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On Corrections Research

FORUM



Prison Violence and Inmate Suicide and Self-Injury

Some Recent Statistics

Suicide: What Have Research and
Investigations Taught Us?

Prison Violence: What Is the State
of Knowledge?

Differentiating Between Suicidal
and Other Self-Injurious Behaviours

Inmate Victimization and the
Informal Rules of Social Control



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Forum on Corrections Research

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Violence in prisons – the portrayal of controlling staff and vicious inmates entangled in a persistent struggle for power and dominance – is the stuff of the Hollywood prison movie. The popular prison literature, written mostly by offenders, similarly dramatizes a world of violence, and the threat and fear of violence, as rooted inevitably and endemically in the pains and deprivations of imprisonment, and in the social dynamics of the prison.

Displays of toughness, intimidation and senseless violence is also the stuff of letters from inside prison to loved ones, of stories remembered and recounted by staff and inmates, of testimony in enquiries and coroner's inquests, and of the media's sometimes one-sided depictions intended to inform, but often misinforming, the public.

Research explaining violence in prisons is stark by comparison. Statistics are cold. Theory seems abstract and unconvincing, detached from the unreality that is reality for the prison.

But are all prisons violent? If some are not, why not? Are violent prisons violent all of the time? If they are sometimes less violent, what accounts for the lessening of violence? Can we manage prisons, filled with violent men and women, in a way that minimizes violence? What underlies eruptions of violence? Is it the concentration of violent people or an inattentiveness to the precursors and motivations for violence? Can research help us answer some of these questions?

This issue of FORUM will perhaps raise more questions than offer solutions. We know from research that there is more violent victimization in prisons than is officially recorded (see Dennis Cooley's article in this issue). But we don't know how much victimization is prevented and how. We know that "regime factors" (see David Cooke's article in this issue) – staff morale and the quality of staff-inmate interaction in particular – are central correctional countermeasures to violence. But we don't know how and why regimes break down at a particular time or place. We know that some offenders are at higher risk for suicide (see Christopher Green et al. and the article by John Weekes and Susan Morison in this issue), but we don't know how to identify who is at highest risk and when.

In earlier forewords, I have asked for thoughts and reflections from readers. Research on violence in prisons should be neither dismissed nor left solely to researchers to execute and communicate. Correctional practitioners and administrators should feel obliged to contribute their insights. Existing research should be consumed, understood and translated into action that, in turn, should be further researched to effect change in the way we run prisons.

We are here to listen, and possibly to help, if you have ideas on research in this area.



Frank J. Porporino
Director General
Research and Statistics Branch
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Research is often communicated in academic publications in a specialized language, making it inaccessible to practitioners who must put research findings into action. In this section of FORUM, we hope to overcome the rift between researcher and practitioner by providing brief, plainly written descriptions of findings from recent studies.

Prison violence and inmate suicide and self-injury are the foci of this issue of FORUM. To establish the context for these themes, we begin with a statistical profile of inmate suicide and incidents of violence over the last few years. We then provide a summary of the literature on inmate suicide, followed by a description of the Correctional Service of Canada's new National Strategy for the Prevention of Suicide and Reduction of Self-Injury. The next article describes how the findings of recent studies on inmate suicide have been used to develop a revised process for investigating suicide. Another article examines how different types of inmates respond to the threat of prison violence in different ways, some passively and some aggressively. Finally, we end this section with a description of the Correctional Service of Canada's Special Handling Units, which are designed to house the most dangerous and violent inmates in the federal system.

More information about the research reported here is available from the Research and Statistics Branch of the Correctional Service of Canada or by consulting the references provided.

We welcome contributions from researchers in the field who wish to have their findings profiled in this section.

Violence and Suicide in Canadian Institutions: Some Recent Statistics

There is good news and bad news to report on the incidence of violence and suicide in Canadian federal prisons. The good news is that violence directed toward staff has been decreasing steadily over the last few years; the bad news is that violence directed toward inmates has not. As to inmate suicide, the number of inmates taking their own lives has been relatively low in recent years, but increased substantially last year.

The Correctional Service of Canada collects information on violent incidents and suicide in its institutions. This article presents some of the latest statistics on major assaults on staff and inmates, murders of staff and inmates, and inmate suicides.

Major Assaults on Inmates

A major assault is defined as a deliberate attack causing grievous bodily harm (e.g., unconsciousness, broken bones, knife wounds, etc.).

As Figure 1 shows, the rate of major assaults on inmates decreased

between 1985-86 and 1988-89, but has climbed steadily ever since.

These numbers can be examined

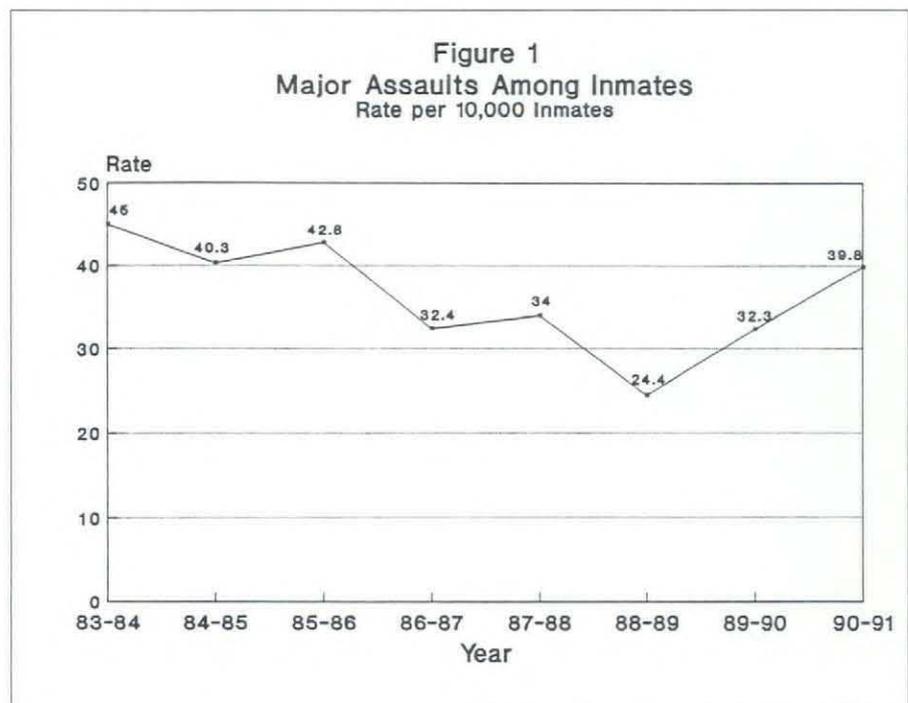
another way. We can compare the rate of major assaults on inmates for the last four years with that of the previous four years. Calculated this way, the overall major assault rate for 1987-1991 was 32.6 per 10,000 inmates, much lower than the rate of 40.1 for the previous four-year period.

Last year (1991-92), there were 63 major assaults on inmates. These assaults were not evenly distributed across institutions. In fact, 41.3% (26) occurred in 4 (out of 43) institutions. Three of these institutions were medium-security and one was maximum-security.

A Profile of Major Assaults on Inmates

The Institutional Operations Division of the Correctional Service of Canada analyzed in detail the information available on major assaults occurring during the first three quarters of 1991-92 (from 1 April 1991 to 31 December 1991). Of the 63 major assaults recorded for the entire year 1991-92, 42 occurred during the first three quarters. Information on these cases is presented here.

In these 42 major assaults, most



often the victim had been stabbed (40.5%) or physically assaulted by punching or kicking (33.3%). The victim was clubbed in 19% of the cases, sexually assaulted in 4.7% and burned in 2.4% of the cases. In more than three quarters of the assaults (78.6%), the victim sustained stab wounds, fractures or both.

About half of the victims (52.3%) had been involved in a previous assault or fight among inmates, either as an instigator or a victim. Only 4 of the 42 victims were serving sentences for sex-related offences.

Motives for the assaults varied. The motive was drug-related (e.g., drug debts, under the influence, etc.) in 28.6% of the cases. In another 19%, the instigator was retaliating for a previous incident of physical or verbal abuse. About 10% of the victims had been identified by other inmates as an informer. In 7.1% of the cases, the motive was sexual assault, and in 2.4% the victim was identified as a cell thief.

Most of the 42 major assaults (54.8%) took place in medium-security institutions. More than one third (35.7%) occurred in maximum-security prisons and about one tenth (9.5%) took place in minimum-security institutions.

Most assaults (52.3%) took place either in the inmate's cell or on the range. Close to one third occurred in the exercise yard (14.3%) or in the gym (14.3%). They occurred most frequently on Mondays or Tuesdays, during evening hours and in late summer (August).

Inmate Murders

From 1984-85 to 1987-88, the number of inmates murdered each year fluctuated between 4 and 11. Since 1987-88, it has remained fairly steady at between two and five. Last year (1991-92), four inmates were murdered in federal correctional institutions.

Major Assaults and Murders of Staff

There are far more major assaults and murders of inmates than of staff. In

the last eight years (1984-85 to 1991-92), the number of major assaults on staff peaked in 1985-86 at 10, then dropped to a low of 1 in 1987-88. Since then, there have been between two and four major assaults on staff each year. Last year, 1991-92, there were two.

In 1984-85, two staff members were murdered in federal prisons. No staff members have lost their lives in the line of duty since.

Suicide Among Inmates

As shown in Figure 2, for the last half of the 1980s, the rate of inmate suicide declined fairly steadily. It went from 19.7 per 10,000 inmates in 1984-85 to 8.7 in 1989-90, with an increase occurring only once during that period. In 1990-91, the inmate suicide rate rose slightly to 9.7 per 10,000 inmates, but then jumped by 39.4% last year to a rate of 13.6 – the highest annual rate since 1985-86.

In terms of regional suicide rates, the 1991-92 rates increased in the Atlantic and Quebec regions from the previous year but decreased in the Ontario and Prairie regions. The suicide rate in the Pacific region stayed the same.

A Profile of Inmate Suicides

The Institutional Operations Division did a more detailed analysis of information available on the 16 inmate suicides that occurred last year, during 1991-92. The results of this analysis are presented here.

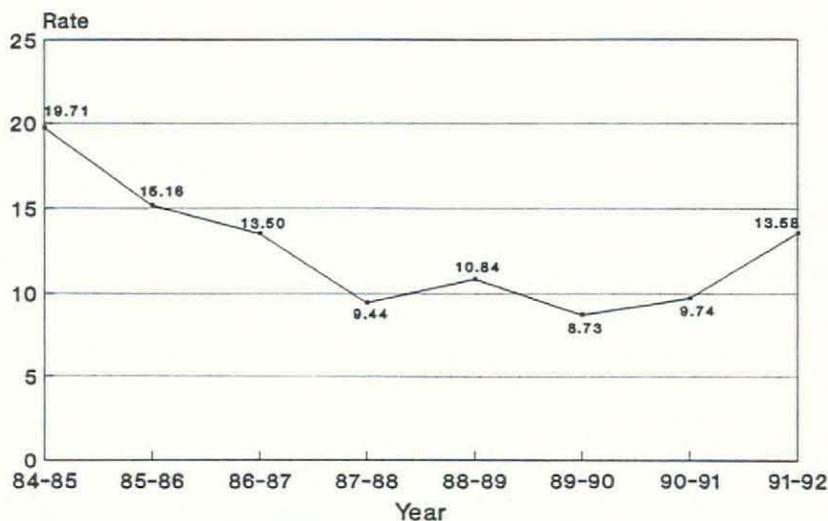
All 16 inmates who committed suicide had been male with an average age of 32 years. About 63% had been single, the others married or in common-law relationships. Two of the 16 inmates had been native, the others, Caucasian.

The most common major offences of these 16 had been robbery (43.7%) and first- or second-degree murder (37.5%). The major offence of another 12.5% had been sexual assault, and 6.2% had been serving time for break and enter.

Although most of these inmates (62.5%) had an extensive criminal history (10 or more criminal convictions), half had been serving their first federal term. Most (62.5%) had prior convictions for both property offences and offences against the person.

Twelve of the inmates who committed suicide had been in medium-security institutions and four in maximum-security prisons. All

Figure 2
Suicide Among Inmates
Rate per 10,000 Inmates



16 inmates hanged themselves in their own cells, most commonly with a bed sheet (43.7%). An electric cable or cord was used in one quarter of the suicides. Eleven of these inmates were in the general population at the time of their suicide, four were in segregation and one was in protective custody.

As to the time of the suicides, almost two thirds occurred in the evening, between 4:00 p.m. and midnight. Half took place on either a Saturday or a Sunday, and 62.5% occurred during the winter months (November to March).

The information on factors relating to the inmates' sentences is interesting. Commonly, the inmates had been serving either a relatively short or an extremely long sentence: 31.2% had been serving between two and

five years, and 37.5% had been serving a life sentence.

Similarly, before committing suicide, these inmates seemed to have either served a very short portion of their current sentence or a very long time: one quarter had served less than one year, while another quarter had served 10 years or more. Often, inmates had served between 5 and 10 years of their sentence (31.2%).

Of the nine inmates who had not been serving life sentences, most were fairly close to their release date for mandatory supervision at the time of their suicide. In fact, all but one would have reached their mandatory supervision release date within two years.

These findings on factors relating to the inmates' sentences suggest that,

for some, the prospect of serving a very long sentence was perhaps too much to handle, while for others, the difficult issue may have been the prospect of being out on the street again.

Conclusion

We have provided these statistics to show that prison violence and inmate suicide remain key concerns for management, staff and inmates in federal correctional institutions. Although the number of violent incidents against staff has remained low in recent years, the same is not true for violent incidents against inmates and inmate suicide. This makes research on prison violence and inmate suicide that much more critical. ■

Inmate Suicide: What Do We Know?

Studies of Inmate Suicide

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

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

However, these characteristics are not etched in stone. For example, while suicide rates appear to be lower among female inmates than male inmates, this finding is based on few studies and comparatively small female-inmate samples. In addition, although studies have found that inmates who commit suicide are more

likely to be single than married, some of these studies excluded cohabitation from their categories. Furthermore, while findings indicate that inmates who commit suicide are more likely to be in hospital or in isolation, some inmates are placed in these locations specifically because they have already been identified as a suicide risk.

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

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

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

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

Prediction and Prevention

Most researchers are sceptical about the accuracy of suicide prediction. In particular, two types of error are inevitable when attempts are made to predict and prevent rare forms of

Table 1
Findings on Inmate Suicide

- 1. Gender**
Suicide rates seem to be lower among female inmates than male inmates.
- 2. Age**
British studies indicated that there were fewer suicides among young inmates. The results of the other studies were unclear.
- 3. Marital status**
Where differences were found between inmates who committed suicide and other prisoners, more inmates who committed suicide were single.
- 4. Penal status**
British research found a very high rate of suicide among remand prisoners.
- 5. Length of sentence**
All studies found that there were more lifers than other types of inmates in the suicide samples. Prisoners serving long sentences were more at risk than those serving short ones.
- 6. Offence type**
There were more inmates convicted of murder represented in suicide samples. British studies of inmates who committed suicide while on remand found that proportionately more of these inmates had been charged with violent offences. The evidence available on sex offenders suggests that they are not particularly prone to committing suicide in prison.
- 7. Method**
Hanging was the most common method of suicide in prison.
- 8. Time**
There is no evidence to suggest that suicide occurs more frequently at certain times of the day. One British study found a pronounced increase in the number of suicides committed on Saturdays.
- 9. Time served since incarceration**
Most suicides occurred soon after incarceration, especially during the first two weeks of custody.
- 10. Location**
Inmates who committed suicide were more likely to be in hospital or in isolation.
- 11. Mental disorder**
None of the studies conclusively showed that previous psychiatric contact was more common among prisoners who committed suicide. However, British findings indicated that about one third of inmates who committed suicide had been treated as in-patients prior to imprisonment.
- 12. Previous suicide attempts**
British studies found that in their samples approximately half of the inmates who committed suicide had threatened or attempted suicide in the past.

human behaviour such as suicide. First, some individuals who commit suicide are not predicted to do so – they are called false negatives. Second, some individuals who do not commit suicide are predicted to do so – false positives. In attempting to predict prison suicides, a major problem has been limiting the number of false positives, because many of the characteristics of suicidal inmates also apply to a large proportion of the general prison population.

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

Training

Many researchers and reports on suicide in prison recommend training correctional and medical staff in techniques of suicide prevention. However, only one detailed description and evaluation of a training program appears to exist in the literature, that of Crookall and McLean¹ in Canada.

Because of an unusually high number of suicides in federal prisons in the early 1980s, the Correctional Service of Canada commissioned an

Table 2
Prediction and Prevention of Suicide

- 1. Prediction**
Correlates of suicidal behaviour should be considered as indicators rather than as foolproof predictors.
- 2. Overcrowding**
Suicides and attempted suicides were most common in the most crowded institutions, remand centres and local prisons.
- 3. Prison regimes**
Smaller, more supportive prison regimes may experience less suicidal behaviour.
- 4. Contact with family and the community**
Researchers stress the importance of contact with family and the community for suicidal prisoners.
- 5. Isolation/location**
The use of any form of isolation for potentially suicidal inmates is rejected by most researchers. Cell sharing with selected inmates is advocated. For extreme cases, in-ward or dormitory accommodation under intensive supervision is advised.
- 6. Electronic monitoring**
Television and audio equipment is used extensively in the United States. Some researchers think this will unfortunately lead to less contact between staff and inmates (dehumanization).
- 7. Physical measures**
Despite opposition to the use of physical measures, on humanitarian grounds, some researchers suggest that cells can be designed to be more suicide-proof and more pleasant to live in.
- 8. Receptions**
Researchers stress the importance of the reception process for new inmates in suicide prevention because the period immediately after reception is one of very high risk, and because it provides a unique opportunity to identify inmates at risk.
- 9. Training**
Staff training is considered by most researchers as the most important means of suicide prevention.

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

evaluation of available suicide prevention programs. The Suicide Prevention Training Program (SPTP) was chosen and carried out in the Atlantic region in 1984.

Conclusion

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

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

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

National Strategy for the Prevention of Suicide and the Reduction of Self-Injury

The need for an integrated approach to prevent suicide and reduce self-injury was highlighted by the Correctional Service of Canada's Task Force on Mental Health and by a series of recent internal studies. The urgency of this need was underscored by a recent and tragic series of suicides. In response, the Correctional Service of Canada has developed a National Strategy for the Prevention of Suicide and Reduction of Self-Injury.

Goals and Objectives

The goals of the strategy are to reduce suicide and self-injury and their impact on offenders, staff and significant others. To do this, a co-ordinated and comprehensive approach is being developed for the assessment, prevention, intervention, treatment, support, evaluation, research and training of staff.

Specific activities include:

- providing a safe, secure and humane environment for those who suffer from mental illness or who are unable to cope with the stresses of life in a correctional environment;
- increasing the awareness and understanding of both management and staff concerning suicide and self-injury;
- developing staff skills to prevent suicide and self-harm, including identifying suicide risk, monitoring pre-indicators and providing crisis intervention and support services;
- piloting, evaluating and implementing a suicide-risk screening

- instrument as part of the standard intake-assessment process;
- developing and implementing a comprehensive staff training plan;
- promoting research and program development for target risk groups, including male and female offenders prone to self-injury, native offenders, multiproblem sex offenders and offenders with a mental illness;
- implementing a data-gathering process to track the incidence of attempted suicides, completed suicides and self-injuries and to determine their precise circumstances through "psychological autopsies"; and
- developing and implementing support services for survivors, as well as affected staff and offenders.

Staff Support and Training

The focus on staff is critical in this strategy. Because a matrix of factors contributes to suicide and self-injury, a multidisciplinary response is required. Therefore, the support of staff from case management, security, health care, staff training, chaplaincy and research is key to the success of the strategy.

Over the next three years, all staff having direct contact with offenders will complete a course in suicide prevention. While the overall co-ordination of the strategy will be provided by the Health Care Services Branch, active involvement of staff from institutions, as well as from the community, is vital. ■

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

Investigating Suicide

by Marcy Fogal

Investigations and Departmental Security Division, Audit and Investigations Sector, Correctional Service of Canada

Suicide is the number one killer among offenders in federal prisons. Between 1983 and 1992,¹ 128 of the 267 offenders who died while in federal custody committed suicide. At the Correctional Service of Canada, we are committed to reducing the suicide rate among offenders. Accordingly, such deaths are investigated, either at a regional or national level.

In the past, the scope of suicide investigations was quite limited. Investigators generally examined such elements as staff reactions to the incident, the timely notification of the next-of-kin and resuscitation efforts. By focusing primarily on the administrative responses to the incident, our ability to help suicidal offenders was limited, as well as our ability to learn from past experiences and investigations. Now, however, additional information is being collected during suicide investigations.

Indicators of Suicidal Intent

Corrections personnel in federal penitentiaries learn to identify and to observe two types of suicidal offenders: those **who are likely to** and those **who show signs of intent to** commit suicide. This distinction is very important. Not everyone announces their

intentions with words or overt actions.

In 1990, the Commissioner of the Correctional Service of Canada revised the policy statement governing suicide investigations to reflect this distinction. Past investigators often concluded that the "offender displayed no evidence of suicidal ideation," but current knowledge suggests that many of these offenders were in a high-risk category. Previous investigators focused on the more visible signs of the offender's intent to commit suicide, such as suicide notes and wills, complaints of insomnia, crying spells or depression. In the past, our limited knowledge ensured that we were able to hear only those who literally or figuratively shouted for help. We were unable to identify more circumspect offenders who told us their worries quietly. And even now, after a myriad of studies, we are only just beginning to identify these less vocal and equally vulnerable offenders.

The Investigations and Departmental Security (IDS) Division is in the process of reassessing its role in this learning process. Investigation reports provide an excellent source of information for both researchers and clinicians who are examining suicide patterns. It has quickly become

apparent that the variables affecting the decision to commit suicide are complex; our best efforts and intentions may not be enough to prevent every suicide. However, some trends relevant to correctional settings have been identified, and a rereading of past investigations suggests that sometimes we can help.

To assist investigators, most of whom have no psychological training or experience, IDS introduced three new elements into the investigation process. In February 1992, a new clause was inserted in the Convening Orders for Boards of Investigations, which asks investigators explicitly to explore "the possible existence of significant pre-indicators" of suicidal intent.

In addition, a new training program was implemented to help investigators identify the kinds of questions investigations can and should answer. With continuous training and hindsight, investigators can begin to determine more precisely those factors that converge to produce such tragic results.

Finally, IDS (in co-operation with the Research and Statistics Branch, and Health Care Division) prepared a set of guidelines outlining some of the main factors that are commonly present in situations of people who commit suicide. Essentially, these guidelines represent the findings of a number of studies on suicide combined with an analysis of our own investigations over the last three years.² The following table outlines the types of information that the guidelines explore. These guidelines are still being tested, but the results to date are encouraging.

Risk Factors

Past studies indicate that many issues must be considered when assessing suicide risk. They suggest that certain types of offenders are more likely than others to take their own lives. Offenders who have committed sexual offences or crimes of passion are in the high-risk category, as are victims of child molestation, sexual assault

¹ *Of these deaths, 111 resulted from natural causes. Another 28 were categorized as "other," resulting from accidents or drug overdoses or occurring during escape attempts. The deaths resulting from drug overdoses have not been included in the suicide statistics mainly because it could not be determined whether or not the offenders had intended to take their own life. In drug overdoses, only the existence of a suicide note is considered sufficient evidence to warrant classification as suicide. However, the frequent absence of a suicide note in confirmed suicides suggests that we should consider the possibility that other offenders committed suicide without recording their motives.*

² *The studies include Report of the Task Force on Mental Health, commissioned by the Correctional Service of Canada; Suicide in Canada, commissioned by Health and Welfare Canada; Striking a Balance, published by Health and Welfare Canada; Report of the Study Team: Seven Suicides in the Atlantic Region, February 17-August 24, 1983, led by E.H. Botterell; and a Correctional Service of Canada briefing, entitled Suicide: 1991-04-01 to 1992-02-10.*

Suicide Investigation Guidelines

Subject	Areas Probed
Offender Profile	previous suicide attempts or self-injuries? history of substance abuse? history of mental illness? past personal traumas (e.g., abused as a child)? sex offender, violent offender or repeat offender? length of sentence? institution and security level?
Chronology of Events	time of incident? location of incident (e.g., dissociation, segregation)? method of suicide? special event (e.g., Christmas, family member's birthday)? season? who found the body? resuscitation/saving efforts? actions of staff after incident? offender deemed a suicide risk before incident? steps taken to act on suicide-risk designation?
Possible Motives	physically ill (e.g., HIV positive)? victim of homosexual rape? incarcerated for crime of passion? desperation (e.g., a sex offender, lifer)? guilt-ridden? transfer application rejected? parole denied? perceived rejection by peers?
Possible Indication of Suicidal Thoughts	talked about suicide? expressed or demonstrated pessimistic views (e.g., "things can't change")? displayed sense of hopelessness (e.g., refused to make plans for future)? withdrew from contact with others and usual activities? marked change in behaviour before death? crying spells? expressed need for self-punishment? made "final arrangements"? suicide note?

and homosexual rape. Professionals and "white collar" criminals are also vulnerable. People who suffer from chronic, fatal or debilitating diseases are also at risk. And dashed hopes – such as the refusal of a transfer application or rescinded parole – can also drive an offender to suicide.

The existence of any of these factors does not necessarily mean that the offender will commit suicide. Rather, each factor foreshadows this possibility. And each of these must be taken as seriously as more blatant indications, such as a suicide note. The investigation guidelines will remind investigators to test for the absence or presence of each of these factors.

Our Findings

The findings of these past studies are supported by our own investigations. Of 21 suicides – which is an admittedly small sample – 9 were recidivists, 12 were serving their first federal sentence and 4 were serving life sentences. Eight of these offenders had committed property offences (such as arson, robbery, break and enter), and 13 had committed offences against the person, including 6 who were incarcerated for sexual offences. In addition, 6 of these 21 offenders had previously attempted suicide, while 2 others had histories of self-mutilation. One person who committed suicide had tested HIV positive. Another had undergone testing for the

virus, but did not wait for the results. Another offender had suffered brain damage following a drug overdose, and may have been unable to cope with the resulting physical limitations. One suicide victim had committed a crime of passion, for which he severely condemned himself. Three offenders committed suicide after their transfer applications had been rejected, and seven others killed themselves after feeling they had been rejected by their peers.

None of these signs definitively distinguishes those offenders who will take their own lives from those who will not. However, we have only taken the first few awkward steps toward our objective. The changes introduced by IDS into the investigation process are designed to complement information gathered by researchers and clinicians. Asking the right questions can uncover useful answers which will lead to a better understanding of suicide and ultimately improve our ability to predict and prevent such deaths among offenders. ■

Institutional Violence: How Do Inmates Respond?

Fearful, older and socially isolated inmates use more avoidance techniques to decrease their risk of victimization in prison, while younger offenders with longer histories of institutionalization and more past victimization experiences use more aggressive or proactive techniques to deter attacks. These were some of the findings of a recent study of inmates in a maximum-security prison in the United States.

Although several studies have been done on the levels and distribution of prison victimization, little research has examined how this violence affects inmate behaviours and lifestyles. But we do know that

inmates are affected by the violence. For example, victims of sexual assault often resort to self-imposed solitary confinement, trying to stay away from contact with, and potential victimization by, other inmates. On the other hand, some inmates use violence and threats to deter potential attackers.

Methodology

For this study, a random sample of 500 inmates in a maximum-security prison in Tennessee were asked to complete a questionnaire about the precautions they took to avoid being victimized in prison. Of the 500 who were asked to participate, 300 (60%) completed the questionnaire.

In addition to the questionnaire, 25 semistructured interviews were conducted with inmates at the prison.

Description of the Sample

Inmates in the study were generally in their mid-30s and unmarried. The racial composition of the sample was similar to that of the inmate population at the institution, about half white and half African-American.

Most respondents had been incarcerated at least once before their present sentence and were currently serving long sentences for primarily violent offences; more than one third were serving time for murder. This again was similar to the general inmate population.

Results

As shown in the figure, more than three quarters of these inmates felt they could substantially reduce their risk of a violent encounter by simply keeping to themselves.

About 40% also said they avoided certain areas of the prison compound to reduce the risk of victimization, particularly the chow hall, housing units, recreational areas and the yard. These are all areas where large numbers of inmates are together at the same time, making close supervision difficult.

About 40% also reported spending more time in their cells to avoid risky situations. Only about 5% had

requested placement in protective custody to avoid being victimized.

Although these findings suggest that most inmates employed passive measures to avoid violent encounters, the majority of the sample (69.6%) also said that they had been forced to "get tough" with another inmate to avoid being victimized or exploited.

More than a quarter also reported that they kept a "shank" (a sharp, knife-like instrument) or some other weapon on or near them in case of attack. In addition, almost half of the sample said they lifted weights regularly as a precautionary measure.

Two Types of Precautionary Behaviour

An analysis of the eight types of precautionary measures listed in the figure found that these behaviours could generally be grouped into one of two categories: passive precautions and aggressive precautions.

Passive precautions included keeping more to oneself, avoiding certain areas in the prison, spending more time in one's cell and avoiding activities.

Aggressive precautions included having to get tough, possessing

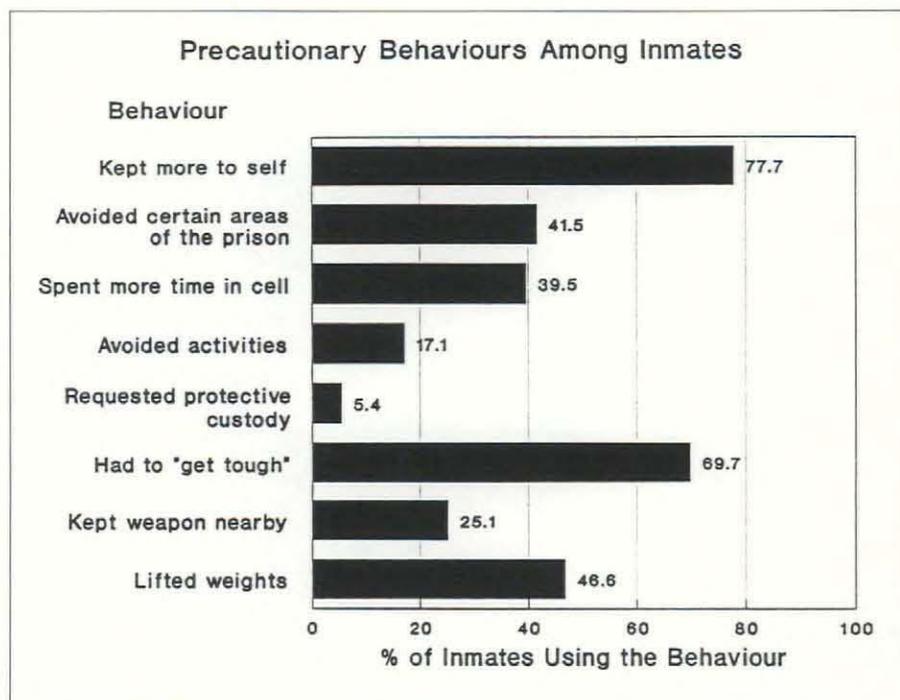
weapons and lifting weights.

Since "requesting protective custody" did not fall into either group, it was dropped from the analysis.

Differences Between Passive and Aggressive Precautions

Looking at these behaviours and the characteristics of the inmates involved, we found that passive or avoidance behaviour was associated with older inmates, fear and having been threatened or robbed in the past. It was also associated with longer lengths of time spent in prison during a lifetime. Finally, passive behaviour was associated with inmates who had fewer inmate friends and fewer intimates in prison and who felt they would not be helped by others if they were attacked.

Like passive behaviour, aggressive precautions were also strongly associated with fear and with having been robbed or threatened before. However, unlike passive behaviour, aggressive behaviour was also strongly associated with an inmate having been assaulted in the past. Aggressive precautions were also more common among younger and smaller inmates who had been at that



particular prison longer but who had been incarcerated less often.

Further statistical analysis was done to determine which of the above factors were most significantly associated with each type of precaution. For passive precautions, the most strongly associated factors, in descending order, were: fear, age (older), having been robbed in the prison previously, having fewer inmate friends and expecting little aid from others if attacked.

For aggressive precautionary behaviour, the most strongly associated factors were: having been threatened, age (younger), having been assaulted, total years imprisoned and fear.

For inmates who used passive measures, such as isolating themselves, to avoid the risk of being victimized, it is interesting to note that perceived support by others (friends and help if attacked) appeared twice among the top five most strongly associated factors. On the other hand, for inmates who employed aggressive measures as a precaution to violence, two factors related to past prison victimization experiences (having been threatened or assaulted) were among the top five most strongly associated factors.

Conclusion

In summary, older inmates and those who were socially isolated generally reported using the more passive avoidance techniques to decrease their chances of being victimized. Those who took a more aggressive approach were generally younger offenders with longer histories of incarceration who had been the target of weapons-related violence during their current sentence.

Despite these differences in the findings, though, it is likely that individuals use both methods to some degree to deal with the threat of violence. ■

R.C. McCorkle, "Personal Precautions to Violence in Prison," *Criminal Justice and Behavior*, 19, 2 (1992): 160-173.

Special Handling Units

by Rosemary L. O'Brien

Acting Project Manager, Institutional Operations, Correctional Service of Canada

Background

The Correctional Service of Canada introduced Special Handling Units (SHUs) in 1977. Inmates¹ who were considered dangerous and who jeopardized the safety of staff and other inmates were to be housed in the SHUs.

The decision to introduce SHUs was based on the recommendations of the 1975 Study Group on Dissociation. This study acknowledged that there were some inmates who could not be managed adequately in a maximum-security institution because of the high level of risk and danger they posed to staff and other inmates.

In 1977, a section of Millhaven Institution (Ontario region) was opened to serve as a SHU. As well, in 1978, the Correctional Development Centre (Quebec region) served as a SHU. In 1989, these units were replaced by two new institutions built specifically to serve as SHUs. The new units are located in Prince Albert, Saskatchewan, and Ste-Anne-des-Plaines, Quebec.

With the introduction of the Correctional Service of Canada's Mission, the policies governing the SHUs were reviewed and, subsequently, their philosophy and objectives were revised. In 1990, a new policy on the management of dangerous inmates was implemented. This policy embodied the philosophy and objectives of the Mission and changed the SHUs to more program-oriented facilities. The policy provided for a new definition of "dangerous inmates" and emphasized that inmates were to be admitted to a SHU only when their needs could not be addressed in a less secure facility.

The overall objective of the SHUs is to motivate and assist inmates to

change their behaviour. The goal is to reduce the risk they pose to an acceptable level and ensure that they are successfully reintegrated into a maximum-security institution as soon as possible. To achieve this objective, the new policy includes:

- the introduction of a 90-day assessment period for inmates under consideration for admission to a SHU;
- the integration of essential components in programming, including psychiatric intervention, employment opportunities and personal development opportunities;
- the promotion of staff-inmate interaction and fewer physical controls so that the correctional environment will be conducive to inmates changing their behaviour;
- the establishment of a National Review Committee which provides for a more objective decision-making process when considering inmates' admission to, and transfer from, the SHUs; and
- the requirement for an annual review of the SHUs and a report to comment on the progress of the SHUs and make recommendations for improvement.

Assessment and Admission Process

When an inmate kills or causes serious harm to a staff member or another inmate, or it is determined that he seriously jeopardizes the safety of others, that inmate may be transferred to a SHU for an assessment period. Various assessments are then conducted, including psychological and psychiatric evaluations and assessments of his educational level. As well, the inmate's correctional treatment plan is redeveloped.

After the assessments, the National Review Committee reviews

¹ *Special Handling Units house only male inmates.*

the inmate's case history and determines whether correctional programming in the SHU is necessary. During 1991-92, 103 inmates were transferred to the SHUs for assessment. The majority were transferred as a result of their involvement in a major assault on another inmate, hostage takings or potential hostage takings.

Nationally, just over half of the inmates (51.5%) who were transferred to the SHU for assessment were actually admitted by the National Review Committee. Of those admitted, almost one quarter (22.6%) had previously been admitted to a SHU, and in 7.5% of these cases, it had been between 2 and 10 years since the inmate was last in the SHU.

Profile of Inmates Admitted to the SHUs

In 1991-92, the inmate population in the SHUs ranged from 50 to 60 inmates in the Prairies SHU and 50 to 65 inmates in the Quebec SHU.

First-degree murder was the most common major offence of those admitted to the Prairies SHU (21.1%). In the Quebec SHU, the most common major offences for those admitted were second-degree murder and

robbery (20.6% each).

The most common sentence of inmates admitted to the Prairies SHU and the Quebec SHU was a life sentence (42.1% in Prairies and 26.5% in Quebec).

Almost half of the inmates admitted to the Prairies SHU (47.5%) and about one third of those admitted to the Quebec SHU (32.4%) were serving their first federal term of incarceration. The highest number of previous federal terms for inmates admitted to the Prairies SHU was three. For inmates admitted to the Quebec SHU, the highest number of previous federal terms was six.

The average age of inmates admitted to the Prairies SHU was 31.5 years, with a range of 24 to 52 years. The average age of inmates admitted to the Quebec SHU was 32.8 years, with a range of 22 to 55 years.

Time Served in the SHUs (Consecutive)

The figure provides the distribution of inmates by length of time served in the SHUs. The distribution of inmates reflects the entire SHU population as of 31 March 1992. Admissions for

1991-92 fall into the 6-to-12-month group.

As the figure shows, most inmates in the SHUs have been there for less than a year. There is one marked difference between the two SHUs in the length of time that inmates have spent there: one quarter of inmates in the Prairies SHU, compared with only 3.7% in the Quebec SHU, have been there for more than three years.

Programs, Education and Employment

The progress of all SHU inmates admitted for correctional programming is reviewed at least every four months by the Institutional Committee and subsequently by the National Review Committee. A decision is then made as to whether the inmate can be transferred to a maximum-security institution.

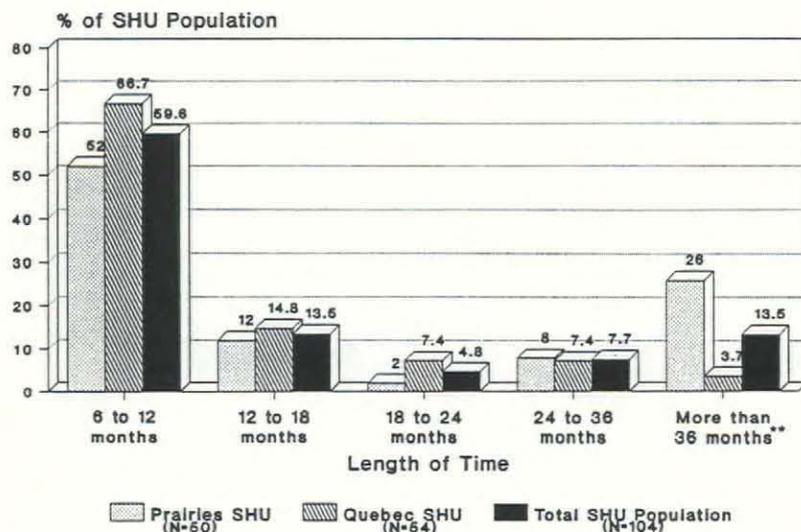
The amount of time that inmates spend in the SHU depends on whether their behaviour has improved pro-socially and whether the objectives established in their correctional plan have been achieved. Both of these reflect the inmate's ability to reintegrate safely into a maximum-security institution. The majority of inmates achieve the objectives of their correctional plan and are transferred from the SHU in about one year or less.

Various programs are offered at each SHU, and inmates are encouraged to participate in programs, education or employment, in keeping with their specific needs. During 1991-92, substance-abuse and education programs at both SHUs had a high number of participants. Employment positions at the Prairies SHU doubled - from 18 to 36 - since last year. At the Quebec SHU, 25 employment positions were available. As well, psychiatric services for inmates were improved in both SHUs since last year.

Staff-Inmate Interaction

The SHUs are committed to promoting staff-inmate interaction as the Correctional Service of Canada views meaningful contact between staff and

Length of Time Served in Special Handling Units (Consecutive)*



*Data for SHU populations as of 31 March 1992.

**Ranges from 37 months to 11 years.

inmates as a key to encouraging and assisting inmates to change their behaviour. Prior to the implementation of the new policy, the SHUs maintained a strictly controlled physical environment. With the new policy, restrictions were reviewed and reduced wherever possible.

In keeping with this philosophy, both SHUs adopted "no-cuff" and "open interview" approaches with as many inmates as possible. No-cuff status means that an inmate does not require handcuffs when moving outside his cell. The exception to this is when an inmate is in the hospital, given the presence of potentially dangerous instruments. In 1991-92, half of the maximum inmate population (49.6%) of both SHUs had no-cuff status.

Open interviews refer to face-to-face interviews between staff and inmates without a barrier, such as glass or screens. For both SHUs in 1991-92, 43.2% of the inmate population had open interview status.

The Role of Special Handling Units

The SHUs provide a facility and an appropriate correctional environment wherein, by helping dangerous inmates deal with their own needs, we can safely reintegrate them into a maximum-security institution. This is the stated policy objective of the SHUs.

However, we also achieve other results. By removing inmates who have jeopardized the safety of staff and other inmates in our correctional institutions, we may reduce violence in these institutions. In doing so, order can be maintained in correctional institutions, and we can promote a correctional environment that is conducive to the achievement of personal and corporate objectives. That is, inmates cannot function, participate in programs and look after their own needs effectively if their safety is threatened by violent inmates. Similarly, staff cannot assist, or successfully intervene with, inmates under these conditions. The result is clear: safe reintegration into society is

delayed.

In the broader context, then, the SHUs contribute to the achievement of the Correctional Service of Canada's objective to reduce significantly the number of violent incidents in institutions and to reintegrate safely a larger number of offenders into society as law-abiding citizens.

Given the relatively short period of time that has elapsed since the implementation of the new SHU policy, it may be somewhat premature to assess the long-term effectiveness and success of the SHUs. However, there are positive early indications of success, as evidenced by the relatively low readmission rate of inmates to the SHUs, increased staff-inmate interaction and improved treatment and programs.

To ensure that the SHUs are progressive in their approach to intervention with dangerous inmates, we must continually try to improve our understanding of these offenders and their needs, and continue research and improvement in the SHU process, especially in terms of staff-inmate interaction and programming. ■

We say...

I wonder what would happen if each institution was assigned a staff-inmate relations officer [a version of the ombudsman] whose primary function would be: (i) to be a neutral mediator between Correctional Service of Canada staff and inmates – and policy problems; and (ii) to monitor behavioural problems relating to suicide and self-injury.

The first function is designed to prevent/reduce an escalation of tension in our prisons. The second function is designed to identify inmates who may benefit from medical/psychiatric assistance. This function would also include the task of sensitizing Correctional Service of Canada staff towards suicide prevention and safety precautions.

William H. Young Soon
Regional Psychiatric Centre
(Pacific Region)

We say...

Our stories tell of all those self-destructive ways through which women who are victims seek escape. Suicide attempts are common....Ten of thirty-nine [federally sentenced aboriginal women interviewed] describe slashing themselves: [these are] self-mutilations that are not suicide attempts, but the relief of tension and anger, physical pain self-inflicted as [an] escape from what lies inside us.

Fran Sugar and Lana Fox
Survey of Federally Sentenced Aboriginal Women in the Community

Self-Directed Violence: Differentiating Between Suicidal, Malingering and Self-Mutilating Behaviours

by John R. Weekes

Research Manager, Research and Statistics Branch, Correctional Service of Canada
and Susan J. Morison

Psychologist, Drumheller Institution (Prairies), Correctional Service of Canada

P sychologists, psychiatrists and other mental health practitioners working in prison settings are often required to assess and treat potentially suicidal inmates. The challenge facing the practitioner is to determine whether or not an inmate is genuinely suicidal.

It is unlikely that all inmates identified as suicidal by prison staff actually are suicidal. Although the suicide rate for prison inmates is much higher than for the general population, the number of inmates who commit suicide is significantly less than the number who are thought to be potentially suicidal.

A recent study reviewed a sample of psychology files of inmates in medium-security federal institutions.¹ Approximately 18% of the files contained reports indicating concerns about suicide. In 70% of these cases, inmates had a documented history of suicide attempts. Assessment revealed that although some inmates had suicidal thoughts, they were not judged to be a high risk for suicide. In other words, the presence of suicidal thoughts does not always lead to suicidal behaviours. It is the mental health practitioner who must gauge the magnitude of the inmate's suicidal intent and the likelihood that the inmate will turn thoughts into actions.

In addition, the practitioner must attempt to distinguish suicidal inmates from other inmates who exhibit "suicide-like" behaviour such as malingering (i.e., those who imitate or feign suicidal intent) and self-mutilation. In this paper, we suggest that under close scrutiny, suicidal behaviour, malingering and self-mutilation represent distinct clinical syndromes, each warranting the development of individualized treatment plans and intervention strategies. Unfortunately, the boundaries between

each of the disorders are not always clear, making the practitioner's task of diagnosis all the more difficult.

Past Research

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R)*, malingering refers to a general class of dysfunctional behaviours involving the "intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives."² Inmates who feign suicidal intent by superficial cutting of the skin (commonly referred to as "slashing"), for example, are generally not trying to kill themselves. On the contrary, by their actions and verbalizations, they are attempting to force institutional administrators to provide some form of secondary reward, such

as removal from situations they perceive as undesirable or dangerous within the general inmate population.

Although there may be some authenticity to these inmates' claims of suicidal thoughts because of the dangerous situation they perceive themselves to be in, their behaviour is coercive. Despite the fact that they have engaged in or are threatening to engage in self-injurious acts – a dysfunctional behavioural pattern warranting treatment – self-preservation is the primary motivating factor for their behaviour. They are attempting to **avoid** personal injury. As a result, they are generally at low risk for suicide.

Walsh and Rosen, in their book, *Self-Mutilation*, define self-mutilating behaviour as "deliberate, non-life-threatening, self-effected bodily harm or disfigurement of a socially unacceptable nature."³ Examples of self-mutilating behaviour demonstrated by inmates range from somewhat more common acts, such as self-inflicted wrist and arm cuts, to rarer and more bizarre acts such as self-castration. Despite the dramatic and often shocking nature of their behaviour, self-mutilators do not usually kill themselves. In fact, some investigators have suggested that self-mutilation is "anti-suicidal"⁴ and that one of the motivations for such behaviour is a wish to punish or hurt oneself.

Little research has been done on the prevalence of suicide, malingering and self-mutilation in prisons. Our combined clinical experience working in correctional settings suggests that genuine suicidal behaviour and malingering are the most common of the three disorders. Self-mutilation is rarely seen. This may be due to the

¹ S.J. Morison and J.R. Weekes, unpublished raw data, 1992.

² American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (Washington, D.C.: American Psychiatric Association, 1987)*, p. 360.

³ B.W. Walsh and P.M. Rosen, *Self-Mutilation: Theory, Research, and Treatment (New York, N.Y.: Guilford Press, 1988)*, p. 10.

⁴ R.R. Ross and H.B. McKay, *Self-Mutilation (Lexington, Ma.: Lexington Books, 1979)*.

low frequency overall of self-mutilation in our society, the higher incidence among women and adolescents, and the secretive nature of self-mutilators' behaviour. Nevertheless, self-mutilation does occur in prison settings, making it critical that the correctional practitioner consider each possibility when attempting to diagnose accurately and to treat an inmate.

Although still in its infancy, non-correctional research has begun to differentiate suicidal behaviour from self-mutilating behaviour. Investigators⁵ have recently developed tentative guidelines to help differentiate self-mutilation from suicide. These include the intent of the self-harm, the degree of physical injury sustained, the frequency or chronicity of acts of self-harm and the methods used to inflict self-harm. Walsh and Rosen conclude that, in contrast to suicidal behaviour, "self-mutilation is a direct, physically damaging form of self-harm, generally of low lethality, often repetitive in nature, and commonly employing multiple methods."⁶ However, there is no conclusive empirical support for the validity of these conclusions, particularly as they apply to inmates.

Three Cases

We will now consider summaries of three clinical cases involving potentially suicidal inmates. In each case, staff requested the involvement of a psychologist in evaluating the risk for suicide.

Case 1

Mr. A is a 25-year-old, first-time federal offender serving 30 months for armed robbery. He was referred to the psychology department by an institutional nurse who found him to be quite depressed during a routine medical history review.

During the interview, Mr. A expressed little emotion of any kind. However, he was co-operative and expressed interest in addressing his problems. He explained that he was experiencing a number of serious problems involving his girlfriend and

that he had recently begun having difficulty sleeping. He also admitted to a loss of appetite and to frequent crying spells, but he denied having suicidal thoughts or having attempted suicide previously. Given his unstable emotional status, Mr. A began seeing the psychologist regularly.

During the course of several sessions, Mr. A revealed that he had been raised in an extremely dysfunctional family, experiencing severe physical, emotional and sexual abuse. He ran away from home at age 14, began living on the streets and eventually became heavily involved in substance abuse. He then met his present girlfriend and the two began living together. Like him, she had been a victim of abuse and was a drug abuser.

Although there appeared to be improvement in Mr. A's mental state after several sessions, he began to have difficulties with other inmates and was therefore admitted to the institutional hospital. Daily therapy sessions continued, and he appeared to be coping well with his problems. However, three days later, during the night, he attempted to hang himself. The attempt failed as a roof anchor gave way. He was found, semiconscious, during a routine bed check and was subsequently placed in an observation cell on suicide watch.

The following morning, when asked why he had tried to kill himself, Mr. A stated that the therapy sessions had dredged up painful memories that he had repressed for years through drug abuse. He thought "dying would be easier than having to deal with [his] past." He also admitted that he had been contemplating suicide, even during the initial interview, despite his repeated denials.

Mr. A remained on suicide watch until an emergency transfer to a psychiatric facility could be arranged. During this period, he remained extremely depressed and was judged to be a very high risk for suicide. In

fact, he continued to voice his desire to die and to think about how he might succeed in killing himself.

Case 2

Mr. B is a 27-year-old recidivist serving the remainder of a four-year sentence for property-related offences and for being unlawfully at large. He was recently returned to the institution after his day parole was revoked.

While incarcerated, Mr. B has been given a variety of diagnoses ranging from psychotic illness to personality disorder. However, the severity, authenticity and exact nature of his mental illness have been repeatedly debated and questioned by mental health staff. Although he has been referred for treatment on numerous occasions, he has continually displayed a lack of motivation and co-operation toward all treatment programs and has failed to improve to any discernible degree.

Mr. B had been the victim of abuse. He also has a history of multiple suicide attempts including slashing and strangulation. On one occasion, he attempted to set himself on fire. While being treated at a prison psychiatric facility, Mr. B engaged in self-injurious behaviour twice: once, he attempted to strangle himself and on another occasion, he slashed himself superficially. It is important to note that Mr. B was not thought to be depressed. However, just prior to each self-injurious act, he learned that he was about to be transferred back to his parent institution due to his lack of involvement in programs. Treatment staff viewed each incident as purely manipulative in order to avoid transfer.

Mr. B demonstrated similar patterns of "suicide attempts" on numerous other occasions. In virtually every case, Mr. B threatened to engage or actually engaged in some form of dramatic self-injurious behaviour when he was feeling ignored or that his needs were not

⁵ Walsh and Rosen, *Self-Mutilation: Theory, Research, and Treatment*, p. 25-30.

⁶ *Ibid.*, p. 29-30.

being met. For example, when told that he would be unable to see the psychiatrist immediately, he threatened to slash himself. When he was informed that his appointment would be further delayed for administrative reasons, he attempted to set himself on fire.

Mr. B remains under close supervision due to his potential to engage in self-injurious behaviour. Although he does not show symptoms of depression, he continues to verbalize suicidal thoughts and his intention to engage in self-harm, particularly if forced to return to the general inmate population. He remains in treatment.

Case 3

Mr. C is a 45-year-old recidivist serving a three-year sentence for property-related offences. He was referred to the psychology department by a correctional officer after he had passed out in the living unit. At his interview, Mr. C appeared to be weak and tired with very poor skin tone. It was determined that he was anemic because of blood loss from self-inflicted lacerations to the arteries on the inside of his arms.

Mr. C has a history of depression, poor self-esteem and poor sense of self-efficacy. He disclosed that he had been a victim of physical and sexual abuse as a child and considered himself a "born loser." Problems with his common-law wife led to the breakup of their relationship and separation from his two children. He has an extensive criminal history and has spent a considerable portion of his adult life in prison.

Mr. C claimed to have been the target of ongoing harassment by other inmates. Moreover, he claimed to have been threatened repeatedly with a knife by other inmates, forced to relinquish his inmate pay and raped by other inmates. In addition, he had recently applied for, but had been denied, release by the parole board.

Shortly after his parole had been denied, Mr. C distributed a handwritten letter to his case management officer and the psychologist. In the

letter, Mr. C threatened that he was on the verge of exploding into violence because he was not receiving any assistance from staff to alleviate his problems in the institution.

With some reluctance, Mr. C admitted that he had intentionally cut himself to release built-up tension. He further indicated that over the course of several days he had severed the arteries in his arms repeatedly and had allowed himself to bleed into a plastic bag in order not to attract the attention of the security staff. After allowing himself to bleed, he then stopped the blood flow with bandages and went about his daily activities.

Mr. C said that he has done this self-inflicted "bloodletting" on numerous occasions in the past, both on the street and while incarcerated. As a result, he has been repeatedly diagnosed with anemia.

Mr. C was uninterested in remaining in treatment. He was released on mandatory supervision a short time later.

Commentary

A brief analysis of the three cases suggests a number of similarities and differences among them.

In terms of similarities, all three cases presented significant mental health concerns. Each had a similar history of childhood abuse. Each experienced significant problems with other inmates. Also important, all three were at risk for self-injury.

As for differences, Mr. A (case 1) and Mr. C (case 3) showed symptoms of depression, while Mr. B (case 2) was free of depression. Mr. B and Mr. C each had a history of multiple acts and methods of self-injury; Mr. A made only one attempt and had no history of previous suicide attempts. Mr. A expressed interest in receiving professional assistance. At times, Mr. C's behaviour was somewhat attention-seeking, but in general, he was secretive about his behaviour and was uninterested in treatment. In contrast, Mr. B was overtly seeking attention, in addition to being coercive and only superficially interested in

treatment.

All three inmates had different motives for their self-injurious behaviour: Mr. A was attempting to end his life, Mr. B used self-injurious behaviour partly as an attention-seeking device and partly as a way of coercing others to satisfy his needs, and Mr. C engaged in self-injurious behaviour as an ongoing method of dealing with pent-up tension and frustration.

In summary, our analysis suggests that Mr. A (case 1) was genuinely suicidal, Mr. B (case 2) was malingering (feigning) suicidal intent and Mr. C (case 3) was a self-mutilator.

This article demonstrates, using actual cases, that no analysis of self-directed violence among inmates is complete without an attempt to differentiate suicidal behaviour from malingering and self-mutilating behaviour. Actual cases frequently overlap in many areas, thereby further complicating the task of making an accurate diagnosis. To date, no established method exists to differentiate reliably between syndromes. Moreover, no attempts have been made to determine the differential prevalence of suicide and suicide-like behaviours – such as malingering and self-mutilation – in prison settings. It is hoped that future research efforts will be directed toward uncovering the prevalence and nature of self-directed violence among prison inmates. ■

We say...

Slashing releases tension. Pain and anger would disappear. It's the hopelessness of doing time. Waiting, waiting, waiting. What was I waiting for? Life to end or life to begin?

Unidentified federally sentenced aboriginal woman
Survey of Federally Sentenced Aboriginal Women in the Community

A Study of 133 Suicides Among Canadian Federal Prisoners

by Christopher Green, Glenn Andre, Kathleen Kendall, Terah Looman and Natalie Polvi¹

Inmate suicide is documented as the leading cause of death in prisons in Canada² and in Britain.³ It is also well known that the rate of suicide in penal establishments across North America and Western Europe is higher than that for the general population.⁴ For instance, in one of the most thorough studies of inmate suicide so far, Burtch and Ericson⁵ calculated that from 1959 to 1975, the suicide rate of inmates in Canadian penitentiaries was 95.9 per 100,000 prisoners. This is substantially higher than the corresponding rate of 14.2 per 100,000 for non-prison males in Canada.

Concern over this situation has led to the creation of a suicide prevention program by the Correctional Service of Canada. This program incorporates the concepts of the Province of Alberta's suicide prevention program.⁶ The design, refinement and success of such programs presuppose an understanding of the factors involved in inmate suicide.

A study of Canadian federal prisoners who committed suicide between 1977 and 1988 found that males were most likely to commit suicide, the most common method was by hanging and the act was frequently committed shortly after sentencing. Inmate suicide was also associated with single marital status, earlier suicide attempts, a history of drug or alcohol abuse and a previous history of psychiatric illness. There was, however, no significant relationship between suicide and age, offence type, previous convictions or length of sentence.

This preliminary research suggests a number of possible ways to help prevent inmate suicide. Suicide emerges, however, as a complex, multifaceted phenomenon that requires more research if we are to develop successful, long-term preventive strategies.

In this article, the results of this study are compared and contrasted with findings of other major studies on the topic.

Methodology

Conducted in 1990-91, the study attempted to examine all cases of

inmate suicide committed in federal penitentiaries in Canada from 1977 to 1988. Canadian federal institutions detain only those offenders who have been sentenced to terms of imprisonment of two years or more. They do not contain prisoners on remand. The population examined in this study thus consisted entirely of sentenced prisoners serving two years or more.

The records of inmates who committed suicide between 1977 and 1988 were obtained from the records department of the Correctional Service of Canada. There were 133 files available for content analysis; a further 8 cases were not available to us.

Demographic Characteristics of Inmates

Consistent with previous major research, inmate suicide was found to be more common among men.⁷ Of the 133 suicides investigated, only 4 inmates were female and 115 (80%) were Caucasian.

Earlier research shows diverse results in the age distribution of inmates who committed suicide. One study found a higher incidence among younger individuals,⁸ while another showed a higher incidence among older inmates.⁹ Still another study indicated peaks of suicide activity at each end of the age spectrum – one peak at 15-to-19 years of age and the other at over 50 years

¹ Christopher Green, Consultant Psychiatrist, Stockton Hall Hospital, Stockton on the Forest, York, United Kingdom; Glenn Andre, Research Associate, Neuropsychiatric Research Unit, Regional Psychiatric Centre, Saskatoon, Saskatchewan; Kathleen Kendall, Contractor, Pilot Projects, Correctional Service of Canada, Regional Headquarters, Ontario; Terah Looman, Associate Researcher, Department of Psychiatry, Royal University Hospital, Saskatoon, Saskatchewan; Natalie Polvi, Institutional Psychologist, Warkworth Institution, Campbellford, Ontario.

² B.E. Burtch and R.B. Ericson, *The Silent System: An Enquiry into Prisoners Who Suicide* (Toronto: University of Toronto, Toronto Centre of Criminology, 1979).

³ R. Smith, "The State of the Prisons: Deaths in Prison," *British Medical Journal*, 288 (1984): 208-212.

⁴ P. Tournier, "Le suicide en milieu carcéral (1975-1978): Analyse statistique," *Revue Internationale de Criminologie et de Police Technique*, 36 (1983): 42-49.

⁵ Burtch and Ericson, *The Silent System*, p. 7.

⁶ "The Bolt Report 1976: Alberta Report to the Task Force on Suicide." Presented to the Minister of Social Services and Community Health, Alberta.

⁷ In addition to Burtch and Ericson, *The Silent System*, see D. Lester, "Suicide and Homicide in USA Prisons," *Psychology Reports*, 61 (1987): 126. See also R.J. Orlowski (1983) in Smith, "The State of Prisons: Deaths in Prisons," 208-212.

⁸ B. Jaye-Anno, "Patterns of Suicide in the Texas Department of Corrections 1980-1985," *Journal of Prison and Jail Health*, 5 (1983): 82-93.

⁹ E. Dooley, "Prison Suicide in England and Wales 1972-1987," *British Journal of Psychiatry*, 156 (1990): 40-45.

old.¹⁰ In contrast, our study found the age of inmates who committed suicide to be evenly distributed with no remarkable peaks.

With respect to marital status, previous research in prisons¹¹ and jails¹² showed quite conclusively that single inmates were more prone to suicide. In accordance, our findings showed that half of the inmates who committed suicide were reported as single (49.6%) and a further 12.1% were single through separation, divorce or bereavement. About 38% were married or living in common-law relationships. Of 130 prisoners on whom the information was available, approximately 60% claimed to have no children, 14% had one child and the remainder had more than one.

One explanation for the higher suicide rate among single prisoners is Durkheim's thesis of egoistic suicide which postulates that individuals with fewer communal ties are more likely to commit suicide.¹³

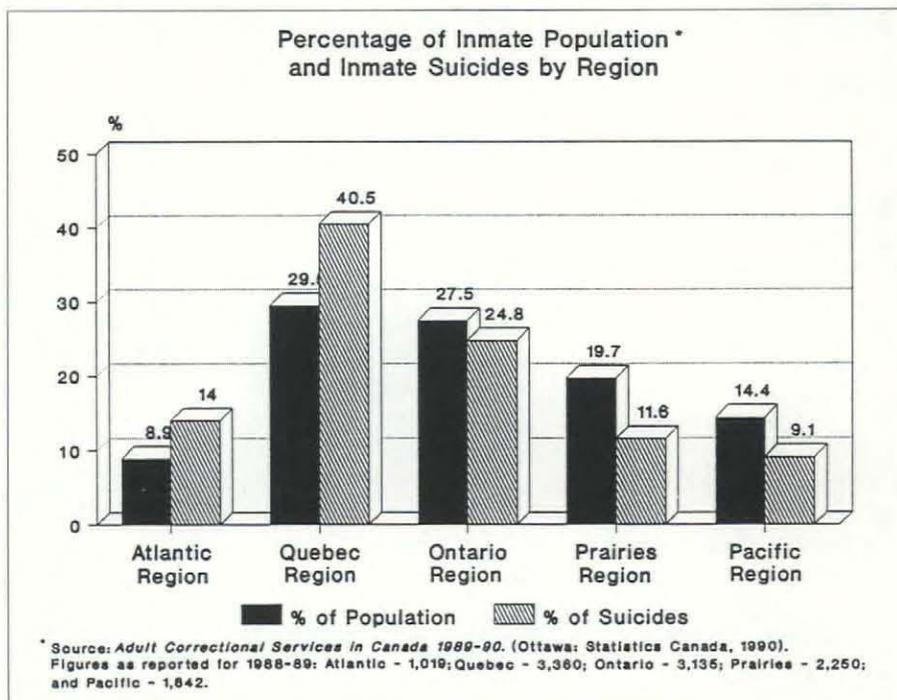
Regional Distributions

The numbers of suicides occurring in each of the five different regions of the Correctional Service of Canada varied considerably. The Atlantic region registered 17 (14% of the total number of suicides); Quebec had 49 (40.5%); Ontario had 30 (24.8%); Prairies had 14 (11.6%); and the Pacific region had 11 (9.1%).

The following figure compares these results to the number and corresponding percentage of inmates housed in each region.¹⁴ We can see that as a percentage of total suicides, the Atlantic region and particularly Quebec are higher than the corresponding percentage of the total population housed in those regions. In contrast, Ontario, the Pacific region and especially the Prairies show a lower percentage of the total number of suicides compared with their share of the inmate population. Precisely what accounts for this variation is unknown.

Circumstances of Suicide

Our findings concur with those of



many earlier studies¹⁵ which found that hanging was the most common method of inmate suicide. Hanging comprised 80% of all cases where information was recorded, and at least two thirds of our total sample. While inmates in this study occasionally used clothes or cord to hang themselves, they almost always used bed linen.

In 96% of cases where information was available, and in two thirds of the complete sample, inmates committed suicide in their own cell. The time of suicide was spread quite evenly over the 24-hour period, although 40% (compared with the expected 33%)

killed themselves or, more precisely, were found dead by staff between 8 p.m. and 4 a.m. Thirty-three percent were found between 4 a.m. and noon and 21% between noon and 8 p.m.

The time of the year when suicides occurred was very evenly distributed across the entire year and across various regions. This was in contrast to a seasonal fluctuation indicated by some studies.¹⁶

Criminal and Sentence Characteristics

Any conclusive association between violence and suicide is a matter of

¹⁰ *Burtch and Ericson, The Silent System.*

¹¹ *Jaye-Anno, "Patterns of Suicide in the Texas Department of Corrections 1980-1985."*

¹² *A. Beigel and H. Russel, "Suicide Attempts in Jails: Prognostic Considerations," Hospital and Community Psychiatry, 23 (1972): 361-363.*

¹³ *E. Durkheim, Suicide (Glencoe, Ill.: Free Press, 1951).*

¹⁴ *Statistics Canada, Adult Correctional Services in Canada 1989-90 (Ottawa: Statistics Canada, 1990). Figures for 1988-89.*

¹⁵ *See, for example, Burtch and Ericson, The Silent System, p. 30. See also R. Esparza, "Attempted and Committed Suicide in County Jails," in B. Danto (ed.), Jail House Blues (Orchard Lake, Mich.: Epic Publications, 1973), p. 39.*

¹⁶ *Dooley, "Prison Suicide in England and Wales 1972-1987." See also L. Hayes, "And Darkness Closes In - A National Study of Jail Suicides," Criminal Justice and Behavior, 10 (1983): 461-484.*

controversy.¹⁷ The results of this study showed a moderate incidence of violent crimes associated with suicide: 51 (38%) of the suicides had as their most recent offence a non-sexual offence of violence, while a further 34 (26%) had a robbery or weapons offence and 25 (19%) had property offences. Only one individual was a first-time offender. There were no obvious patterns when the frequency of suicide was examined according to sentence length.

With respect to location, one third of those who committed suicide had been in protective segregation at some time during the year before death, while 1 in 10 were in punitive isolation.

A high proportion of suicides occurred relatively soon after sentencing – one quarter within 90 days and about one half within a year of sentencing. The time between sentencing and suicide was not significantly affected by the type of offence or prior record, either singly or in combination.

Psychiatric History

As in many other studies,¹⁸ this study found a considerable incidence of previous psychiatric illness among those who committed suicide. Forty-four percent had at least one previous psychiatric hospitalization on record, most often in the year before the suicide. Thirty-two percent were recorded as being hospitalized in a psychiatric institution outside prison. Twenty-nine percent were recorded as having received psychiatric treatment as an out-patient. While no particular psychiatric diagnosis was on file for more than a few cases, a wide spectrum of diagnoses was observed across the sample as a whole, with no clear

pattern emerging.

A history of attempted suicide for these inmates was also considerable. Of the 133 cases, 99 had previously attempted suicide at least once. Of these, just more than half had attempted suicide at least once while in prison, while a further quarter had attempted suicide more than once while in prison. One quarter were recorded as having made one or more attempts outside prison. Of those with at least one previous attempt, the vast majority (94%) had made that attempt within one year of the successful attempt.

The results also showed a positive relationship between alcohol or drug use and proneness to suicide. About two thirds of inmates who committed suicide were on record as having a history of alcohol abuse and just more than half had a history of drug abuse (54%). No information was available on drug or alcohol intoxication around the actual time of suicide.

Discussion

Research on prison suicide provides information that may be used to enhance preventive programs such as those recently introduced in the United States¹⁹ and Canada.²⁰ Our findings indicate that it would be useful to focus on simple institutional solutions, in addition to remedies aimed at individuals.

In institutions, measures can be taken to limit opportunities for committing suicide. For example, with respect to method, greater consideration should be given to such things as the type of bed sheet used, velcro fastenings instead of shoelaces, light

fittings that detach under strain and other measures to eliminate opportunity. It is a valid argument to suggest that prisoners who are thought to be suicidal should not be allocated to single cells. We acknowledge that major efforts in this direction have begun and believe that it is in this sort of approach that effective prevention may be found.

With respect to remedies for individuals, in addition to the existing therapeutic and security practices, close attention should be paid to those inmates placed in punitive isolation or protective segregation, and to those who are single or have a previous history of suicide attempts or psychiatric disorder. Particular vigilance should be maintained on inmates soon after they enter the prison system. Given the high frequency of drug and alcohol abuse among prisoners who commit suicide, the availability and positive promotion of drug and alcohol programs could well be relevant. What is clear, however, is that inmate suicide is a complex problem requiring more research into all aspects of the phenomenon, of which only a few were discussed in this article. ■

Acknowledgments: We thank Ray Denson and Ken Pease for their translations of files written in French, Evelyn McCauley of the Research and Statistics Branch, Correctional Service of Canada for her invaluable assistance and Dorothy Little for her secretarial help.

We say...

It's a relief to me when I slash. Things get too much for me and [if] I'm lonely...I'm feeling hurt, or anger, I get it out by hurting myself instead of hurting anybody else.

Johny (federally sentenced woman, excerpted from "To Heal the Spirit")
Why Not Productions

¹⁷ See, for instance, D.J. West, *Murder Followed by Suicide: An Inquiry Carried Out for the Institute of Criminology* (London: Heinemann, 1965). See also S.A. Backett, "Suicide in Scottish Prisons," *British Journal of Psychiatry*, 151 (1987): 218-221.

¹⁸ See, for example, Jaye-Anno, "Patterns of Suicide in the Texas Department of Corrections 1980-1985." See also D. Topp, "Suicide in Prison," *British Journal of Psychiatry*, 134 (1979): 24-27. And see Burtch and Ericson, *The Silent System*.

¹⁹ Orłowski, in Smith, "The State of Prisons: Deaths in Prisons."

²⁰ E.H. Botterell, "Report on the Study Team's Investigation on Atlantic Region's Suicides." Unpublished report presented to the Commissioner of Correctional Services, 1984.

Evaluating Suicide Prevention Activities

by Marc Daigle

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Evaluating suicide prevention activities is a complex task, and in a prison environment, the complexity increases when an effort is made to determine who is **responsible** for the suicide – the individual or the prison system. This is assuming that the prison system, in itself, generates suicide and is primarily responsible.¹ Although the system is not blameless, it is not necessarily a causal factor in inmate suicide. Rather, the incarceration of an individual may merely be a symptom of other problems which would predispose the individual to suicide.

The argument that the prison system is responsible for those placed under its care also has its limits. Of course, the prison system must establish conditions that minimize the risk of suicide among inmates. In this regard, the prison system assumes the same "responsibility" as society at large does for its members.

The debate on the responsibility of those who intervene may rob the suicidal individual of responsibility for an act that may be one of rare individuality and privacy. Szasz² points out the ambiguity of appointing people to monitor other supposedly "irresponsible" people.

Apart from cases of obvious mental disorder, this article maintains that individuals must remain ultimately responsible for their actions. This, however, does not stop us from offering the necessary assistance. Taking responsibility away from individuals also means taking control over them. One is the corollary of the other. The prison system (particularly psychiatrists, according to Szasz) must face its responsibilities, but within its own limits. It is in this spirit that the Correctional Service of Canada must approach suicide prevention.

Evaluating Our Intervention

Once suicide prevention services have been provided to inmates, how is their effectiveness to be determined? Should evaluations be limited to measuring suicide rates? The debate, at present, seems to revolve principally on this question. Certainly, statistics show that the suicide rate is higher for the offender population. However, this, as mentioned earlier, does not mean that imprisonment

causes suicide. Nor should we conclude that a possible decrease, or increase, in suicide rates is necessarily the result of our prevention activities. This would be limiting the question to one very specific factor, even though it seems, at first glance, to be the most significant.

Suicide Rates

To evaluate our suicide prevention efforts as they relate to inmates, we

should see how the issue is addressed with non-offenders. Historically, suicide prevention efforts were first systematized in prevention centres in England (the Samaritans) and in the United States (the Los Angeles Suicide Prevention Center). These centres concentrated their activities on telephone counselling, done mainly by volunteers.

Soon after the establishment of these centres, attempts were made to measure their effectiveness in terms of fluctuations in the suicide rate of the populations concerned. For example, Bagley³ asserted that the suicide rate had dropped only in English cities and towns served by the Samaritans but not in any others. However, a more detailed study of the problem revealed that these cities and towns were not necessarily comparable,⁴ and that the area in which prevention centres had an impact was not well defined.

Some will say that, in a prison environment, this methodological problem does not arise, since populations and areas are well defined. Nothing could be further from the truth. Our offender populations move from one penitentiary to another, from one security level to another, from one jurisdiction to another and from one form of release to another. Moreover, these people are exposed to all sorts of prevention methods – ours, but also those conveyed through newspapers, community organizations, radio programs, books and so on.

Bagley's study (cited above) was also criticized with regard to the availability of methods used by suicidal people.⁵ When the prevention centres were established, England was undergoing a transformation of its gas

To evaluate our suicide prevention efforts as they relate to inmates, we should see how the issue is addressed with non-offenders.

¹ J.C. Bernheim, "Suicide et milieu carcéral," *Vis-à-Vie*, 2, 2 (1992): 5-7.

² T. Szasz, "The Case Against Suicide Prevention," *American Psychologist*, 41 (1986): 806-812.

³ C.R. Bagley, "The Evaluation of a Suicide Prevention Scheme by an Ecological Method," *Social Science and Medicine*, 2 (1968): 1-14.

⁴ B.M. Barraclough, C. Jennings and J.R. Moss, "Suicide Prevention by the Samaritans: A Controlled Study of Effectiveness," *The Lancet* (30 July 1977): 237-239.

⁵ N. Kreitman, "The Coal Gas Story: United Kingdom Suicide Rates, 1960-71," *British Journal of Preventive and Social Medicine*, 30 (1976): 86-93.

supply system. Gas was now less toxic than it had been, and could no longer be used by potential suicide victims: hence, there was a general decrease in the rate of suicide by gas but not by any other means. This called into question the Samaritans' effectiveness in reducing **all** types of suicide.

We can therefore conclude that the effect of our own prevention efforts in penitentiaries may also be confused with the effects of other factors: the availability of means of suicide (which we already control in part), environmental changes, changes in clientele and so on.

The debate fuelled by Bagley's original study did not shed much light on the question but only gave rise to doubt, if anything. The literature⁶ is now in agreement that, in the non-offender population, it is difficult to cite the fluctuation of suicide rates as justification for suicide prevention programs. Only one other study,⁷ in the United States this time, has shown that suicide prevention centres are somewhat beneficial, but only to one segment of the client population. On the whole, this evaluative approach was ineffective.

Therefore, in a prison environment, why do we look at suicide rates to prove our suicide prevention programs' effectiveness? From a strategic viewpoint, it is understandable that our organization's objective is to lower the suicide rate among inmates. Achieving this objective must, however, involve systemic measures that not only include a specific suicide prevention program, but also encompass other related measures – modification of the environment, structures, the clientele, health programs and so on. If the objective is achieved, success must then be attributed to all these factors, not only to the specific prevention program.

The Intervention Process

So, by which means should specific suicide prevention programs be evaluated? With the non-offender population, certain authors have measured

the rate of use and the rate of client satisfaction with regard to the services offered. We know that in a prison environment the dynamics underlying relations between staff and inmates might distort such measures. However, the quality of service – the intervention process itself – could be evaluated from a point of view that may be either technical or clinical.

Our organization must maintain realistic objectives, while assuming specific responsibilities in dealing with inmates who may be suicidal.

Evaluating the intervention process using the technical model is similar to evaluating a program. In this case, effectiveness is determined in terms of the achievement of structural objectives or the performance of prescribed tasks. Ross and Motto⁸ suggest establishing standards for operating a prevention service, then checking subsequent implementation of the service. This approach is particularly attractive in relation to our suicide prevention services, assuming that an effort is first made to standardize our approach across institutions. We can then measure specific objectives, such as the number of resource persons, the number of

inmates referred, the waiting period for evaluating a person referred, the number of trained front-line workers and the scope of supervisory measures.

An approach based on clinical evaluation is necessarily more qualitative. Therefore, the evaluation criteria must be carefully selected since they may suggest value judgments about the best intervention method for suicidal people. With the non-offender population, for example, frequent efforts have been made to measure the empathy level of the counsellors, suggesting the correct approach must be Rogerian, that is humanistic.⁹ Likewise, other researchers wanted to check the level of respect, human warmth and patience of the counsellors.¹⁰ We can see that these evaluation criteria, which are often subjective, do not necessarily reflect the type of intervention that should be used with suicidal people. Intervention aimed at suicidal people is often more directive (asking questions, giving advice) than empathic (showing acceptance, reflecting feelings) because of the urgency of the situation and also because the client is particularly in need of assistance.

Therefore, the entire clinical intervention process must be evaluated, rather than just the aspect of empathy. Taking the approach used for a crisis intervention model, we can, for example, evaluate the establishment of contact with the client, definition of the problem, exploration of solutions, commitment to an action plan and planning of

⁶ S.M. Auerbach and P.R. Kilmann, "Crisis Intervention: A Review of Outcome Research," *Psychological Bulletin*, 84, 6 (1977): 1189-1217.

⁷ H.L. Miller, D.W. Coombs, J.D. Leeper and S.N. Barton, "An Analysis of the Effects of Suicide Prevention Facilities on Suicide Rates in the United States," *American Journal of Public Health*, 74, 4 (1984): 340-343.

⁸ C. Ross and J. Motto, "Implementation of Standards for Suicide Prevention Centers," *Bulletin of Suicidology*, 8 (1971): 18-21.

⁹ D.A. Knickerbocker and R.K. McGee, "Clinical Effectiveness of Nonprofessional and Professional Telephone Workers in a Crisis Intervention Center," in D. Lester and G.W. Brockopp (eds.), *Crisis Intervention and Counselling by Telephone* (Springfield, Ill.: C.C. Thomas, 1973, p. 298-309.

¹⁰ S. Hirsch, "A Critique of Volunteer-Staffed Suicide Prevention Centres," *Canadian Journal of Psychiatry*, 26 (1981): 406-410.

follow-up.¹¹ Such evaluations cannot, however, be systematized in an organization such as the Correctional Service of Canada since they require an investment of energy that cannot be sustained beyond a special research project.

If we are concerned about evaluating our specific prevention programs, we should then focus on measurements of the intervention process rather than its effects.

However, the clinical approach, even if it is restricted to a limited observation period, can generate more information about intervention methods generally used with suicidal people. In addition, if such exploratory methods regarding the **process** are coupled with measurements of the possible **effects** of the intervention techniques, we can then consider which methods are best used in a given case. For example, in a recent study conducted in Quebec, we identified what verbal behaviour characterized volunteers working with suicidal people.¹² This verbal behaviour, assessed in terms of the number of techniques used, becomes an operational measurement of the intervention process. This measurement can then be evaluated in relation to fluctuations in clients' depressed moods, the urgency of their suicidal impulses and their subsequent behaviour.

Conclusion

Even with a non-offender population,

suicide prevention is difficult to measure in terms of suicide-rate fluctuations. Our organization must therefore maintain realistic objectives, while assuming specific responsibilities in dealing with inmates who may be suicidal. The individuality and privacy of the suicidal act should prompt us to show some humility concerning our intervention, humility that does not prevent us from making every effort to save human lives.

However, if we are concerned about evaluating our specific prevention programs, we should then focus on measurements of the intervention **process** rather than its **effects**.

The above argument considers only the phenomenon of suicide, ignoring such parallel phenomena as suicide-like behaviour and self-mutilations. The precise identification of these actions, particularly in a prison environment, is not unanimous and must, we know, be carried out while taking the dynamics of the environment into account. However, when these various actions do correspond with a suicide attempt, we suggest that the evaluation models proposed above would still work here. The process initiated to prevent suicide is the same as that initiated to prevent suicide attempts. Our evaluation methods based on the intervention process should therefore cover both. ■

We say...

The model I work from is based on the understanding that self-injurious behaviour is a coping strategy that manifests itself as a result of childhood abuse. When a child is sexually abused she most often reconciles the abuse through self-blame. Self-blame allows the victim to believe she has some control in a powerless situation: if she is responsible she can also stop it. The cumulative effect of the self-blame coupled with on-going sexual abuse is the further belief that bad things do and will happen...resulting in extreme anxiety. Self-injury is an attempt to control the extent and the timing of the anticipated pain... Once pain is invoked the anxiety is immediately decreased. To the extent that self-injury results in a reduction of anxiety it is an adaptive and resourceful behaviour.

Jan Heney
*Report on Self-Injurious
Behaviour in the Kingston
Prison for Women*

¹¹ K.A. Slaikeu, *Crisis Intervention: A Handbook for Practice and Research* (Boston, Mass.: Allyn & Bacon, 1984).

¹² M.S. Daigle and B.L. Mishara, "La prévention du suicide au téléphone : les interventions des bénévoles québécois." Paper presented at the Fifth Provincial Meeting of the Association québécoise de suicidologie, Sherbrooke, Quebec, 1991.

Prison Violence: A Scottish Perspective¹

by David J. Cooke

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Traditionally, psychologists have attempted to explain and predict violent behaviour by focusing on intrinsic characteristics of potentially violent individuals: their personality characteristics, their developmental and criminal histories, their cognitive processes.²

Unfortunately, the prediction of future violence appears to be bedevilled by a high false-positive rate, that is, the tendency to predict that individuals will be violent when in fact they will not.³ While, as Porporino⁴ clearly argues, there is a need for considerable improvement in the classification of prisoners, this can only be a partial solution to the problem of prison violence.

Clements eloquently sums up the problem: "There is no pot of gold at the end of the classification rainbow. Good classification procedures will help us make better decisions about individual inmates and about the future needs of the system. But with all our attention to the individual, we tend to underestimate the prison setting as a powerful influence on day-to-day inmate behaviour. We cannot hope to predict and manage offender behaviour on the basis of a few tests and an interview."⁵

Rising Prison Violence

The last decade saw a substantial increase in the level of violence in Scottish prisons. The prison system was wracked by a series of lengthy and highly visible hostage-taking incidents, the rate of assaults doubled and the level of aggressive and hostile behaviour by prisoners was high.⁶ The

prison system was under stress.

This disturbance in the Scottish system was paralleled by incidents in the prison system of England and Wales. The rate of hostage takings increased fivefold during the 1980s, and the month-long riot at Strangeways Prison, in Manchester, sparked a series of riots in other prisons.

We must consider not only the prisoner's characteristics but also the setting in which he or she is placed. Difficult prisoners are only difficult in certain settings. By understanding these settings, we can reduce prison violence. It is argued that major benefits can be derived by identifying those characteristics of a regime that influence the level of prison violence.

Explanations for the Violent Incidents in Scottish Prisons

When institutions are under stress, explanations tend to be polarized. The primary objective in many accounts appears to be to attribute blame. This can be illustrated by explanations given for the lengthy rooftop hostage taking in Scotland's high-security prison at Peterhead. Three critical

¹ The views expressed in this article are those of the author and do not necessarily represent the views of the Scottish Home and Health Department.

² See, for example, R.D. Hare and L.M. McPherson, "Violent and Aggressive Behaviour by Criminal Psychopaths," *International Journal of Law and Psychiatry*, 7 (1984): 35-50. See also S.D. Hart, P.R. Kropp and R.D. Hare, "The Performance of Male Psychopaths Following Conditional Release from Prison," *Journal of Consulting in Clinical Psychology*, 57 (1988): 227-232. And see R.W. Novaco, "Anger and Coping with Stress," in J.P. Foreyt and D.P. Rathjen (eds.), *Cognitive Behaviour Therapy* (New York: Plenum, 1978), p. 135-173. And see I.W. Shields and D.J. Simourd, "Predicting Predatory Behaviour in a Population of Incarcerated Young Offenders," *Criminal Justice and Behavior*, 18 (1991): 180-194. And see D.J. Cooke, "Predicting Offending in Prison: The Predictive Validity of the Prison Behaviour Rating Scale," submitted to *Criminal Justice and Behavior*.

³ See, for example, Shields and Simourd, "Predicting Predatory Behaviour in a Population of Incarcerated Young Offenders." See also Cooke, "Predicting Offending in Prison: The Predictive Validity of the Prison Behaviour Rating Scale."

⁴ F.J. Porporino, "Managing Violent Individuals in Correctional Settings," *Journal of Interpersonal Violence*, 1 (1986): 213-237.

⁵ C.B. Clements, "The Relationship of Offender Classification to the Problems of Prison Overcrowding," *Crime and Delinquency*, 28 (1982): 72-81, p. 81.

⁶ D.J. Cooke, A. Walker and W. Gardiner, "Behavioural Disturbance in Barlinnie Prison," *The Prison Service Journal*, 80 (1990): 2-8. See also D.J. Cooke, "Violence in Prisons: The Influence of Regime Factors," *The Howard Journal of Criminal Justice*, 30 (1991): 95-109.

criminologists firmly eschewed any notion that the psychological characteristics of the prisoners might have influenced the violent behaviour: "Violence ... is an inevitable and rational reaction to a violent and repressive regime."⁷

In sharp contrast, the official explanation for this riot, and other riots in the country, was focused on the presumed pathology of individual prisoners. In a document entitled "Assessment and Control," produced by the Scottish Home and Health Department, it was argued:

It [the riot] suggests that rather than looking to changes in the way in which the Prison Service as a whole goes about its task a more productive approach may be to concentrate attention on the individual personality and "repertoire" of particularly disruptive and violent inmates.⁸

Clements's contention, stated above, that we must consider not only the prisoner's characteristics but also the setting in which he or she is placed, has greater congruence with contemporary psychological accounts of violent behaviour. Difficult prisoners are only difficult in certain settings. By understanding these settings, we can reduce prison violence.

In the rest of this article, it is argued that major benefits can be derived by identifying those characteristics of a regime that influence the level of prison violence. First, a case study is presented to demonstrate the potential power of changing regime factors. Second, the literature on violence in prisons and secure hospitals is explored for clues concerning which regime factors may be important.

The Barlinnie Special Unit: A Case Study

In the Scottish context, powerful evidence supporting the view that changing regime characteristics can influence the level of prisoner

violence comes from the Barlinnie Special Unit. This Unit was established in 1972 because of concerns about the increasing level of violence in Scottish prisons. A radical approach was adopted. The regime plan was based on three underlying principles: first, the need to reduce the traditional hostility between staff and prisoners; second, the need to increase the autonomy of prisoners; and third, the need to provide a forum in which feelings of anger, hostility and frustration could be expressed and conflicts resolved.⁹

Changing the way in which we run institutions may be easier than changing the psychological characteristics of the people we contain in those institutions.

The majority of prisoners who have been through the Unit have one or more convictions for homicide and many convictions for assault – both in and out of prison. They are generally serving life sentences and have significant levels of psychopathy. Prisoners are referred to this Unit because they are "management problems" in other

prisons. Yet when they are transferred to this unusual regime, their behaviour undergoes a dramatic change.

An evaluation of prison records demonstrated that if the behaviour of a group of 25 prisoners had remained the same in the Special Unit as it had been in the referring prison, then the number of assaults in the Special Unit would have been 105. Only two assaults have occurred.

Similarly, when serious incidents are considered – i.e., attempted escapes, hunger strikes, "smash-ups," hostage takings, dirty campaigns, barricading and self-mutilation – the expected frequency was 154, but only 9 such incidents have occurred. The fact that the inmates' behaviour changed so quickly after they were transferred to the Unit suggests that changes in the regime, rather than changes in the psychological characteristics of the individual prisoners, were responsible.¹⁰

The Advantages of Considering Regime Factors

In any attempt to understand and limit institutional violence, there are certain advantages to giving greater emphasis to regime factors. First, changing the way in which we run institutions may be easier than changing the psychological characteristics of the people we contain in those institutions. Rice and colleagues¹¹ argued that explaining the violence of psychiatric patients merely

⁷ P. Scratton, J. Sim and P. Skidmore, *Prisons Under Protest* (Milton Keynes: Open University Press, 1991), p. 17.

⁸ Scottish Home and Health Department, *Assessment and Control: The Management of Violent and Disruptive Prisoners*. (A Scottish Prison Service Discussion Paper) (Scotland: Scottish Home and Health Department, 1988), para. 2, 11.

⁹ P.B. Whatmore, "Barlinnie Special Unit: An Insider's View," in A.E. Bottoms and R. Light (eds.), *Problems of Long-Term Imprisonment* (Aldershot: Gower, 1987). See also J. Boyle, *A Sense of Freedom* (London: Handbooks, 1977). And see D.J. Cooke, "Containing Violent Prisoners: An Analysis of the Barlinnie Special Unit," *British Journal of Criminology*, 29 (1989): 129-143.

¹⁰ For a fuller discussion, see Cooke, "Containing Violent Prisoners: An Analysis of the Barlinnie Special Unit."

¹¹ M.E. Rice, G.T. Harris and V.L. Quinsey, *Controlling Violence in Adult Psychiatric Settings* (Penetanguishene, Ont.: Penetanguishene Research Reports, 1991).

in terms of their psychopathology severely limits what staff can do to reduce violent behaviour. Others have argued – and evidence from the Barlinnie Special Unit supports this argument – that antisocial behaviour can be reduced more effectively by making environmental changes rather than attempting to make psychological changes.¹²

Second, changing situational factors may be the only method available for reducing violent behaviour. Many aggressive individuals in prisons have an aversion to psychologists and psychiatrists and will not co-operate with them during treatment.

Third, increasing our understanding of the determinants of prison violence, and thereby our control over its level (we hope), should make prison environments safer not only for those who have to live there, but also for all those who work there.

The characteristics of the staff, who deliver the regime or the treatment to inmates, have central importance in determining the level of violence in an institution.

Which Regime Factors Are Important?

To determine which situational factors are important in the escalation or defusing of violent incidents, it may be helpful to consider other institutional settings where violence is a problem. The literature on psychiatric facilities has relevance not only because many of the problems are similar,¹³ but also because there is an overlap – perhaps an increasing overlap – in the populations of these different types of institutions.¹⁴

Any endeavour to identify situational factors is not without difficulties. In sharp contrast to the multitude

of studies on psychological characteristics, there is little systematic research on the significance of situational factors. Porporino, referring to the literature on prison crowding and violence (perhaps the most extensive and systematic literature in this field) indicated that “it is difficult to derive any clear policy or program implications from this set of contradictory findings.”¹⁵

With our current state of knowledge, it seems impossible to answer the question posed above: which regime factors are important? Rather, all that we can do is identify the areas that merit further study.

A common theme in this diverse literature is that the characteristics of the staff, who deliver the regime or the treatment to inmates, have central importance in determining the level of violence in an institution. The evidence available implicates four elements, namely staff-inmate communication, staff training, staff experience and staff morale.

Staff-Inmate Communication

Not surprisingly, the behaviour of staff appears to have a substantial

influence on the behaviour of prisoners. This is not a new idea. In 1844, the Inspector of Prisons for Scotland stated:

... in some prisons an unusual degree of good conduct is induced, and the number of punishments kept low, by the personal influence of the officers, and by their care in reasoning with prisoners before resorting to punishment.¹⁶

The British literature provides some empirical support for this contention. Zeeman and colleagues¹⁷ demonstrated that prisoners' alienation – the absence of staff-inmate communication – had a powerful influence on inmates' behaviour.

Davies and Burgess¹⁸ examined the rates of violence in one prison under the management of four different governors (wardens). They attributed the reduced rate of violence under one governor to the fact that he had introduced staff-inmate committees and meetings. These meetings not only increased contact between staff and prisoners, providing both groups with, at times, mutual goals, but also

¹² R.B.G. Clarke, “Delinquency Environment as a Dimension,” *Journal of Child Psychology and Psychiatry*, 262 (1985): 515-523.

¹³ See, for example, G.A. Chaimowitz and A. Moscovitch, “Patient Assaults on Psychiatric Residents: The Canadian Experience,” *Canadian Journal of Psychiatry*, 36 (1991): 107-111. See also A.D. Armond, “Violence in the Semi-secure Ward of a Psychiatric Hospital,” *Medicine, Science and the Law*, 22 (1982): 203-209.

¹⁴ M.L. Durham, “The Impact of Deinstitutionalization on the Current Treatment of the Mentally Ill,” *International Journal of Law and Psychiatry*, 12 (1989): 117-131. See also L. Teplin, “The Criminalization of the Mentally Ill: Speculation in Search of Data,” *Psychological Bulletin*, 94 (1983): 54-67. Also see R.J. Menzies and C.D. Webster, “Where They Go and What They Do: The Longitudinal Careers of Forensic Patients in the Medical-Legal Complex,” *Canadian Journal of Criminology*, 29 (1987): 275-293.

¹⁵ Porporino, “Managing Violent Individuals in Correctional Settings,” p. 228.

¹⁶ *Inspector of Prisons for Scotland, 1844 Annual Report (Her Majesty's Stationery Office, n.d.)* p. 5.

¹⁷ E.C. Zeeman, C.S. Hall, P.J. Harrison, G.H. Marriage and P.H. Shapland, “A Model for Prison Disturbances,” *British Journal of Criminology*, 17 (1977): 251-263.

¹⁸ W. Davies and P.W. Burgess, “The Effects of Management Regime on Disruptive Behaviour: An Analysis within the British Prison System,” *Medicine, Science and the Law*, 28 (1988): 243-247.

What made the Unit unlike any other place was the way staff and prisoners were allowed and encouraged to sit down and talk together. This was the single most important factor of the Unit.

reduced the level of tension by providing an appropriate channel for dealing with grievances.

The apparent success of the Barlinnie Special Unit has in part been attributed to the quality of the staff-inmate relationships.¹⁹ Perhaps the most convincing view comes from the best-known ex-inmate of the Special Unit – Boyle:

What made the Unit unlike any other place was the way staff and prisoners were allowed and encouraged to sit down and talk together. This was the single most important factor of the Unit.²⁰

In North America, Love and Ingram argued that the comparatively low rate of prisoner-on-prisoner violence at Federal Correctional Institution Butner could be attributed to the manner in which staff related to prisoners:

Without some of the traditional mechanisms of coercion to exercise control over prisoners, staff at Butner FCI are disposed to a more objective and equal treatment of prisoners, i.e., towards a more "professional" orientation.²¹

Thus, the notion that staff-inmate relationships are central to reducing institutional violence is an old principle which seems to have some empirical support. How can good relationships be achieved?

Staff Experience and Staff Training
Hodgkinson and colleagues²² demonstrated that nurses in the training

grades are assaulted more often than expected, while nursing assistants are assaulted less often than expected.

Davies and Burgess²³ found parallel results with prison officers. Officers with less experience were more likely to be assaulted than officers with more experience, regardless of their age. It has been argued that older prisoners are more likely to assault younger officers because they do not like taking orders from them, but the contention was not substantiated by this study. Length of experience was the critical factor.

Why is experience important? In both studies, it was argued that the experienced staff adopted a different approach to prisoners as compared with the inexperienced staff. It appeared that those in the training grades, or those with less experience, were assaulted more often because they were less circumspect and more confronting. In addition, lack of experience may make prison officers and nurses less competent at

observing and judging the mood of a prisoner or patient.

All is not lost. Further evidence from the literature on institutional violence indicates that if front-line staff are trained to be more subtle and flexible, or to use more appropriate behaviours in their approach to inmates, there is a subsequent reduction in the rate of assault.²⁴ Lerner and colleagues expressed this point eloquently:

Officers need to understand offenders in order to know when to confront and when to support, when to be directive and when not to, when to trust and when not to, when to recommend psychotherapy and when not to, when not to set rules (and which rules).²⁵

Staff Morale

The concept of staff morale is difficult to operationalize, yet there are clues in the literature which suggest that poor staff morale may influence the aggressive behaviour of inmates.

¹⁹ Whatmore, "Barlinnie Special Unit: An Insider's View." See also D.J. West, "The Clinical Approach to Criminology," *Psychological Medicine*, 10 (1980): 619-691. And see M. Fitzgerald, "The Telephone Rings: Long-Term Imprisonment," in A.E. Bottoms and R. Light (eds.), *Problems of Long-Term Imprisonment* (Aldershot: Gower, 1987).

²⁰ Boyle, *A Sense of Freedom*, p. 11.

²¹ C.T. Love and G.L. Ingram, "Prison Disturbances: Suggestions for Future Solutions," *New England Journal on Prison Law*, 8, 2 (1982): 393-426, p. 409.

²² P. Hodgkinson, L. McIvor and M. Phillips, "Patients' Assaults on Staff in a Psychiatric Hospital: A 2-Year Retrospective Study," *Medicine, Science and the Law*, 25 (1985): 288-294.

²³ W. Davies and P.W. Burgess, "Prison Officers' Experience as a Predictor of Risk of Attack: An Analysis within the British Prison System," *Medicine, Science and the Law*, 28 (1988): 135-138.

²⁴ J.A. Infantino and S.Y. Musingo, "Assaults and Injuries Amongst Staff With and Without Training in Aggression Control Techniques," *Hospital and Community Psychiatry*, 36 (1985): 1312-1314. See also M.E. Rice, G.T. Harris, G.W. Varney and V.L. Quinsey, *Violence in Institutions: Understanding, Prevention and Control* (Toronto: Hans Huber, 1989). And see Rice, Harris and Quinsey, *Controlling Violence in Adult Psychiatric Settings*. See also P.C. Kratoski, "The Implications of Research Explaining Prison Violence and Disruption," *Federal Probation*, 52 (1988): 27-32. And see M.L. Lanza, H.L. Kayne, C. Hicks and J. Milner, "Nursing Staff Characteristics Related to Patient Assault," *Issues in Mental Health and Nursing*, 12 (1991): 253-265. And see D.J. Cooke, P.J. Baldwin and J. Howison, *Psychology in Prisons* (London: Routledge, 1990).

²⁵ K. Lerner, G. Arling and S.C. Baird, "Client Management Classification Strategies for Case Supervision," *Crime and Delinquency*, 32 (1986): 254-271, p. 255.

In the psychiatric literature, Lion and colleagues²⁶ have contended that lowered staff morale and heightened inter-staff conflicts are conspicuous features of epidemics of violence.

Qualitative research suggests that violence among prisoners may occur when staff members feel alienated from management and when they are riven with internal dissension and splitting.²⁷

A study of Bathurst Jail in Australia – a jail noted for its attempts to improve the quality of relationships between staff and prisoners – found that when prison staff demonstrated their dissatisfaction by holding a 31-day strike, the prisoners became increasingly antagonistic and aggressive.²⁸

Others²⁹ have insisted that high staff morale is “fundamentally important” in ensuring that the level of assaults in psychiatric units is minimized. Kingdon and colleagues³⁰ argued that staff morale can be maintained and enhanced if junior staff feel properly supported by senior staff.

One practical step toward enhancing staff morale has been suggested by Maier.³¹ He suggests that staff who deal with violent inmates must have “me-time,” a time during which they have the opportunity, either privately or in groups, to disclose and discuss their feelings of fear and anger toward those in their charge.

Visitors

One consequence of the recent troubles in British prisons has been a demand for more contact between prisoners and outside visitors.³² This could be facilitated by the development of “community prisons” – multipurpose prisons near the main population centres. To North American readers, it may come as a surprise that, in Scotland, there is concern that one prison is 200 miles from the main population centres. In the Scottish setting, this prison is perceived as being isolated. As well, though there is little empirical evidence, many have argued that the poor quality of visiting facilities has had a negative impact on prison violence:

Say that you wish to encour-

age family ties through visits and telephone – but make sure that visits take place in circumstances where no meaningful contact is possible, don't provide facilities for children, and don't provide 'phones or time for prisoners to make even booked calls.³³

Glaser³⁴ contended that maximizing contact between prisoners and non-criminal persons from outside the prison could have a significant effect on recidivism rates. Access to visitors may have other positive benefits. Units such as Bathurst and the Barlinnie Special Unit allow prisoners to have visits seven days a week with no limit on the duration or frequency of these visits. Whatmore,³⁵ the forensic psychiatrist who helped establish and run the Barlinnie Special Unit, has argued that personal visitors can act as both a significant control over violent

behaviours and a stimulus for change and maturation.

Crowding and Transiency

As mentioned above, the one feature of prison regimes that has been extensively examined – a feature that is comparatively easy to measure – is overcrowding. Overcrowding may influence aggression in a variety of ways: through the inability to control or avoid unwanted interaction or stimulation, through fear and through the lack of any means of maintaining personal identity. In overcrowded conditions, staff are often unable to protect individual prisoners from a major difficulty of confinement – being with other prisoners.

Unfortunately, the literature gives no clear answers. Some authors find that violence in prisons is inversely related to the amount of living space available to each prisoner.³⁶ In a

²⁶ J.R. Lion, D. Madden and R.L. Christopher, “A Violence Clinic: Three Years' Experience,” *American Journal of Psychiatry*, 133 (1976): 432-435.

²⁷ Ibid. See also Cooke, “Violence in Prison: The Influence of Regime Factors.”

²⁸ K. Mahony, “Effects of the February 1984 Prison Officer Strike. Bathurst Gaol Evaluation Study.” Unpublished report.

²⁹ D.G. Kingdon and E.W. Bakewell, “Aggressive Behaviour: Evaluation of a Non-Seclusion Policy of a District Psychiatric Service,” *British Journal of Psychiatry*, 153 (1988): 631-634.

³⁰ Ibid.

³¹ G.J. Maier, “Relationship Security: The Dynamics of Keepers and Kept,” *Journal of Forensic Sciences*, 31 (1986): 603-608. See also G.J. Maier, L.J. Stava, B.R. Morrow, G.J. Van Rybroeck and K.G. Bauman, “A Model for Understanding and Managing Cycles of Aggression Among Psychiatric Inpatients,” *Hospital and Community Psychiatry*, 38 (1987): 520-524.

³² Lord Justice Woolf, *Prison Disturbances* April 1990: Report of an Inquiry (London: Her Majesty's Stationery Office, 1991). See also *Scottish Prison Service, Opportunity and Responsibility: Developing New Approaches to the Management of the Long Term Prison System in Scotland* (Edinburgh: Her Majesty's Stationery Office, 1990).

³³ R.D. King and K. McDermott, “‘My Geranium Is Subversive’: Some Notes on the Management of Trouble in Prison,” *British Journal of Sociology*, 41 (1990): 445-471, p. 447.

³⁴ D. Glaser, “Six Principles and One Precaution for Efficient Sentencing and Correction,” *Federal Probation*, 48 (1984): 22-28.

³⁵ Whatmore, “Barlinnie Special Unit: An Insider's View.”

³⁶ E.I. Megargee, “Population Density and Disruptive Behaviour in a Prison Setting,” in A.K. Cohen, A.F. Cole and R.G. Bailey (eds.), *Prison Violence* (Lexington, D.C.: Heath, 1976). See also P.H. Nacci, H. Teitelbaum and J. Prather, “Population Density and Inmate Misconduct Rates in the Federal Prison System,” *Federal Probation*, 41 (1977): 27-38.

psychiatric hospital, Dooley³⁷ attributed the elevated rate of violence on a Sunday to the increased number of patients in the recreational areas on that day. In his comprehensive review of this literature, Ditchfield³⁸ concluded that a relationship probably exists between acts of violence and overcrowding, but that the relationship is frequently difficult to detect because it is influenced by the characteristics of the prisoners and those of the regime.

There are certain "toxic mixes" of prisoners and concentration rather than dispersal of "difficult" prisoners may reduce the level of prison violence.

The mix of prisoners can be critical. Quay³⁹ developed a behavioural classification of prisoners designed to distinguish between predators and victims, or "heavies" and "lights." He advocated that these different types of prisoners should be separated and held in different types of regime. Quay reported that the rate of inmate-staff and inmate-inmate assaults dropped significantly in a large maximum-security penitentiary during the four years after inmates were separated on the basis of this classification system. This study provides suggestive evidence that there are certain "toxic mixes" of prisoners and that concentration rather than dispersal of "difficult" prisoners may reduce the level of prison violence.

Quay's work may explain an apparent contradiction in the literature. Authors such as Glaser,⁴⁰ Whatmore⁴¹ and Robson⁴² suggest that prisoners who are living in smaller groups are less likely to engage in offences against prison discipline. In contrast, Farrington and Nuttall,⁴³ after reviewing the literature, concluded that there was no

empirical evidence to support the view that prisoners in large prisons were more likely than those in smaller prisons to engage in violent behaviour. Their findings may apply to the generality of prisoners but not to "difficult" prisoners: Whatmore and Robson argued that the most difficult prisoners should be held in small groups.

Ellis⁴⁴ and Porporino⁴⁵ have cogently argued that it is not crowding per se that is critical, but rather the rate of turnover or transiency of the prison population. In a swiftly changing population, normal social structures are not developed; challenges in the prisoner hierarchy are more frequent; natural wariness of new and potentially dangerous prisoners is exaggerated; normal prison trading relationships in drugs, money, tobacco and gambling are more risky; and prison officers behave in a more disciplinarian manner. Change is threatening. Porporino⁴⁶ emphasized the difficulty in making simple generalizations in this field: he demonstrated empirically that transiency appeared to be the critical variable producing the apparently paradoxical result that the most crowded prisons

were the least violence-prone because they had the lowest transiency rate.

It should be noted that transiency and overcrowding, although undesirable, need not necessarily lead to an increase in assault rates. Pelissier⁴⁷ monitored the rapid doubling of a prison population and found no increase in the rate of offences against prison discipline. What appears to have been of critical importance in this case is the care and attention taken in the management of change, in particular the care taken in ensuring that the regime and programs did not suffer adversely.

Quality of the Regime: Stimulation and Frustration

The Woolf report⁴⁸ recognized that the physical conditions in which prisoners are held – deteriorating Victorian buildings, three to a cell, no in-cell sanitation – can contribute to the frustration of prison life which can lead to violence. Megargee⁴⁹ argues that the general frustrations of prison life – as exemplified by closed visits, letters going missing, lack of work, limited access to education and poor food – act as a significant situational

³⁷ E. Dooley, "Aggressive Incidents in a Secure Ward," *Medicine, Science and the Law*, 26 (1986): 125-130.

³⁸ J. Ditchfield, *Control in Prison: A Review of the Literature* (London: Her Majesty's Stationery Office, 1991).

³⁹ H.O. Quay, *Standards for Adult Correctional Institutions* (Washington, D.C.: Federal Bureau of Prisons, 1983).

⁴⁰ Glaser, "Six Principles and One Precaution for Efficient Sentencing and Correction."

⁴¹ Whatmore, "Barlinnie Special Unit: An Insider's View."

⁴² R. Robson, "Managing the Long Term Prisoner: A Report on an Australian Innovation in Unit Management," *Howard Journal*, 28 (1989): 187-203.

⁴³ D.P. Farrington and C.P. Nuttall, "Prison Size, Overcrowding, Prison Violence and Recidivism," *Journal of Criminal Justice*, 8 (1980): 221-231.

⁴⁴ D. Ellis, "Crowding and Prison Violence: Integration of Research and Theory," *Criminal Justice and Behavior*, 11 (1984): 277-308.

⁴⁵ Porporino, "Managing Violent Individuals in Correctional Settings."

⁴⁶ Ibid.

⁴⁷ B. Pelissier, "The Effects of a Rapid Increase in a Prison Population: A Pre- and Post-Test Study," *Criminal Justice and Behavior*, 18 (1991): 427-447.

⁴⁸ Woolf, *Prison Disturbances* April 1990: Report of an Inquiry.

⁴⁹ E.I. Megargee, "Psychological Determinants and Correlates of Criminal Violence," in M.E. Wolfgang and N.A. Weiner (eds.), *Criminal Violence* (Beverly Hills, Calif.: Sage, 1982).

determinant of violence.

Behaviour may be improved not only because the quality of prison life is enhanced, but also because prisoners have more to lose.

King,⁵⁰ in an attempt to explain the lower rates of assault in an American maximum-security prison as compared with an English one, indicated that one critical factor was the quality of the American regime – more out-of-cell activities, greater disposable income, more frequent visits and in-cell televisions. Behaviour may be improved not only because the quality of prison life is enhanced, but also because prisoners have more to lose.

Ideally, daily activities should be purposeful and not imposed merely to fill time. In the Barlinnie Special Unit, no formal routine of activities is imposed because the subcultural norms that the prisoners bring to the Unit are antiwork. However, prisoners are provided with resources and encouraged to pursue their own interests and set their own level of stimulation. Most engage in constructive activity.

Robson,⁵¹ describing the regime at Bathurst Jail, emphasized the importance of meaningful activities – most notably trade training and education – to improve the morale and behaviour of prisoners.

Level of Security and Control

Prison systems under stress frequently resort to high levels of control. The Scottish system responded in this manner following the spate of riots in the late 1980s. Whether, in the long term, this is the most effective strategy is open to doubt.⁵²

Paradoxically, high levels of overt security and control may increase the

probability of violence. Ward,⁵³ describing the effects of strict security in an American prison, found that the greater the security measures imposed, the greater the violence that occurred. Bidna⁵⁴ found that the implementation of strict security in Californian prisons – called “lock-down” – resulted in an increased rate of stabbings in high-security institutions. Unfortunately, once again we are dealing with conflicting results, for Bidna also found that the lock-down produced a reduction in stabbings in a general prison. King⁵⁵ contended that the lower rates of assaults in an American prison compared with an English prison could be attributed, in part, to higher levels of control and observation; American prisoners felt safer. The optimum level of control will depend on the population.

Why is the level of control important? Because much violent behaviour is predicated on the desire to “save face.” Felson and Steadman⁵⁶ argued that when the “saving of face” is a critical concern, the behaviour of one antagonist is a powerful determinant of the behaviour of the other. Aggression escalates in a trial of strength. Thus, if prison management

provides an overly rigid, inflexible and authoritarian style of management, prisoners may resort to violence as a means of saving face, to show that they can resist the regime.

Evidence from regimes where control is diffuse supports this view.⁵⁷ In the Barlinnie Special Unit, prisoners are responsible for their daily routine, they can influence the day-to-day running of the regime and they can be involved in making decisions about their own progress and that of their peers. It is important to emphasize that authority is still maintained by the prison staff. However, the control is less overt and less likely to stimulate resistance.

Prison Management and Administrative Uncertainty

One response to the recent problems in Scottish prisons has been an emphasis on improved management. Proactive strategic planning has replaced reactive management.⁵⁸ DiLulio,⁵⁹ in his classic comparative study of American prison systems, argues that low rates of disturbance flow from good quality prison management. Good management should reduce the uncertainty that

⁵⁰ R.D. King, “Maximum-Security Custody in Britain and the USA: A Study of Gartree and Oak Park Heights,” *British Journal of Criminology*, 31 (1991): 126-152.

⁵¹ Robson, “Managing the Long Term Prisoner: A Report on an Australian Innovation in Unit Management.”

⁵² Porporino, “Managing Violent Individuals in Correctional Settings.”

⁵³ D.A. Ward, “Control Strategies for Problem Prisoners in American Penal Systems,” in A.E. Bottoms and R. Light (eds.), *Problems of Long-Term Imprisonment (Aldershot: Gower, 1987)*.

⁵⁴ H. Bidna, “Effect of Increased Security on Prison Violence,” *Journal of Criminal Justice*, 3 (1975): 33-46.

⁵⁵ King, “Maximum-Security Custody in Britain and the USA: A Study of Gartree and Oak Park Heights.”

⁵⁶ R.B. Felson and H.J. Steadman, “Situational Factors in Disputes Leading to Criminal Violence,” *Criminology*, 21 (1983): 59-74.

⁵⁷ Robson, “Managing the Long Term Prisoner: A Report on an Australian Innovation in Unit Management.” See also Cooke, “Containing Violent Prisoners: An Analysis of the Barlinnie Special Unit.”

⁵⁸ *Scottish Prison Service, Organising for Excellence: Review of the Organisation of the Scottish Prison Service (Edinburgh: Scottish Prison Service, 1990)*.

⁵⁹ J.J. DiLulio, *Governing Prisons: A Comparative Study of Correctional Management (London: Collier Macmillan, 1987)*.

surrounds the life of prisoners: uncertainty produced by inconsistencies in the ways in which rules are applied, uncertainty about how to achieve parole, uncertainty in the many things that have significance for those in prison.⁶⁰

Empirical evidence supports this view. Schnell and Lee⁶¹ found that the introduction of a clear unambiguous time-out procedure for disruptive inmates led to a significant decrease in behavioural offences including violence. Ward⁶² reported that the 120 stabbings within a six-month period in Folsom Prison could, in part, be attributed to the chaotic administration of that prison. Gentry and Ostapiuk⁶³ emphasized the importance of clear, unambiguous boundaries for staff and patients, showing that the consistent application of clear and fair rules reduced the tension caused by uncertainty. James and colleagues⁶⁴ found that 39% of the variance in violent incidents in a psychiatric ward could be attributed to a change in management practice which resulted in the use of temporary, rather than permanent, staff; staff transiency can be as disruptive as prisoner transiency.

An impressive demonstration of the effectiveness of good prison management is reported by Pelissier:⁶⁵ even the rapid doubling of an institution's population can be achieved with proper proactive planning.

Conclusion

The costs of prison violence are high. If we continue to focus on the intrinsic psychological characteristics of "difficult" prisoners, we have little hope of damming the rising tide of prison violence. We must focus on regime factors. Yet, as this brief review illustrates, there are no easy answers. Easy remedies are always suspect. Menkin noted: "There is always an easy solution to every human problem – neat, plausible and wrong."

Nonetheless, there are some clues. Regimes that are properly managed, which reduce uncertainty and population change; regimes that are not repressive but ensure the safety of prisoners; regimes that contain prisoners in clean and sanitary conditions, where meaningful contact with the outside world is facilitated; regimes that are administered by well-trained prison officers who have pride in their occupation; regimes with these qualities are likely to have a positive effect on prison violence. ■

We say...

It could prove useful to provide screening tools for identifying inmates who are likely to become violent within the institution, in order to provide these inmates with an intervention program, based on a cognitive-behavioural approach, specifically aimed at violent men.

A similar program could be set up for inmates with strong suicidal tendencies. Cognitive-behavioural therapeutic approaches have proven successful in the treatment of depressed or suicidal persons. In order to bring these problems under control and to solve them effectively, we absolutely must begin by developing well-organized programs.

Yvon Deschênes
Donnacona Institution

⁶⁰ King and McDermott, "My Geranium Is Subversive": Some Notes on the Management of Trouble in Prison."

⁶¹ J.F. Schnell and J.F. Lee, "A Quasi-experimental Retrospective Evaluation of a Prison Policy Change," *Journal of Applied Behavioural Analysis*, 7 (1974): 483-496.

⁶² Ward, "Control Strategies for Problem Prisoners in American Penal Systems."

⁶³ M. Gentry and E.G. Ostapiuk, "The Management of Violence in a Youth Treatment Centre," *Clinical Approaches to Aggression and Violence: Issues in Criminological and Legal Psychology* No. 12 (Leicester: British Psychological Society, 1988).

⁶⁴ D.V. James, N.A. Fineberg, A.J. Shah and R.G. Priest, "An Increase in Violence on an Acute Psychiatric Ward: A Study of Associated Factors," *British Journal of Psychiatry*, 156 (1990): 846-852.

⁶⁵ Pelissier, "The Effects of a Rapid Increase in a Prison Population: A Pre- and Post-Test Study."

We say...

Violent action is a manifestation of the specific needs and thoughts of the violent individual. To curtail violence effectively, we must first identify and evaluate its causes.

Mario Lévesque
Regional Administration,
Quebec Region

Prison Victimization and the Informal Rules of Social Control¹

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The current trend in prison research marks a departure from the research conducted by the pioneers of penology and criminology. Much of the early work on prisons focused on developing and refining theoretical frameworks for analyzing social relations in prisons. In contrast, more recent prison research aims to identify factors related to prison violence. Consequently, the theoretical work of earlier decades has remained at an impasse.

The Prison Victimization Project attempts to bridge the gap between these two bodies of research. The primary goals of the project are, first, to estimate the extent of victimization in a sample of male prisons and to examine factors associated with victimization, and second, to develop a theoretical understanding of social relations in prisons. This paper summarizes the results of the Prison Victimization Project.²

Limitations of Official Statistics

A recent cross-jurisdictional analysis of prison violence³ found that specific forms of violence were significantly higher in Canadian federal prisons than in other North American corrections jurisdictions. While the study concluded that rates of violence in Canadian prisons were high, the extent of the violence was difficult to determine. To date, the bulk of knowledge on violence in Canadian prisons comes from official (reported) data, but victimization research in the community has shown that official data greatly underestimate the actual extent of illegal activity.

Methodology

One of the goals of the Prison Victimization Project was to overcome the inherent problems of official statistics by administering a victimization survey to a random sample of male inmates in federal prisons. Interviews were conducted with 117 inmates in five prisons, spanning three security levels in one region. Each respondent completed a Victimization Screening Questionnaire that identified whether or not he had been involved in any of six victimization incidents⁴ while housed in a federal prison during a 12-month

period.

A respondent was classified as a "victim" if he reported being the victim of at least one of the six types of incidents on the Victimization Screening Schedule and, based on his account of the incident and data collected on an Incident Report Form, he was judged not to have provoked the incident.⁵

Inmates were also asked a series of questions about specific aspects of prison life to acquire data on the inmate code.

Inmate Victimization Statistics

Of the 117 respondents, 55 (47%)

reported a total of 107 separate victimization incidents during the 12-month period. Of these 55 victims, 32 (58%) reported one victimization and 23 (42%) reported more than one. This includes six inmates who reported four or more victimizations.

The most frequently reported victimization was theft, which accounted for 42 of the 107 victimizations (39.3%). In total, however, personal victimizations (robbery, sexual assault, assault, threats and extortion) were more frequently reported than victimizations involving property (theft and vandalism). Table 1 shows the breakdown of victimizations by incident type.

The most commonly reported personal victimization was assault, which accounted for 46.2% of the personal victimizations and 28% of all victimizations. Assaults and threats of assault constituted the vast majority (82%) of all personal victimizations.

Assaults ranged from minor altercations where a few punches were thrown to assaults of greater intensity involving weapons. Weapons were present in about one third of personal victimizations (22 of 65). The most common weapon was a knife, next was a pipe. Five prisoners received medical attention as a result of an assault. Medical attention ranged from minor first aid to major dental reconstruction.

With the exception of one incident, all property victimizations were

¹ This research was partially funded by the Correctional Service of Canada and the Social Science and Humanities Research Council of Canada.

² See D. Cooley, *Victimization Behind the Walls: Social Control in Male Federal Prisons* (Ottawa: Research and Statistics Branch, Correctional Service of Canada, 1992).

³ D. Cooley, *Prison Violence in the Correctional Service of Canada: An Analysis of Security Incidents and Cross-Jurisdictional Data* (Ottawa: Research and Statistics Branch, Correctional Service of Canada, 1990).

⁴ Specific victimization incidents included: (1) robbery and attempted robbery, (2) sexual assault, (3) assault and attempted assault, (4) theft, (5) vandalism and (6) two types of extortion. Refer to Chapter 4, *Victimization Behind the Walls for a formal review of the project's methodology.*

⁵ These criteria produce more conservative estimates of victimization compared with estimates of victimization surveys in the community. Refer to Chapter 4, *Victimization Behind the Walls for a discussion of victimization criteria.*

Table 1
Incidents and Victims by Victimization Type

Type of Victimization	Number of Incidents	Rate per 1,000 Inmates	Number of Victims	Rate per 1,000 Inmates
Robbery*	4	34.2	3	25.6
Sexual Assault	6	51.3	1	8.6
Assault**	30	256.4	22	188.0
Threats**	23	196.6	21	179.5
Extortion	2	17.1	2	17.1
Theft	42	358.9	23	196.6
Vandalism	0	-	0	-
Personal Victimitizations	65	555.6	49	418.8
Property Victimitizations	42	359.0	23	196.6

* Includes attempted robbery

** With/without weapons

cell thefts. Financial losses from these ranged from \$1 to \$125, with an average (median) financial loss of \$12. Easily consumed or hidden commodities such as tobacco, drugs and jewellery were most frequently stolen. In no cases of cell theft was the thief identified or the stolen property recovered.

How Serious Is the Problem?

To assess the magnitude of victimization in prison, data from this study were compared with official regional data on prison security incidents and with community rates of victimization. Only one victimization category from this study could be compared directly with official data.

Figure 1 shows that the incidence rate for assaults (excluding threats) was approximately six times higher, and the victimization rate approximately three times higher, than comparable official statistics on major and minor prisoner assaults and fights for the region. This suggests that official statistics on prison violence dramatically underestimate the magnitude of violence in prison.

The magnitude of victimization in prison is also underlined when the prison victimization rate is compared with victimization rates in the community. Table 2 compares data on selected prison victimizations with

similar data reported by the General Social Survey (GSS).⁶

The General Social Survey reported an overall rate of personal victimization (for robbery, sexual

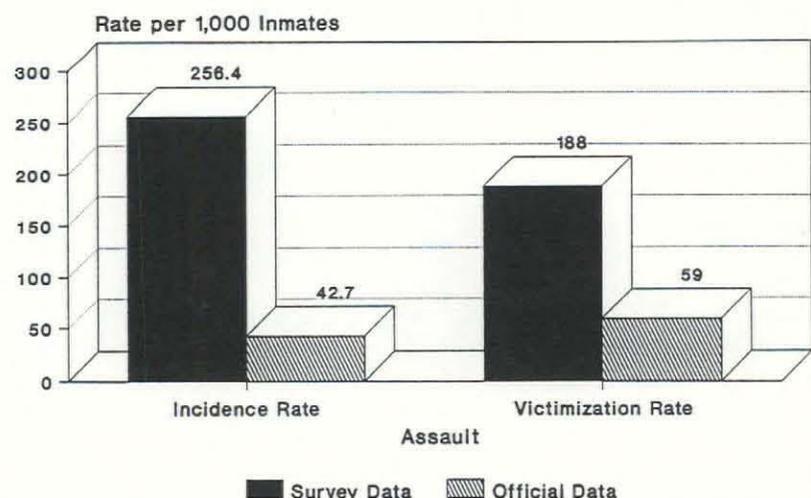
assault and assault, including threats) of 90 per 1,000 males over the age of 15. The rate for males aged 15 to 24 was 214 per 1,000. The comparable rate for similar personal victimizations in the five prisons was dramatically higher at 538.46 per 1,000.

The victimization data provide a much needed supplement to official security-incident data. They suggest that the real rate of victimization is much higher than is revealed by official statistics. What remain to be addressed are patterns of victimization and the role or place of victimization in the prison community. For this part of the study, inmates were asked a series of questions concerning the inmate code.

The Inmate Code: Does It Exist?

The most detailed description of the inmate code was provided by Sykes and Messinger,⁷ who claimed the inmate code consists of a series of behavioural rules that guide a

Figure 1
Comparison of Survey and Official Data* on Assault Rates per 1,000 Inmates



* Note: Data excludes threats.

⁶ These numbers are provided for information purposes only. For an extended discussion of the limitations of the data, see chapters 4 and 5, *Victimization Behind the Walls*.

⁷ G. Sykes and S. Messinger, "The Inmate Social System," in R. Cloward et al. (eds.), *Theoretical Studies in the Social Organization of the Prison (Social Science Research Council, 1960)*, p. 6-9.

Table 2
Comparison of Victimization Rates
Males in Prison Versus Males in the Community

Incident Type	Rate per 1,000 Prisoners	GSS Rate per 1,000 Males*	
		all ages	age 15-24
Robbery	34.18	17.00	49.00
Assault**	452.99	74.00	166.00
Personal	538.46	90.00	214.00

* Source: Statistics Canada, "Patterns of Criminal Victimization in Canada," *General Social Survey Series* (Ottawa: Statistics Canada, 1990).

**includes threats

prisoner's interactions with other prisoners and correctional staff. They suggested the inmate code includes the following five maxims:

1. Don't interfere with others.
2. Refrain from arguments with fellow prisoners.
3. Don't exploit inmates.
4. Don't weaken.
5. Don't give respect to guards or the world they represent.

Rules derived from these five tenets include "don't break your word," "don't steal" and "never rat."

According to the results, an inmate code, as it has been traditionally defined, does not exist in the prisons where the interviews were conducted. What does exist, however, is a set of informal rules of social control.

Sykes and Messinger suggested that the major theme of the inmate code is group cohesion, or prisoner solidarity. The opposite of the group cohesion theme is a "war of all against all." For Sykes and Messinger, the inmate code operates in one direction: the greater the percentage of prisoners who adopt the major tenets of the inmate code, the greater the stability of

the prison population and the less prison violence. Ideally, the inmate code would produce a unified, cohesive prisoner population bound together by the ties of loyalty and trust.

In the Prison Victimization Project, inmates had an opportunity to voice their thoughts on the existence of an inmate code. They were asked questions about the specific rules they ought to know to live in prison. Responses were then grouped according to specific themes. The goal was to find out whether the sociological concept of the inmate code had any real basis in the prisoners' lived experiences.

According to the results, an inmate code, as it has been traditionally defined, does not exist in the prisons where the interviews were conducted. What does exist, however, is a set of informal rules of social control. Although some of the traditional themes of the inmate code are included in these informal rules, new themes are also present.

More significantly (and contrary to Sykes), adherence to these informal rules does not necessarily lead to cohesion (and less violence) among inmates. Each element of the informal rules of social control brings the prison population toward social

cohesion and, at the same time, separates or atomizes them. The tension between these opposing tendencies creates an environment that is best described as "partially unstable."

The Informal Rules of Social Control

The four most frequently mentioned categories of the informal rules of social control,⁸ and their conflicting effects, are described below.

1. Do your own time.

This set of rules defines the public and private realms of prison life, recognizing that mobility and anonymity in prison are restricted. It includes such rules as "don't rat," "keep your nose out of others' business" and "don't look in somebody's house."

These rules encourage cohesion among inmates by defining proper prison behaviour, which promotes order and minimizes friction. However, they can also alienate prisoners by closing off lines of communication. For example, prisoners may sever ties with others to avoid putting themselves into a position where their safety may be jeopardized. These rules also discourage prisoners from seeking the assistance of others.

2. Avoid the prison economy.

This category of rules warns prisoners of the consequences of doing business in the informal prison economy. Cigarettes or drugs "taken on the cuff" carry high interest rates. Negotiation may be the first recourse for unpaid debts, but physical assault or getting "rolled off the range" are common methods of sending the message that unpaid debts are not tolerated.

These rules promote social cohesion by forewarning prisoners of the consequences of not paying debts, thereby increasing the efficiency of

⁸ Due to space limitations, two of the informal rules of social control – "don't talk to guards" and "don't exploit" – will not be discussed. It should be noted that only 11.9% of the sample volunteered the rule "don't talk to guards." This unexpectedly low percentage suggests that the traditional hallmark of the prison code – "keep away from the man" – may be eroding, perhaps because of the increase in different types of conditional release.

the informal economy. But they also reflect the fact that many prisoners have been exploited by the prison economy and are reluctant to put themselves in that position again. If inmates are not willing to lend goods, others may resort to illegitimate methods – such as cell thieving – to obtain them, especially if the goods are addictive substances. Furthermore, the severe sanctions attached to these rules contribute to atomization.

3. Don't trust anyone.

This group of rules, which cautions prisoners to be wary of those with whom they associate, is a consequence of the existing rat system. The fewer people to whom a prisoner divulges personal information, the better.

The most obvious effect of these rules is to push the population toward atomization: if you can't trust them, stay away from them. But there is a flip side. In an environment dominated by a lack of trust, there is the possibility of developing strong "partner" relationships or intense friendships: if you find someone you can trust, stick with him.

4. Show respect.

This set of rules prescribes how prisoners should interact during their daily activities ("don't interrupt," "keep the noise down").

These rules contribute to the social cohesion of the prison by defining appropriate and inappropriate conduct between prisoners. They also determine a prisoner's status within the prison hierarchy. Those who follow the rules are accorded respect, those who do not are "goofs" or "waterheads." But because the rules are enforced using physical violence – which tends to destabilize and atomize prisoners – when the rules are violated, inmate cohesion may dissolve.

A Partially Unstable Prison Environment

The informal rules of social control in the prison can work to bring the inmate population closer together as

a cohesive group, but they can also work to separate, isolate and atomize inmates. This creates an environment best characterized as "partially unstable": the prison is neither in a constant state of turmoil nor in accord.

A key indicator of partial instability of the prison environment is, contrary to the established literature, an overwhelming lack of loyalty and solidarity among the prison population. According to most prisoners, this lack of loyalty and solidarity is a consequence of the "rat system," a system that is actively or passively supported by the prison administration as a potent source for obtaining security-related information.

One of the most significant effects of the rat system is that it drives a wedge through the prison population. In this environment, rules such as "don't trust anyone" and "do your own time" make sense. They are important reminders of the furtive tactics used by "rats." This lack of trust spreads into the prison economy where the rat system is used to avoid debts, hence the "avoid the prison economy" rules.

The rules of respect combine with a prisoner's criminal status to produce a prison status hierarchy. Those who show respect get respect; those who do not are "goofs." Regardless of their behaviour, known sex offenders are at the bottom of the hierarchy and have little chance of moving up. Lifers and serious violent offenders are initially given higher status, but this can be lost depending on their behaviour. In this way, the informal rules of social control are linked in a complex pattern of mutual interdependence. The conflicting (i.e., cohesive and separating) effects of one rule contribute to the creation of other rules.

It is now possible to see how the conflicting effects of these rules contribute to the creation of an environment that is partially unstable. The rules are produced in a social system dominated by distrust that is a result of

the social structures of the prison, such as the rat system. Because one of the effects of these rules is to separate or isolate inmates from each other, the rules also help reproduce the conditions that brought them into existence in the first place. While the rat system may provide the administration with some potentially valuable information, the benefits of this information must be weighed against the practice's destabilizing effects.

Instability in prison results from the conflicting effects of the informal rules of social control: the rules can work to bring inmates together and at the same time to push them apart. This instability is reproduced in the interaction between the rules and the social structures of the prison environment (e.g., the rat system).

The Prison, the Rules and Victimization

We can now look at how the social structures of the prison environment, the informal rules of social control and victimization are related. This can be done when we move away from the empirical facts of the victimizations – such as rates and criminal history variables – and toward an analysis of the social relations of victimization. To show how the informal rules of social control are produced and reproduced in prison and how these rules structure victimizations and responses to victimization, we will examine personal victimizations,⁹ the relationship between the victim and the aggressor, the events that lead to the victimization and the manner in which the victimizations were resolved.

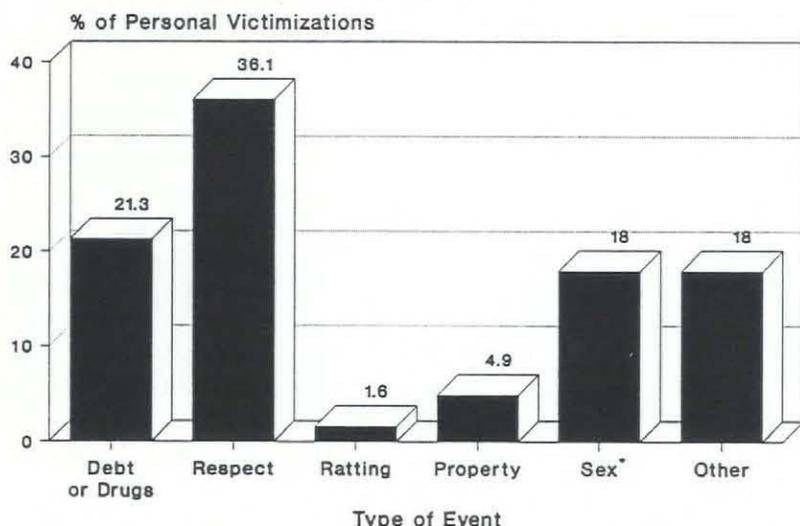
Events Leading to the Victimization

Victimizations were classified according to the circumstances surrounding the incident. In Figure 2, the personal victimizations are broken down in such a manner.

It is immediately apparent from the data in Figure 2 that some types

⁹ For a discussion of the relationship between the informal rules of social control and property victimizations, see *Victimization Behind the Walls*.

Figure 2
Events Leading to Personal Victimization



*Includes sexual victimizations and those related to an inmate being labelled as a sex offender.

of personal victimizations were relatively unlikely to be reported. Of the 61 personal victimizations on which this information was available, only 1 was related to ratting and only 3 were related to property, an indication that such victimizations were reported much less frequently than other types of personal victimizations.

personal victimizations were a consequence of this type of incident. This may be because respondents were reluctant to admit having been assaulted for ratting or cell thieving, which is plausible given the seriousness of the charge. Another explanation is that respondents were able to engage in these acts with a high

degree of assurance that they would not be caught. The facts that no cell thieves were apprehended and that the anonymity of prisoners who "send in a kite" (i.e., rat on a fellow inmate to prison administration) is assured, lend credibility to this hypothesis.

Whatever the explanation for the lack of reporting of ratting- and property-related victimizations, the implications for the prison population are clear. Because informants and cell thieves are able to operate with a relative degree of impunity, prisoners' trust in others decreases and overall prisoner solidarity is threatened. The most effective way of avoiding these types of incidents is to "do your own time" and "don't trust others."

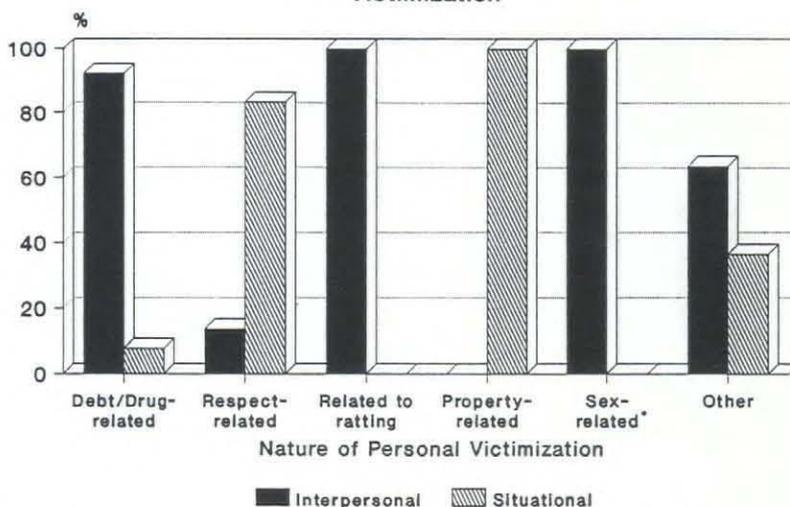
Victim-Aggressor Relationship

The personal victimizations were also categorized according to the relationship between the victim and the aggressor. Incidents were classified as "interpersonal" if they were the consequence of a significant relationship between victim and aggressor. Incidents that were not interpersonal were classified as "situational." Figure 3 shows the nature of the relationship between the victim and

Because informants and cell thieves are able to operate with a relative degree of impunity, prisoners' trust in others decreases and overall prisoner solidarity is threatened.

In relation to these types of victimizations, the data are interesting – not for what they show, but for what they do not show. Rattting and cell thefts are perceived to be regularly occurring events. In terms of cell theft, the victimization data substantiate this claim, yet only a small proportion of

Figure 3
Breakdown of Victim-Aggressor Relationship for Each Type of Victimization



*Includes sexual victimizations and those related to an inmate having been labelled as a sex offender.

aggressor in each type of personal victimization.

The drug or debt victimizations involved transactions on the informal economy. Of 13 drug- or debt-related personal victimizations, 12 occurred after the transaction had taken place, hence a relationship between the victim and the aggressor was established. The only drug- or debt-related victimization that was classified as "situational" involved a prisoner threatening another with physical assault if the latter did not smuggle drugs into the prison.

No victimizations resulted from immediate economic transactions, such as a dispute over the price of a particular commodity or the sale of faulty or misrepresented goods. This is surprising given the fact that several prisoners acknowledged that a gram of hash weighed substantially less than a one-gram weight. Had these types of incidents occurred, more victimizations would have been classified as "situational."

The principal market ethic is "seller beware."

From a purchaser's point of view, the marketplace operates with reasonable efficiency. Most conflicts that arise result from non-payment after the delivery of goods. This is precisely what the informal rules of social control warn against. Rules such as "don't trust others" and "avoid the prison economy" are less in place to warn prisoners about being exploited at the point of purchase than to warn prisoners of the dangers of fronting consumer items. The principal market ethic is "seller beware."

The tension produced and reproduced by the informal rules of social control and the partially unstable prison environment is also evident in victimizations classified under the heading of "respect." This includes incidents resulting from loud music,

uncleanliness or other disrespectful behaviour. Twenty-two personal victimizations (36.1%) were respect-related.

While the rules of respect contribute to the stability of the prison by defining "right" and "wrong" behaviour, the system of justice that enforces these rules and the manner in which this system of justice interacts with the prison status hierarchy contribute to the division of the prison community. That is, when confronted with disrespectful behaviour, the normative response is to "step out" to maintain respect in the eyes of others. In our study, the 19 respect-related situational victimizations were not spontaneous; aggressors likely calculated the probability that their threats would be taken up. However, these types of victimizations are not likely to be predicted; in an environment that is partially unstable, any given interaction between two prisoners may result in a potentially serious victimization.

For the most part, the victimization data point to the instability of the prison environment. Such is the nature of victimization research which, by definition, focuses on breaches of order. The stability of the prison environment can be seen in the resolution of victimization incidents. The resolution of victimization incidents reflects the cohesive effects of the rules of respect.

Resolution of Incidents

The personal victimizations were grouped according to the type of resolution that occurred. Four categories were used: no resolution, non-aggressive resolution, aggressive resolution and not classifiable. Almost half of all personal victimizations (47.4%, or 27) had no resolution – the victim did not try to get revenge and the aggressor did not try to reconcile. On the other hand, an equal number of personal victimizations (47.4%, or 27) were resolved non-aggressively. In these cases, the victim and the aggressor reached a non-aggressive settlement. Retaliatory attacks or victimizations after the initial incident

were rare (5.2%, or 3).

The most frequently reported form of non-aggressive resolution was an apology. The rules of respect determine "right" and "wrong" behaviour in prison. One way of acknowledging to another prisoner that one is "in the wrong" is to apologize. Thus, in almost one third of the personal victimizations, the aggressor apologized to the victim. The apology served to end a victimization incident, stabilize the relationship and reduce the likelihood of retaliatory acts. An apology allows both the victim and the aggressor to maintain respect in the eyes of the general prison community. The rules of respect affect both victimizations and responses to victimization.

Conclusion

The results of the Prison Victimization Project indicate that victimization in prison is substantially higher than that revealed by official data collected on security incidents.

The analysis of the informal rules of social control, which are fundamentally different from the inmate code, suggests that there is an inherent tension in the prison community. The informal rules of social control and the partial instability of the prison are produced by social dynamics of the prison environment and, in turn, act upon the environmental factors to bring about conditions that reinforce their existence. It is a self-perpetuating cycle.

This process of production and reproduction of the informal rules of social control can be used to develop an understanding not only of prison victimization, but also of responses to it and of the operation of social control in the prison. ■

The Question of Liability in Inmate Suicides

by Michel Laprade
Legal Counsel, Legal Services, Correctional Service of Canada

Suicide is tragic. Unfortunately, it is not a rare occurrence in penitentiaries. Each year, a number of inmates commit suicide and acts of self-mutilation. How do we cope with these situations? What is our legal responsibility toward inmates? Can the Correctional Service of Canada be held liable for an inmate's suicide?

To establish liability, the following elements under tort must be present:

- A legal duty owed to the plaintiff (e.g., the inmate);
- A breach of that duty by omission or commission;
- The plaintiff must have suffered an injury as a result of that breach; and
- The defendant's act must have been the proximate cause of the injury.

Common law frequently imposes liability for an omission where the defendant has a duty to act or, as the case may be, to speak. The question depends on whether the defendant has assumed a responsibility toward the plaintiff and whether the plaintiff has relied on that assumption of responsibility.

Responsibility in Correctional Institutions

The responsibility of the Crown toward inmates in penal institutions was correctly stated by Cattanach, J., in *Timm v. The Queen*, [1965] 1 Ex. C.R. 174, at p.178, as follows:

The liability imposed upon the Crown under this Act is vicarious. *Vide The King v. Anthony and Thompson*, [1946] S.C.R. 569. For the Crown to be liable the suppliant must establish that an officer of the penitentiary, acting in the course of his employment, as I find the guard in this instance was acting, did something which a reasonable man in his

position would not have done thereby creating a foreseeable risk of harm to an inmate and draw upon himself a personal liability to the suppliant.

The duty that the prison authorities owe to the suppliant is to take reasonable care for his safety as a person in their custody and it is only if the prison employees failed to do so that the Crown may be held liable, *vide Ellis v. Home Office*, [1953] 2 All E.R. 149.¹

To what extent is the Correctional Service of Canada responsible for the care of inmates? Does the duty to keep the prisoner in safe custody include the duty to safeguard an inmate from an act of self-destruction?

In *Gill v. Correctional Service of Canada* (1988) 18 F.T.R. 266, the Federal Court Trial Division also examined the duties of prison officers.

At page 268, Muldoon, J., stated that:

In fact and in law the appellant's status is utterly secure. From time immemorial the duty of every constable, gaoler, or warder into whose care the custody of any prisoner or other person is committed, has been to keep that prisoner in safe custody. [...] It may also be noted that negligent or wilful dereliction of such duty is actionable [...].

To what extent is the Correctional Service of Canada responsible for the care of inmates? Does the duty to keep the prisoner in safe custody include the duty to safeguard an inmate from an act of self-destruction?

Canadian jurisprudence involving statements of claim from inmate suicides is rather scarce. Nevertheless, we believe that the Correctional Service of Canada's duty includes that persons with custody of an inmate must take all reasonable steps to avoid acts or omissions which, when reasonably foreseen, would be likely to harm the inmate for whom they are responsible.

Prisons Versus Psychiatric Hospitals

In the absence of Canadian jurisprudence, the British cases may be of some help in measuring the extent of the duty of care principle. In the case of *Knight and others v. Home Office and another*, [1990] 3 All E.R. 237, the Queen's Bench Division Court examined the case of a mentally ill inmate who committed suicide. In this case, the inmate was known to have suicidal tendencies and was subject to the prison's "special watch" procedure. However, because he was also violent, the inmate could not be placed in the prison hospital wing, where a continuous watch could be kept on him. Instead he was put in a cell where prison officers observed him at 15-minute intervals. Between two 15-minute inspections, the inmate committed suicide. His personal

¹ See also *McLean v. R.* (1972), 27 D.L.R. (3d) 365 and *Marshall v. Canada* (1985) 57 N.R. 308, at p. 309-310.

representative brought an action against the Home Office claiming that the standard of care provided for the inmate in the prison hospital was inadequate.

The standard of care provided for a mentally ill prisoner detained in a prison hospital was not required to be as high as that provided in a psychiatric hospital, since psychiatric and prison hospitals serve different functions.

The Court, in rejecting the action, concluded that the standard of care provided for a mentally ill prisoner detained in a prison hospital was not required to be as high as that provided in a psychiatric hospital, since psychiatric and prison hospitals serve different functions.

Sharing of Information

In the case of *Kirkham v. Chief Constable of the Greater Manchester Police* [1990] 3 All E.R. 246, the Court of Appeal held that the defendant, in this case the police authorities, did have a duty to prevent the person from committing suicide because the police had been specifically informed of the person's mental state and the risk of suicide. By taking him into custody, the police had assumed a duty to take reasonable care of his safety, and that duty had not ended when the person was taken to court and was passed over to the prison authorities. In that case, it was reasonably foreseeable on the part of the police that their actions would affect the deceased after he passed out of their charge. The failure of the police to pass on to the remand centre all information available to them that was

relevant to the deceased's risk of suicide amounted to a breach of their duty of care, which was judged to be an effective cause of the deceased's death.

The Canadian Situation

From these cases, some principles can be applied to the Canadian context. It can be argued that in Canada, the standard of care toward inmates in penitentiaries is somewhat lower than that provided in psychiatric institutions. It can also be said that failure by the Correctional Service of Canada to communicate information regarding suicidal tendencies could be regarded as a breach of its duty of care.

Special measures are called for when a prisoner demonstrates suicidal tendencies.

What must be remembered is that the law demands reasonable care in foreseeable situations. The following Canadian case serves as a good example of this principle. In *Funk Estate v. Clapp*, a decision of the British Columbia Court of Appeal [1986] unpublished, the Court of Appeal reversed the decision of the British Columbia Supreme Court to grant a motion for non-suit in the case of a suicide that occurred in a cell of the Royal Canadian Mounted Police station in Prince George. In that case, Mr. Funk, who had been arrested for drunk driving, hanged himself with his belt. Mrs. Funk claimed damages on behalf of herself and her children. The Court of Appeal examined the relationship of prisoner and jailer and stated as to liability:

The relationship of gaoler and prisoner is such that carelessness on the part of the former may cause damage to the latter. It follows that there is a duty to be careful [...]

Mr. Funk was entitled to have his gaoler exercise reasonable care to protect him from foreseeable risks. The Court added with regard to suicide:

There can be no doubt that the trial judge was right when he concluded that suicide is foreseeable for inmates of a gaol. Some people become suicidal as a result of incarceration.

Special measures are called for when a prisoner demonstrates suicidal tendencies. The measures adopted for certain types of risk must generally be followed with consistency. In the case of *Funk*, the Court of Appeal stated the following with regard to negligence and deviance from the general practice adopted by authorities:

I think that breach of the practices that prison authorities generally employ, that the defendants accept as appropriate and follow, and that the operating manual directs, is evidence of negligence. It is evidence that, in the absence of any explanation or rebuttal, could lead to a finding of negligence.

I conclude that there is a duty to use reasonable care, and that the standards in the operating manual are reasonable standards.

Was there a breach of duty? Neither Constable Clapp nor Mr. LaFleche took away Mr. Funk's belt because neither of them saw it in their search. If they had seen it, they would have taken it away. They took away his shoes, his eye glasses, his necklace, and other items.

They failed to visually check Mr. Funk for nearly an hour because they were very busy. [The operating manual calls for a check every

15 minutes.] [...]

I conclude that there is evidence of a breach of duty.

In this case, the argument also addressed the question of causation. Causation, according to hospital cases, can be established when a suicidal tendency is viewed as a continuing situation in which the duty of care arises. Failure to discharge that duty can be linked to the death of the person. The same approach can be said to apply for penitentiary cases.

The trial judge concluded that "in the absence of knowledge of abnormal behaviour or suicidal tendencies, or mistreatment or abuse which might tend to aggravate the psychological effects of incarcerations, no duty to guard expressly against the possibility of suicide arises." Seaton, J.A., of the Court of Appeal responded to this conclusion by saying:

I do not think that in 1985 it can be said that there is no duty at all. The evidence indicates, and the trial judge found, that suicide is a foreseeable risk for prisoners as a group. It follows that there is a duty to take reasonable care. If there are suicidal tendencies displayed, greater care will be called for.

The American Situation

American courts have also dealt with suicides in prisons. To be successful in a claim in the United States, the claimant must establish more than mere negligence on the part of the authorities. The claimant must establish "deliberate indifference" to the suicidal state of a prisoner. The claimant must prove:

- that the defendant knew about the suicidal tendencies and was deliberately indifferent to the prisoner's or detainee's condition in light of such knowledge;
- that the defendant was deliberately indifferent to discovering any potential suicide tendency on the part of the prisoner or detainee; or
- that the defendant's conduct can be considered as deliberately indifferent to the possibility of suicide even with no specific knowledge of the prisoner's or detainee's condition.²

We believe, however, that this standard should not apply in Canada. Here, plaintiffs need not prove deliberate indifference on the part of authorities to establish liability, but they may need to prove a higher degree of negligence on the part of prison authorities than that required for authorities from a psychiatric institution.

Conclusion

The Correctional Service of Canada is not immune from liability in cases of inmate suicide. Liability could certainly be established by proving the negligence of the person having custody of the inmate, but the degree of negligence to be proved has not been established with certainty. We suggest that it might be higher than what is required for similar cases in psychiatric institutions.

Nevertheless, it must be remembered that, in foreseeable situations, reasonable care must be provided. Failure to provide the standard of care that a particular situation requires may result in a liability suit. In our view, this clearly confirms the need to have appropriate staff training in suicide prevention. ■

We say...

Federally sentenced women are not generally a risk to others; however many do present a risk to themselves. Research suggests that a punitive environment exacerbates and may contribute to women's self-directed violence. Individuals in crisis who self-injure require supportive intervention. Punitive responses, such as segregation, are inappropriate.

Jane Miller-Ashton
National Co-ordinator
Federally Sentenced Women's
Initiative

We say...

I couldn't see myself talking to a staff person about my problem, where they could use it against me or throw me in seg [segregation] to keep an eye on me or whatever. That's the way it happens in here [Prison for Women]. That's why there is so much slashing in here...there is no one to help them at that time.

Joey (federally sentenced woman, excerpted from "To Heal the Spirit")
Why Not Productions

² B. Randolph Boyd v. Joseph Harper, 702 F.Supp. 578 (E.D.Va. 1988) at p. 579. See also Estelle v. Gamble, 429 U.S. 97 (1976).

We say...

[I slash]...to release frustration, anger, hurt. Instead of taking it out on someone else, you take it out on yourself.

Joey (federally sentenced woman, excerpted from "To Heal the Spirit")
Why Not Productions

Coming up in *Forum on Corrections Research...*

The December issue of FORUM will profile current trends in corrections research. Rather than focusing on a single theme, this issue will cover a variety of corrections issues, with articles written by the researchers themselves.

For future issues, we are soliciting articles on the following topics:

- recidivism
- family violence, and
- women and crime.

If you wish to submit a full article or a research brief to FORUM on these or other topics, please write to us at:

Research and Statistics Branch
Correctional Service of Canada
4B – 340 Laurier Avenue West
Ottawa, Ontario
K1A 0P9

