BRUCE DANTO AND THE CRIME OF JAIL SUICIDE

The self-described 'Dirty Harry' of forensic psychiatry is leading the attack against 'the number-one killer of inmates' by trying to revolutionize the way the prison system deals with emotionally disturbed offenders

By JOEL GREENBERG

In October 1965 psychiatrist Bruce L. Danto was trying to sell his Detroit home. He wasn't in a hurry; it would be about another year, he figured, before he, his wife, Joan, and their four children would actually be ready to move. "Which is why I felt so lucky," he says, "when a realtor called and said he had a prospective buyer who didn't want to move for another year." Not recognizing that coincidence as a potential danger signal is what Danto now calls "mistake number one."

The agent and buyer arrived a short time later, while Danto and three of his children were watching "American Bandstand" on TV (his wife and eldest son, Jeff, were out shopping). While the agent was nattily dressed, his companion "did not look like the kind of person who could afford a $19,000 home," recalls Danto. Not immediately realizing that was "mistake number two."

That agents prefer to show a house themselves rather than have the owners show it — as the agent permitted Danto to do in this case — was something that would not occur to Danto until much later. Mistake number three.

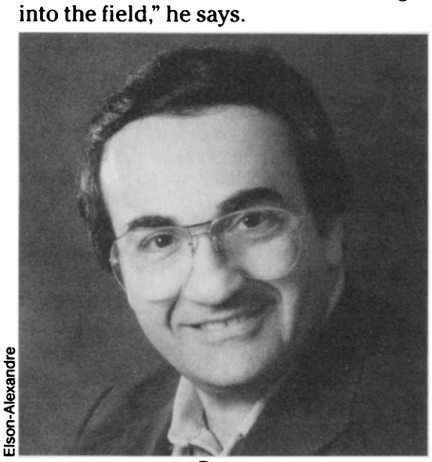
Danto locked up the family dog, Tammy, and proceeded to show the two men the house, including the "burglar-proof" door and the isolated food closet in the basement. Suddenly, the agent opened his briefcase and pulled out a military air-sea rescue gun capable of firing 14 shots. The other man then produced a snub-nosed revolver and shoved the barrel into the mouth of the youngest child, 16-month-old Steven. "If you don't do what I say," he told Danto, "I'll kill the baby."

Intuitively Danto spoke soothingly to them, gradually convincing them that they were not going to be challenged but at the same time they should finish their burglary as quickly as possible and leave before they were confronted with a "screaming wife." This verbal "tranquilization" worked; the men locked Danto, Steven, Susan, 7, and Lisa, 3, along with the housekeeper, in the food closet. The robbers took just two items: a strongbox that contained Danto's gun, and what they thought might be valuable drugs but was actually an antidiarrheal medicine for the children.

"My fondest fantasy," Danto says today, "is that these men haven't had a bowel movement in 20 years."

Shortly after the burglars fled, Joan and Jeff returned home and freed the rest of the family from the closet. All were physically unharmed, but Danto says, "I was angry that I was so ill-prepared to deal with this kind of problem." Though he had just completed his psychiatric residency at Detroit Receiving Hospital, which attracts "the most violent people in the universe," Danto says, "no one in all my training had ever talked about how to deal with a hostage-taker."

Danto was not alone. As he searched the literature, it soon became apparent to him that few psychiatrists had any training, let alone expertise, in dealing with criminals. "That's when I decided to get into the field," he says.



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Danto

Now, after two decades, 118 published articles, nine books and various stints with the Detroit police department and other departments and agencies, Danto remains one of only a handful of psychiatrists who have also been police officers. He dealt with numerous hostage-taking situations as a member of the Detroit department's SWAT team; he hypnotized witnesses in the Jimmy Hoffa disappearance case; he helped profile and track down a number of "serial" murderers; and he's been involved in counterterrorist operations.

"I was," he said in a recent interview, "like Dirty Harry." Today, at 58, and living in Fullerton, Calif., this Dirty Harry is primarily a researcher, a teacher of police and psychiatrists, and an expert witness at criminal and civil trials.

Since nearly the beginning of his dual career as psychiatrist and police officer, Danto has been involved — at both the research and courtroom levels — with jail suicides. One of his first forays into the subject, *Jailhouse Blues — Studies of Suicidal Behavior in Jail and Prison* (Epic Publications, Orchard Lake, Mich., 1973), is still widely used as a reference.

In April, at the annual symposium of the American College of Forensic Psychiatry, held on Sanibel Island, Fla., Danto reported on some of his more recent work in the field. He has found that jail suicides not only are "the number-one killer of inmates," but they "occur three times more often than the normal population [suicide rate] of between 12 and 13 per 100,000." Jail inmates, ranging from overnight drunk driving cases to life prisoners, he says, "are killing themselves at a rate in excess of a thousand deaths per year." Moreover, he adds, "since the 1970s the courts have experienced an increased number of suits filed against police departments and the local, state and federal government in regard to jail suicide."

Danto, who has testified in nearly 60 court cases involving jail suicides, says there is a common thread running through many such cases that illustrates three points:

- "Mentally disturbed persons do somehow wind up in custody." Danto estimates that "75 percent of all people who go to jail have emotional problems, [and] 25 percent [of those] are absolutely psychotic."
- "Even nice people can wind up in custody when they have done something foolish."
- "[T]hese cases show an absolute unawareness on the part of the arresting officers . . . of what is involved in mental illness and psychiatric disease." As of now, he says, there is "a total absence of effective training or sophistication on the part of the officers who are being asked to handle mentally disturbed persons without benefit of training or reasonable supervision."

In an attempt to establish a profile of a "typical" jail suicide, a 1980 study of 419

victims in 1979 by the National Center on Institutions and Alternatives in Washington, D.C., reported that nearly three of every four such persons had been charged with *nonviolent* crimes; 60 percent were under the influence of alcohol and/or drugs at the time of the booking; two of every three were being held in isolation at the time of the suicide; and more than half died within the first 24 hours of incarceration, 25 percent within the first three hours.

While prevention efforts must include those prisoners who have committed serious crimes, Danto says, it is the nonviolent offender – frequently under the influence of alcohol and/or suffering from some form of emotional disturbance – who may be the most perplexing. One example he cites of such a "police lockup profile" involved a 31-year-old man who was stopped by police in "a large midwestern city" for making an illegal left turn. When they found the man to be "highly intoxicated," the police forced his van open, dragged him out and brought him to the police station, where he was "beaten," according to Danto. At that moment, the brother of two other men being held in custody arrived to pick them up; when he heard the beating, he assumed it involved his brothers and reacted strongly enough to get arrested himself. He was placed in a cell opposite that of the man who had been taken from his van.

"Some time went by," says Danto, "and the visitor who had been arrested noticed the man was removing his shirt and attempting to hang himself. The shirt tore initially, and his efforts to hang himself had to be repeated. He [the visitor in the facing cell] yelled for an inordinately long time, but his cries for help fell on deaf ears; the police did not respond until it was too late." The victim's family brought the case to court and received an award of $4 million.

"Why," Danto asks rhetorically, "do people commit suicide when they are arrested for crimes which might bail out at low figures, or certainly will not involve disruptions in one's basic record?" Why would such a person "develop such marked feelings of hopelessness or loss of interest in living that he has to pay for his misadventure with suicide?" The answer, he says, lies in "the impact that an arrest has on a basically law-abiding person."

What happens when such a "noncriminal" is arrested is an initial state of "psychological shock, disbelief and confusion," he says, "[that] is similar to an incident of sleepwalking." The arrestees "function like automatons and are read their rights without fully grasping what the rights mean or why they are being read.... They have to be led like helpless children through the booking questionnaire, fingerprinting and mug shots."

Reality doesn't set in until the cell door closes. This marks the beginning of the "second phase," during which the person begins to realize that freedom has been lost and "feels a sense of growing terror" at being thrust into an environment with real criminals. This can escalate rapidly into serious feelings of helplessness or depression.

For example, Danto points to a case of a 22-year-old man with a history of depression who was arrested simply because he

Forensic psychiatrists: A different breed

"Bruce Danto," says a psychiatrist, pausing thoughtfully, "is a very unusual individual." It is in a similar tone – somewhat akin to "He seems like a nice person, but I wouldn't want my daughter to go out with him" – that many psychiatrists appear to regard forensic psychiatrists – those in their profession who also work in the legal system, primarily as expert witnesses in criminal and civil cases. Danto sums up the rather unsteady psycholegal alliance this way: "Police are afraid of 'psychos,' doctors are afraid of lawyers and lawyers are not afraid of anyone – they have the power; they make the laws."

It is the law, if not lawyers themselves, that makes many psychiatrists nervous. "The APA [American Psychiatric Association] is in no way opposed to psychiatrists testifying in court," says psychiatrist Loren Roth, who chairs APA's Council on Psychiatry and Law. "What we are saying is that they should not go beyond the limits of their expertise."

This attitude was reflected, following the John Hinkley Jr. verdict, in a 1982 APA position statement on the insanity defense and in the 1984 federal Insanity Defense Reform Act, which prohibits psychiatrists testifying in federal court from making the legal determinations of whether someone is "insane." "Psychiatry is a *medical* profession," says Roth. The "ultimate" legal issues, he says, should be left to those in the legal system.

But depending upon the states involved, psychiatrists are making these types of decisions to some degree in lower courts every day. And that's how it should be, according to Dallas forensic psychiatrist E. Clay Griffith, who chaired the recent American College of Forensic Psychiatry symposium on Sanibel Island, Fla. Griffith, a large, silver-haired man who starts a good number of sentences with "I'm a Texan," testifies exclusively in criminal cases, many of them involving murders. "We [psychiatrists] don't have any special powers," he says, "but by God, when it comes to a question of whether to turn loose a killer ... psychiatrists should testify."

The American College of Forensic Psychiatry, based in Laguna Hills, Calif., has grown to 200 psychiatrist members since it was formed in 1979. It is one of two major organizations of its type in the United States; the other is the 1,100-member American Academy of Psychiatry and the Law, based in Baltimore and begun in 1969. Cases presented at the college's recent meeting reflected the extremes of human behavior problems that most psychiatrists rarely are confronted with. The presentations included:

- In a "folie-à-deux" situation, a woman discovered her husband had been seeing prostitutes. The couple then began to imagine that the prostitutes were "out to get them" and made plans to bomb the prostitutes' place of business. They did not succeed, but the wife did visit the establishment and demand her husband's money back.
- A college student shot both her parents to death while they were in their car, then slit their wrists and throats, declaring, "I am the second coming of Jesus Christ." She was found not guilty by reason of insanity.
- A Vietnam veteran, thinking he was shooting a "hippie" breaking into his house, actually shot his 9-year-old daughter. The case was particularly significant because during the years after the shooting, as he was moved in and out of Veterans Administration hospitals in Minnesota, he was indiscriminately given antipsychotic drugs that cause tardive dyskinesia, the involuntary twitching of facial and other bodily muscles (SN:7/20/85,p.45). The man sued and was awarded $2.2 million in damages, perhaps the largest such award to date.

These are the types of cases, Griffith and others argue, that require the expertise of psychiatrist-witnesses. But, he says, differences in laws from state to state can complicate psychiatric testimony. "We [psychiatrists] are trying to help each other learn, but we do need uniform laws" regarding psychiatric testimony, he says.

Forensic psychiatrists, says Danto, "have to be up on what's happening in the field. Expert witnesses *must* testify regarding the law. You cannot give an opinion unless you're prepared to say if someone's sane or insane – that's what we're hired for. That's why I find the APA [position] peculiar."

The question is, concludes Roth, "how much of a societal decision-maker should a psychiatrist be?"

– J. Greenberg

was sitting in a hospital parking lot during a blizzard. "The boy pleaded to be released, indicating he couldn't tolerate being in confinement," says Danto, "[but] the officer left the boy alone in a cell. . . . When the officer returned, he found that his prisoner had hanged himself with his shoelaces."

Danto, who was called by the family's attorney as an expert witness, says that if there were a universal "standard of care" for effective screening and treatment of potential jail suicides, many cases now successfully litigated could be eliminated entirely.

That such procedures are not usually performed, says Danto, reflects not only the inconsistency of laws from state to state, but also perhaps a root cause of the problem: The depletion over the last decade of funding for the mental health system in the United States. "In the past," he says, "we had the choice of sending such people to detoxification centers or to mental health facilities [community centers or hospitals]. No longer. Fewer and fewer people are getting into the mental health system; we've given the authority to the police, but the police are afraid of 'psychos' — they do not want to get involved.

"The mental health movement in America has closed down," says Danto. "Police lockups have become our psychiatric clinics." Statistics support this view. The Washington, D.C.-based National Coalition for Jail Reform reports, for instance, that 700,000 mentally ill persons each year are incarcerated in local jails, according to Ronald Manderscheid, chief of the Survey and Reports Branch of the National Institute of Mental Health (NIMH) in Rockville, Md. He says the percentage of persons that police and courts refer to mental health facilities has increased subtly over the last several years. One reason for this, according to some, is that so many more disturbed people are winding up in jails initially, rather than in clinics or hospitals.

"The criminal justice system has become the system that can't say no [to the mentally disturbed]," says social psychologist Linda Teplin, coordinator of psycholegal studies at Northwestern University Medical School and Memorial Hospital in Chicago. "But jails were not meant to substitute for psychiatric facilities."

In work funded by NIMH, Teplin has studied more than 2,200 "police-citizen encounters" in a "large northern city." Among her results — reported in the July 1984 AMERICAN PSYCHOLOGIST and the May 1985 AMERICAN JOURNAL OF PSYCHIATRY — is the finding that "for similar offenses" persons showing some signs of mental disorder have a 20 percent greater chance of being arrested than do those who show no such signs. This figure, she suggests, is tied inexorably to the deinstitutionalization movement begun about two decades ago in the United States. The closing down of mental hospitals, however, was accompanied by a cutback, rather than increase, in community clinics where the newly released might be helped. This has contributed to the burgeoning populations of "street people" and the *de facto* emergence of the criminal justice system as "a major point of entry into the mental health system," says Teplin. "But the police are not set up for it."

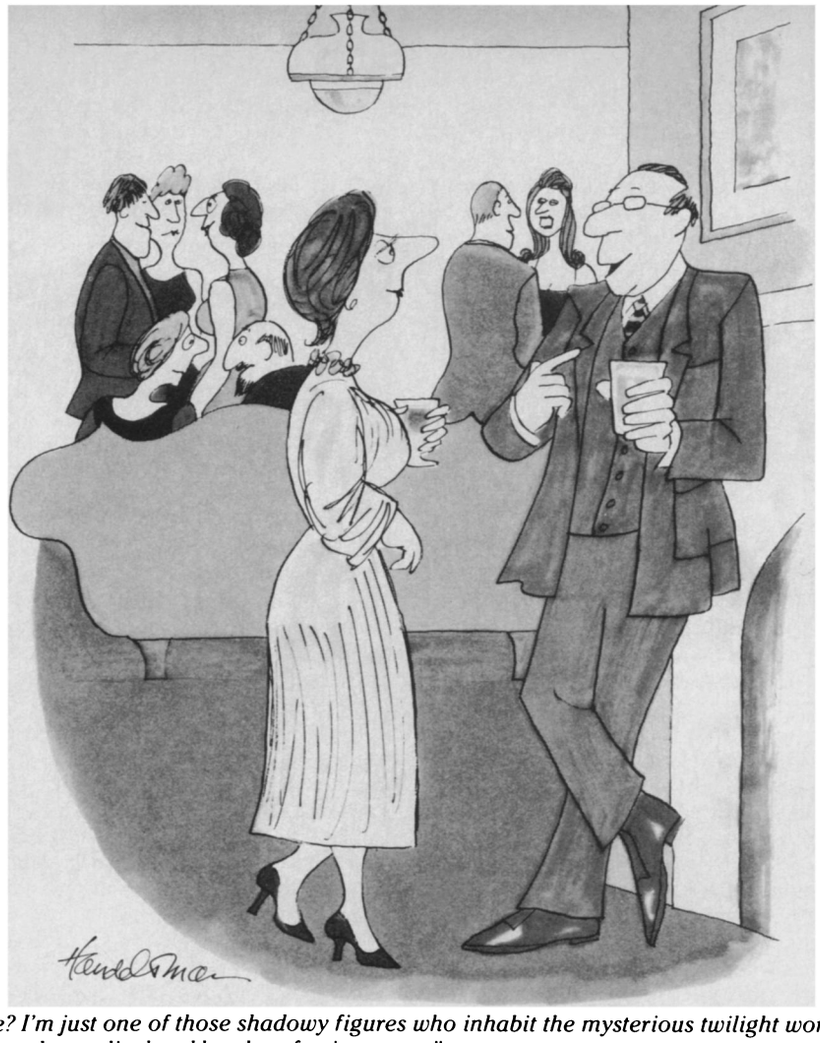
And because — according to Teplin's latest work, not yet published — there are "substantially more people who are severely [mentally] ill in jail than in the general population group," it stands to reason that there will be a greater incidence of depression and, hence, jail suicide. "Clearly," she says, "the way we treat our mentally ill is criminal."

Teplin, in concurrence with 1983 American Bar Association guidelines, recommends that "an apparently mentally disoriented citizen . . . charged with a misdemeanor" should be removed immediately from the criminal justice system and referred to some type of mental health facility. She further calls for the police and the mental health community to work together for a "more integrated system of caregiving." In addition, she says, there must be a renewal of the movement to establish more outpatient, community mental health settings. Currently, the only alternatives in many cases are either jail or hospitals.

Perhaps most importantly, Teplin says, police officers must be adequately trained to identify, evaluate and refer mentally disturbed persons. To this end, Danto has developed a syllabus "for training officers assigned to police lockups, to jail and to juvenile detention facilities."

The training, aimed particularly at preventing suicides, he says, would make police aware of the psychological impact of arrest, instruct them in screening and crisis intervention techniques and — should a suicide occur — in how to deal with families and fellow officers. It would also relate some of the legal issues involved. But for the jail suicide rate to decline substantially, Danto says, such training must also be accompanied by a "restoration of mental health facilities" in the United States.

As for himself, Danto says he is considering returning to work as a police officer. "I doubt I'd go back into SWAT or undercover work," he says. "It would probably be working in [mental health] commitment procedures or suicide prevention — something easier." □



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"Me? I'm just one of those shadowy figures who inhabit the mysterious twilight world where the medical and legal professions meet."