



PREVENTION OF SUICIDES & VIOLENCE IN PRISONS

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FACTS ABOUT SUICIDES

- Every 40 seconds a person dies by suicide (WHO, 2014)
- 804,000 deaths of suicide (WHO, 2012)/ 128,000 commit suicide in European region (WHO, 2018)
- Suicides are under-reported or they are misclassified as accidents or other causes of death
- Less than 20 European countries have national suicide prevention strategy (WHO, 2018)
- Untreated depression is the number one cause for suicide
- More people die from suicide than from homicide
- More males die from suicide than females (WHO, 2016)
- Higher rates of suicide among prisoners than in the general population (Hayes, 1989; Mumola and Noonan, 2007; Mumola, 2005)
- 10-14 times higher than general population
- First leading cause of death in prisons
- By hanging (94%)
- Most preventable cause of death (Salive et al., 1989)
- 20% of inmates need psychiatric care (APA, 2000)
- 5% are actively psychotic (APA, 2000)
- 75% of those who die by suicide demonstrate suicide signs

FACTS ABOUT VIOLENCE IN PRISONS

- No universal definition
- No consensus on the types or categories of prison violence
- Under reporting – Under recording – Underestimation of the problem
- Nearly 50% of such incidents are not reported (Gear, 2007)
- Occurs more in high-risk units (Kratcoski, 1988; Gadon et al., 2006)
- Occurs usually in cells, washrooms, other areas not covered by CCTV
- Inhibits rehabilitation and prison regime (Modvig, 2012)
- 18 times higher in prisons than in the community (Wolff et al., 2007)
- Lower rates in constructive regimes (UNODC, 2016)
- Higher rates in Juveniles (Kuanliang et al., 2008)
- Overcrowded prisons entails tension and violence (CPT, 2012)

RISK FACTORS

- Individual risk factors
- Prison regime and risk factors
- Combination of individual risk factors
- Combination of prison risk factors
- Combination of individual and prison risk factors

Suicide & Violence

- Inappropriate living conditions
- Severity & roughness of security measures
- # of traumas and risk factors

INDIVIDUAL RISK FACTORS (SUICIDE & VIOLENCE)

- Heavy depression
- Suicidal - history of suicide attempts
- Mental illness
- Substance Abuse
- Antisocial Personality Disorders/ Borderline
- Impulsive and aggressive behaviour
- Feelings: strong anger and/or rage, severe guilt and/or shame
- Serious physical illness or chronic pain
- Rape experience
- Recent drug/alcohol ingestion
- Combination of individual risk factors

- Vulnerabilities (perpetrator/victim)
- Radicalization
- Extremism
- Terrorism
- Exposure of violence in an early age
- Mental illness
- Long-term substance abuse
- Antisocial Personality Disorders/ Borderline
- Impulsive and aggressive behaviour
- Feelings: strong anger and/or rage
- Recent drug/alcohol ingestion
- Combination of individual risk factors

PRISON RISK FACTORS (ENVIRONMENTAL)

- Imprisonment
- Punitive prison system
- Higher security environment – higher security measures than necessary
- Limited family and social contact
- No leave or escort to attend serious family matters
- Limited access to a doctor and/or MHS
- Consequences of overcrowding
- Consequences of poor living conditions
- Consequences of shortage of staff
- Understaffed health care and MHS
- Level and length of stay in isolation
- Ill-treatment
- Bullying
- Limited amount of property

CONSEQUENCES OF PRISON RISK FACTORS

- Limited out-of-cell time
- Reduced activities
- Limited access to educational and vocational programs
- Reduced opportunities for work
- Poor mental health monitoring
- Limited access to treatment and/or counselling
- Insufficient staff interaction and rehabilitative programming
- Harmful psychological consequences (stress, depression, anxiety, suicide ideation)
- Poor medical care (substandard medical care)
- Insufficient in-prison drug treatment
- Inter-prisoner violence, assaults and murders against staff, homicides, riots
- Self-harms, ingestion of objects or substances, attempts of suicide, Suicides

CAN WE PREDICT AND PREVENT SUICIDES & VIOLENT BEHAVIOUR?

- Life in prison is not necessarily damaging to prisoners (Bonta and Gendreau, 1990)
- Suicide and Violence prevention strategy
- Intake procedure
- Individual factors and background characteristics
- Effective Risk Assessment
- Environmental stressors (Institutional factors - Cooper and Berwick, 2001).
- Factors after release
- Training of staff and prisoners
- Access to a doctor (CPT,WHO)
- First aid training
- Corruption
- Mechanisms and procedures for reporting and therapy
- **Adequate awareness**

HOW TO REDUCE RISKS AND PREVENT SUICIDAL & VIOLENT INCIDENTS?

- Observation of inmates from the very first moment (up on entry) – suicidality?
- Medical screening – (to observe any cuttings?)
- Interaction with and observation of inmates during imprisonment (Alertness)
- Identify, assess, evaluate, observe the vulnerabilities and observable risk indicators as well as imminent risks – Effective management of risks
- Vigilance during high risk time frames
- Observation - be alert with warning signs / **observable risk indicators**
- Regular Review of risks
- Reinforcement of protective factors
- Proper flow of information between services
- Effective Risk Management

- Observation of inmates from the very first moment - any violent behaviour/ attitudes?
- Medical screening – recording of any injuries
- Interact with and observe any violent behaviours, signs or threats during imprisonment
- Dynamic security – Collection of information and proper flow of information
- Observe potential victims
- Observe changes in behaviours and in relationships between inmates
- Prompt flow of information between services
- Systematic recording of incidents
- Review of risk factors / readjustments
- Reinforcement of protective factors
- Effective Risk Management

CAN A CONSTRUCTIVE REGIME REINFORCE PROTECTIVE FACTORS?

- Humane regime
- Improved living conditions (EPR, CPT standards, SMR)
- Heightened staffing levels
- Heightened MHS staffing levels
- Improved adequate mental health monitoring/ follow-up
- Interventions and appropriate drug treatment
- Sufficient medical care
- Rehabilitative programs
- Increased family and social contact
- Increased opportunities for educational programs
- Increased opportunities for work, purposeful activities and sports
- Suicide prevention strategy and programs
- Effective complaints mechanisms

**CYPRUS PRISONS DEPARTMENT
BEFORE & AFTER**

CYPRUS PRISON DEPARTMENT

(UNTIL OCTOBER 2014)- PROBLEMS

- Religion - no worship
- Bad nutrition
- No entertainment
- Only closed visits
- Limited access to phone booths
- No use of basket ball and Volley ball grounds / bars were cut or use is forbidden
- No Electricity (2300 – 0600)
- No Heater – a/c
- Limited cold/ Hot water only for 1 hour
- Entertainment rooms = dormitories
- Overcrowding
- No procedures (intake/ assessment/ allocation)
- Disproportionate security measures
- Limited access to doctor, activities, school, lawyer
- Punitive prison system
- Uncontrolled powers of the staff
- Isolation (discretionary)
- Corruption
- Favourable treatment
- Discrimination
- Torture / ill treatment / reprisals
- Group / Individual punishments
- Impunity
- **Inter-prisoner violence/ Riots**
- **Self harms**
- **suicides/ attempts of suicide**

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AS FROM NOVEMBER 2014

Prison Regime

- ✓ **Human-centered** approach
- ✓ Constructive regime
- ✓ **Non-discrimination** principle
- ✓ Risk assessment & Risk mgt
- ✓ Multidisciplinary approach to treatment
- ✓ Majority of population (Medium security conditions)
- ✓ Sentence plan
- ✓ Secure and safe environment
- ✓ Proportionate security measures
- ✓ Trained staff
- ✓ Fair treatment

Rehabilitation/ Resocialization/ Reintegration/ Normalization

- ✓ Normalisation principle
- ✓ Decent conditions of detention and security measures
- ✓ Fostering a **learning environment**
- ✓ **Work-life balance** (education, work, leisure)
- ✓ Increased contact with the outside world
- ✓ Participation in creative purposeful activities and sports, in charity and social events inside and outside prisons

"The degree of **civilization** in a society can be judged by entering its prisons." Fyodor Dostoyevsky (1821-1881)

IN-TAKE PROCEDURE

(UP ON ADMISSION)

- Interview - Initial screening
- Assessment of risks and individual needs/ Vulnerable or suicidal inmates?
- Assessment - Mental health services
- Health care services
- General and specific medical examination (AIDS and other transmittable diseases)/ Recording of any injuries
- Further medical or MHS assessment (on-call if necessary)

DECISIONS (LOOP)

- Security measures
- Allocation (with instructions)
- Sentence plan
- Dynamic security
- Constant flow of information
- Review of assessment
- Follow-up (MHS)
- Readjustments

A DAY IN CLOSED PRISON

- 0600 – 1800 out of the unit
- 0700 – 2100/2200 out of the cell (until 0100 new year's eve)
- 0800 -1400 visits with their relatives/friends (every day except Friday)
- 0800 -1800 use of the phone booths/ SKYPE (0800 -1500)
- Transfer to attend family matters [4 hours] / leave [5 – 12 hours]
- 0830 – 1500 School/ programs/ interventions
- Other activities: theatre, dance, music, arts
- 0830 – 1500 Laboratories
- 0830 – 1200, 1330 – 1500 work
- 0800 – 1700 Gyms (within the unit until 1900)
- 1500 – 1700 Sports (football, Volleyball, badminton etc)
- Entertainment (until 2100/2200 within the block)
- Religious Representatives/ worship (once a week)

PREVENTION STRATEGY FOR SUICIDES & VIOLENCE IN PRISON

- IN-TAKE PROCEDURE
- Mgt following in-take screening
- Increasing training and promoting culture change
- Post in-take observation and ongoing suicide risk assessment
- No inmate at-risk stays alone
- Close supervision units & Block 10 with Suicide-resistant cells
- Collaboration with MHS
- Mental health professionals assist with the assessment and management of risks
- Monitoring of the medication procedure
- Special instructions for vulnerable and violent inmates
- Goals: Zero suicides/ less violence in prisons than in schools outside prisons

EFFECTIVE MANAGEMENT OF PRISONS & OUTCOMES

- Strong & effective leadership
- Humane and constructive prison regime
- Balance: security with human dignity
- Effective risk management
- Appropriate security regime and measures
- Effective management of and appropriate treatment to specific groups
- Prevention strategy and policy for suicides and inter-prisoner violence
- Rehabilitation, resocialization, normalization, reintegration

OUTCOMES - statistics

- Suicides 2013: 3; 2014: 3; 2015, 2016, 2017: zero, 2018: 1
- Attempts of suicides 2013 and 2014: 13; 2015, 2018: 1; 2016, 2017: zero
- Self-harms: 2013 -2014: 1-3 daily (700 - 900 annually); 2015: 5; 2016: 3; 2017/2018: 1
- Inter-prisoner violence: more than 500 annually, 2015 – 2018: 27 (18 tussles, 9 assaults)



*THANK YOU
FOR YOUR ATTENTION!*

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