

Review Article

**SUICIDE IN PRISONS**

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**Abstract.** *The paper deals with the problem of suicide in prisons. The authors first provide a general overview of the social impact of suicide and its consequences. Then, they analyze the factors that lead to committing suicide, with particular reference to the specific factors that induce suicide in penal institutions. Further on, the authors elaborate on the most common methods of committing suicide in prisons and examine some mechanisms for preventing suicide in prisons, primarily considering the active involvement of the formal penitentiary system and the system of monitoring risk groups. The authors also consider the suicide-prevention treatment programs aimed at preventing future suicide attempts in individuals who have already tried to commit suicide. Finally, the authors point out to further action that shall be taken by the state in order to reduce the suicide rate in prisons.*

**Key words:** *suicide, prison, risk groups.*

1. INTRODUCTION

The modern society protects an individual by safeguarding one's right to life and banning others from jeopardizing that right. Given the fact that life is regarded as the highest asset of one's existence, suicide is a highly complex legal issue as it involves an act of taking one's own life. Suicide is often defined as a conscious and intentional destruction of one's life, which comes as a result of a suicidal psyche and suicidal motives (Milovanović, 1929). For this reason, it can be regarded as a form of self-directed violence. The general increase of violent behaviour in the contemporary society yields an increase in the suicide rate, which is present in all social layers and in all regions (Bogdanović, et al., 2007, p.

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659). The study of suicide is multifaceted, for it necessarily involves the examination of causes operating on both macro and micro levels, as well as the consequences of suicide.

Suicide in prisons has some specific characteristics. An analysis of this subject matter provides for observing the weaknesses of the penitentiary system, given the fact that the treatment of convicted offenders may prove to be an added risk factor in suicide cases. Bearing in mind the specific living conditions in penal institutions and the inmates' specific personality traits, it is necessary to pay additional attention to suicide in prison so as to demean risk factors. Furthermore, by placing convicts in penal institutions, the state assumes responsibility for their wellbeing, which eventually raises the question of the state's inadequate care for the convicts' welfare and its subsequent responsibility for the committed suicides. This is kindled by the fact that suicide may be perceived as a consequence of one's belief that the world does not respond to one's reasonable needs and efforts (Striković, 1982, p. 14).

## 2. IMPACT FACTORS

There are multiple conceptions on the suicide factors but a definite cause-effect relation between risk factors and suicidal death cannot be confirmed. There is frequently a number of factors acting in concurrence and creating a fertile soil for the birth of suicidal thoughts, while only one of these factors usually acts as an immediate cause.

There is a huge array of factors which may lead to suicide. These factors are primarily linked to psychopathic states of mind, the existence of a serious physical disease, addiction to narcotics or alcohol, stress, family problems, weather conditions, geographic region, gender, age and race.

In science, suicides are classified according to the psychopathic states of mind that cause them; thus, there are: a) *manic suicides* stemming from hallucinations or altered states of mind; b) *melancholy suicides* which are caused by utter sadness and depression; c) *obsessive suicides* governed by one's constant frenetic contemplation of death; and d) *impulsive suicides* stemming from a sudden irresistible urge. (Durkheim, 1997, p. 67).

Emile Durkheim argues that the suicide rate in any population is a direct result of the distinct level of social integration rather than a result of distinctive characteristics of an individual; in line with his starting hypothesis, he distinguished the following types of suicides: a) *egoistic suicides* occurring as a result of social isolation, loss of interest or sparse integration into the society; b) *altruistic suicides* which are caused by insufficient individualization or excessive integration into the society; and c) *anomic suicides* occurring when the individual's integration into society is abruptly interrupted by sudden changes in the social environment. All these factors and classifications fully apply to imprisoned persons as well but, in this social group, there are some additional factors pertaining to the specific circumstances of their imprisonment. Consequently, it does not come as a surprise that the suicide rate in prisons is up to 7.5 percent larger than the suicide rate in the general population<sup>1</sup>

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<sup>1</sup> For more information see: Preventing suicide in jails and prisons, [http://www.who.int/mental\\_health/prevention/suicide/resource\\_jails\\_prisons.pdf](http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf); 18.02.2013

Social isolation, restrictions imposed by the organization of life in prison and solitary confinement may all be regarded as the risk factors that have a significant impact on the suicide rate in prisons. Although the aforementioned factors may be observed as the most common causes of suicide in prison, there are other factors that have to be taken into consideration, such as: the loss of freedom, family and social support; the fear of the unknown; the fear of physical or sexual assault; a sense of shame and guilt because of the committed crime; frustration over the poor accommodation conditions, etc (ibid). It is also worth noting that penal institutions mainly house individuals falling into a high-risk group of inmates who have been prone to committing suicide even before their imprisonment. Namely, a vast majority of prisoners are young males, many of whom used narcotics or alcohol before imprisonment and exhibit a high level of aggression; all these factors increase the risk of suicide.

Given the fact that a prisoner is not in a position to organize his/her time and do what he/she wants, an inmate develops a sense of being deprived of freedom and forced to live "by command" (Konstantinović-Vilić, et al., 2006, p. 229). Combined with other negative factors, in a long run, it may give rise to a sense of futility and inability to control one's life. Moreover, the influence of the external environment is also very important, for which reason the inmates who do not maintain contacts with people from the world outside the penal institution may feel abandoned and socially expendable, thus failing to find a reason to continue living such a life.

Moreover, the imprisoned individuals are compelled to live together with other convicts and cannot choose their immediate environment, which may largely affect the term of serving their sentence. The formation of informal groups is inevitable in prisons (Ibid, p. 238) and the convicts who are not accepted by the dominant group are subject to constant abuse and molestation which makes their further stay in prison unbearable and triggers suicidal thoughts.

In the contemporary penological practice, solitary confinement is a disciplinary or safety measure which may also have a negative impact on the convict's mental state. This conclusion has been a result of research into the consequences of isolation at the time when this measure was the primary mode of serving the sentence of imprisonment. Thus, instead of helping prevent the criminal infection, the Pennsylvanian and Auburn penal systems prove to have contributed to the increase of mental problems experienced by the convicted offenders and the frequency of committing suicides in prisons (Ibid, p. 138-140). The placement of imprisoned individuals in a solitary confinement is an act of further isolation; as convicts are denied any social contact, their complete isolation has a strong negative effect on the convicts' mental state and gives rise to suicidal thoughts. This assertion is supported by numerous suicide cases committed in solitary confinement in spite of the fact that such convicts are closely monitored.<sup>2</sup> For this reason, the individuals who have already tried to commit suicide are regarded as an extremely sensitive category, which shall be given special care and attention when placed in solitary confinement<sup>3</sup>

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<sup>2</sup> European Human Rights Court verdict in *Mitic v. Serbia*, 2008. <http://www.zastupnik.mpravde.gov.rs/cr/news/vesti/presuda-mitic-protiv-srbije-predstavka-br.-31963-08-evropski-sud-za-ljudska-prava-zakljucio-da-nema-odgovornosti-na-strani-republike-za-samoubistvo-u-zatvoru.html>, 18.02.2013

<sup>3</sup> For more information see: INTERIGHTS, Art. 2 – The right to life according to the European human rights convention, Lawyer guidebook, p. 32, [www.helsinki.org.rs/hrlawyers/archives/files/sem1\\_clan2.doc](http://www.helsinki.org.rs/hrlawyers/archives/files/sem1_clan2.doc), 18.02.2013.

Moreover, placement in cells with other convicts is exercised as a preventive measure because it reduces the possibility of suicide.

Addiction to narcotics is a complex problem in penal institutions. The abstinence crisis is harder to overcome in prisons because, apart from the inability to obtain narcotics, the inmate faces other constraints as well. A research has shown that opiate users are 10 times more likely to commit suicide than inmates who are not drug users.<sup>4</sup> This statistics can be explained by the fact that life in prison looks even bleaker during involuntary abstinence, which prompts suicidal thoughts.

Relevant literature includes an interesting standpoint according to which the inmates' higher socio-economic status and the high level of social and familial integration prior to imprisonment also increase the risk of suicide in prisons.<sup>5</sup> The basis for such an observation is Durkheim's typology of egoistical suicides; namely, severing the social and family ties precludes an individual's social integration.

Prisoners may develop certain mental disorders which are likely to increase the suicide risk. A research shows that a large number of prisoners who committed suicide had mental disorders (Ibid.). Depression and anxiety are the most common causes of suicide. Depression may be caused by the inmate's inability to get accustomed to life in prison. Anxiety may be present both during the convict's placement in prison and before his/her release from prison; it is reflected in the symptoms such as restlessness, despair and depression, which generate suicidal thoughts and increase the suicide risk. The behaviour which clearly indicates that an inmate is tormented by internal unrest, which may increase the risk of suicide, is reflected in the mood swings (frequent crying, insomnia, lethargy, lack of appetite, retreat into solitariness, loss of desire for socialisation, or refusal of the prescribed therapy), all of which shall alarm the prison staff to take immediate and adequate action.

Poor health may also increase the suicide risk, both in prisons and in the outside world. The inmates afflicted by AIDS and facing despair, potential victimisation and threats by other inmates are more prone to committing suicide. The infection with hepatitis C also increases the risk of suicide. Such infectious diseases and their treatment may place a huge psychological burden on inmates; combined with imprisonment, it may generate depression and result in recurrent suicidal thoughts. Other medical conditions and diseases which are associated with intense pain are more difficult to endure in prison, thus significantly deteriorating the inmate's overall health.<sup>6</sup>

A coerced sexual intercourse with fellow inmates may also cause great pain and suffering in victims of sexual abuse, resulting in a loss of self-respect and an overbearing feeling of helplessness. A research shows that approximately 20 percent of inmates are coerced into sexual contact with another inmate. The data collected by the World Health Organisation show that one-third of inmates subjected to coercion have frequent suicidal thoughts.<sup>7</sup>

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<sup>4</sup> For more information see: Preventing suicide in prison: A collaborative responsibility of administrative, custodial, and clinical staff, <http://www.jaapl.org/content/34/2/165.full>, 18.02.2013.

<sup>5</sup> For more information see: Preventing suicide in jails and prison, [http://www.who.int/mental\\_health/prevention/suicide/resource\\_jails\\_prisons.pdf](http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf), 18.02.2013.

<sup>6</sup> For more information see: Preventing suicide in prison: A collaborative responsibility of administrative, custodial, and clinical staff, <http://www.jaapl.org/content/34/2/165.full>, 18.02.2013.

<sup>7</sup> The WHO research shows that around 20 percent of inmates are coerced to sexual intercourse in prisons, <http://www.jaapl.org/content/34/2/165.full>, 18.02.2013.

In addition to all these factors, suicidal tendencies may also be reflected in the convicts' seclusion, asocial behaviour, loss of appetite, avoiding contact with other inmates, refusal of the prescribed therapy, etc. Moreover, in case of being imprisoned for a longer period of time, convicts may develop a feeling of helplessness and fear in respect of their future, symptoms of depression, or even admit that they have been thinking about suicide, which should be regarded as their cry for help.

### 3. METHODS OF COMMITTING SUICIDE

There are fewer opportunities for inmates to commit suicide in prison than in the outside world. This is due to the fact that each convict is subjected to a thorough body search upon admission, when all potentially harmful items are seized for personal safety purposes. For this reason, it comes as no surprise that 80 percent of all suicides in prison are committed by hanging. Convicts may use clothes or bed linen for these purposes but a suicide need not necessarily be committed by hanging off the floor; in fact, a convict may commit suicide even while kneeling, sitting or lying down, in which case death occurs very quickly, in less than 10 minutes (Milutinović, 1993, p. 393). Taking away the convict's clothes may diminish the opportunity for committing suicide but such an act is certainly very humiliating and degrading to the convict.<sup>8</sup>

Suicide may also be committed by taking an overdose of prescribed medications, which is the second most common method of committing suicide in prisons. The most common choice are antidepressants but convicts also use other medications which are part of their daily therapy or obtained illegally. It has been noticed that the number of suicides committed by taking medications is on the rise.

Despite rigorous searches conducted by the prison staff, prisoners may also come to possession of some sharp objects and use them to attempt suicide; such objects are most commonly used to inflict wounds on the neck, chest, stomach or arms (Tasić, 2000, p. 503). In these cases, apart from the fatal cuts there are the so-called "test" cuts which are inflicted immediately before death (Jovanović, 1988, p.112).

Going on a hunger strike is another suicide method, which should be regarded as a form of protest. In addition, suicide may be committed by swallowing sharp objects or jumping from heights. In reality, these instances are less common because they are rather difficult to put into effect in prison conditions.

### 4. FORMS OF PREVENTION

Suicide as a conscious and intentional taking of one's own life (Milutinović, 1993, p. 281) is a phenomenon on the increase in the contemporary society, and it is even more prominent in prisons. In order to reduce the number of suicides in prisons, all participants should actively participate in the processes concerning the execution of imprisonment sentence.

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<sup>8</sup> For more information see: INTERIGHTS, article 2 – The right to life according to the European human rights convention, Lawyer guidebook, pg 63, [www.helsinki.org.rs/hrlawyers/archives/files/sem1\\_clan2.doc](http://www.helsinki.org.rs/hrlawyers/archives/files/sem1_clan2.doc), 18.02.2013.

The process of prevention has to begin immediately upon admission into prison. Namely, during the classification of convicts into correctional groups, it is important to pay attention to the factors that increase the risk of suicide: whether the convict is a narcotics or opiate addict, whether he/she has a mental disease, or whether he/she has a history of suicides in the family. All these issues have to be addressed by the reception unit (Konstantinović-Vilić, et al., p. 68). The assessment of potential suicide risks among convicts is carried out by a team of experts who are obliged to submit a proposal to the warden of the penal facility on the treatment program for each convict, including the ward where the convict should be placed and the needed supervision (Act on the Execution of Criminal Sanctions, Articles 63-64)<sup>9</sup>. In case of detecting any of these risk factors, the convict should be put under special supervision, which is aimed at closely monitoring the changes in his/her behaviour. First-time prisoners shall be given special attention as they may experience a more prominent fear of the unknown and anxiety by the loss of freedom. The assessment of suicide risks upon admission is particularly important with middle-aged prisoners convicted to serve long-term prison sentences; their desire to live may be significantly affected by the fact that they may not live long enough to see the end of their sentence. This stems from the fact that the decision on committing suicide and its actual commission are affected by one's personal philosophy, i.e. the individual's perception of the value and quality of prospective life (Milić, 1997, p. 13). Bearing in mind that every convict is an individual who comes to prison burdened with different fears stemming from the external world and concurrently faces new ones in prison, penal facilities should have a sufficient number of qualified professionals who would assess the convicts' physical and mental condition and prescribe the most appropriate treatment.

Yet, the prevention measures should not be exhausted by the early evaluation of suicide risk at the time of convicts' admission into a penal institution, particularly having in mind that the mere process of determining a certain degree of risk is not very indicative of the time when a convict may decide to commit suicide. For this reason, penitentiaries must have an active role in suicide prevention throughout one's term of imprisonment, and particularly in case of serving a long-term imprisonment sentence which may have a harmful effect on the prisoner's mental state and generate a feeling of helplessness and a lack of the desire to live. In order to forestall such events, a constant surveillance by well-trained staff is paramount.

Training the prison staff is of great importance for suicide prevention. It has been noticed that the majority of suicides happens at night, during the time of rest, when convicts are held in isolation cells/solitary confinement, or when they are not under surveillance of the prison staff.<sup>10</sup> Apart from preventing suicide among convicts, the prison personnel need to be trained to identify risk factors and to adjust the treatment according to the convict's behaviour. For this purposes, the prison staff has to take part in an ongoing training which would help them detect any changes in the convicts' mental state, symptoms of introvert behaviour or any conflicts in a prison ward and resolve them in time.

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<sup>9</sup> See: Zakon o izvršenju krivičnih sankcija (Act on the Execution of Criminal Sanctions), "Сл. гласник РС", 85/2005 and 72/2009.

<sup>10</sup> For more information see: Preventing suicide in jails and prison, [http://www.who.int/mental\\_health/prevention/suicide/resource\\_jails\\_prisons.pdf](http://www.who.int/mental_health/prevention/suicide/resource_jails_prisons.pdf), 18.02.2013.

Generally speaking, convicted offenders are admitted into correctional facilities with a certain propensity to committing suicide. Social and physical isolation and a lack of support from the immediate environment intensify the suicide risk. Long-term imprisonment sentences may lead to severing the family ties and losing contact with friends; consequently, a convicts' return into the society may be very stressful as he/she feels that his/her life is futile as there is no one to go back to. For this reason, the quality of inmates' social integration is a very important element of suicide prevention. Family visits in prison may serve as an incentive for social support as well as a source of information about suicide risks in some convicts. The convict's treatment should be organised so as to promote maintaining good communication with the convict's family. As previously noted, the majority of suicides in penal facilities occur when the convict is isolated from other convicts. In some facilities, social support is secured through the use of specially trained inmates, the so-called "buddies" or "listeners"; unlike the prison staff, they are in a position to make closer contact with other inmates, identify the suicide risks and react momentarily in case a suicide attempt occurs (ibid).

Placing convicts from the risk group in solitary confinement is considered to be a highly inadequate measure due to the negative effect of convicts' complete isolation, which further increases the suicide risk; consequently, this form of preventive action is frequently avoided. However, given the fact that convicts are placed in group cells, convicts find it much easier to come into possession of some suicide devices or weapons. For this reason, placing convicts into group cells should not be taken as a prevention measure *per se*, for it should incorporate other prevention measures as well.

The inmates with mental disorders who bear a high suicide risk need adequate medical treatment. However, the convicts' medical treatment may be hindered by an insufficient number of the medical staff and insufficient financial resources. For these reasons, the provided medical help is often brought down to an absolute minimum, which is a considerable obstacle in providing a long-term treatment to cure the convicts' mental disorders. In order to solve this problem, the general health services should get involved in the medical treatment of this group of convicts as they would be able to provide them a more substantial medical assistance.

Despite all the prevention measures, it is still possible for a convict to attempt suicide. In such situations, it is paramount for the prison staff to be adequately trained in first aid procedures and the prison must have relevant and operative first aid instruments. After the recovery period, the inmate who has attempted suicide should be subjected to a thorough psychological examination, as a result of which the expert team shall develop a program for his/her further treatment including measures which shall be taken to help the inmate overcome the previously encountered problems that have led to the attempted suicide.

As certain groups of prisoners have a need to escape from prison (Konstantinović-Vilić, 2011, p. 233), some convicts may perceive the attempted suicide as an excellent chance to be transferred to a lower-security ward or a medical centre outside the penal institution. In order to prevent such occurrences, the prison staff should be extremely cautious when dealing with such prisoners and mind the convicts' manipulative behaviour. The provided service shall strike the right balance between the personnel's duty to help the inmate who attempted suicide and their duty to provide for the order and overall security in prison. The situation is further complicated by the fact that prisoners' self-inflicted wounds may not always be indicative of a suicide attempt; actually, it may also reflect a *modus operandi* of a

certain group of prisoners. However, regardless of the inmates' motives, cases of attempted suicide require immediate attention as they may have a fatal outcome.

## 5. CONCLUSION

Suicide is a significant problem which is increasingly frequent and widespread in the modern society, affecting all the layers of social life. One needs a comprehensive knowledge of different scientific areas to understand the multiple factors that trigger the commission of suicide, for "those who commit suicide do not wish to die, nor do they wish to live; they want both at the same time" (Stengel).

This problem is more prominent in prison, where the suicide rate among inmates is much higher than the suicide rate among people who are not imprisoned. This trend may be explained by personality characteristics of imprisoned persons and the specific characteristics of the environment they involuntarily find themselves in. Moreover, the prison community imposes numerous restrictions on the fundamental human rights which may have an adverse effect on some prisoners. Having that in mind, all participants in the formal penitentiary system as well as the state should have a more active role in resolving this problem.

First, it is important to identify all the risk factors in prisons and strive to diminish them. Penal institutions should provide a sufficient number of adequately trained personnel, who will be working with convicts who may be prone to committing suicide; apart from detecting and preventing the risk of suicide, they should also be well-trained to respond to suicide attempts and provided appropriate and timely assistance.

The state-provided funding of penal institutions is frequently insufficient to ensure adequate living conditions which would comply with the widely recognized values and living standards in the contemporary society. There is a lack of adequately trained staff that would ensure individual treatment to each inmate. All these factors have a negatively impact on the prevention of suicide in prisons, which is on the rise and calls for a comprehensive prevention action. In order to accomplish these goals, the state must invest sufficient financial means which would enable hiring and training professionals who will be working with high risk convict groups; moreover, the state must also prepare individual treatment and general prevention programmes which would be used in penological practice. The risk groups should be provided medical assistance and support in order to be able to overcome the difficulties they have encountered. If such treatment cannot be provided in prison, inmates should be involved in the regular/ compulsory health protection system which may provide them better treatment and care given a larger number of professional staff available.

Regardless of the reasons for imprisonment, each convict should be given the opportunity to fully exercise one of the fundamental human rights – the right to live. Given the fact that the opportunities for exercising this right are rather limited in prison, the state must play a more active role in the protection of this right and prevention of suicide in prison. The imprisonment is not a goal in itself but a means for providing adequate treatment which would ultimately ensure a convict's rehabilitation and reintegration into the society. Upon the convict's admission into prison, the state is obliged to secure all the necessary conditions to accomplish the envisaged goals, and protect the dignity and the



sanctity of each convict's life. The convict's institutional treatment shall be organised so as to reduce the detrimental effects of the prison environment to an absolute minimum. The fulfillment of these conditions is a prerequisite for the prevention of suicide in prisons.

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## SAMOUBISTVO U ZATVORU

**Jelena Papović, Aleksandar Mihajlović**

*U radu je analiziran problem samoubistva u zatvorima. U prvom delu rada prikazan je problem samoubistva u savremenom društvu sa osvrtom na specifičnosti zatvorske sredine. Analizirani su faktori koji doprinose povećanju stope samoubistva i uzroci koji su u većoj meri izraženi u zatvorskoj zajednici. Opisani su najčešći načini izvršenja samoubistva u zatvorima. Posebno mesto u radu posvećeno je mogućim oblicima prevencije samoubistva u zatvorima. U poslednjem delu rada prikazane su slabosti penitencijalnog sistema i naponi koje bi država trebalo da uloži kako bi se nivo samoubistava u zatvorima smanjio.*

Ključne reči: *samoubistvo, zatvor, rizične grupe.*