



Suicide in America's Jails

Fact Patterns and Preventive Measures

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The rate of suicide in America's jails exceeds that in prisons, the military, and the general population, based on the best available data. Effective jail suicide prevention strategies incorporate current research, data analyses, fact patterns, contextual factors, and evidenced-based approaches. In this bulletin, we describe current and historical data¹ on jail suicides in the US, discuss contextual and correlating factors pertaining to jail suicides, including the relationship between jail suicides and substance use withdrawal, and present strategies demonstrated to prevent in-custody suicides.

Jail Suicides²

From 2000 through 2019, 30 percent of the deaths of people in jail custody were caused by suicide compared to 6 percent of deaths of people in state or federal prisons. Figure 1 shows suicide rates in US jails³ compared to the US population⁴ over 20 years. The jail suicide rate increased +17 percent from 2010 to 2019 (the most recent full decade of data available). Although the linear trend of the US population suicide rate approximates that of jail suicides, jail suicide rates were consistently three to four times higher and fluctuated more over time.

Figure 1: 3-Year Averages of Suicide Rates Per 100,000—Local Jail Residents and US Population, 2000-2019

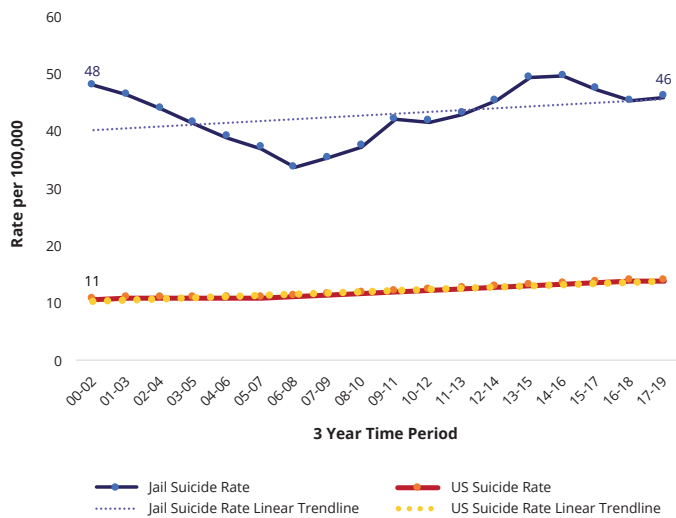
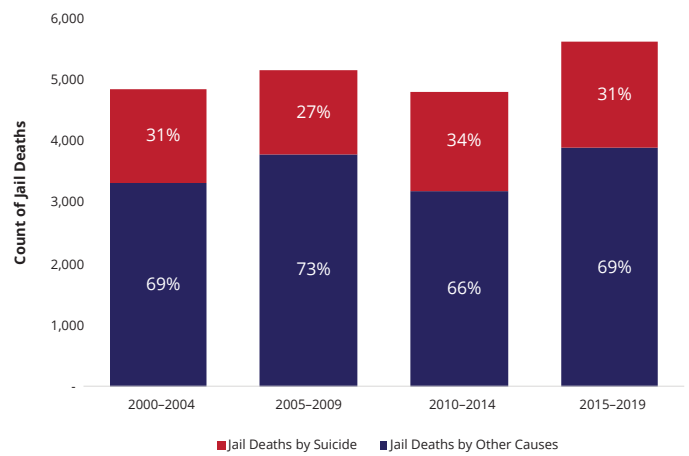


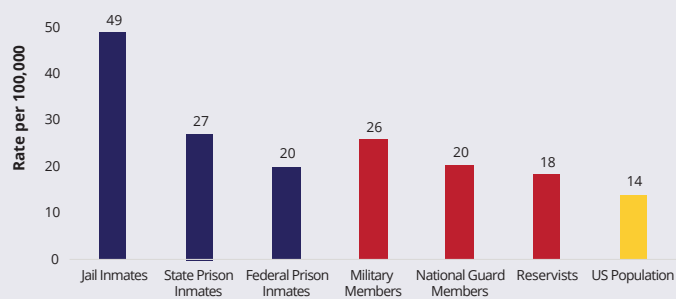
Figure 2 includes the total number (vertical axis) and percent of total (column label) deaths by suicide and other causes in 5-year increments.⁵ Overall, 30 percent of all jail deaths were by suicide during the 20-year period; a similar percentage of deaths by suicide occurred in each 5-year period, ranging from 27 percent to 34 percent. Jail deaths from other causes ranged from 66 percent to 73 percent across the 5-year increments and averaged 70 percent overall.

Figure 2: Jail Deaths by Suicide and Other Causes, 2000–2019 in 5-Year Increments



Rates of jail suicide deaths in 2019 were higher (49 per 100,000) than rates observed in prisons (27 for state prisons, 20 for federal prisons),⁶ the US military (26), and the US population (14)⁷ (Figure 3).

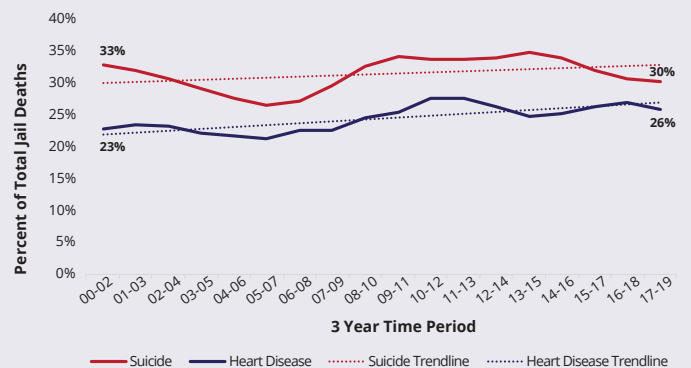
Figure 3: 2019 Suicide Rates Per 100,000 of Incarcerated Individuals, Military Members, and US Population



The suicide rate for US Military service members was 26 per 100,000, and 18 and 20, respectively, for those serving in the Reserve and the National Guard.⁸

Suicide was the single greatest cause of death in jails⁹ from 2000 to 2019, followed by heart disease, but the gap between the percent of deaths caused by suicide and heart disease has narrowed.¹⁰ In the first time period in Figure 4, the percent of total deaths from suicide was 10 percent higher than deaths from heart disease but only 4 percent higher in the last two time periods.

Figure 4: Percent of Total Jail Deaths by Suicide and Heart Disease with Linear Trend Lines, 2000–2019



Contributing Factors

Theories regarding why jail populations experience higher suicide rates than other populations include the following:

- **“Shock of Confinement,”** coined by Steve J. Martin,¹¹ describes trauma some experience when their sense of normalcy disappears upon jail admission.
- **Lack of information available** to the jail when they assess individuals for suicide risk. Individuals admitted to prison typically come with documentation of prior experience, behaviors, and diagnoses. Jails less often have information about individuals admitted and instead rely primarily on an individual’s responses to questions to assess suicide risk.
- **Drug and/or alcohol intoxication.** Substance intoxication is more common in jail admissions than in prison admissions. After admission to the jail, individuals are screened for behavioral health needs and suicide risk. According to the Substance Abuse and Mental Health Services Administration, “Substance misuse significantly increases the risk of suicide.”¹²

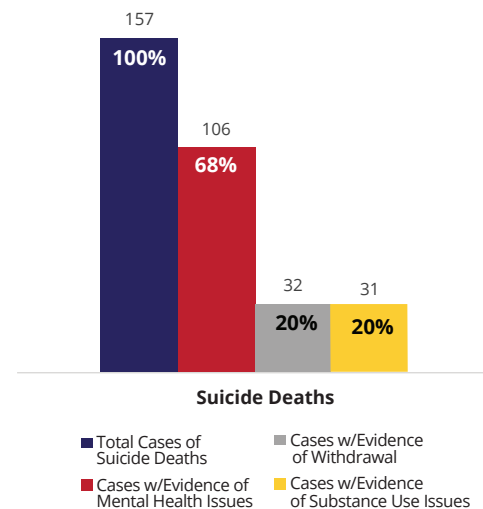
Other factors thought to be associated with jail suicides include safety concerns; feelings of embarrassment; the experience of degradation; concern about the ramifications of imprisonment; and worry about how loved ones will react.¹³

Suicide risk factors in the general population also apply to incarcerated individuals.¹⁴ Documented factors in jail suicides and attempts include a history of mental illness, substance use, and withdrawal.^{15,16} An acquired capability for suicide;¹⁷ isolation and loneliness; and feelings of being a burden to others are all suicide risk factors.

Litigation of In-Custody Jail Deaths

Recent research on civil litigation of in-custody jail suicides¹⁸ by the O’Neill Institute at Georgetown Law (2022) documented several factors pertaining to in-custody jail deaths.¹⁹ Figure 5 presents litigated cases of in-custody jail suicides with co-occurring issues, based on the O’Neill study data. Sixty-eight percent of litigated cases of jail suicide had evidence of mental health problems, and 20 percent had evidence of substance use issues and withdrawal. Although these numbers are not fully representative of jail custody suicides,²⁰ they are the most comprehensive numbers available to date, and they underscore the need for additional data collection and analysis of related problems and correlates that co-occur with jail suicides.

Figure 5: Litigated Cases of Suicides in Jail Custody with Co-Occurring Issues



In addition to the impacts on jail staff and the permanent effects of suicide on the lives of those left behind, suicides in custody involve significant financial risk to the government. The O’Neill Institute research found that the average award resulting from jury verdicts in jail suicides included in its study²¹ was \$987,144.40, and the largest award was \$11,850,000.

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Identification and Prevention

With proper training, practices, and policies, jail staff can reduce suicide deaths in custody. Suicidal ideation or intention can be identified by several attributes. Depression has symptoms such as outbursts or irritability, lack of pleasure or joy, abnormal sleep behaviors (too much or too little), loss of appetite, and restlessness (among others). Verbal warnings of suicide occur when individuals talk about plans to kill themselves. Psychosis, such as hallucinations or individuals talking to themselves or claiming to hear voices, or hallucinations, may be warning signs of suicide.

Table 1: Alcohol Withdrawal Signs and Symptoms²²

Stage	Signs and symptoms	Time of onset after last drink
1. Minor Withdrawal Symptoms	Tremors, sweating, nausea/vomiting, and abnormally high blood pressure, heart rate, body temperature, and breathing rate	6-12 hours
2. Alcoholic Hallucinosi	Dysperceptions: visual (zooscopies), auditory (voices), tactile (paresthesia)	12-24 hours
3. Alcohol Withdrawal Seizures	Generalized tonic (stiffening)-clonic (rhythmic jerking) postictal seizures (with short or no period)	24-48 hours
4. Delirium Tremens	Delirium, psychosis, hallucinations, high body temperature, malignant hypertension, seizures, and coma	48-72 hours

As noted above, substance use and withdrawal may also contribute to jail suicides. Nearly half of all jail custody suicides occur within the first week of incarceration, which may be related to the onset of substance withdrawal. Table 1 illustrates the signs and symptoms of alcohol withdrawal, as well as the time to onset after the last drink of alcohol.

Signs of drug withdrawal and their time to onset vary based on a number of factors such as the type and duration of substance use and physical and mental

health. However, many of the common symptoms of drug withdrawal are the same as alcohol withdrawal, including insomnia, irritability, physical pain, depression and anxiety, nausea, sweating, and hallucinating.

In June 2023, the Bureau of Justice Assistance and National Institute of Corrections released [Guidelines for Managing Substance Withdrawal in Jails](#).²³ Jail administrators should reference this tool in the development and implementation of programs to manage withdrawals in jail.

Strategies for Suicide Prevention

A vital first step in preventing suicide is being aware of the signs of suicidal ideation or intent and substance use withdrawal. Other strategies jails can employ to prevent suicides include the following:

- **Suicide Prevention Plans:** Jails should develop suicide prevention plans consistent with national standards. Non-accredited jails can adopt suicide prevention plan guidelines from the National Commission on Correctional Health Care or the American Correctional Association that address the 13 key components of robust suicide prevention programs for corrections.²⁴
- **Management Policy and Protocols:** Jail facilities should have established policies that are in line with legal, regulatory, and clinical standards. Staff and third-party medical providers must have access to a jail's policies and understand the importance of policy adherence as a means to save lives. Based on intake assessments, jails should plan for treatment based on potential for suicide, severity of withdrawal, projected length of stay, need for medication, and continuity of care upon release.²⁵ Detailed protocols must clearly define who does what, when, and how, and how compliance will be assessed or monitored.
- **Staffing, Resources, and Training:** Jails must provide adequate medical staff—on-site or remote—to assess and treat individuals in need with established protocols and to transfer individuals to facilities that can provide higher levels of care, as necessary. Jail and health care staff should be trained on signs and symptoms of withdrawal and suicide, as well as on

relevant policy and protocol. Jails should consider cross-training medical and correctional staff to improve understanding of roles and responsibilities and improve communications.

- **In-Custody Death and Self-Harm Reviews:** Jails should conduct in-depth reviews of in-custody deaths and incidents of non-lethal self-harm to prevent similar occurrences in the future. Reviews should investigate the who, what, when, where, why, and how of in-custody suicides. The review process should include all stakeholders and focus solely on information gathering (rather than identifying blame). Findings should be used to adapt policies

or procedures, and to develop strategies, practical guidance, and action items to prevent future incidents.

- **Continuous Quality Improvement (CQI):** CQI is vital to ensure compliance with relevant, up-to-date policy and protocols, and to ensure that staff are capable of proper and timely implementation. CQI will require jails to maintain, compile, and regularly review records about health services provided for suicide prevention and substance withdrawal to understand trends in delivery and to adapt appropriate policies and protocol.

Summary

Between 2000 and 2019, suicide was the number one single cause of in-custody jail deaths in America. The rates of suicide in jails are higher than in the US general population, military, and state and federal prison populations. Much is known about the causes and correlates of jail suicides, most importantly regarding the roles that mental health and substance use problems play in these deaths, and the critical role that jail intake and assessments play in identifying persons at risk of suicide while incarcerated. Additionally, a number of resources exist that will help jails leaders and staff learn more about these issues and improve their ability to prevent jail suicides.

Jails should implement strategies to prevent in-custody suicides, such as creating suicide prevention plans, policies, and protocols; implementing staff training; securing dedicated resources; and reviewing incidents of self-harm and suicide.

Resources²⁶

Correctional professionals:

- Jail/Custody Suicide: A Compendium of Suicide Prevention Standards and Resources <https://www.suicideinfo.ca/resource/siecno-20051489/>
- National Institute of Corrections Library <https://nicic.gov/resources/nic-library>
- National Commission on Correctional Health Care 2018 Standards for Health Services: What's New <https://www.ncchc.org/2018-standards-for-health-services-whats-new/>
- World Health Organization Preventing Suicide in Jails and Prisons <https://www.who.int/publications/item/9789241595506>

Suicide and suicide prevention:

- Suicide Prevention Resource Center <http://www.sprc.org/>.
- American Association of Suicidology <http://www.suicidology.org/>.
- American Foundation for Suicide Prevention <http://www.afsp.org>.
- Centers for Disease Control and Prevention's Suicide Prevention: Resource for Action <https://www.cdc.gov/suicide/pdf/preventionresource.pdf>

Sources

- 1 This report references several BJS reports on jail mortality. Language, data presentation, and baseline counts vary based on availability of variables of interest. Referenced data are footnoted and available online at no cost.
- 2 The BJS “Mortality in Local Jails, 2000–2019” report footnotes 2008 cause of death data as follows: “In 2008, a high number of illness cases were missing cause of death information and were classified as missing.” JJSC verified with BJS that 2008 data includes a significantly higher number of jail deaths classified as “unknown” compared to other years. For this reason, we present BJS time series data as three-year averages or other aggregates to reduce volatility caused by missing or inaccurate cause of death data.
- 3 BJS: “Mortality in Local Jails, 2000–2019,” Table 1. *Number of deaths of local jail inmates, by cause of death, 2000–2019.*
- 4 US general population suicide rates from National Institute of Mental Health, https://www.nimh.nih.gov/health/statistics/suicide#part_2557.
- 5 BJS: “Suicide in Local Jails and State and Federal Prisons, 2000–2019,” Table 1. *Total deaths and number and rate of suicides in local jails and state and federal prisons, 2000–2019.*
- 6 BJS: “Suicide in Local Jails and State and Federal Prisons, 2000–2019,” Table 1.
- 7 Centers for Disease Control and Prevention <https://www.cdc.gov/nchs/hus/topics/suicide.htm>.
- 8 Military suicide data from <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/2019-DoD-Suicide-Event-Report-Released>.
- 9 Excludes deaths where the cause of death is “missing.”
- 10 BJS: “Mortality in Local Jails, 2000–2019,” Table 1. *Number of deaths of local jail inmates, by cause of death, 2000–2019.*
- 11 <https://www.npr.org/2015/07/27/426742309/the-shock-of-confinement-the-grim-reality-of-suicide-in-jail>.
- 12 Substance Use and Suicide: A Nexus Requiring a Public Health Approach, 2016. <https://store.samhsa.gov/sites/default/files/sma16-4935.pdf>.
- 13 <https://ubhc.rutgers.edu/documents/Education/TLC/Prevention/SPRC-Corrections-Professionals.pdf>.
- 14 <https://www.fau.edu/newsdesk/articles/suicide-jails-study.php>.
- 15 <https://pubmed.ncbi.nlm.nih.gov/34582321/>.
- 16 <https://bja.ojp.gov/doc/managing-substance-withdrawal-in-jails.pdf>.
- 17 Acquired capability for suicide refers to a tolerance toward the idea of suicide developed over time.
- 18 <https://oneill.law.georgetown.edu/publications/dying-inside-to-end-deaths-of-despair-address-the-crisis-in-local-jails/>.
- 19 From a sample of 477 in-custody jail deaths litigated between 2015 and 2020, outcome data were available for 359 cases.
- 20 Researchers at the O’Neill Institute extracted data on litigation of in-custody jail deaths between 2015 and 2020 from three data sources (LexisNexis’ Jury Verdicts and Settlements database, Westlaw’s Jury Verdicts and Settlements database, and Westlaw’s Dockets database). Of the final sample (477 cases) approximately 24% lacked litigation outcome data.
- 21 From 2015–2020, 23 (6%) of 359 cases.
- 22 Alcohol Withdrawal Table: A. Mirijello, C. D’Angelo, A. Ferrulli, et al. Identification and Management of Alcohol Withdrawal Syndrome. *Drugs*. 2015;75(4):353-365. Access <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4978420/>.
- 23 <https://jailsupportcenter.org/wp-content/uploads/2023/09/guidelines-managing-substance-withdrawal-jails.pdf>.
- 24 https://www.ncchc.org/wp-content/uploads/Suicide_Prevention_Resource_Guide.pdf.
- 25 Research has found a higher risk of drug-related deaths and suicides during the two-week period after release from jail. See Lim et al., 2012: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7159090/>.
- 26 <https://ubhc.rutgers.edu/documents/Education/TLC/Prevention/SPRC-Corrections-Professionals.pdf>.



JAILS AND JUSTICE
SUPPORT CENTER

The Jails and Justice Support Center (JJSC) assists jails in creating and sustaining safe, humane, and effective environments for their populations including incarcerated individuals, staff, and visitors.

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