U.S. Department of Justice
Office of Justice Programs
National Institute of Justice

NATIONAL INSTITUTE OF JUSTICE

JANUARY **2025**

UNDERSTANDING AND REDUCING DEATHS IN CUSTODY

FINAL SUMMARY REPORT TO CONGRESS

NIJ | NATIONAL INSTITUTE OF JUSTICE
ADVANCING JUSTICE THROUGH SCIENCE

U.S. Department of Justice
Office of Justice Programs
999 N. Capital St. N.E.
Washington, DC 20531

Nancy La Vigne, Ph.D.
Director, National Institute of Justice

This and other publications and products of the National Institute of Justice can be found at:

National Institute of Justice
Advancing Justice Through Science
NIJ.ojp.gov

Office of Justice Programs
Building Solutions • Supporting Communities • Advancing Justice
OJP.gov

The National Institute of Justice is the research, development, and evaluation agency of the U.S. Department of Justice. NIJ's mission is to foster and disseminate knowledge and tools derived from objective and rigorous scientific research to inform efforts to promote safety and advance justice.

The National Institute of Justice is a program office of the Office of Justice Programs, which also includes the Bureau of Justice Assistance; the Bureau of Justice Statistics; the Office for Victims of Crime; the Office of Juvenile Justice and Delinquency Prevention; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

NCJ 310060

Understanding and Reducing Deaths in Custody: Final Summary Report

Background

The Department of Justice (DOJ) provides this report on understanding and reducing deaths in custody to fulfill the study requirement set forth in the Death in Custody Reporting Act of 2013 (DCRA).

DCRA requires states and federal law enforcement agencies to report to the Attorney General:

> "information regarding the death of any person who is detained, under arrest, or is in the process of being arrested, is en route to be incarcerated, or is incarcerated at a municipal or county jail, State prison, State-run boot camp prison, boot camp prison that is contracted out by the State, any State or local contract facility, or other local or State correctional facility (including any juvenile facility)."[i]

In turn, DCRA requires the Attorney General to conduct a study and submit a report to Congress using the information reported by the states and federal law enforcement agencies to:

> "(A) determine means by which such information can be used to reduce the number of such deaths, and (B) examine the relationship, if any, between the number of such deaths and the actions of management of such jails, prisons, and other specified facilities relating to such deaths."[ii]

The Department's Office of Justice Programs (OJP) has been engaged in a multi-year process to satisfy these requirements. OJP provided the first report on DCRA implementation in 2022, detailing the limitations that the agency was facing on its ability to collect the state- and local-level data necessary to prepare the required study report.[iii] Namely, the study requirement calls for the Department to study data collected under DCRA as of 2013; however, the collection of that data did not begin until fiscal year 2020. Efforts to improve the data's coverage and completeness are ongoing.[iv] DCRA also requires that the study use DCRA data to examine the relationship, if any, of deaths to the "actions of management." However, DCRA does not require the states to report data elements related to management actions, policies, or practices and resulting information collected by the agency does not include it. A study responsive to DCRA necessarily required the collection and analysis of other data sources.

As explained in DOJ's implementation reports to Congress, during the period that OJP was continuing to work to improve data collection efforts, its National Institute of Justice (NIJ), in coordination with the Bureau of Justice Assistance (BJA) and the Bureau of Justice Statistics (BJS), commissioned two studies to collectively serve as the Department's response to the study requirement. As part of the response to the DCRA study requirement, NIJ contracted with RTI International in 2021 to conduct a three-year study assessing the programs, policies, and practices aimed at preventing or reducing deaths in custody.

Study Approach

RTI carried out its study in two phases and produced two reports. The first phase involved a national-level review and analysis of policies, practices (including management practices), and available data addressing deaths in custody. The first report is titled *Understanding and Reducing Deaths in Custody: Interim Report* which is available at: https://www.ojp.gov/pdffiles1/nij/309441.pdf.[v] The report describes findings from the national-level review, which consisted of a comprehensive literature and policy review and secondary analyses of existing data on deaths in custody. As described further below, because of limitations in the data available under DCRA at the time of the study, the analyses include other data sources. The second report is titled *Understanding and Reducing Deaths in Custody: Case Study Report* which is available at: https://www.ojp.gov/pdffiles1/nij/310044.pdf.[vi] The report describes findings from the case studies with multiple criminal justice agencies to understand the policies, programs, and practices that practitioners engage in to prevent or reduce deaths in custody.

Phase One Approach

Phase One of the study included an environmental scan of the peer-reviewed and grey literature on deaths in custody as well as secondary data analyses. The secondary analyses relied on existing federal data sources and — when comprehensive federal data were unavailable — open-source data to understand the prevalence, scope, and incident characteristics associated with these deaths. Decedent data were also linked to available agency data sources to investigate the associations between agency policies, practices, and programs and deaths. The report is organized by the three main sectors in which deaths in custody occur: law enforcement, jails, and prisons. In each context, there are unique prevalence rates, causes and manners of death, and other situational factors requiring tailored policies, practices, and strategies for preventing and reducing deaths. The findings, briefly summarized below, include what is known about arrest-related deaths and deaths that occur in jails and state prisons. The policy and practice recommendations encourage agencies and other system stakeholders to use existing evidence to increase safety and reduce deaths.

Phase Two Approach

Phase Two of the study involved agency site visits and semi-structured interviews with practitioners in multiple roles, including law enforcement, detention and corrections staff, mental health and behavioral health clinicians, training staff, medical staff, and agency or facility administrators. Interviews covered key topics related to the challenges with preventing deaths in custody, and the programs, policies, and practices viewed as beneficial to reducing deaths in custody. RTI also conducted a document review of select agency policies for each sector. Similar to Phase One, the Phase Two report is organized by the three main contexts in which deaths in custody occur: law enforcement, jails, and prisons. Each section discusses the results of the qualitative analyses revealing common themes that emerged through these practitioner interviews for each sector, as well as the review of select policies. Cross-sector themes that emerged were also summarized. In addition to the case study analysis, the RTI team assessed DCRA data reported to BJA for arrest-related deaths, jail, and state prison deaths for 2020-2023, the first full years of reporting.[vii] The BJA DCRA data for each sector were compared to other

federal data sources or open-source data to assess quality. RTI also identified recommendations for improving the DCRA data collection through this assessment.

Key Study Findings from Phase One – National Review and Secondary Analysis[viii]

Arrest-Related Deaths

The prevalence of arrest-related deaths, as measured through available open-source data, increased 17% between 2013 and 2020, with 1,778 deaths occurring in 2013 and nearly 2,100 deaths occurring in 2020. While the overall number of arrest-related deaths was higher among White individuals, men, and adults aged 25 to 64, the highest rates relative to population size were observed among Black individuals, men, and young adults aged 20 to 34. Various causes, including officer involved shootings and vehicle incidents, contributed to the deaths, with the number of men killed consistently exceeding the number of women killed across different causes. The circumstances of these deaths often involved individuals brandishing or using weapons, and most decedents (e.g., 63% in 2019) were armed (frequently with firearms) during these encounters. The data suggested that certain agency characteristics, including use-of-force policies and reporting practices, may be associated with the rate of arrest-related deaths.

Jail Deaths

In 2019, 1,200 individuals died in local jails, reflecting a 5% increase from the previous year and a 33% increase from 2000. The mortality rate steadily climbed from 123 per 100,000 incarcerated individuals in 2011 to a peak of 167 in 2019. The primary causes of jail deaths during this period were illness, suicide, and intoxication, with heart disease being the predominant illness-related cause. Notably, intoxication mortality rates increased more than fourfold from 2000 to 2019, with a significant surge in the study period's last seven years. White individuals, those aged 55 or older, individuals incarcerated for violent offenses, and those who were unconvicted were at a higher risk for mortality in jails. Most jails did not report any deaths, but the percentage of jails reporting at least one death increased from 14.5% in 2000 to 23% in 2019. Deaths often occurred in medical units or general housing. Facility characteristics revealed that larger jails had more deaths than smaller ones, but smaller jails exhibited higher mortality rates. Jails operating at more than their rated 100% capacity were more likely to report at least one death and to have multiple deaths in 2019.

State Prison Deaths

The number of individuals who died while in the custody of state prisons declined 7% from 2018 to 2019. However, the mortality rate increased between 2001 and 2019, peaking at 347 per 100,000 incarcerated individuals in 2018. Natural deaths attributed to illnesses like cancer and heart disease were the leading causes, while suicides, intoxication, and homicides showed significant increases in the final five years of the study period. White individuals accounted for the largest number of deaths and had a higher mortality rate compared to Black and Hispanic individuals, with differences growing over time. Although Asian and American Indian/Alaska Native individuals account for 1% of all prison deaths, their mortality rates equal or exceed other race/ethnic groups for certain manners of death. Males constituted approximately 96% of all prison deaths in 2019, with higher mortality rates than females. Facility-level data revealed that

54% of prisons reported at least one death in 2019. Larger prisons reported more deaths than smaller ones, but smaller prisons had higher mortality rates. Several facility characteristics were associated with higher mortality rates, including the primary facility function (e.g., geriatric care, mental health treatment, etc.), lack of educational programming, and greater security issues, but these differed by manner of death.

The findings underscore the complex landscape of arrest-related deaths and mortality in jails and state prisons as well as the need for targeted policies, practices, and strategies to address contributing factors across different demographic and situational contexts. Detailed descriptions of the data sources, analysis methods, and findings can be found in RTI's full *Interim Report*.

Key Study Findings from Phase Two – Case Studies

Arrest-Related Deaths

Case studies with law enforcement agencies involved interviews with personnel across different ranks (e.g., sergeants, lieutenants, administrators) and roles (e.g., training director, shift supervisor, personnel in charge of policy). Thematic analysis of the personnel interviews resulted in seven major themes related to training, de-escalation, less-than-lethal tools and defensive tactics, medical first aid provisions, staffing, accountability, and the population served. Respondents viewed scenario-based trainings that teach verbal and physical de-escalation techniques, as well as how to identify and respond to individuals in crisis or from varied backgrounds as important. Alternative or co-responder models with social workers or mental health workers were also believed to be important in connecting individuals in crisis with needed services. Strong accountability mechanisms were believed to be essential in ensuring staff comply with agency policy, but also in identifying training needs or areas where practice can be improved. Some key challenges cited by respondents included difficulties recruiting or retaining high-quality staff with effective communication skills and engaging with populations who have challenging needs. The document review of agency policies also identified common elements in policies governing the use of force or the investigation of use of force as they relate to reducing deaths, including an emphasis on the "sanctity of life" or "preservation of life" and use of force as a last resort.

Jail Deaths

Case studies with local jails included interviews with personnel in various roles (e.g., security, medical, classification, mental/behavioral health, policy, programming, training, administration). The relevant topics identified in the jail practitioner interviews included training, staffing, population served, suicide prevention, preventing intoxication deaths, medical care, and accountability. Jail practitioners viewed consistent and realistic training to be valuable, particularly on topics such as the identification and awareness of suicide risk and mental health crisis, signs of overdose, and de-escalation and defensive tactics. Additionally, opportunity-reduction measures to prevent suicide were also seen as beneficial. To prevent deaths related to intoxication, practices including detoxification cells and protocols, MAT, and screening for contraband to prevent drugs from entering the facility were mentioned specifically. Some challenges discussed by practitioners included difficulties with recruiting and retaining staff as

well as the growing mental health and behavioral health needs of the population in custody. The document review of agency policies related to suicide prevention and intake of intoxicated individuals revealed some commonalities across agencies in their association with reducing deaths, including protocols around intake and screening, as well as processes related to mental and medical health referrals.

State Prison Deaths

Case studies with state departments of corrections (DOCs) included interviews with DOC personnel in a variety of roles (e.g., security, investigations, medical, mental/behavioral health, policy, training, quality improvement, operations, administration). The interviews with this range of staff revealed several key topics and challenges, including staffing; facilities; providing medical care amid multiple challenges; improving response to emergencies; suicide prevention programs and practices; preventing intoxication deaths; and reviews and quality improvement. Respondents spoke of staffing challenges and how they address these challenges, including through the use of agency or contract medical staff, focusing on career development with existing staff, and providing incentives to medical care staff to compete with private companies. Additional challenges were mentioned related to medical care, including those related to the aging prison population. Strategies to improve medical care included working to increase efficiencies in providing access to providers, tracking and monitoring healthcare delivery, providing preventive education to incarcerated persons on health and wellness, as well as improving staff response to medical emergencies. In order to prevent suicide, DOCs took specific steps such as implementing screening and classification processes, opportunity reduction measures, and programs aimed at improving mental health and wellness among incarcerated persons. Respondents discussed key practices to reduce intoxication deaths such as leveraging technology for contraband interdiction; treating substance use through MAT programs; and making overdose reversal drugs such as Narcan and related trainings readily available for staff. DOC staff also discussed their use of review processes for deaths or critical incidents that can help identify issues and prevent similar incidents from happening in the future. The document review of agency policies related to telemedicine, peer support programs, and mail for contraband interdiction to reduce deaths revealed some common elements and differences across sites relevant to each type of policy.

Cross-sector Findings

In addition to findings specific to each sector in which deaths in custody occur, RTI identified several themes that cut across the sectors. These include both challenges and opportunities to prevent or reduce deaths in custody. The most consistent challenges mentioned across sector include difficulties in recruiting and retaining high-quality staff and the negative impact staffing shortages have on daily operations and long-term preventive strategies. In addition, practitioners across sectors discussed a perceived increase in mental health, behavioral health, and physical health challenges among the population of individuals either arrested or incarcerated, which adds further strain to their ability to deal with or care for individuals amid existing resource constraints. Common practices across sectors that may help prevent or reduce deaths in custody include having clear, easy-to-follow policies that are also readily accessible to staff when needed. Scenario-based trainings and trainings to enhance interpersonal and communication

skills may also be beneficial in preparing staff to respond effectively to different incidents. Accountability mechanisms involving critical incident reviews and periodic assessments of relevant data were highlighted as beneficial in identifying gaps and recommending changes to policy, practice, or training for better future outcomes.

For more detailed descriptions of the case study approach, participating sites, and findings, see RTI's full *Case Study Report* which is available at: https://www.ojp.gov/pdffiles1/nij/310044.pdf.

BJA DCRA Data Assessment

In 2020, the first full year for which DCRA data were reported to BJA, 6,672 deaths were reported. This number increased slightly to 6,705 deaths in 2023. Each year, deaths occurring in prison account for the vast majority of those deaths, followed by ARDs, then deaths in jails. Patterns in the manner of death vary by the context in which the death occurred. For ARDs, death caused by use of force was the most prevalent manner of death, followed by suicide, then accidents. In jails, a large number of deaths were marked as the cause being "unavailable pending an investigation." Of those with a marked cause, the most prevalent manner of death was natural causes, then suicide. In prisons, the most prevalent manner of death among those with a noted cause was natural causes, then suicide. Across all three sectors, deaths classified as an "Unknown" or "other" type (i.e., not reported as an ARD, jail, or prison death) account for a significant number of deaths reported. In other words, there remain significant gaps in the available data.

Decedent demographics also vary by the context in which deaths occurred. For ARDs and jail deaths, decedents who were between the ages of 25 and 44 were the most prevalent among reported deaths whereas in prison, decedents who were 55 years and older were the most prevalent. Across all contexts, deaths involving a male decedent were more prevalent than those with a female decedent. Additionally, deaths involving White individuals followed by Black individuals were more prevalent by volume than other racial groups. Deaths involving non-Hispanic individuals were most prevalent by volume for all contexts compared to Hispanic individuals. When looking at alternative data sources to assess quality, the patterns observed in the DCRA data generally hold true. RTI identified several recommendations for improving the DCRA data collection, including continuing efforts to reduce the amount of missing data; tailoring possible manners of death to each sector; and collecting additional variables related to the circumstances surrounding the death.

Recommendations to Prevent or Reduce Deaths in Custody

RTI used findings from this study and a review of secondary literature to identify a set of recommendations to address deaths in custody for law enforcement, jails, and state prisons. For arrest-related deaths, these include leveraging alternative and co-response models, implementing de-escalation training, researching police accountability mechanisms, and assessing outcomes related to less-lethal force. For jails, the recommendations include identifying and mitigating facility-based and individual risks, providing adequate staffing and training, delivering mental health care, leveraging technology, and conducting continual reviews. State prison recommendations involve implementing contraband detection technologies, enhancing risk assessment and classification processes, prioritizing mental health and suicide prevention,

improving staffing and protocols, supporting comprehensive healthcare access, and conducting comprehensive mortality reviews. These recommendations aim to enhance safety, reduce deaths, and advance the understanding of effective policies and practices in diverse custodial contexts. The full set of recommendations for each sector can be found in the *Interim Report*. Recommendations are discussed in detail with supporting information at the end of each report section.

Limitations and Opportunities for Future Research

Several limitations impact the interpretation of the study findings from both Phase One (national-level review and secondary analysis) and Phase Two (case studies) and resulting recommendations. Currently, there are uneven data collection and reporting practices across state and local law enforcement and correctional agencies on deaths in custody. The variation in timeliness, quality, coverage, and consistency of available data limit the comprehensiveness and utility of the analyses conducted in the national review. In addition, the existing scientific literature lacks rigorous evaluations for many of the identified policies and practices to prevent deaths. Further, relevant studies are affected by differences in research design, units of analysis, and outcomes of interest. The secondary data analysis findings presented in the *Interim Report* are primarily descriptive and cross-sectional; associations identified cannot necessarily be interpreted as causal. These limitations underscore the need for caution and careful review of the findings in context, as well as the ongoing need for improved data collection, transparency, and rigorous research methodologies in future investigations.

Limitations also exist in the Phase Two case study analyses. The Case Study Report showcases the valuable perspectives of practitioners working in law enforcement, jails, and prison systems and provides important context to the challenges and successes they experience in working to keep their population well. The study does not, however, include other important perspectives that can provide added insight to these findings. Other key perspectives include those of community members, impacted families, incarcerated individuals, or other practitioners such as medical examiners. Although outside the scope of the current study, future work should incorporate interviews or focus groups with these other populations to provide additional context to the findings presented in this report. In addition to expanding the scope of data collection, the findings from the case studies revealed other opportunities for future studies, including research on the relative impacts of different trainings and training modalities that practitioners view as beneficial on deaths in custody; different oversight and accountability mechanisms and their impacts on deaths in custody over time; and the variety of programs, practices, and technologies used by criminal justice agencies to prevent or reduce deaths in custody.

---

[i] 34 U.S.C. § 60105(a).
[ii] 34 U.S.C. § 60105 (f)(1)(A) & (B).
[iii] U.S. Department of Justice, *The Report of the Attorney General Pursuant to Section 6(e) of Executive Order 14074: Department of Justice Implementation of the Death in Custody Reporting Act of 2013* (2022), Washington, DC, available at https://bja.ojp.gov/doc/DOJ-Implementation-of-DCRA.pdf
[iv] U.S. Department of Justice, *FY 2023 Report to the Committees on Appropriations: Death in Custody Reporting Act Implementation* (2023), Washington, DC, available at https://bja.ojp.gov/doc/fy23-dcra-implementation-report.pdf.

[v] RTI International, *Understanding and Reducing Deaths in Custody: Interim Report* (2024), Research Triangle Park, NC, available at https://www.ojp.gov/pdffiles1/nij/309441.pdf.
[vi] RTI International, *Understanding and Reducing Deaths in Custody: Case Study Report* (2025), Research Triangle Park, NC, available at https://www.ojp.gov/pdffiles1/nij/310044.pdf.
[vii] RTI International, *Understanding and Reducing Deaths in Custody: Analysis of the Bureau of Justice Assistance Death in Custody Reporting Act (DCRA) Data* (2025), Research Triangle Park, NC, available at https://www.ojp.gov/pdffiles1/nij/310043.pdf.
[viii] The years included in the analysis were limited by the available agency data. It is important to note that COVID-19 had a significant impact on the criminal justice system overall. The specific impact of COVID-19 on arrest-related deaths and deaths in jails and prisons was outside of the scope of the data available and used in this report.