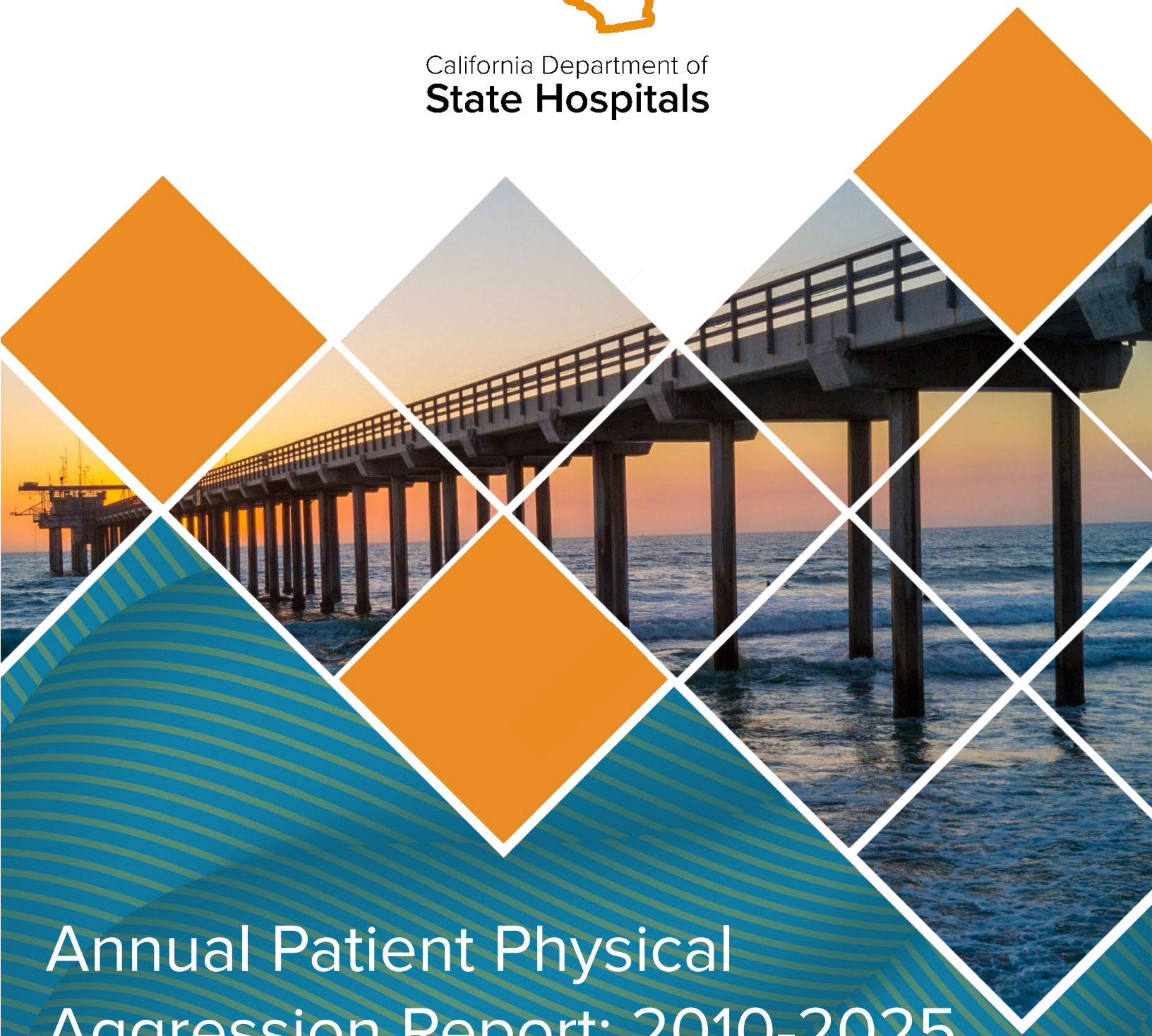
DSH

California Department of
State Hospitals



# Annual Patient Physical Aggression Report: 2010-2025

October 2026

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# Comments from the Director

Safety remains a high priority at the California Department of State Hospitals (DSH). Every member of our organization, across disciplines and facilities, is united in our mission to provide compassionate, evidence-based care while maintaining a safe environment for both patients and staff. Our vision of “Caring today for a safe and healthy tomorrow” continues to guide our work as we meet complex challenges with dedication, innovation, and resilience.

This year’s Annual Patient Physical Aggression Report introduces a new format designed to offer clearer insights and a more accessible overview of the challenges and successes we face as a system. By streamlining our presentation and focusing on actionable data, we aim to better inform our staff, partners, and the public about our ongoing efforts and outcomes.

In 2025, DSH served 9,418 individuals in the five State Hospitals, including 3,915 admissions, reflecting a decrease in overall volume consistent with system transformation efforts to serve an increased number of DSH patients in community-based settings. Notably, this year recorded the lowest rates of physical aggression since tracking began. Patient-on-patient aggression declined by 4.3%, and patient-on-staff aggression fell by 10% compared to the prior year. Serious injuries requiring hospitalization among patient victims decreased by 25%, illustrating the impact of our data-driven safety strategies. While most individuals in our care were not physically aggressive, a small subset of repeatedly aggressive patients accounted for a disproportionate number of incidents. Our work remains focused on tailoring interventions for these high-risk individuals and ensuring staff have the tools and training necessary to sustain a safe therapeutic environment.

Behind every data point in this report is the commitment, expertise, and compassion of our staff. Their daily work, often under challenging conditions, brings dignity and hope to those we serve and makes meaningful progress possible. I am deeply proud of their ongoing contributions and remain confident that, by advancing evidence-based practices and shared accountability, we will continue to strengthen the safety and well-being of all individuals entrusted to our care.

Sincerely,

STEPHANIE CLENDENIN
DIRECTOR

# Section I: Executive Summary

This report summarizes patient-on-patient and patient-on-staff physical aggression incidents that occurred in calendar year 2025 and provides an in-depth evaluation of aggressors in the California Department of State Hospitals (DSH).

Analysis of the 2025 physical aggression data shows that:

1. DSH, composed of five freestanding hospitals, treated a total of 9,418 individuals, a decrease of 5% from the year prior; see **Section II**.

2. Overall admissions totaled 3,915, a decrease of 8.3% from the year prior.
    a. This was mostly driven by the reduction in Incompetent to Stand Trial (IST) admissions by 9.3% from 2024 vs. 2025.

3. The overall rate of patient-on-patient (A2) assaults decreased by 4.3% and the overall rate of patient-on-staff (A4) assaults decreased by 10% compared to the previous year; see **Section III**.

4. As with previous years, what is notable is that of the 9,418 individuals served in State Hospitals in 2025, most were not physically aggressive; see **Section IV**.
    a. The majority (n=7,804 or 82.9%) were non-violent while hospitalized in DSH in 2025.
    b. A smaller proportion (n=1,511 or 16%) committed 1-9 acts of physical aggression and are designated as “aggressive patients.”
        i. 178 out of 1,511 patients (11.8%) caused moderate injury to their victims requiring medical treatment while 7 out of 1,511 (0.2%) caused severe injury to their victims requiring hospitalization. The remaining 1,326 aggressive patients (88%) caused minor or no injury.
    c. Very few (n=103 or 1.1%) committed 10 or more acts of physical aggression and are designated as “repeatedly physically aggressive patients.”
        i. 45 out of 103 repeatedly aggressive patients (43.7%) caused moderate injury while 3 out of 103 (2.9%) caused severe injury to their victims. The remaining 55 repeatedly aggressive patients (53.4%) caused minor or no injury to their victims.

5. While numbering only 103 patients total, these repeatedly physically aggressive patients were responsible for a disproportionate amount of all the assaults (2,091 out of 4,711 or 44.4%) on patients and staff in 2025. The characteristics of repeatedly physically aggressive patients are described in **Section V**.

6. Changes in physical aggression rates were not uniform, however, and some variation was noted across the different legal class groups treated in DSH, such as Incompetent to Stand Trial (IST) or Lanterman-Petris-Short (LPS) patients; see **Section VI** and legal class definitions in **Appendix A**.
    a. Notable: while LPS patients make up less than 8% of the total DSH patient population, they committed the largest proportion (44.2%) of all acts of aggression in 2025.

7. Changes in rates of patient injury severity varied; see **Section VII**:
    a. Rates of no injuries (S1) saw a slight 1.16% increase compared to the prior year;
    b. Rates of minor injuries (S2) observed an 8.04% increase;
    c. Rates of injury requiring medical treatment (S3) saw the most notable increase of 41.34% as compared to the previous year (n=36 S3 incidents in 2024 vs. n=50 S3 incidents in 2025);
    d. Rates of hospitalization (S4) decreased by 25% in 2025; and
    e. No deaths (S5) resulted from patient-on-patient physical aggression.

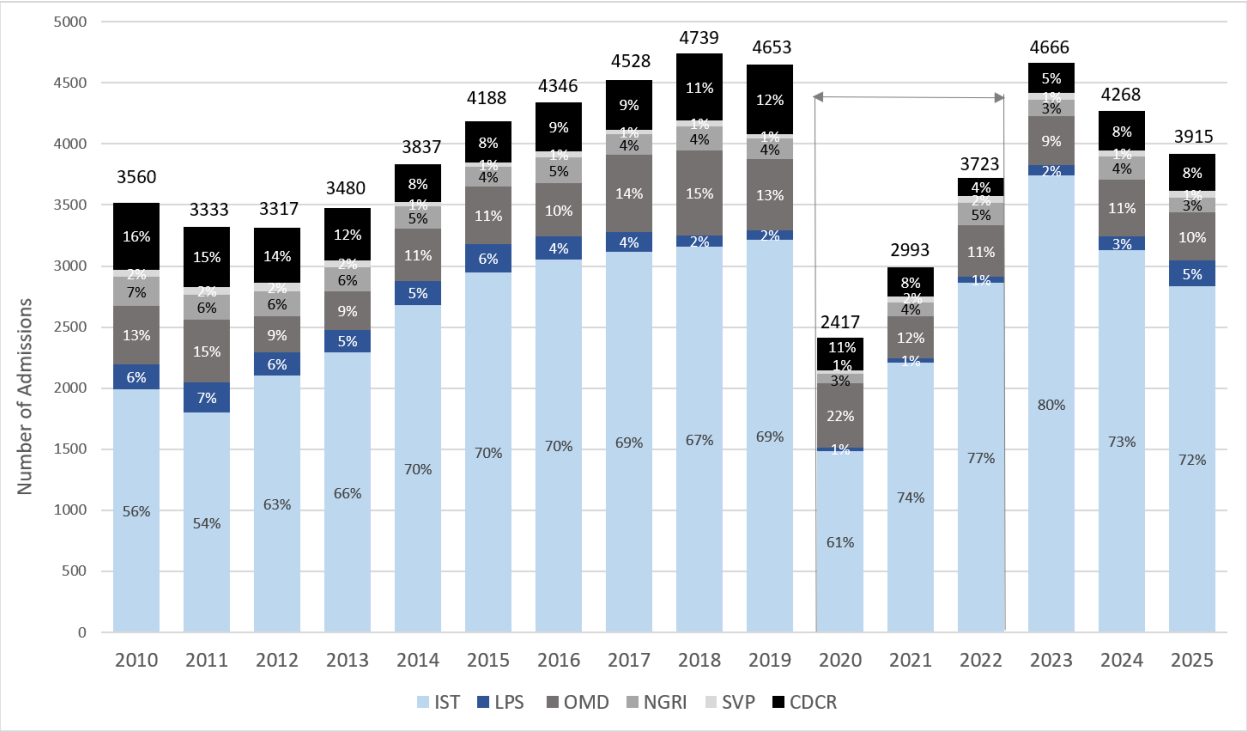
The data shows steady progress but also identifies clear priorities for continued improvement. The following recommendations are based on the findings presented in this report; see **Section VIII** for detailed explanations of recommendations.

1. Prioritize interventions for repeatedly physically aggressive patients.
2. Focus on intervention efforts for high-risk legal class groups.
3. Analyze changing distributions of aggressors over time (i.e., examining how individual patients transition between aggression-frequency categories over time).
4. Examine the increase in injuries requiring medical treatment.
5. Continue monitoring long-term trends.

# Section II: Admissions and Patients Served in State Hospitals, 2010-2025

From 2010-2019, DSH saw a gradual increase in all hospital admissions (**Figure II.1**). However, the COVID-19 pandemic caused a temporary reduction in admissions from 2020 through 2022 (indicated by the area between the gray arrows) with a return to pre-pandemic levels by 2023. In 2024 and 2025, admissions decreased compared to 2023, most likely driven by the continued reduction in the incompetent to stand trial (IST) admissions in 2024 and 2025 (**Table II.1**).

## Figure II.1 Total Number of Admissions to the State Hospitals with Proportion (%) by Legal Class Group, 2010-2025




## Table II.1 Number of Annual State Hospital Admissions by Legal Class Group

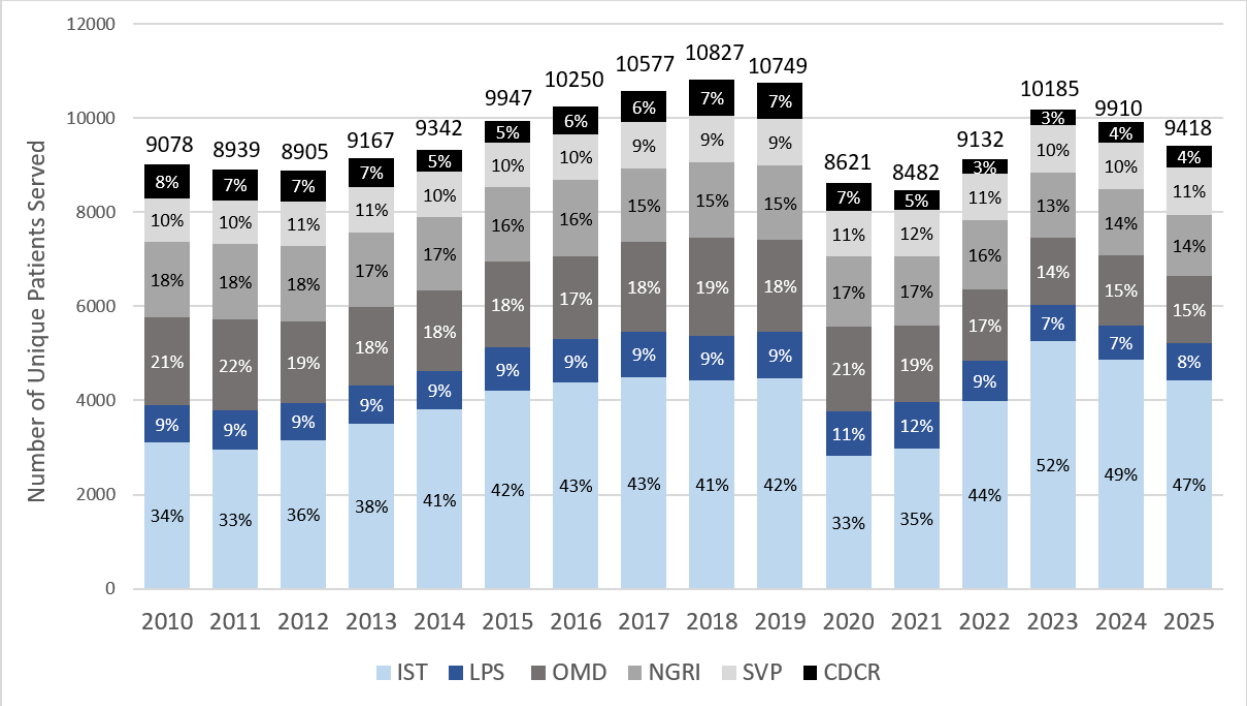
| Year | IST | LPS | OMD | NGRI | SVP | CDCR | Other | Total |
|---|---|---|---|---|---|---|---|---|
| **2010** | 1993 | 204 | 476 | 240 | 55 | 552 | 40 | 3560 |
| **2011** | 1800 | 247 | 512 | 207 | 65 | 489 | 13 | 3333 |
| **2012** | 2102 | 189 | 300 | 203 | 66 | 453 | 4 | 3317 |
| **2013** | 2294 | 183 | 316 | 197 | 59 | 428 | 3 | 3480 |
| **2014** | 2683 | 196 | 424 | 188 | 34 | 307 | 5 | 3837 |
| **2015** | 2950 | 233 | 467 | 163 | 36 | 335 | 4 | 4188 |
| **2016** | 3056 | 186 | 435 | 212 | 52 | 401 | 4 | 4346 |

| Year | IST | LPS | OMD | NGRI | SVP | CDCR | Other | Total |
|---|---|---|---|---|---|---|---|---|
| **2017** | 3113 | 167 | 631 | 170 | 37 | 408 | 2 | 4528 |
| **2018** | 3157 | 94 | 696 | 194 | 53 | 544 | 1 | 4739 |
| **2019** | 3216 | 74 | 586 | 166 | 40 | 568 | 3 | 4653 |
| **2020** | 1482 | 34 | 523 | 80 | 27 | 266 | 5 | 2417 |
| **2021** | 2212 | 35 | 345 | 107 | 51 | 237 | 6 | 2993 |
| **2022** | 2866 | 46 | 421 | 184 | 57 | 144 | 5 | 3723 |
| **2023** | 3741 | 85 | 403 | 133 | 55 | 247 | 2 | 4666 |
| **2024** | 3127 | 119 | 464 | 190 | 43 | 325 | 0 | 4268 |
| **2025** | 2835 | 208 | 399 | 115 | 56 | 302 | 0 | 3915 |

*Note: 'Other' admissions include DJJ (Department of Juvenile Justice/WIC 1756) and are displayed in **Table II.1** but not shown in **Figure II.1**. Please also note: As of 2024, DSH no longer treats patients admitted under this legal class.*

Furthermore, the number of patients served has varied across different legal class groups over the years (**Figure II.2**). In 2025, the total number of patients served in the State Hospitals decreased by 5% compared to the prior year (**Table II.2**).

## Figure II.2 Total Number of Patients Served in the State Hospitals with Proportion (%) by Legal Class Group, 2010-2025



### Table II.2 Number of Individuals Served in the State Hospitals Annually by Legal Class Group

| Year | IST | LPS | OMD | NGRI | SVP | CDCR | Other | Total |
|---|---|---|---|---|---|---|---|---|
| **2010** | 3114 | 781 | 1882 | 1603 | 919 | 722 | 57 | 9078 |
| **2011** | 2961 | 830 | 1924 | 1613 | 929 | 655 | 27 | 8939 |
| **2012** | 3163 | 785 | 1734 | 1602 | 944 | 666 | 11 | 8905 |
| **2013** | 3513 | 799 | 1665 | 1602 | 965 | 614 | 9 | 9167 |
| **2014** | 3804 | 812 | 1722 | 1554 | 973 | 468 | 9 | 9342 |
| **2015** | 4211 | 915 | 1833 | 1566 | 965 | 450 | 7 | 9947 |
| **2016** | 4387 | 916 | 1765 | 1618 | 980 | 579 | 5 | 10250 |
| **2017** | 4505 | 954 | 1915 | 1558 | 992 | 649 | 4 | 10577 |
| **2018** | 4425 | 956 | 2086 | 1588 | 1006 | 764 | 2 | 10827 |
| **2019** | 4465 | 987 | 1964 | 1577 | 999 | 753 | 4 | 10749 |
| **2020** | 2825 | 946 | 1802 | 1483 | 985 | 574 | 6 | 8621 |
| **2021** | 2973 | 986 | 1635 | 1468 | 987 | 425 | 8 | 8482 |
| **2022** | 3985 | 862 | 1511 | 1468 | 992 | 306 | 8 | 9132 |
| **2023** | 5273 | 756 | 1441 | 1365 | 1009 | 338 | 3 | 10185 |
| **2024** | 4877 | 718 | 1497 | 1393 | 998 | 427 | 0 | 9910 |
| **2025** | 4439 | 787 | 1417 | 1306 | 1004 | 465 | 0 | 9418 |

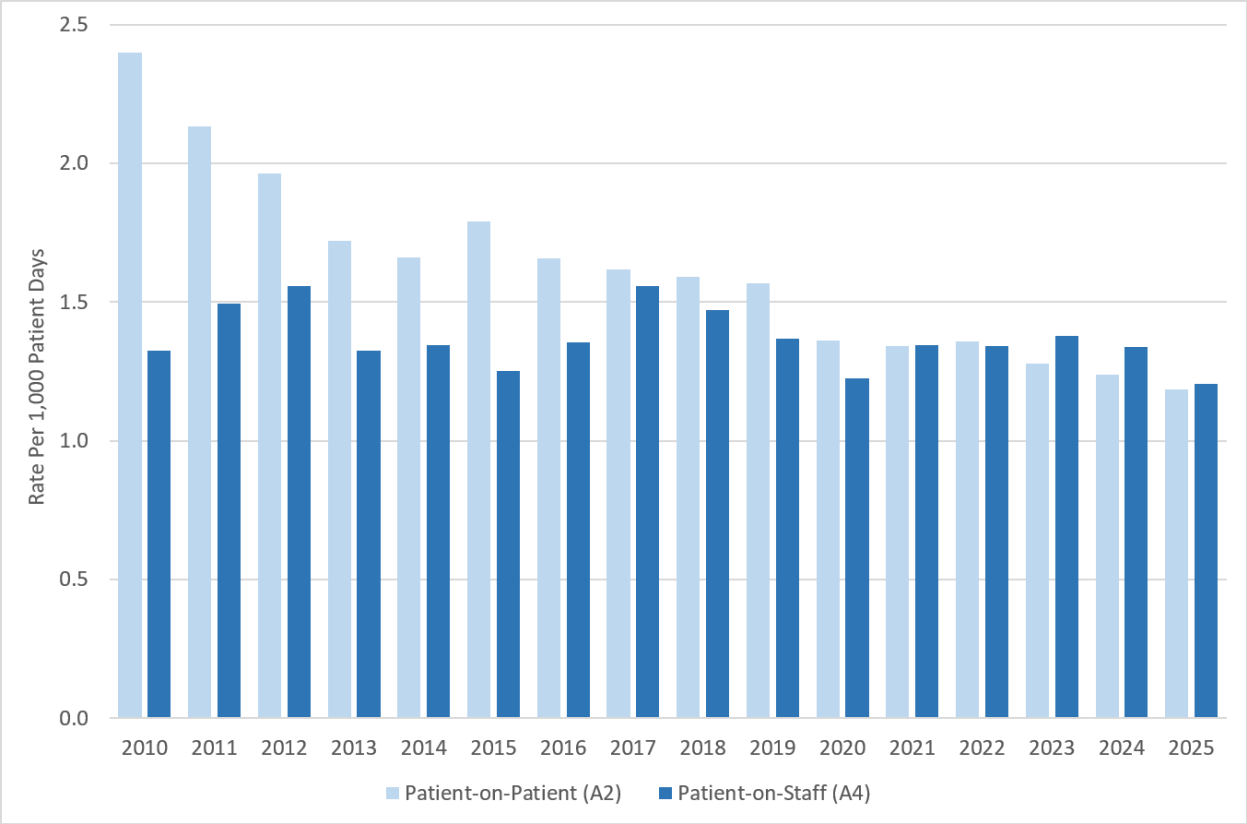
*Note: 'Other' admissions include DJJ (Department of Juvenile Justice/WIC 1756) and are displayed in **Table II.2** but not shown in **Figure II.2**. Please also note: As of 2024, DSH no longer treats patients admitted under this legal class.*

# Section III: Overview of Annual Physical Aggression Data

Patient-on-patient assaults are operationally defined in DSH as "Aggressive Act to Another Patient - Physical: Hitting, pushing, kicking or similar acts directed against another individual to cause potential or actual injury," and DSH staff use the code "A2" to report such an assault. An analogous definition is used for patient-on-staff assault, which is coded by staff as "A4." Another category of staff assault, "A8 – Sexual Assault Against Staff" is coded exactly the same as "A4 Physical Assault Against Staff", and because the overall numbers are very low, these were combined with the A4 Staff Assault incidents and reported as part of that category (see **Appendix A**).

In 2025, the overall rate of patient-on-patient (A2) assaults decreased by 4.3% and the overall rate of patient-on-staff (A4) assaults decreased by 10% compared to the previous year (**Figure III.1; Tables III.1 & III.2**).

## Figure III.1 DSH All Hospitals Rate of Assaultive Incidents, by Year




## Table III.1 DSH All Hospitals Yearly Patient-on-patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 4631 | 1924008 | 2.406 | -- |
| **2011** | 4084 | 1913194 | 2.135 | -11.26% |
| **2012** | 3848 | 1961119 | 1.962 | -8.10% |
| **2013** | 3380 | 1962773 | 1.722 | -12.23% |
| **2014** | 3336 | 2006711 | 1.662 | -3.48% |
| **2015** | 3696 | 2064424 | 1.790 | +7.70% |
| **2016** | 3538 | 2134901 | 1.657 | -7.43% |
| **2017** | 3467 | 2143391 | 1.618 | -2.35% |
| **2018** | 3444 | 2162763 | 1.592 | -1.61% |
| **2019** | 3420 | 2181563 | 1.568 | -1.51% |
| **2020** | 2809 | 2064817 | 1.360 | -13.27% |
| **2021** | 2585 | 1928622 | 1.340 | -1.47% |
| **2022** | 2483 | 1902467 | 1.359 | +1.42% |
| **2023** | 2471 | 2021847 | 1.277 | -6.03% |
| **2024** | 2488 | 2009220 | 1.238 | -3.05% |
| **2025** | 2336 | 1971772 | 1.185 | -4.28% |

*Note: Total Patient Days in this report includes hospital bed days only and EXCLUDES leave days (e.g., outside hospitalization, court leave, therapeutic leave, etc.)*

### Table III.2 DSH All Hospitals Yearly Patient-on-staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 2551 | 1924008 | 1.326 | -- |
| **2011** | 2862 | 1913194 | 1.496 | +12.82% |
| **2012** | 3058 | 1961119 | 1.559 | +4.21% |
| **2013** | 2602 | 1962773 | 1.326 | -14.95% |
| **2014** | 2700 | 2006711 | 1.345 | +1.43% |
| **2015** | 2584 | 2064424 | 1.252 | -6.91% |
| **2016** | 2893 | 2134901 | 1.355 | +8.23% |
| **2017** | 3337 | 2143391 | 1.557 | +14.91% |
| **2018** | 3184 | 2162763 | 1.472 | -5.46% |
| **2019** | 2987 | 2181563 | 1.453 | -1.29% |
| **2020** | 2529 | 2064817 | 1.225 | -15.69% |
| **2021** | 2593 | 1928622 | 1.344 | +9.71% |
| **2022** | 2555 | 1902467 | 1.343 | -0.07% |
| **2023** | 2745 | 2021847 | 1.377 | +2.53% |
| **2024** | 2691 | 2009220 | 1.339 | -2.76% |
| **2025** | 2375 | 1971772 | 1.205 | -10.01% |

*Note: Total Patient Days in this report includes hospital bed days only and EXCLUDES leave days (e.g., outside hospitalization, court leave, therapeutic leave, etc.)*

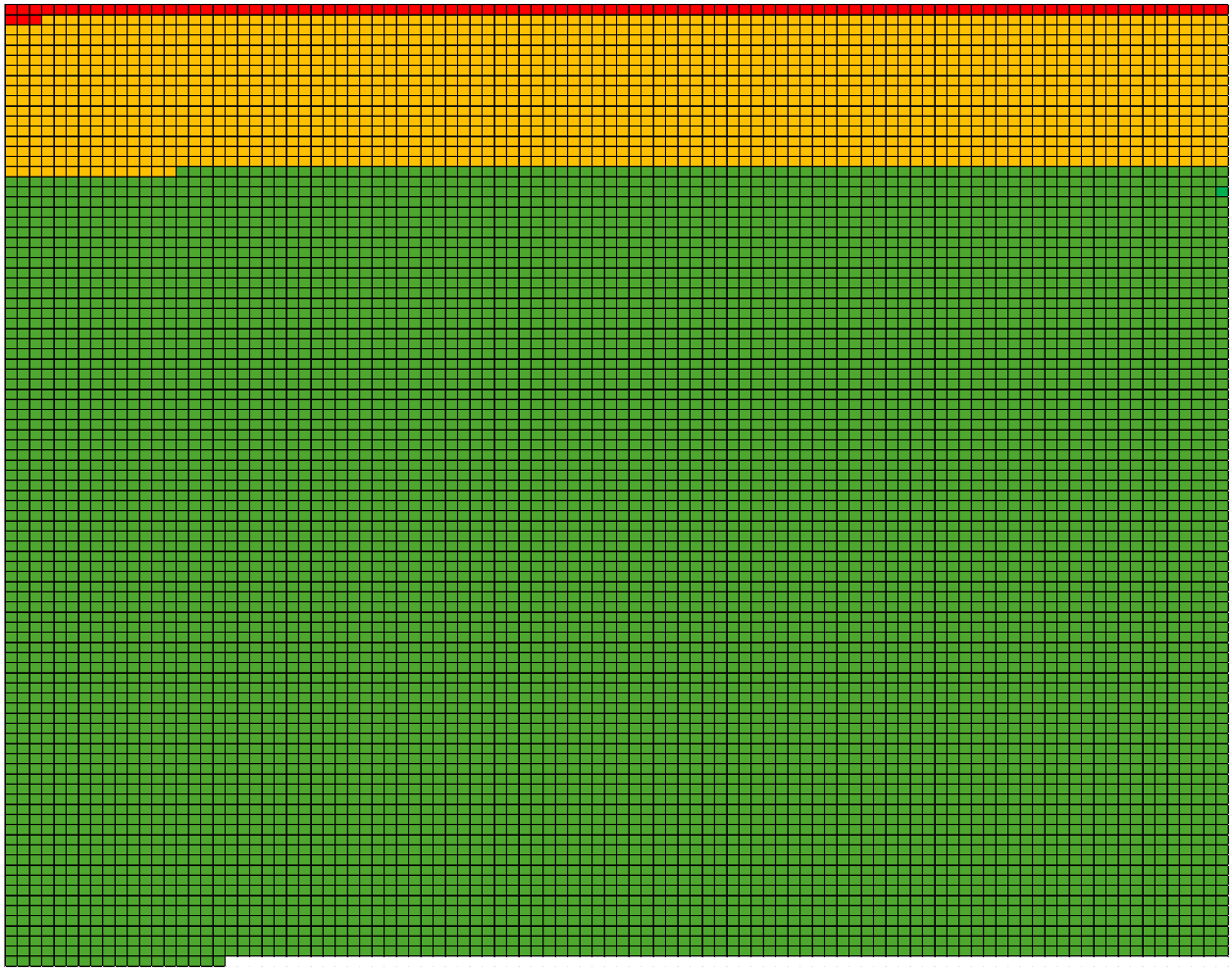
# Section IV: Unique Patient Aggressors in 2025

In 2025, the number of individuals served in DSH hospitals totaled 9,418. The majority (n=7,804 or 82.9% shown in green) were non-violent and committed zero acts of aggression towards others (**Table IV.1 & Figure IV.1**). However, 1,614 (or 17.1%) had one or more acts of physical aggression while in a DSH hospital shown in yellow or red.

### Table IV.1 Percentage of Patients with a Certain Number of Physical Aggression Acts in 2025

| Violent Acts | Number of Patients Served in 2025 (N=9418) | % of DSH Patient Population |
|---|---|---|
| **0** | n=7804 | 82.9% |
| **1-9** | n=1511 | 16.0% |
| **10 or more** | n=103 | 1.1% |

**Figure IV.1 DSH Patients and Aggressors in 2025, 1 square = 1 patient**

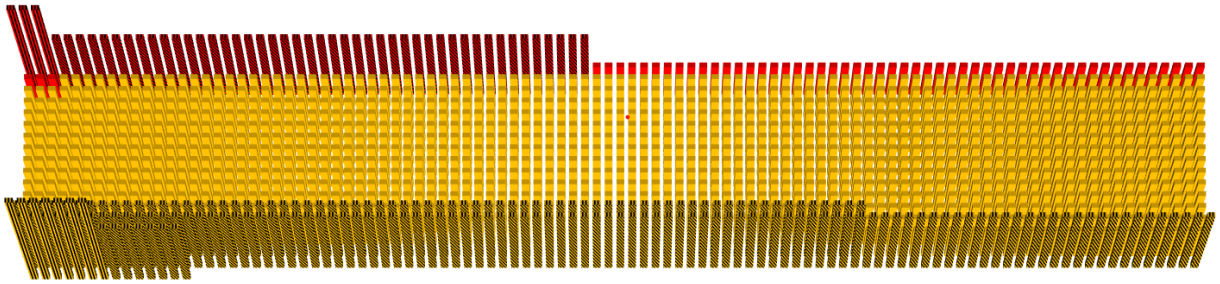


## Injury Severity to Patients and Staff Caused by Aggressors

Within the group who committed 1-9 acts of physical aggression in 2025 (yellow bars), 7 out of 1511 (or 0.2%) caused severe injury to their victims requiring hospitalization (indicated by taller yellow bars in **Figure IV.2**), while 178 out of 1511 (or 11.8%) caused moderate injury to their victims requiring medical treatment (indicated by moderate height yellow bars). The remaining 1326 out of 1511 (or 87.7%) caused minor or no injury (indicated by the shorter yellow bars).

Within the group of repeatedly aggressive patients who committed 10 or more acts of physical aggression in 2025 (red bars), 3 out of 103 (or 2.9%) caused severe injury to their victims (indicated by taller red bars in **Figure IV.2**), while 45 out of 103 (or 43.7%) caused moderate injury to their victims (indicated by moderate height red bars). The remaining 55 out of 103 (53%) caused minor or no injury (indicated by the shorter red bars). More about repeatedly aggressive patients will be discussed in the following **Section V**.

### Figure IV.2 Patient Aggressors and Levels of Injury Severity Caused



*Note: Height of bar indicates level of injury caused by each aggressor (e.g., taller bar height = more serious injury severity, medium bar height = moderate injury severity, shorter bar height = minor injury severity).*

**Repeatedly Physically Aggressive Patients, 10+ incidents (n=103)**

- **Caused severe injury (S4-hospitalization), n=3**
- **Caused moderate injury (S3-medical treatment), n=45**
- **Caused minor injury (S2-first aid or S1-no treatment), n=55**

**Aggressive Patients, 1-9 incidents (n=1511)**

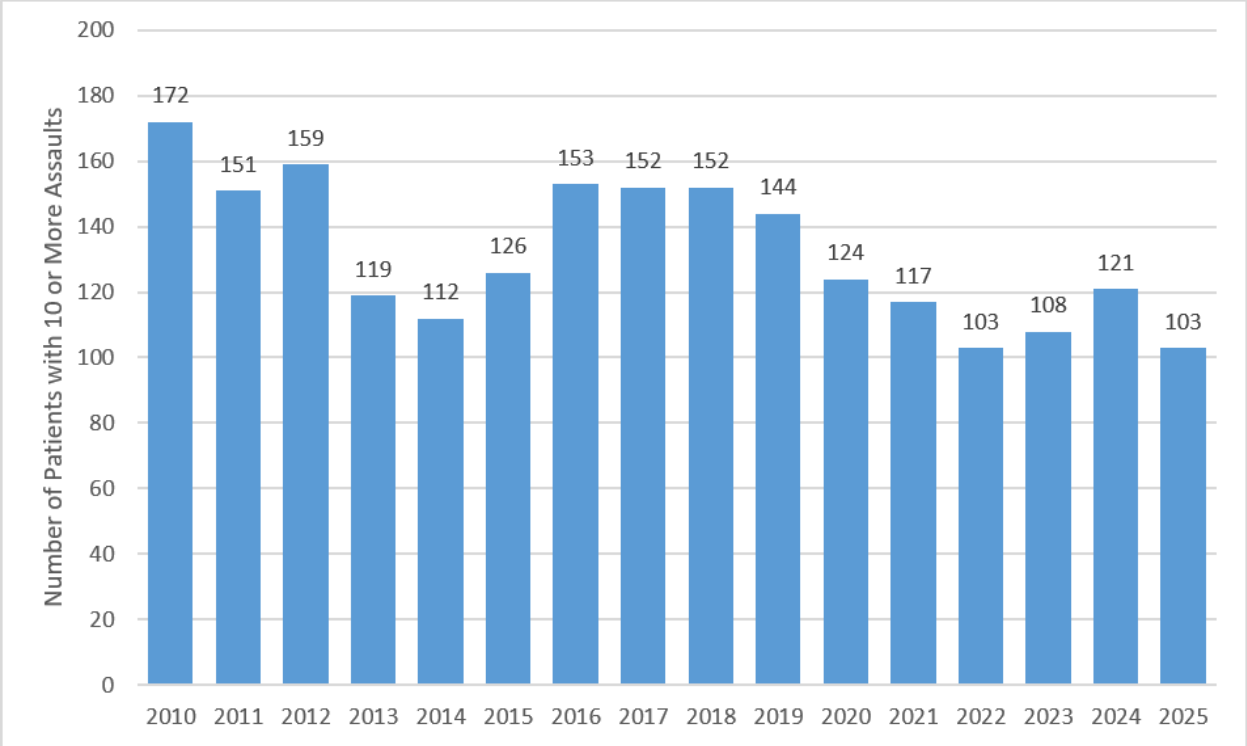
- **Caused severe injury (S4-hospitalization), n=7**
- **Caused moderate injury (S3-medical treatment), n=178**
- **Caused minor injury (S2-first aid or S1-no treatment), n=1326**

# Section V: Repeatedly Aggressive Patients

As mentioned in **Section IV**, a very small proportion of DSH patients (1.1%) had 10 or more physically aggressive acts during 2025 (designated as “repeatedly physically aggressive patients”). It is worth noting that 2025 tied with 2022 for the fewest repeatedly aggressive patients in this group since data collection began in 2010 (**Figure V.1**).

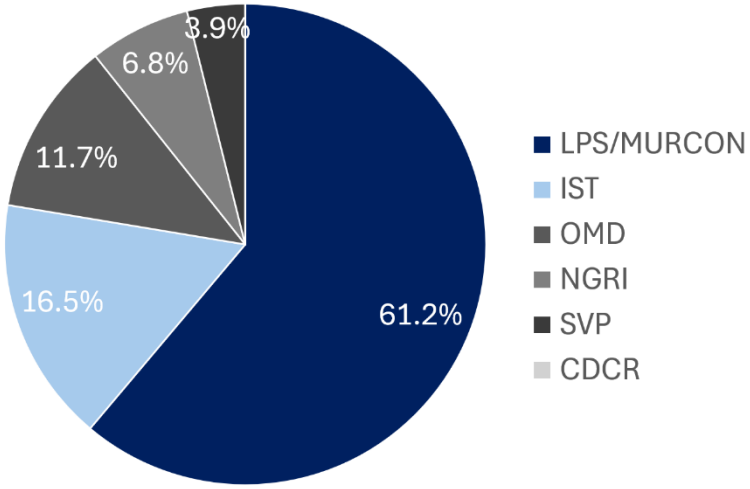
While numbering only 103 patients total, these repeatedly physically aggressive patients accounted for a disproportionate amount of all the assaults (2,091 out of 4,711 or 44.4%) on patients and staff in 2025. This pattern of a small number of patients causing a larger percentage of physically aggressive acts and causing serious injury to their victims has been consistently observed throughout the years and has been documented in previous reports.

### Figure V.1 Number of Repeatedly Aggressive Patients with 10 or More Acts of Aggression Annually




The majority of the 103 repeatedly physically aggressive patients in 2025 were LPS/MURCON (61.2%), followed by ISTs (16.5%) and OMDs (11.7%) (**Figure V.2**); see legal class definitions in **Appendix A**. These groups were intentionally distinguished in the figure below to demonstrate that nearly 80% of the repeatedly aggressive patients are committed to DSH as LPS/MURCON or IST.

### Figure V.2 Repeatedly Aggressive Patients by Legal Class Group



# Section VI: Overall Rates of Physical Aggression by Legal Class

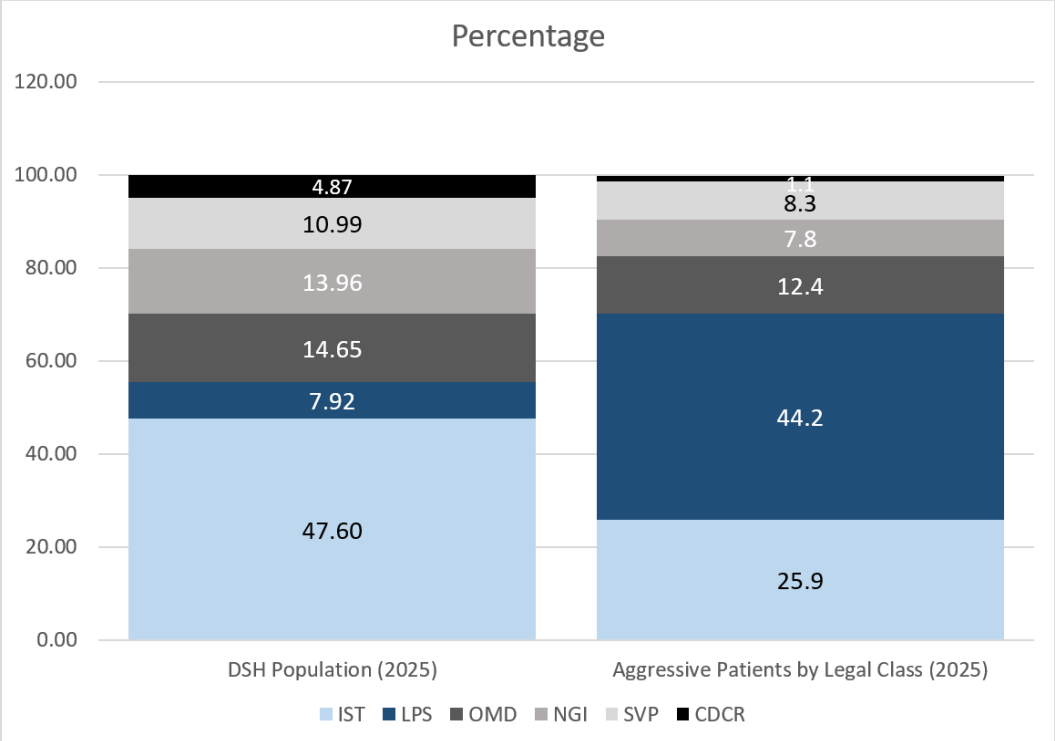
This section presents information on the physical aggression rates for each legal class group in DSH. The analysis in this section considers all patients in each legal class group across all DSH hospitals and computes the overall physical aggression rate for that group; see legal class definitions in **Appendix A**.

**Table VI.1** and **Figure VI.1** below detail how IST patients (light blue) made up nearly half (47.6%) of the total DSH population served and accounted for a quarter (25.9%) of the aggressive acts in 2025. Contrast this to LPS patients (dark blue) who accounted for the largest proportion of aggressive acts in 2025 (44.2%) while only making up 7.92% of the total DSH patient population.

### Table VI.1 Legal Class Population and Physically Aggressive Acts in 2025

| Legal Class | Population Percentage | Physical Aggression Percentage |
|---|---|---|
| CDCR | 4.87 | 1.1 |
| SVP | 10.99 | 8.3 |
| NGI | 13.96 | 7.8 |
| OMD | 14.65 | 12.4 |
| **LPS** | **7.92** | **44.2** |
| **IST** | **47.6** | **25.9** |

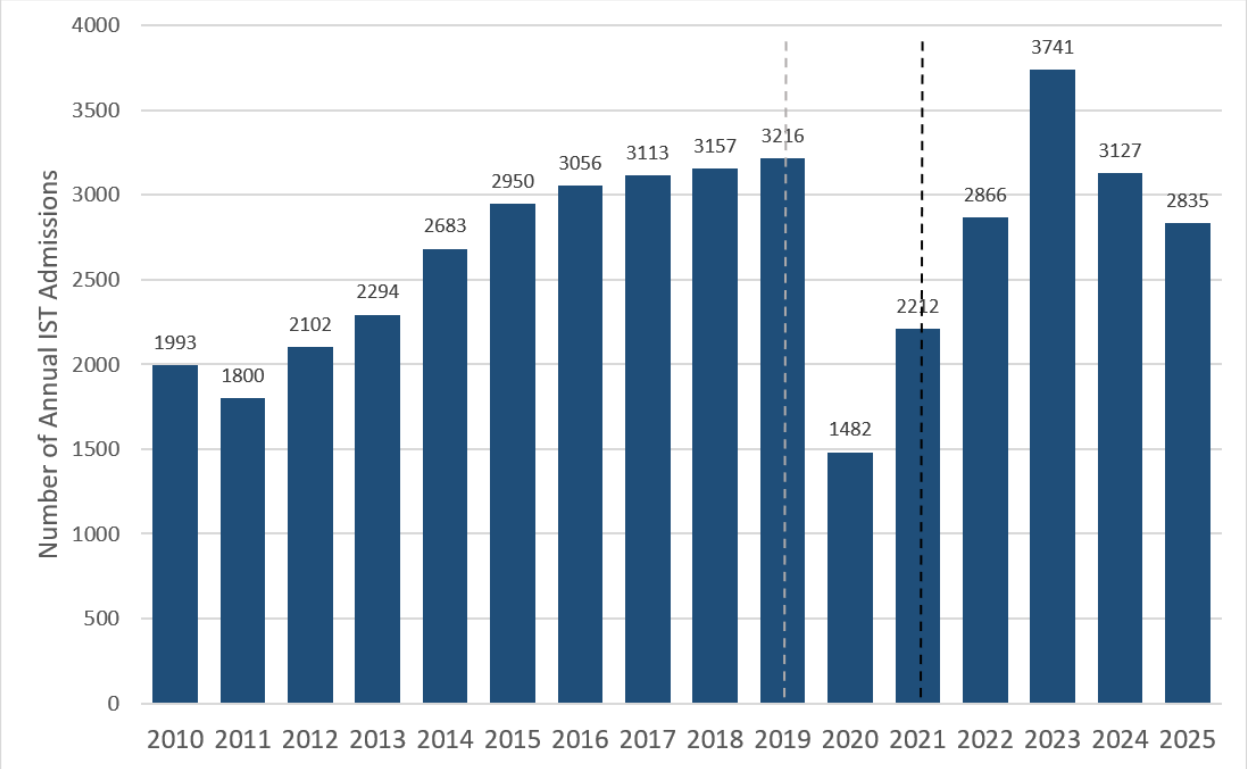
### Figure VI.1 Legal Class Population and Physically Aggressive Acts, 2025



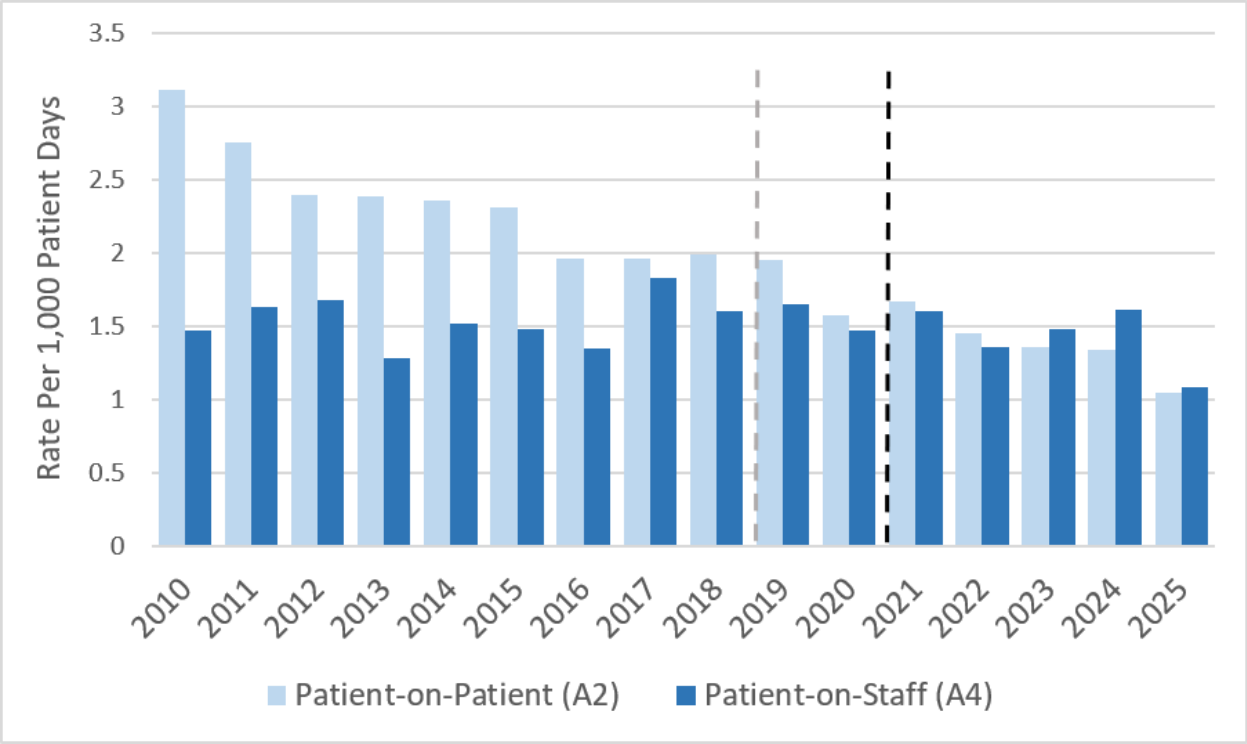
## IST Admissions and Physical Aggression in the State Hospitals

Because of the high number of IST patient admissions, and the propensity for physical aggression upon admission, this section examines how many IST patient admissions there were in recent years. In a previous figure (**Figure II.1**), we showed that total DSH admissions were 3915 in 2025. Below, we see that 2835 admissions (or 72.4%) of those admissions in 2025 were IST admissions, a 9.3% decrease compared to the previous year (**Figure VI.2**). In 2025, there was a decrease in patient-on-patient aggression/A2 (-22%) and patient-on-staff aggression/A4 (-33%) rates in IST patients compared to the previous year (**Figure VI.3; Tables VI.2 & VI.3**). It is worth noting two implementation dates: the DSH Felony Pilot Diversion Program was initiated in 2019 and IST Solutions starting in 2021 (e.g., Early Access and Stabilization Services/EASS, Re-Evaluation Program, Community Inpatient Facilities/CIFs) indicated by the gray and black hashed lines, respectively, in **Figure VI.2** and **Figure VI.3.** These program rollouts, along with the operational shifts that occurred during the COVID-19 pandemic, likely influenced both the volume and characteristics of IST admissions, providing important context for interpreting the changes shown int the figures.

### Figure VI.2 Number of IST Admissions by Year



## Figure VI.3 Yearly Rates of IST Assaults in DSH Overall




## Table VI.2 IST Yearly Patient-on-Patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 1281 | 412178 | 3.108 | -- |
| **2011** | 1071 | 388725 | 2.755 | -11.36% |
| **2012** | 989 | 412646 | 2.397 | -12.99% |
| **2013** | 1037 | 435449 | 2.381 | -0.67% |
| **2014** | 1078 | 458164 | 2.353 | -1.18% |
| **2015** | 1132 | 489987 | 2.310 | -1.83% |
| **2016** | 1025 | 523547 | 1.958 | -15.24% |
| **2017** | 1004 | 513532 | 1.955 | -0.15% |
| **2018** | 964 | 485953 | 1.984 | +1.48% |
| **2019** | 1000 | 513612 | 1.947 | -1.86% |
| **2020** | 627 | 399922 | 1.568 | -19.47% |
| **2021** | 605 | 362870 | 1.667 | +6.31% |
| **2022** | 641 | 442831 | 1.448 | -13.14% |
| **2023** | 853 | 629211 | 1.356 | -6.35% |
| **2024** | 822 | 613898 | 1.339 | -1.25% |
| **2025** | 597 | 572950 | 1.042 | -22.18% |

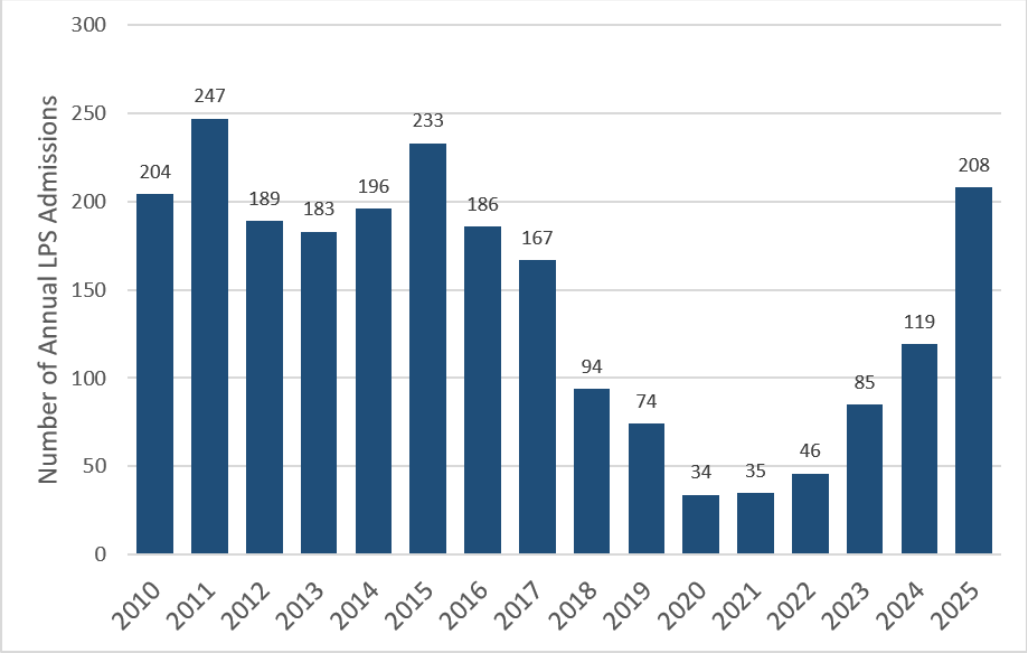
### Table VI.3 IST Yearly Patient-on-Staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 606 | 412178 | 1.470 | -- |
| **2011** | 631 | 388725 | 1.623 | +10.41% |
| **2012** | 691 | 412646 | 1.675 | +3.20% |
| **2013** | 555 | 435449 | 1.275 | -23.88% |
| **2014** | 696 | 458164 | 1.519 | +19.14% |
| **2015** | 725 | 489987 | 1.480 | -2.57% |
| **2016** | 706 | 523547 | 1.348 | -8.92% |
| **2017** | 937 | 513532 | 1.825 | +35.39% |
| **2018** | 778 | 485953 | 1.601 | -12.27% |
| **2019** | 847 | 513612 | 1.649 | +3.00% |
| **2020** | 586 | 399922 | 1.465 | -11.16% |
| **2021** | 579 | 362870 | 1.596 | +8.94% |
| **2022** | 600 | 442831 | 1.355 | -15.10% |
| **2023** | 929 | 629211 | 1.476 | +8.93% |
| **2024** | 988 | 613898 | 1.609 | +9.01% |
| **2025** | 617 | 572950 | 1.077 | -33.06% |

## LPS Admissions and Physical Aggression in the State Hospitals

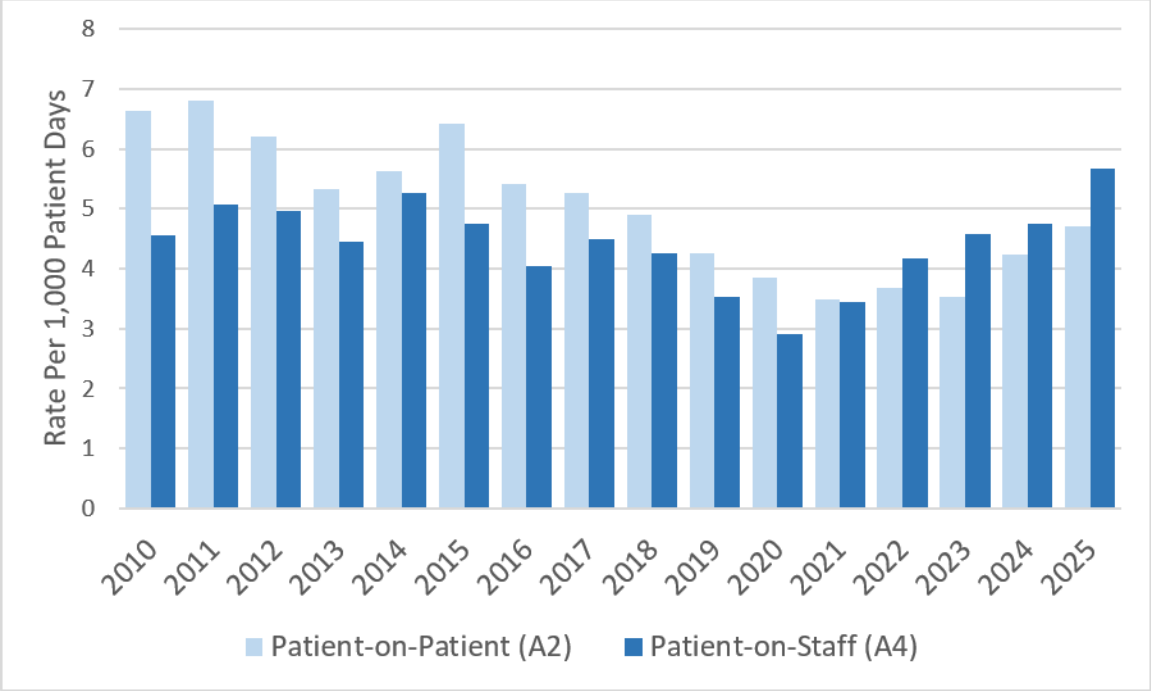
LPS admissions have fluctuated over the years. There was a decrease preceding the COVID-19 pandemic, low LPS admissions were observed from 2020-2023, then started to increase back to pre-pandemic levels in 2024 and in 2025 (**Figure VI.4**).

### Figure VI.4 Number of LPS Admissions by Year



In 2025, there was an increase in patient-on-patient aggression/A2 (+11.25%) and patient-on-staff aggression/A4 (+19.04%) rates in LPS patients compared to the previous year (**Figure VI.5; Tables VI.4 & VI.5**).

### Figure VI.5 Yearly Rates of LPS Assaults in DSH Overall




Please note the upward trend in patient-on-patient aggression/A2 and especially patient-on-staff aggression/A4 rates in the LPS population beginning in 2021 and continuing through the present. LPS admissions have now returned to pre-pandemic levels. The parallel rise in physical aggression rates within this population, mirroring the steep increase in LPS admissions, indicates a pattern that warrants continued monitoring.

### Table VI.4 LPS Yearly Patient-on-Patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 1191 | 179802 | 6.624 | -- |
| **2011** | 1259 | 184942 | 6.808 | +2.78% |
| **2012** | 1241 | 199717 | 6.214 | -8.73% |
| **2013** | 1053 | 197775 | 5.324 | -14.32% |
| **2014** | 1185 | 210297 | 5.635 | -5.84% |
| **2015** | 1439 | 224236 | 6.417 | +13.88% |
| **2016** | 1284 | 236980 | 5.418 | -15.57% |
| **2017** | 1335 | 253534 | 5.266 | -2.81% |
| **2018** | 1314 | 267786 | 4.907 | -6.82% |

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2019** | 1190 | 279017 | 4.265 | -13.08% |
| **2020** | 1100 | 285514 | 3.853 | -9.66% |
| **2021** | 1015 | 290827 | 3.490 | -9.42% |
| **2022** | 934 | 254530 | 3.670 | +5.16% |
| **2023** | 751 | 212683 | 3.531 | -3.789% |
| **2024** | 860 | 203249 | 4.231 | +19.82% |
| **2025** | 969 | 205876 | 4.707 | +11.25% |

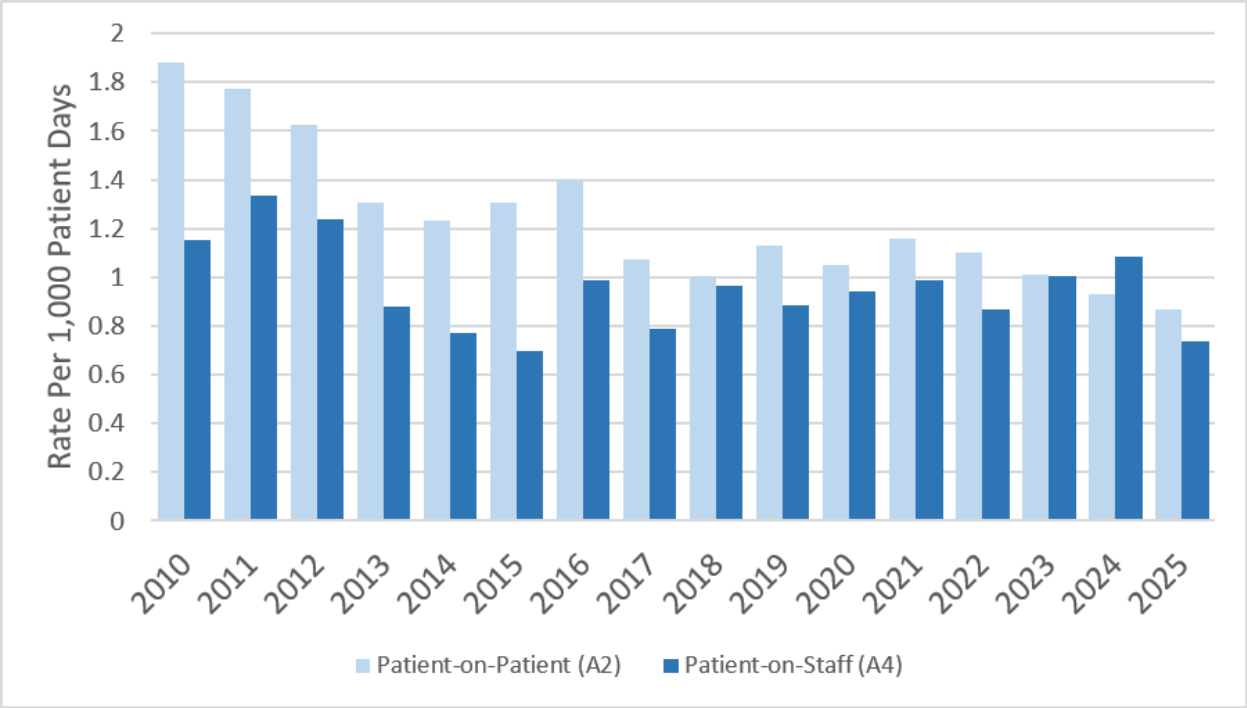
### Table VI.5 LPS Yearly Patient-on-Staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 819 | 179802 | 4.555 | -- |
| **2011** | 937 | 184942 | 5.066 | +11.22% |
| **2012** | 992 | 199717 | 4.967 | -1.95% |
| **2013** | 880 | 197775 | 4.450 | -10.41% |
| **2014** | 1107 | 210297 | 5.264 | +18.29% |
| **2015** | 1065 | 224236 | 4.749 | -9.78% |
| **2016** | 958 | 236980 | 4.043 | -14.87% |
| **2017** | 1140 | 253534 | 4.496 | +11.20% |
| **2018** | 1138 | 267786 | 4.250 | -5.47% |
| **2019** | 985 | 279017 | 3.530 | -16.94% |
| **2020** | 831 | 285514 | 2.911 | -17.54% |
| **2021** | 1001 | 290827 | 3.442 | +18.24% |
| **2022** | 1064 | 254530 | 4.180 | +21.44% |
| **2023** | 973 | 212683 | 4.575 | +9.45% |
| **2024** | 967 | 203249 | 4.758 | +4.00% |
| **2025** | 1166 | 205876 | 5.664 | +19.04% |

## OMD Physical Aggression in the State Hospitals

In 2025, there was a decrease in patient-on-patient aggression/A2 (-6.88%) and patient-on-staff aggression/A4 (-32.1%) assault rates in OMD patients compared to the previous year (**Figure VI.6; Tables VI.6 & VI.7**).

## Figure VI.6 Yearly Rates of OMD Assaults in DSH Overall




## Table VI.6 OMD Yearly Patient-on-Patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 859 | 456570 | 1.881 | -- |
| **2011** | 833 | 469714 | 1.773 | -5.74% |
| **2012** | 733 | 451398 | 1.624 | -8.40% |
| **2013** | 561 | 429005 | 1.308 | -19.46% |
| **2014** | 528 | 427777 | 1.234 | -5.66% |
| **2015** | 589 | 450651 | 1.307 | +5.92% |
| **2016** | 603 | 432326 | 1.395 | +6.73% |
| **2017** | 495 | 461727 | 1.072 | -23.15% |
| **2018** | 497 | 493960 | 1.006 | -6.16% |
| **2019** | 535 | 472795 | 1.132 | +12.52% |
| **2020** | 483 | 458744 | 1.053 | -6.98% |
| **2021** | 479 | 413911 | 1.157 | +9.88% |
| **2022** | 422 | 382205 | 1.104 | -4.58% |
| **2023** | 375 | 370145 | 1.013 | -8.24% |
| **2024** | 342 | 367901 | 0.930 | -8.19% |
| **2025** | 312 | 360317 | 0.866 | -6.88% |

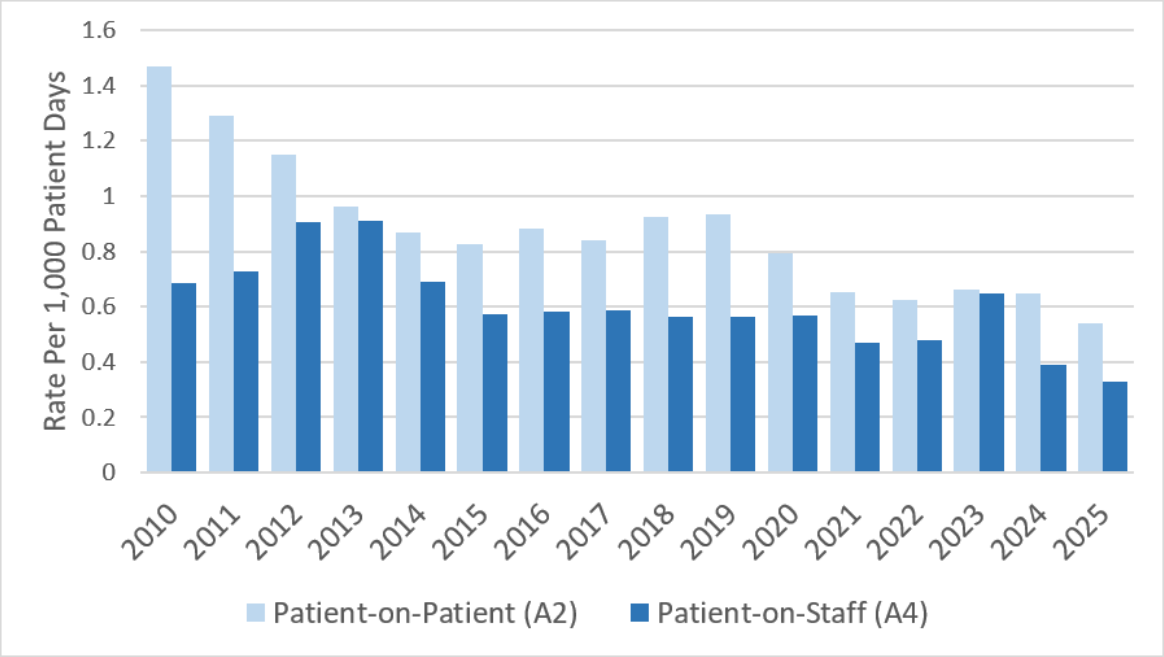
### Table VI.7 OMD Yearly Patient-on-Staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 526 | 456570 | 1.152 | -- |
| **2011** | 626 | 469714 | 1.333 | +15.71% |
| **2012** | 560 | 451398 | 1.241 | -6.90% |
| **2013** | 377 | 429005 | 0.879 | -29.17% |
| **2014** | 331 | 427777 | 0.774 | -11.95% |
| **2015** | 315 | 450651 | 0.699 | -9.69% |
| **2016** | 427 | 432326 | 0.988 | +41.34% |
| **2017** | 363 | 461727 | 0.786 | -20.45% |
| **2018** | 477 | 493960 | 0.966 | +22.90% |
| **2019** | 418 | 472795 | 0.884 | -8.49% |
| **2020** | 433 | 458744 | 0.944 | +6.79% |
| **2021** | 409 | 413911 | 0.988 | +4.66% |
| **2022** | 332 | 382205 | 0.869 | -12.04% |
| **2023** | 372 | 370145 | 1.005 | +15.65% |
| **2024** | 400 | 367901 | 1.087 | +8.16% |
| **2025** | 266 | 360317 | 0.738 | -32.11% |

## NGRI Physical Aggression in the State Hospitals

In 2025, there was a decrease in patient-on-patient aggression/A2 (-16.5%) and patient-on-staff aggression/A4 (-8.17%) assault rates in NGRI patients compared to the previous year (**Figure VI.7; Tables VI.8 & VI.9**).

### Figure VI.7 Yearly Rates of NGRI Assaults in DSH Overall



### Table VI.8 NGRI Yearly Patient-on-Patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 696 | 473808 | 1.469 | -- |
| **2011** | 624 | 483554 | 1.290 | -12.19% |
| **2012** | 554 | 482116 | 1.149 | -10.93% |
| **2013** | 467 | 486419 | 0.960 | -16.45% |
| **2014** | 429 | 493673 | 0.869 | -9.48% |
| **2015** | 413 | 500010 | 0.826 | -4.95% |
| **2016** | 439 | 497985 | 0.882 | +6.78% |
| **2017** | 412 | 490773 | 0.839 | -4.88% |
| **2018** | 461 | 499674 | 0.923 | +10.01% |
| **2019** | 469 | 501400 | 0.935 | +1.30% |
| **2020** | 394 | 496623 | 0.793 | -15.19% |
| **2021** | 311 | 475029 | 0.655 | -17.40% |
| **2022** | 279 | 446867 | 0.624 | -4.73% |
| **2023** | 289 | 437518 | 0.661 | +5.93% |
| **2024** | 281 | 433708 | 0.648 | -1.97% |
| **2025** | 232 | 428980 | 0.541 | -16.51% |

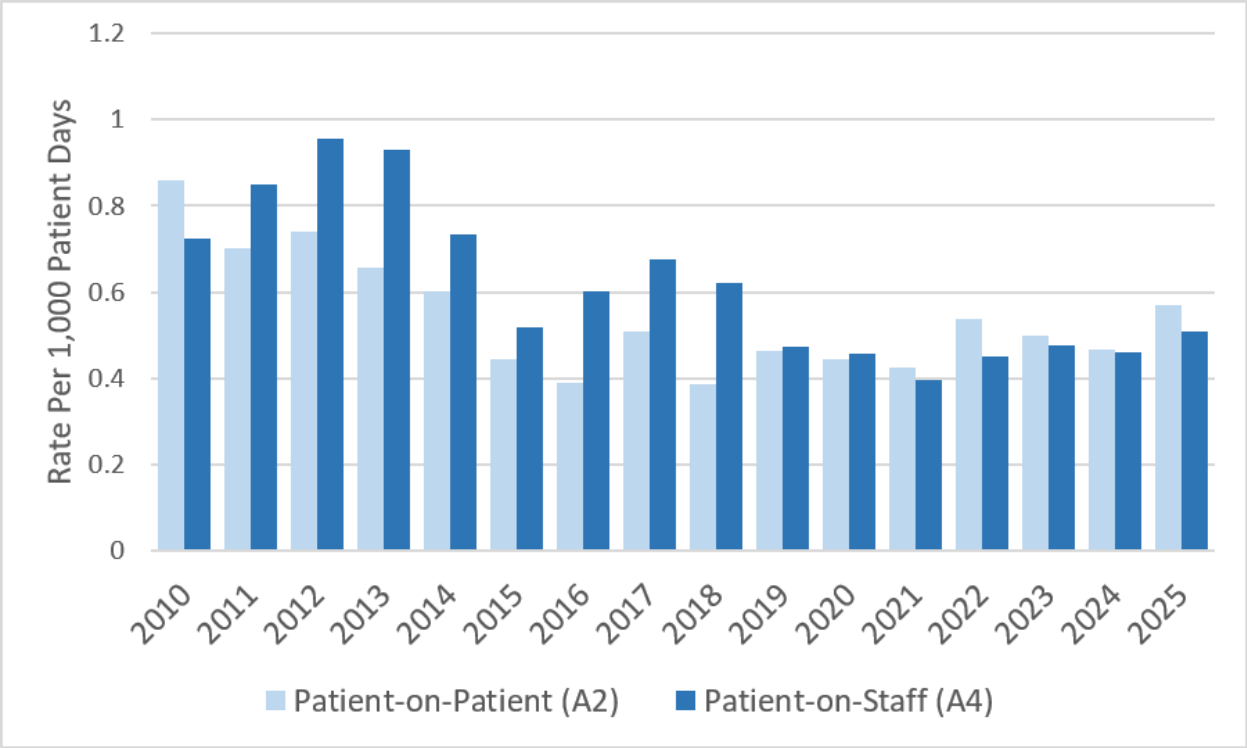
### Table VI.9 NGRI Yearly Patient-on-Staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 324 | 473808 | 0.684 | -- |
| **2011** | 351 | 483554 | 0.726 | +6.14% |
| **2012** | 437 | 482116 | 0.906 | +24.79% |
| **2013** | 444 | 486419 | 0.913 | +0.77% |
| **2014** | 341 | 493673 | 0.691 | -24.32% |
| **2015** | 286 | 500010 | 0.572 | -17.22% |
| **2016** | 290 | 497985 | 0.582 | +1.75% |
| **2017** | 289 | 490773 | 0.589 | +1.20% |
| **2018** | 282 | 499674 | 0.564 | -4.24% |
| **2019** | 282 | 501400 | 0.562 | -0.35% |
| **2020** | 283 | 496623 | 0.570 | +1.42% |
| **2021** | 222 | 475029 | 0.467 | -18.07% |
| **2022** | 215 | 446867 | 0.481 | +3.00% |
| **2023** | 283 | 437518 | 0.647 | +34.51% |
| **2024** | 169 | 433708 | 0.39 | -39.72% |
| **2025** | 140 | 428980 | 0.326 | -16.41% |

## SVP Physical Aggression in the State Hospitals

In 2025, there was an increase in patient-on-patient aggression/A2 (+22.31%) and patient-on-staff aggression/A4 (+10.21%) assault rates in SVP patients compared to the previous year (**Figure VI.8; Tables VI.10 & VI.11**).

### Figure VI.8 Yearly Rates of SVP Assaults in DSH Overall




### Table VI.10 SVP Yearly Patient-on-Patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 255 | 296518 | 0.860 | -- |
| **2011** | 212 | 301925 | 0.702 | -18.37% |
| **2012** | 232 | 313578 | 0.740 | +5.41% |
| **2013** | 211 | 321594 | 0.656 | -11.35% |
| **2014** | 196 | 325384 | 0.602 | -8.23% |
| **2015** | 144 | 325071 | 0.443 | -26.41% |
| **2016** | 129 | 330384 | 0.390 | -11.96% |
| **2017** | 168 | 329607 | 0.510 | +30.77% |
| **2018** | 127 | 328890 | 0.386 | -24.31% |
| **2019** | 154 | 331113 | 0.465 | +20.47% |
| **2020** | 145 | 327467 | 0.443 | -4.73% |
| **2021** | 136 | 319847 | 0.425 | -4.06% |
| **2022** | 177 | 330178 | 0.536 | +26.12% |
| **2023** | 167 | 333772 | 0.500 | -6.72% |

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2024** | 156 | 334666 | 0.466 | -6.80% |
| **2025** | 191 | 335093 | 0.570 | +22.32% |

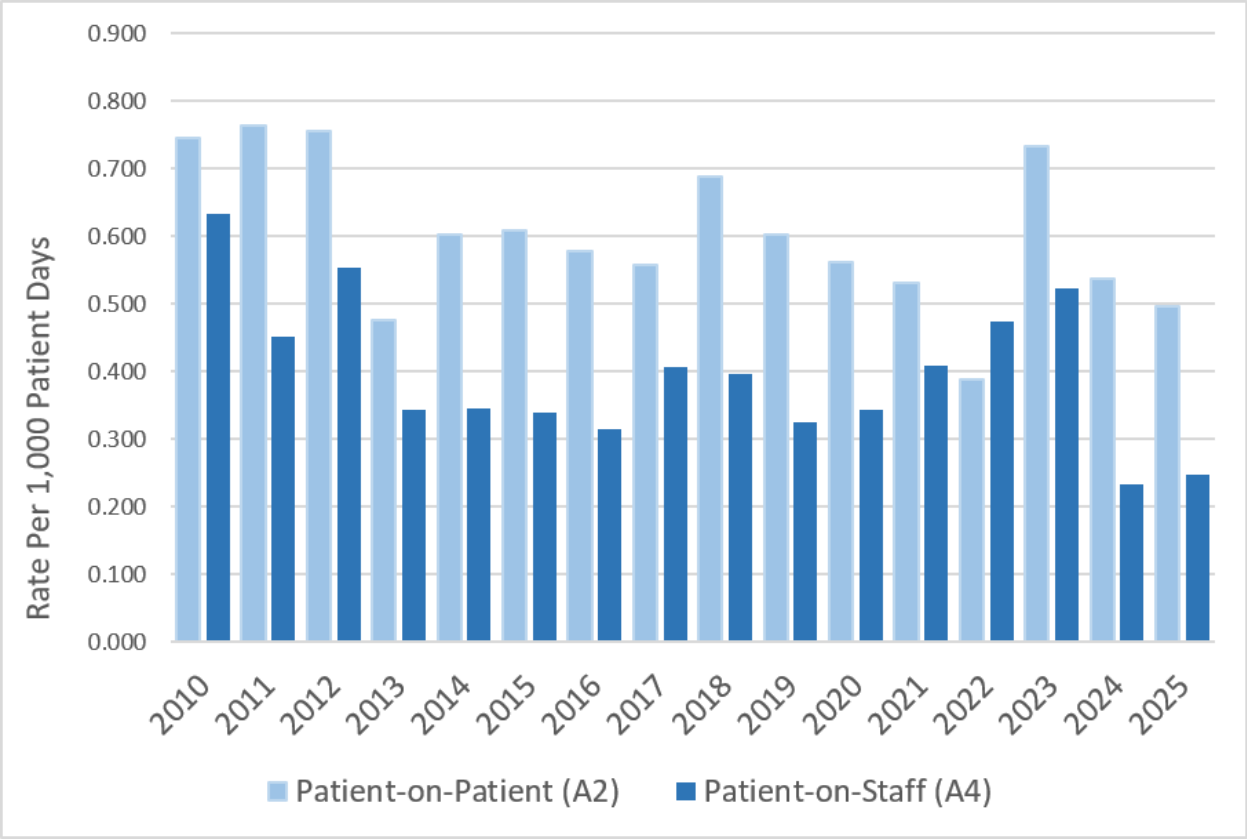
### Table VI.11 SVP Yearly Patient-on-Staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 215 | 296518 | 0.725 | -- |
| **2011** | 257 | 301925 | 0.851 | +17.38% |
| **2012** | 300 | 313578 | 0.957 | +12.46% |
| **2013** | 299 | 321594 | 0.930 | -2.82% |
| **2014** | 239 | 325384 | 0.735 | -20.97% |
| **2015** | 169 | 325071 | 0.520 | -29.25% |
| **2016** | 199 | 330384 | 0.602 | +15.77% |
| **2017** | 223 | 329607 | 0.677 | +12.46% |
| **2018** | 204 | 328890 | 0.620 | -8.42% |
| **2019** | 157 | 331113 | 0.474 | -23.55% |
| **2020** | 150 | 327467 | 0.458 | -3.38% |
| **2021** | 127 | 319847 | 0.397 | -13.32% |
| **2022** | 149 | 330178 | 0.451 | +13.60% |
| **2023** | 159 | 333772 | 0.476 | +5.54% |
| **2024** | 154 | 334666 | 0.460 | -3.36% |
| **2025** | 170 | 335093 | 0.507 | +10.22% |

## 2684/CDCR Physical Aggression in the State Hospitals

In 2025, there was a decrease in patient-on-patient aggression/A2 (-7.8%) but an increase in patient-on-staff aggression/A4 (+6.4%) assault rates in 2684/CDCR patients compared to the previous year (**Figure VI.9; Tables VI.12 & VI.13**).

## Figure VI.9 Yearly Rates of 2684/CDCR Assaults in DSH Overall




## Table VI.12 CDCR Yearly Patient-on-Patient (A2) Assault Summary

| Year | # A2 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 73 | 97866 | 0.746 | -- |
| **2011** | 61 | 79774 | 0.765 | +2.7% |
| **2012** | 75 | 99190 | 0.756 | -1.1% |
| **2013** | 43 | 90210 | 0.477 | -36.9% |
| **2014** | 54 | 89586 | 0.603 | +26.4% |
| **2015** | 45 | 73840 | 0.609 | +1% |
| **2016** | 57 | 98567 | 0.578 | -5% |
| **2017** | 52 | 93393 | 0.557 | -3.6% |
| **2018** | 59 | 85783 | 0.688 | +23.5% |
| **2019** | 50 | 82935 | 0.603 | -12.3% |
| **2020** | 54 | 96195 | 0.561 | -6.9% |
| **2021** | 35 | 65984 | 0.530 | -5.5% |
| **2022** | 18 | 46452 | 0.387 | -26.9% |
| **2023** | 28 | 38215 | 0.733 | +89% |
| **2024** | 30 | 55798 | 0.538 | -26.6% |
| **2025** | 34 | 68556 | 0.496 | -7.8% |

### Table VI.13 CDCR Yearly Patient-on-Staff (A4) Assault Summary

| Year | # A4 Assaults | Total Patient Days | Rate Per 1,000 Patient Days | Change from previous year (%) |
|---|---|---|---|---|
| **2010** | 62 | 97866 | 0.634 | -- |
| **2011** | 36 | 79774 | 0.451 | -28.8% |
| **2012** | 55 | 99190 | 0.554 | +22.8% |
| **2013** | 31 | 90210 | 0.344 | -37.9% |
| **2014** | 31 | 89586 | 0.346 | +0.5% |
| **2015** | 25 | 73840 | 0.339 | -2% |
| **2016** | 31 | 98567 | 0.315 | -7.1% |
| **2017** | 38 | 93393 | 0.407 | +29.2% |
| **2018** | 34 | 85783 | 0.396 | -2.7% |
| **2019** | 27 | 82935 | 0.326 | -17.7% |
| **2020** | 33 | 96195 | 0.343 | +5.2% |
| **2021** | 27 | 65984 | 0.409 | +19.2% |
| **2022** | 22 | 46452 | 0.474 | +15.9% |
| **2023** | 20 | 38215 | 0.523 | +10.3% |
| **2024** | 13 | 55798 | 0.233 | +55.4% |
| **2025** | 17 | 68556 | 0.248 | +6.4% |

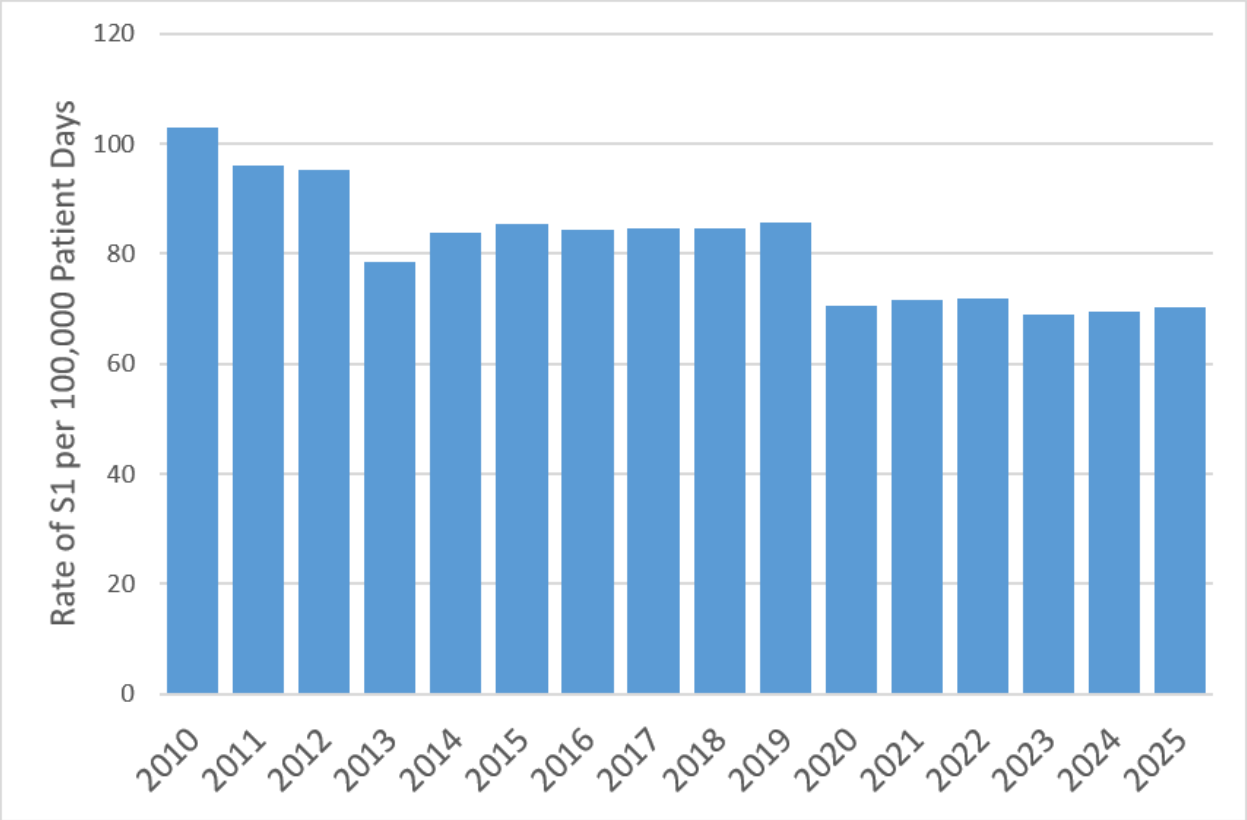
# Section VII: Patient Injury Severity Data

In this section, information on victim injury severity is presented for the victims of patient-on-patient/A2 assaults only. Injury severity is based on the level of treatment need by the victim from the least severe injury level through the most severe injury level: S1 requiring no treatment, S2 requiring minor first aid, S3 requiring medical treatment, S4 requiring hospitalization, or S5 death resulting from assault (**Appendix B**).

In order to standardize comparisons across injury levels, severity rates are presented in terms of rates per 100,000 patient days.

The following data is broken down separately into the S1, S2, S3, S4, and S5 categories. Rates of no injuries (S1) saw a slight 1.2% increase compared to the prior year (**Figure VII.1 and Table VII.1**). Rates of minor injuries (S2) also saw an increase of 8% in 2025 (**Figure VII.2 and Table VII.2**). Rates of injury requiring medical treatment (S3) saw a substantial 41% increase in 2025 (**Figure VII.3 and Table VII.3**). However, there were decreases in the more serious levels of victim injuries compared to the previous year. Specifically, there was a 25% decrease in the rates of hospitalization (S4) due to physical aggression (**Figure VII.4 and Table VII.4**) and no deaths (S5) resulted from patient-on-patient physical aggression (**Figure VII.5 and Table VII.5**).

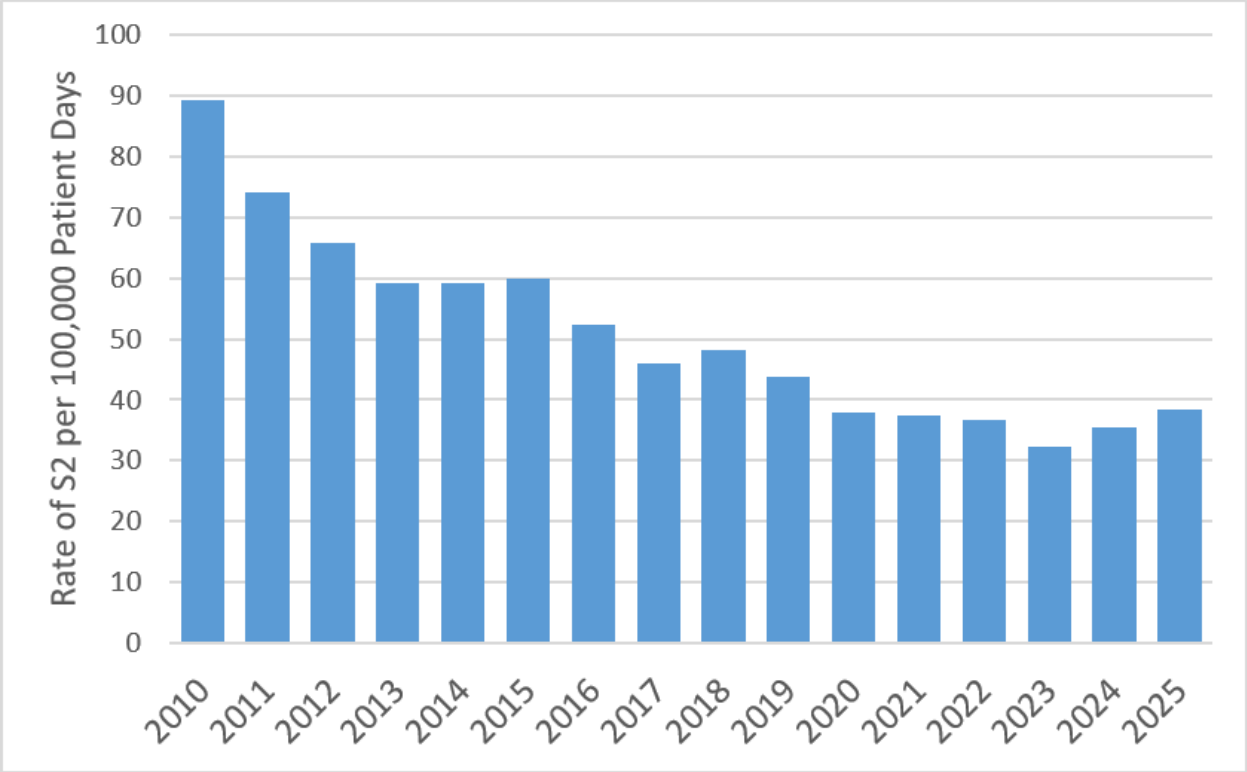
## Figure VII.1 Annual Rate of Patient Injury Due to Assault: Severity S1 – No Treatment, per 100,000 Patient Days




## Table VII.1 S1 No Treatment Patient Injury Rates

| Year | # S1 Injury Severity | Total Patient Days | Rate Per 100,000 Days | Change from Previous Year (%) |
|---|---|---|---|---|
| **2010** | 1977 | 1924008 | 102.75 | -- |
| **2011** | 1839 | 1913194 | 96.12 | -6.45% |
| **2012** | 1864 | 1961119 | 95.05 | -1.11% |
| **2013** | 1540 | 1962773 | 78.46 | -17.45% |
| **2014** | 1679 | 2006711 | 83.67 | +6.64% |
| **2015** | 1765 | 2064424 | 85.50 | +2.19% |
| **2016** | 1800 | 2134901 | 84.31 | -1.39% |
| **2017** | 1811 | 2143391 | 84.49 | -0.21% |
| **2018** | 1831 | 2162763 | 84.66 | +0.20% |
| **2019** | 1870 | 2181563 | 85.72 | +1.25% |
| **2020** | 1455 | 2064817 | 70.47 | -17.79% |
| **2021** | 1379 | 1928622 | 71.50 | +1.46% |
| **2022** | 1368 | 1902467 | 71.91 | +0.57% |
| **2023** | 1396 | 2021847 | 69.05 | -3.98% |
| **2024** | 1399 | 2009220 | 69.63 | +0.84% |
| **2025** | 1389 | 1971772 | 70.44 | +1.16% |

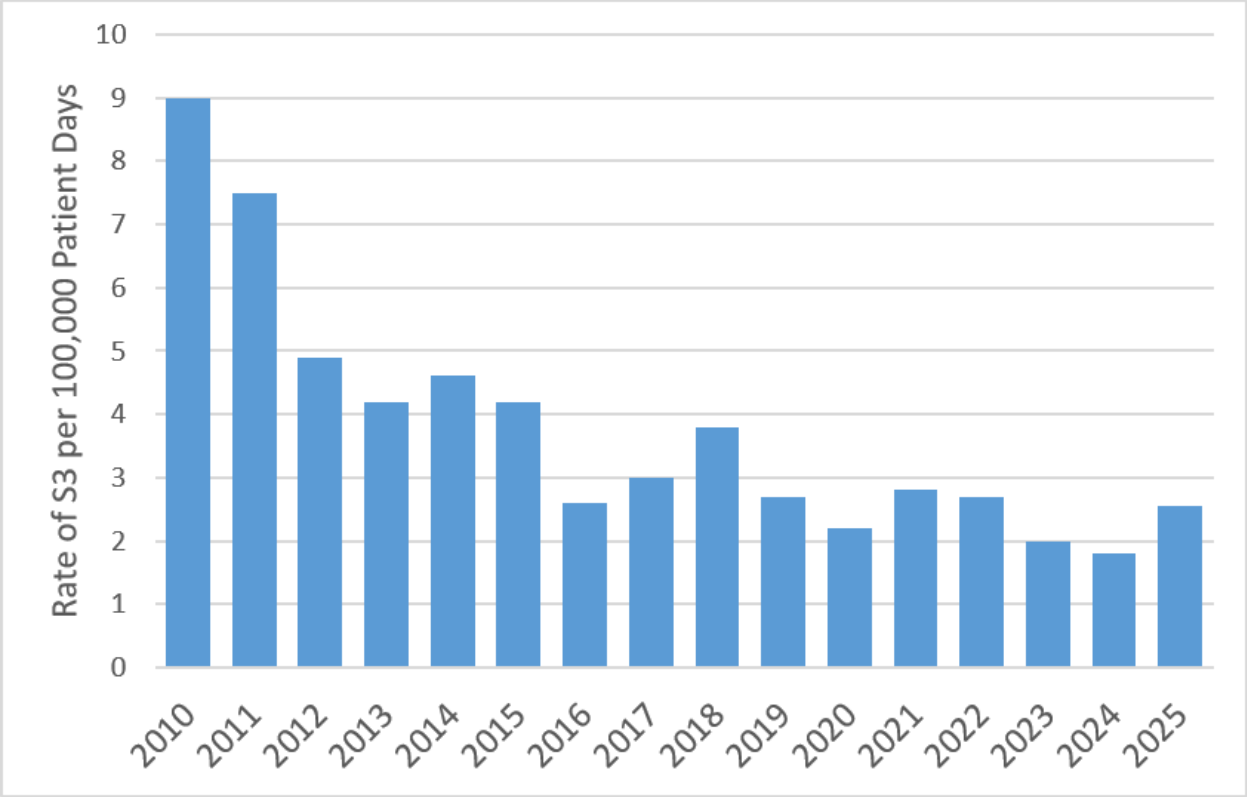
## Figure VII.2 Annual Rate of Patient Injury Due to Assault: Severity S2 – Minor First Aid, per 100,000 Patient Days




## Table VII.2 S2 Minor First Aid Patient Injury Rates

| Year | # S1 Injury Severity | Total Patient Days | Rate Per 100,000 Days | Change from Previous Year (%) |
|---|---|---|---|---|
| **2010** | 1717 | 1924008 | 89.24 | -- |
| **2011** | 1417 | 1913194 | 74.06 | -17.01% |
| **2012** | 1291 | 1961119 | 65.83 | -11.11% |
| **2013** | 1164 | 1962773 | 59.30 | -9.92% |
| **2014** | 1189 | 2006711 | 59.25 | -0.08% |
| **2015** | 1236 | 2064424 | 59.87 | +1.05% |
| **2016** | 1118 | 2134901 | 52.37 | -12.53% |
| **2017** | 984 | 2143391 | 45.91 | -12.34% |
| **2018** | 1043 | 2162763 | 48.23 | +5.05% |
| **2019** | 953 | 2181563 | 43.68 | -9.43% |
| **2020** | 780 | 2064817 | 37.78 | -13.51% |
| **2021** | 719 | 1928622 | 37.28 | -1.32% |
| **2022** | 698 | 1902467 | 36.69 | -1.58% |
| **2023** | 652 | 2021847 | 32.25 | -12.10% |
| **2024** | 712 | 2009220 | 35.44 | +9.89% |
| **2025** | 755 | 1971772 | 38.29 | +8.04% |

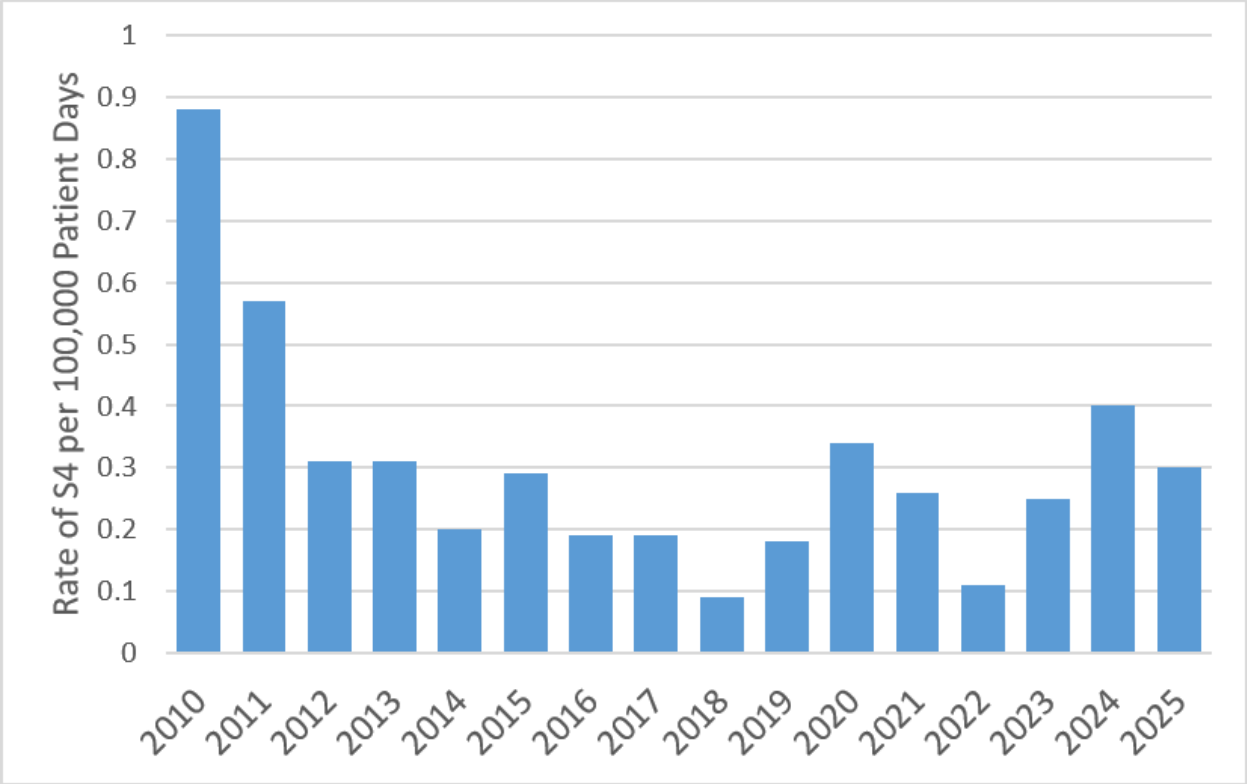
## Figure VII.3 Annual Rate of Patient Injury Due to Assault: Severity S3 – Medical Treatment, per 100,000 Patient Days




## Table VII.4 S3 Medical Treatment Patient Injury Rates

| Year | # S1 Injury Severity | Total Patient Days | Rate Per 100,000 Days | Change from Previous Year (%) |
|---|---|---|---|---|
| **2010** | 174 | 1924008 | 9.04 | -- |
| **2011** | 143 | 1913194 | 7.47 | -17.37% |
| **2012** | 97 | 1961119 | 4.95 | -33.73% |
| **2013** | 82 | 1962773 | 4.18 | -15.56% |
| **2014** | 92 | 2006711 | 4.58 | +9.57% |
| **2015** | 42 | 2064424 | 4.2 | -8.30% |
| **2016** | 55 | 2134901 | 2.58 | -38.57% |
| **2017** | 64 | 2143391 | 2.99 | +15.89% |
| **2018** | 83 | 2162763 | 3.84 | +28.43% |
| **2019** | 59 | 2181563 | 2.70 | -29.69% |
| **2020** | 46 | 2064817 | 2.23 | -17.41% |
| **2021** | 53 | 1928622 | 2.75 | +23.32% |
| **2022** | 52 | 1902467 | 2.73 | -0.73% |
| **2023** | 41 | 2021847 | 2.03 | -25.64% |
| **2024** | 36 | 2009220 | 1.79 | -11.82% |
| **2025** | 50 | 1971772 | 2.53 | +41.34%* |

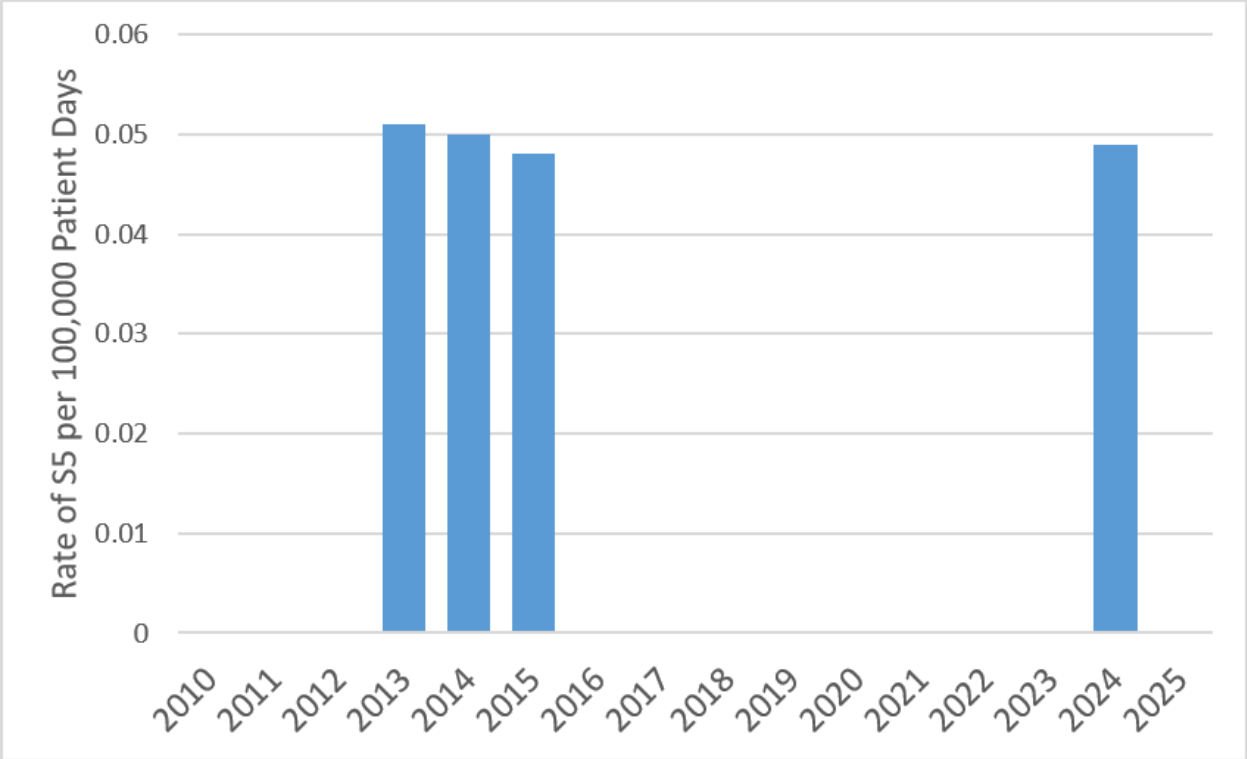
## Figure VII.4 Annual Rate of Patient Injury Due to Assault: Severity S4 – Hospitalization, per 100,000 Patient Days




## Table VII.5 S4 Hospitalization Patient Injury Rates

| Year | # S1 Injury Severity | Total Patient Days | Rate Per 100,000 Days | Change from Previous Year (%) |
|---|---|---|---|---|
| **2010** | 17 | 1924008 | 0.88 | -- |
| **2011** | 11 | 1913194 | 0.57 | -35.23% |
| **2012** | 6 | 1961119 | 0.31 | -45.61% |
| **2013** | 6 | 1962773 | 0.31 | 0.00% |
| **2014** | 4 | 2006711 | 0.20 | -35.48% |
| **2015** | 6 | 2064424 | 0.29 | +45.00% |
| **2016** | 4 | 2134901 | 0.19 | -34.48% |
| **2017** | 4 | 2143391 | 0.19 | 0.00% |
| **2018** | 2 | 2162763 | 0.09 | -52.63% |
| **2019** | 4 | 2181563 | 0.18 | +100% |
| **2020** | 7 | 2064817 | 0.34 | 88.89% |
| **2021** | 5 | 1928622 | 0.26 | -23.53% |
| **2022** | 2 | 1902467 | 0.11 | -57.69% |
| **2023** | 5 | 2021847 | 0.25 | +127.27% |
| **2024** | 8 | 2009220 | 0.40 | +60.00% |
| **2025** | 6 | 1971772 | 0.30 | -25.00% |

## Figure VII.5 Annual Rate of Patient Injury Due to Assault: Severity S5 – Death, per 100,000 Patient Days




## Table VII.6 S5 Death Patient Injury Rates

| Year | # S1 Injury Severity | Total Patient Days | Rate Per 100,000 Days |
|---|---|---|---|
| **2010** | 0 | 1924008 | 0 |
| **2011** | 0 | 1913194 | 0 |
| **2012** | 0 | 1961119 | 0 |
| **2013** | 1 | 1962773 | 0.051 |
| **2014** | 1 | 2006711 | 0.05 |
| **2015** | 1 | 2064424 | 0.048 |
| **2016** | 0 | 2134901 | 0 |
| **2017** | 0 | 2143391 | 0 |
| **2018** | 0 | 2162763 | 0 |
| **2019** | 0 | 2181563 | 0 |
| **2020** | 0 | 2064817 | 0 |
| **2021** | 0 | 1928622 | 0 |
| **2022** | 0 | 1902467 | 0 |
| **2023** | 0 | 2021847 | 0 |
| **2024** | 1 | 2009220 | 0.049 |
| **2025** | 0 | 1971772 | 0 |

# Section VIII: Report Summary and Recommendations

Analysis of the 2025 physical aggression data shows continued improvement across DSH. The five freestanding hospitals treated 9,418 individuals, 5% fewer than in 2024, while overall admissions declined 8.3%, largely because of an 8.9% reduction in IST admissions. Rates of physical aggression also decreased: patient-on-patient assaults fell 4.3%, and patient-on-staff assaults declined 10% compared to the prior year. As in previous years, most patients were not physically aggressive during hospitalization. Of the 9,418 individuals served, 7,804 (82.9%) committed no acts of physical aggression, 1,511 (16.0%) committed 1 to 9 acts, and only 103 (1.1%) committed 10 or more acts.

Although repeatedly physically aggressive patients represented just 1.1% of the patient population, they accounted for 44.4% of all assaults on patients and staff, underscoring their disproportionate impact on workplace and patient safety. Injury severity among these patients was generally greater than among those with fewer aggressive incidents. Rates of injury requiring medical treatment increased 41.3% from the previous year, while hospitalization rates declined 25%, and no deaths resulted from patient-on-patient physical aggression. Trends also differed across legal class groups. In particular, LPS patients comprised fewer than 8% of the total patient population but were responsible for 44.2% of all acts of physical aggression in 2025. These findings suggest that although overall aggression continued to decline, a small group of patients remained responsible for a substantial share of serious incidents and warrants continued attention.

The data show steady progress but also identified clear priorities for continued improvement. The following recommendations are based on the findings presented in this report:

1. **Prioritize interventions for repeatedly physically aggressive patients.** Although only 1.1% of patients met the criteria for repeated physical aggression, they were responsible for 44.4% of all assaults in 2025. A supplemental analysis is underway to link violence risk assessment data with this patient group to improve early identification, better define individual risk factors, and guide personalized treatment planning. Findings should be used to match patients with evidence-based interventions, including Cognitive Remediation (CR), Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy for Psychosis (CBTp), specialized psychopharmacologic treatments (e.g., clozapine and long-acting injectable antipsychotics), and electroconvulsive therapy (ECT), as clinically appropriate.

2. **Focus on intervention efforts for high-risk legal class groups.** Although LPS patients represented fewer than 8% of the patient population, they

accounted for 44.2% of all aggressive acts. Continue reviewing risk assessments, clinical needs, and treatment matching for this population to identify opportunities to reduce aggression while maintaining therapeutic care. Evidence-based treatments, such as the Social-Cognitive Treatment for Adaptive Recovery (STAR) program, have demonstrated effectiveness in improving social cognitive functioning, adaptive living skills, and reductions in aggressive behaviors among LPS patients. Continued analyses should evaluate the effectiveness of these focused interventions and determine the feasibility of expanding these treatments to additional settings or populations.

3. **Analyze changing distributions of aggressors over time.**
   This report describes changes in the number of repeatedly aggressive patients but does not examine how individual patients transition between aggression-frequency categories over time. Longitudinal analyses should determine whether repeatedly aggressive patients remain persistently high risk, transition to lower levels of aggression, or are replaced by newly aggressive patients. Understanding these patterns and interventions associated with improvement or continued aggression, would help identify opportunities for earlier, more effective prevention.

4. **Examine the increase in injuries requiring medical treatment**.
   Although overall assault rates declined, injuries requiring medical treatment increased by 41% in 2025. It is important to note that some of this increase in injuries requiring medical treatment can be attributed to decreases in higher severity categories (e.g., severe injuries requiring hospitalization). Reductions in injury severity is an important goal that we continue to monitor and develop focused interventions to improve patient and staff safety. Future analyses should examine the circumstances surrounding these incidents, including patient characteristics, clinical factors, and environmental contributors. Particular attention should be given to patients who repeatedly engage in aggression resulting in serious injury to determine whether they represent a distinct high-risk subgroup requiring specialized interventions.

5. **Continue monitoring long-term trends.**
   The continued decline in assault rates and the low number of repeatedly aggressive patients are encouraging. Ongoing annual surveillance should monitor whether these improvements are sustained, evaluate the effectiveness of violence prevention initiatives, and identify emerging trends that warrant changes in clinical practice or policy.

# Appendix A: Glossary of Legal Terms for Patient Commitments

| Commitment Type | Legal Class Text | Legal Code Section | Description |
|---|---|---|---|
| CDCR | PC2684 | PC2684 | Incarcerated Person from the Department of Corrections |
| | PC2684A | PC2684A | Incarcerated Person from the Department of Corrections |
| DJJ* | DJJ | WIC 1756 | Youth Authority Certification/Youth Authority Referral through Regional Office |
| IST | IST PC1370 | PC1370 | Incompetent to Stand Trial |
| LPS | CONS | WIC 5358 | Conservatorship |
| | MURCON | WIC 5008 | Murphy's Conservatorship |
| OMD (PC 2962/2964a) | PC2962 | PC 2962 | Parolee Referred from the Department of Corrections |
| | PC2972 | PC 2972 | Former Parolee Referred from Superior Court |
| MDSO | MDSO | WIC 6316 | Mentally Disordered Sex Offender – Observation |
| NGRI (PC1026) | NGI PC1026 | PC 1026 | Not Guilty by Reason of Insanity |
| SVP | SVP | WIC 6604 | Sexually Violent Predator |
| | SVPP | WIC 6602 | Sexually Violent Predator Probably Cause |

** Please also note: As of 2024, DSH no longer treats patients admitted under this legal class.*

# Appendix B: Commonly Used Abbreviations and Acronyms

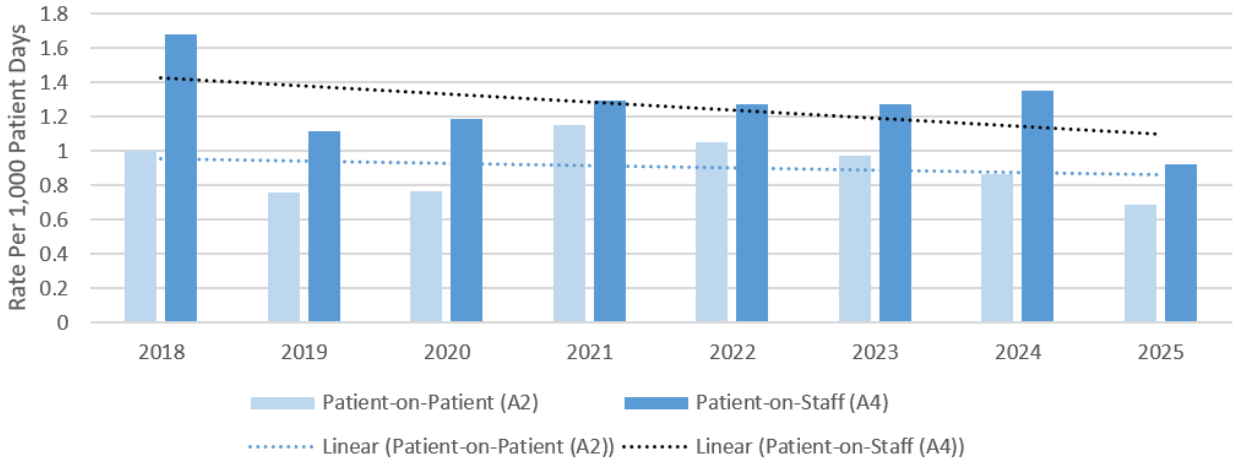
| Abbreviation | Description |
|---|---|
| A2 | Patient physical assault committed by another patient. Formally defined as “Aggressive Act to Another Patient - Physical: Hitting, pushing, kicking or similar acts directed against another individual to cause potential or actual injury.” This does not include verbal assault, which is coded as “A1.” |
| A4 | Staff physical assault committed by a patient. Formally defined as “Aggressive Act to Staff - Physical: Hitting, pushing, kicking, or similar acts directed against a staff person that could cause potential or actual injury.” This does not include verbal assault, which is coded as “A3.” |
| A8 | Sexual assault on staff committed by a patient – Any physical sexual contact by a patient towards or involving a staff person. |
| BIC | Business Intelligence Center |
| DSH | Department of State Hospitals |
| S1 | Victim Injury Severity Level - No treatment |
| S2 | Victim Injury Severity Level - Minor first aid |
| S3 | Victim Injury Severity Level - Medical treatment |
| S4 | Victim Injury Severity Level - Hospitalization |
| S5 | Victim Injury Severity Level - Death |

# Appendix C: Hospital Trends in Physical Aggression Rates by Legal Class Groups, 2018-2025

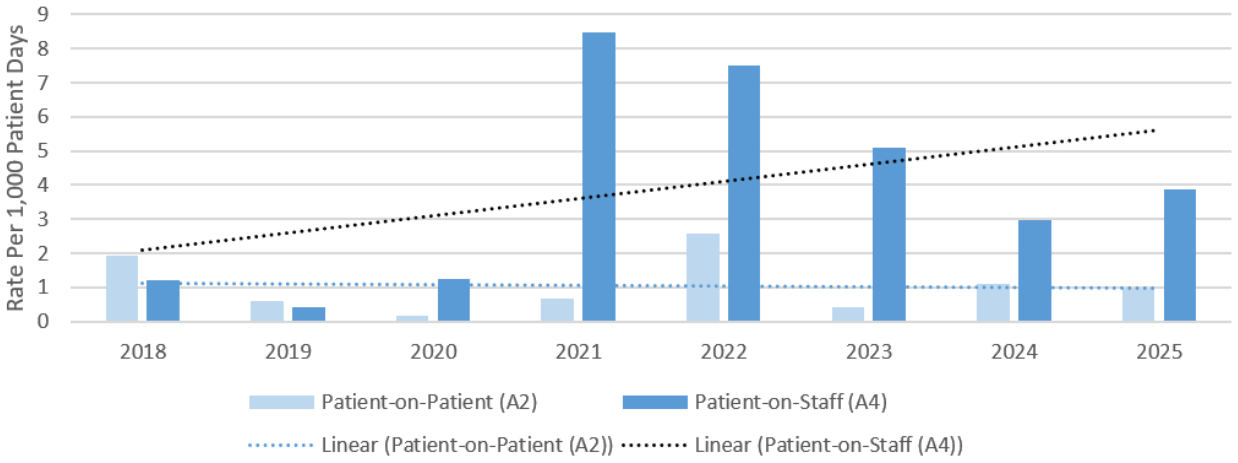
*Please note: axis maximums differ between legal class groups across hospitals.*

## DSH-Atascadero

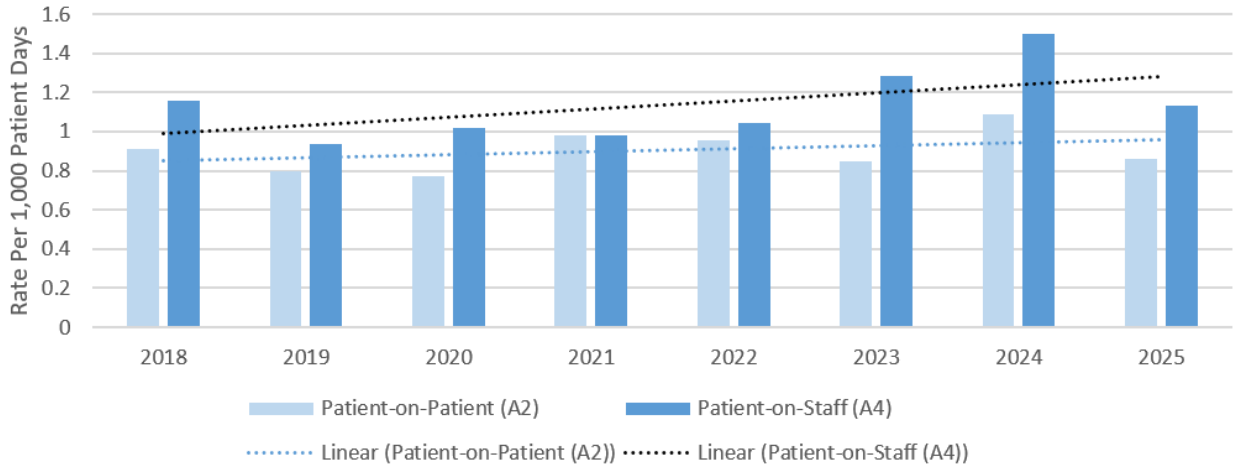
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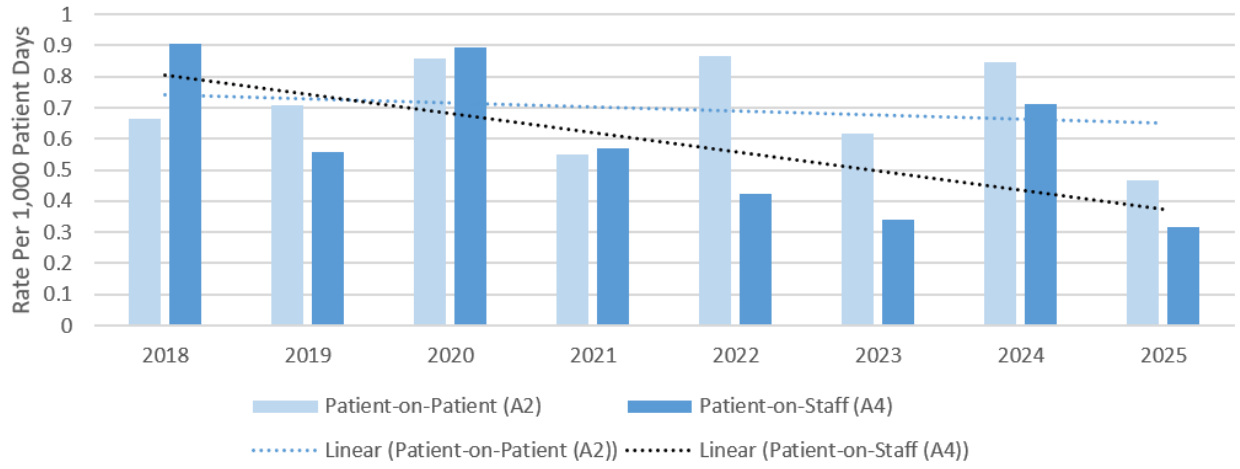

### DSH-Atascadero - LPS A2 and A4 Trends



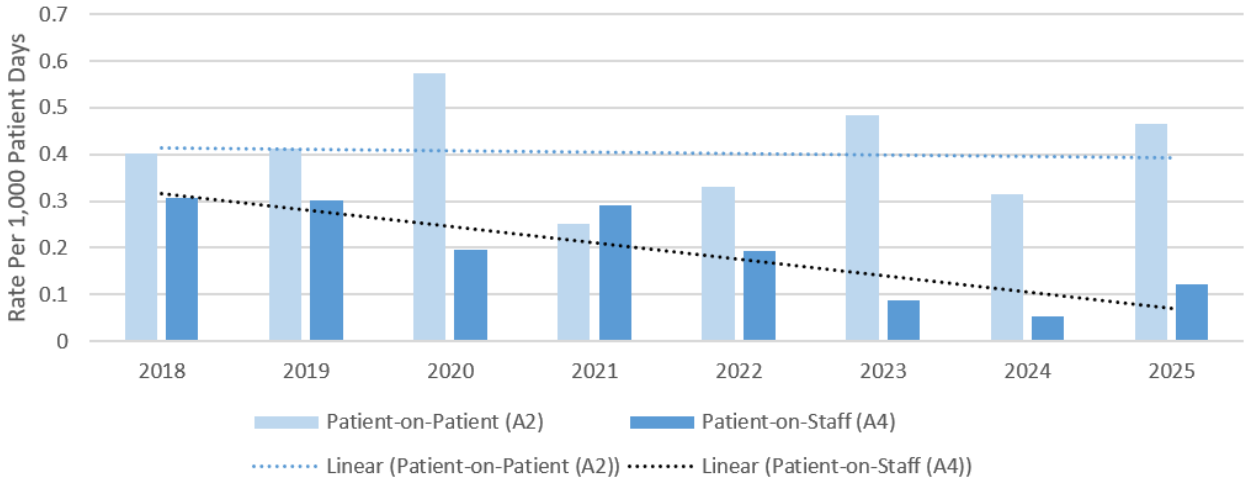
## DSH-Atascadero - OMD A2 and A4 Trends




## DSH-Atascadero - NGRI A2 and A4 Trends

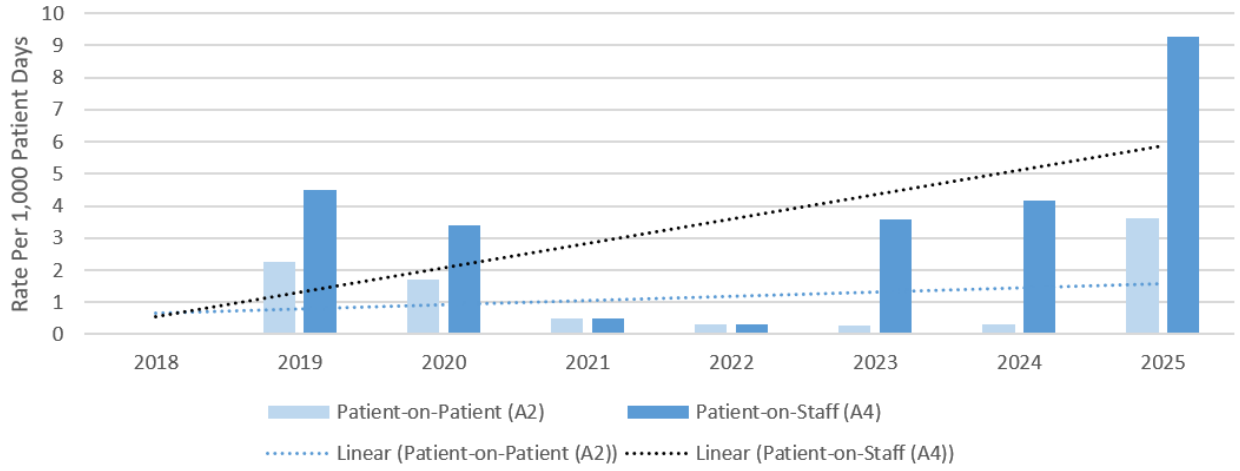



## DSH-Atascadero - 2684/CDCR A2 and A4 Trends

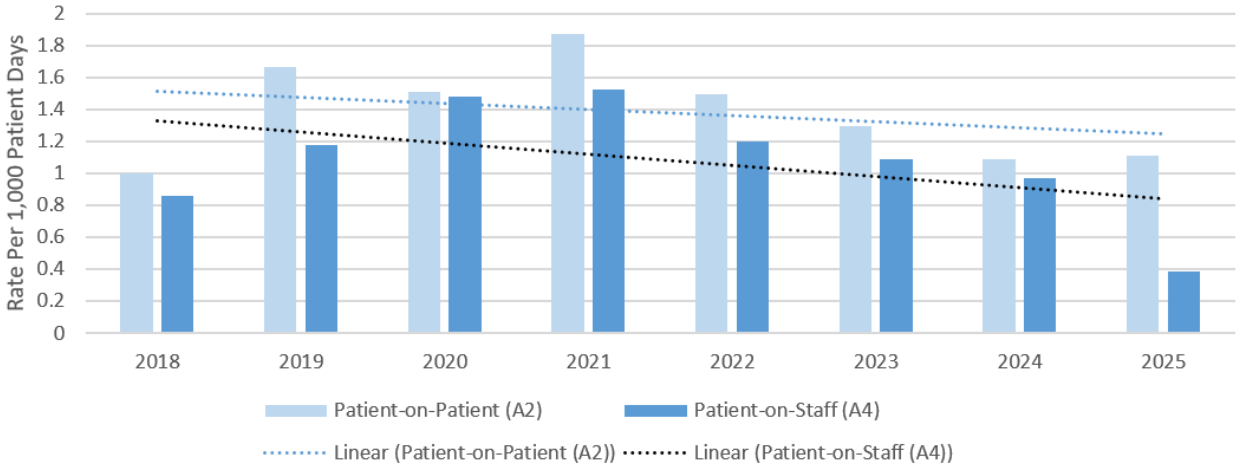


# DSH-Coalinga

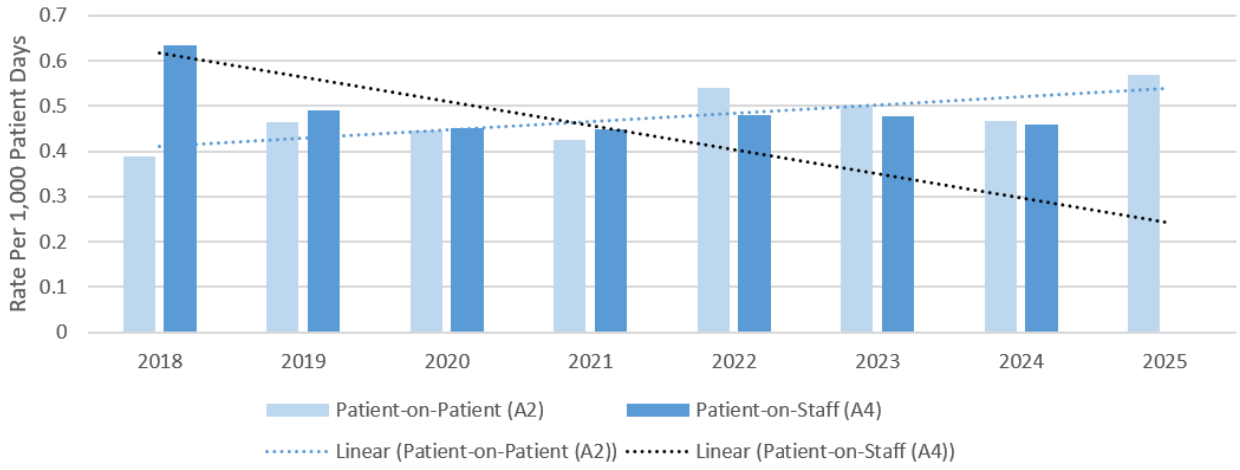
## DSH-Coalinga - LPS A2 and A4 Trends



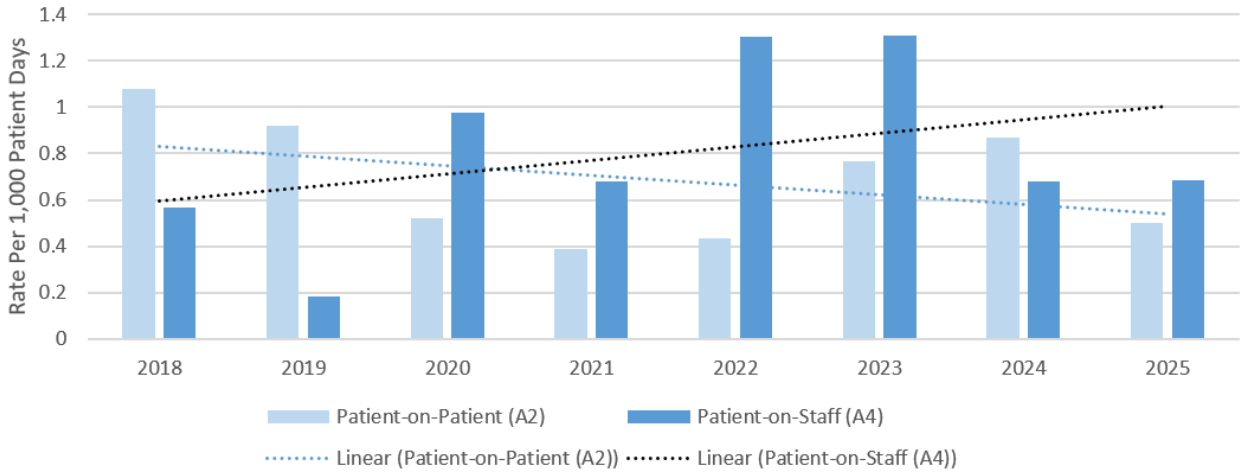

## DSH-Coalinga - OMD A2 and A4 Trends




## DSH-Coalinga - SVP A2 and A4 Trends

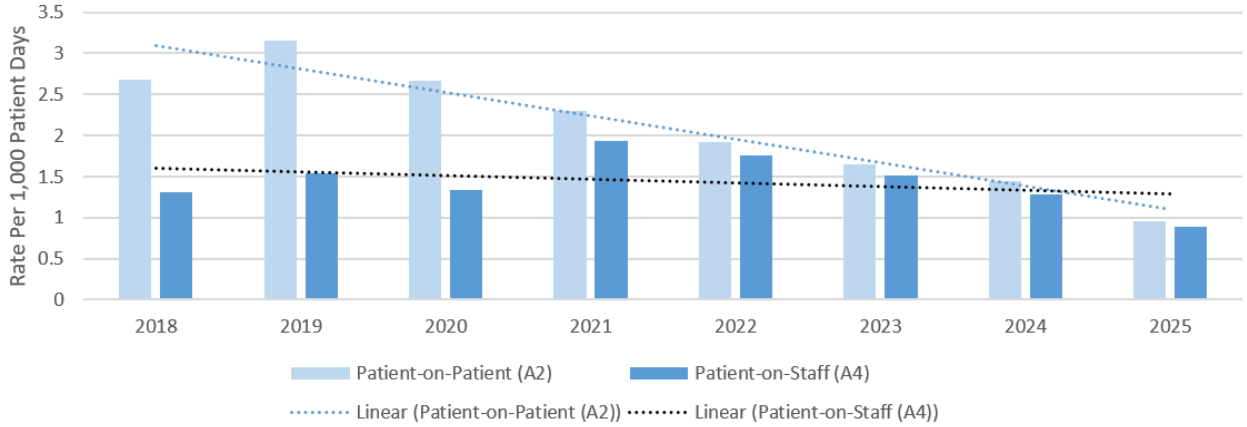


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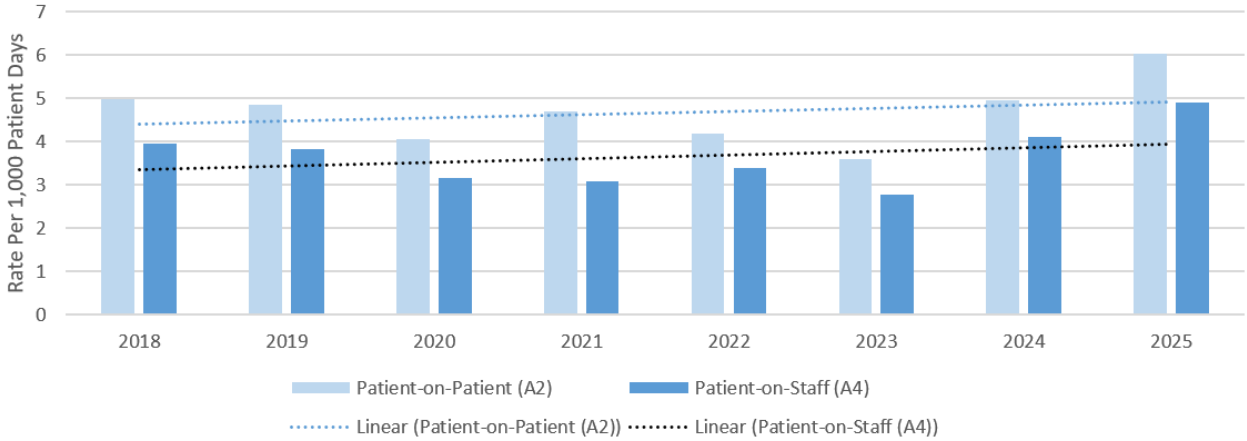



## DSH-Metropolitan

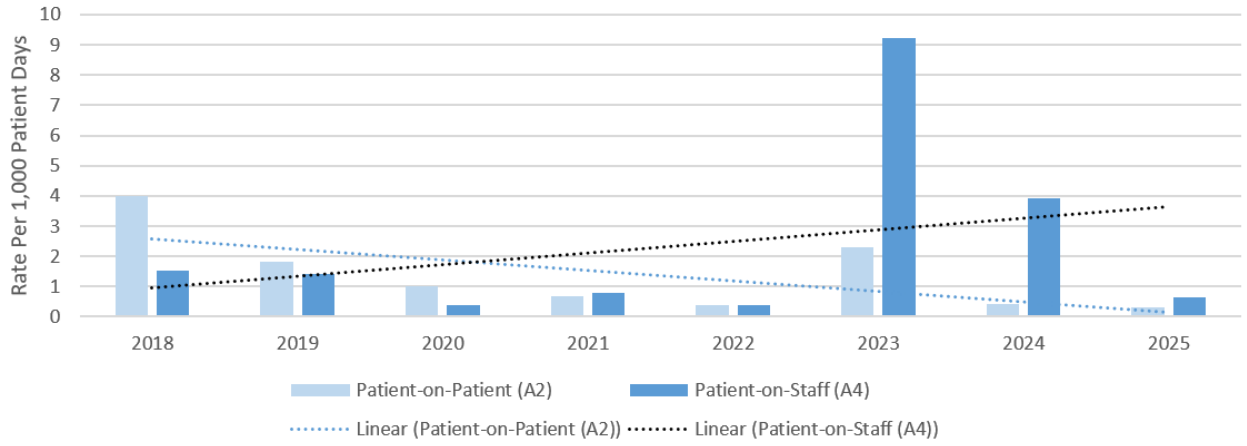
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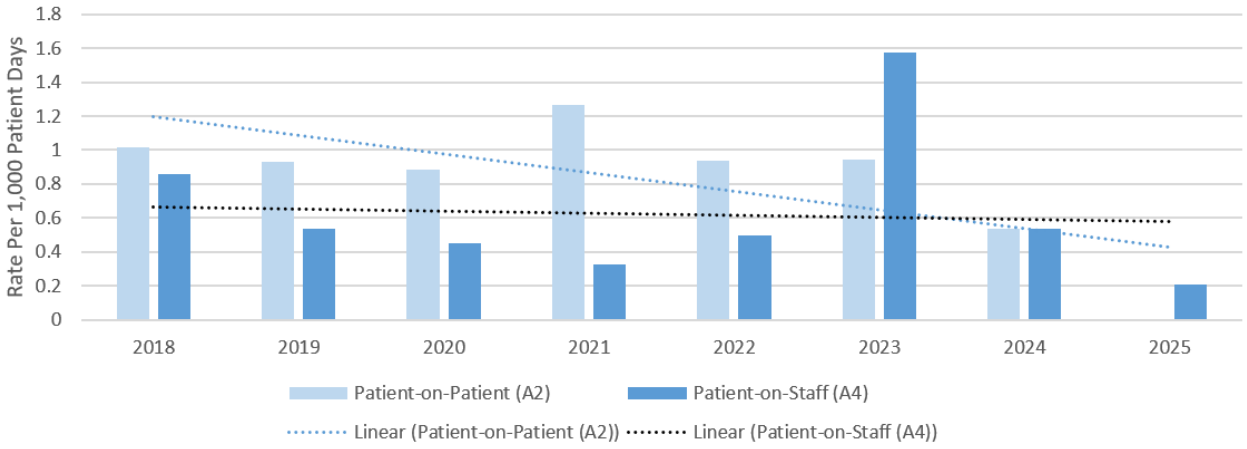

### DSH-Metropolitan - LPS A2 and A4 Trends



### DSH-Metropolitan - OMD A2 and A4 Trends

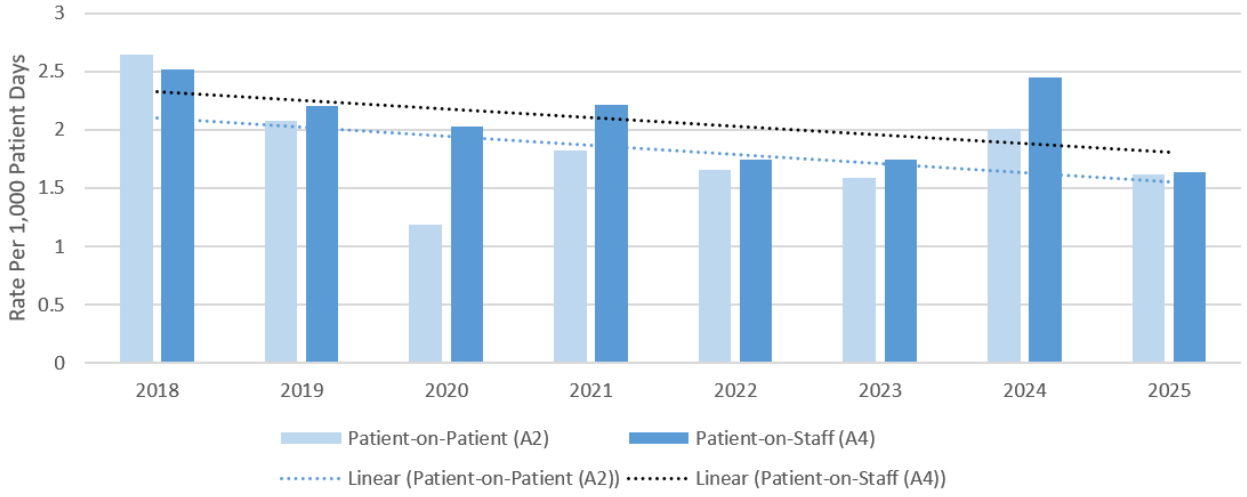



### DSH-Metropolitan - NGRI A2 and A4 Trends

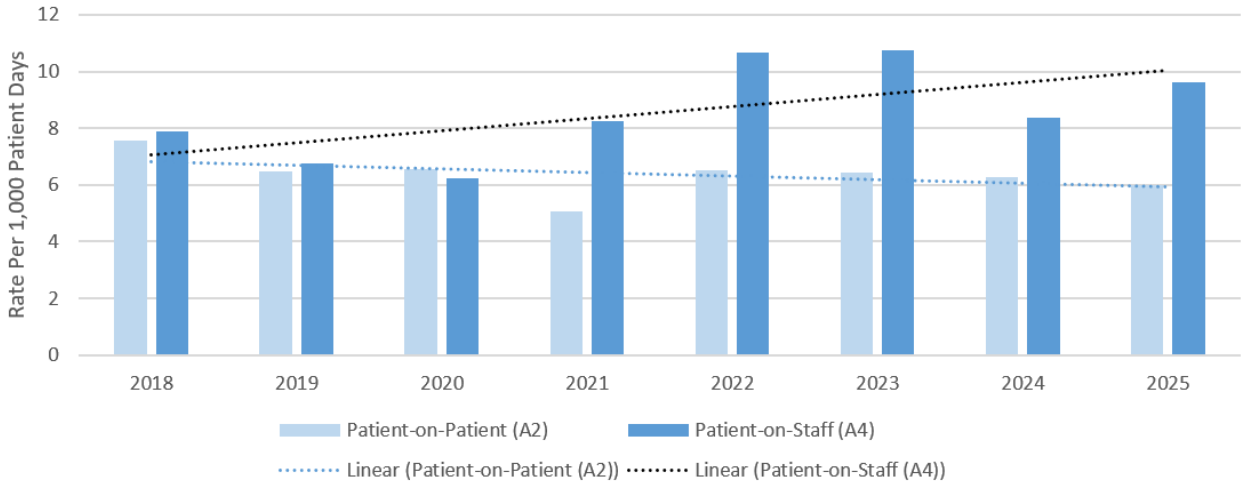



## DSH-Napa

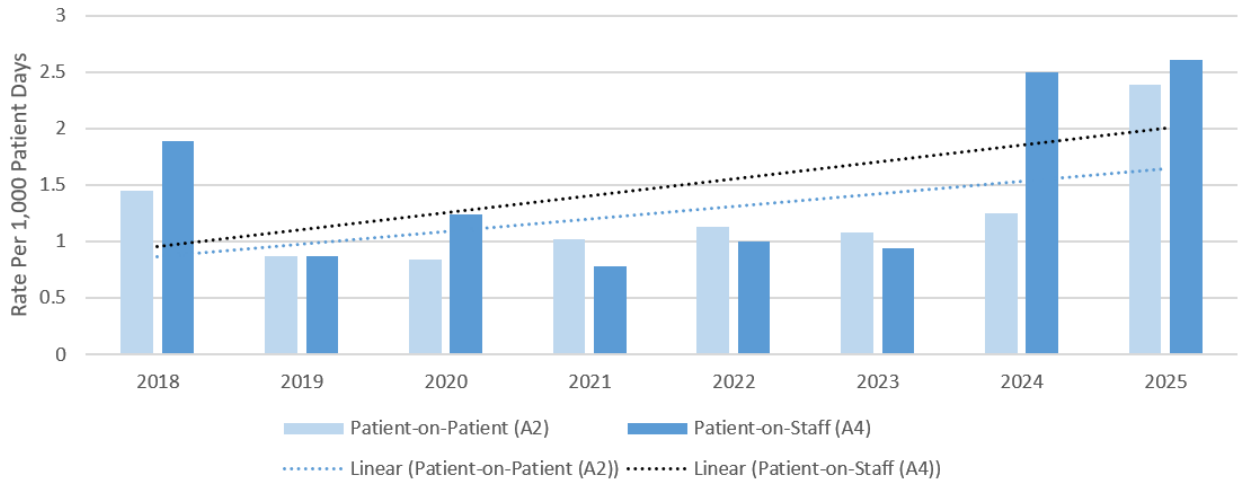
### DSH-Napa - IST A2 and A4 Trends



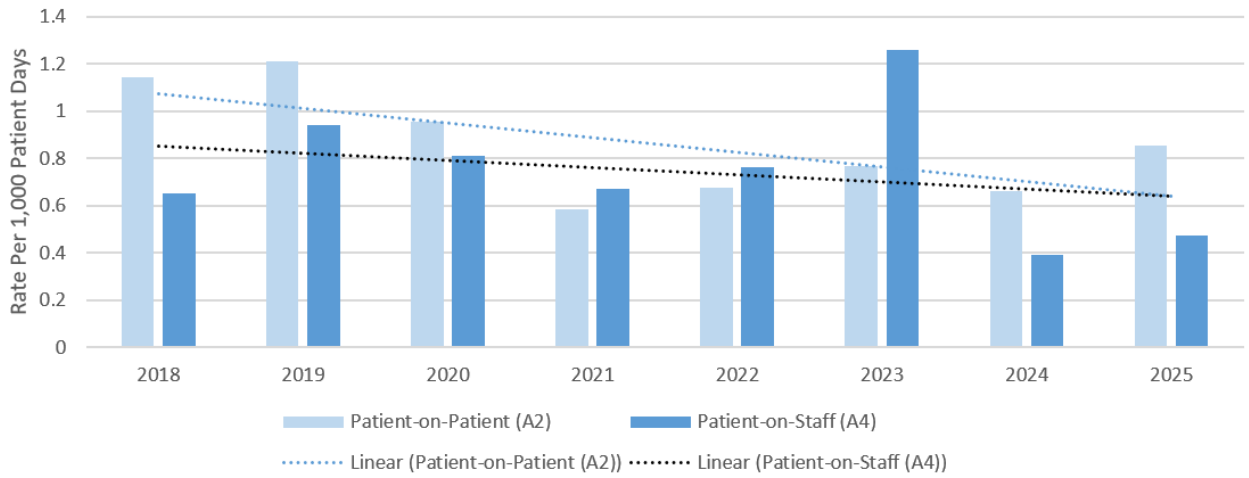
## DSH-Napa - LPS A2 and A4 Trends




## DSH-Napa - OMD A2 and A4 Trends

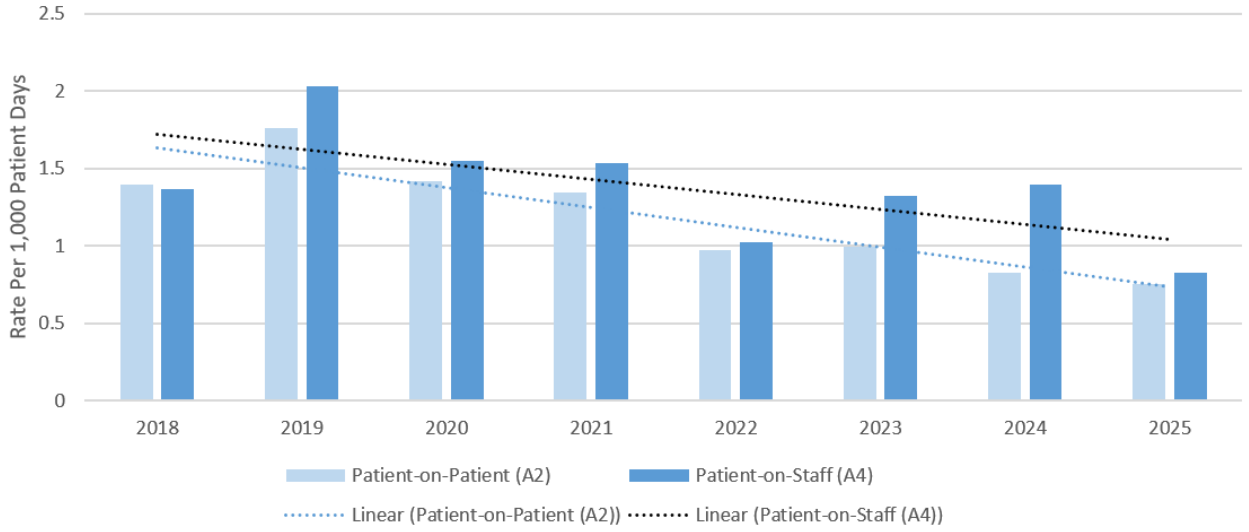



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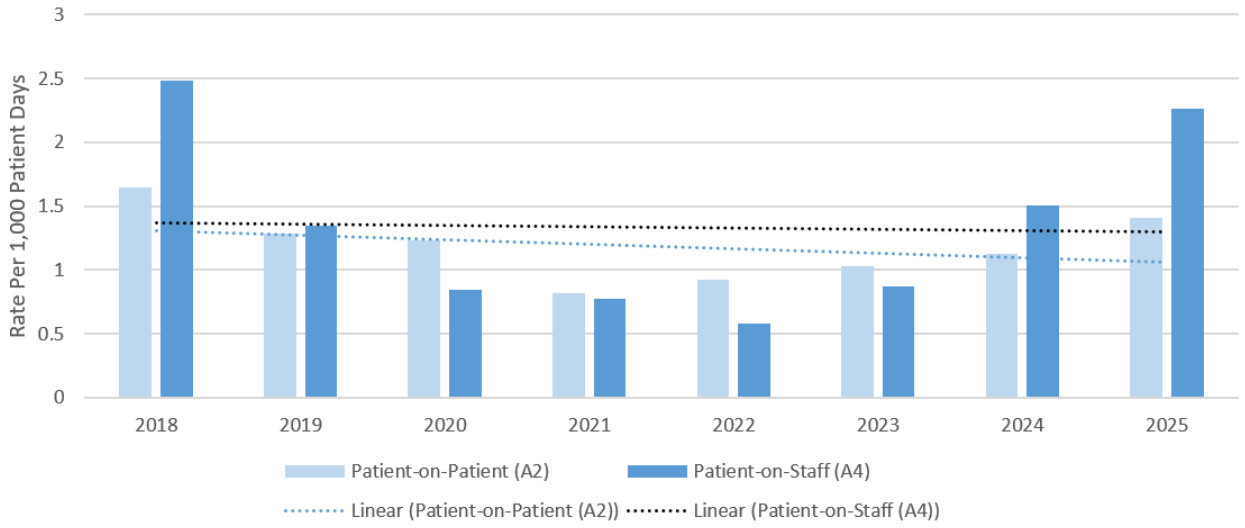


# DSH-Patton

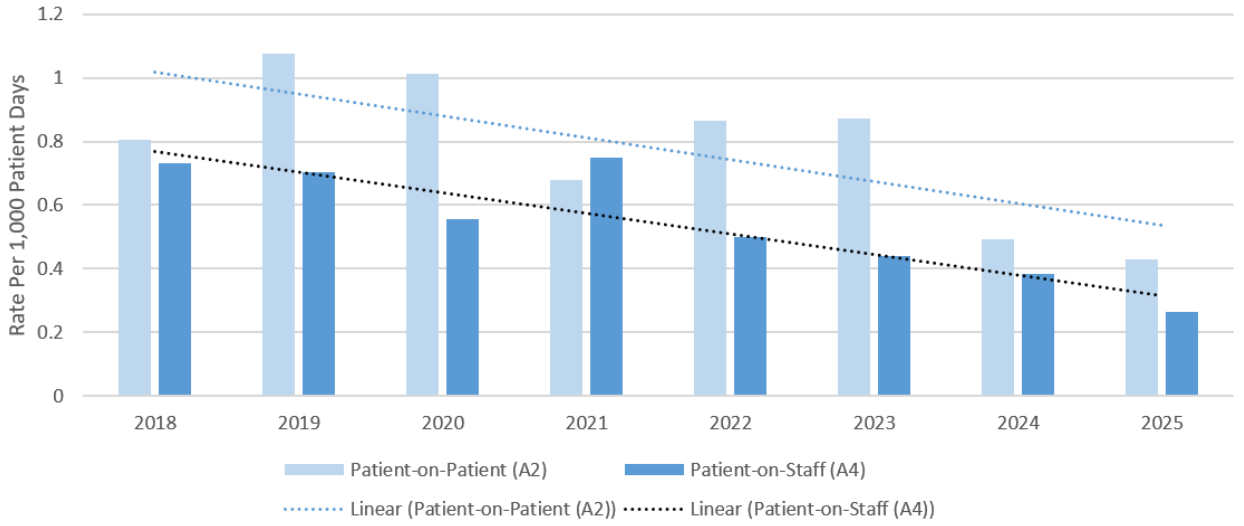
## DSH-Patton - IST A2 and A4 Trends



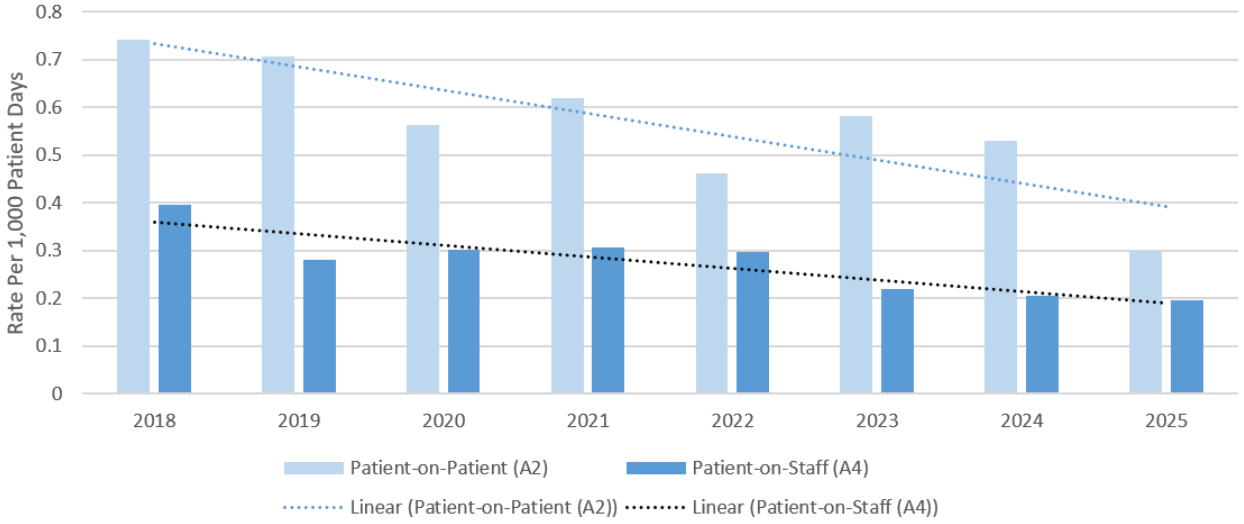

## DSH-Patton - LPS A2 and A4 Trends



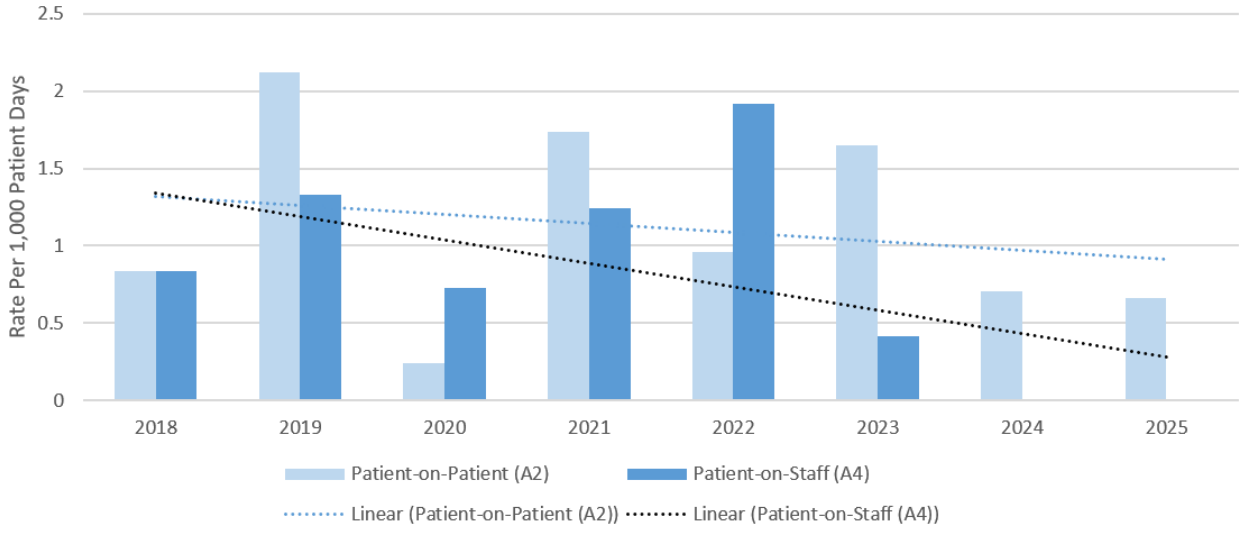
## DSH-Patton - OMD A2 and A4 Trends




## DSH-Patton - NGRI A2 and A4 Trends



## DSH-Patton - 2684/CDCR A2 and A4 Trends



# Appendix D: Brief Description of General Methodology

- Data for incidents of aggression from 1/1/2010 through 12/31/2025 was provided by the DSH Data Management Office (DMO). Data used throughout this report were also extracted using the following DSH Business Intelligence Center (BIC) reports:
    - BIC 15 “Admission Report”
    - BIC 241 “Unique Patients Served with Specific Date”

- Incidents using the Subcategory Codes for A2 (Patient-on-patient assault), A4 (patient-on-staff assault) and A8 (sexual assault on staff committed by a patient) were identified.
    - A2 incidents were arranged in order by Date and Incident Number, filtered by Involvement Type “Aggressor” only to identify unique aggressors in 2025.
    - This file was then “de-duplicated,” i.e., first occurrences of an incident number were kept, and entries with duplicated incident number were removed.
    - This “de-duplication” procedure then yielded a file with unique incidents and incident numbers; these were then counted to arrive at the number of unique patient A2 assaults for a given year.
    - The same methodology was then used to identify all incidents coded with A4 and A8, arranged these in order by Date and Incident Number, filtered by Aggressor only, and then de-duplicated the entries in this file to arrive at a count of unique A4 assaults.

- Total Patient Days data for each calendar year (e.g., 1/1/2010-12/31/2010) was extracted using BIC report 15. Total Patient Days in this report includes hospital bed days only and excludes leave days (e.g., outside hospitalization, court leave, therapeutic leave, etc.).

- Rates of aggression were calculated by dividing # of incidents by total patient days (e.g., # A2 incidents/total patient days) multiplied by 1,000 to get rates per 1,000 patient days or rates per 100,000 in order to make comparisons between groups. The same methodology was used for calculating A4 rates.

- The same method was used to identify A2 and A4 incidents for different legal class groups, but total patient days for each legal class group was used to calculate the rates of physical aggression by legal class group.

- End of Report -