



Safe Inside

Appendix B

Health and Safety Trends

Workforce Trends in State Departments of Corrections



In partnership with
Correctional Leaders Association

APPENDIX B

Health and Safety Trends

This appendix presents selected data findings indicating an overall upward trend in critical incidents within state corrections agencies – at least among those states with publicly available information. A summary table provides an assessment of data availability by state agency, followed by graphs and charts that offer comparative snapshots covering the period from 2019 to 2024.

It is important to note that states differ in how they classify and count specific incidents or define particular population characteristics. While this section seeks to illustrate national patterns using broadly comparable definitions, direct cross-state comparisons are not possible.

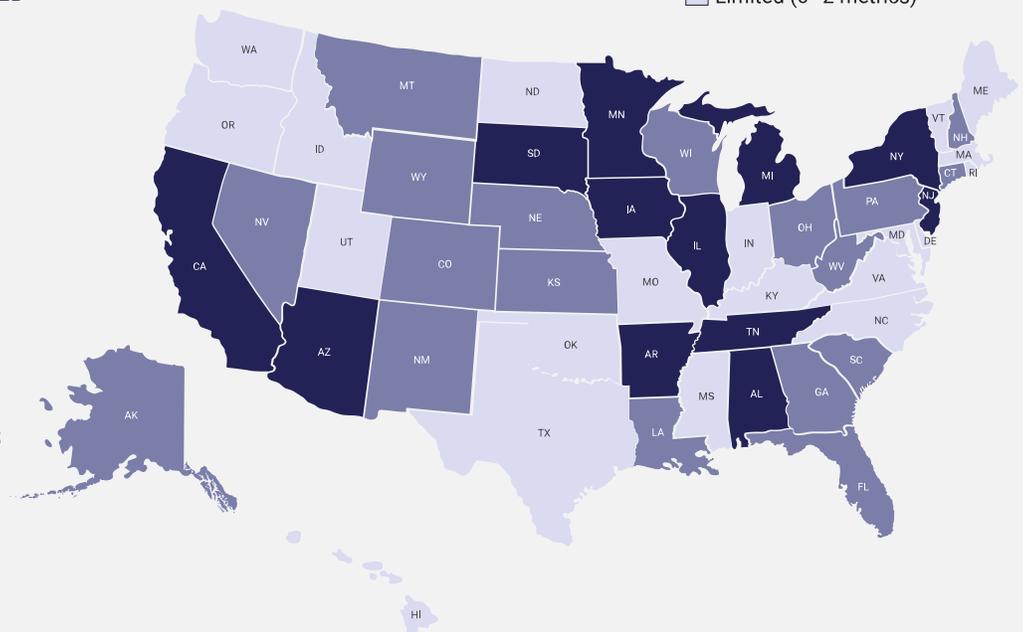
Health and safety metrics considered for this analysis

To assess the state of the corrections field in terms of health and safety metrics, the websites of all 50 state corrections departments were reviewed for publicly reported information. Specifically, the authors evaluated whether corrections agencies had published data for the past six years for the following 14 metrics:

- PREA INCIDENTS
- ASSAULTS ON STAFF
- ASSAULTS ON INCARCERATED PEOPLE
- DEATHS IN CUSTODY
- SUICIDES
- STAFF USES OF FORCE
- ATTEMPTED SUICIDES/ SELF-HARM
- ESCAPES
- CONTRABAND: DRUGS
- CONTRABAND: WEAPONS
- CONTRABAND: CELLPHONES
- DISCIPLINARY INCIDENTS
- LOCKDOWNS
- PROGRAM CANCELLATIONS

Metric Availability

- Comprehensive (8–12 metrics)
- Moderate (3–7 metrics)
- Limited (0–2 metrics)



Additional population characteristics collected to provide context

The following population characteristics were collected from states to assess the degree to which populations are changing with regard to violent behavior or the complexity of care needs:

- HISTORY OF VIOLENT OFFENSES
- SECURITY THREAT GROUP AFFILIATION
- SERIOUS MENTAL ILLNESS
- AGE 50 YEARS OR OLDER

The findings presented here modestly underrepresent the full range of information publicly reported by state corrections agencies. In some instances — such as in Arizona, California, and New Hampshire — agencies have only recently begun publishing relevant metrics, resulting in incomplete trend data across the full reporting period. Other states, including Nebraska, Ohio, and Pennsylvania, publish graphs showing many of these metrics, but do not provide the underlying numerical data needed for this analysis. A few states, such as Colorado and Georgia, previously reported on these indicators but have since discontinued doing so. The table on the following page summarizes the publicly available data for 14 key metrics, regardless of whether the data were used in the summary findings. Each finding cites the state agencies for which data were available across the 2019–2024 timeframe.

Several metrics sought for inclusion were ultimately excluded due to limited reporting years or inconsistent definitions. These include lockdowns, program cancellations, disciplinary incidents, and self-harm incidents. While many states report on escapes, these events are sufficiently rare that year-over-year trend analysis yields limited insight.

Additional contextual information was collected on the evolving composition of prison populations — specifically, the proportion of individuals with a history of violent offenses (including sex offenses), affiliated with a Security Threat Group (STG), diagnosed with a serious mental illness, and aged 50 years or older. As these population characteristics shift, so too must the skills and strategies required to manage individuals effectively within corrections institutions.

Throughout the analysis, methodological decisions were made to reduce the influence of outlier observations. In some cases, the median value across states was used to represent the data; in others, the mean was applied. For the analysis of population characteristics, data from 2019 and 2024 were compared as bookends to assess changes over time.

The next two pages present the public availability of health and safety trends on state websites.

Availability of Key Health and Safety Metrics

STATE	Assaults on Incarcerated People	Assaults on Staff	Staff Uses of Force	Deaths	Contraband: Weapons	Contraband: Drugs	Contraband: Cellphones	Incidents of Self-Harm	Disciplinary Incidents	Escapes	Lockdowns	PREA Incidents	Programming Cancellations	Suicides	TOTAL
Alabama	●	●		●	●	●	●		●	●		●		●	10
Alaska				●								●		●	3
Arizona	●	●		●	●	●	●	●				●		●	9
Arkansas	●	●	●	●	●	●	●		●	●		●			10
California	●	●	●	●		●				●	●	●		●	9
Colorado	●	●	●	●						●		●		●	7
Connecticut	●	●	●						●	●		●		●	7
Delaware				●								●			2
Florida		●		●	●	●	●					●		●	7
Georgia				●	●	●	●		●	●		●			7
Hawaii				●								●			2
Idaho												●			1
Illinois	●	●	●	●				●			●	●		●	8
Indiana												●			1
Iowa	●	●			●	●	●	●		●		●		●	9
Kansas	●	●		●						●		●		●	6
Kentucky												●			1
Louisiana	●	●		●						●		●		●	6
Maine												●			1
Maryland												●			1
Massachusetts												●			1
Michigan	●	●	●	●	●	●	●					●		●	9
Minnesota	●	●	●	●	●	●				●		●		●	9
Mississippi												●			1
Missouri												●			1
Montana				●						●		●		●	4

● Indicates a state with data publicly available, and included in this report

● Indicates a state with data publicly available, but not included in this report

Availability of Key Health and Safety Metrics

STATE	Assaults on Incarcerated People	Assaults on Staff	Staff Uses of Force	Deaths	Contraband: Weapons	Contraband: Drugs	Contraband: Cellphones	Incidents of Self-Harm	Disciplinary Incidents	Escapes	Lockdowns	PREA Incidents	Programming Cancellations	Suicides	TOTAL
Nebraska	●	●	●	●								●			5
Nevada				●						●		●			3
New Hampshire	●		●			●		●		●		●		●	7
New Jersey	●	●	●		●	●	●			●		●			8
New Mexico	●	●								●		●			4
New York	●	●	●	●	●	●	●	●		●		●		●	11
North Carolina												●			1
North Dakota												●			1
Ohio	●	●							●	●		●			5
Oklahoma												●			1
Oregon												●			1
Pennsylvania	●	●		●						●		●		●	6
Rhode Island												●			1
South Carolina	●						●			●		●			4
South Dakota	●	●	●	●				●		●		●		●	8
Tennessee	●	●	●	●	●	●	●	●		●	●	●		●	12
Texas												●			1
Utah												●			1
Vermont												●			1
Virginia			●									●			2
Washington												●			1
West Virginia		●								●		●			3
Wisconsin		●		●								●			3
Wyoming		●								●		●			3
TOTAL	22	24	14	23	11	13	11	7	5	23	3	50	0	19	

● Indicates a state with data publicly available, and included in this report

● Indicates a state with data publicly available, but not included in this report

ASSAULTS ON INCARCERATED PEOPLE

Health and Safety Trends

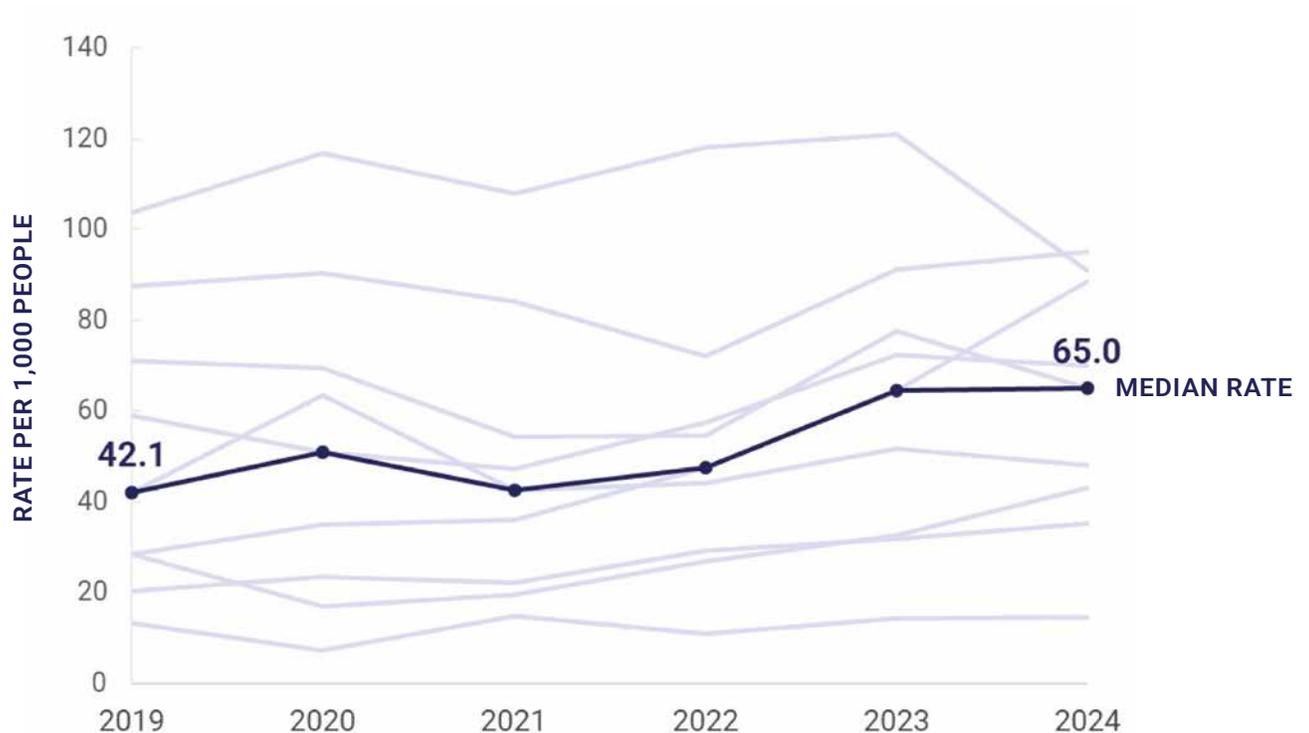
The definition of assaults on incarcerated people by other incarcerated people can vary in public reporting. Some state corrections agencies include shoving or spitting in the definition of assaults, while others exclude those incidents and report only fights, incidents involving minor injuries, and incidents involving major injuries. Some states, such as **Iowa, Kansas, and New Mexico**, report only serious incidents. For the chart below, only nine states had sufficiently similar definitions across the same timeframe to be included in the report.

+ 54%

Increase in Rate
of Assaults on
Incarcerated People

Median across States

ASSAULTS ON INCARCERATED PEOPLE | 2019–2024



DATA SOURCES

Data was accessed from state corrections agencies in the following states: Alabama, Arkansas, California, Illinois, Michigan, Minnesota, New York, South Dakota, and Tennessee. For more specific sources, please refer to Appendix C.

ASSAULTS ON STAFF

Health and Safety Trends

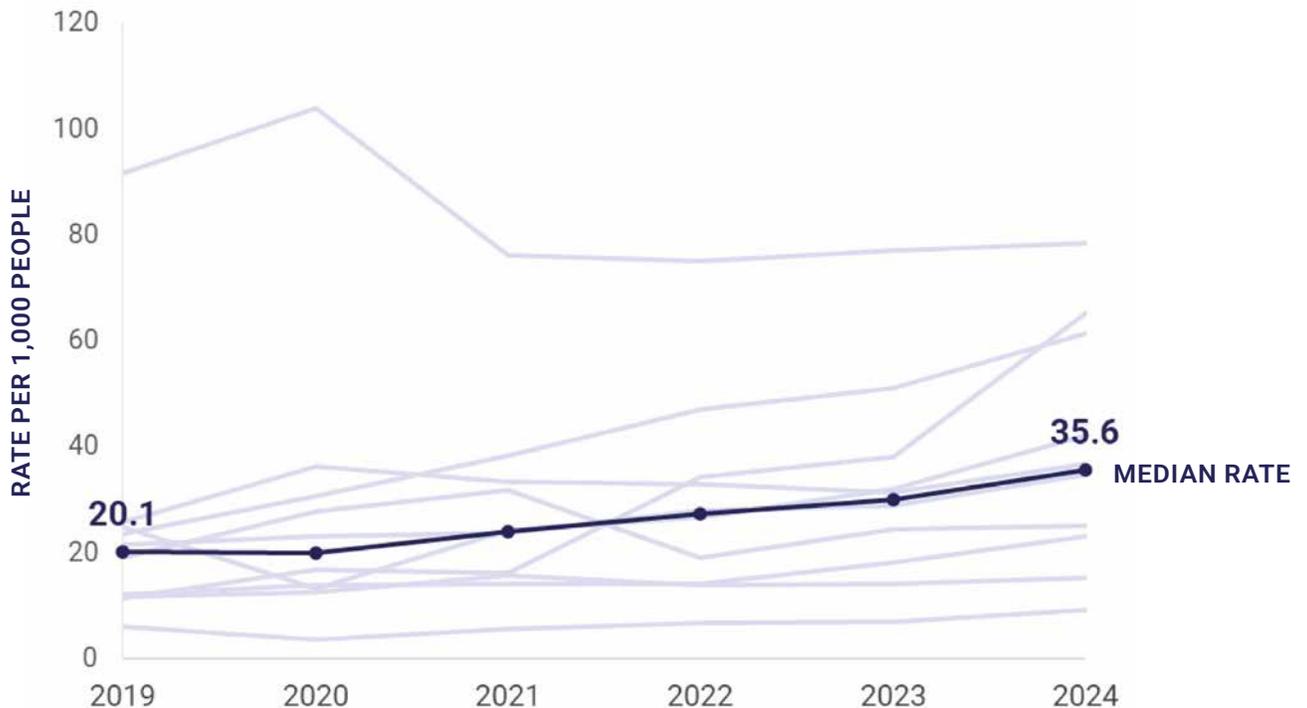
The definition of assaults on staff by incarcerated people also varies in public reporting, although more state agencies report on this metric than on other incidents involving violence. As with assaults on incarcerated people, a few states report only serious incidents. This list includes **Iowa, Kansas, New Mexico, South Carolina, and South Dakota.** For the chart below, 10 states had sufficiently similar definitions across the same timeframe to be included in the report.

+ 77%

Increase in Rate of Assaults on Staff

Median across States

ASSAULTS ON STAFF | 2019–2024



DATA SOURCES

Data was accessed from state corrections agencies in the following states: Alabama, Arkansas, California, Illinois, Michigan, Minnesota, New Jersey, New York, Tennessee, and Wisconsin. For more specific sources, please refer to Appendix C.

STAFF USES OF FORCE

Health and Safety Trends

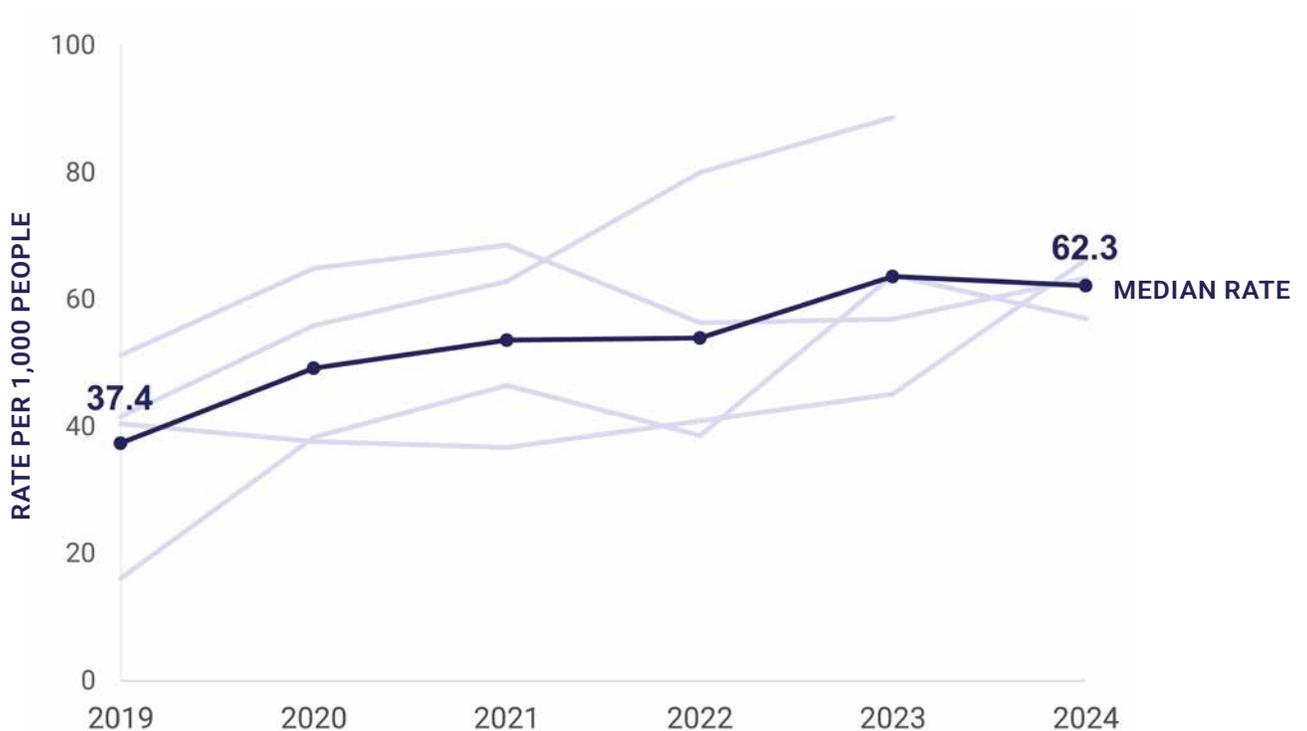
Very few states report publicly on staff uses of force against people incarcerated in their systems, but certainly all states collect this information. The analysis found that only four states reported this metric publicly over the 2019–2024 timeframe. Because of the extremely limited sample size, it is not possible to draw a reliable estimate about national trends from the data.

Some agencies, including the Arkansas DOC and Colorado DOC, previously reported on staff uses of force. The South Dakota DOC recently started reporting this metric (as of FY2023).

**Too little data,
too few states.**

Trends are not possible
to discern.

STAFF USES OF FORCE | 2019–2024



New York did not have use-of-force data for 2024.

DATA SOURCES

Data was accessed from state corrections agencies in the following states: Illinois, Michigan, New York, and Tennessee. For more specific sources, please refer to Appendix C.

DEATHS IN CUSTODY

Health and Safety Trends

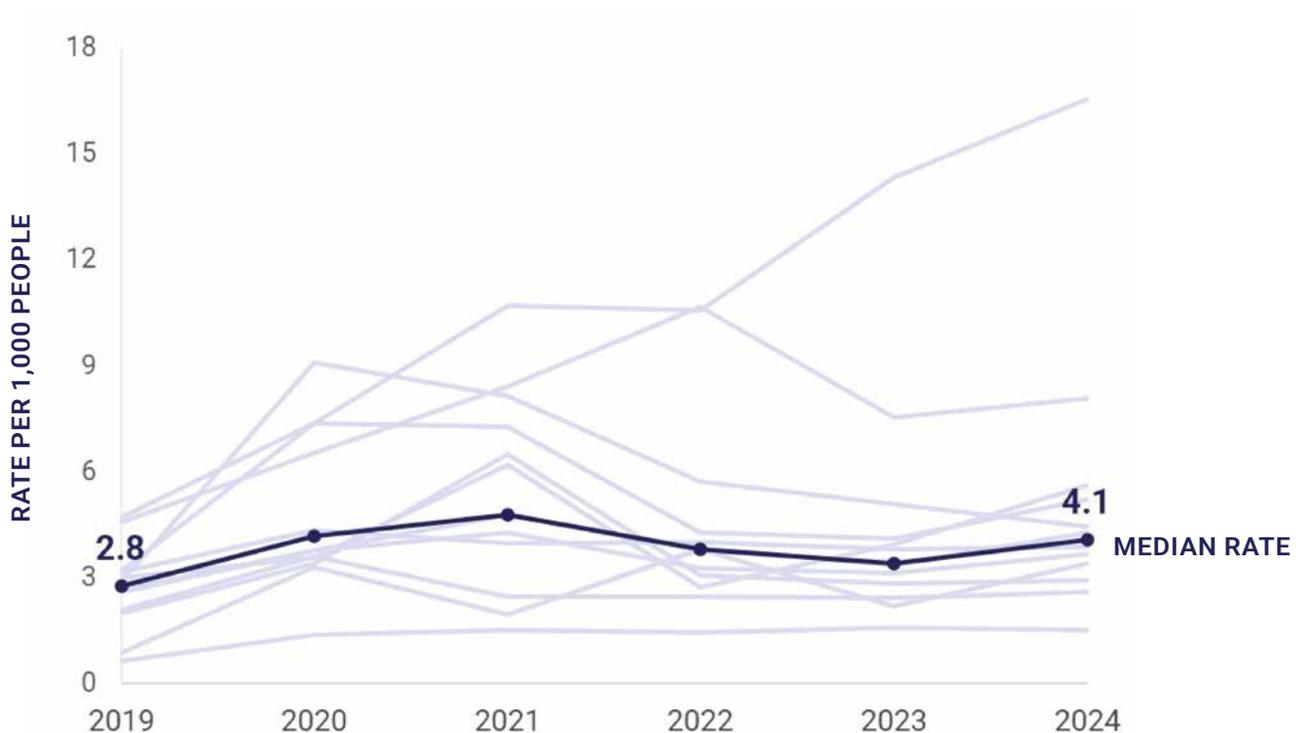
Definitions for deaths in custody tend not to vary from state to state, but states do vary in terms of whether they report the cause of death. Previously, all states reported deaths in custody as part of a federal requirement. It is no longer a requirement, and not all states publish deaths annually. For the chart below, 12 states were found to report deaths in custody across the 2019–2024 timeframe.

+ 47%

Increase in Rate of Deaths in Custody

Median across States

DEATHS IN CUSTODY | 2019–2024



DATA SOURCES

Data was accessed from state corrections agencies in the following states: Alabama, Alaska, California, Illinois, Kansas, Michigan, Montana, New York, Nevada, South Dakota, Tennessee, and Wisconsin. For more specific sources, please refer to Appendix C.

CONTRABAND SEIZURES

Health and Safety Trends

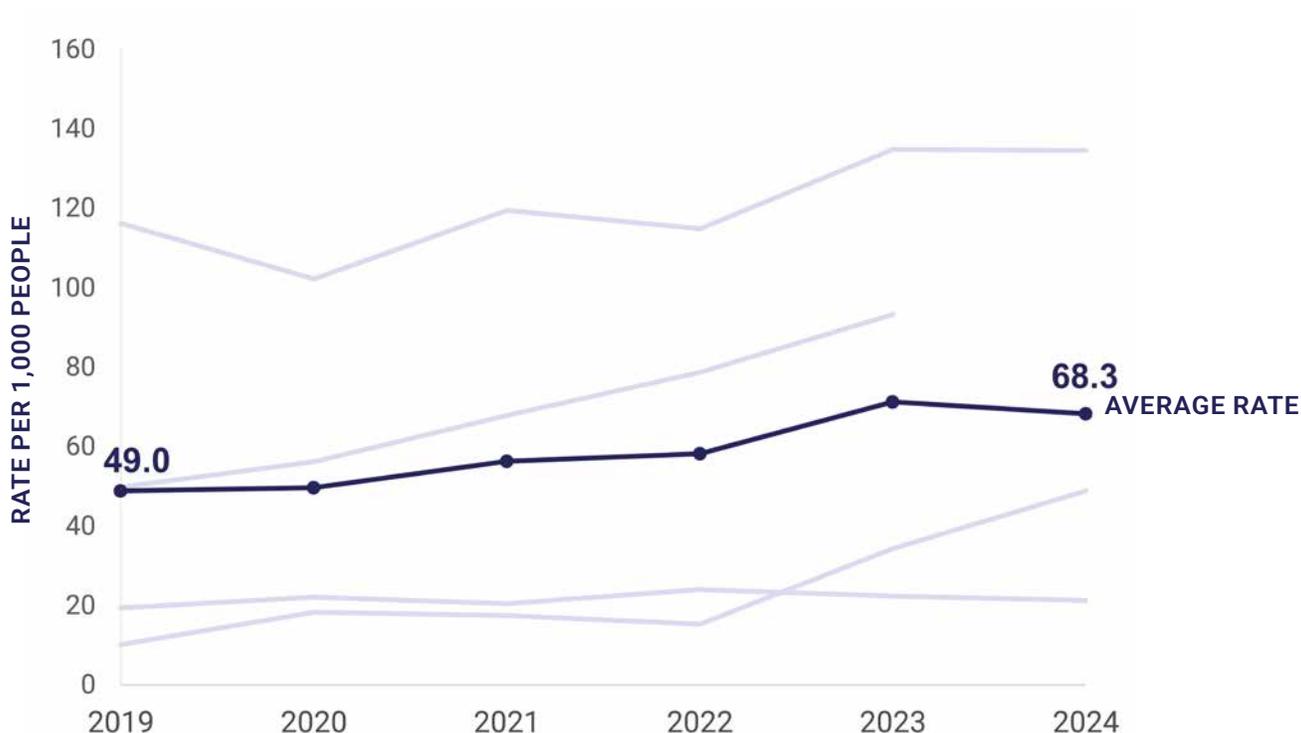
Reporting on contraband seizures varies considerably across states. In some years, states report unusually large volumes of confiscated contraband, making it difficult to identify consistent year-over-year trends. Definitions also differ: some agencies report only “serious” contraband, while others include all seized items.

Reporting on weapons confiscations also lacks uniformity. Certain agencies track only convictions associated with a confiscated weapon, whereas others report the number of weapons seized. The chart below presents the number of weapons seized, as this measure is the most consistently reported across states.

**Too little data,
too few states.**

Trends are not possible
to discern.

WEAPONS CONTRABAND | 2019–2024



New York did not have data for 2024.

DATA SOURCES

Data was accessed from state corrections agencies in the following states: Florida, Minnesota, New Jersey, and New York. For more specific sources, please refer to Appendix C.

CONTRABAND SEIZURES

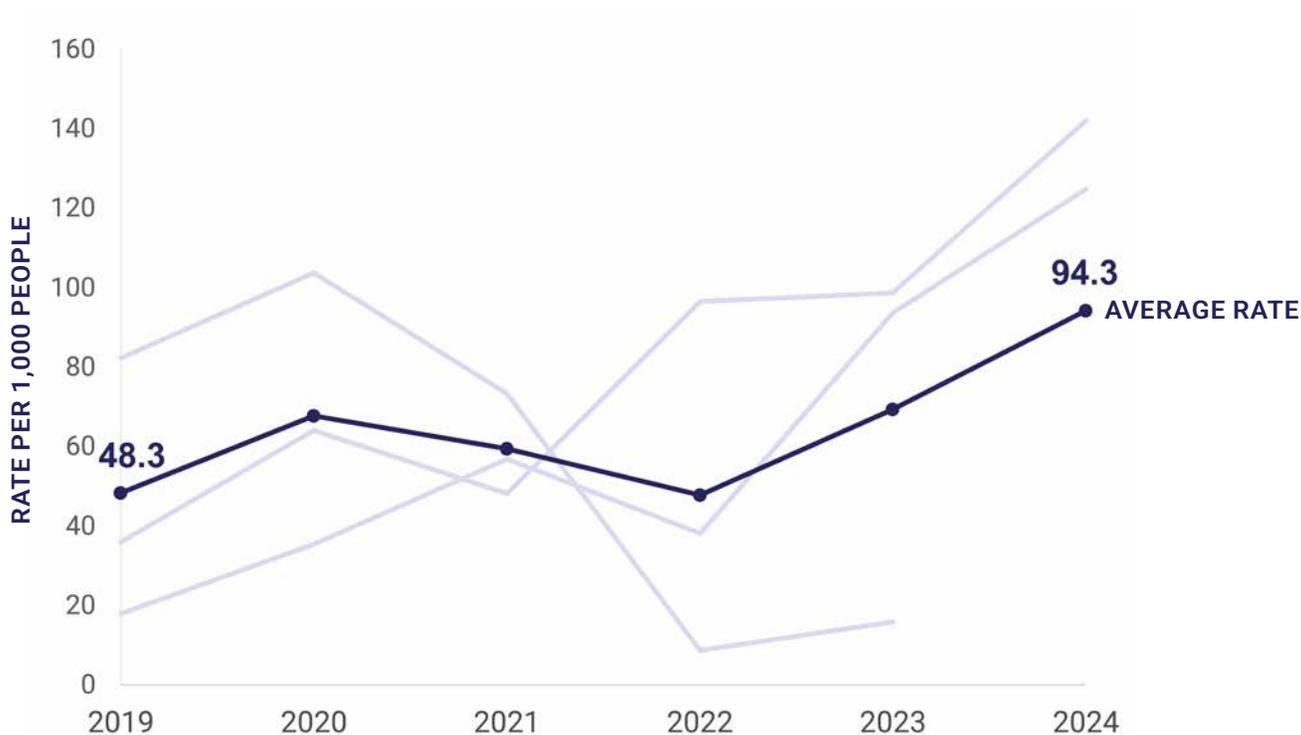
Health and Safety Trends

As with weapons seizures, reporting on drug seizures varies widely across the country. Some state agencies report the volume of items seized – such as the number of pills or the weight of drugs – rather than the number of incidents. In some cases, the type of contraband reported changes from year to year, or reporting is intermittent, making cross-year comparisons challenging. The chart below presents the volume of drugs confiscated, as this measure is the most consistently reported across states.

**Too little data,
too few states.**

Trends are not possible
to discern.

DRUGS CONTRABAND | 2019–2024



New York did not have data for 2024.

DATA SOURCES

Data was accessed from state corrections agencies in the following states: Minnesota, New Jersey, and New York. For more specific sources, please refer to Appendix C.

POPULATION CHARACTERISTICS

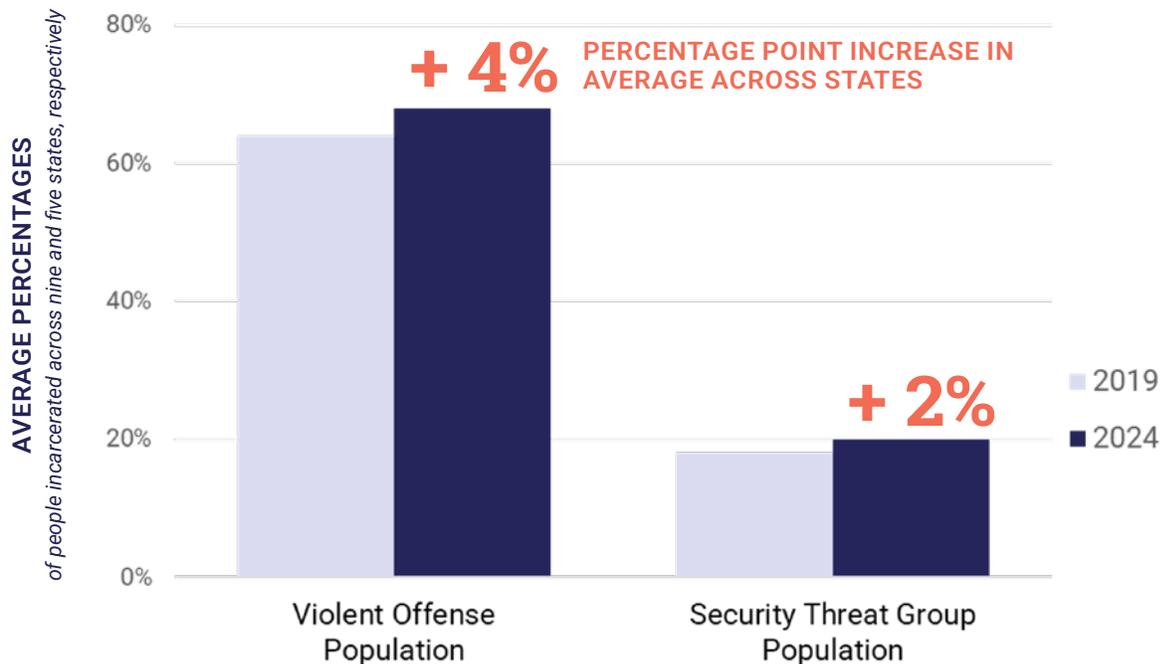
Health and Safety Trends

Departments of corrections often categorize people in custody to identify individuals with a history of violent offense convictions or affiliated with an STG. These characteristics can provide context around trends in critical incidents. The trends here suggest that, although the share of the population with histories of violence or affiliations with violent groups has grown slightly, it is not to a degree that keeps pace with the increase in violent incidents.

Increased violent incidents did not come with a corresponding change in population.

POPULATION CHARACTERISTICS: VIOLENT OFFENSES AND SECURITY THREAT GROUPS

2019 Compared to 2024



DATA SOURCES

Data was accessed from state corrections agencies in the following states: Alabama, Arizona, Colorado, Florida, Georgia, Kansas, New Jersey, New York, Ohio, and Texas. For more specific sources, please refer to Appendix C.

POPULATION CHARACTERISTICS

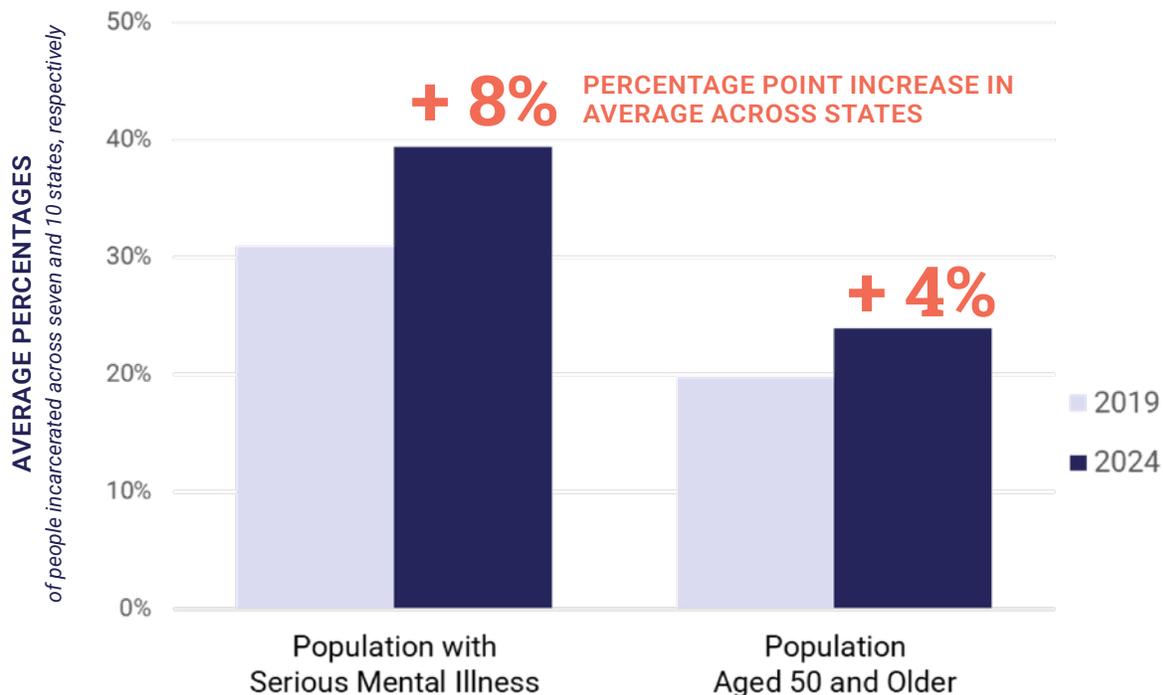
Health and Safety Trends

Over the past few decades, the prison population has been aging. Long sentences, combined with a large population convicted of violent offenses, have tilted the average age of the population upwards. This has costly implications for corrections agencies, both in terms of increased staffing needs for people over 50 and increased healthcare costs. Departments of corrections also provide treatment and medication for people with serious mental illness in their facilities, following improvements to how they identify this population.

Complexity of care is increasing in custodial settings.

POPULATION CHARACTERISTICS: SERIOUS MENTAL ILLNESS AND AGE 50 YEARS AND OLDER

2019 Compared to 2024



DATA SOURCES

Data was accessed from state corrections agencies in the following states: Alabama, Arizona, Colorado, Florida, Georgia, Illinois, Kansas, Minnesota, Montana, New Jersey, Ohio, Vermont, and Wisconsin. For more specific sources, please refer to Appendix C.