RESEARCH BRIEF

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Workplace Violence: Part 3—Assaults and Violence by Others in Finer Detail

INTRODUCTION

In this final installment of our series on workplace violence, we take a closer look at assaults and violent acts by other persons[1], beginning with the health care and social assistance sector, where we first examine long-term trends and the underlying drivers of violence.

We then apply the same structured approach to the remaining North American Industry Classification System (NAICS) sectors, identifying the industries that contribute the largest number of cases and the factors shaping their exposure. To provide a complete view of the workplace-violence landscape, we extend the analysis beyond sectors to occupational categories and incorporate the public sector, allowing us to see how industry composition, occupational mix, and ownership structure jointly influence the patterns observed in the data.

KEY FINDINGS

- In health care and social assistance:
  - The assault share of all Days Away From Work (DAFW) cases doubled from 4.8% in 2011 to 9.6% in 2019
  - Assault shares fell sharply in 2020 and 2021–22, not because assaults declined, but because total DAFW cases surged during the COVID-19 period, temporarily suppressing the assault share through a denominator effect
  - Assault rates rose from 6.4 to 9.8 per 10,000 full-time equivalent (FTE) workers from 2011 to 2021–22, showing a substantial long-run increase in underlying assault risk
  - Hospitals and nursing/residential care facilities accounted for 75.1% of violence-by-others cases (40.2% and 34.9%, respectively), with general medical and surgical hospitals alone accounting for 30.5% of the health care and social assistance total

[1] **Note:** Prior to 2023, the US Bureau of Labor Statistics (BLS) classified workplace violence cases under the event category "Intentional injury by other person," which we term "assaults." Beginning in 2023, the BLS adopted revised event categories, including "Violent acts by other person(s)," creating a break in the series. As a result, comparisons across the two periods should be interpreted with caution.

  - Assault risk is pronounced in behavioral-health and residential settings: psychiatric and substance abuse hospitals posted a rate of 138.8 cases per 10,000 FTE workers, while residential intellectual/developmental disability, mental health, and substance abuse facilities posted a rate of 60.9
- For other NAICS sectors that contribute to workplace violence, we observe:
  - Increasing shares of assaults over time
  - Increasing rates of assaults over time
  - When the analysis expands to all ownerships and is disaggregated by occupation, protective services and education become more prominent in the distribution
  - In education, violence by others is concentrated in elementary and secondary schools (91.2%), and the occupational category with the highest assault rate is other educational, instructional, or library occupations at 53.3 cases per 10,000 FTE workers on an all-ownership basis
  - In protective services, violence by others is concentrated in security guards for the private industry and police and corrections personnel for all ownerships

DATA

This report builds upon prior research[2] published by NCCI, incorporating updated insights and extending the analysis into more recent years. The primary data source is the BLS Survey of Occupational Injuries and Illnesses (SOII) DAFW data for the private industry, which provides the closest available proxy to indemnity-eligible claims. In addition to the private industry view emphasized in earlier work, this report also incorporates an all-ownership perspective to broaden the empirical base and support later sections of the analysis.

Beginning with the 2021–22 reference period, the SOII moved its detailed case-and-demographic outputs—now including DAFW, Days of Job Transfer or Restriction (DJTR), and Days Away, Restricted, or Transferred (DART)—from an annual to a biennial publication to broaden coverage without increasing respondent burden. In some of our charts, we reflect this shift by using a dotted connector between 2020 and 2021–22, signaling the change in time scale and reminding readers that points to the right of 2020 are two-year combined estimates (e.g., 2021–22 and 2023–24), not single-year values.

Beginning with the 2023 data year, the BLS updated the Occupational Injury and Illness Classification System used in the SOII. This revision changes how injury and illness events are defined and coded, resulting in a formal data break for event-level case characteristics. Because the updated definitions differ from those used in earlier SOII publications, event counts for 2023–24 are not strictly comparable with data from prior years and should be interpreted with caution when examining trends. In this analysis, we use Event 111 (Intentional injury by other person) for 2022 and earlier data, and the corresponding Event 11 (Violent acts by other person) for 2023–24.

UNDERSTANDING THE VIOLENCE LANDSCAPE: OWNERSHIP VS. STRUCTURAL PATTERNS

"Workplace Violence: Part 1—Assault Trends, Drivers, and Demographics" examined workplace assaults solely within the private industry, which is consistent with standard SOII publication practices but necessarily excludes large portions of the workforce, most notably protective services and education. These two groups are overwhelmingly concentrated in state and local governments, meaning their assault risks are largely invisible when only viewing the private industry.

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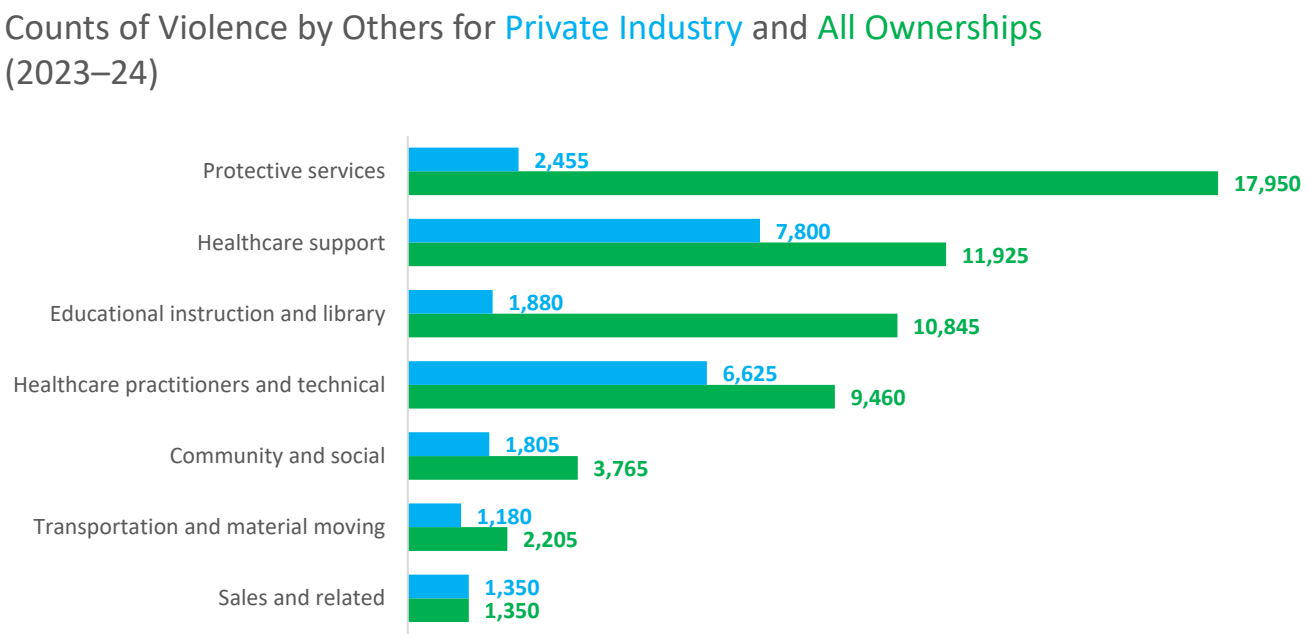
[2] The previous papers include:
Tanya Restrepo and Harry Shuford, "Violence in the Workplace," NCCI Research Brief, January 2012.
Martin Wolf, "Violence in the Workplace—An Updated Analysis," NCCI Research Brief, Summer 2008.
Martin Wolf, "Violence in the Workplace—An Updated Analysis," NCCI Research Brief, September 2006.
Martin Wolf, "An Analysis of Violence in the Workplace," *The Journal of Workers Compensation*, Vol. 12, No. 3, Spring 2003, pp. 79–90.
Martin Wolf, Dan Corro, and Chun Shyong, "Workplace Violence and Its Implications for Workers Compensation: Frequency, Cost and Other Claim Characteristics," NCCI, November 1999.

To provide a fuller and more accurate picture of violence exposure across the labor force, this paper includes selected exhibits on an all-ownership basis, ensuring that government-heavy occupations such as police, corrections, security, teachers, and instructional staff are appropriately represented in the analysis.

While industry-level analysis offers the most stable and interpretable view of workplace violence, because NAICS sectors are consistently defined and align with how establishments are sampled, it can also obscure patterns that are fundamentally occupational rather than industry-driven.

Protective services is the clearest example: it is not a single industry but an occupation group spread across multiple sectors, and therefore its risks are diluted or hidden when viewed only through an industry lens. For this reason, the paper complements the industry-level perspective with targeted occupational exhibits, ensuring that high-risk roles are visible even when they do not map cleanly to a single industry category.

Figure 1



Source: BLS SOII (DAFW data)

The preceding chart illustrates these dynamics clearly. Protective services, which does not appear in any industry-level view, becomes immediately visible on an occupational, all-ownership basis and emerges as one of the largest sources of violence-by-others cases.

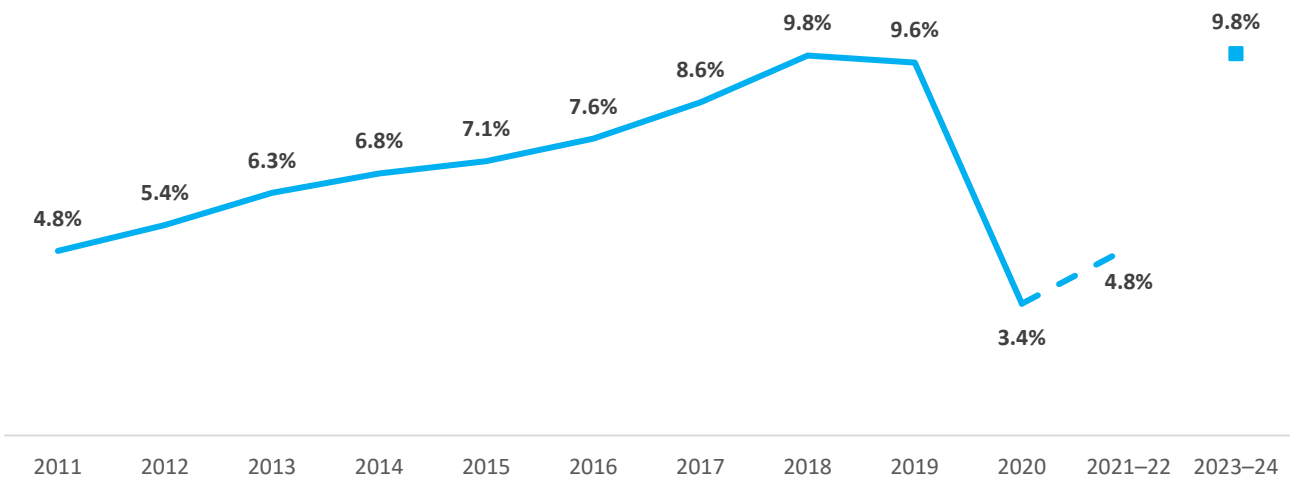
Education shows a similarly substantial increase when government employment is included, reflecting the predominantly public-sector nature of instructional and library occupations. At the same time, the health care occupations, when combined, still account for the largest overall share of violence-by-others cases, underscoring the central role of patient-facing health care work in the national violence-by-others burden.

HEALTH CARE AND SOCIAL ASSISTANCE

Trend lines that extend through 2023–24 should be interpreted with caution, as the BLS updated the SOII injury-event classification system beginning with the 2023 data year, creating a structural break that is shown in the figures by an unconnected point.

Figure 2

Health Care and Social Assistance Assault Share of DAFW Cases, Private Industry



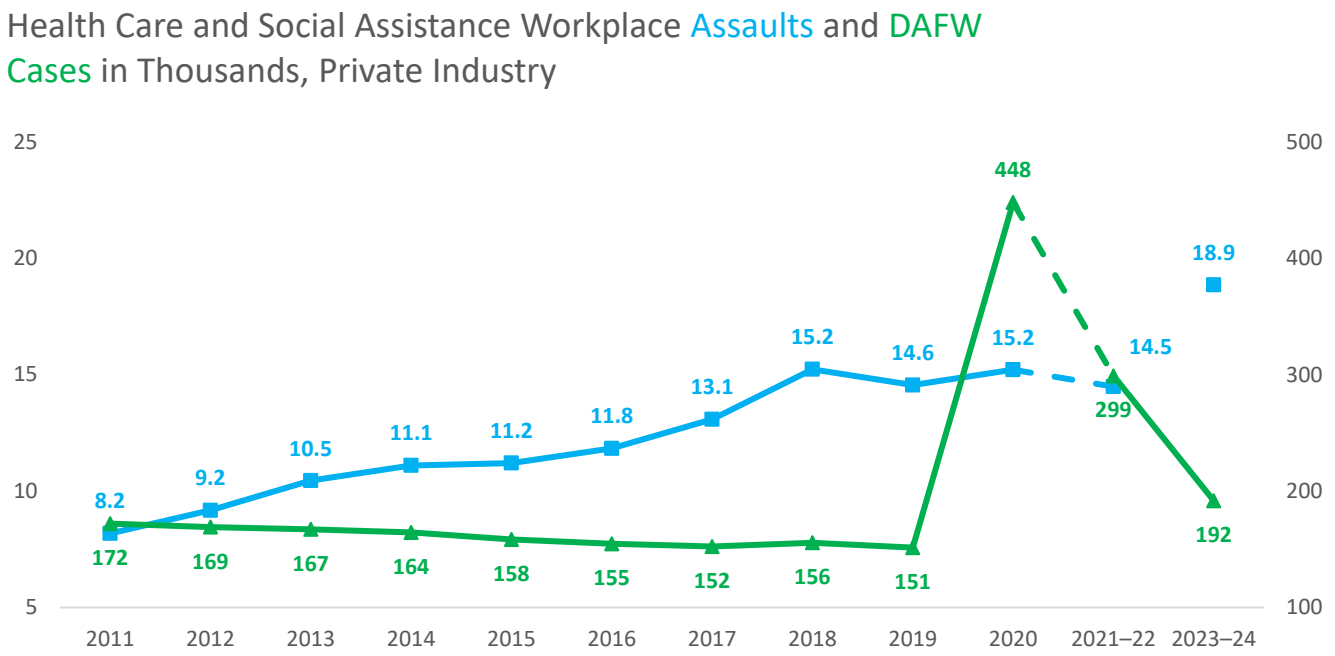
Note: The dotted line from 2020 to 2021–22 indicates the transition from annual to biennial BLS reporting. The break in the series at 2023 reflects the BLS update to the SOII injury-event classification system.

Source: BLS SOII (DAFW data)

The share of DAFW cases attributed to assaults in health care and social assistance shows a clear upward trajectory from 2011 through 2019, rising from 4.8% to 9.6%. This steady increase reflects a long-running pattern in which assaults account for a growing proportion of injuries in the sector. The series then shows a sharp and highly atypical decline in 2020, when the assault share drops to 3.4%, followed by a partial rebound to 4.8% in 2021–22 and a full return to 9.8% in 2023–24. The dotted segment between 2020 and 2021–22 marks the shift from annual to biennial reporting, and the break at 2023 reflects the BLS event-classification update. But even with these structural changes noted, the 2020 collapse and subsequent rebound stand out as the most unusual features of the series.

The abrupt drop in 2020 and the modest reversal in 2021–22 are inconsistent with the long-term trend and warrant a closer examination. To understand what is driving this disruption, and why the assault share returns to its prior trajectory only in 2023–24, the next chart looks directly at what changed in 2020 and in the 2021–22 biennial period.

Figure 3



Note: The dotted line from 2020 to 2021–22 indicates the transition from annual to biennial BLS reporting. The break in the series at 2023 reflects the BLS update to the SOII injury-event classification system. The DAFW line does not break at 2023 because DAFW cases in total were unaffected by the injury-event classification change.

Source: BLS SOII (DAFW data)

Figure 3 shows two distinct dynamics within health care and social assistance. Workplace assaults rise steadily from 2011 through 2018. But beginning in 2019, the trend flattens, with counts remaining in a relatively narrow range through 2021–22 rather than continuing the earlier upward trajectory. By contrast, total DAFW cases remain broadly stable from 2011 to 2019, declining only modestly, before spiking sharply in 2020.

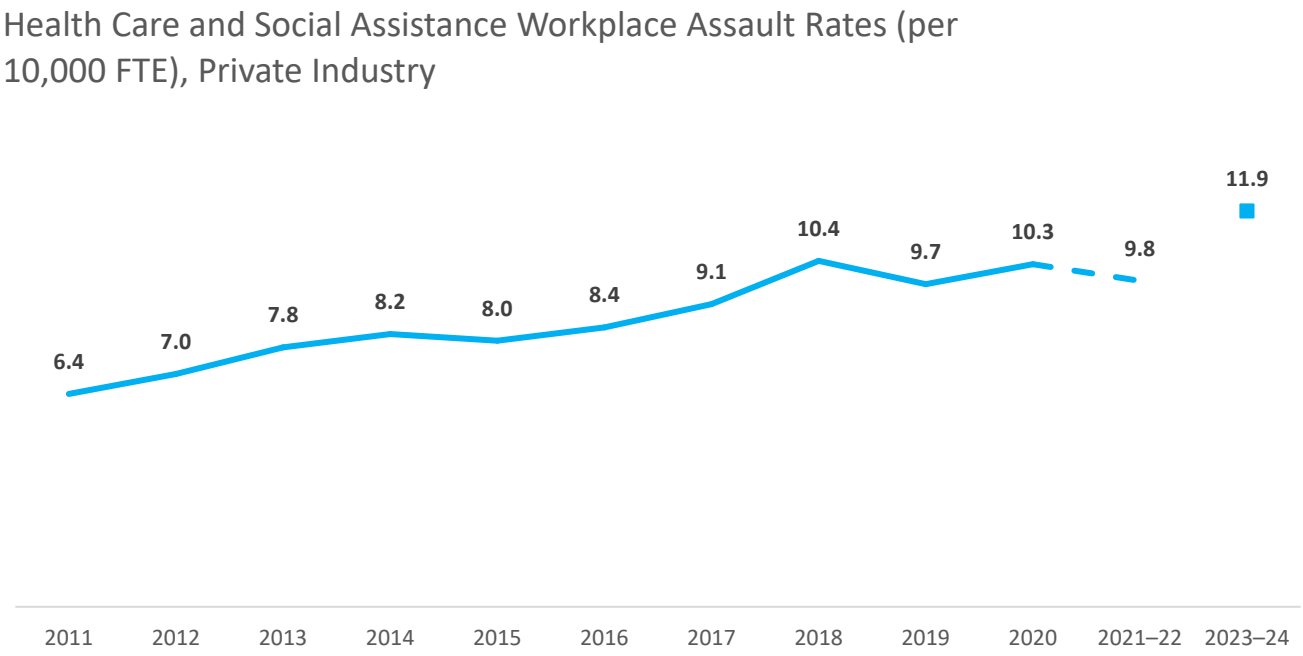
That surge, from roughly 150,000 to nearly 450,000 cases, reflects the unprecedented increase in illness-related DAFW cases during the first year of COVID-19, when health care workers experienced the highest exposure to infectious diseases of any sector. In other words, the apparent break in the series is not being driven by a collapse in assaults but by a temporary explosion in overall cases, a distinction that becomes critical in the next chart.

This figure clarifies the pattern seen in Figure 2. The sector's assault share collapses in 2020 not because assaults fell materially, but because the denominator—all DAFW cases—expanded dramatically due to COVID-related illnesses. BLS data confirms that illness cases, especially respiratory illnesses, rose by hundreds of thousands in 2020, with health care workers accounting for the overwhelming majority of that increase.

The flattening of assault counts after 2018 further amplifies the effect: once assaults stop rising while illness-related DAFW cases surge, the assault share necessarily falls. That is why it is useful to move next from shares to rates, which remove the distortion created by the changing denominator.

Taken together, the two charts show that the apparent decline in health care's assault share during the pandemic is primarily a denominator effect, not evidence of reduced violence. The assault share rose from 4.8% in 2011 to 9.6% in 2019, then fell sharply to 3.4% in 2020 because total DAFW cases surged during COVID, not because assaults materially declined. That distinction is central to interpreting the sector's trajectory correctly.

Figure 4



Note: The dotted line from 2020 to 2021–22 indicates the transition from annual to biennial BLS reporting. The break in the series at 2023 reflects the BLS update to the SOII injury-event classification system.

Source: BLS SOII (DAFW data)

Figure 4 shows that assault rates in health care and social assistance have risen steadily over the past decade, increasing from 2011 through 2018 and remaining elevated through the pandemic years. Unlike the share-based metric, which is heavily distorted by the surge in illness-related DAFW cases in 2020, the rate per 10,000 FTE workers provides a clearer view of the underlying assault risk because it adjusts for employment rather than total injury counts.

This makes the rate especially useful for understanding how common assaults have become relative to the size of the health care workforce. Even during the pandemic, when the assault share temporarily collapsed because COVID-related illness cases exploded, the assault risk in health care continued along its longer-run upward path, as shown in the rate chart. With that broader sector-level pattern established, the next table breaks down where the burden is concentrated within the health care sector.

Table 1

Health Care and Social Assistance: Annualized Violence-by-Others Counts, Shares, and Rates (Private Industry, 2023–24)

Sectors and Subsectors	Annualized Counts	Counts as a Share of Health Care and Social Assistance	Rate per 10,000 FTE Workers
Health care and social assistance	**18,860**	**100.0%**	**11.9**
Hospitals	**7,595**	**40.2%**	**18.3**
General medical and surgical hospitals	5,755	30.5%	14.9
Psychiatric and substance abuse hospitals	1,555	8.2%	138.8
Specialty (except psychiatric and substance abuse) hospitals	280	1.5%	14.4
Nursing and residential care facilities	**6,575**	**34.9%**	**26.5**
Residential intellectual and developmental disability, mental health, and substance abuse facilities	3,365	17.8%	60.9
Nursing care facilities (skilled nursing facilities)	1,620	8.6%	14.8
Other residential care facilities	880	4.7%	68.2
Continuing care retirement communities and assisted living facilities for the elderly	705	3.7%	10.0
Social assistance	**2,490**	**13.2%**	**9.3**
Individual and family services	1,630	8.6%	10.7
Child day care services	390	2.1%	5.2
Vocational rehabilitation services	375	2.0%	18.3
Community food and housing, and emergency and other relief services	95	0.5%	5.0
Ambulatory health care services	**2,200**	**11.7%**	**3.4**
Offices of other health practitioners	905	4.8%	11.0
Outpatient care centers	435	2.3%	5.1
Home health care services	415	2.2%	3.7
Offices of physicians	275	1.5%	1.1
Other ambulatory health care services	105	0.6%	3.6
Medical and diagnostic laboratories	50	0.3%	1.7

Note: NAICS subsector counts do not always sum to sector totals due to BLS suppression rules, rounding, residual "other" categories, cross-tab suppression, and structural breaks below the sector level. Some cases are coded only at the sector level or as "unknown," which appears in the sector total but not in any subsector. When using two-year averages, these discrepancies can persist or widen because suppressed cells, rounding effects, and year-to-year weighting differences are carried into the averaged values. For these same reasons, shares may not sum to 100% at the sector level, nor to the full share of a subsector when aggregating the categories nested beneath it.

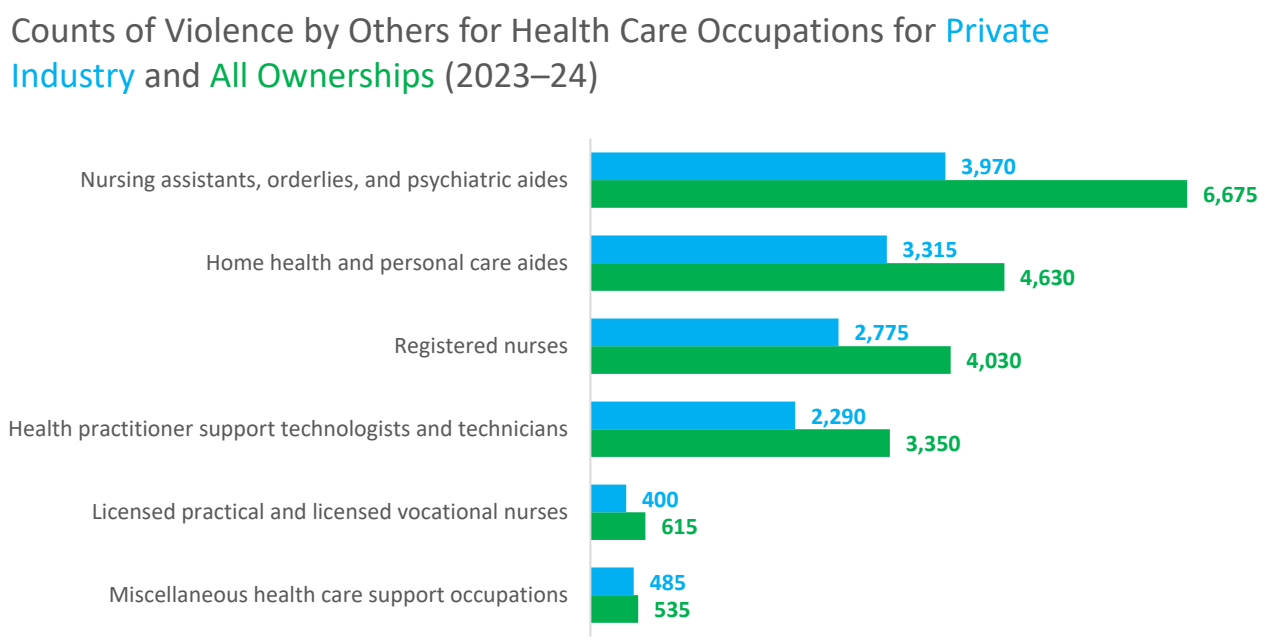
Source: BLS SOII (DAFW data)

Violence in health care and social assistance is highly concentrated in a small number of settings. Hospitals and nursing and residential care facilities together account for 75.1% of all violence-by-others cases in the sector, with hospitals representing 40.2% and nursing and residential care facilities another 34.9%. General medical and surgical hospitals alone account for 30.5% of the sector total, making them the single largest contributor by count.

At the same time, the highest rates are concentrated in behavioral-health and residential-care settings rather than in general acute care: psychiatric and substance abuse hospitals post a rate of 138.8 cases per 10,000 FTE workers, while residential intellectual and developmental disability, mental health, and substance abuse facilities post a rate of 60.9.

These patterns show where workplace violence is concentrated within the health care sector, particularly within a relatively narrow set of care environments. The next figure then shifts from subsectors to occupations to show how this sectoral pattern appears through a workforce lens.

Figure 5



Source: BLS SOII (DAFW data)

Figure 5 shows the all-ownership view diverging from the private industry view for the health care industry. For every occupation listed, the all-ownership counts are higher, and the gap is especially pronounced for nursing assistants, orderlies, and psychiatric aides.

This jump likely reflects the presence of large state-run psychiatric hospitals and other public behavioral-health institutions[3], facilities that do not appear in the private industry series but account for a significant share of violence-by-others cases.

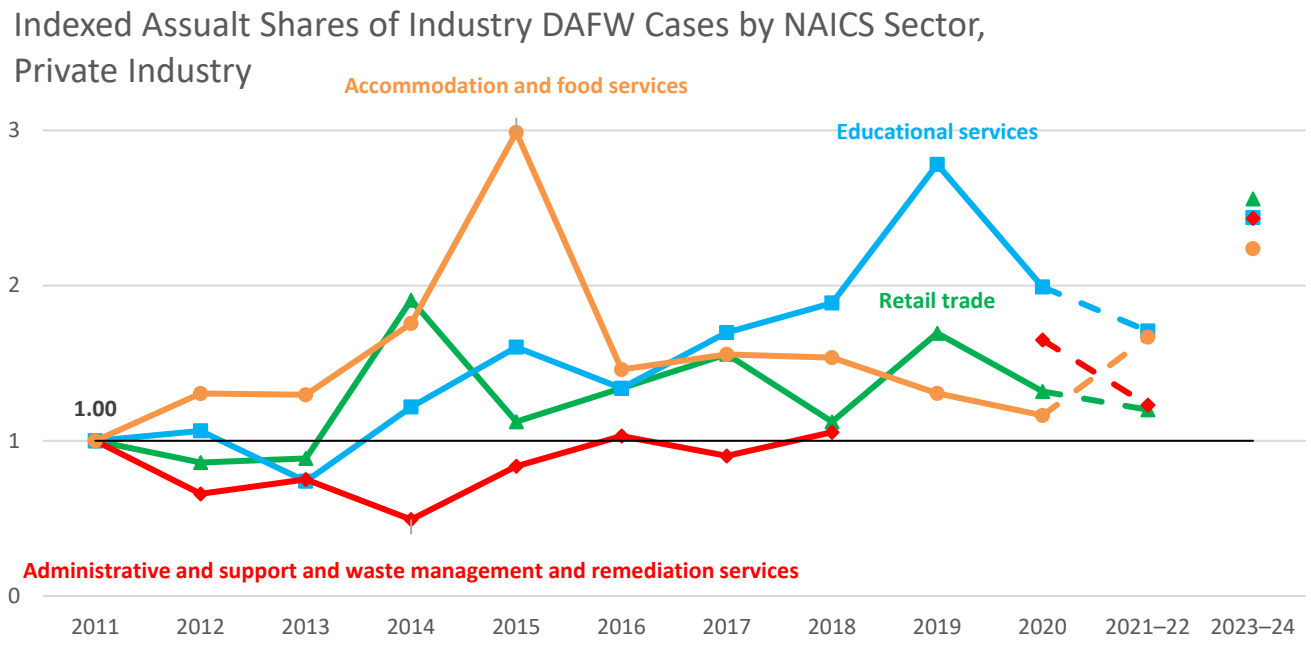
These public-sector settings employ large numbers of direct-care staff, manage higher-acuity patient populations, and, as shown in Table 1, experience elevated rates of assault, all of which contribute to the higher totals in the all-ownership data. The result is a clearer picture of the occupational distribution of violence once public-sector health care employment is included.

[3] National Association of State Mental Health Program Directors Research Institute (NRI), *State Mental Health Agency Use of State Psychiatric Hospitals*, July 2024. NRI reports that "Every state Operates a psychiatric hospital with inpatient beds for individuals who require intensive treatment in an inpatient setting."

OTHER NAICS SECTORS

Health care dominates the private industry national violence picture, but it is not the whole story. To see whether the broader rise in workplace violence is confined to that sector or reflects something more widespread, we now examine the remaining NAICS sectors that contribute meaningfully to the violence landscape.

Figure 6



Note: The break in the series for administrative and support and waste management and remediation services at 2019 reflects BLS suppression of that data point. The dotted line from 2020 to 2021–22 indicates the transition from annual to biennial BLS reporting. The break in the series at 2023 reflects the BLS update to the SOII injury-event classification system.

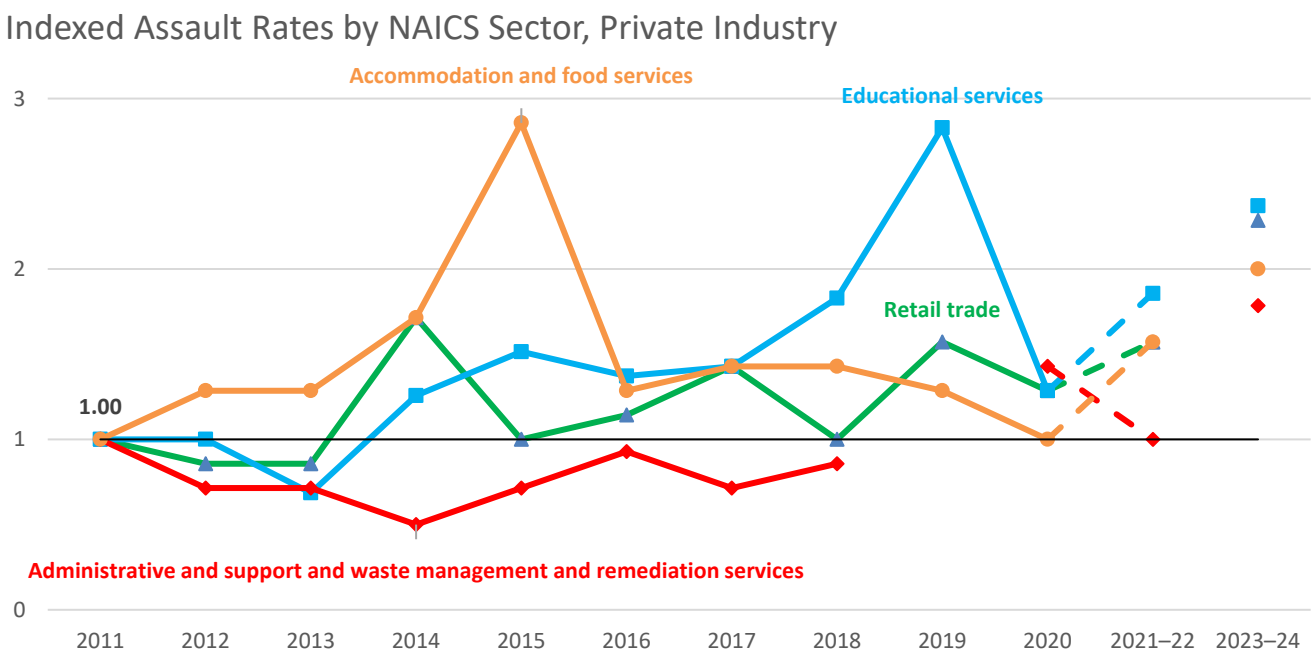
Source: BLS SOII (DAFW data)

The figure shows that violence shares have increased across most major NAICS sectors since 2011. Nearly every line sits above the 1.0 index, indicating that assaults now make up a larger share of each sector's DAFW cases than they did at the starting point.

While the timing and magnitude of the increases vary (accommodation and food services rising sharply in the mid-2010s, educational services peaking around 2019, and retail and administrative support showing more gradual movement), the overall pattern is clear: this is not a one-industry phenomenon.

The broad upward drift across sectors with very different workforces, risk environments, and institutional structures suggests that the rise in workplace violence is systemic, not confined to any single part of the economy. The next figure asks whether that same conclusion also holds when the data is viewed through rates rather than shares.

Figure 7



Note: The break in the series for administrative and support and waste management and remediation services at 2019 reflects BLS suppression of that data point. The dotted line from 2020 to 2021–22 indicates the transition from annual to biennial BLS reporting. The break in the series at 2023 reflects the BLS update to the SOII injury-event classification system.

Source: BLS SOII (DAFW data)

The indexed assault-rate chart shows a pattern broadly consistent with the share-based results: most sector lines sit above the 1.0 baseline, indicating that assault rates have risen relative to their 2011 levels. Although the timing and magnitude of the increases differ, the overall picture is the same. Assault risk has increased across multiple sectors, not just one.

The fact that these sectors have very different workforces, customer interactions, and operating environments yet still show upward movement reinforces the conclusion from the share chart: the rise in workplace assaults is systemic, not confined to a single industry or driven by a single structural factor. Having established that broad pattern, the next table shows that the sectors near the top arrive there for very different underlying reasons.

Table 2

Other NAICS Sectors: Annualized Violence-by-Others Counts, Shares, and Rates (Private Industry, 2023–24)

Sectors and Subsectors	Violent Acts by Other Person Counts	Counts as a Share of Sector	Violent Acts by Other Person Rate
Retail trade	**1,835**	**100%**	**1.6**
Food and beverage stores	730	39.8%	3.3
General merchandise stores	625	34.1%	2.9
Health and personal care stores	195	10.6%	2.6
Gasoline stations	70	3.1%	0.9
Clothing and clothing accessories stores	55	3.8%	0.9
Motor vehicle and parts dealers	40	6.0%	0.2
Building material and garden equipment and supplies dealers	35	3.8%	0.6
Miscellaneous store retailers	35	1.6%	0.6
Educational services	**1,820**	**100%**	**8.3**
Elementary and secondary schools	1,660	91.2%	22.5
Educational support services	95	5.2%	6.3
Colleges, universities, and professional schools	50	2.7%	0.6
Administrative and support and waste management services	**1,380**	**100%**	**2.5**
Administrative and support services	1,345	97.5%	2.7
Waste management and remediation services	35	2.5%	0.7
Accommodation and food services	**1,200**	**100%**	**1.4**
Food services and drinking places	945	78.8%	1.3
Accommodation	255	21.3%	1.7

Note: NAICS subsector counts do not always sum to sector totals due to BLS suppression rules, rounding, residual "other" categories, cross-tab suppression, and structural breaks below the sector level. Some cases are coded only at the sector level or as "unknown," which appears in the sector total but not in any subsector. When using two-year averages, these discrepancies can persist or widen because suppressed cells, rounding effects, and year-to-year weighting differences are carried into the averaged values. For these same reasons, subsector shares may not always sum to 100%.

Source: BLS SOII (DAFW data)

The sectors that appear toward the top of Table 2 do so for different structural reasons. Retail trade appears largely because it is one of the largest industries in the economy; even with a relatively modest assault rate, its sheer employment base produces a high number of cases.

Educational services, by contrast, is a sector dominated by elementary and secondary schools, which account for 91.2% of the sector's violence cases and post a rate of 22.5 cases per 10,000 FTE workers, evidence that the education burden is both concentrated and materially elevated in that subsector.

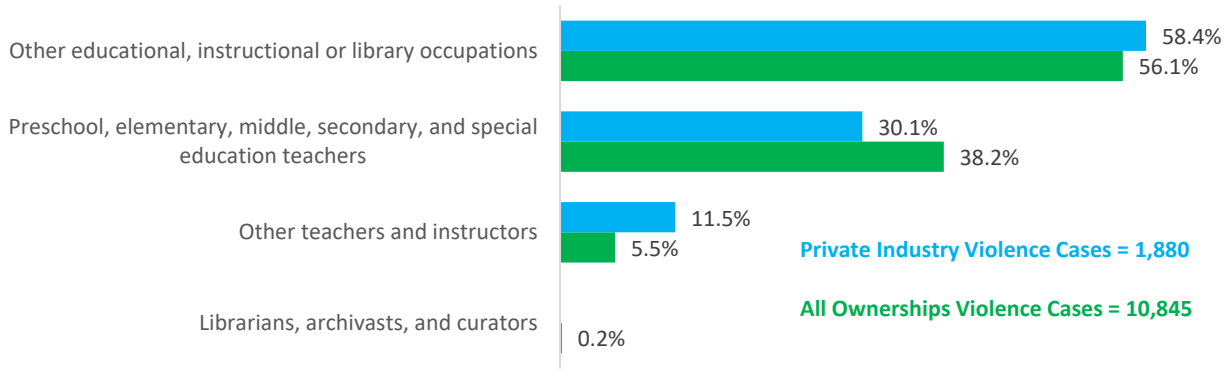
Administrative and support and waste management services appears on the list primarily because it includes security services, a high-risk subsector, yet its overall sector rate is lower than one might expect because those security cases are averaged together with subsectors that have a much lower risk.

Taken together, the table shows that sectors rise to the top for different reasons: some because they are large, some because they contain concentrated high-risk subsectors, and some because sector-level averages mask substantial internal variation.

Now we examine education and protective services at the occupational level for both the private industry and all ownerships.

Figure 8

Educational Instruction and Library Occupations: Distribution of Violence-by-Others Cases for Private Industry and All Ownerships (2023–24)

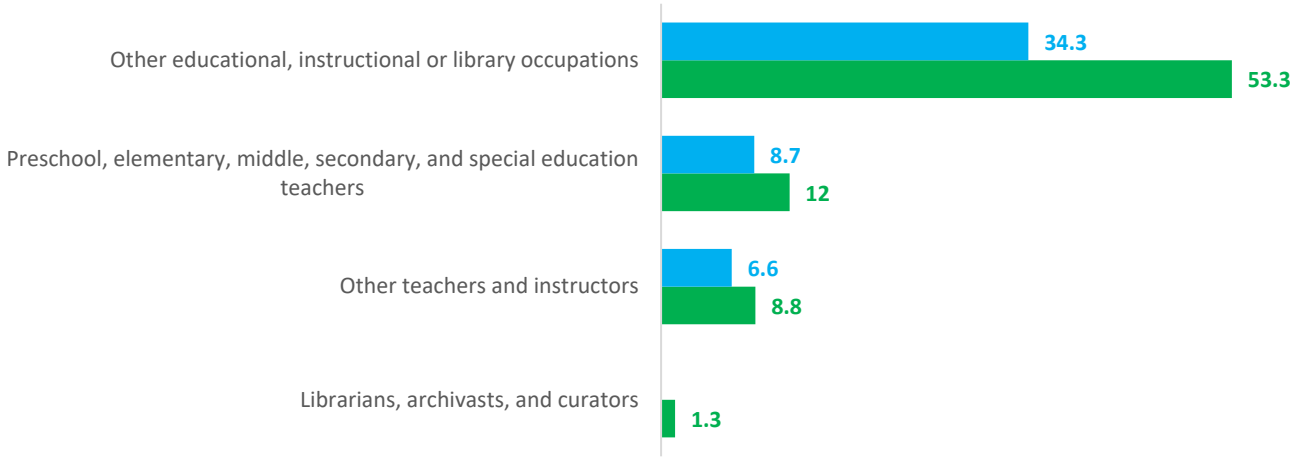


Note: Where a bar/value fails to exist, it is because its data was suppressed by the BLS.

Source: BLS SOII (DAFW data)

Figure 9

Educational Instruction and Library Occupations: Violence-by-Others Rates per 10,000 FTE Workers for Private Industry and All Ownerships (2023–24)



Note: Where a bar/value fails to exist, it is because its data was suppressed by the BLS.

Source: BLS SOII (DAFW data)

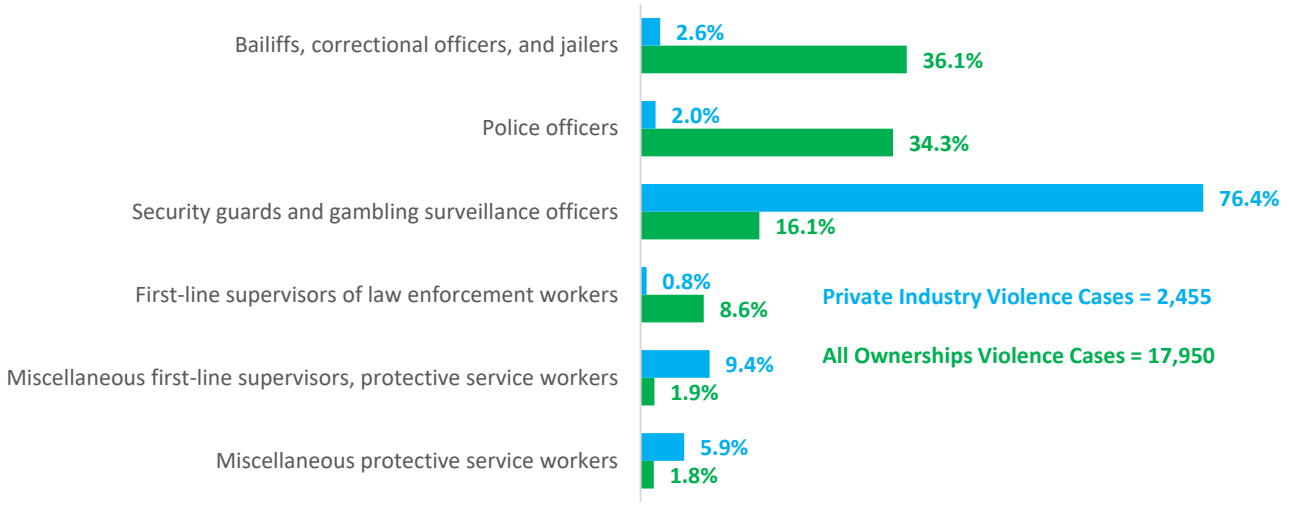
The "Other educational, instructional, or library occupations" category accounts for over half of all violence cases and reports the highest rates in both all ownerships (53.3 cases per 10,000 FTE workers) and private industry (34.3 cases). This residual Standard Occupational Classification (SOC) group (25-9000) includes teaching assistants, special education and behavioral aides, library assistants, tutors, substitute teachers, and other public-facing or high-contact roles. Because many of these occupations involve behavioral management and direct physical interaction, the elevated rates reflect the structural concentration of high-risk roles within this category.

Preschool, elementary, middle, secondary, and special education teachers represent 38.2% of violence-by-others cases across all ownerships, with a corresponding rate of 12.0 cases per 10,000 FTE workers. "Other teachers and instructors" account for 5.5% of cases and a rate of 8.8 on an all-ownerships basis.

These figures are comparable between all ownerships and the private industry. Together, Figures 8 and 9 show that the education story is shaped both by public-sector employment and by the concentration of risk in a subset of occupations. That same ownership effect becomes even more pronounced in protective services, which is the focus of the next section.

Figure 10

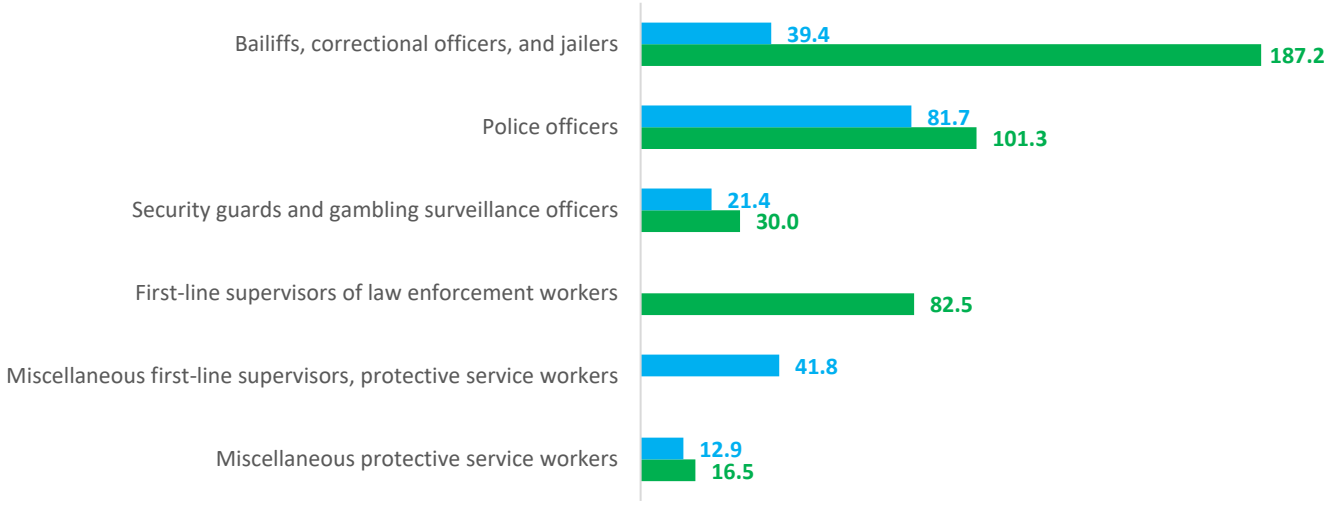
Protective Service Occupations: Distribution of Violence-by-Others Cases for Private Industry and All Ownerships (2023–24)



Source: BLS SOII (DAFW data)

Figure 11

Protective Service Occupations: Violence-by-Others Rates per 10,000 FTE Workers for Private Industry and All Ownerships (2023–24)



Note: Where a bar/value fails to exist, it is because its data was suppressed by the BLS.

Source: BLS SOII (DAFW data)

On an all-ownership basis, the violence-by-others landscape in protective services is dominated by police officers and correctional officers, who together account for over 70% of all cases. This concentration reflects the simple structural fact that these occupations exist almost entirely within state and local governments.

Once government workers are included, the dataset captures the full universe of sworn law enforcement and corrections personnel, and the totals rise sharply as a result. The rates reinforce this point: violence-by-others rates for correctional officers exceed 180 cases per 10,000 FTE workers, and police officers exceed 100, making them among the highest-risk occupations in the entire dataset. This is the clearest demonstration in the paper of how ownership structure can fundamentally reshape the apparent distribution and severity of workplace violence.

By contrast, the private industry distribution looks completely different. When state and local governments are removed, the protective-services workforce becomes overwhelmingly private security, and the violence burden shifts accordingly: over 76% of all private industry cases involve security guards and surveillance officers.

Police and corrections nearly disappear because they are not private-sector roles. The rate patterns mirror this structural shift. Security guards experience violence at 21–30 per 10,000 FTE workers, far lower than sworn law enforcement but still high relative to most private-sector occupations. Meanwhile, the private industry rates for police and corrections are suppressed, underscoring the limited presence of that workforce outside the government.

Taken together, these contrasts reinforce one of the paper's central themes: who appears most exposed depends not only on the occupation itself, but also on whether the analysis captures the public sector. The same SOC group can look dominated by high-rate government roles or by lower-rate private security depending on the ownership lens applied.

CONCLUSION

This final paper in the workplace violence series helps put a bow on the broader findings. Taken together, the results point to a clear set of conclusions.

First, health care and social assistance remains the center of gravity for workplace violence. The sector's assault share doubled from 4.8% in 2011 to 9.6% in 2019 before temporarily falling to 3.4% in 2020, a decline driven by the COVID-era surge in illness-related DAFW cases rather than by a meaningful reduction in assaults. When viewed through rates instead of shares, the long-run pattern is even clearer: assault rates rose from 6.4 per 10,000 FTE workers in 2011 to 9.8 in 2021–22, indicating a sustained increase in underlying assault risk.

Second, the burden within health care is not widespread; it is concentrated in a relatively small number of high-risk settings. Hospitals and nursing and residential care facilities account for 75.1% of violence-by-others cases in the sector, and general medical and surgical hospitals alone account for 30.5% of the total.

Yet the highest rates occur in behavioral-health and residential-care settings, not in general acute care: psychiatric and substance abuse hospitals post a rate of 138.8 cases per 10,000 FTE workers, while residential intellectual and developmental disability, mental health, and substance abuse facilities post a rate of 60.9. These figures show that both scale and care intensity matter in understanding where risk is greatest.

Finally, the paper shows that workplace violence is not only a health care problem. Outside health care, violence is also concentrated in specific sectors and occupations, especially when ownership is taken into account. In educational services, elementary and secondary schools account for 91.2% of cases and post a rate of 22.5 cases per 10,000 FTE workers, while the broad "other educational, instructional, or library occupations" group reaches 53.3 on an all-ownership basis.

More broadly, the all-ownership view reveals exposure in public-sector-heavy roles that are understated or missed entirely when the analysis is limited to the private industry. The practical implication is straightforward: prevention efforts should focus most heavily on the settings and occupations where exposure is structurally concentrated, while recognizing that the broader rise in assaults reflects a wider shift in workplace risk across the economy.

APPENDIX

Annualized DAFW Cases by NAICS Sector, Private Industry

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021–22	2023–24
Health care and social assistance	172,030	169,070	167,150	164,440	158,410	154,680	152,340	155,570	151,410	447,890	298,995	191,695
Retail trade	127,420	127,010	128,800	120,640	123,770	122,390	120,040	126,850	120,200	125,560	172,385	118,695
Educational services	10,680	10,040	10,490	11,460	10,530	11,840	10,150	11,590	12,080	7,700	12,915	12,860
Administrative and support and waste management and remediation services	48,330	51,960	46,520	52,830	43,590	49,770	44,490	46,500	–	46,890	46,260	42,180
Accommodation and food services	70,810	75,570	77,120	75,140	78,560	76,120	75,820	77,770	82,940	60,880	72,455	74,460

Note: Where a value fails to exist, it is because its data was suppressed by the BLS.

Source: BLS SOII (DAFW data), Private Industry

Annualized Assault Cases by NAICS Sector, Private Industry

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021–22	2023–24
Health care and social assistance	8,180	9,170	10,450	11,100	11,200	11,830	13,080	15,230	14,550	15,210	14,485	18,860
Retail trade	770	660	690	1,390	840	990	1,130	860	1,230	1,000	1,250	1,835
Educational services	620	620	450	810	980	920	1,000	1,270	1,950	890	1,280	1,820
Administrative and support and waste management and remediation services	650	460	470	350	490	690	540	660	–	1,040	765	1,380
Accommodation and food services	510	710	720	950	1,690	800	850	860	780	510	870	1,200

Note: Where a value fails to exist, it is because its data was suppressed by the BLS. The gray shading in the series at 2023–24 reflects the BLS update to the SOII injury-event classification system.

Source: BLS SOII (DAFW data)

Annualized Assault Rates per 10,000 FTE Workers by NAICS Sector, Private Industry

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021–22	2023–24
Health care and social assistance	6.4	7.0	7.8	8.2	8.0	8.4	9.1	10.4	9.7	10.3	9.8	11.9
Retail trade	0.7	0.6	0.6	1.2	0.7	0.8	1.0	0.7	1.1	0.9	1.1	1.6
Educational services	3.5	3.5	2.4	4.4	5.3	4.8	5.0	6.4	9.9	4.5	6.5	8.3
Administrative and support and waste management and remediation services	1.4	1.0	1.0	0.7	1.0	1.3	1.0	1.2	–	2.0	1.4	2.5
Accommodation and food services	0.7	0.9	0.9	1.2	2.0	0.9	1.0	1.0	0.9	0.7	1.1	1.4

Note: Where a value fails to exist, it is because its data was suppressed by the BLS. The gray shading in the series at 2023–24 reflects the BLS update to the SOII injury-event classification system.

Source: BLS SOII (DAFW data)