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Abstract

Suicide is an important cause of death in prisons across the United States. Existing research on prison suicides has been criticized for focusing on static variables such as demographics. The purpose of the present investigation was to study dynamic variables by examining the experiences of 24 inmates who attempted suicide in prison. Inmates were interviewed in six state prison facilities in Oregon. The results were organized into three categories: mental health issues, relationship issues, and prison factors. The themes and subthemes of each category are illustrated with quotes, and results are discussed in light of relevant literature.

Keywords

suicide, suicide attempt, interview, qualitative study, prison

Suicide in Prison: A Qualitative Study

In the United States, suicide is two times more common among prison inmates than in the general population (Kupers, 1999). Approximately 200 prison suicides occur in this country each year (Gater & Hayes, 2005), and suicide is the third leading cause of death in prison, after natural causes and AIDS (Hayes, 1999). Earlier studies have predicted that the rate of suicide in prisons would grow because of new mandatory sentencing laws, increase in the rate of incarceration, increase in the number of life sentences and death penalties,

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overcrowded correctional facilities, increased prevalence of AIDS, and the aging of the inmate population (Haycock, 1991). Additionally, the trend of deinstitutionalizing mental health patients after 1963 and societal trends of migration and loss of traditional social networks (Westermeyer, 1987) have led to a greater proportion of incarcerated individuals with mental health problems, including those at risk for suicide. For example, in New York state correctional facilities, there was an increase from 13% to 24% of inmates with mental health needs between 1991 and 1998 (Kovaszny, Miraglia, Beer, & Way, 2004). In California, in 2005, the number of state prison suicides increased from 26 to 44 cases from the year before (Dannenberg, 2006).

Suicide rates may be higher than statistics show because of a tendency to underreport such incidents. For example, many suicides are categorized as accidental deaths (Danto, 1973). Staff at some facilities may choose not to report some deaths as suicides for fear of litigation, and if an inmate dies in the hospital following a suicide attempt, records may not indicate that he or she died in the prison (Daniel, 2006). Hayes (1989) stated that during 1981 and 1982, only 22 inmates were reported to have been victims of suicide in Ohio penal institutions, when in fact an examination of hospital death certificates showed that 46 inmates took their own lives during this period. Furthermore, Kupers (1999) contended that certain escape attempts, engagement in physical fights with an armed guard or a tough prisoner, and failure to pay off a drug dealer or a gambling debt may constitute "invisible suicides" (p. 179).

Suicide is a recognized problem in U.S. jails, where more than 400 inmates commit suicide in a year; however, prison suicides have not received comparable attention (Hayes, 1995). One reason for the lag between prison and jail research is the assumption of many researchers that the risk for suicide dissipates in prison as inmates adjust to life behind bars. Hayes characterized this assumption as simplistic and lacking in empirical validation.

Hayes (1995) observed that the majority of research on custodial suicide has been retrospective and descriptive, characterizing suicide as a "static, isolated event that is simply associated with other static factors (e.g., demographics)" (p. 4). Along those lines, Way, Miraglia, Sawyer, Beer, and Eddy (2005) noted that a great deal of suicide research conducted in prison has been focused on calculating and comparing suicide rates. Similarly, Liebling (1999) stressed that prison suicide researchers have largely ignored the affective understanding of prisoners in favor of reliance on records. Additionally, studies of suicide statistics have often yielded unreliable results because of difficulties establishing appropriate comparison groups (Way et al., 2005) and limitations of recorded information, such as bias in and incompleteness of the

data (Liebling, 1993). Liebling also noted that inmates' understanding of their suicide attempts differ from accounts recorded in prison files. Retrospective and descriptive studies fail to describe the process by which inmates decide to take their lives (Hayes, 1995). In this regard, "quantitative data are only capable of capturing a portion of the reality. Interviews would provide a glimpse into the minds of inmates who attempted suicide, providing explanations that mere numbers are unfit to describe" (Winter, 2003, p. 143).

The above critiques suggest that the affective component and process of suicide could be more effectively studied by direct interviewing of inmates. However, such qualitative studies are scant, and the majority have been conducted in countries other than the United States. The purpose of this study was thus to investigate through interview the experiences of inmates who engaged in serious suicide attempts in one U.S. prison system (in Oregon). Attempts that would have been life threatening without medical intervention qualified as serious attempts.

Between 1994 and 2005, in Oregon state prisons, the yearly rate of suicide has fluctuated between 1 and 4 cases, and up to 20 attempted suicides have occurred in one calendar year (Williams & Bellatty, 2005). Oregon Department of Correction (ODOC) liaisons requested this qualitative study to obtain information to assist them in reducing the number of suicides in Oregon correctional facilities. In this study, our aim was to contribute to the knowledge base about factors associated with suicide in prison. No preconceived hypotheses were formulated because we hoped to identify factors not yet identified in the scientific literature in addition to validating factors already identified by other researchers. Inmates were also asked to make recommendations, based on their experiences, about ways to better prevention programs at ODOC or other correctional facilities.

Method

General Considerations

Every suicide attempt is an individual event shaped by myriad unique circumstances. Qualitative research has the capacity to capture such details that may lead to suicide attempts. We relied on a phenomenological method applying the following features: recognizing the value of qualitative research in studying a human experience, focusing on the wholeness of the experience rather than on parts, searching for meanings rather than measurements, regarding experience and behavior as inseparable, and obtaining descriptions of first-person experiences (Moustakas, 1994).

Because narrative truth may be different from historical truth (Lieblich, Tuval-Mashiach, & Zilber, 1998) inmate accounts of the suicide attempts given during the interviews were compared with the inmates' mental health files. This seemed an important step because of the potential for falsifying information that exists in a correctional setting (Daniel, 2006). Comparison of the data confirmed that all inmates had provided the same basic information about their suicide attempts that were described in their charts.

Definition of Suicide Attempt

The ODOC definition of suicide attempt was adopted, which includes five types of behaviors (ODOC: Counseling and Treatment Services Corrections Program Division, 2005): (a) hanging that leaves ligature marks or unconsciousness, (b) cutting that requires sutures, (c) overdose on medication or other toxic substance that requires stomach pumping or other medical intervention, (d) drowning that requires medical intervention to remove fluid from lung or resuscitate, or (e) other behavior that involves significant risk with intent to harm self. We defined suicidal ideation as thoughts involving a wish to die, with or without a plan to kill oneself.

Participants

The target population consisted of ODOC inmates who had attempted suicide in prison between 1994 and 2005; however, in the final sample all participants had attempted suicide between 2004 and 2005 because changes in prison policies regarding recording of suicide attempts influenced the availability of inmates for this study. Nonetheless, when inmates indicated that they had attempted suicide on occasions before or after the target dates, we gathered information about those attempts as well (some of which occurred prior to 2004). The potential participant pool resided in six facilities of the ODOC in the general population, the disciplinary segregation unit (DSU), or the intensive management unit (IMU). The general population consists of inmates who are not in segregation, protective custody, or medical units. The DSU is often referred to by ODOC personnel as the "prison within prison"; inmates who do not comply with rules can be held in this unit. Inmates who consistently disobey rules can be held in the more restrictive environment of the IMU.

A list of inmates who attempted suicide between 1994 and 2005 was provided by a prison liaison. The 32 inmates were asked by their case managers to participate in the research project. The case managers described the study to the inmates based on the consent form, answered questions, and asked

inmates to sign the consent form if they agreed to participate. Participation was completely voluntary; no benefits were provided to participants, and refusal did not result in any penalty or loss of rights to which inmates were entitled. Participants could also withdraw from this study at any time without penalty or loss of benefits.

Of the possible participants, four inmates refused to participate and another four inmates were not available because of other circumstances such as unstable mental health condition or recent parole. The final sample consisted of 24 inmates who had attempted suicide in prison and were currently incarcerated in an ODOC facility. All 24 participants were able and willing to discuss their experiences related to their suicide attempts. Three participants were female, the rest were male. Except for one male and the female inmates, who were placed in medium-security facilities, the rest of the participants resided in maximum-security buildings.

Participants' ages ranged from 21 to 53 ($M = 31.83$; $SD = 1.01$). Based on prison identifiers, most participants were White ($n = 22$), and two were Hispanic; however, during the interviews, five individuals listed as White identified themselves as biracial with Native American identity and one as biracial with Asian identity. Their religious beliefs at the time of the interview were reported to be the following: Christian ($n = 8$), Native-American/Christian ($n = 5$), Atheist ($n = 3$), Jew ($n = 2$), Buddhist ($n = 1$), Hare Krishna/Christian ($n = 1$), Sufi/Christian ($n = 1$), Wiccan ($n = 1$), and unknown ($n = 1$). Reported sexual orientations and identities were as follows: heterosexual ($n = 19$), bisexual ($n = 3$), unknown ($n = 1$), and transgender ($n = 1$). Most individuals had at least one psychiatric diagnosis, the most frequent one being major depressive disorder. The range of time served at the time of the interview was 1 to 24 years. The range of remaining time to serve was 3 months to life. Criminal charges included driving under the influence of alcohol, delivery or manufacture of controlled substance, burglary, robbery, unauthorized use of a firearm, assault, kidnapping, sexual abuse, sexual penetration, sodomy, and murder.

None of the participants reported current suicidal ideation during the interview. However, all interviews were followed by a counseling session with the respective case managers to process the inmates' experiences during the interviews to ensure that no suicidal ideation had been induced during or immediately following the interview.

Procedure

The data gathering method was an in-depth personal interview. As noted earlier, we obtained inmates' written consent to participate through their case

managers several days prior to the interview. Each interview began with the principal investigator presenting the purpose of the study, discussing the informed consent the inmate had already signed, and obtaining the oral consent of the participant to proceed with the interview. The interviews were 40 minutes to 2 hours long, depending on the participant's responses.

A semistructured interview format was used. The questions were developed to obtain a thorough description of factors leading up to the inmates' suicide attempts, including perceptions about the current suicide prevention system of ODOC. The majority of the questions were open-ended (e.g., "What did you do to harm yourself?"). Additional questions were asked if the client did not give detailed explanations to the main question (e.g., "Were you on suicide watch at the time?") or to clarify content (e.g., "Was that person a friend or just another inmate?"). All interviews were audio-recorded.

Data Analysis

The interviews were analyzed using Lieblich et al.'s (1998) holistic-content perspective. According to this method, the material was read several times to obtain an understanding of the whole and patterns in the stories. The next step consisted of grouping the quotes of each participant based on similarity of content. Then the grouped quotes were compared and similar subthemes were identified. Then the subthemes were grouped into larger categories, identified as themes. Based on the themes, general categories were constructed. Only themes and subthemes that appeared at least five times across the interviews were included in the findings.

For validation purposes, triangulation was used to corroborate findings. A coding partner conducted a theme analysis for three interviews as a cross-validation procedure, and we had input from members of a research group. Additionally, the method of thick description was also employed, such as providing numerous quotes and negative case analysis by looking for disconfirming evidence to support the authenticity of the findings.

Results

Three categories with several themes and subthemes emerged in the study of reasons leading up to the suicide attempts: mental health issues, relationship issues, and prison factors (Table 1). The boundaries between categories were somewhat fluid because of the complexity of the processes that led to suicide attempts. Individual factors, for example, were intrinsically intertwined with the other categories. A relationship problem would often lead to feelings of hopelessness, an individual factor. However, individual factors appeared to

Table 1. Categories, Themes, and Subthemes of the Interviews

Categories	Themes/Subthemes
Mental health issues	Depressive symptoms <ul style="list-style-type: none"> • Low mood • Depressive thoughts • Feelings of hopelessness • Feelings of loneliness • Feelings of guilt and/or shame related to crime Symptoms of anxiety Hallucinations and/or paranoid ideation Medication-related problems Impulsivity Religious beliefs
Relationship issues	Relationship problems with family of procreation/partner Relationship problems with family of origin/adoptive family Relationship problems with inmates <ul style="list-style-type: none"> • Not getting along • Threats from inmates • Physical fights Relationship problems with staff
Prison factors	Moves within the prison Employment/activity-related difficulties Placement in DSU

warrant a category by themselves because many inmates indicated experiencing feelings of hopelessness periodically without obvious external causality and also because most inmates in prison do not experience significant feelings of hopelessness and adapt relatively well to prison life without attempting suicide. Similarly, relationship issues involving inmates reflect difficulties in interpersonal functioning, but they are also related to prison factors.

Mental Health Issues

Theme 1: Depressive Symptoms. Five subthemes were identified within the theme of depressive symptoms: low mood, depressive thoughts, feelings of hopelessness, feelings of loneliness, and feelings of guilt or shame related to crime. Given that depression has been found to be the best predictor of inmate

suicide (Rowan & Hayes, 1988), it is not surprising that several subthemes could be identified within this theme.

Low mood. Most of the participants indicated that they had a depressed mood prior to their attempts. Some inmates reported this state in very simple language. For example, one participant said, "I just didn't feel right." Another inmate indicated: "All my attempts were around the same type of feeling. I probably felt depression, despair, dependency." A third participant said,

I got to a point where I just got so low, depressed, and it was just that point where . . . it's like there's a pit and you fall into it. And it's just darkness. And you are trying to get out but you can't. Hands are pulling you back down.

Depressive thoughts. Inmates tended to ruminate on a variety of topics, such as inadequate parenting skills, letting family down, negative self-evaluation, and the state of the world. For example, one participant believed that he had let his family down by his incarceration: "Just my incarceration: leaving my family behind, my mom and my sister. For them to come up and see me in blue, having to see them leave. It was just real hard on me at that time." Another participant was distressed over her past parenting:

And that's another reason why, because I haven't been a mother to my children. They lived with their daddy. And my oldest son, he was in M. with my aunt. I never took care of my kids (sobs) . . . then my daughter told me that S. my son, was mad at me because I'm in prison again, I got locked up again.

Feelings of hopelessness. A great number of participants reported feelings of hopelessness. This was described by some participants as encompassing all areas of their lives, whereas others linked the feelings to specific circumstances. One participant explained: "I felt I was done. I've done of life as much as I could possibly do. I felt at the very end. At that moment I felt like I couldn't do anything anymore." A second participant indicated that his hopelessness was related to his fear of dying in prison, "I didn't want to die in here. I've seen people die in here. I just didn't see a life for myself anymore." Another inmate explained,

I mean after five times, it's like, you'd think I get it right, you know. . . . I was so sick of being here and coming back again (sobs). And I am so sick of this. I was like, "When it is going to stop?"

Feelings of loneliness. Several participants reported that feelings of loneliness were a significant factor in their suicide attempts. Most of the inmates who expressed such feelings said that they felt isolated from both the outside world and within the prison. These feelings were related to relationship difficulties; however, in many cases inmates felt lonely despite communicating with other inmates and family members, and thus this sub-theme appeared to be more a part of depressive symptoms than of relationship issues. One participant observed:

Nobody is keeping in touch. That's the main thing about depression in prison, being alone. Here in prison you're alone, you don't have nobody. I tussle myself all day long; that's the only person I got. Sometimes . . . I would not wish it to my worst enemy I guess, you know what I'm saying?

Feelings of guilt and shame related to crime. Several interviewees indicated that the crimes for which they served time haunted them so badly that it contributed to their suicidal ideation. For instance, one participant said:

I was my own worst enemy . . . fear of shame, should nature of crime come out. . . . I grew up in the woods pretty much out in [a rural area]; physical pain is normal for me. I don't, you know, I don't really worry about it. I wasn't scared of getting in a fight or something. I was scared of people knowing what I have done. That's way worse than any physical pain that they could cause.

Theme 2: Symptoms of Anxiety. Inmates reported different reasons for worrying. As an effect of institutionalization, some inmates reported feeling anxious because of their upcoming release. One inmate reported that his anxiety built up over small matters. Another inmate indicated feeling afraid of threats received from other inmates: "Maybe I should just kill myself so they won't kill me." One participant said he felt anxious when he witnessed unwanted sexual behavior from his cellmate. One physically male inmate's specific anxiety stemmed from a fear of not wanting to appear masculine, which was related to his (her) female gender identity.

Theme 3: Hallucination and/or Paranoid Ideation. Several participants reported experiencing hallucinations and paranoid ideation. For example, a participant described his auditory and visual hallucinations in the following way:

They are familiar voices from people that I used to know in the past, from people that abused when I was younger, a child. So when I start hearing these voices I start losing control a lot quicker. . . . I would see things like blood coming out of walls. I would see faces in the windows like angry demon type faces which made me . . . freaked me out, scared me. And I couldn't, didn't really want to talk with nobody about it. . . . At that time, I was believing that it was right there because it seemed so real. And now I can say that I can know now that it was not real but back then it seemed real.

Theme 4: Medication-Related Problems. Some participants indicated that their feelings of depression were connected to a lack of psychotropic medications or of consistency in taking them. One of the inmates indicated:

And at the time I was getting my meds, I was getting a variety of medications and I've checked them. I went back to my cell and I spit them out. And I could either trade them for coffee or trade them for a pen or trading for whatever. So I had a stockpile. . . . I would take some and I would keep some, like a squirrel, ok?

Theme 5: Impulsivity. Even though most inmates realized that a series of events and circumstances led up to their suicidal ideation, many also recognized they had decided to kill themselves impulsively, often within an hour of a triggering event. One participant mentioned, "One minute I was just so depressed I couldn't deal with it anymore. That was another thing: I was always the person of the spur-of-the-moment, spontaneous person." Another interviewee indicated, "I wasn't thinking at that time at all. It all just happened within an hour." A third participant observed, "I was in a hurry, more in a hurry than usual. I wanted to hurry up and get over with. I was almost anxious to be done with all things." Another inmate explained:

It was just kind of, it was really a spontaneous thing. . . . I think that night was like, just felt like right now I am not feeling okay and right now is the point where I am going to go and do something to . . . you know? . . . to do something to myself because it didn't feel like in that moment that I was getting help and I that I was getting support and that I'd be like that forever. It just felt like [that], you know.

Theme 6: Religious Beliefs. Religious beliefs played both a protective role and a risk role in the suicide attempts of the inmates. Religious beliefs

ultimately saved the life of one participant; he called for help before losing his consciousness: "If I kill myself I'm not going to go to heaven. That's what stopped me the last minute." However, for another participant, the belief in suicide as a sin did not serve as a protective factor. Having earlier talked somebody out of killing himself, he believed that this action freed him to take his own life. Another participant experienced disillusionment in faith, which ultimately contributed to his decision to kill himself:

And the reason why [an officer] was saying [to go back to my cell and wait until tomorrow after I requested to be moved] was because I was carrying the Bible and stuff. I took this as guidance from God and I went back up to the cell. And [my cellmate] got mad, but he really didn't say anything, you know, I thought maybe something might happen. So I did what I was supposed to and that's put my faith in God, and, you know, I was positive nothing's gonna happen. I got beat up pretty good.

One of the inmates reported having Buddhist beliefs. He claimed that he attempted to kill himself for the greater good of humanity. That is, he believed that killing people causes bad karma; therefore, he had decided to avoid getting killed by someone else (who therefore would incur negative karma) by committing suicide, which causes less bad karma than homicide:

I felt like if I remained in that environment my life would be terminated by them and I did not want to be a source of negative karma for them. . . . I can be sure that neither one [of my attempts] was induced by emotional reasoning. It was induced by some form of logical reasoning even if it was relatively twisted . . . [Suicide is] negative, but that's less of a negative than what they would get. One has to show more concern for brothers than oneself. . . . The only way that we can truly help all is by being more compassionate for others than oneself. We should have absolute compassion for all, no matter what their intentions are for us.

Relationship Issues

Four themes emerged in the relationship issues category: relationship problems with family of procreation/partner outside of prison, relationship problems with family of origin/adoptive family, relationship problems with inmates, and relationship problems with staff.

Theme 1: Relationship Problems With Family of Procreation/Partner Outside of Prison. Several inmates indicated that the loss of their intimate partner outside of prison had contributed to their suicidal ideation. One participant said,

I believe it was my girlfriend leaving me. She had her daughter getting on the telephone telling me that she had a new boyfriend. She didn't have the heart enough to get on the phone and tell me and it really pissed me off. So I believe that was the last straw that did it.

One participant stated he missed his wife, and several interviewees said they missed their children. For example, one explained, "My kids mean so much to me. You wouldn't know because I put myself in here, it seems such an oxymoron, but I hadn't seen them."

Theme 2: Relationship Problems With Family of Origin/Adoptive Family. Several problems were reported regarding families in which participants grew up. One participant indicated that a physical health problem in his family added to depression that fueled his suicidal ideation prior to his attempt: "What was going on at that time is that my mother had just lost her vision." Another inmate stated she felt that her verbal fight with her mother the night of her attempt was the last and most important event that triggered her suicide attempt:

I was having a lot of problems with my mom, like fights with my mom. . . . My mom comes to see me once every two months and we usually don't fight when she comes but that month had been particularly hard. So I call her once a week. And we'd fight over the phone a little bit more than we would when she came to see me in person. And, it was more about money and just about me asking her for things and being needy, because I was. You need things in here and you don't really have anybody to ask except for her. Then it just kind of just escalated to the point where she was yelling at me about it and I just really got under the weather.

Theme 3: Relationship Problems With Inmates. The themes that emerged in this area of relationship problems with inmate were not getting along, threats from inmates, and physical fights.

Not getting along. Several inmates complained about an inability to fit in with other inmates. One participant reported: "Some of them played little games, like you can't pass a magazine, or you can't loan some of your soup, you can't get ice at a certain time. They nitpick at you until you flip out on them." One participant felt he could not get along with other inmates: "I was

having a lot of trouble with a lot of people. A lot of people didn't like me. I don't know why because I never really had any guy-friends. Never."

One participant explained why he believed he did not fit in the following way:

If we were on the streets right now, all of us, no one would care about our past. Here is like a past-consuming place. It grabs your past, it brings it forward and it says: "Look what I've found! Guess what, I don't like you because your past is not what I think it should be."

Threats from inmates. Eight inmates indicated they had received threats of physical violence prior to their suicide attempts. One participant explained his circumstances the following way:

Basically in here it doesn't matter whether you told on them or not, if you told on anybody, they consider you a snitch quite and simple, which puts me in about the same boat as a sex offender. . . . They've tried to extort me, they've tried to make me do stuff for them, make me beat people up for them. And when I said no, they sent someone after me. . . . No matter how many of these guys I fight, no matter how many I beat up, they just keep on coming. They never stop.

Another participant commented:

One group of people at the institution, who made it clear that they would prefer to see me in a form of a corpse. . . . I felt like if I remained in that environment my life would be terminated by them.

One participant indicated that he received threats for being a "rat," telling on other inmates: "'I wouldn't want to be in your bunk tonight.' They come by and say that as a welcome pass."

Physical fights. Besides the threats, the toll of physical fights further added to the stress level of the inmates who later attempted suicide. One participant recalled:

I might be tough mentally, not really. . . . It's like you gotta beat someone up to prove your point. I don't like beating up people. I've been in 13 fights since I've been down. That's a lot of fights. I haven't lost that many, because when you're scared your adrenaline gets built up and you don't feel all of those punches hitting you and the kicks hitting you, you just go with it. But afterwards you realize that was pretty scary.

Nonetheless, another inmate noted that involvement in physical fights could increase one's status among inmates in prison as proof of toughness. Thus, physical fights may serve as a protective factor as well.

Theme 3: Relationship Problems With Staff. Relationship problems with staff predominantly involved officers. One participant indicated that he felt he wanted to show that he—and not the officers—had the ultimate control over life:

I don't know, maybe I felt like I proved a point to them that they cannot control me. Or they can't have every single part of me, you know. I have my own free will to do, if I choose to, to do whatever I want, you know.

"Getting back" at mental health personnel was a theme in some other inmates' attempts as well. Another participant stated:

I see a lot of angst among inmates about them reporting they feel suicidal and not being taken seriously and then doing it. That's an observation, that's something that I've seen. It makes them more suicidal. It makes them, "You won't believe me? Fine. I'm going to do it. You don't care." It's the mode you go into. As a matter of fact, that's the mode I went into on [date]. I've told them I felt suicidal and I was a 5 on suicidality, and I needed help.

Prison Factors

Themes that emerged in this category were moves within the prison, employment/activity-related difficulties, and disciplinary reports.

Theme 1: Moves Within the Prison. Some inmates found that a transfer within the institution (such as from a single cell to a dorm housing) or to different institutions led to feelings of depression and reported that it was a contributing factor to their suicidality. For example, one participant indicated, "[This] is unlike any institution probably I have ever been to: very strict, very depressing. It's just like being in a dungeon; really, it's a lot more depressing."

Theme 2: Employment/Activity-Related Difficulties. One participant felt that her job was more stressful than what she could handle:

The load was just so overwhelming to me there. It was just like, “What do I do with this, how do I talk to somebody about being . . . just being overwhelmed?” because nobody . . . I was like, “Nobody will understand.”

By contrast, some other inmates thought that for them unemployment was a contributing factor to their suicidal ideation. Some of participants believed that boredom might have been an important factor that contributed to their suicide attempt in prison. One participant said: “I’d lay in bed at night and I’d say I have nothing else to do but think.” Another indicated:

I realized that a lot of what was causing my depression was sitting around and having nothing to do. Once it gets quiet and late at night, I start thinking about stuff, so I told myself I had to have something outside of that.

Theme 3: Placement in DSU. Placement in DSU, or the “hole,” is often a punishment for misbehavior in prison. Such placement involves a change in housing, more restrictive conditions of living, and a possible loss of previously earned privileges. Inmates placed in DSU often had a particularly hard time adjusting to the new conditions, which in turn led to deterioration in mental health. One participant started experienced paranoid ideation in DSU:

I started hearing voices and just losing control of my own thoughts. . . . I have problems hearing voices and visualizing hallucinations. . . . I had them for a long time. I can’t remember when it started but I really started noticing more when I started being in the hole and locked in a cell. It just started getting worse for me.

Discussion

In the present study, we aimed to investigate factors associated with suicide in prison through analyzing the subjective experiences of inmates who attempted suicide in prison. In this discussion we compare the current findings with prior research.

Findings and Implication

Mental health issues. Within the mental health issues area, the theme of depressive symptoms was consistently reported across almost all

participants. This finding is not surprising, given that suicidal ideation appears in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR*; American Psychological Association, 2000) only under symptoms of depressive episodes in the Axis I diagnostic section. Daniel (2006) also reported that depressive mood disorders were more closely related to suicide than to any other psychiatric conditions. The research literature is rich in depicting the relationship of depression and risk for suicide during incarceration (Rowan & Hayes, 1988).

The emergence of the subtheme of feelings of hopelessness is consistent with other studies showing that hopelessness and suicidal behavior were associated (e.g., Ivanoff, Jang, & Smith, 1996). Many researchers have focused on quantifying hopelessness. For example, Palmer and Connelly (2005) used the Beck Hopelessness Scale to measure the strength of this feeling in participants. The present study goes beyond these prior assessments in that it sheds light on thoughts and feelings that may underlie hopelessness in prison. Many inmates associated their feelings of hopelessness with specific thoughts, feelings, and events that preceded their suicide attempts, such as repeated incarcerations, fear of dying in prison, long-term consequences of incarceration, seeing oneself as a failure, feeling unloved, and a series of negative events.

Interviewees in this study also described other aspects of depression not explored in other studies, such as the subjective experience of low mood and the nature of depressive thoughts. Inmates reported varied topics focused on in rumination, such as thoughts of letting one's family down and being a burden on the family, negative evaluations of one's parenting skills, grief issues, a sense of rejection related to circumstances of adoption, as well as general negative news in the media.

Lack of outside contact has previously been associated with increased suicide risk in prison (e.g., Liebling, 1995). In the current study, lack of outside contact was also reported by some of the inmates as a factor contributing to suicide. However, we found that the subjective feelings of loneliness rather than the objective absence of support was the more important contributing factor to suicidal ideation. For example, one participant talked on the phone with a former girlfriend and three family members on the day he tried to kill himself. His subsequent appraisal of having "nobody's support" increased his suicidal ideation. This finding is strengthened by results of social psychology research conducted on social support. Rhodes and Lakey (2000) reviewed studies that focused on measuring the correlation between enacted and perceived support. They found that, across studies, the highest correlation was .3, suggesting a weak relationship between enacted and perceived support. The implications of this finding are that the assessment of inmates'

feelings of loneliness/perceptions of support may be more predictive than inmates' reports of number of visits received or phone calls made.

Feelings of guilt and/or shame related to the crime for which the individual had been convicted constituted another subtheme not found in the literature. Whereas many individuals commit suicide following the commitment of their crimes, presumably out of fear of consequences (e.g., possibly the mass shooting perpetrator at Virginia Tech in 2007 or the shooters at Columbine High School) or shame (e.g., White-collar criminals), suicide in prison appears to be less likely to be connected to the index crime because of the length of time it takes to get to prison and the opportunity the individual has to process thoughts with passing time. However, several participants indicated that shame or guilt about their crime played a role in their suicide attempts. This finding may be partially explained by the findings of a report from the World Health Organization (2007) in which it was noted that traumatic events predispose inmates to a risk for suicide. It is possible that committing certain crimes traumatizes perpetrators as well. However, this is a highly speculative hypothesis and research would be needed to test its validity. Moreover, the validity of such self-reports could be questionable because inmates, like most people, are aware of social norms, and they might have put their best foot forward during the interviews.

Symptoms of anxiety, the second theme in the category of mental health issues, were widely reported by participants. Anxiety has previously been linked to suicide in prison (Daniel, 2006). The present study highlights the reasons behind anxieties. Stressful situations such as bullying behavior described in the current study have been described previously for inmate populations (Blaauw, Winkel, & Kerkhof, 2001) as factors contributing to suicide. Interpretations of events and thoughts, however, can be more important than the simply identifying the feeling and the reasons that cause them. For example, one of the participants in the present study attempted suicide on the night of the receipt of threats from a group of inmates, whereas another inmate attempted suicide after a 2-month period filled with consistent threats and physical confrontations committed by various gang members. Thus, the threat itself may be less indicative of suicide risk than the subjective interpretation of the threat and the associated level of anxiety.

Schizophrenia has previously been associated with an increased risk of suicide in prison (Daniel, 2006). The theme of hallucinations and paranoid ideation was identified in this study as well. Religious beliefs have been found to be both protective and risk factors for suicide risk (Maltsberger, 1992). This study validates both of those findings: One participant requested help before losing consciousness because of his religious beliefs. For another

participant, the combination of religious and psychotic symptoms was extremely influential in the decision to attempt suicide.

Impulsivity was another theme in the mental health issues category. Several participants attempted suicide within an hour of a triggering event. However, results of some other studies do not indicate a correlation between impulsivity and suicidal ideation. For example, Dear (2000) showed that when depression was controlled, impulsivity and suicidal ideation were not linked in his sample. Participants in the present study may have acted impulsively because they were also depressed or anxious (as opposed to being impulsive by trait). This explanation is supported by the fact that the majority of inmates reported that a combination of factors led to their attempts rather than a single event. Anger also appeared to have contributed to impulsive decision making in this study. The association of anger and depression has been well documented in the psychology literature (e.g., the concept of depression as anger turned inward; see, e.g., Litman, 1996). Maris (1992) also found that anger has been linked to suicide in the general population. Given these findings, the link of anger and suicide was expected, though it has not been specifically described in the reviewed literature on suicide in correctional populations.

Substance use has been found to be associated with risk for suicide in prison (Jenkins et al., 2005). In the present study, one inmate attempted suicide by overdosing on heroin, but there was little other mention of illicit substance use as a factor in suicide. Rather, psychotropic medications (specifically, noncompliance with medications and interruption in prescription) appeared to be a more important factor. Prior authors have not discussed the effects of medication-related problems on risk for suicide in prison.

Relationship issues. Relationship issues both within the prison and outside prison have previously been connected to increased risk for suicide (e.g., Kupers, 1999). In this study, the inmates gave detailed accounts of their relationship difficulties, allowing an in-depth look into the nature of their problems. Relationship issues appeared to be a larger category encompassing four themes. The first theme, relationship problems with one's family of procreation or partner outside of prison, involved lack of contact, breakup of intimate relationships, conflict, and outside problems. One example of this theme would be the attempt of the participant whose primary reason for attempting suicide was his disappointment in his wife and children's lack of visit at Christmastime. Relationship problems with one's family of origin or adoptive family included lack of contact, verbal fights on the phone, and outside problems. For example, one participant attempted suicide following a verbal fight on the phone with her mother.

The third theme of relationship problems with inmates was diverse and included three subthemes: not getting along, threats from inmates, and physical fights. Such relationship problems have been described in the literature (e.g., Kupers, 1999). The subtheme of not getting along most likely could be included in the larger term of having coping difficulties, which has been described by many researchers (e.g., Dear, Slattery, & Hillian, 2001; Liebling, 1995; Medlicott, 1999). Because of the phenomenological approach of this study, expressions used by inmates rather than psychological terms were employed to describe factors associated with suicide risk.

The relationship between bullying and suicidal behavior under confinement has been demonstrated in the literature (Blaauw et al., 2001). The present study provides strong support for this assertion. Eight inmates indicated that real or perceived threat played a role in their suicide attempts, and six inmates stated they had been involved in physical fights prior to their suicide attempts. Physical fights were perceived as either draining or protective factors by participants.

Finally, the theme of relationship problems with staff was represented by intentions of "getting back" at correctional officers. This attitude reflected the use of suicide as a tool to assert control in the relationship with officers. Suicides in prison have been habitually viewed as mostly actions fed by secondary gain (Johnson, 1973). Although in this study two inmates claimed that control of their environment was the sole purpose of their "fake" attempt, the rest of the participants indicated that, even when intent of manipulation was present, a variety of factors contributed to their suicide attempts. Therefore, the results of the present study suggest that even manipulative actions should be thoroughly assessed both because manipulative actions may lead to unintentional death and also because other risk factors may also be present that may increase an inmate's suicide risk.

Given the large power differential between officers and inmate, some degree of relationship difficulties are expected between them. Nonetheless, it should be mentioned that several inmates indicated that they got along well with officers, and one inmate recommended, in regard to suicide prevention, an increase in the number of officers so as to increase their availability to talk with inmates.

Prison factors. The third category, prison factors, is a well-researched area. The themes that emerged in this category were moves within the prison, employment/activity-related difficulties, and placement in DSU. Such factors could explain why suicide is two times more common among prison inmates than in the general population (Kupers, 1999). Moves within the prison (within or between facilities) have also been shown by Williams and Bellatty (2005)

to be a variable associated with suicide risk in ODOC prisons. This finding is not surprising on a common sense-level either, given that changes are frequently perceived as stressful by many individuals. In addition, changes in assigned housing in prison could be interpreted as increase in helplessness.

The theme of employment/activity-related difficulties appears to be a new finding. Indirect validation is provided by Liebling (1995), who found that inmates who attempted suicide tended not to occupy themselves in their cells. Along similar lines, Nurse, Woodcock, and Ormsby (2003) found that lack of mental stimulation was judged to be detrimental for the mental health of research participants who attempted suicide in prison.

Placement in DSU was the third theme in the prison factors category. Nine of the participants attempted suicide at least once in the DSU. Williams and Bellatty (2005) also found this to be a risk factor for suicide attempt in Oregon prisons. In fact, several other researchers have indicated a relationship between confinement in isolation and suicide risk (Kupers, 1999; Rowan & Hayes, 1988; Tatarelli, Mancinelli, Taggi, & Polidori, 1999; White & Schimmel, 1995). The results of this and other studies clearly point toward a need to avoid placement in isolation when suicide risk is a factor.

Additionally, what personal accounts of the events, thoughts, and feelings that led up to suicide overwhelmingly reflect is that these inmates were in distress at the time of their suicide attempts. Whereas signs of mental illnesses were present, the decisions to attempt suicide were preceded by a series of difficulties that drained the inmates' ability to cope. Inmates overwhelmingly indicated that they wanted to talk about their problems. Interestingly, no inmate requested a higher dosage of medication as a tool to reduce his or her suicidal thoughts, but almost all participants expressed a need to be heard and be emotionally supported. This observation underscores Liebling's (1993) suggestions in that prison suicide is not exclusively because of psychiatric disorders but also to problems in coping. The implications of these findings are that nonmedical solutions that boost inmates' coping abilities also need to be implemented in any effective suicide prevention program.

Strengths and Limitations of the Current Study

Some of the strengths and weaknesses of this study are inherent in its qualitative nature. Considering strengths, the openness and flexibility of an interview format led to rich idiosyncratic data. This in turn contributed to the emergence of new findings not reported yet in other research articles.

A characteristic of qualitative studies is that no reading is free of interpretation (Lieblich et al., 1998), which may be seen as a limitation. To overcome this, a second reader coded three interviews, we had input from members

of a research group, and the principal investigator kept a research journal throughout the process of the investigation. Another limitation tied to the qualitative nature of the present study is that generally narratives presented in interviews are a function of the context in which they are told, such as the aim of the study, the rapport between the interviewer and interviewee, the mood of the narrator, and momentary influences. However, several steps were taken to minimize this limitation (e.g., no benefits were provided to participants, rapport-building questions were asked at the outset of the interviews, and basic information of accounts was compared with staff reports).

Another strength of this research is that it has a large sample size for a qualitative study: in all, 24 inmates were interviewed. A related strength lies in the selection of the participants: All inmates who attempted suicide in prison between 1994 and 2005, who still resided in prison between May and September 2006, and who agreed to be interviewed were contacted for participation. Only 4 declined to be interviewed. Thus, the sample represented 83% of the inmates who had attempted suicide in Oregon prisons between 1994 and 2005 and who still resided in prison.

A limitation of the study is that the inmates interviewed may not be representative of the population of inmates who attempted to commit suicide in prison. Because this study involved interviewing inmates who attempted suicide in the prison between 1994 and 2005; inmates with shorter sentences had been released from prisons. Therefore, more inmates with longer sentences—and thus, those with more severe index offenses—were available to be interviewed. Similarly, because participation was voluntary, inmates with particular characteristics (such as those with a desire for attention) may have chosen to participate in the project. However, as just noted, only four inmates refused to participate when they were asked by their case managers to do so.

Another strength of this investigation is its relative diversity. The sample included inmates aged 21 to 53 years. Two inmates had Hispanic ethnicity. Out of the 22 inmates reported as White on prison statistics, 5 identified themselves as biracial with Native American identity and 1 as biracial with Asian identity. The absence of African American participants is not surprising because ODOC imprisons primarily White inmates, and African American inmates have been found to have the lowest suicide rate of all ethnic groups (Lester & Danto, 1993). The participants indicated that they held various religious beliefs and sexual orientation and identity. Criminal charges varied from theft to aggravated murder, and the sentences varied from a few months to lifetime left to serve. Unfortunately, only three women could be interviewed. However, given that women constitute a minority ODOC prison population, this number could be representative.

Another strength was that inmates were interviewed at several sites, including six institutions, medium- and maximum-security facilities, as well as DSU and IMU units, contributing to greater generalizability of the findings. However, the data were collected in Oregon prisons only; therefore, findings may not generalize to the other correctional populations because standards for general care of inmates and suicide prevention policies vary within the United States and other countries.

The time period between the suicide attempt of an inmate and the interview varied from within a few months to 12 years. Because of the large time interval, it could be expected that the amount of detail given by inmates varied depending on the elapsed time. In addition, some environmental factors may have changed within this time frame, possibly rendering some findings irrelevant. Nevertheless, inmates who had multiple attempts tended to discuss their earlier suicidal experiences in as much detail as their most recent ones—possibly because memories formed under emotional arousal tend to consolidate well (McGaugh, 1990). Furthermore, no substantial changes in environmental factors were apparent when less recent suicide attempts were discussed. Thus, information provided in both more recent and earlier attempts appear valid.

Finally, we believe that a major strength and unique contribution to the literature of this investigation is the description of the idiosyncratic combination of events, feelings, and individual thoughts that contributed to each inmate's decisions to attempt suicide. These presentations attempted to highlight the process rather than the static variables that contribute to suicide in prison.

Future Directions

Further research is needed to investigate the experiences of women because only three women were available to be interviewed in the present study. Despite the relative diversity of the sample, further research is needed to include experiences of different ethnic minorities, such as African Americans, to understand the cultural factors that may contribute to suicide in prison. Because of the qualitative nature of this study, results are not intended to generalize to large populations but to offer hypotheses for future research and ideas for prevention programs. Broader survey studies across several states and institutions could be useful to validate the findings of the present investigation. Empirical studies on the most effective treatment of inmates with major depressive disorder could also be beneficial, as several symptoms of this disorder have been found to be present in the participants of this study at the time of their suicide attempts.

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