

# Example by StudyDriver

Source: <https://studydriver.com/suicide-in-prisons/>

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## Suicide in Prisons Example

Many of the Scholarly articles I've found have a plethora of similarities. These similarities include Risk factors that make inmate more prone to committing suicide, Methods of how said inmates commit or attempted to commit suicide, and specific policy's implemented to help mitigate this growing issue. Finally I found a qualitative study to help understand prison suicide out of Oregon to include six of their correction facilities and a mixed qualitative quantitative following women in the United Kingdom.

Every single study I have researched has had a multitude of similar risk factors that make inmates prone to taking their own life. White, younger, males with no kids that come from lower SES backgrounds are more prone to suicidal tendencies. The general consensus on age varied throughout different studies but all ranged from 25 to 35 years old. However, one study did touch on individual's who were outside of that age bracket. They stated that inmates younger than 21 years of age, ones that should be placed in juvenile detention centers, placed in adult facilities where 8 times more likely to kill themselves. The reasoning for such an overwhelming amount of result from white men has been associated to their lack of being ready for the prison experience. Some researchers suggest that the differences among black, white, and Hispanic suicide rates can be explained by sociocultural

factors such as better preparation for prison life by blacks as opposed to that of whites and Hispanics. (Daniel, 2006) As a result of these factors these individuals have and will continue to take part in deviant behaviors. A study that was taken from 313 inmates in a Florida Federal Institution, there was a positive correlation between antisocial deviance and suicidal tendencies of man inmates. (Daniel, 2006, p.167) These antisocial tendencies have a lot of can result in more risk factors that push inmates to suicidal thoughts. Bullying from peers has been proven to by many scholars as another direct correlation to suicide. According to Konrad, Suicidal inmates experience bullying from peers, write ups, or adverse information. (2004, p. 115) The risk factors mentioned above all revolve around social interactions or are caused because of them. There are some other risk factors that stem from within the inmate's family or chemical make-up. These can be defined as Clinical factors, mental illness, and substance abuse issues. According to Emma Barker, personal and family history of psychiatric problems, and dysfunctional family lives including parental substance abuse and violence can be a leading cause for inmates attempts at suicide or suicide. (2014) Even though most of the studies have the same rational reasoning as to why inmates commit these atrocity's, there was one study that touched on an uncharted reason. Ildiko Suto<sup>1</sup> and Genevieve L. Y. Arnaut brought to the attention of the public inmate's depression. Some inmates who made suicide attempts did so because they felt they dishonored their families, that they made their parents look bad. This normally wouldn't affect most inmates when it comes to other infractions or issues in prison, but to these inmates they were upset that it casts a negative shadow on their parental upbringing. As a result of a multitude of different reasons as to why inmates decide to take their own life's or try, the method of how they do it is very similar across the board.

Methods of suicide inside institutions are very limited in comparison to the outside world. As a result of constant supervision, random searches, CCTV's inmates have limited there methods to hangings, overdoses, and self-mutilations. Some researchers say that hangings are the leading cause of methods in prisoners' suicide, Over 80 percent of suicides are completed by hanging. (Daniel, 2006) There are many ways an inmate can get away with this method as ways of asphyxiation. The use of bed sheets, shoelaces, belts or anything that can be used to cut of circulation are easily accusable by everyone. The timing of these incidents tends to happen during low traffic times. Because they are inside an institution they are under close supervision, as a way around that some say that

imamates will hang themselves at night, during shift changes, or once put into isolation. According to Bonner, most of the suicides by hanging happen within the first 24 hours of arrest. This brings conflict to the majority of other studies that say this is most prevalent during times of isolation. When one is brought into intake, they are surrounded by many people which nullifies the idea that hangings happen in isolation. Some have said though the idea of isolation does not have to be taken literally but can be a result of one's mental state. As hanging being the most attempted and used practice in regards to suicide, the next highest killer is overdosing. This idea of overdosing refers to illegal narcotics smuggled into the institution or inmates prescribed psychotropic drugs. As a result of these methods Institution staff, social scientists and many others have come up with policies to help combat this ongoing issue.

Many policies begin and end at inmate intake. Intake screening usually consisted of a non-medically trained staff asking probing questions. They are asked to either figure out an inmate's prior history whether that mental or family history or to see if the inmate is currently high risk. Generally, screening questionnaires should ask for static (historical demographic) as well as dynamic (situational and personal) variables. (Konrad, 2007) During screening if it is deemed that an inmate is suicidal they must be seen by mental health staff. Staff shouldn't stop once the initial intake has taken place. Staff need to follow up with inmates later on as suicidal tendency can go unobserved and created after intake. This to include routine checks, conversations, social interventions. As these are all good ideas, most institutions do not follow up with them. This could be attributed to lack of funding, personal, or they just do not think it is as important as others. Ronald Bonner brought up an older suicide prevention plan, SSP, from the New York Local Forensic Crisis Service Model's Suicide Prevention Screening Instrument. This program took it further than prisoner intake.

In conjunction, they added a level system to help officials observe high risk inmates differently, bridged the gap between correction officers and mental health providers, and made it mandatory for the whole correctional organization to be Profant in and knowledge of all these resources through a required eight-hour course. Bonner stated that a commonality across many intuitions SPP's was, The responsibility of all correctional staff in suicide prevention with training being considered the primary vehicle of program implementation. (p. 373) In 1986, the

Galveston county jail, used a SPP that was similar in the fact that new inmates were screen prior to being put into gen pop, but where they different from the rest. During high risk times for these inmates they would avidly watch them three days before and after court hearings, as well and providing the inmates with more human contacts to not further isolate them. Also they implanted Trained inmates to keep an eye on these high risk subjects when officers weren't available or wanted. In conjunction with the pervious policies, at Cook county Department of Corrections, they implanted a new SSP that reduced suicide rates to less than 2 inmates per 100,000. This SSP help connects these higher risk inmates to community hospitals for further mental treatment that the institution couldn't provide. (Barker, 2014)