



Home Office

Deaths in police custody: A review of the international evidence

Research Report 95

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The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they represent Government policy).

Summary

This report provides a summary of the published research literature and administrative data on deaths in or following police custody, and apparent suicides following police custody, to support the independent review chaired by the Rt Hon. Dame Elish Angiolini DBE QC, which was announced in July 2015. The review's terms of reference include:

- reviewing the processes and procedures surrounding deaths in police custody in England and Wales; and
- identifying why investigations following such deaths have, according to the then Home Secretary, “*fallen short of many families’ needs*”.

This report provides a review of statistics and research to answer five key questions.

- What are the extent and trends in deaths in or following police custody, and apparent suicides following police custody, in England and Wales?
 - What are the extent and trends of such deaths in comparable Western countries?
 - What are the main causes of deaths in police custody, and suicides following police custody, in England and Wales?
 - What research evidence is there for procedures or ‘good practice’ to prevent or reduce deaths in or following police custody?
 - What evidence is there of ‘good practice’ for the running and management of investigations into deaths in or following police custody?
- There were 14 deaths in or following police custody in England and Wales in 2015/16, in line with the average for the last 7 years, but lower than the levels seen in the late 1990s and early 2000s, according to statistics collected by the Independent Police Complaints Commission (IPCC). There were 60 apparent suicides following police custody in 2015/16. Apparent suicides following police custody increased markedly between 2011/12 and 2012/13, from 38 to 64, although this is thought to be in part the result of improved identification of these cases.
 - Various factors are thought to have contributed to the previous reductions in deaths in or following police custody. The sharp reduction in deaths between 1998/99 and 1999/2000 (49 to 31) was largely due to a reduction in suicides within police custody. This has been attributed to several developments. These include the removal of ligature points in cells and increased use of CCTV in cells, which in turn reduced hangings. During the period from 2003/04 to 2008/09, the introduction of the revised Police and Criminal Evidence Act 1984 (PACE) Code of Practice C regarding the handling of detainees, and the reduction in arrestees going through police custody suites, may both have contributed to reductions in deaths in custody. However, there is no definitive evidence to link these developments to the fall in these deaths.
 - International comparisons of rates of deaths in police custody are complicated by the use of differing definitions and the lack of accessible data. However, there are a small number of countries where broadly comparable data are available. The rate of deaths in or following

police custody in England and Wales was similar to rates of deaths in police custody in New Zealand during the 2000s (rate of 0.6 deaths per million population per year in New Zealand, compared with an equivalent rate of 0.5 in England and Wales). They were also similar to Australia between 2003/04 and 2012/13 (0.3 in Australia compared with 0.4 in England and Wales). Data for a more limited period (2013/14 and 2014/15) suggest rates of deaths in police custody were higher in Scotland compared with England and Wales (0.8 in Scotland compared with 0.2 in England and Wales).

- Those who die in police custody in England and Wales are typically male, aged between 31 and 50, and from a White ethnic background. Other comparable Western countries for which data was found show a similar demographic profile.
- Those who die from suicide *following* police custody in England and Wales are also typically male, aged between 31 and 50, and from a White ethnic background. Individuals arrested for sexual offences are much more likely to die from an apparent suicide following police custody compared with those arrested for other offence types (12 times higher than the average). International evidence also suggests that people arrested for sex offences, particularly child sex offences, appear to have a higher risk of committing suicide following police custody.
- Natural causes have been the most common known cause of deaths in police custody in England and Wales between 2004/05 and 2014/15, accounting for 51 per cent of deaths in this period. Drugs and/or alcohol also featured as causes in around half of deaths (49%). An even higher proportion of those who died had an association with drugs or alcohol (82%)
- The predominance of these types of causes of death suggests that screening processes for arrestees on their reception into custody are important in identifying risks for police detainees. Studies in England and Wales have found that both risk assessment tools and their use have sometimes been deficient. Evidence from international reviews of deaths in police custody also suggests that screening needs to be followed up by regular monitoring of those in custody and the communication of risk to other staff involved in detainee care.
- Technology, such as CCTV, or life signs monitoring equipment, can be installed in cells to enhance monitoring of detainees. There is anecdotal evidence that this has prevented deaths in custody but little robust evidence for effectiveness. Research on the use of this technology emphasises that it can only enhance, not replace, monitoring of detainees by custody officers and staff.
- Providing alternatives to police custody for vulnerable individuals is another key theme in the international literature.
 - In some parts of Australia, ‘sobering-up’ centres are established alternatives to police custody for those who are intoxicated. There is some indication that these centres can reduce the number of intoxicated people taken into police custody, but there is no robust evidence around improved health outcomes or reduced deaths of detainees.
 - There have been promising results from pilots of ‘street triage’ in England, where mental health nurses accompany officers to relevant incidents, in reducing police custody as a place of safety for those detained under the Mental Health Act 1983. But here too, the strength of evidence is weak.
 - A review of the evidence on Crisis Intervention Teams, an intervention developed in the US involving training officers in dealing with people with mental health needs in combination with a designated referral point, found no overall effect on arrests of mentally ill persons.

- Police use of restraint against detainees was identified as a cause of death by post-mortem reports in 10 per cent of deaths in police custody between 2004/05 and 2014/15. However, a higher proportion of deaths would have restraint used at some point during detention. Use of restraint has been found to be more prevalent in cases of Black and Minority Ethnic (BME) individuals who have died in police custody than in deaths of White people. Police use of force has also been found to be greater amongst those with mental health problems. To reduce police use of force, de-escalation techniques are seen to be the most appropriate intervention. Training police officers in such techniques shows promise in reducing use of force, but further evaluations are needed.
- Several international institutions have established principles for the effective investigation of deaths in police custody. These principles include the independence of investigations and the involvement of next of kin in the investigative process. Research has identified some barriers to the perceived independence of the investigation through the employment of ex-police officers by police complaint bodies, while recognising the valuable knowledge and skills they bring to investigations. The limited available research into the views of the families of those who have died in police custody has found that they have felt that communications from investigators were inadequate. Such criticisms have previously been directed at the IPCC. The IPCC has recognised these issues in its review of its handling of deaths following police contact, and has worked to address them.

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We also acknowledge the support of two independent academic peer reviewers who commented on an earlier draft of this report.

Introduction

This report provides a summary of available data and the published literature on deaths in or following police custody, and apparent suicides following police custody. It was commissioned to support the work of the independent review into deaths in police custody being chaired by Dame Elish (Home Office, 2015). The review's terms of reference include:

- reviewing the processes and procedures surrounding deaths in police custody in England and Wales; and
- identifying why investigations following such deaths have, in the words of the then Home Secretary, “*fallen short of many families’ needs*” (*ibid.*).

This report provides a review of the international data and research literature in these areas. The information is taken from published, English-language literature worldwide, with some further unpublished data from national and international government agencies. The analysis was undertaken during late 2015 and early 2016, with peer review later that year. This work was completed in October 2016, and helped inform the thinking of Dame Elish in writing her review. It has not been updated to include more recent data or evidence on deaths in police custody. More recent data can be found on the Independent Police Complaints Commission website.¹

The Independent Police Complaints Commission (IPCC) is responsible for collating and publishing statistics on deaths following police contact in England and Wales. Its statistics include:

- road traffic fatalities;
- fatal shootings;
- deaths in police custody;
- apparent suicides following police custody; and
- other deaths following police contact that are subject to independent investigation by the IPCC.

However, the deaths under review by Dame Elish do not all fall under a single category of deaths following police contact. For the purpose of this report therefore, the two most relevant categories are used:

- deaths in or following police custody; and

¹ <https://www.ipcc.gov.uk/page/deaths-during-or-following-police-contact>

- apparent suicide following police custody.

Definitions

The definitions used by the IPCC for deaths in or following police custody cover deaths that occur while a person is being arrested or taken into detention, including deaths of persons who have been arrested or have been detained by the police under the Mental Health Act 1983 (IPCC, 2016a). These deaths may have taken place on police, private or medical premises, in a public place, or in a police or other vehicle.

In effect, therefore, the definition covers any death of an arrestee from the point of arrest – or detention under the Mental Health Act – through transportation to custody or hospital, and any death while they are still being detained, regardless of location. It excludes deaths of people who die following contact with the police who were not arrested or detained (these deaths would be covered in the IPCC's 'other deaths' category as long as they were subject to an IPCC investigation). The definition excludes deaths in prison custody (unless related to injuries sustained or conditions identified while in police detention).

A suicide that occurs within police custody (by, for example, hanging or deliberate suffocation) would be included within this 'deaths in or following police custody' collection. If a suicide occurs after release from police custody within two days of that release, and is reported to police forces, it is recorded as an 'apparent suicide following police custody'. This covers:

- apparent suicides that take place within two days of release from custody, including release into the custody of the courts; and
- apparent suicides that occur after two days following release if a possible causal link between the apparent suicide and the period of time spent in police custody has been identified.

Some further deaths that are in the scope of the independent review (for example, the deaths of Ian Tomlinson and Olaseni Lewis²) are categorised by the IPCC as 'other deaths following police contact' as they are subject to an independent investigation by the IPCC. This category is not examined further within this evidence review, as it also includes a large number of deaths not within the scope of the independent review, such as siege situations, domestic violence homicides, or where the police are responding to a report of a missing person.

There are further statistics collected and recorded by the IPCC on deaths during or following police *contact*, but these are also outside the scope of this paper. These include fatal police shootings and deaths that occur during road traffic activity such as pursuit-related incidents. Other countries may include these deaths as part of their deaths in police custody figures, which hinders international comparisons.

² See the following reports for details of these cases:

https://www.ipcc.gov.uk/sites/default/files/Documents/investigation_commissioner_reports/inv_rep_independent_investigation_into_the_death_of_ian_tomlinson_1.pdf.

<https://www.ipcc.gov.uk/news/seni-lewis-investigation-update>.

Deaths that occur within certain other state custody settings beyond the 43 territorial police forces in England and Wales are also collected by the IPCC. This includes the custody of HM Revenue and Customs (HMRC); the UK Border Agency (UKBA), and its successor organisations UK Visas and Immigration (UKVI) and UK Border Force; and since 2006 the Serious Organised Crime Agency (SOCA), and its successor organisation, the National Crime Agency (NCA) since its inception in 2013. However, as deaths during the custody of these institutions do not fall within the scope of the independent review, they have been excluded where possible from the description of trends in England and Wales. As such, totals and trends may slightly differ to those published by the IPCC.³

Report structure

This paper starts by describing:

- national and international trends; and
- the main causes and factors associated with deaths in or following police custody, and suicides following police custody.

The final two sections synthesise evidence and recommendations from the international literature on:

- how best to minimise these types of deaths; and
- how investigations into such deaths can best be carried out.

In particular, this report seeks to address five research questions.

- What are the extent and trends in deaths in or following police custody, and apparent suicides following police custody, in England and Wales?
- What are the extent and trends of such deaths in comparable Western countries?
- What are the main causes of deaths in police custody, and suicides following police custody, in England and Wales?
- What research evidence is there for procedures or 'good practice' to prevent or reduce deaths in or following police custody?
- What evidence is there of 'good practice' for the running and management of investigations into deaths in or following police custody?

³ There were three deaths in or following police custody, and nine apparent suicides following police custody, between 2004/05 and 2015/16 (inclusive) outside of the 43 territorial forces in England and Wales. These have been excluded in all analysis apart from demographic analysis in Section 1.

Methods

National statistics on deaths in or following police custody, and apparent suicides following police custody for England and Wales, are published by the IPCC. Analysis of these statistics forms the basis of Section 1 of the report to identify the extent and trends in England and Wales.

Comparable international statistics on deaths in police custody are less easy to locate. Eurostat and the United Nations Office for Drugs and Crime publish key crime and policing statistics for a range of different countries, but their core data collections do not include deaths in police custody. Data were found for numbers of deaths in police custody within the academic literature, yet the usefulness of these data to make meaningful comparisons with England and Wales was limited by:

- the variety of definitions of what constitutes a ‘death in police custody’; and,
- the historic nature of some of the data.

To address this, direct approaches were made to various national agencies to collect more detailed, up-to-date data. Data were requested for sub categories of incidents to allow more precise comparisons with IPCC definitions. International comparisons of the figures on deaths in police custody are given in Section 2.

Further data on causes of death in police custody were provided by the IPCC to produce the analysis in Section 3.

The final two research questions are largely based on a review of existing research evidence, reported in Sections 4 and 5 of the report. The search for relevant literature focused on deaths in *police* custody rather than the broader literature on deaths in any form of state custody. A variety of search terms were used to reflect the specific topics of enquiry. Search terms relating to ‘deaths in police custody’ were combined with terms relating to ‘prevention’ and ‘investigation’ in order to find relevant literature. A range of on-line databases of published research literature in the social sciences field were used for the searches. Further details on specific terms and databases are contained in Appendix 1.

The search was limited to English language publications. There was a particular focus on international evidence from nations with similar cultural and criminal justice contexts, particularly the other constituent countries of the UK (Scotland and Northern Ireland), North America and Australasia (while acknowledging that there remain considerable differences in the contexts of these countries compared with England and Wales). Information on mainland European countries was also reviewed. The searching of academic databases was supplemented by a search of the ‘grey literature’ (that is, information produced by organisations outside commercial or academic channels). This was, necessarily, a more targeted search of relevant websites of non-governmental organisations known to have an interest in this area. These included the charity INQUEST, the Equality and Human Rights Council and Amnesty International, as well as the Independent Advisory Panel on Deaths in Custody.

Arrestee populations as a denominator

A key issue arising from the domestic and international literature is the choice of meaningful denominators to calculate rates of deaths in police custody. The most meaningful denominator for calculating a rate is arguably the entire population detained by the police. A detainee in this

context would be anyone:

- being held by the police in a police cell; or
- in the process of being held; or
- being moved to or from a police cell.

If the detainee died during any of these stages, the death would be counted within the ‘death in police custody’ statistical series. This is broader than being under police *arrest* specifically, which is only when someone is suspected of committing a crime. The police also have powers of detention under the Mental Health Act.⁴ However, there are no regular data on the total detainee population in England and Wales (Table 1).

The Home Office publishes arrest statistics that cover *notifiable offences* only. A notifiable offence is one that must be notified to the Home Office as part of the Annual Data Requirement and recorded in accordance with the Home Office Counting Rules. These include all indictable and triable-either-way offences and a few closely related summary offences (i.e. all those that are, or can be, tried at a Crown court, and a number that are or can be tried at a magistrates’ court). Therefore the arrest statistics published by the Home Office do not include arrests for non-notifiable offences such as being drunk and disorderly. Nor do they cover detentions under section 136 of the Mental Health Act 1983.

The available arrest data show that there were 900,000 arrests for notifiable offences made by the police in England and Wales in 2015/16 (Table 1). There has been a continuous downwards trend in the number of arrests since a peak of 1.5 million in 2006/07 (Home Office, 2016a; see Table A1). Under the Police and Criminal Evidence Act (1984) the police may detain a suspect without charge for a maximum of 24 hours, or 36 hours if authorised by a superintendent, following which further detention (of up to 60 hours) needs to be authorised by a magistrate (GOV.UK, 2015). Police made applications to magistrates for further detention in 390 cases in 2015/16 (Home Office, 2016a).

The numbers of arrests for non-notifiable offences are not routinely collected but a previous estimate for London (from the Metropolitan Police Service, excluding the City of London Police) suggested that notifiable offences made up two-thirds of total numbers detained in police custody over the 2005/06 financial year (Bucke et al., 2008).⁵ Older research by the Home Office (Phillips and Brown, 1998), based on a sample of those detained in police custody suites in different geographical areas, found a similar proportion (three-fifths) of detainees being held for notifiable offences between late 1993 and early 1994.

⁴ For the rest of the report, ‘detainee’ is used to refer to the entire population of people who can be in police custody, while ‘arrestee’ is used specifically for someone under police arrest (for notifiable or non-notifiable offences).

⁵ In 2015/16 there were 560,000 defendants proceeded against at magistrates’ courts for summary non-motoring offences, which is not the same as non-notifiable arrests but the closest figures available (Ministry of Justice, 2016).

Table 1 – Summary of data (available and unavailable) for calculating a complete police detainee population

Known number of police detainees	Unknown number of police detainees
Arrest for notifiable offences – 900,000 in 2015/16	Arrests for non-notifiable offences – studies have estimated this to be between 30–40 per cent of all those detained in police custody
Detentions under section 136 of the Mental Health Act 1983 – 2,100 individuals detained in police stations in 2015/16 and a further 26,171 taken by police to health-based places of safety	

a There are a small number of detainees temporarily held in police custody who would not be counted within either arrests, or detentions under section 136, such as those recalled to prison, or detained under the Children Act 1989.

Source: Arrests open data tables, Home Office 2016a, NPCC 2016, Phillips and Brown, 1998

There are data on the use of police stations as places of safety under the Mental Health Act 1983. In 2014/15 there were 4,537 uses of a police cell as a place of safety in England and Wales, a decrease of 32 per cent from the previous year; in 2015/16 the numbers fell further (by 54%) to 2,100 (NPCC, 2015; NPCC, 2016). Under the Mental Health Act 1983, the maximum period a person can be detained by the police is 72 hours.

Due to the lack of data on the overall detainee population in police custody, the available data on arrests for notifiable offences are used in this report as a broad comparator for the demographics of those who die in police custody. However, these data are not used as the denominator to create rates of deaths in police custody. Instead, population figures are used as the denominator for creating rates of deaths in police custody for comparisons by police force area within England and Wales and internationally, as it is the best readily available data.

1. The extent and trend in deaths in or following police custody in England and Wales

Deaths in or following police custody

Numbers of those who died

There were 14 deaths in police custody in 2015/16, 17 deaths in 2014/15 and 11 deaths in 2013/14, according to the Independent Police Complaints Commission (IPCC). The number of deaths in 2013/14 was the lowest number of deaths in police custody since 1998/99, the first year that consistent data were available. Trend data show a sharp fall in deaths in or following police custody from 1998/99 (49 deaths) to 1999/2000 (31 deaths), followed by a period of relative stability. There is then another more gradual fall between 2004/05 (36) and 2008/09 (15), followed by another period of relative stability (Figure 1).⁶ On average there have been 16 deaths each year in police custody between 2008/09 and 2015/16.⁷

The charity INQUEST, which gives advice to families bereaved by a death in custody or detention, produces its own set of statistics on deaths in police custody based on its own monitoring and casework. These figures are defined differently from the deaths in police custody statistics published by the IPCC, as the INQUEST figures include deaths during or shortly after any police contact, whether or not the contact involves arrest or detention. These statistics are included for comparison in Figure 1. This broader definition means that INQUEST includes some deaths within the scope of the independent review by Dame Elish that are not covered by the IPCC statistical series on 'deaths in or following police custody' (i.e. deaths where the individual is in contact with the police during or shortly before death, but was not under arrest or in police custody at the time). These are, instead, covered by the 'other deaths following police contact' collection. It is not appropriate to combine these two IPCC statistical collections, however, as 'other deaths' also contains a large number of deaths outside the scope of the review.

The INQUEST figures show a broadly similar trend to the IPCC statistics, although the number of deaths in the INQUEST figures are higher for most years. This is to be expected, given that INQUEST's definition is broader than that used by the IPCC. However, the IPCC figures have been designated as National Statistics since 2012/13, meaning that the way they are collected has been assessed and certified by the UK Statistics Authority as being rigorous. The figures published by the IPCC therefore form the basis of the analysis in this report.

⁶ The definition of 'deaths in or following police custody' has been defined in the same way since 2002. Figures for 1998/99 to 2003/04 were retrospectively calculated by Hannan *et al.* (2011). These figures have been collated and published by the IPCC for the year 2004/05 onwards.

⁷ For the rest of this section 'deaths in police custody' is used as shorthand for deaths in or following police custody.

Figure 1 – Number of deaths in or following police custody, England and Wales, 1998/99 – 2015/16



Deaths in or following police custody, IPCC, data for 2004/05 – 2015/16, from IPCC deaths during or following police contact time series tables.

Data for the years 1998/99 – 2003/04 are from IPCC Deaths in Custody Study (Hannan et al., 2011).

The IPCC became responsible for collecting these figures in 2004, but definitions have remained the same since 2002/03, when figures were collected by the IPCC predecessor body, the Police Complaints Authority. Prior to 2002/03 publication of these figures was by the Police Leadership and Powers team of the Home Office.

The IPCC publications have been National Statistics since (and including) the 2012/13 publication.

IPCC figures here exclude deaths from non Home Office police forces.

Deaths in or following police custody, INQUEST, data from INQUEST deaths in police custody statistics (custom dataset, received in 2016). Inquest.org.uk has the same data, aggregated to calendar year. The custom dataset simply aggregates these deaths by financial year so that they are directly comparable to figures collected by the IPCC.

A previous study by the IPCC, looking in more detail at deaths in police custody between 1998/99 and 2008/09, offers some suggestions for what caused the reduction in deaths at the end of the 1990s by looking at trends in causes of death. The fall between 1998/99 and 1999/2000 appears to be related to a sharp decline in the number of suicides in police custody, particularly hangings, which could be a consequence of efforts to improve the safety of police cells by removing ligature points (Hannan *et al.*, 2011).

There does not appear to be one particular cause of death driving the further fall between 2004/05 and 2008/09. The Police and Criminal Evidence Act 1984 (PACE) Code of Practice C, which governs the detention of individuals in police custody, was revised considerably in 2003 to strengthen the risk assessment of detainees. Further guidance consolidating best practice, drawing on evidence from IPCC investigations, was issued to police officers in 2006 (*Guidance on the Safer Detention and Handling of Persons in Police Custody*, revised edition published

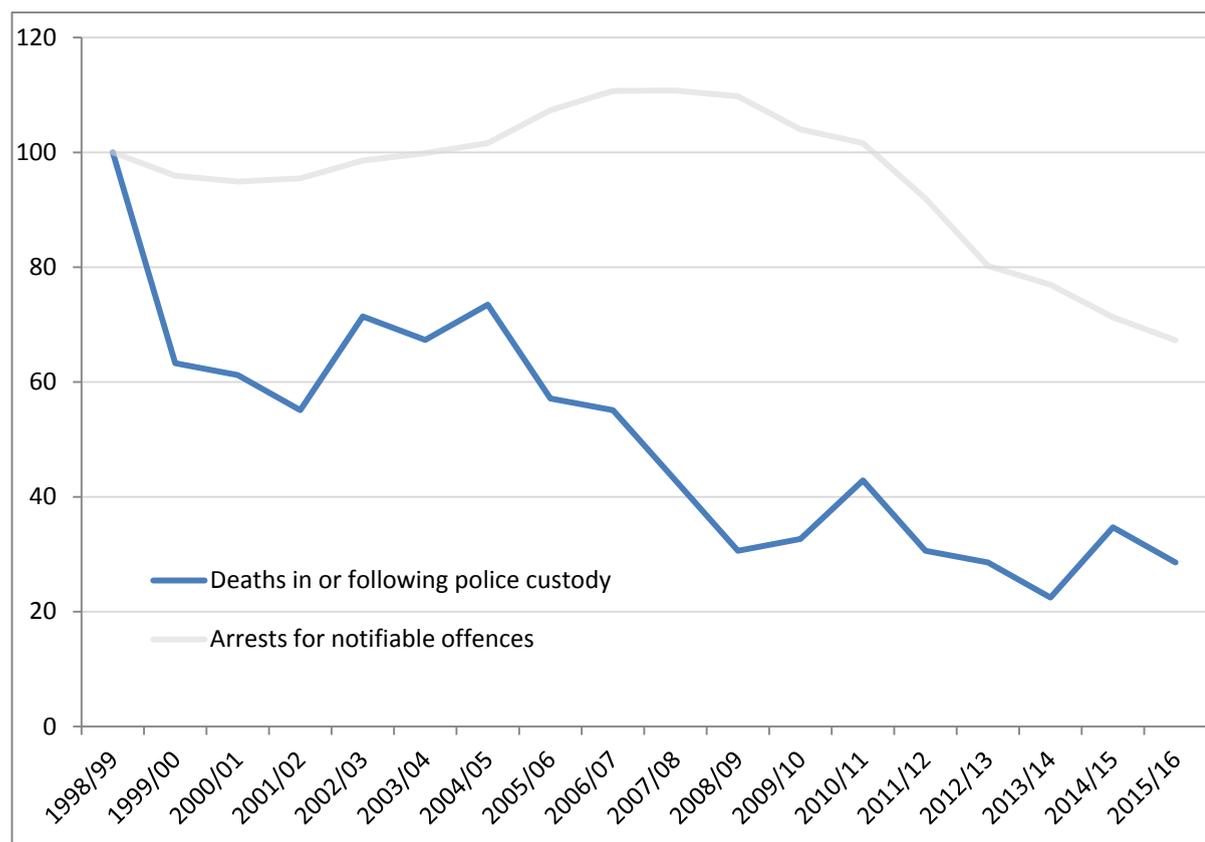
2012).⁸ Since 2007 the IPCC has published a number of *Learning the Lessons* reports that capture key points that can be learnt following deaths in police custody, as well as other serious incidents in custody suites. These developments could have contributed to the falling number of deaths in police custody between 2004/05 and 2008/09, although there is no direct evidence for this.

Over the whole period, no evidence was found to indicate the possible effects of other developments, such as the growing use of CCTV cameras in cells, but these may also have contributed to the fall.

The general reduction in the number of arrests for notifiable offences since the peak year of 2006/07 *may* also have contributed to the further reduction in deaths in police custody during this period (Figure 2). However, the reduction has been dominated by falls in the number of arrestees under the age of 21, which account for only a very small proportion of those who have died in police custody. Arrests for those aged under 21 fell by 15 per cent between 2006/07 and 2008/09 while arrests amongst those aged 21 or over increased by 8 per cent. Ultimately, the absence of data on the total detainee population makes it very difficult to ascertain the degree to which decreased throughput in police custody cells may have contributed to the decline in deaths in police custody. Causes of deaths in police custody, and evidence around preventing deaths in police custody, are covered in further detail in sections 3 and 4, respectively.

⁸ Since 2012 this was decommissioned and replaced by *Authorised Professional Practice*.

Figure 2 – Indexed trends in deaths in or following police custody, and notifiable arrests, England and Wales, 1998/99 – 2015/16 (1998/99 = 100)



Deaths in or following police custody, figures between 1998/99 – 2003/04 are from Hannan *et al.*, (2011). Data for 2004/05 onwards are from IPCC deaths during or following police contact time series tables.

Arrests for notifiable offences, data for the years 1998/99 and 2000/01 are estimates, as some police forces did not supply figures in those years. Data for 1998/99 are from Home Office (1999), data for 1999/00– 2000/01 are from Home Office (2001), data for 2001/02 onwards are from Arrests open data tables,(Home Office, 2016a).

Characteristics of those who died

Demographic characteristics – gender, age and ethnicity – of those who died in police custody are available from IPCC statistics for the period between 2004/05 and 2015/16. These are set in context by comparing them with the demographics of those arrested for notifiable offences.

While deaths in police custody statistics relate to deaths following any type of police detention, published arrest statistics relate to arrests for notifiable offences only, and exclude arrests for non-notifiable offences such as being drunk and disorderly. Nor do they cover detentions under section 136 of the Mental Health Act 1983. Since those who were arrested for non-notifiable offences, and those detained under the Mental Health Act, make up a large proportion of deaths in police custody (see section 2), arrests for notifiable offences are a far from perfect comparator. Nevertheless, notifiable arrest figures provide the best available data on the demographic characteristics of the majority of those entering police custody.

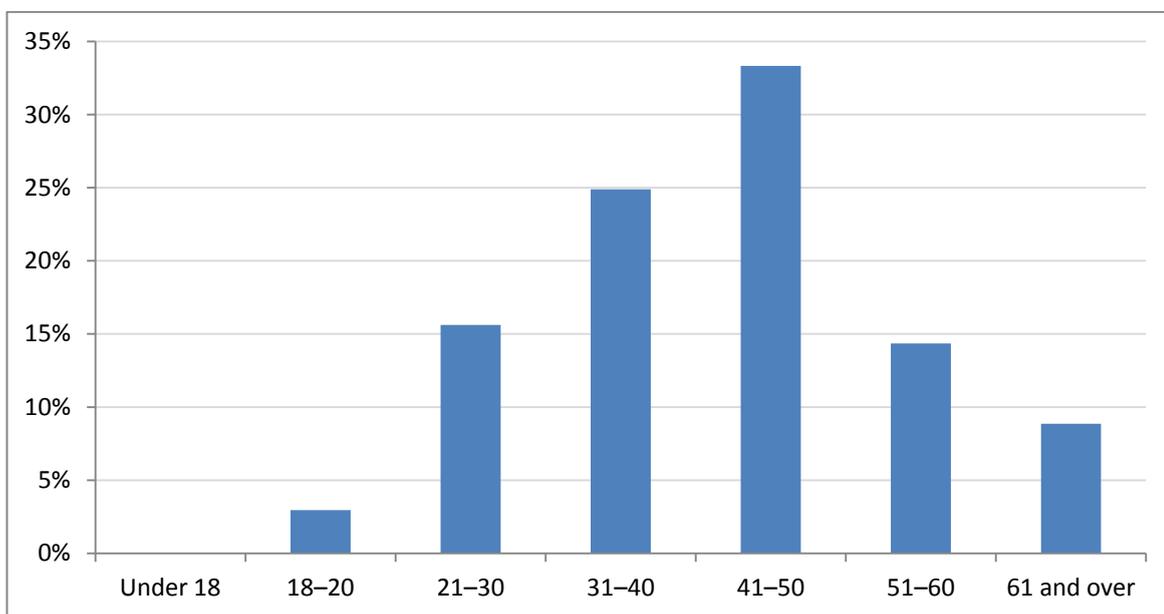
Gender

Almost 9 in 10 (88%) of those who died in police custody over the past 12 years (2004/05 to 2015/16) were male (IPCC deaths during or following police contact time series tables).⁹ Over the same period, a broadly similar proportion (84%) of those arrested for notifiable offences were male (Home Office, 2016a).

Age

Between 2004/05 and 2015/16, one-third (33%) of those who died in police custody were aged between 41 and 50. A further quarter were aged between 31 and 40. Deaths by age group are shown in Figure 3.

Figure 3 – Proportion of deaths in police custody, by age group, England and Wales, 2004/05 – 2015/16



n=237, not known= 1, excluded from figure.

Source: IPCC deaths during or following police contact time series tables

National data on the ages of those arrested for notifiable offences are only recorded in broad age categories, '10-17', '18-20', and '21 and over'. Between 2006/07 and 2015/16 (the years for which arrest by age data are available), there were no deaths of juveniles aged under 18 in police custody despite juveniles representing 16 per cent of those arrested for notifiable offences over this period (Table 2). Almost all deaths (97%) in police custody were of people '21 and over' during this period, compared to two-thirds (70%) of those arrested for notifiable offences.

⁹ The period of 2004/05 to 2015/16 is used because during this period, data have been consistently recorded by the IPCC. Due to the relatively low numbers of deaths per year, yearly figures are too small to enable meaningful analysis. Figures on gender, age and ethnicity include the three deaths in the custody of other organisations covered by the IPCC beyond the 43 territorial forces in England and Wales.

Table 2 – Number and proportion of arrests for notifiable offences and deaths in police custody, by age category, England and Wales, 2006/07 – 2015/16

	Arrests for notifiable offences	Proportion of total arrests	IPCC deaths in custody	Proportion of IPCC deaths
17 years and under	1,977,266	16%	0	0%
18–20 years	1,692,313	14%	6	3%
21 years and over	8,626,033	70%	167	97%
Total	12,295,612	100%	173	100%

a Arrests for notifiable offences, 2006/07 – 2015/16 (excludes 17,581 notifiable arrests where age was unknown).

b Deaths in police custody, 2006/07 – 2015/16 (excludes one death where age was unknown).

Sources: Arrest open data tables (Home Office, 2016a), IPCC deaths during or following police contact time series tables.

Figures from Australia, Germany, Canada and New Zealand also show that most people who die in police custody are male, between the ages of 30 and 50.

- Between 2003/04 and 2012/13, 63 of 69 (91%) deaths in custody in Australia were male. A third of the people who died (32%) were aged 30–39, while a quarter (26%) were aged 40–49 (data supplied by the Australian Institute of Criminology).
- In a thematic review by the Independent Police Conduct Authority of New Zealand (IPCA, 2012), the New Zealand equivalent body to the IPCC, the mean age of the 27 people who died in police custody between 2000 and 2010 was found to be 38.5 years, and the median age was 37, with a range from 19 to 68. All but one was male.
- A study of post-mortems of deaths in police custody in Germany between the years 1993 and 2003 found that nearly a third of deaths (18 of 60) for which age data were available were between 30 and 40, and a quarter (15 of 60) were between 40 and 50. All but one of these were male (Heide *et al.*, 2009).

Ethnic background

Around 9 out of 10 (87% of 238) of those who died in police custody between 2004/05 and 2015/16 were from a White ethnic background. Those from a Black background, the next largest ethnic group, made up 6 per cent of deaths (14 out of 238).

Comparing data on deaths in police custody with notifiable arrests (2006/07 to 2015/16, the years for which arrest by ethnicity data are available) there was a slightly smaller proportion of people who died in police custody from a Black background than arrestees for notifiable offences (6% for deaths in police custody, 8% for arrests for which ethnic background was

known).¹⁰ However, this pattern may be different if the demographics of *all* detainees were included, rather than just arrestees for notifiable offences.

People who identify themselves as Black or Black British are over-represented amongst arrests for notifiable offences compared with the general population. In 2014/15 people who identified themselves as Black or Black British were three times more likely to be arrested for notifiable offences than those who identified as White (Home Office, 2016a).

International data on the proportions of those from different ethnic backgrounds who died in police custody were rarely found. However, between 2003/04 and 2012/13, two-fifths (41%) of people who died in police custody in Australia were from an indigenous background, with the remainder of deaths from non-indigenous backgrounds (data supplied by Australian Institute of Criminology). This is compared to 3 per cent of the population of Australia as a whole who are from an indigenous background (Australian Bureau of Statistics, 2011).

Deaths in custody, by police force area

Across police forces in England and Wales from 2004/05 to 2015/16, the rate of deaths per year, per million population ranged from zero (in the three forces – City of London, Northamptonshire and Wiltshire – where no deaths occurred) to 1.0 in Cheshire. The average rate over this period was 0.3 per million population per year.¹¹ However, this analysis does not control for factors that may influence the risks of deaths in police custody such as volumes of detainees, the characteristics of detainees or the nature of police custodial healthcare services.

The low number of deaths per police force per year also makes it difficult to evaluate trends within each force over time. However, the Metropolitan Police saw a decline from 28 deaths in the 6 years 2004/05 to 2009/10 (0.5 deaths per million population per year) to 12 deaths in 2010/11 to 2015/16 (0.2 deaths per million population per year). Greater Manchester saw a decline from 12 to 2 deaths (from 0.7 deaths per million population per year to 0.1) over the same period. Indeed, the fall in numbers of deaths in police custody nationally was driven particularly by the falls in these two forces, especially the Metropolitan Police.¹²

The full data at police force area level are taken from the IPCC's deaths during or following police custody time series tables (see Appendix 2, Table A2).

Apparent suicide following police custody

Numbers of those who died

Deaths that occur following police custody that are related to injuries sustained or conditions identified while in police detention are counted within 'deaths in or following police custody' statistics (for example, if a head injury is sustained in police custody, but the person dies following release, that death will be included within the 'death in or following police custody' data series). These figures also include apparent suicides that take place during police custody.

¹⁰ Arrests for notifiable offences use self-defined ethnic background. The IPCC deaths during or following police contact time series tables use a number of sources, including custody records and medical records. It is therefore likely that they contain a mixture of self-defined and officer-defined ethnic background.

¹¹ With a standard deviation of 0.2 (which means that the variation between police forces is quite large).

¹² The analysis presented here uses the population of the police area as a base for the rates. Analysis using rates of death per notifiable arrest provide similar results.

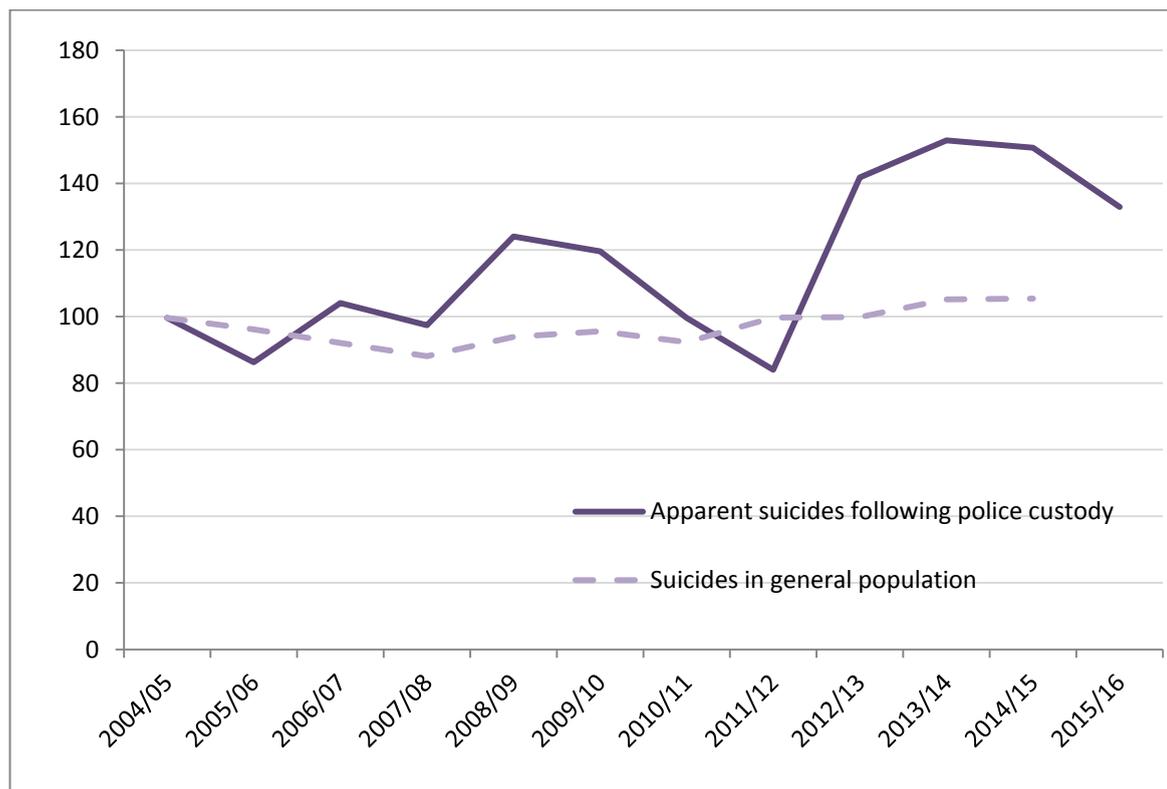
However, 'apparent suicides *following* police custody' are recorded separately by the IPCC. This data series relates to apparently self-inflicted deaths that occur within two days of release from police custody (or beyond that point when the period spent in custody may have contributed to death). Classifications of deaths as suicides are based on coroners' conclusions, when these are available, but otherwise on the IPCC's assessment of the circumstances of the deaths.

In recent years, recorded apparent suicides following police custody have been at their highest levels since these data were first collected in 2004/05. There were 60 apparent suicides following police custody recorded in 2015/16, down from 68 in 2014/15 (IPCC, 2016b).¹³ However, this is consistently higher than the average for the period 2004/05 to 2011/12. Numbers of suicides following police custody increased sharply between 2011/12 and 2012/13 (from 38 to 64), and have remained at 60 or more per year since that time. However, the IPCC states that this change may be due to improvements in identification and referral of such cases, which are not always reported to the police (*ibid*). Clarification on how these data were categorised and referred to the IPCC was issued in 2007 (IPCC, 2008). Even before this clarification, the trend in suicides following police custody fluctuated but generally increased between 2004/05 and 2008/09, though declined again to 2011/12.

Suicides in the general population have seen a generally upward trend since 2007, although the percentage rise in recorded suicides following police custody has been far greater. The trend in both suicides in the population, and in suicides following police custody, is shown in Figure 4 and Appendix Table 3.

¹³ Apparent suicides following custody occurring outside the remit of the 43 territorial forces in England and Wales (such as following custody by HMRC, NCA or UK Border Force) have been excluded where possible as they are beyond the scope of the Independent Review. Overall trend analysis excludes these apparent suicides but analysis by demographics does not.

Figure 4 – Indexed trends in apparent suicides within two days of police custody, 2004/05 – 2015/16 (2004/05 = 100), and total suicide registrations in the general population, 2004 – 2014, (2004 = 100), England and Wales



[IPCC deaths during or following police contact time series tables.](#)

[Suicide in the United Kingdom, 2014 registrations](#) (ONS, 2016). Suicides in the general population are recorded per calendar year. Figures are for deaths registered, rather than deaths occurring in each calendar year. Data are for England and Wales. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered.

Characteristics of those who apparently committed suicide following custody

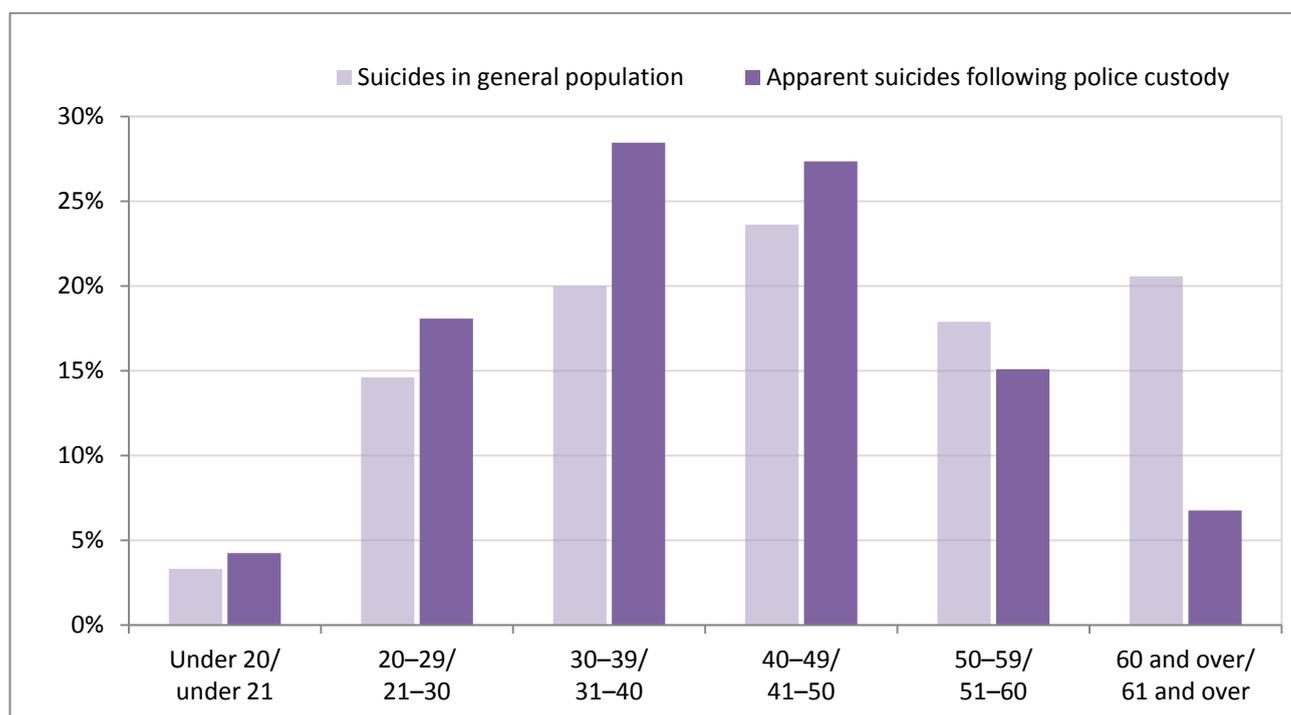
As with deaths in police custody, the majority of apparent suicides following police custody were male. Between 2004/05 and 2015/16, 91 per cent (582 of 638) of deaths from apparent suicide following police custody were male. Over the same period a slightly lower proportion of those arrested for notifiable offences were also male (84%) (Home Office, 2016a). This compares with 76 per cent of suicides that involved males amongst the general population in England and Wales as registered by the Office for National Statistics (ONS) between calendar years 2004 and 2014 (inclusive) (ONS, 2016a).

More than half (355 of 636) of those who died from apparent suicides following police custody between 2004/05 and 2015/16 were aged between 31 and 50. The age of those involved in apparent suicides following police custody is shown in Figure 5. Apparent suicides that follow police custody are most common in the 31 to 40 age group, while suicides in the general population are most common in the 40 to 49 age group, with a second peak in the 60 and over age category. However, those in custody are expected to have a younger age profile than the general population.

Around 1 in a 100 (1%) apparent suicides following police custody were of juveniles under the age of 18 between 2006/07 and 2015/16. By contrast, over the same period juveniles aged

under 18 represented 16 per cent of the arrestee population.

Figure 5 – Proportion of apparent suicides following police custody, 2004/05 – 2015/16, and registered suicides in the general population, 2004 – 2014, by age group, England and Wales



Suicides in general population figures, n=63,912. Suicide in the United Kingdom (ONS, 2016a). These are published as calendar year figures. Only those who died who are older than ten are registered. The ONS age break-downs are in 5-year blocks, 10–14, 15–19, etc., until 85 or over. Therefore, suicides in the general population and following police custody might not be directly comparable.

Apparent suicides following police custody figures, n=636, excludes two deaths with an unknown age.

IPCC deaths during or following police contact time series tables. The IPCC age break-downs are 'Under 18', '18–20', '21–30', '31–40', '41–50', '51–60', and '61 or over'.

More than 9 in 10 (93%) of those who apparently died from suicide following police custody were from a White ethnic background over the period 2004/05 to 2015/16. There is no record of the ethnic background of suicides in the general population, as ethnicity is not recorded on death certificates.

2. How do numbers of deaths in custody in England and Wales compare with other countries?

This section seeks to set figures for deaths in police custody in England and Wales into an international context. There are two main sources of data on deaths in police custody in other countries: regularly collected administrative data and one-off studies. Irrespective of the sources, the availability of published figures for deaths in police custody is limited and data for only a small number of countries were found (Australia, some Canadian states, Germany, New Zealand, Norway, Scotland and the US).

There have been some recent attempts to compare rates of deaths in police custody across different countries. Heide and Chan (forthcoming) examine a large number of existing studies, comparing rates of deaths per inhabitant, and types and causes of deaths historically. They argue that a “*lack of uniform definition*” of deaths in police custody is the predominant reason preventing easy international comparison. Aasebø *et al.* (2015) described the changes in volumes of deaths in police custody in Norway between two periods, to establish the effects of disseminating advice on preventive measures to police forces, and compare rates in Norway with international data. The authors also highlighted, however, that there are differences between the ways that countries record deaths in custody.

To illustrate the problem of comparability, the coverage of the published deaths in police custody statistics for England and Wales, Australia and the US is set out in Table 3 below. For these countries, the differences mainly relate to the different coverage of deaths following police contact. Deaths during a pursuit, a siege or from a police firearm prior to arrest are all excluded from the Independent Police Complaints Commission (IPCC) data on deaths in police custody in England and Wales. Instead these are covered by other sections of the broader IPCC data collection on ‘deaths following police contact’ (such as the fatal shootings statistics, which cover fatalities where police officers fired the fatal shot using a conventional firearm). However, these deaths are included in the published US and Australian figures. Post-release deaths are also not included by Australia. The existence – and exclusion – of federal agency arrests in the US and Australia also hinders comparability. And finally, questions of data quality, and in particular the extent to which the data represent all deaths in police forces, varies across countries.

Scotland and New Zealand were the only countries found with publicly available data on deaths in custody that define deaths in police custody in a similar way to the IPCC definition for England and Wales.¹⁴

¹⁴ New Zealand’s definition of deaths in police custody appears to be the same as that of the IPCC, although a detailed breakdown of categories was not found.

Table 3 – Summary of coverage of published data on deaths in police custody for England and Wales, US and Australia.

	England and Wales <i>"Deaths in or following police custody"</i>	Australia <i>"Deaths in custody, category 1"</i>	US <i>"Arrest Related Deaths program"</i>
Death during a pursuit/chase	No	Yes	Yes
Death during a siege	No	Yes	Yes
Death before arrest, from a police firearm	No	Yes	Yes
Immediately before arrest	Yes	Yes	Yes
During arrest	Yes	Yes	Yes
During transportation to/ from police custody	Yes	Yes	Yes
While in police custody (including suicides, natural causes, overdoses)	Yes	Yes	Yes
After release, death causally linked to time in custody	Yes	No	Yes
After transfer to prison/court custody	No	No	No
While in hospital following police custody	Yes	Yes	Yes
State level police custody included	N/A	Yes	Yes
Federal level police custody included	N/A	No	No
Covers all deaths of police arrestees held in buildings other than police custody buildings	Yes / N/A (No people arrested by police officers are held in buildings other than police custody)	Yes / N/A (No arrestees are held in buildings other than police custody)	No
High data quality and coverage	Yes	Yes	No
Data source	Independent Police Complaints Commission	Australian Institute of Criminology	Bureau of Justice Statistics

a Some deaths immediately prior to arrest will fall under 'other deaths following police custody', depending on the exact circumstances.

b Deaths are included if the eventual cause of death was identified while the person was in police custody.

c These figures are collected under a different data collection programme in the US, and are not possible to derive from published data.

d This is based on an assessment of the data collection programme, published by the Bureau of Justice Statistics.

To generate more accurate international comparative data on deaths in custody, direct approaches were made to government agencies responsible for compiling these statistics in six countries: Australia, Canada, Germany, the Netherlands, Sweden and the US.¹⁵ The specific request was to provide annual data on deaths in custody in a way that matched the IPCC definition.

Australia – the Australian Institute of Criminology (AIC) provided the most comparable data of all the countries approached. As Table 3 shows, an important difference between the Australian and the IPCC definitions was the inclusion in the former of deaths caused by officer firearms, and deaths involving car chases and sieges. However, the AIC provided a dataset that allowed deaths in these categories to be removed. Neither deaths in federal police custody nor deaths that occur after release where the cause was identified as being within custody are recorded in this dataset. However, the AIC felt that these discrepancies would account for very few deaths (private correspondence).

US – the Bureau of Justice Statistics (BJS) provided more detailed data than are published by removing the ‘officer homicide’ category. This made the data more aligned with the IPCC definition. However, a few definitional differences remain, particularly around recording deaths in federal police custody, and deaths of those arrested by police but detained in prisons rather than police stations. As with all the data from international jurisdictions, there may also be inconsistencies in the way individual categories are recorded (discussed in more detail below).

A more serious issue is the *coverage* of deaths in custody in the US. A report published by the BJS highlighted that the number of deaths reported by each police agency was between 36 per cent and 49 per cent of the figure that would be expected (Banks *et al.*, 2015). The BJS analysis used a statistical technique called “*capture recapture*” to compare two sources of information on deaths in police custody:

- the Arrest Related Death program (run by the BJS); and
- a second data collection undertaken by the Federal Bureau of Investigations (FBI).

Furthermore, the coverage of the BJS collections was not uniform over time, as different police agencies were able to submit data over eight years (Banks, 2011). As well as making it impossible to accurately assess underlying rates of deaths in custody, this also meant that it was not possible to identify meaningful trends over time in the US data.

Sweden – the Department of National Operations was able to send a short time series of deaths in custody, but recent restructuring of the police system in Sweden meant that a more detailed breakdown of categories was not available. The definition used in Sweden is slightly different to that of the IPCC, in that it does not include deaths that occurred after the person was taken to a hospital. The Swedish figures therefore might undercount deaths if applying the IPCC definition.¹⁶

¹⁵ An in-press study of the characteristics of healthcare and forensics in Europe has identified only six countries in Europe that ‘fully published’ statistics on deaths in police custody (Heide *et al.*, 2016).

¹⁶ The IPCC deaths in custody statistical publication in 2014/15 (IPCC, 2015b) suggests more than half of deaths occurred while in hospital, including five of the eight people who died following health concerns being raised while they were in a custody cell. In contrast, in Australia over the ten-year period 2003/4 to 2012/13, just under a third of deaths were recorded as occurring in a public hospital.

Canada and Germany were unable to supply any more detailed information because data are collected at a state level rather than a federal level within those countries. No data were provided by the Netherlands.

Findings

In summary, broadly comparable data were collected for Australia, New Zealand and Scotland. These form the basis of the international comparisons presented in Table 4. Rates of deaths in police custody were calculated for international comparisons based on total resident populations. Arrestee or detainee populations in police custody were sought, but these were either not found, or collected in a different way to other statistics and further detracted from comparability. Concerns about the coverage of the data in the US, and the definitions used, severely limit comparability. Some trend data were provided by Sweden, while data for extended periods for Germany and Norway were identified from one-off studies, although there are also issues with comparability.¹⁷ The figures for these countries are provided in Appendix 3, Table A5.

Table 4 – Rates of deaths in police custody per million population in Australia, New Zealand and Scotland compared with rates in England and Wales for equivalent time periods

Jurisdiction	Time period of available data	Deaths in police custody per million population per year in other countries	Deaths in police custody per million population per year in England and Wales for relevant period
Australia	2003/04 – 2012/13	0.3	0.4
New Zealand	2000 – 2010	0.6	0.5
Scotland	2013/14 – 2014/15	0.8	0.2

a Figures for deaths in police custody in Scotland are only available for the two most recent years, 2013/14 and 2014/15, published by the Police Investigations and Review Commissioner (PIRC), a body that was set up in 2013.

Table 4 shows that the average rate of deaths in or following police custody was similar in England and Wales and Australia between 2003/04 and 2012/13 (0.3 in Australia compared with an equivalent rate of 0.4 in England and Wales). Similar rates were also found in New Zealand and England and Wales during the 2000s (rate of 0.6 deaths per million population per year in New Zealand, compared with an equivalent rate of 0.5 in England and Wales).¹⁸ Data for a more limited period (2013/14 and 2014/15) suggest rates of deaths in police custody were higher in Scotland compared with England and Wales (0.8 in Scotland compared with 0.2 in England and Wales).

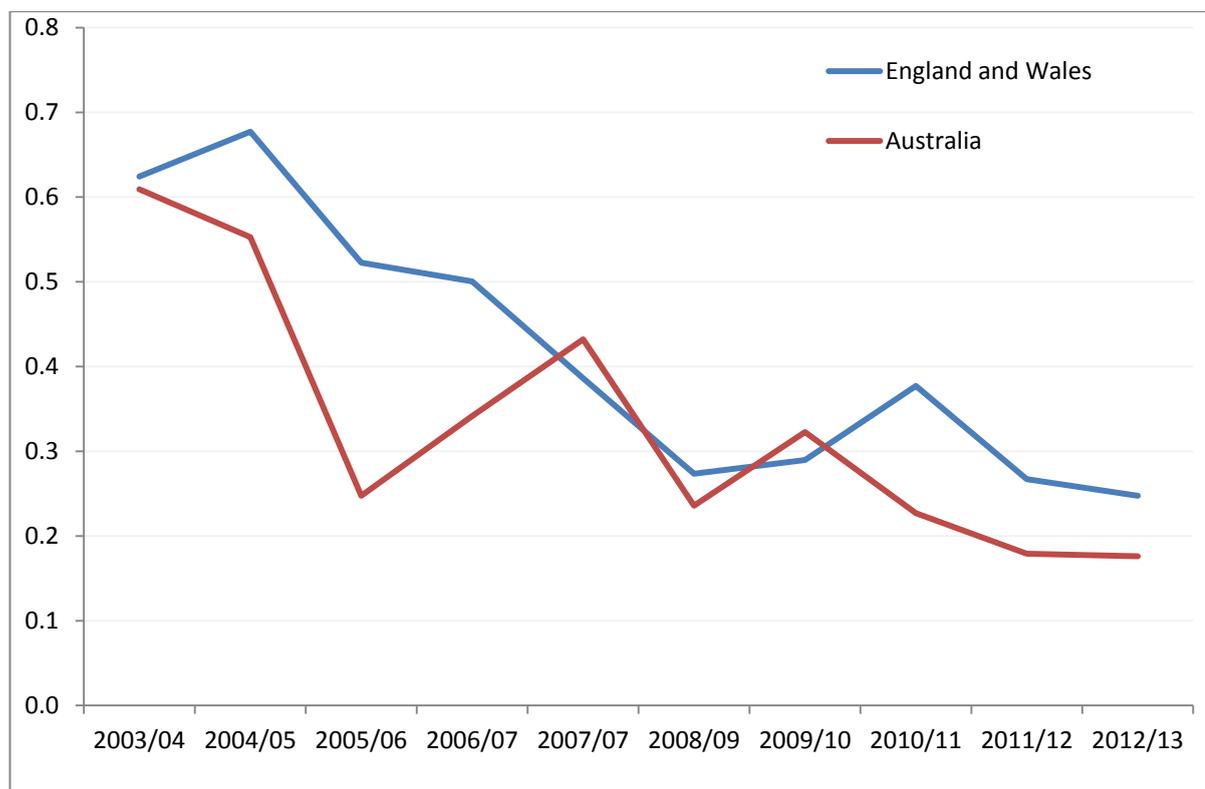
Comparable trend data for deaths in police custody for England and Wales, and Australia are shown in Figure 6. Rates of deaths in police custody in England and Wales and Australia were both 0.6 deaths per million population in 2003/04. They both then generally declined until

¹⁷ Aasebø et al. (2015); Heide et al. (2009).

¹⁸ The Independent Police Conduct Authority (IPCA) study in New Zealand adopts a similar definition to that used by the IPCC, although it is unclear if it also includes deaths following release that are identified or caused while in police custody (Independent Police Conduct Authority, 2012).

2012/13, 0.3 in England and Wales, and to 0.2 in Australia – although the annual figures are variable because of the low actual number of deaths.

Figure 6 – Rate of deaths in police custody per million population, England and Wales and Australia, 2003/04 – 2012/13



England and Wales, IPCC deaths during or following police contact time series tables. Rate calculated using Office for National Statistics (ONS) mid-year population estimates.

Australia, custom dataset from the Australian Institute of Criminology, based on 'category 1a' deaths in custody. Category 1a deaths relate to situations in which the person who died would not be able to leave the presence of an officer at will, were directly as a result of the presence of an officer, were killed in the process of being brought into, or were being held in, or transferred from, police custody (Baker and Cussen, 2015). Rate calculated using population figures for June each year, from Australian Demographic Statistics, December 2015.

Sources: Appendix 3, Table A5.

It should be stressed that even beyond the definitional and data quality issues highlighted above, comparisons between rates of deaths in police custody in different countries are also complicated by the social and criminal justice system (CJS) contexts in each country. Social factors may influence the characteristics of those coming through the CJS. A person's vulnerability and differential police powers can influence how the police handle individuals. This again demonstrates the difficulty of making international comparisons in the figures for deaths in police custody.

3. The factors relating to deaths in or following police custody

The most comprehensive source of information on the causes and factors related to deaths in or following police custody in England and Wales comes from an Independent Police Complaints Commission (IPCC) research report (Hannan *et al.* 2011). This examined investigation reports and inquest conclusions for deaths in police custody for 11 years, between 1998/99 and 2008/09, in England and Wales. A subset of more recent data was made available by the IPCC, to allow patterns in the period from 2004/05 to 2014/15 to be included in this report.¹⁹ However, because the more recent data go into less detail than the original Hannan *et al.* analysis, that report is still drawn upon in this section.

'Deaths in or following police custody' covers any death of a detainee from the point of arrest, through transportation to custody or hospital, and while they are still under arrest regardless of location.²⁰ A suicide that occurs within police custody (by, for example, hanging or deliberate overdose) would be included within this 'deaths in police custody' collection. If a suicide occurs after release from police custody, and is reported to the police force, it is recorded as an 'apparent suicide following police custody'.

The majority of this section focuses on the causes and circumstances surrounding deaths in police custody, with only limited evidence around apparent suicides and the reasons for detention.

Reason for arrest

In England and Wales deaths in police custody between 2004/05 and 2014/15 most commonly occurred after arrest for a range of drink and/or drug-related offences. These accounted for a fifth (19%) of all deaths in this period. The next most common reason for arrest preceding a death was speeding or driving offences, which accounted for 15 per cent of arrests preceding a death. Arrests relating to anti-social behaviour (such as breach of the peace) and violence-related offences, each accounted for 12 per cent of arrests preceding deaths in police custody during this period. (Table 5).

Overall, nearly half (45%) of arrests preceding deaths in police custody were for non-notifiable offences (for example, drunk and disorderly, breach of the peace, and driving offences). It is not possible to know whether this simply reflected the distribution of the total detainee population without figures covering all people detained in police custody.²¹ A previous IPCC study estimated that arrests for non-notifiable offences accounted for around one-third of total arrests

¹⁹ This bespoke dataset only includes deaths or apparent suicides in or following police custody in the 43 territorial forces in England and Wales.

²⁰ For the rest of this section 'deaths in or following police custody' are simply referred to as 'deaths in police custody'.

²¹ The detainee population comprises three main elements: arrestees for notifiable offences; arrestees for non-notifiable offences; and those detained under the Mental Health Act 1983 (s.136). This last group accounts for a small proportion of the combined total.

(Bucke *et al.*, 2008).

Table 5 – Number and proportion of deaths in police custody, by reason for detention, England and Wales, 2004/05 – 2014/15

Reason for detention	Number	%
Drink and/or drug offence (including 'drunk and disorderly' and drugs possession offences)	42	19
Speeding/driving offence (including drink driving offences)	34	15
Breach of the peace/anti-social behaviour	27	12
Violent offence (excluding sexual offences or homicide)	26	12
Theft offence (including burglary, robbery and shoplifting)	23	10
Mental Health Act 1983	16	7
Criminal damage	13	6
Failure to appear in court/breach of bail/recall to prison	13	6
Harassment/threatening behaviour	8	4
Other	5	2
Fraud	4	2
Possession of weapon	4	2
Sexual offence	4	2
Murder/manslaughter	1	0
Indecent image offence	1	0
Total	221	100

a Multiple reasons for arrest can apply to each detainee. In Hannan *et al.* (2011), for example, it is stated that each detainee had up to five reasons for detention. However, in the IPCC bespoke dataset provided for this supplementary analysis, only the main reason for arrest was specified for each individual.

b Data from IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016.

Causes of death

Causes of death are derived from a pathologist's report following a post-mortem, or from the records of the certifying doctor in the minority of cases where no post-mortem took place. Post-mortems following a death in police custody can list multiple causes of death. Several studies highlight that deaths in police custody are often "*multi-factorial*", and not necessarily reducible to a single discrete cause (Caring Solutions [UK], 2011; Hannan *et al.*, 2011).

A previous research study by the IPCC on deaths in custody (Hannan *et al.*, 2011) identified 'primary' and 'secondary' causes of death. However, a pathologist's verdict does not list 'primary' or 'secondary' causes, and subsequent IPCC statistical releases have moved away

from reporting on causes of death in this way to reflect the complexity of factors involved. The bespoke dataset provided by the IPCC for this study included up to two causes of death. However, a cause listed as “*cause 1*” in the dataset does not imply that it is more important or significant than “*cause 2*”.²² As a result this analysis combines causes of death, rather than only looking at the first cause listed. As there are more ‘causes’ than deaths (as some deaths have two causes), percentages add up to more than 100 per cent.

In the 11-year period covered by the IPCC bespoke dataset (2004/05 to 2014/15), there were 221 deaths in police custody.²³ Of these, eight (4%) had an unascertained, inconclusive or not-stated cause of death. One further death did not have a known cause. Of the 212 cases with any known causes, 82 had a second cause (294 known causes in all, although in reality some incidents would have had further causes).

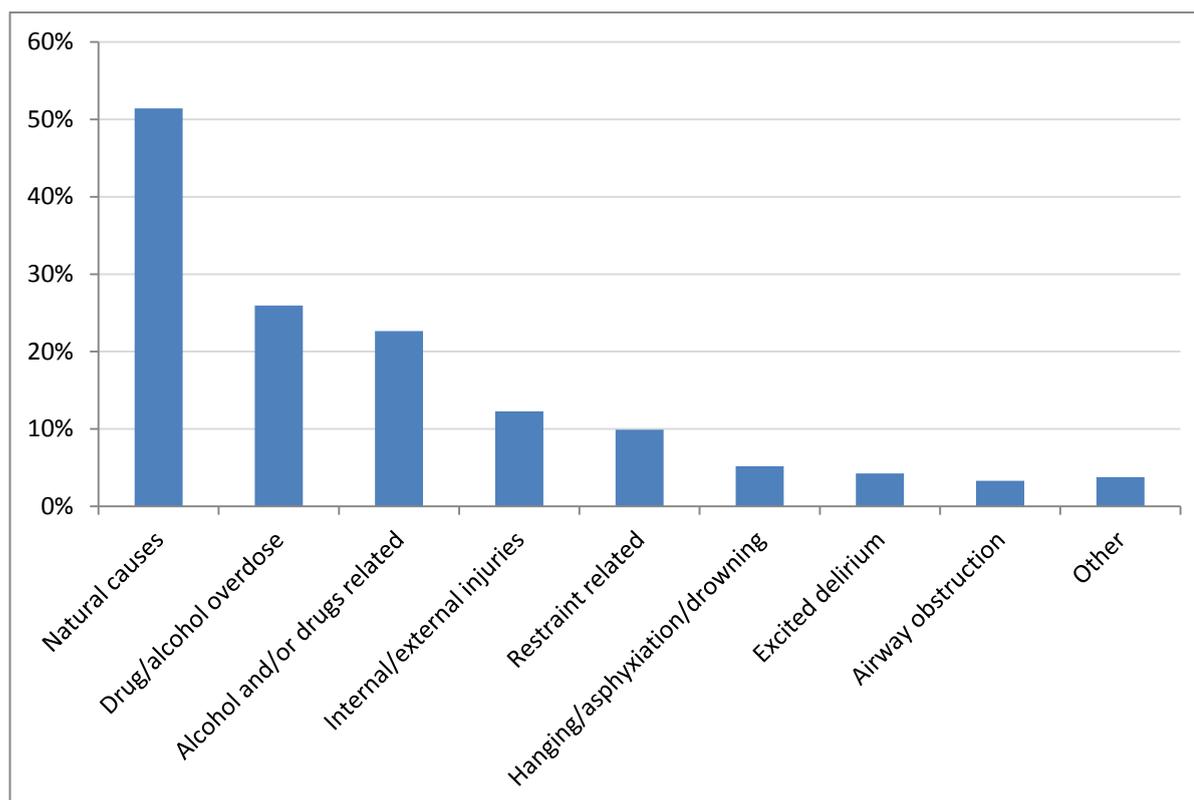
Just over half (51%) of deaths in police custody between 2004/05 and 2014/15 were due to natural causes (Figure 7). ‘Natural causes’ are defined as those resulting from an internal malfunction of the body, such as a heart attack (in contrast to other, external causes). More than half of those who died from natural causes had no other recorded cause of death (54% of 109 deaths). However, 37 per cent of these deaths also had a cause of death relating to alcohol and/or drug use. In their more detailed analysis of causes of death for the period 1998/99 to 2008/09, Hannan *et al.* (2011) found that deaths by natural causes were mostly heart-related or brain-related.²⁴

²² For example, a pathologist’s verdict may state that the person died due to liver failure (a primary cause categorised as “natural causes” in the bespoke dataset), but that the death was also related to long-term cocaine use (a secondary cause categorised as “alcohol/drugs related”).

²³ Excluding the three deaths that occurred outside of the 43 territorial police forces in England and Wales.

²⁴ In the Hannan *et al.* analysis, natural causes accounted for 31 per cent of primary causes of deaths (104 of the 333 deaths over this period) with heart-related natural causes in 58 of these 104 deaths, and brain-related natural causes in 27 of these 104.

Figure 7 – Proportion of deaths in police custody, by cause of death, England and Wales, 2004/05 – 2014/15



294 causes, n=212, excluded “not known”= 1 and, “unascertained/ inconclusive/not-stated” = 8. ‘Unascertained’ may be the given cause of death in a post-mortem report.

As there are more causes than deaths (as some deaths have two causes) percentages do not add up to 100 per cent.

Source: IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016.

Overall, alcohol and/or drugs were a cause of death in nearly half of cases (49%). ‘Drug/alcohol overdose’ – an overdose or toxicity, such as ‘acute alcohol toxicity’ – was a cause of death in a little over a quarter (27 per cent) of deaths in police custody. Just under a quarter (23 per cent) of known causes of death were ‘drug/alcohol related’. ‘Drug/alcohol related’ refers to circumstances where long-term alcohol or drug abuse is associated with the cause of death, such as ‘alcohol ketoacidosis’.²⁵ This category also includes deaths in police custody related to alcohol withdrawal. Recognition of alcohol withdrawal specifically is raised as an issue in one of the IPCC *Learning the Lessons* reports (IPCC, 2011).

²⁵ Ketoacidosis is where a long-term lack of insulin results in a build up of ketones – a normal bi-product of body cells burning fat – in the blood. Alcohol ketoacidosis is where the lack of insulin is due to long-term, excessive alcohol consumption (as opposed to, for example, diabetic ketoacidosis).

Alcohol and/or drugs featured in an even larger number of deaths, beyond those deaths with a recorded cause of death of alcohol and/or drugs. Separately to causes of death, the IPCC bespoke dataset recorded whether there was an association with alcohol and/or drugs. Around four-fifths (82% of 221) of those who died in police custody between 2004/05 and 2014/15 had an ‘association’ with alcohol and/or drugs. An ‘association’ is defined as:

- intoxication;
- a history of alcohol or drug misuse noted at arrest via a risk assessment tool or Police National Computer (PNC) markers; or
- identified in tests at the post-mortem.²⁶

A report from the Police Complaints Authority (the precursor to the IPCC) found that more than half of those who died in police custody in the calendar years 2000 and 2001 were thought to be “*intoxicated by alcohol*” by the arresting officer (Best and Kefas, 2003).

It is useful to compare these figures with data on the prevalence of drugs and alcohol intoxication amongst the wider arrestee population. A study by Phillips and Brown (1998), while dated, was a robust study of arrestees in police custody. It found that 16 per cent of those in police detention appeared to be under the influence of alcohol or drugs. The Arrestee Survey, a nationally representative survey of individuals arrested in England and Wales, found alcohol and drugs problems to be even more prevalent; 57 per cent of arrestees were assessed as dependent drinkers in 2005/06 while 26 per cent had taken heroin, crack or cocaine in the past month (Boreham *et al.*, 2007). These figures provide some indication of the risks associated with those individuals entering police custody to put the deaths in context.

Comparing Hannan *et al.*'s earlier (2011) study with the IPCC bespoke dataset provided for this analysis highlights the reduction in intentional hangings since the late 1990s. Hannan *et al.* found that the number of intentional hangings declined from 14 in 1998/99 to between 1 and 3 a year up to 2008/09 (except in 2003/04, when there were 6). Consequently, intentional hangings account for less than one per cent of all causes of death between 2004/05 and 2014/15.

Internal and/or external injuries were a cause of death in 12 per cent of deaths. In contrast to natural causes, these refer to causes relating to external factors, such as knife injuries or head injuries resulting from a fall.

One in ten (10%) deaths were ‘restraint related’. ‘Restraint’ is only listed as a cause of death in the IPCC bespoke dataset if restraint is a medical cause of death explicitly mentioned in the post-mortem report. It does not record whether restraint was used at a point in the lead up to the death in police custody, or whether it was recorded during the inquest.

Indeed, restraint would have been used in more cases than those where it was identified as a cause of death. Whether restraint was used between the point of arrest and the person dying was not covered in the subset of data received from the IPCC for the period 2004/05 to 2014/15, and the most detailed information comes from Hannan *et al.* (2011). Between 1998/99

²⁶ Within the IPCC bespoke dataset, an association with alcohol and an association with drugs were only disaggregated (i.e. recorded as two separate categories) for the period 2008/09 to 2014/15. For the period 2008/09 to 2014/15, 61 per cent (67 of 109) of those who died had an association with alcohol, 46 per cent had an association with drugs, and 23 per cent had an association with both alcohol and drugs (IPCC bespoke dataset).

and 2008/09, a quarter (87 of 333) of deaths in police custody involved restraint at some point before death. In the latest statistics for 2015/16, it was known that restraint was used at some point by police officers in 5 out of the 14 deaths in police custody, but this does not mean that there was a causal connection between the use of restraint and the death.²⁷

Within the academic literature, restraint (physical restraint or the use of restraint equipment, *excluding* handcuffs, as defined in the IPCC statistics) is typically seen as a contributing factor to deaths in custody, as opposed to being a cause in its own right (Offender Health Research Network, cited in Hannan *et al.*, 2011).²⁸

The use of police restraint as a factor in police deaths has been raised as a concern (for example, O'Halloran and Frank, 2000). Restraint is commonly associated with a number of causes of death, such as pre-existing conditions, stress-related cardiomyopathy,²⁹ positional asphyxiation,³⁰ excited delirium/acute behavioural disturbance,³¹ and/or alcohol and/or drug intoxication (Caring Solutions [UK], 2011).

Demographic characteristics and cause of death

Ethnic background

A number of high-profile cases of deaths in police custody involving Black and Minority Ethnic (BME) men have resulted in "*allegations of racism, neglect, ill-treatment and police misconduct*" (Bucke and Wadham, 2009; Hannan *et al.*, 2011).

Data were provided by the IPCC to allow analysis of causes of death by ethnic background over the period 2004/05 to 2014/15, during which nearly 9 in 10 deaths in police custody (88% of 221) were people from a White ethnic background.

The relatively small number of deaths of people from BME backgrounds means that they have been added together into a single 'BME' category. Even so, the small numbers make it difficult to draw out a robust analytical comparison.

Thirty-seven per cent of deaths in police custody of people from a BME background had a cause of death relating to natural causes, lower than the 57% of deaths for those from a White ethnic background (Table 6).

²⁷ There are presently (as at October 2016) no national data on the overall number of people who have restraint used on them by the police.

²⁸ Restraint was defined by Caring Solutions (UK) (2011) as "the lawful use of force involving the restriction of movement by physical holding".

²⁹ This is a disease of the heart muscle.

³⁰ Positional asphyxia, also known as postural asphyxia is a form of asphyxia (a lack of oxygen supply to tissues/organs) that occurs when someone's position prevents the person from breathing adequately.

³¹ Excited delirium is the state leading to the arrestee struggling after they would normally have stopped (Hannan *et al.*, 2011), characterised by extreme strength, apparent immunity to pain, high body temperature, and agitation (ACEP, 2009; Vilke *et al.*, 2012). Drugs, alcohol and psychiatric illness are recognised causes (Offender Health Research Network, cited in Hannan *et al.*, 2011).

Table 6 – Number and proportion of deaths and causes of death, by ethnic background, England and Wales, 2004/05 – 2014/15

Cause	Number of BME deaths, by cause	Percentage of BME deaths, by cause	Number of White deaths, by cause	Percentage of White deaths, by cause	Number of total deaths, by cause	Percentage of total deaths, by cause
Total alcohol/drugs	14	52%	89	48%	103	49%
Related	4	15%	44	24%	48	23%
Overdose	10	37%	45	24%	55	26%
Natural causes	10	37%	99	54%	109	51%
Restraint related	3	11%	18	10%	21	10%
All other causes	12	44%	49	26%	61	29%
Total deaths	27	-	185	-	212	-

a Percentages are calculated by dividing number of causes by the number of deaths. Nine deaths were excluded where there was no known cause of death (i.e. 103 causes of death related to alcohol or drugs in total, divided by 212 deaths in total, makes 49 per cent). As each death can have more than one cause, the percentages in each column add up to more than 100 per cent. Source: IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016.

Nearly half of deaths in police custody of individuals from a White background were due to alcohol/drugs (48%), similar to the proportion of BME individuals who died due to alcohol/drugs (52%). However, there was a more noticeable difference when examining the specific causes of death in alcohol/drugs cases. More than one-third (37%) of those from a BME background died from an alcohol/drug overdose, compared with around a quarter (24%) of those from a White background, while 24 per cent of those from a White background died from alcohol/drug related causes compared with 15 per cent of those from a BME background.

This partly reflects a greater proportion of deaths of people from a BME background who were arrested for a drug offence and then ingested an improvised drug package, which subsequently ruptured and caused the acute overdose. Of the 14 BME individuals who died due to 'alcohol and/or drug related' causes, 3 (21%) were arrested for drug offences and died from airway obstruction due to swallowing. Of the 89 White individuals who died from 'alcohol and/or drug related' causes, the same number (3) were arrested for drug offences and also died from airway obstruction due to swallowing – but this represents a far smaller proportion (3%).

Table 6 shows that the proportion of deaths in police custody in which restraint was a cause of death is similar across White and BME backgrounds (10% and 11% respectively). However, as reported above, the number of deaths with restraint detailed as a cause in the post-mortem will be lower than the number of deaths where restraint was used by police at some point during the detention. Whether restraint had been used at all was not recorded in the bespoke dataset made available for analysis by the IPCC. Hannan *et al.* (2011) in their earlier analysis found that BME arrestees who died were statistically significantly more likely to have had restraint used on them while in the custody of the police.

Recent research to gather views of both practitioners and detainees has suggested that racist attitudes are perceived to play a part in the treatment by the police of people from BME backgrounds. The Independent Commission on Mental Health and Policing reviewed cases of death and serious injury in the Metropolitan Police involving people with mental health issues in

contact with the police (including deaths in custody). The Commission’s interviews with health and social care professionals revealed that overall more of these interviewees thought that racist attitudes were a factor in police treatment of BME groups than those who did not. HM Inspectorate of Constabulary’s (HMIC’s) 2015 report on vulnerability in custody did not observe discriminatory treatment as part of the inspection. However, BME detainees involved in interviews and focus groups to inform HMIC’s work expressed their perception of discriminatory treatment by the police, including over-use of force, which they linked to racist attitudes.

Age

The reason for detention prior to deaths in police custody differs by age group. In the period 2004/05 to 2014/15, of the 35 people who died who were aged 55 and over, 40 per cent were arrested for drink driving offences compared with 11 per cent of deaths in the under 55 age group (overall average 15%, Table 7). Conversely, deaths following arrests for drug offences only occurred for those aged under-55. All deaths following detentions under section 136 of the Mental Health Act 1983 in this period were also of people aged under-55.

Table 7 – Deaths, by age group and reason for detention, England and Wales, 2004/05 – 2014/15

Age group	Under-35	35–54	55 and over	Total
Breach peace/antisocial behaviour	13%	13%	9%	12%
Drug/drink related (for example, drink driving)	18%	20%	17%	19%
Mental Health Act 1983	15%	5%	0%	7%
Speeding/driving offence (including drink driving)	4%	14%	40%	15%
Theft/burglary/robbery/handling/shoplifting	13%	12%	0%	10%
Violence related (non-sex or murder)	9%	13%	14%	12%
All other	27%	24%	20%	24%
Total	100%	100%	100%	100%

Source: IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016.

Causes of death in police custody also show different patterns related to age. On average one half (51%) of deaths in police custody between 2004/05 and 2014/15 were due to natural causes. However, this was nearly three-quarters (71%) for those who died aged 55 or over, compared with around two-fifths (38%) for those younger than 35. Those below the age of 35, by contrast, were more likely to have died from a drug/alcohol overdose (55% of those younger than 35, compared with 14% for all other people who died, overall average 26%, Table 8).

Table 8 – Deaths, by age group and causes of death, England and Wales, 2004/05 – 2014/15

Causes	Number of under-35 deaths, by cause	Percent age of under-35 deaths, by cause	Number of 35–54 deaths, by cause	Percent age of 35–54 deaths, by cause	Number of 55 and over deaths, by cause	Percent age of 55 and over deaths, by cause	Number of total deaths, by cause	Percentage of total deaths, by cause
Total alcohol/drugs	42	66%	54	48%	7	20%	103	49%
Alcohol and/or drugs related	7	11%	36	32%	5	14%	48	23%
Drug/alcohol overdose	35	55%	18	16%	2	6%	55	26%
Natural causes	24	38%	60	53%	25	71%	109	51%
Restraint related	8	13%	13	12%	0	0%	21	10%
All other causes	16	25%	35	31%	10	29%	61	29%
Number of deaths	64		113		35		212	

a Percentages are calculated by dividing number of causes by the number of deaths. Nine deaths were excluded where there was no known cause of death (i.e. 103 causes of death related to alcohol or drugs in total, divided by 212 deaths in total, makes 49 per cent). As each death can have more than one cause, the percentages in each column add up to more than 100 per cent. Source: IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016.

International data on causes of death

International comparisons are hindered by the different categories used to report on causes of deaths, so should be treated with caution (see section 2). Only one study was identified that explicitly sought to compare causes of death in police custody across different nations (Heide and Chan, forthcoming). This study used secondary data to make observations about the proportions of causes of deaths. However, the reliability of the comparisons are weakened by the variation in the definitions in the secondary data used by this study.

Natural causes appear to represent a smaller proportion of deaths in police custody in Australia and the US compared with England and Wales.

- In Australia, between 2003/04 and 2012/13, 22 per cent of deaths in custody were classified as due to natural causes, the most common single recorded cause (data supplied by Australian Institute of Criminology). This compares with 51 per cent of deaths between 2004/05 and 2014/15 in England and Wales due to natural causes.
- Between 2003 and 2011 (excluding 2010, when data were not collected, and excluding deaths by law enforcement shooting) the most common cause of deaths in police custody in the US was suicide (28% of all deaths). The next most common cause of death of this subset related to alcohol and or drug intoxication (24%). Deaths categorised as being caused by an ‘illness’ accounted for 11 per cent, but it is not clear whether this category is defined in a similar way to ‘natural causes’ as

used by coroners in data from the IPCC. (Dataset supplied by the Bureau of Justice Statistics (BJS), summarised in Table A4.)

- Heide and Chan (forthcoming) found a higher proportion of deaths attributed to natural causes in England and Wales compared with other countries in Europe. However, they noted that this may be influenced by definitional differences between various studies.

Drugs and alcohol has also been found to be a prominent cause of deaths in police custody in other European countries.

- In a study of 60 post-mortems of deaths in police custody in Germany between 1993 and 2003, the most common causes of deaths were acute alcohol intoxication (15), head injuries (11), poisoning from illegal drugs (11), hanging (8), heart-related deaths (6), and pneumonia (4) (Heide et al., 2009). This study did not include deaths during arrest and deaths of arrested people taken straight to hospital, so might underestimate deaths in or following custody as defined in this report.
- Thoonen et al., (2015) found that alcohol and/or drugs consumption was an important cause of death in the Netherlands. An older Dutch study (Blaauw et al., 1997) found that one-third of those in police detention died from intoxication.
- Comparing causes of deaths in police custody between countries, Heide and Chan (forthcoming) concluded that alcohol and drugs were the most common causes of deaths in police custody in most European countries.

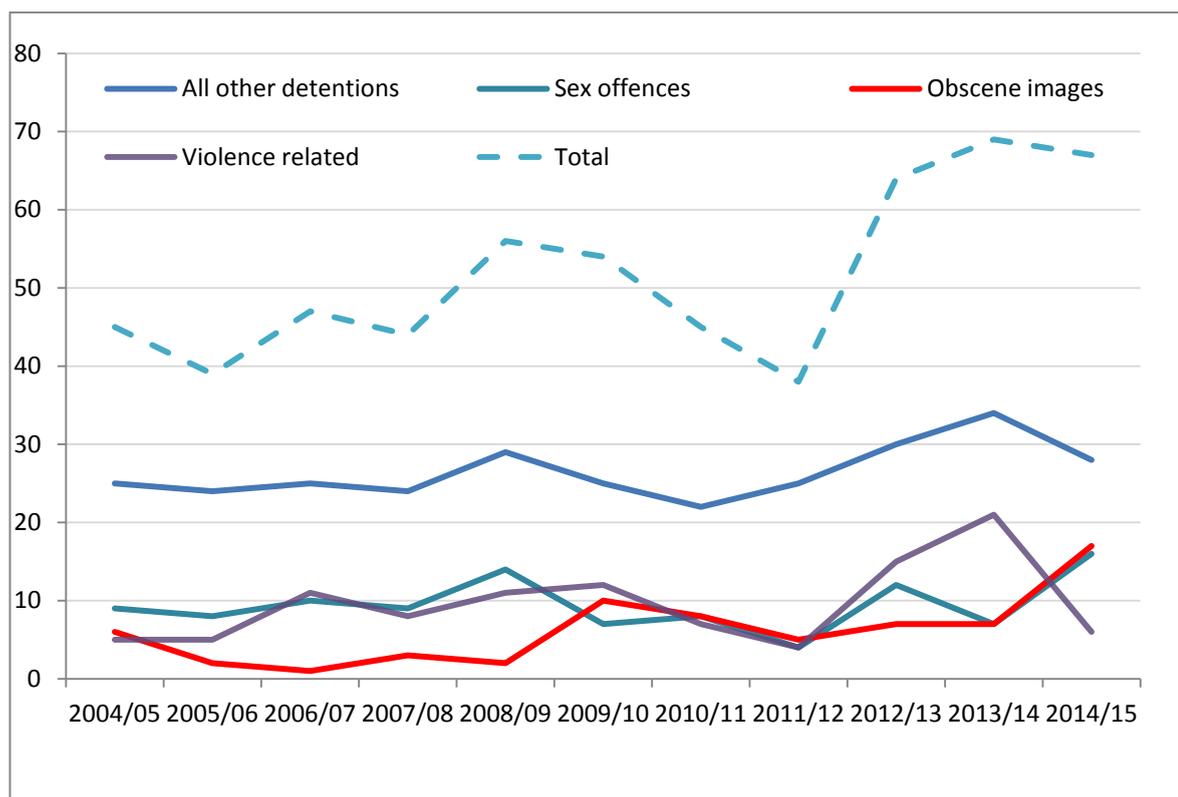
Factors relating to apparent suicides following police custody

The reason for detention of those who apparently died from suicide following police custody is markedly different to that of those who died in custody. Between 2004/05 and 2014/15, 3 in 10 (30%) of those who apparently died from suicide following police custody had been arrested for sexual offences (including indecent image offences). This ranged from one in two in 2014/15 to one in five in 2013/14.³² In contrast, only two per cent of those who died in police custody between 2004/05 and 2014/15 were arrested for sex offences.

Looking at the trends in suicides following police custody from 2004/05 to 2014/15, the initial increase in 2012/13 was associated with a particular rise in suicides following arrest for violent offences. Suicides following arrests for violence fell away in 2014/15, but the historically high level of suicides was maintained by a rise in suicides following arrest for sexual offences and obscene image offences. However, all other reasons for arrest collectively also showed increases following 2010/11 (Figure 8).

³² Sexual offences as defined in the published deaths in or following police contact statistics cover a number of offences of a sexual nature, including non-contact offences such as exposure, voyeurism and the viewing of indecent images. In police recorded crime and arrest statistics, indecent images are categorised as 'miscellaneous crimes against society' whereas all other offences included under the IPCC's sexual offence heading are categorised as 'sexual offences'.

Figure 8 – Number of apparent suicides following police custody, by reason for detention, England and Wales, 2004/05 – 2014/15



'All other detentions' includes one for an unknown offence.

Source: IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016.

The increase in deaths for those arrested for indecent imagery offences in 2013/14 to 2014/15 may be linked to the general increase in indecent imagery offences in this time. Although there are no detailed national data on indecent imagery arrests, police recorded crime figures for obscene publication offences (which include indecent imagery offences) increased from 4,618 in 2013/14 to 7,927 in 2014/15, an increase of 72 per cent (ONS, 2016b).

Regardless of the changes in the numbers of suicides following sexual offences, there is a clear variation in the risk of suicide by arrest offence type. Table 9 compares arrest volumes for the period from 2004/05 to 2014/15 with suicides following custody for the main notifiable offences. While the absolute risk of suicide is low, the rate of suicides per million for sex offences (excluding indecent imagery offences) is 12 times the average for all notifiable offence types. It is not possible to calculate an equivalent figure for indecent imagery offences, although this would also be expected to be higher than the average.

Table 9 – Arrests and apparent suicides, by main notifiable offence types, England and Wales, 2004/05 – 2014/15

	Arrests (millions)	Apparent suicides	Rate, suicides per million arrests
Criminal damage	1.3	33	25
Violence against the person	4.5	106	23
Sexual offences^a	0.4	104	281
Fraud and forgery	0.3	4	12
Drug offences	1.2	12	10
Theft offences	4.5	31	7
Total	12.3	290	24

a Sexual offences excludes indecent imagery offences.

Sources: IPCC bespoke dataset, covering 2004/05 to 2014/15, provided in 2016, Arrest open data tables (Home Office, 2016a).

Increased risk of suicide amongst those arrested for sex offences, particularly child sex offences, has also been found in other research. A study of those in the community with recent criminal justice contact in England and Wales (identified by PNC data for the year 2005) showed an elevated risk of suicide for those who had recently been prosecuted, or were facing prosecution, for sexual offences (King C. *et al.*, 2015). An Irish study of 32 cases of suicide amongst people under investigation for sex offences between 1990 and 1999 found that those accused of offending against children were substantially more likely to die from suicide. The suicide risk amongst this group of child sex offenders was 230 times higher than amongst the general population of Irish males. The research suggested the offender's shame and 'loss of standing' were most closely linked to subsequent suicide (Brophy, in Hoffer and Shelton, 2013). Similarly, Pritchard and King (2005) examined 16 suicides amongst a group of 374 child sex offenders. They identified those who had *only* committed child sex crimes (rather than those who had also committed other violent or non-violent crimes) as being at much higher risk of dying from suicide, accounting for 15 of the 16 suicides. Again, shame or remorse and the threat and pressure of criminal proceedings were suggested as factors explaining the higher risk amongst this group (Pritchard and King, in Hoffer and Shelton, 2013).

Around half (35 of 69) of people who appeared to die from suicide following police custody in 2014/15 were reported to have mental health concerns, including 5 detained under section 136 of the Mental Health Act 1983 (IPCC, 2015b).

4. What research evidence is there for preventing deaths in police custody?

This section will consider evidence from the international literature on improvements to practices to prevent deaths in police custody.

Some deaths in police custody may be impossible to prevent. In Germany one study, which requested information from all federal states in Germany specifically on deaths in police custody environments, found that between 1993 and 2003 a quarter of deaths were considered by the authors to have been 'inevitable' given the medical condition of the detainee when in police custody (Heide *et al.*, 2009). However, that still left more than half of these deaths (33 of 60) in which the post-mortems highlighted that failures by police officers contributed to the deaths. Most frequently this was because officers failed to seek appropriate medical assistance at the right time.

Other studies in England and Wales (Bucke *et al.*, 2008; Hannan *et al.*, 2011) have highlighted that it is generally a failure to follow guidance and best practice that is associated with deaths or 'near misses' in or following police custody. Hannan *et al.* reviewed in detail all deaths occurring between 1998/99 and 2008/09, and summarised the inquest findings. They found risk assessments not being carried out and checks not being done as frequently as described in a detainee's custody action plan. A breach in following guidelines was found in 91 of the 253 investigation reports into deaths in police custody for which information on force policy and practice on custody matters was recorded. However, this does not necessarily mean that the breach of guidelines caused the death. The former Association of Chief Police Officers (ACPO) guidelines on safer detention were updated in 2012. These were superseded by College of Policing guidelines in 2014, which were further updated in 2015. The Police and Criminal Evidence Act 1984 (PACE) Code of Practice C guidelines – which outline statutory obligations for the care of detainees in police custody – were further revised in 2014.

The research evidence on the prevention of deaths in police custody specifically is not strong. It is difficult to assess research outcomes in terms of changes in the numbers of deaths in police custody as they are relatively rare. Instead, outcomes tend to focus on changes in use of custody or identification of health issues within custody, and better access to medical support. As such, any effect on reducing numbers of deaths in police custody is implied from reducing risk, rather than actually realised.

Alternatives to police custody

A common theme from UK and international recommendations following deaths in police custody associated with alcohol, drugs or mental health needs is around finding alternatives to custody for vulnerable individuals. Drug and/or alcohol was identified as a cause of death in around half (49%) of deaths in police custody between 2004/05 and 2014/15, and was associated with around four-fifths (82%) of all people who died. This highlights the importance of dealing effectively with intoxication and alcohol withdrawal amongst those who come into contact with the police. Recommendations from coroners' investigations into deaths in police

custody highlighted by Hannan *et al.* (2011) included several on establishing detoxification centres, where non-violent, severely drunk detainees could be taken.

Aasebø *et al.*, (2015) found a 70 per cent reduction in deaths in police custody in Norway between the periods 1993 to 2001 and 2003 to 2012. The authors suggest that this decrease was driven by a change in operational police policy not to detain individuals with severe alcohol intoxication in police custody. Instead, the police were instructed to ensure that a doctor assessed the detainee and if they were considered to be unable to take care of themselves, they were placed under observation in a hospital or detoxification centre. Over the first period, there were 22,000 detentions for drunkenness per year, while in the second period, this had fallen to 10,500 detentions. Deaths caused by alcohol intoxication fell from 11 to 1 (although the small numbers involved mean that this fall is not statistically significant). Figures on how many people died in detoxification centres over this second period were not collected.

Western Australia has an established network of 'sobering-up' centres that act as an alternative to police custody for those who are intoxicated. Introduced following the decriminalisation of public drunkenness in 1990, by 2012 there were ten sobering-up centres (mostly located in the south-west area of the state, where the population is concentrated).³³ Numbers detained by the police between 1992 and 2005 (years where there are figures available) declined by 84 per cent (from 12,346 detentions for drunkenness to 1,972). Over the same period, uses of sobering-up centres increased from 3,527 to 19,380. However, this research did not identify any evidence on the impact on deaths in custody (DAO, 2007).

Also in Australia, an evaluation of a pilot shelter for intoxicated individuals in Canberra found that those admitted received tailored support, physical and emotional care and the centre had no critical incidents in the 18 months of its operation (reported in Griesbach *et al.*, 2009). Again, however, it should be highlighted that the specific effect of using sobering-up facilities as an alternative to police custody in both these cases in Australia have not been evaluated in terms of reduced deaths or long-term health outcomes. It was also not clear who is responsible for providing the healthcare in these sobering-up centres.

A review of the research on these services, commissioned by the Scottish Government, highlighted the limited evidence in the area. However, the review suggested that these services could be effective if they had highly-trained staff, clear safety protocols and good links with substance use and homelessness services (*ibid.*).

There are a number of local schemes that have been operating in various parts of the UK aimed at managing intoxicated individuals in the night-time economy. They are mainly set up to divert people away from A&E Departments rather than police custody. These schemes have not been evaluated for their clinical effectiveness and safety.

As well as diverting intoxicated arrestees away from police detention, best practice recommendations from reviews of deaths in custody suggest that trying to keep the mentally ill out of police stations is also an important preventative approach. Guidance from the Royal College of Psychologists emphasises that using a police station can increase distress to individuals detained under section 136 of the Mental Health Act 1983, as well as their carers.³⁴ Former ACPO guidelines highlighted that a police station should only be used as a place of safety for detainees under section 136 "*in exceptional circumstances*". The use of police

³³ <http://www.dao.health.wa.gov.au/Gettinghelp/ServiceDirectory/SoberingUpCentres.aspx>.

³⁴ <http://www.rcpsych.ac.uk/files/pdfversion/CR159x.pdf>.

stations as places of safety has fallen over the past few years in England (from 6,667 in 2013/14 to 2,100 in 2015/16) while the number of section 136 detentions where the place of safety was a health-based place of safety has increased, from 19,470 in 2013/14 to 26,171 in 2015/16 (NPCC, 2016).

The previous Coalition Government promoted the use of street-triage schemes to decrease the number of people with mental health needs taken to police custody. This entailed mental health nurses providing support and advice to police officers (either accompanying police officers on the streets, or being based in call centres and providing advice over the phone or radio) to help in assessing individuals who appear to need mental health support (Department of Health, 2013).

A number of evaluations of these schemes have been conducted and found promising results, although the evaluations are not methodologically robust in measuring the impact on health outcomes. An evaluation of the scheme in Oxfordshire found an 85 per cent reduction in the use of police custody as a place of safety following detention under section 136 from January to December in 2014, compared with a 52 per cent reduction in the comparison area (Thames Valley Police, Oxford Health NHS Foundation Trust, 2015). In North Yorkshire, the introduction of a police triage scheme did not result in a decrease in section 136 detentions overall, although the use of police stations as places of safety did decrease. However, this was more likely to be a result of the opening of an alternative health-based place of safety (Irvine *et al.*, 2015). Nationally, the use of police stations as places of safety was generally falling during this time. The overall evaluation of street triage in 9 pilot sites found an overall (11.8%) reduction in use of section 136 orders in the pilot sites, with an increased use of health-based places of safety rather than police stations when the orders were used (Reveruzzi and Pilling, 2016). However, the lack of comparator areas for the evaluation means that one cannot be confident in attributing these outcomes to the street triage intervention.

Work to strengthen ties between the police and other organisations to support those with mental health needs in other ways is ongoing, through the Mental Health Crisis Care Concordat.³⁵

Liaison and diversion schemes

Liaison and diversion schemes look for other opportunities to refer vulnerable individuals to receive appropriate healthcare, which can help to address the underlying causes of offending, usually once they are within the criminal justice process. It involves assessing individuals identified through a screening process as having a mental health issue or other vulnerability (for example, drug or alcohol dependency), to inform whether the person should be referred on to further support or treatment. Evaluations of such schemes suggest a reduction of offending and better health outcomes (Scott *et al.*, 2013), but most such schemes occur within court settings rather than police custody.

There have been a few evaluations of police-based liaison and diversion schemes in the UK. Schemes in London (James, 2000) and Belfast (McGilloway and Donnelly, 2004) both involved nurses specialising in mental health being placed within police stations. These nurses either carried out assessments of a detainee's mental health needs themselves or supported custody sergeants in undertaking these assessments, with the aim of referring suitable individuals to appropriate services to meet their identified needs. The evaluations of these schemes both showed that increased assessments were carried out, and a higher level of mental health needs

³⁵ <http://www.crisiscareconcordat.org.uk/about/>.

were recognised amongst detainees than had previously been the case. However, neither evaluation was able to provide evidence of health or criminal justice outcomes due to difficulties with following up the individuals involved.

A new model for liaison and diversion schemes is currently (as at October 2016) being trialled in ten areas of England and is being evaluated by an independent research organisation.³⁶

Crisis Intervention Teams (CITs) have been promoted, particularly in the US, as a better way of dealing with the needs of mentally ill individuals in contact with the police. This intervention was first developed in Memphis, Tennessee and has 40-hours worth of training for officers at its core. Another component of the initiative is an emergency psychiatric service drop-off point that cannot refuse referrals from trained officers – although this varies in different manifestations of the model (Watson and Fulambarker, 2012). While some evaluations of CIT initiatives have found positive results in terms of increased referrals to mental health services, an overall review and meta-analysis of the existing evidence found no effect on the number of arrests of mentally disordered persons (Taheri, 2016).

Risk assessment/screening of detainees

The risk assessment procedures on initial entry into the custody suite have been highlighted as being deficient in identifying important health issues associated with custody deaths. These include correctly identifying mental health issues and drug or alcohol problems (Hannan *et al.*, 2011).

Initial screening for physical and mental health problems is typically carried out by a custody sergeant as part of the 'booking in' process. Custody sergeants are given some limited training on use of screening tools but do not generally receive training on the technical aspects of screening. Custody sergeants are also partly dependent on whether relevant information about any vulnerabilities is passed on by the arresting officer to contribute to the risk assessment. HM Inspectorate of Constabulary (HMIC) found the extent of information transfer between arresting officers and custody sergeants to be variable amongst the police forces it visited as part of the inspection of vulnerability in custody (HMIC, 2015).

Several pilot studies of health risk assessment screening in the Metropolitan Police Service have found that health screening processes failed to pick up on a range of issues including the existence of a head injury, mental health issues and drug or alcohol problems (for example, McKinnon *et al.*, 2013). As part of this programme of work, a panel of medical experts carried out examinations to assess the mental health of a random sample of detainees in police custody, and compared this with the results of the police's own screening programme. The authors found that existing screening procedures in police custody had missed a quarter of cases of severe mental illness and moderate depression. The authors called for an improvement in police health screening processes and have developed a new risk assessment screening tool. The pilot within the Metropolitan Police Service found the new screening tool to be more successful at identifying relevant health issues (McKinnon and Grubin, 2014).

Similar problems with risk assessments have been found in other countries. A New Zealand report into deaths in police custody highlighted that almost half (15 of 27) of deaths between 2000 and 2010 had been (wrongly) assessed as having no risk at the point of entering police custody. The report recommended that any detainees unable to complete risk assessment

³⁶ <https://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/ld-about/>.

screening procedures should be taken to hospital (Independent Police Conduct Authority, 2012).

Risks arising from alcohol use seem particularly problematic to identify due to intoxication preventing assessment. In the Independent Police Complaints Commission (IPCC) study of deaths in police custody (Hannan *et al.*, 2011) 44 of 105 detainees taken to police custody who were later identified as being an alcohol risk were not initially risk assessed; for 33 of the 44, the reason for not doing a risk assessment was that they were too intoxicated. Current (as at October 2016) approved professional practice in England and Wales states that failure by the custody sergeant to complete a risk assessment should trigger an assessment by a healthcare professional.

Custody suite practice

Even where risks are identified through screening procedures, these need to be followed-up through referral or monitoring of the detainee's condition as well as communication of relevant risks to others involved in detainee care. For example, Hannan *et al.*'s review (2011) found that 11 people who were recognised as a suicide risk went on to die from suicide in custody. This suggests better monitoring systems or communication are as important as effective risk assessment. This in turn puts the focus on procedures within the custody suite *after* initial screening on reception.

Where guidance or legislation exists on monitoring of detainees in custody, this is not always followed or well understood. For example, the PACE Code of Practice C (issued in 2014) recommends that intoxicated detainees are visited and roused every 30 minutes. Hannan *et al.* found that 65 of the 83 detainees who should have received 30-minute rousing, actually did (2011). In a study of 'near misses' in the Metropolitan Police Service (Bucke *et al.*, 2008) it was found that the purpose of 'rousing' detainees was not well understood by officers. This study recommended that the purpose of rousing detainees be the subject of training, retraining, and notices to custody staff. More generally, Bucke *et al.* highlighted that most cases of 'near misses' occurred following the routine failure to follow procedures.

Reviews have also identified custody suite practices around the point of changing shift to be potentially problematic. The 2012 New Zealand review recommended developing a formal shift-handover process for custody suites, to ensure at-risk detainees' needs are highlighted to incoming custody officers. It suggested that this could include formal signing over of each detainee, and an inspection of each detainee's cell (Independent Police Conduct Authority, 2012).

Cell design and equipment

Technology in cells may be used to enhance existing monitoring procedures. Hannan *et al.* (2011) showed that the third most common recommendation for changes or improvements following a death in custody was around installing or improving CCTV cameras (for example, by improving audio or picture clarity, or the accuracy of the time stamp). The installation of CCTV cameras has also been recommended by various reports and approved professional practice (Code of Practice, 'detention and custody'). An older Home Office report (Leigh *et al.*, 1998) also highlighted that CCTV can be an important aid to monitoring at-risk detainees. However, these reports and guidance emphasise that technology does not eliminate risk, and is best used to enhance the monitoring of detainees, not as a replacement for it. This research was not able to locate any published studies that have identified the extent of CCTV and other monitoring in police cells in England and Wales, or their effectiveness.

Enhanced monitoring technology in cells is available through technology that enables automatic monitoring of detainee life signs within a custody environment. A review of evidence by Griesbach *et al.* (2009) on behalf of the Scottish Government on managing the needs of drunk and incapable people in detention highlighted the 'needs for life' monitoring equipment in police cells in the former Grampian Police Force area. Here sensors were installed in a set of cells to monitor noise and movements, which were relayed to a monitor in the custody reception area. Equipment using microwave sensor technology to monitor life signs movements of occupants of cells has been reviewed by the Home Office Scientific Development Branch (Home Office, 2008). Again, while recognising that this technology could enhance the monitoring of cell occupants, the review concluded that the technology cannot replace it and needs to be accompanied by training and guidance in the appropriate use of the technology.

Cell design and equipment has also been highlighted as a way of preventing suicides in custody. Deaths in police custody resulting from hangings decreased from 14 in 1998/99 to no more than 3 per year for the next 10 years (except in 2003/04) (Hannan *et al.*, 2011). Since 2008/09 there have been no hangings in police custody. Where hangings have occurred in police custody, coroner reports have recommended the auditing of cells for ligature points (Hannan *et al.*, 2011). There were also recommendations in the literature to help to reduce further deaths by hanging. Bucke *et al.* (2008) recommended that ligature knives be made readily available to custody officers to aid the swift removal of ligatures if they are used. This recommendation followed a near miss suicide of a detainee that was prevented with the aid of ready access to a ligature knife, which probably saved the man's life. Anecdotal evidence compiled from police custody suites in Norway suggests that CCTV monitoring may also have prevented a small number of attempted suicides there (Aasebø *et al.*, 2015).

International evidence suggests that in New Zealand and Australia, numbers of hangings have also been falling. In Australia deaths in police custody from hanging have been declining since the mid-1990s, when they were the most common cause of death in police custody (the primary cause in more recent years is natural causes). Falls have also occurred in New Zealand, although the very low numbers of these deaths in New Zealand in total make any trends difficult to interpret. Nevertheless, the evidence suggests that efforts to minimise ligature points in police custody suites internationally, and in England and Wales, along with other developments such as the installation of CCTV cameras in cells, have had a positive effect.

Healthcare within custody

There is limited evidence related to the effectiveness of different models of healthcare provision in police custody. At present, police forces in England and Wales commission their own healthcare services and there is no centrally defined or recommended model of how healthcare should be provided within police custody. A study of healthcare provision in police custody suites in England and Wales (Payne-James *et al.*, 2009) provides a snapshot for the years 2006 and 2007. The study involved initially phoning all 43 police forces, and then a subsequent more detailed data request, which 41 police forces responded to. The study found 5 different models of healthcare provision in police custody amongst the 41 forces that provided data, representing various different combinations of doctors, nurses, paramedics and emergency care practitioners – most commonly a doctor/nurse service. In around half of all forces (23 of 43) healthcare was outsourced to private commercial providers.

HMIC and Her Majesty's Inspectorate of Prisons (HMIP) have a programme of inspections of custody conditions in all police forces, which include assessments on the healthcare provision provided in police custody suites within an area. There have been a limited number of published evaluations of models of healthcare provision in police custody but these studies do not

measure health outcomes and do not necessarily reflect current practice.

A pilot in Tayside Police (Elvins *et al.*, 2012) established a dedicated team of nurses provided by NHS Scotland to work solely in custodial settings around the clock, whereas previously healthcare in the force had been contracted out to a private medical provider, which enabled forensic physicians (typically GPs on a part-time basis) to be on-call when needed. A forensic medical examiner (FME) was still on call to these suites, but benefits were expected in providing better healthcare, and in needing fewer call outs to FMEs. The evaluation involved interviews with key staff, and some analysis of costs and volumes of call-outs, but this was limited by a lack of detailed data on the downstream effects of the change (such as better health in repeat-arrestees leading to fewer repeat offences or missed court appearances). However, the authors found benefits including more arrestees receiving healthcare within custody and greater collaboration between the police and NHS staff (especially around data sharing). There was an apparent cost saving compared with the previous model, as well as positive feedback from nurses, police staff and users (detainees) about the new arrangements. There was some suggestion that transferrals of detainees to hospitals reduced after introducing a nurse-led model, as more timely health intervention was introduced from the beginning of the process. The authors also stated that the evaluation showed that the nurse-led model reduced deaths in police custody, but no evidence was presented to support this. Scotland has now moved to a new model of healthcare provision in police custody. Previously the eight separate Scottish police forces procured healthcare services from a range of sources, including private providers. Now, NHS Scotland provides medical services on behalf of Police Scotland within joint local/regional NHS/Police Scotland partnerships.

In England a pilot scheme in Dorset, which focused on the transfer of commissioning of police custody healthcare services from the police to the Primary Care Trust (PCT), has been evaluated (De Viggiani *et al.*, 2010). The transfer of commissioning also represented a change in service provision from a traditional model of doctors on call to nurses available 24/7 in custody suites, which continued to be supplied by a private provider. The evaluation found that the provider struggled to provide a 24/7 service due to issues with the recruitment and retention of nurses. Nevertheless, the researchers identified possible benefits of the transfer, including risk assessments carried out by teams of healthcare professionals, or joint healthcare and police custody teams, and positive stakeholder perceptions. However, evidence of the effectiveness of this model is limited, largely due to an evaluation period of only one year. Impediments to both existing and future healthcare delivery in custody suites were identified, such as the absence of joined-up computer systems for information sharing between social and health providers and criminal justice partners, and the lack of dedicated training for custody nurses.

In England and Wales responsibility for commissioning healthcare in police custody remains with the Police and Crime Commissioners in each force.

Training

Further training is a key and repeated recommendation from research and reviews of deaths in police custody. Enhanced training is recommended for police officers, staff and healthcare practitioners working in custody settings. The Faculty of Legal and Forensic Medicine has taken on the role of providing further training to doctors who work in police custody (but this training is not compulsory).

Training the police *alongside* healthcare professionals has also been recommended, in order to aid joint working with the primary goal of improving the response to those with mental health

issues. Research undertaken in Cornwall into the services provided to those with moderate to severe mental health involved linking police and health records for a sample of relevant individuals. The research found limited information sharing between police and mental health services, which meant that the detainees' needs were not fully understood and appropriate strategies for the management of these individuals could not be put in place. Recommendations arising from these findings included the provision of joint training for mental health and police staff to develop a shared understanding of their respective roles to facilitate more integrated working and information sharing (Lea *et al.*, 2015).

Restraint and the de-escalation of incidents

Restraint includes the use of manual holds, handcuffs, specialist devices ('restraints'), and also 'less-lethal' weapons, including conducted energy devices (CEDs)³⁷ incapacitant spray, and baton rounds.

There is a large medical literature on the effects of different forms of restraint, but it is beyond the scope of this review to summarise this material. The ethical and practical difficulty of researching the use of restraint by police officers during arrest or while in custody means that there is a dearth of robust evidence regarding restraint in the context of custody, and most guidance is based on best practice from other settings. A review of the literature on morbidity and mortality associated with restraints found studies based mainly in healthcare settings and nursing homes. It acknowledged the growing evidence behind adverse outcomes associated with use of physical restraints and advised that physical restraint should only be used as a 'last resort' (Rakhmatullina *et al.*, 2013)

Caring Solutions (UK), 2011 reviewed the literature on restraint-related deaths, arguing that there are no entirely safe methods of restraint. Current approved professional practice published by the College of Policing emphasises that restraint should only be used when absolutely necessary, and then only for the minimum amount of time as to return the detainee to a manageable state.³⁸

A recent IPCC research report on police use of force included analysis of complaints investigations between 2009/10 and 2013/14 (IPCC, 2016c). Overall, the IPCC investigations expressed concern about the use of force in nearly a third (31%, 59 out of 191) of incidents investigated. A quarter of these investigations occurred within the custody suite environment. Within cases reviewed, a higher proportion of people with mental health concerns experienced force in the custody environment compared with those without mental health conditions (24% compared with 13%). Communication with the person involved was a particular issue highlighted by IPCC investigations into police use of force, in both the custody environment and against those with mental health issues (*ibid.*).

Communication – both verbal and non-verbal – is perceived to be a crucial part of de-escalating incidents, and is regarded as the 'intervention of choice' in managing violence and aggression. De-escalation is defined as "*a complex range of skills designed to abort the assault cycle during the escalation phase; [which] include both verbal and non-verbal communication skills*" (NICE, 2005, quoted in Caring Solutions [UK], 2011). One of the recommendations from the IPCC report on the use of force is for all police forces to provide training to officers in communication techniques to aid de-escalation (IPCC, 2016c).

³⁷The only CEDs approved for use by police forces in England and Wales are made by Taser International.

³⁸[Approved professional practice.](#)

Such training has been implemented and evaluated in Canada. The training was designed to improve the police response to individuals with mental-health needs and comprised a series of 'realistic' scenarios in which police officers interacted with actors in order to learn empathy, communication and de-escalation skills. The training specifically aimed to change behaviour rather than attitudes and no changes in attitudes to mental illness were found between the baseline compared with six months later. Statistically significant improvements were found in both supervisors' ratings of officers' ability to verbally de-escalate a situation and recorded use of force against those with a mental illness. However, the evaluators note that other initiatives were also introduced at the time to reduce use of force, and the design of the evaluation, with no control or comparison group, cannot reliably attribute the reduction in use of force to the training (Krameddine *et al.*, 2013).

Suicides following police custody

Very little research on how to minimise the risk of suicides following police custody was identified, although a number of studies have looked at suicide within prison custody. Some evidence was found regarding best practice to attempt to minimise the risk of suicide for those arrested for sex offences, particularly for sex offences involving a child.

A pilot programme to try and lower the risk of suicide, particularly amongst child sex offenders, has been trialled in two Californian federal districts. This trial was amongst child sex offenders who were on community supervision (pre-trial, probation or parole). The programme had a modular design, including a crisis intervention module that teaches healthy coping strategies to the offenders. The programme also involved child sex offenders joining a support group. While relatively low numbers of suicides make such a programme difficult to evaluate in terms of outcomes, no child sex offenders on the programme died from suicide between 2005 and the time of publishing (Byrne *et al.*, 2009).

Hoffer and Shelton (2013) gathered details of 106 people from an FBI database in the US who died from suicide after finding out that they were under investigation for a child sex offence. They offered a number of suggestions on how best to reduce the chances of suicide, including trying to establish the criminal and mental health history of the person prior to arrest, and screening the person for mental health risk during any initial questioning/detention. However, these suggestions have not been evaluated.

While the prevention of deaths in custody puts the focus on prevention in processes and procedures leading up to and within custody, prevention of suicides requires a focus on practices leading up to and following release. In England and Wales, detainees' needs and risks (including the reason for detention) should be assessed prior to release from custody through completion of a pre-release risk assessment. HMIC's inspection of the welfare of vulnerable people in custody showed that these assessments were completed in the majority of cases but that the assessments did not always adequately capture relevant risks, including a lack of reference to detainees talking about suicide in some cases (HMIC, 2015). One of the IPCC's *Learning the Lessons* reports focuses on the case of two men arrested for making and possessing indecent images of children. No risk assessment or exit plan was made for one of the arrested men and he later died from suicide, following reports that the ongoing uncertainty surrounding the investigation was affecting his mental health. The IPCC emphasises the need for exit plans and suggests that suspects could be updated more regularly in these types of

investigations, which can take a particularly long time (IPCC, 2012).³⁹

³⁹ In the year ending March 2016, the median length of time to assign an outcome to a sexual offence was 78 days, longer than the median for all crimes (excluding fraud) of 8 days (Home Office 2016b).

5. The investigation of deaths in custody

A limited published academic literature was found on the subject of best practice on investigation into deaths in police custody. This section therefore draws largely upon the international ‘grey’ literature published by the police and law enforcements agencies themselves, as well as civil rights organisations. This review has identified even more limited literature into best practice on investigating apparent suicides following police custody. However, the lessons that can be drawn from the literature on investigations into deaths in police custody may well apply to these cases too.

When a death occurs in police custody in England and Wales, the police should notify the Independent Police Complaints Commission (IPCC) as soon as possible. When a death is referred to the IPCC it is assessed by a dedicated unit before a final decision on the mode of investigation is made by a commissioner.⁴⁰ In the vast majority of cases, deaths in police custody will be investigated independently of the police by the IPCC. For example, of the 14 deaths in police custody in 2015/16, 13 were independently investigated.

Different models exist in different countries for investigating deaths following police contact. For example, in Australia deaths may be investigated by a unit within the police force where the death occurred, with supervision from an independent police oversight agency (such as the Office of Police Integrity that operated in Victoria until 2013). Police governance of deaths in custody in the US and Canada is locally determined.

Five principles of police complaints investigations have been developed under Article 2 of the European Convention on Human Rights,⁴¹ the ‘Right to Life’. These principles require an inquiry into a death in police custody (or other state custody) to be:

- independent;
- have the capacity to establish the facts;
- prompt and expedite;
- transparent to the public; and
- involve the next of kin.⁴²

⁴⁰ All Commissioners are appointed by the Home Secretary. By law, no member of the Commission can have served as a police officer; <https://www.ipcc.gov.uk/page/chair-and-commissioners>.

⁴¹ Right to Life, European Court of Human Rights.

⁴² The Commissioner for Human Rights (CHR) – appointed by the Council of Europe to focus and comment on how best to defend human rights in European Member States – has published an opinion on these five aspects of investigations, following consideration of case law and consultation with two focus groups around independence and effectiveness (Opinion of the commissioner for Human Rights).

Beyond the principles highlighted above, the British Columbia Civil Liberties Association (BCCLA, a non-governmental organisation that focuses on civil liberties and human rights in Canada) argues that an independent investigative agency should also be appropriately and sufficiently resourced.

Reports on investigating deaths in police custody consistently highlight three key issues related to these principles:

- the importance for investigation bodies of being and appearing to be independent;
- related to the first issue, the necessity of having such bodies appropriately resourced in both terms of finance and personnel making up the body; and
- the interaction of such a body with the next of kin and the public more generally.

Independence of the investigative process

The literature on police governance and accountability, in general, has ‘independence’ as a key theme highlighted for effective scrutiny of police actions. For police oversight agencies, independence is both a key value but also a source of criticism (Savage, 2013a).

The issue of independence has also been raised in the limited research literature relating more specifically to deaths in police custody. A key study in this area was commissioned by the IPCC and undertaken by the research agency NatCen, with input from the charity INQUEST (Brown *et al.*, 2014). The research was intended to capture the views and experiences of people involved in death investigations. It consisted of in-depth interviews with:

- three bereaved family members (plus two written submissions);
- four police officers who had been subject to IPCC investigation;
- four external stakeholders in the fields of law, human rights, advocacy and support for bereaved families;
- four IPCC Community Reference Group members;
- eight IPCC commissioners; and
- five focus groups with IPCC staff.

Although the sample size for the research is small, which raises the risk that it is not representative, it is one of the few studies to have captured the views of the families of the deceased. The research was carried out in 2012/13 in order to inform the IPCC’s review of its investigations into deaths following police contact; the IPCC has since aimed to address the issues raised by the research.

An important theme from the research at that time was concerns over the IPCC’s perceived independence from the police. Specifically, the independence of the IPCC was questioned by interviewees because it employed former police officers, who the interviewees felt would give the police “*the benefit of the doubt*”. As the IPCC employed former police officers, participants

in NatCen's research sometimes perceived the IPCC to have a similar culture to that of the police, leading to a sense that the lines of demarcation between the IPCC and the police were "*blurred*". Conversely, some police officers who had been the subject of IPCC investigations felt that the IPCC was "*out to get*" officers, with blame being apportioned before the evidence was finalised.

The advantages of employing ex-police officers in the investigations of police misconduct is recognised in research by Savage (2013b). This research was based on over 100 interviews with those working in agencies in England and Wales, Ireland and Northern Ireland tasked with independent investigations of police complaints and misconduct. Savage highlighted the need to establish a 'mix' in the workforce of an independent police complaints body between:

- ex-police officers, who have the advantages of investigative skills and knowledge of police powers and procedures; and
- staff with a civilian background, who are considered to be more 'open-minded' and provide a different perspective.

However, just what the appropriate balance between ex-police officers and civilian staff in the workforce should be is open to contention.

The IPCC has recognised this issue and has decreased the proportion of its staff that are ex-police officers. According to the IPCC review of its action plan from the review of its investigation of deaths, the proportion of investigators employed by the IPCC who have previously worked for the police had decreased from 40 per cent to 34 per cent as at 31 March 2015 (IPCC, 2015a). Under proposals in the Policing and Crime Bill, which is currently (as at October 2016) passing through Parliament, the Director General of the restructured and renamed IPCC will not be permitted to have worked for the police, but it is within the Director General's remit to decide which other roles in the body should be barred to those who have police experience.

Independence is not only a matter of personnel but also of culture and the appropriate use of powers. In the NatCen research, those participants who were members of the IPCC felt that the organisation's perceived independence could be strengthened by training investigators to use their existing powers more effectively. Since the NatCen research was undertaken the IPCC has trained its operational staff further in the use of the IPCC's powers. Savage's research also found that some investigators in independent police complaints bodies felt that they were inhibited in the full use of their powers by the need to retain good working relations with the police (Savage, 2013a).

The participants in the NatCen research suggested that the oversight provided by IPCC commissioners, who by law cannot have served as a police officer, helped to ensure the independence of the IPCC. Participants also recognised a cultural shift in the organisation towards greater independence and suggested this needed to be maintained through strong leadership to enhance the IPCC's reputation further.

Public perceptions of the IPCC are evident from the survey of public confidence, which the IPCC commissioned from an independent research agency. The latest survey for 2014, conducted by Ipsos MORI, involved 4,000 adults selected through a combination of random and quota sampling. The results show that although the majority (62%) of people believed that the IPCC was independent from the police, this proportion had decreased since 2009 (when it stood at 69%). Three-quarters (77%) of the public in the 2014 survey were confident that the IPCC

deals with its work in an impartial way (Harvey *et al.*, 2014)

The international literature has also considered the independence of different models of investigation. In some other jurisdictions, for example, Victoria in Australia, investigations into a death following police custody have been carried out within police forces by an investigator from the same police force, but in a separate unit to those officers involved in the death. This investigation was overseen by a separate ethical standards review officer (again from the same police force). In 2011 the Office for Police Integrity (OPI)⁴³ considered the advantages and disadvantages of police investigating police models. These were set as follows.

Advantages:

- skills and expertise of police investigators;
- resourcing (i.e. the police are a 24/7 organisation with specialist technologies);
- credibility and confidence from the police under investigation;
- there is some internal and external oversight, in the form of CCTV, number plate following technologies, and forensic evidence, as well as the coroner.

Disadvantages:

- conflict of interest (with the possibility of removing trust and credibility in all findings of the investigation);
- breach of human rights (Australian human rights law draws on international bodies of law, including the European Court of Human Rights' "*Right to Life*" judgments regarding the independence of investigations into deaths in or following state detention) (OPI, 2010).

The BCCLA produced a report in 2012 regarding the reduction of 'police-involved deaths', and the most effective ways that these deaths can be investigated (MacAlistair, 2010). The BCCLA was operating in a province where there was no independent police oversight agency resembling or equivalent to the IPCC in England and Wales at the time of writing. The report was clearly focused towards informing law makers and the police on how the BCCLA sees such a body being effective. Nonetheless, it draws out useful lessons and comparisons for other jurisdictions.

In common with other groups, the BCCLA considers that an 'independent' agency should be civilian-led, ideally without 'former' or 'retired' police officers, even if they are from another country or jurisdiction. It also recommends that seconded police officers should not be used to conduct investigations. This is because, even if the police officers are from a different area or even country, they can be considered to be institutionally biased towards other police officers.

The issue of independence also arises in relation to any disciplinary or criminal action taken against the police following a death in police custody. Hannan *et al.* (2011) highlighted that over the 11 years from 1998/99 to 2008/09, during which there were 333 deaths, misconduct or disciplinary proceedings were recommended against 78 police officers and 9 staff members.

⁴³ The OPI was the closest equivalent body to the IPCC in Victoria, Australia.

However, they were unable to say how often disciplinary action actually took place as this information was not included in the investigation report. Participants in the research conducted by NatCen, including both family members and IPCC representatives, felt that the IPCC should have greater influence on disciplinary proceedings, either by presenting to disciplinary panels or having the power to direct the outcome of disciplinary proceedings.

Currently (as at October 2016), the IPCC investigator's report will state whether the investigator believes that any police officer or member of staff has a 'case to answer' for misconduct. The matter then passes to the police force, as the employer, to decide on the course of action. If the force does not agree with the IPCC's recommendation, the IPCC has the power to direct the police force to take disciplinary proceedings and the form that these proceedings should take. Major Chip Chapman's review of the police disciplinary system found that cases where the IPCC directed a dismissal hearing had never resulted in dismissal. He recommended that the IPCC should take further responsibility for presenting to panels in these circumstances (Chapman, 2014). The Government intends to implement this recommendation as well as taking forward provisions in the Policing and Crime Bill that will see the IPCC rather than the police force make the decision about the 'case to answer' following an IPCC independent or directed investigation. Ultimately, the outcome of disciplinary proceedings is a matter for the panel that hears the case. These were previously chaired by senior police officers but since January 2016 have been chaired by independent, legally qualified individuals.

Prosecutions were recommended for 13 police officers relating to deaths in custody over the period 1998/99 to 2008/09, a rate of 1 in every 26 cases (Hannan *et al.*, 2011). Of the 36 charges brought against these officers, 23 resulted in a not guilty conclusion; the conclusion for the remainder could not be ascertained by the researchers. NatCen (Brown *et al.*, 2014) found mixed views of the Crown Prosecution Service (CPS) in its research. While some participants generally felt that the CPS made the right decision in relation to prosecutions, there were questions raised about the timeliness and impartiality of its decisions.

The question of the independence of public prosecutors when dealing with cases against the police has also been raised in other jurisdictions. A largely theoretical article by Levine (2015) argued that prosecutors in the US relied heavily on the police to provide evidence for criminal prosecutions, which inevitably leads to, and requires, a "*good working relationship*" between prosecutors and the police. Levine argued that this therefore leads to a conflict of interest when the prosecutors are then asked to prosecute officers. Katz (2015) took up these points of potential for conflict or bias, arguing that an independent prosecutor body should take on cases involving potential police malpractice. Conversely, MacAlister (2010) highlighted that local *defence* lawyers are also likely to have a bias regarding the police, but in this case against rather than for the police, due to working regularly in cases against the police. He argued that a solution to this may be using defence lawyers from surrounding areas.

Resources for the investigative process

The International Committee of the Red Cross (ICRC, 2013) has written a 'blueprint' for 'minimum' standards in investigating deaths in custody based on international expert advice and analysis of custody best practice (although this guidance relates to all deaths in custody, not just those in police custody). It suggests that an investigation, at a minimum, should seek to:

- obtain and preserve physical and documentary evidence in connection with the death;
- identify possible witnesses and record their statements;

- identify the deceased;
- determine the extent of involvement of all those implicated in the death;
- establish the cause, manner, place and time of death, as well as any pattern or practice that may have caused it; and
- differentiate between natural death, accidental death, suicide, and homicide.

These recommendations are already implemented in investigations into deaths in police custody in England and Wales.

Savage's research (2013a) argued that resources afforded to independent investigations of police misconduct pale in comparison to the resources that the police have when investigating serious crimes. Around a fifth of those he interviewed from the IPCC mentioned the problem of resources as a barrier to the independence in their investigations. This related to staffing in terms of the more limited number of people the IPCC can draw upon for a serious investigation compared with the resources that a police force would bring to bear for the investigation of serious crimes.

Interviewees in Savage's research also mentioned logistical issues as potential barriers to effective, independent investigations. In particular, in deaths in custody cases the scene will often need to be secured in order to preserve evidence. Yet IPCC investigators will not be able to be present at the scene as soon as they might like due to the dispersion of their offices. This means that the IPCC is reliant on the police force to secure the scene, albeit under the direction of the IPCC investigator. Reliance on police resources may also extend to access to specialist or technical resources, such as forensics experts. These may not be police resources per se but could be independent experts who also do work for the police, showing the difficulties of conducting an investigation that is seen to be completely independent of the police (*ibid.*).

However, responses to this issue of resourcing differed between people interviewed in Savage's research at the IPCC and the equivalent body in Northern Ireland, the Police Ombudsman of Northern Ireland (PONI). A lower proportion of interviewees belonging to the PONI mentioned resourcing as a barrier to independence. Savage argued this was at least partly due to the higher levels of resourcing afforded to the PONI (although a comparable figure for England and Wales was not provided (*ibid.*)).

The higher level of resourcing for the PONI reflects its broader remit to investigate a wide range of complaints. More resources have been given to the IPCC in recent years, allowing it to open new offices and hire more investigators, as it takes on more cases (IPCC, 2015a). This means more investigations being opened and does not necessarily mean that more resources will be available for investigations in deaths in police custody.

Accessibility to next of kin/the public

In terms of the treatment of next of kin, the ICRC set out the following recommendations.

- The next of kin should be accorded due dignity and treated with respect.
- After the body has been identified, the next of kin should be informed immediately.⁴⁴ The investigating authorities should tell them about the investigation that is about to be, or is already being, undertaken; they should also report regularly to the next of kin on its progress.
- Proper procedures should be set in place around carrying out an autopsy and informing the next of kin, asking for consent for retention of organs for forensic examination, and the return of the body to the next of kin should be carried out in a fully respectful and dignified way.
- Counselling services and therapeutic support, if available, should be offered to the next of kin.
- As soon as possible, a death certificate should be handed to the next of kin.
- The personal belongings of the deceased should be returned to the next of kin as soon as possible.

The NatCen research conducted in 2012/13 found that members of the IPCC and bereaved families both considered that guidelines about processes (such as how the investigation should be conducted) appear to be inconsistent and without clear rationale. For example, why a police investigation rather than an independent investigation by the IPCC is launched, or what threshold of evidence is required for a prosecution to be recommended (Brown *et al.*, 2014). Interviewees suggested that these issues could be improved by providing clearer guidance. Since then the IPCC has introduced a separate Assessment Unit, which assesses referrals to decide on the kind of investigation required, with the final decision made in conjunction with a commissioner.

The NatCen research also highlighted the importance of getting the ‘timing, nature and location’ of the initial contact between IPCC staff and the next of kin ‘right’. Interviews with staff and families found that contact needed to be correctly timed after the appointment of a lawyer, but should not be delayed as this could undermine trust. Initial contact needed to be supportive to the families, possibly including signposting them to support services and to key stages of the investigation. Specifically, family members felt that it was important that they had a choice in where meetings took place. They also felt that contact after the initial meeting with the IPCC should be regular and meaningful. Families reported a perception that the IPCC wanted to undertake the investigations ‘*in secret*’.

The importance of communications between the police and families of the deceased has been raised in other studies. The Equality and Human Rights Commission (2015), aided by the charity INQUEST, collected testimonies in November 2014 from families of those who died in or

⁴⁴ NatCen spoke to some police federation representatives. Their accounts revealed that sometimes next of kin are not informed immediately because that would divert policing resources from the initial investigation (Brown *et al.*, 2014). However, the ICRC states that this should not be considered as reasonable grounds for delay (ICRC, 2015).

following police custody who also had mental health issues (and who had been supported by INQUEST). Through a series of in-depth interviews, the study found that families felt a lack of trust in the investigations carried out by the IPCC. This was due to:

- the perceived defensiveness of the police, and by those carrying out the investigation;
- a lack of information available from the start of the investigation; and
- families routinely not being informed of their rights.

The IPCC's review of its work to investigate deaths following police contact has put in place further measures to improve the response to families, such as:

- training for investigators to gain a better understanding of the grief and bereavement that families will go through;
- an assessment of investigators' work with families as part of their performance reviews; and
- an information pack for family and friends outlining the investigation process (IPCC, 2015a).

Further changes will be made as a result of the Policing and Crime Bill, particularly the requirement for the IPCC to notify interested parties of its decision on the mode of investigation, and the reason behind that decision.

Finally, a report by the Office of Police Integrity (OPI, 2010) set out findings from its review of how investigations following deaths in police custody have been carried out in Victoria, Australia. Regarding trust and investigations, similar issues around shortcomings in engaging next of kin and the public were found:

- a lack of caring communication with family during the investigation;
- failure to provide the family with access to welfare;
- a feeling that the deceased was criminalised during the police investigation; and
- statements being made by the police to the media and the public before any conclusions of the investigation had been reached.

6. Conclusion

Compared with available international data on deaths in police custody, rates in England and Wales do not appear to be particularly high. However, the available international data are limited and comparisons are complicated by definitional differences and variable recording practices. Agencies such as Eurostat and the United Nations Office for Drugs and Crime, which collate comparable international statistics on crime and policing, could be encouraged to expand their collections to include deaths in police custody to facilitate international comparisons. In England and Wales expanding the publication of data on arrests to include non-notifiable offences would also help to set the figures on deaths in police custody into context.

A previous study conducted by the Independent Police Complaints Commission (Hannan *et al.*, 2011) into deaths in police custody between 1998/99 and 2008/09 provides a rich source of evidence on the causes of death and this has been supplemented in this report with more recent data. While there are often multiple causes of deaths in police custody, pathologists' reports identify natural causes as being the most common cause. Drugs and alcohol also feature as prevalent causes. The annual IPCC statistics on deaths in police custody provide detailed information of the circumstances of deaths in custody.

Prevention of deaths in custody covers a wide range of possible interventions, reflecting the breadth of causes and the potential for improvements at all stages of the detention process and beyond. The following interventions have been proposed, although these have not tended to be thoroughly evaluated in terms of reductions in deaths:

- providing alternatives to police custody for vulnerable individuals who are intoxicated or have mental health needs;
- developing better screening and assessment tools to identify risk upon entry to police custody;
- further training for relevant staff and health care professionals;
- using technology to help monitor detainees; and
- designing safer cells.

While many of these suggestions have been incorporated into existing guidance, reviews of deaths in police custody have highlighted failures to follow the guidance as a problem.

A key issue in investigations following deaths in police custody is the degree of perceived independence. Research has found that perceived independence is hindered by a number of factors, including:

- the employment of ex-police officers as independent investigators; and
- the need for investigators to retain good working relations with the police.

There has been limited research to gather the views of the families of those who died in police custody, reflecting the ethical challenges in approaching vulnerable individuals to discuss such sensitive issues. The best evidence found was from a study commissioned by the IPCC as part of its review of how the IPCC deals with deaths following police contact (Brown et al., 2014). The findings from the study informed the review and the IPCC has made a number of changes as a result. However, further research on the views of the families of those who die in police custody would help to gain a better understanding of their needs so that these can be met.

Appendix 1- Search strategy

A search of the literature was carried out over the winter of 2015/16. The key search term was 'deaths in police custody' and variants such as 'drug-related deaths in police custody' and 'suicides in police custody', which were combined with other relevant terms related to the focus of the search, such as 'investigation' and 'prevention'. These key terms were searched for on a number of websites that covered the academic literature, as well as official sites of relevant organisations to find 'grey' literature. An illustration of the range of sites used is provided below. A snowballing approach was also used where literature on an area was limited or difficult to find. This involved following up on references to the relevant literature in the initial reports that were found.

The websites searched included:

Databases of published academic research:

- Campbell collaboration;
- Cochrane library;
- Google Scholar;
- JSTOR;
- PubMed;
- Web of Science.

Relevant official sites related to policing in England Wales:

- Independent Police Complaints Commission;
- Her Majesty's Inspectorate of Constabulary;
- College of Policing;
- Websites of the UK government and the Scottish Government.

Sites of non-governmental organisations active in relevant fields:

- INQUEST;
- Amnesty.

Sites that hold international data on crime and policing:

- Eurostat;
- United Nations Office for Drugs and Crime;
- Bureau of Justice Statistics (US);
- Australian Institute of Criminology;
- Independent Police Conduct Authority of New Zealand.

Appendix 2 – Additional tables

Table A1 – Number of notifiable arrests and percentage change from 2006/07, England and Wales, 2001/02 – 2015/16

Year	Persons arrested for notifiable offences (<i>thousands</i>)	% change from 2006/07 peak ^a
2001/02	1,272	-14%
2002/03	1,313	-11%
2003/04	1,330	-10%
2004/05	1,353	-8%
2005/06	1,430	-3%
2006/07	1,475	-
2007/08	1,475	0%
2008/09	1,462	-1%
2009/10	1,385	-6%
2010/11	1,354	-8%
2011/12	1,225	-17%
2012/13	1,069	-28%
2013/14	1,025	-31%
2014/15	950	-36%
2015/16	896	-39%

^a A negative % indicates a lower number of arrests.

Source: *Arrest statistics data tables (Home Office, 2016a)*.

Table A2 – Number and rate (per million population) of deaths in police custody, by police force, England and Wales, 2004/05 – 2015/16

Police force	Population (thousands)	Deaths, total, 2004/05 – 2015/16	Average rate of deaths per year per million population, 2004/05 – 2015/16	Deaths 2004/05 – 2009/10	Average rate 2004/5 – 2009/10	Deaths 2010/11 – 2015/16	Average rate 2010/11 – 2015/16
Avon and Somerset	1,646	8	0.41	6	0.61	2	0.20
Bedfordshire	644	3	0.39	1	0.26	2	0.52
Cambridgeshire	830	2	0.20	2	0.40	0	0.00
Cheshire	1,039	12	0.96	5	0.80	7	1.12
City of London	391	0	0.00	0	0.00	0	0.00
Cleveland	561	3	0.45	2	0.59	1	0.30
Cumbria	498	1	0.17	0	0.00	1	0.33
Derbyshire	1,032	8	0.65	6	0.97	2	0.32
Devon and Cornwall	1,707	8	0.39	4	0.39	4	0.39
Dorset	760	2	0.22	2	0.44	0	0.00
Durham	623	1	0.13	0	0.00	1	0.27
Dyfed Powys	517	3	0.48	1	0.32	2	0.65
Essex	1,773	8	0.38	4	0.38	4	0.38
Gloucestershire	611	1	0.14	1	0.27	0	0.00
Greater Manchester	2,733	14	0.43	12	0.73	2	0.12

Gwent	580	4	0.57	2	0.57	2	0.57
Hampshire	1,940	2	0.09	1	0.09	1	0.09
Hertfordshire	1,155	1	0.07	1	0.14	0	0.00
Humberside	924	2	0.18	0	0.00	2	0.36
Kent	1,784	8	0.37	5	0.47	3	0.28
Lancashire	1,472	8	0.45	5	0.57	3	0.34
Leicestershire	1,044	1	0.08	0	0.00	1	0.16
Lincolnshire	732	5	0.57	4	0.91	1	0.23
Merseyside	1,391	5	0.30	4	0.48	1	0.12
Metropolitan	8,531	40	0.39	28	0.55	12	0.23
Norfolk	878	3	0.28	2	0.38	1	0.19
North Wales	694	6	0.72	3	0.72	3	0.72
North Yorkshire	806	2	0.21	0	0.00	2	0.41
Northamptonshire	714	0	0.00	0	0.00	0	0.00
Northumbria	1,435	10	0.58	4	0.46	6	0.70
Nottinghamshire	1,116	2	0.15	2	0.30	0	0.00
South Wales	1,301	10	0.64	9	1.15	1	0.13
South Yorkshire	1,366	6	0.37	4	0.49	2	0.24
Staffordshire	1,111	5	0.37	1	0.15	4	0.60
Suffolk	739	4	0.45	2	0.45	2	0.45
Surrey	1,161	4	0.29	1	0.14	3	0.43

Sussex	1,649	4	0.20	2	0.20	2	0.20
Thames Valley	2,339	6	0.21	4	0.28	2	0.14
Warwickshire	552	4	0.60	3	0.91	1	0.30
West Mercia	1,242	3	0.20	1	0.13	2	0.27
West Midlands	2,808	7	0.21	3	0.18	4	0.24
West Yorkshire	2,264	9	0.33	6	0.44	3	0.22
Wiltshire	699	0	0.00	0	0.00	0	0.00
Total	57,409	235	0.34	143	0.42	92	0.27

a Population figures from HM Inspectorate of Constabulary value for money data.

b Deaths figures from IPCC deaths during or following police contact time series tables.

c The average rate of deaths in custody per year between the two periods 2004/05 – 2009/10 and 2010/11 – 2015/16 for Greater Manchester and the Metropolitan police forces fell 65 per cent (from a rate of 0.6 deaths per year per force to 0.2), compared with an average decline between these two periods of 24 per cent for the other 41 forces (decline from 0.4 to 0.3 average deaths per year per force).

Table A3 – Trends, and indexed trends, in apparent suicides within two days of police custody, 2004/05 – 2015/16, (2004/05 = 100), and total suicide registrations in the general population, 2004 – 2014, (2004 = 100), England and Wales

Year	Apparent suicides following police custody	Index – apparent suicides following police custody	Year	Suicides in general population	Index – suicides in general population
2004/05	45	100	2004	4,874	100
2005/06	39	87	2005	4,705	97
2006/07	47	104	2006	4,507	92
2007/08	44	98	2007	4,313	88
2008/09	56	124	2008	4,595	94
2009/10	54	120	2009	4,677	96
2010/11	45	100	2010	4,519	93
2011/12	38	84	2011	4,880	100
2012/13	64	142	2012	4,887	100
2013/14	69	153	2013	5,145	106
2014/15	68	151	2014	5,158	106
2015/16	60	133	-	-	-

a IPCC deaths during or following police contact time series tables.

b Office for National Statistics, Suicide in the United Kingdom, 2014 registrations, 2016, (ONS, 2016a). Suicides in the general population are recorded per calendar year. Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the Suicides in the UK bulletin: www.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2014-registrations/index.html"

Table A4 – Summary of dataset supplied by US Bureau of Justice Statistics showing types of death reported on the Arrest Related Deaths Program, 2003 – 2009 and 2011.

Type of death	Numbers of deaths	Percentage of total
Homicide by law enforcement officer(s)	3,619	62.2%
of which, law enforcement shooting	3,403	58.5%
of which, other law enforcement homicide	216	3.7%
Suicide	667	10.2%
Alcohol/drug intoxication	591	4.4%
Accidental	313	5.4%
Illness	255	0.5%
Other homicide	31	11.5%
Other	342	5.9%

n=5,546

Appendix 3 - Calculations for international rates of death in police custody

There are a number of issues that need to be taken into account when making comparisons of deaths in police custody internationally.

Data definitions and quality: Recording practices differ between the countries used for comparison. These differences include what is included as 'police custody', the 'cut-off' points for when police custody no longer applies (when given to a hospital for care, for example), and also the quality, consistency and coverage of the recording itself.

The more detailed databases received from the Australian Institute of Criminology and the US Bureau of Crime Statistics will minimise these differences, but some discrepancy is still likely. This is due to the different operating contexts of the police in different countries.

Base: To create a rate of deaths in police custody for comparison, there are a number of options for the base on which to construct a rate. National population has been used as the base for rates of deaths in police custody when making international comparisons in this report. A figure for detainee population or arrestee population would perhaps make a more meaningful comparison, but these data on numbers held in police custody either are not collected or could not be found. In other parts of this report, arrests for notifiable offence data are used for England and Wales, although these data represent an undercount of total detainees held in police custody

Table A5 – Number and rate (per million population) of deaths in police custody, England and Wales and Australia 1998/99 – 2013/14 (underpinning Figure 6).

Year	England and Wales ^a			Australia ^b		
	Volumes of deaths	Population (millions)	Rates	Volumes of deaths	Population (millions)	Rates
2003/04	33	52.9	0.62	12	19.7	0.61
2004/05	36	53.2	0.68	11	19.9	0.55
2005/06	28	53.6	0.52	5	20.2	0.25
2006/07	27	54	0.50	7	20.5	0.34
2007/08	21	54.4	0.39	9	20.8	0.43
2008/09	15	54.8	0.27	5	21.2	0.24
2009/10	16	55.2	0.29	7	21.7	0.32
2010/11	21	55.7	0.38	5	22	0.23
2011/12	15	56.2	0.27	4	22.3	0.18
2012/13	14	56.6	0.25	4	22.7	0.18

a England and Wales, reported deaths in or following police custody (bespoke dataset). Rate calculated using Office for National Statistics mid-year estimates.

b Australia, custom dataset from the Australian Institute of Criminology, received in 2016. These deaths are similar to the 'category 1a' classification used by the AIC. These relate to where the actions of the deceased were either: directly as a result of the presence of an officer; or killed in the process of being brought into; or, being held in or transferred from, police custody (Baker and Cussen, 2015; Lyneham et al., 2010). Rate calculated using estimated resident population, June figures, from Australian Bureau of Statistics (2016).

Table A6 – Rates of deaths in police custody per million population per year, England and Wales, Australia, Germany, New Zealand, Norway, Scotland, Sweden and the US, 1990 – 2015 (underpinning paragraphs in Section 2).^a

	England and Wales, 1990 – 1996 ^b	Australia 2003/04 – 2012/13 ^c	Germany, 1993 – 2003 ^d	New Zealand, 2000 – 2009 ^e	Norway, 2003 – 2012 ^f	Scotland, 2013/14 – 14/15 ^g	Sweden, 2011 – 2015 ^h	US, 2003 – 2008, 2011 ⁱ
Total deaths	277	69	128	27	11	9	14	2,415
Population in first year (millions)	50.6	19.7	81.3	3.8	4.6	5.3	9.5	290.8
Population in last year (millions)	58.2	22.7	82.5	4.3	5	5.3	9.9	311.7
Average population (millions)	54.4	21.2	81.9	4.05	4.8	5.3	9.7	301.25
Custody deaths per million of population per year^r	0.73	0.32	0.14	0.65	0.23	0.84	0.29	1.00

^a Population figures used to calculate the rates of deaths per population per year are the average population of the first and last year from each data series. For example, the average of the population in the England and Wales in 1990 (50.6 million) and 1996 (58.2 million). Within each country, the figures in the 'custody deaths per million of population per year' row are derived by dividing total deaths by the number of years (all date ranges inclusive, that is, 1990 – 1996 is a 7 year period) and the average population.

^b England and Wales total deaths figures between 1990 and 1996, inclusive, from Leigh et al., 1998. Population figures are from the Office for National Statistics.

^c Australia total deaths figures from Australian Institute of Criminology unpublished dataset. Population figures are from <http://www.abs.gov.au/>.

^d German total deaths figures from Heide et al. (2009). This rate might represent an undercount due to different definitions (discussed more in text). Population figures are from https://www.destatis.de/EN/FactsFigures/SocietyState/Population/CurrentPopulation/Tables/_lrbev03.html.

^e New Zealand total deaths figures from the New Zealand Independent Police Conduct Authority, which compiled the thematic report that these figures are drawn from; the report defines police custody deaths as they are defined by the Independent Police Complaints Commission. Population figures are from <http://www.stats.govt.nz/>.

^f Norway total deaths figures from Aasebø et al. (2015). Rate calculated, using the same methodology as in other countries, gave a rate of 0.23 deaths per year per member of the population, which is different to the rate of 0.22, as calculated by Aasebø et al. Population figures are from <http://www.ssb.no/en>.

^g Scotland total deaths figures from the *Police Investigations and Review Commissioner* annual reports. Population figures are from National Records of Scotland (2015).

^h Sweden total deaths figures from personal correspondence. Population figures are from <http://www.scb.se/>.

ⁱ US total deaths figures from BJS unpublished dataset. Population figures are from <https://www.census.gov/popest/data/>

Table A7 – Summary of International data and comparability with England and Wales definition of deaths in or following police custody, as collected and published by the Independent Police Complaints Commission (IPCC)

Jurisdiction	Time period of available data	Additions/omissions compared with the IPCC definition of deaths in police custody	Deaths in custody per head of population per year (period covered, if different to total time period available)
Germany	1993 – 2003	Missing: <ul style="list-style-type: none"> all deaths other than those specifically within police custody cells. 	0.1
Norway	2003 – 2012	Missing: <ul style="list-style-type: none"> deaths during process of arrest; some in-hospital deaths may have been missed from the study. 	0.2
Sweden	2011 – 2015	Missing: <ul style="list-style-type: none"> deaths following custody where cause related to time in detention; deaths in hospital while under arrest. 	0.3
US	2003 – 2009, 2011	Missing: <ul style="list-style-type: none"> deaths in Federal police detention; deaths in jail while under police custody. <p>Data provided by individual police forces represents proportion of all deaths in custody.</p>	1.0

Overall, the data received from other countries appear to consistently undercount deaths in police custody in comparison with the IPCC definition of deaths in police custody (once other categories such as shootings and road deaths are removed – as in the case of data from the US).

The most common reason for the underestimate appears to be that other countries do not include deaths *following* police custody that were related to the time spent in detention.

For Germany, Norway and Sweden, data has only been located from one-off studies looking at total deaths in police custody over a period of time, rather than at individual years.

In Germany, a study (Heide *et al.*, 2009) found 128 deaths in total nationally, in the 11 years from 1993 – 2003. Converted into a rate this gives an average of 0.1 deaths in custody per year per million population, lower than the equivalent rate for England and Wales during the period 1998/99 – 2003/04 (the period for which data are available) of between 1.0 and 0.5 deaths in custody per year per million population. However, this study did not include deaths during arrest, or deaths of arrested people taken straight to hospital or to hospital following arrival in custody, so this figure may be an underestimate of deaths in or following police custody compared with the IPCC figures for England and Wales.

In Norway, a study (Aasebø *et al.*, 2015) found 11 deaths in total nationally in the 10 years from 2003 – 2012. Converted into a rate this gives an average of 0.2 deaths in custody per year per million population, lower than the equivalent rate for England and Wales during the period

2003/04 – 2012/13 (0.4). However, this study did not include deaths during arrest ('pre-incarceration arrests') and it is not clear if deaths during transfer to police custody or hospital are included. Data collection for this study was through requests for historical data from the 27 police administrative districts in Norway, rather than through a centrally or systematically published report.

The rate of deaths in police custody in Sweden is based on a small number of deaths in each year. The rate of deaths in police custody in Sweden between the years 2011 – 2014 varied from 0.2 and 0.4 deaths per million population, similar to the equivalent rate for England and Wales during this period of between 0.2 and 0.3.

Data covering provinces of Canada was found in a one-off report (MacAlistair, 2010). However, recording was not consistent between states, nor was it clear how each state recorded deaths in custody.

The US rate of deaths in police custody was 1.0 deaths per million population per year for the years 2003–2008, and 2011 (years for which data is available). Over the similar period 2003/04–2008/09 and 2011/12, the equivalent rate was 0.4 in England and Wales. The US rate remained similar over this period, while the rate for England and Wales has fallen from 0.6 to 0.3. However, accurate trend data from the US statistics is hampered by slightly different numbers of police agencies contributing to the data collection programme over the time it ran (Banks *et al.*, 2015).

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