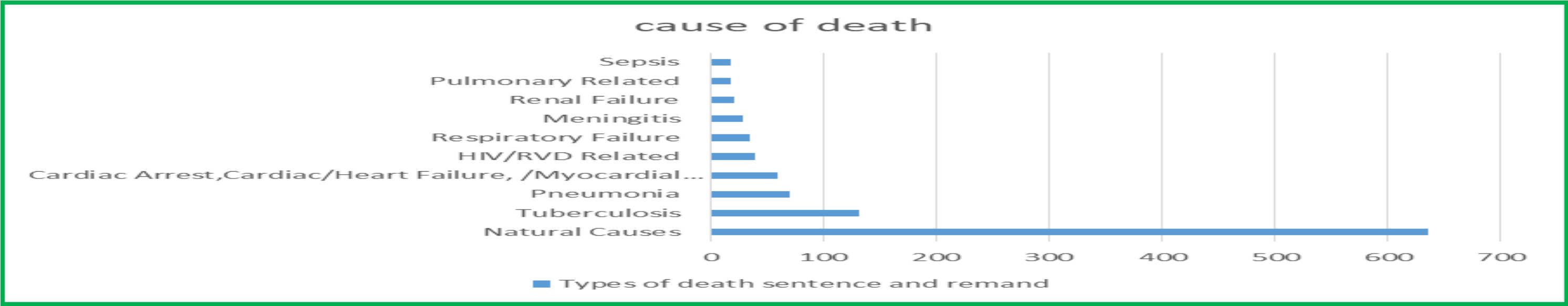
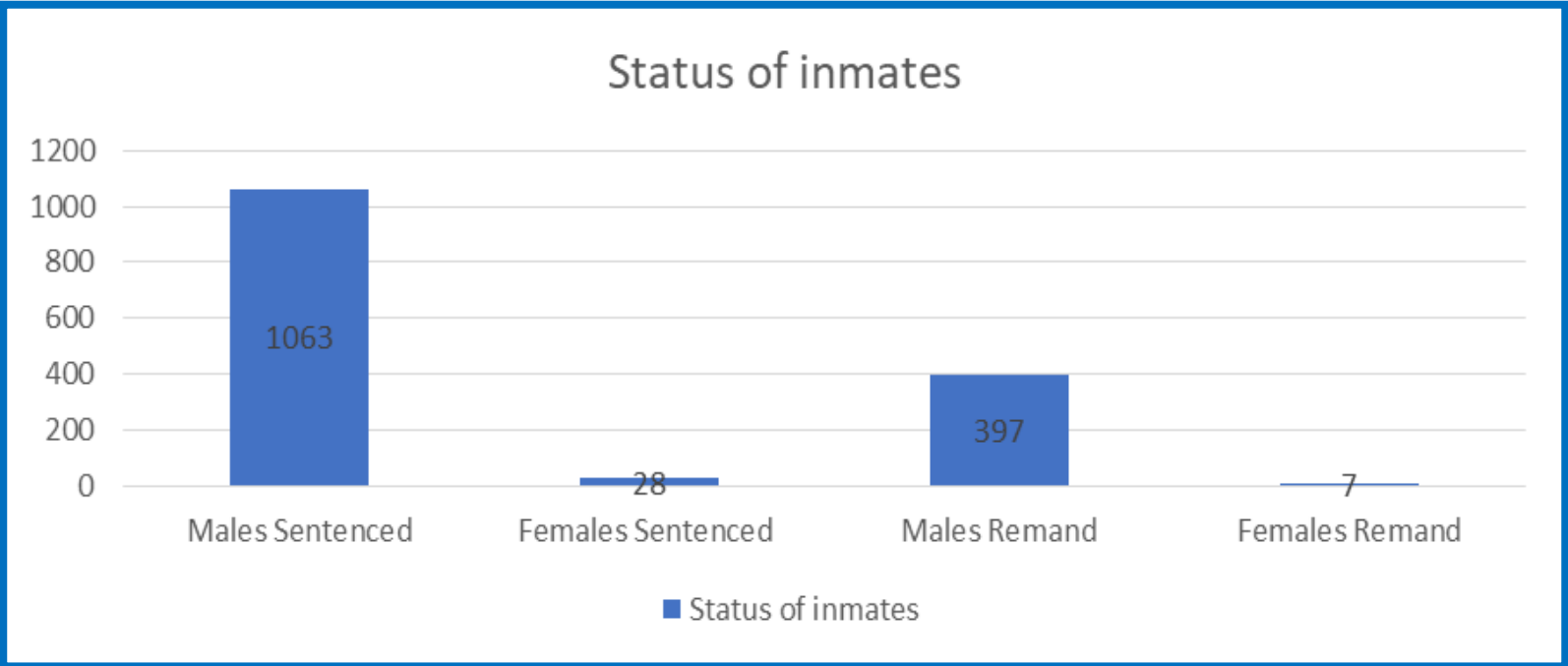
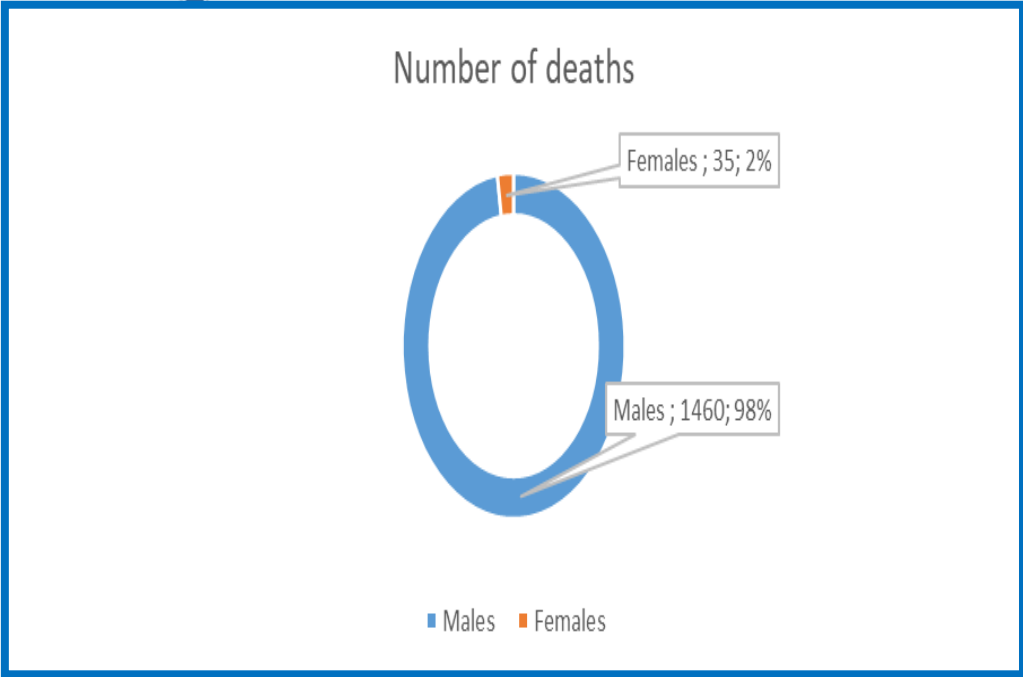


# DEATH IN CORRECTIONAL CENTRES IN SOUTH AFRICA (2015-2018)



## Natural Deaths

The depiction of deaths for this infographic spans from 2015—2018 with a total of **1495 natural** deaths.  
This total is categorised as follows:

**35 females (2%) and 1460 males (98%)**

Males: Sentenced (1063) and Remand (397)

Females: Sentenced (28) and Remand (7)

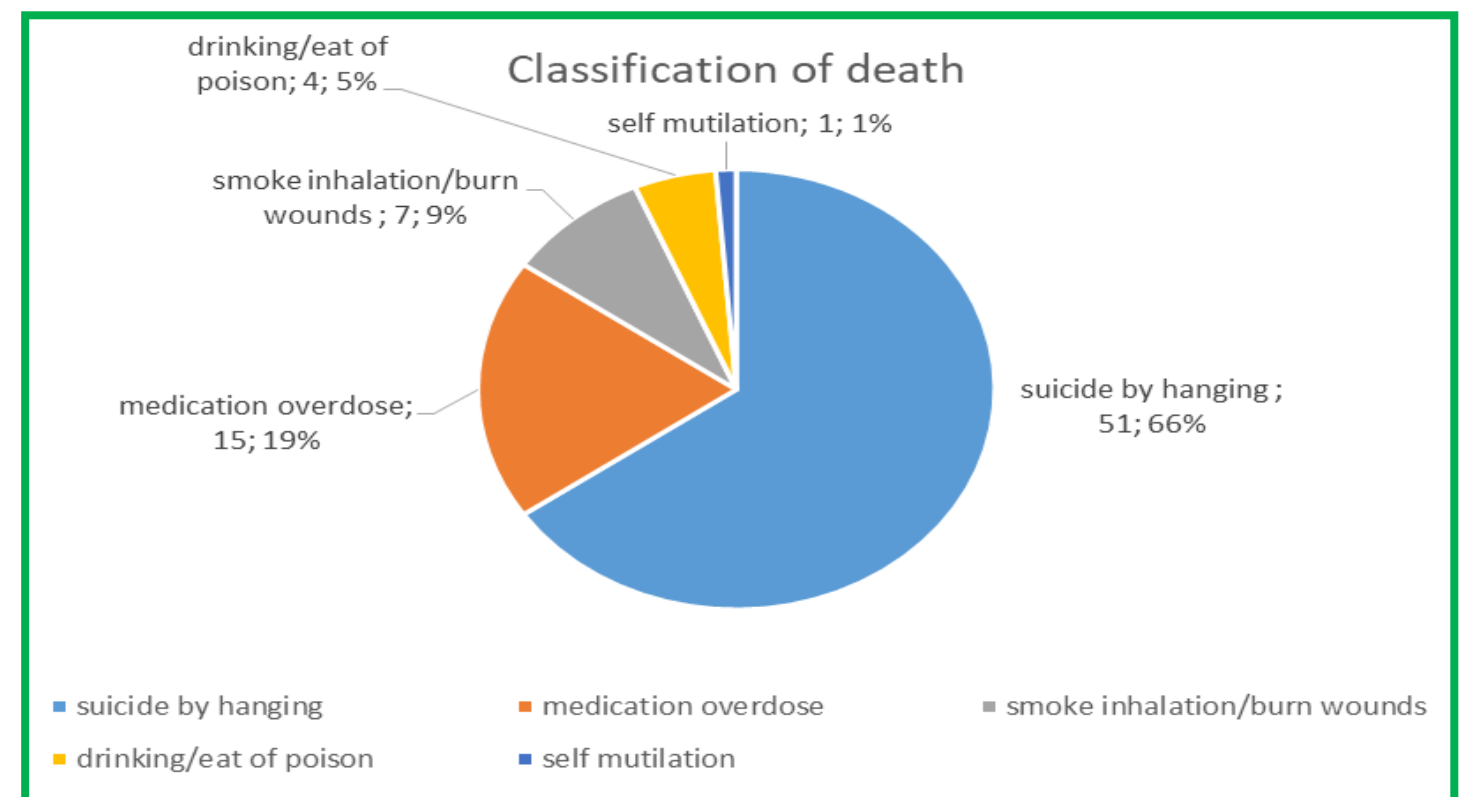
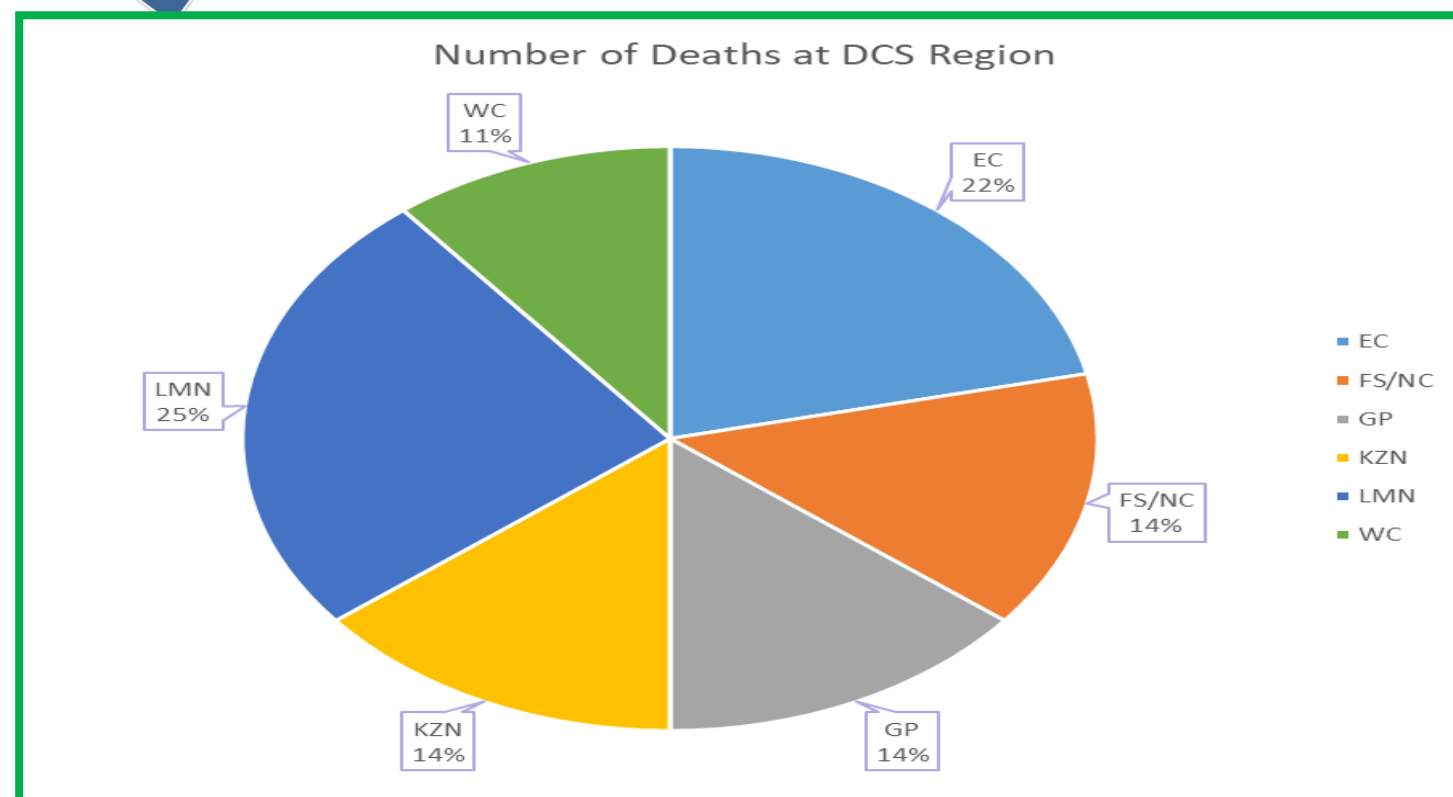
The highest number of male deaths took place in the Gauteng region (269+107) sentenced and remand respectively, the females Gauteng (9+2) and Kwa-Zulu Natal (8+3).

## Unnatural Deaths

This report focuses on unnatural deaths that have been themed **Inmate On Inmate (IOI)** or **Official On Inmate (OOI)** either by way of assault with knives or with fists, etc. Incidents where officials are involved, it is usually with weapons such as a tonfa issued to officials for their protection. The report looks at **28 deaths** (OOI=4: IOI=24) reported during the period mentioned above that were regarded as homicides. The deaths took place in all

the DCS regions with LMN (25%) having the highest number of deaths and Western Cape (11%) the least number of deaths.

# DEATH IN CORRECTIONAL CENTRES IN SOUTH AFRICA (2015-2018)



## Suicides

The report also focuses on deaths (**78**) considered to be suicides or self-inflicted, either by way of suicide by hanging, medication overdose, self-mutilation and or the burning of cells which lead to the death.

Most of the deaths during this period were suicide by hanging and either took place in the communal cell or in a single cell. Inmates who commit suicide usually use shoe laces and or ropes made from clothes or bed sheets. The inmates that committed suicide were both remand and sentenced inmates. No female suicides were recorded.

## Lessons Learned and Recommendations

### Natural Deaths

What can be learned from these deaths?

There were a number of inmates aged 60+ who were sentenced.

- A policy to be drafted to deal with those inmates to ascertain if they could not be pardoned.

- Create a programme for annual health assessment, also during admission and at least six months after admission, to check if the inmate has not acquired an illness such as TB.

- The process of medical parole sped up, once an inmate is granted this parole.

- Legislation amendment Section 84 (2) and (4) of the Correctional Services Act

### Homicide

We have tried to highlight some of the issues that can lead to inmates killing other inmates, and officials using excessive force which leads to loss of life. This is a starting point in the change that is needed at the Department in order to reduce IOI homicides and OOI deaths.

**Lessons:** inmates have several unauthorised items in their possession such as self-made knives and money etc. Gangs are also highly active at some centres.

The Department should embark on a strong anti-gang strategy at the correctional centres.

The Department should conduct extensive searches to curb the issue of self-made weapons at the centres.

Inmates must at least be involved in some compulsory activities when they are admitted.

Officials to be trained on the use of minimum force.

The NPA and SAPS must look into incidents that occur at correctional centres.

## Suicide and Self – Inflicted

We have tried to highlight some of the issues that make inmates commit suicide, the list is not exhaustive but it is a starting point in the change that is needed in the Department to minimise lives being lost.

There should be clear procedures for inmate assessments to check their vulnerability when admitted to the centre, and to look at whether the inmate will be at risk of committing suicide.

Inmates who show signs of mental illness must be referred to those medical officials who are trained in dealing with the mentally ill.

Training of officials in the units to recognise symptoms of inmates who might be experiencing withdrawal.

Training of officials to deal with those inmates that have been segregated, and follow procedures laid down by the Act.

Training to follow the procedures laid down in the B-orders.

The B-Orders for example, the Health Care Policy and Procedures of 2010 etc., need to be amended.