N E B R A S K A

JAIL BULLETIN

NUMBER 113 OCTOBER/NOVEMBER 1994

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be used as a supplement to your jail in-service training program if officers study the material and complete the attached "open book" quiz. The Bulletin and quiz may be reproduced for use by your staff. We welcome any jail training material you would like to contribute to the Bulletin.

SUICIDE IN CUSTODY: IS THERE A WAY TO MANAGE RISK

Thomas A Rosazza

April 28, 1994

PART I

Suicide in custody is a rare phenomenon but it is the leading cause of death in county jails and city police lock-ups. While statistics are sketchy, about four to five hundred such suicides occur each year. In addition there are many more attempts which are detected and stopped, sometimes resulting in permanent and serious injuries.

The incidence of suicide in custody is much higher than that of society at large, due mostly to the social or mental instability of those who end up in jail. Many who commit or attempt suicide are under the influence of drugs or alcohol; others may be mentally ill and have a history of suicide.

WHY SHOULD JAIL STAFF BE CONCERNED?

Why should jail staff focus on this problem and what, if anything, can they do to lessen the incidence of custodial suicide? The answer to the first question is easier to deal with than the second.

The contents of the Jail Bulletin represent the views of the author(s) and do not necessarily reflect official views or policies of the Nebraska Crime Commission or the Nebraska Jail Standards Board.

The primary mission of a jail officer is to provide for the safe and secure custody of inmates placed in his/her care. In addition to the unnecessary loss of a life, jail suicides can take a high toll on the emotional health of both jail officers involved and other inmates in the jail. Additionally, staff should be concerned about these incidents because they reflect the greatest potential for monetary loss related to custodial care. In one case alone a permanently brain-damaged young man was awarded $850,000.00 after officers found him hanging, revived him and provided emergency care. Add to this the cost of four years of litigation. The author has been an expert in over thirty custodial suicide suits and in every case the plaintiff has won something.

THE NATURE OF CUSTODIAL SUICIDES

Most custodial suicides are by "hanging". Contrary to popular notions, jail hangings are not hangings at all. They are more properly described as self-asphyxiation, where the person places a ligature around the neck and places pressure on the carotid artery by bending his head (ten pounds of pressure is all that is needed) thus cutting off the oxygen supply to the brain. ***In as few as twenty eight seconds the person can pass out and in four minutes he can be dead.***

Such suicides can be accomplished standing up, lying down and sitting using such articles as blankets, sheets, clothing or strips from these. In two cases prisoners died standing, not slumping, with their back to the cell door.

WHY IS THE AGENCY RESPONSIBLE FOR A SELF-INFLICTED ACT?

People generally approach the issue of custodial suicide with a certain degree of incredulity. Why, they ask, does it become the jail's responsibility to prevent, intervene in or protect people from committing such a private act? Also, they add, if someone really wants to commit suicide they are going to be able to do it.

Both the foregoing question and comment are well taken, however, it is long-standing law that when people are incarcerated, government has a corresponding obligation to protect
them. This duty to protect prisoners from predators and themselves is one that derives from constitutional and tort law.

THE SUICIDE PROFILE: A PROBLEM

One would be wealthy if he had the wisdom or knowledge to identify and predict behavior. This applies most appropriately to the subject at hand and is one of the reasons why there is litigation whenever a custodial suicide occurs.

There are those who believe that there is a "profile" which may be used to identify those pre-disposed to suicide and thus prevent their act. This notion developed from two studies in the 1980s which profiled those who committed custodial suicide by looking at demographic factors (age, race, alcohol/drug use, time of suicide, mental health history, etc).[1] The thinking goes: If I know the kinds of factors common to suicides, then I can identify those likely to attempt or commit suicide.

The problem with this approach is that when one looks at the profile of people committing or attempting suicide and the profile of the typical jail prisoner, they generally are the same. The profile fails to point out differences between suicides and the run-of-the-mill prisoners, and thus fails to be helpful to police or jail officers.

The profile problem stems from those people who would say that every suicide is detectable and preventable. The fact is that many suicides come out of the blue and are committed by people with no history of suicide, and indeed have no intent to commit suicide up to minutes before the act.[2]

Those who advocate for the profile create problems precisely because they perpetuate the profile-related predictability myth and encourage litigation. Their pseudo-science comes from a hope that they can explain reasons for every human act and in a sense to look back at an event such as suicide and fix responsibility. Because, "Surely if I could know then so should the jailers".[3]

MANY SUICIDE RISKS ARE KNOWN TO JAIL OFFICERS

While some suicides come out of the blue and without any warning, there are those people who:

will tell officers directly of a history of suicide attempts if they are asked;
may obliquely refer to suicide ("Life isn't worth living if I lose my license").
have scars indicating past attempts;
threaten suicide in custody either to family members, other prisoners or the jail officers; or,
whose behavior is such that any prudent jail officer should be on alert to watch this person more closely than every thirty minutes.

In addition, jailer officers often know their prisoners from past jailings, and keep information on those who have attempted.

In these cases, clearly, the jail officers are on notice that they have a potential problem on hand and must exercise their duty to protect their prisoner from self-harm. This could include close and continuing observation and supervision, and referral for mental health evaluation.

PART II

PRISONER SUPERVISION: THE PROBLEM WITH MONITORS

No jail officer or police official will ever admit to being over-staffed. In fact small jails or police lock-up operations generally have their officers performing a myriad of duties to include dispatch and prisoner supervision. Many delegate the supervision of prisoners to untrained civilians.

Often these officers' primary duty is dispatching and prisoner supervision is secondary. That is why one will always see TV monitors in the dispatch area and an inquiry will generally reveal that the monitoring of prisoners is done solely by closed circuit television.

There are a variety of problems in the use of monitors. Most significantly, officers feel that they do not have to go into the cell block area and personally supervise prisoners because they can see the prisoners on TV. What they may not realize is that *watching the TV monitor is mesmerizing*, meaning that while the officer is looking at the screen he is not seeing what is going on. In two cases known to this author the prisoners committed suicide standing up with their backs to the cell door. In both cases the prisoner was observed by the dispatchers on their monitors (one was actually videotaped for up to three hours). By the way, the tape was used very effectively at trial.

There are numerous cases where the dispatchers have actually turned off the TV because the prisoners were rowdy, and later learned that their ward had committed suicide.

An additional problem with monitoring devices is that often the viewer lacks any perspective of what he sees on the screen. One jail's TV monitor showed a rather confusing picture which the dispatcher could not identify, even though she had worked as a dispatcher in the jail for eight years. She said it was always like that. A jail tour verified that the TV camera was focused on the floor. The tour also verified that there was no way the dispatchers were monitoring the prisoners.

KNOWING WHAT I KNOW NOW, WHAT CAN I DO?

Standards: An Alphabet Soup

Standards regarding suicide intervention programs have been in existence for some time. The effect of these standards has never been assessed but from a common sense point of view they have raised awareness of the problem. And if the agency has implemented the standards and a has a suicide the agency's documentation will be most helpful that they did something to meet standards if litigation occurs.

The alphabet soup comes from the acronyms of the various standards setting bodies which include:

CALEA (Commission on Accreditation for Law Enforcement Agencies). CALEA has an entire chapter on police lock-up operations and addresses medical intake screening and care and supervision of potentially suicidal prisoners.[4]

NCCHC (National Commission on Correctional Health Care).[5]

ACA (American Correctional Association).[6]

Both ACA and NCCHC require intake screening and assessment of a prisoner's suicide history and current suicidal thoughts.

NCCHC provides recommended screening forms which can be used by booking officers, and other screening forms can be found in a manual provided by the **AJA** (American Jail Association).[7]

Assessing Risk

The standards provide a convenient means to develop an instrument which can be used to assess risk.

A risk assessment tool can be developed with the assistance of local mental health professionals who generally have liaison with law enforcement agencies. Involving those professionals has added benefits as they can be used for training officers in suicide awareness.

Training

Staff training is critical to the success of any suicide program. The resistance previously mentioned must be dealt with as well as ignorance over what constitutes suicide and how easily and quickly it can occur. An officer's liability is another area of training concern. There are several suicide training documents and films which can be purchased from AJA and ACA. These address the standards and assessing or screening for suicide risk

Periodic Follow-up

An annual assessment of each jail and lock-up would be prudent to ensure that they continue to meet standards or are moving toward compliance. Each jail should provide for the following;

written policies and procedures addressing the suicide awareness and assessment program;

training for staff on the suicide program;

forms for screening potentially suicidal prisoners;

documentation that such forms are filled out for each prisoner immediately on intake;

logs which document closer observation of potentially suicidal prisoners;

review of incident reports and the emergency response to suicides or attempts; and,

where potentially suicidal prisoners are housed and the audio and visual means by which they are monitored.

CONCLUSION

Suicide is the leading cause of death in custody and jail officers can expect litigation if it occurs. While many suicides cannot be detected and hence prevented, there are steps which can be taken to cut one's losses, if not to totally eliminate them. Those steps include setting standards, assessing risk and training staff in the awareness of custodial suicide as a problem.

The author is **THOMAS A ROSAZZA**, a consultant with over 27 years experience in custodial standards, training, risk assessment and expert testimony. He is President of Rosazza Associates, Inc., P.O. 26053, Colorado Springs, Colorado 80936.

FOOTNOTES

1. Hayes, Lindsay and Joseph R. Rowan. National Study of Jail Suicides: Seven Years Later, National Institute of Corrections, Washington, DC. 1988.

2. Kennedy, Daniel B. and Robert J. Homant. "Predicting Custodial Suicides: Problems with the Use of Profiles", Justice Quarterly, Vol 5, No 3, September, 1988.

3. Ibid.

4. Standards for Law Enforcement Agencies, Commission on Accreditation for Law Enforcement. Fairfax, Virginia. 1987.

5. Jail Health Standards, National Commission on Correctional Health Care. Chicago, Illinois. 1992.

6. Standards for Adult Local Detention Facilities, 3rd Edition, American Correctional Association. Laurel, Maryland. 1992.

7. Jail Officer's Training Manual. National Sheriffs Association. Alexandria, Virginia. 1990.

See Also: Rosazza, Thomas A. Jail Inspection Basics. National Institute of Corrections Jail Center. Longmont, Colorado. 1991.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of inservice training each year. The Jail Bulletin may be used to supplement inservice training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections.

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SUBJECT: **Suicide in Custody: Is There a Way to Manage Risk**

NAME: ______________________

DATE ______________________

1. Suicide in custody is rare, but it is the leading cause of death in jails.

_______ True _______ False

2. Most custodial suicides are by ____

3, When people are incarcerated, Government has an obligation to _________ _____ them.

4. According to the author, every jail suicide is detectable.

_______ True _______ False

5. The incidence of suicide in custody is much higher than that of society at large.

_______ True _______ False

6. The primary mission of a jail officer is to provide for the ____ and ____________________________________ custody of inmates placed in their care.

CREDIT: One hour credit for jail in-service training requirement

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   ___X___ True _______ False

2. Most custodial suicides are by _HANGING OR SELF-ASPHYXIATION.________
   ____

3, When people are incarcerated, Government has an obligation to _PROTECT_ them.

4. According to the author, every jail suicide is detectable.

   _______ True ___X___ False

5. The incidence of suicide in custody is much higher than that of society at large.

   ___X___ True _______ False

6. The primary mission of a jail officer is to provide for the __SAFE__ and SECURE_ custody of inmates placed in their care.

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ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR.

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1. In many U.S. jails the primary duty of jail officers is to dispatch. The monitoring of prisoners is secondary and done solely by watching ________ ____________________

2. Which of the following are problems encountered when using closed circuit television cameras to monitor inmates:
   A. Officers may not feel required to personally supervise prisoners
   B. Television monitors leave little room for other equipment
   C. Watching the T.V. monitor is mesmerizing
   D. The cost of equipment is staggering
   E. A and C above

3. Staff training (in suicide awareness) is critical to the success of any suicide (prevention) program. _______ True ______ False

4. Which of the following should be provided in a jail's suicide prevention program?

   A. Forms for screening potential suicidal prisoners
   B. Training for staff on the suicide program
   C. Logs which document closer observation of potentially suicidal prisoners
   D. Written policies and procedures
   E. All of the above

5. Suicide is the leading cause of death in custody.
   _______ True ______ False

6. Jail officers need not fear litigation if a suicide occurs in their jail.
   _______ True ______ False

7. Involving local mental health professionals in developing risk assessment tools and training is beneficial to the jail facility.
   ______ True _______ False

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