/media/file/2022/01/playbook-compendium-of-all-case-studies-wpvp-case-studies.pdf>

Guiding Principles to Mitigate Violence



- STEP 1** Understand workplace violence
- STEP 2** Create a culture of nonviolence
- STEP 3** Assess and mitigate risk factors
- STEP 4** Develop a workplace violence prevention program
- STEP 5** Continuously train and deploy staff
- STEP 6** Evaluate and measure impact

Mass Violence Incident Preparedness



THE HEALTH CARE LEADERS' GUIDE TO
MASS VIOLENCE PREPAREDNESS,
RESPONSE, RECOVERY
AND MITIGATION

OCTOBER 2025



- Partnership with Medical University of South Carolina's National Mass Violence Center
- Resources focus on integrating MVI planning into existing emergency management frameworks, ensuring continuity of operations while addressing the physical, psychological, and emotional needs of victims, survivors, first responders, and staff.

Compensation Benefits

CVC programs can pay for a wide variety of expenses and losses related to criminal injury and homicide; and benefits vary state-to-state. Each state has a “cap” for remuneration, which generally ranges from \$10,000 to \$50,000 (with some states slightly higher). In general, compensation benefits may help cover the costs of:

- ⇒ Funerals.
- ⇒ Hospital stays.
- ⇒ Physicians.
- ⇒ Mental health counseling.
- ⇒ Dentists.
- ⇒ Ambulances.
- ⇒ Physical therapy.
- ⇒ Prescriptions and medications.
- ⇒ Medical supplies and equipment that are now needed or that were damaged as a result of the crime (prosthetic devices, dental devices, walkers, canes, wheelchairs, hearing aids, prescription medications, eyeglasses or other corrective lenses).
- ⇒ Medical co-pays and deductibles.
- ⇒ Non-medical corrective care or products needed to assist in normal daily life functions such as a wheelchair ramp, lifts, or other accommodations.
- ⇒ Home health care.
- ⇒ Transportation to medical treatment/appointments.

COLLABORATORS MATRIX

There are at least nine collaborators in MVI preparedness, response, recovery and mitigation, with specific roles and responsibilities described in the matrix below:

1. Law enforcement (often involving multiple agencies)
2. Emergency medical services
3. Coroners, medical examiners and mortuary services
4. Victim/survivor service professionals
5. Crime victim compensation professionals
6. Mental/behavioral health professionals
7. Governors and elected officials
8. Mayors and civic leaders
9. Multi-faith community leaders

Mitigating Targeted Violence in Health Care Settings

AHA's Partnership with the FBI's Behavioral Analysis Unit-1, Behavioral Threat Assessment Center



Behavioral Threat Assessment and Management: Prevent and Protect

A Leadership Guide for Preventing Targeted
Violence in Health Care Settings

www.aha.org/hav



www.fbi.gov/prevent

Resources include:

- Behavioral threat assessment and threat management (BTAM) leadership guide
- BTAM resource compendium with input from multidisciplinary leaders
- Case examples

FBI's Behavioral Threat Assessment Center

A Tiered Approach for Addressing Concerns and Targeted Violence:

1. Discuss concerns with a trusted individual.
2. Discuss concerns and observations with a supervisor.
3. Check local resources for community threat assessment teams, mental health providers or social services resources available to help someone who is struggling with violent thoughts.
4. If you decide to contact law enforcement, you may contact your:
 - **Local Police Department.** Call your local police department on the phone or walk in to report your concerns in person. Ask if they have a law enforcement Behavioral Threat Assessment and Management Team (BTAM).
 - **FBI Field Office.** Report your concerns to the FBI by visiting tips.fbi.gov, calling **1-800-Call-FBI** or visiting your local **FBI Field Office**.



AHA Affinity Forum | Addressing Workplace Violence in Health Care in 2025

AHA Affinity Forum is brought to our members in collaboration with CENTEGIX



HOSPITALS AGAINST VIOLENCE | AHA Affinity Forum | Addressing Workplace Violence in Health Care in 2025

Interactive Virtual Panel Discussion with Hospital Leaders and Workplace Safety Experts

Join the AHA and CENTEGIX for a 3-part series of interactive virtual panel discussions on key aspects of workplace safety in health care. Elisa Arespachaga, Vice President of Clinical Affairs and Workforce, will host industry experts and hospital leaders as they provide insights on workplace violence in health care, the impact it has on patient care, and how to build an ongoing culture of safety at your organization.

Each session will last 60 minutes to allow time for the panel discussion and interaction with attendees. Submit your questions ahead of time to contribute to the discussion and address issues that are unique to your organization, or role.

Dec
3

A Layered Approach to Addressing Workplace Violence

Jan
15

The Impact of Safety on Employee Wellbeing and Patient

Feb
27

Leveraging Data to Drive Continuous Improvement

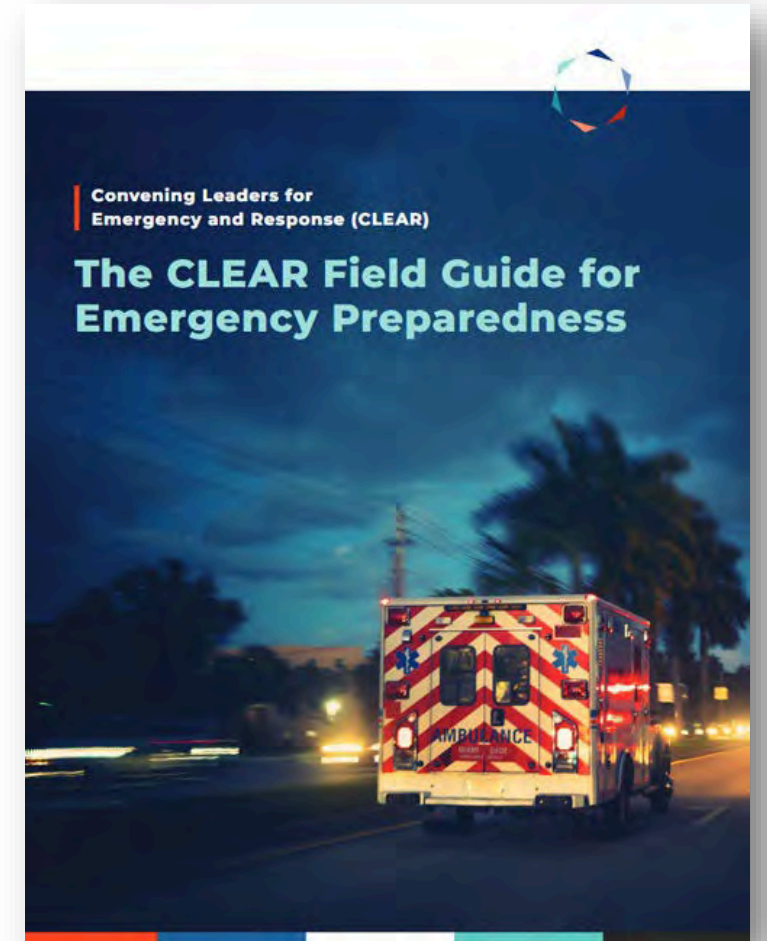
<https://www.aha.org/affinity-forum/addressing-workplace-violence-health-care-2025>



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Convening Leaders for Emergency and Response (CLEAR)

- Supports hospitals pre-planning and post-disaster (e.g., Hurricanes Helene & Milton, LA wildfires)
- Peer learning networks and response resource development underway
- Emergency advisory network

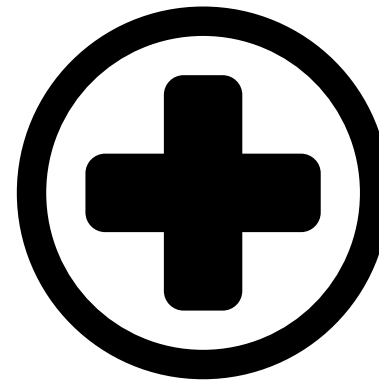


Source: <https://www.aha.org/aha-clear>

Plans for 2026: expand resources to address health care violence that occurs outside of acute care settings



Home Health Care



Ambulatory Care Settings

Upcoming Resource: *De-escalation: A Critical Component of Violence Prevention in Health Care*

- Benefits of training the entire workforce in de-escalation skills and strategies
- What de-escalation training should include
- De-escalation strategies in practice
 - Prevention, response, and recovery
- Leadership considerations
- Examples from behavioral health and violence prevention leaders

Join us on June 5, 2026

HAV

Hospitals Against Violence

#HAVhope

Join us for a
national
day of awareness
to end violence



We'd love to connect about:

- What you need from AHA
- Stories from your organizations that could help with national advocacy efforts
 - Programs, protocols, and interventions that have been successful in your organizations that you think others could learn from
- Any questions you have about AHA's workplace violence work



AHA Resources

The AHA provides tools and resources to help hospitals and health systems strategize and take action to implement solutions. **Explore aha.org**

In addition to the web links provided in this slide deck:

- **AHA member center:** aha.org/membercenter
- **Data resources:** ahadata.com
- **Futurescan:** shsmd.org/futurescan
- **Workforce Scan:** aha.org/aha-workforce-scan
- **Emergency response and disaster preparedness:** aha.org/aha-clear
- **Suicide prevention:** aha.org/suicideprevention
- **Cybersecurity and Risk Advisory:** aha.org/cybersecurity-risk
- **AHA Today e-newsletter:** aha.org/ahatoday
- **Advancing Health podcast:** aha.org/advancing-health-podcast

[Hospitals Against Violence](#)

[Implementing Behavioral Threat Assessment and Management](#)

[Mitigating Targeted Violence in Health Care Settings](#)

[The Health Care Leaders' Guide to Mass Violence Preparedness, Response, Recovery and Mitigation](#)

[#HAVhope Friday](#)

[SSM Health's United Front Against Workplace Violence \(2025\) - Podcast](#)

[Under Threat: Stopping Violence Against Health Care Workers \(2025\) – Podcast](#)

[Mental Health First Aid: A Proactive Approach to Workplace Violence \(2026\) - Podcast](#)



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Thank you!



Advancing Health in America

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