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Deaths in Correctional Custody: A Review of the Literature

Howard Sapers
Correctional Investigator of Canada

Outline of Presentation

1. Definitions, Typologies, and Limitations
2. Natural and Unnatural Causes of Death
3. Contributing Factors
4. Gaps in the Literature
5. Lessons Learned / Best Practices

A Problem with Definitions

- There is no commonly accepted definition for ‘in-custody deaths’.
  - Refers to a variety of custodial situations in a singular definition (police lock-ups, youth detention centres, prisons, pre-trial and remand custody, immigration detainment centres, etc.)
  - Others include pre-arrest, apprehension, and post-release in the definition of ‘custody’.
  - Suggest that Canadian Roundtable establishes its own working definition

Typologies: What Should We Use?

- The natural/ unnatural typology is a preferred typology as it is broad enough to encompass a variety of custodial situations.
  - Other typologies refer to causes of death in custody in terms of levels of violence, degree of predictability, and internal/external causality.

Other Limitations

- Data Limitations
  - Missing data
  - Changes in legislation/ reporting practices over time
  - Focus on suicide
  - Underlying assumptions of offender behaviour

- Statistical Limitations
  - Small sample sizes, increased likelihood of finding ‘statistically significant’ results

Natural Causes of Death

- Most Common Medical Causes of Death in Custody
  - Cardiovascular illnesses
  - Cancers
  - Respiratory illness/ diseases
  - Infectious diseases

- Comparisons to the Population as a Whole
  - In Canada, natural death rates appear to be higher in federal corrections than in the population as whole
  - The Canadian experience appears contrary to that of international experiences

- Age
  - There is some evidence to suggest that offenders are dying younger than would be expected in the population as a whole

Natural Causes of Death

- Ethnic Background & Gender
  - Do not appear to impact rates of natural deaths
- Sentence Length
  - Does not specifically impact, however, longer sentences would increase the likelihood of an individual staying in prison until an older age and many diseases are more prominent in older populations
- Other Considerations
  - Underlying assumptions that offenders are “harder on their bodies”
  - Literature accepts that natural deaths cannot be prevented and are an inevitable part of the prison experience

Unnatural Causes of Death

- Most Common
  - Suicides
  - Overdoses
  - Homicides
  - Accidents

- Comparisons to the Population as a whole
  - Rates of unnatural death are higher in custody than in the population as a whole, particularly in the case of suicide (3 to 9 times the national average)

- Background
  - Tend to be young (under 40 years of age), male, Caucasian, and in a medium-security facility.
  - In Canada, trends in ethnicity and suicide is consistent with the ethnicity's representation in the prison population

Unnatural Causes of Death

- Gender
  - Women offenders are much more likely to engage in self-harming behaviours that do not result in suicide than men
  - Suicide rates amongst women offenders are lower than would have been expected in the Canadian context

- Sentence Length
  - Longer sentences are associated with a stronger likelihood of committing suicide in Canada
  - Suicides are more likely to occur in earlier stages of incarceration, particularly following stressful events such as: institutional transfers, negative appeal or parole decisions, and/ or the cancellation of visits

Contributing Factors

Individual

- Personal History
  - Criminal history, family / friends, socio-economic background, education, personal relationships, history of abuse, etc.
- Mental Health Issues
- Substance Abuse / Addictions
  - Drugs (incl. prescriptions) and alcohol
- Previous Self-Harming/ Self-Injurious Behaviour
  - There is a relationship between self-harm and suicide, though not necessarily one of 'cause and effect'

Contributing Factors

Conditions of Confinement

- Prison Environment
  - Lack of control of surroundings
  - Segregation / isolation
  - Physical infrastructure and deficiencies in design
- Health Care / Mental Health Care Availability
  - Often particularly problematic during after hours coverage (e.g. midnight shift)
  - Mental health care is a concern across institutions
- Staff Response
  - Monitoring and response to medical emergencies is critical
- Preventative Programming
  - Availability and limited use of programs can contribute to deaths in custody

Gaps in the Literature

- Natural deaths in custody
  - Are inmates harder on their bodies and therefore more likely to die younger?
  - Assessments of health care quality and monitoring in Canadian prisons
  - Comparisons of natural death rates in custody across countries
  - Effect of ‘prisonization’ on physical and mental health

- Canadian vs. international context
  - Further evidence to support/ refute higher deaths in federal custody than in provincial custody
  - Comparisons of mean morbidity rates of custodial populations versus the general population
  - How Canada compares to other countries?

- Differences in deaths in custody across custodial groups
  - Different security levels
  - Different sentence lengths
  - Remanded, pre-trial, and sentenced individuals

Lessons Learned / Best Practices

- Staff Activities
  - Regular and active interaction with offenders (dynamic security)
  - Verification of “Live” body counts

- Health Care
  - Improvements in the provision of care (incl. capacity, staffing, and response to emergencies)
  - Increased emphasis on the role of physical and mental health care in the prevention of deaths in custody
  - In the case of suicides, avoiding involuntary transfers

- Preventative Programming
  - Increase access and availability

Lessons Learned / Best Practices

- Communication
  - Improved communication between all staff (incl. health staff and correctional staff, as well as with other institutions)
- Training
  - Improved staff training in the recognition of and response to at-risk individuals and/or emergency situations
- Supports
  - Increased offender access to supports (including volunteer organizations) to build relationships outside of the institution
- Surveillance
  - Increased and improved surveillance by staff
  - Alterations of the physical environment (i.e. reduce blind spots and remove/reduce potential suicide ligature points)

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