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To cite this article: Claire Dewar, Daniel A. Heggs & Jason Davies (2021): Exploring the Relationship Between Domestic Violence Perpetration and Suicidal Behavior in Male Prisoners, Archives of Suicide Research, DOI: [10.1080/13811118.2021.1939207](https://doi.org/10.1080/13811118.2021.1939207)

To link to this article: <https://doi.org/10.1080/13811118.2021.1939207>



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Published online: 24 Jun 2021.



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Exploring the Relationship Between Domestic Violence Perpetration and Suicidal Behavior in Male Prisoners

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ABSTRACT

This study is the first to explore the relationship between domestic violence perpetration and suicidal behavior in prisoners in England and Wales. The nature of this relationship is unclear, however, understanding and reducing suicide in prisons is a critical issue for front-line staff and policy makers. Eight participants with a history of suicide attempts and domestic violence perpetration were interviewed. Five key themes were identified through thematic analysis; “Trauma, victimization and life struggles,” “Relationship ideals versus relationship reality”, “Explaining domestic violence”, “The impact of prison” and “Suicide as a coping strategy”. This study shows that the relationship between domestic violence and suicide risk in prisoners may be better understood through a pathway of experiences rather than individual risk factors. Further research is needed to test the replicability of this pathway in other samples.

KEYWORDS

Domestic violence; near-lethal suicide attempts; perpetration; prison; suicide

Suicide is a leading cause of death for men in correctional settings (World Health Organisation, 2007) and in English and Welsh prisons, the rate has consistently been above or close to 100 suicides per 100,000 (see [Figure 1](#)) since around 2013 (Ministry of Justice, 2020).

This is three to six times the rate of people in the community of similar age and gender (Fazel, Hayes, Bartellas, Clerici, & Trestman, 2016). The patterns and rates of wider self-harm behaviors differ substantially from suicides in custody, and between males and females (Hawton, Linsell, Adeniji, Sariaslan, & Fazel, 2014) with rates of self-inflicted deaths in women prisoners largely being lower than in men (Ministry of Justice, 2020). Therefore, the focus on this paper is on suicidal behaviors in male prisoners. This paper reflects the language used by prior research, data, and the participants themselves, however, it is recognized that not everyone within a male prison environment may identify as male.

Intent to die has been identified as distinguishing suicide and attempted suicide from other types of suicidal and self-harming behaviors (Lester & Fleck, 2010). Suicide in English and Welsh prisons is often referred to as a “self-inflicted death” (Ministry of Justice, 2017) which enables organizations to categorize deaths by their apparent cause rather than having to establish intent after the fact. Research has highlighted a number of risk factors for prisoner suicide, however, these tend to describe large categories of

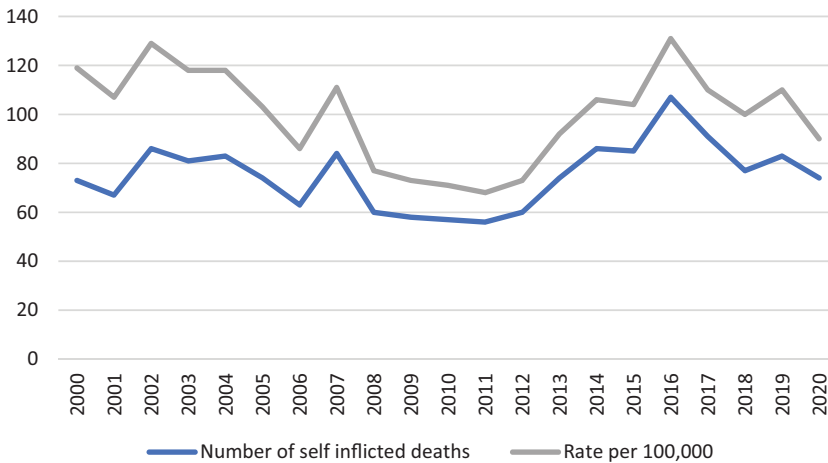


FIGURE 1. Number and rates of self-inflicted deaths of males in custody in England and Wales 2000–2020.

individuals such as being male, being white or being on remand (Fazel, Cartwright, Norman-Nott, & Hawton, 2008), or having a violent index offense or violence history (Fazel et al., 2008; Frühwald et al., 2004; Humber, Webb, Piper, Appleby, & Shaw, 2013; Webb et al., 2012).

While a relationship between violence and suicide risk has been established, the relationship between specific types of violence perpetration and suicide has not been explored thoroughly (Webb et al., 2012). Based on deaths in custody the Prison and Probation Ombudsman (2014) highlighted domestic violence perpetration as a potential vulnerability for prisoner suicide. Studies in non-offending populations have found a relationship between domestic violence perpetration and suicidal behaviors, for example in adolescents (Renner & Whitney, 2012), psychiatric inpatients (Heru, Stuart, Rainey, Eyre, & Recupero, 2006) and alcoholic men (Conner, Duberstein, & Conwell, 2000).

Despite these potential links, there is limited research on the nature of the relationship between domestic violence perpetration and suicide; the available studies use a range of populations, suicidal behaviors and definitions of domestic violence. No research to date has explored this relationship in incarcerated prisoners. It has been noted that there are difficulties in identifying the temporal nature of the relationship (Nahapetyan, Orpinas, Song, & Holland, 2014) with some suggesting the relationship could be explained by common underlying factors (Starr & Fawcett, 2006; Swahn et al., 2008). It has been suggested that the focus of suicide research should move from identifying broad risk factors that may be applicable to many in the prison population who do not go on to die by suicide, to investigating those with specific vulnerabilities (Forrester & Slade, 2014). Therefore, understanding why those who have committed a domestic violence offense may be vulnerable to suicide in prisons may provide valuable information for interventions or risk assessment.

Examination of prisoners making near-lethal suicide attempts has been suggested as a proxy to those dying by suicide (Rivlin, Fazel, Marzano, & Hawton, 2012), allowing

detailed investigation and discussion with those who have come close to completed suicide. While some research suggests that those who have died by suicide have some overlapping or similar characteristics with those who have attempted suicide (DeJong, Overholser, & Stockmeier, 2010) other studies indicate that those who have died from suicide may have additional personality disorder characteristics and a history of alcohol misuse (Giner et al., 2013). Near-lethal suicide attempters may be most similar to those who actually die by suicide (Marzano, Rivlin, Fazel, & Hawton, 2009). In light of the limitations of current research and understanding, the current study aims to explore the relationship between domestic violence perpetration and suicide risk from the perspective of prisoners who have made a near-lethal suicide attempt.

METHOD

Approval was obtained from the National Offender Management Service National Research Committee to conduct this study (NRC reference no. 2016-048).

Study Design

Qualitative methods were used to understand the perspectives of domestically violent prisoners who had attempted suicide while in custody through semi-structured interviews. Interviewing people who have made suicide attempts has been a common approach to understanding the psychological characteristics of those who may want to take their own lives (Rivlin, Fazel, Marzano, & Hawton, 2013). Near-lethal suicide attempts were defined using criteria focusing on potential lethality of the method and whether the individual required medical attention (Rivlin, Fazel, et al., 2012). The cross-government definition of domestic violence was used; “*any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality*” (Home Office, 2016).

Participants

Participants were drawn from three prisons across two regions in England and Wales. A purposeful sampling approach was adopted, using prison records to identify the presence of near-lethal suicide attempts and recorded domestic violence charges or convictions among prisoners who resided in male prisons. Individuals whose records indicated a near-lethal suicide attempt between January 1st, 2016 and March 31st, 2017 were reviewed for inclusion in the study, to enable exploration of a relatively recent suicide attempt.

Potential participants were contacted by letter and invited to take part in the study. In total, 39 individuals who met the inclusion criteria were approached and of these, eight agreed to participate. Of the remaining, 13 did not respond to the invite, 13 provided a verbal or written response declining, and five initially agreed to participate and

TABLE 1. Participant characteristics.

Characteristic	Participants (<i>N</i> = 8)
Mean age	29.1 (range 21–41 years)
Ethnicity	
White British	6 (75%)
Mixed	2 (25%)
Victim type	
Partner	5 (63%)
Family member	1 (12%)
Both	2 (25%)
Suicide attempt method	
Ligature	6 (75%)
Overdose	2 (25%)
Sentencing	
Determinate sentence	4 (50%)
Remand	1 (13%)
Recall	3 (37%)
Domestic violence	
Current sentence/arrest linked to DV	5 (63%)
Previous sentence/arrest for DV	3 (37%)

then withdrew or were transferred to a different location. Characteristics of those who consented are presented in [Table 1](#).

Data Collection

Participants who expressed interest were provided further information about the study and gave informed consent prior to an interview taking place. Individual interviews were conducted in a private environment within the prison and lasted between 50 and 120 minutes. A semi-structured interview covering key areas (current experience in prison, personal history, the suicide attempt and offending behavior) was used, and interviews were audio recorded for transcription.

While prior research has suggested limited negative impact on prisoners involved in research interviews about suicide (Rivlin, Marzano, Hawton, & Fazel, 2012) the welfare of participants was monitored using a Subjective Units of Distress (SUDS) rating scale before and after the interviews. Debriefing information including avenues of support and safeguarding procedures was provided to participants on completion of the interview.

Data Analysis

A data driven, inductive approach was taken to data analysis using established guidelines for thematic analysis (Braun & Clarke, 2006). The audio recordings were transcribed in full and coded by the first author. Codes were developed by systematically working through and coding each interview individually. These first level codes were then sorted into potential themes and sub themes across all interviews. Coded data extracts were collated and reviewed to check for consistency against the original data. Feedback was sought from all authors as themes were developed and refined, to check for coherence and how they represented the data. Finally, the themes were described and named, and extracts identified to represent sub-themes and themes.

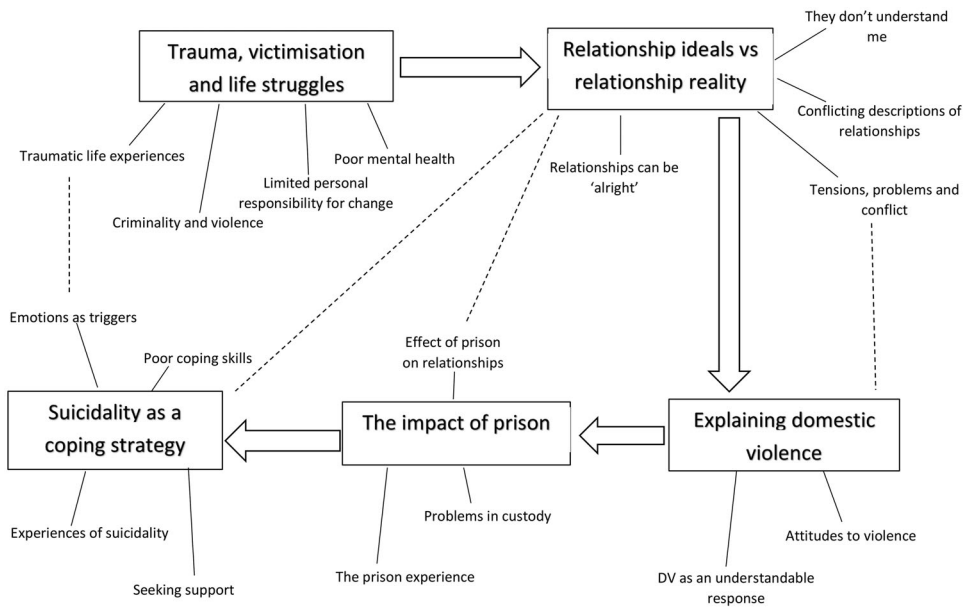


FIGURE 2. Thematic map of results.

RESULTS

Five themes were developed from the data (1) Trauma, victimization and life struggles, (2) Relationship ideals versus relationship reality, (3) Explaining domestic violence, (4) The impact of prison and (5) Suicide as a coping strategy. Each theme comprises a number of sub-themes, and they tell a story of the participants from their earlier life experiences to the most recent suicide attempt in custody. Figure 2 presents a thematic map, which shows the complex relationships between themes and subthemes. Given these complexities, the present paper focuses on providing an overview of the key findings.¹ Although the map shows the suicide attempt in custody as an “end point,” this is typically a traumatic experience in itself, linking back to the “Trauma, victimization and life struggles” theme. Therefore, this could also indicate a cycle of behavior or experiences.

Trauma, Victimization and Life Struggles

Participants described victimization, abuse and trauma, starting in early life. This included childhood experiences of sexual or physical abuse, being in the care system, brain injury and adult victimization including as victims of domestic violence. Earlier experiences also appeared to leave them vulnerable to later difficulties, and they described traumatic and chaotic lifestyles into adulthood.

There's a lot going on but um, it might be that I'm traumatised from my childhood as well. (P1)

¹Further detail regarding the full analysis is available from the corresponding author.

I've been homeless like I've been jumped [attacked] in my sleep I've been whacked round the head with metal grinders in socks, I've been beaten up in groups all things like that. (P6)

Participants did not “blame” their earlier experiences for their current situation, however, there was a common history of separation from primary caregivers whether due to neglect, abuse or their parents' struggling to manage their behavior.

I was in care due to my mum ended up post-natal depression and bipolar [...] I didn't realise why I was being disowned like so I've obviously kept running away saying that I wanted my mum. (P7)

Poor attachment and adverse childhood events in early life were common, and all but one of the participants had been in custody before. They spoke about both violent and nonviolent behaviors, often linked to substance use. Violence was described as serving several functions, from self-protection and protection of reputation to problem solving and revenge.

They tried to check me and all and tried to steal my wallet and we ended up fighting then. (P2)

All participants described mental health difficulties that significantly impacted their lives. This covered a wide range of issues, from anxiety and depression to psychosis and post-traumatic stress disorder. Participants perceived that mental health problems led to a number of difficulties with functioning in the community and linked to their offending behavior. All the participants also described self-harm, suicide attempts or both prior to the most recent attempt in custody.

I done all this not in prison but in mental health homes all these scars all here all here and all here [showing] and here (P8)

This occurred often multiple times, suggesting that for most this was something that they had struggled within a variety of contexts not just in a custodial setting. The potential impact of custody on this already present vulnerability to suicide is explored further in the themes “The impact of prison” and “Suicide as a coping strategy.”

While the participants had histories characterized by offending, instability and adverse life experiences, many of them spoke about attempts to change their behavior and desist from crime.

I've asked to see the counsellor I have, I've never been one like I am now speaking I've never really been one to talk, so I thought that obviously after this now perhaps I need to start talking to get somewhere. (P3)

Their experiences growing up seemed to give them limited opportunities to learn appropriate skills to lead a pro-social life. Descriptions of change indicated a lack of self-efficacy or personal responsibility and little active planning, suggesting an external locus of control.

I got to have someone to look after to keep me on a straight track. (P1)

There was a sense of being stuck in the same patterns, and even when they desired change they were frustrated by a lack of support to enable this.

The way the system is yeah once you're stuck in the system it's hard work getting out of the system. (P6)

Relationship Ideals Vs Relationship Reality

While the previous theme captures the instability and uncertainty of childhood relationships and experiences, this theme focuses more on adult relationships. There is a contradiction at its center with a range of contrasting relationship experiences, perceptions and attitudes described. Participants viewed their relationships as challenging and difficult, however they continued to strive toward an idealized “perfect” version of relationships and family life.

Tryin'a ... get myself a perfect life and get myself a decent relationship decent family, decent house have everything else I know it's difficult but that's what most other people normal people have got. (P6)

For some participants, their relationships with children and their partners did have positive elements.

We both understand each other and we both support each other through everything uh I've known her all my life anyways since we was kids. (P1)

However, most described their relationships in lackluster terms—“*alright*,” “*fine*” or “*seemed to be OK*,” which contrasted with what participants said that they wanted their relationships to be like such as “*loved up*” or “*a happy little family*.” Many reported tense and uncertain relationships with family members reflecting past abusive or neglectful home environments or resulting from their disruptive or offending behavior. Most described that their partners also had chaotic lifestyles, with the “shared chaos” exacerbating instability and attachment problems. Even those in more stable relationships experienced relationship insecurity and concerns about relationships ending.

She used to kick me out quite regularly as well we'd have arguments and she'd kick me out. (P4)

Compounding this, participants reported few skills to help them develop secure intimate relationships, leading to participants avoiding relationships or remaining in relationships with partners they described as violent, chaotic or unfaithful.

Explaining Domestic Violence

Although participants talked about desiring positive, somewhat “idealized” relationships, the majority acknowledged domestically violent behavior. Their descriptions of domestic violence perpetration appeared within the context of their challenging lifestyles, and general acceptance of violence and aggression. Even serious violence was viewed by some participants as a valid way to deal with problems.

The hammer attack thing that was just impulsive that was just gang retaliation it was planned it was premeditated. (P4)

When talking about domestic violence, participants' descriptions were somewhat different and their openness to discussing the details varied. There was a tendency to focus on the victims' behaviors and minimize the consequences and seriousness of domestic violence.

I've had a couple of domestics where I've been arguing and I've pushed them or I've started shouting and they've got a bit scared and they've rung police but apart from that I'm not I don't I'm not a threat. (P7)

While many of the participants reported explicitly that domestic violence was unacceptable, only one participant identified shame about their offending as an issue for them.

I was feeling totally ashamed that someone you know of impeccable character as me had somehow ended up in a prison. (P5)

The lack of shame or embarrassment may related to participants' descriptions of being both on the receiving and perpetrating end of violence or aggression within their relationships. Participants wanted to provide explanations for their behavior, and for people to understand why they acted in the way that they did.

At the same time there's... an explanation behind it as well, whereas some people then like they just shut off don't they you're in for that so they don't want to know. (P3)

While wanting to distance themselves from their domestically violent behavior, the participants could identify triggers that largely revolved around heightened emotion and arguments or conflict with the victim.

She told me to go and jump off a car park like my best mate's dad did yeah I flipped that was it. (P6)

Violence was commonly an emotional response to a problematic situation rather than an attempt to deliberately control or manipulate. One participant arrested for domestic coercion was an exception, although he did not view his own behavior to be abusive.

Her mother and stepfather are not nice people they were abusive to her and abusive to me and I was trying to take her away from that situation [...] I thought I was doing the right thing of course I just ended up hurting her. (P5)

The Impact of Prison

While suicidality was also present outside of custody for some of the participants, they commonly spoke about the impact their current sentence had on their mental health and experience of suicidality. For all but one of the participants, the prison sentence during which they made their most recent suicide attempt was not their first time in custody. Some participants were used to the prison routine, however, prison was still a negative experience for most of the participants, with the current sentence reported as particularly challenging.

It's too much thinking time in here really like there's not enough things to do. (P2)

There were many issues that participants had to deal with while in prison. Problems in prison spanned a range of issues such as health or money difficulties, conflict with staff or other prisoners, rule breaking behavior and use of substances. Participants also reported ongoing mental health difficulties that were worse in prison than in the community.

They told me [my pain] is to do with stress levels and depression I said well I got that in abundance cos of you lot, you've took the meds away from me I get stressed, I'm depressed cos of what's going on. (P4)

Participants also found it difficult to access suitable mental health care in custody with lengthy waits for referral and ongoing support.

I was trying to engage with mental health and they like cos they cos I had a good couple of weeks [...] the day after that they closed my case. (P7)

When participants did have external supports, they reported difficulties connecting with those closest to them because of lack of funds to maintain telephone or in-person contact, previous family difficulties, or distance from their current location.

My family live about 150 miles away so I'd suddenly been cut off with no support [...] so I sort of had no line to support then my usual sources of support my family and friends I couldn't talk to any of them. (P5)

Suicidality as a Coping Strategy

While the previous themes describe the context and histories of the participants and how they found themselves in custody, the final theme explores the participants most recent suicidal behaviors. Suicidal behaviors were described as a coping strategy, often in response to problematic and overwhelming emotions. This was not specific to being in prison, rather reflected a general pattern of experiencing difficult emotions such as stress, anxiety, depression and anger which could build up over time.

With me [anxiety] builds up and then all of a sudden [...] I either explode or I sleep. (P3)

However, being in prison prevented participants from using their typical avoidant strategies to cope with feelings or conflict, such as actively leaving a situation.

[I'd] go out for a walk and all come back and hope for the best, you know. (P2)

Given that the prison environment precluded this strategy, it is not surprising that participants linked their suicidality to overwhelming negative emotions, often triggered by facing difficult situations and experiencing stress. Even when they were unsure if their intention was to die, they seemed to be looking for a way out of their current situation.

It all just got to a stage then where it felt like the world was on my shoulders and I just couldn't move forward and I was just stuck. (P2)

The one participant who had experienced significant psychiatric problems also attributed his suicide attempt as a way to cope with a sense of being unsafe and unsupported.

I didn't feel safe in my cell I didn't want to go in there I didn't have a job. (P8)

Another barrier to effective coping involved an unwillingness or inability to seek support. Participants generally found it difficult to talk about their problems with some believing that they should deal with their own problems or reporting "giving up" due to the time taken to access support.

I've just sacked off them cos obviously I've tried getting support out of them every time I go to see em, it will be either once a month or once every like three weeks six weeks eight weeks ten weeks now that's no good. (P7)

Although some sought and received help from others (e.g., prison healthcare teams, friends and others serving a sentence) the barriers to accessing support appeared to outweigh the positive experiences.

Participants reported a range of suicide attempt methods with attempts leading to the need for medical intervention. While all participants had previously engaged in self-harming or suicidal behavior, over half the participants reported that this was mostly or exclusively expressed within custody.

It's mostly in prison. I've tried hanging myself in prison I've tried overdosing, I've tried um cutting. (P1)

Despite all the participants having engaged in behavior that would be considered a near-fatal suicide attempt, some but not all described a clear intention to die.

I really want to kill myself sometimes and sometimes I do and maybe we all go through that point of like ah we're useless we don't wanna be here. (P7)

After the attempt, many participants seemed to feel differently, describing their suicide attempt(s) as a "*mistake*" or "*selfish*." One participant described changes in his self-harming behavior and intent over time, from a release of pain and to effect change in the help he was getting from healthcare to more extreme actions that reflected increasing hopelessness about his circumstances and ability to cope.

I'm getting closer and closer it's gone from my leg to my wrist I've had a noose round my neck several times [...] if I have a noose round my neck I'm jumping and there ain't gonna be no-one there to stop me. (P4)

From within a context of general difficulties, participants also described specific triggers to their decision to engage in a suicide attempt including mental health symptoms, pain, and memories of prior trauma. For all but two of the participants, they linked their suicide attempt to concerns about relationships, either with intimate partners or family.

The same person got into my head again my ex she made my just feel suicidal down low... she made me not want to bother any more cos like she didn't understand the amount of stress she was giving me. (P6)

Irrespective of how much responsibility participants took for their behavior, their experience of difficult, chaotic relationships and the impact of coming into custody on these were significant to their suicidality.

DISCUSSION

This study is the first to focus on the relationship between domestic violence perpetration and suicidal behavior in prisoners. The qualitative approach provided an opportunity to explore in depth how experiences of domestic violence and suicidal behaviors are connected. The findings highlighted that a domestic violence offense does not appear to be a specific critical factor in prompting suicidality. Rather the participant's experiences form a pathway beginning in childhood, accumulating over time, with offending and custodial experiences feeding into challenges and the use of suicidal behaviors as an attempt to cope. This is consistent with research into adverse childhood experiences (ACEs), which have been associated with a range of negative outcomes including violence perpetration and incarceration (Bellis et al., 2015; Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014), increased risk of suicide (Brodsky, 2006; Choi, DiNitto, Marti, & Segal, 2017; Fuller-Thomson, Baird, Dhrodia, & Brennenstuhl, 2016) and perpetration of IPV, particularly for those who are "generally violent" perpetrators (Ernst et al., 2009; Fowler, Cantos, & Miller, 2016).

While much of the existing literature focuses on the relationship between childhood trauma and suicidality in prison (Angelakis, Austin, & Gooding, 2020), participants described many aversive experiences across their lives. The present study suggests that the impact of adult trauma and interaction with early experiences may be important when understanding why domestic violence perpetration and suicide risk are related. This is an area worthy of much greater research.

Pathways and processes to suicide have been considered for the period of time between initial suicidal thoughts or ideation and a suicide attempt (Millner, Lee, & Nock, 2017; Rivlin, Fazel, et al., 2013), and profiles of suicidal prisoners have suggested different pathways to suicide depending on their circumstances at the time and triggers (Liebling, 1999; Rivlin, Ferris, Marzano, Fazel, & Hawton, 2013). These studies have taken a somewhat narrower slant and have not sought to describe the pathways toward suicidal behavior from a more life-encompassing perspective. This study suggests that adverse experiences create vulnerabilities for both self-directed and other-directed violence. This is consistent with prior research showing links between the number of adverse events, violence and the risk of self-harm, suicidal ideation and suicide attempts in adolescents (Duke, Pettingell, McMorris, & Borowsky, 2010).

Participants provided accounts of their domestic violence that could best be described as Situational Couple Violence (Johnson, 2006), with both partners engaging in violence or aggression, but little overtly controlling behavior. Participants tended to minimize their violence in this context, as is common for those engaged in domestic violence (Levesque, Velicer, Castle, & Greene, 2008). While shame has been suggested as a precursor to domestic violence and important to the treatment of such offenders (Brown, 2004) the findings of this study did not indicate that shame was a significant factor.

The findings highlight the difficulties that domestically violent individuals in prison experience with attachments and interpersonal relationships. Insecure attachment has been suggested to be a mediating factor between early trauma and a range of later problems including anxiety (Wiltgen, Arbona, Frankel, & Frueh, 2015) and depression (Fowler, Allen, Oldham, & Frueh, 2013). High levels of insecure attachments have been found in offenders (Ogilvie, Newman, Todd, & Peck, 2014), domestic violence

perpetrators (Dutton, Saunders, Starzomkis, & Bartholomew, 1994; Park, 2016), male prisoners attempting suicide (Mckeown, Clarbour, Heron, & Thomson, 2017) and linked with suicidal behaviors in psychiatric populations (Stepp et al., 2008). Given these overlapping outcomes of insecure attachments, the findings of the present study suggest that insecure attachment may also be a mediating factor between early trauma and suicidal behavior in domestic violence perpetrators. The descriptions of attachment anxiety and insecurity also presents policy implications given the limited contact participants reported with those in their support network, and the concern this caused them.

There are clearly complex relationships between the individual factors that a person brings into prison and the environment they find themselves in. This highlights the need for consideration of both issues and more sensitive or nuanced ways of identifying those at risk of suicide in prison, for example moving away from “checklists” of risk factors and considering processes, mechanisms or pathways toward suicide. This has implications for information gathering about those coming into, or returning to custody, and how prison staff may be able to find out whether an individual prisoner has experiences that fit with a pathway to suicide. Another practical implication of the present research are the findings related to the barriers participants experienced to manage their difficulties. These included a lack of confidence when seeking support, poor problem-solving abilities, inability to use their typical avoidant strategies as a coping mechanism and an external locus of control. External difficulties such as finding appropriate distractions or activities within the prison environment, as limited provision of mental health care or ongoing support after acute risk has been managed were also an issue. This indicates that there are practical steps that may be taken by prisons to manage suicide risk, such as improving after-care once an ACCT has closed, providing problem solving or emotional regulation training, improving communication with those deemed to be at risk of suicide and improving access to coping activities or strategies.

The potential key role of trauma and attachment issues among domestically violent prisoners provides a persuasive argument for the development of trauma informed practices in prisons. Trauma informed practice or care goes beyond providing specific trauma intervention and instead focuses on the organizational level in order to help contain, manage and transform the lives of those who have experienced trauma (Bloom & Farragher, 2013). This approach has been suggested for substance misuse, mental health and sex offendertreatment services (BC Provincial Mental Health and Substance Use Planning Council, 2013; Levenson, 2014; Shier & Turpin, 2017) which all offer parallels with thepopulation within prisons.

Limitations

A limitation to the study was the relatively narrow sampling. Participants were drawn from three prisons in two regions, and as such prison specific factors may have influenced the findings. However, these prisons did represent different types of custodial environment, from a local public-sector prison to a large privately-run site and a prison focusing on resettlement issues. Further, only those participants who were motivated and stable enough to discuss their experiences were able to be included, none were

-serving a life or indeterminate sentence and only one was on remand or unsentenced. Further research with these groups is warranted as such populations have tended to be over-represented in prison suicides (Fazel et al., 2008; Prison & Probation Ombudsman, 2015).

CONCLUSION

Participants experienced a range of traumatic and adverse life events and relationships characterized by insecure attachments with suicidal behavior as a coping strategy. The pathway to a suicide attempt in custody may be cyclical, with experiences in prison reinforcing earlier trauma, attachment problems and ineffective coping. This indicates that rather than focus on a “checklist” of individual risk factors such as whether an individual has a domestic violence history, suicide risk assessment and prevention in domestically violent offenders needs to focus on life experiences, sequences of events and interactions between relevant factors. Implementing trauma informed care and assessment in prison environments can support the accurate identification of those at risk of suicide and provide a framework for reducing and managing risk.

AUTHOR NOTES

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