

# Violent Death in Custody

A Report from the  
Virginia Violent Death Reporting System

**2003-2010**

Commonwealth of Virginia  
Virginia Department of Health  
Office of the Chief Medical Examiner  
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A Report from the Virginia Violent Death Reporting System

## 2003-2010

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by:

Marc E. Leslie, MS, VVDRS Coordinator

with:

Jennifer Burns, VVDRS Surveillance Coordinator  
Debra Clark, VVDRS Surveillance Coordinator  
Tom Kincaid, VVDRS Surveillance Coordinator  
Keshara Luster, VVDRS Surveillance Coordinator  
Virginia Powell, PhD, VVDRS Principal Investigator

Questions or comments should be directed to:

Marc Leslie  
(804) 205-3855  
marc.leslie@vdh.virginia.gov

VVDRS online: <http://www.vdh.virginia.gov/medExam/NVDRS.htm>

This research paper has been created to provide information that can be used to prevent violent death in the future. Please notify Marc Leslie (see contact information above) if you distribute this report or use any portion of this report for training, policy decisions, or other uses.

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### **Virginia Violent Death Reporting System Advisory Committee Members**

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## **Introduction**

In-custody violent deaths comprise a unique subset of overall violent deaths. These deaths took place while an individual was incarcerated, confined to a state-run institution, under arrest, or about to be arrested. Persons who died an in-custody death, therefore, were usually facing life stressors that would temporarily, or perhaps permanently, alter their life dramatically. This brief report examines populations at risk for in-custody deaths, types of in-custody deaths, as well as the circumstances surrounding those deaths in Virginia.<sup>1</sup>

## **Overview**

Between 2003 and 2010 there were 395 violent deaths in Virginia where the fatal injury occurred while the decedent was in some form of state or federal custody or about to be arrested. This number reflects 3% of all violent deaths for this time period. Most of these in-custody deaths were suicides (63%) or legal interventions<sup>2</sup> (29%). Homicides comprised a relatively small proportion (4%). Types of custody include just prior to arrest; incarcerated in a local, regional, or State correctional facility; committed involuntarily to a mental health hospital; under arrest but not yet incarcerated; and other custody such as being on house arrest or in transitional housing such as a “halfway house” (see **Table 1**).

**Table 1. Types of In-Custody Deaths by Death Type, Virginia: 2003-2010**

	Prior to Arrest		Incarcerated		Committed Mental Health Hospital		Under Arrest, Not Incarcerated		Other Custody		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
Suicide	97	45.1	130	85.5	10	76.9	4	100.0	8	72.7	249	63.0
Legal Intervention	113	52.6	1	0.7	0	0.0	0	0.0	0	0.0	114	28.9
Homicide	2	0.9	13	8.6	2	15.4	0	0.0	0	0.0	17	4.3
Undetermined	1	0.5	8	5.3	1	7.7	0	0.0	3	27.3	13	3.3
Unintentional Firearm	2	0.9	0	0.0	0	0.0	0	0.0	0	0.0	2	0.5
<b>TOTAL</b>	<b>215</b>	<b>100.0</b>	<b>152</b>	<b>100.0</b>	<b>13</b>	<b>100.0</b>	<b>4</b>	<b>100.0</b>	<b>11</b>	<b>100.0</b>	<b>395</b>	<b>100.0</b>

This paper will focus on the three most common types of in-custody violent deaths: suicide while incarcerated, suicide prior to arrest, and legal intervention in the process of an arrest. **Table 2** presents some key findings about these three types of in-custody deaths.

<sup>1</sup> These data were collected as part of the National Violent Death Reporting System (NVDRS) and the Virginia Violent Death Reporting System (VVDRS). Please see Appendix A for more information about these systems.

<sup>2</sup> A legal intervention is the killing of a civilian by a law enforcement officer acting in the line of duty.

**Table 2. Selected Features of  
Three Most Common In-Custody Deaths, Virginia: 2003-2010**

<b>Gender</b>	<b>Suicide While Incarcerated</b>		<b>Suicide Prior to Arrest</b>		<b>Legal Intervention</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Male	119	91.5	94	96.9	110	97.3
Female	11	8.5	3	3.1	3	2.7
<b>Race</b>						
White	93	71.5	66	68.0	57	50.4
Black	35	26.9	30	30.9	55	48.7
Asian	2	1.5	1	1.0	0	0.0
Native American	0	0.0	0	0.0	1	0.9
<b>Race/Gender</b>						
White Male	85	65.4	63	64.9	56	49.6
Black Male	32	24.6	30	30.9	53	46.9
Other	13	10.0	4	4.1	4	3.5
<b>Age Group</b>						
10-14	1	0.8	0	0.0	1	0.9
15-19	5	3.8	6	6.2	11	9.7
20-24	21	16.2	13	13.4	20	17.7
25-34	44	33.8	18	18.6	33	29.2
35-44	33	25.4	18	18.6	16	14.2
45-54	20	15.4	35	36.1	22	19.5
55-64	3	2.3	6	6.2	6	5.3
65-74	3	2.3	1	1.0	4	3.5
<b>Health Planning Region of Injury</b>						
Northwest	18	13.8	22	22.7	13	11.5
Northern	12	9.2	15	15.5	16	14.2
Southwest	31	23.8	18	18.6	23	20.4
Central	35	26.9	32	33.0	19	16.8
Eastern	34	26.2	10	10.3	42	37.2
<b>TOTAL</b>	<b>130</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>113</b>	<b>100.0</b>

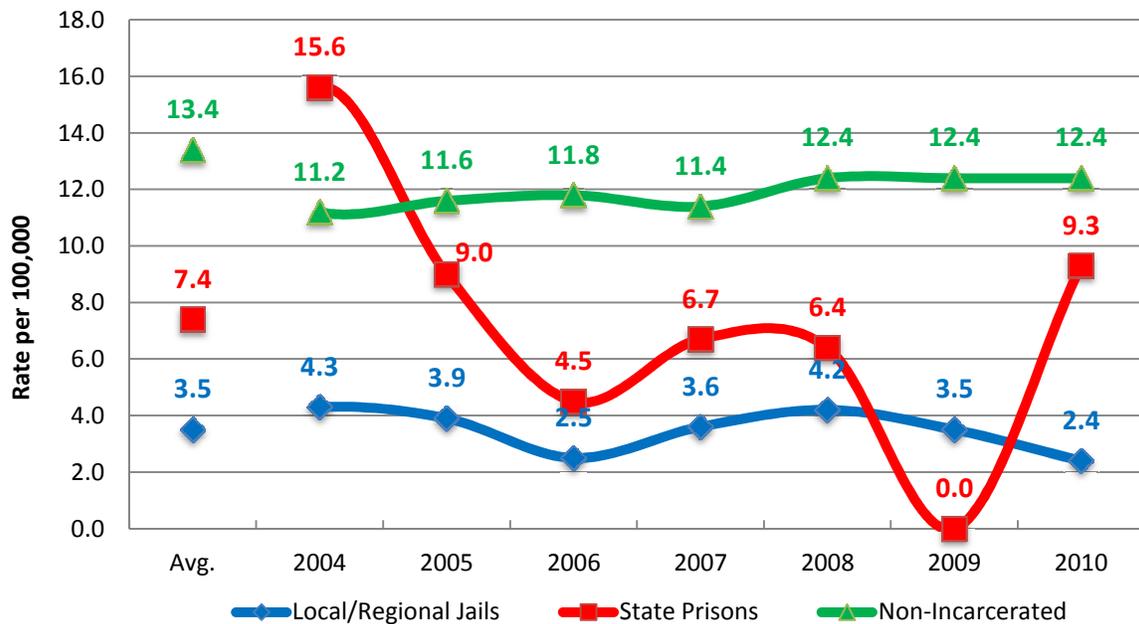
**Suicide While Incarcerated**

- Of the 130 suicides that took place in jails or prisons, most decedents (92%) were male. The most common races were White (72%) and Black (27%).
- Black males have a greater proportion of their suicides happen during incarceration than do others; 5% compared to 2% among Whites and 2% among all races. For Black males ages 25-34, a full 9% of suicides take place while incarcerated.
- The most common age groups for incarcerated suicides were 25-34 (34%) and 35-44 (25%). For males, the median age was 34, a full 12 years younger than males who were not in custody at the time of the suicide. For Black males, the median age was 28, almost 10 years younger than their counterparts whose suicides were not in custody.
- In almost all cases (95%) the suicide was completed by hanging or suffocation.

- Incarcerated suicides most often occurred in the Central (27%), Eastern (26%), and Southwest (24%) Health Planning Regions.
- Incarcerated suicides took place in 61 different jails or prison facilities; most (79%) of these facilities were city, county, or regional jails and 21% were state prisons.
- The facility with the largest number of suicides had six deaths; five facilities had five or more suicides. Close to half (46%) of the facilities with at least one suicide had just one suicide in the eight-year period.
- There was wide variety regarding length of time incarcerated, charges, and possible incarceration time. A sample of these decedents found that most (68%) were charged with violent offenses including homicide, physical assault, sexual assault, and robbery or burglary. The single most common crime was robbery, theft, or burglary (18%).
- More than two-fifths (43%) of incarcerated suicide decedents had a mental health problem and 25% had a problem with alcohol and/or other substance abuse.
- Just over one-fifth (22%) of incarcerated suicide decedents disclosed intent to commit suicide and 28% had a prior non-fatal suicide attempt. Disclosures of intent and prior attempts may have been before or during incarceration.

Suicides rates for local/regional jails and state prisons were calculated.<sup>3</sup> For comparison, rates for persons who were not incarcerated were also calculated. **Figure 1** shows that, after 2004, incarcerated suicide rates are consistently lower than non-incarcerated suicides rates.

**Figure 1. Suicide Rates for Local/Regional Jails, State Prisons, and Non-Incarcerated Persons, Virginia: 2004-2010**



<sup>3</sup> Due to availability of data regarding the inmate population, a rate could not be calculated for 2003. Please see Appendix A for technical notes on how these rates were calculated.

With the exception of 2004, the non-incarcerated suicide rate exceeds the incarcerated suicide rate.<sup>4</sup> This seems to be counterintuitive for several reasons. First, persons who are incarcerated have a built-in stressor that they cannot control or resolve; they are all facing some consequence and some time in jail or prison. Second, jails and prisons are largely populated by men, who have a far higher suicide risk than women. For example, a December 2010 report<sup>5</sup> showed that 89% of local/regional jail inmates were men and a recent report from State prisons indicated that 93% of their inmates were men.<sup>6</sup>

How can a population that is seemingly at such high risk for suicide have lower suicide rates when incarcerated? There are several possible reasons. First, access to lethal means while incarcerated is limited. As mentioned, 95% of incarcerated suicides involved hanging, suggesting there is truly one consistently plausible method of fatal self-injury. Second, inmates are typically screened for suicidal intentions and then monitored, and even inmates who are *not* identified as being suicidal are rarely left alone due to the near constant presence of correctional officers, facility staff, inmates, and security cameras. Completing a suicide by hanging requires a degree of unmonitored time to plan and execute. A third possible reason is reduced access to alcohol and other drugs, which are linked to suicidal behavior. In local/regional jails, 8% of suicide decedents had alcohol in their system at death, 2% had cocaine, and 6% had opiates. In State prisons, while 3% (1 person) had alcohol in their system at death, there were no suicide decedents with cocaine or opiates present. Therefore, fewer incarcerated persons will make the decision to attempt suicide while under the influence of drugs or alcohol.

### **Suicide Prior to Arrest**

From 2003-2010, 97 suicides took place just prior to the decedent being arrested. This generally excludes suicides where the decedent was awaiting trial, had outstanding warrants, or had recently committed a crime with no evidence of impending arrest. Most of these suicides happened as law enforcement officers were within seconds or minutes of arresting the decedent, and the suicide appears to be a means of avoiding arrest and subsequent legal consequences. Findings include:

- Most (97%) suicide decedents injured prior to arrest were male.
- White males made up the majority (65%), but Black males were a sizeable proportion (31%); for suicide not related to being in custody, White males comprise 67% of decedents and Black male comprise 8%. This means that Black males comprise nearly four times the percentage of persons who died by suicide prior to arrest as they do when not in custody.
- As with incarcerated suicides, Black males more frequently had suicides just prior to arrest. While 1% of all suicides occur just prior to arrest, this increases to 4% for Blacks, 5% for Black males, and 7% for Black males ages 25-34.
- The most common age group for those whose suicide was prior to arrest was ages 45-54 (36%). The median age was 42, very close to the median age for non-custody suicides of 46.
- For Black males, the median age of someone who completes suicide prior to arrest is similar to non-custody Black male suicides (34 and 37, respectively). This is quite different from incarcerated suicides where median ages differ by 10 years or more. This suggests that those whose suicides preceded arrest may have been at low risk for suicide, were it not for the impending arrest.

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<sup>4</sup> It should be noted that this “non-incarcerated” rate includes females, who, on average, have a suicide rate about three times lower than males. A more comparable male-only non-incarcerated rate would be higher.

<sup>5</sup> See the State Compensation Board’s Average Daily Population Reports, available at: <http://www.scb.virginia.gov/Tuesdaytotal.cfm>.

<sup>6</sup> Virginia Department of Corrections Research and Forecasting Unit. “State Responsible Offender Demographic Profile: FY 2011.” January, 2012. Web. Accessed 1/31/13 at <http://www.vadoc.virginia.gov/>.

- Suicides prior to arrest most often took place in the Central Health Planning Region (33%).
- Most fatal injuries took place within a house or apartment (59%) or a motor vehicle (24%).
- Firearms were the most common method of fatal injury (94%). This may be due to urgency of the situation and the reactivity of the decedent. A firearm is a method that lends itself to impulsive or reactive suicides, that is, suicide related to an immediate life crisis one is trying to avoid or cannot handle emotionally. If law enforcement is at the door to carry out an arrest, a firearm can accommodate a split-second decision to end one's own life where other methods of injury would take longer to carry out or may not be possible to utilize in the matter of seconds or minutes before an arrest.
- Close to one-fourth (24%) of suicide decedents who died prior to arrest had a history of mental health problems, and 27% had a problem with alcohol and/or other substance abuse.
- Problems or conflict with an intimate partner were common (58%).
- A large proportion (58%) was known to have been a perpetrator of interpersonal violence in the past month, likely committing a violent act that drew the attention of law enforcement.
- While 34% had prior disclosures of intent to commit suicide, a relatively small proportion, 9%, had prior non-fatal suicide attempts.
- Among males, those who were not in custody prior to the suicide had 1.7 times greater frequency of non-fatal suicide attempts compared to those whose suicides were just before arrest. This suggests that these persons may not have completed suicide were it not for the impending criminal problems.
- Nearly half (47%) of these decedents tested positive for alcohol after death; this includes 34% with a BAC of .08 or greater.<sup>7</sup> This finding indicates that some of these decisions to commit suicide could have been influenced by alcohol use or intoxication.

#### **Legal Intervention in the Process of Arrest**

- There were 113 decedents who were fatally injured by law enforcement officers as they attempted to arrest or detain the individual. In all of these cases, the decedent either used a weapon, appeared to use a weapon, or law enforcement felt there was sufficient threat to warrant deadly force.
- As with other in-custody deaths, most legal intervention decedents were male (97%). White males made up the majority (50%) but Black males comprised 47% of these decedents. The most common age group was 25-34 (29%) and the median age was 31 years old. Two percent of Black male violent deaths were legal interventions compared to 1% of White male violent deaths.
- In regards to regionality, the most common Health Planning Region for legal interventions was the Eastern region (37%) followed by the Southwest region (20%).
- Most fatal injuries took place when the decedent was in a house or apartment (44%), a motor vehicle (20%), or on the street (18%).
- In almost all of these deaths (99%) a firearm was the method of fatal injury.
- The presence of alcohol in the decedent was common (43%) including 30% with a BAC of .08 or greater. A relatively large proportion (18%) tested positive for cocaine.

#### **Conclusion**

In-custody deaths represent a subsection of all violent deaths where traditional prevention efforts may not be effective. While most violent death types disproportionately affect males, and homicides

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<sup>7</sup> A blood alcohol concentration (BAC) of .08 is the legal standard for driving while intoxicated in Virginia. While individual alcohol tolerance varies, the .08 level is used as a baseline for possible intoxication.

disproportionately affect Black males, in-custody deaths are overwhelmingly male. Blacks, especially young Black males, are over-represented. For suicides not related to being in custody, Black males ages 25-34 comprise 2% of suicide decedents; this proportion increases to 11% among those whose suicide occurs while incarcerated or just prior to arrest.

All three types of in-custody deaths described in this report begin with the same type of action: a person is sought after by law enforcement who attempts an arrest. For some decedents, a decision to end their own life is immediate and occurs before the arrest can be completed; others make this choice once the legal consequences become clearer, while the third group tries to escape the consequences by engaging in conflict with law enforcement officers.

For incarcerated suicides, the data show that deaths are spread across many facilities and that nearly half of all facilities with at least one suicide had one inmate suicide over an eight-year period. These findings suggest that most facilities are doing the work necessary to prevent suicides and provide for safety. Classic methods of screening, means restriction, and other standard suicide prevention tools can be utilized for inmates. Unlike the general population, inmates have little access to lethal suicide methods and are literally under watch 24 hours a day.

Suicides prior to arrest create a difficult area for prevention. Law enforcement may not have the tools to anticipate the actions of someone who is not yet in custody and that kind of predictive ability may not be possible. As law enforcement moves to arrest an individual their top priority is likely public safety; there is often not enough time, capacity, or even the right situation to attempt a suicide intervention.

## **Appendix A: Methodology**

Fatal death data used in this report come from the Virginia Violent Death Reporting System (VVDRS) which is part of the National Violent Death Reporting System (NVDRS). The NVDRS examines deaths attributed to suicide, homicide, legal intervention, unintentional firearm injury, terrorism, and undetermined manner. The NVDRS compiles information from sources used in violent death investigation, and links decedents and circumstances to explain what precipitated the violent death. The VVDRS is the operation and reporting system of the NVDRS within Virginia, and uses the same methodology, definitions, and coding schema.<sup>8</sup> Information is utilized from several sources, primarily the Office of the Chief Medical Examiner, law enforcement, the Virginia Division of Vital Records, and the Virginia Department of Forensic Science.

Population numbers to calculate incarcerated suicide rates came from the Virginia Department of Corrections (State prison population numbers) and the State Compensation Board (local and regional jail population numbers). Both sets of these numbers were provided as fiscal year numbers. Incarcerated suicide dates were re-classified by fiscal year to provide an accurate rate.

For State prisons, the population numbers represent the number of persons who spent any time in a state Department of Corrections facility in the given fiscal year. For local/regional jails, the numbers represent the number of persons who were in a facility during the fiscal year and who did not have a non-consecutive day commitment release.<sup>9</sup> Rates for non-incarcerated suicides, however, are presented as calendar year deaths, as there is no way to accurately create Fiscal Year population numbers to create rates.

Data made up of relatively small numbers (20 or fewer cases) are considered statistically unreliable and should be interpreted and used with caution. Numbers, percentages, or rates for 20 or fewer cases are often presented here in the interest of complete reporting.

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<sup>8</sup> Complete descriptions of the NVDRS and the data elements collected can be found in the NVDRS coding manual: <http://www.cdc.gov/ncipc/pub-res/nvdrs-coding/VS2/default.htm>.

<sup>9</sup> Persons with a non-consecutive day commitment release are serving their sentences over multiple commitments, for example, going to jail only on weekends.