

Is Suicide More Common Inside Or Outside of Juvenile Facilities?

By Howard N. Snyder

Editor's Note: This is the first in a new series designed to keep Corrections Today readers abreast of new and relevant research related to the corrections field. Readers are encouraged to submit ideas for future installments to the chair of the American Correctional Association Research Council, Howard Snyder, at snyder@ncjj.org.

Research using data collected in the late 1970s and published more than 15 years ago reported that youths in juvenile detention facilities were four to five times more likely to be the victim of suicide than were similarly aged youths in the general U.S. population.¹ This figure has been quoted again and again in professional journals, during legislative hearings and on federal Web sites. However, the author of the original report indicated that the available data were less than ideal and the research was forced to incorporate assumptions that are open to criticism. Just recently, new data have become available capable of addressing this issue. Using these new data, this article gives an empirically based answer to the question, "Are suicides more common inside juvenile facilities?"

The Data

Data collection efforts sponsored by the National Center for Health Statistics (NCHS) within the Centers for Disease Control and Prevention and efforts of the Office of Juvenile Justice and Delinquency Prevention within the U.S. Department of Justice provide the essential information. Statistics on juvenile suicides, and juvenile deaths in general, come from the National Vital Statistics System compiled by NCHS. These data summarize information from death certificates filed in state vital statistics offices and include

cause-of-death information reported by attending physicians, medical examiners or coroners.

The NCHS data for 1990 through 2001 provide counts of suicides for each age, sex and race/ethnicity group in the United States. By combining these counts with resident population estimates, annual suicide rates for each demographic subgroup (i.e., the annual number of suicides for every 100,000 people in a specific age, sex and race/ethnicity group) can be calculated. This work shows that suicide rates vary greatly for different segments of the juvenile population in the United States. For example, the average annual suicide rate is greater for 17-year-olds than 14-year-olds (9.6 versus 3.8), greater for males than females ages 12 through 17 (7.6 versus 2.2) and greater for American Indian youths and non-Hispanic white youths ages 12 through 17 than for similarly aged Hispanic and non-Hispanic black youths (10.8, 5.6, 3.7 and 3.4, respectively).

Beginning in 2000, and repeated in 2002 and 2004, OJJDP conducted the Juvenile Residential Facility Census. Each of the more than 3,000 public and private facilities in the United States that held offenders under juvenile court authority either before or after their adjudication were asked to report a range of information about the facility — including the number of suicide deaths in the prior year. (The set of surveyed facilities does not include adult jails, lockups or adult correctional institutions, even though some young offenders under juvenile court authority may have been held in such facilities.) In 2002, the surveyed facilities holding juvenile offenders on the census date (the fourth Wednesday in October) reported 10 suicides in the previous year.

Beginning in 1997 and repeated every two years since, OJJDP conduct-

ed the Census of Juveniles in Residential Placement (CJRP), which asks the same facilities noted above to complete a short form for each youth held in the facility on the census date, reporting the age, sex, race and Hispanic ethnicity of each youth in custody on that date. In 2001 (the newest data available), U.S. juvenile facilities held 104,413 youths ages 7 through 20. (Some juvenile facilities may have held older individuals but they are not included in the CJRP data collection.) The 2001 CJRP found that 15 percent of the youths in custody were female, 40 percent were non-Hispanic white, 39 percent non-Hispanic black, 17 percent Hispanic, 2 percent American Indian and 1 percent Asian/Pacific Islander.² Needless to say, the demographic profile of offenders in custody in 2001 did not reflect the demographic profile of a randomly selected sample of 104,413 youths in the U.S. population.

Certainly, during 2001, many more than 104,413 youths experienced placement in juvenile facilities. Only a small proportion of youths who were in a facility on the census date would be in the facility for all of 2001. Most entered after the year started and many would be gone before year's end. If all the 104,413 youths captured by the census lived in the facility for the entire year, it would be simple to compare the number of suicides of these youths with a demographically similar group of youths who lived outside of a juvenile facility for the entire year. However, some assumptions must be made to compensate for the youths who move in and out during the year.

Assume, for example, that on Jan. 1, 2001, there were 104,413 offenders in custody with the demographic profile of those reported by CJRP. In addition, assume that when a youth leaves a facility, a demographically similar

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youth moves in and sleeps in his or her bed. Now the problem is simplified. Even though the name of the youth changes, there is a youth with the same demographics living in the facility throughout the year. By assuming that a youth with a similar demographic profile is at equal risk of suicide each day while in a facility (an assumption that will be discussed more fully below), then the combined suicide risk for those youths who use the same bed over the year is equal to the risk of suicide for a single youth with that demographic profile who stayed in custody for the entire year.

The Results

Knowing that there were 10 suicides in a year in juvenile facilities, the question is: How many suicides would have been expected to occur in 2001 within a demographically similar group of 104,413 youths living in the United States? To calculate the expected number of suicides in the demographically similar group of 104,413 U.S. youths, first divide the group according to their age, sex and race/ethnicity subgroups (e.g., there were 4,356 Hispanic 17-year-old males in custody on the census date in 2001). Then multiply the subgroup count by the annual suicide rate for that specific age, sex and race subgroup (which is 10.8 suicides/100,000 people) to obtain the expected number of suicides in this subgroup. This process is repeated for each subgroup, then all of the subgroup estimates are added together to yield an estimate of the total number of the 104,413 youths living outside of a juvenile facility in 2001 who would have been expected to be a suicide victim.

When the math is done, between 10 and 11 suicides would be expected to occur in a group of juveniles living in the United States with the same demographic profile of youths in juvenile custody in 2001. In other words, the number of suicides that occurred in juvenile facilities in 2001 is equal to

the number that would be expected for a similarly sized and demographically similar group of American juveniles living outside of facilities in 2001.

How Should This Finding Be Interpreted?

Studies have found much higher rates of mental health problems for offenders in the juvenile justice system than among juveniles in the general population.³ For example, a study assessing the mental health of youths in the juvenile detention center in Cook County, Ill., found that 66 percent of males had at least one diagnosable mental disorder, while the rate was 74 percent for detained females. So, it is fair to assume that juveniles who enter facilities are a greater suicide risk than youths in the general population. However, the number of suicides while in custody is what would be expected for a group of typical American youths. Therefore, it is fair to assume that custody appears to reduce the likelihood of suicide for juvenile offenders while they are in custody.

Similarly, it is commonly assumed that youths who enter a juvenile facility are at greatest risk of suicide during the first few days of placement. With many more than 104,413 youths entering juvenile facilities in 2001 and experiencing the stress associated with admission, it would also be expected that the number of suicides involving offenders in custody would be greater than for a similarly sized group of typical American youths or for a similarly sized group of youths who spent the entire year in custody (the assumption made earlier). But it was not. Again, custody seems in some way to have reduced the likelihood of suicide death for youths while they were in custody.

Any suicide in custody is unacceptable. Its circumstances should be investigated and practice adjusted when possible. But the statistics show

that the number of suicides of youths in juvenile custody is no greater than for a group of demographically similar youths in the general U.S. population. Given that offenders entering custody have more risk factors for suicide than youths in the general population, an offender's risk of suicide death is reduced while in custody.

ENDNOTES

¹Memory, J. 1989. Juvenile suicides in secure detention facilities: Correction of published rates. *Death Studies*, 13:455-463.

²Sickmund, M., T.J. Sladky and W. Kang. 2004. *2004 census of juveniles in residential placement databook*. Available at www.ojjdp.ncjrs.org/ojstatbb/cjrp/.

³Wasserman, G., L. MacReynolds, C. Lucas, P. Fisher and L. Santos. 2002. The Voice DISC-IV with incarcerated male youths: Prevalence of disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(3):314-321.

Roberts, R., C. Attkisson and A. Rosenblatt. 1998. Prevalence of psychopathology among children and adolescence. *American Journal of Psychiatry*, 155(6):715-724.

Otto, R., J. Greenstein, M. Johnson and R. Friedman. 1992. Prevalence of mental health disorders among youth in the juvenile justice system. In *Responding to the mental health needs among youth in the juvenile justice system*, ed. J. Cocozza, 7-48. Seattle: National Coalition for the Mentally Ill in the Criminal Justice System.

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