# Improving prisoner death statistics to promote positive health and trauma informed care

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# Unsafe prisons mean unsafe societies

Prisoner health negatively correlates with reoffending rates

Reoffending in England and Wales costs £18 billion annually

Prison health is public health

Prisoner mortality rates are up to 50% higher than rates in the community, forming a global human rights and health equity concern, and producing tremendous harms and costs
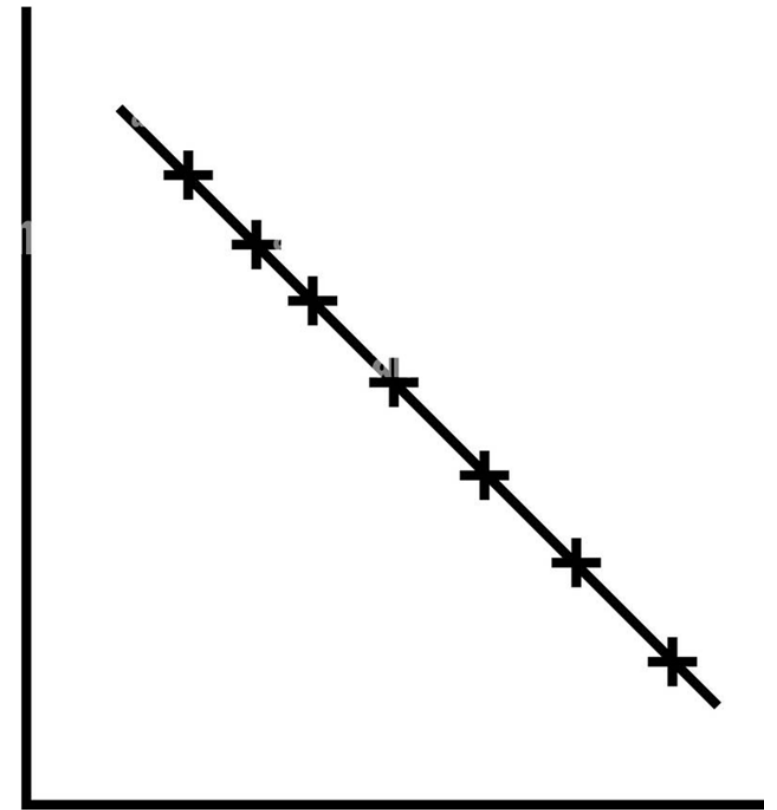
Although often overlooked or treated as aberrations, prisoner deaths are part of imprisonment and form the 'tip of the iceberg': indicating the state of health, safety and rights within prison systems

Deaths might seem irrelevant to promoting positive health and trauma informed care, but examining them can highlight crucial barriers to improving health and care

Medicolegal investigations often focus on individual cases and seek to attribute blame to individuals.

**We advocate analysis of systems and populations, ideally internationally – not blame of individuals in specific cases**

# The UN and Prisoner Death Data

## 2019

- **UN High Commissioner for Human Rights** - Prisoner deaths identified amongst the most 'important challenges pertaining to' persons deprived of their liberty'

## 2019

- **Human Rights Council** recommended that States **collect, compile and analyse prisoner death data**

## 2023

- **UN Special Rapporteur** on Extrajudicial, Summary or Arbitrary Executions – called prisoner deaths '**a silent** global tragedy' and flagged that such deaths were **often preventable**

## Developing a public health and human rights informed approach to prisoner death data

A public health approach uses death data to identify trends, patterns and risk factors associated with death

This enables the prioritisation of targeted interventions to improve population health and reduce premature mortality.

Data can inform policy and planning, help justify funding for specific programmes and evaluate progress from baseline

A rights-based approach - data collection must move away from national averages 'masking underlying disparities' to incorporate data on the 'most disadvantaged or marginalized' (OHCHRM 2018)

**Developing a public health and human rights informed approach to prisoner death data**

Agenda 2030 requires States to produce data disaggregated by gender, age, race, ethnicity, migratory status, disability and other relevant characteristics.

Understand the social, economic and political factors that contribute to mortality, particularly among marginalized groups

**Current international prisoner death data do not facilitate these analyses – can we improve this nationally and internationally?**

# Prisoner Death - Datasets

**Council of Europe SPACE I**

**UNODC Mortality in Prison**





**National datasets also present an opportunity/ starting point – might your country want to take this forward?**

# Preventing Prisoner Deaths in the Council of Europe



Existing data approaches disguise the scale of the issue, invisibilise prisoner characteristics and mask the circumstances of deaths

Reliance on few categories conceals the avoidable nature of many deaths and, importantly, points of prevention

# Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders

*(Adopted by the Committee of Ministers on 26 February 2025
at the 1520th meeting of the Ministers' Deputies)*

# Suicide in Prisons

Suicide can usually be avoided but is often the leading cause of prisoner deaths, occurring at rates several times higher than in the community

The CPT recommends that governments learn lessons from individual deaths, **implement national prevention strategies** and take concrete steps to reduce suicide rates

States are obliged to prevent deaths caused by suicide - but preventability depends on the identification of all contributing factors

National and European statistics often fail to provide the comprehensive, disaggregated and contextualised data needed to provide a robust evidence base for death prevention strategies
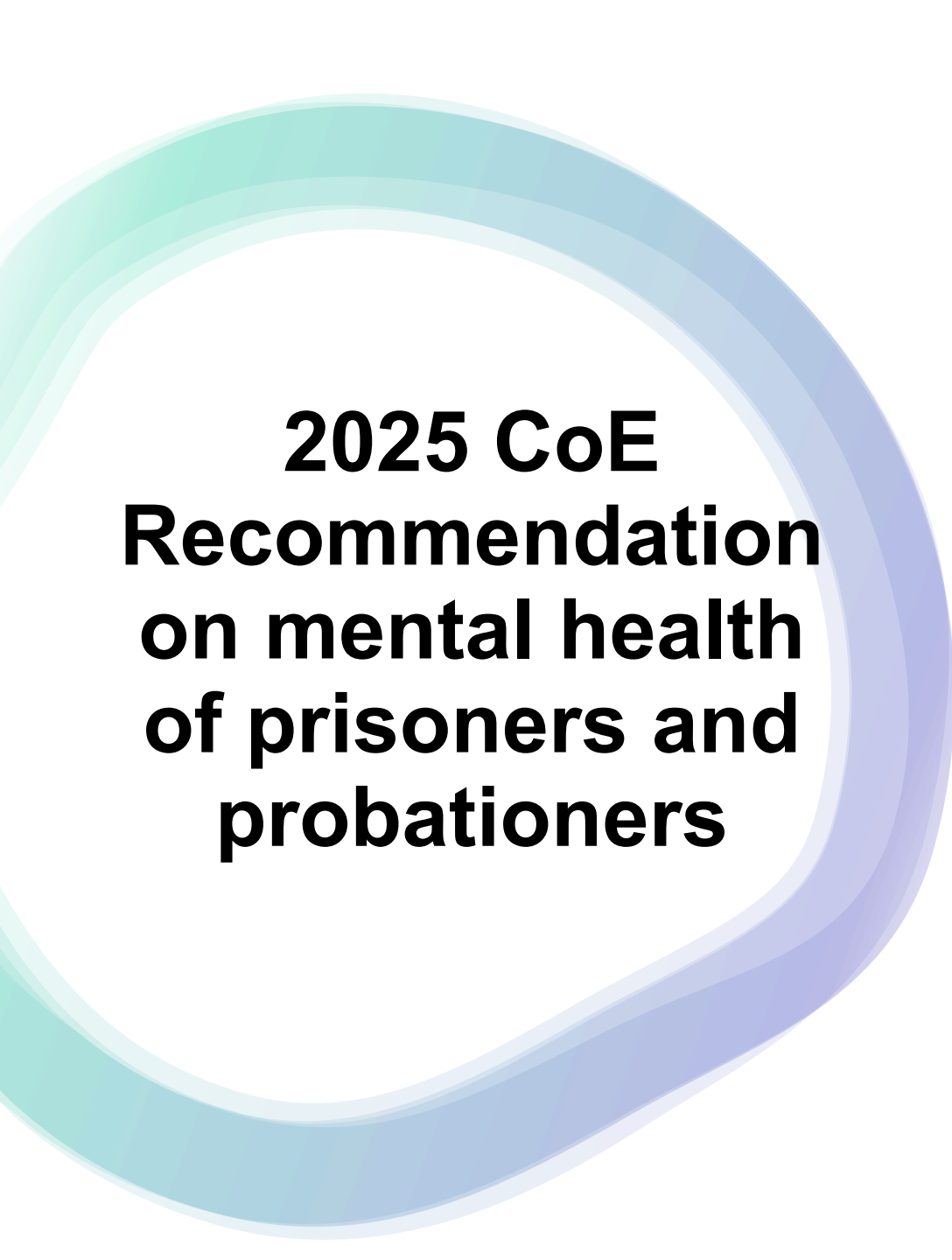
# 2025 CoE Recommendation on mental health of prisoners and probationers

**Rule 17 Self-Harm and Suicide Prevention**

Authorities should take special measures to prevent self-harm and suicide by…

a) **Developing and enforcing policies specifically** addressing self-harm and suicide prevention

b) **Identify risks** of self-harm and suicide

f) **Regularly review and update policies based on best practices and emerging research**

# 2025 CoE Recommendation on mental health of prisoners and probationers

**Information**

24.2.    Anonymised data on suicide, attempted suicide and self-harm, where accessible, should **routinely be collected and monitored**.

**Research**

25.    Research should be … undertaken **to develop an improved evidence base on effective interventions** supporting prisoners and probationers with mental disorders...

# Tenets for Improving Prison Death Data

**Comprehensive**

**Count 'prisoners who die' not deaths within prison**
Include *all deaths of persons subject to ongoing detention order*, including: in external medical facilities; during escape; of prisoners on temporary leave; of prisoners pre-trial and awaiting sentence

**Indicate how prisoner(s) died**
Report manners of death that are: i) *detailed* (reduce reliance on 'other' categorisation; represent all major forms of death); ii) *distinct* (reduce overlap between manners); iii) *specific* (have clear definitions and boundaries); and iv) *verified* (submitted by independent body and source(s) made clear)

**Disaggregated**

**Which prisoners died?**

Extend data to indicate *which prisoners died* by including a range of rights-required identifiers such as gender (identity), race, ethnicity, age, sexuality, disability and legal status

**Contextualised**

**Who or what was involved in the death?**

Add descriptive tags to enhance death prevention potential. Were drugs, alcohol, fire, sexual violence, restraints or weapons involved? Was the prisoner detained pre-trial, sentenced or recalled? Where did the death occur and who was responsible? Were mass fatalities or mass perpetrators involved?

# COMPREHENSIVE DATA
# Count Prisoners who Die

From 2018 until 2022, statistics were only provided for deaths inside penal institutions, omitting those **who died in hospital or on leave**

SPACE I remains focused on deaths **inside prison facilities** - but in 2022, additional data included on the number of persons who died outside prisons

This inclusion of data on prisoner deaths outside penal institutions in SPACE I is welcomed and vitally important to ensure **the true scale of prisoner deaths** within the Council of Europe is represented

# COMPREHENSIVE DATA
# Count Prisoners Who Die

IMPORTANCE - The number of prisoners that **died outside prison** was significant in many countries (Poland, Spain, Ukraine) and in some cases, higher than the number of deaths in prison (Albania, Belgium, Georgia, Greece and Turkey)

CHALLENGES - Practical challenges in securing comparable data: not available from 13 member States

RECOMMENDATION – That the deaths of all persons subject to **an ongoing detention order** be included in SPACE I statistics and analysed nationally

# Disaggregated Data

SPACE I only provides disaggregated statistics for death by suicide

Gendered data on deaths and suicides included from 2010

Pretrial prisoner deaths included since 2014

No data on deaths of transgender prisoners or prisoners from indigenous or minority ethnic populations

# Invisibilising… (What we cannot see)

(Trans)Gender

Sexuality

Race

Ethnicity

Legal status/ Nationality

Disability

Groups that are susceptible to discrimination

**RECOMMENDATION - Disaggregation of prisoner death data e.g. by gender identity, sexuality, race, migratory status and disability is necessary to ensure prevention policies are underpinned by evidence, particularly for groups susceptible to discrimination**

# Contextualised Data

SPACE I now refers to three categories of deaths: homicide, suicide or other

However, **two thirds** of all prisoner deaths in 2020 and **over half of deaths** in the 2021, 2022 and 2023 reports were classified as 'other'

The current categorises (homicide, suicide, other), introduced in 2016, conceal factors that contribute to deaths caused by or because of imprisonment

This does not provide a comprehensive evidence base to facilitate death prevention

# Categorisation Issues

NATURAL DEATHS - label can deflect attention from eminently preventable deaths – failure to provide adequate or timely medical treatment, deflecting attention from eminently preventable deaths

ACCIDENTAL – can be utilised to facilitate misclassification and therefore underreporting of suicide and homicide rates

We recommend the inclusion of **contextual information** on the location and means of death, and who was involved in the death to enhance prevention potential

**Contextualised**

### Who or what was involved in the death?

Add descriptive tags to enhance death prevention potential. Were drugs, alcohol, fire, sexual violence, restraints or weapons involved? Was the prisoner detained pre-trial, sentenced or recalled? Where did the death occur and who was responsible? Were mass fatalities or mass perpetrators involved?

# Improving prisoner death statistics

**Policy Brief - October 2024[1]**
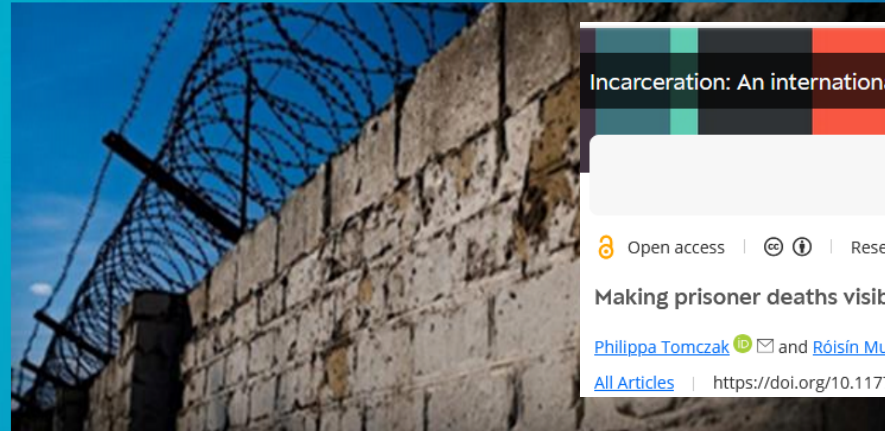
## Tenets for prisoner death data

1. Prisoner death data should be **comprehensive**
   i) *count prisoners who die*, not only deaths occurring within prison facilities and
   ii) indicate *how prisoners died* by reporting detailed, distinct, specific and independently verified manners of death

2. Prisoner death data should be **disaggregated**
   Indicate *which prisoners died* by including a range of rights-required identifiers such as gender (identity), race, ethnicity, age, sexuality, disability and legal status

3. Prisoner death data should be **contextualised**
   Indicate *who and what was involved* in the death by adding descriptive tags. Were drugs, sexual violence, restraints or weapons involved? Was the prisoner detained pre-trial or sentenced? Where did the death occur and who was responsible? Were mass fatalities or mass perpetrators involved?