

# Traumatic Life Events and Suicide Risk Among Jail Inmates: and Significant Others

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Relationships between traumatic life events and suicide risk were studied in two samples of jail inmates with a low ( $N = 216$ ) and a high ( $N = 51$ ) suicide risk. Although nonsuicidal inmates reported a high prevalence of traumatic life events, suicidal inmates reported even higher prevalence rates. Suicidal inmates reported more episodes of sexual abuse, physical maltreatment, emotional maltreatment, abandonment, and suicide attempts by significant others. They also had experienced more traumatic life events during childhood, later life, and detention. It is concluded that traumatic life events are associated with suicide risk and that such an association remains in a population with a high prevalence of traumatic life events. It is also concluded that suicide risk is dependent of the type of life event, the timing of the event, and the type of persons involved in the event.

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**KEY WORDS:** trauma; life events; suicide risk; inmates.

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In many countries, suicide rates in jails and prisons for adult inmates are several times higher than suicide rates in the larger community (Backett, 1987; Blaauw, Schilder, & van de Lande, 1998; Hayes, 1989; Liebling, 1992). Although precise figures are absent, attempted suicide rates appear to be even more elevated in jails and prisons (Gibbs, 1978; Liebling, 1995). Many researchers hold the view that these high rates are the result of the stressful situation of lockup in combination with the vulnerability characteristics of the inmate population that may predispose them to be at risk for suicide (Blaauw, Kerkhof, & Vermunt, 1997; Liebling, 1992). Imprisonment is stressful (Sykes, 1966; Toch, 1992) as can be derived also from the fact

that “jail term” ranks fourth in Holmes and Rahe’s Life Events Stress Scale (Holmes & Rahe, 1967). In addition, disproportionate numbers of inmates have those characteristics that indicate vulnerability for suicidal behavior in the community, such as mental disorders (Brooke, Taylor, Gunn, & Maden, 1996; Smith, O’Neill, Tobin, Walshe, & Dooley, 1996; Teplin, 1990), negative mood states (Gibbs, 1987; Zamble & Porporino, 1988), and poor coping skills (Toch, 1992). The current study addresses the question whether traumatic life events also indicate vulnerability for suicide.

Most inmates have experienced a relatively high degree of trauma as children and young adults (Collins & Bailey, 1990; Irwin & Austin, 1994; Weeks & Widom, 1998). Disproportionate numbers of inmates have family backgrounds that include divorce, criminality, alcoholism, and physical, emotional, or sexual abuse (Gunn, Robertson, Dell, & Way, 1978; Masuda, Cutler, Hein, & Holmes, 1978). Many inmates have a lifestyle through which they are frequently confronted with violence and death of significant others (Collins & Bailey, 1990; Gibbs,

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1991; Jankowski, 1991; Jessor & Jessor, 1977; Masuda et al., 1978). Furthermore, the vast majority of inmates have experienced at least one life event that meets the *DSM-III-R* criteria for an “extreme event” (Jordan, Schlenger, Fairbank, & Caddell, 1996) and in many cases imprisonment seems to be the result of an escalation of life changes in the previous year (Keaveny & Zauszniewski, 1999; Masuda et al., 1978). Finally, inmates are found to report a higher prevalence of life-time traumatic events than cohorts in the community (Jordan et al., 1996). These findings demonstrate that histories of traumatic life events and high rates of actual and attempted suicide coincide in inmate populations, but the findings do not confirm a relationship between these two phenomena.

Several studies have addressed associations between traumatic life events and attempted suicide in community samples. The experience of traumatic events, such as sexual abuse, physical maltreatment, and emotional neglect in childhood and later life, has been found to be related to attempted suicide in adulthood (Arensman et al., 1999; Yang & Clum, 1996). A number of recent life events (i.e., occurring 6–12 months prior to the suicide attempt), such as loss of a family member or friend, parental addiction, and parental inpatient psychiatric treatment, have also been found to be related to attempted suicide (Arensman et al., 1999; Paykel, Prusoff, & Myers, 1975; Welz, 1988). The few studies in samples of inmates have revealed relationships between attempted suicide and early loss of significant others (Koller & Castanos, 1969; Rieger, 1971), sexual and physical abuse during childhood (Lester, 1991; Liebling, 1992, 1995), family histories of offending and mental disorder (Griffiths, 1990; Liebling, 1992, 1995), and recent domestic or family problems (Lester, 1991; Liebling, 1992, 1995; Power & Spencer, 1987; Wool & Dooley, 1987). Thus, attempted suicide has been found to be associated with a large array of recent life events and a large array of life events during childhood and later life.

Because of methodological limitations, the aforementioned studies do not provide sufficient information about the influence of specific life events and life phases on suicide risk. The majority of studies, especially those in inmate populations, have focused on only one life phase or have looked at only a few or widely differing life events. In addition, several studies have operationally defined attempted suicide as an episode of self-injury leading to hospitalization or have relied on the perceived lethal nature of the suicidal behavior. Such definitions are of limited utility because they include people who used a highly lethal method, while actively having made preparations to survive the act and they exclude people who used a nonlethal method while actively wanting to die (Livingston & Beck, 1997).

The major aim of this study was to further investigate the relationship between traumatic life events and suicide risk taking into account shortcomings of other studies. Hereby, it was decided to focus on life events that have repeatedly been found to be associated with attempted suicide and that reflect a threat to the quality of a person’s interpersonal network. This choice was made because studies have repeatedly found that social isolation is a risk factor for suicide and that social support is a protection factor for suicide (Veiel, Brill, Haefner, & Welz, 1988). In agreement with the previous research, we expected experiences of (types of) traumatic life events to be more common among suicidal inmates than among non-suicidal inmates (Hypothesis 1) and suicidal inmates to have experienced more traumatic life events during childhood, later life, and detention than nonsuicidal inmates (Hypothesis 2). A second aim of the study was to investigate whether the specific persons involved in the life events are important in terms of an influence on suicide risk because indications have been found for the differential influence of relational aspects of life events on the severity of suicidal behavior (Arensman, 1997; Herman, 1992; Van der Kolk et al., 1996). The study also investigated which traumatic life events are good predictors of suicide risk among jail inmates.

## Method

### Participants

The high risk group consisted of 51 inmates who were all considered suicidal by a prison psychologist. The comparison group consisted of 216 inmates who were not considered suicidal by a prison psychologist. The high risk group had scores of at least 6 points on the Scale for Suicidal Ideation ( $M = 17.6$ ,  $SD = 6.4$ ), whereas the entire comparison group scored 0 points on this scale. All inmates of the high risk group and none of the inmates of the comparison group had engaged in a serious suicide attempt in the past. None of the inmates of these two groups had missing data on the variables of interest.

The high risk and comparison groups had equal distributions of males (respectively 94 and 92%), young inmates (respectively  $M = 33.4$  years,  $SD = 9.3$  years and  $M = 31.6$  years,  $SD = 9.6$  years), inmates of Dutch nationality (respectively 78 and 74%), inmates who had completed elementary school (both 55%), and inmates charged with a violent offence (respectively 15 and 20%). The duration of the current imprisonment was not statistically different in the high risk group ( $M = 221$  days,  $SD = 387$  days) and the comparison group ( $M = 171$  days,  $SD = 192$  days).

### Materials

Previous studies have identified a history of prior suicide attempts as a predictor of suicide risk (Arensman, 1997; Blaauw et al., 1997; Liebling, 1995). In particular, the seriousness of prior suicide attempts has been found to be capable of distinguishing eventual suicide victims from nonsuicide victims (Beck, Steer, & Trexler, 1989). In addition, previous studies have identified current suicidal ideation as a powerful predictor of suicide risk (Beck et al., 1973). Nevertheless, suicide risk can fluctuate over time. Suicidal persons may become less suicidal later and nonsuicidal persons may become suicidal later. Therefore, a very conservative operational definition of suicide risk was chosen in the present study. It was chosen to define suicide risk on the basis of both the present and the past, and on the basis of a person's self-evaluation and the evaluation of a mental health professional. High suicide risk was considered present when persons: (1) were currently considered suicidal by a jail psychologist, (2) had currently high suicidal ideation (i.e., strong wishes and plans to commit suicide), and (3) had a history with a suicide attempt with a high suicidal intent (i.e., a strong wish to end his or her life). Low suicide risk was considered present when persons: (1) were currently considered not suicidal by a jail psychologist, (2) had currently no suicidal ideation, and (3) did not have a history with a suicide attempt with a high suicidal intent.

### Suicidal Ideation

Suicidal ideation was assessed by means of the Scale for Suicidal Ideation (SSI; Beck, Kovacks, & Weissman, 1979). The SSI measures the intensity, duration, and specificity of someone's plans and wishes to commit suicide. The scale consists of 19 items, each item requiring scoring by the interviewer on a 3-point scale ranging from 0 (*ideation characteristic not present*) to 2 points (*ideation characteristic present*). Scores can vary from 0 to 38 points. High suicidal ideation can be considered present when respondents score 6 points on the questions 1, 2, and 4 (wish to live, wish to die, desire to make active suicide attempt) because such scores indicate a negative attitude towards life and a positive attitude towards death and displaying suicidal behavior. In the present study, the reliability (coefficient alpha) of this scale was .77.

### Suicidal Intent

The seriousness of the most recent suicide attempt was assessed using the Suicidal Intent Scale (SIS; Beck, Schuyler, & Herman, 1974). This scale measures objective

circumstances of the attempt (e.g., isolation, precautions against discovery, suicide note) and the seriousness or intensity of the wish of a person to terminate his or her life. The scale consists of 15 items, with each item ranging from 0 (*low seriousness*) to 2 points (*high seriousness*) and with the total score ranging from 0 to 30 points. Suicide attempts can be considered serious when scores exceed 10 points, because such scores indicate at least a moderate seriousness on two thirds of the questions or a high seriousness on one third of the questions. In the present study, the reliability (coefficient alpha) of this scale was .83.

### Traumatic Life Events

Traumatic life events were assessed by a modified version of the Stressful and Traumatic Events Questionnaire (STEQ; Arensman et al., 1999; Kerkhof, Bernasco, Bille-Brahe, Platt, & Schmidtke, 1989). The STEQ consists of 96 items addressing stressful and traumatic life events in three different periods before a suicide attempt: childhood and early adolescence (0–15 years); late adolescence and adulthood ( $\geq 15$  years); 12 months prior to the interview. In addition, the STEQ inquires about life events with regard to different types of relationships: parents, siblings, partners, children, and strangers. For the purpose of the current study, the period of 12 months prior to the suicide attempt was replaced by the period of detention. Items were selected out of the 96 original item pool when they (1) reflected a threat to the quality of a person's interpersonal network (2) had repeatedly been found to be associated with suicide risk and (3) were unlikely to have a low prevalence rate in an inmate population. The final questionnaire contained 25 items. Each item inquired about whether a certain event involving a certain significant other had ever happened. When the response was affirmative, the item was repeated for each separate life phase. The questionnaire consisted of six clusters of different types of traumatic events: (1) Abandonment, this cluster comprised eight items measuring five different forms of abandonment by a significant other (abandoned by parent, parent away from home for a long time, parent/partner addicted, parent/partner sent to jail, inpatient psychiatric treatment parent/partner); (2) Sexual abuse, this cluster comprised three single items of sexual abuse ("were you ever forced to have sexual contact with parent/sibling/stranger?"); (3) Physical maltreatment, a cluster which comprised three items measuring physical maltreatment ("were you ever seriously beaten or kicked by parent/sibling/partner?"); (4) Emotional maltreatment, a cluster comprising two items measuring emotional maltreatment ("were you ever seriously harassed by parent/partner?") and one item measuring bullying at school;

(5) Death of a significant other, this cluster comprised four items measuring loss of a significant other due to death (“has parent/sibling/partner/child died?”); and (6) Suicide attempt of a significant other, a cluster which comprised four items measuring risk of loss of a significant other due to suicide (“has parent/sibling/partner/child ever attempted suicide?”).

### Procedure

A suicidal group of adult inmates with a high suicide risk was constructed by interviewing suicidal inmates in penal institutions for pretrial inmates (jails). Psychologists in all 30 Dutch jails were requested to notify the researchers of the current study whenever they believed that an inmate in their institution was potentially suicidal (it was decided to do the sampling in all jails because of time constraints of the study and the relative scarcity of suicidal inmates). This led to the identification of 78 potentially suicidal inmates in 30 jails (time constraints did not allow for a further attempt to increase the sample size). These inmates were all interviewed by a trained clinical psychology student in a one-to-one situation. Confidentiality and anonymity was assured. Inmates were excluded from the sample when they had missing data on the variables of interest or when they did not have scores of 6 or higher on the Scale for Suicidal Ideation and scores of 10 or higher on the Suicidal Intent Scale. This resulted in the exclusion of 34 respondents. Seven inmates from the comparison group were eventually included in the subject group because they were also considered suicidal by a jail psychologist and their scores on the questionnaires indicated the presence of high suicidal ideation as well as a serious prior suicide attempt.

A comparison group was constructed by asking 291 inmates in 10 jails for adults to participate in the study. Of these 291 inmates, whose names were all randomly selected from the inmates lists in the institutions (by means of computer-generated random numbers), 251 inmates agreed to participate (86% response). Each inmate was interviewed by using the same procedure and the same questionnaire as with the suicidal group. Thirty-five inmates with missing data or scores on questionnaires that indicated the possible presence of suicidal ideation (scores of 1 or higher on the SSI) or a serious prior suicide attempt (scores of 10 or higher on the SIS) were excluded from the sample.

### Results

Traumatic life events were common among the 216 nonsuicidal inmates and among the 51 suicidal in-

mates. No less than 31% of the suicidal inmates had been sexually abused, more than half had been confronted with a suicide attempt by or death of a significant other and an even higher proportion had experienced physical maltreatment, emotional maltreatment, and abandonment.

To test whether suicidal inmates had experienced more traumatic life events (of a specific type) than nonsuicidal inmates, a MANOVA was performed with the six lifetime distributions of the traumatic life events as dependent variables and suicide risk (suicidal group, comparison group) as the factor. For this analysis, the six cluster scores were created by aggregating the number of times respondents had experienced life events within those clusters involving any significant other in any life phase. As predicted (Hypothesis 1), the analysis revealed a significant main effect for suicide risk,  $F(6, 260) = 13.82, p < .001$ . Subsequent univariate  $F$  tests showed that suicidal inmates reported relatively more episodes of sexual abuse, physical maltreatment, emotional maltreatment, abandonment, and suicide attempts of significant others but not more events of death of a significant other (see Table 1). Inspection of the effect sizes showed that large differences emerged between suicidal inmates and nonsuicidal inmates in their reported incidences of emotional maltreatment ( $\epsilon^2 = .17$ ) and, to a lesser degree, suicide attempts by significant others ( $\epsilon^2 = .13$ ), abandonment ( $\epsilon^2 = .09$ ), physical maltreatment ( $\epsilon^2 = .09$ ), and sexual abuse ( $\epsilon^2 = .07$ ).

To test whether suicidal inmates had experienced more traumatic life events during childhood, later life, and detention than nonsuicidal inmates, a MANOVA was performed with the three aggregated scores of all life events within a certain life phase as dependent variables and suicide risk (suicidal group, comparison group) as the factor. This analysis yielded a significant multivariate effect for suicide risk,  $F(3, 263) = 20.60, p < .001$ . In line with Hypothesis 2, subsequent univariate  $F$  tests showed

**Table 1.** Number of Traumatic Life Events Experienced by the High Risk Group and the Comparison Group

Cluster of events	Range	High risk group	Comparison group	Difference $F(1, 265)$
Death of a significant other	0–10	0.90 (1.15)	0.72 (1.18)	0.96
Suicide attempt of a significant other	0–10	0.75 (0.85)	0.20 (0.48)	38.75***
Sexual abuse	0–7	0.49 (0.83)	0.13 (0.41)	20.72***
Physical maltreatment	0–5	1.12 (1.05)	0.44 (0.80)	26.47***
Emotional maltreatment	0–6	1.59 (1.49)	0.49 (0.81)	52.64***
Abandonment	0–21	3.88 (3.50)	1.89 (2.15)	26.96***

Note. Standard deviations are presented in parentheses.

\*\*\*  $p < .001$ .

**Table 2.** Number of Traumatic Life Events Per Life Phase Experienced by the High Risk Group and Comparison Group

Life phase	Range	High risk group	Comparison group	Difference <i>F</i> (1, 265)
Childhood (0–15 years)	0–16	3.94 (2.77)	1.76 (1.74)	50.23***
Later life (15 years–detention)	0–24	3.98 (2.85)	1.99 (1.97)	35.13***
During present detention	0–19	1.04 (1.25)	0.33 (0.72)	28.68***
Total	0–59	8.96 (5.90)	4.08 (3.51)	59.35***

Note. Standard deviations are presented in parentheses. \*\*\* *p* < .001.

that suicidal inmates had experienced more traumatic life events during childhood, during later life, and during detention than had nonsuicidal inmates (see Table 2). The association between suicide risk and life events during later life remained,  $F(1, 264) = 5.19, p < .05$ , when life events during childhood were treated as a covariate,  $F(1, 264) = 109.15, p < .001$  for the regression. The association between suicide risk and life events during detention remained,  $F(1, 264) = 4.77, p < .05$ , when life events during childhood and later life were treated as a covariate,  $F(2, 363) = 29.82, p < .001$ , for the regression. Notably, in each life phase suicidal inmates had experienced at least two times more traumatic life events than nonsuicidal inmates. An ANOVA with the total number of traumatic life events as the dependent variable showed that suicidal inmates had experienced significantly more traumatic life events than nonsuicidal inmates (see Table 2). Inspection of the effect sizes showed that effect sizes decreased from childhood ( $\epsilon^2 = .16$ ) via later life ( $\epsilon^2 = .12$ ) to current detention ( $\epsilon^2 = .10$ ), indicating the relative importance of early life experiences. The total number of traumatic life events had the strongest association with suicide risk ( $\epsilon^2 = .18$ ), reflecting an effect of an accumulation of life events.

A MANOVA with parent-related life events, partner-related life events, sibling-related life events, and stranger-related life events as the dependent variables yielded a statistically significant multivariate effect for suicide risk,  $F(4, 262) = 16.00, p < .001$ . Univariate *F* tests showed that suicidal inmates, in comparison to nonsuicidal inmates, experienced more traumatic life events associated with their (foster) parents, siblings, partner, and strangers (see Table 3). Inspection of the effect sizes showed that traumatic life events associated with parents ( $\epsilon^2 = .14$ ) and partners ( $\epsilon^2 = .08$ ) had a stronger association with suicide risk than traumatic life events associated with strangers ( $\epsilon^2 = .07$ ) and siblings ( $\epsilon^2 = .04$ ), reflecting the importance of these significant others.

**Table 3.** Number of Traumatic Life Events Concerning Significant Others Experienced by the High Risk Group and Comparison Group

Significant other	Range	High risk group	Comparison group	Difference <i>F</i> (1, 265)
Parent (foster)	0–28	5.61 (4.96)	2.48 (2.51)	41.38***
Partner	0–13	2.14 (1.96)	1.01 (1.41)	22.44***
Sibling	0–10	1.06 (1.12)	0.57 (0.85)	11.80***
Stranger	0–4	0.75 (0.89)	0.30 (0.56)	20.14***

Note. Standard deviations are presented in parentheses. \*\*\* *p* < .001.

To investigate which combinations of significant others and life phases are important for the prediction of suicide risk, 11 aggregated measures were created on the basis of the significant other involved (parent, sibling, partner, stranger) and the life phase (childhood, later life, detention). Life events were included in the aggregated measure when they involved the same significant other (e.g., a parent) and the same life phase (e.g., childhood). A forward stepwise logistic regression analysis with suicide risk as the criterion variable and with the 11 aggregated measures (ordinal scale) as predictors (there were no life events involving a partner during childhood) showed that a fairly good prediction of suicide risk was possible with a model based on traumatic life events,  $\epsilon^2(4, N = 267) = 49.53, p < .001$ , for the model with an overall identification rate of 81%: control subjects 86%, suicidal subjects 59%). This model successively included parent-related life events during later life, sibling-related life events during childhood, partner-related life events during detention, and stranger-related life events during childhood (see Table 4). Thus, life events involving siblings and strangers during childhood, parents during later life, and the partner during detention were found to be relatively important for the prediction of suicide risk. Life events involving others during childhood (parents), later life (partner, siblings,

**Table 4.** Final Results of Step Forward Logistic Regression Analysis to Predict Suicide Risk

Variable	<i>B</i>	<i>SE B</i>	Wald	Odds ratio	95% CI
Parent-related life events later in life	.44	.12	14.64***	1.56	1.24–1.96
Sibling-related life events during childhood	.94	.34	7.48**	2.55	1.30–4.94
Partner-related life events during detention	.74	.27	7.58**	2.09	1.24–3.53
Stranger-related life events during childhood	.62	.31	4.08*	1.86	1.02–3.39

Note. CI = confidence interval. \* *p* < .05. \*\* *p* < .01. \*\*\* *p* < .001.

strangers), and detention (parents, siblings, strangers) did not explain additional variance of suicide risk with these four predictors in the equation.

## Discussion

This study showed that inmates with a high suicide risk reported substantially more traumatic life events than did inmates with a low suicide risk. In addition, this study showed a high prevalence of traumatic life events among inmates (see also Lester, 1991; Liebling, 1992, 1995). Types of events such as suicide attempts by a significant other, physical maltreatment, and sexual abuse appeared to occur more often among inmates than among community subjects (cf. Arensman, 1997; Jordan et al., 1996). Therefore, the present findings not only indicate that traumatic life events are associated with suicide risk (see also Arensman, 1997; Paykel et al., 1975; Van Egmond, Garnefski, Jonker, & Kerkhof, 1993; Welz, 1988; Yang & Clum, 1996), but also that such an association remains in a population with a high prevalence of traumatic life events and during an encounter with a traumatic situation such as imprisonment.

This study found many different life events (in particular life events that reflect an intentional threat to a person's interpersonal network) in many different life phases (in particular life events early in life) involving many types of significant others (in particular life events occurring in intimate relationships) to be associated with suicide risk. Suicide risk was found to be associated with all types of life events that reflect an intentional threat to the quality of a person's interpersonal network: sexual abuse, physical maltreatment, emotional maltreatment, abandonment, and suicide attempts by significant others. No association was found between suicide risk and incidences of death of a significant other. In addition, suicide risk was found to be associated with life events associated with parents, partner, siblings, and strangers. Furthermore, suicide risk was found to be associated with life events occurring in different periods of life: childhood, later life, and present detention. A relatively strong association was found between suicide risk and all life phases combined, indicating that an accumulation of traumatic events throughout life is associated with an increased risk of suicide. This is in line with the findings of a recently conducted prospective and longitudinal study from which it appeared that prior victimization constitutes a risk factor enhancing the individual's susceptibility for traumatic responding to current negative life events (Winkel, 1999). Future research should, therefore, pay more attention to the influence of the types of events, time period, and significant others on suicide risk.

The results of the logistic regression analysis signify the notion that certain features of life events are important in terms of their influence on suicide risk. The best prediction of suicide risk resulted from an equation based on parent-related life events later in life, sibling-related life events during childhood, partner-related life events during detention, and stranger-related life events during childhood. Prediction of suicide risk with a sensitivity of .59 combined with a specificity of .86 is clinically of considerable potential value (see also Motto & Bostrom, 1990). In particular, although suicide is a relatively rare phenomenon and because of the devastating consequences, improvement of the possibilities of early recognition of suicide risk is of the utmost importance.

Because of the retrospective design of the present study, questions can be raised about the validity of the information obtained on traumatic life events. It has been claimed that depressed and suicidal patients experience more difficulties in reporting specific information about life events that occurred a long time ago compared to control groups (Evans, Williams, O'Loughlin, & Howells, 1992; Williams & Dritschel, 1988). Conversely, on the basis of a review on the influence of psychopathology on memory, Brewin, Andrews, and Gotlib (1993) concluded that claims concerning the general unreliability of retrospective reports are exaggerated and that there is little reason to link psychiatric pathology with less reliable or less valid recall of life experiences. Thus, there is reason to believe that the subjectively experienced differences in exposure to traumatic life experiences reflect objective differences in exposure. In order to verify whether the suicidal state of the inmates has any influence on the reliability of reported traumatic events, future studies should reinterview the same subjects when they are no longer considered suicidal. In addition, even though many effect sizes of the relationships between life events and suicide risk in the present study are quite large in comparison to effect sizes of many other factors that have been found to be related to suicide risk, further research is needed in order to improve the possibilities of early recognition of suicide risk.

The present findings highlight the recently reemerging notion that time spent in an incarcerated setting should be considered an opportunity for targeted interventions that could improve the potential for readjustment within the incarcerated setting and successful reintegration when inmates return to the community (Browne, Miller, & Maguin, 1999; Morash, Haarr, & Rucker, 1995). In particular, these outcomes underscore the necessity of developing trauma-focused types of interventions for inmates. Apart from the potential of enhancing adjustment processes (through reducing risk of suicide) within the incarcerated settings, such programs may have a wider societal

impact, e.g., in terms of reducing crime recidivism rates. Canestrini (1994) recently found evidence for a beneficial impact on criminal recidivism prevention of trauma focused interventions for female inmates in the New York prison system (inter alia, focusing on child neglect and abuse, and partner violence). The present findings suggest that focused interventions that directly deal with histories of traumatic victimization should not only involve (high risk of suicide) female inmates, but male inmates as well. It goes without saying that both differences in objective and differences in subjective exposure to prior traumatic incidents point in the same direction, i.e., the necessity of developing trauma focused therapy within the incarcerated settings.

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