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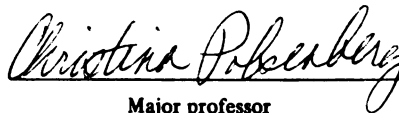
SUICIDE AMONG JUVENILE OFFENDERS:  
THE IMPACT OF SOCIAL INTEGRATION ON SUICIDAL BEHAVIORS  
IN JUVENILE CONFINEMENT FACILITIES

presented by

Christopher Olden Lee Howard Porter

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**SUICIDE AMONG JUVENILE OFFENDERS:  
THE IMPACT OF SOCIAL INTEGRATION ON SUICIDAL BEHAVIORS  
IN JUVENILE CONFINEMENT FACILITIES**

**By**

**Christopher Olden Lee Howard Porter**

**A THESIS**

**Submitted to  
Michigan State University  
in partial fulfillment of the requirements  
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**School of Criminal Justice**

**1996**

## **ABSTRACT**

### **SUICIDE AMONG JUVENILE OFFENDERS: THE IMPACT OF SOCIAL INTEGRATION ON SUICIDAL BEHAVIORS IN JUVENILE CONFINEMENT FACILITIES**

**By**

**Christopher Olden Lee Howard Porter**

Sociological theorists have long acknowledged the effect of the social environment on suicide. Durkheim (1951) identified egoistic suicides as a result of a lack of social integration. Research on suicide in custody has revealed that inmates who are most likely to engage in suicidal behavior are those that lack social integration and are detached from social life -- those who are unmarried, do not receive personal visits, have a low attachment to the outside, are unable to make friends while in custody, and are physically isolated. This study explores the impact of social integration on suicidal behaviors in juvenile confinement facilities. Statistical analyses reveal a relationship between social integration and suicidal behavior rates in juvenile confinement facilities. In addition, two distinct types of social integration are identified and their impact on suicidal behavior is discussed.

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**To my mother, my grandmother, and my other mother.**

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Finally, a special thanks from the U. F. Man to all the people who tried to keep me down. You know who you are 'cause I never fronted like there was love. You only made me work harder to make it happen sooner and sweeter. You'll never be hits and I love it.



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## **Chapter 1**

### **SUICIDE IN CUSTODY: THE PROBLEM**

Suicides among those incarcerated in jails and prisons are a major and growing public health problem (Hayes, 1994; Davis & Muscat, 1993; Haycock, 1991; Kennedy & Homant, 1988). The U.S. Department of Justice Bureau of Statistics (1990) stated that suicide is believed to be the leading cause of death in United States jails. Not only are suicides in custody dramatic in number, they also have a profound effect on the entire correctional setting. The effects of custodial suicide can be dramatic on both staff and inmates. It has been stated that no other act has such an "awesome impact" throughout the custodial setting (Malcolm, 1975).

The most disturbing fact about suicides in custody is the ambiguity that still exists about the phenomenon itself. Research on the factors that may lead to suicides in custody and the rates of suicide in custody has been somewhat conflicting. Research on who is most likely to commit suicide in custody and what measures are most effective in reducing the risk of suicide in custody have become quite redundant. Still, these areas are constantly addressed in the literature. Furthermore, this literature has failed to reduce the problem of suicides in custody. Inconsistent findings seem to have only further complicated the suicide issue, while the suicide rate has steadily increased. Researchers agree that the reasons for suicides in custody and their increase remain elusive and have

yet to be explained satisfactorily. They also agree that research findings on suicides in custody have been inconsistent and conflicting (Haycock, 1991; Davis & Muscat, 1993). In addition, Winfree (1987) stated that social scientific knowledge about death in America's jails is mainly descriptive with limited generalizability due to dramatic differences in the inmate populations being studied from one jurisdiction to another.

Most research conducted on suicides in custody attempts to profile those who are likely to commit suicide while incarcerated. Despite its good intentions, this research can lead to cases of targeting errors if correctional staff depend too heavily on profiles and fail to recognize and identify inmates who may be suicide risks even though they do not meet certain ethnic, age, and marital status criteria. Other research identifies and/or outlines effective suicide prevention policies and procedures (Lester & Danto, 1993; Rowan, 1994; Lester, 1994; Bolton, 1986; Kempton, & Forehand, 1988; Hayes, 1990; Ramsey, Tanney, & Searle, 1987). Unfortunately, few studies identify factors which are related to, or useful in predicting suicides in custody. This is most likely due to both the difficulty of the task and the failure of many researchers to examine suicide in custody from a macro-level point of view rather than a micro-level point of view. In other words, researchers may be overly concerned with the individual attributes of cases of suicide in custody instead of the social attributes of suicide in custody.

Past research efforts have found the rate of suicide among those in custody to be as high as nine times greater than that of the general population (Hayes & Rowan, 1988; Hayes & Kajden, 1981). Liebling (1993) reported that suicides in prison are increasing at a rate greater than that of the size of the prison population. It has also been stated that the

suicide rate has increased among those most likely to be behind bars (Haycock, 1991). This creates a unique dilemma for correctional administrators and staff. Furthermore, it presents a horrifying look at the future of our correctional facilities which already suffer from liability issues and the threat of privatization. Despite the amount of suicides in custody, Hayes & Rowan (1988) found that suicide prevention programs exist in only 58% of the nation's detention facilities and 32% of the nation's holding facilities. Findings such as these emphasize the need to further address the problem of suicides in custody.

It is clear that our society is divided on whether suicide among the incarcerated is worthy of attention, and even more divided on the morality of the act of suicide itself. Although the morality of suicide is not an issue relevant to this study, it must be noted that some suggest suicides in custody deserve public sympathy (Haycock, 1991). The U.S. Department of Justice Bureau of Statistics (1988, 1987) reported that more than 50% of those incarcerated in jails are not convicted of any crime and many of the rest are incarcerated for minor charges. This is particularly important since it relates to juvenile offenders, many of whom are confined for status offenses such as truancy, breaking curfew laws, and loitering and do not present a danger to the public. This, in addition to the unique and costly liability issue that suicides among confined youth present for correctional administrators, is a vital factor determining the amount of importance and attention that suicides by juvenile offenders have received in recent years.

Traditionally, suicide among confined youth has not received the concern that it deserves. This may be due, in part, to studies that have failed to adequately present the problem. Memory (1989) conducted a study in which he reanalyzed findings of a previous

study that reported national rates of suicide among juveniles confined in jails, lockups, and detention centers. That previous study (Community Research Center, 1983) under-reported juvenile suicides in 1978. Specifically, suicides among juveniles in adult lockups and suicides among juveniles in detention were reported as having rates of 8.6 per 100,000 children and 1.6 per 100,000 children, respectively. Compared to the 2.7 per 100,000 suicide rate of children in the general population, a slight importance could be seen in addressing suicides among juveniles in adult lockups, but little could be placed in addressing the suicidal behaviors of juveniles in detention since its rate appeared to be lower than that of the general population. Memory's recalculation of these suicide rates using the appropriate method of analysis yielded suicide rates of 2,041 per 100,000 children in adult lockups and 57 per 100,000 children in detention. Thus, he found that in detention facilities, suicide rates among juveniles were approximately 4.6 times higher than juveniles in the general population. Reanalyses of these suicide rates revealed the importance of addressing both the juvenile suicide rates in both adult lockups and detention centers. Unfortunately, suicide rates of children in custody still present an overwhelming problem and is an issue that must be further addressed.

Increasing rates of juvenile suicide have continued to be a problem despite efforts to understand the factors that lead to suicide (Lester, 1994; Rowan, 1989). Both medical and criminal justice authorities have failed to produce a comprehensive effort to reduce jail suicide (Davis & Muscat, 1993). Stillion and McDowell (1991) suggested that suicidal behavior is one of the most complex behaviors in the human repertoire. Therefore, it should be easy for one to understand the difficulty in predicting, preventing, and theorizing

on suicide. However, theories do exist on suicides among both those in the general population and those in custody. These will be discussed in the next section.



## **Chapter 2**

### **SOCIOLOGICAL THEORIES ON SUICIDE**

There are three major sociological theorists on suicide whose work dominates the literature -- Henry and Short (1954), Durkheim (1951), and Gibbs and Martin (1964). Since these researchers, few have contributed theories that have had as much influence on the study of suicide (Lester, 1983).

Henry and Short (1954) suggest that suicide and homicide are both aggressive reactions to frustration. According to these theorists, the main difference between the two behaviors is the object to which the frustration is displaced. In the case of homicide, the aggressor is outwardly directing his/her frustration. Henry and Short propose that individuals of lower social statuses are more pre-disposed to homicide since as a result of their low social status, they can legitimately externalize their aggression. They have more external restraints and can direct their frustration towards others. On the other hand, individuals with higher social statuses have less external restraints and are forced to direct their aggression and frustration inwards in the form of self-destructive behavior -- suicide.

Emile Durkheim (1951), the most well known theorist on suicide, suggests that sociological factors are most closely related to the causes of suicide. He proposes that both social regulation and social integration can determine a society's suicide rate. Social

regulation refers to the amount of control a society has on its individuals. Social integration refers to the degree to which individuals in a society are a part of the society. Based on these two concepts, Durkheim identifies three distinct types of suicides - anomic, altruistic, and egoistic suicides.

Anomic suicides are the result of a lack of social regulation. These suicides are apparent in societies in which individuals are not allowed to fulfill their goals and/or satisfy their desires. In addition, anomic suicides are the result of individuals' attempts to escape drastically changing conditions of life.

Altruistic suicides and egoistic suicides are both the result of the amount of social integration in a society, which is the degree of cohesiveness of social groups and ties to which individuals belong. Altruistic suicides are the result of societal members being so integrated into society that they lose their sense of personal being. Those who may fall victim to altruistic suicides are those who live in a society in which individuals lack the opportunity for "independent movement." They are not allowed to concentrate on self and therefore are consumed by their attachment to the group, the collective force, the society of which they are over obligated. Thus, these individuals do not recognize their own personal worth and come to the conclusion that their lives are not worth living.

Egoistic suicides are the result of societal members being too far removed from society and lacking strongly integrated social groups. In the case of egoistic suicides, the victim is extremely alienated and plagued with excessive individualism. Only their own personal being is apparent to these individuals. Since they do not see past their own existence, they interpret life as meaningless, aimless, and not worth living. They do not

see the purpose of individual life and since they lack social support and ties, they may choose suicide rather than suffer a life of alienation and separation.

Durkheim's theory on egoistic suicide is extremely relevant to the issue of suicides in custody. Although jails, prisons, and detention facilities have their own societies, those who are incarcerated in these facilities still lack a true social support group. Many of these facilities are sterile and violent, and are not conducive for nurturing social groups to develop. Inmates are placed in environments in which they cannot trust anyone, where violence is an everyday part of life, and in which they are helpless, dehumanized, subjected to authoritarianism, and they lose their freedom and ability to communicate with the outside world. Oftentimes, incarceration causes them to lose their family and friends. If fortunate enough to retain these bonds, their contact with others is limited due to their incarceration. Other inmates with whom they interact while incarcerated can hardly be considered social support in its true sense and inmates are often alienated due to the physical environment in which they are forced to live. These individuals can only rely on their personal being. For many of them, there is not much left to life after incarceration, if life after incarceration is a possibility. Therefore, it is believed that suicides in custody are oftentimes egoistic suicides by nature. In other words, suicides in custody are a result of a lack of stability and durability of meaningful social relationships.

Gibbs and Martin (1964) propose that status integration (the extent to which individuals in a population are concentrated in status configuration or status sets) is related to the suicide rate. Specifically, these researchers propose that the suicide rate varies inversely with the degree of status integration of the population. Therefore, in societies in

which status integration is high, or there are few differing groups of individuals and status sets are few, there will be fewer suicides as opposed to societies in which status integration is low, or there are many different groups of individuals with different backgrounds and many status sets (Gibbs & Martin, 1964).

It is important to realize that Durkheim's abstract definition of social integration makes it difficult to differentiate between egoistic and anomic suicides since they share common features (Gibbs & Martin, 1964). Gibbs and Martin's work was developed in order to further Durkheim's social integration theory. To create a measure of social integration that could be subject to methodological study, they operationalized status integration as the frequency of interaction with others, the length of time spent in interaction with others, the regularity of the interaction with others, and the length of the individual's life spent in his/her present pattern of interaction. This operationalization of status integration leads to a more concrete definition of social integration. In addition, the definition offered by Gibbs and Martin helps us to better identify what social factors are related to social integration in the custodial environment.

### **Chapter 3**

## **SUICIDE AMONG THE INCARCERATED**

The urgency for researchers to fully understand the factors associated with suicidal behavior in custody is obvious. Although many factors associated with custodial suicides have been examined, most researchers fail to acknowledge the social environment to which inmates are subjected. Researchers and practitioners must begin by understanding and accepting the influence of the sociological factors that often fail to receive the attention they deserve, yet continue to affect suicidal behavior in custody.

There are several topics that have been addressed in the custodial suicide literature, all of which are related to the sociological environment that inmates face. Still, researchers often fail to credit the social environment for its influence on suicide in custody. Few have studied custodial suicides in the light in which Durkheim might have. As a review of the literature will reveal, the custodial environment and those who are kept in custody are extremely susceptible to Durkheim's egoistic suicides.

Many studies on suicide in custody make attempts to profile the suicidal inmate. Marital status is one profile characteristic that is often explored, as it relates to suicide victims in both the general and custodial population. Most studies that profile custodial suicide victims have found that these inmates are more likely to be single (Liebling, 1993;

Davis & Muscat, 1993; Haycock, 1991; Hayes & Rowan, 1988; Porporino & Nouwens, 1992; Hayes & Kajden, 1981). Unfortunately, it has been stated that many of these studies are flawed since they fail to examine cohabitation. Often, cohabitation is unrecorded and thus, its impact on marital and/or social status is unknown (Liebling, 1992; Lloyd, 1992).

Despite the failure to examine all significant relationships, the finding that suicidal inmates are more likely to be single than non-suicidal inmates is important to the argument that suicide in custody is related to social alienation. Single inmates may lack the social support that may be provided from a significant other. It is unclear whether being single is a function of withdrawal or whether they are more withdrawn because they lack a significant other. Regardless of the casual relationship, the result is the same -- they are more socially isolated, therefore they lack the social support that may alleviate some of the tension of the custodial environment. Liebling (1993) suggested that isolation from relationships can be just as, if not more, important than marital status. As it relates to adolescents, many of them find confinement extremely difficult and although they may not be married, a lack of significant, outside social relationships may affect their ability to handle the custodial experience. Klayman (1989) stated that separation anxiety plays a large and distinct role among confined adolescents. And as suggested by Johnson (1978), coping with confinement can be much more difficult when there is a lack of a significant other and no social support. Youth who find themselves in this situation often find the custodial environment unbearable and may engage in suicidal behavior.

Similarly, studies have also revealed that inmates who have low attachment to the

outside and receive few visits are also more likely attempt suicide while in custody. Lloyd (1992) summarized the major findings of studies on suicides in custody and found contact with family and the community to be one of the nine prediction and prevention factors identified by researchers. Liebling (1993) stated that disruption of relationships and lack of communication and support are also factors that contribute to the suicidal tendencies of young prisoners. In her examination of a young group of inmates, she found that suicidal inmates received fewer visits, wrote fewer letters, and missed specific people such as family, mates, and friends, more than non-suicidal inmates. In addition, suicidal inmates found it more difficult to keep in contact with those on the outside and thus maintained contact with those on the outside less.

Although sustaining positive and meaningful social support on the outside may be ideal for those in custody, it may not be feasible. A lack of outside social support does not mean that inmates must serve their terms without any social support. For those in custody, both adult inmates and confined youth, limited social support and friendships can be developed inside the custodial environment. These relationships help them to cope with the pressures of the custodial environment and although they may not be as meaningful as a loving relationship with someone on the outside, they do provide some type of social integration. They also lessen the likelihood of social alienation and reduce the social distance between them and others who are confined. Findings have shown that failure to develop and maintain social contact within the custodial environment is another risk factor for suicidal behavior among inmates. Liebling (1993) suggested that a lack of socialization inside the custodial environment is associated with suicidal behavior among

young offenders. This was found to be especially true for those with few friends, those who have difficulties with other inmates or who know few from their area, and those who spend a great deal of time alone. Johnson (1978) stated that when social relationships fail to materialize in the custodial environment, self-destructive conduct may result in an attempt to gain a response from others. It has also been suggested that strong social support and proper communication can greatly reduce the anxiety of detained children (Klayman, 1989).

It follows that those who are isolated are more likely to be victims of suicide in custody. Rowan (1989) reported that suicide is a private matter and that about three-quarters of all suicides in custody occur in isolation. He suggested that it is better for suicidal youth to associate with other youth while confined, therefore reducing their likelihood to attempt suicide. Liebling (1993) found that suicidal youth in her study were more isolated and alone while confined. They were also more likely to report interpersonal difficulties with other youth. In 1992, Lloyd reported that most previous research on suicide in custody discourages further isolation of suicidal inmates and recommends the use of cell sharing to promote better communication and supervision among inmates.

The custodial environment can be a cruel and lonely one indeed. Marcus and Alcabes (1993) described the jail setting as a stressful environment, even for those who have previously experienced incarceration. Jails and prisons are extreme environments which impose particularly severe hardships on inmates (Haycock, 1991). In most cases, the custodial environment is a same-sex environment in which violence, authoritarianism,



depression, and helplessness are a part of everyday life. It is sterile, dangerous, and extremely unpleasant. Hayes (1988) identified authoritarianism, dehumanization, and shame as just some of the factors that make a correctional environment more likely to experience suicides. As expected, some choose to commit suicide rather than remain incarcerated. Those inmates least able to deal with the custodial environment appear to be most susceptible to suicidal thoughts and behaviors (Liebling, 1993). In addition, Klayman (1989) stated that the environment plays a large role in determining whether or not confined juveniles engage in suicidal behaviors.

Those who are incarcerated lack true social integration. Oftentimes, incarceration causes them to lose their ties with their family, friends, and community. They are unable to interact with others on the outside with the same frequency as they may have prior to their incarceration. Also, establishing meaningful relationships with those inside the custodial environment is difficult if not impossible for many inmates. They are isolated emotionally, socially, and physically, therefore they lack social integration.

This lack of social integration results in suicides that are egoistic. As research on suicide in custody has revealed, inmates who are most likely to engage in suicidal behavior are those who are detached from social life -- those who are unmarried, do not receive visits, have a low attachment to the outside, are unable to make friends while in custody, and are physically isolated. These inmates are overwhelmed by individualism, find life aimless, and have no collective force to keep them from doing away with themselves in times of duress. Therefore, it is believed that in facilities in which levels of social isolation and withdrawal are greater, there will also be higher incidents of suicidal behaviors.

The purpose of the present study is to examine the impact of social integration on rates of suicidal behavior in juvenile confinement facilities. It is hypothesized that as social integration increases, rates of suicidal behavior will decrease in juvenile confinement facilities. It is also hypothesized that there will be a significant difference in suicidal behavior rates among facilities with different levels of social integration. More specifically, facilities with lower levels of social integration are hypothesized to have higher rates of suicidal behavior.

## **Chapter 4**

### **METHOD**

*Data.* This study conducts secondary analyses on data provided by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Conditions of Confinement study (Parent, Lieter, Kennedy, Livens, Wentworth, & Wilcox, 1994). The OJJDP collected data from three sources -- the 1991 Children in Custody (CIC) count, a mail survey sent to 984 facilities, and two-day site visits to 95 facilities. Together, these data were used to conduct an assessment of juvenile facilities, both private and public, across the United States. Four types of facilities were included in the original data analysis - juvenile detention centers; reception centers; training schools; and ranches, farms, and camps. Collectively, these facilities confined about 65,000 juveniles, or about 69% of the confined juveniles in the United States. The remaining 31% of confined juveniles are comprised of those in halfway houses, shelters, group homes, police lockups, adult jails, prisons that hold juveniles who were tried and convicted as adults, and psychiatric and drug treatment programs.

It should be noted that although Parent et al. conducted a comprehensive examination of the confinement facilities surveyed in the Conditions of Confinement study, numerous opportunities to further examine the data still exist. The Conditions of Confinement study remains a valuable and underutilized resource despite its limitations

because of its failure to examine individual juvenile characteristics and the nature of some of its questions.

*Measurements.* This study examines the rates of suicidal behavior committed in three of the four types of facilities - juvenile detention centers, reception centers, and training schools. Ranches, farms, and camps are excluded from the data analysis based on the nature of these types of facilities -- they are less restrictive; less secure; allow more freedom of movement; and are less likely to use isolation than detention centers, reception centers, and training schools. Rates of suicidal behavior are calculated by the number of suicide attempts, self-mutilations, and suicide gestures recorded by each facility in the thirty days prior to the completion of the mail survey. For each facility, this number is divided by the total juvenile population and multiplied by 100 in order to obtain a rate that can be used to compare facilities to one another.

A factor analysis will be used to design a multidimensional measure of social integration. Items included in the factor analysis are believed to be appropriate for gaining insight into the social climate created by each facility's policies and practices that dictate the amount of social integration allowed. This includes items that ask whether or not isolation is used, the level of security of the facility, the percentage of juveniles in single rooms, the restrictiveness of policy regarding incoming calls, the restrictiveness of policy regarding outgoing calls, and the number of visitors allowed by the facility.

Responses to each factor analysis item combined with factor loadings yield scores for each juvenile confinement facility. Correlational analysis is used to examine the relationship between these scores and rates of suicidal behavior. It is hypothesized that as

social integration increases, there will be a decrease in rates of suicidal behavior.

In addition, scores yielded by the factor analysis will be used to classify and rank facilities as belonging to one of four social integration groups -- low, medium, high, and extreme. Classification of facilities as having low, medium, high, or extreme levels of social integration allows comparison of facilities' suicide rates by level of social integration. An analysis of variance will be used to examine differences in mean rates of suicidal behavior among the four groups of facilities. It is hypothesized that there will be a difference in mean rates of suicidal behavior among the four groups of facilities based on level of social integration.

## **Chapter 5**

### **RESULTS**

To present an overall look at the data, descriptive statistics are provided on each item included in the factor analysis. In addition, the results of the factor analysis are discussed in order to explain how each facility was classified by social integration levels. The results of the correlational analysis are presented to explain the relationship between social integration and rates of suicidal behavior. Finally, differences in mean suicidal behavior rates are discussed in terms of the results of the analysis of variance.

Descriptive statistics revealed that 82.7% of the facilities included in the analysis used isolation. Also, 3.0% of the facilities had no security, 14.9% were minimum security, 38.5% were medium security, and 43.6% were maximum security. It was found that as it relates to incoming calls, 21.2% of the facilities had no limit, 36.4% had a flexible policy, 10.5% had a restrictive policy, and 31.9% did not allow incoming calls. As it relates to outgoing calls, 16.7% had no limit, 21.2% had a flexible policy, 58.3% had a restrictive policy, and 3.8% did not allow outgoing calls. In addition, 47.3% of the facilities had more than 80% of all juveniles sleeping in single rooms. Eighty percent of juveniles in single rooms was used as the criteria based on standards set by the American Correctional Association (Commission on Accreditation for Corrections American Correctional Association, 1991). Finally, 13.4% of the facilities allowed three or less types of

**Table 1****Descriptive Statistics on Items Related to Social Integration**


---

<b>Item</b>	<b>Percentage (Number of Cases)</b>
<b>Use of Isolation</b>	
Isolation Used	82.7 (493)
Isolation Not Used	17.3 (103)
<b>Level of Security</b>	
No Security	3.0 (19)
Minimum Security	14.9 (93)
Medium Security	38.5 (240)
Maximum Security	43.6 (272)
<b>Incoming Call Policy</b>	
No Limit	21.2 (135)
Flexible Policy	36.4 (232)
Restrictive Policy	10.5 (67)
No Calls Allowed	31.9 (203)
<b>Outgoing Call Policy</b>	
No Limit	16.7 (106)
Flexible Policy	21.2 (135)
Restrictive Policy	58.3 (371)
No Calls Allowed	3.8 (24)
<b>Percentage of Juveniles in Single Rooms</b>	
Less than 80%	52.7 (336)
Greater than 80%	47.3 (301)
<b>Number of Visitors Allowed</b>	
0-3	13.4 (86)
4-6	48.8 (311)
7-9	37.8 (241)

Table 2

**Correlation Matrix of Items Used in Factor Analysis**


---

	Use of isolation	Outgoing calls	Incoming calls	Number of visitors	Security level
<b>Outgoing calls</b>	-.04462				
<b>Incoming calls</b>	.23606*	.07098*			
<b>Number of visitors</b>	.02171	-.09582*	-.15380*		
<b>Security level</b>	.38929*	-.07403*	.16193*	-.14934*	
<b>Percentage of juveniles in single rooms</b>	.27973*	.00689	.08436*	-.09626*	.34636*

---

\* - .05 significance level



visitors, 48.8% allowed between four and six types of visitors, and 37.8% allowed more than more than six types of visitors. Types of visitors include parents, spouses, siblings, children, other family members, friends, attorneys, and clergy (see Table 1).

An important component of this study was to devise a valid approach to examine the social climate of juvenile confinement facilities. This was done by using a factor analysis to design a multidimensional measure of social integration. The factor analysis included items that are appropriate for gaining insight into each facility's policies and practices that dictate the amount of social integration allowed. Table 2 presents intercorrelations of all items included in the factor analysis. Responses to each of these items were used to classify, rank, and compare facilities based on their levels of social integration.

The factor analysis revealed two factors relevant to the degree of social integration of the facilities. A description of the two factors reveals that each describes a distinct type of social integration, internal and external.

*Internal Social Integration.* Items that ask whether or not the facility uses isolation, the facility's degree of security, and whether or not 80% of the facility's juveniles sleep in single rooms were found to be related to the internal social integration of the facilities (see Table 3). Responses to these items describe the degree to which confined youth are allowed contact and interaction with one another within the facility.

*External Social Integration.* Items that ask about the degree of restrictiveness on policy regarding incoming and outgoing calls and the number of visitors the facility allows were

**Table 3****Factor Loadings Yielded by Factor Analysis of Items Used to Measure Social Integration\***

<b>Item</b>	<b>Internal</b>	<b>External</b>
Use of isolation	.75	-.05
Security level	.77	.06
Percentage of juveniles in single rooms	.65	.07
Outgoing calls	-.21	.67
Incoming calls	.35	.50
Number of visitors	-.10	-.70

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\* - Factor loadings based on results of varimax rotated factor matrix.

found to be related to the external social integration of the facilities (see Table 3).

Responses to these items were found to describe the degree to which confined youth are allowed contact and interaction with the outside.

Each item received factor loadings which describe its strength of relationship with the other items. As displayed in Table 3, factor loadings were assigned to each item for both internal and external social integration. By combining the factor loadings for each item, each facility was assigned a standardized internal social integration factor score and a standardized external social integration factor score. These scores were used to classify each facility as belonging to one of four internal and external social integration groups -- low, medium, high, and extreme.

Correlational analyses revealed a significant relationship between levels of internal social integration and suicide rate ( $r = -.24$ ,  $p < .001$ ). That is, as levels of internal social integration decreased, the suicide rate increased. Correlational analyses revealed no significant relationship between external social integration and suicide rate ( $r = .06$ ,  $p > .05$ ). Although not a significant relationship, it was found that as external social integration decreased, the suicide rate decreased slightly.

Each facility was classified and ranked as belonging to one of four groups for both internal and external social integration -- low, medium, high, and extreme. Classification of facilities as either having low, medium, high, or extreme internal and external social integration allowed comparison of facilities' suicide rates by level of internal and external social integration. Furthermore, it is unlikely that, in practice, facilities fall into two distinct categories that are as simplistic as either allowing social integration or not

allowing social integration. Classifying facilities as belonging to one of four groups of both internal and external social integration allows better placement of facilities on the continuum of social integration in which these facilities actually exist.

As shown in Table 4, analysis of variance revealed a significant difference existed in mean suicide rate among the four types of facilities based on levels of internal social integration ( $f= 11.61$ ,  $df= 3$ ,  $p< .001$  ). Further analyses revealed significant differences between all four types of facilities -- low internal social integration, medium internal social integration, high internal social integration, and extreme internal social integration (see Figure 1). As shown in Table 5, analysis of variance failed to reveal a significant difference in mean suicide rate among the four types of facilities based on levels of external social integration ( $f= 1.54$ ,  $df= 3$ ,  $p> .05$ ). Figure 2 displays the mean suicide rates among the four types of facilities based on levels of external social integration.

Table 4

**ANOVA of Suicide Rate by Level of Internal Social Integration**

<b>Internal Social Integration Levels</b>	<b>Mean Suicide Rate<sup>1</sup></b>	<b>N Cases</b>
Extreme	1.19 <sup>2</sup>	139
High	2.37	135
Medium	4.74	140
Low	7.00	147
Total	3.88	561

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<sup>1</sup> Rate per 100 juveniles times number of suicidal behaviors in last 30 days divided by population

<sup>2</sup> p(F)<.001

Figure 1. Mean Suicide Rate of Facilities Classified by Internal Social Integration Levels

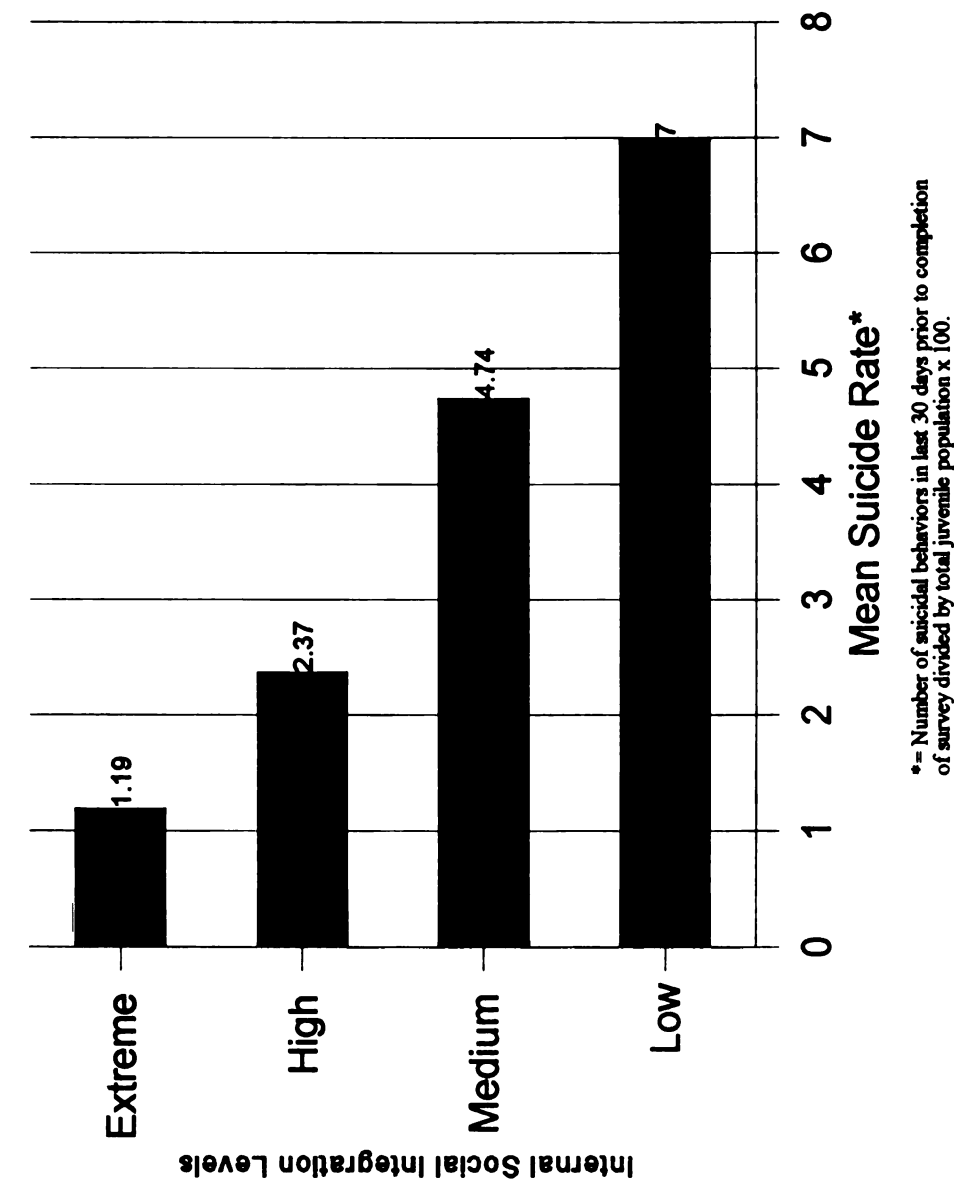


Table 5

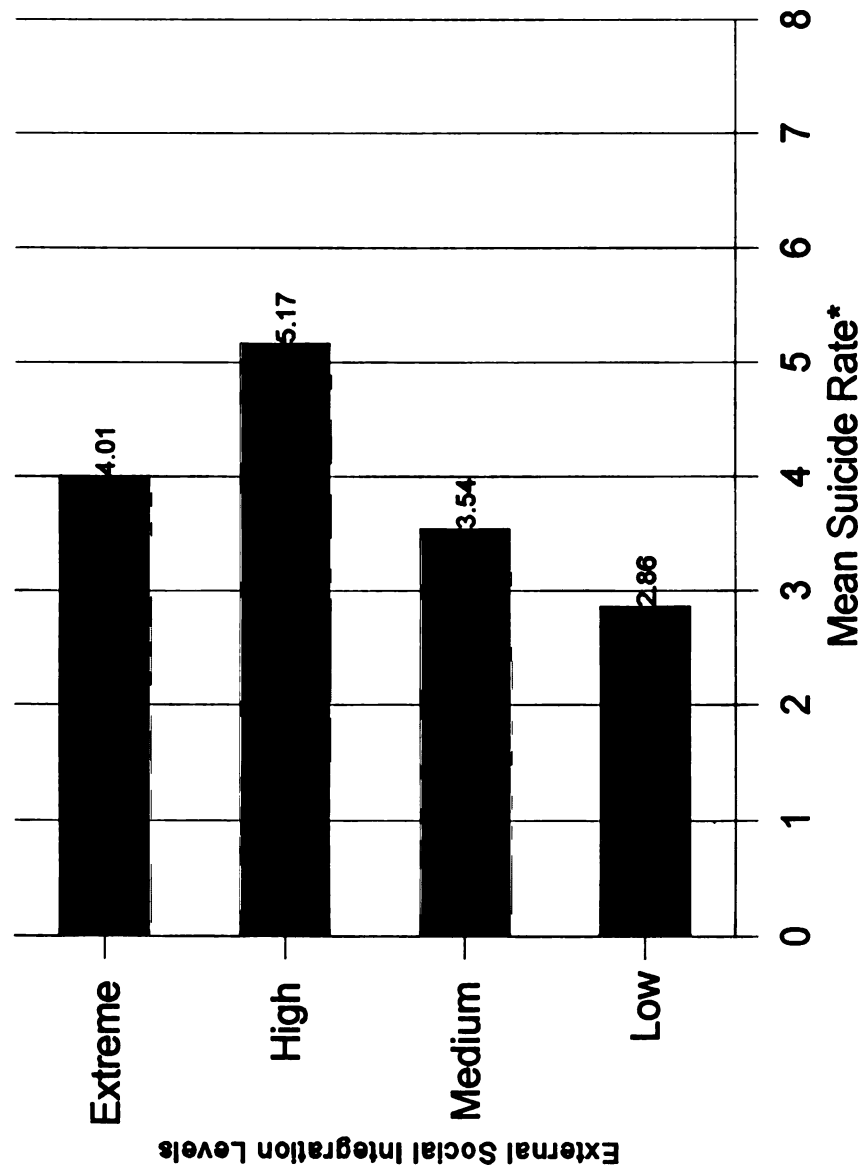
ANOVA of Suicide Rate by Level of External Social Integration

External Social Integration Levels	Mean Suicide Rate <sup>1</sup>	N Cases
Extreme	4.01 <sup>2</sup>	134
High	5.17	142
Medium	3.54	144
Low	2.86	139
Total	3.90	559

<sup>1</sup> Rate per 100 juveniles times number of suicidal behaviors in last 30 days divided by population

<sup>2</sup> p(F) n/s

Figure 2. Mean Suicide Rate of Facilities Classified by External Social Integration Levels



\*= Number of suicidal behaviors in last 30 days prior to completion of survey divided by total juvenile population x 100.



## **Chapter 6**

### **DISCUSSION**

As suggested by previously mentioned sociological theorists on suicide, the social environment can play an extremely important role on suicide. Durkheim (1951) and Gibbs and Martin (1964) both acknowledged that an increase in suicide rate may be a direct result of increased alienation; excessive individualism; a lack of status integration; and a lack of social ties, support, and groups. This study examines the effects of the social environment on suicides in juvenile confinement facilities by measuring the amount of social integration allowed in these facilities. This was accomplished by examining the policies and practices of juvenile confinement facilities that are believed to impact social integration. Most important, this study is unique in that it recognizes and examines the social environment in a manner similar to which sociological theorists may have in an attempt to determine its influence on suicidal behaviors in juvenile confinement facilities. Unlike most previous research on suicides in custody, this study does not focus on inmate characteristics, but rather it focuses on facility characteristics. The present study asks what particular policies and practices of juvenile confinement facilities make them susceptible to higher rates of suicidal behavior.

The existence of two distinct types of social integration reinforces the need to examine many factors that impact the custodial social climate. The present findings

suggest that both internal social integration, the degree to which confined youth are allowed contact and interaction with one another, and external social integration, the degree to which confined youth are allowed contact and interaction with the outside, are distinct characteristics of each juvenile confinement facility.

Together, both internal and external social integration give an indication of the type of social climate in which juvenile offenders are subjected. It is important to note that these measures are not appropriate for determining to what extent juvenile offenders are actually in contact with each other or those on the outside. They simply suggest to what extent facility policies and practices promote internal and external social contact.

As hypothesized, there was a relationship between social integration and suicide rate, but this relationship existed only for internal social integration. As juvenile confinement facilities increased in the degree to which their youth were allowed contact and interaction with one another, their suicidal behavior rates decreased. Further analysis revealed a significant difference in mean suicide rate among facilities with different levels of internal social integration suggesting that facilities with higher levels of internal social integration were more likely to have lower rates of suicidal behavior. This relationship was not found among facilities with different levels of external social integration, nor was there a significant difference in mean suicide rate among the four classifications of facilities based on external social integration levels.

The relationship that was found between internal social integration and rates of suicidal behavior was similar to the theory proposed by Durkheim (1951). Durkheim proposes that suicides are more likely in societies in which individuals are further removed

from the rest of society, are more alienated, and lack social integration. This study found that suicides are more likely in confinement facilities in which juvenile inmates are further removed from each other, are more alienated, and lack social integration. Confinement facilities that promote these conditions within their facility are clearly more likely to experience higher rates of suicidal behavior.

The finding that the degree to which confined youth are allowed contact and interaction with the outside was not related to rates of suicidal behavior casts doubt on the theory that external social support is vital to reducing the negative impact of the custodial experience for juveniles. Klayman (1989) suggested that separation anxiety caused by alienation from family plays a large role in confined adolescents' inability to effectively cope with the custodial experience, but Leiter (1993) reported that family problems are the most common type of problems among juveniles in custody according to facility administrators. In addition, Leiter also reported that peer problems and parental abuse rank as the 3rd and 4th most common type of problems for confined youth, respectively. It follows that increased contact with the outside, which for most confined youth is increased contact with the family, would not be associated with any decrease in self-destructive behavior. Although confinement increases alienation from family, many adolescents already feel alienated and distanced from their parents. For these youth, interaction with and acceptance by peers is a more vital element of social support. This explains why there is no meaningful relationship between external social integration and rates of suicidal behavior, yet there is one between internal social integration and rates of suicidal behavior.

Due to the limitations of the data, a distinction could not be made between one type of suicidal behavior and another. Although this study examines all suicidal behaviors (suicide attempts, self-mutilations, and suicidal gestures) and not just completed suicides, it should be noted that any suicidal behavior can become a completed suicide. In fact, many successful suicides begin as self-mutilations, gestures, and cries for attention (Kempton & Forehand, 1992). Practitioners and researchers must realize that all facilities can experience suicides and practitioners must take all possible preventive measures to reduce the risk of suicide in their facilities. An important step in accomplishing this task is to realize the impact of the social environment on suicidal behaviors. Practitioners must become aware of the types of policies that influence the custodial social environment. The present study sheds light on three policies that together can affect the social environment of juvenile confinement facilities -- the use of isolation, the level of security, and the amount of isolation as a result of juveniles in single rooms.

Despite research that recommends against the use of isolation for confined juveniles, it is still a widely used and accepted practice. Parent et al. (1994) found that 77% of all confined juveniles were in facilities that permit the use of isolation. They also reported that only 36% of all confined juveniles were in facilities that limit isolation to 24 hours or less and 12% of all confined juveniles were in facilities that permit up to one month of isolation or do not set a limit on its use. Similarly, this study found that 82.7% of all facilities included in the data analysis used isolation. The American Correctional Association (ACA) standard states that under certain circumstances juveniles may be isolated up to 24 hours. The standard goes further to state that isolations for periods over

24 hours are to be reviewed every 24 hours by an administrator or designee who was not involved in the incident (Commission on Accreditation for Corrections American Correctional Association, 1991). In addition, ACA recommends that isolated juveniles have contact with someone at least every 15 minutes. This helps reduce the risk of a successful suicide attempt, but practitioners should be aware that unconsciousness can occur in 15-30 seconds, brain damage can occur in 4 minutes, and a successful suicide attempt can take place in 12-13 minutes (Rowan, 1989; Parent et al., 1994). Practitioners must also be aware that isolation is not appropriate for suicidal youth and that, as a general rule, isolation is discouraged as an effective way of dealing with confined youth because of the obvious risk of increased suicidal behaviors that can result from its use. And, as recommended by Parent et al. (1994), if youth are to be isolated, they should be constantly monitored.

It is obvious that juvenile confinement facilities must be secure, yet this study found that increases in levels of security were associated with decreases in internal social integration. Since security cannot be sacrificed, the type of juvenile offender and their appropriateness for placement into secure detention should be carefully assessed prior to any placement into confinement. This is especially important when considering the social environment and the juvenile's potential for suicide and suicidal behavior once placed into secure detention. Researchers have long recommended that secure detention only be used for serious juvenile offenders (Roush & Smith, 1989; Norman, 1990; Schwartz, Fishman, Hatfield, Krisberg, & Eisikovits, 1987). In addition, ACA recommends that the use of secure detention be reserved for cases involving protection of the public, prevention of

self-injury, ensuring the presence of the juvenile at subsequent court hearings, and transferring youth to other jurisdictions (Commission on Accreditation for Corrections American Correctional Association, 1991).

As it relates to housing in juvenile confinement facilities, the ACA standard on percentage of single bed rooms states, "Living units are primarily designed for single occupancy sleeping rooms; multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit" (Commission on Accreditation for Corrections American Correctional Association, 1991). This study examines the percentage of juveniles in single rooms. This raises the question of whether or not the percentage of juveniles in single rooms is synonymous, or at least close, to the percentage of single bed rooms. If this assumption is correct, less than half (47.3%) of facilities in the present data analysis met the ACA standard for the minimum percentage of single bed rooms. Although this standard is to promote freedom of movement and reduce the negative effects of crowding, it seems to also promote isolation. The greater the percentage of single bed rooms, the more isolated juvenile offenders are from each other thus creating less opportunities for interaction with other offenders. It follows that the less single bed rooms, the less isolated juvenile offenders are, the more they are forced to interact with one another thus producing less opportunities for suicidal behavior. This is especially important when one considers that suicide is a private act and suicide research has consistently supported findings that constant observation can reduce the risk of suicide (Rowan, 1989). Based on this belief, the ACA standard of having at least 80% of sleeping quarters as single bed rooms was used as the criteria for distinguishing lower levels of isolation from higher

levels of isolation. Using 80% of sleeping quarters as single bed rooms as the criteria for determining degrees of isolation served two purposes, it lends itself a valid cutoff value and it helps to evaluate the influence of the ACA standard on the social environment.

Parent et al. (1994) reported that suicidal behavior rates increased as the percentage of juveniles in single rooms increased. Although these findings were supported by this study, it is believed that a conclusion such as this cannot be based solely on responses to this item. Again, this item may have created confusion and inconsistency on the part of the survey respondents. For example, consider a case in which a single room houses two juveniles. This could be considered a multiple occupancy room and classified as such or it could be considered as a two distinct cases, each with a juvenile occupying a single room. To suggest that an increase in percentage of juveniles in single rooms leads to an increase in suicidal behaviors may be unjust given the uncertainty created by this item. Therefore, more research must be conducted before a challenge to the ACA standard on percentage of single bed rooms is made. The percentage of juveniles in single rooms is simply an indicator of the type of social environment in which confined juveniles are subjected. In other words, there is an interaction of several facility characteristics that define a facility's social environment and percentage of juveniles in single rooms is just one of these characteristics. Therefore, contrary to suggestions by other researchers, it is the social environment, not the characteristics themselves, that is associated with an increase in suicidal behavior rates.

The findings of this study are important in that it uses a multidimensional approach to classify facilities by levels of social integration rather than using responses to just one

item. Again, responses to any one item cannot be used solely to predict rates of suicidal behavior, nor can rates of suicidal behavior be predicted based solely on responses to all three items. This study simply suggests that policies and practices that lessen the degree to which confined youth are allowed contact and interaction with one another can increase a facility's risk of experiencing higher rates of suicidal behaviors. It is recommended that practitioners determine to what extent they can successfully reduce the risk of suicidal behaviors through an evaluation of their policies and practices as they relate to their facilities' internal social integration.

Although this study offers valuable insight into the impact the social environment has on suicidal behaviors in juvenile confinement facilities, it presents many questions that must be understood to reduce the occurrences of suicide in custody. It is unclear whether or not the relationship that exists between internal social integration and suicidal behavior rates among confined youth exists among incarcerated adults. Furthermore, since incarcerated adults may have attachments to family and friends that they consider of greater value than confined youth, there may be a relationship between external social integration and suicidal behavior rates among adult populations. And as previously mentioned, this study does not examine actual social contact, therefore creating the possibility that policies and practices do not give an indication of actual social interaction. It is hoped that future research efforts further examine these questions in order to yield more insight into the impact of social integration on suicidal behaviors in custody.



## REFERENCES

- Bolton, I. M. (1986). Educated suicide prevention. School Safety, (3), 8-11.
- Commission on Accreditation for Corrections American Correctional Association.  
(1991). Standards for Juvenile Detention Facilities (3rd ed.). Lanham, MD:  
VanCortlandt Press.
- Community Research Center. (1983). Juvenile suicides in adult jails: Findings from a national survey of juveniles in secure detention facilities (Contract No. J-012-81).  
Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and  
Delinquency Prevention.
- Davis, M. S. & Muscat, J. E. (1993). Epidemiologic study of alcohol and suicide risk in  
Ohio jails and lockups. Journal of Criminal Justice, 21(3), 277-283.
- Durkheim, E. (1951). Suicide: A study in sociology. Glencoe, Ill: The Free Press.
- Gibbs, J. P. & Martin, W. T. (1964). Status integration and suicide: A sociological study.  
Eugene, Oregon: University of Oregon Books.
- Haycock, J. (1991). Capital crimes: Suicides in jail. Death Studies, 15, 417-433.
- Hayes, L. M. (1994). Juvenile suicide in confinement: An overview and summary of one  
system's approach. Juvenile and Family Court Journal, 4(3), 65-75.
- Hayes, L. M. (1990). Model suicide prevention programs, Part 3. Jail Suicide Update,  
3(3), 1-6.

- Hayes, L. M. (1988). Research and training in jail suicide prevention. American Jails, 2(3), 58-61.
- Hayes, L. M. & Kajden, B. (1981). And darkness closes in: A national study of jail suicides. Washington, DC, National Center on Institutions and Alternatives.
- Hayes, L. M. & Rowan, J. R. (1988). National study of jail suicides: Seven years later. Alexandria, VA. National Center on Institutions and Alternatives.
- Henry, A. F. & Short, J. F. (1954). Suicide and homicide: Some economic, sociological and psychological aspects of aggression. London: The Free Press.
- Johnson, R. (1978). Youth in crisis: Dimensions of self-destructive conduct among adolescent prisoners. Adolescence, 13(51), 461-482.
- Kempton, T. & Forehand, R. (1992). Suicide attempts among juvenile delinquents: The contribution of mental health factors. Behaviour Research and Therapy, 30(5), 537-542.
- Kennedy, D. B. & Homant, R. J. (1988). Predicting custodial suicides: Problems with the use of profiles. Justice Quarterly, 5(3), 441-456.
- Klayman, D. (1989). Social support systems are a vital element in juvenile detention. Corrections Today, 51(5), 172, 174, 176.
- Leiter, V. (1993). Special analysis of data from the OJJDP conditions of confinement study. Boston, MA: Abt Associates.
- Lester, D. (1994). Challenges in preventing suicide. Death Studies, 18, 623-639.
- Lester, D. & Danto, B. L. (1993). Suicide behind bars: Prediction and prevention. Philadelphia, PA: Charles Press.

- Lester, D. (1983). Why people kill themselves: A 1980's summary of research findings on suicidal behavior (2nd ed.). Springfield, Illinois: Charles C. Thomas.
- Liebling, A. (1993). Suicides in young prisoners: A summary. Death Studies, 17, 381-409.
- Liebling, A. (1992). Suicides in prison. London and New York: Routledge.
- Lloyd, C. (1992). Inmate suicide: What do we know? Forum on Corrections Research, 4(3), 5-7.
- Malcolm, B. (1975). Today's problems in penology. New York State Journal of Medicine, 75(10), 1812-1814.
- Marcus, P. & Alcabes, P. (1993). Characteristics of suicides by inmates in an urban jail. Hospital and Community Psychiatry, 44(3), 256-261.
- Memory, J. M. (1989). Juvenile suicides in secure detention facilities: Correction of published rates. Death Studies, 13, 455-463.
- Norman, S. (1990). Juvenile detention and community responsibility. Journal for Juvenile Justice and Detention Services, 5(1), 17-21.
- Parent, D. G., Lieter, V., Kennedy, S., Livens, L., Wentworth, D., & Wilcox, S. (1994). Conditions of confinement: Juvenile detention and corrections facilities (Grant No. 90-JN-CX-K004). Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Porporino, F. J. & Nouwens, T. M. (1992). Violence and suicide in Canadian institutions: Some recent statistics. Forum on Corrections Research, 4(3), 3-5.
- Ramsey, R. F., Tanney, B. L., & Searle, C. A. (1987). Suicide prevention in high-risk prison populations. Canadian Journal of Criminology, 29(3), 295-307.

- Roush, D. W. & Smith, S. J. (1989). Coming out of the shadows: Juvenile detention committee pursues active course. Corrections Today, 51(2), 222-224.
- Rowan, J. R. (1989). Suicide detection and prevention: A must for juvenile facilities. Corrections Today, 51(5), 218, 220, 226.
- Stillion, J. M. & McDowell, E. E. (1991). Examining suicide from a life span perspective. Death Studies, 15, 327-354.
- Schwartz, I. M., Fishman, G., Hatfield, R. R., Krisberg, B. A., Eisikovits, Z. (1987). Juvenile detention: The hidden closets revisited. Justice Quarterly, 4(2), 219-235.
- U.S. Department of Justice Bureau of Statistics. (1990). Census of Local Jails 1988. Bulletin NCJ-121101, Washington, DC: U.S. Department of Justice, p. 5, Table 1.
- U.S. Department of Justice Bureau of Statistics. (1988). Jail Inmates, 1987. Bulletin NCJ-114319, Washington, DC: U.S. Department of Justice, p. 2, Table 2. Table adapted by SOURCEBOOK staff.
- U.S. Department of Justice Bureau of Statistics. (1985). Jail Inmates, 1985. Bulletin NCJ-105586, Washington, DC: U.S. Department of Justice, p. 5, Table 2.
- Winfree, L. T. (1987). Towards understanding state-level jail mortality: Correlates of death by suicide and by natural causes, 1977 and 1982. Justice Quarterly, 4(1), 51-71.