



Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to March 2018 Assaults and Self-harm to December 2017

Main Points

Number of deaths continues to fall compared to the previous 12 month period



There were 299 deaths in prison custody in the 12 months to March 2018, down 13% from the previous year. Of these, 5 were homicides, an increase of 2 from the previous year. There were 69 self-inflicted deaths, down from 115 in the previous year, one of which occurred in the female estate, compared to 10 in the previous 12 months.

Self-harm incidents continue to rise, reaching new record high



In the 12 months to December 2017, there were 44,651 incidents of self-harm, up 11% from the previous year. The number of self-harming individuals increased by 6% to a new record high of 11,630. Quarterly self-harm incidents fell by 2% to 11,790 incidents.

Assaults and serious assaults continue to rise, reaching record highs



There were 29,485 assault incidents in the 12 months to December 2017, up 13% from the previous year. In the 12 months to December 2017, there were 3,856 serious assaults, up 10% from the previous year. Both of these figures are the highest in the time series. In the most recent quarter, assaults decreased by 1% to 7,790 incidents.

Prisoner-on-prisoner assaults continue to rise, reaching record highs



There were 21,270 prisoner-on-prisoner assaults, up 11% from the previous year. Of these, 3,029 (14%) were serious assaults, an increase of 10% in the number of incidents from the previous year. Both figures are record highs. Prisoner-on-prisoner assaults saw a decrease of 2% in the latest quarter, with 5,579 incidents.

Assaults on staff continue to rise, reaching record highs



There were 8,429 assaults on staff in the 12 months to December 2017, up 23% from the previous year. There has been a change in how these incidents are recorded which has contributed to the increase. See the guide for more information. Of these, 864 were serious assaults on staff (up 10%). In the latest quarter the number of assaults on staff increased by 5% to a new record high of 2,327 incidents.

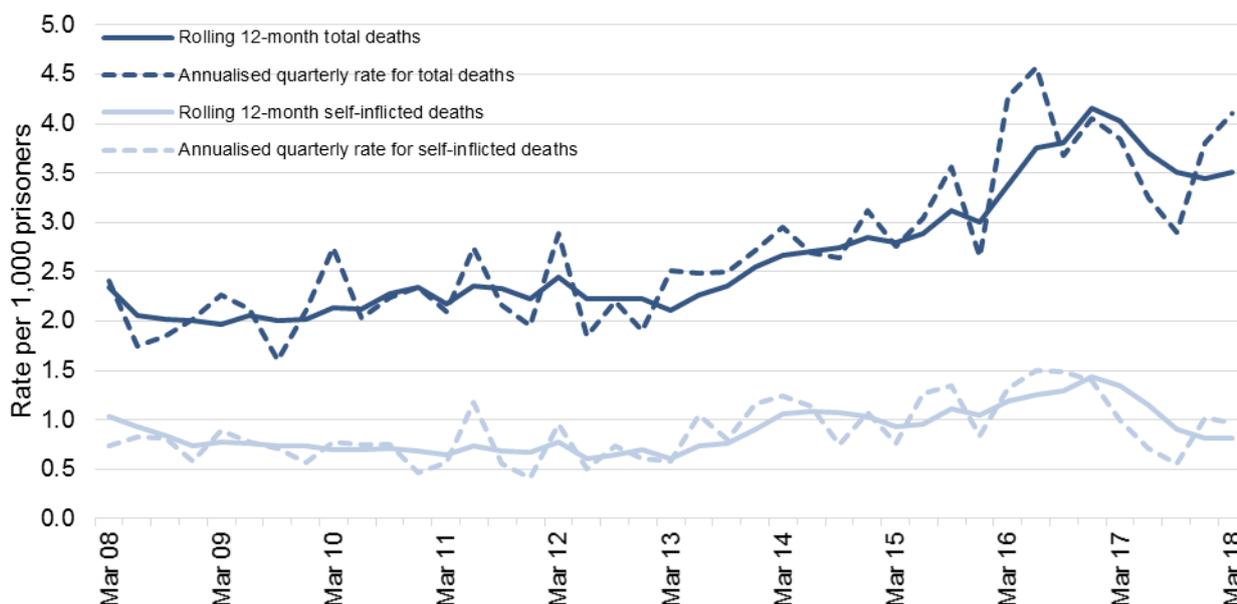
Safety in custody statistics cover deaths, self-harm and assaults in prison custody and HMPPS Immigration Removal Centres in England and Wales, with figures in quarterly summary tables presented on a 12-month rolling basis over an 11-year time series. Supplementary annual tables, providing more in-depth statistics on a calendar year basis, underlying data files with pivot tables providing lower level granularity, and a guidance technical document are also available alongside this bulletin, at www.gov.uk/government/collections/safety-in-custody-statistics.

1 Deaths: 12 months ending March 2018

Number of deaths continues to fall

In the 12 months to March 2018, there were 299 deaths in prison custody, down 45 from the previous year. Of these, 69 deaths were self-inflicted, down 46 from the previous year.

Figure 1: Quarterly 12-month rolling rate of deaths per 1,000 prisoners, 12 months ending March 2008 to 12 months ending March 2018, with annualised quarterly rates¹



In the 12 months to March 2018, there were 299 deaths in prison custody, a decrease of 13% from 344 in the previous year, at a rate of 3.5 deaths per 1,000 prisoners. The most recent quarter saw the number of deaths increase to 85, up 3 from the three months to December 2017. Quarterly death figures should be considered with caution due to greater volatility and the potential for seasonal effects. Long-term trends and more detail are presented in annual tables.

There were 69 apparent self-inflicted deaths, down 40% from 115 in the previous year. On a rate basis this is 0.8 instances per 1,000 prisoners. Within the female estate, there was 1 self-inflicted death at a rate of 0.3 per 1,000 prisoners, down from 10 incidents in the previous 12 months.

There were 5 apparent homicides, an increase of 2 from the previous year. Homicides in prison custody remain relatively rare, accounting for around 1% of all deaths over the last ten years.

There were 168 deaths due to natural causes, a decrease of 18% from 204 in the previous year. Natural-cause deaths were at a rate of 2.0 per 1,000 prisoners.

There were 57 deaths recorded as 'other' in the 12 months to March 2018, 56 of which are 'awaiting further information' prior to being classified. In some cases, the results of the toxicology and post-mortem tests are inconclusive, meaning classification cannot be arrived at until inquest (which can be a considerable time after the death), while other cases remain awaiting results at the time of publication. There has been a particularly high number of deaths awaiting further classification in this period. As a result, the number of deaths in the individual categories is not directly comparable with earlier years: it is likely that numbers in some categories will be revised upwards once classifications have been finalised.

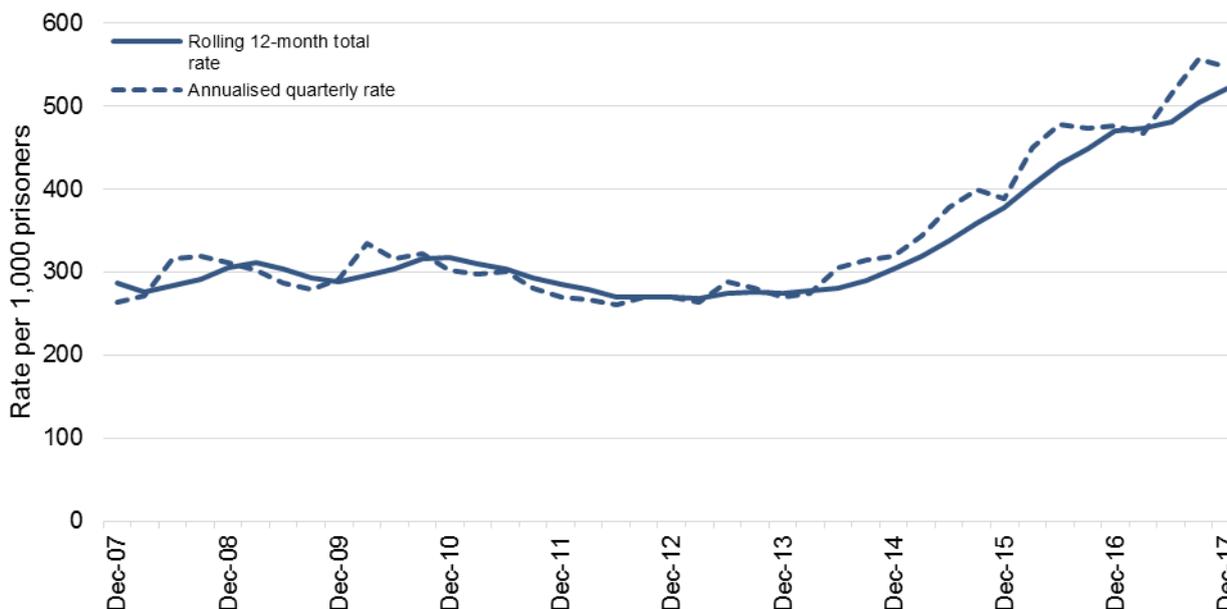
¹ The annualised quarterly rate is an estimate of the annual rate calculated from data in one quarter and also taking into account the number of days in that quarter.

2 Self-harm: 12 months to December 2017

Self-harm incidents continue to rise, reaching record highs

In the 12 months to December 2017, there were 44,651 incidents, up 11% from the previous year, and a new record high. On a quarterly basis, the number of incidents is down 2% at 11,790. Incidents requiring hospital attendance increased by 12% to 3,067, the highest figure in the time series.

Figure 2: Quarterly 12-month rolling rate of self-harm incidents per 1,000 prisoners, 12 months ending December 2007 to 12 months ending December 2017, with annualised quarterly rates

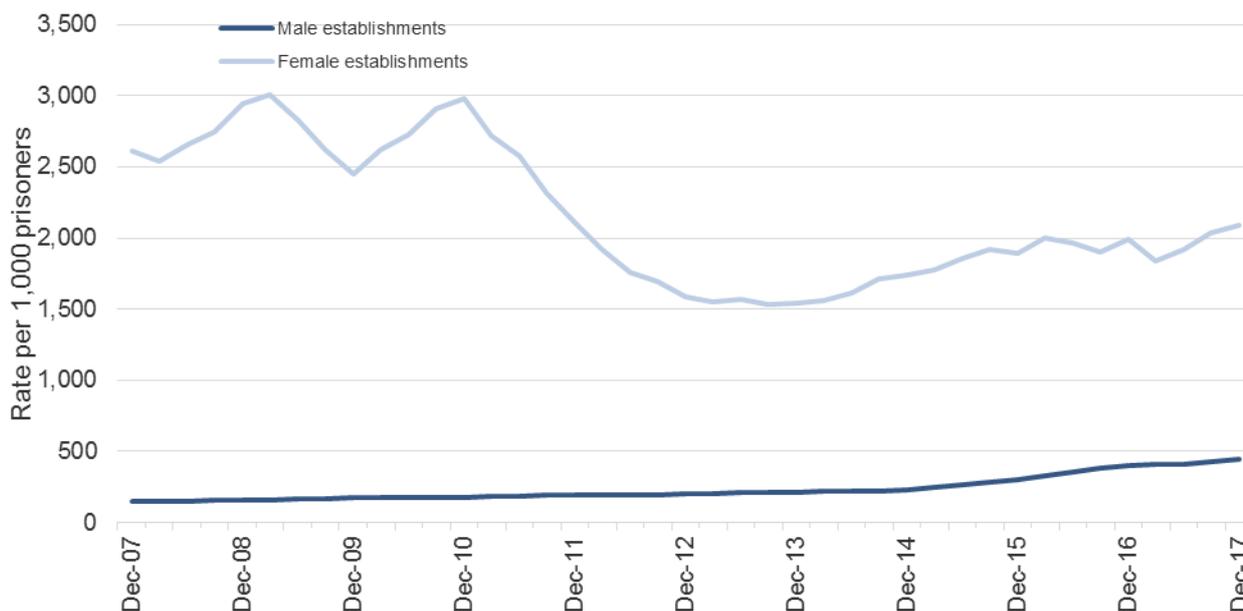


In the 12 months to December 2017, there were 44,651 reported incidents of self-harm (a rate of 521 per 1,000 prisoners), up 11% from the previous year. The number of self-harm incidents requiring hospital attendance increased by 12% to 3,067. The proportion of incidents that required hospital attendance remained largely unchanged at 6.9%.

On a quarterly basis, the number of incidents in the three months to December 2017 decreased to 11,790 (down 2% on the previous quarter), 758 of which required hospital attendance. This decrease is most likely seasonal: the last quarter of the year typically sees fewer incidents of self-harm (see dotted line on Figure 2 above).

The number of prisoners who self-harmed in the 12 months to December 2017 was 11,630 (a rate of 136 prisoners per 1,000), up 6% from the previous year, and the highest figure in the time series. Those that self-harmed did so, on average, 3.8 times, although a small number of prolific self-harmers have a disproportionate impact on this figure. The majority of those who self-harm in prison do so only once a year. Additional detail on this can be found in the annual self-harm tables, and in the annex published with this bulletin.

Figure 3: Quarterly 12-month rolling rate of self-harm incidents per 1,000 prisoners by gender of establishment, 12 months ending December 2007 to 12 months ending December 2017



Self-harm trends differ considerably by gender, with a rate of 445 incidents per 1,000 in male establishments (with incidents up 12% from the previous year) compared to a rate of 2,093 per 1,000 in female establishments (an increase of 8% in the number of incidents from the previous year). In the 12 months to December 2017, the number of self-harm incidents per self-harming male increased from 3.3 in the previous year to 3.5, while self-harm prolificacy among females increased from 6.6 in the previous year to 7.0 incidents per self-harming individual.

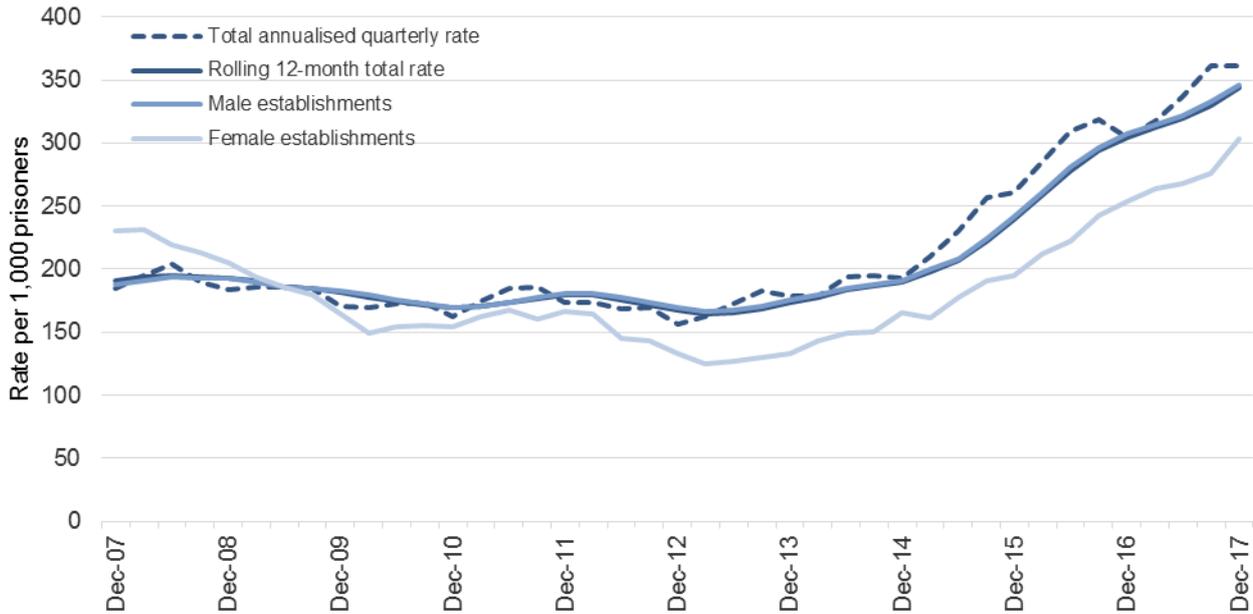
Self-harm incidents requiring hospital attendance have increased in male establishments by 11% to 2,884, and increased by 33% to 183 in female establishments. While self-harmers in female establishments were, on average, involved in twice as many incidents as those in male establishments, the proportion of incidents that required hospitalisation was higher in male establishments (7.9% compared to 2.2% in female establishments). The need for hospitalisation is not a straightforward indicator of the severity of the self-harm incident because it is affected by the type of injury suffered and the availability of medical services at the prison.

3 Assaults: 12 months to December 2017

Assaults and serious assaults continue to rise, reaching record highs

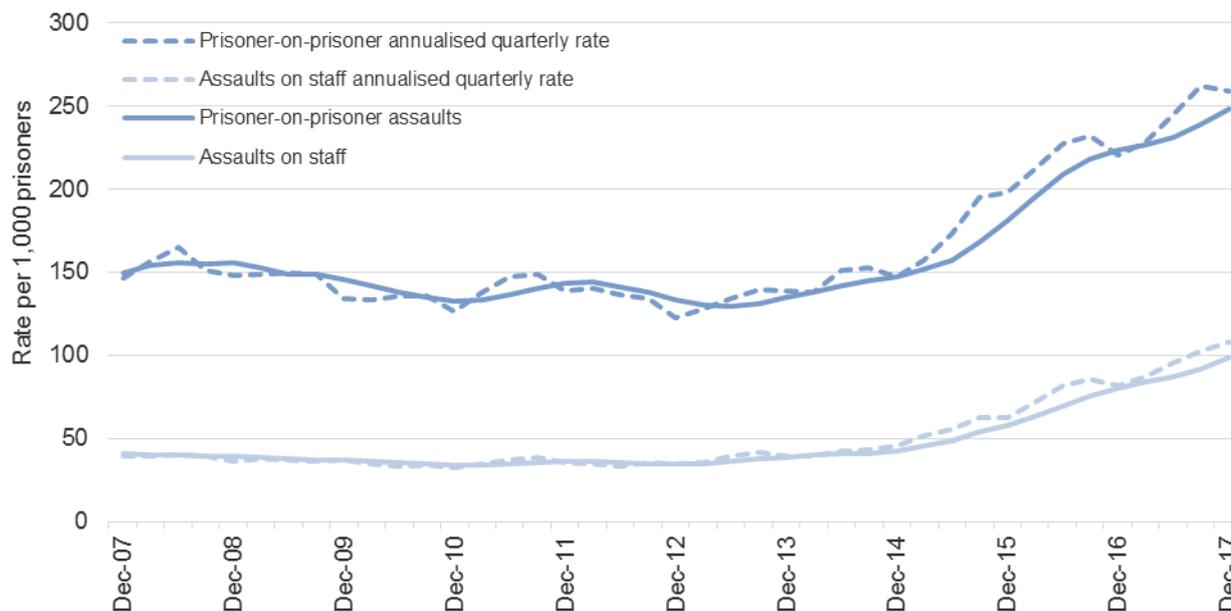
In the 12 months to December 2017, there were 29,485 assault incidents, up 13% from the previous year. Of these, 3,856 were serious, up 10% from the previous year. Both of these figures are the highest in the time series. Quarterly assaults decreased by 1% to 7,790 incidents.

Figure 4: Quarterly 12-month rolling rate of total assaults by gender of establishment, 12 months ending December 2007 to 12 months ending December 2017, with annualised quarterly rates



In the 12 months to December 2017, assault incidents increased by 13% to a new record high of 29,485. In the latest quarter, there were 7,790 assaults, down 1% from the three months to September 2017.

Figure 5: Quarterly 12-month rolling rate of prisoner-on-prisoner assaults and assaults on staff, 12 months ending December 2007 to 12 months ending December 2017, with annualised quarterly rates



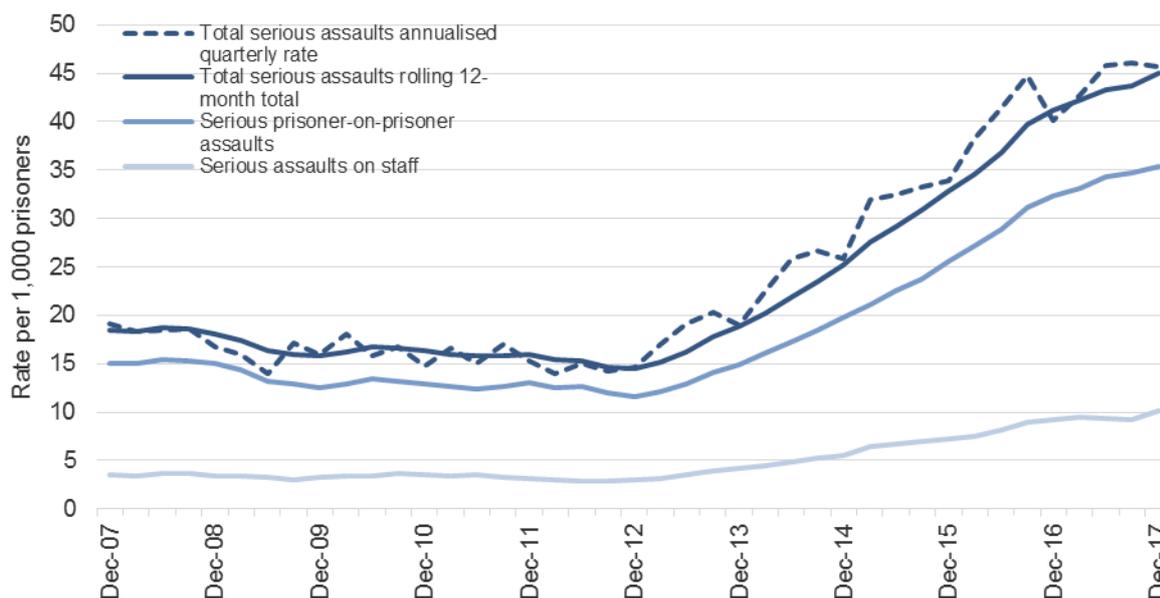
There were 21,270 prisoner-on-prisoner assaults in the 12 months to December 2017 (a rate of 248 per 1,000 prisoners), up 11% from the previous year, and a new record high. The latest quarter saw 5,579 incidents, a decrease of 2% from the previous period.

There were 8,429 assaults on staff in the 12 months to December 2017 (a rate of 98 per 1,000 prisoners), up 23% from the previous year. This is the highest level in the time series. In the latest quarter, staff assaults increased by 5% to a new record high of 2,327 incidents. There has been a change in how staff assaults have been recorded. This has simplified how incidents involving staff are identified, however it is possible this has increased the recording of incidents.

3.1 Serious assaults

Serious assaults are those which fall into one or more of the following categories: a sexual assault; requires detention in outside hospital as an in-patient; requires medical treatment for concussion or internal injuries; or incurs any of the following injuries: a fracture, scald or burn, stabbing, crushing, extensive or multiple bruising, black eye, broken nose, lost or broken tooth, cuts requiring suturing, bites, temporary or permanent blindness.

Figure 6: Quarterly 12-month rolling rate of total serious assaults, serious prisoner-on-prisoner assaults, and serious assaults on staff, 12 months ending December 2007 to 12 months ending December 2017, with annualised quarterly rates



In the 12 months to December 2017, there were 3,856 serious assaults, up 10% from the previous year. Of these, 3,029 (or 79%) were serious prisoner-on-prisoner assaults, an increase of 10% in the number of incidents from the previous year. Over the same period, there were 864 serious assaults on staff, up 10% from the previous period. All of these figures are the highest in the respective time series.

In the latest quarter, there were 983 serious assaults, down 2% from the three months to September 2017. Of these, 742 (or 75%) were serious prisoner-on-prisoner assaults, (a decrease of 7%), and 257 were serious assaults on staff (up 22%).

Further Information

Accompanying files

As well as this bulletin, the following products are published as part of this release:

- A technical guide providing further information on how the data are collected and processed, as well as information on the revisions policy and legislation relevant to sentencing trends and background on the functioning of the criminal justice system.
- A set of summary tables for the latest quarter, and annual tables up to the latest calendar year.
- Underlying data files with pivot tables, giving lower level granularity.

National Statistics status

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.



All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's (UKSA) regulatory arm. The UKSA considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is the Ministry of Justice's responsibility to maintain compliance with the standards expected for National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the UKSA promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Contact

Press enquiries should be directed to the Ministry of Justice press office:

Tel: 020 3334 3536

Email: newsdesk@justice.gsi.gov.uk

Other enquiries about these statistics should be directed to:

Lucy Cuppleditch

Prison and Probation Analytical Services

Ministry of Justice

102 Petty France

London

SW1H 9AJ

Email: statistics.enquiries@justice.gsi.gov.uk

Next update: 26 July 2018

URL: www.gov.uk/government/collections/safety-in-custody-statistics

© Crown copyright

Produced by the Ministry of Justice.

Alternative formats are available on request from statistics.enquiries@justice.gsi.gov.uk

Annex A - Self-harm annual tables key findings²

Method of self-harm

- Cutting or scratching remains the most common method of self-harm for both males and females in 2017, accounting for almost two thirds of all incidents.
- The frequency of less common methods varies. In the female estate, self-strangulation is the second most prevalent method, accounting for 28% of incidents, compared to 6% in the male estate. In the male estate, the second most common method is overdosing or self-poisoning (10%), whereas this is relatively rare in the female estate (3%).

Age

- In 2017, self-harm incidents were most likely to be by prisoners aged 18-20, with 926 incidents per 1,000 prisoners. The majority of incidents were committed by those aged between 21 and 39 and accounted for 71% of self-harms in both the male and female estates.
- Of the individuals who self-harmed in 2017, 75% were aged between 21 and 39. Barring prisoners aged 15-17, the likelihood a prisoner will self-harm decreases with age, with 239 self-harmers per 1,000 prisoners aged 18-20 in 2017 compared to only 18 per 1,000 prisoners aged 60 and over. Prisoners aged 15-17, consisting of male prisoners only, had the highest likelihood with 300 per 1,000 prisoners.

Time in current prison

- The first few days of custody in a new prison are particularly high-risk in terms of self-harming. In 2017, 8% of all self-harm incidents occurred within the first week of the prisoner arriving in their current prison and 23% occurred within the first month.

Status

- Across the time series, while those who received a determinate sentence accounted for the largest proportion of self-harm incidents (54% in 2017), this was lower than the overall share of determinate sentence prisoners in the population (66% in 2017).
- Recall prisoners make up 7% of the prison population but accounted for 14% of incidents.

Ethnicity

- In 2017, White prisoners were the most likely to self-harm with a rate of 618 incidents per 1,000 prisoners. This is more than 3.5 times higher than BAME prisoners (165 incidents per 1,000 prisoners). For female prisoners, those of White ethnicity had the highest rate of self-harm (2,363 incidents per 1,000 prisoners) followed by those of mixed ethnicity (838 incidents per 1,000 prisoners).

Location

- The majority of incidents of self-harm across the time series occurred in non-specialist areas such as cells and common areas, with 72% occurring in these spaces in 2017.

Hospital attendance

- The majority of hospital attendances required A&E treatment only (95% in 2017).

Frequency

- Individuals who self-harm in the female estate are more likely to have repeat incidents, with 58% of female self-harmers having 2 or more incidents attributed to them in 2017 compared to 47% of males.
- A small number of prisoners have a disproportionate effect on self-harm incident numbers. In 2017, just 3% of self-harmers accounted for 26% of all incidents.

² As monthly prison population is not available for some categories, prison population as at June 2017 was used to calculate rates in the annexes. This is taken from the Offender Management Statistics Quarterly publication www.gov.uk/government/collections/offender-management-statistics-quarterly

Annex B - Assaults annual tables key findings²

Age

- In 2017, prisoners aged 15 to 20 years accounted for 24% for assailants, 31% for fighters and 19% for victims. Prisoners aged 15 to 17 years had substantially higher rates of assaults than any other age group: for every 1,000 prisoners aged 15 to 17 there were 2,119 involvements in assault incidents as an assailant, 2,165 as a fighter and 1,037 as a victim.
- The number of assault incidents roughly doubled between 2013 and 2017. This change was largely driven by prisoners aged between 21 and 39, the number of involvements in this age group increased by 182% as an assailant, 77% as a fighter and 151% as a victim over this period.

Ethnicity

- In 2017, White prisoners were less likely to be participants in an assault than BAME prisoners. Of the BAME group, mixed-race prisoners were the most likely to be an assailant (426 per 1,000 prisoners) or a victim (186 per 1,000); and Black or Black British prisoners were the most likely to be a fighter (300 per 1,000), followed by mixed-race prisoners (296 per 1,000). For every 1,000 White prisoners, there were 179 assailants, 124 fighters and 147 victims involved in assault incidents.

By type

- The pattern of assaults is different across the male and female estates. Prisoner-on-officer assaults accounted for 28% of all assaults in female establishments in 2017, down from 37% in 2007. In contrast, prisoner-on-officer assaults in the male estate increased from 18% to 25% over the same period.

Weapon

- In 2017, 23% of all assaults involved the use of a weapon, up 10 percentage points from 2007. The use of spitting is escalating, having increased from 21 incidents in 2007 to 1,412 in 2017, becoming the most frequently used type of weapon; used in 5% of all assaults and 21% of assaults involving a weapon. Part of this increase is due to a change to the recording of spitting from April 2017. Please see the Safety in Custody Guide for more information.
- In 2017, the second most frequently used weapons were blunt instruments; used in 3% of all assaults and 14% of assaults involving a weapon.

Injuries

- Cuts requiring sutures were the most common serious injuries, sustained in 30% of all incidents including serious injuries.

Hospital attendance and treatment for concussion/internal injuries

- The proportion of assault incidents requiring hospital attendance as an inpatient was 0.7% in 2017. Refinements were made to the recording of Assaults in April 2017. While the changes are backward compatible, it may impact the reporting of various categories within assaults. Instead of one question asking whether injuries resulted in detention in hospital as an inpatient, the new question asks for type of hospital attendance, of which 'inpatient' is a selectable category.
- Incidents that needed treatment for concussion/internal injuries accounted for 2.2% of all assaults, similar to 2.1% in 2007 and down from 2.9% in 2016.