CASE REPORT

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Suicidal Hangings in Jail Using Telephone Cords*

ABSTRACT: In a three month period of 2000, three suicide hanging deaths involving the use of telephone cords occurred in Texas jails and were autopsied at the Southwestern Institute of Forensic Sciences in Dallas. In each case, the telephone was located within the cell, allowing the prisoners unhindered access at any time. Because of these incidents, two of the jails shortened their receiver cords to a total length of 6–8 in. The telephones were otherwise unaltered, and are still in the same locations. The third jail replaced their entire phone with a cordless telephone. Despite the attention that these cases received, standards have not been set regarding the type or placement of telephones used within jail cells, and a fourth incident in 2002 underscores this ongoing problem. These three incidents highlight the need to provide telephones that, if placed within holding cells or other jail cells, do not provide a possible means of suicide.

KEYWORDS: forensic science, forensic pathology, jail, custody, suicide, hanging, telephone cord

In a three month period of 2000, three suicide hanging deaths involving telephone cords occurred in Texas jails and were autopsied at the Southwestern Institute of Forensic Sciences in Dallas. The three incidents occurred at three different facilities, and in each of these cases the telephone was located within the holding cell or jail cell, allowing unhindered access and use.

Case 1

The first incident involved a 36-year-old woman who was arrested for outstanding traffic warrants. She had a history of depression, drug abuse, and prior arrests. On the day of her death, the decedent was discovered in a kneeling position facing the pay telephone in the cell she occupied, hanging from the metal telephone cord looped around her neck (Figs. 1 and 2). She was the only occupant of the cell, which was under video surveillance. The interval between her discovery and the last time she was known to be alive was approximately three hours. The telephone cord measured 15 and $\frac{3}{4}$ in. in length, with transverse spiral grooves $\frac{1}{8}$ of an inch apart. A nearly transverse ligature abrasion furrow encircled the neck, with the exception of a 2 in. area of skin at the left neck. The furrow showed clear vertical grooves spaced $\frac{1}{8}$ of an in. apart, corresponding with the spiral grooves of the cord. An anterior neck dissection showed no evidence of internal neck injury, and scattered petechiae were located at the knees. Postmortem blood toxicology studies were positive for methamphetamine, methadone, fluoxetine, and diazepam.

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Case 2

The second case occurred ten days later in a different jail. A 24year-old man had been arrested for a number of charges including assaulting a public servant. Because he was already on probation, these charges would mean his immediate return to prison. On admission, normal suicide precautions were taken, including removal of the decedent's shoelaces and belt. Two hours later, the decedent was found hanging from a 19 in. metal cord attached to the telephone in his holding cell. He was the sole occupant of the cell, which was not monitored by electronic surveillance. A subsequent investigation revealed that the man had called his wife to tell her he was going to commit suicide prior to the act. An autopsy showed congestion of the face and conjunctivae, and a dried, near circumferential ligature furrow with striations consistent with the grooves observed on the cord. An anterior neck dissection revealed a fracture between the left greater cornu and the body of the hyoid bone with associated focal hemorrhage. The soft tissues of the neck were otherwise unremarkable. Additional small abrasions were noted on the face and hands, consistent with a history of violence prior to arrest. Postmortem blood toxicology studies indicated a blood alcohol level of 0.12%.

Case 3

One month later, a third incident occurred in another jail. A 29year-old man was arrested for disorderly conduct; at the time of arrest he was under the influence of alcohol, but no other drug use was reported. He was the sole occupant of a holding cell under video surveillance. The cell was designed for up to six people, and contained six beds, a sink and toilet, mirror, and telephone. A review of the surveillance video showed the decedent hanging himself with the telephone cord 10 min after entering the cell; he was discovered approximately 2 h later. Further investigation revealed that he had made two prior suicide attempts. At autopsy, there were multiple petechiae of the bulbar and palpebral surfaces of the

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FIG. 1—The decedent in Case 1 was discovered hanging from a 15 and 3/4 inch telephone cord within the cell.

conjunctiva. A ligature abrasion furrow partially encircled the neck, beginning at the level of the larynx and extending upwards. Linear markings within the abrasion were consistent with the spiral grooves of the telephone cord. An anterior neck dissection showed no other injuries. A blood alcohol level was reported as 0.18%.

Discussion

A number of studies have shown that the suicide rate in jails is much greater than that of the general population, and the overwhelming majority of these suicides are by hanging (1-3). In a nine year study of Maryland prison suicides, 86% were accomplished by hanging (1). According to national data compiled by the National Center on Institutions and Alternatives (NCIA), more than 50% of these incidents occur within the first 24 h of incarceration, and approximately 27% occurred within 3 h (3).



FIG. 2—Ligature furrow with pattern abrasions matching the spiral grooves of the metal telephone cord.

These incidents have demonstrated that changes must be made if a jail chooses to place a telephone within a cell. A number of solutions have been suggested, including shortening cords or replacing standard telephones with cordless phones. Attempts at using standard commercial cordless phones have met with varied success, largely related to abuse of the handset. A cord-free inmate phone that has a recessed, cordless handle is available, functioning similarly to a speaker-phone, but with the privacy of a telephone.

Despite the attention that the above cases received, standards have not been set regarding the type and placement of telephones used within jail cells, and a fourth incident in 2002 underscores this ongoing problem. It is currently up to the individual jails to decide what type of phones to provide and where to mount them. The three jails above each responded by changing their telephones but leaving them in the same location. Two of the jails shortened their receiver cords to a total length of 6–8 in. The telephones are otherwise unaltered, and are still in the same locations. The third jail replaced their entire phone with a cordless telephone. These cases highlight the need to provide telephones that, if placed within holding cells or other jail cells, do not provide a possible means of suicide.

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