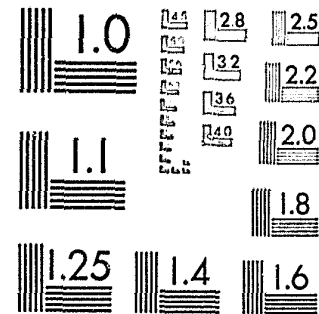


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# Federal Probation

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# Federal Probation

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## This Issue in Brief

**The "Effectiveness" Issue Today: An Overview.**—An unsettled atmosphere exists regarding the effectiveness of rehabilitation or habilitation, asserts California researcher Ted Palmer. Neither the global optimism of the 1960's nor the extreme pessimism of the middle and later 1970's seem justified, and neither view in fact prevails. The author describes two slightly more moderate "camps" which have replaced them, and underscores the substantial but far from complete disagreement which exists between these two.

**Targeting Federal Resources on Recidivists: An Empirical View.**—INSLAW researchers report results of a study of recidivism among Federal offenders and Federal policy for dealing with repeat offenders. The central question examined is whether Federal prison populations or crime rates, or both, can be reduced through the use of a strategy of increased focus by U.S. attorneys on cases involving recidivists. Analysis of Federal recidivism patterns indicates substantial opportunity to identify dangerous, repeat offenders prospectively using a simple statistical assessment procedure; analysis of survey data on current Federal prosecution policy reveals an absence of any explicit prosecutorial guidelines that attempt to do so.

**A Radical/Marxist Interpretation of Juvenile Justice in the United States.**—This article by Catherine M. Sinclair reflects the history and development of the juvenile justice system tracing the growth, nature, and perspective of radical/Marxist criminology. According to the views of the radical/Marxist criminologists, although youthful misconduct is extremely widespread throughout society, a vast amount of behavior that is defined as delinquent is strictly the result of social labeling—differentially applied to those youths from the lowest socio-economic classes who are caught and formally processed through the juvenile justice system.

**The Emergence of Determinate Sentencing.**—Besides exploring some of the prominent

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All phases of preventive and correctional activities in delinquency and crime come within the fields of interest of FEDERAL PROBATION. The Quarterly wishes to share with its readers all constructively worthwhile points of view and welcomes the contributions of those engaged in the study of juvenile and adult offenders. Federal, state, and local organizations, institutions, and agencies—both public and private—are invited to submit any significant experience and findings related to the prevention and control of delinquency and crime.  
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# Preventing Inmate Suicides

## A Case Study

BY JAY S. ALBANESE, Ph.D.

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IT IS WELL KNOWN there are many more attempted suicides than those actually consummated. It has also been established that suicides and attempts are far more common in jails and prisons than they are on the outside (Flaherty, 1980).

While data regarding attempts is especially rare, there is agreement among investigators that a high percentage of those who have died from self-inflicted wounds either had a history of self-destructive behavior, or had clearly manifested their intention to do so before accomplishing the act (Cooper, 1976; Schneidman and Faberow, 1965). Of course, the problem becomes more complex as one recognizes the difficulties encountered in studying this behavior. Attempting to screen suicide risks in a high turnover facility, the decision to label someone as "suicidal," and the many detection and intervention problems inherent in dealing with such a poorly understood phenomenon—all contribute to the difficulty in successfully developing a management strategy to prevent it.

Before management options can be usefully considered, however, a thorough understanding of the history of suicide, parasuicide, and self-inflicted wounds at the correctional institution in question is necessary. The investigation reported here took place at a Federal correctional institution for pretrial detention and for offenders serving short sentences. This correctional facility is new, having been in operation only 18 months at the time of this study.

In order to determine the extent of suicidal behavior among inmates, a 100 percent sample was taken of all medical injury reports made during this period. The results are summarized in table 1.

TABLE 1.—Injuries at a Federal Correctional Facility

Type of Injury	18-month	Total
1. Suicide	1	0.3%
2. Self-Inflicted Wounds	44	12.2
3. Unusual Accidents (Unexplained)	33	9.1
4. Assaults Between Inmates	70	19.4
5. Assaults of Inmates on Self	13	3.6
6. Assaults of Staff on Inmates	6	1.7
7. Kitchen Accidents	33	9.1
8. Work Accidents	55	15.2
9. Sports Accidents	33	9.1
10. General Accidents	73	20.2
Total = 361		100.0

As table 1 indicates, there have been a total of 361 injuries reported since the facility opened. While there has been only one successful suicide during this time, there have been 44 attempts. Together, suicide and attempted suicide account for nearly 13 percent of all reported injuries.

### Attempted Suicide or Attention Seeker?

A question often posed by correctional personnel is, "How many of these self-inflicted wounds are actually manipulative, attention-getting gestures, and how many are actually attempted suicides?" This question has been addressed by a number of investigators, but in an uneven manner. As a result, a number of terms have been developed to indicate intent. "Suicidal gesture," "abortive suicide," "simulated suicide," "pseudosuicide," and "subintentional suicide" are examples. Some authors equate the degree of intent with the seriousness of the injury (Motto, 1965; Schmidt, O'Neal, and Robins, 1954). More recently, the dimension of suicidal intent has been developed and clinically tested (Beck, Morris, and Beck, 1974). Neither of these methods has proved to be satisfactory, however. Medical seriousness has not been shown to be a reliable indicator of a possibly successful suicide in the future, and a low correlation has been found between suicidal intent and medical lethality (Beck, Beck, and Kovacs, 1975; Rosen, 1970).

A more sensible solution to this difficult question has been suggested by Robert Wicks (1974). He admits that in all but the most obvious circumstances, self-mutilation (a willful attempt to hurt oneself) and a suicidal attempt (a voluntary act with a desire to kill oneself) are indistinguishable. For this reason it is useless to ask, "Is this person a manipulator?" It is more useful to group all self-injurious behavior together and ask questions which can generate useful information such as, "Why is the person injuring himself?"

Knowing why an inmate injures himself can help correctional personnel in determining what steps might be taken to ameliorate the causal circumstances. It is interesting to note that the only complete suicide at the Federal jail examined here was preceded by several attempts. The first attempt was only a superficial cut. However, hindsight indicates that

this inmate was not "manipulative," although his first attempt was not medically serious. A corollary to this is, of course, that a manipulative inmate can die from his self-inflicted wounds in the same manner as a "truly" suicidal inmate can.

The conclusion of Wicks' analysis of this problem represents perhaps the most enlightened management approach to handling inmates who injure themselves.

For too long, members of correctional systems have been concerned about preventing inmates from successfully manipulating within the prison setting. In the case of a suicidal gesture, this meant that if an inmate could not prove that he really intended to kill himself, he was not deserving of any real treatment.

This rigid approach to inmate behavior should now be reviewed. Unless correctional administrators become willing to discard the suicidal manipulator model and show interest instead in the reason underlying *all* self-injurious behavior, little will be learned about the mutilators and such destruction will continue (1974:250).

A review of medical injury reports filed for the 45 incidents of self-injury at the institution studied here provide a great deal of information for management prevention strategies.

#### When Does Self-Injury Occur?

Divided into 1-hour periods, a review of the 45 self-inflicted injuries reveals that a large number of self-inflicted wounds occurred from 5 p.m. to 7 p.m. (16%) and from 10 p.m. to 1 a.m. (35%). Five hours of the day, therefore, account for 51 percent of all the self-inflicted injuries.

Robert Good, in his study of suicides throughout the Federal penal system and in the State of Maryland from 1964-1969, found that of the 24 completed suicides during this period, most occurred in the early morning or early evening. He concluded that the hours of 3 a.m. to 9 a.m. and 7 p.m. to 12 midnight covered most cases. However, he also notes that "the time lag until discovery is unascertainable" (1970:5). Arnett Gaston, in his study of inmate suicides and attempts in the New York City Prison System from 1964-1971, found that the hours of 5 a.m. to 6 a.m., 10 p.m. to 12 midnight, and 4 p.m. to 5 p.m. were the most common for suicidal behavior (1977).

There are, of course, conceptual difficulties in comparing suicide attempts with actual suicides. It is interesting to note, however, that most suicides and attempts in each of these studies occur during the evening and early morning hours when inmate activity is minimal and correctional staff is also at a minimum. This can provide increased opportunity for the suicidal inmate.

In the current study, the vast majority of suicidal gestures were cuts, most often incurred by razor

blades. Interestingly, in most other studies considering the method of self-injury, hanging is usually the most common method. The modern design of this federal facility, using plexiglass without bars and unnecessary protrusions, may account for the relative lack of hanging attempts (only one of 45 cases involved hanging).

#### Comparative Inmate Profiles

The other aspect of inmate suicidal behavior which can be captured statistically is profile data of individuals committing such acts. From inmate commitment and discharge files, in combination with other data, it is possible to gather basic background information regarding age, sex, race, marital status, grade level claimed, religious affiliation, number of days elapsed to first suicidal gesture, total number of gestures made, total length of stay, commitment of fence, and medical notations.

Thirty individuals committed the 45 self-destructive acts in this correctional facility. A comparison of their profiles with those of the general inmate population appears in table 2.

As table 2 illustrates, the suicidal group matches the general inmate population on many of these attributes. Notable differences are the high proportion of whites in the suicidal group, the overrepresentation of single persons (and underrepresentation of married persons), and the comparatively large number of suicidal inmates charged with threats on the life of the President and with threats to destroy government property.

Additional data were collected to calculate the number of days elapsed from admission to the first suicidal gesture. The mean was 55 days, the median 22 days, and the modal length of time was 0 days. In other words, more inmates made suicidal gestures on the day they were admitted than on any other single day. A full third of all self-mutilations occurred within the first week of imprisonment. This is in accord with the findings of other studies (Helig, 1973; Reiger, 1971). Another finding consistent with other investigations of this problem is the fact that many of those engaging in self-injurious behavior repeated their acts at some later time (Gaston, 1977; Good, 1970).

Having established general statistical profiles of both the individuals and the characteristics of their self-destructive acts, the utility of this data can be considered in relation to its implications for management policy. Also, the less objective features of the communications network regarding information flow and staff awareness of potential inmate suicides will be examined.

TABLE 2.—Inmate Profile Comparisons

Attributes		Suicidal Group	General Inmate Population
Age	(mean)	32.4 yrs	32.7
Sex	Male	93.3%	92%
	Female	6.7	8
Race	White	60.0%	42%
	Black	36.7	42
	Other	3.3	16
Marital Status	Single	43%	32%
	Married	13	54
	Divorced	17	54
	Widowed	7	1
	Not Recorded	20	0
Religion	Catholic	40%	45%
	Protestant	13	23
	Islam	7	10
	Jewish	0	5
	None	10	7
	Other	27	8
Grade Claimed	(Median)	11th	11th
Offense	Murder	3%	1%
	Bank Robbery	20	18.3
	Threats on Life of President	17	1.5
	Threats to Destroy Gov't Prop.	6.7	1.3
	Narcotics Violation	6.7	25.0
	Forgery	3.3	5.4
	Passing Counterfeit Currency	3.3	2.1
	Escaped Prisoner	3.3	0.5
	Parole Violator	6.7	5.0
	Writ Return	20.0	15
	En route to Other Institution	6.7	13
	Study Return	3.3	2
Length of Stay (Average)		113 days	26 days
		N = 30	N = 90

#### Prevention Policy at Intake

Ideally, the most satisfactory suicide program is one that prevents its occurrence entirely. Such an objective is not realistic, however, until much more is learned about the characteristics and circumstances of those who attempt and commit suicide. Because suicide is a relatively infrequent phenomenon, it is impossible to predict it without including large numbers of false positives (Rosen, 1954). As a result, the prediction of inmates who may attempt or commit suicide will not be pursued here and awaits further research (see Greist, et al., 1974).

There are measures, nonetheless, that can be taken to improve the screening of inmates admitted to correctional institutions. As noted earlier, the average length of stay for inmates at this facility is 26 days, making the turnover rate extremely high (approximately 20 admissions and discharges per day). Of course, the admissions tend to arrive in bunches making the management of this process more complex than it might seem.

An initial phase of the admissions process involves the completion of a commitment summary by an intake officer. Although the primary purpose of this form is to gather some background data and to note the inmate's legal status, there is also a section of the form where the inmate's physical condition can be briefly described. To assess the possible utility of this information, I compiled the comments made in this section for the 30 inmates who incurred self-inflicted wounds. The results are summarized in table 3.

TABLE 3.—Medical Notations on Commitment Summary

Notation	Number	Percent
Good	7	23.3%
Fair	1	3.3
Mediocre	2	6.7
Scars on Wrist or Forearm	6	20.0
Addict	2	6.7
Bed Nerves	1	3.3
Anemic	1	3.3
None	10	33.3
		N = 30
		100.0%



As table 3 illustrates, 20 percent of the inmates who eventually made suicidal gestures had scars on their wrists or forearms upon admission! It is obvious that careful attention at this point in the admissions process is extremely important.

Immediate preventive action can be taken in another area as well. A review of the most common methods of self-mutilation at this facility uncovered that the vast majority of these injuries (almost 90%) were cuts most often accomplished by razor blades. Inmates in this facility who engage in self-destructive behavior are all placed on a single wing of the jail. While this group receives plastic, disposable razors which are difficult to use maliciously, other inmates in the institution have received standard razors with blades that can be highly lethal. This becomes a problem when inmates are transferred within the institution and their personal effects are not closely monitored. As a result, inmates often gain access to razor blades on this wing and use them to cut themselves.

It is well known that suicide attempts are often the result of temporary depression. This is especially relevant at short-term facilities where the majority of inmates are either awaiting trial or sentencing and find themselves in a continual state of uncertainty (Helig, 1973; Gibbs, 1975). Many of the self-mutilations therefore may be "opportunity cuts," where a razor happened to be available during a moment of depression. Clearly, an alternative to standard razor blades is necessary for the entire institution.

#### Intervention Strategies

A common practice at many correctional institutions, including the one examined here, is to place inmates who have made self-inflicted wounds into "administrative detention" where the inmate is locked in his room, and all possibly dangerous instruments are removed so he cannot harm himself. The suicide prevention policy at this institution also has a provision for a "suicide watch," either by a staff member or another inmate, to periodically check on the self-destructive inmate to make sure he has not harmed himself in his room.

All research done on suicidal personalities seems to indicate that the isolation of a suicidal individual is not effective (Benensohn and Resnick, 1973; Danto, 1971; Gaston, 1977; Johnson, 1976). The experience at this institution again supports this evidence as the one successful suicide was completed when the inmate was in isolation and under a suicide watch. It can be argued that an inmate who wants to commit suicide cannot be stopped regardless of the

precautions. However, most suicidal individuals are highly ambivalent about their feelings of self-destructiveness, and every attempt should be made to make a successful suicide difficult to accomplish. The most reasonable and highly recommended method of monitoring suicidal inmates is to place them in a dormitory situation. In a dorm, there are always others to come to the aid of the suicidal person, and possibly help him overcome depression.

#### After-Care Measures

The accurate documentation of a self-injurious act is as important as the circumstances of the act, and the background of inmates engaging in such behavior can provide clues for preventing such occurrences in the future. There are several problems, however, with how this is often accomplished.

Several possible data sources were considered in determining the extent of self-mutilation at this institution: the Incident Report, Medical Injury Report, and the psychiatrist's information. Presumably, all instances of suicidal gestures should be reflected in all three places.

In order to check the accuracy of this assumption, an assessment of the reliability of these reports was undertaken. Considering the lively reporting chronology, it appeared logical that a suicidal event would first be reported in an Incident Report, as they are usually completed by correctional officers for any incidents occurring on their wing. The Medical Injury Report would follow, assuming that any injury would be brought to the attention of medical personnel. Finally, the psychiatrist would be notified by the institution's hospital so the inmate could be provided with aftercare services.

An examination of the Incident Reports revealed that a total of 840 reports had been made during the 18-month period under study. Only five self-mutilations were recorded in comparison to the 45 recorded in the Medical Injury Reports for the same individuals. The circulation of medical information to the psychiatrist, however, was quite good. All suicidal events known to medical personnel were referred to, and followed up by, the psychiatrist. The reasons for this information gap between Incident and Medical Injury reports can provide clues regarding staff attitudes and actions in the treatment of suicidal inmates in the institution.

The issue of staff commitment is an important one. Earlier studies have noted that inmates, who the staff feel are manipulative, make the staff ambivalent toward suicide prevention (Report, 1974). As suggested earlier, attitudes of correctional staff can render the best program design useless. It has also

been observed that the development of a successful suicide prevention program is contingent upon an atmosphere of cooperation between line staff and institutional authorities. As Reynolds and Farberow (1973:268) have commented, "It is people, not tactics, that keep other people alive."

All of these issues point to the need for increased staff awareness and training in suicide prevention. Currently, correctional personnel receive little or no training in suicide prevention. As has been noted in other investigations, there is hesitation on the part of both supervisory and line staff to identify possibly suicidal inmates. Conversations with various staff members revealed that this is usually due to two circumstances: (1) Staff are wary of being manipulated by inmates; and (2) inmate needs are not considered to be as deserving of attention as much as the more custodial demands on sanitation and discipline. These circumstances indicate the need for greater staff awareness and understanding of the suicidal inmate, so that management policy in this area will be incorporated into the daily activities of correctional personnel (see Charlé, 1981).

#### Conclusions

An attempt has been made to draw the parameters of a management approach to be taken in the prevention, intervention, and aftercare of inmate suicides, attempted suicides, and self-inflicted wounds. Some of the preceding recommendations are quite specific, while others are rather general. This was done intentionally as specific strategies are not always clear, and require investigation and action based on the circumstances as they exist in a particular institution.

This study has also examined only institutional factors in the development of a management policy. Other factors, which may be equally important to suicide prevention, have been assessed by Gibbs (1975) and include the effect of incarceration on family support systems and on perceptions of self-worth. Also, Robert Johnson (1976), after interviews with over 300 inmates, has found that different ethnic groups react to the stress of incarceration differently. In this regard, staff training programs should include information pertaining to both the internal and external factors associated with suicidal behavior, so that correctional personnel can work to prevent the proliferation of controllable influences.

Finally, the efficiency of the criminal justice system in processing and adjudicating cases has a large effect on the mental and emotional state of inmates, especially those awaiting trial or sentencing. Incarceration is not a pleasant experience to begin with

and excessive delays, in addition to the uncertainty of detention, do not help to ameliorate a difficult situation.

The management approach suggested here is, then, a straightforward one. Once the nature and extent of the problem is assessed, a review should be made of existing procedures at the prevention, intervention, and aftercare stages. Management strategies should be based on modification of practices that have been shown to influence suicidal behavior, and on the elimination of unnecessary opportunities for the depressed or suicidal inmate.

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