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# JAIL SUICIDE UPDATE

## JAIL SUICIDE PREVENTION INFORMATION TASK FORCE

SPRING, 1988

### NATIONAL STUDY OF JAIL SUICIDES: SEVEN YEARS LATER

Suicide is the leading cause of death in our nation's jails. Experts have projected that the rate of suicide in jail is several times greater than that of the general population. These suicides have created publicity, increased public awareness, and ultimately, litigation against jail facilities, city governments, county commissioners, etc. Local jailers have also felt the pressure and have increasingly asked for technical assistance in suicide prevention, often from the National Institute of Corrections (NIC), within the U.S. Department of Justice. In response, the NIC formed a National Jail Suicide Task Force in 1984, an advisory board whose mandate was to design strategies for reducing jail suicides nationwide. One strategy of the advisory board was to establish a national coordinator for jail suicide prevention and information.

In September, 1986, the National Center on Institutions and Alternatives (NCIA) received a one-year grant from the NIC to act as National Coordinator of the Jail Suicide Prevention Task Force. In cooperation with Juvenile and Criminal Justice International, Inc., and with assistance from the National Sheriffs' Association, the Project: 1) Conducted 12 regional jail suicide prevention seminars throughout the country, training over 750 jail personnel; 2) Acted as a clearinghouse by providing technical assistance materials to state officials and individual jail facilities, and others interested in jail suicide prevention, including the dissemination of this newsletter; 3) Developed the *Training Curriculum on Suicide Detection and Prevention in Jails and Lockups* (see back page); and 4) Gathered information from county jails, city jails, and police department lockups on the incidence of suicides during 1985 and 1986, including a replication of NCIA's 1981 National Study of Jail Suicides.

The present study, entitled the *National Study of Jail Suicides: Seven Years Later*, was divided into two phases. During Phase I, surveys were sent to 16,483 jail facilities in the United States. For purposes of this analysis, two facility types were identified: **Holding Facility** (which normally detains persons for less than 48 hours) and **Detention Facility** (which normally detains persons or houses committed/sentenced offenders for more than 48 hours, but less than two years). Each jail was asked to complete a one-page survey if it had a suicide(s) or other death(s) during 1985 and/or 1986. Further, in order to supplement the verification of data, survey forms were also sent to state and county medical examiners; state jail inspection offices (within

departments of correction) and other jail liaison agencies; state attorney general offices; and state police/bureau of investigation offices. Finally, a newspaper clipping service was utilized to verify jail suicides not identified through other sources. Phase I resulted in the identification of 854 jail suicides during 1985-1986, with 453 suicides occurring in 1985 and 401 in 1986.

#### DATA HIGHLIGHTS

During Phase II, in-depth survey questionnaires were sent to jails which experienced a suicide(s) in 1986. Project staff subsequently received or gathered demographic data on 339 suicides. Holding facilities comprised 30% of the suicides, while detention facilities comprised 70% of such deaths. In regard to location of the facility, 66% of the suicides occurred in urban facilities, 22% in suburban facilities, and 12% in rural facilities. Other highlights of the data included overall findings that:

- 72% of victims were white.
- 94% of victims were male.
- Average (mean) age of the victim was 30.
- 52% of victims were single.
- 75% of victims were detained on non-violent charges, with 27% detained on alcohol drug-related charges.
- 89% of victims were confined as detainees.
- 78% of victims had prior charges, yet only 10% were previously held on personal/violent offenses.
- 60% of victims were intoxicated at the time of incarceration.
- 30% of suicides occurred during a six-hour period between midnight and 6:00 a.m.
- 94% of suicides were by hanging; 48% of victims used their bedding.

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QUESTIONS



Two out of three victims were in isolation.

51% of suicides occurred within the first 24 hours of incarceration; 29% occurred within the first three hours.

52% of all victims charged with alcohol/drug-related offenses died within the first three hours of confinement.

78% of victims who were intoxicated died within the first 24 hours of incarceration; 48% died within the first three hours.

In addition, **holding facility data** included findings that:

46% of victims were held on alcohol/drug related charges.

82% of victims were intoxicated at the time of their incarceration.

64% of victims died within the first three hours.

Experts generally agree that certain signs and symptoms exhibited by the detainee often foretell a possible suicide and, if detected, could prevent such an incident. What an individual says and how he/she behaves while being arrested, transported to the jail, and at booking, are vital in detecting suicidal behavior. Properly trained personnel, who have a basic understanding of jail suicide research and victim profile construction, can assess suicide potential both at the booking stage and during subsequent phases of an inmate's incarceration. During the booking stage, intake screening is imperative for suicide prevention. **Findings from the present study showed that 89% of all suicide victims were not afforded any intake screening at the time of their booking. Data from holding facility suicides showed that 97% of the victims were not screened.** In regard to suicide prevention programs within jail facilities experiencing a suicide in 1986, the study showed that such programs were found in 58% of detention facilities and 32% of holding facilities.

Despite minor variations, findings from the present study are consistent with NCIA's 1981 National Study of Jail Suicides (utilizing 1979 data). Allowing for slight differences in jail suicide characteristics, most of the key indicators (offense, intoxication, method/instrument, isolation, and length of incarceration) evidenced the same value over time.

## JAIL SUICIDE RATES

Jail suicide rates, based upon average daily population figures, are often compared to the suicide rate for the general population. Previously, experts have projected that the rate of suicide in jail facilities is several times greater than that of the general population. For example, the suicide rate for the jail population in Texas during 1981 was approximately 11

NCIA'S NATIONAL STUDIES OF JAIL SUICIDE: SELECTED DEMOGRAPHIC CHARACTERISTICS OF JAIL SUICIDES FROM 1979 AND 1986		
CHARACTERISTICS	1979 DATA	1986 DATA
<b>RACE</b>		
White	67%	72%
Black	22	16
Other	11	13
<b>SEX</b>		
Male	97%	94%
Female	3	6
<b>AGE</b>		
17 and Below	5%	4%
18-22	29	16
23-27	25	27
28-32	16	21
33-37	10	15
38 and Above	15	17
<b>MARITAL STATUS</b>		
Single	51%	52%
Married/Common-Law	3	30
Separated/Divorced/Widowed	1	18
<b>MOST SERIOUS CHARGE</b>		
Alcohol/Drug Related	70%	27%
Serious Property	2	20
Minor Other	21	23
Violent/Personal	27	25
<b>PRIOR CHARGES</b>		
One or More	53%	78%
None	47	22
<b>INTOXICATION</b> (At Time of Incarceration)		
Alcohol	39%	44%
Drugs	9	7
Both	11	9
Neither	41	40
<b>TIME OF SUICIDE</b>		
12:00 Midnight - 3:00 a.m.	20%	18%
3:00 a.m. - 6:00 a.m.	15	14
6:00 a.m. - 9:00 a.m.	11	11
9:00 a.m. - 12:00 p.m.	7	10
12:00 p.m. - 3:00 p.m.	7	10
3:00 p.m. - 6:00 p.m.	12	11
6:00 p.m. - 9:00 p.m.	13	14
9:00 p.m. - 12 Midnight	15	12
<b>METHOD</b>		
Hanging	56%	94%
Other	4	6
<b>INSTRUMENT</b>		
Shoelace	3%	5%
Belt	9	2
Other Clothing	32	34
Bedding	44	48
Towel	5	4
Other	7	7
<b>TIME SPAN</b> (Between Suicide and Finding Victim)		
Less than 15 Minutes	36%	42%
15-30 Minutes	31	32
30-60 Minutes	16	15
1-3 Hours	11	8
Over 3 Hours	3	3
<b>ISOLATION</b>		
Yes	68%	67%
No	32	33
<b>LENGTH OF INCARCERATION</b> (Prior to Suicide)		
0-3 Hours	27%	29%
4-6 Hours	9	9
7-9 Hours	4	4
10-12 Hours	4	2
13-18 Hours	3	2
19-24 Hours	4	5
25-48 Hours	6	6
2-14 Days	14	15
15-30 Days	8	8
1-4 Months	13	12
5-7 Months	5	6
8-12 Months	2	1
More Than 1 Year	1	1

times higher the suicide rate for the general population. A 1984 study of South Carolina jails found the suicide rate in jails to be 14 times greater than that of the general population. Earlier research efforts had documented a rate of 108 suicides per 100,000 inmates of Los Angeles county jails, and 57.5 suicides per 100,000 in a sample of county jails in a midwestern state.

There are several explanations for the higher rate of suicide in jail. As highlighted in the project's *Training Curriculum on Suicide Detection and Prevention in Jails and Lockups*, an inmate can be facing a crisis situation involving: 1) recent excessive drinking and/or use of drugs; 2) recent loss of stabilizing resources; 3) severe guilt or shame over the offense; 4) sexual assault or threat of such; 5) current mental illness; 6) poor physical health or terminal illness; and 7) an emotional breaking point. Second, from the inmate's perspective, there are certain unique characteristics of jail environments which enhance suicidal behavior. They include: 1) fear of the unknown; 2) authoritarian environment; 3) no apparent control over the future; 4) isolation from family and significant others; 5) shame of incarceration; and 6) dehumanizing aspects of incarceration.

Some theorists argue that jail populations are biased in a number of ways that affect and, perhaps, distort suicide rates. William E. Stone has commented (*Corrections Today*, December, 1984) that: "It would be very easy to simply assume that high suicide rates in jails are the result of poor conditions, poor administration and a lack of public concern; however, the problem is much more complex. Many of the factors that influence jail suicides stem from jails' unique functions. This is not to say that jail administrators do not bear the responsibility for suicide prevention, but that a larger perspective is needed on the subject of jail suicides. Two of the primary problems that make jails high suicide risk points are their unusual population and the high cyclic rate or the total number of people exposed to a jail in the course of a year....What is occurring in jails is that large numbers of a very suicide-prone population are submitted to short periods of stay. You might say that our jails are 'testing' the suicide potential of a suicide-prone group."

Despite this possible distortion, the examination of suicide rate comparisons enhances our general understanding of the jail suicide problem. During this present study, project staff examined the most recent statistics available on suicide in the general population. According to the Census Bureau, there were 12.3 suicides per 100,000 people in the United States for the year ending 1985. As previously reported, project staff identified 401 jail suicides for 1986. Of these deaths, 285 occurred in detention facilities, 116 in holding facilities. For purposes of this study, rates of suicide in holding facilities were not computed due to the unreliability of average daily population data. As such, with a base of 285 suicides and an average daily jail population of 265,517, there were 107 suicides per 100,000 inmates in detention facilities during 1986. Therefore, based upon this national study of jail suicides, ***it is projected that the suicide rate in detention facilities is approximately nine times greater than that of the general population.***

## CONCLUSION

While we know more about jail suicide prevention than ever before, the need for additional research has never been greater. Future research efforts should focus on control group (non-suicidal) comparisons, psychological autopsies, and evaluation of jail suicide prevention programs. By continuing to learn more about the problem and transmitting that knowledge to those entrusted with the custody and care of inmates, we will be in the best possible position to prevent the tragedy of jail suicide.

On an individual basis, experience has clearly demonstrated that almost all jail suicides can be averted with implementation of a prevention program that includes written rules and procedures, staff training, intake screening, communication between staff, and human interaction. The key to prevention remains a capable and properly trained staff, the backbone ingredient of a facility. Such a system, however, will not come to fruition without pro-active jail administrators who not only maintain an awareness of suicide as a national problem, but take the initiative to prevent such an occurrence in their own facility.

Copies of the *National Study of Jail Suicides: Seven Years Later* and the *Training Curriculum on Suicide Detection and Prevention in Jails and Lockups* are available from the following sources:

- 1) Lindsay M. Hayes  
National Center on Institutions  
and Alternatives  
635 Slaters Lane, Suite G-100  
Alexandria, Virginia 22314  
(703) 684-0373  
See back page
- 2) Joseph R. Rowan  
Juvenile and Criminal Justice  
International, Inc.  
381 South Owasso Boulevard  
Roseville, Minnesota 55113  
(612) 481-9644
- 3) NIC Information Center  
1790 30th Street, Suite 130  
Boulder, Colorado 80301  
(303) 939-8877

This technical update is part of the continuing effort of the Jail Suicide Prevention Information Task Force to keep state officials, individual correctional staff, and interested others aware of developments in the field of jail suicide prevention. Please contact us if you are not on our mailing list, or desire additional copies of this publication. As the Project acts as a clearinghouse in jail suicide prevention information, readers are encouraged to forward pertinent materials for inclusion into future updates.

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**NATIONAL STUDY OF JAIL SUICIDES:  
SEVEN YEARS LATER**

This report comprises findings from a national study of jail suicides. NCIA gathered information from all jails (county and city) and police department lockups throughout the country regarding the incidence of jail suicides during 1985 and 1986. The study resulted in the identification of 854 suicides during 1985-86, with 453 occurring in 1985 and 401 in 1986. Subsequent comparison with NCIA's prior national research revealed that, absent minor variations, there were not any appreciable differences in jail suicide characteristics from 1979 and 1986. Most of the key characteristics of jail suicide — offense, intoxication, method/instrument, isolation, and length of incarceration — have remained virtually unchanged over time. The consistency of such findings could impact the ability to deter suicidal behavior. The utilization of these findings in the prevention of jail suicides is discussed.

Spring, 1988  
114 Pages

**TRAINING CURRICULUM ON  
SUICIDE DETECTION AND PREVENTION  
IN JAILS AND LOCKUPS**

Experience has clearly demonstrated that almost all jail suicides can be averted with implementation of a prevention program that includes staff training, intake screening, communication between staff, and human interaction between staff and inmates. The key to prevention remains a capable and properly trained staff, the backbone ingredient of a facility. This manual is intended to equip law enforcement and jail administrators and their staff with basic understanding of suicidal behavior as it relates to facility environment. Topics include jail suicide research, why jail environments influence suicidal behavior, signs and symptoms of suicidal behavior, high risk periods, assessing suicide risk (screening), supervision of suicidal inmates, arresting/correctional officer role in prevention, litigation, facts and fiction, jail design, first aid and controversial issues in prevention. Transparencies are optional.

Spring, 1988  
160 Pages

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TITLE	Quantity	Unit Price	Sub-Total
<i>National Study of Jail Suicides: Seven Years Later</i>		\$20.00	
<i>Training Curriculum on Suicide Detection and Prevention in Jails and Lockups</i>		\$25.00	
<i>Curriculum Transparencies</i>		\$7.50	
<b>TOTAL ENCLOSED:</b>			

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