RESEARCH BRIEF

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Workplace Violence: Part 1—Assault Trends, Drivers, and Demographics

INTRODUCTION

Workplace violence spans a wide range of behaviors—from threats and verbal abuse to physical assault and homicide. This paper focuses specifically on nonfatal workplace assaults as captured in the US Bureau of Labor Statistics' (BLS) Survey of Occupational Injuries and Illnesses (SOII). Using the most recent BLS assault case data, workplace assaults show a clear upward trend: they increased at an annualized rate of 5.3% per year from 2011 through 2021–22.

KEY FINDINGS

- Workplace assault measures have increased steadily from 2011 to 2021–22:
  - Assaults increased at an average annual rate of 5.3%.
  - The rate of workplace assaults per 10,000 full-time equivalent (FTE) workers increased by 62%.
  - The share of assaults among all of the BLS' Days Away From Work (DAFW) cases increased from 1.3% in 2011 to a peak of 2.3% in 2019.
- Assault cases are most heavily concentrated in the health care and social assistance NAICS sector. The number of annual assaults in this sector is 10 times the number of assaults in the next largest NAICS sector, retail trade.
- Women tend to experience an elevated risk of workplace assault.
- Workers aged 20 to 34 experience a disproportionate number of assaults.
- Hitting, kicking, and beating by another person accounts for nearly 93% of all workplace assaults.

DATA

This report builds upon prior research[1] published by NCCI, incorporating updated insights and extending the analysis into more recent years. The primary data source is the BLS, supplemented by NCCI's proprietary workers

[1] 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.

compensation data. NCCI relied on the BLS' DAFW data for the private industry because it serves as the closest available proxy to indemnity claims and aligns with the data NCCI collects and uses for filing purposes2.

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.

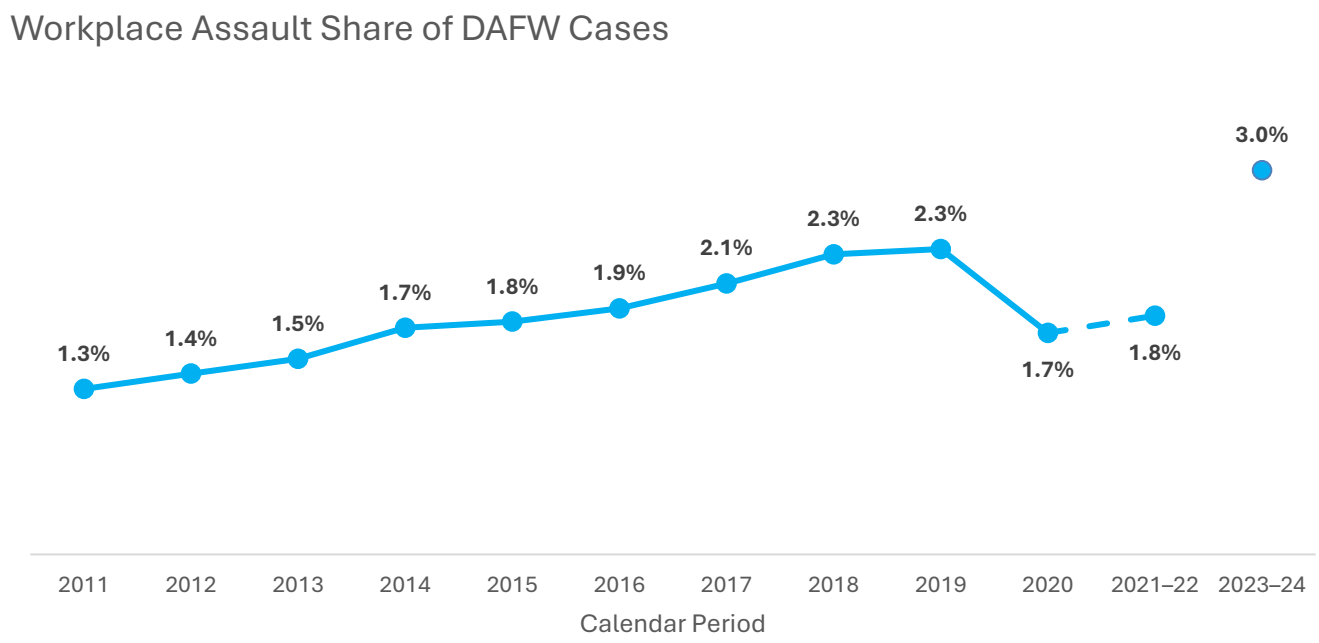
Beginning with the 2023 data year, the BLS updated the Occupational Injury and Illness Classification System (OIICS) used in the SOII. This revision changes how injury and illness events are defined and coded, resulting in a formal data break for event-level case characteristics. Because the updated 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.

[2] An important distinction from the BLS totals is that NCCI removes COVID-19 claims from the experience it uses for ratemaking and experience rating during the defined COVID window. Specifically, NCCI assigned COVID-19 claims to Extraordinary Loss Event (ELE) Catastrophe Number 12 and excluded claims with accident dates of December 1, 2019, through June 30, 2023, from ratemaking. Claims with accident dates on and after July 1, 2023, are included again (Illinois remains excluded).

ASSAULT TRENDS

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.

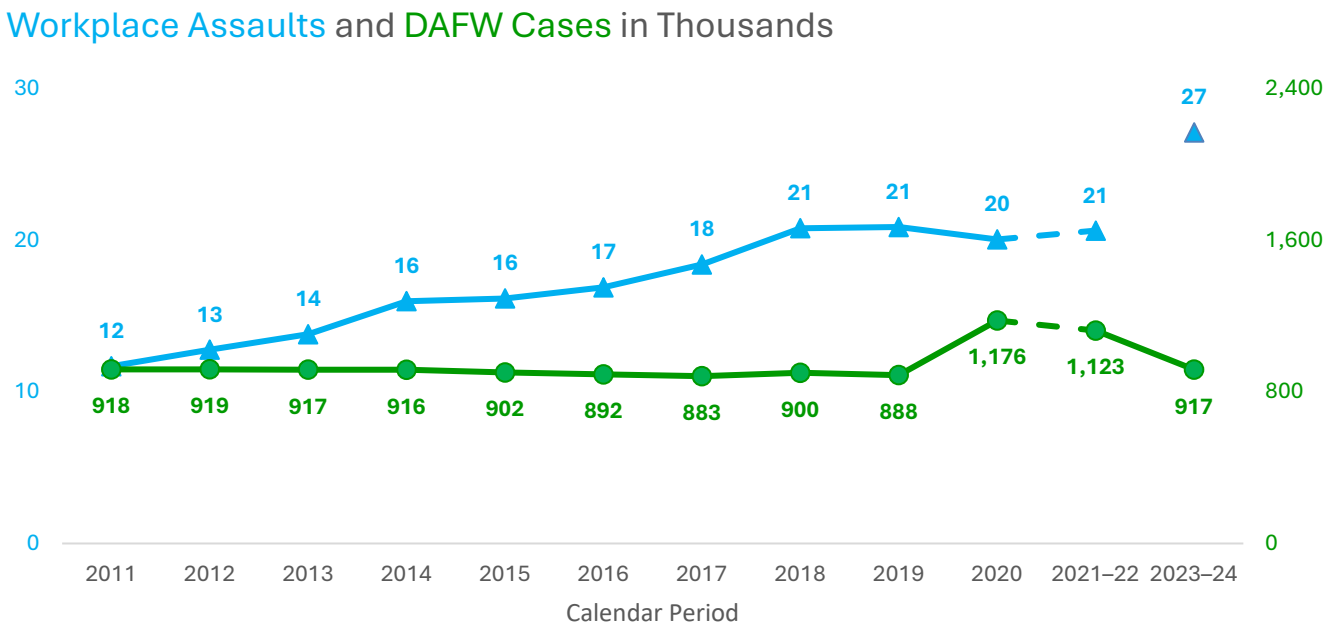
Figure 1



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 workplace assaults among all DAFW cases increased substantially over the 2011 to 2023–24 period. From 2011 through 2018, it increased steadily. That upward trend was interrupted in 2020, when the proportion dropped and remained suppressed in 2021–22. The patterns observed during 2020–2022 align with the broader COVID-19 period, when illness-related DAFW cases rose sharply and continued to remain elevated into 2021–22. After a modest rebound during those years, the assault share rose again in 2023–24, reaching 3.0% of all DAFW cases, the highest level in the series. It is likely that a portion of this increase reflects a technical difference in the data series. The comparison shown uses Event 111 (Intentional injury by other person) for 2022 and earlier data and Event 11 (Violent acts by other person) beginning in 2023–24, which are similar but not strictly comparable.

Figure 2



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 2 breaks Figure 1 into its two components: the numerator (workplace assault cases) and the denominator (total DAFW cases). The dual axis chart uses scales that are aligned proportionally, allowing for a direct visual comparison of how each series grows or declines over time.

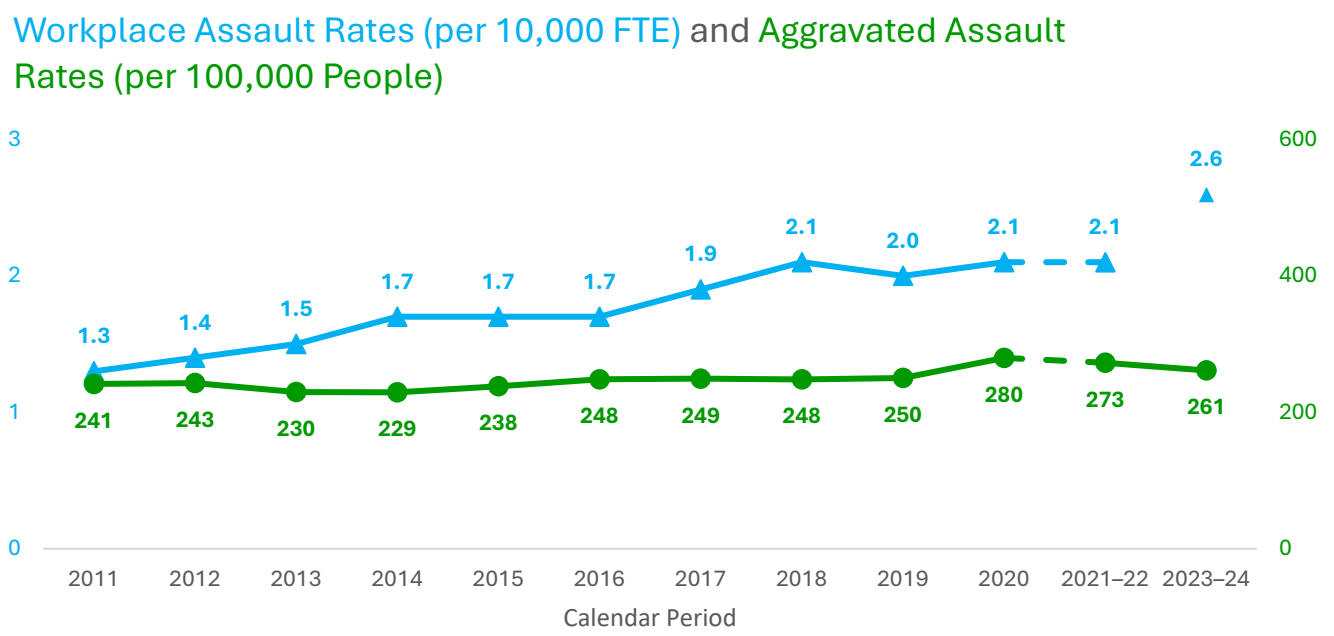
As the chart shows, the decline in the workplace assault share in 2020 was driven largely by a sharp increase in DAFW cases coinciding with the onset of the COVID-19 pandemic. Illness-related DAFW cases rose dramatically during this period: across all industries, total illness cases quadrupled from 127,200 in 2019 to 544,600 in 2020[3], with respiratory illnesses accounting for 78% of the total. These illness-related absences inflated DAFW counts, expanding the denominator used to calculate the workplace assault share.

Although illness-related DAFW cases fell from their 2020 peak, COVID-19 continued to push illness totals higher than usual in 2021–22, keeping the denominator elevated and the assault share below pre-pandemic levels. Thus, the 2021–22 figures still reflect pandemic-related distortion, though less than in 2020.

Figure 2 additionally shows a notable rise in workplace assault cases in 2023–24, paired with a return to more typical DAFW case levels. This combination, more workplace assaults in the numerator and fewer DAFW cases in the denominator, drives the increase in the workplace assault share over this period. Over the entire time period displayed, total DAFW counts were essentially unchanged, while workplace assaults rose 77% from 2011 to 2021–22.

[3] It is important to note that these totals reflect all employer-reported illness cases in the private sector, not just those involving days away from work. Only the subset of illnesses that involve at least one day away from work appears in DAFW data.

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.
Sources: BLS SOII (DAFW data); Our World in Data (FBI Uniform Crime Reporting [UCR]/National Incident-Based Reporting System crime estimates [NIBRS])[4]

Figure 3 compares workplace assault rates with national aggravated assault rates. The dual axis chart uses proportionally aligned scales, allowing for a clear visual comparison of how each series changes over time. From 2011 to 2021–22, the workplace assault rate grew by 62%, far outpacing the comparatively modest 13% increase in the nationwide aggravated assault rate over the same period.

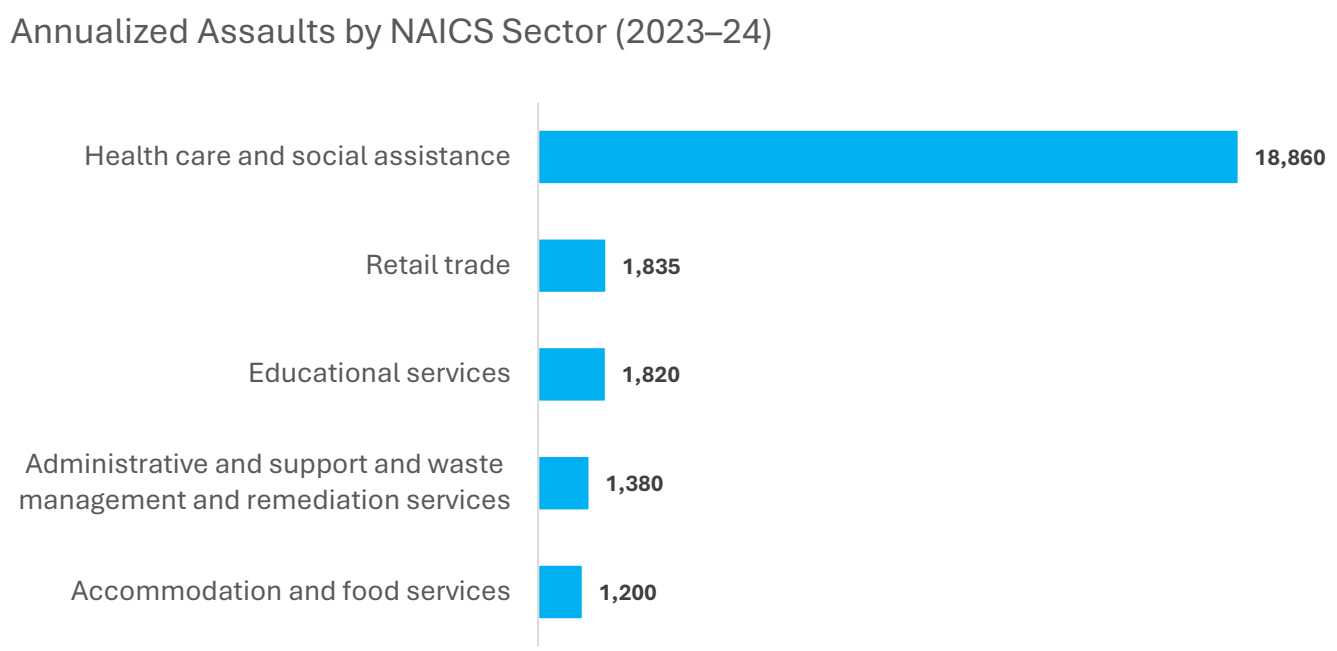
It's important to distinguish between national aggravated assault rates and workplace assault rates. National aggravated assault rates reflect broader societal violence, encompassing incidents across all settings and severity levels. In contrast, workplace assault rates specifically capture events that are both severe enough to result in lost work time and formally reported to the BLS. This distinction means workplace assault data is inherently more selective, focusing on high-impact incidents within professional environments.

Notably, whether looking at workplace assault shares, the assaults themselves, or rates, all indicators show substantial increases over the 2011 to 2021–22 period.

[4] Because the BLS publishes detailed SOII case data on a biennial basis as of 2021–22, the aggravated-assault series (FBI/UCR/NIBRS) was aligned by taking an arithmetic mean of the two annual rates within each biennial window.

ASSAULT DRIVERS

Figure 4

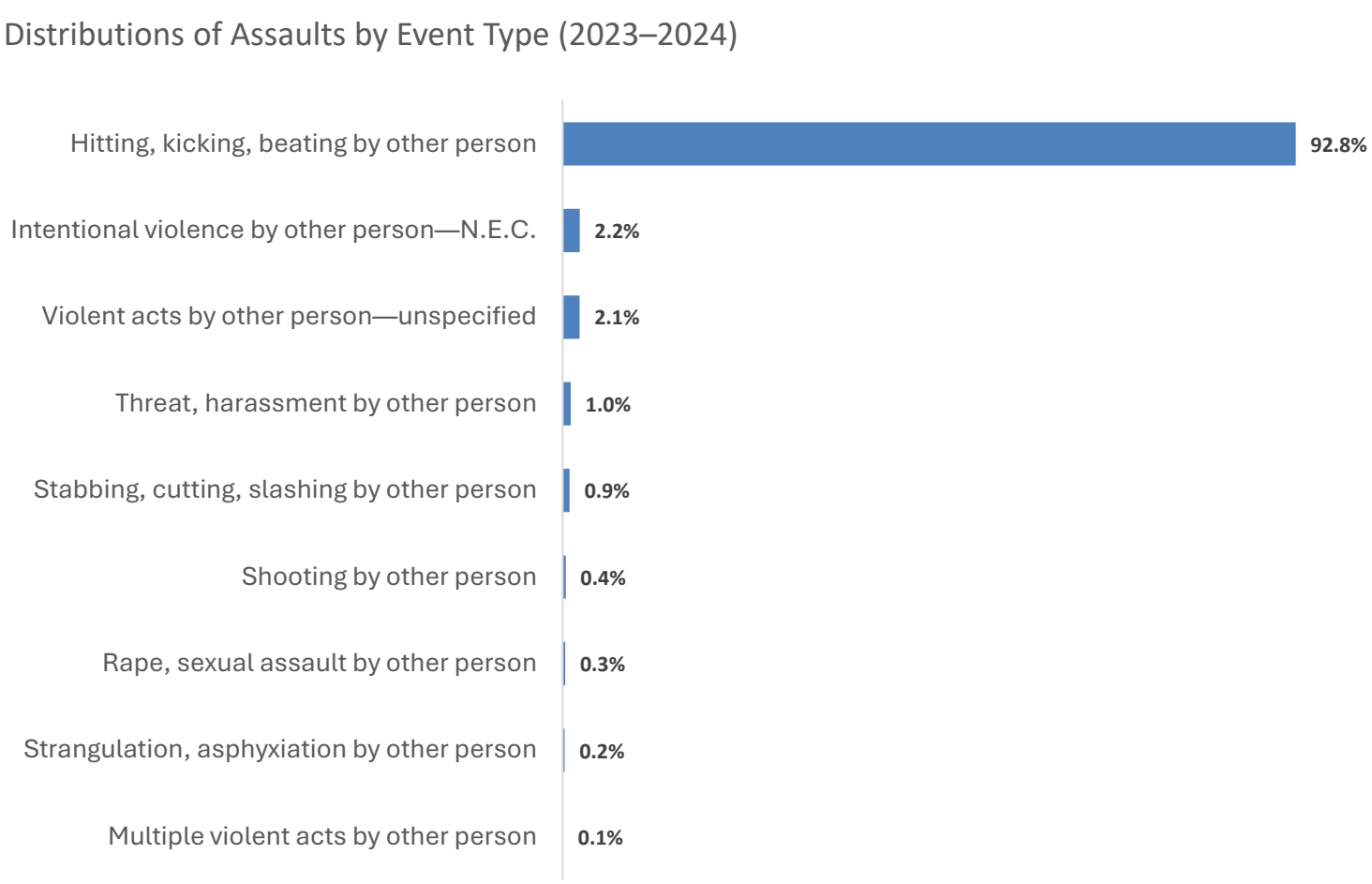


Source: BLS SOII (DAFW data)

The 2023–24 data shows an uneven distribution of workplace assaults across major sectors, with one sector, health care and social assistance, dominating the totals by a wide margin. The remaining sectors each account for only a small fraction of overall cases. This concentration in health care and social assistance aligns with long-standing BLS findings that this NAICS sector consistently accounts for the vast majority of nonfatal workplace assault cases resulting in days away from work.

A major driver of workplace assaults is violence connected to interactions with individuals receiving care, supervision, or direct oversight. In the 2021–22 SOII data, 60.8% of all workplace assaults were attributed to patients, reflecting the strong concentration of assaults in health care and social assistance settings. Beginning with the 2023 reference year, however, BLS implemented a substantial update to its OIICS, revising how "person" sources are defined and grouped. In the updated 2023–24 dataset, these incidents now fall under the broader source category of "student, patient, charge," a definition designed to capture assaults involving individuals under a worker's care, supervision, instruction, or responsibility—for example, students in educational environments, patients in clinical settings, or other persons "in one's charge." This expanded category accounts for 74.0% of all workplace assaults in 2023–24, underscoring that the vast majority of incidents arise in settings where workers directly interact with, manage, or are responsible for other people, such as in the health care and social assistance and educational services sectors.

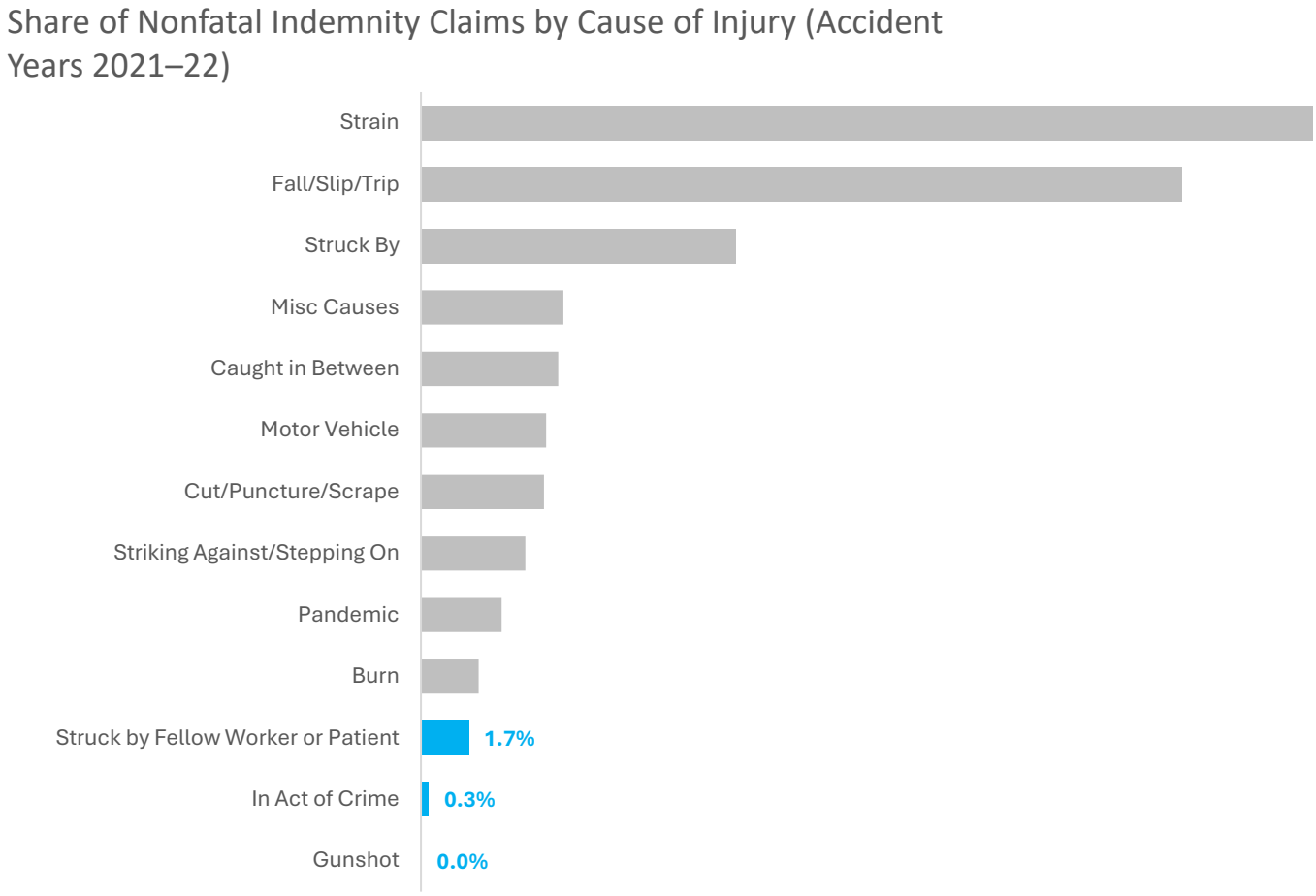
Figure 5



Note: "N.E.C." denotes "not elsewhere classified," meaning cases that do not match a more specific OIICS category. Source: BLS SOII (DAFW data)

The vast majority of workplace assaults resulting in days away from work involve physical altercations such as hitting, kicking, or beating, accounting for nearly 93% of all cases. Although the remaining assault categories each make up only a very small share of total incidents, they often involve more severe mechanisms, such as shootings, stabbings, or sexual assault. These lower-frequency events can carry substantial per-injury medical, legal, and productivity costs, meaning that even a small number of severe assaults can have an outsized impact on employers and workers.

Figure 6

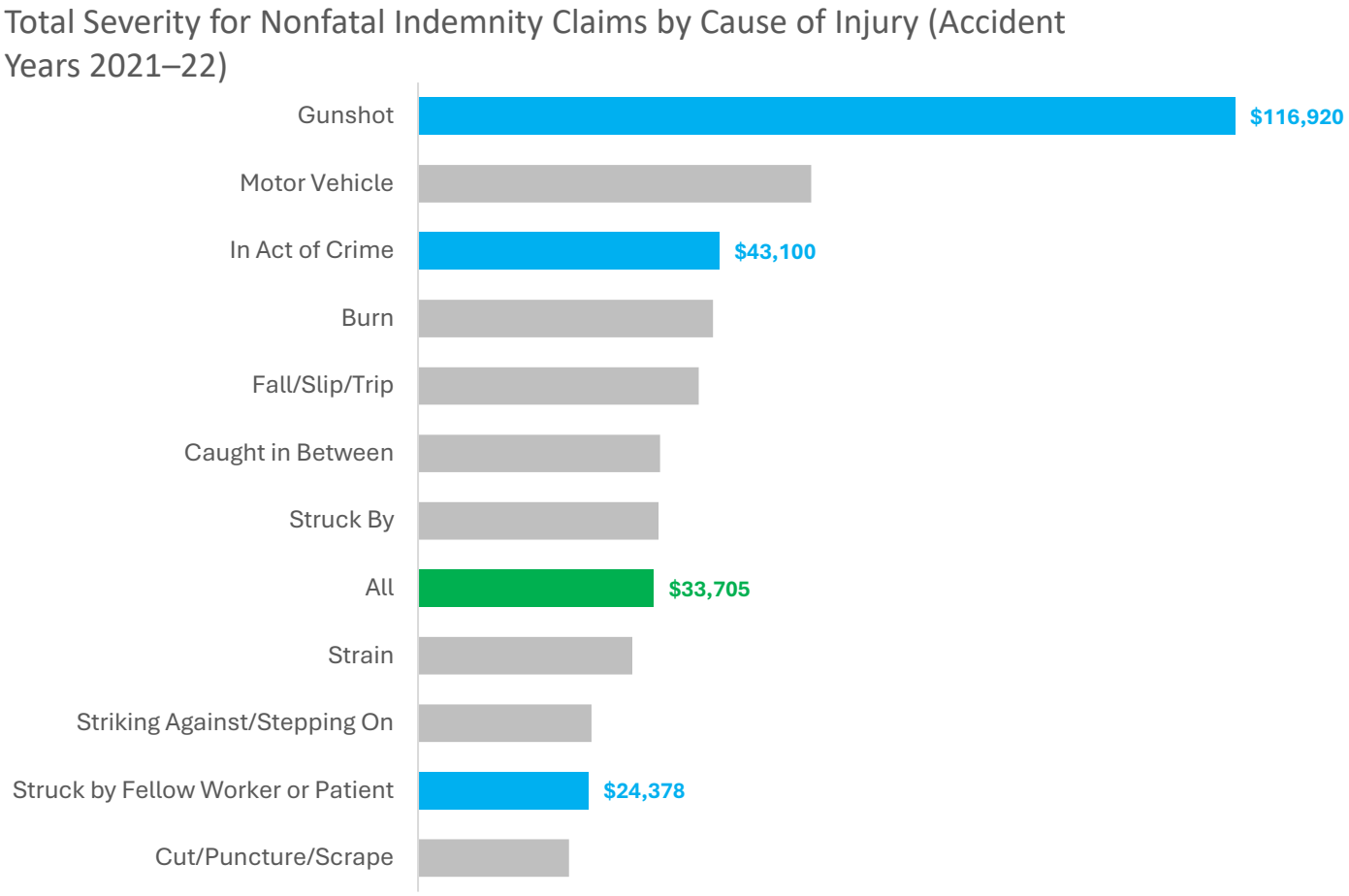


Source: NCCI's ***Statistical Plan*** data

Figure 6 presents NCCI data that shows the distribution of nonfatal claims by injury cause. The three workers compensation causes most closely associated with workplace assaults (Struck by Fellow Worker or Patient, In Act of Crime, and Gunshot) together account for 2% of all claims in Accident Years 2021–22. This analysis is limited to nonfatal claims to remain aligned with the BLS SOII, which also reports only nonfatal workplace injuries. This ensures a valid comparison: BLS likewise finds that workplace assaults represent a modest share of all nonfatal occupational injuries, with 1.8% of DAFW cases in the private industry during Calendar Years 2021–22 attributed to intentional injury by another person[5].

[5] Note, however, that DAFW cases and workers compensation indemnity claims are not perfectly aligned. Workers compensation indemnity benefits depend on state-specific waiting periods, which can exclude short-duration injuries from indemnity eligibility; SOII DAFW cases, by contrast, include any case with at least one day away from work, regardless of waiting-period thresholds. As a result, the workers compensation claim mix and the SOII case mix may differ slightly, even when both datasets reflect the same underlying pattern of nonfatal workplace assaults.

Figure 7



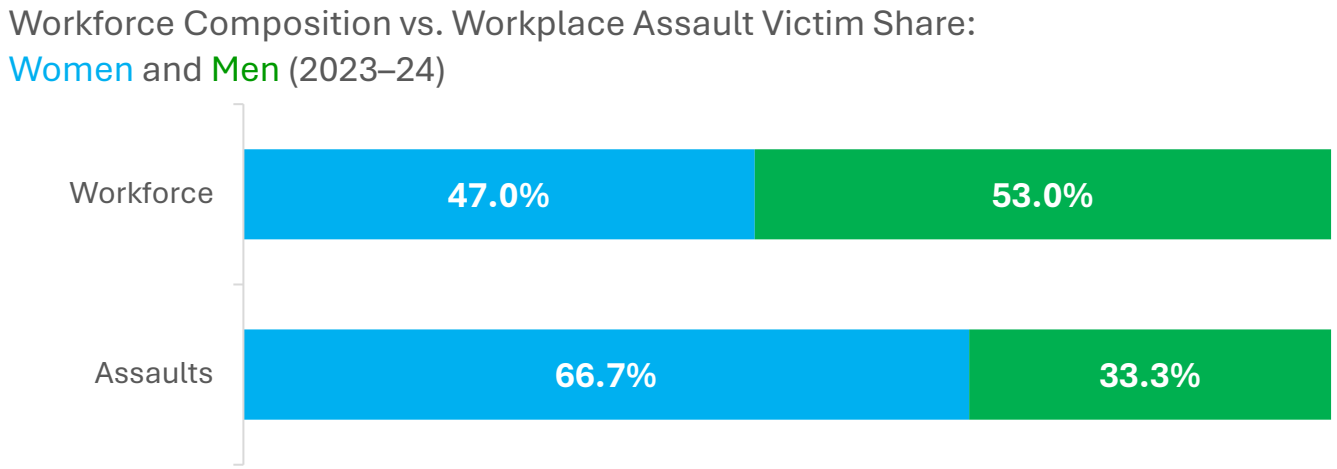
Source: NCCI's ***Statistical Plan*** data

Figure 7 presents NCCI data that shows claim severity by cause of injury for categories most closely associated with nonfatal workplace assaults. Gunshot-related claims represent a negligible share of cases, yet they exhibit the highest average severity due to the catastrophic nature of these injuries. Because such incidents are rare, their severity measures can shift considerably with small changes in claim counts, making them more volatile than other categories. Claims classified as In Act of Crime also rank among the most severe, as these events typically involve violent encounters that lead to serious injuries and extended recovery periods. By contrast, the largest segment of assault-related claims—Struck by Fellow Worker or Patient—has below-average severity. Together, these patterns illustrate how the severity profile of workplace assaults is shaped by a mix of routine, lower-severity events and rare but more consequential incidents that elevate overall costs.

Overall, the data shows that nonfatal workplace assaults are shaped far more by where people work and whom they interact with than by broad labor market trends. The concentration of cases in health care and social assistance—and, to a lesser extent, educational services—reflects the elevated risks inherent in roles requiring frequent, direct engagement with patients, students, or other individuals under a worker's supervision or care. At the same time, most incidents involve physical altercations rather than gun- or crime-related events, even though the latter, while rare, contribute disproportionately to injury severity and cost. Taken together, these findings underscore that workplace assaults are highly concentrated in frontline, person-facing settings and reflect a mix of more common, lower-severity incidents and much rarer events that carry outsized costs.

ASSAULT DEMOGRAPHICS

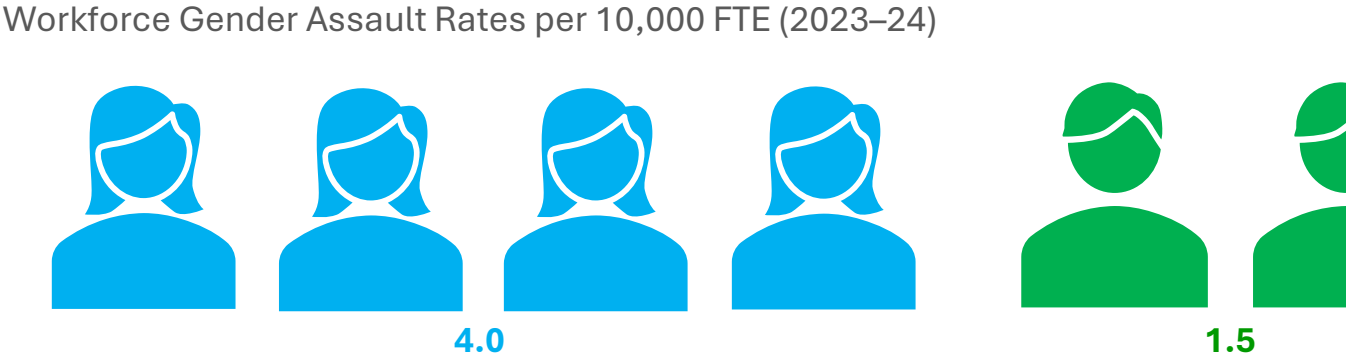
Figure 8



Source: BLS SOII (DAFW data)

Figure 8 shows that the workforce is roughly evenly split between women and men, with a slight tilt toward men. In contrast, workplace assaults are concentrated among women: about two-thirds of all assault victims are women.

Figure 9

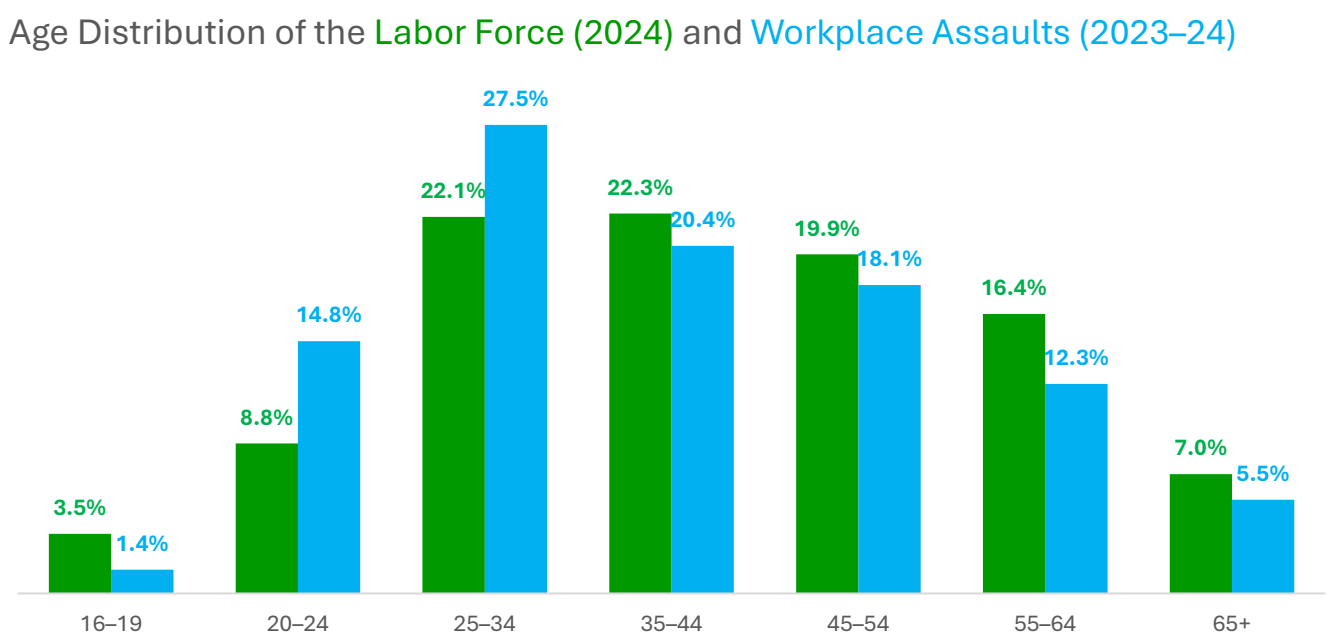


Source: BLS SOII (DAFW data)

The workplace assault rate for women is approximately 2.7 times the rate for men (4.0 compared with 1.5).

Sector composition explains much of both the share of workplace assaults and the gender gap in assault rates. In 2023–24, private-industry employers reported 27,115 workplace assault DAFW cases on an annualized basis; the health care and social assistance sector alone accounted for 70% of those cases and posted the highest annualized incidence rate of 11.9 assaults per 10,000 FTE, compared with 2.6 across all industries. Women comprised about 78% of the health care and social assistance workforce in 2024, placing a high concentration of women in the highest-risk sector. This inherently raises women's overall burden even before considering role differences within the sector.

Figure 10



Sources: BLS SOII (DAFW data); BLS Current Population Survey, age composition of the labor force

Figure 10 compares the age composition of the labor force (green bars) with the age distribution of workplace assault victims (blue bars). The chart shows that workers ages 20 to 34 experience a disproportionately high share of assaults relative to their overall presence in the workforce. In contrast, workers ages 35 to 65-plus appear underrepresented in assault cases, though to a lesser degree.

This pattern suggests meaningful age-related differences in exposure risk, job duties, or reporting behavior. It may also reflect the greater concentration of younger workers in frontline, caretaking roles where workplace assaults most often occur.

Taken together, the demographic patterns show that workplace assaults are not evenly distributed across the workforce but are shaped by who is exposed and where that exposure occurs. Although women and men participate in the labor force in roughly equal numbers, women account for a disproportionate share of assault cases and experience assault rates nearly three times higher than men. Much of this disparity reflects sector composition, as women are heavily represented in health care and social assistance—the sector with the highest incidence of workplace assaults—where direct, frequent interaction with patients elevates risk. The age pattern is also clear, though the reasons behind age-related differences in assault risk are less well understood. Several factors may contribute to this, including the concentration of younger workers in entry-level, high-contact roles; differences in tenure and experience in navigating volatile interactions; and variations in shift assignments or work schedules that place younger workers in higher-exposure settings. Overall, the demographic evidence underscores that workplace assault risk is driven less by broad workforce characteristics and more by the sectors and roles where workers are most exposed.

OCCUPATIONAL HAZARD/RISK MITIGATION

Workplace violence can be an occupational hazard, particularly in sectors such as health care, retail, protective services, and education. Federal agencies such as the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH), and the Occupational Safety and Health Administration (OSHA) have developed evidence-based strategies to help employers mitigate this risk. The following summarizes some of the prevention approaches recommended by these agencies:

- **Develop a comprehensive prevention program**
  Create a formal, written policy that defines workplace violence, outlines reporting procedures, and establishes a zero-tolerance stance. Programs should include management commitment and employee involvement[6].
- **Conduct worksite risk assessments**
  Identify and evaluate risk factors such as working with the public, handling money, working alone, or operating in high-crime areas. Use incident logs, employee feedback, and walkthroughs to assess vulnerabilities[7].
- **Implement environmental and engineering controls**
  Use physical modifications like improved lighting, surveillance systems, secured access points, and protective barriers to reduce exposure to violent incidents[8].
- **Apply administrative controls**
  Adjust staffing levels, limit cash on hand, modify shift schedules, and establish clear procedures for incident response and follow-up[9].
- **Provide training and education**
  Train employees to recognize warning signs, use de-escalation techniques, and respond appropriately to violent incidents. Training should be tailored to job roles and risk levels[8].
- **Monitor, evaluate, and improve**
  Track incidents, review program effectiveness regularly, and update policies based on feedback and evolving risks[8].

CONCLUSION

Workplace assaults remain an important issue for stakeholders in the workers compensation system. While assaults represent a small share of overall nonfatal injury cases, the trend over time is clearly upward, and the increase is concentrated in a relatively narrow set of environments. Recent BLS data shows that nonfatal workplace assaults are disproportionately concentrated in health care and social assistance, where frequent, direct interaction with patients and clients elevates exposure relative to other sectors.

The demographic patterns reinforce this concentration of risk. Assaults are not distributed proportionally across the workforce: they are more common in frontline, person-facing roles, and they disproportionately affect women and younger workers, consistent with the sector and role mix in which assault risk is highest.

[6] "Violence and Work," NIOSH, December 2, 2024.
[7] "Prevention Resources for Action," Centers for Disease Control and Prevention, July 21, 2025.
[8] *Violence: Occupational Hazards in Hospitals*, NIOSH, Publication No. 2002-101, April 2002.
[9] *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*, OSHA, 2016.