

Inmate Suicide: What Do We Know? Studies of Inmate Suicide

Aside from the personal grief that inmate suicides cause family and friends, they also generate much public concern. One reason for this concern is that the state is seen as responsible for the welfare of those it has committed to prison. A further reason for distress is that the rate of suicide in prisons seems to be higher than that of the general population.

The majority of recent studies of suicide in institutions have been retrospective studies of completed suicides. These studies attempt to identify characteristics of the suicidal inmate and the event itself, usually to aid prevention. Some predictive traits found in suicidal inmates have been related to gender, marital status and the location of the suicide.

However, these characteristics are not etched in stone. For example, while suicide rates appear to be lower among female inmates than male inmates, this finding is based on few studies and comparatively small female-inmate samples. In addition, although studies have found that inmates who commit suicide are more likely to be single than married, some of these studies excluded cohabitation from their categories. Furthermore, while findings indicate that inmates who commit suicide are more likely to be in hospital or in isolation, some inmates are placed in these locations specifically because they have already been identified as a suicide risk.

Table 1 presents an overview of major findings on inmate suicide. These findings are drawn from 13 of the most recent empirical studies on inmate suicide: 4 carried out in the United Kingdom, 7 in the United States, 1 in Canada and 1 in Australia.

The findings from the 13 studies should be viewed with some caution. These studies used different methodologies, which makes interpreting their findings difficult. Definitions of suicide and types of inmate populations differed. For example, while most of the 13 studies included only cases defined as suicides by a coroner's inquest, 2 British studies included samples of probable suicides. Also, some studies were based on remand populations while others examined sentenced inmates.

Another problem encountered in inmate suicide studies was the failure of some studies to identify adequately the nature of the establishment under study - for example, whether a sample included inmates from more than one type of establishment. A related difficulty was the lack of an adequate control group with which to compare the suicide group, making it impossible to determine whether factors found to be associated with suicide were characteristic of suicide victims only or of the whole prison population from which they were drawn. Finally, any review of the literature on inmate suicide must confront the problem of comparing prison suicide in different cultures, as there are too few studies to focus on a particular country.

Despite such limitations, this review allows us to begin to establish a profile of inmate suicide.

Prediction and Prevention

Most researchers are sceptical about the accuracy of suicide prediction. In particular, two types of error are inevitable when attempts are made to predict and prevent rare forms of human behaviour such as suicide. First, some individuals who commit suicide are not predicted to do so - they are called false negatives. Second, some individuals who do not commit suicide are predicted to do so - false positives. In attempting to predict prison suicides, a major problem has been limiting the number of false positives, because many of the characteristics of suicidal inmates also apply to a large proportion of the general prison population.

The literature on inmate suicide suggests that certain factors are particularly important in the prediction and prevention of suicide. These are listed in Table 2.

Training

Many researchers and reports on suicide in prison recommend training correctional and medical staff in techniques of suicide prevention. However, only one detailed description and evaluation of a training program appears to exist in the literature, that of Crookall and McLean⁽¹⁾ in Canada.

Because of an unusually high number of suicides in federal prisons in the early 1980s, the Correctional Service of Canada commissioned an evaluation of available suicide prevention programs. The Suicide Prevention Training Program (SPTP) was chosen and carried out in the Atlantic region in 1984.

Conclusion

"Just as suicide has no single cause, but is the result of the interplay of a number of factors - personality, mental state, social environment, recent events and so on, so its prevention cannot be achieved by any single step carried out by one profession."⁽²⁾ Preventive strategies range from improving conditions in prison to using medical techniques to prevent death once an attempt has taken place.

Many factors thought to be associated with suicide are difficult or impossible to measure, such as feelings and perceptions surrounding events in inmates' lives. Therefore, the successful identification of potentially suicidal inmates depends both on our knowledge of quantifiable factors associated with suicide and on our sensitivity toward the inmate's personality and social circumstances. This leads us to conclude that one of the most obvious, and perhaps most important, measures for preventing prison suicide is staff training.

C. Lloyd, *Suicide and Self-Injury in Prison: A Literature Review*. Home Office Research and Planning Unit Report. London: Her Majesty's Stationery Office, 1990.

⁽¹⁾P. Crookall and T. McLean, *Evaluation of the Suicide Prevention Training Program in the Atlantic Region (Ottawa: Correctional Service of Canada, 1986)*.

(2) *J.S. Jenkins, "Suicide in Prisons: An Overview," Prison Medical Journal, 23 (1982): 6-10, p.7.*