Situational Crime Prevention Used in an Urban Hospital Setting

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A large urban hospital is the setting for the analysis of its reported crime and the subsequent development of a proactive comprehensive crime prevention program. Characteristics of crime occurring in the hospital for a period of 1 year were analyzed to determine the most frequent occurrences. The characteristics included crime location, day of the week of occurrence, month of occurrence, crime type, work shift of occurrence, victim type, victim age, and victim sex. Patterns distinguished through the analysis were used to develop a comprehensive crime prevention program that incorporated situational crime prevention theories.

Keywords: Healthcare security; situational crime prevention; crime analysis; crime prevention

Introduction

The prevalent crime occurring in hospitals today is theft. Security expects approximate loss due to theft per hospital at an excess of $20,000 annually (Pallarito, 1990). Second to theft is crimes of violence:

> Hospitals and health care facilities are not immune from the violence that has become an everyday part of our lives. Shootings, assaults, and robberies are becoming facts of daily life in hospital environments (Turner, 1986).

A study conducted by Smith (1987) on hospital crime in 1984 through the Home Office in England disclosed that at least one in three employees working within the studied hospital were victims of a crime. One in 13 employees reported personal items stolen, one in 30 reported being a victim of a personal attack or threatened to be attacked, and one in 74 reported being a victim of a sexual assault.

Kramer (1988) gathered data for the International Association of Hospital Security (IAHS) on crimes committed in 418 hospitals in the United States and Canada in 1986. The survey looked at arson, rape, assault, suicide, theft, armed robbery, kidnapping, and bomb threats. For the

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crime of arson, 71 hospitals reported 143 cases. For assault, 243 hospitals reported 2118 cases. For bomb threats, a total of 551 cases were reported by 217 hospitals. Twenty-six kidnappings occurred in 16 hospitals. Thirty-seven rapes were reported in 63 hospitals. One hundred twenty-six hospitals reported 426 cases of suicide. Four hundred one hospitals reported 21,207 cases of theft, and 50 hospitals reported 89 cases of armed robbery.

Kramer showed the increase in hospital crime comparing certain reported crimes from 1981 and 1986. His study indicated that hospitals had a one in five chance of having an armed robbery in 1981 as compared to a one in four chance in 1986. In 1986, hospitals had a one in two chance of an assault occurring as compared to a one in four chance in 1981. Finally, in 1981, surveyed hospitals indicated a one in 16 chance of a rape occurring as compared to a one in 11 chance in 1986.

From 1981 until 1986, 73 hostage-taking situations occurred in health care facilities as reported by Turner (1986). Smock (1989) conducted a study on infant abductions that surveyed 700 hospitals in the United States from 1983 until 1989. The study indicated that 68 infants were abducted from hospitals, and 11 attempted abductions were made. From 1983 to 1987, the number of abductions increased, then leveled off to about 13 a year.

It is apparent that hospitals today have serious crime problems. The question then becomes, how can we reduce the crime occurring within hospitals? This thesis will analyze reported crime at one hospital and then use the results to develop an effective program to reduce crime through the implementation of situational crime prevention theories.

The site of the study is Bellevue Hospital Center in New York City. The facility is a 1242 bed acute-care hospital with all phases of health care services. The study reviewed crime incidents reported to the Bellevue Hospital Police Department for the year 1989. Each incident report was broken down into specific characteristics relating to each incident and then analyzed to identify patterns and trends. The results of the analysis are used as a basis for the development of a crime prevention program at the hospital.

Literature Review

Ronald Clarke (1983) developed the theory of "situational crime prevention." Crime reduction is sustained through the management and manipulation of situations and environment. Situational crime prevention focuses mainly on crime reduction by increasing the risk associated with committing crime and through the elimination of the opportunity to commit crime. Clarke believes crime does not develop merely from an individual's characteristics or environment. It occurs based on the situation and the opportunity the individual has to commit the crime. Committing a crime is a rational decision by an individual based on his or her physical and psychological background and the opportunity given to commit a crime. Crimes are committed on impulse and in the presence of strong emotions, controlled substances, peer pressure, and the individual's immediate motives, mood, feelings, moral judgment, perception of criminal opportunity, and the perception of risks involved.

Situational crime prevention reduces crime using a number of techniques. One technique is surveillance. Neighborhood residents who get out in the streets, converse, and know their neighborhoods tend to have lower crime rates. When residents can view their public areas, they tend to be more responsible toward their neighborhoods. Where persons are visible or have access to view areas in shops, apartments, buses, and subway stations, crime is lower. Apartments with doormen are less vulnerable to burglary. Vandalism rates are lower in housing projects when janitors or caretakers are visible. Parking lots with attendants have a lower rate of car theft.

Environmental design or target hardening is another technique in reducing criminal opportunity. By physically hardening potential criminal targets, crime can be reduced. Clarke cited Mayhew (1976) as an example of target hardening. Mayhew found that in Great Britain phone booth coin thefts were reduced by changing the aluminum coin boxes to steel, and in West Germany, steering locks installed on all cars greatly reduced auto theft.

Crimes can also be reduced through environmental management. Clarke uses Knutson and Kuhlhorn (1981) as an example, where they found that check fraud was reduced in Sweden through the requirement to show proper identification. Clarke also cites Chaiken (1974) who found that theft of bus fares in New York City were reduced with the introduction of exact-fare machines.

Critics of situational crime prevention cite crime displacement as the main reason that it is not an effective crime prevention method. It obstructs offenders from committing certain crimes and forces them to resort to committing other types of crimes. Research into displacement by Reppetto (1976) does not hold this to be true. Through demographic profile studies of arrested and adjudicated offenders, Reppetto determined that offender populations are totally deterministic and inelastic, even though they

possess total mobility in regard to crime, time, tactics, target, and area. Studies also indicate that some offenders, particularly the young, do not set out to commit crimes, but rather commit crimes on impulse. Reppetto cites Gibbons and Garrity (1962) who argue that robbers or burglars chose their professions based on their own personalities and that their theft behavior is unlikely to change. Conklin (1972) backs up Gibbon and Garrity with his study on robbers and burglars. He found that burglars prefer concealment to confrontation; because of this, burglars are less likely to turn to robbery than the reverse. Conklin found age to be a factor as well. Young offenders tend to possess fewer skills, which limit their targets, and they tend to work close to home, especially if they do not have access to an automobile. Reppetto adds that the most important information to a burglar is the target, and the best source for target information is found within his or her own neighborhood.

Reppetto suggests that, when displacement occurs, the most likely displacement is territorial to nearby areas with the same structure of opportunity and socioeconomic characteristics. Thus, disruption of crime does not result in complete displacement: Neighborhoods where crime is high usually can benefit from situational crime prevention programs because the majority of offenders are youths who will not venture out of their own neighborhoods.

Clarke (1983) believes that the professional or persistent offender is the only offender likely to be displaced. For example, individuals who hijack planes will resort to other forms of terrorism when hijacking planes becomes too difficult. However, the individual who steals coins from a phone booth is not going to resort to other types of crimes when it becomes too difficult to steal coins. Clarke also agrees that the reduction of certain types of criminal opportunities can result in new types of crime. For instance, a "cashless" society creates more opportunity for computer criminals.

The Study

The study took place at Bellevue Hospital Center in New York City. The campus incorporates six buildings on four city blocks. The main hospital building is 23 stories high and the other five buildings vary from one story to 10 stories. The main building houses all of the patient services except for a few outpatient clinics. The remainder of the buildings house support services, research labs, outpatient clinics, and a men's homeless shelter. The campus also includes a parking garage, parking lots, and a public park.

The main hospital building contains 1242 inpatient beds for psychiatric, medical/surgical, and various other services. The emergency room is located on the ground floor and has four separate areas to treat patients. The men's shelter houses 1000 males and has two floors of hospital clinics including psychiatric care and a drug and alcohol addiction program. The men's shelter was not included in the data analysis because criminal activity is not routinely reported to the Bellevue Hospital Police. The neighborhood around the hospital is a combination of lower-, middle-, and upper-income classes. The hospital clientele are predominantly poor, homeless, and physically or emotionally handicapped.

For the calendar year of 1989, 472 reports of crimes were filed with the Hospital Police Department. Classifications specific to the reports were analyzed to identify problem areas and patterns. This information was coded and each category was ranked, indicating the highest frequency of occurrence. Then this information was reviewed in an effort to identify specific characteristics and patterns most common to the reported crimes committed at Bellevue Hospital.

Study Analysis

Eight characteristics specific to the reported crime at Bellevue Hospital Center were analyzed. Crime was analyzed for the age of the victim, the sex of the victim, the day of the week the incident occurred on, the month the incident occurred in, the time the incident occurred by work shift, the location of the incident, the crime classification of the incident, and the status of the victim, *i.e.*, employee, nonemployee, corporation, or unclassified.

Crime Type

Table 1 shows the frequency of crimes committed at Bellevue Hospital. The most frequently reported crime was petit larceny. There were 169 petit larcenies reported out of a total of 472 reported crimes. This represented 35.80% of the total reported crime. The second most frequently reported crime was disorderly conduct. It accounted for 154 incidents and represented 32.63% of the total reported crime.

When property crimes were grouped, burglary, grand larceny, robbery, and petit larceny, they totaled 193 incidents. This represented 40.88% of the total crimes reported in 1989. These findings are similar to Pallarito (1990), Smock (1989), and Smith (1987),

Table 1. Frequency of Reported Crime by Crime Classification

Crime Classification	Frequency	Percentage of Total
Aided case	1	0.21
Arson	1	0.21
Assault	6	1.27
Assault 3	5	1.06
Burglary	6	1.27
Criminal mischief	10	2.12
Criminal trespass	54	11.44
Disorderly conduct	154	32.63
Drug possession	6	1.27
Endangering a minor	1	0.21
Forgery	1	0.21
Grand larceny	16	3.39
Harassment	25	5.30
Lost property	9	1.91
Manslaughter	1	0.21
Murder	1	0.21
Petit larceny	169	35.80
Robbery	2	0.42
Sexual abuse	1	0.21
Sexual assault	1	0.21
Sexual misconduct	1	0.21
Weapons possession	1	0.21
Total	472	100.00

where theft is significantly the most frequently reported crime.

Month of the Year

Table 2 reports crime by month. The highest incident month was October where 56 cases were reported out of a total of 466. The month with the second most frequently reported incidents was March, with 52 cases, and the third most frequent month was February, with 45 cases.

Months grouped by season had the following results: fall: September, October, and November, totaled 131 cases or 28.1% of the total reported crime; winter: December, January, and February, totaled 123 cases or 26.4% of the total reported crime; spring: March, April, and May, totaled 121 cases or 26% of the total reported crime; and summer: June, July, and August, totaled 91 cases or 19.5% of the total reported crime.

Monthly crime was not significantly high or low for any single month. The summer months had the least amount of reported crime and the fall and winter months had the highest. The differences in seasonal percentages were not significant. The slight percent difference in the summer months was probably due to fewer staff working because of vacations. Patient census is generally lower during the summer months as well.

Brantingham and Brantingham (1984) discussed seasonal crime as cyclical, having upward and downward movement depending on a particular month, day, or year. Movement can be the result of almost anything. For example, during vacation months, residents are burglarized more frequently because people are away for extended periods. In determining seasonal crime patterns, Brantingham and Brantingham suggest tracking seasonal crime over a number of years to identify any upward and downward trends, then analyzing the trends to determine a potential cause.

Day of the Week

Table 3 shows the rate of reported crime by day of the week. The highest incident days were Monday and

Table 2. Frequency of Reported Crime by Month

Month	Frequency	Percentage of Total
January	35	7.51
February	45	9.66
March	52	11.16
April	43	9.23
May	26	5.58
June	21	4.51
July	32	6.87
August	38	8.15
September	35	7.51
October	56	12.02
November	40	8.58
December	43	9.23
Total	466	100.00

Table 3. Frequency of Reported Crime by Day of the Week

Weekday	Frequency	Percentage of Total
Sunday	50	10.71
Monday	78	16.70
Tuesday	73	15.63
Wednesday	69	14.78
Thursday	72	15.42
Friday	78	16.70
Saturday	47	10.06
Total	467	100.00

Friday with 78 out of a total of 467 reported incidents. This represented 16.70% of the total reported crimes for each day. Saturday and Sunday were the two lowest incident days with 47 and 50, respectively.

Days of the week had the same results as those of months. There was no significant single day. The weekend, Saturday and Sunday, showed the lowest number of reported crimes, but not significantly lower. This is probably due to the decrease in staff and patients on weekends because clinics and offices are closed. Again, long-term data analysis would be best in determining any patterns or trends relevant to crime rates by day of the week.

Time of Day

The time that each crime occurred was broken down by shift. *Table 4* shows that the 8 A.M. to 4 P.M. shift had 265 incidents out of a total of 461. This represented 57.48% of the total reported crime. The 4 P.M. to midnight shift had the second most frequent occurrence rate with 146. This represented 31.67% of the total reported crime.

The high crime rate on the 8 A.M. to 4 P.M. shift is probably due to the high volume of employees, visitors, and staff passing through the hospital during those hours. After 9 P.M., the number of people within the facility is drastically reduced, offices are closed, services are reduced, and security procedures are tighter.

Victim Classification

Table 5 is the victim classification category. This category was broken down into the classification of employee, nonemployee, hospital, and unclassified. The most frequently reported victim was the hospital with 129 reported incidents out of a total of 452. This represented 28.54% of the total number of reported victims. Employees were the next most frequently reported victim, with 87 incidents. This represents 19.25% of the total reported victims.

A further breakdown of the top two categories indicates that the largest category, the hospital, is associated with disorderly conduct, trespass, and theft crimes. The second highest victim classification, employee, accounted for the majority of the theft crimes.

Table 4. Frequency of Reported Crime by Shift of Occurrence

Shift	Frequency of Occurrences	Percentage of Total
Midnight to 8 A.M.	50	10.85
8 A.M. to 4 P.M.	265	57.48
4 P.M. to midnight	146	31.67
Total	461	100.00

Table 5. Frequency of Reported Crime by Victim Classification

Victim Classification	Frequency	Percentage of Total
Hospital	129	28.54
Employee	87	19.25
Nonemployee	84	18.58
Unclassified	152	33.63
Total	452	100.00

Table 6. Frequency of Reported Crimes by Age of the Victim

Age	Frequency	Percentage of Total
7–20	4	2.70
21–40	98	66.22
41–60	29	19.60
61–80	15	10.14
81 and up	2	1.35
Total	148	100.00

Victim Age

Table 6 shows the frequency of ages for victims of reported crime. There were 148 reported incidents where age was recorded. The age group that was found to have the highest frequency of incidents was 21–40 years, representing 98 cases or 66.22% of the total reported ages of the victims. The second highest category was ages 41–60 years, with 29 cases or 19.60% of the total incidents. The single age with the highest frequency was 29 years with nine reported cases. The ages of 23, 26, and 32 years had eight reported cases each. The age of 33 years had seven reported cases.

The results of the age variable indicated no one single age being significantly trended. By group, the 21–40-year category represented the majority of the victims. To further explain this finding, detailed re-

views of patient and employee records would have to be done. Most likely, the analysis would show that the majority of patients and staff fall within the 21–40-year age group.

Victim Sex

Table 7 is the category for the sex of the victims. Females were the most frequently reported class, with 111 out of 186 reported incidents. This represents 59.68% of the total number of reported incidents.

The high percentage of female victims is probably because the majority of staff are nurses, who are predominantly female. Also, three floors of the patient population are predominantly female. These areas are the pediatric clinics, the OB/Gyn clinic, the pediatric inpatient floor, and the maternity inpatient floor.

Crime Location

Table 8 reports the frequency of reported crime by location. This category was broken down by floor and area. The area category is a hospital designation used in the main hospital building. North, south, east, and west are used to distinguish nursing units on each floor. The other buildings included in this study were categorized by floor only.

In the area breakdown, the most frequently reported area was north. There were 126 cases reported out of a total of 363. This represented 34.62% of the total reported crime. Of the 126 cases, 80 were reported on the ground floor. This area is the emergency room. The east side was the second highest reported crime area with 64 reported incidents or 17.58% of reported crime. The ground floor on the east side, which is part of the emergency room, reported 33 incidents. Extremely high frequencies of occurrence in both the north and east areas and the ground floor exist, indicating a very strong relationship between reported crime at Bellevue Hospital and the emergency room.

Table 7. Frequency of Reported Crimes by the Sex of the Victim

Sex	Frequency	Percentage of Total
Female	111	59.68
Male	75	40.32
Total	186	100.00

When analyzed, the majority of the incidents occurring in the emergency room were disorderly conduct and trespass offenses. The high volume of disorderly conduct and trespass incidents is due to the emergency room environment. The emergency room services individuals who are involved in traumatic situations and who wait long periods of time for medical treatment. Individuals in this situation tend to be short-tempered and excite easily. The high number of trespass incidents is due to the location of the emergency room: the ground floor with unrestricted access. Individuals entering the emergency room are not generally screened, so there is easier access to equipment, drugs, and food as compared to the rest of the hospital.

By floor, the highest number of reported incidents occurred on the ground floor, with 168 reported incidents. This was 46.28% of the total number of reported crimes. The ground floor incorporates, as mentioned, the emergency room and the lobby areas. Other floors that had high rates of reported crimes were the second floor, with 21 incidents; the seventh and ninth floors, with 16 incidents; the seventeenth floor, with 15 incidents; and the sixteenth floor, with 14 incidents.

The second floor of the hospital building is an outpatient clinic. Two incidents were reported on the south side of the second floor. This is the chest clinic and the adult dental clinic. The west and north sides both had six incidents. The west side if the pediatric dental clinic and the north side is the medical clinic. The east side, which is the dermatology clinic, had five incidents. When dermatology and medical clinic patients are admitted, they go to the sixteenth and seventeenth floors.

The seventh floor is an inpatient floor and had five incidents on the south and west sides. The south side is the neurological intensive care unit and the west side is the inpatient chest service. The north and east sides had three incidents each. The north side is the chest service as well and the east side is the neurological surgery inpatient area. The chest service had a total of eight incidents. When the chest service's inpatient and outpatient units are totaled, at least 12 incidents came from this service.

The ninth floor is the maternity floor. The highest incident rate on the floor is the east side with eight incidents. This area is all offices and the majority of criminal events in this area were thefts. The next highest rate was in the OB/Gyn inpatient area, the north side, with four. The west side is the delivery area with three incidents, and the south side, which is maternity inpatient, had one incident.

The sixteenth floor is a medical inpatient floor. The medical intensive care unit, on the south side,

Table 8. Frequency of Reported Crime by Building, Floor, and Area

Floor	Hospital Building				Old Administration Building	C & D Building	Percentage of Total	Total
	North	South	East	West				
Basement	0	1	0	1	1	1	1.10	4
Ground	80	9	33	5	25	16	46.28	168
Mezzanine	0	2	0	0	0	0	0.55	2
First	1	6	2	2	4	1	4.41	16
Second	6	2	5	6	1	1	5.79	21
Third	2	1	0	2	1	1	1.93	7
Fourth	1	5	0	1	3	2	3.30	12
Fifth	3	2	0	2	1	0	2.20	8
Sixth	1	0	2	3	0	1	1.93	7
Seventh	3	5	3	5	0	0	4.41	16
Eighth	5	0	0	3	0	0	2.20	8
Ninth	4	1	8	3	0	0	4.40	16
Tenth	4	3	1	3	0	0	3.03	11
Eleventh	0	0	0	0	0	0	0.00	0
Twelfth	2	3	1	1	0	0	1.93	7
Thirteenth	0	0	0	0	0	0	0.00	0
Fourteenth	0	0	0	2	0	0	0.55	2
Fifteenth	4	2	1	5	0	0	3.30	12
Sixteenth	3	5	4	2	0	0	3.86	14
Seventeenth	3	6	2	4	0	0	4.13	15
Eighteenth	1	1	0	4	0	0	1.65	6
Nineteenth	0	1	0	1	0	0	0.55	2
Twentieth	2	2	1	1	0	0	1.65	6
Twenty-first	1	0	1	1	0	0	0.82	3
Total	126	57	64	57	36	23		363
Percentage of total	34.62	15.66	17.58	15.66	9.89	6.59	100.00	

had five incidents. The east side had four incidents, the north side had three, and the west side had two incidents.

The seventeenth floor is a medical inpatient floor. The south side is the cardiac intensive care unit, in which six incidents were reported. The west side had four incidents, the north side had three incidents, and the east side had two incidents.

Study findings conclude that crime within Bellevue Hospital Center is patterned. Of the eight variables identified and studied, six showed patterns and two showed no patterns. Reported crime by category, shift, victim classification, victim's sex, victim's age, and location showed patterns in frequencies of occurrence. Reported crime analyzed by month and day of the week exhibited no patterns or trends.

Crime Prevention Program

The patterns determined by the data analysis set the stage for the development of a situational crime prevention program. The program will incorporate the analysis of the patterns found in six categories that identified areas reflecting the highest percentage of crime committed at the Bellevue Hospital Center.

Targeted in the crime prevention program are the most frequently committed crimes: petit larceny, disorderly conduct, and trespassing, which reflect 79.71% of all committed crimes. The 8 A.M. to 4 P.M. shift will be targeted because it represents 57.48% of the times crimes were committed. Employees and hospital property will be targeted, which represent 47.79% of the total victim population. Victims were further identified as females, who totaled 59.68% of the victim population. Victims were also identified as being between the ages of 21 and 40 years. They represent 66.22% of the victim population. Probably the most important factor identified in this study is the location in which all crimes occurred. These locations are the ground floor, the emergency room, and the second, the seventh, the ninth, the sixteenth, and the seventeenth floors. They represent 68.69% of the total crimes committed by location.

By targeting the high-percentage crimes, crime areas, victims, and times, overall crime at Bellevue Hospital will be reduced. To accomplish this, crime reduction strategies will be put in place. Studies done using situational crime prevention techniques have resulted in the development of proven crime reduction programs. Studies that have shown results favorable to the trends found in this study will be used in the crime prevention program.

Clarke (1983) believes that surveillance capacity deters crime. When general visibility of an area is good and there is exposure to people, crime is lower. For Bellevue's program, increasing the surveillance capacity of the staff in the high-crime locations will reduce crime. These areas will be provided with CCTV cameras. Cameras will be placed throughout the emergency room, in the ground-floor lobbies, and in the hallways and lobbies of the identified upper floors. CCTV monitors will provide increased surveillance capacity to the staff working in these areas. Areas that are ordinarily out of sight to staff will now be continuously monitored. CCTV monitors will be viewed by both the staff working in the areas and the hospital police, which will provide additional surveillance.

Another surveillance technique that will be used in the program is the increased physical presence by the hospital police in the high-crime areas. Wilson (1983) in his studies of urban degradation developed his theory of "Broken Windows," which suggests that crime can be reduced with increased physical presence, specifically through the use of foot patrols. Such patrols help to maintain a sense of order and stability within the areas patrolled. Wilson suggested that the best method of patrol is through "face-to-face" personal contacts. Patrols by hospital police in the high-crime areas will be incorporated into the crime prevention program. These patrols will be concentrated on the 8 A.M. to 4 P.M. shift, which is the high-crime shift.

As part of the patrol function, officers will be trained to encourage personal, face-to-face contacts with staff and patients. These contacts will concentrate on females and persons between the ages of 21 and 40 years. Conversations will be geared toward potential and current crime problems so that they are more readily identified and efforts can be made to resolve them. Crime problems identified through this process will be referred to either the Hospital Police Detective Unit or the Hospital Police Crime Prevention Unit for follow-up. Identified problems that relate to situational crime problems will be referred to the Hospital Police Crime Prevention Unit and a security survey will be completed. All other crime-related problems will be further investigated by the Detective Unit.

Wilson's "Broken Windows" theory also suggests that a decline in the physical environment increases crime and the fear of crime. He theorized that once a window was broken in a building, others were broken, creating urban decay. This occurs out of residents' lack of caring for what they perceive to be a continuously decaying neighborhood. To help combat the sense of degradation and fear of crime associated with it, patrol officers will report changes in the physical environment. Burned-out lights, broken doors and locks, exit signs not functioning, and the general deterioration of walls and windows will be reported to the Hospital Police Crime Prevention Unit. The unit will forward repair requests to the proper department and will follow them up until completed. This function will be done to maintain a positive working environment for staff.

Increased personal contact with staff and patients along with the decreased deterioration of the environment will not only reduce crime occurring in these areas but will promote a more secure feeling for the staff. This is evident from Pate *et al.* (1986) who found this result in their study of community policing in Newark, NJ, and Houston, TX. As a result of resident surveys in neighborhoods where foot patrol and community policing programs were put into effect, residents had a lower level of fear relating to crime in their neighborhoods.

Increased surveillance will also target two of the high-crime categories. Trespassing and disorderly conduct will be reduced through increased hospital police presence. Frequent patrols will help officers to identify and discourage trespassers before they get too far into the hospital. Surveillance will also identify potentially disorderly persons before situations escalate. Inappropriate behavior will be discouraged when persons know they are being continually monitored either by the presence of officers or CCTV.

High-crime locations will be target-hardened as part of the crime prevention program. This will reduce the number of thefts within Bellevue. Efforts will concentrate on hospital and employee property. Newman (1973), from his New York City public housing studies, suggested the use of locks, doors, partitions, access control systems, alarm systems, view panels, mirrors, and windows, along with other physical changes to the environment to decrease opportunities to commit crime. This process will be done through the Hospital Police Crime Prevention Unit, which will conduct security surveys in areas that have been identified as having current or potential crime problems. The process of conducting surveys and appropriate follow-up will be done using the "Problem-Oriented Approach" developed by Goldstein (1990). Eck and Spelman (1987) found this approach to be successful in

reducing crime when used by the Newport News, VA, Police Department.

When a pattern, trend, or problem is identified, a survey will be conducted to analyze the problem. Then, recommendations will be made to resolve the problem. These proposals will be followed-up yearly to make sure they have been carried out and are working effectively.

Problems, patterns, and trends will be identified in three ways: First, areas will be identified by the patrol officers while patrolling the high-crime areas. Second, areas identified through the analysis of reported crime data, as done in this study, will be surveyed as patterns are identified. Third, crime will be identified through what Felson (1987) calls an "ecological perspective." Areas that have been documented to be potentially criminological will be surveyed. This includes incidents analyzed based on past experiences, on other hospital experiences, on incidents occurring in the surrounding community, and through "target suitability" (items targeted based on their propensity to be stolen). For example, a high rate of assaults within the neighborhood around Bellevue could mean that assaults within Bellevue could increase. If hospitals around the country are experiencing a high rate of infant abduction, then it could be assumed that Bellevue could have an increase as well. Certain items are targets because of their street value or portability (target suitability). Computers, VCRs, and stereo Walkmans are high-priority theft items. These items need to be identified within the institution and arrangements will be made to secure them.

The last piece of the crime prevention program will include a modified neighborhood watch program. A study by Garofalo and McLeod (1988) showed that neighborhood watch programs have been proven to be effective against property crimes and provide participants with a sense of control over their environments. The Crime Prevention Unit along with the patrol officers will educate and train staff on crime prevention techniques and instruct them on how to create their own watch programs. These programs will be specific to each nursing unit and will be coordinated by floors. Training related to personal safety, the process of reporting a crime, the rights of a crime victim, and the reporting of unidentified persons or unusual occurrences will be conducted. Educational programs will also be provided to instruct staff on how to work as a group to prevent crime. The goal of these programs will be to give employees the basic tools to protect themselves against crime and provide employees with a sense of control over their environment by helping them to work as a group to improve their working environment.

For the crime prevention program at Bellevue Hospital Center to be successful, the measures must become an integral part of the security program. The process must include the continual analysis of reported crime; problem identification; the use of target hardening techniques; presence of hospital police throughout the institution; increased surveillance capacity by staff, and, finally, the education and training of staff on how to reduce crime.

Conclusion

During the past few years, the concern over crime within hospitals has increased drastically. Mayers (1990) in *Health Week News* cited examples of such violence: In April 1990, a 46-year-old man opened fire in the emergency room of Mission Bay Memorial Hospital in San Diego, because he blamed the death of his father on the hospital. A Sacramento, CA, hospital lost two babies in 1989 by two women impersonating volunteers. At James M. Jackson Memorial Hospital in Miami, the security staff struggles with homeless people who get into the hospital and steal. At the Kaiser Foundation Hospital in Oakland, California, teams of pickpockets struck 23 times in 1989, mostly preying on the elderly and handicapped in the lobbies, elevators, and registration areas.

Security experts interviewed by Mayers (1990) see hospital crime as an extension of crime within the surrounding society, which has increased over the past few years. Growing social problems like illegal drugs, AIDS, gang wars, and the homeless breed the violence that spills over into hospitals. In response, many hospitals have expanded their security programs in the hopes of deterring crime. Many hospitals have turned to using computerized command centers with CCTVs, access control systems, alarm systems, and metal detectors. Programs to restrict visitors, to better train officers, and to teach employees to be more aware have been instituted.

Security experts find that these techniques are difficult to implement and are ineffective because of the nature of hospital operations. Hospitals are open around the clock with numerous entrances and exits and have a difficult time in screening how everyone enters and leaves. Making the problem even greater is the fact that many of the crimes occurring within hospitals are caused by working employees, patients, and visitors of the patients. Bellevue Hospital experiences these same problems. However, the solution to these problems does not rely on the institution of any single security measure. Success in preventing crime within this facility depends on the creation of

a well-organized, viable, long-term program that will identify crime problems and make efforts to resolve them. If one cannot identify where the crime is occurring and to whom it is occurring, then the costs incurred in additional security officers, access control systems, and CCTV equipment is wasted.

The information presented in this paper reflects how security specialists have been using situational crime prevention techniques for years. The difference is that this study has identified where the crime is concentrated before attempting to institute techniques to reduce it. The study has enabled the Hospital Police Department at Bellevue Hospital to attack crime using a systematic, well-planned approach. It has put the department into a position to concentrate manpower and finances with the optimum of efficiency.

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