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Jail/Holding Cell Design

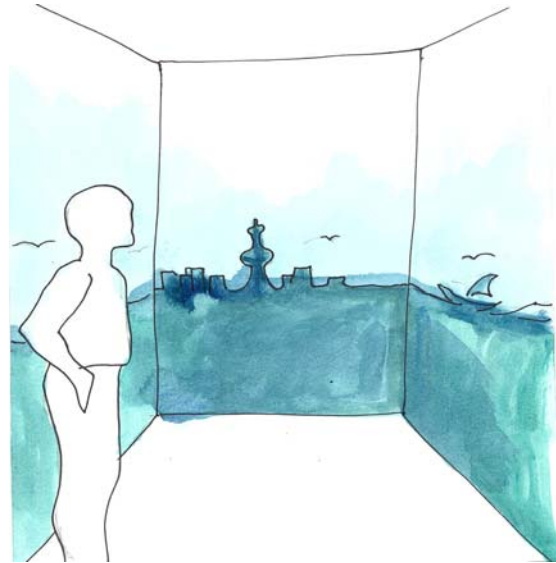
Proposals for Modification and Design Changes to Jail / Holding Cells

Psychological Impact on Aggressive and Self Destructive Behaviour

Prepared by

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Background and Review of the Literature

Introduction

The survey

The recommendations presented in this report are based upon data gathered from a telephone survey and an extensive review of the literature. The survey was conducted with respondents from across Canada. Most of the respondents were RCMP officers with direct experience at detention sites with holding cells. However, some additional people were interviewed in an attempt to obtain specific information about issues involving certain groups of individuals (e.g., Natives and non-natives, men versus women, etc.). Rather than create a second set of interview questions for these individuals, the same interview was used, even though we recognized that they did not have the holding cell context in mind when answering certain questions.

The interview itself was divided into four main segments. The first part of the interview involved a series of questions on specific issues involving the structure of holding cells and the holding cell environment. Specific questions included probes that tapped issues involving the size of the cells, the adequacy of the level of stimulation, the usefulness of windows, etc. At the end of this section, participants were also encouraged to provide a general evaluation of the structural characteristics, including any suggestions for further study.

The second part of the interview focused on procedural questions. Here we asked questions about the methods used to determine whether

someone is at-risk, the precautions taken when someone is at-risk, type and amount of monitoring, the degree of social isolation, etc. Once again, respondents were encouraged to think of ways to improve the current procedures in place.

The third part of the interview involved questions about risk assessment and response. Specifically, we made inquiries about whether standard assessment devices were used to assess levels of suicidality and level of alcohol dependence among remanded prisoners, and the perceived adequacy of training.

Finally, the interview concluded with questions about specific incidents at holding cell sites. In addition to providing information on specific incidences, respondents were asked their views on the factors associated with self-harm and to assess the relative role of the person's characteristics and the cell environment in contributing to attempts at self-harm. The complete interview and the responses are summarized in Appendix 1.

What is at stake?

Although some respondents had no incidents of attempted self-harm to relate to us, there were some compelling incidents reported. These incidents demonstrate the desperation and determination that some people have in terms of their desire for self-harm. Some of the more detailed examples are provided below.

One respondent said, “ When there is a suicide or suicide attempt, there is a report, coroner's for death, and a public hearing on each case. Most cases I've seen have been various forms of hanging involving tearing up clothing into little strips to fashion some kind of rope and using it to hang themselves.”

Another respondent identified a possible problem with positional affixia. This person listed such things as, “Hangings using belts from their pants. Taking their shirt knotting them up, using shoelaces to hang themselves from the bars. When angry, they cause self-destruction by banging their heads into the walls. We use Plexiglas in cellblocks. If we need to we put them in straightjacket like restraints. I’ve also seen positional affixia.”

Other respondents mentioned problems with head banging as well. One noted that, “We’ve only had a few attempts such as someone’s shirt tied to the bars or stepping on the bed to try to hang themselves. I’ve seen someone trying to drown themselves in toilets. Individuals harming themselves by banging their heads into doors, having to use restraints or straight jackets to stop them, which we are reluctant to do.”

Similarly, another individual told us that, “ We may have an attempted suicide every 3 months. Attempts at hanging themselves using their pants or trying to tie socks together. One tried to drown himself in the toilet bowl. And self-harm by running full tilt into the Plexiglas window or banging their heads off the brick walls constantly to try to do some self-harm.”

Another person told us that; “The drunk tanks are a dangerous situation, the concrete floor. One concern is that we don’t have a psychiatric ward to prevent people from banging their heads into the walls. We try to restrain them without hurting them. A rubberized room with a vinyl rubber gym floor would be ideal.” These incidents are by no means limited to male prisoners. Another respondent told us that, “In the two years I’ve been here, there has been no attempt or suicide. But I’ve seen that it is mostly females who have banged their heads on the walls, running full speed into the door to harm themselves.” These incidents illustrate the need to focus not only on completed suicides, but also serious attempts at self-harm.

Sometimes it is the case that methods for committing suicide are hidden by the at-risk individual. One respondent told us that; “ There has been a recent case of an 18 year old woman who tried slashing her wrist with a partial razor blade she had hidden in her clothing. There’s been a few slashing incidents, but no suicide.”

The sheer desperation of some people was illustrated by one of our recent respondents. This person indicated that, “We’ve never had suicides and the only near attempt, if you want to call it that is an individual tried to scratch his wrists using the heating vent that is flush against the wall. We just took him to the hospital for physical and psychiatric tests to check him out.”

Finally, the need to put the prisoner in safe clothing was indicated in vividly recalled accounts of successful suicides. One respondent informed us that; “ There’s been a lot of them. One incident was 9 years ago. An individual was brought up on a charge and we knew he was depressed and he ended up taking his T-shirt and hanging himself with it. Attempts happen about once a month.”

Another respondent provided us with an account that is consistent with past incidents reported in the literature. This person related that:

The last one that I recall was successful was in 1993 or 1994. A drunk driver who was put into his cell for intoxication, no fixed address. He was driving through Alberta. He was only in his cell for about two hours when he took his shirt and looped his shirt through the holes and knotted it, then tied it to his neck and sat at the end of the bunk and slid down, hanging himself. It was during the middle of the night.

Why Redesign Jail/Holding Cells?

It is important to re-design holding cells and study them extensively for a variety of reasons. First, and foremost, the studies that have been conducted suggest that suicide rates in holding cells in police stations are much higher than the suicide rates in jail cells and prisons, which, in turn, are much higher than the suicide rates obtained with the general

population. Comparative studies have been conducted in the Netherlands (Blaauw, Kerkhof, and Vermunt, 1997), the United States (Hayes & Rowan, 1988), and Australia (Thomson & McDonald, 1993), and the results of these studies all point to the conclusion that the holding cell represents a potentially lethal environment around the globe.

Second, anecdotal reports and empirical studies that focus on exposure to the jail setting indicates that there is a very high level of distress associated with being incarcerated, especially for first-time offenders. The initial shock of being placed in a holding cell has been people with prior vulnerabilities. Thus, it is important to take reasonable actions to improve the holding cell environment and related experiences. The act of being placed in a holding cell involves a high degree of vulnerability, in part because there is an increased probability of prisoners killing themselves within the first 24 hours of incarceration. One study found that 11 of 17 suicides occurred within the first 24 hours, while another found that 50% occurred within the first 24 hours (Rakis, 1984; Rood & Faison, 1988).

Third, it is important to conduct a full-scale investigation of holding cells due to the general paucity of information on this topic. There is very little empirical investigation in this area, relative to the voluminous literature on the characteristics and correlates of prison settings (see Biles, 1994). Research is often lacking; holding cell information is either not included or results involving holding cells are obscured because the data are combined with data from other settings (e.g., jails and prisons), so comparisons cannot be made. An example from Canada is a study that was conducted by Giles and Sandrin (1992). They reported that self-inflicted deaths accounted for 33% of the deaths in police custody from 1981 to 1990, but this study restricted its focus to deaths in jail and did not include deaths that occurred in police stations.

Finally, Wener, Frazier, and Farbstein (1985) remind us that jail/holding cell residents are often pretrial detainees and as such should be

treated under the presumption of innocence. As such it is an ethical imperative that the environment should not be in and of itself punishing.

These problems have important legal considerations. There is extensive documentation of the outcomes of wrongful death suits that have taken place in the United States and elsewhere following the suicide of a prisoner who was either in an inhumane environment or did not receive proper supervision (Danto, 1997).

Importation versus Deprivation Hypotheses

Various hypotheses have been advanced in an attempt to explain the factors that contribute to suicide and other destructive acts in jail settings. The importation hypothesis is based on the notion that the primary causes of jail suicides reflect factors that are intrinsic to the people most likely to experience jail. That is, jails have elevated suicide rates because the personal vulnerability factors associated with increased rates of suicide are over-sampled and over-represented in jail settings. Thus, higher rates of suicide are to be expected whenever there is an increased preponderance of people characterized by risk factors. Some of the specific demographic and personality factors involved here are described in detail in a subsequent section of this report.

On the surface, there are at least two problems associated with an approach that focuses solely on the importation hypothesis. First, if it is the case that the increased suicide rates simply reflect the fact that there are more vulnerable people in jail and holding cells, then the possibilities for intervention are quite limited. The attribution of cause to the personality of the victim affords little opportunity for reducing and ameliorating the problem.

Second, an approach that focuses solely on the importation hypothesis is not entirely consistent with some important research findings in this area. For instance, Haycock (1991) observed that if the importation

hypothesis is correct, then it should be the case that analyses that control statistically for the importance of personal vulnerability factors should show dramatic reductions in the rates of jail suicides. In actual fact, controlling for personal vulnerability factors (e.g., a previous psychiatric history, an impulsive personality) tends to reduce the ability to predict levels of jail suicide to a substantial degree, but it is still the case that a higher level of suicide in jail settings can be identified. This suggests that perhaps aspects of the jail setting (i.e., environmental context) also contribute significantly to the increased rates of suicides and suicide attempts in jail settings.

The role of the environment is emphasized in the deprivation hypothesis (Sykes, 1958). The deprivation hypothesis is based on the premise that the causes of jail suicide lie in the immediate physical environment (i.e., the nature of the holding cell itself) and the situational and temporal context (i.e., the act of being incarcerated). This approach focuses on the sensory deprivation and the humiliation and shame associated with being thrown in jail. The factors that contribute to a sense of deprivation are outlined in more detail in subsequent sections of this report.

The importation and deprivation hypotheses can both be used effectively to understand a variety of phenomena in jail and prison settings. Grossmann (1992) used both the importation and deprivation hypotheses to analyze factors contributing to the high rates of suicide among Aboriginal women held in custody in federal prisons in Canada. Regarding the importation hypothesis, Grossmann identified a number of important sources of personal vulnerability that pose significant challenges for many Aboriginal women (e.g., education, employment, economic factors, history of violence, and ethnicity). In terms of education and employment, Grossmann suggested the inadequate education of Aboriginal women may reduce their chances of employment and this may be a factor that increases the possibility of conflicts with the law. Thus, whether an Aboriginal woman is

incarcerated reflects, at least in part, the fact that the level of unemployment for Aboriginal women is nearly twice as high the rate for non-Native women. Economic factors become important because certain Aboriginal women may simply lack the money to pay fines, and this may lead to increased time spent in custody. Grossmann (1992) also noted that Aboriginal women often experience sexual assaults and physical assaults during childhood and adulthood and retaliation in these situations can lead to incarceration of these vulnerable women.

However, as noted above, Grossmann (1992) also analyzed the environmental factors that are included as part of the deprivation hypothesis. According to Grossmann, importation factors of relevance that related to deprivation theory include being in an environment that is associated with racism, social isolation, and milieus involving loss of control and social stigma. Regarding racism, Grossmann's research indicated that Aboriginal women in prison often feel that they are the targets for racism and discrimination. She suggested that the correctional environment could be enhanced by striving to increase the staff's level of understanding of cultural mores and providing culturally-specific programs that enhance feelings of self-esteem among Aboriginal women.

A key factor identified Grossmann is the impact of social isolation. A lack of connectedness with community, family, and culture is especially disturbing for Aboriginal women, and this becomes worse if incarceration occurs far from home. The social disgrace and possible shame that incarcerated Aboriginal women anticipate further underscore the sense of community values as they ponder their release and subsequent return to the reserve.

The analysis provided by Grossmann underscores the fact that in reality, both the importation hypothesis and the deprivation hypothesis are relevant to an understanding of suicides in jails and holding cells. We will include an emphasis on both explanations by adopting a person-situation

interaction model. Classical personality theory states that the ability to predict behavior in a given situation, at a given point in time, depends on both the stable personality traits of the individual in question and the type of situation or circumstances in which the individual finds them self (Endler & Magnusson, 1976). The person-situation interaction model has been used to understand a wide variety of phenomena in psychology, with much of the work focusing on the prediction of state anxiety in particular situations (e.g., Endler, Crooks, & Parker, 1992; Flett, Endler, & Fairlie, 1999). Research has established that individuals with a particular personality vulnerability factor (e.g., excessive concern about physical danger) who then find themselves in a situation of relevance to the vulnerability factor (e.g., skydiving or climbing a steep cliff) will experience high levels of anxiety (see Endler et al., 1992). By extension, then, it can be argued that certain people have a vulnerability and propensity that involves harming either themselves or others, and these tendencies will be elicited when these individuals find themselves in a threatening situation and/or environment that emphasizes these destructive tendencies.

Two caveats about the person-situation interaction model must be noted. First, research on situational factors emphasizes that a distinction needs to be made between the objective environment and the subjective environment experienced by the individual. In many circumstances, the individual's appraisal of a situation and the environment is more important and relevant than the actual aspects of the situation and the physical characteristics of the environment (see Edwards & Endler, 1989).

Second, the adoption of a person-situation approach has clear implications in terms of attempts to applied interventions to address the problem of suicide in holding cells; both personality and situational factors need to be addressed in order to enhance behavioral responses. That is, steps must be taken to identify those individuals who are particularly vulnerable and susceptible to harming themselves or other people. In

addition, the actual situation and the perceived situation must be assessed carefully so that the factors outside the person that contribute to distress can be modified.

Diathesis-stress models of vulnerability to suicide and other forms of self-harm reflect the interaction approach. According to a diathesis-stress model, characteristics involving the person are the stable vulnerability factors (i.e., personality and demographic factors) that constitute the underlying vulnerability for suicide. The experience of stressful environmental circumstances serve as triggering mechanisms that activate the underlying vulnerability factors. Bonner (1994) has highlighted the relevance of diathesis-stress models when seeking to understanding suicide and self-harm in jail and prison settings. According to Bonner, maladaptive tendencies inherent in a particular individual combine with the demands associated with negative life conditions in the environment (i.e., jail stressors) to predict who is most likely to become suicidal. One way to conceptualize this interaction is that certain individuals simply lack the coping resources to deal effectively with challenging and threatening circumstances, and they are poorly equipped to deal with the trauma associated with being incarcerated. Within this framework, some of the trauma can stem from the environment itself (i.e., a stark jail environment) and an individual's perception of the degree of threat associated with the environment.

Although the use of an interaction perspective indicates that it is not wise to focus solely on the importation hypothesis, it must be acknowledged that the variables associated with this hypothesis are indeed risk factors associated with the possibility of harm to self or others. To reiterate, the importation hypothesis suggests that the risks of suicide come from personality and sociological characteristics of the individual. In other words, the focus here is on the “emotional baggage” the individual brings to

the scene rather than the scene itself. Research that illustrates the usefulness of an importation view in jail settings is outlined below.

Teplin (1990) provided data that support the view that the vulnerability characteristics associated with the possibility of harming oneself or others are over represented in jail settings. Her study examined the prevalence rate of mental disorders in jail detainees and then compared these rates to the rates obtained from epidemiological studies conducted on diagnosed rates of mental disorders in the general population. The study found that even after controlling the demographic differences between the jails and citizens for five American cities, the prevalence rate of mental disorders were up to three times higher among the jail detainees. In particular, rates of depression, mania, and schizophrenia were elevated substantially among the prisoners.

Factors associated with personal vulnerability are still not very helpful if they do not provide the opportunity to distinguish between those prisoners who are at risk and those who are not at risk. That is, it is essential to identify demographic, life style, and personality variables that can be used to differentiate detainees in a jail setting. Although many factors are common to people with varying levels of risk, some comparative studies have established factors they can help with this discrimination. Blaauw and Kerkoff (1998) analyzed this issue and found factors such as sex, age, and marital status were distributed equally among those who committed suicide and those who did not while in police custody. Other factors are more useful; Blaauw and Kerkhof showed that the suicide victims were distinguished by several factors, including a higher prevalence of unemployment, the history to psychiatric treatment, substance abuse, substance dependence, and displays of suicidal ideation and communication.

In a recent study, McKee (1998) compared the demographic, offense, and situational characteristics of 754 teammates who had made a less

lethal suicide attempt (i.e., hanging) versus a non-lethal attempt (i.e., wrist cutting). Not surprisingly, the mortality rate for those who hung themselves was 19 times higher than the rate for those who had cut themselves. Comparison showed that one key factor that distinguished the groups was the time of day, with 83.5 percent of the hanging occurring within the first two hours after booking, versus 16.5 percent of cuttings occurring within the first two hours. Thus, the initial period of incarceration is very important. Another differentiating factor was the presence of alcohol and drinking problems, which was much more evident in those who committed suicide. The size of jail was also important with more deaths due to suicide occurring in the smaller jails. McKee suggested that this may be due to the increased isolation and reduced contact with people after arrest in a smaller jail setting. Further results indicated that age and gender did not differentiate serious from less serious suicide attempts.

Scott-Denoon (1983) conducted a study of suicide and suicide attempts in the 1970's in correctional facilities in British Columbia. He found that being an immigrant on remand was one factor that was associated with greater vulnerability, relative to the general inmate population. He stated that:

Depending on the seriousness of the charges awaiting a foreign national facing deportation and/or depending upon his feelings of anxiety concerning the severing of current Canadian ties or disruption of life, we may have a potential suicide candidate (Scott-Denoon, 1983 p. xvi).

The data are in keeping with reports from European studies, which have also found detained immigrants are at a higher risk. Our interviews revealed one incident that is consistent with this observation. One person recalled that, "In another incident in the same cell, we had put an individual who was deported to Romania and didn't want to go. He used the edge of the bunk and took all night to rub his wrists, right to the arteries. Lots of blood, but we caught him in the morning just in time."

Scott-Denoon also found that 30% of suicides occurred while the prisoner was in isolation in segregation, observation, and protective custody cells, even though these cells represent only 5.5% of overall cell capacity. It was concluded that these cells are especially high risk, which is obviously correct, but we cannot rule out the possibility that those prisoners with greater vulnerabilities were also more likely to be placed into those cells.

American Surveys of Suicides in Lockups and Jails

Key vulnerability factors reflecting the person and situational factors have been identified in large investigations of the causes and correlates of incidents in jail settings. Lindsay Hayes and his associates in the United States have conducted the seminal work in this area. Hayes and Kadjin (1981) reported a national study of suicides in jails and lockups, as part of their work with the National Center for Institutions and Alternatives. Their work focused on suicides that occurred in 1979. Hayes and Rowan (1988) extended this research by examining 854 jail suicides that occurred in 1985 and 1986. Several provocative findings emerged from these surveys.

Hayes and Kajdin (1981) summarized their findings by providing a hypothetical “profile” of the modal or typical individual to commit suicide in a jail setting. This profile has been widely cited by previous authors. According to Hayes and Kajdin, the typical suicide victim is described as follows:

An inmate committing suicide in jail was most likely to be a 22 year old, White, single male. He would have been arrested for public intoxication, the only offense leading to his arrest, and would presumably be under the influence of alcohol and/or drugs upon incarceration. Further, the victim would not have a significant history of prior arrests. He would have been taken to an urban county jail and immediately placed in isolation for his own protection and/or surveillance. However, [after] less than three hours of incarceration, the victim would be dead. He would have hanged himself from material taken from his bed (such as a sheet or pillowcase). The incident would have taken place on a Saturday night in September, between the hours of midnight and

5 A.M. Jail staff would have found the victim, they say, within 15 minutes of the hanging. Later, jail records would indicate the victim did not have a history of mental illness or previous suicide attempt (p. 58).

Subsequent analyses of the data obtained from 1985 and 1986 found that the same general pattern emerged in terms of who was most at risk of committing suicide.

The work by Hayes and Kajdin has been supplemented by more specific American studies of jail suicides in particular jurisdictions. Some of these studies are described below.

Jordan, Schmeckpeper, and Strobe (1987) reviewed 16 cases of jail suicides that occurred in Oklahoma from 1981 to 1983. They found that approximately two-thirds of the cases involved alcohol and three-quarters of the suicides happened within 24 hours of booking time. One of the suicides that took place in a holding cell led eventually to the decision to redesign the cell. The most significant changes in this holding cell included: (1) Removal of three metal double bunk bed along with an addition of a single concrete sleeping bench with a flame retardant mattress; (2) Installation of Plexiglas over the cell bars; (3) Repainting of the cell; (4) Improved recessed lighting fixtures; and (5) Supplementing the hourly physical checks with the installation of a sound and video monitoring system.

Concerns about suicides in police lockups have been raised in many other jurisdictions in the United States. A comprehensive study was conducted in Massachusetts in 1984 (Special Commission to Investigate Suicide in Municipal Detention Centers, 1984). Consistent with other reports, it was determined that approximately three-quarters of the suicide victims were intoxicated upon arrest, and the majority of suicides occurred within four hours of incarceration. Other jurisdictions that have found elevated levels of suicide in lockups include Cleveland (Adelson, Huntington, & Reay, 1968), South Carolina (Memory, 1984), and Michigan (Kennedy,

1984). All of these investigations found that the absolute number of suicides in lockups was higher than the number that occurred in county jails.

Davis and Muscat (1993) conducted a study of suicidal risk in Ohio jails and lockups over the period from 1975 to 1984. Numerous findings comparable to other studies were obtained. For instance, once again, the method of suicide was hanging in 98 percent of the cases, with the prisoners using clothing, belts, and bedding materials. A disproportionate number of suicides occurred within the first 24 hours, and alcohol played a significant role in these deaths. Because of a lack of information about the total number people put into holding cells, it was not possible for the authors to determine the rate of suicide in lockups. However, indirect evidence points to the high-risk associated with being placed in a lockup cell. The authors analyzed their data by geographic regions and noted that an exceptionally high rate of suicides occurred in Cuyahoga County (i.e., the Cleveland area.) The authors speculate that the high rate obtained here could have been due to the proliferation of police station lockups in Cleveland.

Suicides in Prisons, Jails, and Holding Cells in Australia

In 1987, Australia announced the formation of the Royal Commission Aboriginal Deaths in Custody, in response to an alarming number of deaths, including several in police holding cells. Overall, 44 deaths were recorded between 1980 and 1987, with 25 deaths ruled to be suicides. According to John Ure (1994), the New South Wales Police Liaison Officer to the Commission, 24 of the 25 suicides were deaths by hanging, with 16 involving the use of a cell blanket. Overall, 22 of the suicides occurred while the individual was alone in the cell, 11 died within 3 hours of being in the cell, and approximately half involved individuals that were under the influence of alcohol.

As part of the Commission's review, every police cell in New South Wales was examined and photographed so that it could be evaluated in

terms of structural characteristics. This analysis of the cell environment yielded many important discoveries, including the fact that 84% of the cells had solid front walls, such that it was difficult to view the prisoner, and 73% of the cells were assessed as being “low resistance” to suicide. Ure’s (1994) account of the jail cell environment clearly illustrates the environmental factors that may exacerbate an individual’s suicidal tendencies. Ure observed that:

Many police cells in New South Wales were built last century, or to last century’s standards; many are wooden boxes in the yards of small stations; most have no natural light; there is absolutely nothing in them except a toilet and perhaps a bubbler – prisoners sleep on rubber mattresses on the floor. Many are some distance from police working areas, making it necessary to walk a considerable distance and unlock a couple of doors to inspect the prisoners. Many are underground. They are dark, damp, smelly, de-humanized boxes (p 182).

Ure noted further that there have been some significant changes in the cells constructed 20 years ago. He said that these cells:

... have showed a marked change. They generally have barred, instead of solid fronts. Although natural light is still not a standard feature the quality of lighting has improved significantly. They are generally painted light colors, and the floors are sealed to resist the smell of vomit and urine that pervades most older cells, regardless of how often they are scrubbed. But this has still not gone far enough. Cell complexes were still being built underground and little heed was taken to the opportunities that horizontal bars and exposed plumbing could provide for persons intent on hanging themselves. (p. 182).

Ure identifies cell design and construction as one element of a six-point plan to improve the situation in Australia. Other themes addressed in this plan include the role and status of custody officers, custody management policies and procedures, assessment/screening procedures, training, and investigation of deaths in custody. He further noted that one possible

change to consider is to have an observational cell for suicidal individuals in the area that is closest to the charge room. The purpose here it to increase the amount of surveillance so that the suicidal prisoner can be constantly evaluated. Ure noted that “this work generally includes the installation of a viewing window into the wall adjacent to the charge room, so that police can have almost constant supervision of the prisoner without having to leave the work area” (p. 183).

In Australia, more recent building standards now include natural lighting and ventilation, a raised bunk for sleeping, barred fronts, and piped-in music (see Ure, 1994). Another potentially useful recommendation is that the architects first consult with the police who will use a facility, prior to finalizing construction details. This chance to allow input from the officers themselves has been “... a remarkably successful method of giving “ownership” of the cells to those officers who are going to be operating them.” (Ure, 1994, p. 184).

Although the deaths that occurred in Australia were most unfortunate, the subsequent investigations have provided many insights into the factors that contribute to incidents in holding cells.

Suicides in Prisons, Jails, and Holding Cells in the Netherlands

The Netherlands is the third region of the world to conduct comprehensive research on the nature and correlates of suicide among prisoners. Several studies have been published over the past decade, with most of the research being conducted by Blaauw and his colleagues (see Blaauw, Carriere, Schilder, and van de Lande, 1997). An overview of this research is provided below.

Initial research from the Netherlands focused on suicidal behavior in prisons and jails. Kerkhof and Bernasco (1990) examined 44 completed suicides and 198 attempted suicides in prisons and jails over the time period of 1973 to 1984. Data from these individuals were compared to data available from a sample of non-suicidal inmates. In addition, interviews

were conducted with 25 inmates who had attempted suicide. In many respects, the findings of this research corroborated the results of investigations conducted elsewhere. For instance, the vast majority of suicides involved hanging (80%), with most occurring in the cell itself. Interestingly, a significant proportion of those who attempted suicide was non-European foreign inmates, who may have acted in response to the fears of being deported. This finding suggests that individuals who are new to Canada may bear close scrutiny if they are arrested and put into a holding cell. Kerkhof and Bernasco (1990) also reported that 17 of the 25 interviewed inmates were seriously addicted to drugs and/or alcohol and the addiction contributed directly to the suicide attempt.

Blaauw and associates took this research a step further by conducting one of the few comprehensive investigations that compared the features of suicides committed in holding cells in police stations with the features of suicides committed in prisons and jails (Blaauw, Kerkhof, and Vermunt, 1997, 1998). Overall, they compared the 59 deaths in police stations (including 20 suicides) from 1983 to 1993 with the 138 deaths in prisons and jails over the same time period. Several important findings have emerged from this research. First, and foremost, the suicide rate was significantly higher in the police stations, relative to the suicide rate for prisons and jails, as well as the suicide rate in the general population. Only in 38 of the 59 cases did the police officers recognize that the detainees were suicidal, intoxicated, or otherwise distinguishable from the other detainees. A total of 19 of the 20 suicides involving hanging, with 55% involving the individual's clothes and 35% involving bedding materials. A total of 18 suicides involved attaching a ropelike device to some object, and the authors noted that this was possible in 13 instances due to constructional deficiencies in the cells. The authors also noted that the majority of the deaths occurred within a few hours of the arrest, with a tendency for most to occur between the hours of 6:00 PM and midnight. It was also found that

13 of the suicide cases had relatively little contact with a police officer for a considerable amount of time, and that 13 suicides occurred despite the fact that the prisoner was placed in a cell that was considered to be suicide-proof.

Blaauw et al. (1997) noted that one surprising aspect of their study was that more than half of the individuals who died at the police stations had been taken there for offenses or possible offenses that were not considered to be very serious. Indeed, these individuals were not regarded as serious threats to society. Indeed, the literature in this area is replete with case studies of individuals who killed themselves after being placed in a holding cell for committing or being accused of committing a relatively minor offense. Thus, the type of crime that may be involved is not a reliable indicator of an individual's likelihood of engaging in self-harm.

In a related investigation, Blaauw et al. (1998) compared the levels of psychological distress reported by 309 detainees in police custody versus the levels of distress reported by three groups: (1) inmates in a jail setting; (2) psychiatric outpatients, and (3) the general population. Participants completed a battery of measures including the Symptom Check List-90, which provides a host of measures, including indices of depression, hostility, and somatization. Participants also completed measures of shame and provided global ratings of the perceived fairness of the treatment received from the police officers providing custodial care and the perceived fairness of the environmental facilities provided. The findings can be summarized as follows. First, statistical comparisons confirmed that police station detainees, relative to those in a Dutch jail, reported significantly higher levels of depression and somatization. The level of psychological distress is indicated by the fact that 70% of the police station detainees indicated that they were either fairly disappointed or very disappointed, 44% felt a sense of despair, 36% felt ashamed, and 70% felt either fairly lonely or very lonely. A history of being in a lockup was not associated with lower

levels of depression. Drugs and alcohol also played a role in the sense that detained people suffering from drug abuse reported higher depression, hostility, and somatization. The importance of the evaluation of the facility itself was demonstrated by the fact that detained people with either a neutral or positive evaluation of the facility had less hostility and less somatization when compared with the 37% of the detained individuals who had a negative evaluation of the provision of services. Blaauw et al. also suggested that elevations in psychological distress might have more to do with the perceived situation rather than the actual situation.

Nevertheless, objective characteristics of the actual situation still must be taken into account. Blaauw, Vermunt, and Kerkhof (1997) also conducted a comprehensive study of detention circumstances in 60 police stations. This study indicated that there is extensive variability in the facilities in the Netherlands; some police stations were deemed to be high in housing quality and quality of interactions with police officers, while others were found to be considerably lower in the quality of housing and interactions with police officers.

The Importation Hypothesis Revisited: Demographic and Cultural Factors

The research programs described above provide some valuable insights into the vulnerability factors associated with risk of self-harm. It is evident that certain demographic factors are predictors of suicidality and self-harm in prison and jail settings. Some of these factors are outlined below.

Data from Canada indicate that Natives are especially at-risk for many of the reasons outlined by Grossmann (1992). Special consideration needs to be given to the cultural beliefs and customs of these individuals. For instance, one issue is cultural group differences is the extent to which the individuals need to maintain a sense of connection to his or her community.

The importance of taking cultural differences into account was identified as a significant issue that contributed to the deaths in Australia. Reser (1992) acknowledged that the stress experienced by incarcerated Aboriginals is exacerbated when Aboriginals no longer have a connection with their people and their typical environment, and it is difficult for non-Aboriginals to understand the importance of this connection. Reser went so far as to suggest that the "... consequence can be not only the experience of social isolation and sensory deprivation, but an acute sensory and emotional disorientation" (p. 158).

Depression and Hopelessness

Depression and hopelessness are generally regarded as the best two psychological predictors of suicide and other self-destructive behaviors. Numerous studies have documented the elevated levels of depression among prisoners, relative to members of the general population. Kennedy (1984) identified depression as one of the primary emotional reactions to being incarcerated, and one that may lead to suicide. Kennedy observed that:

Depression is an emotion often associated with suicide and may best be described as a sense of loss, in this case loss of freedom, autonomy, and perhaps, self respect. Thus the new arrestee must, within a relatively short time, cope with the stress of a precipitous arrest while being hampered in this attempt by the added elements of anxiety and depression, both of which are exacerbated by the nature of the intake proceedings and the characteristics of the surroundings. In such cases suicide may seem like the only escape from what is, according to the individual afflicted, an acutely intolerable situation. (p. 196).

Any attempt to understand depression in holding cell settings is complicated by the fact that depression is highly co-morbid with other psychiatric problems, including substance abuse. For instance, a comprehensive study of 688 male jail detainees found that those with psychiatric diagnoses were typically diagnosed with two or more disorders,

including depression, alcoholism, substance abuse, and antisocial personality disorder (Abram, 1990).

There are indications that hopelessness, relative to depression, is a more robust predictor of suicidal tendencies (Wetzel, Margulies, Davies, and Karam, 1980) and a survey of psychiatrists found that they identified hopelessness as the top risk factor associated with suicide (Truant, O'Reilly, & Donaldson, 1991). Prospective, longitudinal research indicates that hopelessness is a predictor of subsequent suicide. Fawcett et al. (1987) found that elevated hopelessness ratings derived from clinical interviews were able to differentiate the 25 psychiatric patients in their sample who ultimately committed suicide versus the 929 patients who did not commit suicide.

The Beck Hopelessness Scale is the most well known and respected measure of hopelessness in the field. This scale is a brief 20-item measure that asks respondents to make true or false judgements of each item. Scores on this scale have been found to predict both suicide ideation and suicide behavior in general samples, as well as in jail populations (see Bonner & Rich, 1990, 1992). For instance, in one study of jailed inmates, Bonner and Rich (1990) found that elevated levels of hopelessness were correlated strongly with other measures of suicide ideation, depression, jail stress, loneliness, irrational beliefs, and fewer reasons for living. They also found that psychosocial vulnerability factors interacted with elevated levels of jail stress to predict increased levels of suicidality and hopelessness. Particularly at-risk were inmates who were characterized jointly by a sense of loneliness and a lack of social resource and who evaluated the experience of being incarcerated as an especially threatening and stressful life event.

Hopes (1986) compared the characteristics of a group of jail prisoners who attempted suicide versus another group of prisoners who had not made an attempt. The results indicated that attempters had significantly higher levels of hopelessness, as well as a more extensive history of previous

suicide attempts and current suicide ideation. The attempters also had a more extensive history of drug and alcohol abuse and were more likely to be intoxicated when initially booked at the jail. Ivanoff's (1989) review of research on jail suicides also identified hopelessness as a consistent factor evident in the histories of jail suicide victims.

The Beck Hopelessness Scale tends to regard the hopelessness construct as a general construct. However, more recent research focuses on different domains of hopelessness (i.e., hopelessness with respect to obtaining one's goals, hopelessness with respect to interpersonal relationships) and one type of hopelessness that is highly relevant to the current context is a specific form of social hopelessness.

Social hopelessness focuses on individual differences in terms of interpersonal expectancies (Flett, Hewitt, & Gayle, 1999). Someone with a high level of social hopelessness has a pessimistic view of other people and lacks faith and trust in others. The hopelessness derives not only from this pessimistic view of others, but also a sense of a personal inability to overcome the expected negativity from others. In a sense, then, people with high levels of social hopelessness feel that they simply do not matter to other people, they will not matter to other people in the future, and there is nothing that they can do about it. Not surprisingly, research on the nature of social hopelessness shows that high scores on this dimension are correlated robustly with indices of psychological distress.

The notions of hopelessness in general and social hopelessness in particular take on added importance when examining the personal risk factors associated with suicidality and aggressiveness exhibited by a prisoner in a holding cell situation. Rowan (1994) suggested that it is important for correctional officials to show a caring and concerned attitude in order to combat the sense of social hopelessness experienced by the prisoner. Specifically, he noted that:

Suicide experts in the community, as well as in the custody field commonly agree, that, if only one person cares or “gives a damn” and the suicidal person perceives that fact, a suicide will most likely be prevented. If the booking and cellblock officers and health care personnel are caring people and show this, almost all potential suicides which were missed at receiving screening or which developed later will be prevented by this positive attitude (p. 169).

Rowan reports positive results from areas that utilize community volunteers to assist with the suicide watch

Impulsivity and Impulsive Behaviors

Individuals are also at risk if they have an impulsive temperament style that involves acting at a moment’s notice without consideration of the long-term implications of the behavior. Suicide attempts have been described often as the ultimate acts of impulsivity, and ample evidence indicates that suicide is often attempted and committed by individuals with impulsive temperaments (see Firth, Blouin, Natarajan, & Blouin, 1986; Hewitt & Flett, 1993; Plutchik & Van Praag, 1989; Plutchik, Von Praag, & Conte, 1989; Ramos-Brieva & Cordero-Villafafila, 1989). For example, Withers and Kaplan’s (1987) chart review of adolescents who attempted suicide found that impulsivity, depression, and anger were factors that contributed to the suicide attempt. Similarly, Firth et al. (1986) examined the content of dreams from a mixed sample of depressed and violent individuals who had attempted suicide and found that impulsivity was the one of the key factors that differentiated suicidal and non-suicidal individuals. Given these findings, it is not surprising that measures of impulsivity are often included on scales that are designed to assess vulnerability to suicide (e.g., Limbacher & Domino, 1985-1986).

Impulsivity is associated with aggressive tendencies as well (e.g., Plutchik et. al., 1989), and impulsivity is often linked directly with substance abuse (Johnson, Malow, Corrigan, & West, 1993). This takes on

added importance when we consider the fact that those individuals who attempt suicide in a holding cell are under the influence or have been under the influence of drugs and/or alcohol. Researchers in the impulsivity field would argue that the link between alcohol and destructive acts in holding cells is a general reflection of the byproducts of being an individual with an impulsive personality style.

The Base Rate Problem

Although the dispositional factors associated with risk of suicide and self-harm seem well established, perhaps the most significant problem here is that many of the factors that apply to suicide victims also are relevant to some degree to the majority of prisoners who do not commit suicide. That is, certain personality and demographic factors are of limited usefulness in pinpointing who is at-risk because they apply to so many incarcerated individuals. This is not to say that a focus on these characteristics is not valuable; consistent with the importation hypothesis, high levels of hopelessness, depression, and impulsivity are quite significant, especially if combined with a history of alcohol and/or drug abuse. However, in order to maximize the ability to predict exactly who is at-risk, it is also essential to examine the factors in the holding cell environment that promote impulsive and suicidal behavior. A focus on such factors as the physical characteristics of the cell environment also affords an opportunity to implement preventive measures that have proven to be successful in reducing suicidal, impulsive acts even among the most vulnerable individuals.

Self-Concealment and Impression Management

Another problem that needs to be acknowledged is that the many suicidal prisoners can be quite difficult to detect, even when screening procedures are used. In her recent analysis of 66 suicides in Canadian federal penitentiaries, Laishes (1997) found that 39 of 66 suicide victims

were deemed to provide no signs or indicators of suicidal intent. On a similar note, Kerkhof and Bernasco (1990) conducted interviews of 25 inmates who had attempted suicide and found that over half of them had never spoke about their suicidal urges to either fellow inmates or relatives because they feared that this information would be reported to staff members. The authors concluded that certain prisoners are not only in a physically isolated situation, there are also in a psychologically isolated situation because of their unwillingness to share their feelings with others. Reser (1992) noted similarly that the acute distress and anxiety that accompanies arrest and confinement can be quite extreme and is often not visible as the person involved suffers from a form of quiet desperation.

Recent research on the personality factors associated with psychological distress has identified some personality styles that may contribute to the apparent unwillingness to reveal despair and the desire to kill oneself. Larson and Chastain (1990) have identified a personal construct known as self-concealment. People with high levels of self-concealment are exceedingly reluctant to reveal negative information about themselves to other people. Prison and jail settings will no doubt contain a number of individuals who are characterized by a high level of self-concealment and a tendency to put on a “false front” as a way of covering up the shame that is experienced as a result of being incarcerated. Given that it may be difficult to identify such individuals, it becomes all the more important to minimize environmental cues that may enhance levels of suicidality and suicide attempts.

Deprivation Factors and the Environmental Approach

Several models have been advanced in an attempt to understand the role of the environment on behavior, and investigators such as Moos have gone so far as to create situational taxonomies that identify key environmental variables. Michelson’s (1970) model is but one attempt to understand the role of the physical environment of behavior. The main

theme of this model is intersystem congruence. The premise is that the environment is but one of several systems that influence behavior. Others include the social system, the cultural system, and the personality system. This model is based on the premise that the environment sets broad limits on behavior, in that creates the potential for certain behaviors to occur, and removes the potential for other behaviors to occur. In the current context, then, it could be argued that certain holding cell environments increase the potential for self-destructive and aggressive acts to occur, while other holding cell environments make these acts less likely to occur, and this will be the same for all individuals in those environments. At the same time, personality differences in the personality sub- system must also be acknowledged as having influence on behavior.

Some analyses have focused directly on the role of environmental factors in correctional settings. For instance, according to Dooley (1997), the environmental approach to suicide prevention in correctional settings includes a focus on three key principles: (1) certainty/consistency; (2) communication; and (3) choice. The first principle reflects the fact that much uncertainty exists in the jail or holding cell setting, especially if an individual has never been arrested before. Dooley suggests that suicide among remanded prisoners can be regarded, at least in part, to the entire process of uncertainty and any efforts to build a sense of stability and predictability into the setting should be implemented.

According to Dooley (1997), the second principle of communication involves providing a mechanism such that "... prisoners under stress are facilitated in communicating this to staff or others, and that an adequate response is forthcoming." (p. 189). On the surface, however, the principle of communication is obviously important but seemingly more relevant to the prison context, given that extensive self-disclosure is less likely in a time-limited situation involving the use of a holding cell. Finally, Dooley (1997) identifies providing a sense of choice as perhaps the most important element

of an environmentally based suicide prevention strategy. Anything that can be done to facilitate a sense of choice enhances the prisoner's sense of control and combats feelings of helplessness and hopelessness. Even the opportunity to get input into issues such as the brightness of lighting in the cell can facilitate the prisoner's sense of self-control.

Regarding the first principle (i.e. unpredictability) and the third principle (i.e., uncontrollability), Blaauw et al. (1997) regarded these as key factors that lead to increased levels of suicidality among prisoners detained in a lockup cell. They observed that:

Lockups are likely to be perceived as extremely threatening. They are stressful because they are associated with uncontrollability and unpredictability. Many detainees do not know what will happen in court, when they will be sent away, and/or what evidence the police may have collected. They face this uncertainty along with deprivation of liberties, facilities, contacts with relatives and friends, and the like. Potential emotional reactions to such stressful events range from fear, anxiety, anger, frustration, annoyance, and irritation to depression, confrontation (aggression), and withdrawal (suicidal impulses). Suicidal ideation, therefore, has to be conceived as not an unusual reaction to incarceration. (p. 160).

Social Isolation

One key element of the holding cell environment is the extent to which it promotes a sense of social isolation. Rowan (1989) identified the presence of human interaction as the most critical variable in suicide prevention research in correctional settings. This is consistent with the extensive research on social support which indicates that those people are better able to withstand stressful conditions if they have supportive others available to them. Rowan noted correctly that the place of inmates with other inmates has the effect of significantly reducing levels of suicidality and

other forms of self-harm. The presence of others facilitates a form of coping known as social distraction, but it also provides tangible forms of assistance because it means that there is someone available to alert jail officials if a suicide attempt has taken place. Although most suicides occur when a prisoner is kept in isolation, it is important to acknowledge that there have been instances when suicides occur despite the presence of other prisoners. In some case the other person in the cell was not alert to the events taking place.

The added risk associated with social isolation has been noted repeatedly in the literature. Regarding this risk, Bonner (1992) summarized the situation by noting that:

One can only imagine the devastating impact of social isolation on vulnerable inmates, who are experiencing severe stress and alienation and are perhaps considering suicide. The mental state of such individuals may well place them at a heightened risk for plunging into total despair and hopelessness. Whether an inmate is going through the frightening experience of initial incarceration, or is an agitated state of drug/alcohol withdrawal, or has just been told by his girlfriend (perhaps his only reason for living) that she is leaving him, or has come to be labeled a “snitch” and fears a violent death, or is paranoid and fearful because of an underlying psychotic reaction – in any of these situations, placement in isolation may only serve to intensify emotional breakdown and psychological despair, and perhaps may be the final loss to push a person to suicide (Bonner, 1992, p. 411).

Bonner’s reference in the above passage to the prisoner’s problems with his girlfriend reflects the finding that the experience of a negative interpersonal event involving someone important in one’s life often serve as the catalyst for self-destruction.

The problems associated with social isolation may take on added importance for members of certain cultural groups. In his analysis of the role of cell design in suicides committed by Australian Aboriginals, Reser (1992) characterized the issue of isolation or solitary confinement as a “...

fundamentally important design consideration” (p. 161). This observation was based, at least in part, on the fact that all of the Aboriginal suicides occurred while the individual was isolated. According to Reser (1992), it is possible for members of certain cultural groups to literally become “frightened to death” when alone because of the sensed presence of being visited by spirits. He observed that:

It is not difficult to imagine that solitary confinement in a watch-house, in the case of an inebriated, upset and impressionable youth, could easily give form and substance to cultural beliefs concerning malevolent or vengeful spirits, or magical human powers” (p. 161).

In light of the risk associated with leaving Aboriginal detainees in isolation, it became a policy in most Australian states that intoxicated Aboriginal detainees should never be placed in holding cells by themselves.

Reser (1992) also recommends that booking officers and other police officers receive special training with respect to police procedures that would be perceived as culturally inappropriate and insulting. Reser provided an extensive list of the different areas in which cultural differences may be important, including the perception of the police and the nature of the lockup situation. Other factors of potential importance include the state of the individual when arrested, the effect of being arrested and placed in custody, the effect of confinement, the nature of Aboriginal kinship relationships, the nature of Aboriginal emotional expression, the ways in which drugs and alcohol are used and experienced, the cultural institution of self-injury, and general physical health.

Concerns about the importance of cultural differences may even extend to the design of the actual holding cells. Memmott (1989) mentioned a jail in Western Australia that was designed specifically to take cultural factors into account. In this setting, Aboriginal prisoners were kept together and housed in larger cells than other prisoners to facilitate social

interaction. Moreover, the wall openings were larger to reduce the discomfort associated with the sense of being enclosed in a confined area.

Our interviews with those who come into frequent contact with Native offenders mentioned the important role that elders play in terms of maintaining a sense of contact with the broader community and help to combat the sense of social isolation created by the environment. Recently, Waldram (1997) conducted an extensive analysis of the importance of elders in correctional settings and their role in promoting the sense of spirituality among natives. Clearly, access to elders and images that enhance the sense of connection are important. Waldram also noted the greater heterogeneity among different native groups, and the ways that the differences are revealed in customs and beliefs. This heterogeneity increases the challenge of having booking officers and other holding cell personnel who are sensitive to factors of importance to the remanded individual.

Dehumanized Environments

A common concern about prison and jail settings is that they promote a loss of a sense of self, to the extent that the prisoner is no longer recognized as a human with a unique identity. The causes and consequences of dehumanization were illustrated dramatically in the well-known Stanford Prison experiment that was conducted by Haney and Zimbardo and colleagues. This mock prison experiment used male undergraduates as guards and prisoners. The experiment had to be terminated when the guards and prisoners began to play their roles in ways that Haney and Zimbardo did not anticipate. They attributed the outcome of the experiment (i.e., overly aggressive behavior on the part of the guards and despondency among the prisoners) to the fact that the students were placed in a powerful jail setting that promoted dehumanization and deindividuation (i.e., a loss of personal identity).

Hayes (1995) has attributed jail suicide to two primary causes. He maintained that suicides are due to the fact that the prisoners are facing a traumatic, threatening situation, especially when first incarcerated, and this is exacerbated when they are placed in a jail environment that promotes the dehumanizing aspect of incarceration. Fortunately, it is possible to less the impact of dehumanization in correctional settings. Rowan (1994) stated that attempts to improve the situation can and do work. Specifically, he remarked that, “We can and do build and retrofit cells to make it impossible for someone to hang. It can be done economically, and at the same time produce a reasonably positive environment that is not de-humanizing” (p. 172). Moreover, Rowan noted that Chicago police lockups used to average one suicide monthly until they instituted a program for suicide prevention training. The effectiveness of this program was clearly demonstrated as suicides dropped from 18 in 18 months to only 3 in an 18-month period.

Current State of Jail/Holding Cells

Aggression and violence are the product of the interaction between an individual and his environment. The proceeding review of the psychological literature reveals that if we take both type of factors into account, we can predict with considerable accuracy the type of individual most likely to harm themselves and/or others. However, for the most part, the environment where reported violence occurs has been a constant. The jail/holding cell design has remained virtually unchanged in the annals of penal history.

The cell was designed for its functionality. The jailer had to guarantee the appearance of the prisoner for further investigation or trial. The jailer had to maintain the orderliness of the jail regardless of how cooperative the prisoner. Inebriated or disorderly, prisoners had to be housed and jailhouse order maintained.

To achieve this end, simple cells with limited space were the order of the day. The cell provided the prisoner with few amenities, perhaps a bed and a toilet. Most cells lacked a window or any access to the rhythm of life outside the cell. While these cells were not sensory deprivation chambers, they were and still are today severely sensory restricted environments.

Our survey revealed in Canada there is substantial diversity in holding cells that are currently in use. Overall, 23 respondents were interviewed, with 22 of them having direct knowledge of holding cell environments. The responses are summarized in Appendix 1, with identifying information removed to ensure the confidentiality of our respondents. It can be seen in Appendix 1 that a few of our respondents

were able to compare and contrast the different holding cells at different facilities. Importantly, our attempt to obtain information about a wide range of holding cells was successful. We were informed about holding cells with three concrete walls and bars on the doors, holding cells with a Plexiglas door, and holding cells with heavy metal steel doors. Some holding cells were designed for only one person, while others were designed to house two people.

Finally, there was a great deal of variability in terms of the reported size of various cells. Cells typically ranged from 10 X 8 feet to 10 X 12 feet, though we also learned of cells that were 8 X 8 feet and 8 X 12 feet, as well as a cell that was 10 X 5 feet. Ceilings in the cells ranged typically from 8 to 10 feet. We also obtained some information about “drunk tanks” but for the most part, we restricted our focus to those cells that were designed to house 1 or 2 people.

What is surprising about the jail/holding cells is not the reported level of self or other violence, but rather that more violence does not occur. Prisoners placed in jail/holding cells are stressed, anxious and frightened. The situation is exacerbated by the sensory restrictions of the cell and the situation leaves the prisoner cut-off, feeling helpless and hopeless. The normal flow of their life is lost and they become desperate individuals.

Previous RCMP Reports of Deaths in Custody

The current report is not the first attempt by the RCMP to examine issues related to the design of cells. In 1985 a review of prisoner suicides made several recommendations, including: 1) continual monitoring of prisoners, 2) use of closed circuit television in cell blocks, 3) changes in policy that would require medical aid to prisoners of questionable consciousness, and 4) only assigning guard duties to guards and matrons.

The review also suggested a study be commissioned to determine what changes could be made to eliminate the possibility of committing suicide.

Another review undertaken in 1992 recommended identifying detachments where cells required a retrofit, establishing the costs and identifying sources of funding to complete the task. A *high-risk* mattress and blanket that could not be torn were developed and approved for use. Policy amendments were also proposed along with increased training and awareness program.

A statistical study authored by D. J. Cooper, Assistant Commissioner Director, Community Contract and Aboriginal Policing Services (CCAPS) examined all in-custody deaths occurring from 1982 to 1996. The author of the report made three major recommendations for the prevention of suicide.

The first recommendation addressed reducing the opportunities for committing suicide. The report recommended first, replacing existing mattresses and blankets. It was noted that the most prevalent means by which inmates commit suicide is by hanging and the materials most often used are *high-risk* mattresses and blankets, torn into strips. The second recommendation focused on retrofitting existing cells and redesigning new cells to eliminate hanging points. The third recommendation focused on training for members (RCMP) and guards with an emphasis on the need for vigilance.

The report also looked at the causes of prisoners committing suicide. This recommendation led to the development of a prevention program that involves police and community members. As a result CCAPS has been running 5-day suicide awareness workshops. At the time of the report approximately 400 police officers and 400 private citizens have taken advantage of the workshops. In addition, 33 police officers received training as trainers to run the workshops. The workshops have been held in every

province and territory except Nova Scotia. By April 1998, \$1,000,000.00 had been spent on the program.

According to Assistant Commissioner Cooper, approximately 1,050 *high-risk* mattresses and blankets are in use as of his report. These mattresses were developed by the RCMP and by prisoners for Corrections Canada. In addition, 126 cells have been either retrofitted or replaced with a design to eliminate hanging points. The changes have produced a very favorable outcome and only 1 death has occurred in these new cells and that was attributed to a drug over-dose.

Indeed our survey revealed only a few participants who identified specific hanging points. Some hanging points were in the form of sprinkler heads. Other problems involved bunk beds that were not selected to maximize safety. One respondent said that, "The bunks have a hanging bar. It's all bars. I don't think it's safe and it's hard to control."

Although few explicit hanging points were noted, numerous cells have steel bars on the doorway, which may afford an opportunity for suicide attempts. In contrast, other doorways were clear and consisted of Plexiglas.

According to Cooper, attempts have also been made to heighten awareness of suicide in the community, as a form of prevention. Response to community involvement has been quite varied. There has been no follow-up in some areas, while others have developed a very active program. Division "G" has a 1-800-crisis line in Kugluktuk. Resolute Bay members have been involved in community radio talk show about suicide. Fort McPherson developed a 24-hour suicide crisis intervention group. Division "F" crisis intervention team involves native elders, family members and the local Metis society to counsel individuals. "B" Division, Nain detachment has a 24 hour help line and crisis response team. "E" Division suggested a study to explore technology capable of monitoring the vital signs of prisoners.

Assistant Commissioner Cooper's report points out the value of pursuing an examination of jail/cell environments. In the 15 years from 1982 to 1996 there were 154 in-custody deaths. Close to half of the deaths (77) were by suicide.

Risk Assessment Strategies

Before going in to the interview responses in more detail, a word about our strategy is in order. Our assessment went beyond a focus on the structural aspects of jail cells and included procedural issues and risk assessment issues as well. This is in keeping with the approach recommended by previous authors. For instance, Felthouse (1994) advocated a sophisticated approach that involves several strategies. Recommendations include (1) Screening to identify the vulnerable individuals. (2) Close monitoring of suicidal prisoners. (3) Removal of any material that potentially can be used for self-harm thereby creating of cells that provide a suicide-proof environment. (4) Detailed procedures for providing prisoners with psychological support; and (5) the transfer of at-risk individuals to mental health settings and hospital settings that can best provide treatment and intervention.

New York has one of the most effective and comprehensive programs for suicide prevention in jail cells. Cox and Morchauser (1997) provided a summary of the 11 main components of their suicide prevention approach. These components include the following:

Policy and procedure guidelines to clarify the respective roles of county jail, police department lockup, and mental health agency personnel;

Screening of suicidal detainee by police personnel;

Establishment of rigorous standards of supervision of detainees;

Creation of special cells to observe and protect at-risk prisoners;

Scheduled mental health treatment;

Crisis intervention;

External hospitalization;

Additional training for jail and mental health staff;

Enhanced communication among staff and between staff and prisoners;

Investigation and monitoring of inmate deaths; and

Staff debriefing when suicides and suicide attempts occur. Given this comprehensive approach, we felt that it was prudent to extend our interviews beyond our primary focus on the physical characteristics of the holding cell environment.

The New York example is just one of several, multifaceted approaches to preventing harm to self and others. Accordingly, we felt that it would be prudent to be as comprehensive as possible in our approach.

Risk Assessment from the Current RCMP Survey

We found that the respondents to our survey of RCMP detachments across Canada had many helpful insights when asked to consider the issue of risks to their prisoners. Many respondents indicated that both the vulnerability characteristics associated with the individual and factors associated with the holding cell environment and the immediate situation played a relative role in terms of contributing to self-harm incidents. Overall, somewhat more emphasis was placed on the characteristics of the individuals involved, but situational factors were still seen as quite important.

One person suggested that, “There is relevance in both, depending on the charge they are facing. We rarely get people who try to take their lives. When they try, they are dealing with serious offenses and become high-risk people. I think placing them in a cell adds to the fact.” The reference here to serious offenses was also alluded to by other respondents, with more serious offenses being associated with higher risk. However, it is important to keep in mind reports in the established literature of a significant majority of individuals killing themselves after committing very minor offenses.

Another individual focused at length on the characteristics of the holding cell environment that may contribute to risk. This person indicated that, “Opportunity is a very important feature. I believe if the facilities are inadequate, like having sheets so they can try to hang themselves, or try to bang their heads on hard objects to harm themselves, I think that inadequate facilities play a role. If someone is unstable and the right environment is there for them, that in their mental state of mind or lack thereof, can cause them to hang themselves.”

Another individual saw the environment as the primary cause of incidents. When asked to identify factors associated with self-harm, this person stated that, “The biggest is the environment, eliminate those potentials, no kinds of protrusions from the walls and nothing sharp to cut themselves with.”

There was also some discussion of suicide attempts being used strategically in an attempt to generate more positive outcomes and favorable treatment. Also, it should be noted that some individuals at particular sites discounted the role of environmental factors altogether.

Specific Risk Factors For Self-Harm.

Questions about specific risk factors associated with self-harm tended to focus on the personal characteristics of the prisoner (personality, life style, life stressors, etc.). Factors that were mentioned here included being

despondent, hopeless, alcoholic, unemployed, and experiencing relationship problems. Many of the identified factors are consistent with the literature in this area. One respondent indicated that a confluence of factors was important and that factors should not be examined in isolation of each other. The identified factors here were, “The despondency, if you’re poor, alcoholic, and don’t have much hope. A combination of which they are certainly is a factor.

Another theme that emerged is the importance of paying special attention to the prisoners who keep quiet and who are not willing to self-disclose. One respondent suggested that this is particularly meaningful with Aboriginal detainees. It was indicated that, “Not opening up is a big risk. Members of native community and how they will react is a big problem.” Along the same lines, another individual observed that, “Basically, we have to look at the situation, what they were arrested for and what is their emotional state. The occasional person cries a lot, or boasts about killing themselves, but the ones we should watch for are the quiet ones.”

Time was mentioned as a key factor in two ways. First, one respondent identified the first 24 hours as playing an important role, and this too is consistent with the literature. However, another reference was made to times when booking officers are kept very busy due to the volume of detainees to be processed. Although staffing was not mentioned frequently as a problem, there were some peak periods identified at certain sites, and improvements may be required, especially if additional procedures are implemented in the future. The need for added resources was implied by one respondent who listed key factors such as, “ Not opening up, time constraints, not enough time to ask them what is wrong, especially on Thursdays, Fridays, and Saturdays.”

Proposed Changes to Jail/Holding Cells

The current project has been contracted by the RCMP to address the design of jail/cells from a psychological prospective. Our defined task was to make recommendations for design changes in jail/holding cells. If the redesign of the cells accomplished nothing more than the reduction of suicide deaths we would effectively cut by one-half the in-custody death rate.

However, the potential gains to be made are even greater. Redesigned cells can have the effect of lowering the aggression and violence of inmate inhabitants. Improvements in the design of the cells that lead to even a small reduction in violence would have overwhelming benefits to the police and justice community. Less violent prisoners would be easier to house and maintain. In turn, easier-to-maintain prisoners would be more likely to be cooperative in police investigations. Easier-to-maintain prisoners would mean a lowered reliance on stark, sensory-deprived cells to preserve jailhouse order and the possibility of considering more humane housing environments.

Recommendations are constrained by a number of factors. The first concern is financial. Even if the perfect cell could be designed the cost of retrofitting each and every cell in every jurisdiction across Canada is impractical. Second, the greatest potential impact of any recommendation is in the construction of new jails. Third, although the design of the cells may change their purpose remains the same; containment and security. Finally, it is important to keep in mind the men and women working in the

jail. These individuals include not only the jail staff but also the investigating police officers and lawyers who need to interact with the prisoners. Any proposals must not jeopardize their safety but ideally enhance their effectiveness.

Changes that can and should be made to the present cell designs fall roughly into two categories. First, we list a number of recommended physical changes that should be incorporated into the design and retrofitting of jail cells. Second we list a number of changes that specifically address the psychological environment of the jail cell.

Physical Changes

From a physical perspective, there are many excellent papers already written that suggest very positive ideas based upon the experience and research of their authors. In many ways these recommendations are obvious once they are made apparent. Implementation of many of these ideas already has been shown to lead to a reduced violence and self-harm by prisoners.

After a careful review of the relevant literature and our own survey we list the following recommended changes:

Atlas (1989) provided a list of 27 recommendations to follow when redesigning jail cells. These recommendations were put forth with the goal of reducing inmate suicides in a variety of settings, including holding cells. In our estimation, the most relevant recommendations to consider are the following:

Cell Size:

The size of the cell should be the minimum standard of 70 square feet, as recommended by the American Correctional Association Standards for Accreditation.

Ceiling Heights:

Ceiling heights should be 10 feet to minimize the possibility of self-harm.

Cell Doors:

Existing holding cell metal bar doors should be replaced with ¼ inch scratch resistant polycarbonate glazing on the inside of the door panel. It is important that scratch resistant materials be used so that the interior of the cell is visible through the plastic panel. Cell doors should be of a sliding type in order to reduce the opportunity of barricading the door or slamming it into officers.

Cell Windows:

Suicide cells should have security windows with an outside view. According to Atlas, “The ability to identify time of day via sunlight helps reestablish perception and natural thinking and minimize distortion. The glazing may be sand etched in order to prevent transparent observation of the neighborhood but still allowing natural light in” (p. 167).

Cell Color:

Rooms should be painted pastel colors instead of institutional green or stark white. Lead base paint should not be used.

Surveillance:

Suicide watch cells in the lockup area should be located as close as possible to a control station to maximize audio and visual monitoring. Suicide watch cells should include audio monitoring in order to detect calls of distress.

Padded-Walls:

Padding of walls is a good idea to protect detainees who may engage in self-destructive acts, though it is noted that certain American states do not permit padded walls and that the walls must be fire retardant and not likely to produce toxic gases if on fire.

Toilet Facilities:

Suicide cells should have stainless steel combination toilet-sinks, and outside control over water valves with concealed pipes.

A previous report by Grabush, Scandla, Hazlehurst, and Wilson (1988) also outlined a number of useful facility design recommendations. They suggest:

Hanging Points:

The most common form of suicide in a cell is by hanging. Consequently, the cell should be designed to minimize the opportunity for attaching clothing, blankets, or any object to a fixed point in the cell. No projections, grills, exposed pipes or bars should be accessible.

Doors:

A fine wire mesh or scratch-resistant polycarbonate glazing should cover the cell bars.

It should be noted that in our survey several respondents acknowledged problems associated with Plexiglas. Scratch-resistant Plexiglas seems to be needed. One individual noted that, "Plexiglas is only used for cameras in certain areas. The Plexiglas does get damaged and scratched during fight breakouts." Another individual stated that, "Plexiglas is used only to house cameras outside the cell areas. They absolutely get scratched and damaged by shoes, and spitting on them to reduce our ability to monitor them."

Surveillance-Cells:

Cells designated for the accommodation of persons at risk should be constructed to facilitate continuous observation of the occupant..

Windows:

Cells should have windows with a view to the outside, so as not to jeopardize perceptual orientation and normal thought processes.

Furnishings:

Furniture, bedding, and other materials made available to persons at risk should be made of fire retardant material, which will not emit toxic fumes when ignited. Blankets and sheets should be made of material that tears under body weight, to prevent their use in suicide attempts. Smoke detectors should be installed in each facility, with an audible alarm to a constantly manned control center.

First-aid:

First aid and resuscitation equipment and keys to cells should be readily available to custodial officers.

Wall Colors:

Cells should be painted in a light pastel color with paint that is non-flammable. Much more is suggested in the suggested psychological changes section to follow.

Monitoring:

They recommended the development of a technology that would monitor the vital signs of prisoners. A similar recommendation made in an RCMP report was discounted. An expert opinion stated that such information would be of little value since help would be too far away. We would strongly suggest that this recommendation be revisited. Telemetry systems are small, unobtrusive, and can provide early warning signs of a prisoner in danger of serious harm.

Space:

In our survey the primary theme that emerged from the structural suggestion component of the interview was the request for more space. Sometimes this request for additional space referred to the hallways leading to the cell, but typically the focus was on the size of the cell itself. Even cells that were relatively large in size were seen as not meeting the needs of the prisoner, which leads us to propose below ways to make the cell actually appear or seem larger than it is when assessed by objective measures.

The Psychological Environment

A close look at most jail cells today will reveal the cell interior is visually stark. The prisoner placed into this environment is likely to experience several devastating psychological consequences. On the one hand, the prisoner may strike out physically and/or verbally. This is a form of protest against the loss of their physical and psychological identity. On the other hand, the protest may turn to despair and the violence may be turned inward. The consequence may be self-harm such as attempted suicide or physical harm such as banging their head against a wall.

This section contains a number of recommendations of changes in the psychological environment of the jail/holding cell. We address the impoverished sensory environment as a key factor in creating the psychological distress. We cannot change the fact that we are dealing with individuals who have been arrested, are on drugs, unemployed, under-educated, or any other of the sociological factors that may be associated with crime. The reality of the jail cell is that these are the individuals who must be housed, and this report looks at how imprisonment can be accomplished in a humane manner.

The proposed changes also take into account not only the research literature but also a survey conducted on RCMP detachments across

Canada. The majority of respondents felt that the current holding cells are too stark. There were a few respondents who did feel that the holding cells were acceptable and required little improvement, given that they are to be used for short-term purposes. By and large, however, most respondents felt that the holding cells lacked appropriate levels of stimulation and could be significantly improved.

Specifically, when asked to evaluate whether enough stimulation is provided, one respondent described the environment as, “Very stark. We’ve had a number of suicides over the years, a very unpleasant atmosphere. I would like to see that we think of “safety” first, and get them out quickly to remand centers that have more of a humane structure.”

While other respondents did not go so far as to suggest that the cells were inhumane at their sites, they did feel that improvements were needed. Another respondent stated that, “There’s never enough to do there, it’s very bare and bland. More space would be nice to have.” Similarly, when asked whether changes were needed, another person said, “Definitely. There’s not much that can be done. Mattresses were removed because some matches would get in and they would burn them. Incarceration for those at-risk is “plain Jane” and very bland so they inflict self-harm to themselves.”

One respondent even went so far as to suggest that the site needed to be entirely replaced. This person remarked that, “If it was up to me, I would shut the whole thing down.”

These responses were very much in keeping with our own observations about many holding cells involving a significant level of sensory restriction if not sensory deprivation. Clearly, there is some variability in the extent to which this is perceived as a problem, but there does seem to be a problem with many existing holding cells. It is worth noting that certain respondents not only acknowledged the need for improvement, they also

acknowledged that significant changes could prove to be very expensive and, realistically, some changes could simply prove to be too costly.

Proposed Visual Changes

There are a number of ways to address the severe visual restriction existent in most jail cells. While most current cells are constructed of stone or cement newer materials offer a wider variety of choice in construction materials (i.e., plywood and Fiberglass). These materials can be useful in the design of new jails and can also be used to line the walls of older existing cells. The following sections are a list of suggested recommendations for changes that address problems related to the current assault against the senses.

Windows and Visibility of the Natural Environment:

In our survey, most respondents were cognizant of the benefits of windows. The survey revealed that the majority of the sites did not have windows in their cell, and there was limited knowledge about whether some formal evaluation of the lighting had been conducted. Several respondents identified the benefits of windows and the need for better lighting. A prototypical response was the following:

There are no windows, so no daylight comes in; the lights are pretty dim throughout. I don't know if there has been any evaluation done about the adequacy of the lighting.

In response to a general inquiry about the holding cell, another respondent remarked spontaneously that, "They are too bare. I think personally, they should have windows. I've had to work there and you never know if it's daytime or nighttime.

Extensive research literature shows that people prefer buildings with windows, and the desire for windows is "... a fundamental issue of emotional and psychological well being" (Leather, Pyrgas, Beale, & Lawrence, 1998, p. 754). Most of the research into the psychological

benefits derived from environments with windows has been conducted in business settings, with very little research in detention facilities.

However, as mentioned in the above previous reports, experts do seem to agree at least on an intuitive level that windows would enrich the environment of cell residents. The presence of a window has been shown to have a positive impact on mood and affect (Kaye & Murray, 1982; Ruys, 1971). On the other hand, lack of windows has a negative impact on physical well-being and task performance (Heerwagen & Orians, 1986; Jackson & Holmes, 1973a; Ruys, 1971).

There are two suggested advantages to having windows in cells. First, it helps the resident to keep contact with the outside world. With a window in the cell there is at least the illusion of not being totally cut-off from society. Second, a window allows the resident to keep in touch with diurnal and seasonal changes. Access to a window is especially important in static environments that would be characterized as boring and desensitizing; this tends to have the effect of changing the situation into a dynamic environment because windows add stimulation to the environment (Collins, 1975).

The major downside of windows is a potential loss of privacy and creating hanging points in the cell. However, both of these issues are easily overcome design problems. Privacy can be provided by louvered shades or etched glass. Experimental manipulation of various window designs can help determine the parameters of just how much a view is optimal. Indeed, large windows are not necessarily preferred or desired in most instances (Butler & Biner, 1989; Markus, 1967).

Research in prison settings and elsewhere indicates that people enjoy views of natural elements and natural landscapes, and this is also true in prison populations (Moore, 1982, West, 1986). Even opportunities for passive viewing of natural landscape scenes may improve and hasten

recovery from stress (see Knopf, 1987; Ulrich, 1979, 1981, 1984; Ulrich & Simons, 1986; Ulrich et. al., 1991). A study by Heerwagen (1990) showed that even the artificial creation of scenes representing the natural environment could have a soothing effect in lowering stress and anxiety. In general, people have a strong desire to be able to view the outside (Butler & Biner, 1989, 1990; Collins, 1975; Jackson & Holmes, 1973; Markus, 1967; Wells, 1965) and there is a strong preference for daylight.

In light of the above, we recommend experimenting with the placement of windows in jail cells. The variables that still need to be tested are related to the exact placement and type of windows. For example, we need to know what should be visible through windows that face the outside environment. Should they provide limited information as with the use of translucent clouded glass windows that allow light but not patterns? These windows would provide diurnal information, time of day/night but little other visual stimulation. Fully translucent clear-glass windows, on the other hand, would permit full visual access to the outside environment. Should the fully transparent windows provide privacy for the inmate? Shutters or one-way-vision windows could provide controlled visual access to the outside world.

Psychological Impact Cell Wall Colors

The average response to our survey when asked to describe the paint color was some form of beige. Other colors that were mentioned include pale yellow, gray, blue, and pink. Two respondents had some specific knowledge of the differences associated with using different colors of paint. For instance, one indicated that, "At Amherst they painted them a beige type color, neutral type colors. That was the choice made. There were discussions about pastel colors being more soothing." Another respondent reported that, "They experimented with blue, beige, for calming effect, red for most violent aspects, but the most calm one was bluish colors."

The literature on the effects of color on mood is somewhat confusing. It seems clear that color is an important variable in the emotional behavior of a cell resident. The experiences of other institutions that have experimented by changing the color of cells support this notion. However, it is not possible to recommend the appropriate colors by simply looking at the experiences of other institutions. Rather, we do recommend an experimental approach. This would involve trying different combinations of colors and visual designs described below at different jails and monitoring the results.

It is possible to introduce more pleasing and calming environments to the cell environment. However, the color that will produce that effect depends upon a number of factors. The psychological literature suggests that color plays an important role in determining of the mood of the occupant of a room red-orange elicits feelings of anger, tension, and vigor, while blue-green inspires feelings of relaxation (Gardano, 1986).

In other experiments, young subjects displayed greater physical strength and a highly positive mood in pink compared with blue environments. These results suggest that a pink room probably increases general arousal (Hamid, Newport, 1989). The calming effect of blue greens can be seen in other studies that report differential effects on fatigue, in which red scores were lowest and green were highest (Jacobs and Blandino, 1992). These results are consistent with previous research that suggests that warm colors provoke active feelings, and cool colors are sedate. (Levy, 1984).

The effect of color on mood is still a subject of scientific debate but there are many studies suggesting benefit and none to suggest catastrophe. The current literature does provide us with a “best guess” estimate of appropriate color and design.

It has been suggested that holding cells for violent detainees should be pastel (Reeves, 1985) or pink in color. The preference for pink is based on research indicating that exposure to pink causes relaxation; it is believed to influence the endocrine system and has a tranquilizing effect on the muscle system (see Schauss, 1979).

Schauss (1979) provides the following account of the origins of this effect: On March 1, 1979, Chief Warrant Officer Gene Baker and facility commander Captain Ron Miller, ordered that a holding cell used for initial confinement of new inmates be painted completely pink, except for the floor. The cell housed new inmates for less than 15 minutes ... After 223 days of continuous use as a temporary holding cell for new confinees the results have been impressive. A memorandum to the Bureau of Naval Personnel, Law Enforcement and Corrections Division, Washington, D.C., written 156 days after the use of the pink holding cell stated: "Since initiation of this procedure on March 1, 1979, there have been *no incidents of erratic or hostile behavior* during the initial phase of confinement." The memorandum went on to state that the "new confinees only required a maximum of 15 minutes of exposure to ensure that the potential for violent or aggressive behavior had been reduced. The effect continues for fully thirty minutes after release from the cell! This is enough time to process the new inmate to a permanent cell" (Schauss, 1979, p. 219.)

The account by Schauss also describes the situation at Santa Clara County Jail in San Jose. The holding cells were painted pink, but the positive effects of the pink were diminished in the large holding cells (i.e., fish tanks) that hold many detainees at one time. This diminished effect was attributed to the presence of other colors due to the clothing worn by inmates.

Bennett, Hague, and Perkins (1991) examined the role of pink paint versus magnolia paint and other colors in prison cells in a police station and in a mock prison cell constructed at a university. In both studies, the pink

paint seemed to have a soothing effect. In Study 1, exposure to pink paint reduced aggressive and antisocial tendencies of prisoners. In Study 2, exposure to pink paint reduced the muscle strength and rates of arousal of the male university students.

Research accounts of the beneficial exposure to pink in the holding cell environment tend to focus on the link between type of color and levels of violence and aggression. It is not known whether the beneficial effects

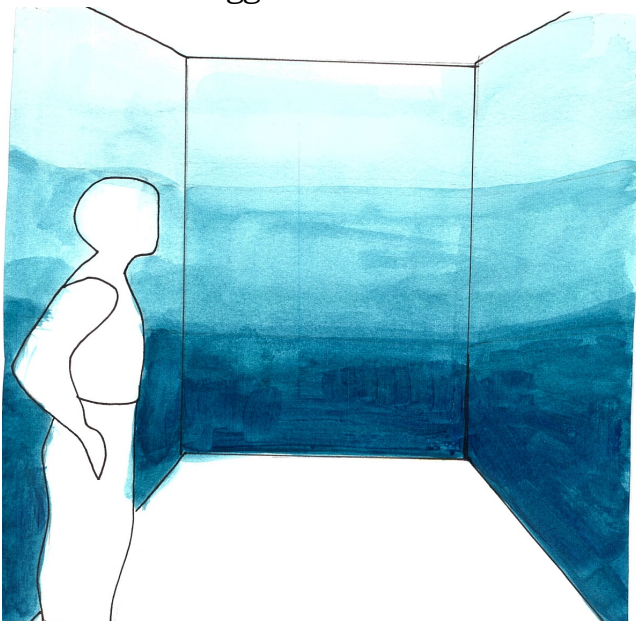


Figure 1. Simple three-tone design

extend to lower levels of self-harm, but exposure to shades of pink should be beneficial to the extent that it decreases levels of arousal and impulsive tendencies.

**Patterns of Visual Design-
Creating a Healthy
Psychological
Environment:**

In light of what is known in the literature, we have made

different color paint on the walls of jail/holding cells a color that produces a calming effect. However, plans to modify the walls of the cells open up an excellent window of opportunity to create even greater positive changes

The color of the walls is a simple single variable change. There are other possibilities for change that could have a much more powerful and dramatic environmental impact. More specifically we recommend not

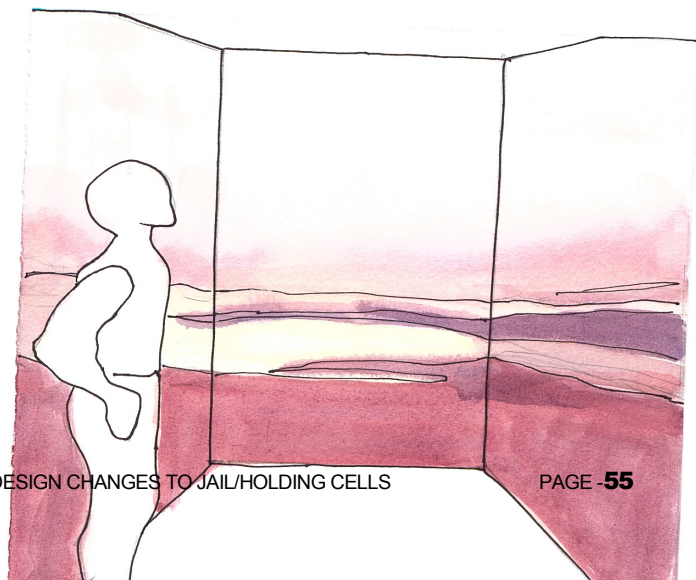


Figure 2. Complex three-tone design

only modifying the color of the cells, but also experimenting with other possible ways of maximizing color scheme changes to optimize the benefits. For example, rather than simply substituting the present color for a new improved color, we propose trying to create complex psychological environments within the limited physical space of the cell.

Two-Tone Cells

The simplest environmental change would be painting the cells a single color. We recommend experimenting by creating more complex visual environments. Simply

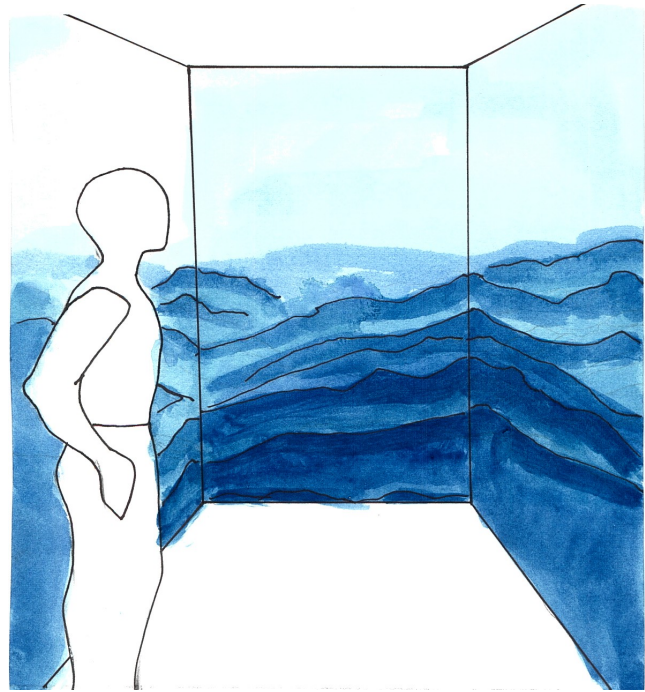


Figure 3. Complex three-tone design

darker shade than the upper two-thirds can create complexity. The two-tone cell creates two separate environments. A darker more subdued

atmosphere surrounds the prisoner when he lies down on his bunk. This would enhance the calming effect of the colored walls when the prisoner tries to sleep or rest. When the prisoner stands his head would be in the lighter tone environment creating a light/dark differential. The two-

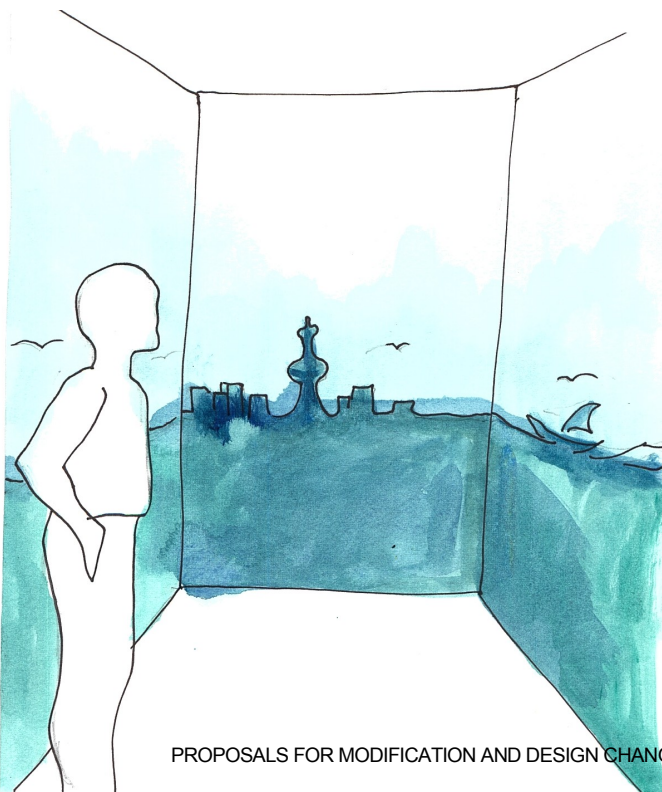


Figure 4 Three-tone cityscape

tone cell would help create an illusion of increased space without actually physically modifying the cell.

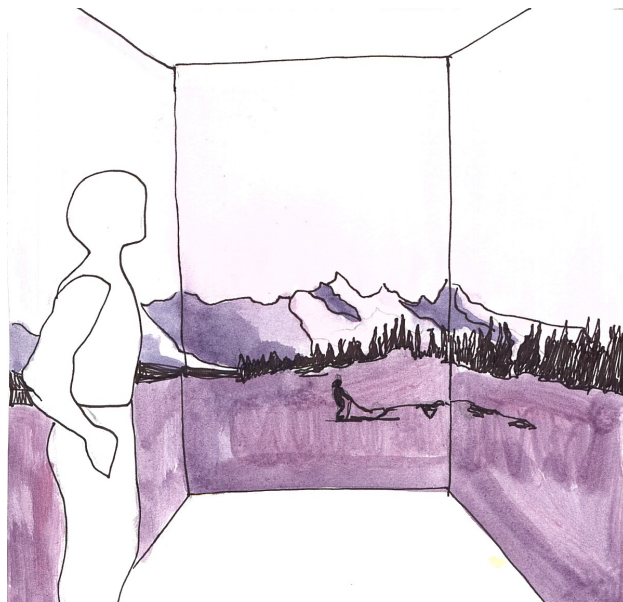


Figure 4. Complex nature design

Indeed, we would propose that we should experiment with trying to enhance this visual illusion by painting the cell three different shades. (i.e., darkest on the bottom, mid-shade in the middle, and lightest on top). This would open up the psychological environment and create the illusion of increased space.

Design and Patterns

We further suggest expanding the proposed visual changes. We propose experimenting with various patterns and designs painted on the walls of the cells. These patterns could be simple geometric shapes chosen for their relaxation effects. The patterns could be placed on the horizon line where the paint changes from dark to a lighter shade. Alternatively, the patterns could have psychological meaning.

In urban jails, the patterns might be cityscapes that would include buildings. The patterns could be familiar to the prisoner, for example in Toronto area jails

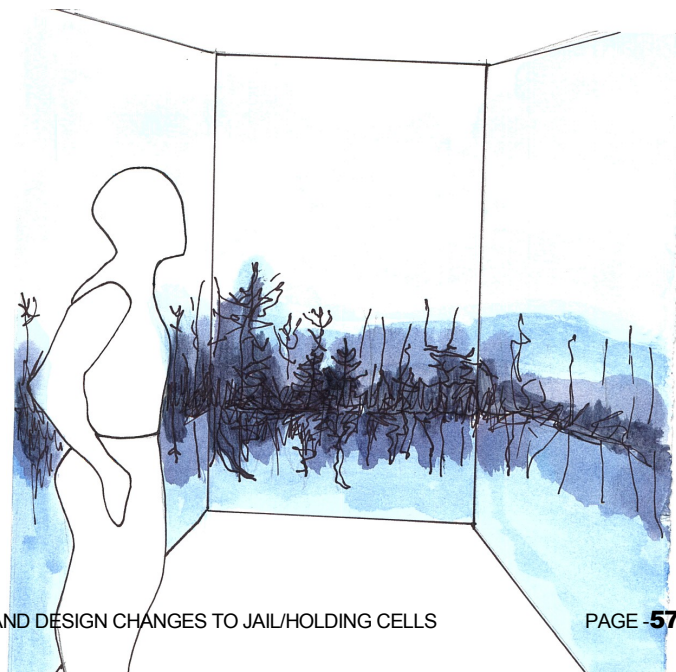


Figure 6. Three-tone nature design

the pattern might represent downtown Toronto including the familiar and well-known

CN Tower. In rural jails the patterns would be country scapes that include pictures of nature. These patterns could be designed to have ethnic meanings. For example, cells in aboriginal locations could have patterns that have social meaning for the resident.

While the colors would be chosen for their desired psychological relaxation/calming influence, the patterns would be designed to have social impact reducing the cell resident's sense of isolation. Once again we would propose experimenting with various combinations of colors and patterns.

Lighting:

Research suggests there are a number of positive versus negative effects of environmental lighting. Once again, these assumptions have important implications for the design and retrofitting of jail cells. Lighting changes should be relatively easy and economical changes relative to their potential benefit.

However, we still need to test the various variables and assess not only the actual effects of lighting, but also people's perceptions about the influence that lighting has on them. Studies of depressed patients show that as little as one hour of bright white light treatment produced a small but rapid decrease in depressive symptoms. However, the effect is not a permanent and the lack of observed carryover suggested that the benefit lasted only a single day Kripke, Risch, & Janowsky (1983.)

In studies of school children, the color environment with full spectrum lighting significantly lowered blood pressure in students but not teachers or principals. The students school showed the greatest increase in surgency and mastery of self-esteem and a decrease in sadness and aggression on pre- and posttest measures of mood (Wohlfarth & Kar, 1985).

Lighting can have a substantial impact on autonomic arousal as well as self-reported mood (Belcher & Kluczny, 1987).

In an article entitled “Good Lighting Brightens Morale”; Chism (1988) reported expert opinion on the subject, with the caveat that most of the comments applied to lighting in prison settings. Lighting plays an important role, according to Gene Scroggy, commissioner of the Mississippi Department of Corrections. Scroggy recalled “... the dramatic changes in inmate attitudes and behavior that resulted from replacing a single light bulb and behavior that resulted from replacing a single light bulb with a fluorescent light supplemented with natural light. “I could see a visual change in inmates,” he said. “They were happier and friendlier when we put more light in those cells.” (p. 38).

Warden Janice White of the Manhattan House of Detention for Men (i.e. The Tombs) described the improvement in morale after making renovations involving the lighting. It was recounted that: Before the renovation, inmates had one light bulb and could not see outside from their cell window. “Now inmates can see outside, they have sufficient light in their cells and dayrooms, and the institution is painted in bright colors ... All of these changes have improved morale of the inmates as well as staff. I even felt different when I could see out.” (p. 38).

Chism conducted an interview with Richard Wener, an environmental psychologist and Wener stated that the stress experienced by inmates can be reduced if they are exposed to natural light, and if they have an outside view of the world. Wener observed that, “Lighting is a contributing factor to creating an overall positive and humane institutional environment ... Having a view of the outside helps one stay in touch with his world and it facilitates reintegration.” (p. 38).

Chism believes that proper lighting can significantly help correctional officers in terms of safety and in terms of conducting their daily routines.

Proper lighting may also contributed to reduced rates of prisoner violence and aggression. Regarding the prison setting, Gene Scroggy noted that, “When I changed the amount of light in those tiers and cells, the disciplinary infractions dropped considerably” (p. 38).

Additional benefits seem to accrue when the prisoner had some control over the lighting. The ability to have some control over the lighting may contribute to a reduced sense of helplessness among detainees. In addition, one of the interviewees noted that, “Each person’s psychological clock varies so you should not force inmates to be exposed to more light than they need” (p. 38).

The concept of time begins to develop in the child about the age of 8-9 years however, it is speculated that the biological clock begins to run at the moment of conception. We might think of the passage of time as an external phenomenon, but in reality it is probably based on the psychological set, self-concept, mood (depression or elation), or any abnormal mental state (e.g., psychosis or severe neurosis). Judgements of time appears to be slowed or suspended in many psychiatric disorders (e.g., schizophrenia), as is the case with the mood-altering drugs (Denber, 1986). Those prisoners who are inebriated, drugged and/or psychotic may have a differently set internal clock than their jailers. Forcing them to adhere to an out of synch clock can be disorienting and exacerbate their already confused state. This can lead to the inmate making bad judgements and consequent inappropriate behavior.

The effect is similar to what is often reported as jet lag. In jet lag the traveler experiences a shift in his/her internal biological clock. Unlike being in prison the result is only a transient resynchronization of the circadian rhythm until the rhythm is re-phased to the new environment. However, considering the symptoms of jetlag: sleep disorders, difficulties with concentrating, irritability, depression, fatigue, disorientation, loss of appetite, and gastrointestinal disturbance (Manfredini, Manfredini, Fersini,

& Conconi, 1998) it becomes immediately apparent why a similar effect in a prison could be devastating.

Radios and the Diurnal Cycle:

There are a number of different ways that can help a prisoner keeping touch with the daily rhythms of life. While a window can provide visual cues -- light and dark, other devices can also provide this information. For example, radios and televisions provide not only entertainment but also they can also be a driving force in establishing a daily rhythm. The advantage of radios and televisions is that a single unit can provide stimulation for a number of different cells. The drawback is being able to choose appropriate programming. More will be said about selection of music in a section to follow.

Additional Lighting Requirements:

In terms of more technical details, Chism (1988) stated that the minimum light requirement suggested by the American Correctional Association is 20 foot-candles for a jail cell. One foot-candle is equal to one lumen per square foot, which is a measurement of the quantity of light falling on a surface. The Illuminating Engineering Society recommends that a range of 20 to 50 foot-candles is desirable in jail cells (see Chism, 1988).

Auditory Changes

Hearing:

Because of their construction, sounds in jails tend to echo and reverberate. This with the close proximity of cells to one another, jails tend to be very noisy environments. A single noisy disruptive prisoner can create havoc. It is not surprising that the disquiet caused by noise elicits a ready response in both inmates and staff.

Rostad and Witke (1997) provided a review of the role that noise plays in contributing to human behavior. They noted that Correction staff rank noise as one of the biggest contributors to an unsafe environment. They cite

the following from Don Gudmanson, warden at Oshkosh Correctional Institution, who states that, “Noise levels can be used to mask aggressive inmate behavior in the housing unit. When a Flushing toilet drowns out calls for help, the safety of my staff is in danger.” They further note that a Wisconsin study found excessive noise contributed significantly to staff concerns about safety, assault, and maintaining control of the housing unit. The authors provide a few simple rules to minimizing noise in cell areas. These rules include 1) distributing acoustical materials between ceiling, walls and floor surfaces. 2) Using moved acoustical materials that are at least one inch thick. 3) Using carpeting for effective absorption of sound. 4) Using irregularly shaped rooms rather than simple, rectangular spaces. 5) Using acoustical materials more effectively by locating them close as possible to sound sources.

Using auditory stimulation in the jail cell environment offers many different possibilities. The most obvious recommendation is the use of music. However, the choice of music will depend upon a number of different variables ranging from the type of music to the culture and ethnic background of the prisoners. Determination of the appropriate music will require additional experimentation and observation. A close look at the psychological literature reveals that a system that would allow inmates to freely choose their own music could have a disastrous outcome.

Generalized Effects of Music:

The effects of music on behavior have been examined from a number of different perspectives. There appear to be some very general conclusions that can be drawn. In fact, studies examining the effects of music on the behavior of non-human animals have shown that music can induce differences in social behaviors. Mice exposed to: 1) classical music were more interactive (including aggressive), 2) country/bluegrass increased their social interactions (including aggression), 3) jazz and blues decreased aggression and competition, 4) easy listening increased huddling behavior,

and 5) rock and roll lead to an increase in aggressive behavior with a concomitant decrease in sexual behavior (Peretti & Kippschull, 1991.)

Music and Aggression:

Similar effects have been found in human beings, when Music Television (a cable network broadcasting mainly music videos) was no longer made available to a group of forensic patients, after one year there was a significant decrease in the frequency of overt aggressive behavior. Interestingly, the removal did not effect the severity of the aggression that was still observed (Waite Hillbrand, & Foster, 1992)

The type of music is not the only important variable for determining the effect of music on behavior we must also consider the lyrics. Misogynous rap music compared to neutral rap music facilitates sexually aggressive behavior and supports the cognitive view males have of the effects of sexual aggression on females (Barongan, & Hall. 1995.)

Other studies have explored the link between country music and metropolitan suicide rates. Country music lyrics address suicidal themes and moods. The songs often detail the common problems faced by a suicidal population. Statistical analysis of 49 US cities reveal that the greater the airtime devoted to country music, the greater the White suicide rate. This relationships independent of the divorce rate, southern region, poverty, and gun availability. Country music subculture is hypothesized to reinforce the link between country music and suicide. (Stack, & Gundlach, 1992) An obvious implication of this study would be to question the wisdom of playing country music in jails. Further, we would need to explore the lyrics of aboriginal songs to avoid mistakenly playing equally depressing music at the risk of enhancing the suicide rate.

Appropriate music is dependent upon a number of critical variables. Simple experiments in which prisoners have the opportunity to choose various types of music would be very revealing. We can establish a protocol

for type of music that would best serve the jail cell environment by monitoring choices and mood states.

Suicide Prevention Programs

Precautions Taken for Suicidal Prisoners:

All respondents to our survey acknowledged that obvious precautions are taken, such as removing laces, belts, and jewelry from the at-risk prisoners. One apparent difference is that some sites would also remove the individual's clothes and substitute a "safe" garment. However, the policy in other jurisdictions did not involve the substitution of the prisoner's clothes for a "safe" garment. That is, they kept their shirts, pants, and so on. These poses a potential problem if the prisoner is to determined to make an attempt at self-harm and uses a shirt, for example, as a hanging device.

Monitoring Procedures:

We recommend using a variable surveillance schedule (i.e., making the time of the guard's arrival non-predictable) so that a discernible pattern could not be identified by the prisoners. Further, consideration should be given to establishing a uniform average time interval for observation. Our survey revealed that on the average prisoners are monitored every 15 minutes. Some sites utilize monitoring every 10 minutes, while one site conducted monitoring every 20 minutes. Only three respondents mentioned the use of variable-interval monitoring. Some previous authors in the United States have recommended the use of variable interval monitoring.

We also recommend use of video surveillance. Many facilities already utilize closed-circuit television with surveillance cameras. Observers from other sites that lack this equipment report that the absence of this equipment creates additional pressure and increased role demands for the guards in these facilities.

Use of Isolation:

No clear pattern emerged in terms of the isolation issue, other than the tendency to segregate young offenders and women prisoners. Otherwise, some respondents indicated that prisoners were kept individually in cells, while others reported the sharing of cells by two people, especially when there was a high volume of prisoners. Two respondents did indicate that Aboriginal individuals did not respond well when kept isolated, and would benefit from being placed with other Aboriginal people, especially if there were no other concerns involving aggressiveness.

Assessment of Suicidality:

We recommend the development of short easy to administer screening tests to assess the potential for suicide. The vast majority of respondents indicated that police officers rely primarily on intuition and experience in order to determine whether a remanded prisoner is suicidal. Respondents also reported “flags” on prisoners’ computer files if they had a previous history of incarceration and had a previous history of suicidality. Other than tests taken when a person is driving under the influence of alcohol, there is also no quick screening with standard measures to determine an individual’s level of alcohol dependence.

Regarding the identification of suicidal detainees, one respondent said that, “We have to rely on the situation and experience. The regulars that we know on a first-name basis are easy to evaluate. There are no standardized assessment devices used at this time.” Similarly, another respondent indicated that, “We rely on both intuition and experience. When they come in, if they have a history, it will come up on the computer. If they are prone to suicide, there is a special cell for at-risk prisoners. No standardized evaluation, only intuition with familiarity.”

One respondent actually made an explicit request for some sort of standardized tool to assist in the identification of at-risk individuals. This person observed that, “We take away their freedom and give it back to them

as soon as possible. I would like to see some kind of a form to establish criteria to enable us to identify level of risk much quicker. We need criteria that may enable us to more easily identify potential suicides.

Suicide Awareness Training:

The amount of training currently provided is very mixed. We strongly recommend the development of a standardized suicide awareness manual and training program. There should be regular audits of the program and updating of the training for all jail personnel.

Our survey revealed substantial variability in terms of suicide awareness training, with some jurisdictions requiring much more training than others did. A few respondents indicated that suicide awareness training was limited to the basic training that is received initially, while other respondents indicated that there are extensive programs in place, with refresher courses that are required. The general impression we received was that additional training would be very well received and put to good use. The people in the front lines are well aware of the importance of this knowledge and would welcome the opportunity to receive such training.

Differential Risk:

We recommend the development of an Offender Services Program particularly for Aboriginal offenders but for other ethnic and cultural groups as well. Such a program would be modeled after the victim services program currently available in many police services. The Offender Services Program would help alleviate the sense of loss, hopelessness and shame experienced by certain individuals. The program would help the prisoner keep a proper perspective and contact with their community.

Responses in our survey were varied in terms of whether there were certain cultural groups or types of individuals who were at higher risk on average. The majority of participants did not identify any one particular group as being at higher risk. However, a few respondents did indicate that

Aboriginal individuals were at higher risk, especially if kept isolated and alone with contact with others.

One observer noted that, “I think our experience is that the Aboriginal people are at high risk because of complex, social economics, and being despondent on alcohol. Because of these reasons, they sometimes want to end their lives. Aboriginal people make up 12 percent. Three-quarters of the inmates are poor with a lot of difficulties.” Another respondent indicated that white males might be at higher-risk in their part of Canada, based in part of the population demographics. This person responded by saying, “I would say more white males. The population is only 2% black and aboriginal is less than 2%.” By and large, however, few respondents identified a specific group as being higher in risk levels.

Social-Tactile Stimulation-Humanizing the Cell Environment

Social Isolation

So-called studies of sensory deprivation have defined the phenomenon in many different ways. If we define the severity of deprivation in terms of the subjects’ willingness to continue participation in the experiment, the most severe form of deprivation occurs in water-tank suspension. In these experiments subjects lie naked, facedown, breathing through a respirator, in a tank of body temperature water. The participants are induced to stay in the experiment by being paid an excellent rate per hour of participation. Even with substantial potential cash reward, participants do not stay in this condition for very long. Under these conditions subjects most often report hallucinations. When the brain is deprived of stimulation it apparently creates its own.

The least severe of the sensory deprivation experiments involves bed confinement in a small room (i.e., cell.) By contrast the least severe seems to be a far less devastating environment nevertheless it still creates similar problems for the subjects. Further, it should be remembered that the

subjects in all sensory deprivation experiments are all volunteers. Those potential subjects, aware of the fact they could not stand to be in such a situation for even a very short time, avoid these experiments. However, potential prisoners cannot avoid the deprivation environment of the jail cell.

A common effect of deprivation is increased stress and agitation. Studies by Zuckerman, Persky, Link, and Basu (1968) showed that social isolation even without sensory deprivation could produce many of the effects seen in sensory deprivation experiments. This research also indicated a first timers' effect, that is subjects who serve in two sessions of a sensory deprivation experiment fare much better in the second session. In other words subjects learn to adapt to the situation.

Dehumanization and Loss of Personal Identity:

Haney, Zimbardo, and associates conducted studies of simulated prisoner experiences and demonstrated that they could produce all of the pathologies of a prison by the de-humanizing of both the prisoner and guards (see Haney, Banks, & Zimbardo, 1973; Haney & Zimbardo, 1998). The guards were de-humanized by having them wear uniforms, utility belts, and dark reflective sunglasses. The prisoners were instructed they were to address the correctional officers by their title Mr. C.O. and not by name. In turn, prisoners were de-humanized, dressing them in loose fitting smocks and only referring to them number rather than their name.

Haney et al. (1973) pointed out that in the Kent State riots just before guardsmen opened fire on the university students they removed their nametags. The guardsmen became anonymous after removing their identifying tags along with the depersonalized gas masks they wore. This anonymity created a situation where National Guardsmen from middle-class families could open fire upon middle-class college students.

Humanizing the Jail:

This research indicates quite clearly that jail cells with solid steel doors not only isolate the prisoner physically but also create a situation of de-humanization. Periodic checks of the prisoner through small openings in the door only exacerbate the situation. The prisoner is not only cut off from social contact but what little contact is available is only through the unpredictable occurrence of a pair of glancing eyes.

We recommend that all guards and matrons wear identifying nametags. Each jail should have posted in clear view pictures with names of the guard and matrons on duty. The guards and matrons should make a point of referring to the prisoners by their names.

One of the more devastating effects of being locked in a cell is the loss of human physical contact. Touch of a therapeutic nature is believed to help promote relaxation, reduce pain, accelerate the healing process, and alleviate psychosomatic illness. There is still considerable controversy regarding the *scientific* nature of therapeutic touch. Current research points to the need for further study in this area, the research methods used may be satisfactory, but a more rigorous methodology is needed (Easter, 1997). Nevertheless, there is evidence to suggest powerful effects. The effects of therapeutic touch for example, are suggested to be effective even for patients undergoing surgery whom frequently experience stressors such as anxiety and pain (Ramnarine-Singh, 1999).

In pediatric psychiatric units the trend is towards decreasing the use of seclusion and restraints in the management of aggressive children. Effective alternatives have been found in the development of the development of therapeutic holding. Holding has the potential to reduce the need for mechanical restraints and is perceived to be less punitive (Berrios, & Jacobowitz, 1998). It has been established that vocally disruptive behavior in elderly patients has been linked to a variety of phenomena,

including cognitive impairment and poor sleep. Suggested therapeutic intervention includes remaining calm, using gentle touch, and creating a familiar, home-like environment (White, Kaas, & Richie, 1996).

The goal of humanizing the environment means being able to recognize what each individual needs to maintain their personal sense of worth and identity. One of our respondents in the telephone survey reported that an example of Aboriginal male prisoners with long hair braided with leather straps. As a suicide prevention method the prisoners are required to give up their leather straps. This loss is experienced as shame and despair by the prisoner. A situation that is not a suicide risk could easily become one by the simple act that was meant to prevent it.

Maintaining Physical Contact:

This report does not go as far as recommending therapeutic touching to occur in prison. The guards and matrons need to maintain distance and control. However, the most beneficial touch is very subtle. A gentle hand on the arm, not even noticed, while escorting a prisoner can help establish a bond and appropriate behavior. A friendly nod or smile from a guard passing a cell can help break the sense of isolation.

We would recommend the development of a manual and workshop teaching guards and matrons how to read and use nonverbal body language cues. For example, in a handshake the position of the hand can single social position. During a handshake, a slight turn of the hand so that the knuckles face up while the other person's knuckles turn towards the floor singles dominance. Becoming more aware of body language will help the guards and matrons both predict and control the behavior of their prisoners. Being a more in tune with the behavior of the prisoner will make the jail cell environment safer for both prisoner and guards.

A Softer Environment:

Padded walls could have beneficial effects. First, it could protect the prisoner from harming him or herself. Second, it would provide a softer texture environment. However, the padded cell as traditionally constructed has been outlawed in several jurisdictions in the United States. There are other way that a softer environment could be introduced. We could experiment with floors carpeted with an Astro Turf material. These floors would of necessity have to be easily cleaned and made all of nontoxic, non-rip-able materials.

Environmental Temperature

Cell Temperature:

Studies examining the relationship between temperature and antisocial acts reveal interesting outcomes. There is an expected positive relation between temperature and serious and deadly assault even after time series, linear year, poverty, and population age effects were statistically controlled. However, property crime was unrelated to annual average temperature. Further, a positive relation was observed between number of hot days and magnitude of the summer aggression effect but again for property crime, the summer effect was unrelated to number of hot days (Anderson, Bushman, & Groom, 1997).

Changes in climate, then, correlate with the monthly distribution of violent and non-violent suicides in opposite ways: male violent suicides show a significant positive relationship with indicators of temperature and exposure to the sun, and a significant negative relationship with indicators of humidity and rainfall. Female suicides show less significant relationships with climate indicators. Work aimed at suicide prevention should therefore take into account the complex influence of seasonal climate both on human biological rhythms (particularly on 5-HT related functions and their actions on mood and impulsivity) and on sociorelational habits (Preti & Miotto, 1997).

Adjusting the Thermostat:

Since the concern in the jail cell is violent, aggressive behavior as opposed to property crime, it would be worthwhile to experiment with various environmental temperatures. What data exists would suggest the ideal environment would be cooler rather than warmer. However, although there are studies showing in the relationship between aggression and climatic temperature, there are no studies in the psychological literature to suggest the optimal temperature in a prison setting. We recommend that temperature is an easy variable to study and that simple observational experiments be conducted that would monitor changes in aggression and self-harm at different temperature settings.

Olfaction

Odor:

A common complaint of prisoners and staff concerns the smells emanating from the jail. Indeed, so called drunk tanks are designed to house inebriated individuals in environments that can be easily hosed down after a night holding occupants who vomit, lose bladder and bowel control. While the literature on odors in such environments is very limited there are studies showing the expected detrimental effects (Zald & Pardo, 1997).

Complaints of odor nuisance are frequent in communities that surround areas with high concentrations of livestock. In general, humans report odors from ammonia, diesel exhaust, beauty products, cleaners, and paints to be highly noxious. The main health related complaints are symptoms of eye, nose, and throat irritation, headache, and drowsiness (Kirk-Smith, Van Toller, & Dodd, 1983). Furthermore odors can also potentially affect mood and memory (Schiffman, 1998).

Aromatherapy is a rapidly growing branch of alternative medicine. While there is still a need for additional empirical research to validate alternative medicines the field offers many valuable suggestions. We would recommend testing the use of various odors. In general the odor of vanilla and lavender are recommended as calming soothing general stimuli (Alaoui-Ismail, Robin, Rada, Dittmar, and Vernet-Maury, 1997). More specific stimuli should also be tested. For example, country fresh air smells might be appropriate in jails housing Aboriginal inmates while sea odors might be more appropriate for the Maritimes.

Additional Recommendations to Consider

Modifying the Booking Area

To our knowledge, there have been no systematic attempts to examine the role of physical characteristics of the booking area. Although there is no extensive research, there are some studies in other contexts that illustrate the impact that reception areas can have on individuals. This research is based on the realistic belief that first impressions have a strong impact on individuals, and attempts to create a more positive environment must also include the initial reception area. These observations are consistent with recommendations that attempt to improve the design of correctional facilities should be extended to the intake areas (Wener et. al., 1985).

Research by Ornstein (1992) has confirmed that the design of the initial reception area plays an important symbolic role in conveying distinct messages with distinct meanings about the organizations involved. Ornstein maintains that the presence of plants, artwork and magazines is a signal that conveys the notion that the organization in question is warm and comforting. In contrast, things such as flags, emblems, seals, and logos convey a strong sense of organizational control. The inclusion of culturally appropriate artwork should enhance the atmosphere of the booking area in the detachment. Alternatively if there is an ongoing concern about incidents in the current booking areas, as some of our respondents indicated, a message of organizational control could be enhanced through changes to the booking environment.

Linear versus Podular Design: A Consideration for the Future

The exorbitant cost would preclude any radical changes in the layout of most detention centers that contain holding cells. Descriptions indicate that typical holding cells are in facilities that have used what is called a linear -- remote style of architecture and prison supervision (i.e. jail cells in a row, with cells at the end of the row farther away from a guard supervision station). Research on jail design indicates that both prisoners and guards prefer a podular design in with cells arranged in a rectangular format, and the supervision station in the middle of the area (Wener, et al., 1985; Zupan, 1991).

The use of podular designs should be kept in mind when building new sites. A podular design would improve the ability of the guards to interact with the prisoners and it would, by design, increase the amount of social interaction and social stimulation, simply because it is more likely that the guards would be in close proximity to the prisoner. Podular designs with direct supervision are described as having jail officials located inside the living area in direct physical interaction with those housed in the jail throughout the day, with the main purpose being an attempt to keep

negative behavior to a minimum (Bayens, Williams, & Smykla, 1997). One of our respondents mentioned spontaneously that such a design would be effective. When asked for suggestions, this person indicated the need to focus on “The visibility of the cells themselves so the guard has a better view. I suggest having a bullpen in the middle for the staff to keep an eye on all the cells around it.”

The effectiveness of this type of design was shown in a recent study by Bayens et al. (1997) where it was found that the podular design was associated with significantly lower levels of negative inmate behaviors (including attempted suicide) in 51 of 70 behavioral categories tested.

Post-Occupancy Evaluations

Extensive research has documented the usefulness of post -- occupancy evaluations of a variety of environments. This process involves prisoners and even guards providing structured ratings of specific cell environments after being exposed to these environments. These types of evaluations have been recommended for use in jail settings (see Wener, Frazier, and Farbstein, 1985). This form of assessment could be used in a large-scale investigation to compare respondents’ perception of the various cell environments that currently exist. Wener et al, (1985) reported that these kinds of evaluations were used in the past to successfully determine that jail inmates were dissatisfied with the lack of access to radios and inability to regulate the temperature and airflow in their cells.

Structured Assessments of the Jail Environment

Several questionnaires had been developed to assess the phenomenological experience of different environments, including correctional settings. One such measure is the Correctional Institutions Environmental Scale (Moos, 1974). This scale is used to assess perceptions of the environment across 10 variables, including the extent to an over controlling environment exists. Research indicates that this is a valid

measure. Accordingly, this scale and similar measures could be used in future research having jail personnel and prisoners rate the characteristics of different kinds of holding cells in different kind of jail environments.

Summary and Directions for Future Research—Follow-up

Implementation

We have put forward a large number of recommendations and have suggested many different changes in this proposal. Several changes suggest the manipulation of variables identified as being critical, according to our literature review or direct reports from our survey of men and women who work in detention centers. However, any attempt at wholesale change would be impossible and not a safe conclusion of this report.

Rather, we recommend a systematic change of a limited number of factors at a time and observing the net effect of the change. Where feasible we recommend setting up a controlled observation of the effects of the change. For example, we may choose two centers and try different manipulations in each. Then we could compare the effects of the changes between the two centers and the normal base rate of the unchanged centers.

What this means specifically is that we most strongly recommend an experimental approach to change. This way we can clearly recognize what works and what does not work. The decision of which variables to examine first is an administrative one. The testing and evaluation of the change is an experimental one that should be conducted in an independent and non-biased fashion.

Summary

The current report is based on an exhaustive assessment of the current literature on destructive acts by prisoners in jail and prison settings. This literature review also included a focus on new developments in the field of environmental psychology. Finally, we also conducted interviews with RCMP officers in detachments around Canada and with other knowledgeable individuals familiar with correctional settings. We would like to take this opportunity to thank the men and women who agreed to be interviewed and cooperated in our common goal of seeking improvements that would benefit both the prisoners and staff. Clearly, many useful insights were obtained from our respondents. At the same time, however, it must be acknowledged that these interviews were by no means based on a random sample and the scope of questioning could be expanded in future research.

Our analysis led us to a number of recommendations for improvement. Suggestions were made to improve the structural aspects of holding cells, as well as the procedures and methods of assessment used to identify those individuals who are at-risk.

What are the most important objectives? First, and foremost, there are some obvious ways to improve holding cells. Significant improvements would be made if past recommendations outlined in earlier reports could simply be implemented across all sites in Canada. These recommendations include cell retrofits to eliminate any possible hanging points and the creation of suicide-proof cells at every facility, the use of suicide-proof blankets, and ensuring the availability of closed-circuit surveillance cameras at all sites.

We also believe that there are some broad goals and objectives that should be considered from a national perspective. One overarching goal is the development of some national standards that would apply to holding cell

facilities. Other nations have developed such standards for jail settings, and a serious attempt should be made to identify some national “benchmarks” for Canada’s holding cells, both in terms of cell design issues and procedural issues. Before these benchmarks are established, it would be prudent to conduct a comprehensive survey of the various holding cell situations that exist in Canada. Our sense is that there is great heterogeneity across sites.

Other proposals presented in this report include the development of training manuals and programs. These recommendations could and should proceed as soon as possible. The survey reveals the recognized need for these programs. Not only does the current situation call for increased awareness and education of staff, but it also appears from our interviews that the staff would appreciate additional training. New training manuals and programs could be designed to incorporate the latest findings from the psychological literature.

Another recommendation to consider immediately is the development of a standardized holding cell incident report that can be used across Canada. The data obtained from these standardized reports can be evaluated on an ongoing basis. These standardized reports should be supplemented with a standardized measure that can be used to obtain post-occupancy evaluations from prisoners. The data from different types of holding cell facilities can then be compared.

Finally, as indicated earlier, we also recommend that a standard suicide-screening device should be developed and implemented across all sites. This could consist of a brief series of questions that can appear on a computer screen to supplement the booking officer’s expertise and intuition.

It is important to conclude this report by acknowledging that our interviews identified several sites where the respondents indicated that there were few problems, but we feel that improvements can be made even in the

best facilities. Other sites did have some identifiable problems. Hopefully, it will be possible to implement some of our suggestions and this will lead to an improved situation for all concerned parties.

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Appendix 1. Summary of Telephone interviews

SURVEY RESPONSES

STRUCTURAL QUESTIONS

1. ***We are interested in specific aspects of the physical environment, as well as the psychological environment. Please describe the typical holding cell used for detainees.***
 - A. Typical cell, 3 concrete walls, bars across the front. Other cells have bunks with no holes to attach anything to it to try to make it suicide proof. The police in __ are the only ones who have Plexiglas and hard rubber mattresses.
 - B. A room that has a Plexiglas window as opposed to a steel bar type of frame, close to cellblock but separated somewhat.
 - C. Holding cells are basic, 3 walls and metal bars and all videotaped, just basic
 - D. 12 X 25 for individuals prior to charges made, has phone, basically safe proof with Plexiglas and metal bars. Three single cells designated for women, 2 large drunk tanks 75 X 200, 15 single cells containing a steel bunk water and toilet in each one. In the back of the cellblock, 12 separate ones for young offenders
 - E. Fairly sized area, cells are 10 X 10 and accommodate 2 people each. Built in steel bunks, formed modular bunks. 20 males and 5 females in St. John's. In Cornerbrook, there are 17 cells (15 males and 2 women). Also, we have a detached youth facility for overnight.
 - F. we have 10 X 12 cells in Milton with 2 bunks in them, the front is closed with no bars and no windows. At the Airport Terminal, we have three cells that are 8 X 10 with bars in front of them.
 - G. we have 2 cells with bunk type beds in the corridor by the bar area that is 10 X 12 and 8 X 12 ft. There are 3 cells for males, 1 for young

- offenders, and 1 for women. We also have one drunk tank that is 12 X 12.
- H. Small size 8 X 10 in rural area and the remand center dorms are 6 X 8 rooms.
- I. Old building with 6 cells that are 10 X 5 with one drunk tank. Some cells have one bunk and others have two bunks, a steel toilet and sink combo.
- J. It's like a house with 4 single rooms. We have four double beds. The rooms vary in size, there's a lamp and a dresser. I've visited the Kent prison and they have a small space, the cells have bars, and they're about 8 X 10 approximately.
- K. Automatic sprinkler system, fire alarm system that rings on the outside for the fire department, etc. Fire and life requirements like fire extinguisher hoses. The actual cells are about 8 X 10 and 6 X 8 feet wide with steel bunks. Or concrete type bunks. And ___ has 2 very large drunk tanks.
- L. We have 5 basic 8 X 12 cells, cell has washroom facilities, hot/cold water, 2 mattresses, sleeps two people, everything is made of concrete and is non-moveable.
- M. we have one area for the intoxicated. There is an observation cell in the second area. There is a normal cell block enclosure with two separate bunks in them. The third area is for young offenders, females, and adult males. The female enclosure is and can be separated by the doorway. It's kept opened but can be secured and the female guard has her own observation area. The males are in the booking area.
- N. 10 X 10 cells, 3 cement walls, one wall with steel bars. There is also a small exercise room 5 X 10 and there is two bunks per cell.
- O. Cement walls, two bunks with steel frame and mattress, 5 cells that are 12 X 12, 2 adult males, 1 adult female, and one for young offenders.
- P. There are metal bunks that hold four people. There are 4 cells, 2 drunk tanks, and 1 special female area that has 4 cells.
- Q. Open bars with Plexiglas on top, steel bolted to the floor. We have 12 cells, 2 males, 1 bullpen, and 3 female cells. Toilets and sinks as well.

- R. There are 4 cells for prisoners for remands and weekends. There is one young offender cell set off separate in the same block. There's a t-shape; on either side on the right you have your young offender cell, 2 drunk tanks on the left-hand side, and two special cells for females. The cells have four bunk beds.
- S. there are 4 bunk cells, bars, exposed toilet. There are 12 cells that are 9 X 9. Steel bunks with foam mattress with plastic coating.
- T. we have a booking area, we have a walkway that 4 to 5 feet wide. On the right there is 3 holding cells. The entrance of the cell has a "sally port". There is a small 4 feet by 8 feet enclosed area on the other side of that cell. 6 X 12, a bunk in each. The cell has a urinal and hand basin and also a small fountain.
- U. Approximately a 12 X 12 area with benches on two sides that are 8 feet long. Mattresses are provided. Doors are solid sliding doors with a glass window, with an opening to pass food and drinks. Three cells; each cell has a toilet and sink. One has an open space with nothing in it.
- V. It has 4 cells. Each are 16 X 12 large. A good-sized area to lie down in. There are two areas with bunks at one side. The width of the bunks is 4 1/5 feet.

Is the space that is available adequate? If you find that there is a greater need and space limitations are exceeded, how do you cope with that?

- A. It's probably okay, could be more space, especially young offenders; we sometimes have more in custody than we have room for them. If we need more space temporarily, we send prisoners to other facilities because of budget considerations; we can have more space within our facility
- B most cases yes. The only ___ area. Sometimes, if there is a riot situation, we will process them quickly and put them in proper cells and if we need extra space they'll use other available space like the interview room that can be locked up for short-term measures only
- C. Yes. We just amalgamated. We still have some cells available over in the old city of _____. If more space is needed, we have extra room in our courthouse in _____. We don't hold prisoners more than 24 hours. We have drunk tanks that hold 60 to 70 individuals, especially for the

- intoxicated ones and they are mingled together; there has been no problem so far.
- D. No occasion at this time. September 30th Mardi Gras of 180 people. If we get overloaded, we have a secondary building across the harbor that has a cell facility available for overflow
- E. Not the ones in _____. We can rely on the provincial jail, her Majesty's penitentiary if we need space.
- F. Yes, it is. If we need more cells, we just double up. At this point, it's never been a problem.
- G .Definitely. We would use the young offender or female area, and if we needed more space they go off to the next town over (i.e., Gander).
- H. No. It's always overcrowded. When it is, we ship them to provincial jail, or the correctional system is responsible.
- I. I think it is adequate. We haven't had any more need for space and if we did we would go to the next detachment that is 40 kilometers away.
- J. It serves our purpose. We just double up sometimes, but not often. The rooms are very small, only enough room for one bed.
- K it varies in the province. The county jail used to have facilities where the police department would be billed \$60 a night. Now it's from the justice department to remanded areas.
- L. We have other facilities; we are just within _____ Pen.
- M. We have a number of constituencies, breach of peace, short-term or waiting for the court process. They are kept in cells, it all depends on release mode. If there are too many in the cells, we have other available cells.
- N. Yes, we have 7 cells and one drunk tank.
- O. Yes, it's adequate. They only stay here overnight. They are sent to Dauphin Institute if they are remanded for a longer period.
- P. Yes, it is adequate space. There are always other facilities we can use if we need more space.
- Q. Oh yes. They are only there for the short-term. There has always been

ample space.

R. I do, it is adequate for what we do. There's been no problem coping with space.

S. the number of bunks is adequate. The cells per person isn't adequate. We keep people for extended periods of a week or two.

T. Yes, we are just an overnight place. We send them to the county jail if we need more room.

U. Yes it is. We would send them to Yellowknife facilities.

V. Oh yes. If overfilled, we have some people moved to _____ or the correctional institution, or the JP just releases them.

Regarding the holding cell, does it contain a window to the outside or inside?

A. Not usually in our facilities

B. Most of them do. One window where the booking staff could observe at the front

C. No. There are no windows inside or outside

D. Just on the inside for the booking officer and or commanding officer so they can have a visual of the individual at all times

E. _____ has a window inside and a window outside but _____ doesn't. The lighting is dim at night.

F. There are no windows inside or outside.

G. Yes, the 3 male cells and the drunk tank have windows with no bars outside of the cell.

H. Yes, only in the remand center, they have both inside and outside windows.

I. none of them have windows anywhere.

J. In the house we have a lot of windows with no bars. I know that the prison has a small window on the outside of the cell.

- K. No standards to meet that requirement. Most of them don't have any windows.
- L. yes, there is a window outside the cell only.
- M. There are no windows. Outside the cell block door there is a Plexiglas window only in the viewing area.
- N. No windows. There is a steel door that locks up the exercise room to the hallway and there is only a small little window for us to view inside.
- O. No windows anywhere.
- P. No windows. The only window is on the exterior of the bars in the cell area. It is made of Plexiglas that is 2 1/5 by 5.
- Q. It has no windows outside.
- R. There are no windows at all.
- S. it has a window that is louvered but has nothing on the outside.
- T. There are no windows, just a sliding door and an outside door.
- U. Outside there is a window on 3 out of 4 cells.
- V. There are no windows outside. We have one window that we close on the inside.

In your opinion, do the cells provide enough stimulation for the prisoner? In other words, do you think they are too stark and bare? What changes, if any, could you suggest for improvement?

- A. Very stark. We've had a number of suicides over the years, a very unpleasant atmosphere. I would like to see that we think of "safety" first, and get them out quickly to remand centers that have a more humane structure.
- B. Short-term holding cells. Usually under the influence of alcohol or drugs and they are not aware or don't care what the cell looks like. I would like to see all of them well lit and monitored, repainted over the graffiti on the walls. Maintain the cleanliness of the cellblocks, take off graffiti on the walls, stop toilets from flooding and to use disinfectant.

- C. I don't think stimulation is something that we thought of. It's a very stark place, very bland, and unsettling. If we had the budget, I would like to build a new facility with hard foam mattresses that couldn't be destroyed. Presently, there are no mattresses in holding cells because of fires causing damage, and also toilets because prisoners tried to drown themselves.
- D. Definitely. There's not much that can be done. Mattresses were removed because some matches would get in and they would burn them. Incarceration for those at-risk is "plain Jane" and very bland so they inflict self-harm to themselves. The incarcerated don't stay in very long; we get them out as quickly as possible, not in excess of 24 hours. If longer, they would be remanded to other facilities.
- E. I feel St. John's is too stark. Cornerbrook is bright, more colorful, and the inmates have more personal possessions.
- F. we're not looking to stimulate them, it's for short-term only. They are very bare in _____, initially because they're closed in. The airport ones are a little better because they are open.
- G. Very stark, bare, nothing on the walls, no radio or TV. If we had the money, it would be nice to have a sound system for music or provide a TV outside of the cells.
- H. There's never enough to do there, it's very bare and bland. More space would be nice to have.
- I. they are too bare. I think personally, they should have windows. I've had to work there and you never know if it's daytime or nighttime.
- J. On my prison visit, I saw that that cells were sparingly furnished. I believe they have a cot, toilet, and sink. Very bare, not much room to walk around the area. For the prison, I would suggest that the detained should have a little more freedom to walk around the area. Our home has more freedom.
- K. Some of them are very "plain Jane", mainly because of the key word "holding cell". There's very minimum requirements, a washroom, water, and a bunk. Bare bones facility. Bare walls. The newer ones have what we call a "Sally Port", where a door closes, it's a little slider door that can be opened to look into the cell. It is mostly used for young offenders and women and some adult males.
- L No stimulation, absolutely bare. Any changes that had to be made were

done. We wanted fans, and changes to the design and they have all been done.

- M. My response is, "Why are there?" It's temporary holding for one or two days or weekends. There not there long enough to need stimulation. I would like to see upgrading with painting, upgrading the structure of the bunks. They could be the ones made out of Fiberglas material. This would add to protection and safety.
- N. they are pretty stark, bare, gloom and doom. I wouldn't want to stay there. Lighter colors would be better.
- O. It's very bright. We've just had them improved a little, with new paint and new bunks.
- P. I think they are adequate for their purpose. The only thing I would like to have are cement bunks with suicide-proof covers.
- Q. There is usually a wide state of intoxicated individuals. Usually, they aren't aware of what stimulation there is. We just made improvements two years ago in the cells.
- R. It's an old block that was built in 1957. It is stark and bare, pretty dated. They could change the cellblock by putting solid doors instead of bars like some of the new detachments. I would like to see Plexiglas, so that the natural light comes in, and there are separate bunks made from cement.
- S. Absolutely none. I think I would reduce it to two bunks per cell and have proper bed facilities, not just plastic covers and scratchy wool blankets, and a possibility for an exercise facility or a yard to walk in. We have a large number of illiterate people here, so a television would be nice to have.
- T. you can't improve them. It's just an overnight holding cell. They are usually too drunk to care. There are no changes that I could think of that would make a difference.
- U. they are pretty bare. Any changes could cause severe damages like writing on the walls and carving names on bunks. Our experience shows that change is not good here.
- V. I think they are fine. It's for a short duration, their first appearance in court, sometimes just overnight. I don't think I can suggest any changes, it's fine.

In your opinion, in terms of the lighting, are they too dark or too bright? Is it too dark or too bright at night? Has there been any evaluation done of the adequacy of the lighting?

- A. we have some form of a dimmer, so we can lower the lights if we want to. No evaluation has been done.
- B. Lighting is sufficient for the purposes it serves, so the booking officer can look to see what's going on. But it's not overly bright or dark. No evaluation has been done on the adequacy of the lighting.
- C. There are no windows, so no daylight comes in; the lights are pretty dim throughout. I don't know if there has been any evaluation done about the adequacy of the lighting.
- D. It's totally related to availability to monitor the cells. Lighting plays a big role; there has to be the same level of lighting for day or night.
- E. we can't improve _____, unless we rebuilt it, and there's no funding for that. If we did we could have some on the exterior for some natural lighting.
- F. they are fine; the same all around, no natural light. There has been no evaluation that I know of.
- G. Lights are not too bright, there is a florescent light in our stand-up area. We turn the lights off at night. There's been no evaluation done that I know of.
- H. Florescent lights are used. Dim lights at night so they can sleep, very low lights. They brought in lighting engineers for the holding cells but I don't know what came out of it.
- I. The lighting varies, certain times of the day. We turn off the lights at night. I'm not aware of any evaluation done.
- J. we have regular lighting in the home. I don't recall if any evaluation was done.
- K. No evaluation done. Most of the new ones have dual lighting, daylight and nightlight. The older ones have one standard of lighting, very dim.
- L. Totally controlled. Night lights in there. Daylight depending on the

situation that are adjustable.

- M. the lighting is adequate and also adequate for cameras. They can be dimmed for sleeping, and if we have prisoners we feel are at-risk, the lights can be a little higher.
- N. we have different lighting, night-lights that can be turned out and main lights that can be dimmed. There is good lighting for sleeping; it's adequate. In the 2.5 years that I've been here, I am not aware of any evaluation done about lighting.
- O. We have two switches, one bright and one semi-bright. They have just been renovated last year. Yes, they are now adequate.
- P. There's a night-light that you can put on. There are lights that can be dimmed at night for sleeping. No evaluation has been done.
- Q. For the cameras, we keep it lit. There is one light that is on all the time, 24 hours a day.
- R. we have florescent lighting. Each cell can be controlled on or off. It's not the brightest light. No evaluation has been done that I know of.
- S. At night, we leave the night light on for monitoring purposes. The prisoners complain but we need the light to monitor, there's not enough light for us now to monitor properly.
- T. we have two sets of lights in each cell. One light in the cell area and one in the inner bunk area. There are two lights in each cell.
- U. we have lights that have 2 levels which we call daylight or night light. We have a dimmer at night. If guards have concerns about a person, they will keep the lights on all night. Sometimes they are instructed to do so.
- V. No evaluation has been done. We can control the lighting in each cell, light or dark, off or on. Depending on if the prisoner is high risk, lights are left on.

In the design of the cell, were any particular paint colors selected?

- A. they vary, traditional off white. I've also seen blue, pink. Soft pastels seem to be "the thing." I see colors a bit more mellow in the cells.
- B. Most common colors are sand color, a sky blue like a robin's egg blue and

- I've seen light gray odd ones.
- C. I don't think so. It has just been repainted. I don't recall the colors but they don't spend much time. It's usually one color, probably the same as before.
 - D. Not particularly. Just an off white inside and the bars are gray.
 - E. No, just painted in light pastels at both locations. Sort of a beige color.
 - F. Beige all the way through the cells.
 - G. Tan color, light beige, pale yellowish color.
 - H. they experimented with blue, beige, for calming effect, red for most violent aspects, but the most calm one was bluish colors.
 - I. No, just beige color with gray floors, they're all the same.
 - J. In the prison, off white cream color cells. In our home, we generally paint all the rooms in a white color, like an eggshell white.
 - K. Not that I am aware of but at Amherst they painted them a beige type color, neutral type colors. That was the choice made. There were discussions about pastel colors being more soothing.
 - L. No. All cells are very pale yellow in color.
 - M. Not by us, the property is owned by the city. I think they are off green in color.
 - N. I'm not aware of any, mostly brown and beige colors.
 - O. Just a cream color.
 - P. Just standard off green colors.
 - Q. Warmer pastels. I know the women's cells are various pinks and men's are bluish colors.
 - R. the bunks are brown, the walls are off white, and the floors are brown.
 - S. I'm not sure who selected them. When they were painted, no choice was given, just an off-white eggshell color.

T. Just a beige color.

U. No. Just RCMP colors. An “ice” white color with a tinge of blue in it.

V. No, kind of light green. No offensive color.

Can you estimate the dimensions of the cell? What is the distance to the ceiling?

A. 8 or 9 foot ceiling and the cell about 10 feet long and 6 feet wide

B. about 8 X 12 rooms and a 9 to 10 foot ceiling

C. the ceiling is 8 feet high. There is enough room for two people. The size is about 4 feet across by 8 feet wide.

D. Single ones are 5 X 10, and 75 X 200 for drunk tanks. Ceilings are 12 feet high

E. St. John’s is 10 X 8 and only a 9-foot ceiling. Cornerbrook is larger with 10 X 12 rooms and the ceiling is 12 ft. high with stainless steel basin and toilet.

F. 10 X 12 rooms with an 8-foot ceiling.

G. Cells are 8 X 10 with a 10 foot ceiling.

H. A tall ceiling about 9 to 10 feet high. The wing runs from 40 to 50 feet across, 12 to 15 cells. 2 person cells that are 8 X 6 each with 2 cots on each side.

I. 10 X 5 and ceiling is about 9 to 10 feet high.

J. Kent has 8 X 10 cells I believe and I think a 9-foot ceiling, approximately.

K. Varies from 8 X 8 and larger ones are 8 X 12. Ceilings are over 6 feet and under 10 feet high.

L. Ceiling is approximately 10 feet high and the ceiling is 8 feet wide and 12 feet long.

M. the observation cell ceiling is quite high, 11 feet high, the others are 10 feet high. The observation cells are 15 X 15 feet. The cellblocks are 10 X 10 feet.

- N. A standard 8 foot ceiling and cells are 10 X 10.
- O. The cells are 12 X 12 with an 8 foot ceiling.
- P. the ceiling is 10 feet high, the cells are 7 feet by 12 feet.
- Q. The cells are 6 X 10 feet and the ceilings are 10 feet high.
- R. they are 10 X 10 rooms approximately and the ceiling is 10 feet approximately.
- S. 9 X 9 cells, and the ceiling is 8 1/5 feet high.
- T. 6 X 12 cells and 10 feet ceilings.
- U. 12 X 12 cells, ceilings are 8 feet high.
- V. they are 16 feet long and 12 feet wide; the ceilings are 8 to 10 feet high.

Are there any hanging points? Are bars used or Plexiglas? If Plexiglas is used, is there a problem with it getting scratched?

- A. No hanging points. All bars, no Plexiglas except for Regina, and sometimes they have to replace them from time to time.
- B. they have a bar on the front door, and a bench in them bolted to the wall. Plexiglas is used instead of bars. For potential suicidal individuals who try to harm themselves, there are 4 walls and no toilet. There is a problem with Plexiglas being marred and scratched.
- C. At this location, steel bars are used. Plexiglas is only used for cameras in certain areas. The Plexiglas does get damaged and scratched during fight breakouts.
- D. No hanging points. Plexiglas is used only to house cameras outside the cell areas. They absolutely get scratched and damaged by shoes, and spitting on them to reduce our ability to monitor them.
- E. St. John's has hanging points on only the sprinkler heads and only has bars. Cornerbrook has steel doors and the bars are built in.
- F. No hanging points. There are bars at the airport. There is no Plexiglas in Milton, just a closed steel door that is very heavy and intimidating.
- G. No hanging points, everything is flush to the wall, bars only, no Plexiglas.

- H. yes, there are hanging points. The control has Plexiglas that needs reinforcement. There's always a problem with them being scratched and having to be replaced.
- I. No hanging points, steel bars. The building is very old.
- J. On my visit to _____ nothing that was visible. They have bars, no Plexiglas.
- K. the new ones in Amherst have no hanging points, other than the bars that are used. Some Plexiglas is used as reinforcement outside the cell only. The older cells have structures in them that does provide opportunities to hang themselves. The front grills have bars and some have Plexiglas. Three sides of the cell are concrete or steel and the doors are grilled and have some Plexiglas. Not a lot of problems because they are outside.
- L. No hanging points. Plexiglas in the top part only in the see through area and bars as well. Never been a problem with Plexiglas so far because it's used on the outside.
- M. No hanging points. There is a mesh in front of the bars, and a viewing window in Plexiglas only. There is no problem because it's on the outside.
- N. the steel bars have a wire mesh that covers the lock, so they can't reach it. Prisoners have tried to tie their socks or shorts to try to hang themselves. We use bars, no Plexiglas.
- O. No hanging points. We have steel frame doors with lower bars and a sliding window.
- P. the bunks could have hanging points; maybe the bars. There is a partial mesh covering on the door but no Plexiglas.
- Q. No. And the bars have no access because they are vertical, clothing just slides down them. There is Plexiglas about eye level; it has been scratched a couple of times.
- R. the bunks have a hanging bar. It's all bars. I don't think it's safe and it's hard to control.
- S. the bunks have them and probably the cell bars themselves, but there is no Plexiglas.

- T. No. The only thing is in the main part of the cell, there is a sprinkler and a fire alarm in each cell.
- U. There is one hanging point in that there is a mesh screen over the smoke detector on the ceiling. It's in my opinion that the hole in the mesh is big enough to tie a string through it, and the mesh is strong enough to hold body weight. We have no bars, all sliding doors with small viewing Plexiglas windows.
- V. No hanging points. Plexiglas is used. There is a steel door with a Plexiglas window, but it doesn't get scratched. We haven't had a problem so far.

What washroom facilities are available? Are any provisions made for privacy?

- A. every cell has a combination toilet and sink in stainless steel. We place one prisoner in each cell at a time. In the drunk tank holding cell, there is no privacy.
- B. Holding cells don't have any. We have to bring them to vacant cells that have washrooms and they can have some privacy.
- C. There are toilets but no provision for privacy, only for the female prisoners.
- D. Individual cells have their own washrooms. The drunk tanks washrooms have walls that come out, and some cover. Not much privacy. Single cells are self-contained, a bit more privacy.
- E. both facilities have their own self-contained steel basin and toilets. They are private, the camera doesn't cover the washroom. They cover themselves too with the blanket for added privacy. F. There is a stainless steel toilet and sink that is attached. It is used by two people per cell and there is no privacy.
- G. One stainless steel toilet and sink in each of the cells, but no privacy.
- H. they have steel toilets and basins with no privacy and no enclosure.
- I. A toilet and sink in each cell except the drunk tank. Yes, provisions are made. The cellblock has a narrow blockway, with a wall. The guards sit outside of it.

- J. Combination sink and toilet made of steel and also _____ prison has a shower stall outside the cells. No provisions for privacy that I could see.
- K. the washroom facilities are hardware-designed for cells. Older ones still meet the criteria for lockup. In a couple of the older ones, there's partitions with no privacy, no cameras. Modern cell cameras don't reach the washroom, there's also some privacy.
- L. We have shower facilities outside cells and privacy is provided for them.
- M. each cellblock has a toilet and washing facility. There is an outer door that is always closed that is in between the hallway and the door is closed at all times to give prisoners some privacy.
- N. A steel toilet and a sink in each cell. There is not a whole lot of privacy. We either close the door outside or leave it open a little to check in.
- O. they have washroom facilities like sinks and toilets and yes there is privacy.
- P. Inside the washroom there are toilets and sinks. When there is 4 people in each cell, there is no privacy.
- Q. every cell except for the "dry cell" because of flood attempts, but there is no privacy.
- R. each cell has a toilet and a sink. There is a shower in the male cellblock where we will close the wooden door for some privacy, but it's covered by cameras for safety reasons. It covers mostly the corridor, so there is no privacy.
- S. A toilet and sink. We have a secure shower that the prisoners need to be removed to take them to the shower cabin, but there is no privacy.
- T. Basin, urinal, and fountain. There is some privacy between 15-minute physical checks.
- U. Toilets are in each cell. The only provision made for privacy is that the window has a sliding door that we can enclose.
- V. There are stainless steel toilets in each cell. Yes, there is some privacy. We get the guards to leave the latch open a little and check every 15 minutes.

If you could make changes in the structure of the cell, how would you improve them? Why?

- A. Well, I think the Plexiglas and other types of bars made of different material for holding cells and police cells. The second thing would be to have molded bunks with no holds or anything that someone can attach anything from them to try to hang themselves, that would be for their safety.
- B. I'd like to see a washroom off the holding cell controlled so we don't have to keep taking them out physically. I would like to put in some type of speaker system to talk with prisoners instead of having to go into the cells.
- C. Personally, the doors have to be wider. We could use other materials like Plexiglas or others. A solid door that we could see through instead of bars. Larger and wider hallways. This would make things much easier for us. The doors aren't wide enough, so it's difficult sometimes to get the individual into the cell, that would solve that problem if we had wider doors.
- D. Other than more camera coverage, there are some blind areas that could cause concern. The angle of the lens is only 24 inches; sometimes we miss some of it. More control and monitoring. Other than that, the structure is fine.
- E. _____ could use higher ceilings and a more secured type of lighting, like a circular light built into the ceiling so we can control the lighting from outside the cells.
- F. the cells serve their purpose for a short stay in _____ and at the airport.
- G. Have a radio maybe playing outside the cell. I don't know if it's not supposed to be made too comfortable. For long term, just bare bones with no smoking allowed.
- H. we need more space. Make the cells larger, and try to give the prisoners more privacy and dignity.
- I. Put in windows and make the cells more modern. A larger area with 3 bunks and also have doors instead of bars.
- J. some of my observations in my opinion are that in _____ there are bars all along the walkway in a row and it doesn't allow for much privacy. They should design a setup to have more privacy.

- K. the only improvements at this time would be fire and life safety changes. To insure that all the hoses and fire extinguishers meet all standards of safety. Closed-circuit monitors should be on all the cells, recorded and viewed.
- L. can't think of any changes. I've been involved in various penal institutions and they are run second to none.
- M. I would change the bunks, make them safer and more modular, a sealed unit. Ones so that the prisoners don't attempt to hide from the camera under the beds; it would not allow any opportunity to commit suicide.
- N. Windows would be nice, but outside the cells, but at the same time, it's not very practical. Definitely colors such as lighter pastels to brighten things up.
- O. couldn't improve it. We put one person in each cell. If possible, I would add on additional space.
- P. by making the cells suicide-proof, like the newer ones in Carrott Row, they have no bars. Also, by using cement bunks and suicide-proof blankets.
- Q. A force field. Nothing in the cell that they could use to try to hang themselves, or harm themselves by banging their heads into walls. All for safety reasons for the prisoners.
- R. I would get rid of the bunk beds. Ideally, I would like to see a window with lighting that you can see out of, and maybe paint the cell in lighter colors.
- S. Both bunks at floor level with no "metal edge" on them so that they can't hurt themselves, a cement slab for a type of bunk that you can put a mattress on top, with thermal cotton blankets that we now use. We should have some sort of privacy policy with some monitoring capabilities.
- T. the structure can't be changed. The cells hold juveniles, adult males, and females. There's nothing to add.
- U. something that is unique to us in the North is that the building shifts because of frost. Sometimes the cell doors will also shift and are hard to open. We need something that is secure but allows for movement

without having to use a crowbar to open doors.

V. It seems quite adequate. The only change I would like to see is a camera in each cell with a monitor that can switch from cell to cell. For the security and safety of prisoners.

PROCEDURAL QUESTIONS

How are people deemed to be at-risk in terms of self-harm or a medical problem?

- A. it is expected that the police officers are vigilant in knowing what their state of mind is and what medications they are on, and which ones are needed if they have medical problems. Also the guards are required to the at-risk ones at all times with a walk-through every 15 minutes and complete video surveillance to ascertain their condition.
- B. Normally, initial assessments are done by the arresting officers. They would determine their activities and their state of mind.
- C. they are not at a great risk, if they are continuously monitored every 15 minutes. As long as we take away items that they could use to harm themselves, for example, taking their shirt to stop trying to hang themselves with it. The mental health prisoners would usually be taken to hospital for evaluation.
- D. Certainly harm comes from housing “multiples” that have previous experience because of fights, etc. We have to identify that they have a medical problem, and complies because of arrest. Our emergency paramedics come to check it out. It is minimized that way and they are checked every 15 minutes.
- E. Most facility prisoners are admitted under the “Provisions of Mental Health Act, and are escorted to lockup. We do our own assessment if they are a risk to themselves or others. If a person is admitted in a high-risk situation, under the “Detention Intoxication Person Act”, they are put in drunk tanks. All prisoners complete an admission form called the “Medical Admissions Form”. It is a check-box form to self-report medical history. This is just new this year.
- F. It comes to our attention. When drug addicts come through the airport and we suspect that they have swallowed drugs, we take them in for medical examination. In Milton, they make a decision.
- G. Their behavior, their history, are they repeat offenders? We would know

- if they are suicidal because the investigator makes a judgement, input from family members and doctor's evaluations.
- H. Sort of a triage when they arrive. The individual supplies information and the police officer gets information from family members on health issues. The psychologist and arresting officer make an evaluation of their state of mind.
- I. Circumstances dictate it, the arresting officer should decide who is suicidal, or sometimes the prisoner tells the officer themselves, and they also ask them about any medical problems.
- J. If an individual is feeling any kind of depression that we feel they would be at-risk, we remove anything that they could harm themselves with. If there is a medical problem, we have 24-hour supervision, a night shift worker does the rounds in the house to do check-ups on everyone.
- K. I guess it's very subjective. The arresting and booking officers will transport the ones they feel are at-risk to the local hospital for evaluation.
- L. Depending on what they are arrested for, and if we have any doubt, people are seen by doctors, psychologists depending on their situation. Any person deemed to be at-risk to themselves, we put a watch on them. One to do the general rounds and the other one does nothing else but monitor the at-risk ones.
- M. One could be based on past knowledge. Two, could be informed by computer checks or other agencies like the courts, sheriffs, or their lawyers may tell us. Psychologically remanded or psychological assessment that has notified us of their medical problems. If they have a medical problem, the prisoner may advise us themselves or by showing us some body language. If they have medication they need to take, the drugs are cleared by the physician before we give them out.
- N. Previous dealings. CPIC checks, the prisoner members themselves will let the officer know. We make notes on a booking sheet and make the guards aware and have the guards constantly watching them.
- O. Mostly by their behavior. We may feel that they are at-risk, so we will put a guard on 24-hour constant watch if we feel they may try to harm themselves. Medical problems are assessed by the doctors and psychologist, if they feel they should be committed.

- P. If they have shown any violent tendencies, we give them a suicide blanket made of nylon and a mattress. If they show mental or medical problems, we bring them to the hospital to see a psychologist on the fourth floor.
- Q. they are assessed by the receiving officer. Everyone goes through CPIC checks and our internal computer. Any attempts they have made are entered on CPIC and an internal report is filed.
- R. Each person is ideally capable of filling out forms with the help of the officers who look after them. The arresting officer will ask the matrons to look after them. We like to have the drunk ones laying on their sides for their safety. We will do checks and monitor by videotape and the guards can watch the monitor. Sometimes the prisoners will let us know that there is a medical problem.
- S. based on their behavior at the time, probably the charge they are facing, and the point at which the legal process is. If they are in town for an appeal that they have lost, whether they have family support. We are limited in access to mental health facilities.
- T. Normally we search them for any medication. We deal with anyone we feel might try to commit suicide. If there is a medical problem, we call the ambulance and bring them to the hospital for evaluation.
- U. It usually depends on the circumstances, the call itself, previous knowledge. It depends on the utterance that the prisoner says to us. If we have concerns, we will often bring them to health centers for evaluation.
- V. we would depend on the background, what we know about the individual, their behaviors in particular. If we know of medical problems, if there is an indication, we make sure the medication is checked by the doctors too. See if it's a prescription that is needed.

Does the facility have separate suicide-watch "safe cells" for prisoners deemed to be at-risk? Are they ever taken to some other facility? If so, where?

- A. Most don't here. We keep suicide watch closer to the guard stations if we feel that they are deemed to be at-risk. If it becomes too difficult, we normally send them to the hospital for evaluation or a mental health facility
- B. Most cellblocks do. The cells that have no bench and no toilet because they used to break them and use the pieces to try to cut themselves,

- so we only have metal ones now. Upon arrest, if they are assessed to be a threat to themselves and if the booking officer feels that once in custody the person is at-risk, under section 38 of the Nova Scotia Act, they will be brought to hospital for psychiatric evaluations, or the doctor would come to see them in their cells.
- C. It would depend on the condition; if we feel after being assessed by a mental facility that they are deemed to be at-risk, we have two separate cells with no toilet so they can't try to harm themselves by trying to drown themselves in the toilet or hang themselves. We will also send them to hospitals or mental facilities.
- D. Yes we do. If an individual is suicidal, violent and intoxicated, they are brought to an emergency hospital for evaluation. If they (i.e., the hospital) can't deal with it, we bring them back and monitor them closely with separate monitors at the booking officer's desk using double screening cameras, constantly surveyed by commissionaires.
- E. They will be placed ideally in a cell, lock in the camera, and there will be constant monitoring through closed-circuit television. And 20 minute check ups regularly, verified by the Deister System.
- F .No. They do not have separate suicide watch cells. If they are not critical, we bring them to the Hospital for evaluation. The airport will bring them as quickly as possible to a medical facility if they have swallowed condoms containing drugs, and we suspect that they have.
- G .Yes, we have 24 hour guards outside the cell monitoring the at-risk ones. Also sometimes they are taken to the psychiatric ward as an outpatient for psychiatric evaluation. If they are dangerous or violent, we would secure with guards.
- H. Yes, in Winnipeg they are taken to some mental hospitals and medical clinics and we supply a 24-hour guard to be with them after they are convicted.
- I. we don't have a specific suicide watch cell. If there is someone we see who is a serious suicide risk, we bring that individual to the hospital for psychiatric evaluation, escorted by a guard. If the hospital decides to keep them, then that guard stays there with them. If it's not serious, then we just bring them back and keep an eye on them.
- J. No, we don't have that type of facility. Just when the records show that they are at-risk, we keep a very close eye on them. Psychologists and counselors are always available.

- K. Halifax has specific suicide-watch cells that are stripped. Everything is removed and is very bare. Nova Scotia hospital holds detainees in the psychological forensics department.
- L. Nothing separate, just a second guard to watch over them if they are deemed to be at-risk. We only send them to other facilities if there is no room.
- M. Yes there is. If their behavior shows that they are suicidal, and we strongly believe that medical attention is needed, the prisoner is brought to the hospital for evaluation if there is a physical risk or potential risk, they are evaluated by a psychiatrist.
- N. we have one cell for that purpose. We have a regional psychiatric ward that we escort them to if we feel they are deemed to be suicidal. We have a lockup facility in the hospital.
- O. we have one cell that has no bunks for this purpose where we have a double guard system to watch them closely. Sometimes we take the prisoners to the hospital to a psychiatric ward known as 3rd floor if the doctor commits them.
- P. We put them in a cell where the guards can see them well, and have them close to the booking area where they have 24 hour access. They are booked into other detachments if they are waiting for court, or an institution, federal or provincial, depending on the situation.
- Q. the dry cell, upper level, suicide watch. We make sure that there is constant surveillance by physical checks and cameras. If assessed by the doctors as being in a good frame of mind, then they are put in normal cells and monitored.
- R. No we don't. The real problem here is that we service the whole delta area. If they are prisoners, we look after them as well. If there is a mental problem, there is no psychiatric ward in our regional hospital. It doesn't have security. The prisoners hit their head from falling down and we have to keep a close watch for them or maybe they've been beaten up and are weak and fall down on hard cement. The rate of alcohol abuse is astronomical here, about 90%.
- S. it's the same cell, but there is one that is more visible to the guards. We use that cell and put a suicide mattress and blankets (yellow vinyl ones). Not unless they have attempted or practically succeeded with a suicide.

- T. No, if someone is deemed to be at-risk, we tell the guards to take extra precautions. A suicide risk is looked after at the hospital under the provincial act. Or taken to _____ which is 60 miles away from here.
- U. we use the drunk tank. There's less in it, less to harm themselves. We have two other places we can take them. One is _____
Correction, or a women's institute.
- V. no we do not. We would take them to _____. If it's a medical risk, the doctor would commit them in the hospital in their psychiatric ward.

What precautions are taken for those who are deemed to be suicidal?
What kind of clothing are they given? Bedding materials? Access to objects with cords? Access to objects made of glass? Personal belongings?

- A. We take away all of their clothing and personal belongings and put them into heavy canvas kind of overalls with nothing they can hurt themselves with.
- B. Basically, all cells are monitored at certain time frames through video and walk-throughs. If suicide attempts are demonstrated with clothing or bedding, every thing is removed except their underwear and we put them in plastic suits.
- C. When they go in the cell and the officer notes that they are at high risk, they will be stripped down to their underwear, no pants, no socks, take away jackets, jewelry, watches, even their shirt. jewelry anything that has cords such as shoelaces, all personal belongings.
- D. we remove all belongings; only necessary clothing is left. Nothing with laces, belts, etc. These are all taken away. Also, any self-harm objects like jewelry. We don't have specific clothing and blankets are not given to any suicidal individuals.
- E. we use a very close watch. The camera locks in on them. We remove all standard items like laces, jewelry, and belts.
- F. we remove belts, chains, jewelry and anything that they could harm themselves with.
- G. A 24 hour watch on them. They have their normal clothes and bed sheets only.
- H. we remove anything that they can harm themselves with, no sharp objects, they are allowed to keep their personal belongings.
- I. they never get any objects made of glass. We always have a second guard who is designated specifically to guard the cell.
- J. 24 hour watch and we remove any objects that they could harm themselves with. In Kent prison, it is also the same as we do.
- K. Take away their clothing, especially if they try to use their shirt to hang themselves. Everything is done at the beginning process. All personal property is removed and they are closely monitored.

- L. That is done regardless of risk. Every prisoner who is incarcerated is removed of anything that constitutes a weapon they can use against themselves like shoelaces, belts, earrings, rings, and watches. We remove all personal effects.
- M. Once the assessment has been such that they don't hold the individual at the hospital, then we would return them to the cell and put there a guard who constantly watches over them. Prisoners that are high-risk are not given any sharp objects, belts are removed, any thing with cords. They are given one shirt only. If they are high risk, we put them in coveralls. If they are violent, and we see this especially when there is a drug overdose, we use a spine board with restraints that we can strap down. This is used in aggressive situations.
- N. we don't give them strings or objects they can harm themselves with. We strip them down to their underwear and put them in overalls if we have to. We also have suicide blankets that are tear-resistant and made of a heavy vinyl type of material. Also, the mattress covers are also made of this tear-resistant material. It's very heavy fabric that they can't wrap around their necks.
- O. they are given minimum clothing, being constantly monitored, and all personal belongings are removed.
- P. We give them a suicide blanket, and have them strip down to nothing depending on how suicidal they are. If we need to, we may use restraints. The prisoners are allowed to read books. The guard brings them and also picks them up.
- Q. There is absolutely nothing in the cell. We remove any thing with strings, personal belongings.
- R. we're pretty careful. We check on CPIC to see if they have a record. The CPIC will list a flag if they are suicidal. We always highlight the prisoner's report. Any personal effects, belts are removed. We don't give them a blanket, just a suicide mattress.
- S. depending on the risk assessment, we remove clothes and they are given a paper jumper. We don't allow anything personal in the cells. When they have food, they use plastic utensils that are collected after they have eaten and counted to make sure that they are all there; we also check for the foil wrap.
- T. we remove belts, shoes and ties, their change. They have a sweater and

bare necessities only.

- U. the draw strings are removed from sweatpants. If someone is suicidal, they basically get nothing. Clothing is monitored and checked, so we just strip them down to check clothing, and they may be taken from them. The guards are advised to check the suicide cell every 5 minutes. We also have every suicidal person examined by a professional.
- V. There is no access to anything. We remove belts, shoelaces, and any hard objects like combs are taken away from them. They keep their own pants and T-shirt. We have warm temperatures.

How often are prisoners deemed to be at-risk monitored? How often are other prisoners monitored?

- A. Just like everyone, the same, no special setups, every 15 minutes
- B. Physical walk throughs every 15 minutes. Cellblock is video camera monitored, pan the cells. The at-risk ones we lock down on the cell on the individual so the booking officer can monitor closely. There is a special lockdown camera to record actions
- C. We have a standard of monitoring every 15 minutes with the standard video cameras being constant, and the booking officer checking every 15 minutes, checking things out
- D. Same service for everyone; 15 minutes as regulated. The only thing we have is a separate camera for the at-risk surveilled every 15 minutes.
- E. every 20 minutes they are monitored. The cameras would be alternating through each one of the cells. It is done at the same time for the other prisoners, just no camera lock-in.
- F. the at-risk prisoners are constantly monitored. The ones who swallowed the drugs are put in the "Super Loo" cell and that could take a couple of days to wait for the drugs to pass through. There's a guard that sits outside the cell.
- G. 24 hr watch for all at-risk prisoners. All others are monitored every 15 minutes.
- H. we monitor at-risk individuals at irregular intervals when put into safe cells. The other prisoners are monitored every 15 minutes and constantly monitored by cameras augmenting the visual.

- I. It varies, sometimes every 7 minutes, our policy is nothing over 15 minutes. The at-risk ones are constantly monitored by the second guard outside their cell. The other prisoners are monitored every 15 minutes by walk throughs.
- J. If they are at-risk, they are sent back to the institute by their parole officer and monitored there.
- K. Every 15 minutes is the standard unless we feel that they need more. We used to have a hospital gurney that had straps to prepare for any fall out, but it has never been used before.
- L. Regularly and constantly. All other prisoners are monitored at each 10-minute interval.
- M. High risk prisoners are monitored by video cameras and they have a guard who sits between the outside door and the inside door with extra rotations every 15 minutes. The other prisoners are monitored every 15 minutes.
- N. For 24 hours, they are constantly monitored by physical checks. The suicide cell is near the guards, and we are just in the process of having cameras. We monitor every 10 to 15 minutes for everyone.
- O. There is a 2-guard system and they are constantly monitoring the suicide cell. We have one guard cover the other and we have a camera in each cell.
- P. the guards are on them 24 hours. There is a logbook where they record what they are doing, eating, sleeping, reading, etc. And they do physical checks every 5 to 10 minutes. Each prisoner has a number and location of cell and the guards make notes of what is going on at the time.
- Q. they are constantly monitored by the watch commander officers and regular visits from the guards. If it's a high-risk level or a person is suicidal, we may put a guard in the cellblock.
- R. every 10 minutes and a log book check. The guard does a check and puts the findings into the logbook. All prisoners are monitored equally here.
- S. Our policy is constant physical checks, we have no cameras. Their policy is 2 to 5 minutes on irregular intervals. It's the idea that they

don't know when they are being checked.

- T. the standard is every 15 minutes. Sometimes we check the ones at-risk every 5 to 10 minutes, but the guard watches all prisoners equally.
- U. Every 5 minutes. With the other ones, irregular intervals not exceeding 10 minutes.
- V. Someone at risk is monitored constantly. We have jail guards other than police officers within a maximum of 8 feet from the farthest cell, a very close proximity to all the cells.

What kind of monitoring is involved? Checked by someone or surveilled by close-circuit television?

- A. Walk throughs and have a close-circuit television and cameras
- B. Close-circuit television for the booking officer. Dual TV so someone else can monitor. The holding cell has two sets of cameras and the station supervisor can also monitor it.
- C. we have video. The booking desk has cameras on the walls and it is also videotaped to check back once in a while.
- D. Mostly monitored by cameras using close-circuit television followed by physical checks. The booking officer is required to check out prisoners, to talk to them, to see if they need anything.
- E. Closed circuit television. Video taping all admissions and audiotaping because we have had incidents at the admitting counter.
- F. At the airport, we have video cameras. The "Super Loo" has video and we have an officer keeping an eye on the area. The high-risks are always taken seriously.
- G. The guard leaves the desk and looks around and makes observations and records notes in the book like "playing cards ok, etc.". We don't have closed-circuit television.
- H. Closed circuit television and eyeball visit checks every 15 minutes.
- I. we have no cameras. We have second guards who watch the cells. There is no video at this time
- J. Walk through by the person or supervisor that looks into all the rooms

between 12 PM and 8 AM.

- K. Physical site inspection and documentation of what the prisoners are doing and making notes. That is the old cells like Lewisburg and SpringHill. Some of the new ones have closed-circuit television, like Halifax, Cape Breton, Amherst, Glaso, and Burrow.
- L. Physical checks done in person only. We don't have closed-circuit television.
- M. Closed-circuit television but not recorded. Each cell has a camera. There are 15-minute physical walks and checks.
- N. walking through doing physical checks. The detachment commander and the guards and also the watch commander check things out.
- O. There are closed-circuit cameras in each cell that are surveilled by someone.
- P. Physical walks and checks to see if they are reading, make sure that they are breathing, but we don't have cameras.
- Q. Physical checks and closed circuit television.
- R. the matron's desk has a TV monitor. There's a camera in the female tank, and a camera in the male tank. We also have a camera in the corridor of the cellblock and a camera on the young offenders.
- S. Daily checks through the day by walking through and at night we have two guards. One does nothing but walk past the cells, assuming that there aren't too many guard duties.
- T. The guard walks through to make sure they are breathing. Sometimes the watch commander checks a little closer in each cell with closed-circuit television.
- U. All are done by physical checks, no cameras.
- V. the guards are in the immediate room in the cellblock. The guard's areas are in the same room in front of the doors of the cellblock to keep a good eye on everything.

Are there times through the week or at certain times of year when it is difficult to keep up the level of monitoring due to reduced availability of staff?

- A. Not sure if there is a correlation. There are more prisoners in the winter, but we have no problem monitoring. We hire the Corps of Commissionaires to help monitor and the MCO will supervise them.
- B. No, they work 24 hours a day, same as shift. Even at Christmas time we can handle it with one booking officer. Halifax is busy on Friday, Saturday weekends, but there is always someone there.
- C. No, there is always one person who is in the booking area, 24 hours a day, 365 days a year. We hire female commissioners by regulation to watch over female prisoners. So far there has been no shortage.
- D. During the busy times such as Thursday, Friday, and Saturday nights are the busiest times. The bars are filled. It takes more time to process more people. It just takes more time, but there is available staff to do it.
- E. we always have 2 staff members at all times. We can always rely on fully trained officers who are available to us.
- F. No, we always make sure that there is someone there. There's never been a problem.
- G. No, we always have civilian guards to help out.
- H. Christmas staff is sometimes short on availability and sometimes when there is a strike we have a shortage of guards.
- I. The availability of staff doesn't affect us. There is always someone here.
- J. No, we always keep staff at the same number, one person from 12 PM to 8 AM, and then 8-4 the afternoon staff comes in, including myself, and then the 4-12 the other staff comes in, it's always covered.
- K. The only time like example in Halifax, are Thursdays, Fridays, and Saturdays when it's our busiest time. We call in matrons for the female prisoners for the female checks. It's because of the number of people that are processed.
- L. No, we have to have a certain number of guards available at all times. We have extra guards available who can always be called in.
- M. No, we have municipal employees who are available to us when we need them.

- N. If we have too many, we bring in a second guard after there is 15 or more prisoners.
- O. It hasn't been a problem here. We have plenty of available staff if we need them.
- P. No, we are fortunate. We have a good supply of guards and matrons available. Our population is 17,000.
- Q. There is always people available to fill in.
- R. Not in this area, it's covered.
- S. No, we contract commissioners to do the guarding so we are always covered.
- T. It's not a problem. We have people on call. There are 3 guards and 4 to 5 matrons who are always available to us.
- U. Oh yes, constantly. May and June are the worst months because it's traditionally hunting season.
- V. No, we have minimum staff and always have several extras on a pager system so if we need them, they can respond quickly. There is always a supplemental guard and police coverage.

Are there any special precautions taken during the first 24 hours or 48 hours following initial incarceration? How long do people stay in holding cells?

- A. I don't think so. It depends on when they are remanded, usually a few hours, and they may be held over the weekend
- B. Normally only 24 hours in incarceration. Anything over 24 hours they must be released or remanded to a correctional facility or a court
- C. It varies depending on the time arrested. We try not to keep anyone longer than 24 hours, maybe even 12 hours. The general intoxicated prisoners usually stay no longer than 4 to 8 hours and criminals usually 12 to 24 hours, but no special precautions. They are there long enough.
- D. All prisoners are stripped of all their personal belongings that can cause them harm. There is verbalization of any medications they have and need. They only stay for a couple of hours.

- E. A psychiatrist is called and advised right away if there is a concern. Also we call on them for consults at \$200 a day for their services. People usually stay overnights mostly but it also depends on when they are brought in.
- F. No special precautions. They are not there long enough, and it is very well monitored.
- G. No special precautions, normal surveillance. 24 hours is the norm here but sometimes it would be stretched to 7 days; if the judge remands the case a few days longer, we'll keep them longer.
- H. Depending on the individual, we will take some precautions, especially if someone is withdrawing from absence of alcohol, they will be watched. If they come in on Fridays, their stay could be over the weekend. It could be less depending on the time they came in.
- I. None. They are booked like a prisoner, we access them if we are suicidal. It varies from a couple of hours to a couple of days.
- J. First, when they come in, they go through a 3-day orientation before they are allowed to go out; this allows us to get to know them. They sometimes can stay up to 6 months but are evaluated regularly.
- K. No, the longest someone stays is between 14 to 16 hours depending on what they are arrested for, and 4 to 5 hours if they are drunk. For example, if someone is picked up at 4 PM on Monday, they are released by 8:30 AM on Tuesday.
- L. Every prisoner that comes into our custody is treated on their own merits, depending on the level of security required. It could vary depending on each situation, 24 to 48 hours, sometimes more like 4 to 5 days.
- M. our special precautions are searching the cellblocks thoroughly. We are constantly monitoring the situation throughout the incarcerated process. The prisoners stay on the average 6 to 8 hours and some overnights. It could take up to 18 to 19 hours if court is remanded.
- N. No special precautions. We've had people wait up to 10 days for court. Sometimes we hold prisoners for other detachment near by.
- O. they are only here overnight mostly. They stay 8 to 10 hours. If it is longer, they are escorted to the hospital.

- P. Depending on the booking officer's observation, if the prisoner indicates that they are suicidal, we watch them a little more closely. Some overnights and some can stay 3 to 4 days, even up to a week if they are remanded for a court appearance.
- Q. The average time we hold people is 8 to 12 hours, sometimes the odd 24 hours. The norm is they come in 10 PM and are released at 5 AM. If it is longer, they are usually brought in custody in the Napanee detachment.
- R. we monitor the drunk tanks by camera, and highlight the matron's watch over very well. They usually stay 8 to 10 hours maximum. An arrest for failure to appear could be 24 hours. We try to have them remanded as quickly as possible. Sometimes it's Thursday, Friday, or Saturday before they are remanded. For intermittent offenses, we allow the natives to do some work. They will fix skidoos, fix equipment, and toboggans, and do a little yard work. The natives are forgiving.
- S. No special precautions. The average stay is 48 hours maximum. Some will stay longer because the province doesn't have a remand center in the province or out, or during court procedures they may stay longer.
- T. we don't keep them very long. Normally for four hours. If they are very drunk, maybe 6 hours, but definitely no longer.
- U. Not unless we have a reason that someone is suicidal or depressed. Every person will stay less than 24 hours. Sometimes the intermittent prisoners come in for their time on weekends.
- V. Not for routine. The average stay is 6 hours, some may be here from 14 to 15 hours, especially if they are remanded. A case we had was a robbery on Friday. It got remanded over 24 hours, and we sent them to _____.

Are there any special concerns or procedural challenges that arise due to the time of day (i.e., daytime versus nighttime)

- A. Not really, not that I've seen.
- B. Night time mostly and weekends. The only challenge sometimes is waiting for the Justice of the Peace. Have on-call service in this province, but sometimes there are delays.

- C. A lot busier at night. Long line-ups for procedures usually average of 20 to 50 on the weekends alone. We have to go through the procedures much quicker when it's busy.
- D. Just amount of "customers." There is an increase in the evening, more processing is being done.
- E. Very much so. 8 AM to 10 AM. Court-time is very busy for escorting to court. Also, nights on weekends when we have a lot of admissions.
- F. None.
- G. the only thing at night is to assure that the guards stay awake. Daytime there is a lot of people passing through.
- H. Just getting to the docket, the court before the Magistrate.
- I. No, there is a secure bay here day or night.
- J. Only during curfew time which is 11 PM, if they are not back.
- K. Night time is much greater especially in Halifax and Cape Breton where nightlife goes on late and there are a lot of people being processed.
- L. Not a vast difference. Possibly during the daytime hours we have extra bodies, but at nighttime there are less staff available than daytime.
- M. I don't think there are any procedural challenges. It's the same throughout the day.
- N. There are more bookings in the evenings and it makes it a little more distracting.
- O. I would have to say nighttime because we pick up more people.
- P. I don't see any concerns at this time.
- Q. No differences.
- R. There is not a difference.
- S. Evenings and weekends present more challenges. The jail closes on weekends. We become the general remand center for other facilities because they don't want to pay the cost of holding prisoners, so they send them to us.

T. No, it's a small town of 10,000 people.

U. No, it's all the same.

V. No special concerns. A shift schedule. If the guards can only work a minimum of 10 hours, on the eighth hour, we call the standby guard to make sure they are released by the tenth hour.

Are prisoners kept isolated? Do they ever share a cell? Is there a buddy system in place?

A. Young offenders are isolated. The only time there is doubling up is when there is a shortage of cells.

B. Young offenders are isolated, kept away from the adults. People share a cell when the drunk tank is full, the holding facility for intoxication. Most municipalities have drunk tanks, but for other charges there is no buddy system, they are all separated.

C. Young offenders are separated, there may be 2 to 3 side-by-side but not with each other. The only place that a cell is shared is in the drunk tank and only if it's a public intoxication charge or if we are overloaded.

D. There are isolated in certain instances, such as when there are criminal charges and statements need to be taken. In the drunk tank, if intoxicated, or if they have an "attitude", they are placed in separate cells for their own safety.

E. There is no segregation, they often share a cell. This operation has high utilization. It's hard to keep them all separated. There is definitely a buddy system in place.

F. It depends on the investigation; definitely young offenders and women are isolated. There is usually no need to double up. Only if we are overbooked they would share cells. There is no buddy system in place.

G. we isolate the young offenders only. If it doesn't present a problem, we may sometimes share a cell and there is a buddy system if there is no problem.

H. some have been isolated. Under our Provincial Health and Safety Act,

child molesters are isolated.

- I. Depending on the case. Two co-accused may need to be separated, or put across from each other, but there is no buddy system.
- J. Not in our house. Kent prison isolated the high-risk individuals. They double up and have a buddy system there.
- K. No, not as a rule. Maybe when locking up two rival gangs to avoid conflicts. Some cells are shared but not as a rule.
- L. If we have 2 or 3 prisoners for different crimes they are isolated if we feel that someone may be at risk or is being influenced, especially when we are gathering evidence on investigation. Yes, sometimes they share cells and sometimes they have a buddy system.
- M. Yes, some are isolated. Depending on infectious diseases, violent and aggressive ones. And they could be isolated for reasons of investigations. Yes, they sometimes share a cell but there is no buddy system.
- N. if we arrest two people for the same crime, we isolate them by putting them in different ends. Yes, they sometimes share cells. We double up if we need the space, but there is no buddy system.
- O. No. No one is isolated. Sometimes we need to share cells when it is busier, and sometimes there is a buddy system in place depending on the circumstance.
- P. If prisoners are involved in crimes together, we will isolate them. We don't mix males and females or young offenders. No sharing of cells or having a buddy system in this location.
- Q. none are isolated. There is no sharing unless we are full. As an example, maybe we have a couple of students who come in drunk. We may put them together if it's not a serious crime, but generally, there is no buddy system.
- R. If we think someone is dangerous, we will isolate them (i.e., on a Friday night, if we have a violent person, we may use the female drunk tank and put them into it). Sometimes we allow a buddy system.
- S. yes, the reasons include if they are suicidal. We don't adhere to "a prisoner shall not be kept separate if they are diseased" policy. For the prisoner's safety, we isolate individuals with raging TB, HIV, and

hepatitis. We will also separate someone who aggravates someone else.

- T. Normally, we never put 2 prisoners together. We have 3 female cells that we could use, if we absolutely had to. We could share a cell but it doesn't happen often.
- U. It will depend on the number of prisoners. Sometimes they are put together to help pass the time. The intoxicated and the at-risk prisoners who are suicidal or depressed are isolated.
- V. No isolation whatsoever. The policy is that if I have female prisoners, we have female guards and male prisoners have male guards. We never keep anyone together, no buddy system. The only time may be if it's a very minor offense and there is a dozen students, we may put them together for a short term.

Are there any special programs or procedures used to provide general support to the prisoner? By this we mean general prisoner support, not legal advice.

- A. Sometimes there are organizations that come, depending on their needs for support.
- B. the Salvation Army and other provincial agencies will come down and be available for support. Also, there are victim services available.
- C. If the prisoner is in distress, needing medical attention, we will bring in paramedics, or sometimes we will bring them to the hospital, or maybe bring in someone to access them.
- D. No special programs for the male population. Female prisoners are kept in constant contact with guidance and support.
- E. No programs in the facility. Just the daily Chaplain who visits regularly.
- F. There is no general support that comes in for them.
- G. the Salvation Army comes in and gives out bibles for reading on their own initiative. They come in on their own to talk to prisoners, to give them spiritual guidance.
- H. we have aboriginal elders that come in for spiritual guidance.
- I. Unless the prisoner is also a victim of a crime, the victim support comes in

(i.e., an example is if someone kills someone while drinking and driving). There are also native counselors available to come in to guide them with spiritual guidance and direction.

- J. At the halfway house, we have parole officers who come in to supervise. We have our own native elders who come in and provide spiritual guidance. In ____ prison, they have correctional staff that is there, and there are Aboriginal workers and elders who come in to support the aboriginal people with their spiritual guidance.
- K. There's translation for those who don't speak their language. All our guards are culturally trained in various cultural sensitivities. If a Native Canadian comes in with a braid in their hair or a medicinal pouch or bag, we don't remove it; we just check to make sure that there is nothing they can harm themselves with. So we don't remove the braid or cut the hair or take away these items from them.
- L. We have visiting hours, family, clergy when required or requested and even some counselors. Social services if requested.
- M. We have the Salvation Army that is available, who comes to talk about outreach programs and help direct them in the right areas. We have translators for Vietnamese and Asians, some of the translators are our own members. And we also have a 24-hour call out service for mental access, and we can page them.
- N. ether are visitors 2 to 4 hours a day to lend support. Clergy comes in if requested. We have a native court worker and native counselors who come in for guidance.
- O. On some occasions, we have visitors like the clergy and sometimes an aboriginal person will come and visit.
- P. The Salvation Army comes in once and a while. We've had a psychiatrist on "Boxing Day".
- Q. Not normally. The Army would like to talk to prisoners, or a family member by request.
- R. If they are suicidal or depressed, we will refer them to social services and family counseling. We have a really good one in town. A deacon comes in once and awhile. There's been a case of sexual assault in a school where we brought in "healers" for the natives to help them out.
- S. By request only, or if I see there is a need for it. We have ministers from

churches, Salvation Army, and Aboriginal elders who visit.

T. No, they are usually not here long enough. We have mostly drunks that are intoxicated, and they get sober enough to go home.

U. No, actually there isn't. We've tried but no luck. V. Social services. We've had clergy by request, but we see very few Aboriginals. We will request someone if we feel that it is necessary.

In terms of the sort of procedural issues we have been discussing, if you could make changes, how would you improve things? Why?

A. In our province, we are seriously lacking in having a secured custom facility for youth and seriously lacking in remand facilities for adults. There are too many prisoners in police cells and for too long, but there is no other place to go. We need facilities within our city. What we have is inhumane.

B. Ideally, I would like to see people who are definite threats to themselves be housed in a forensic holding facility with doctors, medical staff, and psychiatric staff. This would be ideal. It would just be best for everyone.

C. Procedure issues are fine. It's the facility itself. We need to improve the physical facility, not the procedures. We are dealing with human beings. With respect, we need to address safety issues.

D. Increase staff and increase camera capabilities.

E. At this time, I am happy with the protocols that are in place.

F. Processing and fingerprinting, we should have this equipment at the airport, to be used for identifying false I.D's. And their history record would show up on the system.

G. Closed-circuit television and security cameras. When processing, a camera could be shining in the area where problems arise.

H. Nothing in procedure, just larger space.

I. Procedure is fine. We need modern cells, closed-circuit television, a camera placed in the general booking area and on the suicidal cells would prevent a lot of problems.

- J. The issues with our own facility. When they are committed, that they have aboriginal parole officers. That they have more programs that are culturally appropriate for the aboriginal offenders.
- K. No comment, nothing to say.
- L. If it were up to me personally, I would like to improve what we are doing in terms of overall maintenance. I would see the prisoners doing something like learning a trade.
- M. we have quality assurance once a year. We have supervisors monitoring cellblocks daily. The supervisor monitors three times during a regular shift. If medication is given, the watch commander and guards are responsible.
- N. Cameras, but they are on order now.
- O. don't know if we could make any improvements. We bring in what is required for the prisoners.
- P. It would be nice to have a camera in the booking area to alleviate the odd complaint of prisoners saying that they've been roughed-up.
- Q. Nights when we have 14 prisoners and the cellblocks are full, no budget.
- R. I would like to level the cellblock. We are built on pillars; when we bring them in from a secure bay into the detachment, you have to step into the cellblock.
- S. if it was up to me, I would shut the whole thing down. I would keep one or two cells for the detachment in X. I feel other prisoners should be the responsibility of the justice and correctional centers. They should have legislation that they are open 24 hours a day and not just 8 AM to 6 PM. We need an adequate remand center.
- T. I don't think anything can be improved. It's only short-term, 4 hours, and mostly repeats.
- U. Cameras in the cells and booking areas.
- V. we take away their freedom and give it back to them as soon as possible. I would like to see some kind of a form to establish criteria to enable us to identify level of risk much quicker.

QUESTIONS ABOUT RISK ASSESSMENT AND RESPONSE

Is there some type of standardized assessment device used to evaluate the prisoner's degree of suicidality or do you rely on intuition and experience?

- A. Intuition and experience. Police may have some information on the CPIC system and it may show a flag.
- B. Intuition and experience mostly, no standardized assessment that I am aware of.
- C. we have to rely on the situation and experience. The regulars that we know on a first-name basis are easy to evaluate. There are no standardized assessment devices used at this time.
- D. we rely on both intuition and experience. When they come in, if they have a history, it will come up on the computer. If they are prone to suicide, there is a special cell for at-risk prisoners. No standardized evaluation, only intuition with familiarity.
- E. Medical Admissions Forms, a case management system. It's computerized; we flag prisoners and check the database and their historic records as well as picking things up on cue.
- F. It is mostly done by intuition and experience.
- G. we look at previous records, repeat offenders mostly based on our experience and judgement. We send them and also notify the Pen in St. Johns.
- H. Previous experience and intuition is the way we assess them.
- I. we rely on experience and the discretion of the arresting officer and the supervisor on duty. We also rely on previous experience, repeat offenders.
- J. Individuals are identified before going out, a psychologist evaluation and updates are required by the National Parole Board. The psychologist decides if they are at-risk.
- K. No, it's subjective only. We bring them to the mental health institute or hospital to have them assessed.
- L. We rely on experience, any indication or rumor that they are suicidal, they are escorted immediately to the hospital pronto.

- M. All of our report forms are VISEN, which stands for Violent Infectious Suicide Escape Risk; the N stands for “not known.” It is a C13 booking form completed when they are booked if there is a risk. Part of it is intuition, and changes in the prisoner’s attitude.
- N. Intuition and experience and CPIC checks on the computer.
- O. Mostly intuition and experience. The booking officers use their own judgement. There is no other device used.
- P. I think mostly intuition and experience. Being in a smaller area, it’s personal knowledge in this area, such as knowing repeat offenders.
- Q. our procedures of CPIC checks, flags, nature of the crime, what they are in for. If an officer feels that they are at-risk, we will direct them to a mental institute for evaluation.
- R. CPIC flag checks. Intuition by the booking officer.
- S. Intuition and experience. We have a suicide awareness workshop for one day, and it’s been on my own initiative. There is also the CPIC information also.
- T. Intuition mainly and generally they will verbally talk about it and the guards will do more surveillance on them. Under the provincial act, we can arrest a suicidal person and bring them to the hospital for evaluation.
- U. Intuition and experience. The booking officer’s evaluation.
- V. we are a small community and we know a lot of the people, so we are at an advantage. We look for whether it is the first time in jail, the worse thing that can happen to them. We may be aware of their background and if there are suicide attempts in their family’s background. We are aware of medications and how they respond without it.

While we are on this topic, is there an assessment of the prisoner’s depression? Is there an evaluation of their risk for being aggressive?

- A. It is up to the arresting officer to evaluate the mental stability.
- B. It is done by the arresting officer or booking officer. They do the initial

evaluation.

- C. There is no assessment made on high-risk individuals. Unless we have prior knowledge, there is no need to evaluate. We can check on CPIC and we also have our own in-house computers which has a flag saying that they are at-risk, and say if they are suicidal.
- D. the booking officer is in charge of that process. They talk to the prisoner to determine their state of mind.
- E. Self-reported information such as history, are they suicidal, all from the medical admission form and other data.
- F. No evaluation is done except for the one that the arresting officer makes based on previous history, repeat offenders, etc.
- G. As needed basis, we take them to the local outpatient psychiatric ward.
- H. Mostly family gives us this information, or the assessment from the mental health people.
- I. none, just using our own judgement for both depression and the risk for being aggressive.
- J. yes, there are also psychological assessments done for depression and the aggressive ones.
- K. None to my knowledge. Other than the individual's family or associates who inform us of their depression, so that we will brief the guards to watch them very carefully so that they don't try to attempt suicides.
- L. Assessment is done by myself or the guards. The guards have to be notified of any problems and the same goes for being aggressive.
- M. the prisoner's state of mind is recorded in a logbook. The watch commander is called in to assess if medical care is needed. If there is a medical condition, the paramedics in the ambulance would come over and assess them when they are in a downgrading condition.
- N. Just in our own opinion. We bring them to the hospital. We use CPIC information and sometimes the members' knowledge. We deal a lot with the same people here, we get to know them pretty well.
- O. Same thing. Our judgement. No evaluation done whatsoever.

- P. the booking officers, from the time they are booked, assess the situation. If the guard notices changes in behavior, they will notify the watch commander on duty right away. If there are medical problems, they are taken to a hospital if they are at-risk.
- Q. they are not too happy to be here, they are mostly depressed. If the computer shows any previous depression or we see by their demeanor that they are depressed. The risk of aggressiveness is evaluated by the computer checks and also their behavior.
- R. None. We usually know that before we bring them in. Also, previous experience. Most people will give a verbal confrontation, a little force, but the natives go along most of the time.
- S. just the individual's intuition. The officer will recognize the need for assessment, the same for aggressiveness.
- T. No. For the most part, we know if they are, the same with being aggressive.
- U. only if we feel that there is a problem, then we will seek professional help for them.
- V. we are aware that they can be on medication for depression and this sets off bells, because of their history of depression. And we also have the CPIC standards and our own filing system.

Is there some type of standardized assessment device used to evaluate the prisoner's level of alcohol dependence?

- A. Dependant intoxication, there is no breath test, only drinking and driving is tested.
- B. No, none that I am aware of. Breath test for drinking and driving.
- C. No evaluation, no breath tests if it's a public intoxication charge. There are no flags on the computer, it's really a judgement call.
- D. No, just our own judgements and no breath tests.
- E. No, but it's an issue that has come up due to a death. We haven't fully explored that.
- F. No test is done.

- G. No, if a person is in detoxification, we will send them to the hospital for treatment.
- H. Yes, it's also assessed by the physicians.
- I. None.
- J. With aboriginal offenders, this is a very common problem. They tell the psychologist that they started drinking at the age of 9 and 10 years old. Most crimes are committed while under the influence of drugs or alcohol.
- K. No, just through observations made by the police and guards. We have a program in place for drinking and driving offenses (first and second), but nothing for level of alcohol dependence.
- L. None.
- M. More and more we are becoming more familiar with alcohol dependence. We now have a course that is available to all members and to the guards. The course is a drug recognition and exposure course and it's new. It's called the DRE, and focuses on how to deal with individuals on alcohol or drugs.
- N. No.
- O. Nothing for alcohol dependence, just what we see, our experience.
- P. Member's observation. Sometimes we do an Breathalyzer test; it depends on what we are investigating.
- Q. None
- R. No, this town has 32 people and 13 officers, but we book 1,200 a year. They are mostly repeats. We have a large native community. Alcohol leads to violence.
- S. No standardized assessment is done.
- T. No.
- U. Not here.
- V. we have it on reports and previous files. We also know because they are in once every 2 months and put in the drunk tanks.

Have you noticed any ethnic differences in risk associated with suicide in holding cells?

- A. I think our experience is that the Aboriginal people are at high risk because of complex, social economics, and being despondent on alcohol. Because of these reasons, they sometimes want to end their lives. Aboriginal people make up 12 percent. Three-quarters of the inmates are poor with a lot of difficulties.
- B. No. I would say more white males. The population is only 2% black and aboriginal is less than 2%.
- C. No ethnic differences. We see a lot of middle class white males trying to commit suicide. It's not just an Aboriginal issue.
- D. No differences. We have a very high black population.
- E. More homogenous. We have a very small ethnic area. It's not a factor here. Most Aboriginals are in Labrador.
- F. Personally, I haven't seen any differences.
- G. we don't have a lot of ethnic people in our province, only white people, and just an odd few.
- H. Aboriginals if they are segregated.
- I. It all depends on the circumstances, but I don't see a higher rating in the Native population.
- J. Cells are dark and dingy, so it wouldn't be hard for any individual to attempt suicide.
- K. No ethnic differences, except in my own experience, the Native people get depressed very easily.
- L. No, they are equally at-risk.
- M. I haven't seen it that much. The key is what crime they have committed and why they are in here. In my experience, the more depressed ones are white. I find that the Aboriginals are not that aggressive.
- N. Not that I'm aware of.

- O. I can't recall seeing any differences.
- P. in Maple Creek, natives attempt more suicide.
- Q. Nothing that stands out, no differences.
- R. 98% of the people in the holding cells here are Native.
- S. I can't say that we have. 80% of our prisoners are Aboriginals, so it's hard to compare.
- T. No, I haven't seen any differences.
- U. No. 99.9% of the prisoners here are Inuit, no comparison.
- V. I haven't seen it.

Based on your experience, do you feel or would you recommend that there ought to be differences in how members of certain groups are housed? What about Aboriginal individuals?

- A. All are at-risk and they should all be supported.
- B. Yes, Aboriginal. There is a need for more training to enhance the understanding of booking personnel. Here's one example I've seen. If an Aboriginal has a braid in his hair, this has a connotation. For suicide reasons, special accommodations should be made. "Removing leather from hair" has significance and this has caused a lot of disturbance in their culture. We must be aware of their culture and safety needs. Booking personnel should be more aware of people's ethnic backgrounds and their meanings.
- C. everyone is usually separated, not necessarily because of ethnic groups. In the drunk tanks, if an Aboriginal individual is intoxicated and they've been into a fight, then yes, they will be housed differently for their own safety.
- D. Yes they should, and we do on occasion. Aboriginals who are intoxicated, their safety is looked after, we house them separately.
- E. Yes, I believe that Aboriginals are at greater risk if you isolate them.
- F. No. I don't feel that any particular groups should be housed differently, except young offenders and women.
- G. Women separate from men, and juveniles should be housed differently. Don't have many Aboriginals.

- H. yes, try not to segregate the Aboriginals.
- I. Young offenders are housed differently, but I don't think any specific group needs to be housed differently.
- J. I believe in our group that the aboriginal offenders prefer to be in a setting where there is aboriginal staff. We have a different way of looking at things. Punishment is not something that we really use as a means of recognizing what the individual has done (because most of the time it's under the influence).
- K. Personally, I don't think it makes any difference. In Labrador, there was an incident where they had to separate Aboriginals from Inuits.
- L. No, I don't feel that there are any differences in how certain groups are housed.
- M. No, I don't believe that they should be housed differently.
- N. I don't think so. Even the natives seem to fit in okay here.
- O. Not at this location. We deal with a lot of the same people regularly.
- P. No, I don't think they should be housed differently.
- Q. I don't think so.
- R. Just in this office. More modern cells blocks and there is no exercise facility. No differences needed in housing.
- S. the suicidal ones. Sometimes the person in cell 4 knows the sister of the person in cell 6. The Aboriginals don't tell on each other (i.e., one could have a knife in his chest, and he will not disclose who stabbed him, they will not rat on each other). We only separate them for safety reasons.
- T. the suicidal groups could be housed together, mostly in a bigger center dealing with this but not with a small minority, they're no worse than others are.
- U. No, they all get along fine.
- V. No, I don't think so.

What is the educational and training background of the guards who supervise prisoners in the holding cells?

- A. It's very minimal. They get basic training in what the regulations are in the guardroom. There is some sort of post-order, some explanation of what they are to expect, but it is not very consistent
- B. Ranging from little to none. Some police hire commissionaires, and will give them minimal training. Ones who are full-time civilian members are given extensive training on suicidal intervention, CPR, the law, also chartered rights.
- C. Most of them have minimum grade 12 or some university background. Police officers have special training programs that they go through for about 2 months.
- D. Constables have some or full university training, an accredited training program through the Atlantic Police Academy. They have received in-house training on suicide intervention and risk assessment and proper use of equipment in situations and first aid.
- E. All correctional officers all have to train. There is an annual competition where we pre-select 15 to 20 officers to participate in a 2 year pre-employment program that is given by a community college through us that deals with human relations, psychiatry, and sociology.
- F. our guards who supervise that cells are all well-trained police officers who have received special training.
- G. Older retired gentlemen, hands-on training paid by the hour. Civilian guards learn suicide intervention and first aid.
- H. College and police training mostly.
- I. our guards are military-trained individuals. Some are retired. Most of them have grade 12 and some university.
- J. The majority have high school only.
- K. Most of them have grade 12; the vast majority have taken correctional or police college-sponsored courses.
- L. High school education, some secondary college skills, and most matrons and guards have been given the suicide intervention course.

- M. A mixture of high school, college, and some police background.
- N. Municipal employees, high school right up to some with university training. We have a retired schoolteacher and some that only went up to grade 8.
- O. some training is done in Winnipeg, and some is done from our own RCMP.
- P. It varies, mostly retired individuals in our case.
- Q. the first line main supervisor, service police officers with rank are sergeants with over 20 years experience. The watch commander and communication people who are told to watch specific persons for unusual behavior, characteristics.
- R. It varies. We have a guard with a teaching degree that comes in on weekends. There are two university guards, but we have a mix of high school, and a few with university training.
- S. We have Corps commissioners that are retired military or RCMP, but by the time they become guards at 60 they need to be retrained on the job and they have no training with dealing with prisoners.
- T. Two out of three guards are retired air force men. Some have only high school.
- U. they have to have CPR, first aid, two times a year the member guards talk about their duties and their responsibilities. Each guard comes in for four hours of training on the job with an experienced guard.
- V. they go through an assessment through us, an interview. We require that they have CPR and first aid. We require that they have standard knowledge of police policies of care and handling of prisoners. We give them on the job training. We have 3 or 4 seasoned guards in the office who teaches them during the shifts. They have 2 to 6 shifts in total working with another guard and police so we can see how they are doing.

What kind of training have staff received to heighten suicide awareness? Is the training adequate?

- A. Recruit training only. RCMP and police get a couple of hours of basic training but there are no specific training courses available on suicide awareness. It's only appropriate.

- B. There are suicide intervention courses. Relations and cultural diversity courses are adequate, but they should have mandatory training yearly. "Use of force" courses would also be helpful.
- C. All of our people including the booking department have to take part in the "Suicide Crisis Intervention" course to show how to deal with your own sanity. It is a five-day course to show you what the job can do to you and how you can help.
- D. Suicide intervention courses level 1 and level 2. Yes, full-time staff members; the co-ordinator assesses all constables.
- E. All staff has to participate in a 2-day mandatory course on suicide intervention that we certify.
- F. None that I know of except what we have learned during our police training.
- G. A two day suicide intervention course. They have meetings of procedures and guidelines and meetings of do's and don'ts.
- H. they have an extended 13-week self-enforcement course on assessing individuals, how to use handcuffs.
- I. we undergo frequent training on first aid and suicide intervention. How to intervene in suicide attempts and what to look for. Yes, it's adequate.
- J. the correctional services provide workshops in high-risk management for the staff that is adequate.
- K. Halifax has "suicide intervention" training, some basic life support training and occupational health and safety courses.
- L. Most of the staff have been involved in crisis intervention and have their own groups who do suicide intervention courses every 8 to 10 months.
- M. there is no suicide training available, at least none with structure.
- N. Reading our policy manual mainly. More training would definitely be good to have.
- O. we get some seminars on suicide prevention courses. I would say the training is fair. We could always use more.

- P. we have a meeting and they get a standard order that we give them to read, no actual course.
- Q. they have received training for forensics and psychological assessment that are ongoing yearly. The Laments guide to people with emotional or mental instability.
- R. Last year, the matrons went on a suicide course to recognize symptoms and how to handle situations. They also read a manual of understanding of policy.
- S. None.
- T. As policemen, we've had no special courses, just our own experience and listening.
- U. A couple of staff have had suicide prevention training courses. Not a standard here, but I would like to see more training in that area for everyone.
- V. None.

Is a refresher course available? Is it required?

- A. No, it is required. Service training but there are no separate courses. I am not sure, but I think it occurs on the job.
- B. should be upgraded on criminal codes. Three to four years refresher courses available and are required.
- C. No refresher courses at this time, but I would like to see it done every five years to refresh you and you have a new appreciation for it
- D. There are refresher courses available once or twice a year, spring and fall. It is required.
- E. Yes, every 2 years there is a half-day mandatory refresher course.
- F. Not applicable.
- G. None available.
- H. Not that I am aware of.

- I. Yes, every 6 months.
- J. anything to help anyone who needs to know how to handle these situations should be required.
- K. Not sure if it's available, but is should be required.
- L. Oh yes there is. And it is required that all guards and matrons have the crisis intervention course.
- M. Not applicable.
- N. Not applicable. They should be required if we had them.
- O. Never seen one. Can't comment.
- P. Not applicable.
- Q. Yes, it is available and there is also a video. I think it is desirable.
- R. I don't know if there is one.
- S. not applicable.
- T. Not applicable.
- U. Not applicable. Can't comment.
- V. Not applicable.

Does the staff have training in CPR, first aid, etc.? Is the staff training adequate?

- A. Yes, they have CPR and first aid training. It's adequate.
- B. CPR and first aid is mandatory under the Occupation Health and Safety Act that is very strict.
- C. Definitely, it's mandatory every 2 years from the province. The staff training is adequate, would need to know the criminal codes.
- D. All of them, CPR, first aid, and yes it is adequate.
- E. CPR and first aid courses are mandatory, and also a non-violent crisis

intervention two-day program.

- F. All staff has CPR and first-aid training and yes it is adequate.
- G. CPR and first aid training for the staff. Yes, I believe that it is adequate.
- H. All staff have training in CPR and first aid.
- I. CPR, first aid, intervention is all-adequate.
- J. Yes, they do and we provide it ourselves.
- K. All have to have standards of training in all of them.
- L. First aid, CPR, staff has to take all of them. Yes, it's adequate.
- M. First aid, CPR, infectious disease recognition (DRE). It's adequate.
- N. Yes they do. We're up-to-date through St. John's members. We have one instructor in our office.
- O. All staff have training in CPR and first aid. It's adequate.
- P. All staff has training in CPR and first aid.
- Q. Yes, CPR and first aid.
- R. Yes, they all do. All have to be refreshed every year.
- S. CPR, first aid is mandatory, all guards must have this training. It is adequate.
- T. CPR and first aid. It's okay.
- U. we have to have CPR and first aid.
- V. CPR and first aid is mandatory for all staff, including guards. It's adequate.

QUESTIONS ABOUT INCIDENTS

Next, we are going to ask your opinion about incidents (e.g., suicide attempts) in holding cells. In your opinion, when there is an incident or suicide attempt, what do you think is the relative

role of the characteristics of the individual versus the holding cell environment and the situation that the incarcerated individual is now facing?

- A. Despondent people on alcohol or drugs in holding cells, heightens their dependency and probably heightens the risk.
- B. I think that the attempts have been unsuccessful, most of them. I think it's a realization of being caught and what I am facing plays a relative role and sitting down in their cell and having time to reflect on what they did. It's sometimes a way out. If they don't open up and in a "mental" state of mind.
- C. The fact that there are incarcerated plays a major role in this. If they have brought their emotional baggage problems with them. I believe it can cause them to want a way out. Being incarcerated in a holding cell environment doesn't help the situation.
- D. There is relevance in both, depending on the charge they are facing. We rarely get people who try to take their lives. When they try, they are dealing with serious offenses and become high-risk people. I think placing them in a cell adds to the fact.
- E. There is a relative role. Under the Mental Health Act, they should be escorted to a health facility before the lockup. It stigmatizes them; they feel punished for their mental disorder when they are incarcerated. When they are intoxicated, and they wake up finding themselves in prison, it's a very vulnerable period. They should be in a recovery center, not a holding cell.
- F. It would depend on the situation. Knowing that they have been caught, their state of mind. I believe there is a relative role when it's their first incarceration, but not for repeats.
- G. No, I do believe there is a relative role. The problem is deeply rooted before they come in.
- H. Yes, I think there is a relative role and I think that it should be realized.
- I. A lot of suicide attempts that are done when they are booked know they won't succeed. I think suicide attempts are done in the environment because they know someone will intervene the majority of the time. The catalyst is not just being incarcerated.
- J. I think that suicide or the thought of suicide comes from depression, how

do you see yourself, how do you feel, I am not worthy of life. A lot of suicides are caused by relationship breakups. There's a lot of shame with having committed a crime, and at jail time, you have that whole feeling of shame.

- K. I don't think so in my assessment that there is a relative role, not that I'm aware of. At the time of arrest, officers pick up on cues if there is suicide potential.
- L. Opportunity is a very important feature. I believe if the facilities are inadequate, like having sheets so they can try to hang themselves, or try to bang their heads on hard objects to harm themselves, I think that inadequate facilities play a role. If someone is unstable and the right environment is there for them, that in their mental state of mind or lack thereof, can cause them to hang themselves.
- M. There is a relative role with being incarcerated, the seriousness of the crime. Their perceptions of what they have done and how society will see them. If opportunity surfaced, if there is no place to hang themselves, with no cords or blankets, they will try if they want to.
- N. There is a relative role that adds to incarceration that is also alcohol-related. If they are too intoxicated, they talk about suicide. The hospital will refuse them and write it off as being drunk and bring them back when they are sober to be assessed.
- O. I don't think so. I think they come in already suicidal, there's not really a relative role. Intoxication is a major risk factor here.
- P. In some cases, it plays a role, like some people don't want to be there, or may feel that they are wrongly accused.
- Q. the role is that they are already depressed when incarcerated. I guess it could add a relative role.
- R. Most of the cases, their state of mind plays a big role when they come in. They'll say they will kill themselves, but we haven't seen suicides.
- S. The individual I believe tries attempts or succeeds not because of what we put into the cells or take out, but by their determination to end it all. They will do it at some point.
- T. If they are intent, regardless of what they have in their cells, they will find a way. Sometimes they do it for attention.

U. I think in this community, alcohol plays a major role. Incarceration does become a factor, grief over what they have done and why they may have done it.

V. I think so. I believe that there is a connection between being incarcerated and their state of mind, and looking at what they are facing, how society will treat them, how family and friends will see them.

In your opinion, what are the important risk factors in terms of likelihood of self-harm?

A. The despondency, if you're poor, alcoholic, and don't have much hope. A combination of who they are certainly is a factor.

B. Not opening up, time constraints, not enough time to ask them what is wrong, especially on Thursdays, Fridays, and Saturdays.

C. Basically, we have to look at the situation, what they were arrested for and what is their emotional state. The occasional person cries a lot, or boasts about killing themselves, but the ones we should watch for are the quiet ones.

D. An assessment of their state of mind. What they have been involved in. Their past history mainly in relations to it.

E. Time of day, age, gender, one degree or another, but mostly the main factor is the first 24 hours. That is particularly crucial.

F. Being incarcerated, how will society view what I have done? This is the end of the road.

G. Alcohol might be a factor. Desperation, no employment, having no future, relationship problems and also low self-esteem.

H. Not opening up is a big risk. Members of native community and how they will react is a big problem.

I. Substance abusers. Depressed by the offense that they have done, or their life situation.

J. Relationship and marriage breakups, leaving them with a feeling of inadequacy. A lot of resenting authority, told what to do, dictating when to eat, etc. A feeling that they have lost their pride, their independence.

- K. If the prisoner gives us physical or verbal indications. A Q and A if they have a plan to commit suicide. Their support structure, family or agency support, there's always a risk.
- L. Mental instability is the biggest factor. Certain prisoners utilize attempts to do harm to themselves to create a better environment, like being brought to the hospital.
- M. The crime, how do they see me in society? Family-oriented situation, breakups, these bring on depression. Alcohol and drug abuse are also depressants.
- N. Mostly, I would say the biggest factor here is alcohol-related. That brings on talk about suicide.
- O. Mostly intoxication.
- P. The charge they are facing. Their makeup, background, and education.
- Q. Previous attempts. Abusive of alcohol and drug or prescription drugs. Showing signs that they are supposed to have medication. Statements that they want to die.
- R. Depression, mostly alcohol abuse, can't cope, and having no family support.
- S. how things are going for them in court. Too much time staring at a blank wall. Depression and an inability to reach out for help.
- T. Alcohol abuse and drug abuse. Family, marital, or relationship breakups are important factors.
- U. It's alcohol-related and mental instabilities.
- V. The biggest is the environment, eliminate those potentials, no kinds of protrusions from the walls, nothing sharp to cut themselves.

Remembering that we respect your rights to confidentiality and the right of your facility to remain anonymous, what can you tell us about actual suicides or attempts in your holding cells? How do you and your institution deal with these circumstances?

- A. When there is a suicide or suicide attempt, there is a report, coroner's for

death, and a public hearing on each case. Most cases I've seen have been various forms of hanging involving tearing up clothing into little strips to fashion some kind of rope and using it to hang themselves.

- B. Hangings using belts from their pants. Taking their shirt knotting them up, using shoelaces to hang themselves from the bars. When angry, they cause self-destruction by banging their heads into the walls. We use Plexiglas in cellblocks. If we need to put them in restraints like straight jackets. I've also seen positional asphyxia.
- C. When one occurs, there is a report filed and an investigation is done. We've only had a few attempts such as someone's shirt tied to the bars or stepping on the bed to try to hang themselves. I've seen someone trying to drown themselves in toilets. Individuals harming themselves by banging their heads into doors, having to use restraints or straight jackets to stop them, which we are reluctant to do.
- D. may have attempted suicide every 3 months. Attempts at hanging themselves using their pants or trying to tie socks together. One tried to drown himself in the toilet bowl. And self-harm by running full tilt into the Plexiglas window or banging their heads off the brick walls constantly to try to do some self-harm.
- E. I've seen lockup attempts only. There has been only 3 suicides in _____ before 1981. That was before cameras. _____ has on average 1 to 2 suicide attempts per month. This is greatly due to the volume of 4,000 a year as opposed to _____ that has 1,500 admissions per year. There has been a recent case of an 18-year-old woman who tried slashing her wrist with a partial razor blade she had hidden in her clothing. There's been a few slashing incidents, but no suicide.
- F. In all honesty, there has been no suicide or suicide attempt. Sometimes with the swallows we have a problem. But that's why we have them medically and physically checked in hospitals.
- G. We've never had suicides and the only near attempt, if you want to call it that is an individual tried to scratch their wrists using the heating vent that is flush against the wall. We just took him to the hospital for physical and psychiatric tests to check him out. Nothing else.
- H. There's been a lot of them. One incident was 9 years ago. An individual was brought up on a charge and we knew he was depressed and he ended up taking his t-shirt and hanging himself with it. Attempts happen about once a month.

- I. There was an actual suicide in 1992. There was a hanging, using pieces of cloth to hang himself. I've seen other attempts, but no successful ones. All of them tried to hang themselves, mostly with clothing. We had one prisoner who us to the cell; he had used toilet paper to fabricate a noose. Unbelievably, it could work.
- J. I can't identify a close call or a suicide in our home. But when we have suicides, it's mainly due to relationship breakups, a boyfriend and girlfriend relationship ends and they feel very inadequate, not good enough for the relationship.
- K. There have been suicides and deaths in the cells less than a year ago. There was one in Glasco, one or two in Halifax, but I'm not sure if they were all suicides or some were illness.
- L. I've never had one since I've been here for four years. I've heard of people banging their heads on concrete, but not here. I have had people claim that they were going to do it. I've seen incidents where prisoners cut their hands while inside the police car when there is a screen mesh and a little welding came undone, they try to cut their hands. Most instances are attempts to be brought to mental hospitals instead of holding cells.
- M. There was one incident that I'm aware of within the last year. It was a feeble attempt where the individual didn't have enough room to hang himself with his T-shirt. The guard stopped it. I recall in the mid 1970's there was an actual suicide that was successful. That individual used his shirt and somehow applied pressure by lying down tucking at this shirt.
- N. The last two and half years, we've had a few attempts, 4 or 5 I believe. They were trying to hang themselves on the bars using the mesh with pieces of clothing, but none were successful. When this happens, we request a member to assist to cut it down and deal with the prisoner. At the same time, we talk to the guard, and after the incident, by the watch commander.
- O. we haven't had any attempts or suicides for 8 years, maybe because we have double guards on suicidal ones or because we don't hold them very long.
- P. There have been no attempts investigated here and no suicides since I have been here 3 years now.
- Q. In five years, there have been attempts with tying clothes to bars, so we

- would take them away. No suicides.
- R. the two years I have been here, there has been no attempt or suicide. But I've seen that it is mostly females who have banged their heads on the walls, running full speed into the door to harm themselves.
- S. the last one that I recall was successful was in 1993 or 1994. A drunk driver who was put into his cell for intoxication, no fixed address. He was driving through Alberta. He was only in his cell for about two hours when he took his shirt and looped his shirt through the holes and knotted it, then tied it to his neck and sat at the end of the bunk and slid down, hanging himself. It was during the middle of the night. In another incident in the same cell, we had put an individual who was deported to Romania and didn't want to go. He used the edge of the bunk and took all night to rub his wrists, right to the arteries. Lots of blood, but we caught him in the morning just in time.
- T. There were 2 to 3 attempts in 1975. There was one where the individual used clothing. He put his shirt around his neck and tied it to the bars. There was one older man who died in a cell. He was a local, was intoxicated, and just passed away naturally.
- U. I been here over 2.5 years, and there's been no attempt. If we have a large risk or more prisoners, we will bring in extra guards.
- V. We've had no suicide attempts. We've had one incarcerated individual for impaired driving; after being released, on the next day he shot himself. What puzzled us was that he was a hardened criminal, very violent, a tough guy who had been in for 20 to 30 serious offenses, but this one wasn't.

SUGGESTIONS/CONCERNS

Do you have any other suggestions for improvement that you would like to share with us? Have you been able to identify any problems that need to be recognized with the current system?

- A. I think that we probably need good training in policy, to encourage people to do close scrutiny on in-take, to insure that we know that they are at-risk. It would be desirable to have facilities constantly supervising in a glass wall or Plexiglas.
- B. Jailers and booking officers need more training in positional affixia,

recognizing that if prisoners lay their heads a certain way, they can suffocate themselves. We need better assessments from the street officer and better communication between booking officer and arresting officer.

- C. I think that we are not too bad with the current system, but we could redesign the facility for everybody involved, and widen the hallway and have wider doors.
- D. our system of being able to monitor the cells are of most concern, coverage of cameras is adequate. We need to have hospitals that have some type of facility for the at-risk individuals.
- E. More medical personnel that is always easily accessible to us.
- F. I think for the type of facility we are, the current system is fine the way it is. I don't have any problems with the current system.
- G. For the time that they're here it's adequate. Maybe a few more cameras in the booking area.
- H. I would like to see more space in the cell blocks, and definitely we need to have better trained staff to deal with situations at hand such as attempts, etc.
- I. I think we need windows. We need video monitoring from the time they are booked to the actual incarceration.
- J. Looking at conflict with the law. We don't look at them as humans requiring certain things. Their environment and their needs.
- K. The lack of conforming to provincial standards of health and safety issues.
- L. There is always room for improvement in manpower. It is better to have overkill than stretching staff. When prisoners are escorted to St. John's Hospital, we send two guards and it leaves us a little strapped.
- M. Training is always an issue. Not enough time, not enough money to train. We must upgrade training.
- N. it seems to be running smoothly. The CP system is good for following information. The current system is fine.

- O. the current system is fine the way it is.
- P. I think the current system is fine.
- Q. I would prefer to have as many intoxicated people as possible in detox centers. They were put in place to eliminate the attempts to suicide, that's what they were initially funded for, to prevent deaths from intoxication. I think detox centers should be reassessed.
- R. the drunk tanks are a dangerous situation, the concrete floor. One concern is that we don't have a psychiatric ward to prevent people from banging their heads into the walls. We try to restrain them without hurting them. A rubberized room with a vinyl rubber gym floor would be ideal.
- S. the visibility of the cell itself so the guard has a better view. I suggest having a bullpen in the middle for the staff to keep an eye on all the cells around it.
- T. I don't think so. Mostly we have drunks and alcoholics. The current system is adequate for the short-term. It is our role for detox lockup.
- U. these are mostly intoxicated people. It would be nice to able to send them for counseling. It's usually a society problem or repeat offenders, also long-term prisoners. Especially in the North, we should have some sort of "work camps" to keep them busy, like working on the land, to give back to society.
- V. All our guards are part-time. It's difficult in terms of monies, having no motivation, some improvements. We need to put funds towards hiring full-time guards.

Do you have any concerns or recommendations that should be given more attention?

- A. we need to have continuous observation. We need molded bunks to make it difficult for individuals to try to hang themselves, and we need the facilities to do it.
- B. More training and better communication between booking officer and arresting officer.
- C. they made want to look at padding a couple of cells instead of restraints.
- D. one concern is people who are taken into custody under the health act

- that basically have been deemed to be a danger to themselves or someone else, under our act it allows the police officer to arrest that person and to bring them to a medical facility. The problem in most instances is that if the individual is extremely violent and the doctors can't access them in their condition when they are like that, then we must bring them back to the cell until they have calmed down or out of intoxication.
- E. we need specialized training and we must pay more attention to problems in admission.
- F. Working in quality assurance, there's been very few problems; it works for what we do.
- G. I think that the prisoners should be able to smoke. They get pretty bored after a few hours as long as there is ventilation.
- H. we need better-trained staff to deal with situations.
- I. The ones I have mentioned, that's all.
- J. As far as the needs of the individuals, I think that some of the programs in the institutions have to reflect on their identity.
- K. Life and safety issues need more attention.
- L. Views on prisoners in general. We are wasting our time in the incarceration; we end up making them lazy when they should be giving something back to society and doing something constructive with their time. As human beings we fall by the wayside, by putting them in prisons, feeding them, we are a failure. Society should take a long look at giving back to society.
- M. the length of time that prisoners are kept in holding cells. They should be kept in a provincial establishment if they are kept more than 24 hours. In a place that is designed to look after prisoners.
- N. the RCMP cells should not be used as holding cells. I think 10 days in a 10 X 10 room is too much, when there is no place to exercise.
- O. I would like to see more courses on suicide prevention, just more education overall. We could always use more.
- P. No concern except for safety. I recommend cement bunks in cells for safety reasons.

- Q. we only expect our people to work less than 12 hours in short-term cells. There are no assessments and no provisions made for that.
- R. The system works well for us. We just need a higher priority in securing the safety of the prisoners in the cells.
- S. my biggest concern is get the jails to do their job, get the prisoners out of our custody. I would also like to see more training on suicide intervention courses, cross-cultural courses, and ethics.
- T. With regards to dealing with hepatitis, HIV positive, the cells should be properly washed and cleaned after use for safety reasons.
- U. the intermittent sentences on weekends come in and do shoveling. They beg to do the work. Maybe if we had works program for prisoners and have cultural programs like traditional ways of doing things like hunting. We should have counseling for the alcoholics. Culture is very important to bring back to them.
- V. we need criteria that may enable us to more easily identify potential suicides.