

## Influencing Factors on Suicide in Correctional Settings

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**Abstract:** Suicide in correctional facilities is a major issue institutions have to face on a daily basis. Identifying potential risks and factors could help prevent suicide as well as aid in the foundation of more rehabilitative programs. This paper examines suicide and the main factors that influence this phenomenon.

Suicide remains a leading cause of death in the United States and one that is difficult to predict. A suicidal person can be defined as “one who is engaged in an expressive act designed to reduce psychological pain,” and usually this reduction of psychological pain implies a complete loss of consciousness (James, 2008, p. 180). Nearly one million people kill themselves worldwide each year (Nock & Banaji, 2007). These statistics are even more prevalent in correctional settings. Up to 75% of jail and 50% of prison deaths can be attributed to suicide, and these are 10-20 times more numerous than in the community (Stuart, 2003). Suicide has become the third leading cause of deaths in prisons, following natural deaths and AIDS (Metzner, 2002, as cited in Daniel & Fleming, 2006). Previous research has attempted to understand what factors are related to these occurrences. Stuart points out how there is a relationship between mental illness and inmate suicide, in which an increase of mental illness serves as a potential explanation for inmate suicide (2003). The author also explains how signs of suicide result in decreased coping skills and the inability for inmates to find better ways to use their time (Stuart, 2003). Factors such as mental illness, withdrawal from alcohol and drugs, and the traumatic effect that incarceration has on the individual have been also identified as potential risks for suicide (Goss, Peterson, Smith, Kalb, & Brodey, 2002), as well as inmate housing assignment and isolation (Daniel & Fleming, 2006). Educating offenders and corrections staff is imperative in order to decrease potential fatalities. If knowledge on these risk factors is imparted onto the staff, the warning signs of inmate suicide could be more readily identified, as well as prevented. Educational groups and training could aid the institution in discerning how to group their offenders based on their risk level. Overall, educating staff and offenders on the factors that lead to suicide would be beneficial for both the inmate and the institution, as some of these occurrences could be identified earlier on the sentence. Moreover, educating institutions on the severity of inmate suicide could further the development of rehabilitative programs. The relationship between incarceration and suicide is a strong one, and this paper further examines the major factors that may lead to it.

### Method

A thorough search was conducted with the key words *inmate*, *suicide*, *incarceration*, and *rehabilitation*. The findings of this search revealed that research has been conducted on individual factors that affect inmates’ well being during incarceration; however, no current studies have gathered the most salient and prevalent issues while examining the relationship between each of them. The direction of this search then turned into the different psychosocial factors that are intertwined and result in mental illness as well as other psychopathological ailments. Most research that focused on rehabilitation programs and the increasing lack of funds that result in their termination mentioned how overcrowding, isolation, and offender victimization play a huge role in inmate adaptation and survival. In addition, trauma, substance

abuse, and physical/psychological abuse were prevalent in inmate rehabilitation. Traumatic life events, physical and psychological abuse, overcrowding, victimization, and isolation are further examined and explained in the following sections.

### **Traumatic Life Events**

Kupers (1996) observed that many of the inmates in prisons had been victims of severe traumas as children and adults. She pointed out that these individuals “are more prone to stress response syndromes, decompensation, suicide, and other forms of psychiatric co morbidity while incarcerated” (Kupers, 1996, p. 189). Based on her experiences as an expert witness regarding conditions of incarceration and mental health quality for a period of 15 years, she conducted a thorough analysis of stress responses and confinement from her surveys. She identified staff brutality against inmates, lack of freedom, disconnections from others and the monotonous routine as major stressors. Kupers also pointed out that men who have been previously affected by trauma are more vulnerable to experience more traumas thus being likely to worsen their condition.

Other researchers support Kupers’ observations. Blaauw, Arensman, Kraaij, Winkel, and Bout (2002) conducted a study in order to determine the relationship between traumatic life events and the risk of suicide in inmates. Their sample consisted of two groups of inmates divided into low and high risk of suicide. The low risk sample had 216 inmates in it and the high-risk sample included 51 inmates. Inmates in the high-risk condition had, at some point, attempted suicide. On the other hand, inmates in the low risk condition had never attempted suicide. The mean age for these subjects was 33 years old for the first group, and 31 years old for the second. The length of imprisonment was not statistically different for either one of the groups (221 days and 171 days respectively). Suicidal ideation, suicidal intent, and traumatic life events were measured using the following scales: Scale for Suicidal Ideation (SSI), the Suicidal Intent Scale (SIS), and a modified version of the Stressful and Traumatic Events Questionnaire (STREQ). The inmates in the high-risk condition were interviewed by a trained clinical psychology student in a one-to-one situation, and given the abovementioned scales and questionnaires. The low risk condition group was interviewed in the same way and given the same measures (Blaauw et al., 2002, p. 12).

The researchers found that the subjects in the high-risk condition had reported more traumatic life events than those in the low risk condition. Their findings suggest that suicide risk is associated with traumatic life events such as sexual abuse, physical maltreatment, emotional maltreatment, abandonment, and suicide attempts by significant others. Moreover, a relationship between suicide risk and life events associated with parents, siblings, partners, and strangers was found. Blaauw et al. (2002) suggest that the time spent incarcerated should be used as an opportunity for interventions in which readjustment of inmates could be improved.

### **Physical and Psychological Abuse**

Gover and MacKenzie (2003) studied the relationship between child maltreatment and adjustment to correctional facilities in juveniles. Their study was longitudinal and it was conducted between 1997 and 1998, with a sample of 509 juveniles from 48 correctional institutions. These institutions were either detention facilities or boot camps. The average age of the juveniles was 16 years old, and the average age of detention was 13 years old with an average of eight prior arrests. The average sentence length was 11 months. The method consisted of surveys conducted in classrooms-settings to groups of 15-20 juveniles. A video that explained the survey procedures was administered to the juveniles in order to standardize the

instructions, and a trained staff member administered the follow up surveys (Gover & MacKenzie, 2003).

Psychological adjustment was measured by two scales, which gauged anxiety and depression. The anxiety scale was adapted from self-report measures, the State-Trait Anxiety Scale from the State-Trait Anxiety Inventory, and the Jesness Inventory. On the other hand, the depression scale was adapted from the Beck Depression Inventory and the Jesness Inventory. A nine-item scale adapted from the Conflict Tactics Scale, and the Revised Conflict Tactics Scale measured Child maltreatment. These items included neglect, witnessing interfamilial violence, physical abuse, and sexual abuse. Drug and alcohol use, peer criminality, and family criminality were measured with a 10-item dichotomous scale and four-item scales respectively. Continuous variables included number of prior arrests, number of prior commitments, age at first arrest, and current sentence length. Control variables included conditions of confinement (institutional control, activity, justice, and freedom), and the amount of time the juvenile had been institutionalized for (Gover & MacKenzie, 2003).

Gover and MacKenzie (2003) found that 75% of the sample reported physical abuse, 54% reported witnessing familial violence, 20% reported prior neglect, and 11% reported sexual abuse. Approximately 21% of the sample had family members involved in crime, and most of the sample reported high levels of peer criminality. Juveniles also reported to perceive institutional environments as restrictive and controlled (p. 385). Juveniles' anxiety and depression scores showed that these levels slightly decreased over time. These findings suggest a relationship between the juveniles' age, prior substance abuse, childhood maltreatment and their self-reported levels of anxiety. Juveniles who experienced more child maltreatment were significantly more anxious, as well as juveniles who reported higher substance abuse. These findings also suggest a strong relationship between juveniles' age, prior substance abuse, childhood maltreatment, and depression. Juveniles who reported higher childhood maltreatment and higher substance abuse were significantly more depressed. Juveniles who perceived their environment as having higher levels of justice were less depressed, and juveniles who had been detained for longer periods of time were more depressed (Gover & MacKenzie, 2003). Gover and MacKenzie's findings support the above-mentioned studies that point out a correlation between trauma, abuse, depression, anxiety, and potential suicide. The authors emphasize the need for therapeutic programs in correctional facilities that house juveniles with history of child maltreatment (p. 391).

### **Overcrowding**

Alongside trauma and abuse, it is necessary to consider the effects of overcrowding in prisons and jails, deprivation of freedom, and isolation on suicide amongst inmates. Suicide can be impacted by isolation or stress periods, and relying excessively on inmate control techniques such as solitary confinement can increase its incidence (Tartaro, 2003). It is important to understand the concept of "deprivation theory," which is defined as "a model of prisonization based on the belief that a prison subculture arises from inmates' adaptations to severe physical and psychological losses imposed by incarceration" (Reid, 2006, p. 534). This model refers to an inmate's lack of alternatives to alleviate his/her deprivations, and the inability to escape physically or psychologically the pains of imprisonment, and it suggests that the inmate's social system will be functional through cooperation (Reid, 2006, p. 534).

Huey and McNulty (2005) conducted a study in order to determine the effect of deprivation theory and overcrowding theory on inmate suicide. Deprivation theory predicts that there will be more suicides in prisons in which inmates perceive loss of control over daily

routines or freedom, and where they are denied programming options. Overcrowding theory emphasizes how suicides result from the harmful effects that prison overcrowding has on the adaptation of inmates to the prison life.

The data was gathered from enumerations of the Census of State and Federal Adult Correctional Facilities from 1990 and 1995. The census provides information on prison conditions, inmate population size, design, capacity, security level, operational authority, rehabilitative programs offered and level of inmate participation in them. The sample consisted of 1,118 facilities. Security level and percentage of inmates participating in psychological/mental health counseling, self-help groups, educational and works skills training/release programs measured deprivation. Overcrowding was measured by total size of the inmate population, the difference between the total number of inmates and the design capacity of the prison, and the difference between the number of inmates and the number of correctional staff. The authors controlled for stability in the likelihood of suicide overtime and for facility age in years (Huey & McNulty, 2005, p. 497).

Huey and McNulty (2005) found that approximately 10% of US prisons showed evidence of at least one suicide in both 1990 and 1995, and about 15% of the prisons had psychiatric facilities and were more likely to house more inmates at high risk of suicide (p. 499). Suicide was most common in maximum-security (42%), followed by medium-security (19%) and minimum-security facilities (3%), which is consistent with deprivation theory. They also found that as overcrowding increased, the proportion of prisons experiencing suicide increased dramatically as well. Inmates who participated in rehabilitation, education, and work skills programs were less likely to commit suicide. Maximum-security prisons were most likely to experience a suicide. The authors determined that deprivation was consistently related to the likelihood of suicide given that suicide was less common in lower-security prisons. In addition, the authors suggest that overcrowding and deprivation theories be examined and studied together as variables affecting suicide in prisons, and be integrated as a unified theoretical framework (p. 507).

### **Victimization**

Victimization between inmates may also be correlated to mental health and distress, as studied by Hochstetler, Murphy, and Simons (2004). Their main focus was the effect of victimization on post-traumatic stress and depression on inmates. In accordance with some of the aforementioned studies, these authors noted how male inmates who responded to a survey were three times more likely to experience traumatic events when contrasted with those of non-institutionalized comparison groups. It is imperative to understand how inmates' distress levels may be affected by victimization because they live with their offenders (Hochstetler et al., 2004, p. 440).

Their sample consisted of 208 male participants who were in a work release facility during the year 2001. All of the participants had been paroled within the last 6 months and were about to be released under community supervision. The average age was 32 years old. The participants were asked to complete a survey in a classroom setting of less than 20 males, and a proctor was available for those who needed help with the questions. The authors had three different hypotheses: (a) prison victimization is a significant predictor of depressive and PTS controlling for other variables, (b) previous trauma significantly affects distress measures, and (c) prison victimization links preexisting characteristics to post-prison distress. Depressive symptoms and post-traumatic stress symptoms were measured with a 12-item scale derived from the Symptoms Checklist 90-Revised and a derivation of the Post Traumatic Stress Diagnostic

Scale respectively. Prison victimization was gauged by a six-item measure and the exogenous trauma variable was measured by a series of questions based on the UM-CIDI. Support, exposure to violence, self-control and age were measured with item scales as well (Hochstetler et al., 2004, p. 443).

The researchers found that depression and PTS symptoms were correlated. Prison victimization, pre-prison trauma, exposure to violence, self-control and race were positively correlated to PTS symptoms as well as with depressive symptoms. The first hypothesis was confirmed as prison victimization contributes to depressive and PTS symptoms. The second hypothesis was confirmed as well as previous trauma is a significant predictor of distress, and the third hypothesis was disconfirmed, as exposure to violence was the only characteristic which had an indirect effect on victimization in either the depressive symptoms or PTS equations (Hochstetler et al., 2004, p. 450). The finding in this study suggests that experiencing stress at some point in the early life may increase the likelihood of experiencing its harmful effects later on. The study also emphasizes the importance of inmate placement in safe treatment facilities upon entry. The author also points out how inmates' recovery from trauma during their time incarcerated as well as their time out of prison can be aided by rehabilitation (Hochstetler et al., 2004). It would be beneficial to consider the previous studies that note the relationship between distress, trauma, and potential suicide.

### **Isolation**

In regards to isolation and solitary confinement, it is crucial to examine the effects these variables have on mental health issues. Haney (2003) discussed the psychological and social repercussions of solitary confinement on mental health. He paid particular attention to supermax prisons and their use of isolation. Supermax facilities and other isolation practices differ in their level and length of confinement, reasoning behind the isolation, and the means applied. In supermax facilities, the inmate is isolated from others and not allowed to participate in everyday programs or activities (Haney, 2003). The author summarizes inmates' conditions as follows:

Prisoners in these units live almost entirely within the confines of a 60- to 80-square-foot cell, can exist for many years separated from the natural world around them and removed from the natural rhythms of social life, are denied access to vocational or educational training programs or other meaningful activities in which to engage, get out of their cells no more than a few hours a week, are under virtually constant surveillance and monitoring, are rarely if ever in the presence of another person without being heavily chained and restrained, have no opportunities for normal conversation or social interaction, and are denied the opportunity to ever touch another human being with affection or caring or to receive such affection or caring themselves. (p. 127)

Many negative reactions to solitary confinement are mentioned in Haney's work, such as sleep disturbances, aggression, rage, hallucinations, emotional breakdowns, and suicidal ideation and behavior (p. 131). In addition to these negative reactions, Haney (2003) identifies five "social pathologies" that could lead to suicide: (a) the totality of control of the supermax facility forces the prisoners to depend on the institution to organize their existence, (b) prisoners may begin to lose the ability to initiate behavior of any kind because they have been stripped of any opportunities to do so for prolonged periods of time, (c) the presence of regular interpersonal contact or any meaningful social context creates a feeling of unreality that pervades the inmates' existence, (d) the experience of total isolation can lead to social withdrawal, and (e) the deprivations, restrictions, loss of control, and lack of happiness may lead to frustration that could

turn to rage or uncontrollable bursts of anger (p. 140). The author urges researchers not to ignore this data and to take into consideration the psychological pain and mental health risks that solitary confinement may impose on the inmate (Haney, 2003, p. 151).

### Implications

It is important to recognize how all of these studies relate to one another and how their findings support each other as well. Certain factors such as trauma, substance abuse, deprivation, isolation, overcrowding, and victimization may have an effect on suicide in correctional facilities. It has been mentioned that suicide is more prevalent in correctional settings more so than in the community (Stuart, 2003, p. 559). Therefore, another important aspect to consider is that many of these men could possibly be released back into society and, as these data have shown, could experience symptoms of depression, post-traumatic stress, and many other indicators of emotional problems that could be a disadvantage to them. Knowing more about the factors that influence suicide in correctional institutions could guide and direct mental health practitioners to create treatment plans that are more preventive in nature. In addition, it could help correctional administrators become aware of the potential risks of inmate placement thus helping their decision making process. By being able to prevent inmate suicide, the criminal justice system would have the opportunity to rehabilitate offenders and allow them to be reinserted into society. Also, this research can help educators identify potential risks in juvenile offenders who may still be under-aged and attending school. Knowing how substance abuse and any other kind of abuse plays a role in suicide not only aids its prevention in correctional institutions, but also in a school setting. Further research could be beneficial and influential on the instauration of more rehabilitative programs in order for offenders to be better prepared to cope with incarceration and/or the prospect of freedom.

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