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NOTES

UNNATURAL DEATHS IN PRISON

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A total of 442 unnatural deaths occurred in prisons in England and Wales between 1972 and 1987 inclusive. Of these, 300 received a coroner's verdict of suicide. Fifty-two of the remaining deaths resulted from consciously self-inflicted injuries. The circumstances surrounding these deaths were compared to those of the suicides. It was found that where there was a history of self-injury during the same period of custody, deaths that occurred during the day-time or involved dying relatively slowly were more likely to receive a verdict other than suicide. Furthermore, where there was a history of recent treatment with major tranquillizers, a suicide verdict was less likely.

In reviewing the remaining 90 unnatural deaths it was noted that homicide was rare in British prisons.

Introduction

Unnatural death, especially suicide, occurring in prison has been a cause of mounting concern in recent years. Prior to the 1980s, most studies investigating these deaths had originated in North America (see e.g. Danto 1973; Burtch and Ericson 1979). Over the last ten years, however, there has been increasing concern regarding the rate of suicide in UK prisons, which is currently approximately four times that in the general population (McClure 1987).[1] The high rate of prison suicides has resulted in a number of research studies and official enquiries (e.g. Topp 1979; Phillips 1986; Backett 1987; Home Office 1984, 1986, 1988; Scottish Home and Health Dept. 1985), but doctors and others working in the prison system have also expressed concern about the smaller but important number of consciously self-inflicted (CSI) prison deaths that receive verdicts other than suicide from coroners. The various studies to date have not investigated these.

All deaths in prison are reported to the local coroner, and all inquests into prison deaths are held before a jury. Other studies have focused on apparent inconsistencies between coroners in their suicide ascertainment criteria (Atkinson, Kessel, and Dalgaard 1975), but such inconsistencies are inevitable when the strict legal definition of suicide in England and Wales requires proof of intent to die before a coroner can bring in a verdict of suicide (Jennings and Barraclough 1980). Where there is doubt over intent, a coroner is obliged to bring in an open verdict on the death, or one of accidental death. It would be hardly surprising if similar problems arose in relation to people in prison.

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[1] It has been claimed however, that suicide is underreported in the general population; see Stengel 1968; Holding and Barraclough 1975. Barraclough (1974) claims that this has been notably so in the case of death by poisoning, where an open or accidental death was more likely on the grounds that the deceased was not aware of the potential lethality of the drug or was confused over the quantity consumed, so casting doubt on the intent to cause death.

Accordingly, the present study investigates all unnatural deaths that occurred in prisons in England and Wales between 1972 and 1987. On the basis of evidence available within Prison Department files, it seeks to explore the nature and amount of deaths resulting from self-inflicted injuries which is not classified as suicide by the coroner.

Method

The Prison Department personal papers (PDPs) on all recorded unnatural deaths occurring in prisons in England and Wales between 1972 and 1987 inclusive were examined. Data were recorded on a checklist developed for the study. The variables included in this checklist, which related to the method of death and to social, psychiatric, and forensic history, were chosen on the basis of proven relevance in other studies. The checklist was applied to each PDP file where unnatural death was recorded, and the profiles obtained for deaths from CSI injuries that did not receive a verdict of suicide were compared with those that did.

Results

A total of 442 unnatural deaths were recorded in prisons in England and Wales between 1972 and 1987. Three hundred of these received a coroner's verdict of suicide and are reported elsewhere (Dooley 1990). The remaining 142 received the following coroner's verdicts: accidental/misadventure, 79; open, 33; unlawfully killed, 16; death due to lack of care, 3; death due to self-neglect, 1; verdict not recorded in PDP files, 10.

When the available case papers on these deaths were reviewed, it was found that 52 had resulted from consciously self-inflicted injury or behaviour. The verdicts recorded on these were as follows: accidental/misadventure, 32; open, 17; lack of care, 2; not recorded, 1.

The following three cases illustrate examples of CSI deaths:

1. Prisoner A had been convicted of manslaughter in 1977 and had received a six-year sentence. He had apparently been depressed for a number of weeks prior to the offence. He had never overcome the terrific guilt he felt, and when considered for parole his guilt increased. A month prior to his death he had tried to hang himself and had stated at the time that he 'would rather be dead than endure the sufferings of a tortured conscience'. Though seen weekly by a visiting psychiatrist he hanged himself from a coat-hook in his cell. A verdict of misadventure resulted.
2. Prisoner B was remanded into custody on a charge of burglary. On reception, he complained of being depressed and feeling suicidal. He had a history of paranoid symptoms going back many years. A day after reception he cut his arm intentionally and was moved to a prison with full hospital facilities. At interview he said that he felt that the SAS were going to kill him and it was better that he kill himself. He was placed on treatment and improved somewhat over a few days. Seven days after his reception into prison he was found hanging from the door of his cell. A verdict of misadventure was given.
3. A foreign man who had been in England for about eighteen months was remanded into custody charged with malicious wounding. Little was known about him but it was thought that he was a doctor. Five days after his reception he was found hanging in his

cell. He had left a note indicating his intent and nominating his solicitor as next-of-kin. An open verdict resulted.

Of these 52 CSI deaths, sufficient information to enable comparison was available on 51, and these were compared with the 295 deaths on which a verdict of suicide was recorded. It had been expected at the outset that, notwithstanding the coroner's verdict, these CSI deaths would show few differences from the suicides occurring in prison. For most of the variables studied this was true, although a number of significant differences did emerge between the two groups, as outlined in Table 1.

TABLE 1 *Differences between Suicides and Consciously Self-Inflicted (CSI) Deaths*

	CSI deaths ($N=51$)		Suicides ($N=295$)		χ^2	$p<$
	No.	%	No.	%		
Demographic characteristics						
Female	4	7.8	5	1.7	4.29	.04
Never married	38	74.5	158	53.6	7.77	.01
Nature of custodial experience						
Remand	14	27.5	139	47.1	6.82	.01
Recorded self-injury during same period of custody as death	23	45.1	65	22.0	12.19	.001
Immediate factors[a]						
Death 2400 hrs–0800 hrs	8	15.7	140	47.5		
Death 0800 hrs–1700 hrs	23	45.1	74	25.1	18.19	.001
Death 1700 hrs–2400 hrs	18	35.3	76	25.7		
Major tranquilizers in month prior to death	14	27.4	30	10.2	12.05	.001
Method of death						
Death by hanging	36	70.6	266	90.2	15 02	.001
Death by fire	8	15.2	2	0.7	29.75	.0001

[a] The distribution of cases by time of deaths does not total 100% because for 2 CSI deaths and 5 suicides the time of death was unknown.

The differences that emerged between the CSI deaths and the suicides are categorized into groups relating to the demographic background, the nature of the particular incarceration, more immediate factors relating to the death, and finally the method of death itself. Relating to demographic factors, it can be seen that the proportion of females in the CSI group was significantly greater, though the numbers are small. Similarly, a larger proportion of the CSI group had never been married.

In looking at the nature of the particular custodial experience it can be seen that whereas significantly more of the suicide group were on remand at the time of death, proportionately fewer had a history of self-injury during the period of custody in which death occurred. Of the suicides, 125 (42.4 per cent) had a history of self-injury at some time in the past compared to 27 (52.9 per cent) of the CSI group, a non-significant difference ($\chi^2=1.86$). Fewer of the CSI group (19 cases, 37.3 per cent) had been charged or convicted of a violent or sexual offence compared to the suicide group (140 cases, 47.5 per cent). Again this difference was not significant ($\chi^2=1.97$).

Regarding the immediate factors relating to the death, it can be seen that whereas death was more common during the night hours in the suicide group, proportionately more of the CSI deaths occurred during the day-time or evening. A greater proportion

(21 cases, 41.1 per cent) of the CSI group died at a weekend compared to 83 (28.1 per cent) of the suicide group, though the difference is not significant ($\chi^2 = 3.52$). A significantly greater proportion of the CSI group had been prescribed major tranquillizers in the month prior to death.

In looking at the method of death, it is noticeable that fewer of the CSI group died by hanging compared to the suicide group and proportionately more by using fire.

In examining both groups of deaths, an attempt was made to assess the deceased's motivation for causing his or her own death, based on any note or statement left, observations by staff, etc., and information emerging at the inquest. For 8 (15.7 per cent) of the CSI group and 29 (9.8 per cent) of the suicide group, no motive for death could be established. Overall, there was no significant difference between the two groups regarding apparent motive. In the motivation category of mental disorder, however, it seems that 9 (20.9 per cent) of the CSI group had killed themselves due to psychotic illness compared to 19 (7.1 per cent) of the suicide group ($\chi^2 = 8.60$; d.f. $= 1$; $p < .01$).

Discussion

Certain significant differences emerged between those unnatural prison deaths considered to have been consciously self-inflicted (CSI) and those that received a verdict of suicide, although in many cases the method and circumstances of death were very similar. When the reports of the inquests available in the PDP files were reviewed, it appeared that, even bearing in mind the requirement for proof of intent before allowing a suicide verdict, there was an element of arbitrariness in the decisions. But most of these prison deaths (actual suicides and CSI deaths) were by hanging, and it is difficult to argue that someone is not aware of the potential lethality of self-suspension, especially when reasonable precautions are taken to avoid detection.

Based on the results of the comparison between the suicides and CSI deaths, it is possible to hypothesize a number of reasons why deaths apparently quite similar in nature received differing verdicts.

It would appear that consciously self-inflicted deaths occurring during the day and evening were less likely to be adjudged suicide. This discrepancy may be explained on the basis that some of those who killed themselves during the day-time might have been thought by the coroner to have hoped or expected to be stopped, and so did not intend death.

Similarly, the fact that those using some method apart from hanging were less likely to be adjudged suicide would seem to relate to an impression that people using slower or more noticeable methods were, in fact, hoping to be stopped. Proportionately, female deaths were less likely to be considered as suicide. The numbers are small and this finding may be one of chance, but other possibilities should be considered. It may be related to the fact that deliberate self-injury is more commonly seen in females, both in the general population and in prison, again bringing into question the intent.

Prisoners who had injured themselves deliberately on a previous occasion during the same period of custody as death occurred were also overrepresented in the CSI death group. While death with a background of self-injury might be considered another gesture that went wrong, it can equally be considered that the failure to appreciate the significance of previous gestures had left the individual with no alternative but to complete the fatal act.

The finding that psychotic illness appeared disproportionately to be the motivating factor in the CSI death group is at first sight surprising. One might have expected coroners to consider the co-existence of serious mental disorder a factor weighing in favour of suicidal behaviour. One can only speculate that as it was specifically the psychotic disorders that were overrepresented in the group not attracting a suicide verdict, the coroner may have doubted capacity to form intent to commit suicide.

In the overall review of unnatural deaths in prisons in England and Wales during the period of the study, (1972–87), it is interesting to note the relatively few instances of homicide (i.e. a verdict of unlawful killing)—only 16. This is an average of 1 per year, and represents a mean rate of 2.4 per 100,000 of the average daily prison population. This is much lower than in prisons in the USA, where the corresponding rate is 27.6 per 100,000 per year (Lester 1987). The corresponding figures for the general population for the period 1975–85 were 1.1 per 100,000 in England and Wales (Home Office 1987) and 7.1 per 100,000 in the United States (US Government 1986). The relatively lower rate in English and Welsh prisons, even taking into account the different rates in the general populations, may be due to the differing methods of control and security within the prison systems. In Britain, a high level of control is maintained both peripherally and within the prison, whereas in the United States control tends to be maximal peripherally, with relatively less staff supervision and control within the prison. It is impressive that in a population so highly characterized by violent behaviour, the English system does maintain the mortality for homicide at such a low rate.

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