

21 June 2019

One Death Too Many

Within the past three years (2015-2018), 1495 natural deaths, 28 unnatural deaths (homicide) and 78 self-inflicted/suicides were reported at Correctional Centres across South Africa.

These and other statistics, including cause of death, whether self-inflicted, inmate on inmate as well as officials on inmate, were discussed at the **JICS Death in Correctional Centres** seminar which was held at the Pietermaritzburg Correctional Centre today.

The majority of inmate deaths (natural) recorded were male (1460) and females 35, which is relative to the inmate population in correctional centres across the country. Of that figure, 1063 were sentenced males and 28 sentenced females. The highest percentage of male deaths took place in the Gauteng region (269: sentenced; 107: remand) followed by KZN (205: sentenced; 68: remand) and LMN (191: sentenced; 75: remand) respectively. The majority of female deaths took place in Gauteng (9: sentenced; 2: remand) and KZN (8: sentenced; 3: remand).

The average time spent in custody for sentenced male inmates that had died was less than a year (58%) after sentencing and between 1-4 years (23%). Females that had been in custody between 1-4 years after sentencing was 43% and less than a year 39%.

The period spent for remand inmates ranged from 30 days up to 2 years, but died at the centres before they could be sentenced or acquitted by the courts. Some of the highest causes for natural deaths for remand as well as sentenced inmates included sepsis, pulmonary related, renal failure, meningitis, respiratory failure, HIV/RVD related, cardiac arrest, pneumonia and tuberculosis etc. This list is by no means exhaustive as only the highest causes were taken into account.

The homicides recorded 4 (official on inmate) out of the 28. Questions were raised as to whether violence amongst inmates (mostly inter-gang rivalry) is preventable and whether it could have been avoided. When looking at deaths involving officials, it was noted that JICS looks at the degree of culpability of the officials who perpetrated the crime and whether the incidents was an act of negligence or not. These deaths took place in all regions with LMN (25%) having had the largest number of deaths, followed by Eastern Cape (22%) and Western Cape the least (11%).

The demographic information for suicides (78) places Gauteng (34%) with the highest number, followed by KZN (17%) and EC (9%) with the least. Most of the deaths were suicide

by hanging, usually using shoe laces, ropes made from clothes or bed sheets, with an age category of 19-61, with the majority of inmates taking their own lives between the ages of 31-35. Suicides in correctional centres are not only limited to those inmates that are sentenced, or those that have been at the centre for some time, even those that are at the centre for periods less than 24 hours have also attempted suicide.

The Inspecting Judge, Justice Johann van der Westhuizen said that "It is clear from these statistics that the majority of inmates dying are those that enter the correctional system soon after they are sentenced. An inference is then made that newly incarcerated inmates have a shorter lifespan than those that have been in the system for approximately 5 years or more."

What does this mean for the inmate's chances of survival, if the statistics are showing that annually 553 inmates are dying across the 243 correctional centres in South Africa?

During his address the Deputy Minister, Nkosi SP Holomisa, stated that "any death recorded in a correctional facility does hurt the institution, be it natural or unnatural. This is certainly not an easy subject, but, as a democratic state founded on principles of human rights, it remains our duty to tackle it".

Trying to find tangible workable solutions to stem this tide, is what JICS is hoping to achieve during discussions at the seminar today, with a report on recommendations, once all the inputs from the seminar have been collated.

See infographic attached for lessons learned and recommendations. A further report will be made available, once all the inputs from the seminar have been compiled.

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