Mortality Classification for Deaths that Follow the Use of Non-Firearm Force by Police: A National Cross-Sectional Study (United States, 2012-2021)

Authors: Dr. Justin Feldman, Dr. Tracey Lloyd, and Dr. Phillip Atiba Solomon

What motivated this study?
We wanted to understand how coroners and medical examiners categorize deaths in police custody that follow chokeholds, Taser use, physical restraint, and other non-firearm force. How often do these death investigators classify deaths as homicides versus accidental? How often do the cause-of-death statements mention that force was involved?

Why is death investigation an important issue for police accountability?
A death ruled a homicide caused by restraint asphyxia may garner public scrutiny and legal consequences. However, an identical death ruled accidental and attributed to drugs, for example, may never come to the attention of the public. Prior surveys of death investigators found determinations of in-custody deaths to be highly inconsistent, varying widely from one official to another.

How did we conduct our study?
We conducted statistical analyses of Lethal Restraint, a new dataset compiled by the Associated Press, a not-for-profit news organization. The dataset contains information on 1,036 deaths that followed non-firearm force by United States police for the period 2012-2021. Unlike similar databases, the journalists obtained cause of death statements and manner of death determinations.

What were the main findings?
We identified widespread failures of the death investigation system to record use-of-force for in-custody deaths. The National Association of Medical Examiners suggests classifying deaths from police subdual and restraint as homicide, yet only 29% of the deaths in this decade-long period were classified as homicide. For cause-of-death statements, just 43% mentioned any use of force, while only 17% mentioned a specific force-related injury or condition such as asphyxia or blunt-force trauma.

We also found medical examiners, who are appointed physicians, were most likely to categorize in-custody deaths as homicides. In contrast, coroners (who are typically elected officials without medical training) and sheriff-coroners (law enforcement officials who serve as death investigators) were least likely. Finally, the local political context mattered as well. When the lethal incidents occurred in highly Republican counties, they were less likely to be declared homicides, and their cause statements were least likely to mention any police use-of-force.

What are the implications of the research?
Our findings point to the need for a consistent, transparent, accountable system for investigating in-custody deaths. A first step to consider is amending death certificates to include an “in-custody death” checkbox, which would flag police involvement for further scrutiny.