

Suicide in Prison

By D. O. TOPP

SUMMARY Records of 186 suicides among male prisoners in England between 1958 and 1971 emphasize the differences between the prison population and the population at large. The suicide rate may well be three times greater. The records show that sentence of more than 18 months' duration, whether anticipated or actually received, is associated with a greater risk of suicide than shorter sentence, and that suicide is most likely to be committed during the first few weeks in custody.

Introduction

On 1 April 1878, a Board of Prison Commissioners was established with the purpose of taking over all the local prisons in England and Wales on behalf of the Secretary of State (40 and 41 Vic. Cap. 21). Now, one hundred years later, it seems appropriate to recall that the first Medical Inspector to be appointed by this body, Dr R. M. Gover, considered it a matter of urgency to investigate the apparently large number of suicides in the prisons at that time. In the Commissioners' third Annual Report he published a survey of the suicides during the previous five and a half years. His main observations were that suicides occurred most frequently during the first week in custody and that those most vulnerable to suicide were first-time prisoners and those on remand. Other groups especially prone to suicide were violent prisoners, those fearing penal servitude, and those who had already received a sentence of penal servitude and were awaiting transfer to a convict prison. He considered that the prison staff's lack of knowledge about individual prisoners was a relevant factor.

Dr Gover continued his interest in this problem throughout his career, and it was also studied by his successor, Dr Smalley. In the Annual Report for 1911 Dr Smalley analysed prisoners' suicides for the preceding decade. He stated that on average there were nine such deaths per year, but that this figure could not be compared with the suicide rate in the population

at large. He was of the opinion that prisoners convicted of crimes of impulsive violence, or crimes against morality, were those most prone to suicide.

There has been no systematic study of suicide in English prisons since Smalley's, with the exception of an aside made by Dr Goring (1), Medical Officer at Parkhurst Prison in 1913. Having studied 3,000 English convicts, he stated that the suicide rate in prisons was more than three times that in the general population. He attributed this difference to the tendency of those with marked suicidal tendencies to be imprisoned for crime, especially violent crime.

The investigation described here was undertaken to bring the subject up to date.

Method

Statistics to establish trends in the prison suicide rate since 1880 were obtained from official figures in the Annual Reports between that year and 1971. The 775 suicides found were allocated to seven-year intervals and related to the average daily population of the same seven-year periods. The suicide rate varied between 28 and 60 per 100,000.

For the purpose of examining the clinical and social circumstances of present-day prison suicides, records held by the Home Office and Prison Department for all male prisoners who had certainly or probably committed suicide between 1958 and 1971 were scrutinized. Probability was determined by personal assess-

ment of open verdicts made by coroners' juries. In most cases the prison records were detailed, and in all cases there had been a coroner's inquest, the notes of which were used to supplement information from the prison records. There were also statutory reports by local officials, and press cuttings. From these sources the following basic data were elicited; age, marital status, method and time of death, length of and reason for sentence, length of time already in custody, number of previous convictions, and history of previous attempted suicide and mental hospital admissions. In addition, an assessment of the general behaviour of the suicides during their terminal period in custody was made, including, for example, their ability to form relationships with others, tendencies to instability of mood, and the presence of addictions. Lastly, an attempt was made to judge whether they had really intended to die.

The data collected were correlated with those applying to the prison population as a whole, as supplied by the Management Information Department of the Headquarters Division of the Prison Department.

Results

Between 1880 and 1971 the trend was a decline in the suicide rate from about 60 to 40 per 100,000. There were variations, however, with a peak between 1916 and 1922, and a trough between 1937 and 1950.

Detailed consideration will now be given to the 186 suicides which occurred between 1958 and 1971. This represents a mean of 13.3 deaths per annum, a suicide rate of 42 per 100,000 daily average population, and 14 suicides per 100,000 receptions into custody.

Penal status

Sixty-nine of the suicides (37 per cent) were on remand or unsentenced, and 117 (63 per cent) had been sentenced. Of the latter group, 66 were serving sentences of 18 months or longer, and 51 were under sentence of less than 18 months or were young people under borstal or detention orders. Relating these figures to the total numbers of prisoners detained in these categories, the suicide rates were found to be

12 per 100,000 among the remands, 8 per 100,000 among those received to serve sentences of less than 18 months, and 65 per 100,000 among those received to serve sentences of 18 months or more.

Seventy-seven subjects killed themselves during the first month in custody, 23 in the second, 12 in the third, 8 in the fourth, and thereafter there was a slow levelling out to a figure of less than 1 per month by the time the end of the first year was reached. Eighty-seven of the suicides were in prison for theft and 53 for violent crime. Ninety per cent of the suicides had previous convictions, and of these 64 per cent had previously been convicted to custodial detention.

Timing

The act which led to death was committed between 9 a.m. and 9 p.m. in 88 cases, and between 9 p.m. and 9 a.m. in 98 cases.

There was no great variation in the number of suicides which took place between one month and another, the range being between 12 and 18 per month; however, the most frequent day of the week for suicide was Saturday, on which 41 deaths occurred, the range for other days being between 22 and 29 deaths.

Asphyxia was the method used for 168 of the suicides, usually from hanging. There was 6 cases of self-wounding, 5 of falling from a height, and 4 of poisoning.

Psychiatric history

Seventy subjects had had psychiatric treatment in the past, 56 as in-patients. Nineteen had a past history of definite depressive episodes, and 79 others had shown some tendency to depression in the past. Ninety-five (51 per cent) had made previous suicidal threats or attempts, which had been multiple in 38 subjects. The interval between the latest threat or attempt and the act which caused death was less than six months in 62 cases. Forty suicides were under 21, and 63 between 25 and 34 years old, out of a total of 186.

Social factors

In 153 cases (82 per cent) there were indications that emotional relationships had been

unsatisfactory. Thus, 147 subjects (79 per cent) were single or separated; 100 (54 per cent) had been living in lodgings, alone, or were vagrant, prior to their arrest; 83 (45 per cent) had no known contact with relatives or friends; 115 (62 per cent) had a history of social mobility; 71 (38 per cent) a history of parental deprivation before the age of 16; 96 (52 per cent) had shown some degree of aggression in their life style; 55 (30 per cent) had had a drink problem and 21 (11 per cent) a drug problem.

Consideration of the background to the fatal event suggested that in at least 50 per cent of cases it was performed on a sudden impulse. In 59 per cent of cases there could have been some expectation of being saved. The staff had been aware of the possible suicidal inclinations of the individual in only 15 per cent of cases, although 59 per cent had either demonstrated manipulative attention-seeking behaviour or presented problems of control, and 30 per cent were actually in prison hospital accommodation at the time of their suicide. While in custody, 69 per cent had seen doctors for complaints with a psychiatric connotation, and 39 per cent were under specific treatment in consequence.

Discussion

The prison population is clearly not representative of the population at large: For example, it differs in age distribution and in social morbidity bias. There have been numerous studies which support this, these being best summed up by Roth, 1962 (2): 'numerous enquiries had shown recidivist delinquents and criminals were far from being an example of the general population; that they differed from such populations in respect of a wide range of behavioural, clinical, biological, social and other criteria, and that they should be regarded as damaged individuals'. It is therefore hardly surprising that they have a higher incidence of depressive episodes and of suicide than exists in the general population.

The findings of this study show that the suicides were seldom strangers either to crime or to institutional life. However, it appears that the fear of having to serve a number of years in custody was a strong motive for suicide in some cases, especially during the early weeks in

prison. The suicidal act may have been part of a general display of attention-seeking behaviour, or less commonly a calculated mode of escape from the pain of life to come. However, once the initial hurdle of the first few months was past, this motive appeared to decline, presumably because the subjects were becoming integrated into the prison inmate culture. Generalizations such as this may, of course, be misleading, as the circumstances of each case are unique. For example, a few subjects fear discharge from prison, which represents asylum and security for them. For the majority, however, committal to prison usually means disruption of already tenuous relationships, as well as deprivation of freedom.

Altruistic motives concerned with shame about the offences did not seem to be very significant, although worry about the possible effect on close relationships may have contributed.

Most of the suicides were between 25 and 34-years-old. This is probably the peak age group of the prison population. Similarly, the majority of suicides had been convicted of acquisitive crimes, and the same applies to the general prison population. Not surprisingly, life-sentenced inmates, the vast majority of whom were murderers, showed the highest individual rate, with 7 deaths for 1,018 receptions.

During the 90 years covered by the first survey, there was a decline of 20 suicides per 100,000 daily average population. This is a welcome sign, although caution must be observed in interpreting the significance of such small numbers.

An attempt was made to compare the findings of the recent survey with those of inpatient suicides in psychiatric hospitals. The prison survey showed in 14 years there were 14 suicides for 100,000 receptions into custody. For psychiatric hospitals, the Report of the 1976 Committee of Inquiry into suicidal deaths at Warlingham Park Hospital in the years 1974-5 quoted the Department of Health as giving a total figure, in over 100 psychiatric hospitals and units, of 461 deaths in the inclusive years 1970-4. The Report also quoted 13 unnamed hospitals, selected to provide a broad spectrum,

whose figures when extrapolated showed 100 suicidal deaths of in-patients for the inclusive years 1972–5. At Warlingham Park itself the proportion of suicides between 1960 and 1975 inclusive was 170 per 100,000 admissions; however, the last two years were exceptional, and if, following the author of 'A Critique of the Inquiry's Report', (3) these years are excluded the rate becomes 135 per 100,000 admissions. This is 10 times that of the prisons. The two institutions are obviously very different, though there is some overlapping of types of population.

The important features which seem to emerge from this study are summarized as follows. Firstly, Dr Gover's observation that suicides are far more likely to occur during the early weeks in custody is confirmed. Secondly, it appears that committal to, or merely anticipation of, a sentence of more than 18 months' imprisonment may increase the propensity to suicide by a factor of 6 or 7. This complements Dr Goring's comment that prisoners are three times more likely to commit suicide than the population at large. It is also relevant here that those most likely to get long sentences are those who have been in custody before, and that 57 per cent of the suicides had had previous experience of penal institutions. This fails to support Dr Gover's comment that it is first offenders who are most likely to be suicidal. A third interesting feature was that many of the suicides had brought themselves, or had been brought, to the attention of doctors or other staff. Indeed 39 per cent were under treatment, but in only 15 per cent had the suicidal proclivity been recognized. Fourthly, a number of observations suggest that the deaths occurred partly as a result of a demonstrative, attention-seeking behaviour; 59 per cent could have had some expectation of being saved, at

least 50 per cent seem to have acted on sudden impulse, 47.3 per cent committed the fatal act during the daytime when staff availability could be anticipated, and 51 per cent had either made or threatened suicide attempts in the past. These factors suggest that a number of the subjects may have been making attempts to elicit sympathetic attention, and when the desired response failed to occur they either escalated the attempts to a dangerous level or determinedly ended their lives.

The results of this investigation emphasize the deviance of the prison population, and suggest that it will give rise to a disproportionate number of suicides; that although prison experience is not new to them, the individuals concerned may impulsively try desperate measures to escape the impending rigours of a long sentence, to which in fact they would be able to adjust in a month or so.

It may be apt to end with a quotation from Dr Gover: 'just as every death from natural causes represents much sickness in the population at large, so does every suicide in prison represent much bodily and mental suffering'.

Addendum

The views expressed and research undertaken are entirely those of the author; they were, however, taken into account by a Departmental working party in 1971 which initiated additional suicidal preventative measures in penal establishments.

References

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