



Pathology Biology Section – 2006

G67 Death in Custody: A Historical Analysis

Jami R. Grant, PhD*, University of Baltimore, Forensic Studies, 1420 North Charles Street, Baltimore, MD 21201; Pamela E. Southall, MD*, and David R. Fowler, MD, Maryland State Office of the Chief Medical Examiner, 111 Penn Street, Baltimore, MD 21201; and Shauna R. Scott, University of Baltimore, Forensic Studies, 1420 N Charles Street, Baltimore, MD 21201

After attending this presentation, attendees will understand the historical evolution of death in custody, be familiar with the various types of and the agencies that experience death in custody, and recognize the need for conceptual specification of death in custody.

This presentation will impact the forensic community and/or humanity by delineating the historical evolution (both qualitative and quantitative) of death in custody. Few analyses have examined death in custody from a historical perspective. An understanding of the history of death in custody may provide insight that would enhance the development of intervention protocols.

A substantial amount of controversy generally surrounds deaths that occur in custody, especially in this era of instant media coverage and communication. Often, allegations of brutality are launched and community relations are notably compromised. Exacerbating the situation, medical examiners are often presented with minimal physical findings at autopsy. To understand the phenomenon and minimize its occurrence, the medicallegal community has conducted a considerable amount of research. However, few analyses have examined death in custody from a historical perspective. The purpose of this research is to delineate the historical evolution (both qualitative and quantitative) of death in custody. An understanding of the history of death in custody may provide insight that would enhance the development of intervention protocols.

To identify the frequency and type of deaths in custody occurring over time, a retrospective, exploratory analysis was conducted. Using data from Maryland's Office of the Chief Medical Examiner, a sample of approximately 15,000 cases, dating from 1939 to 2004, was examined. Employing a general definition of the phenomenon, all deaths that occurred in custody were included for analysis. Custodial agencies were operationalized to include law enforcement, correctional, psychiatric and emergency medical. Study variables include, incident location, decedent demographics, behavioral, medical and toxicological indicators, and the cause and manner of death.

Results indicate that death in custody is a multi-faceted phenomenon, subsuming a variety of qualitative types. All manners of death were identified; however natural deaths and suicides comprised the vast majority of cases. Similarly, while all custodial agencies experienced death in custody, most cases occurred in correctional and psychiatric facilities, respectively. Results also suggest that there have been substantive, qualitative changes in death in custody. For example, during the 1940s and 1950s a significant portion of deaths occurred during police transport. This finding reflects the unique role of law enforcement during those decades: prior to the establishment of a formalized emergency medical system, police transported the sick and injured to local hospitals. "Sudden unexpected death in custody," especially those occurring after a violent struggle with police, emerged during the 1980s and 1990s, concomitant with widespread, recreational stimulant drug abuse.

Generally defined, death in custody is an "umbrella" concept that subsumes a variety of unrelated manners of death and that occurs in disparate custodial agencies. To understand deaths that occur in custody, further conceptual specification is required. Such specification would allow for better methodological precision and improve theoretical/ conceptual uniformity.

Death in Custody, Sudden Death, Law Enforcement