



Safety in Custody Statistics Bulletin, England and Wales, Deaths in prison custody to March 2017, Assaults and Self-Harm to December 2016

Main Points

Deaths up 19% overall, self-inflicted up 11%



There were 344 deaths in prison custody in the 12 months to March 2017, up 54 from the previous year. Three of these were homicides, down from 6. There were 113 self-inflicted deaths, up 11, 10 of which were in the female estate. The rate of self-inflicted deaths has more than doubled since 2013.

Self-harm incidents up 24%



Self-harm reached a record high of 40,161 incidents in the 12 months to December 2016, up 7,848 from the previous year. The number of incidents requiring hospital attendance rose by 21% to 2,740.

Assault incidents up 27%



Assaults have continued to increase, reaching a record high of 26,022 incidents in the 12 months to December 2016, up 5,504 from the previous year. Of these, 3,519 or 14% were serious assaults, up 25% from the previous year. In the most recent quarter, however, there was a 4% decrease in assault incidents.

Prisoner-on-prisoner assaults up 23%



There were 19,088 prisoner-on-prisoner assaults, up 3,577 from the previous year, of which 2,764 or 14% were serious, up 26% from the previous year. Prisoner-on-prisoner assaults saw a 5% decrease in the latest quarter.

Assaults on staff up 38%



There were 6,844 assaults on staff, up 1,881 from the previous year. Serious assaults on staff have trebled since 2012, reaching 789 in the most recent year, up 26% on the previous period. Assaults on staff saw a 5% decrease in the latest quarter.

Safety in custody statistics cover deaths, self-harm and assaults in prison custody in England and Wales, with figures in quarterly summary tables presented on a 12-month rolling basis over a 10-year time-series. Supplementary annual tables, providing more in-depth statistics on deaths, self-harm and assaults 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, and can be found at <https://www.gov.uk/government/collections/safety-in-custody-statistics>

We are changing how our quarterly bulletins look, and would welcome any feedback to commentary.champions@justice.gsi.gov.uk

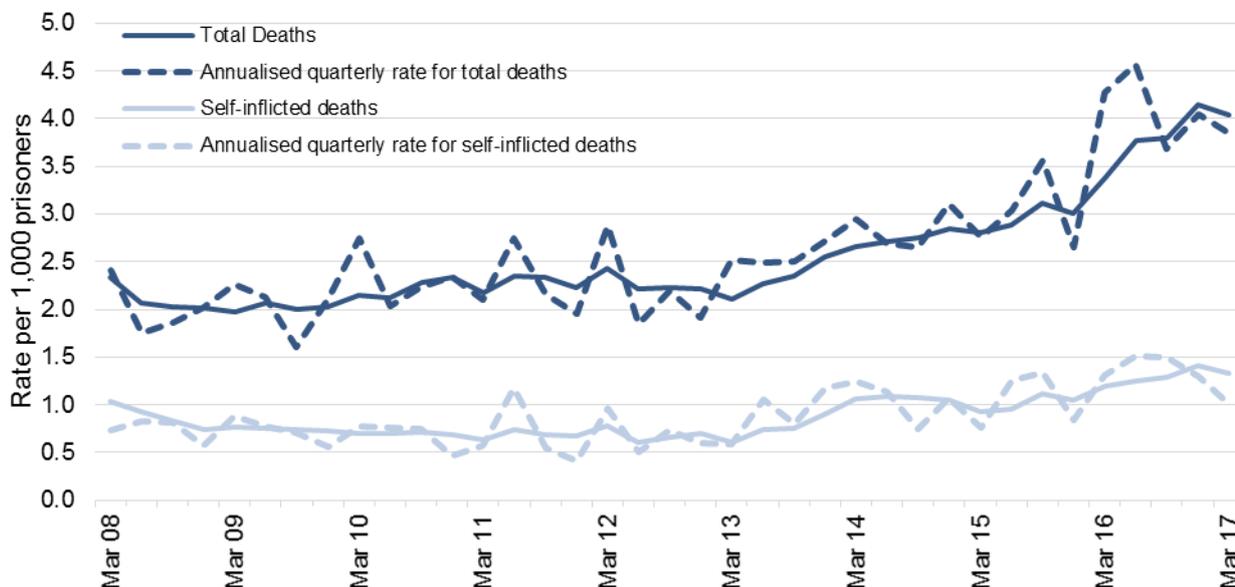
For other feedback related to the content of this publication, please let us know at PAG_statistics@noms.gsi.gov.uk

1 Deaths

Deaths up 19% overall, self-inflicted up 11%

In the 12 months to March 2017, there were 344 deaths in prison custody, up 54 from the previous year. Of these, 113 deaths were self-inflicted, up 11 from the previous year.

Figure 1: Rate of deaths per 1,000 prisoners, 12 months ending March 2008 to 12 months ending March 2017, with annualised quarterly rates



In the 12 months to March 2017 there were **344** deaths in prison custody, an increase of **19%** compared to the previous year, at a rate of **4.0** deaths per 1,000 prisoners. The number and rate of deaths are the second highest in the time series. Deaths in the most recent quarter are down from the 12 months ending December 2016 but are still the fourth highest on record. 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 tables¹.

There were **113** apparent self-inflicted deaths, up 11% on the previous year. On a rate basis this is **1.3** per 1,000 prisoners, over double the rate in 2013. Within the female estate, there were 10 self-inflicted deaths at a rate of 2.6 per 1,000 prisoners. This is in contrast to the 12-month periods between June 2008 and March 2014, when the rate of self-inflicted deaths in the female estate did not rise above 1 per 1,000 prisoners. There were **3** apparent homicides, down from 6 in the previous year. Homicides in prison custody remain relatively rare, accounting for around 1% of all deaths over the last ten years.

There were **199** deaths due to natural causes, up 21% from the previous year. Natural-cause deaths were at a rate of **2.3** per 1,000 prisoners, up from 1.9 per 1,000 in the previous year. This increase in natural-cause deaths is largely explained by the ageing prison population, and is responsible for nearly two thirds of the year-on-year rise in deaths overall.

There were **29** deaths recorded as 'other' in the 12 months to March 2017, **24** of which are 'awaiting further information' prior to being classified. Some of the deaths were inconclusive after toxicology and post-mortem, meaning classification cannot be arrived at until inquest (which can be a considerable time after the death), while others 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 'other' deaths is not directly comparable with earlier years. It is likely the number of deaths of the remaining classifications will be revised upwards once classifications have been made.

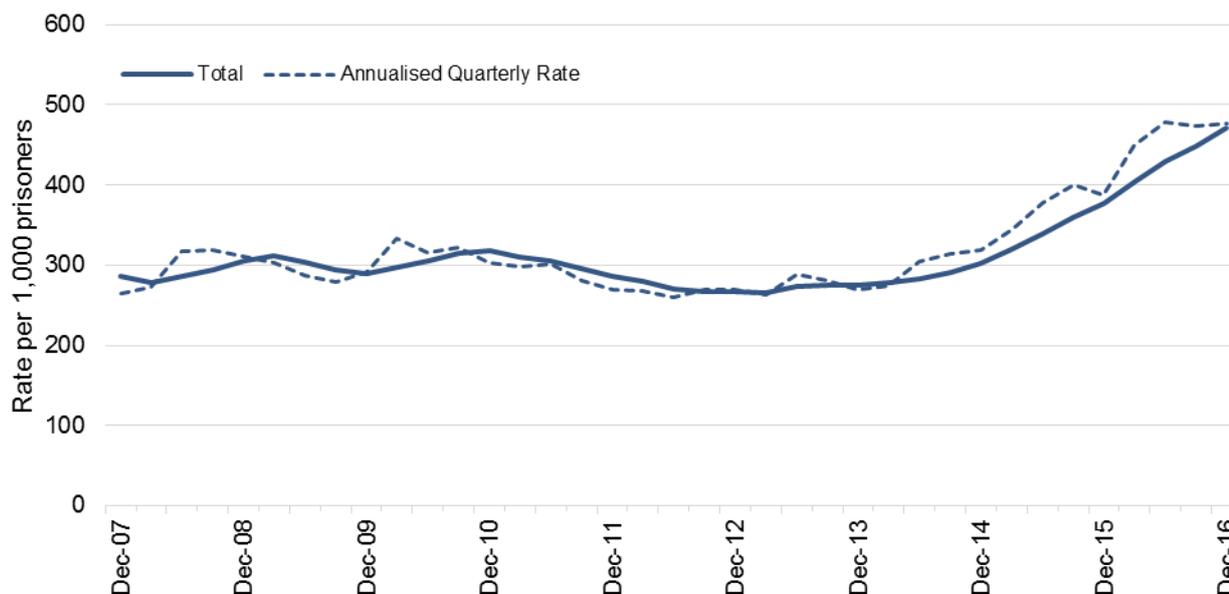
¹ <https://www.gov.uk/government/collections/safety-in-custody-statistics>

2 Self-harm

Self-harm incidents up 24%

Self-harm continued to increase, reaching a record high of 40,161 incidents, up 7,848 from the previous year. Incidents requiring hospital attendance also reached a record high of 2,740.

Figure 2: Rate of self-harm incidents per 1,000 prisoners, 12 months ending December 2007 to 12 months ending December 2016, with annualised quarterly rates



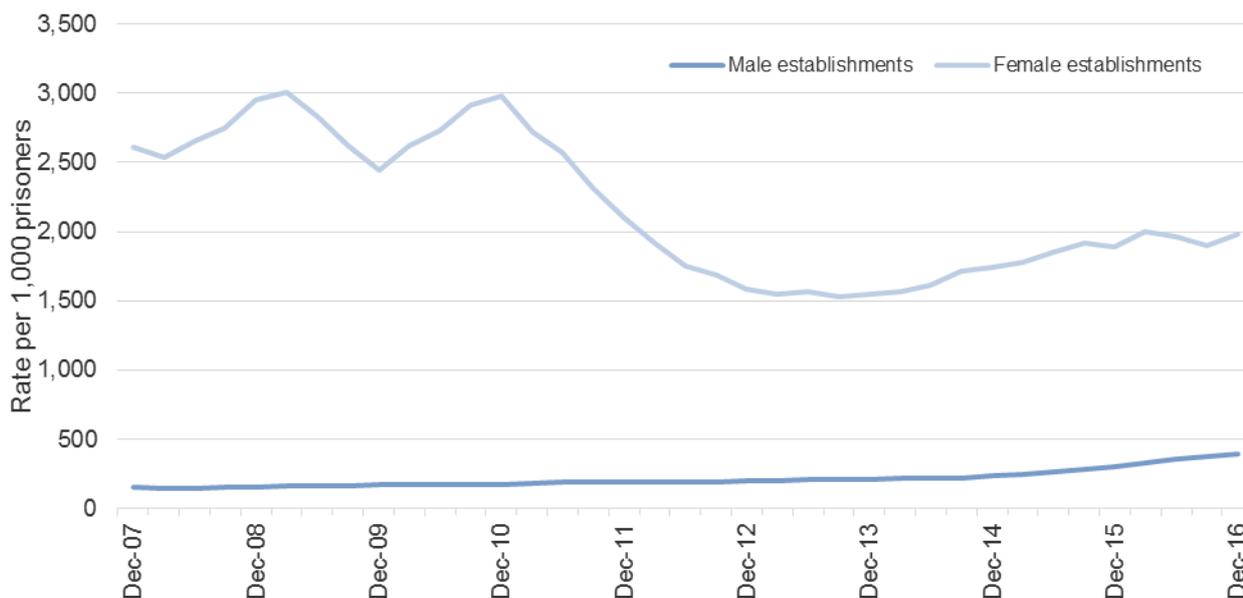
In the 12 months to December 2016, there were **40,161** reported incidents of self-harm (a rate of **471** per 1,000 prisoners), up 24% on the previous year. The number of self-harm incidents requiring hospital attendance increased by 21% on the previous year to **2,740** while the proportion of incidents that required hospital attendance remain broadly similar at 6.8%. The number of self-harm incidents and those requiring hospital attendance are both the highest in the time series.

The annualised quarterly rate has stabilised in the last two quarters following a general rise since December 2014. In the most recent quarter, from October to December 2016, self-harm levels were the highest on record, with **10,246** incidents of self-harm and **734** incidents requiring hospital attendance.

The number of prisoners who self-harmed was **11,008** (a rate of **129** prisoners per 1,000), up 16% from the previous year. Those that self-harmed did so, on average, 3.6 times. Greater detail on self-harm is presented in the annual self-harm tables² and at Annex A.

² <https://www.gov.uk/government/collections/safety-in-custody-statistics>

Figure 3: Rate of self-harm incidents per 1,000 prisoners by gender of establishment, 12 months ending December 2007 to 12 months ending December 2016



Self-harm trends differ considerably by gender, with a rate of **399** incidents per 1,000 in male establishments (with incidents up 30% on the previous year) compared to a rate of **1,987** per 1,000 in female establishments (an increase of 4% in number of incidents from the previous year). Overall there was little change in how prolific self-harmers were in both male and female establishments, with an average of **3.3** incidents per self-harming individual in male establishments, up slightly from 3.0 in the previous year, and an average of **6.6** incidents per self-harming individual in female establishments, compared to 6.4 in the previous year.

Self-harm incidents requiring hospital attendance increased from the previous year in male establishments by 24% to **2,605**, while female establishments saw a decrease of 15% to **135** incidents. The proportion of self-harm incidents remained relatively stable at 6.8% in 2016, compared to 7.0% in the previous year. The slight decrease is due to the fact that the total number of self-harm incidents rose at a higher rate than the number of incidents requiring hospital attendance.

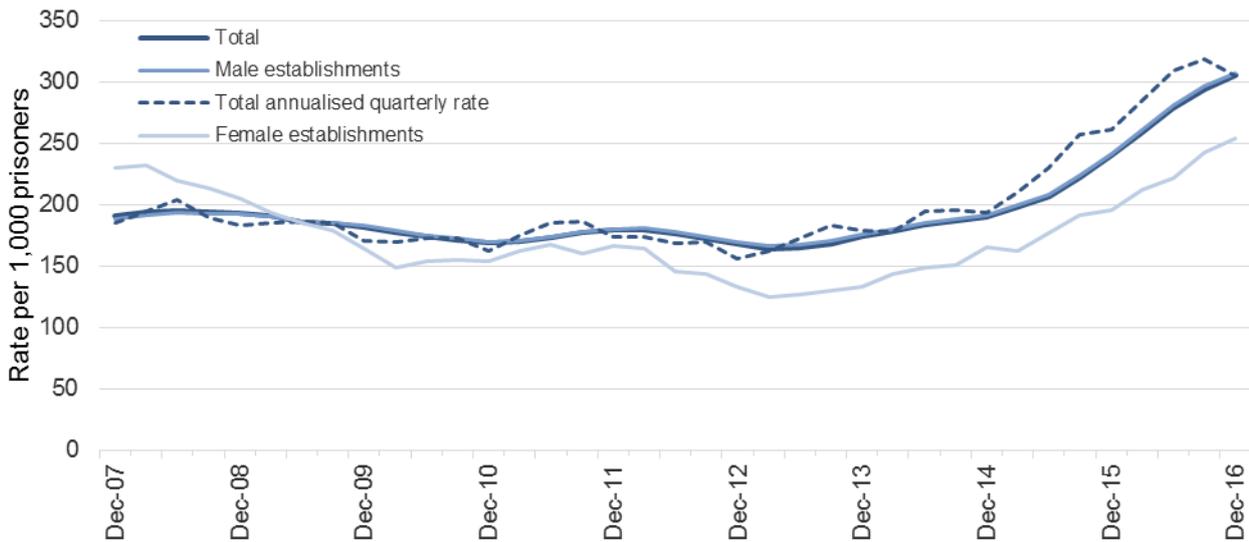
While self-harmers in female establishments were twice as prolific as those in male establishments, self-harmers in male establishments had more than four times the proportion of self-harm incidents that require hospitalisation (8.0% in male establishments compared to 1.8% in female establishments).

3 Assaults

Assault incidents up 27%; prisoner-on-prisoner assaults up 23%; assaults on staff up 38%

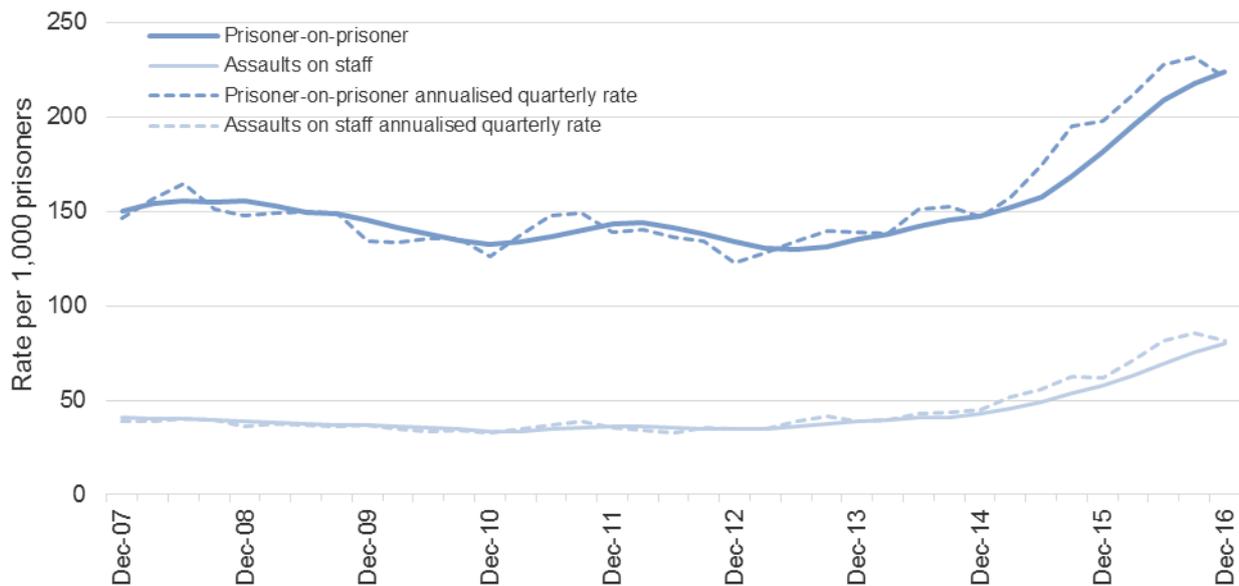
Assaults have continued to increase, reaching a record high of 26,022 assault incidents in the 12 months to December 2016, up 5,504 from the previous year. Of these, 3,519 were serious assaults, up 25% from the previous year.

Figure 4: Rate of assaults overall per 1,000 prisoners by gender of establishment, 12 months ending December 2007 to 12 months ending December 2016, with annualised quarterly rates



In the 12 months to December 2016, there were **26,022** assault incidents (a rate of **305** incidents per 1,000 prisoners), an increase of 27% on the previous year, and the highest level in the time series. Of these, **3,519** were serious assaults, up 25% on the previous year. Since 2012, serious assaults have almost trebled.

Figure 5: Rate of prisoner-on-prisoner assaults and assaults on staff, 12 months ending December 2007 to 12 months ending December 2016, with annualised quarterly rates



There were **19,088** prisoner-on-prisoner assaults in the 12 months to December 2016 (a rate of **224** per 1,000 prisoners), up 23% on previous year. Of these, **2,764** were serious assaults, up 26% on the previous year.

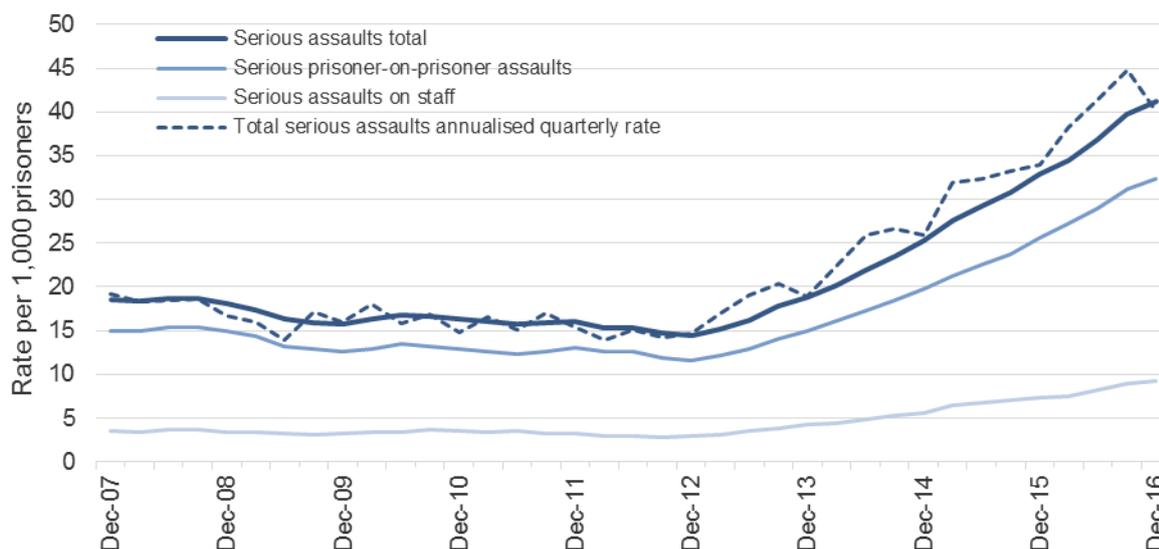
There were **6,844** assaults on staff in the 12 months to December 2016 (a rate of **80** per 1,000 prisoners), up 38% on the previous year. Of these, **789** were serious assaults, up 26% on the previous year.

The most recent quarter saw a decrease in all types of assaults compared to the three-month period from July to September 2016, when all types of assaults were at their highest levels on record. Total assaults fell by 4% across this period while prisoner-on-prisoner and assaults on staff fell by 5%. This is the first quarter that total assaults have decreased since October to December 2014, but should be considered with caution due to potential seasonal effects. Greater detail on assaults is presented in the annual assaults tables³ and an Annex B.

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: Rate of serious assaults total, serious prisoner-on-prisoner assaults, and serious assaults on staff, 12 months ending December 2007 to 12 months ending December 2016, with annualised quarterly rates



After a prolonged period of stability in the time series, there has been a clear upward trend since December 2012 in serious assault incidents of all types. The number of serious assaults and serious prisoner-on-prisoner assaults are 2.8 times higher than in 2012, while serious assaults on staff have trebled.

³ <https://www.gov.uk/government/collections/safety-in-custody-statistics>

Change to the definition of serious assaults

In January 2017, the definition of serious assault within HM Prison & Probation Service (known as NOMS at the time) was amended. In addition to the existing prerequisites of classifying an assault as serious, the amended definition now incorporates the throwing of urine and excrement (colloquially known as “potting”) as well spitting where there is the possibility of bodily contact or if the assailant is known to have an infectious disease. These assaults have the potential to infect victims with diseases and to cause psychological trauma. The definition has been updated to reflect operational needs and allow for monitoring of trends in these incidents.

Recording of the new measure began on 1 April 2017 and reporting will commence in the publication on 27 October 2017, covering assault incidents from April to June 2017. To ensure comparability, the publication will also include serious assault figures under the previous definition for a period of 12 months.

Addition of self-harm to performance metrics

From April 2017, self-harm incidents will be monitored as performance metrics and reported in the new performance tables. The addition of self-harm incidents as a performance metric and the release of additional guidance to support prisons in recording the data may lead to increased reporting. The reported statistics and underlying data will be analysed to monitor the impact of the changes in reporting practices.

Revisions

Figures for self-harm and assaults for previous years have been updated following cleansing of the data and updates to the processing to ensure a more consistent approach across the time series. These changes do not affect trends identified in previous publications. The changes include:

- Updating the gender of the establishment where establishments were not defaulting to the correct genders following re-roles.
- Inclusion of additional prisoners and removal of duplicate prisoners in an incident.
- Update of prisoner custody status
- Populating prisoner date of birth and ethnicity details where they were previously missing.
- Updating self-harm incidents requiring hospital attendance
- Updating the process for counting individual prisoners in self-harm incidents. For the 12-month periods ending between December 2004 and September 2013, self-harming individuals are counted based on the unique combination of surname and date of birth. Starting from the 12 months to December 2013, individuals are counted based on their prison number, following the migration of all prisons to the NOMIS administrative system.

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 for 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 Authority's regulatory arm. The Authority 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 Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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Next update: 27 July 2017

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

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Annex A - Self-harm annual tables key findings

Age

- In 2016, prisoners aged 18-20 were the most likely to self-harm, with 953 incidents per 1,000 prisoners. Prisoners aged between 21 and 39 were responsible for 71% of self-harm incidents. This group accounted for the majority of self-harm incidents for both males (70%) and females (74%).
- 73% of individuals who self-harmed in 2016 were aged between 21 and 39. Barring prisoners aged 15-17, the likelihood a prisoner will self-harm decreases with age, with 266 self-harmers per 1,000 aged 18-20 in 2016 compared to only 13 per 1,000 aged 60 and over. Prisoners aged 15-17, consisting of male prisoners only, had the second highest likelihood with 254 per 1,000 prisoners.

Ethnicity

- In 2016, White prisoners were the most likely to self-harm with a rate of 550 incidents per 1,000 prisoners. This is more than 3 times higher than BAME prisoners (170 incidents per 1,000 prisoners). For females, those of mixed ethnicity had the highest rate of self-harm (2,723 incidents per 1,000 prisoners) followed by those of White ethnicity (2,150 incidents 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 2016, 9% of all self-harm incidents occurred within the first week of the prisoner arriving in their current prison and 24% 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 2016), this was lower than the overall share of determinate sentence prisoners in the population (65% in 2016).
- Recall prisoners make up 8% of the prison population but 15% of self-harm incidents were committed by this group.

Method of self-harm

- Cutting or scratching remains the most common method of self-harm for both males and females in 2016, with almost two-thirds of all incidents attributed to this.
- The frequency of less common methods varies. In the female estate, self-strangulation is the second most prevalent method, accounting for 29% of incidents, compared to 6% in the male estate. In the male estate, the second most common method is overdosing or self-poisoning (10% of incidents), whereas this is relatively rare in the female estate (3%).

Location

- The majority of incidents of self-harm across the time series occurred in non-specialist areas such as cells and common areas, with 70% occurring in these spaces in 2016.

Hospital attendance

- The majority of hospital attendances require A&E treatment only (94% in 2016).

Frequency

- Individuals who self-harm in the female estate are more likely to have repeat incidents, with 56% of female self-harmers having 2 or more incidents attributed to them in 2016 compared to 46% of males.
- A small number of prisoners have a disproportionate effect on self-harm incident numbers: in 2016, just 2% of self-harmers accounted for 29% of all incidents.

Annex B - Assaults annual tables key findings

Age

- In 2016, prisoners aged 15 to 20 years old accounted for 26% for assailants, 32% for fighters and 20% 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 2,279 involvements in assault incidents as an assailant, 2,543 as a fighter and 973 as a victim.
- The number of assaults increased by 77% between 2013 and 2016. This change was largely driven by prisoners aged between 21 and 39, who accounted for 79% of the increase in assailants, 88% of the increase in fighters and 79% of the increase in victims over this period.

Ethnicity

- In 2016, 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 (400 per 1,000 prisoners), fighter (371 per 1,000) or victim (206 per 1,000). For every 1,000 White prisoners, there were 167 assailants, 149 fighters and 136 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 31% of all assaults in female establishments in 2016, down from 42% in 2006. In contrast, prisoner-on-officer assaults in the male estate increased from 19% to 24% over the same period.

Weapon

- In 2016, 21% of all assaults involved the use of a weapon, up 9 percentage points from 2006. The most frequently used weapons were blunt instruments; used in 4% of all assaults and 17% of assaults involving a weapon.
- The use of spitting is escalating, having increased from 23 incidents in 2006 to 738 in 2016, becoming the second most used type of weapon.

Injuries

- Across the time series, cuts requiring sutures were the most common serious injuries sustained in an assault, occurring in 3% of all assaults in 2016 and accounting for 29% of all serious injuries.

Hospital attendance and treatment for concussion/internal injuries

- The proportion of assault incidents requiring hospital attendance as an inpatient was 2.1% in 2016, up from 1.6% in 2006.
- Incidents that needed treatment for concussion/internal injuries accounted for 2.9% of all assaults, up from 2.1% in 2006.