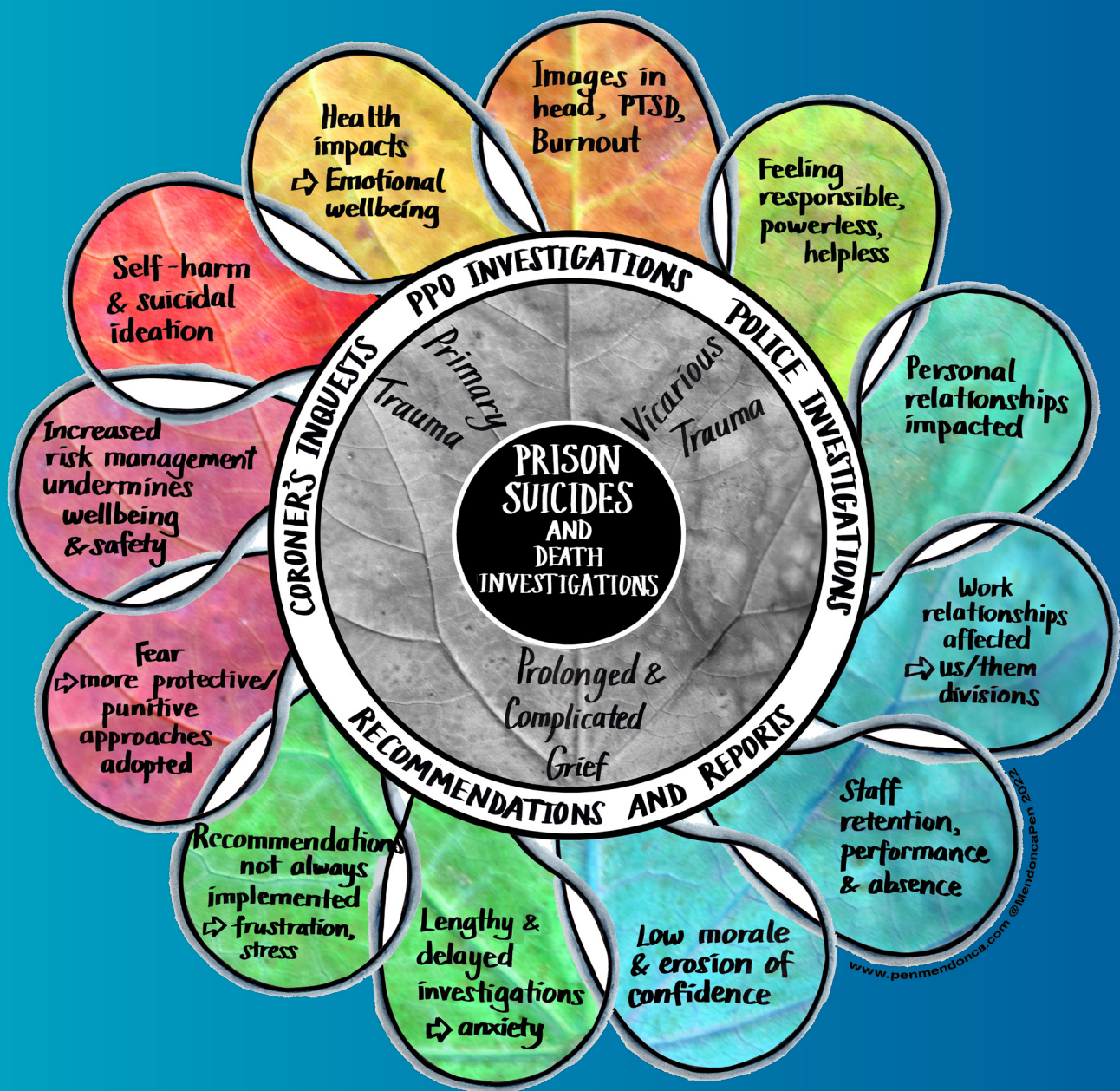




The wide-ranging harms of prison suicide (and investigations) across multisectoral stakeholders

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The impact of prisoner suicide(s) and subsequent death investigations radiate widely, causing significant harm to many individuals, including bereaved families and other prisoners. This pamphlet focusses solely on the 'harms' on professionals involved in prisoner suicide and suicide investigations, including prison staff and ombudsman death investigators.

The pamphlet aims to: highlight these harms to multisectoral stakeholders; raise awareness as to how the harms of prisoner suicide and death investigations affect staff; stimulate more substantive support for all those caught up in prison suicides and death investigations; and promote a reconsideration of how prisoner deaths are investigated.

Those who discover the body, were in close familial or social circles, or felt psychologically close to the deceased are particularly likely to be affected by (prisoner) suicide. Staff–prisoner proximity means that staff experiences of suicide can reflect familial bereavements. Prisoner suicides and suicide investigations can have catastrophic effects and harmful implications on staff over potentially long time periods. Moreover, the harms of prisoner suicide are not limited to those who directly witness the suicide but radiate beyond the prison walls, affecting those both directly and indirectly involved.

A recent study (Banwell-Moore et al, 2022 <https://doi.org/10.1177/26326663221097337>) identified myriad 'harms' to stakeholders as a result of being directly or indirectly involved in prisoner suicide, being investigated, and/or conducting investigations/inquests. These harms include: primary and vicarious trauma; complicated grief; internalised responsibility; fear; burn-out; feelings of helplessness and powerlessness; and broken relations (both professional and personal).

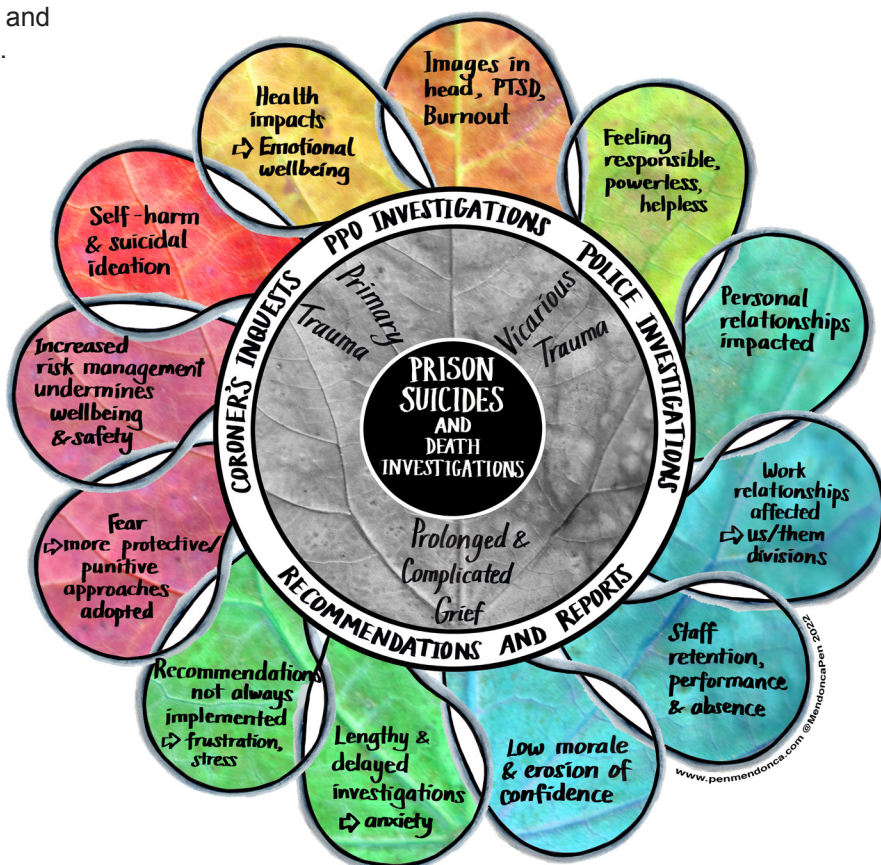
Trauma

Exposure to suicide is a primary trauma that can have a negative transformative impact on staff: affecting their practice, coping mechanisms and relationships. Suicide forms a significant risk factor for staff developing psychological trauma, which can affect staff long after the death. Staff may develop prolonged and complicated grief, involving absent, excessive, distorted, or unending responses, delayed grief reactions and 'masked' symptoms or behaviours that are not easily recognisable as grief.

The risks of developing complicated grief, stress and trauma are heightened for staff with high levels of involvement in the death, who have experienced prior or concurrent losses, and who perceive that the death could have been prevented.

Trauma from multiple deaths and from investigating endless deaths can mount up and can potentially have a cumulative overwhelming psychological and long term emotional impact. Even staff who are less likely to bear witness or respond to suicide are nonetheless impacted. Stakeholders (including prison staff, death investigators and coroners) also experience psychological distress, (prolonged) primary and vicarious trauma and complicated grief as a result of their involvement in prisoner suicides and investigations. Direct and/or indirect exposure to suicide can leave staff susceptible to **post traumatic stress disorder (PTSD)**, **major depression**, **burnout**, and **suicidal ideation**, potentially requiring 'considerable leave from work' or even staff never being able to return to work.

THE HUMAN TOLL



Helplessness and powerlessness

Working within challenging 'frontline' environments (including prisons) can induce hopelessness and helplessness, that is, the inability to mobilise energy and effort. Fear of further deaths, being blamed and exposure to upsetting scenes negatively impact work performance and contribute to staff feeling powerless to 'avoid negative outcomes'. Feelings of helplessness and powerlessness diminish staff well-being and likely affect energy and commitment for work.

Internalised responsibility

Staff can internalise responsibility for the suicide, perceiving suicides to stem from their failure to provide adequate care for the deceased (either directly or indirectly). Staff can also suffer from feelings of guilt following inability to prevent a death. This internalisation of responsibility and blame can have a catastrophic effect on staff wellbeing and mental state.

Broken relations – professional and personal

Deaths can compound us/them divisions between staff and prisoners. After traumatic experiences there is potential for staff to become more punitive, hypervigilant, fearful for others' safety, and emotionally detached, which has a negative effect on staff and prisoner relations and prison safety and wellbeing, as staff manage risk through increased surveillance and security. Moreover, primary and vicarious trauma of suicide risk profoundly impacting staff members' social ties, including familial, social and psychological proximity networks. Common effects can include staff feeling isolated from, and unable to speak, to family or friends.

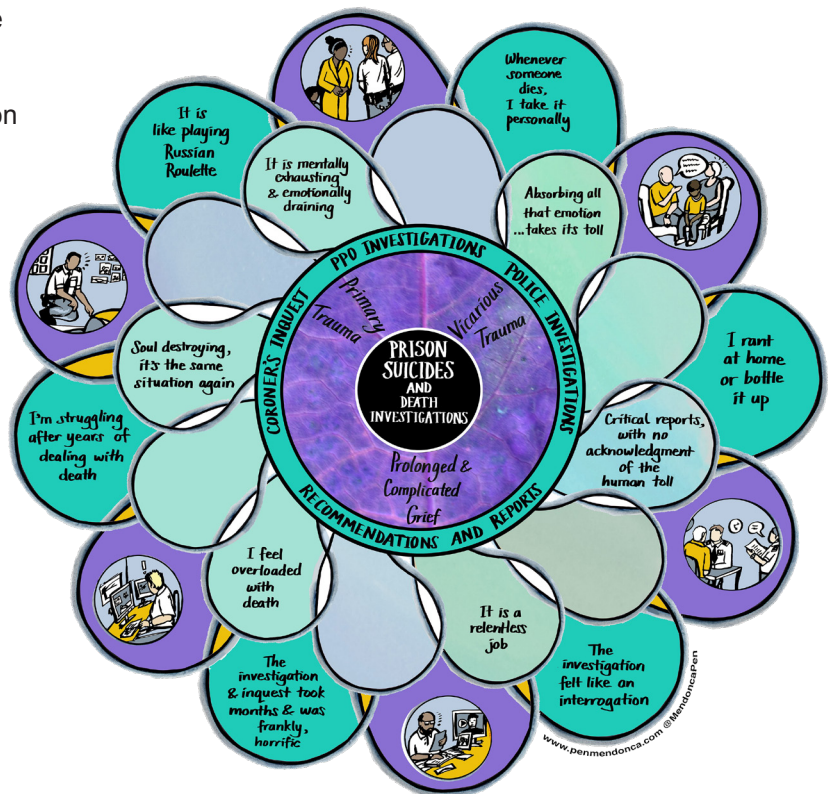
Cumulative 'overload of death' and burnout

The cycle of dealing with suicide and investigations, or conducting investigations can lead to 'burnout': a psychological strain caused by continuous stressors which erode individuals coping resources over the long term, causing physical and emotional and mental exhaustion. The risk of burnout is intensified due to cumulative suicides being commonplace. Staff can be left really struggling due to years of dealing with death and the emotions around it. Dealing with suicide on an ongoing basis can be mentally and emotionally draining, adding up over time to potentially feel insurmountable. Staff burnout has implications for staff performance and retention. The risk of burnout is also compounded by issues in staffs' personal lives, impacting their ability to do their job, potentially leaving staff feeling unable to continue in their role.

Being 'under' investigation

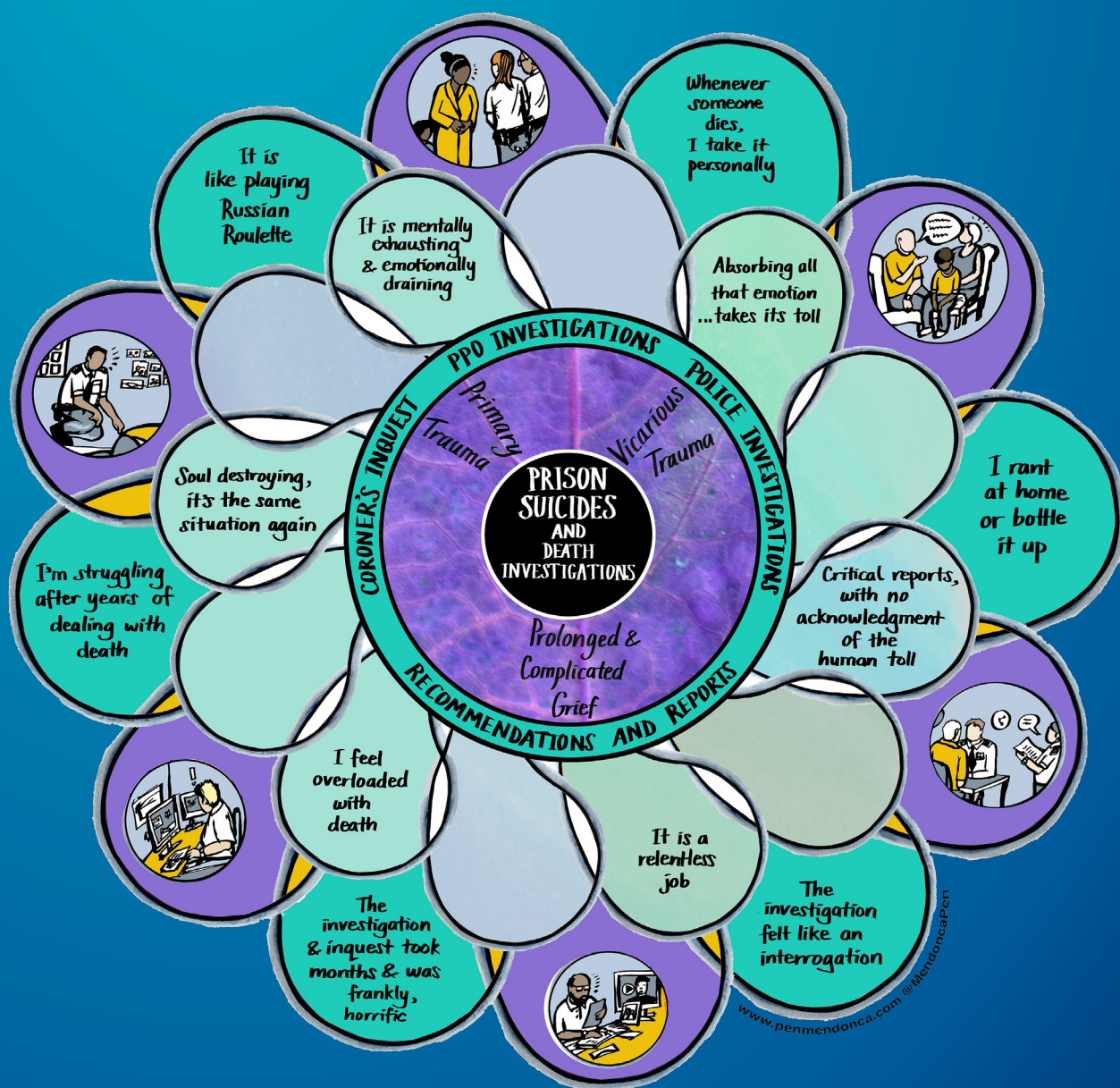
Furthermore, the impacts of being 'under' investigation are very significant on individual staff. Staff can feel defensive, resentful, and exposed as a result of the investigation or inquest and may become risk-averse, overcautious or obsessed with procedures due to fear of further suicides or being blamed. Lengthy delays in investigations and inquests can cause uncertainty, distress and fear. The process of being interviewed and giving evidence can result in staff recalling memories that were suppressed as a coping mechanism.

THE HUMAN TOLL THE LIVED EXPERIENCE



Fully acknowledging the harms of prisoner suicides (and deaths) and their subsequent investigations and inquests, and how they radiate widely across multisectoral stakeholders could enable organisations and individuals to refocus on reducing prisoner deaths, consider how prisoner suicide and death investigations affect their own staff and their counterparts, and adapt their practices and support processes accordingly. Providing relief from continuous job stressors and burnout is critical to stakeholder well-being and prisoner safety.

For full details including supporting literature, citations, references and study methodology see: Banwell-Moore, R., Tomczak, P., Wainwright, L., Traynor, C., & Hyde, S. (2022). 'The human toll': Highlighting the unacknowledged harms of prison suicide which radiate across stakeholder groups. *Incarceration*, 3(2).
<https://doi.org/10.1177/26326663221097337>



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