Deaths in Custody

- Suicide and homicides in prison occur at the rate 8 times the rate they occur for people in the general Canadian population.[1]

- Between 2001 and 2005, the Correctional Investigator of Canada examined 52 reported suicides, homicides and accidental deaths in prisons. He found that of these deaths, 60% were suicides. Furthermore, Aboriginal persons accounted for more than 20% of the victims.[2]

- In 2005-2006, 182 prisoners died while under some form of the criminal justice supervision.[3]

- Many prisoners die because of neglect, mistreatment and medical malpractice.[4]

- Research into deaths in prison further reveals that prisoners who are involuntarily transferred die at higher rate than those who are not subject to involuntary transfers. Of the deaths examined by the CI, 20% occurred within 30 days of an involuntary transfer.[5]

- Almost 1/3 of those who die in prison are people serving life sentences, the majority of whom were still imprisoned, despite being past their full parole eligibility dates at the time of their deaths.[6]

- In 66% of the cases reported from 2001-2005, the Boards of Investigation (BOIs) noted shortcomings in the emergency response of the prison personnel, including inadequate emergency responses and improper decontamination of the area surrounding the victim in the immediate aftermath of the incident.[7]

- Overall, the CI found that most prison staff often seems uncertain as to what to do when they discover someone who appears to be unconscious. A major concern raised in the CI report was the delay or failure of correctional staff to perform Cardio-Pulmonary Resuscitation (CPR) upon finding a prisoner with no apparent vital signs.[8]

- Other problems noted by the CI included: the absence of on-site defibrillators; concerns about the quality of emergency care and nursing staff (especially on night shifts); and, the inaccessibility of emergency supplies in institutions.[9]

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[1] Gabor, Thomas. "Deaths in Custody: Final Report." Ottawa: The Correctional Investigator of Canada, 2007.
[2] Ibid.
[3] Prison Justice. *Facts and Stats.* On line: www.prisonjustice.ca
[4] French, William and Bud Tant, "Death in Prison." (accessed October 2007) *The Castle of Hope for Lost Souls.* On line: http://castleofhopeforlostsouls.org
[5] Supra note 1.
[6] Ibid.
[7] Ibid.
[8] Ibid.
[9] Ibid.

- The CI also noted that even when staff had information that might have prevented the death, such as particular stresses experienced by prisoners or threats that had been made against them, such information was often not shared with other personnel.[10]

- Deaths in custody have not diminished over time, and the Correctional Service of Canada continues to fail to respond effectively to emergency situations within institutions.[11]

Case Study: Ashley Smith

- In the wee hours of October 19, 2007 Ashley Smith died, isolated, in a segregation cell, at Grand Valley Institution (GVI), the federal prison for women in Kitchener, Ontario. She was transferred up from the youth system less than one year earlier and was only 19 years old when she died.[12]

- Ashley was initially jailed for a breach of probation, but then accumulated charges while in prison. When she died, she was serving an accumulated sentence of 6 1/2 years.

- Despite clearly exhibiting mental health issues, Ashley was never properly assessed, nor was a treatment plan ever developed for her. In the 11 1/2 months before her death, Ashley was moved 17 times amongst three federal penitentiaries, two treatment facilities, two external hospitals, and one provincial correctional facility. The majority of these occurred in order to address administrative issues such as cell availability, not Ashley's needs. Each transfer eroded her trust in staff and the correctional system, resulted in escalated 'acting out' behaviours, and assessments by the Correctional Service that she was increasingly 'difficult to manage'.[13]

- In the weeks before her death, Ashley spent all of her time in an empty, poorly lit segregation cell, cold, lonely, bored and suicidal; she was therefore also left naked except for a security gown with nothing to do to occupy her time. Her self-injurious and 'problematic' behaviour have since been recognized as desperate attempts for human interaction.[14]

- To say Ashley adjusted poorly to imprisonment is a severe understatement. She spent virtually all of her time in segregation in the youth system, and was segregated for the entire time that she was in the custody of the adult provincial and federal systems.[15]

- Many studies have been conducted that examine the detrimental effects of prolonged

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[10] Ibid.
[11] Ibid.
[12] Richard, Bernard. *Ashley Smith: A Report of the New Brunswick Ombudsman and Child and Youth Advocate on the services provided to a youth involved in the youth criminal system.* New Brunswick: Office of the Ombudsman and Child and Youth Advocate, 2008 at 3.
[13] Ibid at 5-6.
[14] Ibid at 7.
[15] Sapers, Howard. *A Preventable Death.* Ottawa: Office of the Correctional Investigator, 2008 at 5.

segregation on human beings. Ironically, many of the behaviours that Ashley was being 'punished' for are documented as symptomatic of, and exacerbated by, the conditions of confinement experienced by those who are isolated in segregation. Some of these include: insomnia, anxiety, panic, withdrawal, hypersensitivity, ruminations, cognitive dysfunctions, hallucinations, loss of control, irritability, aggression, rage, paranoia, hopelessness, lethargy, depression, a sense of impending e motional breakdown, self-mutilation, and suicidal ideation and behaviour.[16]

- The fact that Ashley had been segregated before, and that it had a detrimental effect on Ashley's overall well-being was known by Correctional Services. Yet, despite this information, Ashley was placed on administrative segregation status, and kept there during her entire period of incarceration. This regime is highly restrictive and inhumane.[17] Indeed, prolonged periods of segregation are defined as acts of torture by the United Nations.[18]

- On October 18th, 2007, Ashley was on 24 hour suicide watch under direct staff observation. In the hours just prior to her death, Ashley apparently told staff that she wanted to end her life. Ashley died of asphyxiation on October 19th; after staff observed her tying a ligature around her neck. Staff failed to respond immediately to her medical distress.[19]

- The Correctional Investigator and New Brunswick Ombudsman reported that Ashley Smith died because of individual failures that occurred in combination with much larger systemic issues within ill-functioning correctional and mental health systems.[20]

- According to the New Brunswick Ombudsman: "...stories such as Ashley's can be prevented provided that provincial authorities as sum e their responsibilities in answering the muffled or silent cry for help of youths who may commit *punishable acts* [sic] but who are not, themselves, forcibly *punishable* [sic]."[21]

- Since Ashley's death, the New Yorker released an article recapping the detrimental effects of segregation. The author compares such prison conditions to those experienced by prisoners of war in foreign countries; the rooms are small, have bare neutral coloured walls, lights on 24 hours a day, and the bare minimum of essentials (such as a toilet, a sink, a desk and bed secured to the wall, etc.).[22]

- England and other European countries have came up with alternatives to segregation for those often left in long term solitary confinement. Instead of being isolated from other prisoners, they are placed in cells with no more than 10 other prisoners and watched more closely. They have increased access to programs and counseling, and have the ability to earn

[16] Ibid at 42.
[17] Ibid at 6.
[18] United Nations. *Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment and Punishment*. On line: http://www.unhchr.ch/html/menu3/b/hcat39.htm
[19] Ibid at 6.
[20] Ibid at 5.
[21] Ibid at 8.
[22] Gawande, Atul. *Hellhole*. New York: The New Yorker, March 30, 2009. On line: http://www.newyorker.com/reporting/2009/03/30/090330fa_fact_gawande

additional privileges. These responses are credited with having decreased violence in prisons.[23]

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[23] Ibid.