Royal College of Emergency Medicine

Safe to Care

Violence and Aggression against Emergency Department Staff

> **"Working in the ED, you brace yourself for a lot, but nothing truly prepares you for direct, hateful verbal abuse, especially when it's racially charged."**
> **Testimony of a resident doctor**

> **"As a senior ED registrar, while pregnant, I got kicked in the face by an aggressive patient who was lying on a trolley".**
> **Testimony of an ED consultant**

Verbal abuse, threats of violence, racism, sexism, homophobia and physical assault occur on a daily basis in emergency departments across every part of the UK. Year after year, NHS staff surveys record rising levels of violence and aggression against healthcare workers. While incidents are routinely condemned at all levels, meaningful action has not matched the scale of the problem. This is unacceptable.

Violence and aggression are not simply isolated incidents caused by patients. They are increasingly associated with sustained overcrowding, staff shortages and deteriorating emergency care environments. These conditions increase frustration, reduce privacy, place staff under greater pressure and make incidents more likely. Violence against emergency staff also affects patient care. It disrupts clinical work, diverts staff from treating patients, contributes to staff attrition and undermines the ability of emergency departments to deliver safe, effective and timely care.

While individuals must always be held accountable for criminal behaviour, RCEM recognises that some incidents involve patients experiencing delirium or a mental health crisis. Nevertheless, governments across the UK and NHS organisations also have a responsibility to reduce the conditions that make violence more likely, and to ensure that the nature of emergency medicine and the risk of violence and aggression is recognised, with everyone possible done to keep staff safe.

The Royal College of Emergency Medicine (RCEM) is calling on national governments in all four nations of the UK to do everything in their power to end violence and aggression against NHS staff by the end of this decade. Concerted action is needed at both trust and government level to:

- **Prevent violence and aggression before it occurs** – tackling overcrowding, poor environments and long waits. Introduce and implement national standards for security in EDs to provide a more effective deterrent and rapid response.
- **Provide support to victims of violence and aggression** – making reporting easier and support more effective.
- **Ensure perpetrators face justice** – taking a cross-system approach across the NHS/HSCNI, police services and the crown prosecution service and devolved equivalents.

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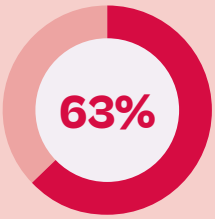
RCEM Research Findings

A UK-wide survey of more than **2,100** emergency department staff conducted between April and May 2026 found that:

Violence and aggression are now a routine part of working in emergency departments.

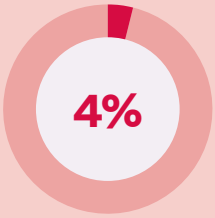
96.2% of survey respondents said that they had experienced violence or aggression from a patient or member of the public in their ED.

Almost 3 in 4 staff members (73%) reported that they experienced or witnessed this type of unacceptable behaviour on a daily or weekly basis.

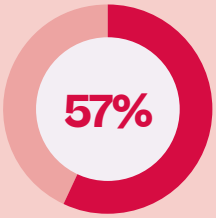


63% of staff said that they had faced discriminatory abuse (including racism, sexism and homophobia).

Many NHS staff do not feel safe at work.



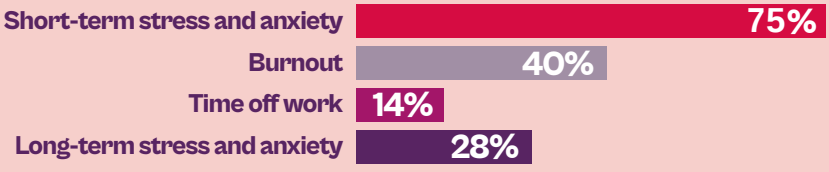
Just **4%** of staff reported that they always feel safe working in the ED.



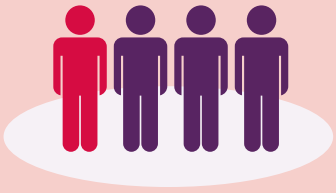
Only 57% felt safe most of the time, while **more than 1 in 4 (27%)** said they only sometimes felt safe.

Violence is damaging staff wellbeing and impacting retention.

Many respondents described violence and aggression as so routine that it had become normalised, despite reporting significant impacts on their wellbeing.



75% of staff reported experiencing short-term stress and anxiety as a result of violence and aggression, **40%** burnout, **14%** had to take time off work, and **28%** experienced long-term stress and anxiety.



Just over 1 in 4 respondents (28%) had considered leaving emergency medicine.

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ED overcrowding contributes to the risk of violence and aggression.

Long waiting times in ED **(90%)** and the deteriorating environment including overcrowding **(85%)** were given as key reasons contributing to the increase in violence and aggression we are seeing.

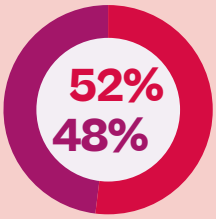
Staff shortages **(66%)** and care in inappropriate and non-clinical spaces – such as corridors – **(65%)** were also seen as contributing factors.

> "When my colleague and I were assaulted, we couldn't open it [the door to the room] from the inside as the patient was blocking it, and staff couldn't get in immediately to help because it was meant to be a cupboard and needed a code for door that no one knew because was only being used as a room temporarily"
> **Experience of a resident doctor**

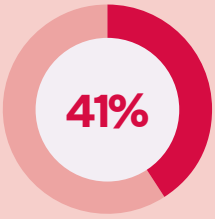
> "Our Trust doesn't take it seriously and we are just expected to put up with acts of aggression and the frustration of patients who are kept in the ED for days at a time."
> **Experience of an ED consultant**

Violence and aggression are significantly under-reported because staff have little confidence that reporting will lead to action.

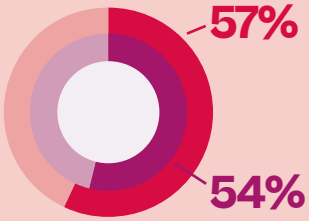
30% of respondents reported that they did not report violence and aggression when they had experienced it.



For resident doctors, **52%** said that they did not report it compared to **48%** who did.



Just **41%** of respondents said that their trust took "meaningful action" following them reporting an incident.



57% were not confident that their trust would take action in response to violence and aggression and **54%** were not confident that the relevant authorities (i.e. police) would take action.

RCEM's call to action

Action is required both at trust and government level to end violence and aggression against staff by the end of the decade. While implementing these recommendations will require investment, the costs of violence, including staff sickness, turnover, recruitment, litigation and reduced productivity, are likely to be substantially greater.

RCEM is calling on trusts, health boards and governments in all four nations to take action across three areas.

1. Prevent violence and abuse before it occurs:

- **Governments must prioritise ending emergency department overcrowding.** Overcrowded departments, corridor care and excessive waiting times create environments in which frustration escalates, staff are overstretched and opportunities to safely manage challenging behaviour are reduced. Tackling overcrowding is therefore not only a patient safety priority but also one of the most important interventions available to reduce violence against staff. You can see RCEM's recommendations for ending overcrowding here.
- **Governments must ensure that EDs have adequate clinical workforce to meet demand,** since this is a key factor in long waits to be seen and overcrowding.
- **Governments in all four nations must establish mandatory standards for security in emergency departments,** including 24-hour security personnel teams capable of physical intervention, CCTV coverage, panic alarms and access to body-worn cameras.
- **The Health and Safety Executive or relevant investigations body should investigate any trust which is failing to provide adequate protection for staff** under their legal obligation under the Health and Safety at Work Act 1974 and Health and Safety at Work (Northern Ireland) Order 1978 to "ensure so far as is reasonably practicable the health, safety and welfare" of all employees.
- **Every trust and health board should adequately resource training and other preventative measures** to protect their staff and implement the preventative measures set out in the RCEM Violence and Aggression toolkit. This should include de-escalation and breakaway training for all patient-facing staff and basic training on mental health and trauma-informed care for all staff (including security).

2. Provide support to victims of violence and aggression:

- **All trusts or health boards should ensure that there are simple ways of reporting incidents of violence and aggression** including streamlined processes or different options for reporting such as email alongside formal reporting systems such as Datix.
- **Trusts or health boards should ensure that any reports of violence and aggression are followed up with those reporting it** – including updates on the outcomes of investigations or prosecutions.
- **Trusts or health boards should ensure that links are established between security staff, clinical leads and police services** to ensure that local police are familiar with emergency departments to improve response times and with police investigations teams to improve victim care.
- **Trusts or health boards should ensure that psychological first aid is provided to all members of ED staff who experience or witness violence and aggression** and that ongoing mental health support is provided by hospitals.

3. Ensure perpetrators face justice:

- **Cross-system response is needed to ensure that those who perpetrate violence, aggression or discrimination against ED staff face the consequences of their actions.** This cross-system response means bringing together hospital trusts/health boards, ICBs, the police, Crown Prosecution Service (and devolved equivalents of the PSSNI and COPFS in Northern Ireland and Scotland respectively). This could be done by rolling out across the UK, multi-agency partnership schemes, such as Operation Cavell, to protect frontline workers from violence and abuse. The Home Office and devolved governments should fully evaluate these partnerships to ensure they improve reporting, investigation and prosecution.
- **Each UK government should appoint a Commissioner on Tackling Violence and Aggression in Public Services** to lead a cross-system approach to reducing violence and aggression not only in our Emergency Departments but across the public sector.
- **Governments in all parts of the UK should publish annual data at hospital trust or health board level on incidents of violence and aggression.** This data set should feed into CQC and HSSIB reporting and as a minimum cover the number of incidents of physical and verbal abuse against staff, reporting rates, prosecution rates.

Violence against NHS staff is neither an inevitable nor acceptable part of working in emergency medicine. Every member of staff has the right to work in a safe environment and feel safe to care. **By tackling overcrowding, improving security, supporting victims and ensuring perpetrators face meaningful consequences, governments, trusts and health boards can make violence against emergency department staff a rare occurrence by the end of the decade.**