



A NATIONAL STUDY OF

Deaths in Australian Prisons

Suzanne E. Hatty

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Preface

Following a request from the Conference of Correctional Ministers, 1984, Dr Suzanne Hatty and Mr John Walker, of the Australian Institute of Criminology, have undertaken research on death, and particularly suicide, in Australian prisons. The National Correctional Statistics Committee, composed of Mr D. Biles (Deputy Director, Australian Institute of Criminology; Convenor), Mr J. Walker and Dr S. Hatty (Australian Institute of Criminology) and representatives of the corrective services departments in each jurisdiction, has provided full co-operation and support in this exercise.

The data which forms the basis of this study were provided by the corrective services departments. This report, therefore, is based on 'official' characterisations of causes of death. It was not possible, for obvious practical reasons, to contact friends and relatives of the deceased to determine if there is, in fact, another side to the 'story' presented in this report. The authors join in recommending such a study.

Acknowledgments

The genesis of this research was a request by the then Minister for Community Welfare Services (Victoria), Mrs Pauline Toner, to the Director of the Institute, Professor Richard Harding, for guidance on a problem that was worrying her immensely - suicide in Victoria prisons. Subsequent discussions took this suggestion to the point where it was decided to carry out an Australia-wide survey of all deaths in Australian prisons, on the basis that suicide was not the only problem and that to obtain a sufficient sample and possibly identify differential patterns all jurisdictions should be examined. The decision to proceed in this way was endorsed formally by the Correctional Ministers' Council, to whom this report was presented before general publication.

The co-operation and effort of many individuals associated with the various corrections departments around Australia must be acknowledged. Amongst these are Don Porritt and Simon Eyland, New South Wales; Monika Henderson and Lyn Wilkinson, Victoria; Frank Morgan and Leanne Weber, South Australia; Mike O'Leary, Queensland; Bill Harvey, Tasmania; Alan Vanzyl, Northern Territory; Kevin Coombes and Jenny Connaughton, Western Australia.

With particular reference to fieldwork undertaken in New South Wales, special thanks must be extended to John Horton, Tom Clark, Tricia Egan, Merv Sprague, Denise Graham, Peter Hickson and the Superintendents of Long Bay and Mulawa. Finally, the willingness of many prisoners to share experiences and insights deserves praise.

Mrs Jan Dawes and Trish Psaila have ably assisted with research assistance and preparation of the report. Their contribution is gratefully acknowledged.

Synopsis

The incidence of suicide occurring during incarceration implies that it should be recognised as a dilemma of serious proportions. The international literature suggests that suicide may be the leading cause of inmate death in various countries. Furthermore, a comparison with the suicide rate calculated for the general population of these countries indicates that suicide is far more likely to occur during incarceration.

Despite serious difficulties with the utilisation of an official statistical database in the estimation of suicide incidence for the general population or the prison population, the magnitude of the problem of death in custody remains large.

Two competing theoretical assertions have been applied to the topic of suicide in custody: deprivation theory (wherein it is assumed that the structural conditions of the experience of incarceration are responsible for particular behaviour) and importation theory (wherein it is assumed that the prison environment itself is a microcosm of the larger society and, as such, involves behavioural similarities).

A brief excursion through the empirical literature demonstrates, however, that neither deprivation theory nor importation theory receives unqualified support. As the majority of these studies contain a multitude of methodological deficiencies irrespective of the recency of the work, it is not possible to draw conclusions vis a vis the viability of either theoretical model. In addition, attempts to generate a statistical profile of a typical suicider are flawed by the existence of discrepancies in empirical approach.

The results of this research project indicate that the rate of death in prison is high, and supports the findings of numerous previous studies, that particular characteristics are associated with suicide in prison (for example, youth, no prior imprisonment, remand status, breach of parole and a history of self-inflicted injury or attempted suicide). However, the relatively large sample of suicide cases studied herein has facilitated the use of more sophisticated analytical technique, such as the cluster analyses, which have shown that the traditional theoretical models are, at best, only partial descriptions of the prison suicide phenomenon. These results show that there are, in fact, several identifiable sets of circumstances which are associated with prison suicide, each suggesting a different set of policy responses.

The report, therefore, concludes with a series of tentative suggestions for alterations to the existing management of prisoners. It is hoped that implementation according to jurisdictional considerations of some or all of these suggestions will result in the reduction of the incidence of inmate suicide.

PART I - THE SCOPE OF THE CURRENT STUDY

The phenomenon of suicide in custody has, of late, received a good deal of research attention. There are several reasons for the burgeoning of this area of study: firstly, there has been a general recognition of the need to come to terms with the act of suicide (Schneidman, 1980; Rosenthal, 1983; Rowe, 1983; Qvarnstrom, 1984); secondly, the prisoners' rights movement has succeeded in focusing public and professional attention upon the conditions of imprisonment (Johnson and Toch, 1982; Porporino and Zamble, 1984; Wormith, 1984); and, thirdly, graphic descriptions of the latter have lent considerable momentum to the debate concerning the experience of incarceration (Abbott, 1981; Coggan and Martin, 1983).

Burtch and Ericson (1979, p. 1) have stated:

Pioneers of research on inmate suicides invariably agree that only through a sustained, comprehensive exchange of information among clinicians, researchers, prison officials, and inmates will our knowledge of prisoner suicide move beyond its present, nascent state.

As Australian research in this area is essentially in embryo, it is particularly important that the recommendations of those professionals currently working toward a resolution of the problem be heeded. Australian research, occurring within the framework of an accumulated body of knowledge, should, then, stand to profit from the refinement of international research on suicide in custody. This advantage should be directly translated into the development of a research program characterised by rigour and objectivity. This research project is an initial contribution toward this development.

The present report attempts to accomplish several objectives. These are:

1. To synthesise the pertinent international literature concerning theory, findings and recommendations for ameliorating the problem. This material will be assessed and utilised in the construction of research methodology. Information regarding evaluative programs of management initiatives will also be sought.
2. To collect, compile and analyse national, correctional statistics pertaining to deaths in custody.
3. To gather information on the policies and procedures governing the conduct of relevant correctional personnel in the event of (potential) inmate suicide. This information will be utilised to generate recommendations regarding self-destructive behaviour within prisons.

It is anticipated that the research project will culminate in an increased understanding of the phenomenon of suicide in custody particularly as this applies to the Australian situation, and will also result in the production of a rational program of systematic reform directed at reducing the incidence of inmate self-destructive behaviour. The researchers' insights have been enriched by interview material involving prisoners, prison officers, welfare staff and prison administrators, as well as by detailed study of particular cases. However, this material will not be reported at this stage.

PART II - INTERNATIONAL AND PREVIOUS AUSTRALIAN PERSPECTIVES

The incidence of suicide during incarceration, whether occurring during a pre-trial period or whilst under sentence, necessitates that the problem of self-inflicted injury resulting in death¹ be recognised as a dilemma of serious proportions. Indeed, the American researchers, Tuskan and Thase (1983, p. 31) assert:

In short, the magnitude of the problem is great: suicide is the leading cause of death in most penal settings and a conservative estimate of the incidence of suicide in penal settings is three times greater than the national averages.²

The gravity of the situation in Canada, according to Reasons and Bray (1984), appears to be more pronounced than the dimensions of its American counterpart. They claim that the suicide rate for Canadian penitentiaries has been estimated by one agency to be ten times the rate calculated for the general population. Reasons and Bray (ibid., p. 3) provide the following table comparing the suicide rates applicable to the penal population with those calculated for the general population:

**Table A: Studies of Suicide Rates in Penal Institutions
as Compared to Society (Source - Reasons and Bray,
1984)**

Source of Study	Multiple of Prison Suicides as compared to Societal Suicides
Esparza (United States)	3.0
Burtch and Ericson* (Canada)	3.6
Carriere (United States)	3.7
Burtch (Males in Canadian Prisons, 1959-79)	6.8
Canadian Centre for Justice Statistics (1980-1981 Canadian Prisons)	7.0
Gosslein (Division of Statistics, Solicitor-General of Canada)	10.0
Flaherty (Statistics on US Juveniles)	4.6
Charle (Statistics on US Juveniles)	4.0 - 5.0

In addition, Hayes (1983) reports that individuals held in police lockups and county jails are sixteen times more likely to

commit suicide than individuals in the general population. Hayes, however, provides only schematic detail on the calculation of this rate. He states (1983; 480): 'In an average city of 200,000 people, someone will commit suicide every two weeks. For the approximately 200,000 inmates in county jails and police lockups on any given day, however, at least one person will kill himself. The rate of suicide in jails is 16 times greater than one would expect in a city having a population comparable in size to these jails'.

Comparable rates available for other countries include the following: Austria and Belgium - the occurrence of suicide in custody is twenty to forty-seven times more likely respectively than in the general population (cited in Burtch and Ericson, 1979); Denmark and Italy - the occurrence of suicide in custody is twenty-six and nineteen times more likely respectively than in the general population (cited in Tuskan and Thase, 1983).

Although, in general, there is a dearth of information on the extent of suicide in Australian correctional institutions, research has been undertaken on suicide in Victorian prisons for the period July 1974 to June 1983 (Clark and Glaser, 1984). This study has revealed that, during the nine-year time span under scrutiny, the incidence of suicide in custody significantly exceeded that recorded for the general population (1974-1983 rate - 11.1), particularly during the period 1983 - 1984.

Nevertheless, it must be recognised that the employment of official statistics, in vacuo, is an activity fraught with difficulties. It is imperative that the viability of the database in question be assessed. In attempting this, two concerns must be addressed: the quality of the statistical product itself; and the character of the processes integral to the generation of the statistical database.

Indeed, it is acknowledged that conventional estimates of suicide incidence are conservative,³ a situation which has led Taylor (1982) to compare the resultant minimisation with the 'black figure' of crime; it is therefore necessary to critically examine the validity and reliability of the statistics. The verification of validity would depend upon the existence of a definitional consensus between those responsible for the collection of the statistics and those who use them. The demonstration of reliability would depend upon the uniform and diligent application of these definitions. It is only when validity and reliability can be assured that comparability between populations is possible.

A further consideration relates to the processes involved in the production of a statistical database. One element central to this chain of events is the coronial inquest. Although relatively little research attention has been directed toward an examination

of this aspect of the death-specification process, a limited number of studies have emerged. Douglas (1967) highlights the significance of the imputation of motive by the coroner. He notes that such an approach may have a basis in a belief that suicide is an act of self-destruction performed by those who are so personally distressed (that is, depressed, psychologically unbalanced) that they desire to die. Douglas (op. cit.) maintains that several types of information are required to reach a conclusion vis-a-vis motivation; for example, the written or oral communication of attitudes and emotions prior to death, the individual's psychological and social history and the individual's circumstances immediately preceding death.

Atkinson (1978) has proposed a sequential model of the recording of suicides; this consists of a series of stages in which the outcomes are dichotomous (for example, those who commit suicidal acts versus those who do not). Intervening possibilities influence each outcome; thus, the recording of death as suicide may result from the attitudinal stance of the coroner or significant others.

In assessing the contribution of these intervening factors, Atkinson examined the definitional categories invoked during the coronial process. He discovered that although legal and formal definitions of suicide have been developed for coronial use, these official determinations are in conflict.

Indeed, Atkinson claims that the coroner is engaged in a process of explaining or accounting for the death of a particular individual. Such an activity necessarily involves imputing intent. In 'discovering' intent, certain cues are highly suggestive of a particular verdict or, alternatively, indicate that further evidence of a special kind is needed. Taylor (1982) believes that this process may well be contaminated by systematic biases; for example, it is the provision of a rationale for suicide which takes precedence over information relating to the circumstances of death, unless the latter is conceptualised as unequivocal.

With respect to the motivation underlying the coronial process itself, Atkinson (ibid., p. 173) provides the following construction:

The 'theorising' which we have observed, then, can be viewed as providing for the social organisation of sudden deaths by rendering otherwise disordered and potentially senseless events ordered and sensible.

Criminological Theory: Suicide in Custody

Several theories have evolved to account for the occurrence and frequency of suicide in custody. These pronouncements cannot be

divorced from the larger body of literature on the topic of 'suicide'; indeed, criminological statements on suicide in custody, whether theoretical or empirical in nature, should be viewed as the direct descendants of the parent psychological and sociological literature. (It is beyond the scope of this brief report to delineate these theoretical positions. However, pivotal works in this area include Freud, 1917, 1949; Menninger, 1938; West, 1965; Schneidman and Farberow, 1970; Stengel, 1973; Baechler, 1975; Farberow, 1980; Schneidman, 1981; Douglas, 1967; Gibbs, 1968; Maris, 1969, 1981; Taylor, 1982; Stack, 1983.)

Anson and Cole (1984) employ the theoretical constructs of functional adaption to confinement (deprivation theory: Clemmer, 1938; Sykes, 1958; Sykes and Messinger, 1960) and consistency between inmate and societal cultures (importation theory: Irwin, 1970; Jacobs, 1974, 1977) to conceptualise the significance of suicide in a custodial setting. These competing assertions, which respectively dictate that the structural conditions of the experience of incarceration are responsible for particular behaviour, or that the prison environment itself is a microcosm of the larger society and, as such, involves behavioural similarities, are applied to the topic of suicide in custody.⁴ Anson and Cole conclude that the latter hypothesis is the more valid; they utilised the variable of ethnicity to assess the viability of each model. As patterns of inmate suicide for particular ethnic groups appeared to reflect the statistical distribution evident for these groups in society, support was generated for the notion that imprisonment exerts a minimal or non-existent influence on inmate suicidal behaviour. (It should be noted, however, that this analysis was based upon a very small database and was confined to one American State.)

Deprivation theory, which is undoubtedly aligned to sociological theorising on suicide (for example, Durkheim, 1897) has appeared, albeit in a disguised form, in the criminological literature on suicide in custody. Tracy (1972), author of a flawed and confused examination of suicide in New York city prisons in which he oscillates between psychological and sociological interpretations without distinguishing between the two systems of thought, claims that prisoners experience 'anomie' upon induction into prison. Tracy thus posits the question (*ibid.*, p. 20): 'Is it true that the first shock of imprisonment brings with it an isolation from one's reference group, leading to interaction on a superficial level which can result in serious personality and social difficulties'.

Indeed, several variants of deprivation theory exist in this criminological literature. One such variant might encompass Reasons and Bray's (1984) conception of prisoner suicide as a type of organisational crime. They state (*ibid.*, p. 5):

Let us view prison suicide as violence produced by the nature of the procedures, policies and practices of the prison, rather than focusing upon the inmate as both offender and victim (cause and consequence).⁵

Alternatively, whilst importation theory (based upon the tenet that suicide in custody bears no relationship to the prison experience itself except insofar as this reflects the wider society) was mobilised by Anson and Cole (1984) in the service of sociological variables (in this case, ethnicity), it is also possible for this theory to be harnessed to a psychological explanation. Consequently, suicide in custody may be viewed, within this context, as the behavioural manifestation of psychological pathology; an explanation founded upon characterological difficulties, providing these are in evidence prior to incarceration, may therefore, be subsumed under the rubric of importation theory. If these difficulties have been exhibited consequent upon incarceration, however, an appropriate explanation may be the opposing functional theory. Evidently, the applicability of either theoretical option is determined, in part, by temporal factors.

Indeed, it follows from the premises integral to these two antithetical models of imprisonment-behaviour that contradictory hypotheses regarding inmate suicide should ensue. Deprivation theory would predict that suicide would be associated with adaptation to imprisonment, that is, would occur at obvious junctures of change such as at reception, removal to solitary confinement, or in connection with impending release. Alternatively, importation theory (in its sociological or psychological guise) would predict that suicide should occur randomly throughout confinement and be associated with particular socio-demographic variables or periods of vulnerability as experienced by the general population (for example, with maleness, with abandonment or divorce).⁶

The Interface Between Theory and Empiricism

A brief excursion through the empirical literature demonstrates, however, that neither deprivation theory nor importation theory receives unqualified support. Given the simplistic nature of these theoretical formulations (cf. Wormith, 1984), this does not seem surprising. It is clear that these approaches must be integrated if they are to prove useful (cf. Thomas, 1977; Thomas and Peterson, 1977; Zamble, Porporino and Kalotay, 1984).

Major Findings

Danto (1971), on the basis of a series of descriptive accounts of the typical suicidal inmate, developed a list of discriminant criteria: this individual is usually male, newly inducted into the system, is often serving a lengthy sentence or, alternatively,

is humiliated by the current circumstances, and is frequently in isolation from other inmates. This catalogue was amended in 1972 to include the following: the suicidee is typically a black, male inmate, often convicted of a violent crime, and frequently in possession of a history of previous suicide attempts and/or psychiatric intervention. This profile was confirmed by Esparza (1972). However, it needs to be remembered that each of these studies was based upon very small samples. Danto (1972) examined a total of 10 cases located in Wayne County Jail in Detroit, Michigan between 1967-1970, and Esparza (1972) examined only 6 cases. In addition, Esparza's sample was identified by correctional officials, introducing the possibility of selection bias.

Beigel and Russell (1972) found that the inmate who attempts suicide is characterised by several features including a previous record of incarceration, a previous record of suicide attempts, divorced status, the commission of a non-violent crime, and greater youth than the average inmate. The critical period during which a suicide attempt is most likely to occur was judged to be the first week of confinement.

Other American studies, for example, Fawcett and Marrs (1973), Heilig (1973), Willmote and Plat-Mendlewicz (1973), present conflicting results; this is possibly due to the inadequacies inherent in the design and execution of the research at hand. Hankoff (1980), although extrapolating from a narrow database (seven suicides), has attempted to improve upon earlier work by supplementing the statistical case-load with comprehensive interviews with inmates and correctional personnel associated with the suicidee prior to death. The suicidal inmate was typically found to be a male in his late twenties, of black or Hispanic origin, incarcerated for a repeat offence. Although there was no evidence of clinical depression amongst any of the suicidees, psychiatric diagnoses had been established in over half the cases.

A British study undertaken by Topp (1979) found that the first month in custody was the most critical for suicidal inmates; these individuals were typically recipients of psychiatric treatment who had engaged in previous suicidal threats or attempts.

Hayes (1983), in a national study of suicide in county and local jails in 1979, drew the following conclusions: the suicidal inmate is most likely to be a twenty-two year old, white, unmarried male arrested for public intoxication with a prior record of arrest. It is most likely that he will be placed in isolation; he typically possesses no previous record of suicide attempts or psychiatric disturbance. However, it should be noted that Hayes relied upon information yielded by official agencies despite the fact that one official stated: 'It is doubtful that precise and

factual information now exists on suicide rates in all jails in the State [Colorado]. Reliance on questionnaires to accurately reflect the suicides cannot be depended upon ...' (p. 466-7). Whilst acknowledging the problems of his methodology, Hayes made no attempt to counteract these difficulties.

A recent survey of suicide in the prisons of England and Wales from the period 1972 to 1982 conducted by Hennessy, HM Chief Inspector of Prisons (1984), concluded that the inmate most vulnerable to fatal self-destructive behaviour is typically a male, of any age, placed on remand (45 percent of sample; n = 169). In addition, it was found that the majority of suicides comprising the sample were facing charges related to a violent offence (40 percent); of the sentenced prisoners, a third were serving a life-term. However, a third of the suicidal remand population were accused of minor property crimes and fifteen percent of the adult males under sentence were serving terms of less than eighteen months. Of the adult males sentenced to a period in excess of four years (including life), over half committed suicide after having served more than a year of their sentence.

After defining the above statistical analysis as 'of limited scope' (p. 21), Hennessy proceeded to seek further information from coronial reports. The rationale underlying this second stage of enquiry was this: 'This time we decided not to accept automatically the verdicts reached by coroners' courts as to whether or not non-natural deaths were suicides' (op. cit.). After culling the doubtful or irrelevant cases from the sample pool, a set of twenty-eight files remained. An analysis of these cases indicated that over half the males in the suicide group were on remand at the time of their death. Of those under sentence, seven were serving periods of four years or less, five were serving life sentences, one was serving a long, determinate sentence and one was to be transferred to a psychiatric facility. The suicide sample had mostly been charged with serious offences against the person: eight were charged with murder, eight with other violent crimes, and one with kidnapping. In excess of half of the suicide sample had records of previous self-injurious behaviour, and approximately two-thirds of the sample were considered to be psychiatrically disturbed.

Despite a concerted attempt to comprehend the meaning of the suicidal act during incarceration, Hennessy modestly comments:

The two small studies we have described should not be given too much weight. The first examined only a limited range of data, the second looked only at a small sample, and neither incorporated a control group in the research design or used multivariate statistical techniques.

Although the majority of the studies cited above contain a multitude of empirical deficiencies irrespective of the recency of the work, one research project continues to maintain its definitive status in the field. In 1979, Burtch and Ericson examined the phenomenon of suicide in maximum security penitentiaries in Canada. They inspected the dossiers of 96 inmates who had committed suicide between 1959 and 1975 in four maximum security penitentiaries. In contrast to the design of other studies, Burtch and Ericson incorporated a substantial control group consisting of inmates incarcerated within maximum security institutions.

The results yielded indicated that whilst certain variables did not distinguish the suicidee from the non-suicidee, there were some core factors which were significant. These included: age (youth or advanced age was associated with suicide incidence) and sex and marital status (males, and those who are not in a relationship were more vulnerable to suicide). The preferred mode of death was, consistent with other studies, hanging. Although the imposition of a lengthy sentence did not appear to be a critical factor, the likelihood of suicide was exacerbated for those serving either short or very long sentences.⁸ Twenty-nine of the ninety-six inmates had manifest histories of depression, and a substantial proportion were under psychiatric treatment at the time of their death. Of great interest is the finding that ten of the ninety-six suicidees had apparently attempted to kill themselves one week prior to their final attempt.

Burtch and Ericson recommended increased liaison between correctional and mental health professionals. They expressed criticism of existing bureaucratic responses to the suicidal crisis. They suggested that further research upon attempted suicide and suicidal gestures is required; as a complement, innovative programs of intervention should be implemented. At present, in the authors' opinion, penal policies are critical in determining the likelihood of the occurrence of suicide in custody.

Burtch and Ericson also claimed that coronial reports and the submissions of Boards of Inquiry are oriented more toward the exoneration of correctional personnel than toward the provision of an explanation for suicide or suggestions for the development of appropriate intervention modes.

The discrepancies inherent in the empirical criminological literature on suicide in custody derive from several sources. These include: the varying populations studied (many American studies focus exclusively on pre-trial detention); the source of data utilised (many studies rely upon official statistics without acknowledging the potentially serious problems of the validity and reliability of this data; also many do not attempt to counteract this source of bias by consulting other data sources); and

finally, the design of the studies themselves (many studies fail to specify theoretical and operational definitions, and in addition to the difficulties listed above, fail to incorporate a control group). An examination of these issues as they relate to the research extant in the literature must precede statements on the comparability of findings.

PART III - RESULTS OF THE CURRENT STUDY

A questionnaire was distributed to all Corrective Services Departments around Australia. This sought information on the socio-demographic, offence, sentencing and imprisonment characteristics of those individuals who had died in prison or while absent (e.g. in hospital) but still under the authority of the corrections department, during the period 1980-85 inclusive. (It should be noted that, in each of the six jurisdictions which recorded deaths in the period surveyed, a substantial proportion of deaths actually occurred in hospitals, either within or outside the prisons themselves). In addition, information was gathered on the death characteristics, medical, psychological and prison management characteristics of the deceased. (A copy of this questionnaire is included in Appendix 1).

The data yielded by the questionnaires, or by subsequent investigations, are contained in Tables 1 to 21 included below. A brief discussion of the significant findings accompanies each table. It should be noted that the authors of this report were put to significant trouble to keep up with amendments being made to the data supplied by several jurisdictions, particularly in respect of the actual causes of death in individual cases. Some minor inconsistencies may therefore remain between the figures in one table and those elsewhere in the report. Every effort has been made, however, to retain consistency.

Tables 1 to 21 show the distribution of the responses, both in the total sample relating to all deaths in prisons, and in the large sub-group of all suicides. For comparison, wherever possible, some indication has generally been given of the distribution of the variable in the overall prison population, so the degree of association between that variable and the incidence of death and suicide can be assessed. Where some association appears likely, the items of data have been flagged in the tables by asterisks.

State/Territory of Imprisonment and Year of Death (Table 1)

This table shows the actual numbers of cases of death and suicide in the study period in each state in each year of the study period. The state percentages of the total number of cases are calculated. These show, in the case of all deaths, a ranking similar to the general population of the state. This, however, fails to take account of the relative size of the prison populations. The rate per 1000 prisoners is a more appropriate indicator of the relative incidence of deaths in the various jurisdictions, although it is debatable whether the denominator of such a calculation should be a daily 'on-hand' figure or an average 'receivals' figure. Due to the difficulties inherent in defining 'receivals' (particularly with respect to remandees who may be 'received' on numerous occasions in the same episode), the on-hand figures as at 30th June, 1983, have been used.

TABLE 1

All Deaths and Suicides, by State/Territory of Imprisonment and Year of Death

<u>State/ Territory</u>	<u>All Deaths</u>									<u>Suicides</u>								
	<u>No.</u>							<u>%</u>	<u>Rate per 1000 Prisoners* per year</u>	<u>No.</u>				<u>%</u>	<u>Rate per 1000 Prisoners* per year</u>			
<u>Year</u>	<u>1980</u>	<u>81</u>	<u>82</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>Total</u>			<u>1980</u>	<u>81</u>	<u>82</u>	<u>83</u>	<u>84</u>	<u>85</u>	<u>Total</u>		
NSW	7	9	4	12	8	7	47	30.3	2.1	1	4	2	9	3	5	24	31.2	1.6
VIC	4	8	5	8	11	3	39	25.2	3.3	1	3	2	5	8	3	22	28.6	1.8
QLD	7	8	3	5	4	**	27	17.4	3.2	3	5	2	1	2	**	13	16.9	1.5
WA	3	1	6	5	5	1	21	13.5	2.3	2	1	1	3	3	0	10	13.0	1.1
SA	7	2	4	2	0	2	17	11.0	3.7	2	2	1	0	0	0	5	6.5	1.2
NT	1	0	0	0	1	2	4	2.6	2.5	1	0	0	0	0	2	3	3.9	1.9
TOTAL	29	28	22	32	29	15	155	100.0	2.6 [#]	10	15	8	18	16	10	77	100.0	1.2 [#]

* As at 30 June, 1983

** Information not received in time for report. (Rate is calculated on 5 year total only.)

Rate per total Australian prison population.

The results show that the incidence of death ranged from a high of 3.7 per thousand prisoners per year in South Australian prisons down to 2.1 per thousand in New South Wales, with the other jurisdictions falling in between. This finding, of course, lends itself to a number of interpretations, but the small numbers involved suggest caution in reading significance into these figures. No deaths were reported from Tasmania or the Australian Capital Territory.

On the other hand, the suicide figures do tell an interesting story. The rate of suicide is highest in Victoria. This is undoubtedly due to the high incidence of suicides in that state in 1983-84. At the opposite end of the scale is South Australia with a rate less than half that of Victoria. Small numbers, however, ensure that these rates cannot be regarded as reliable indicators of differences in incidence between states. Most of the following analyses will therefore be at the national level, using the characteristics of the Australian prison population as the datum level.

TABLE 2

All Deaths and Suicides, by Sex of Prisoner

<u>Sex</u>	<u>All Deaths</u>			<u>Suicides</u>		
	<u>No.</u>	<u>%</u>	<u>Rate per 1000 persons per year</u>	<u>No.</u>	<u>%</u>	<u>Rate per 1000 persons per year</u>
Male	147	94.8	2.5	73	94.8	1.2
Female	8	5.2	3.3	4	5.2	1.7
TOTAL	155	100.0	2.6	77	100.0	1.2

Sex of Prisoner (Table 2)

This table shows that death rates, from suicide and from all causes, are higher for females than for males. The selective processes which affect imprisonment rates may contribute to this result; the conditions of imprisonment may also be significant. However, the very small female numbers do not allow firm conclusions to be drawn.

Mode of Death (Table 3)

The actual modes of death, as described on the completed questionnaires, were classified according to advice obtained from the Australian Bureau of Statistics' Branch which deals with 'Causes of Death' figures. The most frequent mode, or cause, of death was hanging. Heart disease was the second most common, and these two causes together account for more than half of all deaths

TABLE 3

All Deaths: Numbers and Percentages by Mode of Death,
Jurisdiction and Sex

<u>Males</u>	NSW	VIC	QLD	WA	SA	NT	TOTAL
Hanging	18 (40.0)	17 (50.0)	11 (40.7)	7 (35.0)	5 (29.4)	3 (75.0)	61 (39.7)
Overdose	1 (2.2)	2 (5.9)	1 (3.7)	2 (10.0)	-	-	6 (4.1)
Knife, blade	3 (6.6)	-	-	1 (5.0)	-	-	4 (2.8)
Other suicide	-	1 (2.9)	1 (3.7)	-	-	-	2 (1.4)
Self-Inf. injury	2 (4.4)	2 (5.9)	-	-	-	-	4 (2.7)
Heart disease	6 (13.3)	3 (8.8)	4 (14.8)	6 (30.0)	5 (29.4)	-	24 (16.4)
Brain disease	1 (2.2)	-	-	-	4 (23.5)	-	5 (4.1)
Infection	-	3 (8.8)	2 (7.4)	1 (5.0)	-	-	6 (4.1)
Cancer	-	2 (5.9)	2 (7.4)	-	2 (11.8)	-	6 (3.4)
Spinal injury	1 (2.2)	-	-	-	-	-	1 (0.7)
Other accident	1 (2.2)	1 (2.9)	1 (3.7)	-	-	-	3 (2.1)
Other Natural causes	-	1 (2.9)	1 (3.7)	-	-	-	2 (1.4)
Murder	6 (13.3)	2 (5.9)	-	-	-	-	8 (5.5)
Died escaping	2 (4.4)	-	1 (3.7)	1 (5.0)	-	-	4 (2.7)
Enquiry incomplete	-	-	-	2 (10.0)	1 (5.3)	1 (25.0)	4 (1.4)
Unknown, not stated	4 (8.9)	-	3 (11.1)	-	-	-	7 (7.6)
TOTAL	45 (100.0)	34 (100.0)	27 (100.0)	20 (100.0)	17 (100.0)	4 (100.0)	147 (100.0)
<u>Females</u>	NSW	VIC	QLD	WA	SA	NT	TOTAL
Hanging	1 (50.0)	2 (40.0)	-	-	-	-	3 (37.5)
Overdose	1 (50.0)	-	-	-	-	-	1 (12.5)
Infection	-	-	-	1 (100.0)	-	-	1 (12.5)
Accident	-	3 (60.0)	-	-	-	-	3 (37.5)
TOTAL	2 (100.0)	5 (100.0)	-	1 (100.0)	-	-	8 (100.0)

in prisons. One exception to this pattern was South Australia, where six deaths were recorded due to a variety of brain injuries. Although only New South Wales recorded another death of this type, there seems to be no pattern to these deaths: one was associated with an epileptic condition, two were brain haemorrhages, two were tumours, and the sixth resulted from a fractured skull from a fall. The high Victorian total, which was noted in Table 1, is entirely due to the large number of hangings in that state.

Age of Prisoner at Death (Table 4)

This table compares prison suicides with all prison deaths and with the overall prison population by age-group. Further analysis is possible, comparing these with expected rates of death by age in the general community, and such analysis is described in a later section. Table 4 shows that, compared with the prison population, prison death rates increase with age of prisoner, and are particularly high in the over 50 years of age groups. Prisoners who suicide, however, are more likely to be in the younger age groups, particularly the 20-24 age-group, although again the over 50's are also over-represented.

TABLE 4

All Deaths and Suicides, by Age of Prisoner

<u>Age at Death</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
15-19 yrs	9	5.9	7	9.1	9.9
20-24 yrs	32	20.9	26	33.8 **	28.1
25-29 yrs	41	26.8	23	29.9 **	23.9
30-34 yrs	21	13.7	8	10.4	15.3
35-39 yrs	10	6.5	3	3.9	10.2
40-49 yrs	15	9.8	5	6.5	9.2
50-59 yrs	14	9.2 **	4	5.2	2.9
60-69 yrs	11	7.2 **	1	1.3	0.5
TOTAL	153 (2 missing)	100.0	77	100.0	100.0

Mode of Death by Age (Table 5)

This table shows again that deaths from natural causes are spread throughout the age-range of prisoners, whereas suicides are heavily concentrated in the early adult years. Heart disease is clearly the main cause of death in the older age-groups, while hanging predominates in the under 30s.

TABLE 5
All Deaths by Mode of Death and Age

	Age							Total
	15-19	20-24	25-29	30-39	40-49	50-59	60+	
Hanging	6	24	16	9	5	3	1	64
Overdose	1	2	4	-	-	-	-	7
Oth. Suicide	-	-	3	2	-	1	-	6
Total	7	26	23	11	5	4	1	77
Suicides	(9.1)	(33.8)	(29.9)	(14.3)	(6.5)	(5.2)	(1.3)	(100.0)
Self-Infl.								
Injury	-	-	2	-	1	-	1	4
Heart Disease	-	-	2	6	4	7	5	24
Brain Disease	-	1	2	1	1	-	-	5
Infection	-	-	3	-	3	1	-	7
Cancer	-	-	-	3	1	-	2	6
Accidental								
Injury	-	3	3	1	-	-	-	7
Oth. Natural Causes	-	-	-	2	-	-	-	2
Total Natural Causes	-	4	12	13	10	8	8	55
	-	(7.3)	(21.8)	(23.6)	(18.2)	(14.5)	(14.5)	(100.0)
Murder	-	1	3	4	-	-	-	8
Died								
Escaping	2	-	-	1	-	-	-	3
Not stated, Unknown	-	1	3	2	-	2	2	10
Total	9	32	41	31	15	14	11	153
(2 missing)	(5.9)	(20.9)	(26.8)	(20.3)	(9.8)	(9.2)	(7.2)	(100.0)

Aboriginality of Prisoner (Table 6)

Aboriginals appear to be at no greater risk of suicide than non-Aboriginals but have a death rate by all causes around fifty per cent higher. Further inspection of the data reveals that a rather higher percentage of Aboriginals had died under 35 years of age than non-Aboriginals (Aboriginals 76%, non-Aboriginals 60%).

TABLE 6

All Deaths and Suicides by Aboriginality

<u>Aboriginality</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Aboriginal, Torres Strait Islander	19	16.5	6	10.9	13.6**
Other	96	83.5	49	89.1	86.4
TOTAL	115 (40 missing)	100.0	55 (22 missing)	100.0	100.0

Country of Birth (Table 7)

With the usual small-numbers proviso, there appears to be no significant difference in death or suicide rates between Australian born and others.

TABLE 7

All Deaths and Suicides, by Country of Birth

<u>Country</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Australia	117	79.1	55	80.9	80.2
N.Z.	2	1.4	2	2.9	2.5
U.K., Eire	10	6.8	7	10.3	6.7
Other West Europe	5	3.4	1	1.5	5.2
East Europe	5	3.4	-	-	0.8
Other	8	5.4	4	5.9	4.6
TOTAL	147 (8 missing)	100.0	69 (8 missing)	100.0	100.0

Marital Status at Receival (Table 8)

This table provides some evidence that an existing marital relationship is negatively related to the probability of suicide. Allowing for small numbers in these categories, it appears that persons divorced or widowed may be more likely to commit suicide or die of other causes than other prisoners. It may be, however, that the age variable accounts for both the greater probability of

divorcee/widower status and greater death rates. Those never married, are under-represented in the total deaths distribution, and persons separated are under-represented in suicides, although neither result is unequivocal.

TABLE 8

All Deaths and Suicides, by Marital Status at Receival

<u>Status</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Never Married	78	57.4	41	60.3	60.0
Married	35	25.7	16	23.5 **	27.6
Separated	7	5.7	2	2.9	4.6
Divorced	11	8.1	6	8.8	6.7
Widowed	5	3.7	3	4.4	1.0
TOTAL	136 (19 missing)	100.0	68 (9 missing)	100.0	100.0

Employment Status at Arrest/Charge (Table 9)

There appears to be little distinction between suicides and other deaths with respect to employment status at the time of arrest/charge, apart from the higher percentage of pensioners who die 'natural deaths'. Those who die, however, appear to be less likely to have been unemployed at the time of arrest/charge than the average prisoner, and more likely to have been either employed or on a pension.

TABLE 9

All Deaths and Suicides, by Employment Status at Arrest/Charge

<u>Status</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Employed	49	41.2	23	42.6	34.5
Unemployed	51	42.9	24	44.4	61.2**
Home Duties	3	2.5	2	3.7	0.7
Pensioner	15	12.6	5	9.3	3.2**
Other	1	0.8	-	-	0.3
TOTAL	119 (36 missing)	100.0	54 (23 missing)	100.0	100.0

Level of Education (Table 10)

Those who only received primary education appear to be less likely to commit suicide than other groups, while those with partial secondary education seem more likely to do so. Given that information on this item is regarded with some distrust amongst corrections researchers this may be merely an artefact of the data-collection process. Alternatively it could be genuine and perhaps another consequence of the age-distributions, since it would tend to be aboriginals and the older prisoners who would be recorded as having primary education only.

TABLE 10

All Deaths and Suicides, by Level of Education

<u>Level</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Technical	6	5.8	3	6.0	5.7
Post 2nd	1	1.0	1	2.0	1.0
Complete 2nd	10	9.6	5	10.0	7.5
Part 2nd	66	63.5	34	68.0 **	59.9
Primary only	21	20.2	7	14.0 **	24.0
TOTAL	104 (51 missing)	100.0	50 (27 missing)	100.0	100.0

Prior Imprisonment (Table 11)

This question clearly distinguishes between suicides and other deaths in prison. Whereas, in general, prisoners who died had a similar probability of prior imprisonment to the average prisoner, those who suicided appear far more likely not to have previously been imprisoned. The only way in which it appears this result could be an artefact is if there is a tendency for prior imprisonment status to be 'unknown' for recently received remandees, simply because of delays in recording procedures. While these are not unknown in corrective services, it appears that the gap between suicides and other prisoners is too great to be explained in this way.

TABLE 11
All Deaths and Suicides, by Prior Imprisonment

Prior Imprisonment	All Deaths		Suicides		% in overall prison population
	No.	%	No.	%	
Known previously Imprisoned	90	62.9	35	52.2 **	60.3
Unknown	53	37.1	32	47.8	39.8
TOTAL	143 (12 missing)	100.0	67 (10 missing)	100.0	100.0

Most Serious Offence (Table 12)

In this respect, the difference between 'suicides' and other deaths is surprisingly small. One might hypothesise that prisoners committing suicide would tend to be in prison for violence, while those dying of other causes should reflect the average prison offence distribution. However, in both groups homicide is greatly over-represented while other offences do not reflect great differences from the norm. Those in prison for offences against justice procedures, which may also carry indefinite imprisonment terms, are somewhat over-represented, whereas drug traffickers, who might also be facing very long sentences, are under-represented in suicides. Once again, however, the numbers are very small.

TABLE 12
All Deaths and Suicides by, Most Serious Offence

Offence	All Deaths		Suicides		% in overall prison population
	No.	%	No.	%	
Homicide	33	22.9	15	21.7	11.0 **
Assault	12	8.3	7	10.1	6.8
Sex Offences	16	11.1	8	11.6	9.0
Other Against Person	3	2.1	2	2.9	1.1
Robbery	13	9.1	8	11.6	13.4
Break and Enter	20	13.9	12	17.4	17.5
Other Theft	12	8.3	5	7.2	9.4
Property Damage	3	2.1	1	1.4	1.6
Justice Procedures	8	5.6	5	7.2	2.7 **
Offensive Behaviour	2	1.4	-	-	0.4
Other Good Order	3	2.1	-	-	1.1
Trafficking Drugs	6	4.2	2	2.9	5.5
Driving Offences	6	4.2	2	2.9	4.9
Other Offences	7	4.9	2	2.9	15.6
TOTAL	144 (11 missing)	100.0	69 (8 missing)	100.0	100.0

Legal Status at Time of Death (Table 13)

Remandees and persons unfit to plead are grossly over-represented in the overall sample, and even more so in the suicides group. Correspondingly, the sentenced prisoners are under-represented. An interesting observation, which is picked up again in the cluster analysis results later, is that of the five suicide cases who were unfit to plead, two had been recently transferred to another institution as a disciplinary measure.

TABLE 13

All Deaths and Suicides, by Legal Status at Death

<u>Status</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Sentenced	100	66.7	39	53.4	85.6 **
Waiting Appeal	2	1.3	1	1.4	2.1
Unfit to Plead	6	4.0	5	6.8	0.7
Unconvicted	39	26.0	27	37.0	10.9 **
Waiting Sentence	3	2.0	1	1.4	0.6
Waiting Deportation	-	0.0	-	0.0	0.1
TOTAL	150 (5 missing)	100.0	73 (4 missing)	100.0	100.0

All Suicides, by Most Serious Offence and Legal Status (Table 14)

This table highlights the very strong tendency for persons remanded in custody on homicide charges to commit suicide prior to conviction. In other respects, however, no clear pattern emerges relating offence type to legal status. Remandees who suicide may have as broad a range of charges against them as do convicted persons who suicide.

Outstanding Charges at Time of Death (Sentenced Persons)(Table 15)

The uncertainty of the immediate future faced by the remandee appears to be reflected also in the figures for sentenced persons who still have outstanding charges to be resolved. They are twice as likely to die, and almost three times as likely to suicide, as the average prisoner.

TABLE 14

All Suicides, by Most Serious Offence
by Legal Status at Time of Death

<u>Most Serious</u> <u>Offence</u>	<u>Legal Status</u>			<u>Total</u>
	<u>Under</u> <u>Sentence</u>	<u>Unfit</u> <u>to Plead</u>	<u>Unconvicted/</u> <u>Unsentenced</u>	
Homicide	4	4	7	15
Assault	6	1	-	7
Sex Offences	6	-	2	8
Other Against Person	1	-	1	2
Robbery	4	-	4	8
Break and Enter	8	-	4	12
Receiving	1	-	-	1
Other Theft	2	-	3	5
Property Damage	-	-	1	1
Justice Procedures	4	-	1	5
Trafficking Drugs	1	-	1	2
Driving Offences	2	-	-	2
TOTAL	39	5	24	68 (9 missing)

TABLE 15

All Deaths and Suicides, by Outstanding Charges
(Sentenced persons only)

<u>Outstanding</u> <u>Charges</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall</u> <u>prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Yes	19	17.9**	11	23.4	8.8 **
No	87	82.1	36	76.6	91.2
TOTAL	106 (49 missing)	100.0	47 (30 missing)	100.0	100.0

Type of Sentence (Sentenced Persons only) (Table 16)

The indefinite sentences, including Governor's Pleasure in particular, are over-represented in 'suicides' and all deaths. Persons serving life imprisonment are not over-represented in suicides but are considerably over-represented in other deaths. This may be explained by the age-distribution of 'lifers', which would tend to be older than the average prisoner; but with only one suicide in the life imprisonment category this apparently aberrant figure is likely to be a statistical artefact.

TABLE 16

All Deaths and Suicides, by Type of Sentence
(Sentenced Persons only)

<u>Sentence Type</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Life Imprisonment	12	11.7	1	2.3	6.0 **
Governor's Pleasure	9	8.7	6	14.0	1.3 **
Indefinite	55	53.4	27	62.8	47.7
Fixed Term	20	19.4	8	18.6	38.8 **
Fine Default Only	7	6.8	1	2.3	3.1
Periodic Detention	-	-	-	-	3.1
TOTAL	103 (52 missing)	100.0	43 (34 missing)	100.0	100.0

Previous Escapee, Breach of Parole (in this episode) (Table 17)

This table suggests a positive link between the revocation of parole and death, particularly by suicide. Such a connection would seem reasonable for the suicide group, and it may be that some connecting feature such as age or aboriginality might provide a link with other deaths and breach of parole. None was obvious, however, on further examination.

TABLE 17

All Deaths and Suicides by Previous Escapee, Breach of Parole

<u>Escape/Breach</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Escapee	9	7.8	1	3.9	5.5
Breach of Parole	19	16.4	10	19.6	8.7 **
Neither	87	75.0	39	76.5	85.8
TOTAL	115	100.0	50	100.0	100.0
	(40 missing)		(27 missing)		

Security Classification at Time of Death (Table 18)

Two features emerge from this table. Maximum security prisoners are grossly over-represented in both 'suicides' and the larger group, and minimum security prisoners are under-represented. However, suicides are greatly under-represented in minimum security, strongly suggesting that 'suicides' tend to occur in the early parts of a sentence before the prisoner has 'graduated' to a minimum security rating. Conversely, deaths from natural causes may well occur late in a sentence simply due to the ageing process itself.

TABLE 18

All Deaths and Suicides, by Security Classification
of Prisoner at Time of Death

<u>Classification</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
Maximum	68	53.5	41	67.2	30.3 **
Medium	27	21.3	12	19.7	27.5
Minimum	19	15.0	3	4.9	37.8 **
Unclassified	13	10.2	5	8.2	4.3 **
TOTAL	127	100.0	61	100.0	100.0
	(28 missing)		(16 missing)		

Time Served at Death (All Prisoners) (Table 19)

The most likely times for death to occur in prison appear to be either within weeks of receipt or several years into a lengthy sentence. As previous analyses would predict, suicides are more

common very soon after receipt whereas deaths by other causes are significant after serving at least five years. Clearly legal status and age of prisoner are active variables in this complex area of analysis.

TABLE 19

All Deaths and Suicides, by Time between
Receipt and Time of Death

<u>Time Served</u>	<u>All Deaths</u>		<u>Suicides</u>		<u>% in overall prison population</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
<1 week	4	2.8	3	4.4)
1<2 weeks	20	13.9	13	19.1) 17.9 **
2<4 weeks	12	8.3	6	8.8)
1<2 months	13	9.0	4	5.9)
2<3 months	14	9.7	9	13.2)
3<6 months	7	4.9	2	2.9	14.7
6<12 months	17	11.8	10	14.7	15.3
1<2 years	9	6.3	3	4.4	14.9 **
2<5 years	12	8.3	6	8.8	11.1
5<10 years	20	13.9 **	9	13.2 **	4.1
10 years and over	16	11.1	3	4.4	1.3
TOTAL	144 (11 missing)	100.0	68 (9 missing)	100.0	100.0

All Suicides, by Time Served at Death, by Legal Status (Table 20)

This table confirms the impression given in earlier tables that remandees and sentenced prisoners who commit suicide tend to do so in the first weeks of imprisonment. (In the case of remandees, this is of course inevitable since prisoners rarely spend more than three months on remand in custody). There are significant exceptions, however, particularly the Unfit to Plead group.

TABLE 20

All Suicides, by Time between Receiving and Time of Death,
and Legal Status at Time of Death

<u>Time Served</u>	<u>Legal Status</u>			<u>Total</u>
	<u>Under Sentence</u>	<u>Unfit to Plead</u>	<u>Unconvicted/Unsentenced</u>	
<1 week	2	-	1	3
1<2 weeks	6	-	7	13
2<4 weeks	2	-	4	6
1<2 months	3	-	1	4
2<3 months	4	-	5	9
3<6 months	1	-	1	2
6<12 months	6	1	3	10
1<2 years	-	1	2	3
2<5 years	6	-	-	6
5<10 years	7	2	-	9
10 years and over	2	1	-	3
TOTAL	39	5	24	68 (9 missing)

Proportion of Time Served (Sentenced Prisoners with Specific Release Dates) (Table 21)

This table extends Table 19 by examining those prisoners who have specific release dates. The data confirm that 85% of suicides occurred in the first ten per cent of a sentence. This result is partially reflected in the all-death column, but clearly non-suicide deaths are far more evenly spread throughout the sentence.

TABLE 21

All Deaths and Suicides, by Proportion of Time Served at Death
(Sentenced prisoners with release dates)

	<u>All Deaths</u>		<u>Suicides</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
Under 10%	27	58.7	16	80.0
10<20%	5	10.9	2	10.0
20<30%	4	8.7	-	-
30<40%	5	10.9	2	10.0
40<50%	2	4.3	-	-
50<60%	3	6.5	-	-
TOTAL	46 (109 missing)	100.0	20 (57 missing)	100.0

Other Features in Brief

Compared to the all-deaths figures, suicides were significantly more likely to have been in single cell accommodation, and to have made previous suicide attempts and/or had a history of self-inflicted injury. Curiously, although no obvious astrological bias stands out in the all-deaths figures, twenty per cent of all prison suicides were Virgos - a figure almost two and a half times greater than one would expect. While, in general, we have avoided statistical tests of significance in this report, it seems worth mentioning that the Chi-squared test of significance suggests such a result to be a one in a thousand chance if it is assumed that prisoners' birthdays are evenly distributed through the year (Chi-squared value of 11.68 with one degree freedom).⁹

Comparison of Deaths in Prisons with Deaths in the Community

The Australian Bureau of Statistics publishes data on rates of death, by cause of death, and were kind enough to prepare additional tables for this study showing Annual Average Death Rates (per 1000 population, by cause, age-group and sex, for Australia in the years 1980-85.

Applying these community death rates to the Australian prison population during these years gives a set of 'expected' figures which can be compared with the numbers of deaths which actually occurred. That is, it is possible to compare the likely number of deaths which would have occurred in prisons if 'normal' death rates applied with the actual number of deaths. Discrepancies between the two sets may, then, indicate the extent to which deaths are 'attributable' to imprisonment.

The two following tables show a clear excess of deaths in prisons, amongst the 20-34 age-groups in particular, and specifically due to suicides (over five times more likely than in the general population) and homicides (three times more likely than in the general population). On the other hand, prisoners are less likely to die in their forties or fifties than they would outside prison walls, and specifically they are less likely to die of cancer or accidents. Presumably the same selective processes which place people behind bars may also be partly responsible for the low cancer death rate, and clearly the low rate of accidents in prisons is the result of the absence of road traffic and the limitations on prisoners' activities. In addition, it is normal that persons terminally ill or seriously disabled from natural causes, including accidents, may be released by the exercise of executive clemency, and so do not end their days in prison. The often sudden occurrence of heart attacks would, however, account for the fact that in-prison rates for this category of natural causes are not lower than general community rates, particularly bearing in mind that our sample included those persons who died in hospitals.

TABLE 22

Expected Number of Deaths in Australian Prisons by Age, Sex and Mode of Death,
in Six Years, 1980-1985

(1983 Australian Prisons population by age, multiplied by age-specific death rates by cause)

Cause of Death	Age														Expected Total			Actual Total				
	15-19		20 - 24		25 - 29		30 - 34		35 - 39		40 - 49		50 - 59		60 - 69		M	F	T	M	F	T
	M	F	M	F	M	F	M	F	M	F	M	F	M	F								
Suicide	0.6	0.0	4.5	0.0	3.3	0.1	1.9	0.0	1.2	0.0	1.2	0.0	0.5	0.0	0.1	0.0	13.3	0.1	13.4	73	4	77
Heart Disease	0.1	0.0	0.5	0.0	0.8	0.0	1.1	0.0	1.6	0.0	5.6	0.1	7.4	0.1	3.9	0.2	21.0	0.4	21.4	24	-	24
Infections	0.2	0.0	0.6	0.0	0.4	0.0	0.3	0.0	0.3	0.0	0.7	0.0	1.0	0.0	0.7	0.0	4.2	0.0	4.2	6	1	7
Cancer	0.4	0.0	1.4	0.0	1.4	0.1	1.4	0.1	1.6	0.1	4.3	0.2	6.0	0.1	2.9	0.1	19.4	0.7	20.1	6	-	6
Accidents	5.1	0.1	16.2	0.2	8.7	0.1	4.1	0.0	2.5	0.0	2.3	0.0	1.0	0.0	0.2	0.0	40.1	0.4	40.5	4	3	7
Murder	0.1	0.0	0.5	0.0	0.5	0.0	0.3	0.0	0.2	0.0	0.2	0.0	0.1	0.0	0.0	0.0	1.9	0.0	1.9	8	-	8
All Other Causes	0.6	0.0	2.6	0.1	2.6	0.1	1.7	0.0	1.6	0.0	3.3	0.1	3.5	0.1	1.8	0.1	17.7	0.5	18.2	15	-	15
Unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11	-	11
Expected Total	7.1	0.1	26.3	0.3	17.7	0.4	10.8	0.1	9.0	0.1	17.6	0.4	19.5	0.3	9.6	0.4	117.6	2.1	119.7	147	8	155
Actual Total	9	0	31	1	37	4	21	0	10	0	12	3	14	0	11	0	145	8	153			

Note: Accumulating rounding errors have resulted in the Expected Totals by age and sex not being precisely the same as those presented in Table 23. The differences however do not affect the conclusions to be drawn from the tables.

TABLE 23

Expected Number of Deaths by Jurisdiction, Sex and Age
in Six Years, 1980-1985

(1983 prison population multiplied by death rates x 6)

<u>Age at Death</u>	<u>NSW</u>		<u>VIC</u>		<u>QLD</u>		<u>WA</u>		<u>SA</u>		<u>TAS</u>		<u>NT</u>		<u>Expected Total</u>			<u>Actual Total</u>				
	m	f	m	f	m	f	m	f	m	f	m	f	m	f	t	m	f	t				
15-19	2.3	0.0	1.1	0.0	1.2	0.0	1.1	0.0	0.5	0.0	0.2	0.0	0.4	0.0	6.8	0.1	6.9	9	-	9		
20-24	9.5	0.2	4.9	0.1	4.1	0.0	3.9	0.1	2.0	0.0	0.6	0.0	0.6	0.0	25.6	0.3	25.9	31	1	32	**	
25-29	7.2	0.2	3.8	0.1	2.9	0.0	2.8	0.1	1.3	0.0	0.3	0.0	0.5	0.0	18.8	0.3	19.1	37	4	41	**	
30-34	4.3	0.1	2.4	0.1	1.8	0.0	1.6	0.1	0.8	0.0	0.2	0.0	0.2	0.0	11.2	0.3	11.6	21	-	21	**	
35-39	2.8	0.1	1.6	0.0	1.5	0.0	1.2	0.0	0.7	0.0	0.1	0.0	0.2	0.0	8.1	0.2	8.3	10	-	10		
40-49	5.3	0.2	3.4	0.1	3.1	0.1	2.0	0.1	1.4	0.0	0.3	0.0	0.4	0.0	15.8	0.4	16.2	12	3	15		
50-59	6.0	0.1	3.7	0.1	4.0	0.0	2.7	0.0	1.5	0.0	0.3	0.0	0.3	0.0	18.6	0.2	18.8	14	-	14		
60-69	1.7	0.0	2.2	0.1	3.2	0.0	0.6	0.0	0.6	0.1	0.4	0.1	0.3	0.0	8.8	0.3	9.1	11	-	11		
Expected Total	39.1	0.9	23.1	0.6	21.8	0.1	15.9	0.4	8.8	0.1	2.4	0.1	2.9	0.0	113.8	2.1	115.9	145	8	153		
Actual Total	45	2	34	5	27	0	20	1	17	0	0	0	4	0	147	8	155	(2 missing)				
					(5 yrs only)																	

Note: Accumulating rounding errors have resulted in the Expected Totals by age and sex not being precisely the same as those presented in Table 22. The differences however do not affect the conclusions to be drawn from the tables.

A Classification of Deaths in Prisons

Although the data-set gathered for this study was considerably affected by missing information,¹⁰ it was possible, using techniques especially developed to cater for such data, to derive a classification of the deaths which occurred in prisons in the 1980-85 period. In fact, two classifications are presented here, but, for reasons which will become obvious, only that relating to suicide alone is particularly useful as a explanatory tool. Because the cluster analysis was performed relatively early in the data-collection exercise only 147 out of the eventual sample of 155 deaths were included. The eight cases excluded were those occurring late in 1985.

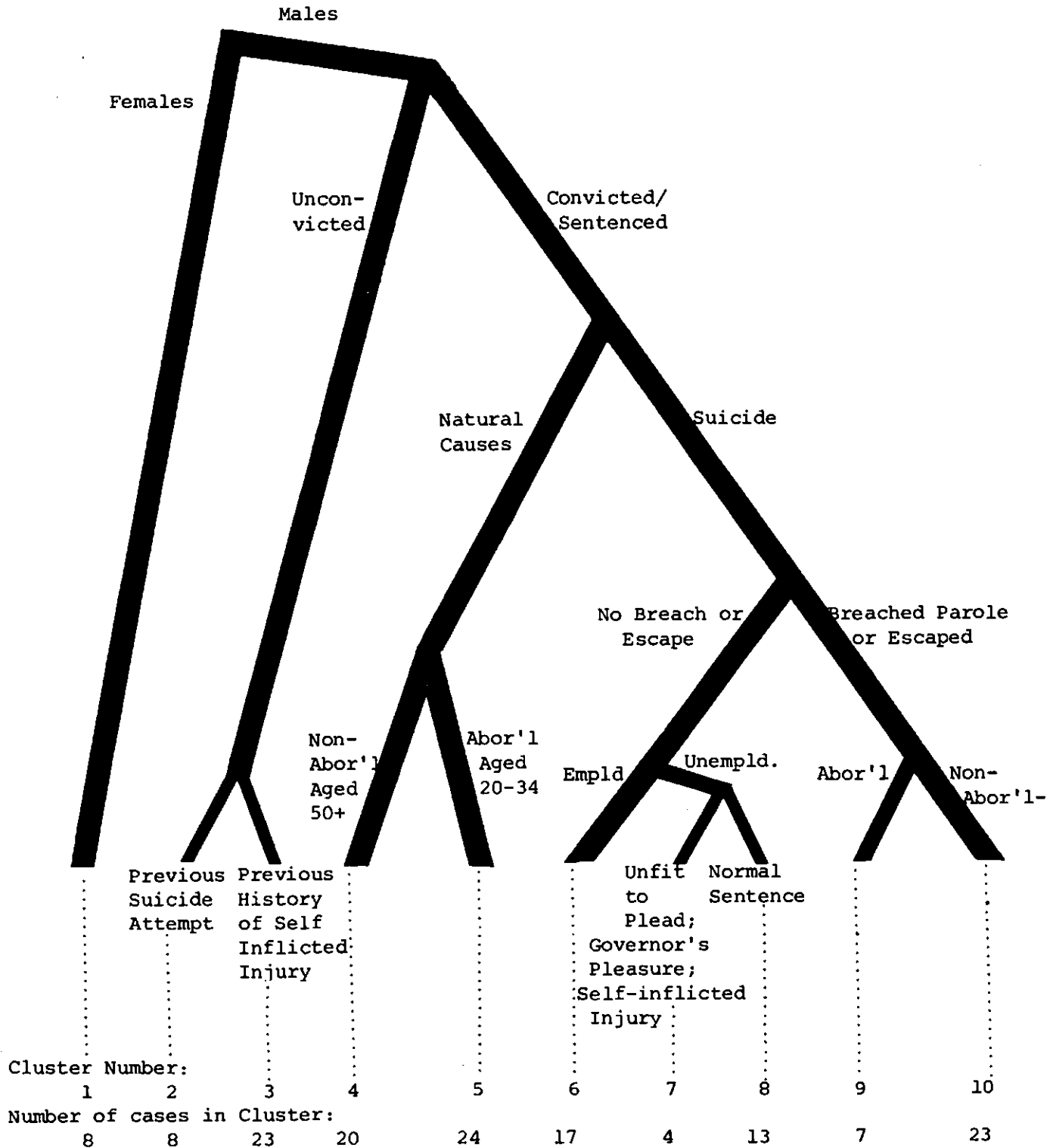
The TAXON package of cluster analysis routines was used in preference to the more statistically-formulated classification techniques such as factor analysis or discriminant analysis because of its ability to handle the large proportion of missing data, and other 'awkward' features of the data, such as the non-ordinal nature of many of the variables. In addition, it is felt that this essentially arithmetic technique, without the pretensions of statistical validity, is more suited to the task of exploring classificatory systems with practical implications.

The particular clustering strategies which produced the following results are the 'middle-of-the-road' options of Squared Euclidean Distances to measure similarity between cases, followed by the Group-weighted Centroids method of determining which groups of cases cluster together.¹¹ Some clustering methods tend to isolate cases which have one or two unique features and group all the other cases together. Other methods tend to overlook singular features of cases, and produce more evenly balanced groups. This method falls between these two extremes.

When all available information about deaths in prisons was included in the data presented to the clustering package, the results were so strongly influenced by the State of imprisonment and State of birth variables (which in most cases were identical) that these were subsequently excluded. As there are only 147 cases in all, it is unlikely that any meaningful and observable differences between cases would be due to either of these variables.

The next run, excluding these two variables, produced the classification system described in Figure 1. Despite its apparent complexity, the 'dendrogram' (latin: tree-graph) is easy to interpret. Reading from the top to the bottom of the diagram the total sample of cases is continually subdivided until (in this case) ten sub-groups or clusters result. At each subdivision (or fork in the diagram) the principal characteristics that differentiate between the groups on either side of the 'fork' are evident. For example, the eight females separate from the 139 males immediately. Clearly there are too few cases of female deaths for the model to compare them in any more detailed way. The next fork down, on the 'Males' side, divides the remaining group on the basis of legal status; i.e., unconvicted in one group,

FIGURE 1: Dendrogram derived from data relating to all deaths in prisons.



convicted in the other. If we follow the unconvicted group down the dendrogram, we find that it splits (at a much lower level of significance) into those with previous suicide attempts and those with previous histories of self-inflicted injury. Clearly there is an inference that unconvicted persons dying in prison are likely to be 'suicides'. Of the 31 'Unconvicted' cases, all but eight fell into the self-inflicted injury cluster.

On the other hand the Convicted group is divided into those who died of natural causes and those who suicided. Interestingly, the natural causes group divides again on age/ethnicity grounds. Typical non-aboriginal deaths of natural causes are of men aged fifty or more, but typical aboriginal deaths are of men aged 20-35.

The Convicted-Suicide sub-group divides on the question of previous breaches of parole or escapes from prison. Those without such features on their records eventually divide into three clusters: those previously employed; those previously unemployed and either under a Governor's Pleasure sentence, unfit to plead, or possessing a previous history of self-inflicted injury; and those previously unemployed but under normal sentence. The breach/escapee group subsequently divides on ethnic grounds.

In summary, the main features that these results show are that:

- (i) persons dying while on remand often have histories of self-inflicted injury or histories of previous suicide attempts;
- (ii) persons dying of natural causes while convicted are likely to be elderly if non-aboriginal, but in their twenties or thirties if aboriginal;
- (iii) a large proportion of those committing suicide while convicted have actually been returned to prison for breach of parole or after an escape in this episode;
- (iv) of those who had not breached their parole or prison term it appears that employment status may be significant.

While interesting in themselves, and not at all unconvincing, these results carry a limited number of policy implications. One cannot identify a potential death in prison by the sex, legal status or aboriginality of the individual concerned. Furthermore, features which previous experience would suggest should be relevant, such as length of sentence or offence-type, do not even appear. However, when one considers that approximately half of these cases were 'normal' deaths, i.e., deaths from natural causes or accidents, it is not surprising that such features do not appear significant. Cancers or heart diseases are not necessarily associated with violent offences or lengthy sentences. These

results therefore give us a classification of deaths in prison, but do not allow the development of policies to prevent such a random event as death. The very high death-rate does, however, suggest that the issue of health care within prisons requires urgent attention.

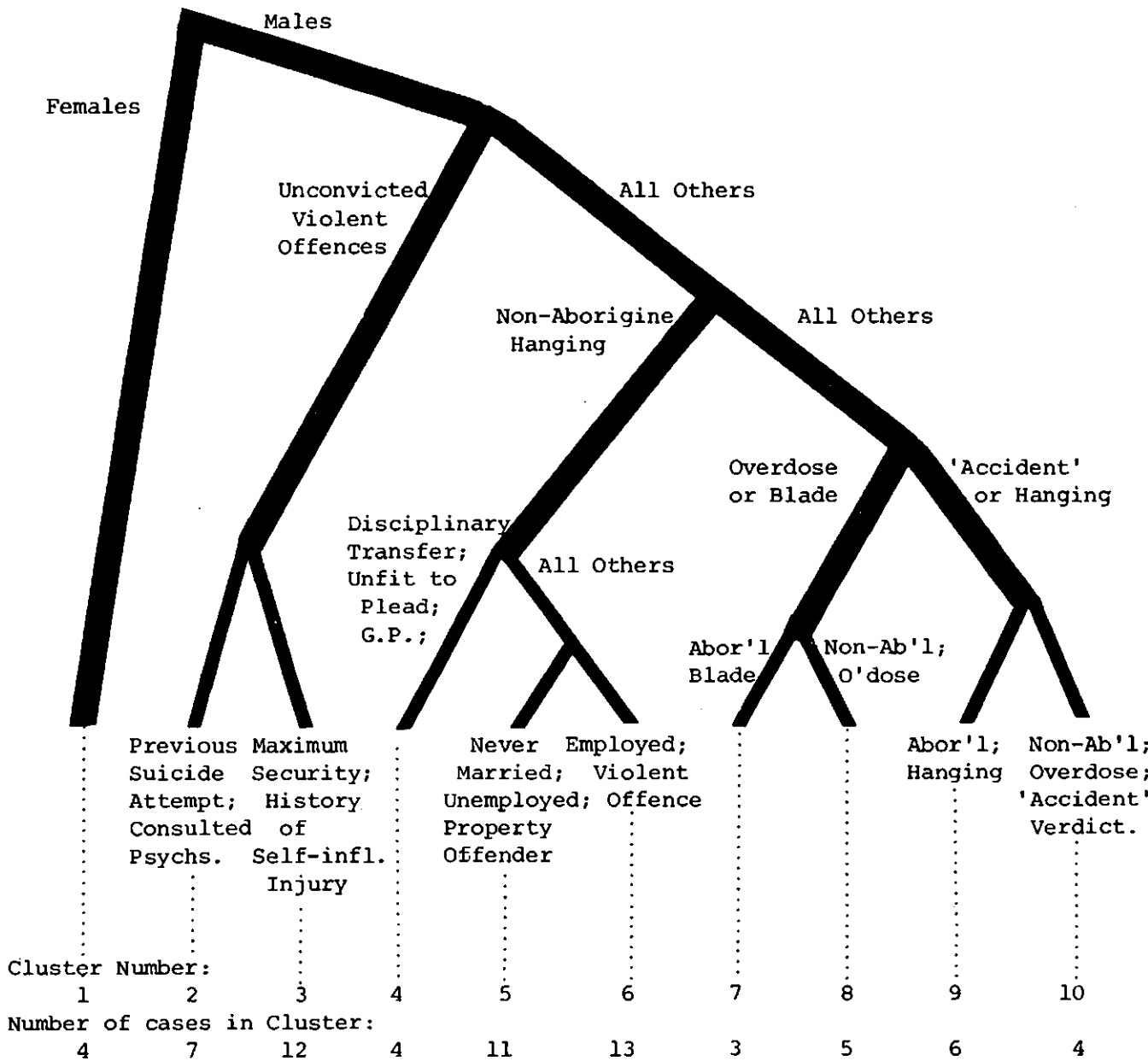
On the other hand, suicide is by no means a random event, and when one performs the same cluster analysis on Suicide cases alone, a quite different picture emerges. Again the uniqueness of the female suicidee separates her prematurely from her male counterpart. Owing to small numbers, further analysis of female suicides is not possible. Next, however, the unconvicted, violent offenders are isolated from the remainder, later to be further divided into a cluster of persons with previous suicide attempts who had consulted prison psychologists/psychiatrists during their current episode, and a cluster of persons in maximum security classifications (probably implying single-cell conditions) with previous histories of self-inflicted injuries.

Of the others, non-aboriginals who hang themselves are distinguished from the rest. They later split into three groups: those unfit to plead or serving Governor's Pleasure sentences who had been transferred as a disciplinary measure; those never married, unemployed and charged/convicted of a property offence (such characteristics suggest offenders under 25 years of age); and those employed at the time of arrest and now in prison for violent offences.

The next major group eventually divides itself into four clusters. Although the computer suggests a different structure within the group, a little interpretative licence suggests that in fact these four clusters are firstly divisible along ethnic lines, and secondly by mode of suicide. Aborigines tend to commit suicide by hanging or by cutting themselves with knives or razors, while non-aborigines choose drug overdoses, and are sometimes regarded by coroners as 'accidental' deaths.

These results certainly provide support for a range of policy-relevant hypotheses. The previously suicidal violent offender, remanded in custody prior to court hearings, is identified in one cluster. Also identified is the prisoner, unfit to plead or facing the indefinite prospect of a Governor's Pleasure sentence, transferred to unfamiliar surroundings as a disciplinary measure. The young offender with a history of convictions for property offences (it usually takes several convictions before a prison sentence is handed down for a property offence), and with no job and no family for support, is identified. Finally, the tendency for non-aboriginals to use drug overdoses is contrasted with the aborigines' use of hanging or sharp instruments to kill themselves.

FIGURE 2: Dendrogram derived from data relating to suicides in prisons.



With only 69 cases for analysis, it is perhaps surprising that we have obtained such a clear classification of suicides in prison. Taken in conjunction with the other conclusions, obtained by comparing age- and cause-specific death rates in prison with those outside, a fairly consistent picture emerges. The key elements of this picture are as follows:

1. Remandees, particularly those with previous suicidal tendencies and/or charged with violent offences, may commit suicide.
2. Persons who are unfit to plead and/or facing Governor's Pleasure sentences are particularly likely to commit suicide when moved to an unfamiliar institution.
3. Persons in the age-range 20-34 are the most likely to commit suicide.
4. Significant numbers of aborigines in the 20-34 age-group die of 'natural causes'.
5. Persons without employment or family support are at risk.
6. Non-aborigines tend to die as a result of hanging or drug overdoses; aborigines tend to die as a result of hanging or laceration with sharp instruments.

A Comparison Between These Results and Past Research on Suicide in Prison

The findings of this report appear to lend support to the results of many previous studies on prisoner suicide. In particular, the social demographic and criminological characteristics associated with inmate suicide - Australia (for example, youth, unemployment, unmarried status, and charge or conviction for violent crime against the person and remand status) are consistent with the international literature (Topp, 1979; Burtch and Ericson, 1979; Hennessy, 1984), as are the findings related to the mode of suicide and the existence of a previous history of self-inflicted injury and/or suicide attempt (Burtch and Ericson, 1979; Hennessy, 1984).

In contrast to much earlier work in the area, this study employed a sizeable sample of suicide cases, and compared these with subjects who had died from other causes (cf. Danto, 1972; Espanza, 1972; Hankoff, 1980). Greater confidence may thus be placed in the validity of the results contained in this report; in addition, a deeper understanding of inmate suicide is provided by the larger context of mortality within Australian prisons.

The research findings related to prisoner suicide outlined in this report do not lend exclusive support to either deprivation or importation theory. Both theories appear to be implicated. It is perhaps worthwhile noting the cogent advice of those who have recommended integrating these theories (Thomas, 1977; Zamble, Porporino and Kalotay, 1984). Whilst some writers have advocated the development of more complex theoretical propositions to account for prisoner behaviour (cf. Wormith, 1984), there is clearly much progress to be made in this area.

PART IV - RECOMMENDATIONS EMANATING FROM THE CURRENT STUDY

A prime purpose of this research was to identify, if possible, prison practices and procedures which might tend to minimise unnecessary deaths, particularly suicides. Accordingly, some tentative suggestions which might be incorporated into existing regimes are set out below. Of course, their applicability would be governed by the particular circumstances pertaining within each jurisdiction. Indeed, some of these suggestions have already been implemented in some jurisdictions. However, decisions regarding the relevance and viability of the suggestions must clearly rest with the individual correctional agencies concerned.

Nevertheless, it is essential that the limitations of these suggestions be recognised. Banton, Clifford, Frosh, Lousada and Rosenthal (1985, p. 37) have made the pertinent point that:

It is not simply a matter of identifying the 'real' needs that people have and then constructing the best possible institutions to meet them, for these 'needs' are themselves generated and mediated by social structures - that is, no straightforward distinction between an individual's subjective experience and the objective factors that allegedly determine it can be maintained.

Although these comments were made in the context of mental health services, it is clear that they are equally applicable to the present exercise.

(a) Induction into Prison

The study results clearly show that the period immediately following reception is most critical, particularly where previous history includes suicidal tendencies. Deprivation theory suggested that the shock of incarceration is often the catalyst which results in suicide attempts. Accordingly every effort should be made to minimise this impact on prisoners at induction. Moves which administrators should consider include the following:

1. Reception procedures at all institutions should be re-examined with a view to minimising the significant psychological impact reportedly associated with induction into prison.
2. In particular, it is considered vitally important that the vulnerability of unconvicted prisoners be recognised.
3. Interviews with inmates should occur during the reception process or as soon thereafter as is reasonably practicable. The function of this interview should be to identify

indicators of self-inflicted injury or suicide. Ideally, a follow-up should be held with any prisoner for whom there are any risk indicators.

4. In cases where the file indicates a previous history of self-inflicted injury or attempted suicide, the returning inmate should be interviewed in depth. The information on the file should be circulated in a systematic manner throughout the organisation.
 5. Prison officer training and refresher courses should contain a component relating to prison suicide as well as receipt procedures and interview techniques facilitating recognition of at-risk prisoners. Welfare staff should also, where appropriate, be trained in such matters and encouraged to co-ordinate their activities in these areas with uniformed staff.
 6. Prisoners should be accorded as much privacy as feasible; medical examinations should ideally be conducted in a separate room. Personal searches should not be conducted in groups. However, where any indication of suicidal tendencies are observed, or are on the record, or where the prisoner's characteristics fit any of those identified in this study (i.e. charge of homicide, unfit to plead etc.), the prisoner should not be left in isolation.
 7. Prisoners should be provided with basic information regarding rights and privileges, the institutional regime and so on at reception. This information should also be provided in written form in simple English and in other languages. There should be opportunities to clarify aspects of this information or to have access to the services of an interpreter.
 8. It should be clearly stated that prisoners will be provided with additional, detailed information on aspects of imprisonment during the first week of admission.
- (b) Additional Services to Prisoners and their Families**
9. A crisis intervention service should, if resources permit, be provided for all inmates. This service should function on the principles of crisis theory. Inmates in crisis should as far as practicable be granted additional access to significant others of their choice, for example, family members. The provision of services should be on the basis of increased psychological support and, where appropriate, increased surveillance.
 10. The availability of the crisis intervention service to prisoners should be highlighted during reception. It should be made clear that it is normal procedure to request this service and that no stigma attaches to its use.

11. Prisoners confined with, or in immediate proximity to, a prisoner who suicides should themselves be assessed to ascertain whether they are at risk.

(c) **Emergency Procedures**

12. It is considered imperative that communication between inmate and correctional officer be at an optimum level in the high security areas, particularly during the night. If necessary, measures to effect improved communication should be instituted.
13. In addition, mechanisms should be established to expedite communication between correctional officers and emergency medical, psychiatric or psychological staff.

PART V - FUTURE DIRECTIONS: THE ADMINISTRATIVE PERSPECTIVE

This report concludes with a series of principles focusing upon the general context of imprisonment. These principles are derived from a variety of sources: consultation with correctional personnel, including superintendents, researchers and correctional officers; discussion with prisoners; perusal of the selection criteria and training material for correctional officers; and examination of the recommendations of international research reports. It is intended that these principles should form the framework for the prisoner-specific suggestions listed in the previous section. It is also recognised that it is for correctional administrators themselves to determine the operational validity of such principles and the specific suggestions based upon them.

Policy and Procedural Matters

1. Each jurisdiction should clearly formulate an operational definition of 'at-risk' or 'suicidal behaviour'. This should be communicated directly to all staff in contact with inmates through the dissemination of a policy statement.
2. Standing orders should be developed to clearly indicate the responsibilities of relevant personnel and the procedures to be employed in the event of self-inflicted injury or suicide.

The Management of Suicide: General Principles

3. The management of suicide should occur in the context of interdisciplinary teamwork.
4. Specific measures should be instituted to ensure optimum co-operation between correctional staff, medical, psychiatric and psychological personnel.
5. Appropriate documentation should be developed for the recording of relevant information on medical and psychological health during the various phases of imprisonment, from reception to release.

The Role of Correctional Officers

6. Correctional officers should be adequately trained in the identification of 'suicidal behaviour' as defined in the above policy statement.
7. The training should be up-dated and expanded periodically with in-service refresher courses. It is particularly important that peer discussion and case review be a significant part of this training.

8. An important element of the pre and in-service training package should be the instruction in emergency resuscitation techniques. It is particularly vital that skills in this area be maintained. Rehearsal utilising role play situations during training sessions should increase the likelihood of a prompt response in an emergency.
9. Correctional officers need to be educated in the significance of the crisis intervention service to prisoners, particularly staff working in high security areas. Seminars should be conducted in which correctional officers are provided with the opportunity to contribute to the development of the service.
10. Correctional officers should be adequately trained in the necessity for the immediate referral of inmates in crisis.

Additional Services to Correctional Officers

11. Correctional officers should be provided with a welfare service which should adequately address any grievances articulated by the officers and psychological stresses inherent in the job.
12. In particular, correctional staff working with a prisoner who suicides should receive immediate and long-term psychological support.

Provision of Data on Self-Inflicted Injury

13. Procedures for collecting data upon self-inflicted injury should be established.
14. Correctional, psychological, welfare and medical staff should be required to formally record upon an inmate's file any incidents of self-inflicted injury or suicide.
15. Communication of this data throughout the system should be facilitated. Case conferences should be arranged at which all of the relevant personnel attend and contribute.
16. Correctional staff should be kept fully informed of the outcome associated with intervention in a particular case. Information regarding inmates should be both provided by and provided to correctional officers.
17. Procedures for notifying the family of the deceased should be formalised and streamlined. Specific grievance mechanisms for communicating complaints regarding these procedures should be established.

18. Welfare staff should ensure that the family of the deceased are referred, when necessary, to appropriate psychological services.
19. Psychological autopsies should be conducted in the instance of inmate suicide.
20. There should be a central point for the collation and analysis of all the above. The results of this analysis should be disseminated throughout the system.

Research

21. It is recommended that independent research continue to be conducted from time to time upon the phenomenon of death or injury occurring during imprisonment.

ENDNOTES

1. The literature on this topic is generally united in its failure to provide theoretical or operational definitions of 'suicide'. Nevertheless, it is possible to surmise that most writers adopt a behavioural definition of suicide (that is, delineate the activities encompassed) and exhibit a reliance upon official data sources (that is, a positivist emphasis upon correctional statistics).
2. The then Canadian Solicitor-General, Bob Kaplan, recently tabled statistics in the House of Commons indicating that suicide in the leading cause of deaths in Canadian penitentiaries. Of the 219 inmates who have died since 1976, 80 committed suicide, 62 died of natural causes, 60 were murdered, 14 were killed in accidents, and 3 died attempting to escape or during other disturbances (Liaison, 1984).
- * We have taken the liberty of correcting this annotation: the second author should appear.
3. This may be due to such factors as the definition of suicide employed, and societal attitudes towards suicide which encourage the obscuration of the act (Douglas, 1967). Zilboorg (1936, p 1350) has commented: 'It is obvious that under these circumstances the statistical data available cover the smallest and least representative number of suicides'. Whilst suicide in custody may appear to be less 'equivocal' (in terms of methods available the possibility of the involvement of others, and so on), the pressures for concealment may be increased by the very nature of the socio-political context of the act.
4. Whilst it may be objected that these theoretical models should not be seen to be mutually exclusive (ie. they may interact in some way), they are presented in this fashion by Anson and Cole (1984). What follows is thus consistent with their interpretation.
5. Of course, it could be objected that sociological explanations such as these do not take account of the motivation propelling individual acts or the differential distribution of self-injurious behaviour. Thus, whilst policies and procedures can exacerbate the likelihood of inmate self-destructive behaviour, they cannot be viewed as causative agents (that is, responsible in toto for such behaviour).
6. It should be recognised that the application of importation theory in this context involves the confounding of several variables, that is, although divorce is correlated with the suicide of the male partner, entry into the prison system,

per se, involves separation from a female partner. It would be difficult to distinguish between the applicability of functional and importation theory under these circumstances.

7. Indeed, this initiative deserves praise.
8. However, Burtch (1984) recently commented that suicide in custody is most likely to occur during the middle phase of incarceration rather than during the closing phase.
9. Exactly what kind of conclusions prison authorities can draw from this interesting observation is somewhat difficult to say. However, it should be noted that both authors of this report are Virgos; and, prior to this study, were convinced non-believers in astrology.
10. There was clearly great variability both between and within jurisdictions as to the comprehensiveness of the prisoner records.
11. Readers interested in the fine details should read the TAXON manual. The options selected were programs MSED and SAHN.

APPENDIX 1 : QUESTIONNAIRE

A copy of the questionnaire utilised in this research forms Appendix 1.

(Acknowledgement of the work of Walker and Biles, 1983, is indicated; the current questionnaire was partially derived from the National Prison Census. See Australian Prisoners, 1983, John Walker and David Biles (1983), Australian Institute of Criminology, Canberra).

NATIONAL STUDY OF DEATHS IN CORRECTIONS

DATA COLLECTION FORM A: Death in Correctional Custody

PART 1 - GENERAL INFORMATION

Please answer every item. - Ensure that all appropriate items are answered

Sequence Number

1. State/Territory

The state in which the prison establishment is located

Code: 1 - NSW 2 - VIC 3 - QLD 4 - WA 5 - SA 6 - TAS 7 - NT 8 - ACT

1

2. Institution

See Part 1 of Coding Manual for code list.

2 3

3. Unique Prisoner Identifier

A number (up to 8 digits), unique to each prisoner within the state, as employed for normal administration purposes.

4 5 6 7 8 9 10 11

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4. Sex of prisoner

Code: 1 - Male 2 - Female

12

5. Date of Birth

The day, month and year of prisoner's birth
 Notes: if the day or month of birth is unknown, code 99.
 If the exact year is unknown use best estimate.

13 14 15 16 17 18

d	d	m	m	y	y

6. Aboriginality

The racial origin group to which the person considered him/herself to belong

Code: 1 - Aboriginal or Torres Strait Islander 9 - Unknown/Not Stated
 2 - Non Aboriginal or Torres Strait Islander

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7. State/Country of Birth

The prisoner's state or country of birth

Code: 01 - NSW	11 - New Zealand	41 - UK and Ireland	61 - Africa (incl. Libya, Egypt)
02 - VIC	12 - Papua New Guinea	42 - Greece	62 - Lebanon
03 - QLD	13 - Other Oceania	43 - Italy	63 - Turkey
04 - WA		44 - Yugoslavia	64 - Other Middle East
05 - SA	21 - Vietnam	45 - Other West Europe	
06 - TAS	22 - Other Indo China	46 - East Europe	
07 - NT			
08 - ACT	31 - Asia	51 - USA	99 - Unknown/Not Stated
09 - Australia unspecified		52 - Canada	
		53 - Other Americas	

See Part 2 of Coding Manual for full list of countries and their codes

20 21

8. Marital Status at Recelval

The actual (not necessarily legal) marital status of prisoners

Code: 1 - Never Married 3 - Separated (not divorced) 5 - Widowed
 2 - Married (including defacto) 4 - Divorced 9 - Unknown/Not stated

22

9. Employment Status at Time of Arrest/Charge for Episode Current at time of death

Code: 1 - Employed (wage and salary earner or self-employed) 4 - Student
 2 - Unemployed - seeking work 5 - Pensioner (e.g. sickness, old age, supporting parent)
 3 - Home Duties 6 - Other

23

10. Known Highest Level of Education

Code: 1 - Tertiary (degree, diploma) 4 - Completed secondary (certificate level) 7 - No formal schooling
 2 - Technical & Trade (e.g. apprenticeship) 5 - Part secondary 9 - Unknown/Not stated
 3 - Post secondary undefined 6 - Primary only

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11. Known Prior Adult Imprisonment

Had the person been imprisoned under sentence in a gazetted prison (prior to the current term of imprisonment)? Prior sentence of periodic/weekend detention to be regarded as prior imprisonment

Code: 1 - Yes 2 - No 9 - Unknown/Not stated

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If Yes : number of prior imprisonments under sentence

Code: Actual number if less than 8; Code 8 for 8 or more; Code 9 for unknown/not stated

26

PART II - RECEPTION INFORMATION

Please answer every item. - Ensure that all appropriate items are answered.

12. Date of Most Recent Receive!

To be recorded for all prisoners, as day, month and year of most recent receive into a gazetted prison within that state, in respect of the current episode, whether or not the person was originally on remand or whether the remand period counted towards this sentence. Dates of receive into particular establishments on transfer from other prisons within that state, and temporary leave periods, are to be ignored. Note: If breach of parole, code date of receive after breach.

27	28	29	30	31	32
d	d	m	m	y	y

13. Most Serious Offence/Charge

See Part 3 of Coding Manual for codes and coding rules

Note: If the prisoner has dual status (e.g. convicted of one or more offences and on remand for others) select only from offences for which convicted.

33	34	35

14. State/Territory of Court of Sentence or Most Recent Remand in Custody

Code: 1 - NSW 2 - VIC 3 - QLD 4 - WA 5 - SA 6 - TAS 7 - NT 8 - ACT

36

15. Legal Status of Prisoner

The legal status of the prisoner at census date. Note: If the prisoner is convicted, but has dual status (e.g. awaiting trial on other matters or awaiting deportation) the convicted status takes precedence.

Code: 1 - Under sentence: no appeal current	4 - Unconvicted: awaiting court hearing/trial, extradition
2 - Under sentence: awaiting determination of any appeal (verdict or sentence)	5 - Convicted but awaiting sentence
3 - Detained as unfit to plead, not guilty on grounds of insanity, etc.	6 - Awaiting deportation
	9 - Unknown/Not stated

37

If 'LEGAL STATUS' equals 4-9 GO TO PART IV: OTHERWISE please COMPLETE PART III

PART III - SENTENCE INFORMATION

Please answer every item. - Ensure that all appropriate items are answered.

16. Known Outstanding Charges

Were there any other charges known still to be determined by the courts at the time of death.

Codes: 1 - Yes 2 - No 9 - Unknown

38

17. Aggregate Sentence

The longest period that the person may be detained under sentence at the time of death.

Code: 888888 88 for indeterminate sentences 999999 99 if the actual sentence is not known.

39	40	41	42	43	44	45	46

18. Charges Pending

Record detail of types of charges pending, if any, at time of death.

19. Date Aggregate Sentence Commenced

47	48	49	50	51	52
d	d	m	m	y	y

20. Type of Sentence (for Aggregate Sentence)

Code: <u>Indeterminate</u>	<u>Indefinite</u>	<u>Definite</u>	9 - Unknown/Not stated
1 - Life	4 - Maximum term specified and minimum term or non-parole period set	5 - Fixed term, no minimum term or non-parole period set	
2 - Governor's/H.M. Pleasure		6 - Fine default only	
3 - Subject to ministerial/administrative decision		7 - Periodic/Weekend detention	

53

21. Earliest Date of Release at time of death.

To be calculated in respect of the aggregate sentence, allowing for parole period or minimum term, and maximum expected remission. See Part 4 of Coding Manual for detailed method of calculation.

Code: 888888 for indeterminate sentences.

34	35	36	37	38	39
d	d	m	m	y	y

22. Breach of Parole/Escapes

Relates to whether or not the person had escaped and been recaptured during the episode current at time of death, or was in custody at time of death for a breach of parole conditions, or conditions attached to release on licence. Breaches of probation, bonds etc. are not to be counted.

Code: 1 - Escapee 2 - Parole breach 3 - Both 4 - Neither 9 - Unknown

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23. Current Security Classification of Prisoner

Codes: 1 - Maximum 2 - Medium 3 - Minimum 4 - Unclassified 9 - Unknown

61

24. Type of Accommodation

Code: 1 - Single Cell
2 - Dormitory
3 - Other: specify _____

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If Dormitory, number of others domiciled excluding prisoner

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PART IV - DEATH INFORMATION

Please answer every item. Ensure that all appropriate items are answered.

25. Mode of Death (e.g. heart attack, hanging, drug overdose).

Note: If coronial enquiry completed, state cause of death contained therein.
If no such enquiry has occurred, indicate finding specified by prison medical officer.

Specify: _____

26. Date of Death

65 66 67 68 69 70

d d m m y y

27. Completion of coronial enquiry

Code: 1 - Yes 2 - No

71

If Yes, specify coronial verdict

1 - Accidental Death 2 - Suicide
3 - Murder/Manslaughter 4 - Undecided

72

28. Location of body when found

Code: 1 - Own cell/dormitory
2 - Other's cell/dormitory

73

3 - Other: Specify _____

PART V - MEDICAL/PSYCHOLOGICAL INFORMATION FOR THE DECEASED

Please answer every item. - Ensure that all appropriate items are answered.

29. Specify any medical conditions known to exist at time of death (excluding psychiatric illness)

Special Condition

Treatment Received (if any)

30. Specify details of any history of self-inflicted injury, where applicable, during current term of imprisonment

Code: 1 - No history of self-inflicted injury
2 - History of self-inflicted injury

74

If there is a history of self-inflicted injury, specify details i.e. type of injury; weapons employed if any; number of occasions; and treatment received where applicable.

31. Previous suicide attempts in custodial care (if so defined)

Code: 1 - Yes
2 - No
3 - Unknown

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If Yes, specify details, e.g. no. of attempts; weapons employed, if any.

32. Consultation with psychologist/psychiatrist during current term of imprisonment

Code: 1 - Yes 2 - No

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If Yes, please indicate:

Reason for consultation and diagnosis where appropriate

Drugs or other treatment prescribed (if any)

Name(s) and professional status of persons consulted

Total number of consultations

Date of first and last consultation in that series

PART VI - EXPERIENTIAL AND PRISON MANAGEMENT INFORMATION

Please answer every item. - Ensure that all appropriate items are answered.

33. Estimated average no. of hours per day spent in cell prior to death (calculated over the period of one week)

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Note: If records unavailable, provide estimate based on classification of prisoner, taking account of rights, privileges, punishments etc.

34. Existence of mechanical communication system in cell/dormitory linking prisoner with custodial officers

Code: 1 - Yes 2 - No

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If Yes, describe:

35. Provide details of rights/privileges as follows:

Mail/telephone entitlements _____

Visitation rights (briefly indicate type, time constraints, frequency)

Recreational/sports facilities (type, degree of access, i.e. frequency, duration)

36. Access to any educational programmes at time of death

Code: 1 - Yes 2 - No

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If Yes, was the prisoner participating in such programmes at the time?

Code: 1 - Yes 2 - No

81

If Yes, specify details (e.g. type of programme, availability of leave to attend institution)

37. Specify occupational opportunities available within the prison at time of prisoner's death (e.g. prison industry, work release)

38. Participation of prisoner in prison industry or other occupational activity at time of death.

Code: 1 - Yes 2 - No

82

If Yes, specify details (e.g. type of industry)

39. Number of full-time and part-time rehabilitation personnel available at time of death

Instructors (i.e. all courses): _____

Code: 00 - 09 in boxes

83	84

Social Workers: _____

85	86

Psychologists: _____

87	88

Medical Officers: _____

89	90

Psychiatrists: _____

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40. Availability of individual counselling

Codes: 1 - Yes 2 - No

93

41. Availability of Group counselling

Codes: 1 - Yes 2 - No

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42. Availability of treatment programmes for drug abuse

Codes: 1 - Yes 2 - No

95

43. Availability of treatment programmes for alcohol abuse

Codes: 1 - Yes 2 - No

96

44. Disciplinary measures in existence at time of death

Code: 1 - Institutional transfer
 2 - Suspension of visitation rights
 3 - Segregation/solitary confinement
 4 - Restriction of other privileges
 5 - Other: specify: _____

97

45. Disciplinary measures against prisoner during current term of imprisonment

Code: 1 - Yes 2 - No

If Yes, provide details, e.g. number of occasions, type of measure instituted.

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