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Monitoring Injuries in Police Custody: A Feasibility and Utility Study

Jo Sallybanks

Technical and Background Paper

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Disclaimer

This research report does not necessarily reflect the policy position of the Australian Government.

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Executive summary

The Australian Institute of Criminology (AIC) was commissioned by the New South Wales Police to undertake a pilot study to monitor injuries that occurred in police custody. The purpose was to determine the feasibility and utility of such a routine data collection process. Through the recommendations of the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) it was hoped that both deaths and non-fatal injuries in custody would be reduced. The National Deaths in Custody Monitoring Program at the AIC was established in 1992, however, to date no equivalent national or jurisdictional system has been set up to monitor *injuries* that occur in custody. The main objective of the pilot study was to assess the monitoring system in terms of its ability to:

- measure the nature and extent of injuries occurring during the custody process;
- monitor service standards and duty of care;
- deliver trend data;
- inform evaluation activities in relation to the implementation of injury-minimisation policies and practices; and
- inform police-related injury research in general and situational analyses more particularly.

This report is the result of the feasibility study.

Methodology

For the purposes of this study, an injury in police custody has been defined as:

- an injury or attempted injury wherever occurring of a person who is in police custody;
- an injury or attempted injury wherever occurring of a person caused or contributed to by lack of proper care whilst in custody;
- an injury or attempted injury where occurring of a person sustained in the process of police attempting to detain that person; or
- an injury or attempted injury where occurring of a person sustained in the process of that person escaping or attempting to escape from police custody (adapted from NSW Police, cited in Findlay 1993).

Data have been gathered from the NSW Computerised operational policing system (COPS). Injury incidents are identified by text searches of incident narratives in COPS using the key words ‘injury’ and ‘self-harm’. Two sources of information have been extracted from COPS: narratives of the injury incidents, and data containing demographic and offence information relating to the detainees involved in the incidents. Data collected cover the following categories:

- demographics;
- police warnings on COPS (information available to police about a detainee prior to attending an incident);
- offences;
- incidents relating to the detainee (injury incidents and other relevant types of incidents); and
- incidents involving injuries to others.

Data have been collected over a 19-month period from 1 November 2001 until 30 June 2003. Data relating to incidents other than an injury occurring during the custody process have been collected. This is because injuries do not appear in isolation, but rather are part of a sequence of events. For example, an injury may be preceded by the detainee being aggressive or abusive to police officers.

Main findings

A total of 260 detainees were injured during the custody process between November 2001 and June 2003. These detainees were involved in a total of 1,066 incidents that included being upset or agitated, threatening injury, being abusive or aggressive and resisting arrest.

Demographics and associated characteristics

The main findings relating to demographics and associated characteristics were:

- three-quarters of those injured were male;
- the mean age of injured detainees was 28.5 years; with the majority (39%) being between 21 and 30 years;
- detainees of Aboriginal appearance accounted for 19 per cent of those injured;
- over half of detainees injured were unemployed;
- the police had prior warnings on COPS that two-thirds of those who were injured were at risk of self-harm;
- 20 per cent of detainees were charged with property offences and 18 per cent with assault offences;
- the majority of offenders were taken into custody for a criminal incident, of which over a third involved altercations with other people; and
- three-quarters of those taken into custody, for whom information was available, were under the influence of alcohol and one-third were affected by drugs.

Incidents

The main findings regarding the types of incidents that occurred in custody were:

- over half of the incidents involved an injury occurring or could potentially have resulted in an injury;
- 81 per cent of injury incidents involved only the detainee indicating a high level of self-inflicted injury;
- abusive language, aggressiveness, resisting arrest and threatening to injure oneself or another person were all found to be associated with injury incidents;
- only four incidents were classified as accidents;
- there was one incident of a police officer assaulting a detainee, however 33 detainees assaulted a police officer;

- police were threatened by detainees in 38 per cent of injury threat incidents, the remainder being threats of self-harm;
- over 40 per cent of incidents took place between 6pm and midnight;
- incidents mainly occurred in police vehicles, cells and the dock;
- a detainee kicking, punching or head butting, usually a door or wall, accounted for the majority of injury incidents (37%);
- attempted hangings and strangulations accounted for 29 per cent of injury incidents; less than a quarter of these were attempted hangings;
- the majority of attempted hanging incidents used the cage in a police vehicle as a hanging point;
- self-harm using a sharp implement most frequently involved a blade, knife or scissors, indicating that these implements must have been secreted on the detainee prior to being taken into custody;
- the majority of injuries caused were superficial in nature;
- police tried to prevent incidents occurring using a variety of techniques including removing offending implements, moving the detainee so that better observation could be undertaken, and talking to and calming the detainee;
- little information was available about motivations behind the incidents but reasons included causing trouble for the police ('another death in custody'), seeking attention from officers, attempting to avoid custody or attempted suicide; and
- police used oreoresin capsicum (OC) spray to subdue detainees in 30 incidents.

Feasibility and utility of the monitoring system

The pilot study has proven that it is possible to monitor injuries occurring in police custody and determine the nature and extent of these injuries. The monitoring system is invaluable from a research perspective in terms of increasing knowledge and understanding of the custody process. It is also of great benefit to NSW Police as a performance monitoring system that will enable policy and practice to be developed based on empirical data. The extent to which the monitoring system can fulfil the criteria laid out in the methodology can be summarised as follows.

- The monitoring system is able to measure the extent and nature of injuries occurring in custody although its effectiveness is dependent on:
  - the ability to extract information from COPS;
  - the accuracy of the data entered onto COPS; and
  - ensuring all injury incidents are captured on COPS.
- While it is possible to monitor service standards and duty of care using the monitoring system, currently. The data collected do not appear to be systematically recorded by officers. If this data were collected routinely it could provide additional useful information that could inform new policies regarding harm minimisation practices.
- The monitoring system can deliver trend data. The current dataset provides a baseline upon which subsequent data can be compared. Trend data will allow the effectiveness of new policies and practices to be evaluated.

- The monitoring system is a very useful tool for evaluation purposes. Its ability to measure the nature and extent of injury incidents and deliver trend data will prove invaluable in evaluating initiatives undertaken to reduce harm occurring in custody.
- The monitoring system is unique in Australia, if not further afield. There is currently a lack of research relating to self-harm and other injuries occurring in police custody and it therefore has potential to inform police-related injury research. It is also useful for developing relevant policies and practices regarding safe custody processes.

The limitations of the monitoring system are:

- the data collection process is time-consuming and complicated;
- data quality is problematic for some incidents, and some variables are reliant on the potentially subjective views of police officers;
- the data do not allow motivations behind incidents to be measured – again the information available is somewhat subjective;
- there is currently no control group to compare the data to and therefore it is unclear whether those injured have a different profile to those in custody who are not injured; and
- it is not currently possible to ascertain from the current dataset the overall proportion of individuals who are injured while in custody.

Conclusion

The monitoring system is invaluable for extending our understanding of injuries occurring in custody. Such a system is a very useful management tool to assist in developing strategies regarding safe custody practice. It is also of benefit to the research community as currently very little is known about injuries and self-harm occurring in police custody. Should NSW Police wish to engage a consultant to continue the monitoring system the following recommendations should be considered in order to improve and simplify the process:

- the data collection process should be reviewed to make it more efficient as it is currently time-consuming and complicated – this may require that the method used by police officers to record details of injury incidents be reviewed and improved;
- the accuracy and sources of information should be reviewed to ensure data quality; and
- data should be systematically collected on *all* detainees so that it is possible to compare differences between those who are injured while in custody and those who are not – this would also allow the proportion of those taken into custody and who are subsequently injured to be ascertained.

1 Introduction

The Royal Commission into Aboriginal Deaths in Custody (RCIADIC) recommended the establishment of a National Deaths in Custody Monitoring Program at the Australian Institute of Criminology. This program, set up in 1992, provides long-term trends and detailed information regarding the nature and extent of deaths that occur in prison and police custody. There is no equivalent for the monitoring of non-fatal injuries that occur in custody. NSW Police engaged the AIC in 2001 to develop a pilot project to determine the feasibility and utility of a routine data collection process to enhance our understanding and knowledge of injuries that occur in police custody. This report is the result of that feasibility study.

An injury suffered in custody as defined by NSW Police is based on the RCIADIC definition of a death in custody. The following are included in categorising and identifying a death or injury in custody by NSW Police:

1. the death or injury or attempted injury wherever occurring of a person who is in police custody or detention as a juvenile;
2. the death or injury or attempted injury wherever occurring of a person whose injury is caused or contributed to by traumatic injuries sustained or by lack of proper care whilst in custody or detention;
3. the death or injury or attempted injury where occurring of a person who dies or is injured in the process of police attempting to detain that person (categories include police pursuits);
4. the death or injury or attempted injury where occurring of a person who dies or is injured in the process of that person escaping or attempting to escape from police custody (Findlay 1993: 44–45).[1]

This broad definition of injury encompasses accidental injury, self-harm and assault. The current study examines all types of injuries that could occur to detainees in custody and where applicable also includes injuries that occur to police officers during custody-related operations.

Previous research

A literature review was undertaken for this study that covered:

- police use of force during operations;
- assaults that occur to police officers in the line of duty; and
- self-harm in custody.

These areas were examined as they were deemed to be the possible main causes of injuries that occurred in custody. To date, there appears to be very little research undertaken into injuries that occur whilst in police custody. A body of research investigates police use of force during detainment and the custody process but there is very little relating to self-injury in police custody. The literature search also found that there is little Australian research available, with the majority emanating from the United Kingdom and the United States.

1 Following the Royal Commission the definition of 'custody' was expanded to include 'persons at or in police stations, vehicles, residential premises, during the execution of search warrants or any other place where interviewed by police' (Findlay 1993: 45).

Police use of force

During custody-related operations, police officers may be subjected to circumstances where force is necessary to either arrest an individual or resolve a potentially volatile situation. In some instances, however, police may use excessive force beyond that which is commensurate with the circumstances. There has been a substantial amount of research examining the excessive police use of force, however, in the first instance it is actually difficult to define. Klockars (1995) discusses three mechanisms that control and therefore help define excessive police use of force:

- criminal law – force used should not be so extreme that it could be deemed criminal;
- civil liability – use of force should not be so severe that compensation could be claimed for the officer's misconduct; and
- fear of scandal – an officer should not place his/her employer in a difficult or embarrassing situation.

In Australia the guidelines for use of force by police officers are outlined below:

> Pursuant of their responsibilities, police officers will only resort to the use of force when strictly necessary and to the extent required for the performance of their duty. Police should use the minimum amount of force necessary to affect arrest and apprehension.
> (Australasian Centre for Policing Research 1995: 4)

Cancino (2001) reviewed the literature and provides three explanations for a police officer's use of force:

- A sociological explanation associates force with a lack of respect (Lundman 1994, cited in Cancino 2001). Use of force is influenced by the behaviour of the offender and the presence of witnesses (Friedrich 1980, cited in Cancino 2001). Officers often believe that the only way to gain respect and improve self-esteem is to use physical force. At the same time they use force to solve problems.
- A psychological explanation states that personality shapes an officer's attitudes and behaviour. Balch (1972, cited in Cancino 2001) found officers with an 'authoritarian personality' (Cancino 2001: 145) to be more likely to use force, while Muir (1977, cited in Cancino 2001: 145) found 'cynic and tragic perspectives' to influence behaviour. Similarly, White (1972, cited in Cancino 2001: 72) describes a 'tough cop' as an officer who relies on force to deliver justice. A 'problem solver' is least likely to use force.
- An alternative explanation for use of force is from an organisational perspective – police are 'representatives of a governmental authority' (Cancino 2001: 145) who are allowed to use force in their daily activities (Kobler 1975, cited in Cancino 2001; Chan 2000). The size of a police department also has been found to affect an officer's use of force. The larger the department, the less supervision is given and this leads to boundaries being breached (Alprin & Wilson1974, cited in Cancino 2001; Etzioni 1975, cited in Cancino 2001).

Police culture also influences use of force. As force can be used legally by police officers, this right may be internalised and officers make rational decisions to use excessive force in certain situations (Klockars 1995). Cancino (2001) found that once an officer had learned to use force it was impossible to change that behaviour. Skolnick and Fyfe (cited in Warren & James 2000) highlighted four key factors that explain police culture:

- danger;
- authority;

- suspicion; and
- solidarity.

While these aspects can provide positive benefits, for example support from colleagues and protection from threatening situations, they can also lead to protection in the form of a 'code of silence'. Behaviour is not questioned and the result is little change in procedures and processes. There may also be a culture of secrecy, which may condone the use of force. These actions again may be internalised and justified as a means of achieving the common goal of reducing and preventing crime. Cancino (2001) found that this 'code of silence' presented itself by:

- not discussing the incident;
- physically looking away at the time of force being used; and/or
- using the explanation of the suspect falling.

A Royal Commission into the NSW police service also supported this finding. Officers were confident their peers would support them if a complaint were made (Royal Commission into NSW Police 1997, cited in Chan 2000). Warren and James (2000) add an additional explanation to police use of force – that of self-defence. Cadets in Victoria Police are trained in self-defence and taught to use force to protect themselves. It appears that this wish to defend oneself is also linked to a need to exert authority and gain and/or keep the respect of others (see Sykes 1986, cited in Cancino 2001).

There is a dearth of statistics in Australia on police use of force, however a 1997 study in Queensland found nine per cent of lower court defendants reported being assaulted by police. This sample may have been an underestimate as it did not incorporate persons in custody (Criminal Justice Commission, cited in Chan 2000). Another source of data is police complaints and Chan (2000) also used police complaints to estimate use of force. It was found that alleged assaults by police officers account for between 20 per cent and 35 per cent of all complaints. Other research by the Criminal Justice Commission (CJC) in Queensland (cited in Chan 2000) found that a quarter of those who filed complaints for assault against the police were charged with either resisting arrest, assaulting an officer or abusive language. Chan (2000) argues this is a means of lessening the case the alleged victim has against police. The CJC also found that there was no provocation in a quarter of cases prior to force being used by police, while a further 27 per cent reported the use of inappropriate language by the complainant.

Excessive use of force is often minor, for example kicking or punching suspects to reduce detection of injuries (Cancino 2001). This less serious use of force was used if suspects evaded arrest, at night and when there were no witnesses. Garner and Maxwell (2002) found that 17 per cent of potentially dangerous incidents resulted in the use of force. They found similar results to Cancino (2001) with the majority of force being of a minor nature (cited in Fyfe 2002). Excessive and violent force is rare and a 'concrete means of domination' (Cancino 2001: 148). This type of force was more likely to be used if an officer felt threatened or was injured.

Cancino (2001: 152) found in his study that the circumstances surrounding an incident influenced the use of force by officers. Officers most frequently learned to use force from peers while working rather than in training. Use of force was deemed necessary if an officer was at risk from a suspect (90%); to 'teach the suspect a lesson' (47%) or to 'protect the brotherhood'.

Research has examined the type of officer who is likely to use force. Some studies have suggested that older officers are less likely to use force than younger, less experienced officers (for example, Cohen & Chaiken 1972, cited in Crawford & Burns 2002; Crawford & Burns 1998). Langworthy & Travis (1999, cited in Crawford & Burns 2002) suggested that female officers might be more capable of defusing

potentially volatile encounters between police and the public. Other studies, however, have found officer characteristics to have little influence on use of force (Worden 1989, cited in Crawford & Burns 2002; Kavanagh 1997, cited in Crawford & Burns 2002). Suspect characteristics have been found to be a much more important predictor of resisting arrest (Crawford & Burns 2002; Worden 1989, cited in Crawford & Burns 2002). Suspects who:

- are uncooperative;
- lack respect;
- are angry and aggressive;
- are intoxicated especially by drugs; and
- are arrested in the presence of witnesses

are more likely to resist arrest (Kavanagh 1997, cited in Crawford & Burns 2002; Crawford & Burns 1998). Resisting arrest may influence the use of force by officers.

Assaults on police officers

Police are also at risk of injury during operations and arrests, and some research has been undertaken to examine the nature and extent of this phenomenon. Approximately 10 per cent of officers are assaulted annually in Australia, with female officers the least likely to be involved (AIC 1999, cited in Mayhew 2001). UK research has shown that constables and sergeants are the most frequently assaulted officers perhaps due to them more frequently being in public on patrol (Budd 1999; Brown 1994; Mayhew, Elliot & Dowds 1989). Risks of assault are highest:

- at night and at weekends;
- around licensed premises;
- attending domestic disputes;
- during public disorder incidents;
- during an arrest or while restraining a suspect; and/or
- if the suspect is intoxicated (Brown 1994; Mayhew 2001; Moxey & McKenzie 1993, cited in Brown 1994).

It was found by Ellis et al. (1993, cited in Brown 1994) that almost a third of incidents occurred once the suspect was in police custody. Most assaults result in only in minor injuries. Brown (1994) found that cuts and bruises were suffered in 65 per cent of cases and that serious injury (fracture, serious cuts/bruising) occurred in 17 per cent of incidents. Physical force was the main method for inflicting injuries – either a punch, kick or head butt (41%) – while struggles (elbowed, kneed, pushed, bitten) accounted for a smaller proportion (38%). Australian research has shown similar findings although bodily fluids, syringes and bottles were also used (CJC 1996, cited in Chan 2000; Swanton & Walker 1989, cited in Mayhew 2001).

Those committing assaults were found to be similar across studies. The majority of assailants are male and young (between the ages of 15 and 29 years). They are most frequently unemployed and have a history of prior convictions (Mayhew 2001; Moxey & McKenzie 1993, cited in Brown 1994; Noaks & Christopher 1990, cited in Brown 1994). Forty-two per cent of arrestees were under the influence of alcohol at the time of the incident and six per cent were affected by drugs (Brown 1994; see also Phillips & Cochrane 1991; Mayhew 2001).

Self-harm in custody

International research has focused on self-inflicted injury occurring in prison and there has been very little regarding self-inflicted injury in police custody. Australian research is scarce and focuses solely on descriptive factors (Dear et al. 1998). Self-injury can be defined as violence against oneself. It involves a deliberate act where there is a level of awareness that the action will result in some degree of personal harm (Beikoff 2000). While self-injury differs from attempted suicide it is often very difficult to separate incidents as the actual motivation of the victim is unclear. Did the individual actually intend to take his or her own life? In custody, this seems to be exacerbated in the literature due to a belief by some observers that a person may be seeking attention or manipulating a situation (Eyland, Corben & Barton 1997). In this report the terms self-harm, self-injury and self-inflicted injury are used interchangeably.

Self-harm in prison custody

Research into self-injury and attempted suicide that occurs in prison has found relatively consistent results relating to the nature of these incidents. Cutting appears to be the most common method of committing self-injury in prison, although hanging is the most frequent method of successful suicide. Other methods include ingesting foreign objects, attempted hanging and overdosing. Injury appears to be superficial in the majority of cases (Dear et al. 1998; Eyland, Corben & Barton 1997; Thornton 1990, cited in Liebling 1992; Wool & Dooley 1987, cited in Lloyd 1990; Jones 1986, cited in Liebling 1992). These incidents most often occur amongst those on remand and those who have only been in custody a short time. Those inmates in segregation or protection have also been found to be at risk of self-injury. They often have a high number of previous convictions and have been involved with substance abuse. The victims are often younger than those who successfully commit suicide and those in the general prison population (Eyland, Corben & Barton 1997; Thornton 1990, cited in Liebling 1992; Liebling & Krarup 1993). Self-harmers are more likely to have self-harmed previously and to have higher levels of suicidal ideation than those who do not self-harm (Corrective Services of Canada 1981, cited in Liebling 1992; Griffiths 1990b, cited in Liebling 1992; Liebling & Krarup 1993; Eyland, Corben & Barton 1997; Dear et al. 1998).

An Australian study conducted in New South Wales correctional centres (Eyland, Corben & Barton 1997) showed that between 1991 and 1995 there were 2,143 incidents of self-harm which equated to four incidents per 100 receptions into prison. Remand and unsentenced inmates accounted for 25 per cent of these incidents. Rates of self-harm were found to be higher for females than males, although those at most risk were non-Indigenous, Australian-born males under the age of 22 years. Female property offenders under the age of 22 years were also at high risk of self-harm. The most common method of self-harm was by laceration, in 68 per cent of cases (Eyland, Corben & Barton 1997). Dear and colleagues (1998) found similar findings in a study of self-harm incidents in Western Australian prisons between 1 July 1996 and 31 March 1997. Again, lacerations were the most frequent form of self-harm (81%) which caused predominantly superficial injuries with no risk to life (82% of cases). Detainees who were young (18–25 years), on remand, female, on special placement or recent admission prisoners were over-represented in the sample of self-harmers. Fleming, McDonald and Biles (1992) found that Aboriginal inmates were less likely to commit self-harm in prison custody than police custody. Other international studies have found that white inmates are more likely to commit self-harm in prison than their black counterparts (Jones 1986, cited in Lloyd 1990; Fleming, McDonald & Biles 1992).

Self-harm in police custody

A study undertaken in 1989 during the RCIADIC examined attempted suicide and self-harm that occurred in both prison and police custody. Fleming, McDonald and Biles (1992) defined self-injury as:

> Any action that is potentially suicidal or self-destructive regardless of whether or not it is believed to be a genuine attempt at suicide. Threats not accompanied by actions are not…included. (Fleming, McDonald & Biles 1992: 387)

They collected data over a six-month period in 1989 from all police forces and prisons in Australia. The police or prison authority completed a data collection form at the time of the incident. A total of 375 incidents of self-injury occurred over the time period, of which 152 occurred in police custody. It was found that the majority of incidents involved males (86%), and 49 incidents (32%) involved Aboriginal detainees. Aboriginal people were much more likely to attempt suicide or engage in self-inflicted injury in police custody than in prison. Attempted hanging was found to be the most common method used (70%) compared to prison where the most common method of self-injury was by laceration (68%). The most common object used was clothing (in 51% of incidents) and bedding (23%). This is to be expected given that the method used most frequently was attempted hanging. Alcohol was found to be a contributing factor, with one-fifth of detainees being in police custody for drunkenness – either arrests for public drunkenness or protective custody. Incidents most frequently occurred within three hours of being taken into police custody. Fleming, McDonald and Biles concluded that it was important to minimise the number of persons in custody and to make the process and detainment as stress free as possible. They commented on the importance of surveillance of persons whilst in police and prison custody.

Previous studies by Reser (1989, cited in Fleming et al. 1992) and Billing (1988, cited in Fleming et al. 1992) also provide figures for levels of attempted suicide in police custody. Reser reported a total of 20 attempted suicides in Northern Territory police custody between 1 August 1987 and 31 August 1988. Eight of these attempts were by detainees of Aboriginal origin. Billing reported 109 attempted suicides in police custody in Western Australia between January 1980 and September 1988 (both studies cited in Fleming, McDonald & Biles 1992). More recently in New South Wales more than 400 incidents of self-harm in police custody were reported between 1 January 1994 and 31 December 1996, of which approximately 20 per cent were attempted hangings (Safety in Custody Task Force 1997).

NSW response to the RCIADIC

In response to the RCIADIC recommendations, NSW Police developed the key result area (KRA) of safety in custody to be the main vehicle for implementing and monitoring the recommendations. The Safety in Custody Task Force was set up to ensure the KRA was progressed. Safety in custody was defined as: 'a process to enable the police service to provide a safe and secure environment which meets community expectations and confidence for all persons detained in police custody and for police to recognise the duty of care owed to all detainees' (Safety in Custody Task Force 1997: 11). The two main aims of the KRA were:

- to eliminate the incidence of preventable deaths in custody; and
- to provide the highest achievable levels of safety for police, prisoners, and all other persons involved in the detention process (Safety in Custody Task Force 1997: 11).

The Risk Minimisation Task Force, created in October 1992 by the commissioner, developed strategies aimed at minimising the risk of injury to people in police cells. These strategies included:

- implementing police training regarding caring for people in custody;
- reviewing cell design and construction to comply with the recommendations of the RCIADIC;

- improving prisoner screening so that those at risk could be identified in the prisoner admission forms;
- cross-agency work to provide a multi-disciplinary approach to ensuring the safety of prisoners;
- ensuring the inspection and supervision of prisoners in cells as recommended by the RCIADIC;
- encouraging a lay visitor scheme so that relatives and friends could visit prisoners;
- ensuring that holding prisoners in custody was avoided where possible and encouraging alternatives to charging;
- ensuring prisoners entitled to bail were released promptly and those not entitled were transferred as soon as possible;
- determining the nature of self-injury occurring in custody; and
- ensuring those prisoners who were not released following a court appearance were promptly transferred to gaol (Findlay 1993; NSW Police 1993).

Many of the strategies suggested by the task force have been implemented. A significant development was the decommissioning of 635 of the 977 police cells across NSW (Safety in Custody Task Force 1997). A prisoner admission and management form (PAMF) has been introduced which is completed when a prisoner is detained in police custody. The code of practice for custody, rights, investigation, management and evidence (CRIME) directs officers in the completion of this form. It allows officers to note any medical conditions and risk factors and is a 'record of the management of the prisoner whilst in police custody' (Safety in Custody Task Force 1997: 81). This form also records all observations and checks on prisoners whilst in custody. Observation cells allow officers to check on prisoners at regular intervals when they are first taken into custody in line with the RCIADIC recommendations. A safe custody course is run at the police academy, which trains officers in the care of prisoners in custody. The code of practice (CRIME) also notes that arrest should be used as a last resort and that alternatives to custody should be chosen where applicable.

Monitoring injuries in police custody

The implementation of recommendations of the RCIADIC to prevent deaths in custody (and police operations) was also expected to bring about reductions in non-fatal injuries. However, unlike the National Deaths in Custody Monitoring Program run by the Australian Institute of Criminology there is no formal system either nationally or at a jurisdictional level to monitor the incidence of injuries that occur in custody. McMahon (2002) found that Victoria, NSW, Western Australia, the Northern Territory and Tasmania report injuries occurring in custody internally for investigation purposes only while Queensland and South Australia have manual recording procedures, and no formal reporting mechanism.

The NSW Risk Minimisation Task Force noted the absence of a system that recorded injuries to detainees and the dearth of statistics relating to the custodial population in general. The task force reported that there were 70 attempted suicides/self-injuries in custody in 1992 which compared to 21 incidents in 1990 (Risk Minimisation Task Force 1993). However, this might have been due to an expansion of the definition of 'in custody' put forward by the RCIADIC. These data were complemented by national police custody surveys (McDonald, Howlett & Dalton 1991; McDonald 1993), prompting a more rigorous recording of injury incidents in custody. As mentioned previously the Safety in Custody Task Force (1997) reported over 400 prisoners attempting to harm themselves while in police custody between 1 January 1994 and

31 December 1996. From 1996, the task of monitoring injuries and the implementation of strategies fell to the state intelligence group, however the systematic compilation and routine reporting of injuries has not, to date, been undertaken. The present report is the result of a 19-month pilot study to examine the feasibility of such a routine reporting system for injuries occurring in police custody.

Report structure

The remainder of this report is structured as follows:

- section 2 explains the methodology adopted for the study;
- section 3 provides an analysis of the nature and extent of injuries occurring in NSW police custody;
- section 4 examines the feasibility and utility of the monitoring system; and
- section 5 provides concluding comments and recommendations regarding the future of such a monitoring system.

2 Methodology

The principal objective of this pilot study is to determine the feasibility and utility of routine collection of the number and circumstances of injuries sustained by people during police custody-related operations or once detained by NSW Police. Injuries that occur to others involved in the custody process (for example, police officers or ambulance personnel) are also monitored.

The model selected to monitor injuries was based on the National Deaths in Custody Monitoring database at the Australian Institute of Criminology. There were several reasons to do so, including the proven 'track record' of the database and the possibility of comparative analyses of similarities and differences between incidents which result in deaths, and those which result in non-fatal injuries.

Definitions

As described in the previous section, NSW Police has adapted the RCIADIC definition of 'death in custody' to additionally include injury and attempted injury. For the purpose of this study the model adopts the NSW Police definition excluding death:

- an injury or attempted injury wherever occurring of a person who is in police custody;
- an injury or attempted injury wherever occurring of a person caused or contributed to by lack of proper care whilst in custody;
- an injury or attempted injury where occurring of a person sustained in the process of police attempting to detain that person; or
- an injury or attempted injury where occurring of a person sustained in the process of that person escaping or attempting to escape from police custody (adapted from NSW Police, cited in Findlay 1993).

Therefore, injuries included in this collection process are:

- deliberate self-harm;
- non-deliberate self-harm;
- accidental injury; and
- injury caused by a third party during a custody-related operation or whilst in custody.

During the course of the data collection it was noted that police officers were also at risk of injury during the custody process and therefore an additional criterion was added:

- injuries sustained by other personnel involved in the custody process (police officers, ambulance personnel and so on).

The RCIADIC definition of 'in custody' was expanded from simply an institutional setting, that is, police stations or police vehicles, to also incorporate situations where police were involved in custody-related operations. Police have less control or influence over the behaviour of individuals in these circumstances but they still constitute 'custody'. These include residential premises during search warrants, any other place where an individual is stopped or interviewed by police, police pursuits and siege situations. Throughout this report the terms self-harm, self-injury and self-inflicted injury are used interchangeably.

Data collection

Upon being taken into custody, an arrestee's details are electronically recorded on the Custody management record system (CMRS). This system incorporates a Prisoner admission management form (PAMF). It is a non-medical, but nonetheless useful assessment tool for custody officers to assist in the identification of prisoners at risk of harming themselves or others, and it describes symptoms and signs of physical and emotional trauma. Incidents (including injuries) that occur to a detainee whilst in custody may be recorded on the CMRS. It is not possible, however, to interrogate and extract data from this system.

Once a detainee has been charged with an offence their details are entered onto the Computerised operational policing system (COPS). This is a live system recording primarily demographic and offence information, and material that may be used in criminal or other proceedings. Non-routine custodial incidents (including injuries) relating to the detainee are recorded on COPS as a 'COPS event'. 'Occurrence only' incidents may also be recorded on COPS and these relate to individuals who have not been charged with an offence but may have been injured whilst in custody. Searches can be undertaken on COPS and relevant data extracted. For the purpose of this study injury incidents are identified by text searches in the COPS system using the key words:

- 'injury';
- 'self-harm';
- 'suicide'; and
- 'occurrence only'.

Two types of information are then extracted from the COPS system:

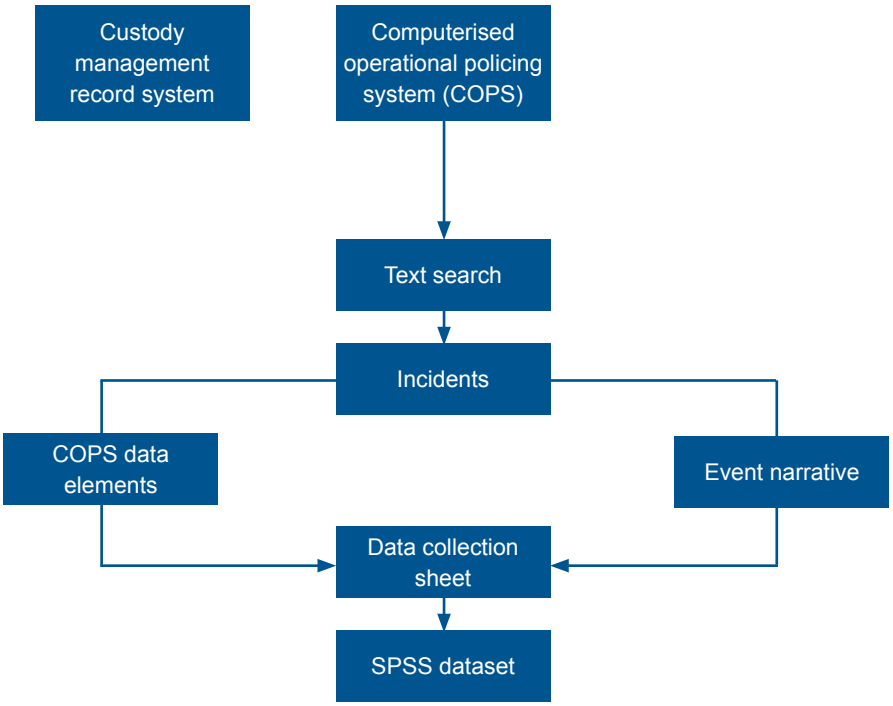
- data elements consisting of offender characteristics, offence information and incident details (extracted and exported into Microsoft Excel); and
- COPS event narratives in text form (the data collection process is illustrated at Figure 1).

The information extracted from COPS is provided electronically. However, to ensure a systematic approach is undertaken, the data are transcribed onto a data collection form (see Appendix 1). The information being collected falls into the following sections:

- demographics;
- police warnings on COPS;
- offences;
- injury incidents; and
- other injury incidents (see Table 1 for more details).

Data are gleaned from a number of sources in COPS. The data collection sheet amalgamates some variables to make the collection process more straightforward to complete and the data analysis much simpler. For example, associated factors, incident type and the event narrative can tell us whether alcohol may be a contributing factor. Rather than collecting this information in separate variables the data collection sheet simply asks whether alcohol was involved. Elements conform where possible to the National Deaths in Custody database (Collins & Ali 2003), the *National health data dictionary, version 10* (AIHW

Figure 1: The data collection process



2002), the *International statistical classification of diseases and related health problems*, known as ICD-10-AM (National Centre for Classification in Health 2000) and National Occupational Health and Safety Commission standards (NOHSC 1999). This will allow comparisons with other datasets if necessary.

When the pilot was initiated it was expected that only the two most serious injury incidents would be collected for each case. However, it was found that not only is it difficult to determine which incidents are the most serious, but that injuries often were not isolated occurrences but part of a series of incidents. In order to capture this, the data collection process was revised and information was collected for all incidents that lead to an injury and that occur after an injury. For example, a detainee may be abusive, aggressive or threaten injury prior to the actual injury occurring and therefore all of these incidents are recorded on the data collection sheet. It was felt that by collecting this data, it may be possible to identify points of intervention that could help prevent injuries occurring during the custody process. It was acknowledged, however, that it was not possible to say whether a specific sequence of incidents is more or less likely to result in an injury as there is no control group of detainees that do not suffer an injury in this dataset.

At the beginning of July 2002, the NSW police regions were reorganised into five larger areas. For the purposes of this dataset both the old and new regions have been recorded for the period up until 2 July 2002 and after that date only the new region has been noted. Data have been collected over a 19-month period from 1 November 2001 until 30 June 2003.

Coding manual

A coding manual was developed to ensure consistency and a high level of data quality. This complements the data collection sheet and provides an explanation for each variable and guidelines as to how to complete the sheet accurately. For each variable the question number and SPSS variable name is provided.

Database

An SPSS database has been developed using the data entry builder module. This simplifies the data entry process and leaves little room for user error. A form is provided on screen for each case, which matches the hard copy data collection sheet, and the user simply enters the appropriate response for each variable. The program does not allow for questions to be missed, however automatic skips are built into the program to deal with logical moves between questions.

Table 1: Data collected from COPS

Section	Variables
Demographics	Gender Date of birth Ethnicity Country of birth Occupation
Police warnings on COPS	Self-harm/suicide Mental illness Weapons Violence Escape Drugs Injecting drug user Justice order Physical illness/condition Wanted by police Provision of false details Other warnings
Offences	Type of incident police are initially called to Offences charged to detainee
Injury incidents	Date and day of incident LAC jurisdiction and NSW police region Suburb where incident took place Reason for detention Alcohol or drug use involved in incident Presence of mental illness State at induction Time taken into custody and time of incident Specific location of incident Type of incident What happened (using ICD-10-AM and NOHSC classifications), including the fixture used if the incident was an attempted hanging Object used to cause the injury Part of body used/affected by the incident Injury type Reason for the incident Was the incident deliberate self-injury Medical assistance required Police intervention Others involved in the incident
Injuries to others (for example, injury to police officer or ambulance person while dealing with the detainee in custody)	Occupation of victim Gender Type of incident What happened (using ICD-10-AM and NOHSC) Object used to cause the injury Part of body used/affected by the incident Injury type Medical assistance required Police intervention Others involved in the incident

Data analysis

The extent and nature of injuries that occur in police custody have been analysed using SPSS. Where applicable the valid percentage has been used to report the findings.

Measuring the feasibility of the monitoring process

The feasibility and utility of the monitoring process will be assessed according to the following criteria:

- capacity to measure the nature and extent of injuries;
- capacity to monitor service standards and duty of care;
- capacity to deliver trend data;
- capacity to inform evaluation activities in relation to the implementation of injury-minimisation policies and practices; and
- capacity to inform police-related injury research in general and situational analyses more particularly.

3 Nature and extent of injuries occurring in NSW police custody

Overview

The purpose of this study is to determine the utility of a monitoring system to examine the nature and extent of injuries occurring in police custody. Basic analysis of the data collected has been undertaken to assess the usefulness of this system. Across the monitoring period of 1 November 2001 until 30 June 2003 there was a total of 260 cases of injuries occurring in NSW police custody recorded on COPS. These cases comprised 1,066 incidents, a mean average of four incidents per case. The number of incidents per case, however, ranged from just one to 16.

What were the characteristics of those involved in incidents?

Gender

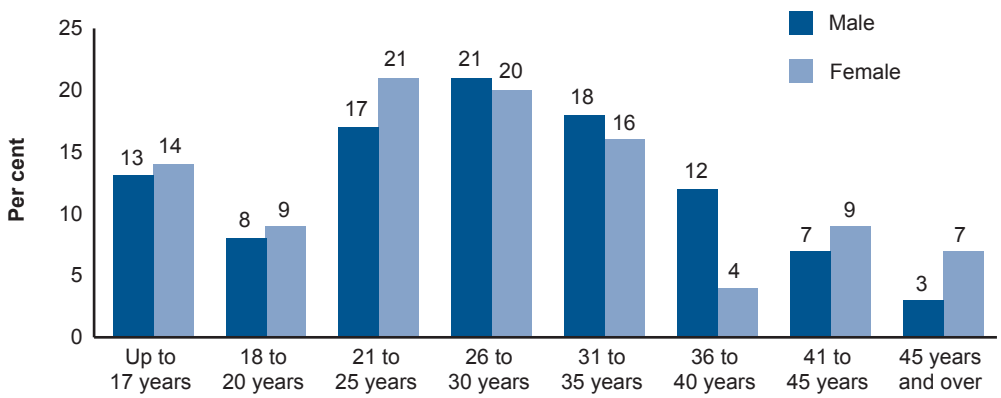
Males accounted for 75 per cent of those people involved in incidents in police custody. This is not surprising given the higher proportion of males caught up in the justice system. For example more than 80 per cent of those found guilty in NSW courts are male (NSW Bureau of Crime Statistics and Research 2003).

Age

The age of detainees ranged from 12 to 54 years. The mean age was 28.5 years. Almost 14 per cent of detainees were juveniles aged 17 years or under. Those detainees between the ages of 21 and 30 years accounted for 39 per cent of those involved in incidents. This again is consistent with the proportion of this age group coming into contact with the police. This age group has also been found to have the highest rate of hospitalised self-harm across Australia. Rates of hospitalisation in 1997–98 were 269.7 per 100,000 population for 20 to 24-year-olds and 255.4 per 100,000 population for 25 to 29-year-olds. The mean rate for all age groups was 137.5 per 100,000 population (Steenkamp & Harrison 2000).

Figure 2 shows a breakdown of incidents by gender and age group. Young women under the age of 25 years are more often involved in incidents than young men of the same age. Nearly half of all incidents (44%) involving women involved those under the age of 25 years. This compared to 39 per cent for young men. Statistics in the general population show that young women are more likely to self-harm than young men (Steenkamp & Harrison 2000). It is unknown, however, if a larger proportion of young females are taken into police custody compared with older females.

Figure 2: Breakdown of detainees by gender and age group



Note: Based on 227 cases, missing 33 cases

Table 2: Percentage breakdown of ethnic appearance by gender

	Male		Female		Total	
Ethnic appearance	%	n	%	n	%	n
Aboriginal	19	36	17	10	19	46
Caucasion	70	131	71	42	70	173
Mediterranean	4	7	0	0	3	7
Pacific Islander	2	4	2	1	2	5
Other	5	9	10	6	6	15
Total	100	187	100	59	100	246

Note: 'Other' includes East Asian, Latin American, Middle Eastern and other as described in COPS

Ethnicity

COPS does not record ethnicity; rather the country of birth and a physical description of those detained is recorded. The majority of detainees were born in Australia (90%). The UK and New Zealand accounted for a further three per cent and four per cent of detainees respectively. Seventy per cent of detainees were of Caucasian appearance and those of Aboriginal appearance accounted for 19 per cent of detainees involved in incidents. The majority of Caucasian-looking detainees (93%) and those of Mediterranean appearance (83%) were born in Australia. There were no significant differences between males and females involved in incidents in terms of ethnic appearance. Approximately 70 per cent of both males and females detained were of Caucasian appearance. Nineteen per cent of male detainees were of Aboriginal appearance compared to 17 per cent of females (see Table 2).

Employment status/occupation

Over half of those individuals detained and involved in an incident in custody were unemployed (55%). A further 15 per cent were students. Those employed in a trade (for example, carpenter) or as unskilled manual labour (for example, labourer or warehouseman) accounted for 12 per cent. Over three-quarters (78%) of those of Aboriginal appearance were unemployed at the time of their detainment. This compares with 52 per cent of those of Caucasian appearance. The proportion of unemployment amongst the other ethnic groups was again lower at 36 per cent (see Table 3). With regards to differences in gender, a higher proportion of females were unemployed than males (63% and 53% respectively).

Mental health of detainees

Information regarding the presence of a mental health problem was available for 126 cases. The mental health problems were classified according to the *International statistical classification of diseases and related health problems*, ICD-10-AM (National Centre for Classification of Health 2000). Nearly 60 per cent of individuals did not suffer from any problems. Figure 3 provides a breakdown of the types of mental health problems suffered by the remaining 40 per cent. This measure may be subjective as the diagnosis provided may be that of a police officer rather than a doctor. However, these data do provide an indication of the problems suffered by those individuals taken into custody. Just under 10 per cent of individuals suffered from schizophrenia, while a further four per cent suffered from some other form of personality or behaviour disorder. Depression, or other affective disorders, was a problem for four per cent of individuals.

Table 3: Percentage breakdown of occupation of detainees by ethnic appearance

	Aboriginal		Caucasian		Other[1]		Total	
Occupation	%	n	%	n	%	n	%	n
Unemployed	78	36	52	85	36	9	55	130
Student	13	6	15	24	16	4	15	34
Trade/labourer	2	1	12	20	28	7	12	28
Hospitality	0	0	2	3	4	1	2	4
Salesperson	0	0	2	3	0	0	1	3
Sex worker	0	0	2	3	0	0	1	3
Other[2]	7	3	16	26	16	4	14	33
Total	100	46	100	164	100	25	100	235

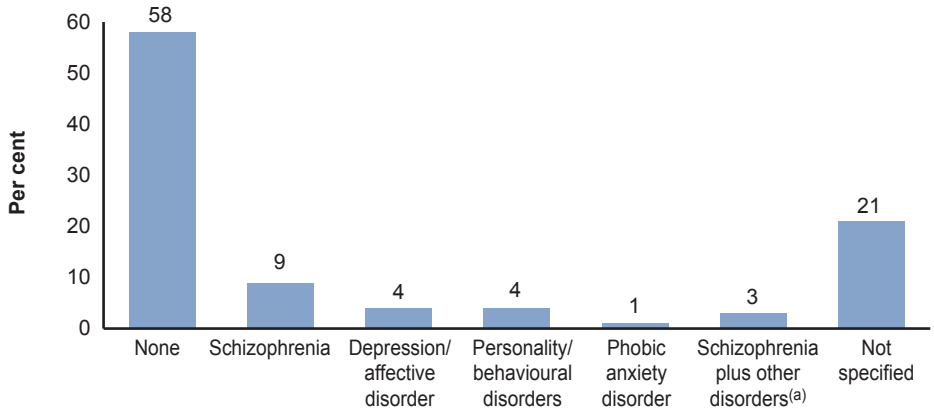
1 'Other' ethnic appearance includes Mediterranean, Pacific Islander, East Asian, Latin American, Middle Eastern and Other (as described by COPS)
2 'Other' occupation includes prisoner, home duties, secretary and Other (as described by COPS)

Police warnings

COPS has the facility for police officers to place warnings on the system for other officers. This provides them with extra information regarding an individual when they are called out to an incident. It is possible for an individual to have a number of different warnings on file (for example, risk of self-harm and carries a weapon). This is a live system that is continually updated, and therefore a note of caution is required. It is possible that the information may have been added to the system following the incident in question due to the lapse in time. Data were downloaded from COPS for this project a number of months after the incidents occurred. The warnings may relate to a later incident and were therefore not available for the officer's use at the time of the incident in question. It does, however, provide an indication of:

- the level of prior contact and knowledge the police have regarding particular individuals; and
- the characteristics of the detainees in question.

Figure 3: Proportion of individuals suffering from a mental health problem



Based on 126 cases, 134 missing
(a) Other disorders include attention deficit disorder, conduct disorder and phobic anxiety disorder

Table 4: Types of warnings on COPS

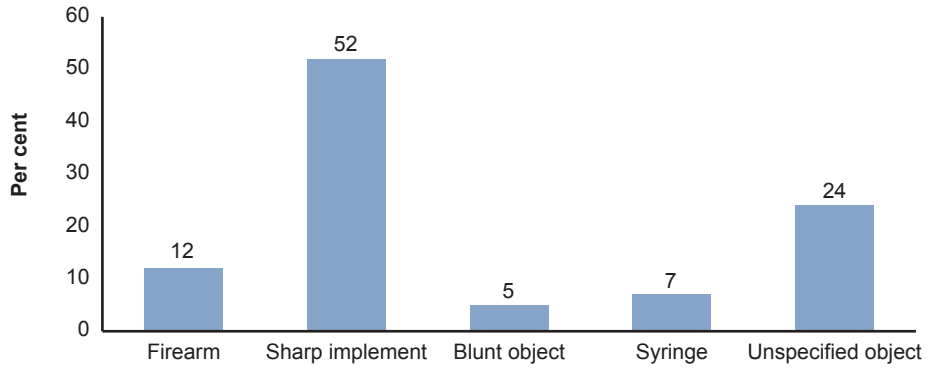
Warning	Number	Per cent
Risk of suicide/self-harm	175	67
Presence of mental illness	38	15
Carries weapons	42	16
Risk of violence	88	34
Risk of escape	12	5
Known drug user	25	10
Injecting drug user	5	2
Current justice order	38	15
Presence of physical illness/condition	16	5
Wanted by police	12	5
Prone to giving false details	19	7
Threatens/blames police	17	7
Other	13	5

Note: Other includes barred, DOCS, and other as described by COPS

Table 4 provides a breakdown of the warnings given on COPS relating to the individuals involved in incidents. The police had prior information on the COPS warning system regarding risks of self-harm and suicide for two-thirds of the detainees involved in an incident (67%). This either means that these individuals have committed self-harm or attempted suicide while in police custody previously, the police have received information from other agencies, or the detainee has stated that they are at risk. Approximately 15 per cent of detainees had warnings relating to mental health problems attached to their file. Ten per cent of detainees were known to be involved in drug use although the types of drugs used were unspecified in 60 per cent of these cases. Five individuals across the sample were identified as injecting drug users (2%).

One-third of individuals involved in incidents had violence warnings attached to their files on COPS and 16 per cent were known to carry weapons. Of those 42 individuals who carried weapons, over half were known to carry sharp implements such as knives and razors. Over 10 per cent carried firearms and a quarter was known to carry unspecified weapons. Syringes accounted for seven per cent of the weapons carried (see Figure 4). Warnings regarding threats to police or the risk of blaming police for incidents were noted for approximately (7%) of individuals.

Figure 4: Types of implement specified in weapons warnings on COPS



Based on 42 cases

Offences charged at time of incident

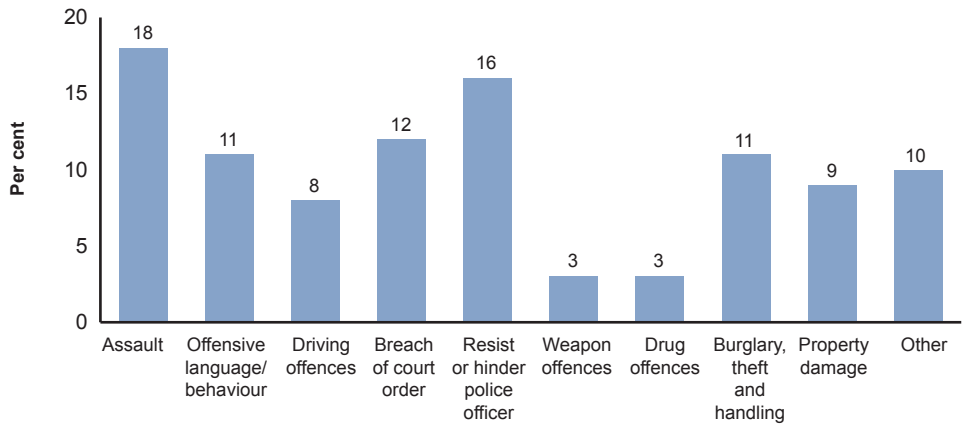
Of those individuals involved in incidents, 146 (56%) were charged with at least one offence. Data were not available, however, for a further 20 per cent of individuals. A total of 420 charges were laid, indicating a mean average of approximately three offences per individual. The majority of offences were actual charges (95%) with the remainder being court attendance notices, field court attendance notices, summonses or traffic infringement notices (see Table 5).

Table 5: Types of charges laid against individuals

Responses	Number	Per cent
Court attendance notice	13	3
Charge	397	95
Field court attendance notice	4	1
Summons	5	1
Traffic infringement notice	1	0
Total	420	100

Figure 5 shows the differing offences that individuals were charged with. It can be seen that the types of offences covered a broad spectrum. Property offences (burglary and property damage) accounted for the largest proportion of offences charged (20%), followed by assault offences (18%) and resisting or hindering a police officer (16%). Drug offences and weapon offences accounted for the smallest proportion of offences (3% each).

Figure 5: Percentage breakdown of offences that individuals were charged with



Note: Based on 146 cases (114 missing)

The following offences are included in the above categories:

Assault – aggravated assault, non-aggravated assault; Driving offences – Driving under the influence of alcohol or drugs, dangerous or negligent operation (driving), driving while licence suspended or cancelled, driving without a licence, registration offences, exceeding the prescribed content of alcohol limit, regulatory driving offences, not elsewhere classified; Breach of court order – Breach of bail, breach of domestic violence order, breach of other restraining order, breach of justice order, not elsewhere classified; Weapon offences – Sell, possess and/or use prohibited weapons/explosives, misuse of regulated weapons/explosives, regulated weapons/explosives offences, not elsewhere classified; Drug offences – Manufacture or cultivate illicit drugs, possess illicit drug, illicit drug offences, not elsewhere classified; Burglary, theft and handling – Unlawful entry with intent/burglary, break and enter, theft of a motor vehicle, theft of motor vehicle parts or contents, theft from a person (excluding by force), theft from retail premises, theft (except motor vehicle), not elsewhere classified, receiving or handling proceeds of crime; Other – Murder, deprivation of liberty/false imprisonment, non-aggravated robbery, fraud, not elsewhere classified, deception offences, not elsewhere classified, trespass, criminal intent, disorderly conduct, not elsewhere classified, liquor and tobacco offences, prostitution offences, offences against justice procedures, not elsewhere classified, offences against privacy, threatening behaviour

What were the circumstances around the detainee being taken into police custody?

Police regional location

As of 1 July 2002, the NSW police regions were reorganised into five areas from 11 smaller regions. The analysis provided here is based solely on the new police regions. The proportion of incidents occurring in each region was similar – approximately 20 per cent. Western region accounted for slightly fewer incidents (18%) while Northern region had a slightly higher proportion (23%). This may be due to the size of the region rather than for any other reason.

Day of incident

Incidents were spread throughout the week with slightly more occurring on a Saturday (19%). A further 17 per cent occurred on a Tuesday and 15 per cent on a Friday. Sunday and Wednesday accounted for the fewest proportions of incidents (both 10%) while 14 per cent occurred on Monday and Thursday.

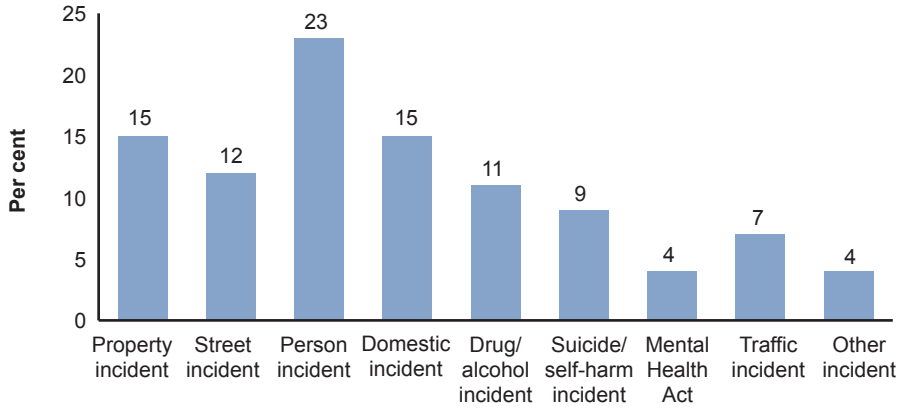
Reason for detention

Data were collected relating to the original reason for the police being involved with the detainee. In the majority of cases, as expected, the police came into initial contact with the detainee due to a criminal incident (61%). These included:

- incidents involving property (for example, break and enter, property damage, possessing or handling proceeds of crime);
- incidents taking place in public (for example, riot and affray, offensive language, offensive behaviour);
- incidents involving people (for example, assault, verbal arguments) not including domestic incidents;
- domestic incidents (for example, domestic violence, verbal arguments between people in domestic situation);
- incidents involving drugs and/or alcohol;
- traffic incidents (for example, driving, registration, licence and driving under the influence of alcohol and/or drugs); and
- incidents involving the police attending suicide or self-harm events or the police working under the NSW *Mental Health Act 1990* (see Figure 6).

Over one-third of incidents that police were called to were related to violence and/or confrontation – either a domestic incident or altercations between strangers or acquaintances. While 11 per cent of incidents were directly related to alcohol and/or drug use or possession, it does not necessarily imply that those involved in other incidents were not under the influence of drugs and/or alcohol. Rather, the main reason for police involvement was another type of incident.

Figure 6: Initial reason for police involvement with detainee



Note: Based on 190 cases, 70 missing

The actual reason for detention was primarily for a criminal matter (69%). Approximately eight per cent of individuals were detained under the *Mental Health Act 1990*. This is interesting given that it is not the primary role of police to deal with such matters. As previously mentioned, 40 per cent of the sample for which information was available suffered from mental health problems (19% of all cases). This indicates that a significant proportion of individuals that the police come into contact with for reasons other than a mental health matter do suffer from a mental health problem. A further six per cent were detained due to intoxication, again not a primary function of the police. Individuals already remanded in police custody accounted for seven per cent of those involved in injury incidents.

Involvement of alcohol and drugs

For those cases where the involvement of alcohol was noted (n=163), nearly three-quarters of individuals were under the influence of alcohol at the time of being taken into custody. Just over one-third of individuals (37%) were thought to be affected by drugs at the time of their arrest (n=109). For both alcohol and drugs these measures may be somewhat subjective as they may be subject to the police officer's opinion. Table 6 provides a breakdown of the types of drugs used or suspected of being used.

Table 6: Proportion of individuals under the influence of alcohol and/or drugs at time of detainment

Drug	Number	Per cent
Alcohol	120	74
Heroin and amphetamines	1	1
Heroin	1	1
Methadone	4	4
Temazepan	1	1
Amphetamines	2	2
Cannabis	5	5
Unspecified	26	24
Total	160	

Note: Alcohol use based on 163 cases; drugs used/suspected based on 109 cases. Individuals may have used both alcohol and drugs and will have been counted twice. Proportions therefore do not add to 100 per cent.

Table 7: Breakdown of incident types

Incident type	Number	Per cent
Deliberate act potentially resulting in injury	564	53
Abusive language	218	20
Injury threat	181	17
Aggressiveness	177	17
Resistance	151	14
Agitated	48	5
Spit/urinate/defecate	28	3
Upset	26	3
Accidental injury	4	0
Other	12	1
Total	1,409	

Note: Totals do not add to 100 per cent as incidents can be coded by more than one category

State when taken into custody

Information taken from the police narrative provided an indication, albeit subjective, of the individual's state when they were taken into custody. Of those cases where information was available (n=158) only a third of individuals (32%) were compliant, and willing to surrender to the police at the time of their arrest. The remainder were either physically aggressive, abusive or both. The state of an individual may provide an indicator for police in assessing an individual's risk of being involved in an injury incident while in custody.

What type of incidents occurred?

Table 7 provides a breakdown of the types of incidents that occurred when detainees were taken into custody or during their time in custody. Incidents were coded into the following categories:

- deliberate act potentially resulting in injury – any physical act committed by a detainee or police officer that could bring about injury where there was some form of intent to cause harm to either oneself or to others; these include deliberate self-injury, injury caused by lashing out with no clear intention to commit self-injury and deliberate injury by another person (for example, a detainee causing injury to a police officer or vice versa);
- abusive language – verbal attack by a detainee towards others;
- injury threat – any verbal or physical threat by a detainee to inflict an injury to oneself or to others;
- aggressiveness – intentional physical displays of aggression by a detainee but no deliberate act that could cause injury;
- resistance – active or passive refusal to comply with directions of the police by a detainee;
- agitation – incidents where the detainee is showing physical signs of distress or anxiety about their predicament;
- spitting, urinating or defecating – includes a detainee spitting at others, urinating or defecating inappropriately;

- upset – incidents where the detainee is distraught or remorseful about their situation;
- accidental injury – any act by a detainee or police officer where injury occurred but there was no intent to cause said injury; and
- other – other incidents not classified above.

Each incident could be classified by more than one incident type resulting in a total of 1,409 (from the total 1,066) incidents. For example, a detainee may be aggressive and abuse officers simultaneously; in this case the incident would have been coded as aggressiveness and abusive language.

Over half (53%) of all incidents were classified as deliberate acts that did or could have potentially resulted in an injury. Approximately 81 per cent of these acts did not involve anyone else, indicating a high level of self-harm. There were very few injuries (only four) which were accidentally caused. Aggressiveness and abusive language occurred in 17 per cent and 20 per cent of incidents respectively. Arrestees resisted police officers during detainment in 14 per cent of incidents. The results indicate a high level of confrontation and the physical nature of incidents occurring between police officers and detainees. Threats of injury were relatively common (17%) and comprised two main types:

- a detainee threatening to harm him or herself; and
- a detainee threatening to harm another person (for example, a police officer).

Police were threatened in 38 per cent of these incidents with the majority of the remainder being self-injury threats. During the custody process of 33 detainees (13% of 260 cases) people other than the detainee suffered injury. A total of 56 injury incidents related to other people, all bar one occurring to police officers. One injury occurred to a security guard involved in the detainment of a prisoner.

Relationship between incident types

Analysis was undertaken using Pearson product moment correlations to determine whether there was any relationship between the different incident types. It was found that:

- deliberate acts potentially resulting in injury were significantly related to:
  - injury threats (r=0.324);
  - abusive language incidents (r=0.446);
  - incidents involving resistance (r=0.405); and
  - aggressive incidents (r=0.319);
- injury threats were linked to:
  - abusive language incidents (r=0.392);
  - incidents involving resistance (r=0.158); and
  - aggressive incidents (r=0.240);
- abusive language incidents were related to:
  - incidents involving resistance (r=0.278); and
  - aggressive incidents (r=0.360);

- incidents involving resistance were related to:
  - aggressive incidents (r=0.318); and
  - accidents (r=0.217);
- incidents involving aggressive behaviour were linked to:
  - accidents (r=0.164); and
- incidents where the detainee was upset are linked to:
  - incidents where the detainee was agitated (r=0.267).

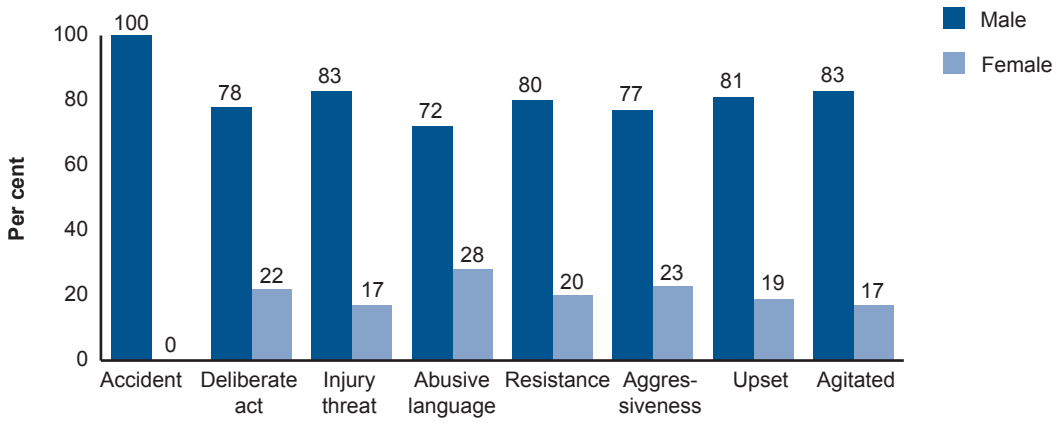
The analysis does not show any causal relationship. For example, a deliberate act potentially resulting in injury is not caused by a previous abusive language incident, but they are associated. The analysis confirms that incidents do not occur independently of each other but that they are inter-related. This supports the earlier assumption that the state of the individual at induction into custody may be a good indicator of their future behaviour in custody.

Incidents and detainee characteristics

Figure 7 portrays the breakdown of incidents by gender. Using the incident data (n=1,066) analysis was undertaken to see if males were more often involved in particular types of incidents than females. Males accounted for approximately 75 per cent of the sample. Figure 7 shows that a slightly higher proportion of females were involved in abusive language incidents compared to other incidents (28%). Males were more frequently agitated and upset, and involved in injury threat incidents than other incident types. Males were involved in all accidental injury incidents, however there were only four of these incidents in the dataset.

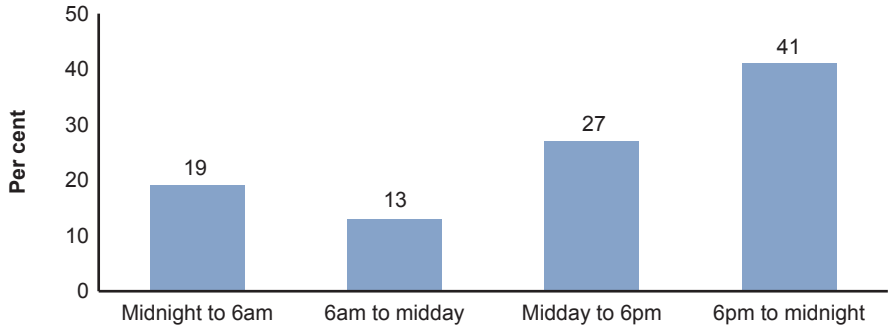
The proportions of detainees of Aboriginal, Caucasian and other appearance were similar across each incident type and were comparable to the breakdown of ethnic appearance provided previously across all incidents. Those of Aboriginal appearance accounted for approximately 22 per cent of incidents. They accounted for slightly larger proportions of incidents where the detainee was abusive and aggressive (27% and 26% respectively) and lower proportions where the detainee was upset (15%).

Figure 7: Percentage breakdown of incident types by gender



Note: Based on 1,066 incidents

Figure 8: Time periods when incidents in custody took place



Note: Based on 1,066 incidents

Time of incidents

Figure 8 shows the time periods in which the 1,066 incidents took place. It can be seen that the largest proportion (41%) took place between six o'clock in the evening and midnight. Possible reasons for this may be:

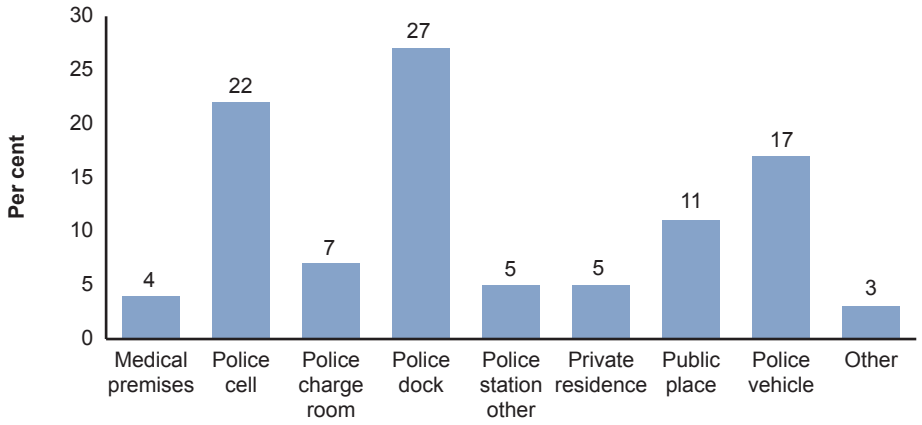
- more people may be arrested in the evening; or
- people may have been in custody for a long period of time and become frustrated.

Previous research has shown that self-injury incidents are more likely to occur early on in an individual's stay in custody (Fleming, McDonald & Biles 1992). More specific data regarding the time of the incidents and the time that the individual was taken into custody were also collected. Data regarding the time taken into custody were available for 60 per cent of the incidents (n=637), however, the time of the actual incidents was only available for 226 incidents (21%). The data were matched and it was found that there were 151 incidents for which both time taken into custody and time of incident was available. The mean average time lapse between being taken into custody and the time of the first incident was 47 minutes (n=67). For an injury incident (n=30) the time lapse was 90 minutes. This is less time than that found by Fleming, McDonald and Biles (1992). In their study the average time the person had spent in custody before self-injuring was three hours. The injury incidents that are included in this dataset also include injuries inflicted by others, although as previously stated only 20 per cent involved people other than the detainee and the majority of these involved the detainee assaulting a police officer. The time taken for any incident to occur ranged from 0 minutes to over nine hours after being taken into custody. Two incidents actually occurred prior to the individual being taken into custody, but occurred in the presence of the police and contributed to their arrest.

Location of incidents

While the majority of incidents took place within a police station, over one-fifth took place in public places or within peoples' homes. Figure 9 shows that nearly half of incidents occurred in either a police cell or police dock. The dock is a small, secure enclosure measuring approximately 900mm by 1,500mm. It is constructed out of steel, clear polycarbonate sheeting and fine wire mesh. Detainees are placed in the dock when first taken into custody in order to process them and observe their behaviour prior to being put into a cell. A further 17 per cent of incidents occurred in a police vehicle whilst a detainee was being transferred to or from a police station.

Figure 9: Percentage breakdown of where incidents occurred



Note: Based on 1,060 incidents, 6 missing
Medical premises include hospitals, medical centres and mental health units
Public place includes car parks, intersections, beaches and streets
Other includes shopping malls, petrol stations, businesses, pubs, bars and clubs, schools, universities, colleges, other private vehicles, courts and corrective services

Injury incidents

Previous discussion has provided a breakdown of the types of incidents that occurred. More detail will now be provided regarding those incidents that could potentially have resulted or actually resulted in an injury. This analysis will use the 564 'deliberate act' incidents. ICD-10-AM and NOHSC classifications were used to categorise what happened during each incident. These classification systems were used so that they would be comparable with other datasets. The NOHSC classification system is very broad and only provides an overview of the incidents. The ICD-10-AM is much more detailed in its categorisation of incidents and therefore provides a very useful analysis of what actually happened.

Table 8 shows that, using the NOHSC classifications, 41 per cent of incidents were classified as attempted suicide. This is perhaps a subjective category, as intent is not always known, however, it does provide a broad indication of the type of incidents that were taking place in custody. These incidents would include, for example, attempted hanging or strangulation. A further 42 per cent of incidents involved the detainee 'hitting a stationery object'. This category primarily includes kicking, hitting or head butting a wall, floor or door. While these instances could also possibly fall into the 'attempted suicide' category, the actual

Table 8: Breakdown of injury incidents as classified by NOHSC

Incident	Number	Per cent
Hitting stationery object	194	42
Attempted suicide	192	41
Hitting moving object	39	8
Contact with chemicals	31	7
Being assaulted	6	1
Falls	2	0
Total	464	100

Note: 100 cases missing

intent of the individual is less clear. 'Hitting a moving object' is a broad category that includes hitting another person and also contact with sharp objects, therefore accounting for cuts and lacerations due to knives, razors and so on. These types of incident accounted for eight per cent of the total. Contact with chemicals (7%) includes being sprayed with OC spray but also ingesting drugs.

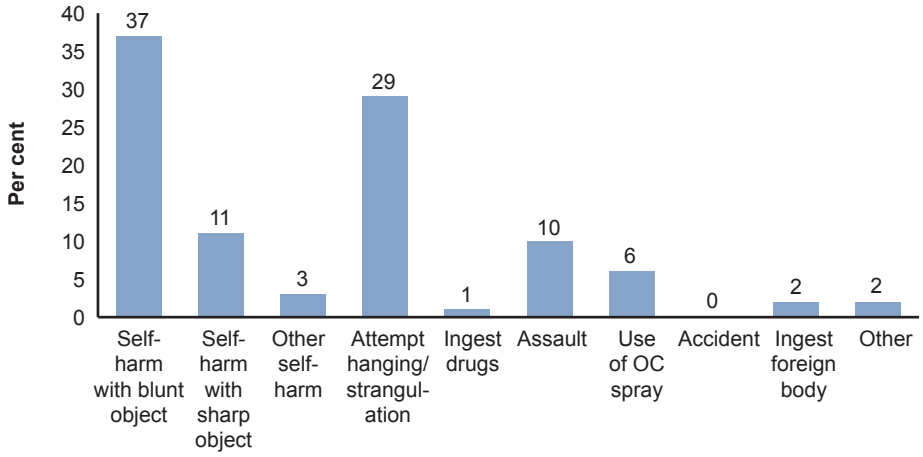
The ICD-10-AM classification provides a more detailed and satisfactory analysis of incidents and Figure 10 provides a breakdown. As with the NOHSC categories it is difficult to objectively identify whether an individual intended to commit self-injury, however self-inflicted harm accounted for the majority of incidents. Only 16 per cent of incidents were not self-inflicted. These included assault (10%), which includes the detainee assaulting another person and vice versa; the use of OC spray by police officers to subdue a detainee (6%) and accidental injury (0.4%). The circumstances surrounding the most frequent incidents as defined by ICD-10-AM will be discussed further. These are:

- self-harm using a blunt object;
- attempted hanging or strangulation;
- self-harm using a sharp implement; and
- use of OC spray.

Self-harm with a blunt object

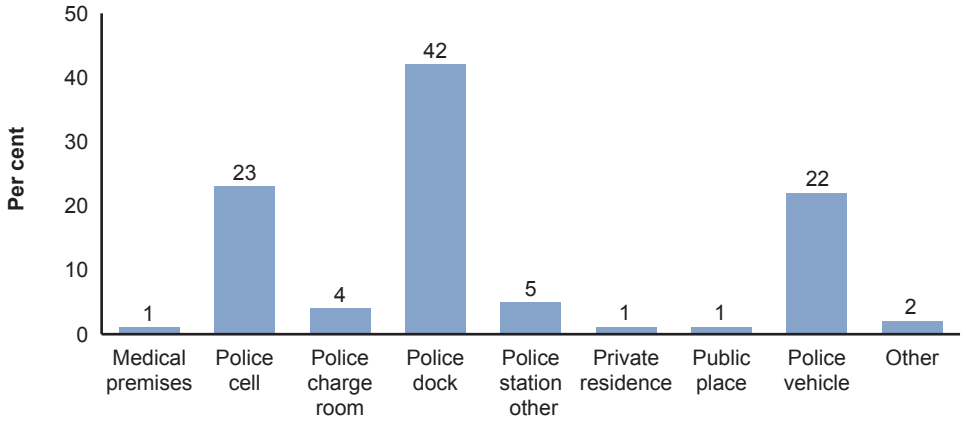
Intent, as already discussed, is very difficult to determine. This is especially the case with the incidents involving a blunt object, which accounted for just over one-third of all deliberate acts (37%). These incidents are similar to the NOHSC classification of 'hitting a stationery object', that is primarily, hitting, kicking or head butting a wall, door or floor. It is almost impossible to determine whether these incidents were purposive in that the detainee intended to harm themselves or whether they occurred perhaps due to frustration or anger with no self-harm/suicide ideation.

Figure 10: Breakdown of injury incidents based on ICD-10-AM classification



Note: Based on 564 cases, 37 missing cases

Figure 11: Location of incidents involving a blunt object



Notes: Based on 194 incidents

Males were primarily involved in these incidents (87%) which is a higher proportion than those involved in all deliberate injury incidents (78%). The proportions of those of Aboriginal origin involved in these self-harm incidents were 23 per cent, approximately the same as those involved in all deliberate incidents. Incidents were spread across all age groups with just under half of those involved being under 25 years (44%). Those aged 26 to 30 years accounted for the largest proportion – 21 per cent – which was expected given the higher proportions of people in that age group being involved in all incidents. Nearly three-quarters of those involved in incidents with a blunt object were under the influence of alcohol at the time.

Incidents involving kicking, punching or head butting most frequently took place in a police dock (42%). Police cells and police vehicles accounted for a further 23 per cent and 22 per cent respectively (see Figure 11). They rarely occurred outside of the police station. It is unclear why this is, although being locked in a confined space may cause frustration or fear. There are also readily available objects to kick, punch or head butt. In fact, in 72 per cent of these incidents the detainee inflicted self-injury using walls and doors. A further 19 per cent struck the police truck cage. In 44 per cent of the incidents involving walls and doors detainees used their heads (that is, head butted) to inflict self-injury. They used their fists in 13 per cent of these incidents and feet in a further nine per cent. Both heads and other body parts (primarily fists or feet) were used to hit walls and doors in 17 per cent of incidents. The head was also the main body part used to inflict self-harm while detainees were in a police vehicle. They head butted the truck cage in 49 per cent of incidents. Kicking the truck cage was also prevalent, occurring in 20 per cent of incidents involving the truck cage (see Table 9).

Table 9: Breakdown of how incidents occurred

Body part used to inflict harm	Object kicked/punched/ head butted									
	Ground/floor		Truck cage		Walls/doors		Other		Total	
	n	%	n	%	n	%	n	%	n	%
Head	4	100	17	49	58	44	3	25	82	45
Arm	0	0	1	3	4	3	0	0	5	3
Fist/hand	0	0	3	9	17	13	2	17	22	12
Foot	0	0	7	20	12	9	3	25	22	12
Head and other	0	0	2	6	22	17	1	8	25	14
Arms and legs	0	0	4	11	14	11	0	0	18	10
Other	0	0	1	3	5	4	3	25	7	5
Total	4	100	35	100	132	100	12	100	181	100

The most frequent injuries caused by self-harm with a blunt object was an open wound (37%) and superficial injuries (28%). The latter category includes minor cuts and grazes. As expected, most injuries occurred when detainees injured themselves against the truck cage or walls and doors. The majority of these injuries occurred to the detainee's head – not surprising given the large proportion of incidents involving head butting. Other injuries included fractures, most commonly to the hand, and severe bruising (both eight per cent respectively). First aid by ambulance personnel was required in 47 per cent of cases and first aid by ambulance personnel or police and treatment at a hospital accident and emergency department was needed in a further 31 per cent of cases. Reasons for why incidents of self-harm involving blunt objects occurred were rarely given, but of those that were given the most common reasons were:

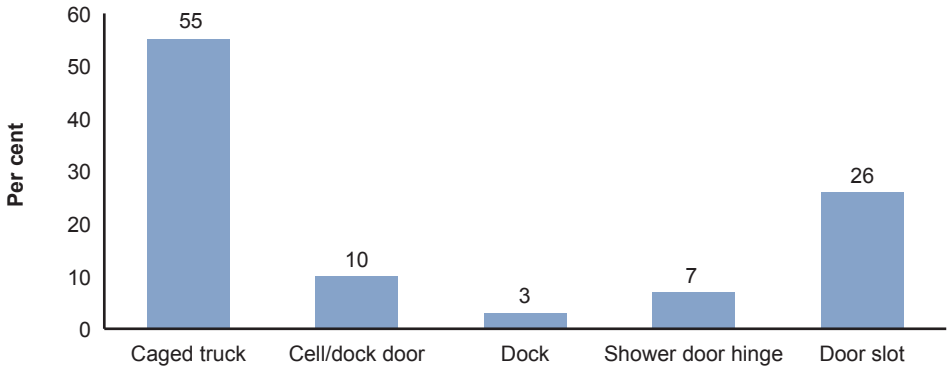
- to avoid custody (5%);
- to cause trouble for the police (4%);
- a wish to commit suicide (4%); and
- to gain attention (1%).

The police response to these incidents was most frequently to calm the detainee (31%), usually by speaking to them. In 13 per cent of incidents the police were required to restrain or handcuff the detainee to prevent them from causing further harm. Other mechanisms used to prevent further incidents occurring included stopping the police vehicle (6%), observation of the detainee (8%) or moving the detainee to another cell or dock (10%) probably to improve observation.

Attempted hanging or strangulation

Nearly 30 per cent of incidents that did or could potentially have resulted in injury were attempted hangings or strangulations. Of those attempted hangings, over half (55%) used the cage in a police vehicle as a hanging point. A further 43 per cent used a fixture on a door (either cell, dock or shower) as a hanging point (see Figure 12). Approximately one-third (30%) of all attempted hanging or strangulation incidents actually occurred in a police vehicle and 61 per cent occurred in either a cell or police dock. It is interesting to note that police vehicles were the primary source of hanging points for attempted hangings. This may be due to police cells being redesigned to largely remove hanging points following the RCIADIC.

Figure 12: Breakdown of hanging points used in attempted hanging incidents



Note: Based on 31 incidents

Figure 13: Breakdown of instruments used in attempted hangings and strangulations

Note: Based on 148 incidents

Figure 13 shows the instruments used in attempted hangings and strangulations. Clothing or accessories accounted for 82 per cent of objects used to attempt strangulation or hanging. These included underwear (bra, socks etc, 16%), shirts (16%), shoe laces (14%) and belts or drawstrings (14%). Other items used included bandages (5%), blankets (5%) and a detainee's own hair (1%). No injury was sustained in the majority of cases (83%) and where injury was sustained it was of a minor nature (15%). This may have been due to prompt police action – in almost half of these incidents the police removed the ligature from the detainee before harm could be caused (49%). In almost 20 per cent of cases the police removed the detainee's clothing to prevent further self-harm. Ambulance personnel called to the police station treated approximately half of detainees involved in attempted hangings or strangulations (51%) and one-third of other detainees were dealt with by mental health services (33%).

Females accounted for almost 30 per cent of all attempted hangings and strangulations, which is slightly higher than the proportion for all deliberate incidents (22%). Interestingly, 21 to 25-year-olds and 31 to 35-year-olds each accounted for almost a quarter of incidents (21%). Previous research has shown that both of these age groups are over-represented in the profile of those who commit self-harm (Steenkamp & Harrison 2000). Two-thirds of those who attempted self-harm by strangulation or hanging were of Caucasian appearance (66%), and those of Aboriginal origin constituted 23 per cent of the sample.

Alcohol was an associated factor in over three-quarters of these incidents (78%) but again, as with other incidents, reasons for a detainee's actions were rarely given. However, it was ascertained that 12 per cent of incidents were due to a wish to commit suicide. Other reasons included:

- a wish to avoid custody (3%);
- to cause trouble for the police (3%); and
- to draw attention to oneself (4%).

Previous research has shown that hanging is the most successful way of committing suicide in custody and it is therefore logical that motivations for suicide are higher for this type of incident than for others (Fleming, McDonald & Biles 1992; Liebling 1992).

Self-harm using a sharp implement

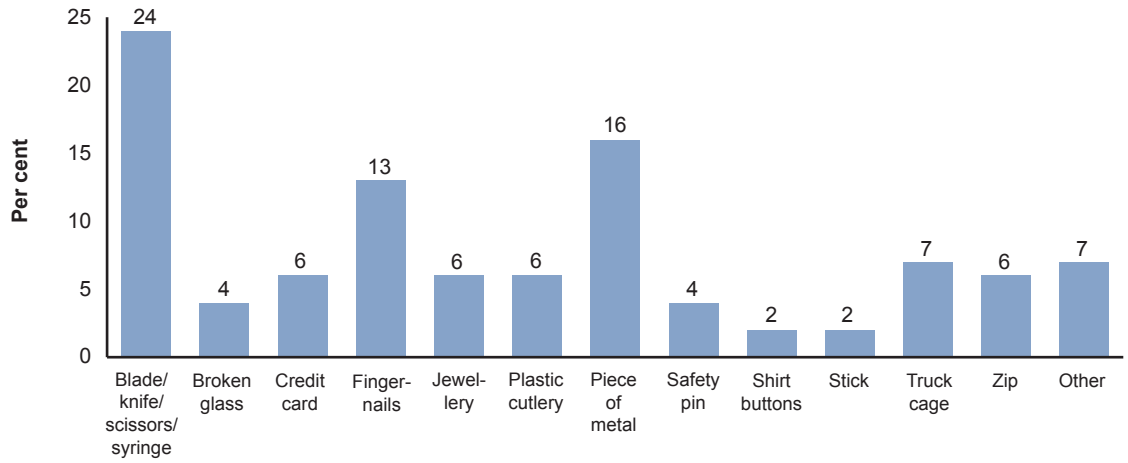
Sharp implements most frequently used by detainees to commit self-harm were blades, knives, scissors or syringes (24%; see Figure 14). When these implements were used the incidents most frequently occurred in a police vehicle, which implies that they were secreted on the person before detainees were taken into custody. A piece of metal was used by detainees in 16 per cent of these self-harm incidents. It appeared that detainees used any item at hand to scratch themselves, for example jewellery, zippers, credit cards, plastic cutlery, broken glass or the cage of the police vehicle. Interestingly, in 13 per cent of cases the detainee used their fingernails to cause self-harm. Just over half of these incidents occurred in the police dock or a police cell (54%) and a further quarter in a police vehicle (25%).

It is a common perception that when a person cuts or scratches themselves in self-harm the arms and wrists are the most common part of the body used. The analysis confirmed this: 41 per cent of these incidents involved the arm and a further 43 per cent involved the wrist. Injury occurred in 93 per cent of self-harm incidents involving a sharp object. A third of these incidents involved more serious open wounds and the remainder were superficial injuries (minor cuts and scratches). Mental health services were required for 29 per cent of these incidents. Treatment by ambulance personnel at the police station accounted for 29 per cent of those incidents where medical assistance was required. A further 34 per cent of incidents required solely treatment at a casualty department or first aid and a visit to casualty.

Males accounted for three-quarters of all self-harm incidents involving a sharp implement (75%). Those individuals aged 26 to 30 years and 31 to 35 years were involved in 23 per cent and 25 per cent of these incidents respectively. This is a higher proportion than across all deliberate acts. Those of Aboriginal appearance accounted for fewer incidents of self-harm with a sharp implement than for all deliberate injury incidents (15%). Across all injury incidents those individuals of Aboriginal appearance accounted for 22 per cent of the sample.

Alcohol was deemed to be involved in fewer incidents of this type of self-harm than other incidents (56% compared to 74% of all injury incidents). Suicide was cited as a reason for committing self-harm in 14 per cent of incidents involving sharp objects. Previous studies have shown that cutting is a common method of self-harm, especially in prison custody (for example, Eyland, Corben & Barton 1997). As with other

Figure 14: Breakdown of sharp implements used in self-harm incidents



Note: Based on 55 incidents

types of incidents seeking attention (7%), avoiding custody (5%) and to cause trouble for the police (7%) were reasons cited by detainees. The police tried to prevent these incidents occurring or dealt with these incidents primarily by removing the offending implement from the detainee (24% of incidents). They also tried to calm the detainee, often by talking to them (11%) or by stopping the police vehicle in order to prevent the incident becoming more serious (16%).

Use of oleoresin capsicum spray

Police officers use oleoresin capsicum (OC) spray as a means of safely restraining a violent or threatening offender. It incapacitates the majority of offenders by causing a burning sensation and swelling of the eyes, and can restrict breathing if inhaled. It is, however, not very effective with offenders who have mental health problems, are intoxicated or are very agitated. No specialist decontamination is required except good ventilation to help resume normal breathing and clean water to wash out the eyes (NLECTC 2000). There were 30 incidents where officers used OC spray on detainees. One-third of these occurred in a police vehicle. The use of OC spray indicates that the detainee resisted arrest or being in custody and the reason given for these incidents was restraint of the detainee. Police cells and dock accounted for 40 per cent of the incidents and 17 per cent occurred in a public place, again while the detainee was being taken into custody.

The eyes were affected in all but one incident where the OC spray was misdirected at the offender and was sprayed on their body. No injury was sustained in two incidents (7%) when the spray was ineffective. Otherwise, the detainees suffered the normal effects of OC spray (93% of incidents) as described above. Of those cases where the type of medical assistance required was specified (n=23) treatment was distributed between first aid given by police officers (44%) and first aid provided by ambulance personnel (52%). One detainee was dealt with at the casualty department but this does not necessarily imply that the effects of the OC spray were more serious.

Males were much more likely than females to be involved with police in incidents that resulted in the use of OC spray (87% compared to 13%). Those aged between 18 years and 30 years accounted for 64 per cent of those involved in these altercations. Two-thirds of those involved in OC spray incidents were of Caucasian appearance compared to 23 per cent of Aboriginal appearance. These results are similar to those for all injury incidents.

Injury threats

Information was collected regarding two types of injury threats:

- threats to injure oneself; and
- threats to injure another person.

A total of 181 incidents involved threats of injury and Table 10 provides a breakdown of who the threats were directed at. Just under half of injury threat incidents occurred between 6pm and midnight (45%). A further 22 per cent occurred between midday and 6pm, and the remainder were equally distributed across the midnight to midday period. Over one-third of incidents occurred while the detainee was held in a police dock (38%) and another 18 per cent of threats were made from police cells. Police vehicles accounted for 12 per cent of locations where injury threats were delivered. Further analysis was undertaken to investigate self-injury threats and those threats against police officers, which will be looked at individually.

Table 10: Breakdown of injury threat incidents

	Number	Per cent
Threat of self-injury	103	57
Threat to police officer	68	38
Threat to other inmate involved	2	1
Threat to other person	5	3
Threat to ambulance personnel	1	1
Threat to ambulance and police personnel	1	1
Total	180	100

Note: One incident was missing further details

Threats of self-harm

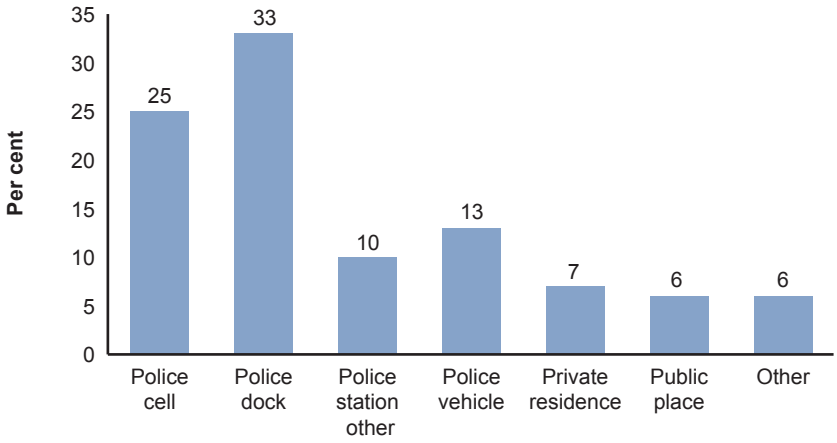
There was a total of 103 incidents of threatened self-harm. Males accounted for the majority of these incidents with females threatening self-harm in 17 per cent of incidents. Those aged 31 to 35 years threatened self-harm most frequently (21 per cent of incidents) while a further 55 per cent of incidents were threats by those aged less than 30 years. Individuals of Aboriginal appearance accounted for 19 per cent of those who threatened to commit self-harm.

As with all injury threats and those incidents where injury actually occurred, more threats of self-harm occurred between 6pm and midnight (39%) than any other time of day. Incidents most frequently occurred in police docks (32%) and police cells (24%) with a further 13 per cent occurring in police vehicles. Again, this is comparable to actual injury incidents. Figure 15 shows the locations of self-injury threats.

The types of self-harm threatened was only given in 53 incidents (using the ICD-10-AM classification), however, the most common threat was that of hanging or strangulation (45%). Threats of self-harm using a sharp implement accounted for a further quarter of incidents. Table 11 provides a breakdown of the type of injuries that detainees threatened to commit.

Given the high proportion of threats to commit self-harm by hanging or strangulation, it is not surprising that just under half of the incidents for which data were available involved threats of self-harm using an item of clothing or clothing accessories (46%). Implements such as blades and scissors were specifically mentioned in 19 per cent of self-injury threats and walls and doors in 14 per cent of incidents.

Figure 15: Location where self-harm threats took place



Note: Based on 100 incidents, 3 missing incidents

Table 11: Types of self-harm detainees threatened to commit

	Number	Per cent
Hanging/strangulation	24	45
Self-harm using sharp implement	13	25
Self-harm using blunt object	5	9
Other self-harm	11	21
Total	53	100

Note: Based on 53 incidents, 50 missing incidents

Reasons given for threatening self-harm included the following:

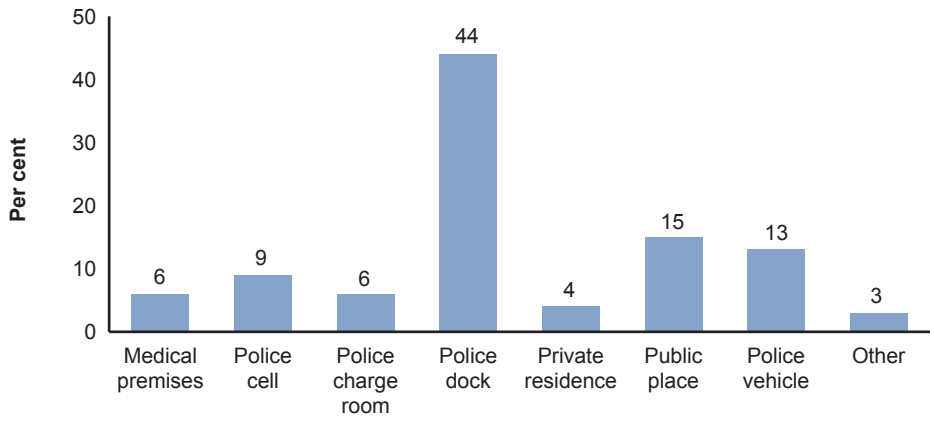
- seeking attention (4%);
- to avoid custody (14%);
- to cause trouble for the police (11%); and
- to commit suicide (39%).

In these instances causing trouble for the police often involved the detainee threatening self-harm so that they would be 'another death in police custody'. Alcohol was considered to be an associated factor in 58 per cent of incidents. The police response to threats of self-harm involved removing clothing as a precaution (23%), moving the detainee to or from a cell or dock (14%) and calming the detainee either by talking to them or contacting their next of kin so that they could visit them and potentially calm the situation (as recommended by the RCIADIC). This occurred in 21 per cent of incidents.

Injury threats to police officers

Threats of injury to police officers accounted for 68 incidents of all injury threats. Males were responsible for threatening police officers in 85 per cent of incidents. Nearly half of those who threatened police were aged between 21 and 30 years (49%). Those of Aboriginal appearance who threatened police accounted for 23 per cent of all these threats. Significantly more of these incidents occurred between 6pm and midnight (54%) compared to threats of self-harm. A similar proportion of detainees were intoxicated by alcohol compared to those who threatened self-harm (56%).

Figure 16: Location where threats occurred

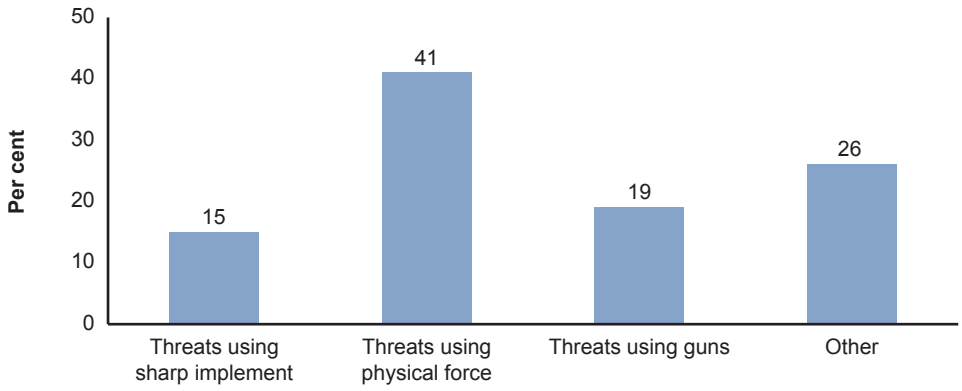


Note: Based on 68 incidents

Police officers were threatened most frequently when the detainee was held in a police dock (44%). This may be due to the location of the dock, as they are often in full view of the officers. Detainees are also placed in the dock when they are first taken into police custody so that they can be processed. Therefore there may be an element of detainees who are frustrated or angry at being taken into custody. Only nine per cent of threats emanated from detainees whilst they were being held in police cells. This again may be due to location – they may be less likely to see a police officer and therefore there may be less antagonism. Approximately 15 per cent of threats to officers occurred in a public place during the arrest process and a further 13 per cent in a police vehicle (see Figure 16).

Threats of assault accounted for the majority of incidents where a police officer was threatened. Physical assault, for example head butting or punching, accounted for 41 per cent of incidents for which data were available. Threats using weapons were used in one-third of incidents (see Figure 17).

Figure 17: Types of threats to police officers



Note: Based on 27 incidents, 41 missing
Other includes threats to use doors to injure officers, the police vehicle and 'other'

The primary reason given for threatening officers was to cause trouble for them (44%). Attempting to avoid custody was also given as a reason for four per cent of these incidents. Restraining the detainee (14%) and moving the detainee to another cell or dock accounted for 21 per cent of methods used by the police to prevent the detainee continuing to threaten them.

Assaults and injuries to others

Assaults

Assaults comprise those incidents where the detainee is physically assaulted by another person or where the detainee assaults another. Police officers were involved in 49 of the 53 incidents (93%). In 47 incidents (89%) a person was assaulted by the detainee. In another two incidents, jewellery and a sharp object (blade, knife, scissors or syringe) were used by the detainee to assault someone. However, three incidents involved a police officer punching a detainee. These incidents were all against one detainee.

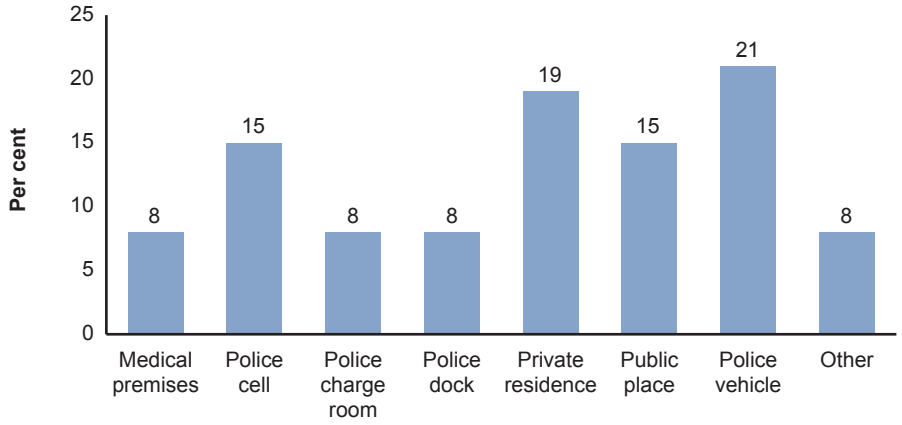
The profile of those involved in assault incidents is different to those involved in self-harm incidents. Males accounted for approximately 60 per cent of these incidents and females 40 per cent. This compares to an approximate three-quarter/one-quarter split for all injury incidents. In terms of age group, those under

17 years were more often involved in assaults than those who were older. This group was responsible for 41 per cent of all assaults. Three-quarters of those involved in assaults were of Caucasian appearance, the remainder being of Aboriginal appearance (24%). The proportion of those who were under the influence of alcohol at the time of the incident was also higher than that for all injury incidents (82%).

Approximately one-third of assault incidents occurred in locations other than a police station – 19 per cent at a private residence and 15 per cent in a public place. A police cell or dock accounted for 23 per cent of these incidents and a police vehicle for 21 per cent (see Figure 18). In almost half of the incidents of assault a foot was used to kick out at the victim and in a further quarter of these incidents a fist was used to punch the victim. Injury information was only available for 14 of the assault incidents, and in 64 per cent of these the detainee sustained no injury. A superficial injury to the detainee was the result in 29 per cent of these incidents. Only eight incidents required any treatment for the detainee, four required treatment by a hospital casualty department and five required first aid (detainees may have required more than one type of treatment hence the total being greater than eight).

Over one-third of these incidents (39%) were instigated by the detainee to avoid being taken into or being held in custody by the police and a further 15 per cent were to cause trouble for the police. Very little information was available regarding how police prevented these incidents from occurring or from continuing to occur. Half of the incidents (for which data were available) involved the detainee being restrained or handcuffed. A further 13 per cent of incidents resulted in the detainee being moved to a different cell within the police station to prevent further incidents occurring. This was often so they could be observed more easily by police officers.

Figure 18: Location of assault incidents

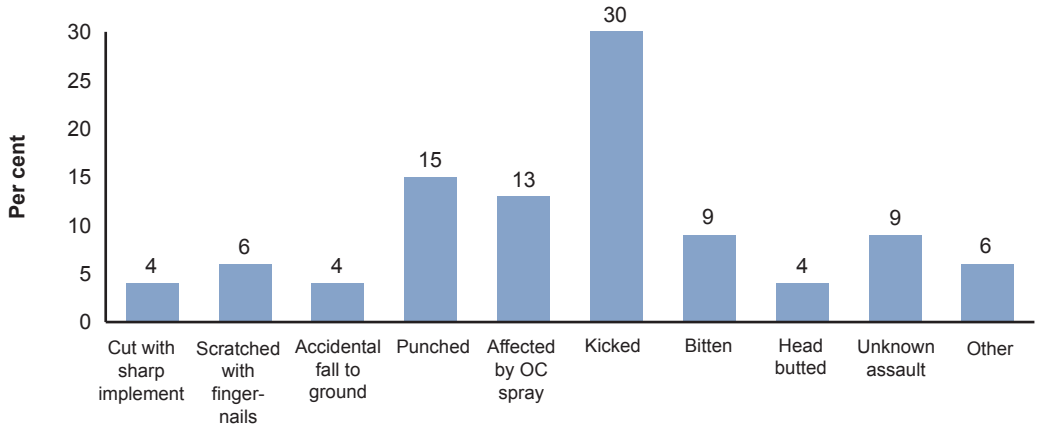


Note: Based on 53 incidents

Injuries to others

While assaults are the primary reason for injuries to others during the course of an arrest and being taken into custody, accidents and incidents where intent is unclear can also be the cause of someone other than the detainee being injured. While this is not the focus of the present report, providing some basic information regarding incidents where others are hurt can shed further light on the environment in which police officers work and may enable improvements to be made to procedures put in place for dealing with detainees.

Figure 19: Types of incident where injury occurred to person other than detainee



Note: Based on 29 valid cases

Injuries occurred to people other than the detainee during the arrest and/or custody process of 33 detainees. A total of 56 incidents involved injuries to others (five per cent of the total number of incidents) and all but one of these injuries were to police officers, with one to a security guard involved in an altercation during an arrest. This compares to the 49 assaults on police by detainees. Forty-five police officers were actually involved in incidents as they may have been involved in more than one incident. For those incidents where the information was available (n=34) males were the primary recipients of an injury (74%).

Figure 19 provides a breakdown of how injuries were inflicted. Only two incidents were accidental (4%) involving officers falling over with a detainee during an arrest. The majority of incidents, however, were assaults (77%) or incidents where the intention was not clear (6%). Detainees used a sharp implement (blade, knife, scissors or syringe) to assault an officer in four per cent of the incidents. Most incidents involved the victim being assaulted by bodily force, either by kicking or punching, although victims were also injured by being head butted, scratched and bitten. OC spray was the cause of injury in 13 per cent of incidents. This is mainly due to cross-contamination when officers tried to subdue detainees but were also affected themselves.

Table 12: Injuries caused by detainees

Injury	Number	Per cent
No injury	2	6
Sprain or strain	3	9
Open wound	1	3
Superficial injury	16	46
Bruising	5	14
Effects of OC spray	5	14
Other and unspecified injuries	3	9
Total	35	100

Note: Based on 25 valid cases

The leg was the primary target for assaults (26%), perhaps due to the high proportion of assaults that involved the victim being kicked. Victims heads (9%) and arms (11%) were also targeted by detainees. Seven incidents resulted in an injury to the eye, however five of these were due to contamination by OC spray (71%). Almost half of injuries caused were superficial in nature (46%) although bruising was the result of 14 per cent of incidents. Table 12 provides a breakdown of injuries caused by these incidents.

Concluding comments

The focus of this project is to identify whether the nature and extent of injuries that occur in police custody can be monitored. The analysis has shown that injuries do not appear in isolation but rather are part of a sequence of events. Incidents involving or potentially involving an injury were found to be statistically associated with incidents involving:

- abusive language;
- aggressiveness;
- injury threats to self and others; and
- resistance.

These incidents are primarily confrontational and potentially violent in nature and it is therefore feasible that an injury incident may be coupled with one or more of these other incidents. Altercations with other people (either in domestic incidents or incidents involving arguments of violence with others) were the reason why over one-third of detainees were taken into custody. This again indicates the potentially volatile circumstances of the custody process and the possibility of injuries occurring. Additionally, police deemed OC spray necessary on a number of occasions, which appeared an effective means of subduing a detainee. Interestingly, however, the majority of injury incidents that occurred in custody were instances of self-harm, with only a minority of assaults taking place.

The majority of those injured were male and between the ages of 21 and 30 years. Those of Aboriginal appearance accounted for almost one-fifth of all detainees injured. Detainees were more often unemployed and the police had prior information regarding self-harm for two-thirds of those injured. The profile of those involved in all incidents and those committing assaults against police officers is very different. A larger proportion of females and young people (under the age of 17 years) were involved in these incidents than in other incidents. These findings differ from those found by Brown (1994) in his study of assaults on police officers – males and those between the ages of 15 and 29 years were found to be the primary perpetrators. Although assaults were not very common, accounting for 53 of the 564 injury incidents, it may be possible for police to use the analysis to profile those more likely to be involved in these incidents and develop strategies to prevent or reduce these incidents occurring.

Alcohol was a common factor across incidents, although data relating to intoxication were not collected in all cases. Previous research by Deehan, Marshall and Saville (2002) found that intoxicated detainees were less likely to be compliant during the custody process and more likely to be aggressive than those not intoxicated. The research undertaken here supports this finding and it is a risk factor that officers should consider when taking individuals into custody.

The most frequent injury incidents to occur were those involving the detainee kicking, punching or head butting a blunt object, usually a wall or door. These incidents are difficult to classify as intentional self-harm (that is, the detainee intended to injure him or herself or attempt suicide). An alternative explanation may be that the detainee was frustrated or angry about being in custody and there was no self-harm or suicide ideation. However, given that these incidents were common, it is important that efforts are directed

at trying to prevent them from occurring. The main response by police to these incidents was to try to calm the detainee. Officers are trained to defuse volatile situations, however it may be possible to focus further training on managing such incidents that occur specifically in custody. It is difficult to suggest any cell redesign that could help reduce the number of these incidents, the only option being padded cells, which may not be appropriate in a custody facility.

Few injury incidents that occurred involved the use of implements provided by the police (for example, blankets or cutlery). The majority of incidents involved objects that the detainee had on their person. This was particularly the case for attempted strangulations/hangings and self-harm using a sharp implement. In the former incidents, the most frequent item used was clothing. While it may not be ethical to remove a detainee's clothes when taken into custody, it may be possible to identify those at risk of self-harm from the warnings system in COPS and provide alternative clothing such as anti-rip suits for those at risk. Hertfordshire Constabulary in the UK provide anti-rip suits and blankets in order to reduce the incidence of self-harm. They also use unbreakable cutlery which detainees are unable to break or sharpen and therefore cannot use as a weapon against others or themselves (Hertfordshire Constabulary 2003). In the present study the main weapon used in incidents involving self-harm with a sharp implement was one that was secreted on the detainee's person, such as a knife, blade, razor or scissors. This indicates that where possible individuals should be searched thoroughly prior to being taken into custody – 67 per cent of incidents involving these implements occurred prior to the detainee being taken into a police station (occurring in a public place, private residence or police vehicle).

While attempted hanging incidents were relatively rare compared to attempted strangulations, the majority occurred in a police vehicle where hanging points were more readily available than in police cells or docks. A review of the design of police vehicles and truck cages may assist in minimising the incidence of attempted hangings. Cell redesign has been successful in reducing the incidence of attempted hangings in police station cells and docks. Given that police vehicles, cells and docks were the site of approximately two-thirds of all incidents it may be pertinent to review their design further. The use of closed curcuit television (CCTV) at these locations could improve the ability of officers to monitor detainees.

It should be borne in mind that the majority of incidents resulted in superficial injuries, with many incidents being prevented by police before injury could occur. There is a concern that serious injury incidents may be recorded elsewhere, however, investigations during the pilot study failed to uncover any other possible data sources of this information. That being the case, it appears that generally police officers are effective at intervening and preventing serious incidents occurring in custody. Further data collection regarding the police response to incidents would be relevant to this study.

A limitation of this analysis is that there is no control group to compare the profile of those who are not involved in injury incidents in custody with those who are. There are also no total numbers available for individuals taken into custody. It is unclear, therefore, if the sample used in this dataset is representative of all detainees or whether the profile is very different. To determine how the profile of detainees who are not involved in injury incidents differs from those who are, it is necessary to document and analyse data on all detainees. This information will then be very useful in the development of strategies and interventions to reduce injuries in custody. The data collection process also does not allow the motivations behind injuries to be investigated and provides only a description of the nature and extent of these incidents.

Recommendations

- It would be pertinent for police officers to take into consideration alcohol as a risk factor when arresting individuals and taking them into custody and devise strategies to deal with these circumstances. In some jurisdictions (for example, the Northern Territory) sobering up shelters are used as an alternative to being taken into custody. This may be an avenue worth exploring for NSW Police.

- It is imperative that police officers are given sufficient training:
  - to identify those individuals in custody who may be at risk of harm and put in place safety mechanisms; and
  - to defuse potentially volatile situations calmly and safely during the custody process.
- Where possible, police officers should conduct thorough searches prior to an individual being taken into custody. The findings from this research show that instances where injury is caused with a sharp implement most frequently involve an item that has been secreted on the detainee.
- The use of anti-rip suits and blankets in custody suites may contribute to a reduction in the number of attempted strangulations that occur.
- A review of the safety of cages in police vehicles should be undertaken given the relatively high proportion of injury incidents that occur during transportation of a detainee.
- Further improvements in a police officer's ability to observe prisoners whilst in custody could help prevent acts of self-harm. For example, there might be more extensive use of CCTV or glass-fronted cells.

The analysis has highlighted that there are limitations to the data currently collected. In order to improve the data collection process, the following is strongly recommended:

- Improvements should be made to the way police officers record injury incidents in COPS. This could allow more thorough and accurate information to be collated regarding:
  - offence information;
  - methods of police intervention in incidents; and
  - motivations for self-harm.
- Data on all detainees should be systematically recorded and analysed. This would allow differences to be identified between those that are involved in injuries and those that are not. Effective strategies could then be developed that would target those who are at risk of injury in custody.
- Total numbers for all individuals taken into custody should be provided. The overall proportion of those injured during the custody process could then be determined.

4 Feasibility and utility assessment

The objective of this study is to assess the feasibility and utility of establishing a monitoring system for injuries that occur to detainees during the custody process in NSW. The AIC has collected data over a 19-month period, from 1 November 2001 until 30 June 2003 in order to provide a rigorous assessment of such a monitoring process. As discussed previously in the methodology, the criteria used to assess the effectiveness of such a process are as follows:

- the capacity of a system to measure the nature and extent of injuries;
- the capacity of a system to monitor service standards and duty of care;
- the capacity of a system to deliver trend data;
- the capacity of a system to inform evaluation activities in relation to the implementation of injury-minimisation policies and practices; and
- the capacity of a system to inform police-related injury research in general and situational analyses more particularly.

Each of these criteria will be discussed to provide an overview of the feasibility of continuing a monitoring system.

Capacity to measure the nature and extent of injuries

The AIC has collated 260 cases of injuries to detainees during the study period, and using this data it is possible to examine the extent and nature of the injuries that occur in police custody. There is a wealth of information available, as seen in the previous section, that allows reporting of:

- overall numbers of injury incidents;
- numbers of other types of incidents that may be related to injury incidents (for example, aggressiveness, abusive language, injury threats);
- the object used to inflict the injury;
- the body part affected by the injury;
- the type of injury that occurred;
- the type of medical attention required; and
- possible reasons for the injury occurring.

It is also possible to identify the demographic characteristics of the victim of the injury. If the monitoring system continues, as the dataset increases in size, it may be possible to use the information to model the custody process. This could allow prediction of whether specific types of incidents are linked to injury incidents. It is, however, difficult to state categorically whether circumstances are more or less likely to result in a detainee either being injured or injuring him or herself as there is no control group of detainees who are not injured in custody. There are a number of issues regarding the measurement of the extent of injuries that occur in police custody:

- the ability to extract the information from the COPS system;

- the accuracy of the data on COPS; and
- whether COPS is the primary source of information regarding injuries.

Ability to extract the information from COPS

The cases relating to injuries have been downloaded from the COPS system using the key search terms 'self-harm', 'suicide', 'occurence only' and 'injury'. This process is deemed to be straightforward, however, there are issues with the quality of the data extracted from the COPS system. In order to undertake any analysis, a protracted data cleaning and checking process is required. This stems from the data being downloaded from two sources in COPS – the event narratives and the demographic descriptive data relating to the individual detained. The descriptive data are initially exported into Microsoft Excel and the narratives are accessed through Microsoft Notepad. It is difficult to transfer the useful data from Excel and Notepad directly into the software package SPSS in which the analysis is undertaken. Therefore, given that the information is in two places and the difficulty in transposing it electronically, it is sensible from a methodological perspective to transfer the relevant data into a single data collection sheet (see Appendix 1). This promotes a systematic approach and is useful for checking data quality and the rigorousness of the data collection process. It is, however, time-consuming. The data from this collection sheet can then be entered into SPSS. Two datasets have been developed in SPSS, one which allows analysis by individual and one allowing analysis by incident.

Accuracy of data on COPS

COPS is a live system that is continually being updated. It is difficult to determine therefore whether specific pieces of information relating to the detainee were available at the time of their being in custody or whether it was added to the system at a later date. For example, in some cases the self-harm warnings on the COPS system may have been added following the specific incident that is being reported on in this study. The police officers dealing with that detainee would therefore not have had any knowledge of the risk of self-harm even though it appears that they did. This is an issue that is probably unresolvable given that data are collected retrospectively.

The data collected regarding the actual incidents that occur during the custody process are extracted from the police statements that are placed on COPS. There is great variation in the quality of the narratives on COPS. Whilst the majority are clear and detailed, there are examples where it is difficult to determine the course of events due to a lack of information. The protocols within NSW Police regarding reporting of incidents and recording them on COPS are unclear. This is perhaps an issue that could be reviewed to ensure that the information is rigorous and accurate. This is useful not just for research purposes but also for management reporting systems within the police service.

In the majority of cases, all data that were relevant were available. However, two variables caused problems – date of birth and offence information. The date of birth provided in COPS did not always match the date of birth given in the narrative. Whilst NSW Police could check these, it was not always possible to clarify which was the accurate date. In some instances it was also difficult to extract the offence information relating to the arrest of the detainee. This is useful information as it helps provide an overall picture of the custody process for that individual.

COPS is not routinely used for research and was not developed for that purpose. It is therefore to be expected that problems will arise when attempting to extract information for analysis. However, it may be possible to increase the accuracy of COPS through officer training to improve the quality of the data entered into the system.

Are all injuries captured on COPS?

The incidents reported in COPS are primarily minor in nature and it is unclear whether:

- few, or no, serious injuries occur in police custody; or
- serious injuries are recorded in a different system within NSW Police.

It is also unclear whether all incidents are routinely recorded on COPS by police, including those where a detainee is assaulted (for example, either by another detainee or police officer). Discussions with NSW Police during the course of this study have highlighted that COPS may not be the only system on which officers record injuries that occur in custody. Possible other sources of information are the:

- Custody management record system (CMRS);
- internal affairs department; and
- occupational health and safety section.

A straw poll conducted by McMahon (2003) amongst officers on a safe custody training course found that of 29 officers, only 12 recorded injuries on COPS in either the main system or as a COPS 'event'. The remainder reported injuries on the CMRS system. These sources are discussed in turn regarding their ability to provide further information.

Custody management record system

CMRS is the system used when a detainee enters custody. The CMRS records basic details relating to the detainee as well as making a risk assessment based on questions asked prior to the detainee being put into a cell. In relation to injuries the CMRS collects only injury type and hospital attended. It is not clear from the system whether the injury occurred before the detainee was brought into custody or whether it occurred in custody. It was initially thought that this system could supplement that data downloaded from COPS, however it is not suitable to use as it is not possible to audit and it does not collect enough detailed information.

Internal affairs department

Complaints regarding treatment whilst in custody and serious incidents are reported to and investigated by the internal affairs department. It is unclear whether these are also entered into COPS or the CMRS. If not, then there is the possibility that this project may be biased towards the less serious injuries that occur in police custody. It has not been possible during the course of this pilot study to ascertain clearly the information available from internal affairs, or whether it is of use to monitoring injuries in custody.

Occupational health and safety section

Injuries can occur to police officers dealing with detainees during the custody process. This information has also been collected from event narratives where possible and linked to the detainee. Recording police injuries was not explicitly defined in the original scope of the project, however injuries to police officers can result in sick leave that can be costly to the police service. Recording these incidents was deemed to be beneficial in order to gain an understanding of the extent of the problem and identify any management techniques or interventions that could reduce these instances. The occupational health and safety department may be able to provide further information relating to police injuries that occur during the custody process although this avenue was not explored during the course of the study.

Injury information therefore appears to be recorded in possibly two places: COPS and the CMRS. However, it is not possible to interrogate the CMRS system as it simply monitors the time that detainees are in custody. Fleming, McDonald and Biles (1992), in their study of self-harm in police custody, examined 41 cases in NSW between 1 April and 30 September 1989. The 41 cases equated to approximately seven incidents a month, which is much lower than the average of approximately 14 per month collected during the present study. This study does not limit itself strictly to self-harm *per se*, whereas Fleming's study had a stricter definition. McMahon (2003) believes that following his discussions with custody officers there is a general under-reporting of injuries in this study as there is a tendency for these incidents to be recorded on the CMRS.

Capacity to monitor service standards and duty of care

Data are collected in this system that can monitor service standards and duty of care of police during the custody process. The data are extracted from the narratives of the incidents provided by the police officers. The variables collected that can help inform whether service standards and duty of care are being upheld are as follows:

- whether medical assistance was required;
- what type of medical assistance was required;
- whether medical assistance was accepted by the detainee;
- whether police intervened in the incident; and
- how police intervened in the incident.

The analysis of the dataset has shown, however, that this type of information is not systematically recorded in the narratives and there is a tendency for the data to be either missing or vague. For example, information regarding whether police intervened to prevent an incident occurring was only available in half of all incidents (53%). That is not to say that police are not upholding their duty of care, simply that they are not required to report it. While the usefulness is questionable in terms of monitoring and ensuring service standards due to under-reporting, the data do provide an indication of whether any neglect is occurring.

Capacity to deliver trend data

The data collection process will allow trend data to be reported. It is possible to analyse data by local area command (LAC) and police region as well as by month or year. Currently the sample size is too small to provide any meaningful data regarding LAC, although if data collection continues it will be possible to identify any areas that experience more injury incidents than others. The current analysis has shown that there is little difference in reporting of incidents across region.

Monthly breakdowns of numbers and types of incidents would be straightforward to compile which would allow the impact of any initiatives being undertaken within NSW Police to be monitored. It would be possible to reproduce the analysis that has been undertaken for this report so that months can be compared. It must be borne in mind, however, that there are approximately 14 incidents per month and the sample size may be too small to provide rigorous analysis. It may be more sensible to analyse by quarter year or annually.

Incidents can also be analysed to investigate trends in the types of incidents that occur in custody. For example, Fleming, McDonald and Biles (1992) found that attempted hanging was the most frequent method of self-harm in their study (70% of incidents). This compares with only seven per cent of all injury incidents in the dataset analysed in this report. Following the RCIADIC recommendations, police cells were redesigned and hanging points removed. It is possible therefore to show that trends in the methods used by detainees to commit self-harm have changed over time. If the monitoring system is continued it will be possible to undertake this type of analysis to show any changes in the incidents that occur in police custody. The limitation of the dataset in terms of trend data is the lack of a control group and the total numbers of those taken into custody. Sample size may also be an issue.

Capacity to inform evaluation activities

The monitoring system developed by the AIC for NSW Police can provide detailed information regarding injury incidents that occur in police custody. This is a very useful tool for the evaluation of initiatives undertaken to reduce the incidence of injuries during the custody process. As discussed above, it is possible to monitor trends over time using the monitoring system developed. For example, it will be possible to identify changing levels and nature of injuries occurring, the medical assistance required and the type of police intervention.

The level of detail will enable analysis to be undertaken if specific initiatives are piloted in custody suites. The dataset provides baseline data so that changes over time will be observable if, for example, harm-minimisation practices are introduced. The example given in the previous section regarding the Fleming study demonstrates the potential of the monitoring system. The limitation of this data in being able to aid evaluation would be the sample size for some variables and the lack of a suitable control group.

Capacity to inform police-related injury research

There is a dearth of research regarding injuries that occur in police custody. During the literature review the only studies found were those undertaken by Fleming, McDonald and Biles (1992) and a few others that looked at self-harm as part of studies to investigate deaths in police custody. There is a substantial amount of research relating to self-harm in *prison* custody but this type of self-harm is significantly different to that which occurs in police custody. This monitoring system is unique in Australia, and perhaps even further afield. Its potential to inform not only police-related injury research but also policy development in the treatment of detainees at risk of injury in custody is enormous. It is possible to:

- provide an overview of the nature and extent of injuries that occur in police custody;
- evaluate initiatives that occur within police custody to minimise harm, thereby informing policy development;
- evaluate the effectiveness of design changes to police custody suites (including cells and docks) and police vehicles;
- monitor police practices in custody management and the impact they have on injury incidents;
- compare self-harm in police custody with that occurring in prison custody and the general population;
- in time, predict trends or the likelihood of incidents occurring in custody; and

- compare self-harm in police custody with deaths in police custody in order to identify possible interventions to prevent such incidents.

Again, the main limitation to informing research and policy is the sample size and lack of control group.

Concluding comments

While it is theoretically possible to undertake all the processes laid out in the criteria above, it is dependent on the quality of the data provided and continuing the collection process. The data collected during this study (November 2001 to June 2003) provide a snapshot of the nature and extent of injuries occurring in police custody. The problem, however, is that the data are not systematically recorded and therefore are not available for all cases. The system is also less effective at identifying changes in service standards or duty of care and it is not possible to establish motivations for the incidents occurring, especially in the case of self-harm. Often the reasons given are based on subjective views of the police officers involved. While these are not ideal, they do provide an insight into possible motive. Again, these are due to data not being systematically recorded.

It has already been mentioned that the actual data collection process is complicated and protracted due to using two sources of information. Another concern is that all incidents may not be captured on the COPS system. Possible ways forward to improve the data collection process could be:

- To integrate more detailed questions regarding incidents into COPS or the CMRS to improve the recording of injuries occurring in custody. These questions could replace or supplement the narratives currently written by police officers and collect information including:
  - the time of the incident;
  - where the injury occurred;
  - how the injury was received;
  - what part of the body was affected;
  - the injury suffered;
  - what type of medical assistance was required; and
  - how the police intervened.

  It is not currently possible to interrogate the CMRS, however it appears that this is the system favoured by officers for entering details of injury incidents rather than COPS. Statements are placed on COPS, although it is unclear as to how routinely this is completed by officers. It may be beneficial therefore to identify possible approaches to improve data capture. These could include:
  - adding questions to and adapting the CMRS so that it can be interrogated;
  - integrating the CMRS with COPS to enable interrogation and data extraction; or
  - adding specific questions to COPS to improve and ensure data quality.

  Improving the data collection process by adding specific questions would enable the monitoring system to utilise this data as a source of information rather than rely on police statements, which can vary in quality. It would still be necessary to extract demographic and descriptive data relating to the individual from COPS, however the above alternatives would provide a systematic approach to data collection ensuring all the relevant information was collected. While this may be considered as more ‘paperwork’ to complete, it would enable basic information to be recorded systematically

that would make the monitoring process more straightforward. It would also be beneficial to management processes within NSW Police. These suggestions may be conceived as utopian, however they provide a basis upon which discussions could be held to improve data quality.

- To systematically download information to ensure these incidents are held in one system. Currently data from COPS and other NSW Police systems are downloaded on a daily basis to Enterprise data warehouse. Data are stored and it is possible to undertake queries using the data. It may be possible to download data relating to injury incidents. This would enable the incident-related data to be collated almost immediately after the incident occurs, and this would prevent the problems experienced with this dataset in relation to whether information was placed on the system before or after the incident occurred.

It would be beneficial and possible to continue collecting data regarding injuries that occur in custody in order to further enhance knowledge regarding this type of incident. The monitoring system is a very useful tool for police management so that relevant timely policies can be developed and implemented based on empirical data.

Conclusion

The purpose of this research study was to determine the feasibility and utility of a routine data collection process to monitor injuries that occur in police custody. Such a system would enhance knowledge and understanding regarding the nature and extent of such incidents. There has been limited previous research examining injuries in custody. Research has focused on self-harm, primarily in prisons, with only one study focusing on self-harm in police custody (see Fleming, McDonald & Biles 1992). The police use of excessive force has been studied extensively but provides a theoretical viewpoint of motivations behind excessive force rather than a description of the nature of incidents. This study is therefore ground-breaking and builds on the work of Fleming and her colleagues over a decade ago.

The RCIADIC intended non-fatal injuries to be reduced following the recommendations made to prevent and reduce the numbers of deaths that occurred in custody. However, this pilot study for NSW Police is the first system to be developed in Australia to attempt to monitor the incidence of injuries occurring in police custody. The utility of such a monitoring system is enormous as it provides detailed information that can be used to develop strategies and initiatives to improve the custody process. For example, the research has shown that the majority of injuries that occur in police custody are self-inflicted rather than assaults and therefore policy and practice could be enhanced and tailored to deal with at-risk individuals in order to reduce harm. The analysis has shown that further situational and physical redesign could be implemented to help prevent incidents that would build on the suggestions of the Royal Commission. For example, the cage in police vehicles is used as both a hanging point and a sharp implement in incidents. Altering the design of these cages could contribute to a reduction in self-injury incidents in the same way that redesigning cells had a massive impact on reducing hanging incidents following the RCIADIC. To make the data more meaningful, it would be a useful exercise to either compare the injury data to the total numbers taken into custody or to a control group who are not involved in injuries in custody. This could provide valuable data regarding over-representation of individuals from particular age groups, ethnic backgrounds or gender.

The monitoring system can also be used as a management tool to monitor police performance, service standards and duty of care provided by police officers in custody. This information would enable police management to ensure that the standard of care provided to those in custody is upheld and to develop strategies to improve the management of at-risk individuals based on empirical data. Currently, however, within this monitoring process routine data collection of the type of police intervention in incidents is sparse due to the way that the incidents are recorded by the police. In summary, continuing the monitoring system would allow NSW Police to:

- monitor trends in injuries occurring in custody;
- evaluate safer custody initiatives;
- model incidents to 'predict' those individuals at risk of injury, or incidents likely to result in injury; and
- monitor police performance.

While there are many benefits to the monitoring system, there are limitations and problems in its administration. Should NSW Police wish to engage a consultant to continue the monitoring system it is recommended that the following be considered.

- The data collection process is currently inefficient. Data extraction followed by transcription onto a data collection sheet prior to being entered into an electronic dataset is convoluted and time-consuming. A more efficient means of collecting data at source should be considered to reduce the time currently taken to prepare the data for analysis. This may require the way in which officers record injury incidents to be altered and/or improved.

- The accuracy of the data collected should be reviewed to ensure that all information relevant to the incident is recorded.
- The sources of information regarding injury incidents should be reviewed to ensure that all incidents are captured.
- A control group should be introduced so that it might be possible to establish strategies for dealing with those identified at risk. As a minimum, the total number of individuals taken into custody should be provided.

In conclusion, this feasibility study conducted by the AIC has shown the utility of the data collected and its ability to provide essential information relating to the nature and extent of injuries that occur in NSW police custody. The data enhance knowledge and understanding regarding such incidents, which will usefully inform both the research arena and police management policies and practice. It is feasible that the monitoring system be continued, but it should be improved and streamlined in accordance with the above recommendations.

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Appendix 1: Data collection sheet

Appendix 1: Data collection sheet

Case ID *(caseid)*: _____

Event ID *(eventid)*: _____

SOCIODEMOGRAPHICS

1. Gender *(gender)*:

Male 1

Female 2

Not stated.....-9

2. Date of Birth *(dob)*:

_____/_____/_____ (DD/MM/YYYY)

3. Ethnicity *(ethnic)*:

Aboriginal..... 1

Caucasian..... 2

East Asian 3

Latin American. 4

Mediterranean 5

Middle Eastern. 6

Pacific Islander 7

Other: 8

Not stated ....-9

4. Country of birth *(cob)*:

Australia..... 1100

Canada 7102

England..... 2101

Germany..... 2305

Greece..... 2205

Lebanon..... 3108

New Zealand ... .1301

Philippines 4107

Portugal 2209

South America 8100

Turkey..... 3113

Vietnam..... 4110

Wales..... 2103

Other: _____

Not stated ....-9999

5. Occupation *(occupat)*:

Unemployed 1

Prisoner 2

Student 3

Tradesperson 4

Hospitality 5

Home Duties.... 6

Secretary 7

Unskilled manual labour 8

Police officer 9

Sex worker..... 10

Medical 11

Business person 12

Security..... 13

Other 14

Sales person.... 15

Not stated ....-99

POLICE WARNINGS ON COPS

6. Self harm/suicide warning *(warnsuic)*:

No warning..... 0

Self harm/suicide 1

7. Mental illness warning *(warnmill)*:

No warning 0

Mental illness... 1

8. Weapons warning *(warnweap)*:

No warning.....0

Firearm.....1

Knife.....2

Razors.....3

Blunt object
(e.g. baseball bat).....4

Unspecified 88

9. Violence warning *(warnviol)*:

No warning 0

Violent..... 1

10. Escape warning *(warnescp)*:

No warning 0

Escape..... 1

11. Drugs warnings *(warndrug)*:

No warning.....0

Heroin.....1202

Speed.....3100

Cannabis.....3201

Multiple drugs.....9999

Unspecified 8888

12. Injecting drug user warning *(warninjd)*:

No warning.....0

Injecting drug user.....1

13. Justice order warning *(warnjust)*:

No warning..... 0

Avo... 1

Probation 2

Community service order.....3

Drug court..... 4

Move along order.....5

14. Physical illness/condition warning *(warnpill)*:

No warning..... 0

Hepatitis C 1

Fit (e.g. epileptic).....2

Deaf 3

Paralysed..... 4

Unspecified..... 88

15. Wanted by police warning *(warnwant)*:

No warning..... 0

Wanted 1

16. Provision of false details warning *(warnfals)*:

No warning..... 0

Provides false details.....1

17. Other warning *(warnoth)*:

No warning..... 0

Barred..... 1

Threaten/blame police.....2

DOCS 3

Other 4

OFFENCES

18. Why were the police called out *(incidype)*?

Property incident 1

Street incident 2

Person incident
(e.g. violence but not domestic) 3

Domestic incident.....4

Drug/alcohol related incident 5

Suicide/self harm incident.....6

Mental Health Act.....7

Traffic incident 8

Other incident.....9

Not stated.....-9

19a. Was the POI charged with an offence *(offstat)*?

No 0
(Go to question 21)

Yes..... 1
(Go to question 19b)

Not applicable..... -7
(*Go to question 21)*

19b. What offence(s) was the POI charged with *(off1 off2 etc)*?
Place a cross in the appropriate box.
If, for example, there are only 3 offences leave offence columns 4-10 blank.

Offence	ASOC Code	Off 1	Off 2	Off 3	Off 4	Off 5	Off 6	Off 7	Off 8	Off 9	Off 10
Murder	0111										
Aggravated Assault	0211										
Non-Aggravated Assault	0212										
Driving under the influence of alcohol or drugs	0411										
Dangerous or negligent driving	0412										
Deprivation of liberty/false imprisonment	0521										
Non-aggravated robbery	0612										
Unlawful Entry with Intent/Burglary, B&E	0711										
Theft of a motor vehicle	0811										
Theft of motor vehicle parts or contents	0813										
Theft from a person	0821										
Theft from Retail Premises	0823										
Theft (except motor vehicles), nec	0829										
Receiving or Handling Proceeds of Crime	0831										
Fraud offences, nec*	0919										
Deception offences, nec	0999										
Manufacture or Cultivate Illicit Drugs	1031										
Possess Illicit Drug	1041										
Illicit drug offences, nec	1099										
Sell, possess and/or use prohibited weapons/explosives	1112										
Misuse of Regulated Weapons/Explosives	1122										
Regulated weapons/explosives offences, nec	1129										
Property Damage, nec	1219										
Trespass	1311										
Offensive Language	1312										
Offensive Behaviour	1313										
Criminal intent	1314										

Disorderly Conduct nec	1319										
Liquor, tobacco offences	1322										
Prostitution offences	1324										
Driving while Licence Cancelled or Suspended	1411										
Driving without a Licence	1412										
Registration Offences	1421										
Exceeding the Prescribed Content of Alcohol Limit	1431										
Regulatory Driving Offences, nec	1439										
Breach of Bail	1512										
Breach of DVO	1514										
Breach of other restraining order	1515										
Breach of justice order, nec	1519										
Resist of Hinder Police Officer or Justice Official	1522										
Offences against Justice Procedures, nec	1529										
Threatening Behaviour	1613										
Miscellaneous offences, nec	1699										
Other: _____											
Other: _____											

20a. Is a charge type provided for the offences *(offchrg)*?

No..... 0 *(Go to question 21)*

Yes..... 1 (*Go to question 20b)*

20b. What was the charge type *(chrg1 chrg2 etc)*?

Mark the appropriate box

If, for example, there are only 3 charges leave charge columns 4-10 blank.

Charge type	Ch 1	Ch 2	Ch 3	Ch 4	Ch 5	Ch 6	Ch 7	Ch 8	Ch 9	Ch 10
Can										
Charge										
Fcan										
Summons										
TIN										

INJURY INCIDENT

21. Date of incident *(incidate)*:

_____/_____/_____ (DD/MM/YYYY)

22. Day of incident *(inciday)*:

Monday	1
Tuesday	2
Wednesday	3
Thursday	4
Friday	5
Saturday	6
Sunday	7

23. LAC jurisdiction *(lac)*:

Albury	6750
Ashfield	8340
Bankstown	8550
Barrier	**5339**
Barwon	5343
Blacktown	5100
Blue Mountains	5743
Botany Bay	7612
Brisbane Water	2607
Burwood	8400
Cabramatta	5190
CAMDEN	**9400**
Campbelltown	9340
Campsie	8620
Canobolas	5342
Castlereagh	5337
Chifley	5341
City Central	7611
Coffs/Clarence	3362
Cootamundra	9010
Darling River	5336
Deniliquin	6780
Eastern Beaches	7613
Eastern Suburbs	7615
Eastwood	2690
Fairfield	5160
Far South Coast	7923
Flemington	8670
Gladesville	2750
Goulburn	8920
Green Valley	9410
Griffith	9590
Harbourside	2060
Hawkesbury	5772
Holroyd	5742
Hunter Valley	3945
Hurstville	7410
Kings Cross	7660
Kuring Gai	2603
Lachlan	5340
Lake Illawarra	7924
Lake Macquarie	3942
Leichhardt	9181
Liverpool	9300
Lower Hunter	3944
Macquarie Fields	9380
Manly/Davidson	2604
Manning/Great Lakes	3946
Marrickville	9210
Mid North Coast	3363
Miranda	7390
Monaro	7925
Mt Druitt	5980

Mudgee.....5430

New England 3366

Newcastle 3950

Newtown.....9190

North Shore 2602

Northern Beaches.....2605

Orana.....5338

Oxley.....3367

Parramatta.....5660

Penrith 5870

Quakers Hill 5744

Redfern.....7750

Richmond.....3364

Rose Bay 7614

Rosehill.....5741

Shoalhaven.....7922

St George 7470

St Marys.....5900

Surry Hills 7720

Sutherland 7330

The Hills.....5771

The Rocks 7780

Tuggerah Lakes.....2608

Tweed/Byron 3365

Wagga Wagga.....9480

Waratah 3976

Wollongong.....7920

Other: _____

24a. Regional jurisdiction (up until 02/07/02) *(region1)*:

.....CITY EAST..... 7549

Endeavour 8301

Georges River 8521

Greater Hume..... 5051

Hunter..... 3941

Macquarie..... 5621

NORTH METROPOLITAN..... 2601

Northern..... 3361

SOUTH EASTERN..... 7919

Southern Rivers..... 9451

Western 5335

24b. Regional jurisdiction (from 02/07/02) *(region2)*:

GREATER METROPOLITAN 152

INNER METROPOLITAN 154

Northern..... 158

Southern 163

Western 167

25. Suburb where incidents took place *(suburb)*:

Incident 1: _____

Incident 2: _____

Incident 3: _____

Incident 4: _____

Incident 5: _____

Incident 6: _____

Incident 7: _____

Incident 8: _____

Incident 9: _____

Incident 10: _____

Incident 11: _____

Incident 12: _____

Incident 13: _____

Incident 14: _____

Incident 15: _____

26. Reason for detention *(detreas)*:

Criminal matter 1

Intoxicated person 2

Mental health matter.....3

Intoxicated person/mental health ...4

Immigration..... 5

Protective..... 6

Remand 7

Threatening behaviour.....8

Warrant..... 9

Other 10

Criminal matter/intoxicated person
....11

Not stated ....-9

27. Alcohol involved *(alcohol)*:

No..... 0

Yes..... 1

Not stated..... -9

28. Illicit drugs used/suspected *(drug)*:

None 0

Heroin 1202

Methadone..... 1305

Amphetamines..... 3100

Cannabis..... 3201

Unspecified..... 8888

Other _____

Not stated ..... -9999

29. Hours since drugs/alcohol consumed *(hourcons)*:

_____

Not applicable..... -7

Not stated ..... -9

30. Presence of mental illness *(mill)*:

No mental illness 0

f20 Schizophrenia.....1

f34 Persistent mood [affective]
disorder..... 2

f60 Specific personality
disorders..... 3

f68 Other disorders of adult
personality and behaviour 4

f40 Phobic anxiety disorder 5

Mental disorder, not specified.....88

Not stated ....-9

31. State at induction *(state)*:

Violent 1

Abusive 2

Compliant..... 3

Violent and abusive..... 4

Not stated..... -9

Not applicable ….-7

QUESTIONS 32 ONWARD RELATE TO THE INDIVIDUAL INCIDENTS THAT TOOK PLACE FOR THIS CASE. PLEASE ENSURE THAT THE INCIDENTS FOR EACH QUESTION MATCH I.E. INCIDENT 1 REMAINS INCIDENT 1 THROUGHOUT THE QUESTIONS.
ONLY USE 'NOT STATED' IF THE INFORMATION IS NOT AVAILABLE FOR AN INCIDENT THAT IS PART OF A SEQUENCE. FOR EXAMPLE, IF THERE ARE 3 INCIDENTS IN THE SERIES BUT INFORMATION FOR A QUESTION IS ONLY AVAILABLE FOR 2 OF THE 3 THEN MARK 'NOT STATED' FOR THE THIRD INCIDENT. WHEN THERE ARE NO MORE INCIDENTS CROSS OUT THE FIRST PAGE OF THE FIRST BLANK INCIDENT.

INCIDENT 1

32a. What time of day did the incident take place *(timeper1)*?

0000-0559 1
0600-1159 2
1200-1759 3
1800-2359 4

32b. What exact time did the incident take place (use the 24 hour clock) *(incime1)*?

_____

32c. What time was the person taken into custody (use the 24 hour clock) *(custime1)*?

_____

33. Where did the incident take place *(incloc1)*?

Commercial Premises 1
Licensed Premises 2
Medical Premises 3
Police Station- cell 4
Police Station- charge room 5
Police Station- dock.....6
Police Station- other 7
Private Residence 8
Court 9
Public Place..... 10
Vehicle- other 11
Vehicle- police 12
Education Premises.....13
Police Station- observation cell 14
Not stated ....-99

34. What type of incident took place (please circle) *(incype1a incype1b etc)*?

a. Unintentional injury (accident) b. Deliberate physical act c. Injury threat
d. Abusive language e. Resistance f. Aggressiveness
g. Upset h. Other i. Not stated
j. Agitated

35a. Did they *(bodyfl1)*:

No ....0 *(Go to Question 35b)*
Spit... ....1 *(Go to Question 37)*
Urinate and/or defecate .....2 *(Go to Question 37)*

35b. What happened (using ICD-10)- Mechanism *(injmec1a)*?

Circle the relevant code

ICD-10	Code		ICD-10	Code
Foreign body in mouth	T180		Intentional self harm by smoke, fire and flames	X76
Foreign body in rectum	T185		Intentional self harm by sharp object	X78
Foreign body in alimentary tract part unspecified	T189		Intentional self harm by blunt object	X79
Acc. Fall on same level from tripping, stumbling	W01		Intentional self harm by jumping from a high place	X80
Acc. Other fall on same level due to another person	W03		Intentional self harm by jumping/lying before moving object	X81
Acc. Fall while being carried by other persons	W04		Intentional self harm by other specific means	X83
Acc. Fall involving bed	W06		Intentional self harm by unspecified means	X84
Acc. Fall involving chair	W07		Assault by drugs medicants and biological substances	X85
Acc. Fall on and from stairs and steps	W10		Assault by hanging strangulation and suffocation +p	X91
Acc. Fall on and from ladder	W11		Assault by handgun discharge +p	X93
Acc. Fall entailing building or structure	W13		Assault by other & unspecified firearm discharge +p	X95

Acc. Other fall from one level to another	W17		Assault by sharp object +p	X99
Acc. Other fall on same level	W18		Assault by a blunt object +p	Y00
Acc. Unspecified fall	W19		Assault by bodily force +p	Y04
Acc. Striking against or struck by other objects	W22		UI hanging and strangulation & suffocation	Y20
Acc. Caught crushed jammed or pinched between objects	W23		UI drowning and submersion	Y21
Acc. Contact with sharp glass	W25		UI handgun discharge	Y22
Acc. Contact with knife, sword or dagger	W26		UI unspecified firearm discharge	Y23
Acc. handgun discharge	W32		UI contact with sharp object	Y28
Acc. discharge from other and unspecified firearms	W34		UI contact with blunt object	Y29
Hit, struck, kick, twist, bit or scratch by another person	W50		UI falling, jumping or pushed from a high place	Y30
Striking against or bumped into by another person	W51		UI falling lying or running before or into moving objects	Y31
Intentional self poisoning by and exposure to antiepileptic, sedative-hypnotic, anti-parkinsonism and psychotropic drugs, not elsewhere classified	X61		UI other unspecified	Y33
Poisoning & exp to narcotics and hallucinogens	X62		UI unspecified event	Y34
Intentional self poisoning by alcohol	X65		Legal intervention	Y35
Intentional self harm by hanging, strangulation and suffocation	X70			
Intentional self harm by drowning and submersion	X71		Not stated	-9999
Intentional self harm by handgun discharge	X72			
Intentional self harm by other & unspecified firearm discharge	X74		Not applicable	-7777

35c. What happened (using NOHSC)- Mechanism *(injmec1b)*?

Circle the relevant code

Falls from a height	1		Being trapped between stationary and moving objects	26
Falls on the same level	2		Being hit by moving objects	28
Stepping, kneeling or sitting on objects	3		Being assaulted by a person or persons	29
Hitting stationary objects	11		Other and unspecific contact with chemical or other substances	69
Hitting moving objects	12		Suicide or attempted suicide	85
Rubbing and Chafing	13			
Being hit by falling objects	21			
Being hit by a person accidentally	24		Not stated	-99
Being trapped by moving machinery or equipment	25		Not applicable	-77

36a. Was the incident an attempted hanging *(hang1)*?

No ....0 *(Go to question 37)*

Yes... ....1 *(Go to question 36b)*

Not stated ....-9 *(Go to question 37)*

36b. What fixture was used in the hanging incident *(fixture1)*?

Caged truck	1
Cell/dock door	2
Dock	3
Shower door hinge	4
Other_____	
Not stated	-9

37. What object was used in the incident *(object1)*?

Circle the relevant code

bandage	1		jewellery	14		strips of shirt	27
blade/knife	2		OC spray	15		styrofoam cup	28
blanket	3		other clothing	16		toilet	29
bra	4		pants/trousers	17		toilet paper	30
broken glass	5		petticoat strap	18		truck cage	31
cigarette	6		plastic cutlery	19		underwear	32
drawstring/belt	7		safety pin	20		walls and doors	34
drugs	8		shirt	21		window	35
fingernails	9		shirt buttons	22		person	36
ground/floor	10		shoe lace	23			
handcuffs	11		singlet	24		unspecified object	88
hands	12		socks	25		Not stated	-99
jacket/jumper	13		stick	26		Not applicable	-77

38. Which body part was used /affected in the incident (NOHSC) *(body1)*?

Circle the relevant code

eye	12		ankle	55
mouth	14		foot and toes	56
head- multiple locations	18		lower limb- unspecified locations.	59
head- unspecified locations	19		neck and trunk	61
neck	21		head and neck	62
back- upper or lower	31		head and other	63
abdomen region	34		trunk and limbs	64
pelvic region	35		upper and lower limbs	65
trunk- unspecified	39		neck and shoulder	66
shoulder	41		other specified multiple locations	68
upper arm	42		unspecified multiple locations	69
elbow	43		circulatory system	71
forearm	44		respiratory system	72
wrist	45		digestive system	73
hand, fingers and thumb	46		genitourinary system	74
upper limb- unspecified locations	49		unspecified locations (single)	90
hip	51			
upper leg	52		Not stated	-99
knee	53		Not applicable	-77

39. What was the injury *(injury1)*?

Circle the relevant code

No injury	0		Burns	120
Fractures	10		Poisoning and toxic effects of substances	140

Dislocation	30		Multiple Injuries	160
Strains & strains of joints and adjacent muscles	40		Other and unspecified injuries	190
Internal injury of chest, abdomen and pelvis	60		Soft tissue damage	330
Open wound not involving traumatic amputation	80			
Superficial injury	90		Not stated	-999
Contusion with intact skin surface and excluding fractures	100		Not applicable	-777

40. What was the reason given for the incident (please circle) *(reas1a reas1b etc)*?

a. Attention b. Avoid custody (prison/police) c. Cause trouble for police
d. Restraint e. Suicide f. Other_____
g. Not stated

41. Was the incident deliberate self-injury *(delib1)*?

No 0
Yes... 1
Unclear 2
Not stated ....-9
Not applicable.. .....-7

42a. Was medical assistance (including mental health services) required *(medass1)*?

No 0
Yes... 1
Not stated ....-9
Not applicable.. .....-7

42b. What medical assistance was required *(medype1)*?

First aid by police.....1
First aid by ambulance 2
A&E.. 3
Mental health services.....4
Treatment (A&E or first aid)
and mental health 5
First aid and A&E.....6
Other treatment 7
Not stated ....-9
Not applicable.. .....-7

42c. Was treatment accepted *(accept1)*?

No 0
Yes... 1
Not stated ....-9
Not applicable.. .....-7

43. Did police try to or actually prevent the incident *(prevent1)*?

No 0
Yes... 1
Not stated ....-9
Not applicable.. .....-7

44. Were other people involved in the incident *(involve1)*?

No 0
Police involved. 1
Other inmate involved.....2
Other 3
Detainee 4
Ambulance involved 5
Not stated ....-9

Are there any more incidents?

No ....go to 'other victim' section

Yes... .....complete extra sheets as required

IF THIS IS THE LAST INCIDENT GO TO THE 'OTHER VICTIM' SECTION

THIS SECTION IS TO BE COMPLETED FOR OTHER VICTIMS (NOT THE DETAINEE) INJURED IN ANY OF THE PREVIOUS INCIDENTS. WHEN THERE ARE NO MORE INCIDENTS CROSS OUT THE FIRST PAGE OF THE FIRST BLANK INCIDENT.

V1. Was anyone else injured?

No ....0 *(Discontinue)*

Yes... ....1 *(Complete this section)*

Other 5

INCIDENT DETAILS

V2. How many incidents was this person involved in *(incnov1)*? _____

V3. In which incident did this occur *(inccrv1)*?

_____

V4. Who was the victim *(victim1)*?

Police 1

Ambulance..... 2

Other detainee. 3

Security..... 4

V5. Gender *(genderv1)*:

Male. 1

Female..... 2

Not stated ....-9

V6. Was this injury *(injypev1)*:

Intentional 1

Unintentional.... 2

Not stated ....-9

V7a. What happened (using ICD-10)- Mechanism *(injmev1a)*?

Circle the relevant code

ICD-10	Code		ICD-10	Code
Foreign body in mouth	T180		Assault by drugs medicants and biological substances	X85
Foreign body in rectum	T185		Assault by hanging strangulation and suffocation +p	X91
Foreign body in alimentary tract part unspecified	T189		Assault by handgun discharge +p	X93
Acc. Fall on same level from tripping, stumbling	W01		Assault by other & unspecified firearm discharge +p	X95
Acc. Other fall on same level due to another person	W03		Assault by sharp object +p	X99
Acc. Fall while being carried by other persons	W04		Assault by a blunt object +p	Y00
Acc. Fall involving bed	W06		Assault by bodily force +p	Y04
Acc. Fall involving chair	W07		UI hanging and strangulation & suffocation	Y20
Acc. Fall on and from stairs and steps	W10		UI drowning and submersion	Y21
Acc. Fall on and from ladder	W11		UI handgun discharge	Y22
Acc. Fall entailing building or structure	W13		UI unspecified firearm discharge	Y23
Acc. Other fall from one level to another	W17		UI contact with sharp object	Y28
Acc. Other fall on same level	W18		UI contact with blunt object	Y29
Acc. Unspecified fall	W19		UI falling, jumping or pushed from a high place	Y30
Acc. Striking against or struck by other objects	W22		UI falling lying or running before or into moving objects	Y31
Acc. Caught crushed jammed or pinched between objects	W23		UI other unspecified	Y33
Acc. Contact with sharp glass	W25		UI unspecified event	Y34
Acc. Contact with knife, sword or dagger	W26		Legal intervention	Y35
Acc. handgun discharge	W32			
Acc. discharge from other and unspecified firearms	W34			
Hit, struck, kick, twist, bit or scratch by another person	W50		Not stated	-9999
Striking against or bumped into by another person	W51		Not applicable	-7777

V7b. What happened (using NOHSC)- Mechanism *(injmev1b)*?

Circle the relevant code

Falls from a height	1		Being trapped between stationary and moving objects	26
Falls on the same level	2		Being hit by moving objects	28
Stepping, kneeling or sitting on objects	3		Being assaulted by a person or persons	29
Hitting stationary objects	11		Other and unspecific contact with chemical or other substances	69
Hitting moving objects	12		Suicide or attempted suicide	85
Rubbing and Chafing	13			
Being hit by falling objects	21			
Being hit by a person accidentally	24		Not stated	-99
Being trapped by moving machinery or equipment	25		Not applicable	-77

V8. What object was used in the incident *(objectv1)*?

Circle the relevant code

bandage	1		other clothing	16		truck cage	31
blade/knife	2		pants/trousers	17		underwear	32
blanket	3		petticoat strap	18		walls and doors	34
bra	4		plastic cutlery	19		window	35
broken glass	5		safety pin	20		person	36
cigarette	6		shirt	21		foot	37
drawstring/belt	7		shirt buttons	22		hand	38
drugs	8		shoe lace	23			
fingernails	9		singlet	24			
ground/floor	10		socks	25			
handcuffs	11		stick	26			
hands	12		strips of shirt	27			
jacket/jumper	13		styrofoam cup	28		unspecified object	88
jewellery	14		toilet	29		Not stated	-99
OC spray	15		toilet paper	30		Not applicable	-77

V9. Which body part was used /affected in the incident (NOHSC) *(bodyv1)*?

Circle the relevant code

eye	12		ankle	55
mouth	14		foot and toes	56
head- multiple locations	18		lower limb- unspecified locations.	59
head- unspecified locations	19		neck and trunk	61
neck	21		head and neck	62
back- upper or lower	31		head and other	63
abdomen region	34		trunk and limbs	64
pelvic region	35		upper and lower limbs	65
trunk- unspecified	39		neck and shoulder	66
shoulder	41		other specified multiple locations	68
upper arm	42		unspecified multiple locations	69
elbow	43		circulatory system	71
forearm	44		respiratory system	72
wrist	45		digestive system	73
hand, fingers and thumb	46		unspecified locations (single)	90
upper limb- unspecified locations	49			
hip	51			

upper leg	52		Not stated	-99
knee	53		Not applicable	-77

V10. What was the injury *(injuryv1)*?

Circle the relevant code

No injury	0		Burns	120
Fractures	10		Poisoning and toxic effects of substances	140
Dislocation	30		Multiple Injuries	160
Strains & strains of joints and adjacent muscles	40		Other and unspecified injuries	190
Internal injury of chest, abdomen and pelvis	60		Soft tissue damage	330
Open wound not involving traumatic amputation	80			
Superficial injury	90		Not stated	-999
Contusion with intact skin surface and excluding fractures	100		Not applicable	-777

V11a. Was medical assistance (including mental health services) required *(medassv1)*?

No 0

Yes... 1

Not stated ....-9

Not applicable.. .....-7

V11b. What medical assistance was required *(medypev1)*?

First aid by police.....1

First aid by ambulance 2

A&E.. 3

Mental health services.....4

Treatment (A&E or first aid)

and mental health.....5

First aid and A&E.....6

Other treatment 7

Not stated ....-9

Not applicable.. .....-7

V12. Did police try to prevent the incident *(prevenv1)*?

No 0

Yes... 1

Not stated ....-9

Not applicable.. .....-7

V13. Were other people involved in the incident *(involvv1)*?

No 0

Police involved. 1

Other inmate involved.....2

Other 3

Detainee 4

Ambulance involved 5

Not stated ....-9

Are there any more incidents involving others?

No ....data collection complete

Yes... .....complete extra sheets as required