

\_\_\_\_\_ **Research Report** \_\_\_\_\_

**A Review of Use of Force in Three  
Types of Correctional Facilities**

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# **A Review of Use of Force in Three Types of Correctional Facilities**

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## Executive Summary

**Key words:** *Use of force, health care, correctional institutions, correctional treatment centres*

The study provides a descriptive analysis of a sample of 185 randomly selected use of force incidents investigated by the Correctional Service of Canada's Incident Investigations Branch (CSC) between 2003 and 2007. The reports were stratified to equally represent each of the four years in the study and categorised into three groups based on types of institutions where the event occurred: treatment centres, non-treatment centre institutions, and institutions for women. The study examined how use of force was carried out within CSC, the circumstances that triggered the use of force, the type of offenders involved in the incidents, and how well staff complied with policies related to use of force. Data collection was completed from two sources: (1) file reviews of the use of force incidents from records management at National Headquarters; and (2) background information on the offenders involved in the incidents from the Offender Management System.

Of the 185 cases reviewed, 64% of incidents were from treatment centres, 26% were from men's institutions, and 9% were from women's institutions. Results from this research indicate that the most common reasons for CSC staff to use force were due to offenders refusing direct orders or becoming aggressive or threatening. It was more common in the women's institutions that use of force occurred due to an offender initiating self-injurious behaviour. Overall, it appears that use of force is applied when offenders become non-compliant towards correctional staff orders or when they behave violently towards staff or themselves.

The most frequent types of force applied were verbal orders, followed by physical handling/escort, and the use of restraint equipment (soft restraints, handcuffs, leg irons, or body belts). Other common types of force used were Institutional Emergency Response Team presence and chemical agents/inflammatory sprays. In the course of the use of force incidents reviewed, the majority of inmates and staff received no injuries. When injuries occurred, they were minor including scratches, bruises and eye irritation. Fourteen offenders from the sample made allegations of excessive use of force. Upon review, however, all these allegations were ruled unfounded.

Once use of force has been administered, the incident must undergo an institutional, regional, and national review related to Health Care involvement in the incident and post incident. These reviews indicated that the majority of violations of health care guidelines were technical or administrative in nature. Although a significant proportion of the incidents involved procedural violations, most of these were related to issues of problematic documentation or video recording. The most common violation was related to documentation not being appropriately completed or signed.





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## **Introduction**

It is not unexpected to find that incarcerated individuals can be uncooperative and, at times, physically resist correctional staff (Hemmens & Atherton, 1999). Correctional institutions are by nature restrictive organizations that require routine interactions between officers and inmates. Physical confrontations will inevitably occur during these interactions, drawing attention to critical issues related to use of force (Griffin, 2001; Hemmens & Atherton, 1999).

In the course of performing their duties correctional officers will at times be called upon to use force against an inmate for a variety of reasons: self-defence, in defence of others (staff or inmates), protection of property, maintain compliance with institutional rules and regulations, or even to maintain institutional safety and security (Hemmens & Atherton, 1999). Correctional officers must be ready to use force or the threat of use of force to gain compliance as a part of security operations (Griffin, 2001). However, the method on which the officer relies to gain control over inmate behaviour needs to be carefully considered and the least restrictive force, depending on the circumstances, should be applied (Hemmens & Atherton, 1999).

Use of force in corrections has become a more salient topic as the oversight of corrections by the public and courts has increased over the years (Champion, 1998; Jacobs, 1977). Correctional officers are no longer protected from public and judicial scrutiny; every action in the correctional system is tracked and every decision is subjected to review (Hemmens & Stohr, 2001). The key question is not whether use of force has a place in prisons since it is a necessary component in the arsenal of methods used to ensure compliance in these institutions, instead, the question is, under what circumstances can force be used in prisons and how much force can be or should be exerted.

There is a substantial literature on the nature and extent of police power to use force or deadly force with respect to the meaning of rule of law. The rule of law within a liberal democracy requires that individual fundamental human rights such as the right to life, liberty, and security be prioritised. If, for example, use of force by the police is exercised arbitrarily and excessively, not only are legal rules violated, but the rule of law itself is jeopardized (Mars, 1998).

The democratic rule of law in the literature on policing can also be applied to the use of

force by correctional officers. On one side, officers have the right and duty to use force in certain circumstances. On the other hand, "...every prisoner has the right to be free of both offensive bodily contact and the fear of offensive bodily contact" (Hemmens & Stohr, 2001, p: 30; Palmer & Palmer, 1999). This includes the right to be free from any unwarranted attack from other inmates and correctional officers (Hemmens & Atherton, 1999). To avoid jeopardizing the democratic rule of law by the use of force, the Correctional Service of Canada (CSC) has developed a mission statement, principles and policies which reinforce the rule of law under all circumstances (CSC, 2008). CSC is committed to protecting staff and inmates, but does not condone unwarranted and unlawful use of force.

The *Corrections and Conditional Release Act* specifically requires correctional staff to use the "least restrictive alternative" within a range of legal or approved options when dealing with situations of conflict. This requirement is most relevant when force is required. Correctional staff "are accountable for using only as much force as is believed, in good faith and on reasonable grounds, to be necessary to carry out their legal duties" (CSC, 2008, para. 5.3.4).

In the past 30 years, there has been a marked increase in research on use of force within the criminal justice system. The majority of that research, however, is found in the policing literature focusing on a police officer's use of deadly force (Griffin, 2001). There has been little research on the issue of use of force within the correctional setting, leaving such topics as use of force by correctional officers as well as officers' attitudes toward use of force relatively unexplored (Griffin, 2001; Hemmens & Stohr, 2001). Due to this lack of research, many academics have turned to the literature on police use of force to gain insight into the use of force by correctional officers (Griffin, 2001).

According to the literature on policing, there are three categories of variables associated with police use of force: (1) individual variables such as age, race, gender, and tenure; (2) situation variables which include the number of police present, the behaviour of the accused, and the seriousness of the offence; and (3) organizational variables such as style of policing and type of department (Friedrich, 1980; Riksheim & Chermak, 1993; Worden, 1995). Of these three variable categories, "...situational or organizational variables, and not individual level variables, are better predictors of an officer's use of force" (Griffin, 2001, p: 89; Riksheim & Chermak, 1993; Bayley & Garofalo, 1989). However, only a few variables associated with a policing situation (e.g., visibility, legal issues, and seriousness) and a police organization (e.g., patrol



strategy and department type) can be correlated with the situational and organizational variables of a correctional setting (Griffin, 2001). The literature of police use of force has only provided limited insight into the use of force by correctional officers which serves to highlight the need for research on use of force in correctional settings.

The research that exists on use of force in correctional settings is qualitative in nature and limited in generalizability (Jacobs, 1977; Lombardo, 1989; Marquart, 1986). The focus of these studies is most often on correctional officers, examining such factors as their attitude, demeanour, or the approach they take to particular situations. According to one study, "...excessive use of force by correctional officers is based on correctional officer subcultural norms supporting violence against inmates, and [these norms are] based on correctional officer fear and mistrust of inmates, and the inability of officers to establish meaningful relationships with inmates, which leads to them failing to see inmates as human beings" (Hemmens & Stohr, 2001, p: 29; Toch, 1978). Research on the inappropriate use of force by correctional officers is limited, and what is available is largely anecdotal in nature (Marquart & Roebuck, 1995; Hemmens & Stohr, 2001).

### **Use of Force Policies and Procedures in Correctional Service of Canada**

Due to the very nature and business of the Correctional Service of Canada, it is to be expected that threats to offenders, staff and institutional security may arise. Of concern is how staff members deal with these incidents and handle offender behaviour. By definition, the use of force is

...any action by staff on or off institutional property, that is intended to obtain the cooperation and gain control of an inmate, by using one or more of the following measures: (a) non-routine use of restraint equipment; (b) physical handling/control; (c) use of inflammatory and/or chemical agents...; (d) use of batons or other intermediary weapons; (e) use of firearms...; and (f) deployment of the Emergency Response Team (ERT), in conjunction with at least one of the use of force measures identified above (CSC, 2009a, p. 2).

The decision to use force by the CSC staff can be either spontaneous or planned in accordance to the non-compliance and/or threatening behaviour of the offender. A spontaneous

use of force usually involves an immediate intervention by staff requiring at least one of the aforementioned use of force measures to safely resolve a situation (CSC, 2009a). On the other hand, a planned use of force requires the deployment of line staff and ERT in conjunction with a minimum of one of the use of force measures to properly handle a security incident.

For the purposes of this study, it is important to make the distinction between a reportable and a non-reportable use of force incident. The following conditions constitute when a use of force incident should be reported: (a) any spontaneous incident that requires CSC staff to respond to an inmate's behaviour in accordance with the Situation Management Model (SMM)<sup>1</sup>, and (b) any pre-planned incident that involves cell extractions and an IERT since all attempts by the crisis negotiator failed or was inappropriate (even if the inmate becomes compliant when the IERT arrives, this is still considered a use of force (CSC, 2009b). In contrast, any incident that requires the use of restraint equipment, such as when an offender is being moved or escorted, should not be reported unless the inmate becomes resistive or disruptive (CSC, 2009b).

All applications of use of force must be consistent with the Situation Management Model (SMM). The SMM (Appendix B) is designed to guide decisions on how to intervene in the management of situations that jeopardize the security of an institution and must be used to provide the safest and most reasonable measures in preventing, responding to, and resolving such situations (CSC, 2009a, p. 3). The Model is divided into separate levels which progressively increase in the use of force. The higher levels may only be used providing that the lower levels prove to be ineffective or in situations when the inmate's behaviour has elevated to levels where lesser restrictive use of force would be assumed ineffective. The lowest level consists of verbal intervention, conflict resolution, and verbal orders. The next level provides the guidelines for the use of restraint equipment which can be used in routine situations such as during an escort or in situations when the inmate's behaviour lies within the cooperative to assaultive range. Hard restraints include handcuffs, leg irons, body belts, and lead chains while soft restraints, typically reserved for physical or mental health purposes, include leather belts, straps, and restraint jackets. The next level includes inflammatory sprays, chemical agents, and physical handling. The penultimate level is the use of batons and other intermediary weapons such as canines and

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<sup>1</sup> SMM is "...a model driven by an inmate's behaviour designed to prevent, respond to, and resolve situations using the safest and most reasonable interventions. All uses of force must be consistent with the SMM" (CSC, 2009a, p. 3).

high pressure water. The final level is the use of firearms which can be utilised only in cases when the inmate poses a threat of death or grievous bodily harm or is attempting to escape from a medium or maximum security institution. The Use of Force Management Model is a required component in staff training and is applied in all cases where force is considered (CSC, 2008).

Most often these intervention strategies are formulated in advance whenever the line-staff has the opportunity (based on the availability of time and/or circumstances) or in some cases, this strategy may have to be developed simultaneously during the ongoing incident (CSC, 2009a). If a situation requires the ERT team, an intervention strategy must be developed according to SMEAC which is a five-step process that focuses on the situation, mission, execution, administration, and communication (CSC, 2009a). To ensure accountability, all intervention strategies must be documented, and, when possible, video-recorded by the staff involved.

There are several procedures that need to be followed when using force in CSC. The actual use of force must be in accordance with the principles set out in paragraphs six to eight of the Commissioner's Directive (CD) 567 (CSC, 2009b). Use of Force implies a level of coercion; however, the graduation range of Use of Force options includes several first order strategies that do not involve physical intervention. If the use of force involves restraint equipment, chemical agents, inflammatory sprays, or firearms, then it must follow the procedures stated in CD 567-3, CD 567-4, and CD 567-5. Finally, staff response to all incidents when the use of force is conducted should follow the approved training standards outlined by the Director General of Learning and Development (CSC, 2009b).

Another set of procedures involves recording the use of force on video. An audio-video recording should be provided for every pre-planned use of force or when it is reasonable to believe that a use of force will occur. Such incidents where audio-video recording is required include: cell extraction, IERT deployment, major security incidents, strip searches with a belief that use of force is necessary, and other incidents that the Institutional Head has reasonable belief that force may be necessary due to past history, present behaviour, and current placement (CSC, 2009b). Video recording should begin once the incident has been identified. Once identified, the camera operator shall begin the recording by stating the date and time and electronically inputting it into the video machine. It is the camera operator's responsibility to record all briefings to staff unless a delay can result in serious injury, loss of life, or destruction

of evidence. It should also be noted that during a strip search and use of the shower, the camera operator must be of the same sex as the inmate to ensure the inmate's safety and minimise violations of privacy (CSC, 2009b). As well, it is important that during a compliant strip search, a privacy barrier (which can be a curtain, wall, door, or anything that would impede visual inspection) should separate the inmate from the camera operator. If the strip search is non-compliant, then it may be necessary to have nudity on film to capture both the staff and inmate simultaneously (CSC, 2009b).

Of particular interest to this study is the quality of health care (HC) provided by Health Services after a use of force incident. According to policy, a health care practitioner (HCP) should examine every offender and staff member who was involved in the use of force incident. The physical assessment of the inmate should be conducted once he or she has been decontaminated<sup>2</sup> or during the post use of force. The location of the physical assessment ought to be in the final cell destination for the inmate, and if deemed appropriate by the officer in charge, without any restraint equipment. If the assessment is conducted with restraint equipment, then a final HC check must be performed (of the wrist/ankle areas covered by the equipment) when the inmate is in his or her cell with the restraint equipment removed (CSC, 2009a). It is important to note that the "...inmate has the right to refuse the health care practitioner's offer of a health service examination subsequent to a use of force" (CSC, 2004, p. 2), and if the inmate consents to a physical assessment, it should be video recorded. Additionally, if an inmate does refuse a HC assessment, according to the Health Service Guidelines, a second offer must be made within an hour of the initial refusal. This way Health Services can verify that they have offered the inmate all possible opportunities for a HC assessment related to the use of force incident.

There are several procedures that must be met for the physical assessment of a use of force incident. It is the duty of the correctional manager in charge to brief the HCP on the type(s) of force used, how the inmate responded to the force, and that the briefing be video-recorded. Furthermore, the offer of a physical assessment, and any subsequent offers, must also be video-recorded (CSC, 2009a). By no means is a HCP allowed to be a member of the IERT,

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<sup>2</sup> "In the event that chemical and/or inflammatory agents have been used, the decontamination procedures outlined in Annex A of CD 567-4 must be explained by staff to the affected inmate(s). The decontamination procedures must be video-recorded" (CSC, 2009a, p. 13).

or similarly, an officer is not allowed to be involved in the physical assessment due to the possibility of conflict between these two roles. However, the IERT does have the responsibility to determine when and where the HCP can be involved in the use of force incident before they are needed for the HC examination (CSC, 2004). As previously mentioned, a HCP must examine every staff member involved in the use of force incident. This examination must be documented in the Use of Force Report and the Officer's Statement/Observation Report. Also, "...the physical assessment of a staff member must never be video-recorded and the name of the staff member must not be noted in the documentation" (CSC, 2009a, p.16). Finally, the physical assessment must end with the HCP giving a video-recorded synopsis of the examination. What should not appear in this synopsis is the required treatment of the inmate following the examination, as per CD 844 (CSC, 2009a). An incident involving the use of force is considered over once the inmate has been decontaminated, examined by the HCP and the practitioner updates the Use of Force report with the details of the examination and any recommendation for further medical treatment (CSC, 2004).

Once the use of force incident has been completed, it is the responsibility of the institution to provide the appropriate documentation. This includes: (a) Use of Force Report; (b) Officer's Statement/Observation Report; (c) the Situation, Mission, Execution, Administration and Communications (SMEAC) action plan, which is signed by the Institutional Head and IERT leader; (d) an offender's version of the incident which most often asks the inmate if there was an excessive use of force; (e) checklist of the Health Services review of the use of force; (f) Offender Management System Incident Report; (g) Seclusion and Restraint Observation Report; (h) Post Search Report; (i) Reportable Use of Force, Post-incident Checklist; and (j) any other related documents (CSC, 2009a). Having these reporting requirements in place is important so that the incident can be documented and inputted into the Incident Report Screens of the Offender Management System (OMS) (CSC, 2009b).

The final step of the response to a use of force incident is to provide a review of the incident from the institutional, regional, and national levels. In general, the following documentation is subject to review: "(a) the video [recording]; (b) the Use of Force Report; (c) all Officer's Statement/Observation Reports; (d) the SMEAC or action plan submitted to the Institutional Head; (e) the inmate's written version; and (f) other related documentation" (CSC, 2009b, para. 28). At the institutional level, the Institutional Head will review the use of force

documentation, and will be provided with expert advice by the Chief of Health Care on the decontamination procedures and examination of staff and inmates involved. The Institutional Head has 20 calendar days to review the incident, complete section VI of the Use of Force Report, provide recommendations for any violations of guidelines, policy, Provincial Mental Health Act, or Professional Code of Conduct, and forward all related documentation to the Assistant Deputy Commissioner of Operations and the Correctional Investigator for a regional review (CSC, 2009a; CSC, 2009b). The Assistant Deputy Commissioner of Operations at the regional level will then review the use of force incident. In this stage, the Regional Administrator of Health Care will assist in the regional review when force was used to administer a medical treatment or provide expert advice in such areas as decontamination and health examinations. The Assistant Deputy Commissioner of Operations will fill in section VII of the Use of Force Report and will have 25 calendar days to complete the review, provide recommendation(s), and forward all documentation for national review by the Director General of Security (CSC, 2009b). National level reviews must be completed within 30 working days from the date the package was received. The Director General of Security will then forward the national review to the Deputy Commissioner for Women involving any cases with women offenders, the Director General of Clinical Services for cases involving medical interventions, the Director General of Investigations, and the Director General of Rights, Redress, and Resolution (CSC, 2009a). From this national review, follow-ups and recommendations will be provided for any violations of guidelines, policy, Provincial Mental Health Act, or Professional Code of Conduct from the institutional or regional level.

### **Rationale and Purpose for the Current Study**

In 2009, the Correctional Service of Canada (CSC) produced a report based on the statistical information generated from the Use of Force Data Collection Sheets collected by the Health Services Branch. This summary report covers the period from May 4<sup>th</sup>, 2007 to March 8<sup>th</sup>, 2009. It provides a summary of use of force incidents nationally, comparing treatment and non-treatment institutions, a quarterly report using incidents from 2008, and five regional reports summarizing each region's use of force. There were several key findings from this report: treatment centres have more spontaneous use of force incidents ( $n = 143$ ) than planned incidents ( $n = 81$ ) (Archambault, 2009, p.3); the most common reasons for using force included

refusing orders issued by CSC staff, self-injurious behaviour by the offender, behavioural concerns, and staff assault. The most frequent types of force used were physical handling, physical restraints (i.e. handcuffs), soft restraints (i.e. 4 or 6 point), hard restraints (i.e. leg irons), and Oleoresin Capsicum (OC) spray. Finally, several health care guideline and policy violations were noted from the use of force incidents which included: documentation not appropriately completed or signed, no health care assessment debrief on camera, health care provider did not introduce themselves, non-compliance with CD-844 involving use of restraint equipment, and the Regional Director of Health Services did not review the use of force file (Archambault, 2009, p. 4). This report was meant to provide Health Services with information pertaining to the use of force in the last two years, and was a starting point for the current study that is designed to provide more extensive research on use of force in the CSC.

The current report is based on a retrospective study of 185 files of randomly selected use of force investigations that occurred in CSC between 2003 and 2007. The purpose of this study is to provide a descriptive analysis of use of force incidents to examine how the use of force is carried out by CSC staff in three different types of correctional facilities. This study also examines the quality of service provided to staff and inmates by Health Services following the use of force and describes the profile of offenders who are involved in use of force incidents. The results from this report may contribute to planning for staff training on procedures related to security incidents at correctional sites.

## **Method**

### **File and Case Selection**

From beginning of 2003 to the end of 2007, the Incident Investigation Branch conducted 874 use of force investigations. Incidents occurring in institutions for men, institutions for women, and treatment centres were investigated. The investigation criteria for the investigation into use of force incidents varied between treatment centres and non treatment centres. All use of force incidents that occurred in treatment centres were subject to investigation. Incident investigations for non-treatment centre sites, however, are conducted on the basis of a set of criteria established by the Incident Investigation Branch. Each month, one case is randomly selected from each region for review. Additional cases may be selected for review based on concerns surrounding incidents identified by the Security Branch or the Women Offenders Sector. As well, all incidents at a given institution may be reviewed if problems were identified in previous reviews. As a result of these criteria, the pool of non-treatment centre cases reviewed is not well defined. The present sample, therefore, may represent a biased set of reports, likely in favour of the most serious incidents.

From the 874 reports of incidents, a random sample of 185 investigation reports (approximately equally distributed across each year over the four year period) was selected for this study. From these 185 files, one offender was randomly selected from each incident file, even though in some instances more than one offender was involved in the incident. In some cases, the same offender was randomly selected twice because he or she had been involved in more than one use of force incident. The final research sample consisted of 158 offenders since offenders involved in repeat incidents were counted only once. When the offender was involved in multiple cases, the most recent case was selected.

From the 158 offenders, three sub-groups were identified for cross-comparison based on the type of facility where the incidents occurred. The first group consisted of male and female offenders who resided in treatment centres in all five regions of the CSC ( $n = 97$ ; 94 males and 3 females). The second group comprised male offenders who were incarcerated at non-treatment institutions across Canada ( $n = 47$ ). Finally, a group of women offenders ( $n = 14$ ) was identified from various non-treatment institutions.



## Measures

Supplementary data for this study was extracted from the Offender Management System (OMS), the official electronic record on all federally sentenced offenders. Data from this source was used to provide a more complete profile of the offenders involved in the use of force incidents. Risk variables were drawn from the Offender Intake Assessment (OIA) which is a comprehensive evaluation conducted on all incoming offenders to CSC. The Dynamic Factors Identification and Analysis (DFIA) component of the OIA assesses a wide variety of dynamic risk factors grouped into seven domains, with each domain consisting of multiple indicators that guide the final domain rating. The DFIA yields ratings of need levels for each domain, as well as an overall level of dynamic need which is categorized as low, moderate, or considerable (high). The principle tool used for assessing risk level in federal male offenders is the Statistical Information on Recidivism (SIR) Scale which is based on static risk factors. The final score provides estimates of risk from very good to very poor. In addition to this tool, the Static Factors Assessment (SFA) provides comprehensive information pertaining to the criminal history and risk factors of each offender yielding an overall level of low, medium, or high static risk assigned to offenders at their time of admission. CSC policy does not permit the use of the SIR for Aboriginal offenders. For this report, an estimate of risk for Aboriginal offenders is provided through the overall static risk rating.

The CASA (Computerized Substance Abuse Assessment) is the part of the intake assessment that evaluates the extent of substance misuse and its relationship to offending. This assessment procedure includes the results of several well validated measures of substance misuse including the 20-item Drug Abuse Screening Test (DAST) (Skinner, 1982), the Alcohol Dependency Scale (ADS) (Skinner & Horn, 1984), the 15-item Problems Related to Drinking Scale (PRD, derived from the MAST; Seltzer, 1971). The CASA uses the DAST, ADS, and the PRD to derive overall substance abuse scores and program referral recommendations.

## **Results**

### **Non-Treatment Centres**

#### **Sample characteristics**

The sample of non-treatment centre incidents of use of force was comprised solely of male offenders. The sample of cases from the women's facilities is described in a separate section. The average age of the men who were involved in use of force incidents in these institutions was 31.8 (SD = 9.45). The demographic and historical characteristics of the men are presented in Table 1. A considerable proportion of men were assessed as high needs and high risk. For the most part, the men were single, separated, or divorced. About 13% were of Aboriginal ethnicity, a rate somewhat lower than the 19% proportion in the general CSC population. More than a quarter had a history of self-injurious behaviour and had a documented psychiatric diagnosis in their lifetime. The most common diagnoses included substance abuse disorders, antisocial personality disorders, and mood disorders.

The majority of the men involved in the incidents were serving a sentence for a violent offence (85.1%,  $n = 40$ ). Of these men, nine were serving a current sentence for homicide or manslaughter, one offender was serving a sentence for sexual assault and the rest had been sentenced for assault, robbery, arson, etc. Only a small number of men were serving a sentence for a non-violent offence (14.9%,  $n = 7$ ), including drug offences, property offences and fraud. Almost 45% of the men were serving sentences of less than five years (see Table 2).

Table 1

*Non-Treatment Centre Sample Characteristics (N = 47)*

	Non-Treatment Centres	
	<i>n</i>	%
Ethnicity		
White / Caucasian	32	68.1
Aboriginal	6	12.8
Other / Unknown	9	19.1
Marital Status		
Married / Common law	16	34.0
Single / Separated / Divorced / Widowed	30	63.8
Missing	1	2.1
Overall Needs		
Low	--	--
Medium	5	10.6
High	36	76.6
Missing	6	12.8
Overall Risk		
Low	2	4.3
Medium	8	17.0
High	31	66.0
Missing	6	12.8
History of self-injurious behaviour (lifetime)		
Yes	17	36.2
No	27	57.4
Missing	3	6.4
Reported psychiatric diagnosis (lifetime)		
Yes	17	36.2
No	28	59.6
Missing	2	4.3

Table 2

*Non-Treatment Centre Sample Sentence Lengths (N = 47)*

Sentence Length	Non-Treatment Centres	
	<i>n</i>	%
Less than 5 years	21	44.7
5 to 10 years	12	25.5
More than 10 years (not including life sentences)	5	10.6
Life or Indeterminate Sentences	9	19.1

*Note.* An indeterminate sentence includes dangerous offender, dangerous sexual offender, habitual criminal designations and commitments on a Lieutenant Governor's Warrant.

### **Incident characteristics**

The incidents of use of force in the non-treatment centres are drawn from the five correctional regions of CSC (see Table 3). The Atlantic region is the smallest by population; therefore, the data suggest that this region has a disproportionately greater number of incidents relative to its size while Prairie region and Pacific regions have fewer. This should not be interpreted as meaning that use of force was more common in the Atlantic Region, however, since the sampling criteria used by the Investigations Branch could have accounted for the disproportionate numbers in some regions.

Table 3

*Incidents Sampled by Region within Non-Treatment Centres (N = 49)*

Region	Inmates (Men)		National Male Inmate Population
	<i>N</i>	%	%
Atlantic	10	20.4	9.32
Quebec	14	28.6	28.83
Ontario	12	24.5	13.21
Prairie	6	12.2	26.11

The location where the use of force occurred within the non-treatment centres is presented in Table 4. About a quarter of the men were involved in a use of force incident either on the range outside of their cell or in a common room area such as workroom, yard, shower room, or recreation rooms. The majority of all use of force incidents (87.8%,  $n = 43$ ) occurred outside of the offenders' cells in the general population.

Table 4

*Location of Use of Force Incidents in Non Treatment Centre Institutions (N = 49)*

Location	Non-Treatment Centres	
	<i>N</i>	%
Offender's cell	6	12.2
Range (outside of cell area)	14	28.6
Common room area (work / yard / shower / recreation)	11	22.4
Segregation / En-route to segregation	9	18.4
Other	9	18.4

*Note.* Other locations of use of force not represented in this table included reception areas, interview offices, hospitals, health care units, and visitor's areas.

Each incident could have multiple reasons why force was used. These are presented in Table 5. The incidents most frequently involved force in response to inmates refusing orders issued by staff (63.3%,  $n = 31$ ) or involved incidents where inmates were threatening or aggressive (49.0%,  $n = 24$ ). Eight percent of incidents were in response to self harming incidents. Together, these results suggest that staff applied the use of force when inmates became non-compliant towards correctional staff orders or for when they were acting in a disruptive or violent manner.

Table 5

*Common Reasons for Use of Force in Incidents in Non Treatment Centre Institutions (N= 49)*

Reasons	Non-Treatment Centres	
	<i>N</i>	%
Refuse orders	31	63.3
Threatening / Aggressive	24	49.0
Assault of staff (including attempted assault)	9	18.4
Self-injurious behaviour / Suicide attempt	4	8.2
Inmate fight / Assault	4	8.2
Possession / Use of weapon	3	6.1
Other	9	18.4

*Note.* Other reasons for use of force not represented in this table included property damage, concealing contraband, incitation for violence, being a risk to flee, behaving disrespectfully, and being involved in gang-affiliated fights or assaults.

Table 6 shows the type and frequency of use of force used in the sample of incidents from non-treatment centres. For most use of force incidents, verbal orders were given most commonly (89.9%, *n* = 44) followed by a combination of physical handling/escort (73.5%, *n* = 36) and the use of restraints (81.6%, *n* = 40). A tenth of all incidents did not involve verbal orders and required a stronger initial response (i.e., physical handling, chemical agents, inflammatory spray, restraints, and institutional emergency response team [IERT] presence).

Table 6

*Type of Force Applied In Incidents Occurring in Non Treatment Centres (N = 49)*

Types of Force	Non-Treatment Centres	
	N	%
Verbal order	44	89.8
Restraint equipment (handcuffs / leg irons / body belt)	40	81.6
Soft restraint ( 4 point / 7 point / soft cuffs)	2	4.1
Physical handling / Escort	36	73.5
Chemical agents / Inflammatory spray	18	36.7
IERT presence	12	24.5
Shield	4	8.2
Charging a firearm	1	2.0

Note: One incident could involve multiple use of force strategies.

Almost three-quarters of the incidents (69.4%,  $n = 34$ ) involved correctional staff using spontaneous, rather than planned, force. The majority of all incidents of use of force required the involvement of correctional officers (77.67%,  $n = 38$ ); the IERT were involved in under one-third of the incidents (30.6%,  $n = 15$ ). In considering injuries sustained during use of force incidents, results demonstrated that neither staff nor offenders sustained major injuries. Only minimal injuries were sustained by staff (10.2%,  $n = 5$ ) or inmates (32.7%,  $n = 16$ ), which were addressed by health care staff within the institution. Examples of these minor injuries are: eye irritation from the chemical sprays, sore wrists because of the use of restraints, bruises from offender assault. In six of the 49 incidents, allegations of excessive use of force were made by the offenders involved. All these complaints were investigated and all were deemed unfounded or not upheld.

### **Incident review and recommendations**

Table 7 presents violations of the health care guidelines that were most frequently cited in the incidents reviewed for non treatment centre institutions. Guidelines violations that occurred only once or twice (i.e., in less than 5% of incidents involving guideline violations) were not

included. Three-quarters of the incidents involved at least one health care guideline violation. Of these, the majority were for technical or administrative issues. For example, slightly more than a quarter of the incidents reviewed involved a violation in which the health care documentation was not appropriately completed or signed.

Table 7

*Common Types of Health Care Guideline Violations Noted in Investigations of Use of Force in Non Treatment Centre Institutions (N = 47)*

Types of Violations	Non-Treatment Centres	
	<i>n</i>	%
Documentation not appropriately completed or signed	13	26.5
Health Care Practitioner did not introduce self	5	10.2
Improper briefing of nurse by correctional manager on use of force	5	10.2
Failure to return in approximately one hour	4	8.2
Health Care Practitioner did not explain why assessment was being offered	4	8.2
Health care assessment not offered to staff	3	6.1
No health care assessment debrief on camera	3	6.1

+One incident could have resulted in multiple violations

In addition to the guideline violations, a number of the incidents had procedural violations (see Table 8) which involved issues related to failure to properly document (40.8%,  $n = 20$ ) or problems with video recording of the incidents (69.4%,  $n = 34$ ).



Table 8

*Most Common Use of Force Procedure Violations Cited in Reviews of Incidents in Non Treatment Centre (N = 49)*

Procedure Violations	Non-Treatment Centres	
	<i>n</i>	%
Documentation not fully completed	20	40.8
Use of force package past due (Institution, RHQ)	12	24.5
No video recording	9	18.4
Error reporting time in video recording	7	14.3
Date and/or time not always visible on video recording	5	10.2
Closing statement not on video recording	5	10.2
Unexplained break in video	4	8.2
No introduction on video recording	4	8.2
Strip search not video recorded	4	8.2
Date and/or time are wrong on video recording	3	6.1
Date and/or time not announced at beginning	3	6.1
Nudity on camera	3	6.1
Video recording does not contain required statements by camera operator	3	6.1

## **Treatment Centres**

### **Sample characteristics**

The characteristics of the inmates in treatment centres involved in a use of force incident are presented in Table 9. The sample was typically male, Caucasian, and their mean age was 33.62 (SD = 9.99) years. The majority of men were single, separated, divorced, or widowed. Nearly a quarter of the sample was of Aboriginal ethnicity (23.7%,  $n = 23$ ). The individuals in the sample were generally evaluated as high needs and high risk, had a history of self-injurious behaviour, and had a documented lifetime psychiatric diagnosis. The most common diagnoses included substance abuse disorders, antisocial personality disorders, and schizophrenia/psychotic disorders.

Table 10 shows that the majority of the inmates within the treatment centre sample were currently serving a sentence for a violent offence (84.5%,  $n = 82$ ). Of the most serious violent offences, 14 inmates were serving a sentence for homicide or manslaughter, 13 inmates for sexual assault, and the rest had been sentenced for assault, robbery, arson, etc. Only a small percentage (15.5%,  $n = 15$ ) of inmates were serving sentences for non-violent offences, which include drug, property, and fraud related offences. Approximately half of this sample was serving custodial sentences of less than five years (see Table 10).

Table 9

*Treatment Centre Sample Characteristics (N = 97)*

	Treatment Centres	
	N	%
Gender		
Men	94	97.0
Women	3	3.1
Ethnicity		
White / Caucasian	66	68.0
Aboriginal	23	23.7
Other / Unknown	8	8.2
Marital Status		
Married / Common law	20	20.6
Single / Separated / Divorced / Widowed	75	77.3
Missing	2	2.1
Overall Needs		
Low	--	--
Medium	4	4.1
High	84	86.6
Missing	9	9.3
Overall Risk		
Low	3	3.1
Medium	19	19.6
High	66	68.0
Missing	9	9.3
History of self-injurious behaviour (lifetime)		
Yes	72	74.2
No	18	18.6
Missing	7	7.2
Reported psychiatric diagnosis (lifetime)		
Yes	71	78.4
No	18	18.6
Missing	8	8.2

Table 10

*Treatment Centre Sample Sentence Length (N = 97)*

	Treatment Centres	
	<i>n</i>	%
Sentence Length		
Less than 5 years	50	51.5
5 to 10 years	14	14.4
More than 10 years (not including life sentences)	10	10.3
Life or Indeterminate Sentences	23	23.8

*Note.* An indeterminate sentence includes dangerous offender, dangerous sexual offender, habitual criminal designations and commitments on a Lieutenant Governor's Warrant.

### **Incident characteristics**

The majority of inmates involved in incidents of use of force in the treatment centres were men; only three were women and all of these were housed in the Regional Psychiatric Centre located in the Prairie Region (Table 11).

Table 11

*Incidents Sampled from Treatment Centres by Region (N = 119)*

	Incidents involving male inmates ( <i>n</i> = 114)		Incidents involving women inmates ( <i>n</i> = 5)	
	<i>n</i>	%	<i>n</i>	%
Treatment Centres (Region)				
Shepody Healing Centre (Atlantic)	20	12.3	--	--
Archambault (Quebec)	15	9.2	--	--
Regional Treatment Centre (Ontario)	28	17.2	--	--
Regional Psychiatric Centre (Prairies)	35	21.5	5	22.7
Regional Treatment Centre (Pacific)	16	9.8	--	--

Over half of the use of force incidents occurred in the offenders' cells (see Table 12). Other incidents took place on the range (19.3%, *n* = 23) and in common room areas (19.3%, *n* =

23). These results show a pattern where the use of force in treatment centres generally occurs within the general population and are rarely occurs in specialized areas such as segregation.

Table 12

*Location of Incidents Involving Use of Force in Treatment Centres (N = 119)*

Location	Treatment Centres	
	<i>n</i>	%
Offender's cell (general population)	64	53.8
Range (outside of cell area)	23	19.3
Common room area (i.e. work / yard / shower / recreation)	23	19.3
Segregation / En-route to segregation	1	0.8
Other	11	9.2
Missing	1	0.8

Note. Other locations included mental health unit, hospital, and reception area.

The results presented in Table 13 indicate that in 50% of cases one of the reasons use of force was applied was that an inmate refused staff orders. Other common reasons for the use of force were related to offenders' acts of violence against others or themselves.

Table 13

*Reasons for Use of Force in Treatment Centres (N = 119)*

Reasons	Treatment Centres	
	<i>n</i>	%
Refuse orders	60	50.4
Threatening / Aggressive	31	26.1
Assault of staff (including attempted assault)	25	21.0
Self-injurious behaviour / Suicide attempt	18	15.1
Inmate fight / Assault	11	9.2
Possession / Use of weapon	5	4.2
Other	8	6.7
Missing	5	4.2

Note. Other reasons included being unresponsive, property damage, plotting assaults, medical injection, arson, and barricading oneself within a cell.

There were more spontaneous (55.5%,  $n = 66$ ) use of force incidents than planned (44.5%,  $n = 53$ ) in the treatment centres. Of the various types of force applied during a use of force incident within treatment centres, it was most common for verbal orders to be initially issued followed by the use of physical handling/escort (see Table 14). Restraint equipment was also used in nearly three-quarters of incidents while the IERT presence was used in less than half of the incidents. Other types of force were used less frequently.

Table 14

*Type of Force Applied in Use of Force Incidents in Treatment Centres (N = 119)*

Type of Force	Treatment Centres	
	<i>n</i>	%
Verbal order	109	91.6
Physical Handling / Escort	109	91.6
Restraint equipment (handcuffs / leg irons / body belt)	88	73.9
IERT presence	46	38.7
Chemical agents / Inflammatory spray	23	19.3
Shield	14	11.8
Soft restraint (4 point / 7 point / soft cuffs)	9	7.6
Other	8	6.7

*Note.* Other types of force included wrap, silverguard wand, deafening grenade, C.E.T. presence, 911 knife, & baton.

Correctional officers (62.2%,  $n = 74$ ) and the IERT teams (41.2%,  $n = 49$ ) were the staff most frequently involved during a use of force incident within treatment centres. There were no major injuries suffered by staff or inmates during the use of force in treatment centres. Minor injuries such as bruises, scratches, or eye irritation from chemicals were sustained by staff in 13.4% of the incidents ( $n = 16$ ) and by inmates in 30.3% ( $n = 36$ ) of incidents.

Following the 119 incidents there were a total of seven allegations of excessive use of force made by inmates. All were investigated and determined to be unfounded.

### **Incident review and recommendations**

A sample of recommendations issued following a health care review of guideline

violations is presented in Table 15. Slightly more than a quarter of use of force incidents had no guideline violations (26.9%,  $n = 32$ ). The use of force incidents that did have guideline violations were for technical or administrative issues. For example, approximately a third of all issued recommendations within treatment centres were the result of documentation issues. The technical issues generally occurred in fewer than 10% of incidents, the most common being ‘no video/DVD or blank’.

The types of procedural violations that occurred during the use of force incidents are presented in Table 16. Eighty-one percent of the incidents had a use of force procedural violation ( $n = 96$ ). As was the case in the non treatment centre setting, the most frequent procedural violations involved administrative issues such as incomplete documentation (34.5%,  $n = 41$ ) and the package for the use of force review being past due date (21.8%,  $n = 26$ ). Reoccurring violations involved various video recording issues.

Table 15

*Health Care Guideline Violations in Use of Force Incidents in Treatment Centres (N = 119)*

Health Care Guidelines Violations	Treatment Centres	
	<i>n</i>	%
Documentation not appropriately completed or signed	37	31.1
No video/DVD or blank	13	10.9
Health Care assessment not offered to staff	11	9.2
No health care assessment debrief on camera	11	9.2
Health care assessment conducted in an inappropriate location	10	8.4
Follow up required	10	8.4
Health Care Practitioners did not introduce self	7	5.9
Failure to return in approximately one hour	6	5.0

Table 16

*Use of Force Procedure Violations Involved in Use of Force Incidents in Treatment Centres (N = 119)*

Procedure Violations	Treatment Centres	
	<i>n</i>	%
Documentation not fully completed	41	34.5
Use of force package past due (Institution, RHQ)	26	21.8
No video recording	17	14.3
Error reporting time in video recording	16	13.4
No introduction on video recording	12	10.1
Unexplained break in video recording	10	8.4
Date and/or time not always visible on video recording	10	8.4
Video recording does not contain required statements by camera operator	10	8.4
Outdated forms used on use of force package	9	7.6
Date and/or time not announced at beginning of video recording	8	6.7
Correctional supervisor briefings not on video recording	7	5.9
Closing statement not on video recording	6	5.0
Nudity on camera	6	5.0
Confidentiality issues	6	5.0



## **Institutions for Women**

### **Sample characteristics<sup>3</sup>**

The offender group from the institutions for women had an average age of 27.4 (SD = 9.22). The demographic and historical characteristics of the women are presented in Table 17. Approximately three-quarters of the women in the sample were classified as high risk and high needs. Close to one-quarter of the women were Aboriginal, a proportion lower than the representation of Aboriginal women in the general population which is 34%<sup>4</sup> and, the majority of the sample were identified as single or divorced. Most of the women (85%) had a history of self-injurious behaviour and slightly less than half had a documented lifetime psychiatric diagnosis. The most common diagnoses included substance abuse disorders and borderline personality disorders.

Nearly all of the women were serving a sentence for a violent offence, with the most serious violent offences being homicide or manslaughter and the rest being assault, robbery, and arson. Only one offender was serving a current sentence for a non-violent offence which was drug and property related. Approximately half of the women were serving sentences of fewer than five years (see Table 18).

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<sup>3</sup> Note that this number of women does not include 3 women who were housed in the Treatment Centre in the Prairie Region during the time period of the data extraction. These cases are included in the Treatment Centre sample.

<sup>4</sup> This percentage reflects the proportion of Aboriginal women in CSC as of June 2010 provided by CSC's Corporate Reporting System.

Table 17

*Institutions for Women Sample Characteristics (N = 14)*

	Institutions for Women	
	<i>N</i>	%
Ethnicity		
White / Caucasian	10	71.4
Aboriginal	3	21.4
Other / Unknown	1	7.1
Marital Status		
Married / Common law	3	21.4
Single / Separated / Divorced / Widowed	11	78.6
Overall Needs		
Low	1	7.1
Medium	2	14.3
High	10	71.4
Missing	1	7.1
Overall Risk		
Low	1	7.1
Medium	1	7.1
High	11	78.6
Missing	1	7.1
History of self-injurious behaviour (lifetime)		
Yes	12	85.7
No	2	14.3
Reported psychiatric diagnosis (lifetime)		
Yes	6	42.9
No	8	57.1

Table 18

*Sentence Length for Women Involved in Incidents in Institutions for Women Sample (N = 14)*

Sentence Length	Institutions for Women	
	<i>n</i>	%
Less than 5 years	7	50.0
5 to 10 years	4	28.6
More than 10 years (not including life sentences)	1	7.1
Life or Indeterminate Sentences	2	14.3

*Note.* An indeterminate sentence includes dangerous offender, dangerous sexual offender, habitual criminal designations and commitments on a Lieutenant Governor's Warrant.

### Incident characteristics

An examination of the distribution of the sample of use of force incidents in institutions for women (see Table 19) reveals that more than a third of the incidents were from the Atlantic region and no incidents were from the Pacific region. Again, this proportion may not reflect the actual numbers of incidents in each region; rather it could be an artifact of the sampling procedure used by the Investigations Branch to select investigations for review. Slightly more than half of the incidents (52.9%,  $n = 9$ ) involved a planned use of force.

Table 19

*Incidents Sampled by Institutions for Women for Each Region (N = 17)*

Institutions for Women	Inmates (Women)	
	<i>n</i>	%
Atlantic Region	8	36.4
Quebec Region	4	18.2
Ontario Region	1	4.5
Prairie Region	4	18.2
Pacific Region	--	--

Table 20 presents the locations where the use of force incident occurred in the institutions

for women. As presented in the table, approximately three-quarters of all use of force incidents occurred in areas outside of the offenders' cells.

Table 20

*Location of Use of Force Incidents in Women's Institutions (N = 17)*

Location	Institutions for Women	
	<i>n</i>	%
Offender's cell (general population)	4	23.5
Range (outside of cell area)	3	17.6
Common room area (work / yard / shower / recreation)	5	29.4
Segregation / En-route to segregation	6	35.3
Administration office	1	5.9

Table 21 provides the reasons for the use of force. Incidents can involve multiple reasons for use of force. More than 75% of the incidents involved refusing orders and in 35% of incidents use of force was used because were engaging in self-injurious behaviour or suicide attempts. Over 40% (N=7) of the incidents involved use of force in response to violent or threatening behaviours toward others.

Table 21

*Reasons for Use of Force in Institutions for Women (N = 17)*

Reason	Institutions for Women	
	<i>n</i>	%
Refuse orders	13	76.5
Threatening / Aggressive	3	17.6
Assault of staff (including attempted assault)	3	17.6
Self-injurious behaviour / Suicide attempt	6	35.3
Inmate fight / Assault	1	5.9
Other	4	23.5

*Note.* Other reasons included intoxication, being in restricted areas, property damage, and attempting to flee.

The type and frequency of use of force used in the sample of incidents from institutions for women are presented in Table 22. For all the incidents of use of force, verbal orders were given to the women. This is consistent with the use of force management model that requires that the first option used by staff should be to intervene verbally. Following the verbal orders, most incidents either involved the use of restraints (94.1%,  $n = 16$ ) and/or physical handling/escort (70.6%,  $n = 12$ ). Close to half of the incidents required the presence of the IERT team

Table 22

*Type of Force Applied in Use of Force Incidents in Institutions for Women (N = 17)*

Type of Force	Institutions for Women	
	<i>n</i>	%
Verbal order	17	100
Restraint equipment (handcuffs / leg irons / body belt)	16	94.1
Soft restraint (4 point / 7 point / soft cuffs)	4	23.5
Physical Handling / Escort	12	70.6
Chemical agents / Inflammatory spray	1	5.9
IERT presence	7	41.2
Shield	3	17.6
Medical Injection	2	11.8

Finally, the majority of all incidents of use of force required the involvement of correctional officers (70.6%,  $n = 12$ ). Results indicate that neither staff nor the offenders sustained a major injury during the incidents of use of force. Minimal injuries were sustained by staff in one incident and by the offenders in four incidents. There was only one allegation of excessive use of force which was not upheld upon review.

### **Incident review and recommendations**

Approximately 65% of the use of force incidents sampled involved some kind of violation of health care guidelines. These violations were either technical (such as problems with video recording or documentation) or administrative (some aspect of the health care assessment of the staff and inmates involved in the incident was over-looked). Table 23 presents information

on the types of health care guideline violations that occurred in these cases.

Table 23

*Health Care Guideline Violations in Incidents Reviewed from Institutions for Women (N = 17)*

Guideline Violation	Institutions for Women	
	<i>n</i>	%
Documentation not appropriately completed or signed	2	11.8
No video/DVD or blank	2	11.8
Health care assessment not offered to staff	2	11.8
Follow up required	2	11.8
No health care assessment debrief on camera	1	5.9
Health care assessment conducted in an inappropriate location	1	5.9
Health Care Practitioner did not introduce self	1	5.9

Table 24 presents the use of force procedure violations that were present in 5% or more of the use of force incidents in the women's facilities. More than a quarter of the incidents had procedure violations that involved documentation (35.3%,  $n = 6$ ) or video recording issues (76.5%,  $n = 13$ ). These violations were identified through the various levels of review in CSC (institutional, regional, and national) and recommendations for remediation were made.

Table 24

*Most Common Procedure Violations in Use of Force Incidents in Women's Institutions (N=17)*

Procedure Violation	Institutions for Women	
	<i>n</i>	%
Documentation not fully completed	6	35.3
Use of force package past due (Institution, RHQ)	3	17.6
Date and/or time not always visible on video	3	17.6
Unexplained break in video	2	11.8

*Note.* The following violations occurred in one incident: date and/or time not announced at beginning of video, error reporting time in video, no introduction on videotape, strip search not videotaped, videotape does not contain required statements by camera operator, outdated forms used in use of force package, no video (fail to turn on video) and confidentiality issues.



## Discussion

This study researched patterns in the use of force within three types of correctional facilities in CSC: non-treatment centres, treatment centres, and institutions for women. The profile of offenders involved in the incidents across each type of institution was similar in that they were generally high risk and high needs and were serving a sentence for a violent offence. Offenders from the treatment centres and the women's facilities had significant histories of self-injurious behaviour and high rates of documented psychiatric diagnoses. Almost half of the offenders in the total sample were serving a sentence of less than five years.

Within the non-treatment centres, there were more spontaneous use of force incidents reported (almost three-quarters of the incidents) while in the treatment centres and institutions for women there were roughly equal numbers of planned versus spontaneous use of force. It was most common for the use of force to occur within the offenders' cells in treatment centres, on the range in the non-treatment centres, and within segregation in the institutions for women.

Across all three institutional types the majority of use of force incidents resulted from offenders refusing orders or becoming aggressive or threatening. Although this pattern is observed within institutions for women, it is more common in the women's facilities than in the men's facilities and the treatment centres for the use of force to occur when an inmate has engaged in self-injurious behaviour or a suicide attempt than in response to aggressive or threatening behaviour. Overall, the pattern is that when the use of force is applied it is in response to inmates become non-compliant towards staff orders or when they behave violently towards staff or themselves. The type of force applied by correctional staff most frequently involves verbal orders. Verbal orders were used in more than 90% of use of force incidents. A combination of physical handling/escort or use of restraint equipment was commonly applied method during the use of force across all institutional types. There was also frequent use of the IERT during use of force incidents. The pattern of results is consistent with the graduated application of force as stipulated in the use of force management model (see Appendix A).

Correctional officers were the most frequent type of staff involved in a use of force among all institutional types. While injuries were sustained to both staff and offenders during the incidents, none of these were major. Although there were several allegations of excessive use of



force made against the correctional staff, all allegations were investigated and determined to be unfounded. This suggests that CSC correctional staff had taken appropriate measures and precautions to reduce the occurrence of injuries and bring a resolution to the situation by using appropriate force.

Across the three institutional types, the results showed that there were violations of health care guidelines in 75% of the incidents sampled. These violations, however, were technical or administrative. The most common violation across all three institutional types was related to the documentation not being appropriately completed or signed. Similarly, documentation and video recording issues were the most frequent procedural violations among the three types institutional types. No major violations had been reported during the review process.

### **Limitations**

The small sample size for the treatment centres and woman offenders' institutions makes it difficult to draw conclusion on differences between the three institutional groups. A further issue is the uncertainty of the sampling procedure for the selection of use of force reports applied by the Investigations Branch. It is not clear what percentage of the actual use of force incidents in the women offender institutions and the non-treatment institutions this sample represents and it is not clear as to the criteria for the selection of use of force incident reports that were forwarded from the Investigations Branch to Health Services. For the treatment centres, however, the reports selected by the Investigations Branch represent all use of force incidents so those randomly selected for this research study should be representative of use of force incidents in these facilities. Given that one of the criteria for an incident to receive a national review is that it be considered serious, it is possible that this study has a selection bias that has provided an over-estimation of how frequently the more restrictive use of force measures were applied. Future research on use of force incidents should clearly define the selection process in identifying the incidents for examination in order to have a better indication of whether these incidents are representative of general use of force incidents in CSC

### **Conclusions**

There are several implications of the study worth noting. One of CSC's priorities is to provide safety and security for staff and offenders in the institutions and to use the least restrictive measures to provide this security. The findings in this study suggest that, on balance, this goal is

achieved with verbal orders and physical handling/escorting being applied before the use of restraint equipment, chemical/inflammatory sprays, or IERT. Notably, the sample did not contain a single case of an offender or staff person sustaining serious injury during an incident. Secondly, this study demonstrates that the violations of guidelines related to health care services during use of force incidents are largely administrative and violations of use of force procedures are for administrative and technical issues. To minimize these administrative and technical violations, staff training could include a focus on ensuring the provision of required documentation related to the incidents and the proper use of video recording equipment. Finally, the study identifies the characteristics of the sample of offenders involved in incidents where use of force was applied across different facilities. For the most part, the sample of offenders used in this study involved in use of force incidents were high needs and high risk, with approximately half of them having histories of psychiatric diagnoses and self-injury. This information can assist security and health care staff in planning for training on the most effective ways to maintain order at correctional sites.

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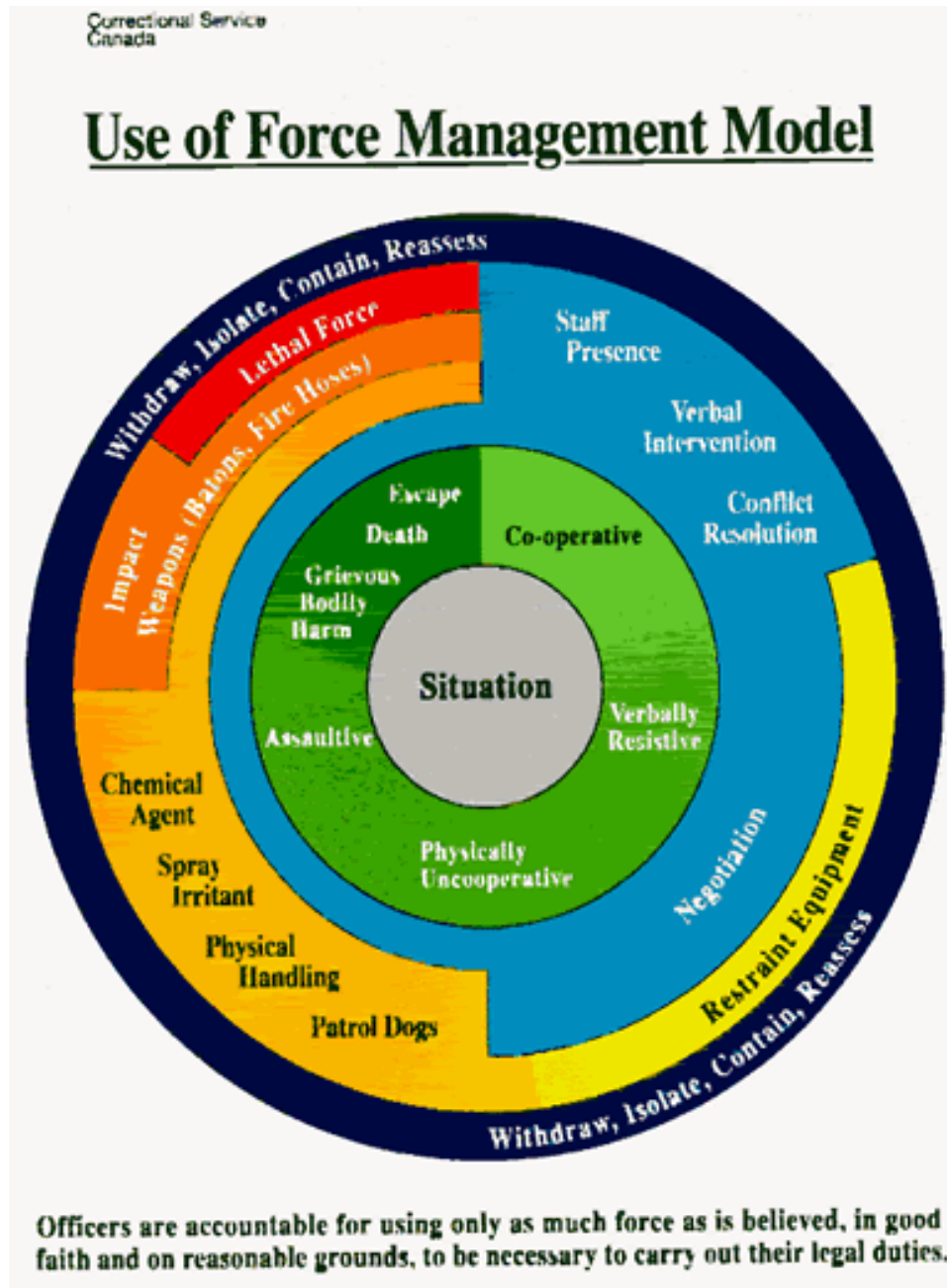
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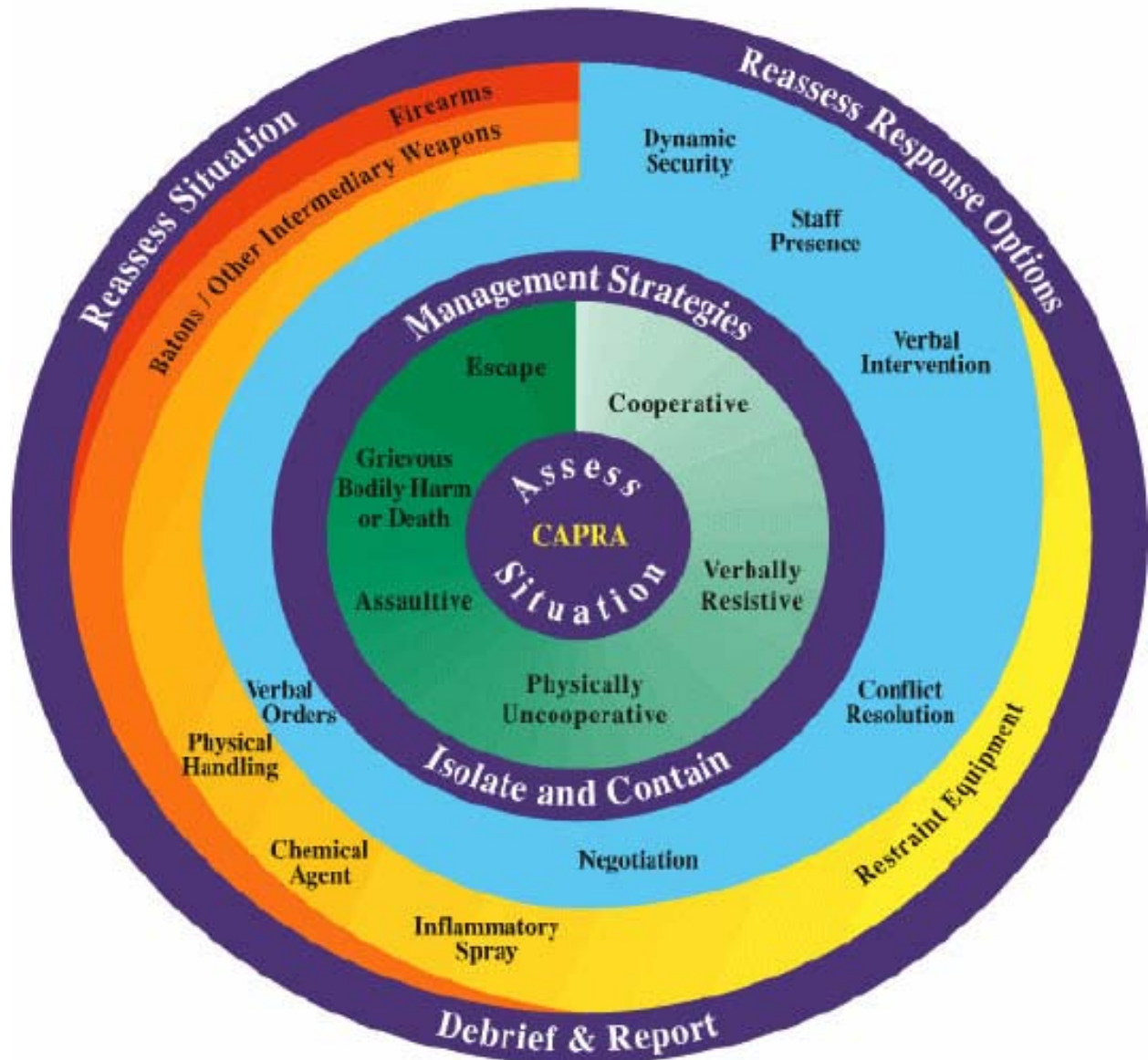
## Appendices

### Appendix A

#### Use of Force Management Model



Appendix B  
Situation Management Model



Appendix C  
Use of Force Data Collection Sheet

<b>Offender name:</b> _____		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
<b>FPS #:</b> _____		<b>Date of incident:</b> ____ / ____ / ____		<b>Date of review:</b> ____ / ____ / ____	
<b>Institution name:</b> _____					
<b>Location in institution:</b>		<input type="checkbox"/> General Population		<input type="checkbox"/> Administrative Segregation	
<input type="checkbox"/> Segregation		<input type="checkbox"/> Health Care Unit		<input type="checkbox"/> Treatment Centre	
<input type="checkbox"/> N/A		<input type="checkbox"/> Other: _____			
<b>Type of Incident</b>					
<input type="checkbox"/> Planned <input type="checkbox"/> Spontaneous				<input type="checkbox"/> Placement in restraint	
<input type="checkbox"/> Cell Move		<input type="checkbox"/> Forced injection		<input type="checkbox"/> Refuse Orders	
<input type="checkbox"/> Inmate Fight		<input type="checkbox"/> Staff Assault		<input type="checkbox"/> Threatening	
		<input type="checkbox"/> Self-harm		<input type="checkbox"/> Behavioural Concern	
		<input type="checkbox"/> Transfer		<input type="checkbox"/> Other: _____	
<b>Type of Force</b>					
<input type="checkbox"/> Soft Restraint (i.e. 4 or 6 point)		<input type="checkbox"/> Physical handling		<input type="checkbox"/> OC Spray	
<input type="checkbox"/> Physical restraint (handcuffs)		<input type="checkbox"/> Medical Injection		<input type="checkbox"/> Shield	
<input type="checkbox"/> Hard Restraint (Leg Irons)		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Defensive Strike	
				<input type="checkbox"/> IERT presence	
<b>Recommendations</b> (note where the deficiency was noted and addressed - e.g. NS = noted at site; NR = noted at regions; NN = noted nationally; AS = addressed at site; RRS = recommendation from region to site; NRR = national recommendation to the region; NRS = national recommendation to the site; O = other)					
No recommendations at		<input type="checkbox"/> site		<input type="checkbox"/> region	
		<input type="checkbox"/> national		<input type="checkbox"/> inmate refused physical assessment	
<input type="checkbox"/> <i>Violations of Guidelines</i>					
_____ physical assessment not offered by an HCP		_____ Assessment not thorough or appropriate		_____ Failure to return in approximately one hour	
_____ Health care provider (HCP) did not introduce self		_____ HCP did not describe medications and purpose		_____ physical assessment conducted in an inappropriate location	
_____ HCP did not explain why the assessment was being offered		_____ Documentation not appropriately completed or signed		_____ Confidential HC information in doc/video	
_____ No video/DVD or blank		_____ Absence of documentation/authorization for forced injections		_____ physical assessment conducted prior to end of use of force	
<input type="checkbox"/> <i>Violations of Policy</i>					

<b>Offender name:</b> _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>FPS #:</b> _____ <b>Date of incident:</b> ____/____/____ <b>Date of review:</b> ____/____/____		
_____ Forced injection to control behaviour  _____ Consent for physical assessment not obtained  _____	_____ File not reviewed by RDHS  _____ physical assessment not offered  _____	_____ No physical assessment debrief on camera  _____ No on camera debrief by security  _____
<input type="checkbox"/> <i>Violations of Provincial Mental Health Act or Professional Code of Conduct</i>		
_____ Documentation issues  _____	_____ Forced injection  _____	_____ Unprofessional conduct - list from Guidelines  _____



Appendix D  
Use of Force Coding Manual

999 = Missing Data (unknown)

888 = N/A

# \_\_\_\_\_

codenum                      Coding Number

\_\_\_\_\_  
codenum

coder                        Name of Coder

\_\_\_\_\_  
coder

fpsnum01                    Offender's FPS Number

\_\_\_\_\_  
fpsnum01

lastname                    Offender's Last or Family Name

\_\_\_\_\_  
lastname

frstname                    Offender's First or Given Name

\_\_\_\_\_  
frstname

scndname                   Offender's Second Given Name or Initial

\_\_\_\_\_  
scndname

offdob                      Offender's Date of Birth

\_\_\_\_\_

# \_\_\_\_\_

year

month

day

sex

Male = 1

Female = 2

\_\_\_\_\_  
sex

race

Offender's Race/Ethnic Background:

\_\_\_\_\_  
race

Caucasian = 1

Black = 2

Aboriginal = 3

Asian = 4

Hispanic = 5

Multiracial = 6

Other = 7

Unknown = 999

N/A = 888

Within the CSC, the category of "Aboriginal" is used in reference to individuals belonging to the First Nations, Métis, and/or Inuit ethnic-cultural groups.

marstat

Offender's Marital Status:

# \_\_\_\_\_

marstat

Single	= 1
Engaged	= 2
Married (include same-sex)	= 3
Common-Law Relationship (include same-sex)	= 4
Separated	= 5
Annulled	= 6
Divorced	= 7
Widowed	= 8
Unknown	= 999
N/A	= 888

dfa	Date of First Admission to CSC:	_____	_____	_____
		year	month	day

dca	Date of Current Admission to CSC:	_____	_____	_____
		year	month	day

io	Index (Current) Offence:	_____
----	--------------------------	-------

Homicide/Murder	= 1	io01
Manslaughter	= 2	
Kidnapping	= 3	
Assault Against Peace Officer	= 4	
Any Assault with Weapons	= 5	
Any Assault without Weapons	= 6	
Rape/Sexual Assault	= 7	
Rape/Sexual Assault (child)	= 8	
Robbery/Theft/Larceny	= 9	_____
Disguise with Intent (i.e. mask)	= 10	io02
Threats (i.e. uttering, intimidation)	= 11	
Terrorist Threats	= 12	
Any "Aggravated" Offence	= 13	
Arson	= 14	
Burglary/Break and Enter	= 15	
Dangerous Operation of Vehicle (i.e. flight from pursuit, DWI)	= 16	
Unlawfully At Large	= 17	_____
Damaged Property/Mischief (i.e. public, vehicle)	= 18	io03
Property Possession by Crime	= 19	
Forgery (i.e. uttering forged document)	= 20	
Fraud (including attempted)	= 21	
Drug Crimes (i.e. conspiracy, possession, distribution, trafficking)	= 22	
Escape/Resisting Arrest	= 23	
Failure to Register as Sex Offender	= 24	_____
Failure to Appear/Attend Court	= 25	io04
Failure to Comply (i.e. Conditions/Orders/Dispositions/Recognizance)	= 26	

po	Past Offence:	Obstruction (i.e. justice, public order, peace officer)	= 27	
		Family Offence (i.e. domestic violence)	= 28	
		Criminal Harassment (i.e. stalking)	= 29	
		Causing Disturbance	= 30	
		False Messages	= 31	
		Other	= 32	_____
		Unknown	= 999	io05
		N/A	= 888	
				_____
		Homicide/Murder	= 1	po01
		Manslaughter	= 2	
		Kidnapping	= 3	
		Assault Against Peace Officer	= 4	
		Any Assault with Weapons	= 5	
		Any Assault without Weapons	= 6	
		Rape/Sexual Assault	= 7	
		Rape/Sexual Assault (child)	= 8	
		Robbery/Theft/Larceny	= 9	_____
		Disguise with Intent (i.e. mask)	= 10	po02
		Threats (i.e. uttering, intimidation)	= 11	
		Terrorist Threats	= 12	
		Any “Aggravated” Offence	= 13	
		Arson	= 14	
		Burglary/Break and Enter	= 15	
		Dangerous Operation of Vehicle (i.e. flight from pursuit, DWI)	= 16	
		Unlawfully At Large	= 17	_____

# \_\_\_\_\_

	Damaged Property/Mischief (i.e. public, vehicle)	= 18	po03
	Property Possession by Crime	= 19	
	Forgery (i.e. uttering forged document)	= 20	
	Fraud (including attempted)	= 21	
	Drug Crimes (i.e. conspiracy, possession, distribution, trafficking)	= 22	
	Escape/Resisting Arrest	= 23	
	Failure to Register as Sex Offender	= 24	
	Failure to Appear/Attend Court	= 25	po04
	Failure to Comply (i.e. Conditions/Orders/Dispositions/Recognizance)	= 26	
	Obstruction (i.e. justice, public order, peace officer)	= 27	
	Family Offence (i.e. domestic violence)	= 28	
	Criminal Harassment (i.e. stalking)	= 29	
	Causing Disturbance	= 30	
	False Messages	= 31	
	Other	= 32	
	Unknown	= 999	po05
	N/A	= 888	
ypo	Youth Past Offence:		
	Homicide/Murder	= 1	ypo01
	Manslaughter	= 2	
	Kidnapping	= 3	
	Assault Against Peace Officer	= 4	
	Any Assault with Weapons	= 5	
	Any Assault without Weapons	= 6	
	Rape/Sexual Assault	= 7	
	Rape/Sexual Assault (child)	= 8	

# \_\_\_\_\_

Robbery/Theft/Larceny	= 9	_____
Disguise with Intent (i.e. mask)	= 10	ypo02
Threats (i.e. uttering, intimidation)	= 11	
Terrorist Threats	=12	
Any “Aggravated” Offence	= 13	
Arson	= 14	
Burglary/Break and Enter	= 15	
Dangerous Operation of Vehicle (i.e. flight from pursuit, DWI)	= 16	
Unlawfully At Large	= 17	_____
Damaged Property/Mischief (i.e. public, vehicle)	= 18	ypo03
Property Possession by Crime	= 19	
Forgery (i.e. uttering forged document)	= 20	
Fraud (including attempted)	= 21	
Drug Crimes (i.e. conspiracy, possession, distribution, trafficking)	= 22	
Escape/Resisting Arrest	= 23	
Failure to Register as Sex Offender	= 24	_____
Failure to Appear/Attend Court	= 25	ypo04
Failure to Comply (i.e. Conditions/Orders/Dispositions/Recognizance)	= 26	
Obstruction (i.e. justice, public order, peace officer)	= 27	
Family Offence (i.e. domestic violence)	= 28	
Criminal Harassment (i.e. stalking)	= 29	
Causing Disturbance	= 30	
False Messages	= 31	
Other	= 32	_____
Unknown	= 999	ypo05
N/A	= 888	

# \_\_\_\_\_

ic Any charge or criminal convictions incurred while in institution (ever)? \_\_\_\_\_

ic

No      $\square = 0$                       Yes      $\square = 1$

sl Length of Current Sentence (rounded to nearest month): \_\_\_\_\_

sl

doi Date of Incident \_\_\_\_\_

year

month

day

dor Date Review Completed/Signed (NHQ) \_\_\_\_\_

year

month

day

**\*\*\* As per Jane Laishes' Health Services Use of Force Incident Review Form \*\*\***



# \_\_\_\_\_

inname

Institutional Name (where incident occurred)

inname

**\*\*\*\* Taken from Reportable Use of Force Post-Incident Checklist \*\*\*\***

incode

Institutional Code (where incident occurred)

incode

<b>ATLANTIC</b>		<b>QUEBEC</b>	
Institutions	Code	Institution	Code
Atlantic Institution	231	Donnacona Institution	321
Dorchester Institution	220	Port-Cartier Institution	368
Nova Institution for Women	250	Regional Reception Centre	343
Shepody Institution	225	Cowansville Institution	350
Springhill Institution	210	Archambault Institution	341
Westmorland Institution	221	Leclerc Institution	330
		La Macaza Institution	352
		Drummond Institution	345
		Montee Saint-Francois Institution	312
		Sainte-Anne-des Plaines Institution	342
		Federal Training Centre	320
		Joliette Institution	325
<b>ONTARIO</b>		<b>PRAIRIE S</b>	
Institutions	Code	Institutions	Code
Kingston Penitentiary	416	Edmonton Institution	539

Regional Treatment Centre	415	Saskatchewan Penitentiary	520
Millhaven Institution	421	Stony Mountain Institution	
Collins Bay Institution	440	Drumheller Institution	530
Joyceville Institution	450	Bowden Institution	
Warkworth Institution	460	Grande Cache Institution	532
Bath Institution	423	Grierson Centre	
Fenbrook Institution	422	Riverbend Institution	521
Frontenac Institution	441	Rockwood Institution	511
Beaver Creek Institution	443	Pe Sakastew Centre	535
Pittsburgh Institution	451	Regional Psychiatric Centre	504
Grand Valley Institution for Women	465	Willow Cree Healing Lodge	524
Isabel McNeil House	431	Edmonton Institution for Women	538
		Okimaw Ohci Healing Lodge	523
<b>PACIFIC</b>		<b>NOTE:</b>  **** RTC denotes Regional Treatment Centre ****	
Institutions	Code		
Pacific Institution/RTC	860		
Kent Institution	836		
Matsqui Institution	831		
Mountain Institution	833		
Mission Institution	849		
William Head Institution	820		
Kwikwexwelhp Healing Village			
Ferndale Institution	848		
Fraser Valley Institution for Women	850		

# \_\_\_\_\_

region

Region:

region

- Atlantic = 1
- Quebec = 2
- Ontario = 3
- Prairie = 4
- Pacific = 5
- Unknown = 999
- N/A = 888

isl

Institutional Security Level:

isl

- Community Correctional Centres = 1
- Halfway Houses = 2
- Minimum = 3
- Medium = 4
- Maximum = 5
- Super Max = 6
- Multi-Level = 7
- Healing Lodge = 8
- Unknown = 999
- N/A = 888

# \_\_\_\_\_

baser	Base Reasons of Use of Force:		
	Refuse orders (cell move/extraction, Lock-up, segregation, injection)	= 1	_____
	Possession/use of weapon	= 2	baser01
	Inmate Fight/Assault *	= 3	
	Gang-Affiliated Inmate Fight/Assault	= 4	
	Staff Assault (Including Attempted) *	= 5	_____
	Self Harm Behaviour	= 6	baser02
	Suicide Attempt	= 7	
	Threatening /Aggressive *	= 8	
	Other	= 9	
	Unknown	= 999	_____
	N/A	= 888	baser03

\* These options appear both in the variable baser and sthap (they could happen during/before the use of force or they could be the base reason for the use of force)

# \_\_\_\_\_

sthap

Stuff that Happened during/ or before the Use of Force:

Cell Move/Extraction	= 1	_____	
Segregation (i.e. involuntary)	= 2		sthap01
Segregation (i.e. voluntary – need of protection)	= 3		
Forced Injection/Medication to Control Behaviour	= 4		
Forced Injection/Medication to Treat (Mental Health Act)	= 5	_____	
Behavioural Concerns (mental health)	= 6		sthap02
Transfer to another Unit	= 7		
Transfer to another Institution	= 8		
Placement in restraint	= 9	_____	
Property Damage	= 10		sthap03
Staff assault (Including attempt) *	= 11		
Inmate Fight/Assault *	= 12	_____	
Threatening/Aggressive *	= 13		sthap04
Other	= 14		
Unknown	= 999	_____	
N/A	= 888		sthap05

\* These options appear both in the variable baser and sthap (they could happen during/before the use of force or they could be the base reason for the use of force)

ip

Incident Plan:

\_\_\_\_\_

# \_\_\_\_\_

Planned	= 1	ip
Unplanned (i.e. spontaneous)	= 2	
Unknown	= 999	
N/A	= 888	

tof	Type of Force Used:		
	Soft Restraint (4 or 7 points)	= 1	tof01
	Physical Restraint (handcuffs)	= 2	
	Physical Restraint (soft cuffs)	= 3	
	Hard Restraint (leg irons)	= 4	
	Physical Restraint (body belt)	= 5	tof02
	Physical Handling/Escort	= 6	
	Medical Injection	= 7	
	Shield	= 8	
	Defensive Strike (i.e. kicking to protect self/pushing)	= 9	
	Chemical Agent (i.e. smoke agent/OC spray)	= 10	tof03
	Inflammatory Spray (i.e. hand-held pepper spray)	= 11	
	Verbal Orders	= 12	
	Baton	= 13	
	Gas Gun	= 14	
	Firearms	= 15	tof04
	IERT Presence	= 16	
	Other	= 17	
	Unknown	= 999	
	N/A	= 888	tof05

loc	Location of Use of Force in Institution:	
		loc01
	Offender's Cell (general population)	= 1
	Segregation	= 2
	En-Route to Segregation	= 3
	Range (outside of cell area)	= 4
	Health Care Unit	= 5
	Treatment Centre (i.e. infirmary)	= 6
	Mental Health Unit	= 7
	Institutional Mobile Officer Station (IMO)	= 8
	Gymnasium	= 9
	Cafeteria	= 10
	School Area	= 11
	Yard Area	= 12
	Visitor's Area	= 13
	Shower Area	= 14
	Common Room Area (i.e. work/playroom)	= 15
	Industries/CORCAN (i.e. laundry, autoshop)	= 16
	Other	= 17
	Unknown	= 999
	N/A	= 888
		loc05

**Note:** The IMO designation has been replaced with MSO, which stands for Multifunctional Officer. From time to time, either of these labels may be referenced in the Use of Force documents. These identifiers should be considered the same variable and scored accordingly.

# \_\_\_\_\_

ild

Institutional Lock Down:

\_\_\_\_\_

ild

No    ☐ = 0            Yes    ☐ = 1

\*\*\*\* Taken from Incident Report for IPSO/RHQ/NHQ \*\*\*\*

sin

Staff Involved:

\_\_\_\_\_

sin01

- Correctional Staff (i.e. Officers, Nurse)            = 1
- Non-Correctional Staff                                = 2
- Cell Extraction Team (CET)                           = 3
- Institutional Emergency Response Team (IERT)   = 4
- If “Other,” who: \_\_\_\_\_                           = 5
- Unknown     = 999
- N/A     = 888

\_\_\_\_\_

sin02

pi

Police Intervention (during and/or after incident):

\_\_\_\_\_



# \_\_\_\_\_

pi

No    ☐ = 0            Yes    ☐ = 1

If yes, who initiated police contact?

initiatr	CSC Initiated	= 1	_____	
	Inmate Initiated	= 2		initiatr01
	Other	= 3		
	Unknown	= 999	_____	
	N/A	= 888 (code as “888” if no intervention)		initiatr02

ni	Negotiator Intervention:	_____	
			ni

No    ☐ = 0            Yes    ☐ = 1

If yes, which type of negotiator intervened?

negotype	Non-Trained Negotiator (e.g. Psychologist, Nurse)	= 1	_____	
	Trained (e.g. Police)	= 2		negotype
	If “Other,” specify: _____	= 3		
	Unknown	= 999		
	N/A	= 888 (code as “888” if no intervention)		

opi	Other Parties Involved:	_____	
-----	-------------------------	-------	--

# \_\_\_\_\_

opi

Inmate (as co-instigator)	= 1	_____
Inmate (as victim)	= 2	_____fpsnum02
Media	= 3	
Support Agencies	= 4	_____
Other	= 5	_____fpsnum03
Unknown	= 999	
N/A	= 888 (code as “888” if no other parties involved)	

ssStrip Search Completed:\_\_\_\_\_ss

No☐ = 0Yes☐ = 1

If yes, what is the highest level of search type?

sstype	Non-Intrusive	= 1	_____
	Frisk	= 2	_____sstype
	Strip – Compliant	= 3	
	Strip – Non-Compliant	= 4	
	Other	= 5	
	Unknown	= 999	
	N/A	= 888 (code as “888” if no strip search was completed)	

oiOffender Injuries:\_\_\_\_\_

# \_\_\_\_\_

oi

No    ☐ = 0            Yes    ☐ = 1

If yes, type of injuries?

oitype

Minor Injuries (e.g. bruises, scratches, eye irritation)= 1

Major Injuries (e.g. broken bones, head injury)        = 2

Hospitalized Internal    = 3

Hospitalized External    = 4

Death    = 5

Other    = 6

Unknown     = 999

N/A     = 888 (code as “888” if no injuries)

oitype

si

Staff Injuries:

No    ☐ = 0            Yes    ☐ = 1

If yes, type of injuries?

sitype

Minor Injuries (e.g. bruises, scratches, eye irritation)= 1

Major Injuries (e.g. broken bones, head injury)        = 2

Hospitalized Internal    = 3

Hospitalized External    = 4

Death    = 5

Other    = 6

Unknown     = 999

N/A     = 888 (code as “888” if no injuries)

sitype

os

Offender’s Statement/Observation Completed:

# \_\_\_\_\_

OS

No    ☐ = 0                      Yes    ☐ = 1                      Withdrawn    ☐ = 2

offexfo

Offender allegations of excessive use of force: \_\_\_\_\_

No    ☐ = 0                      Yes    ☐ = 1

offexfo

alegtype

If yes, offender allegations of excessive use of force decision type?

Founded (action taken)                      = 1

Founded (action not taken)                  = 2

Unfounded    = 3

Other    = 4

Unknown    = 999

N/A    = 888 (code as “888” if no allegations of excessive use of force)

alegtype

iar

Institutional Assessment Response within (20) days of Incident: \_\_\_\_\_

iar

No    ☐ = 0    Yes    ☐ = 1    Unknown    ☐ = 999

(Not done within time frame)                      (Done within time frame)

ied

If no, total number of days elapsed before a response was provided?

1 - 10 days    = 1

11 - 20 days    = 2

21 - 30 days    = 3

More than 30 days                                   = 4

Unknown    = 999

N/A    = 888

ied

rar

Regional Assessment Response within (25) days from date received: \_\_\_\_\_

# \_\_\_\_\_

rar

No

☐ = 0

(Not done within time frame)

Yes

☐ = 1

(Done within time frame)

Unknown

☐ = 999

If no, number of days elapsed before a response was provided:

red

1 - 10 days

= 1

\_\_\_\_\_

11 -20 days

= 2

\_\_\_\_\_

red

21 - 30 days

= 3

More than 30 days

= 4

Unknown

= 999

N/A

= 888

\*\*\*\* Coding questions taken from the Reportable Use of Force Post-Incident Checklist \*\*\*\*

sref

Supplementary Referrals (NHQ)

\_\_\_\_\_

sref01

Women Offender

= 1

\_\_\_\_\_

Health Care Services

= 2

\_\_\_\_\_

sref02

Performance Assurance

= 3

Security

= 4

Legal Services

= 5

\_\_\_\_\_

Other

= 6

\_\_\_\_\_

sref03

Unknown

= 999

N/A

= 888 (code as “888” if no referrals noted)

# \_\_\_\_\_

rec

Recommendations:

\_\_\_\_\_

rec

No

☐

= 0

Yes

☐

= 1

If yes, location(s) where recommendations were noted and to be addressed:

recloc

Recommendations Noted at Site

= 1

\_\_\_\_\_

Recommendations from Region to Site

= 2

recloc01

Recommendations from Region to National

= 3

Recommendations from National to Site

= 4

Recommendations from National to Region

= 5

Inmate refused HC Assessment

= 6

\_\_\_\_\_

Other

= 7

recloc02

Unknown

= 999

N/A

= 888 (code as “888” if no recommendations)

\*\*\*\* Coding questions taken from Reportable Use of Force Post-Incident Checklist and Jane Laishes’ Health Services Incident Review. At times, the information may be located in the Security Division Use of Force Incident Review Form \*\*\*\*

rvg

Recommendations Based on Violations of Guidelines:

\_\_\_\_\_

# \_\_\_\_\_

rvg

No      ☐ =      0              Yes      ☐ = 1

If yes, recommendations type based on violations of guidelines:

rvgtype

No on Camera Debrief by Security	= 1
Assessment not Thorough or Appropriate	= 2
Health Care Assessment Conducted in an Inappropriate Location	= 3
Health Care Provider (HCP) did not Introduce Self	= 4
Documentation not appropriately Completed or Signed	= 5
Failure to Return in Approximately One (1) Hour	= 6
HCP did not Explain Why the Assessment was Being Offered	= 7
Absence of Documentation/ Authorization for Forced Injections/	
Treatment without Consent	= 8
No Health Care Assessment Debrief on Camera	= 9
HCP did not Describe Medications and Purpose	= 10
Health Care Assessment not offered by HCP	= 11
Confidential Health Care Information in Doc/ Video	= 12
Health Care Assessment Conducted Prior to End of Use of Force	= 13
Offer and Refusal of Health Assessment not on Camera	= 14
Improper Briefing of Nurse by Correctional Manager on Use of Force	= 15
Changes to Health-Related Documentation Initiated (i.e. FPS correction)	= 16
No on Camera Briefing with Crisis Manager; Nurse Presence Uncertain	= 17
Provision of Bedding/Clothing for Inmate	= 18
Unsafe Handling of Health Care Instruments (i.e. recapping used needles)	= 19

rvgtype01

rvgtype02

rvgtype03

# \_\_\_\_\_

Follow-Up	= 20	
HC Exam not Offered	= 21	
HC Assess not Offered to Staff	= 22	
No Video/DVD or Blank	= 23	_____
Other	= 24	rvgtype04
Unknown	= 999	
N/A	= 888 (code as “888” if no recommendations)	

rvp	Recommendations Based on Violations of Policy:	_____
	No <input type="checkbox"/> = 0            Yes <input type="checkbox"/> = 1	rvp

If yes, recommendations type based on violations of policy:	rvptype01
---	-----------

rvptype		_____
Forced Injection to Control Behaviour	= 1	rvptype02
File not Reviewed by RDHS	= 2	
Decontamination not allowed for Fifteen (15) Minutes	= 3	_____
Consent for Health Care Assessment not Explained/Obtained	= 4	rvptype03
Unexplained break in video	= 5	
Correctional supervisor briefings not on video	= 6	_____
Date and/or time are wrong on video	= 7	rvptype04
Date and/or time not always visible on video	= 8	
Date and/or time not announced at beginning of video	= 9	_____
Time not announced at end of videotape	= 10	rvptype05



# \_\_\_\_\_

Error reporting time in video	= 11	
No introduction on videotape	= 12	
Closing statement not on videotape	= 13	rvptype06
Strip search not videotaped	= 14	
Nudity on camera	= 15	
Videotape does not contain req. statements by camera operator	= 16	rvptype07
Videotape has periods when the inmate is not in view	= 17	
Documentation not fully completed	= 18	
Outdated forms used in Use of Force package	= 19	rvptype08
Inmate was not warned that force/chem. agents would be used	= 20	
Other	= 21	
Unknown	= 999	rvptype09
N/A	= 888	(code as “888” if no recommendations)

rpc

Recommendations Based on Provincial MHA or Professional Code/Conduct:

\_\_\_\_\_

rpc

No

☐ = 0

Yes

☐ = 1

# \_\_\_\_\_

If yes, recommendations type based on provincial MHA or professional code/conduct:

rpctype

Documentation Issues = 1

Forced Injection = 2

Unprofessional Conduct = 3

Other = 4

Unknown = 999

N/A = 888 (code as “888” if no recommendations)

rpctype

\*\*\*\* The acronym MHA denotes *Mental Health Act* \*\*\*\*

sh

Reported/Evidence of Self Harm (ever)

sh

No ☐ = 0

Yes ☐ = 1

# \_\_\_\_\_

tsh	If yes, type of self-harm?	_____	tsh01
	Air Way Obstruction (w/out ligature use)	= 1	
	Cutting/Stabbing	= 2	
	Burning	= 3	
	Ligature Use	= 4	_____
	Scratching (old/present/open/close wounds)	= 5	tsh02
	Hair Pulling	= 6	
	Suffocation (plastic bag over head)	= 7	
	Insert Object (hooping)	= 8	
	Swallowing Dangerous Object ( <i>not</i> drugs)	= 9	_____
	Head Banging	= 10	tsh03
	Attempted Suicide (i.e. ideation, hanging, overdose)=	11	
	Other	= 12	
	Unknown	= 999	
	N/A	= 888 (code as “888” if no evidence of or reported self-harm)	

pd	Psychiatric Diagnosis (ever):	_____	pd
----	-------------------------------	-------	----

No      ☐ = 0                      Yes      ☐ = 1

If yes, what was the diagnosis?

**AXIS I (Clinical Disorders):**

Anxiety Disorders (i.e. PTSD)	= 1	_____
Adjustment Disorders (i.e. conduct/behavioural symptoms)	= 2	_____ pd01
Eating Disorders (i.e. anorexia, bulimia)	= 3	_____
Mood Disorders (i.e. depressive, suicidal, major, mild, bipolar)	= 4	_____
Somatoform Disorders (i.e. pain, hypochondriasis)	= 5	_____ pd02
Schizophrenia/Psychotic Disorders (i.e. schizoaffective)	= 6	_____
Dissociative Disorders	= 7	_____
Sexual Disorders (i.e. paraphillias)	= 8	_____
Sleep Disorders (i.e. dysomnia, parasomnia)	= 9	_____
Impulse-Control Disorders	= 10	_____ pd03
Substance Disorders (i.e. alcohol, drug, chemical)	= 11	_____
Mental Disorders b/c of Medical Condition	= 12	_____
Factitious Disorders (i.e. feigned sickness)	= 13	_____ pd04

**AXIS II (Personality Disorders):**

Paranoid Personality Disorder	= 14	_____
Schizoid/Schizotypal Personality Disorder	= 15	_____
Antisocial Personality Disorder	= 16	_____
Borderline Personality Disorder	= 17	_____
Histrionic Personality Disorder	= 18	_____ pd05
Narcissistic Personality Disorder	= 19	_____
Avoidant Personality Disorder	= 20	_____
Dependent Personality Disorder	= 21	_____

# \_\_\_\_\_

- Obsessive-Compulsive Personality Disorder

= 22
- Attention-Deficit Hyperactivity Disorder

= 23
- Mental Retardation/Learning Disability

= 24

pd06
- If “Other,” specify: \_\_\_\_\_

= 25
- Unknown

= 999
- N/A

= 888 (code as “888” if no diagnosis)

**Note: Only written, certified diagnosis by a physician or psychologist may be considered for coding purposes. OMS may from time to time contain this information, depending on the reporting practices of personnel.**

cdu

Current Illicit Drug Use (non-prescribed):

\_\_\_\_\_

cdu

No

☐ = 0

Yes

☐ = 1

Unknown

☐ = 999

cndu

Current Non-Illicit Drug Use (prescribed):

\_\_\_\_\_

cndu

No

☐ = 0

Yes

☐ = 1

Unknown

☐ = 999

psydrp

Current Psychiatric Drugs Prescribed:

\_\_\_\_\_

psydr01

Antipsychotics	= 1
Antianxiety	= 2
Antidepressants	= 3
Mood Stabilizers	= 4
Antiobsessional	= 5
Psychostimulants	= 6
Other	= 7
Unknown	= 999
N/A	= 888

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psydr02

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psydr03