2024 Healthcare Crime Survey

IAHSS FOUNDATION

Dedicated to Research and Education in Healthcare Security and Safety

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Any questions about the Crime Survey or IAHSS Foundation research, in general, may be directed to Ron Hawkins, chair of the Foundation Research Committee, at rhawkins@securityindustry.org.

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ACKNOWLEDGEMENTS

First, we would like to express our deep gratitude to all healthcare security professionals. They do amazing work under uniquely stressful circumstances. Second, we want to thank those who took the time to respond to the crime survey so that their fellow practitioners could benefit from the insights and benchmarking opportunities that this report is able to offer. And third, many thanks to the staff of IAHSS for all their work to support not only the Crime Survey, but the healthcare security sector, as a whole.

INTRODUCTION

The International Association for Healthcare Security and Safety (IAHSS) Foundation was established to promote the welfare of the public through education, research, and the development of a healthcare security and safety body of knowledge. The IAHSS Foundation promotes and develops research into the improvement of healthcare security and safety and provides scholarships to promote professional development in the sector. For more information, visit www.iahssf.org.

The 2023 Healthcare Crime Survey was commissioned under the IAHSS Foundation's Research and Grants Program. The purpose of the Crime Survey is to provide healthcare security professionals with an understanding of the frequency and nature of crime in hospitals. Hospital security leaders throughout the United States were invited to participate. If the respondent was responsible for more than one hospital, we asked that one survey be completed for each facility.

As with prior Crime Surveys, the 2024 edition collected information on ten types of crimes:

- Murder
- Rape
- Robbery
- Aggravated Assault
- Simple Assault
- Burglary
- Theft
- Motor Vehicle Theft
- Vandalism
- Disorderly Conduct

To promote consistency in the answering the questions, the survey included the Federal Bureau of Investigation's (FBI) Uniform Crime Reporting definitions. The definitions for each crime can be found in Crime Survey questions in the appendix.

As in recent years, this year's survey also asked questions about security staff size, patient elopements, the presence of an inpatient psychiatric/behavioral unit, the use of threat management teams, the use of visitor management programs and the use of the Workplace Violence Typology in compiling incident statistics. In addition, for the second year, the survey asked respondents to assess on a five-point scale how easy or difficult it was to retain a full, qualified security staff.

For the 2024 Healthcare Crime Survey, 263 usable responses to the core questions were received. (This was up from 192 in the previous year.) In general, a response was considered usable if the respondent provided data for the hospital's bed count and for most or all of the crime questions. Bed counts were necessary as the Crime Survey has long used this number to calculate crime rates.

All of the data reflect incidents that occurred during the 2023 calendar year.

CRIME DATA

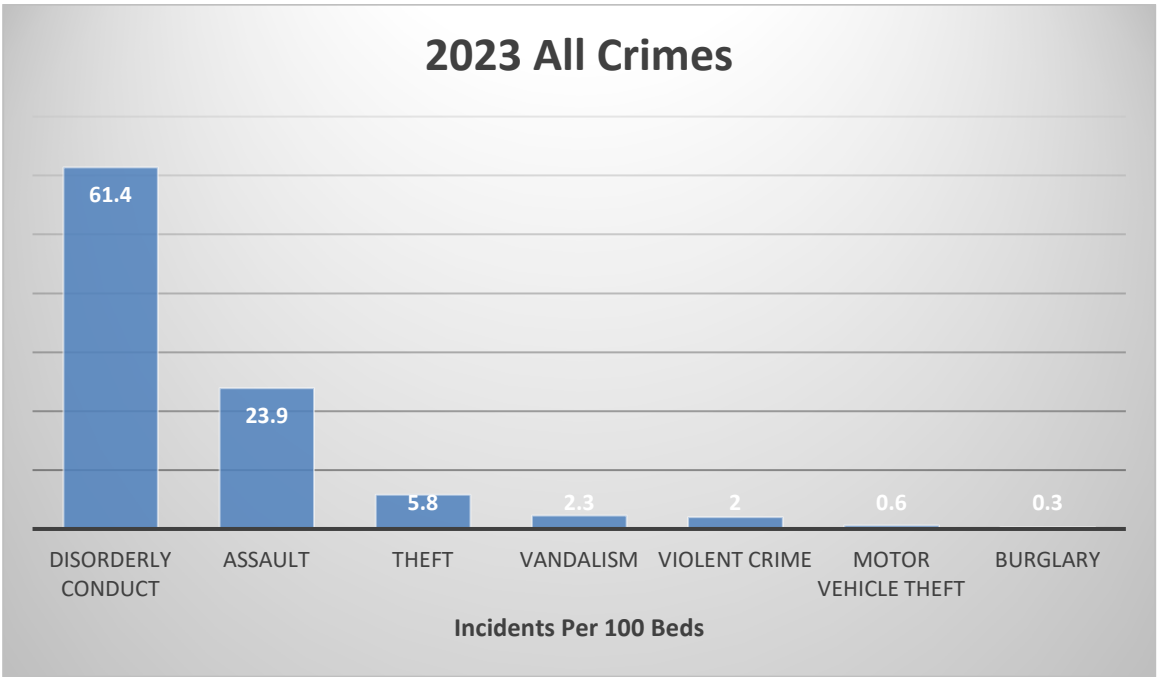
Raw incident numbers are of limited comparative value, given the varying sizes of hospitals across the United States. To provide context, the 2024 Healthcare Crime Survey collected bed counts for each hospital. This allowed for the calculation of crime rates (per 100 beds) and the comparison of crime rates over time. Bed counts were selected based on experience from prior Crime Surveys in which other size and population indicators were used but were found to be more challenging to obtain.

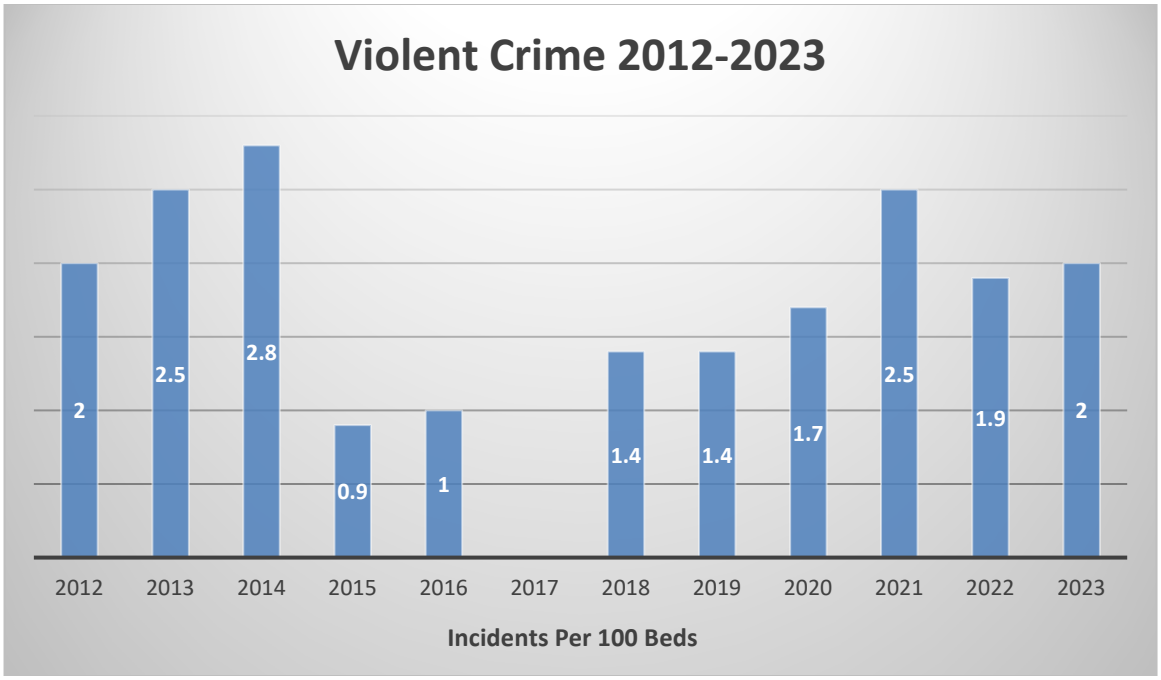
The survey found that hospitals averaged 10.2 full-time security employees per 100 beds. The result in the previous survey was 9.5 security personnel per 100 beds.

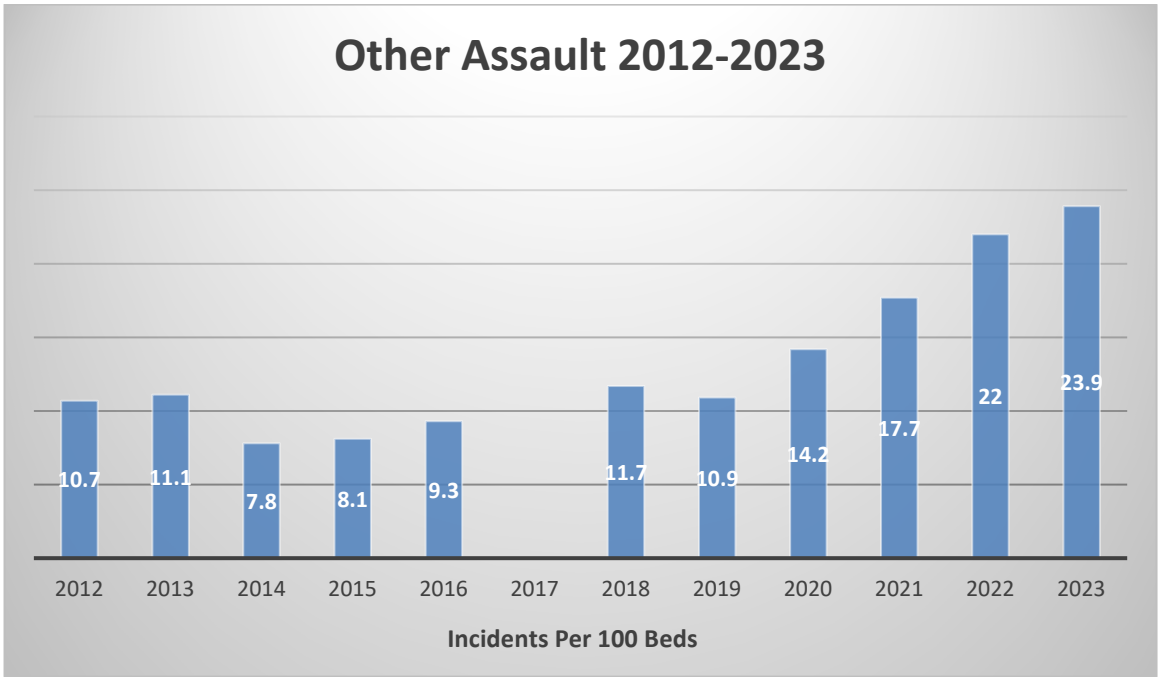
The rate of elopements was 8.2 per 100 beds. The previous year's result was 5.6 per 100 beds.

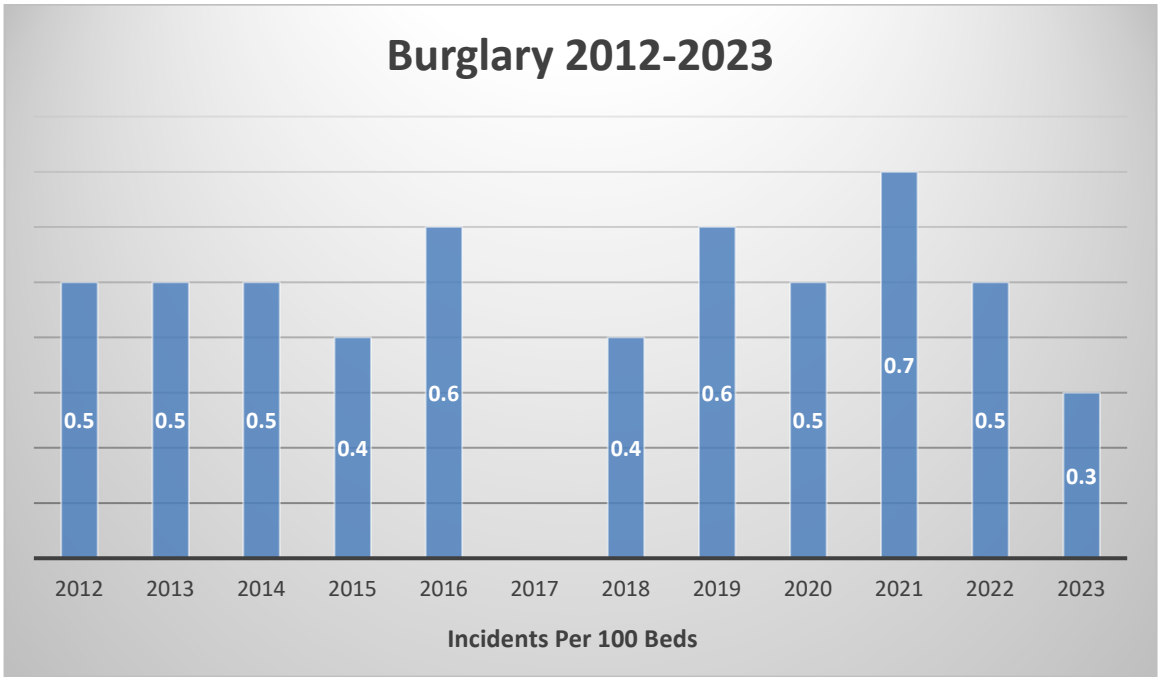
Readers are advised to review the Limitations section (pp. 17-18) when interpreting the data.

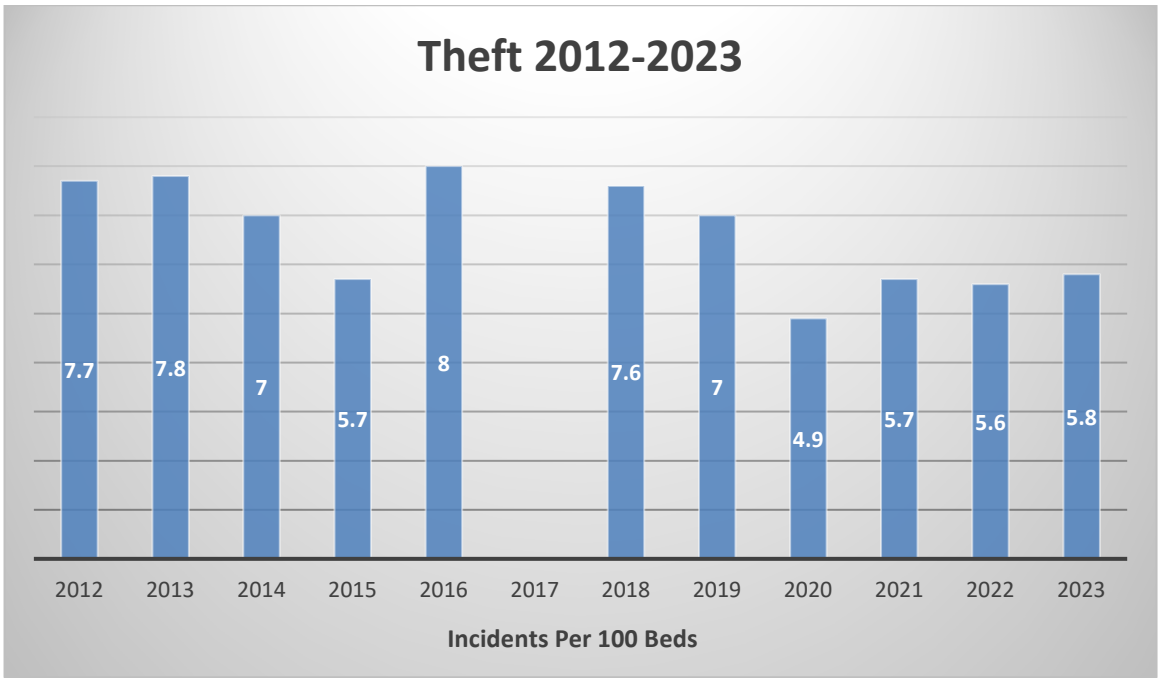
The first graph below shows the crime rates in 2023 per 100 beds for each crime. The subsequent graphs in this section display the crime rate trends from 2012 to 2023, with the exception of 2017, when no Crime Survey was published. For analytical purposes – and consistent with FBI Uniform Crime Reporting practice – murder, rape, robbery and aggravated assault were aggregated into one group called "violent crime." (Aggravated assaults accounted for 92 percent of incidents in this category in 2023.)

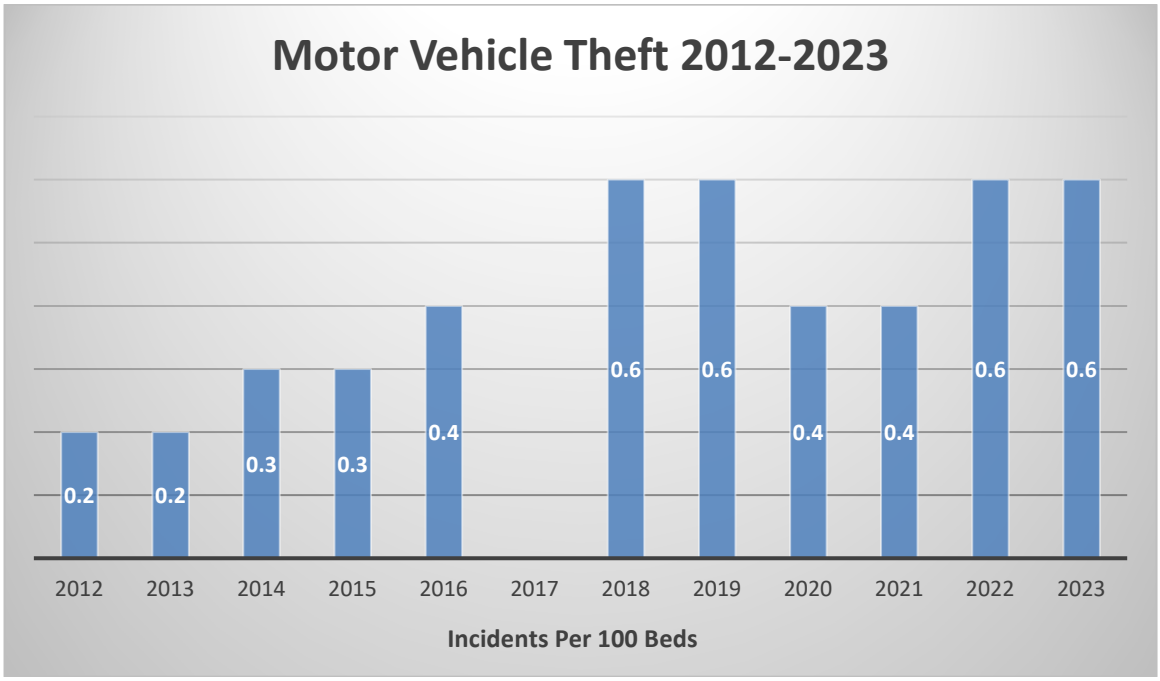


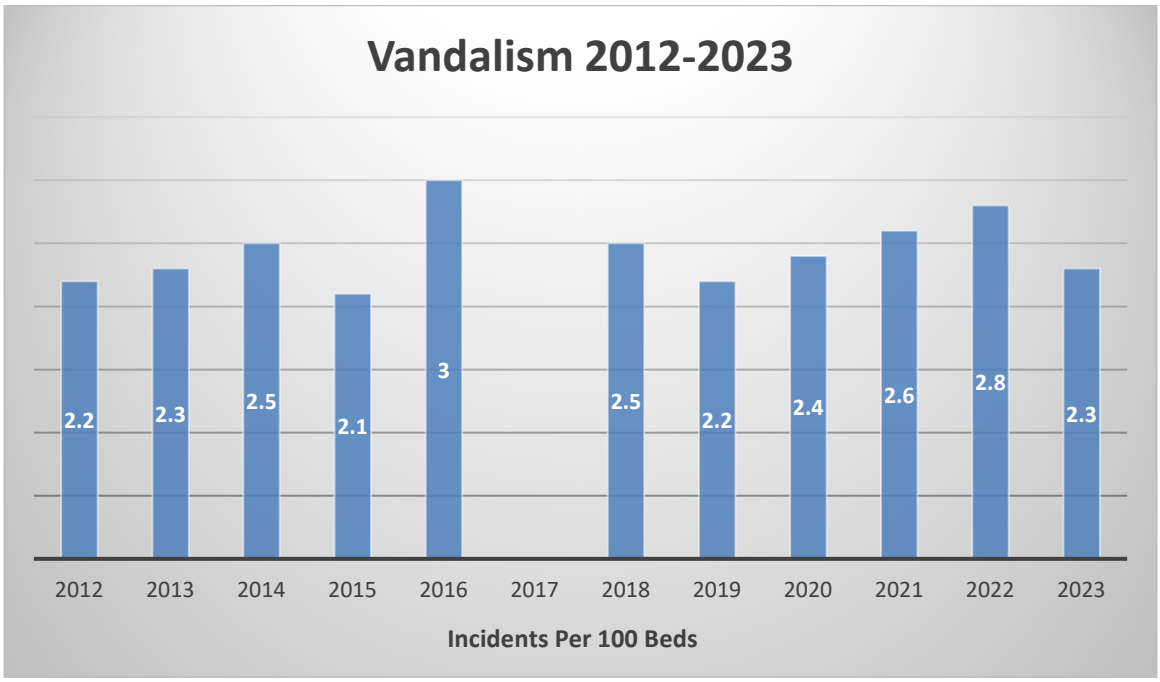

Violent Crime 2012-2023
2
2.5
2.8
0.9
1
1.4
1.4
1.7
2.5
1.9
2
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Incidents Per 100 Beds

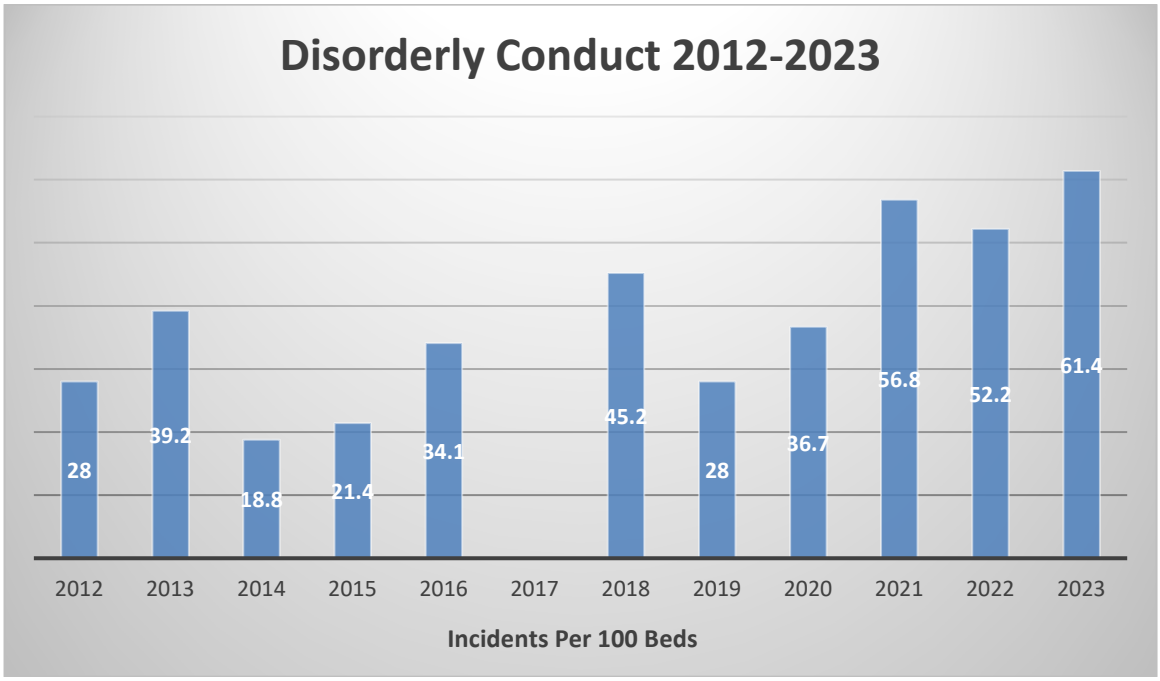

Other Assault 2012-2023
10.7
11.1
7.8
8.1
9.3
11.7
10.9
14.2
17.7
22
23.9
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Incidents Per 100 Beds


Burglary 2012-2023
0.5
0.5
0.5
0.4
0.6
0.4
0.6
0.5
0.7
0.5
0.3
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Incidents Per 100 Beds


Theft 2012-2023
7.7
7.8
7
5.7
8
7.6
7
4.9
5.7
5.6
5.8
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Incidents Per 100 Beds


Motor Vehicle Theft 2012-2023
0.2
0.2
0.3
0.3
0.4
0.6
0.6
0.4
0.4
0.6
0.6
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Incidents Per 100 Beds


Vandalism 2012-2023
2.2
2.3
2.5
2.1
3
2.5
2.2
2.4
2.6
2.8
2.3
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
Incidents Per 100 Beds



Comparing Your Hospital

To compare your hospital's crime rate to the statistics above, the following formula can be used to calculate the rate per 100 beds:

Crime Rate = (x / Beds) * 100
Where x is the number of incidents of a type of crime
and Beds is the number of beds in the hospital

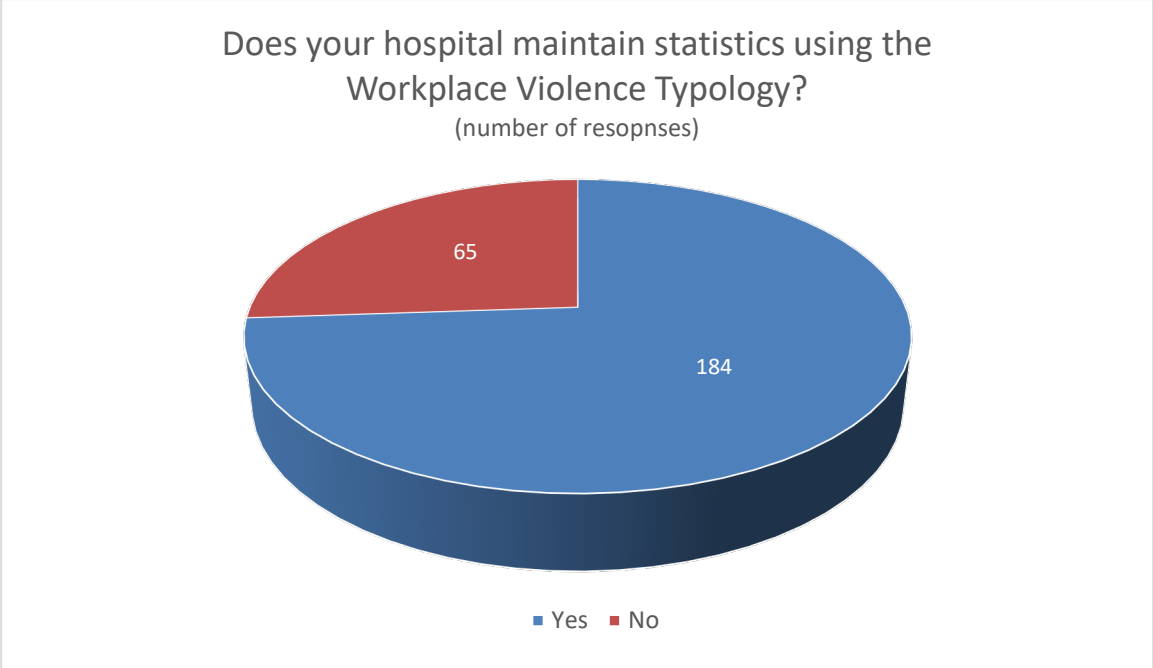
Example: (17 assaults / 360 beds) = 0.047 * 100 = 4.7 assaults per 100 beds

WORKPLACE VIOLENCE TYPOLOGY

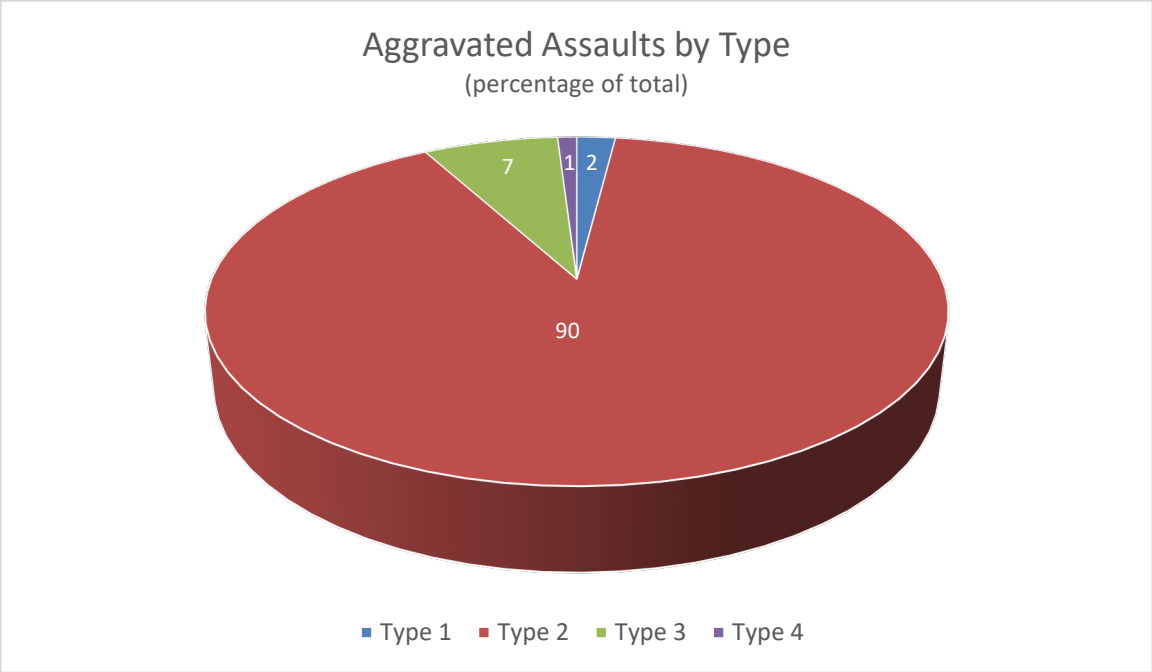
To drill down further into the assault numbers, we asked if hospitals maintain statistics using the Workplace Violence Typology. This classifies both aggravated assaults and simple assaults into four types.

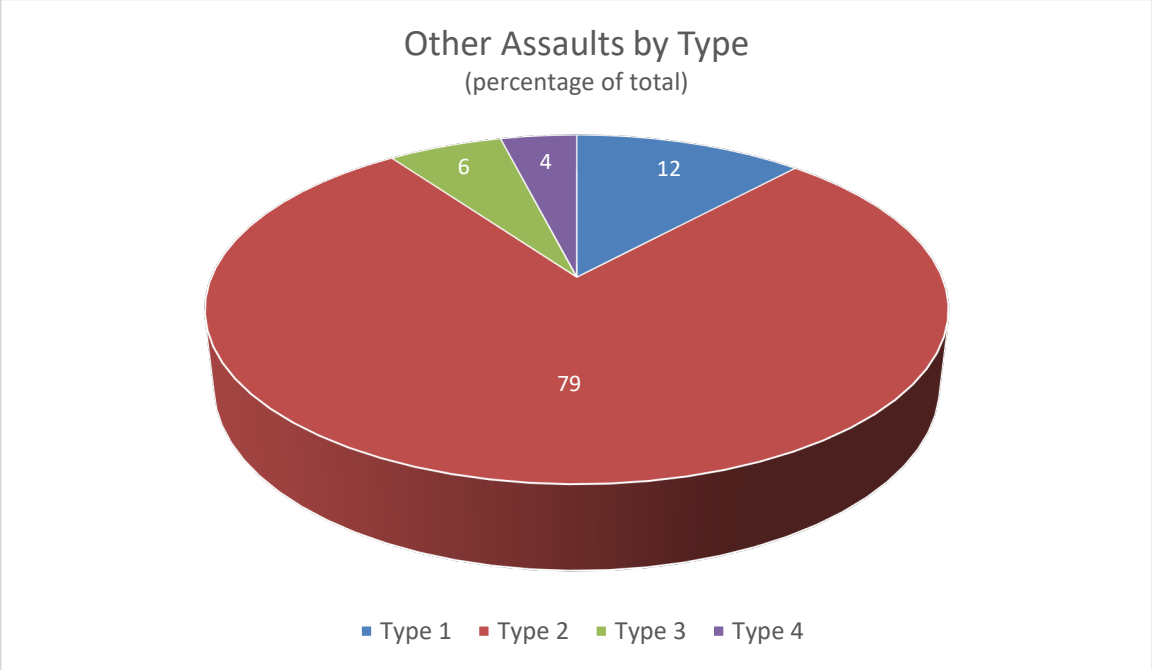
- Workplace Violence Type 1: Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime
- Workplace Violence Type 2: Violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides services
- Workplace Violence Type 3: Violence against coworkers, supervisors or managers by a present or former employee
- Workplace Violence Type 4: Violence committed in the workplace by someone who does not work there but has a personal relationship with an employee, e.g., an abusive spouse or domestic partner

Of 249 responses, 74 percent said their hospitals use this typology. In the previous survey, 71 percent reported using it.



Among those reporting assaults by category, type 2 (violence directed at employees by non-employees) attacks were, by far, the most common, accounting for 90 percent of aggravated assaults and 79 percent of simple assaults. In 2021, the results were 83 percent and 93 percent, respectively.


Aggravated Assaults by Type
(percentage of total)
7
1
2
90
Type 1
Type 2
Type 3
Type 4

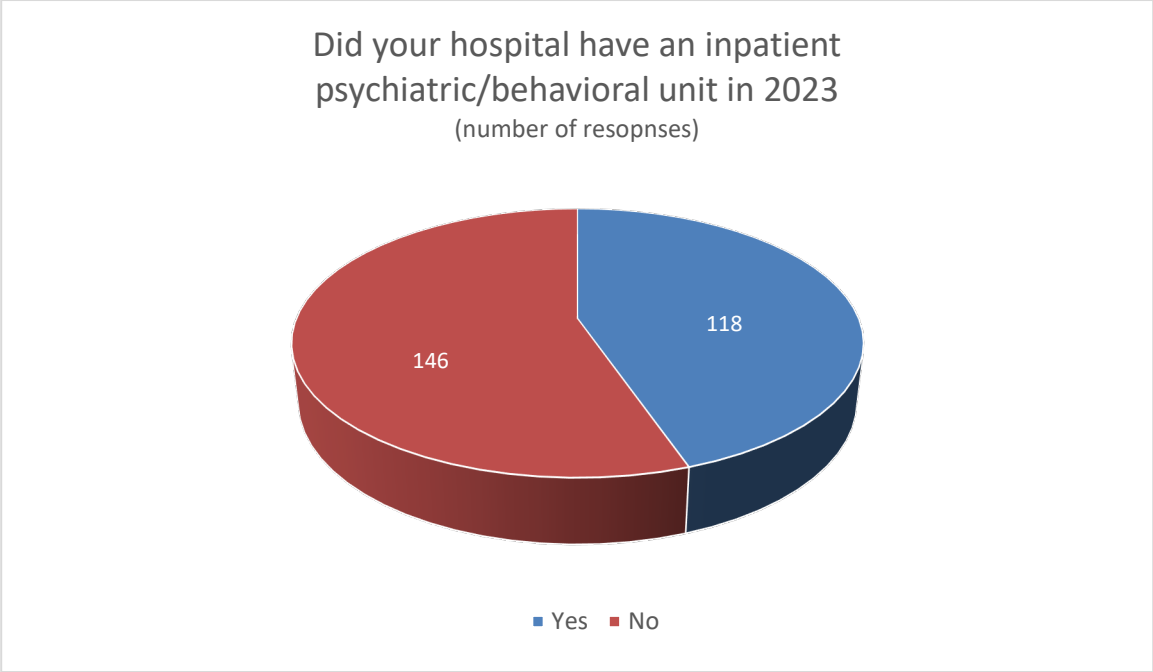

Other Assaults by Type
(percentage of total)
6
4
12
79
Type 1
Type 2
Type 3
Type 4

ADDITIONAL QUESTIONS

In addition to inquiring about crime data, we asked respondents questions about specific aspects of their security operations.

Inpatient Psychiatric/Behavioral Unit

We asked if responding facilities had an inpatient psychiatric/behavioral unit. Of the 264 that provided an answer, 45 percent said yes. In the previous survey, 42 percent said yes.



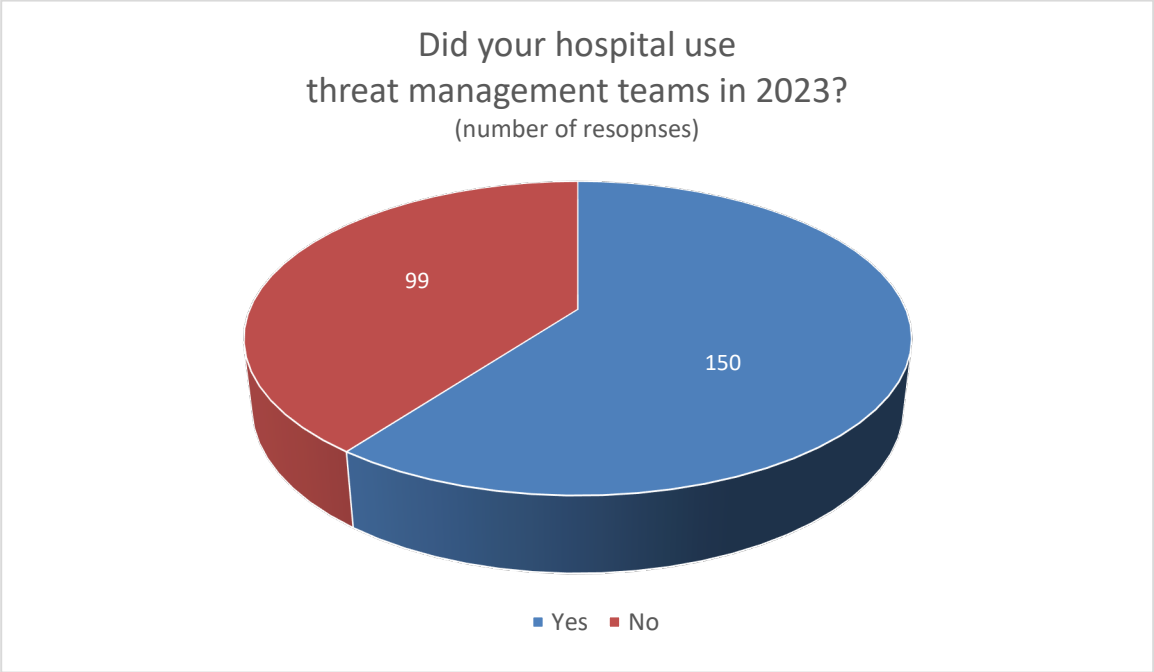
Respondents with psychiatric/behavioral units tended to be much larger than those without such units, with an average of 408 beds per facility compared to 221.

Hospitals with these units had somewhat higher rates of disorderly conduct and other assaults, but they had a lower violent crime rate (1.7 incidents per 100 beds vs. 2.3 incidents per 100 beds among facilities without them). Certain data limitations should be noted here, however. Two respondents that do *not* have in-patient psychiatric units reported a high number of aggravated assaults (totaling 277 between them), which was enough to raise the incidents per 100 beds rate for the csategory by 0.9, from 1.4 to 2.3.

Threat Management Teams

We asked respondents if their hospital uses threat management teams in security operations.

Although the term was not defined in the survey, a threat management team, generally speaking, is a tool aimed at reducing workplace violence by bringing together individuals from various departments within an organization to assess threats, develop countermeasures, and intervene before violence occurs. Of 249 responses, 60 percent said they use threat management teams. In the previous survey, 64 percent reported using such teams.

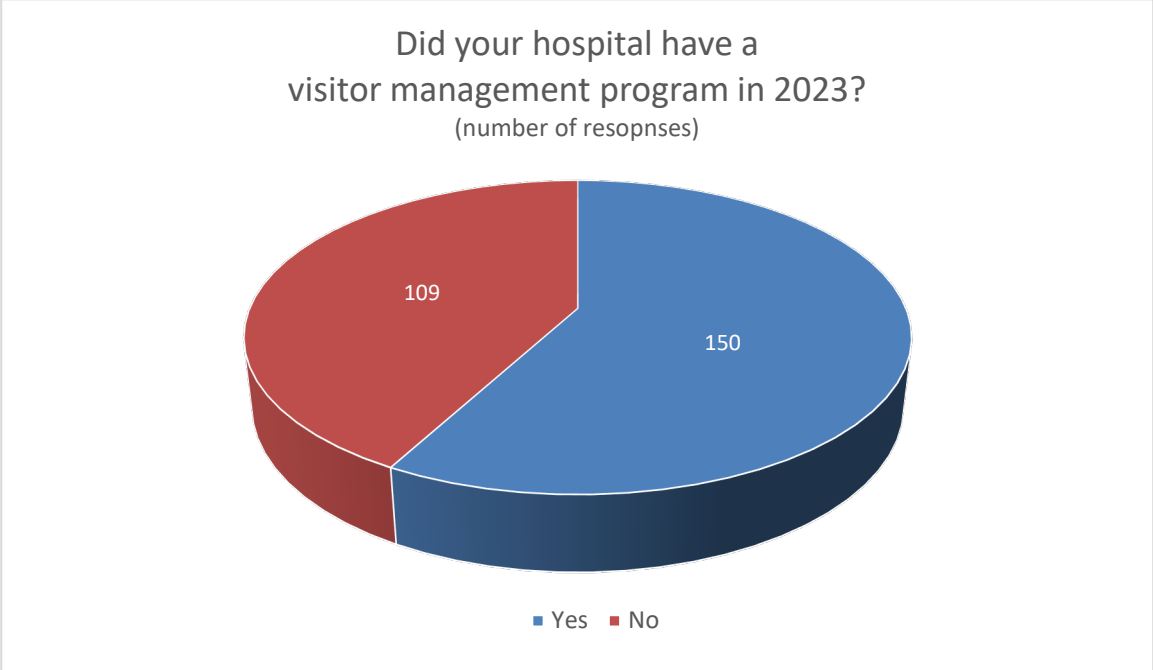


Facilities reporting that they use threat management teams tended to be larger in terms of both bed count and security staff (averaging 343 beds and 10.8 full-time security staff per 100 beds) than those without such teams (which average 252 beds and 9.2 full-time security staff per 100 beds.)

Compared to facilities without threat management teams, hospitals with them had higher incidents of violent crime (2.1 per 100 beds vs 1.5 per 100 beds) and disorderly conduct (65.6 compared to 47.3). As noted in previous years, though, this may be because hospitals facing greater risks and higher rates of crime are more likely to implement threat management teams and other enhanced security measures.

Visitor Management Programs

We asked if hospitals used visitor management programs to track entry and exit to and from their facilities by people other than staff and patients. Of 259 responses, 58 percent said yes. In the previous survey, 61 percent reported having such programs in place.

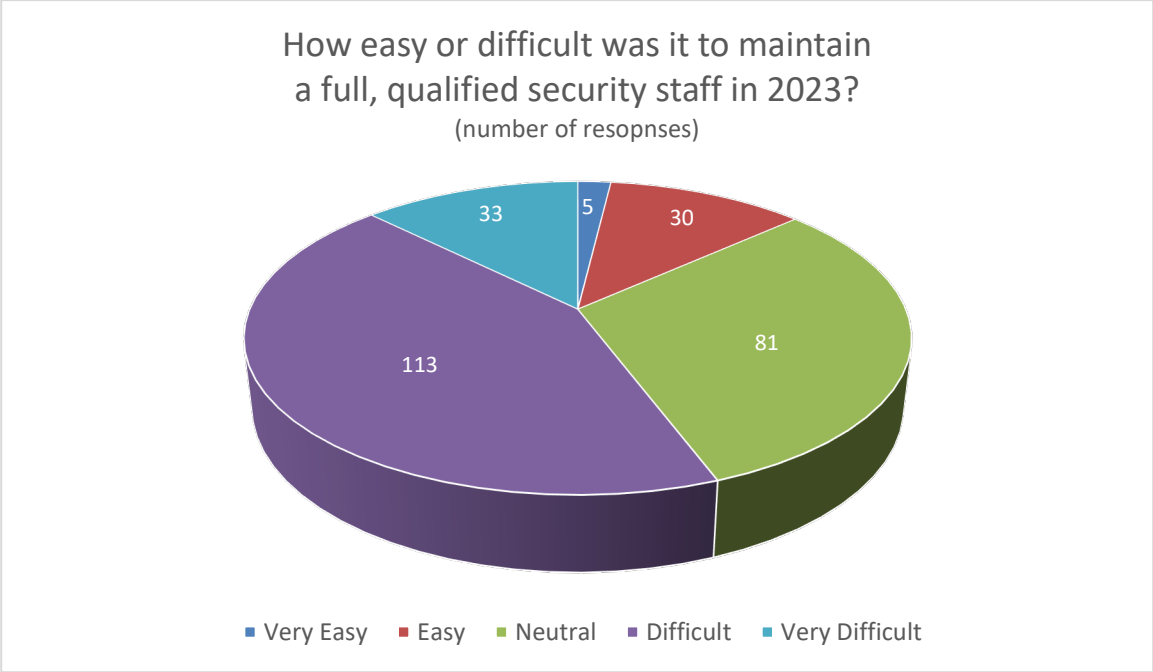


Hospitals with visitor management programs tended to be bigger facilities with larger security staffs, averaging 366 beds and 10.9 full-time security staff per 100 beds, while hospitals without such programs averaged 221 beds and 8.5 security staff per 100 beds.

Crime rates were similar between the two categories, though hospitals that did *not* have a visitor management program had a higher rate of elopements (10.4 per 100 beds compared to 6.6 per 100 beds).

Recruiting and Retaining Security Staff

We asked respondents to gauge the difficulty of recruiting and retaining a full, qualified security staff. Of 262 responses, 56 percent reported experiencing varying degrees of difficulty in filling their security staff, while 13 percent reported relative ease. Last year, the respective percentages were 65 and 13.



Hospitals reporting that it was "Difficult" or "Very Difficult" tended to be larger than those reporting having an "Easy" or "Very Easy" time, with an average of 359 beds per facility compared to 232.

METHODOLOGY

The survey was conducted through Survey Monkey, with the link distributed primarily through the IAHSS and IAHSS Foundation contact lists, the IAHSS and IAHSS Foundation websites, and personal outreach by IAHSS Foundation board members.

The received data were vetted by the IAHSS Foundation Board of Directors. A total of 29 responses were discarded for reasons including missing bed counts, mostly incomplete data, duplicate submissions, and outlier data that could not be confirmed.

All submissions were anonymous.

LIMITATIONS

There were several limitations associated with the Crime Survey, including, but not necessarily limited to, the following:

- The 263 responses leave about 97 percent of hospitals in the United States unaccounted for. Respondents were a self-selected group, and it is possible that sampling bias resulted in this group not being a representative sample of the nation's hospitals.

- Outreach targeted IAHSS members, so hospitals with no association members on staff are unlikely to have been included.

- In several instances, judgment calls had to be made regarding what constituted illegitimate, outlier data, raising the possibility of both Type 1 and Type 2 errors. Rejected responses included, but were not limited to, one reporting 20 murders at a 435-bed facility. Not all responses were dismissed because of high numbers, though. Several hospitals reported having more than 2,000 disorderly conducts incidents during the year, with one exceeding 4,000, and these responses were retained. (*See below.*) Outliers at the opposite extreme, such as a 504-bed facility that reported no criminal incidents of any kind (but did note four elopements) were also included.

- Some responses were non-specific. For example, "<10" Other Assaults. In these cases, the number was used as if it was exact. Even in responses without such qualifiers, rounding and/or estimation cannot be ruled out. Where a range was given (e.g., "7-8 employees" for the security staffing question), the midpoint was used in calculations.

- Since responses were for individual hospitals, some hospital systems may have been represented multiple times.

- The use of bed counts may not be the best indicator of hospital size and population. For example, number of Emergency Department visits, number of employees, hospital square footage, average daily census, and adjusted patient days can also be used to calculate crime rates. Bed counts, however, were the most consistently reported indicator of size and/or population and allow for continuity with Crime Surveys from previous years.

- Data may have been mis-entered by respondents.

- Notwithstanding the inclusion of UCR definitions in the survey, respondents may have compiled data using different definitions of crimes. There may also be variation in the definitions used for "elopement" and other terms. For example, one respondent answered the elopements question with "19 attempted, 2 actual." Others might have combined "attempted" elopements and actual ones without noting it as was done here.

- With 263 responses, a small number of hospitals reporting a large number of incidents could significantly affect the overall rates of certain crimes. For example, six responses accounted for 37 percent of all disorderly conducts reported, while two facilities accounted for 12 percent of all violent crime incidents.

APPENDIX: 2024 IAHSS Foundation Crime Survey Questions

1. How many licensed beds did your hospital have in 2023?

2. How many budgeted full-time security employees did your hospital have in 2023?

3. How many Murders occurred at your hospital in 2023? *(UCR Definition – Murder and Nonnegligent Manslaughter (Criminal Homicide) - The willful (nonnegligent) killing of one human being by another.)*

4. How many Rapes occurred at your hospital in 2023? *(UCR Definition: Rape – The carnal knowledge of a male or female forcibly and against his/her will. Note: Sexual intercourse or other forms of sexual penetration is an essential element of carnal knowledge. Do not include any sexual assaults that do not include intercourse or other penetration.)*

5. How many Robberies occurred at your hospital in 2023? *(UCR Definition: Robbery – The taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear. Examples: carjacking, purse snatching from a person. Note: Robbery should not be confused with larceny-theft or burglary as defined below.)*

6. How many Aggravated Assaults occurred at your hospital in 2023? *(UCR Definition: Aggravated Assault – An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm.)*

7. How many Other Assaults occurred at your hospital in 2023? *(UCR Definition: Other Assaults – An unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness. To unlawfully place another person in reasonable fear of bodily harm through the use of threatening words and/or other conduct, but without displaying a weapon or subjecting the victim to actual physical attack (e.g., intimidation).)*

8. How many Burglaries occurred at your hospital in 2023? *(UCR Definition: Burglary – The unlawful entry of a structure to commit a felony or a theft. Examples: burglary of the pharmacy after-hours; burglary of a physician's office or clinic. Note: This does not include burglaries of vehicles (vehicles are not structures).)*

9. How many Thefts occurred at your hospital in 2023? *(UCR Definition: Theft (except motor vehicle theft) – The unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Example: shoplifting from the gift shop. Note: Include all thefts from motor vehicles, but not thefts of vehicles themselves.)*

10. How many Motor Vehicle Thefts occurred at your hospital in 2023? *(UCR Definition: Motor Vehicle Theft – The theft or attempted theft of a motor vehicle. Note: Do not include thefts from motor vehicles, only thefts of vehicles themselves.)*

11. How many Vandalism events occurred at your hospital in 2023? *(UCR Definition: Vandalism – To willfully or maliciously destroy, injure, disfigure, or deface any public or private property, real or personal, without the consent of the owner or person having custody or control by cutting, tearing, breaking, marking, painting, drawing, covering with filth, or any other such means as may be specified by local law.)*

12. How many Disorderly Conducts occurred at your hospital in 2023? *(UCR Definition: Disorderly Conduct – Any behavior that tends to disturb the public peace or decorum, scandalize the community, or shock the public sense of morality. The FBI includes disturbing the peace, blasphemy, profanity, and obscene language with Disorderly Conduct. Examples: public intoxication, disturbing the peace, loitering, foul language, obscene gestures, unreasonably loud commotion or noise.)*

13. How many patient elopements occurred at your hospital in 2023?

14. Did your hospital have an inpatient psychiatric/behavioral health unit in 2023?

Yes
No
Don't Know

15. Did your hospital use threat management teams in 2023?

Yes
No
Don't Know

16. Did your hospital have a visitor management program in 2023?

Yes
No
Don't Know

17. How easy or difficult was it for your hospital to recruit and retain a full, qualified security staff in 2023?

Very Easy
Easy
Neutral
Difficult
Very Difficult

18. Does your hospital maintain statistics using the Workplace Violence Typology?

[If no, survey ends; if yes, survey continues below]

Please use the following definitions for Questions 19-25.

Workplace Violence Type 1: Violent acts by criminals, who have no other connection with the workplace, but enter to commit robbery or another crime.

Workplace Violence Type 2: Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services. Examples: patient-on-staff; visitor-on-staff; verbal assaults, threats.

Workplace Violence Type 3: Violence against coworkers, supervisors, or managers by a present or former employee. Examples: physician-on-nurse; employee-on-employee.

Workplace Violence Type 4: Violence committed in the workplace by someone who does not work there but has a personal relationship with an employee. Examples: an abusive spouse or partner.

19. How many Type 1 Aggravated Assaults occurred at your hospital in 2023?

20. How many Type 2 Aggravated Assaults occurred at your hospital in 2023?

21. How many Type 3 Aggravated Assaults occurred at your hospital in 2023?

22. How many Type 4 Aggravated Assaults occurred at your hospital in 2023?

23. How many Type 1 Other Assaults occurred at your hospital in 2023?

24. How many Type 2 Other Assaults occurred at your hospital in 2023?

25. How many Type 3 Other Assaults occurred at your hospital in 2023?

26. How many Type 4 Other Assaults occurred at your hospital in 2023?