Understanding and Reducing Physical Violence Against Incarcerated People

A Research Review

Storm Ervin

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Rates of physical violence (box 1), including physical assault and certain types of misconduct, are higher in prison settings than in community settings—and even higher for some marginalized populations (Caravaca-Sánchez, Aizpurua, and Wolff 2023; Wolff and Shi 2009; Wolff, Shi, and Blitz 2008). Characteristics such as being younger or having a violent history can make people more prone to cause violence. Its consequences are emotional, physical, and, sometimes, fatal. While physical violence in prisons is horrific, there are evidence-backed ways to mitigate it, including prevention and intervention mechanisms. This brief summarizes the prevalence of physical violence in prisons, its risks and consequences, ways to prevent it and intervene, and considerations for future research and practice.

BOX 1

Defining Physical Violence

Definitions of physical violence in the research take various forms. Some use physical assault and measure it using affirmative responses to the National Violence Against Women and Men Survey,[a] while others rely on measures of misconduct.[b] Based on the sources we reference, in this brief physical violence may refer to physical assault; assault with a weapon; slapping, kicking, or biting; choking or attempted drowning; hitting with an object intended to produce harm; beatings; or injuries inflicted by another person that require treatment beyond first aid responses.[c] Violence may also include aggressive behavior and institutional misconduct, namely violent misconduct.[d] The brief does not focus on sexual violence in prisons, which the Urban Institute has covered extensively elsewhere.[e]

[a] Patricia Tjaden and Nancy Thoennes, *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women*, NCJ 183781 (National Institute of Justice, 2000), https://www.ojp.gov/txtfiles1/nij/183781.txt; and Nancy Wolff and Jing Shi, "Contextualization of Physical and Sexual Assault in Male Prisons: Incidents and Their Aftermath," *Journal of Correctional Health Care* 15, no. 1 (2009): 58–77, https://doi.org/10.1177/1078345808326622.

[b] Benjamin Steiner and John Wooldredge, "Comparing Self-Report to Official Measures of Inmate Misconduct," *Justice Quarterly* 31, no. 6 (2014): 1074–101, https://doi.org/10.1080/07418825.2012.723031.

[c] Jon R. Sorensen, Mark D. Cunningham, Mark P. Vigen, and S. O. Woods, "Serious Assaults on Prison Staff: A Descriptive Analysis," *Journal of Criminal Justice* 39, no. 2 (2011): 143–50, https://doi.org/10.1016/j.jcrimjus.2011.01.002; Benjamin Steiner and John Wooldredge, "Comparing Self-Report to Official Measures of Inmate Misconduct," *Justice Quarterly* 31, no. 6 (2014): 1074–101, https://doi.org/10.1080/07418825.2012.723031; Patricia Godeke Tjaden and Nancy Thoennes, *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey* (CDC, 2000), https://stacks.cdc.gov/view/cdc/21948/cdc_21948_DS1.pdf; and Nancy Wolff, Jing Shi, and Cynthia L. Blitz, "Racial and Ethnic Disparities in Types and Sources of Victimization Inside Prison," *Prison Journal* 88, no. 4 (2008): 451–72, https://doi.org/10.1177/0032885508325392.

[d] Jake Camp, Kerry Joy, and Mark Freestone, "Does 'Enhanced Support' for Offenders Effectively Reduce Custodial Violence and Disruption? An Evaluation of the Enhanced Support Service Pilot," *International Journal of Offender Therapy and Comparative Criminology* 62, no. 12 (2018): 3928–46, https://doi.org/10.1177/0306624X17752254; James Gilligan and Bandy Lee, "The Resolve to Stop the Violence Project: Transforming an In-House Culture of Violence Through a Jail-Based Programme," *Journal of Public Health* 27, no. 2 (2005): 149–55, https://doi.org/10.1093/pubmed/fdi018; and Melissa Lugo, John Wooldredge, Amanda Pompoco, Carrie Sullivan, and Edward J. Latessa, "Assessing the Impact of Unit Management Programs on Institutional Misconduct and Prison 'Returns'," *Justice Quarterly* 36, no. 1 (2019): 59–92, https://doi.org/10.1080/07418825.2017.1357741.

[e] Marcellin Colette and Evelyn F. McCoy, "Preventing and Addressing Sexual Violence in Correctional Facilities" (Urban Institute, 2021), https://www.urban.org/research/publication/preventing-and-addressing-sexual-violence-correctional-facilities.

Prevalence of Physical Violence in Corrections

Research has established that rates of physical violence in corrections settings are higher than those in community settings. One estimate from a systematic review that included 23,967 incarcerated people found that 18.8 percent had experienced physical violence in prison, with women having a slightly higher rate (20.3 percent) than men (18.1 percent) (Caravaca-Sánchez, Aizpurua, and Wolff 2023). Similarly, a state-based study with a sample of 6,964 people housed in men's facilities found that nearly 32 percent reported experiencing a physical assault during a six-month period (Wolff and Shi 2009). Comparatively, 2024 nationwide crime statistics data show that the rate of aggravated assault was 256 cases per 100,000, roughly 0.3 percent of the noncorrections population. Rates of robbery, rape, and homicide were even lower.[1] As with violence in the community, violence in prisons is often caused by a mere fraction of the population. One study that examined violent infractions in six states

found that 10 percent of the incarcerated population accounted for 52 percent of all violent infractions for which people were found guilty (Rodriguez et al. 2024).

Though rates of violence in prisons are higher than in community settings, the disparities in violence for marginalized populations are similar in both. Similar to experiencing higher rates of intimate partner violence (Leemis et al. 2022), younger incarcerated women in one systematic review reported experiencing higher rates of physical violence in corrections than their older counterparts (Caravaca-Sánchez, Aizpurua, and Wolff 2023). As discussed in the literature review below, people with disabilities are also at higher risk for violence both in and out of community settings.

Corrections staff also experience violence in prisons, though less often than incarcerated people. Research has found that the rate of assault against corrections staff is about 53 per 100,000 incarcerated individuals annually (Sorensen et al. 2011). A more recent study found that of all violence in prisons perpetrated by incarcerated people, other incarcerated people were victims 71 percent of the time and staff were victims 29 percent of the time (Rodriguez et al. 2024). Literature exists on physical violence against staff, but this brief focuses on risks, consequences, and mitigation strategies for physical violence against incarcerated people.

Literature Review

Research has established nuance around factors that may make institutions and individuals more prone to experiencing and causing physical violence. Some characteristics, such as having mental health challenges or violent histories, make individuals more prone to both experiencing and causing violence, a phenomenon often referred to as the victim-offender overlap.[2] This section highlights factors associated with corrections institutions and the people incarcerated in them and discusses the nuanced risks involved.

Risks for Engaging in Violence in Prisons

Race and ethnicity are often characteristics associated with increased risk for violence in corrections (box 2). Research shows that Black and Brown people are at higher risk for experiencing violence from and causing violence toward staff compared with non-Hispanic white people. Using a sample of 6,964 people incarcerated in men's prisons, Wolff, Shi, and Blitz (2008) found that Black and Brown incarcerated people experienced higher rates of physical victimization by staff aggressors. This suggests that people of color may be more at risk for violence from and toward staff, while white people may be more at risk of violence from peers. Race and ethnicity are correlated with other risk factors for violence victimization, however, which often confounds the relationship between race and victimization in facilities. For instance, risk level is correlated with race because of its emphasis on criminal history indicators (Skeem and Lowenkamp 2016), and this may drive the perceived relationship between race and victimization. More severe criminal history indicators can affect custody level, which can in turn affect the risk of victimization among incarcerated people, with those classified as higher custody or higher security being more at risk (Steiner et al. 2017).

BOX 2

Perceived Criminality Toward Black and Brown People

One explanation for increased violence among Black and Brown people could be their perceived criminality among white counterparts. Research demonstrates that people cognitively associate Black people with crime even when data show they are less involved in it.[a] The stereotype that people of color are more likely to commit crimes may explain why they experience more violence.

[a] Nazgol Ghadnoosh, *Race and Punishment: Racial Perceptions of Crime and Support for Punitive Policies* (The Sentencing Project, 2014), https://www.sentencingproject.org/reports/race-and-punishment-racial-perceptions-of-crime-and-support-for-punitive-policies/; Cynthia Najdowski, "How the 'Black Criminal' Stereotype Shapes Black People's Psychological Experience of Policing: Evidence of Stereotype Threat and Remaining Questions," *American Psychologist* 78, no. 5 (2023): 695–713, https://doi.org/10.1037/amp0001159; and Center for Survey Research, *Pennsylvanians' Racial and Ethnic Expectations of Arrestees and Neighborhood Safety* (Penn State Harrisburg, 2020), https://csr.hbg.psu.edu/sites/default/files/CSR-Site-Assets/Reports/Race%20Poll%20Research%20Brief.Final_12-20-20.pdf.

As with violence in community settings, research shows that men are more likely than women to cause violence in corrections settings (box 3). Using data from the 2004 Survey of Inmates in State and Federal Correctional Facilities, a nationally representative sample that included more than 18,100 incarcerated people, Celinska and Sung (2014) found that incarcerated men were more likely than women to break institutional rules. Furthermore, higher percentages of men than women committed all conduct violations, including physical assaults on staff and physical assaults on other incarcerated people. Relatedly, a nationally representative sample of people in prisons showed that 97 percent of incidents that resulted in loss of control of part or all of a facility and required "extraordinary measures to regain control occurred in facilities authorized to only hold males" (Maruschak and Buehler 2021, 3). (The authors define loss of control as "a situation in which prisoners are acting in concert to disrupt facility operations and refusing to comply with lockdown orders" [6].) Lastly, a study that looked at guilty infractions resulting from physical violence across six states found that 90 percent occurred in facilities and units that housed men (Rodriguez et al. 2024).

Younger people tend to be more physically violent than older people (Sorensen and Cunningham 2007). Some evidence indicates that younger incarcerated people are likely to harm older incarcerated people, leading older populations to support age-segregated housing (Kerbs and Jolley 2007). One study found that prison misconduct or violence was highest among younger incarcerated people in an adult prison system, and after accounting for other characteristics, age was the strongest determinant of prison violence, and those who entered prison before the age of 18 were far more likely than adults to engage in misconduct or violence (Kuanliang, Sorensen, and Cunningham 2008).

Violent histories have been associated with both causing and experiencing violence. Using a statewide sample, researchers found that incarcerated people were at increased risk of violent and work-related injuries when they had histories of violent offenses, violent victimization, and psychiatric treatment (Sung 2010). Though having a violent history has been associated with causing violence in prisons, one study using a statewide Florida Department of Corrections sample (n = 51,527) found that

people convicted of murder were not more likely to engage in disciplinary conduct or prison violence (Sorensen and Cunningham 2010). That study may be an anomaly, however: research has demonstrated that incarcerated people needing higher custody levels or higher security because of their risk for victimization tend to engage in more violence or have more extensive criminal histories (Sorensen et al. 2011; Steiner et al. 2017; Sung 2010).

BOX 3

Reasons for Violence from the Perspective of Incarcerated Men

Rodriguez and colleagues analyzed administrative case data on guilty violent infractions from more than 1.4 million incarcerated people residing in six state departments of corrections.[a] To complement their quantitative findings, researchers conducted interviews with a random sample of the incarcerated men from these incidents (*n* = 244) to understand the reasons for and consequences of violence. They found that disrespect—including "snitching," slandering another person, racial slurs, and other factors—and illicit markets and debts were the most common causes of violence. Furthermore, being under the influence of drugs and alcohol as well as having mental health needs, disputes over personal belongings, and conflict carried over from community settings were associated with physical violence.

[a] Nancy Rodriguez, H. Daniel Butler, Natasha Frost, Melinda Tasca, and Jillian Turanovic, *Sources and Consequences of Prison Violence: Key Findings and Recommendations from the Prison Violence Consortium* (School of Social Ecology, University of California, Irvine, 2024), https://socialecology.uci.edu/sites/default/files/users/mkcruz/report_2.pdf.

Research has established that having mental health challenges and disabilities are associated with experiencing and causing violence. The Bureau of Justice Statistics reported that people incarcerated in state facilities who had a mental health problem were twice as likely as those without to be injured in a fight (James and Glaze 2006). Similarly, using data from the 2004 Survey of Inmates in State and Federal Correctional Facilities, Stoliker (2016) found that incarcerated people with mental health issues related to anger and psychosis were more likely to cause violence toward prison staff.

Consequences of Violence in Prisons

Physical violence in corrections can lead to bodily harm, emotional distress, ongoing threats to safety, and even death (Carson 2021; Wolff and Shi 2009; Wolff, Shi, and Blitz 2008). In their analysis of nearly 2,200 physical and 200 sexual victimization incidents reported by a random sample of incarcerated men (*n* = 6,964), Wolff and Shi (2009) found that physical injuries occurred in 40 percent of physical assaults and 70 percent of sexual assaults caused by other incarcerated people and in 50 percent of assaults caused by staff. The same study found that most victims of violence experienced emotional consequences and anger (Wolff and Shi 2009). In addition, experiencing harm may lead to ongoing threats to victims' safety: the same study reported that incarcerated people "who experienced physical victimization also reported feeling less safe from various types of harm and in assorted areas of the prison during the six months, compared with their counterparts who did not report

victimization. Those feeling the least safe in prison were males who reported being physically victimized by other incarcerated people and staff" (Wolff and Shi 2009, 5). Lastly, in 2018, people incarcerated in state prisons were more than twice as likely to die from homicide as the adjusted US population; that year, state prisons saw their highest homicide rate since 2001 (Carson 2021).

Corrections violence also has consequences at the institutional level. Those who commit violence are subject to disciplinary actions and housing movements such as being moved to a higher security level (Rodriguez et al. 2024). Restrictive housing has been used both as a disciplinary consequence in response to violence and to protect victims from further violence (Montagnet, Pierce, and Pitts 2021).[3] Because of their vulnerability, victims of violence—as well as people who are LGBTQ+, people with mental illness, and people under 18 and housed in adult facilities—are often overrepresented in solitary confinement populations, typically to protect them from harm (APHA 2013; Anafi et al. 2018; Frost and Monteiro 2016; Hastings et al. 2015; Matei 2022; Montagnet, Pierce, and Pitts 2021; Simes, Western, and Lee 2022).[4]

Though corrections facilities struggle to hold people who cause harm accountable and keep people safe, restrictive housing may create more harm. It can lead to significant mental health challenges, adverse personality changes, social isolation, and barriers to receiving medical care (APHA 2013; Montagnet, Pierce, and Pitts 2021).[5] Survivors of harm may be discouraged from reporting abuse if placement into restrictive housing is the protective measure (Hastings et al. 2015). Ultimately, consequences of violence can create more harm through restrictive housing, so corrections staff and other stakeholders are thinking about how to employ alternative consequences for violence.

Prevention and Intervention Strategies

Research shows that several factors lower the likelihood of violence in corrections. Screening for risks and making proper housing assignments at the beginning of and during incarceration, implementing certain programs, and providing staff training can help prevent violence. In addition, interventions for those at highest risk through behavioral treatment programs and therapeutic living environments have been associated with decreases in violence. This section provides more information on ways to prevent and reduce the likelihood of prison violence.

Screening and Assessment

One way to aid in the prevention of violence is for corrections staff to screen people at intake and at different points during their incarceration and make housing decisions accordingly (box 4). Research suggests that assessing for static factors (e.g., criminal history) and dynamic factors (e.g., how compatible incarcerated people are with others in their unit, integration in prison gangs, prior prison violence, and social support) are important to understand as corrections staff make housing, case management, and supervisory decisions to curb violence (Cunningham and Sorensen 2007; Rodriguez et al. 2024). By relying on screening and assessment data, staff can ensure that vulnerable populations are housed safely while not relying on restrictive housing to isolate them from the threat of violence.

BOX 4

Making Housing Assignments to Mitigate Violence

The Wyoming Department of Corrections gives incarcerated people a two-part classification label. Part 1 designates their custody level as maximum, medium, or minimum. Part 2 designates their aggression level as Altus (highest aggression), Medius, and Brevis (lowest aggression). The state then assigns incarcerated people to housing units based on matrices created for each facility; this avoids housing people designated as high aggression with those who are least aggressive.[a]

[a] Allison Hastings, Angela Browne, Kaitlin Kall, and Margaret diZerega, *Keeping Vulnerable Populations Safe Under PREA: Alternative Strategies to the Use of Segregation in Prisons and Jails* (National PREA Resource Center, 2015), https://www.prearesourcecenter.org/sites/default/files/library/keepingvulnerablepopulationssafeunderpreaapril2015.pdf.

One assessment tool is the Risk Screener Violence, which assesses static (i.e., historical) and dynamic (i.e., evolving) risk factors while also screening for protective factors (Smeekens et al. 2024). Research shows that this tool is valid for determining which incarcerated people are likely to engage in institutional violence (Smeekens et al. 2024).

In addition to screening and intake, some facilities have created open housing units to protect people from the risk of abuse. These units are created in the general population and admit people only after careful screening. Open housing mixes people vulnerable to sexual abuse with people who have other vulnerabilities, such as being LGBTQ+, to reduce the use of restrictive housing as a protective measure against violence (Hastings et al. 2015). Although these practices were implemented to reduce sexual violence, staff may consider them to reduce physical violence.

Programs to Prevent Violence Among General Populations

Implementing educational and vocational programs can also reduce violence. One study that examined more than 4,000 incarcerated men in 185 facilities showed that those involved in work programs were significantly less likely to harm staff (Huebner 2003). Similarly, another study found that incarcerated people with work assignments had reduced risk of violence-related injuries (Sung 2010). Participation in educational programs, such as earning a GED or taking college classes, can reduce violence among incarcerated people compared with people who are not part of these programs (Pompoco et al. 2017). But Pompoco and colleagues (2017) also found that completing vocational courses and apprenticeships did not affect misconduct. Ultimately, the evidence seems to suggest that when available, educational and vocational programs may prevent violence, though vocational programs may not affect misconduct.

In addition, research has shown that behavioral treatment programs for broader populations can lead to safer outcomes and more compliant behavior in corrections settings (French and Gendreau 2006). One such program is Thinking for a Change, developed by Bush, Glick, and Taymans (1997) in collaboration with the National Institute of Corrections. It is a cognitive behavior program for people of all ages and genders who are system involved. One study found that incarcerated people who

enrolled in or completed programs such as Thinking for a Change and Money Smart had significantly reduced odds of engaging in violent misconduct compared with their counterparts (Lugo et al. 2019). Relatedly, research has shown that Thinking for a Change is associated with interpersonal problem-solving skills (Golden et al. 2006), which may help prevent conflict that escalates to violence.

Religious programming has also shown association with decreases in violence. For instance, administrative data have suggested that participating in Bible college and other faith-based programs is associated with decreases in serious forms of misconduct (Camp et al. 2008; Duwe et al. 2015). Similarly, self-reports from incarcerated people demonstrate that religious programs are associated with decreased likelihood of getting into physical fights (Kerley, Matthews, and Blanchard 2005).

Staff Training

Lastly, staff training is an important avenue for reducing violence in corrections. Researchers recommend training staff on ways to reduce opportunities for victimization and ways to promote environments free of harm (Wolff, Shi, and Blitz 2008). Rodriguez and colleagues (2024) recommended trainings that include deescalation strategies and protocols for situations that have potential to escalate to violence, and specialized training for dealing with those at high risk of causing violence. In addition, they found that humanizing incarcerated people and directly engaging with them can prevent violence.

Interventions for People at Highest Risk of Violence

Implementing interventions for people at highest risk of violence is one way to curb it. Bonta and Andrews (2010) developed the risk-need-responsivity model, which states that programs aiming to prevent violence work best to reduce recidivism and stop violent behavior when they provide the most intensive intervention to those at the highest risk (the risk principle), prioritize intervention and services to address people's needs that are "criminogenic" or related to recidivism (the need principle), and tailor or match intervention to important participant characteristics (the responsivity principle). Using mostly sources cited by Day and colleagues (2022) in their scoping review, this section highlights interventions for curbing violence in corrections.

Research has shown the effectiveness of in-prison programs that target the needs of people at high risk of violence, such as antisocial cognition. One example is the Cognitive Housing Approach: New Goals Environment (CHANGE) program, a cognitive program for people at high risk of institutional misconduct that works with them to correct thinking patterns and beliefs over at least six weeks. The program is divided into three phases, with the option for incarcerated people to forego the last two phases if they remain free of misconduct during the first. In comparing CHANGE participants, who were randomly selected to complete the program, with incarcerated people who did not participate, researchers found that CHANGE participants showed a reduction in violence six months after the program (Hogan et al. 2012). Other interventions, such as Enhanced Support Service and the Resolve to Stop the Violence Project, have similarly shown decreases in aggressive behavior and

misconduct for those at higher risk of causing violence (Camp, Joy, and Freestone 2018; Gilligan and Lee 2005).

Corrections facilities have implemented other housing efforts to reduce violence for those at highest risk. Traditional disciplinary segregation (often a consequence of violence) has not had a significant impact on reducing misconduct (Labrecque and Smith 2019; Morris 2016). But integrating more therapeutic environments, or meeting the needs of people who cause harm, is a promising avenue for reducing violence (Dietz et al. 2003). The Restrictive Status Housing Program, once implemented by the Arizona Department of Corrections, is one example. This program was designed for people who caused violence in corrections and were subsequently sent to restrictive housing. But unlike traditional segregation units, the program included group counseling, self-study, educational television, and programming that worked to increase prosocial behavior and values. People who completed the program had statistically significant reductions in major violations, assaults on staff, assaults on their peers, and drug violations 12 months after completion (Meyers, Infante, and Wright 2018). A jail-based program, the Resolve to Stop the Violence Project, and a rehabilitative diversion unit in North Carolina similarly showed positive outcomes after placing men with violent histories in a housing environment separate from the general population or traditional restrictive housing (Gilligan and Lee 2005; Remch et al. 2023).

Contextualizing violence in prisons as a public health issue has not been deeply explored. Yet public health responses to community violence, through community violence intervention (CVI) that works with those at highest risk for causing harm, show some promise for reducing violence in the community (Ramos et al. 2025). Public health and peer support interventions in prisons have been effective in reducing risky behaviors and contributing to positive health outcomes (Bagnall et al. 2015). Evidence on public health responses to violence in prisons is scarce, however, though such approaches may have promise.

Conclusion and Considerations for Future Research

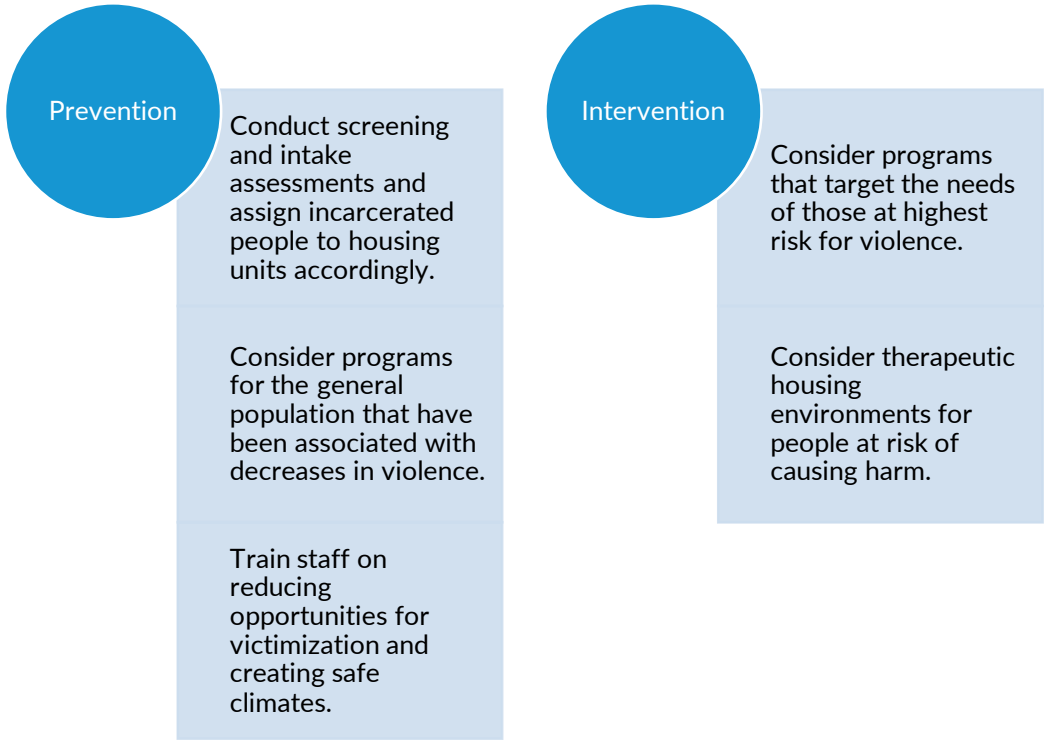
Research shows that physical violence in corrections is higher than in community settings and that people's risks of engaging in violence or being victimized by it are nuanced. And, no matter who the victim is or how the violence comes to be, the consequences of physical violence are disheartening and sometimes fatal. There are, however, ways to prevent it and to intervene, and evidence continues to grow in support of these mechanisms.

As corrections staff, community partners, and researchers consider ways to curb violence, they should avoid strategies that have not been shown to be effective. Research has demonstrated that increased surveillance (Debus-Sherrill, La Vigne, and Downey 2017) and traditional solitary confinement (Labrecque and Smith 2019; Morris 2016), though intended to reduce violence, do not always do so. Relatedly, research has found that supermax facilities do not always increase safety for incarcerated people (Briggs, Sundy, and Castellano 2003). Rather, corrections stakeholders should

consider the evidence-based prevention and intervention strategies described in this brief as possible means of making facilities safer. Figure 1 summarizes these strategies.

FIGURE 1

Summary of Prevention and Intervention Strategies to Mitigate Violence in Corrections



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Source: Author.

As corrections staff and their community partners think about the future of violence prevention in corrections, the following research and practice can help fill gaps:

- **Research on short-term and other detention settings:** The field has less understanding of the prevalence of and reasons for violence in short-term and detention settings, such as immigration detention, jails, and holding cells. There remains a gap in understanding what happens while people are detained. Research can examine how violence of all kinds happens in these institutions and ways to prevent and reduce it.
- **Qualitative studies highlighting perceptions of incarcerated and formerly incarcerated people and their ideas for increasing safety:** Most of the research presented in this brief relied on administrative data. Few of the studies draw on narratives shared by people who have experienced or caused violence. Qualitative inquiry into how violence occurs by those directly affected can help shape solutions.

- **Policies like the Prison Rape Elimination Act for alleviating physical victimization:** Congress implemented the Prison Rape Elimination Act to combat sexual violence in prisons. A similar effort with complementary standards, screening tools, and technical assistance may help end physical violence in prisons.
- **Research on public health approaches comparable with community violence intervention to curb violence in prisons:** In community settings, jurisdictions that experience high levels of violence frequently rely on CVI strategies, which use public health approaches to stop violence from spreading. It is unclear whether comparable strategies exist in corrections and how or if they work to reduce violence. For departments of corrections working to implement public health strategies that reduce violence, research can aid in understanding these models and their effectiveness.

Notes

1 "50-State Crime Data," CSG Justice Center, accessed December 30, 2025, https://projects.csgjusticecenter.org/tools-for-states-to-address-crime/50-state-crime-data/.

2 The Illinois Criminal Justice Information Authority provides more context around the victim-offender overlap (Delong and Reichert 2019).

3 "Solitary Confinement," Penal Reform International, 2013, https://www.penalreform.org/issues/prison-conditions/key-facts/solitary-confinement/.

4 Mariposa McCall, "Health and Solitary Confinement: Issues and Impact," *Psychiatric Times*, March 16, 2022, https://www.psychiatrictimes.com/view/health-and-solitary-confinement-issues-and-impact; and "Solitary Confinement."

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About the Author

Storm Ervin is an emerging expert in the domestic violence, gun violence, and prison sexual violence victimization fields with a decade of experience that includes direct service, research, and Technical Assistance (TA) provision. In addition to her leadership on gun violence research, Ervin has significant experience in conducting and leading gender-based violence research. She has led research of both mandated and non-mandated APIPs in New York. She led and contributed to systemwide assessments of IPV in Tulsa, Oklahoma, and Allegheny County, Pennsylvania. On these projects, she examined how survivors and people who cause IPV interact with criminal justice and civil systems. In addition, she contributed and led studies on services for survivors of gender-based violence in correctional settings. She has been invited by staff at several notable organizations, such as the National Institute of Justice and the Office on Violence Against Women at the US Department of Justice, the Center for Justice Innovation, and Everytown for Gun Safety, to speak about her work.

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