

Characteristics of Inmates Who Initiate Hunger Strikes in the New Jersey Department of Corrections

9th Academic and Health Policy Conference on Correctional Health
March 17, 2016

Rutgers-University Correctional Health Care

Rusty Reeves, M.D.-Director of Psychiatry
Anthony Tamburello, M.D.-Associate Director of Psychiatry
Jennifer Platt, D.O.-Forensic Psychiatry Fellow
Drew Tepper, M.D.-Forensic Psychiatry Fellow
Kerri Edelman, Psy.D.-Forensic Mental Health Clinician

I have no actual or potential conflict of interest
in relation to this program/presentation.

Introduction

Inmates who initiate hunger strikes in the NJDOC place themselves in physical peril, and represent a disproportionate drain on the resources of UCHC clinicians and NJDOC correctional officers and administrators.

By ascertaining the characteristics of inmates who participated in a hunger strike between 2005 and 2015, and identifying any trends in this behavior statewide, UCHC in cooperation with the NJDOC may potentially enact practices that aim to decrease the number and duration of these strikes.

Method

Retrospective chart review identifying charts with the word “hunger” in the summary line in documents 2005 – 2015

Information gathered:

- Duration
- Age
- Gender
- Special Needs (i.e. mental health roster)
- Race/ethnicity
- Weight loss
- Diagnoses
- Restrictive housing
- Reason for starting strike
- Reason for ending strike

Results

292 hunger strikes from 2005 - 2015

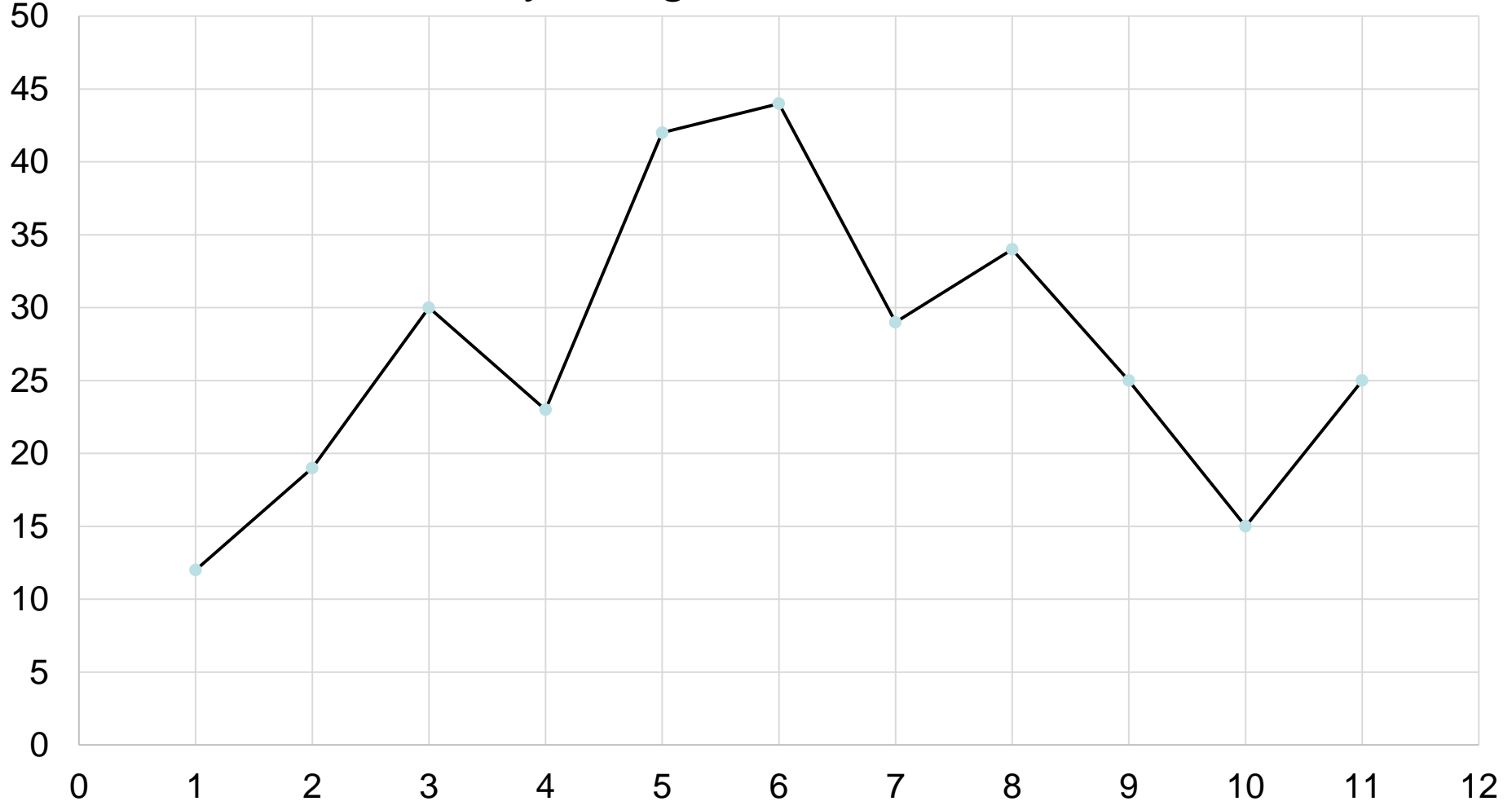
231 unique strikers

Median age of strikers was 37 years vs 35 years for overall inmate population

Only two of the hunger strikers were females – a statistically significant finding

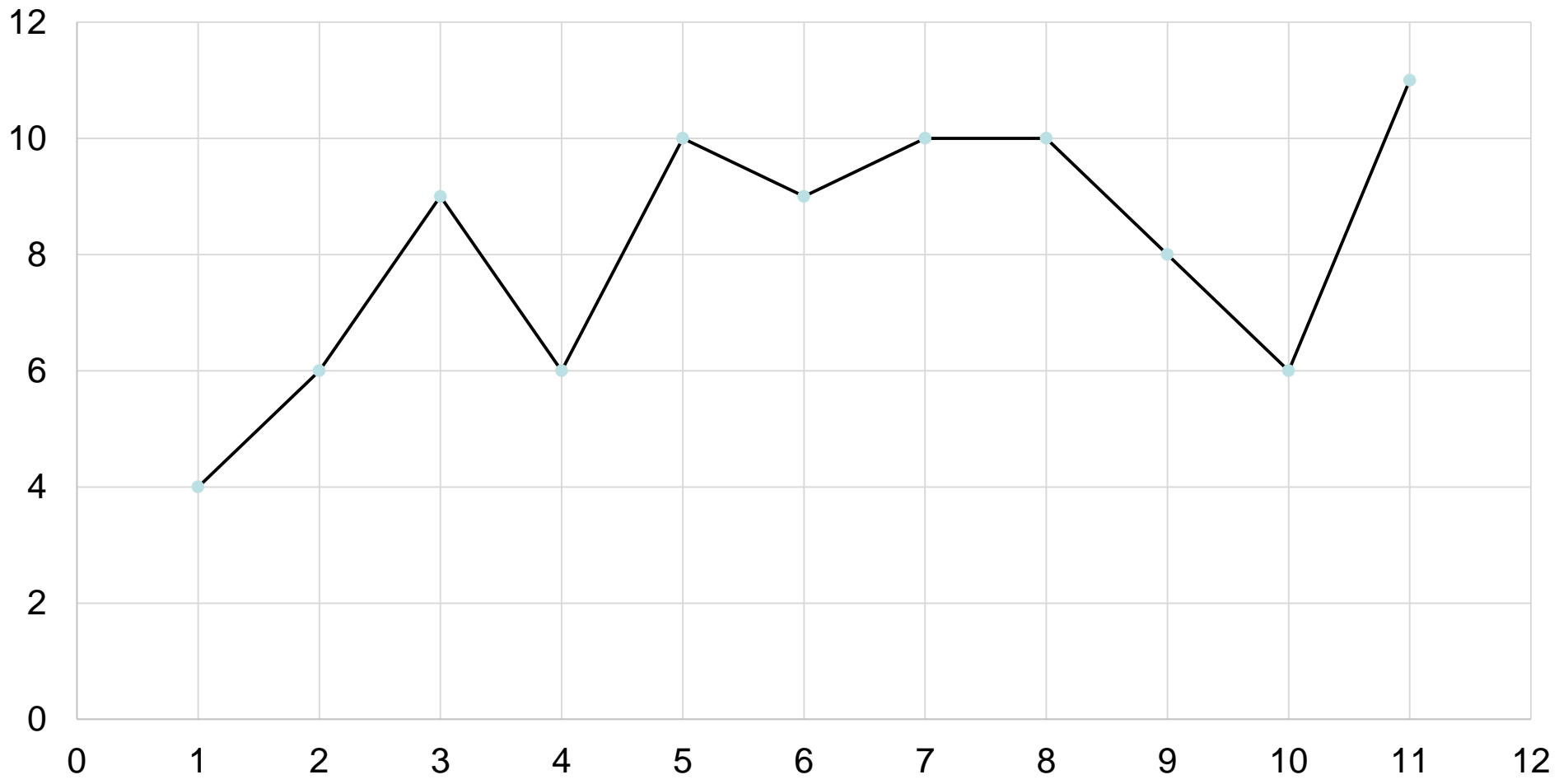
Race/ethnicity of hunger strikers was not different from the overall inmate population

Any Hunger Strike Per Year



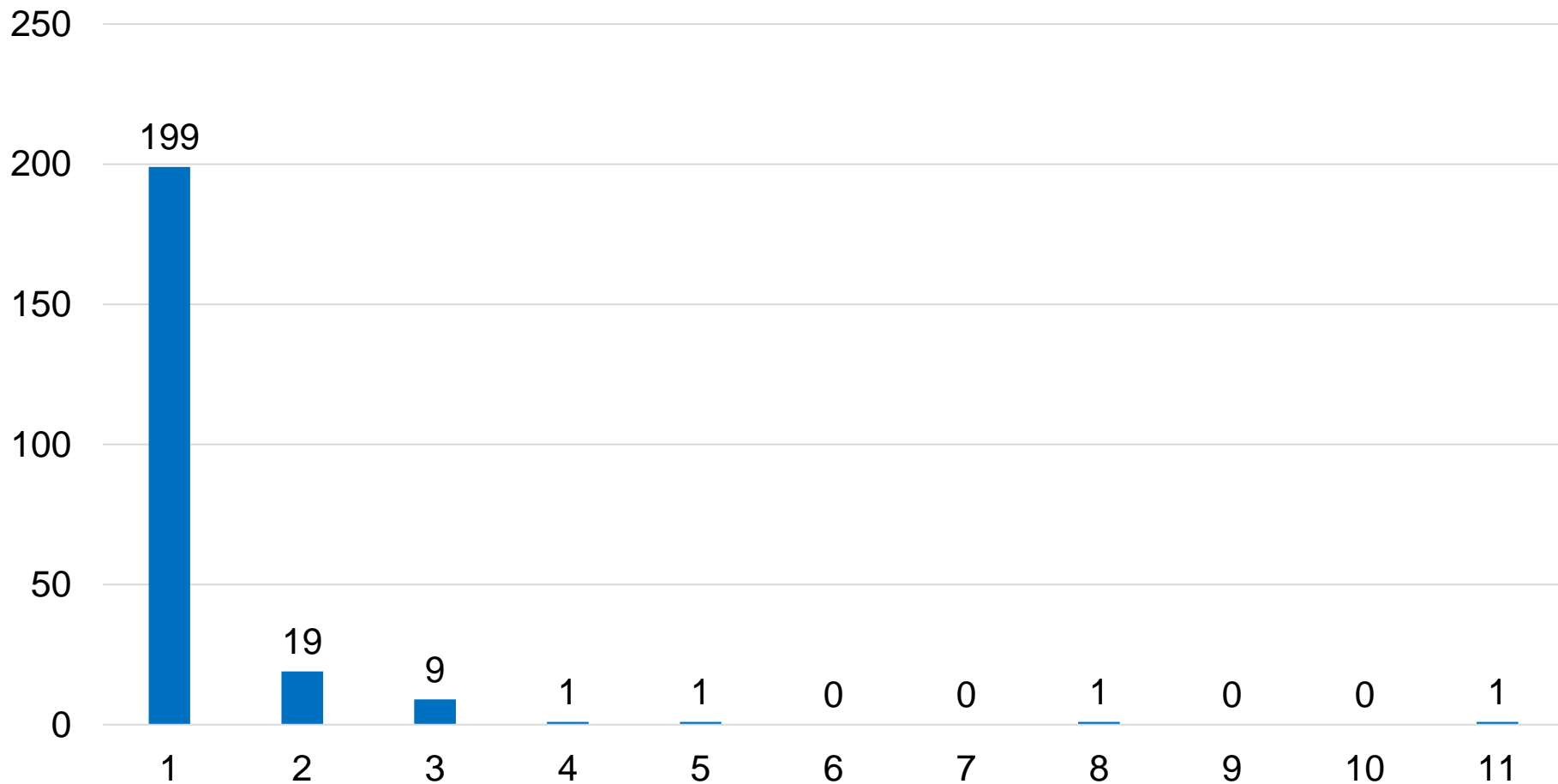
Not a statistically significant trend

Hunger Strikes > 3 Days per Year



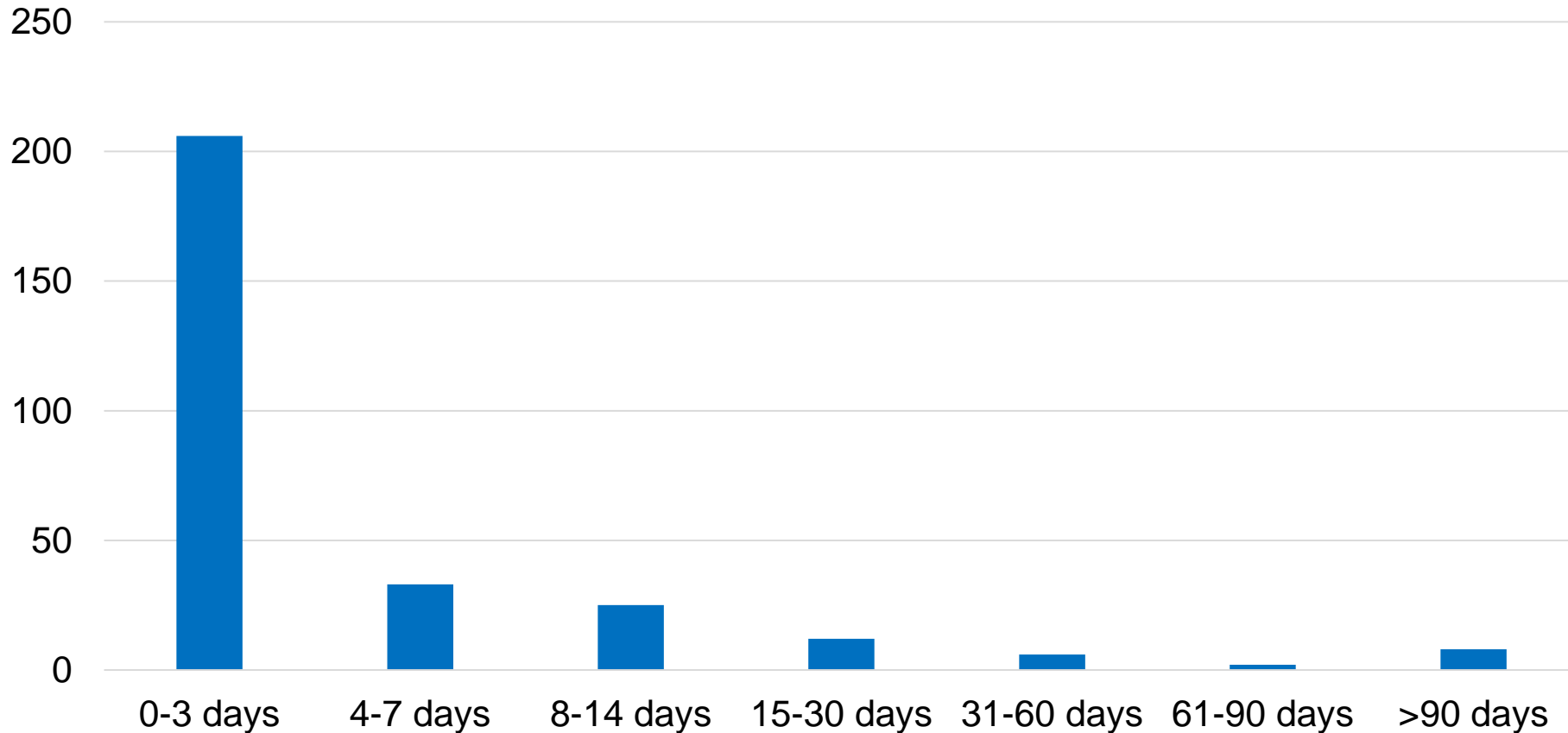
Not a statistically significant trend

Quantity of Strikes per Inmate



86% of inmates had a single hunger strike

Length of Hunger Strike Duration



71% of hunger strikes were three days or less.

Weight loss if fast >3 days (if known)	# instances	%
>10%	11	26%
5-10%	7	16%
0-5%	17	40%
0%	3	7%
Weight gain	5	12%

Only 29% of cases had data to calculate a change in weight

	Hunger Strikers	Total Inmate Population
MH Special Needs	44%	15%*
Residing in Restrictive Housing	74%	5%*

* Statistically significant difference vs. hunger strikers

Psychiatric Diagnoses	% Hunger Strikers	% Total Inmate Population	% AdSeg Inmates
None	31%	26%	
Any Personality DO	48%	11%*	22%**
Antisocial Personality DO	26%	6%*	14%**
Psychotic Dos	10%	3%*	
Impulse Control DO + ADHD	8%	4%*	
Bipolar DO	5%	2%*	
Major Depressive DO	6%	3%	
Anxiety Dos	6%	5%	
Adjustment Disorders	6%	5%	
Malingering	21%	3%*	

* Statistically significant difference vs. hunger strikers

Only 2 cases in which symptomatic, severe mental illness played a role in a hunger strike

Reason for Starting	%
Unknown	30%
Housing change	19%
Protest discipline	18%
Interpersonal (custody)	15%
Suspected psychiatric sxs	8%
Legal	6%
Dietary	6%
Medical issue/complaint	5%
Property	5%
Interpersonal (inmates)	3%
Parole	1%
Conditions of confinement	1%
Commissary	<1%
Wants family contact	<1%
Political	<1%

Reason for Stopping	%
Unknown	82%
DOC intervention	8%
MH intervention	2%
Denied hunger strike	2%
Medical intervention	1%

Conclusions

Hunger strikes were most commonly a result of the combination of the aversive circumstances of restrictive (disciplinary) housing, combined with the poor coping associated with a personality disorder, especially the risk-taking associated with an antisocial personality disorder.

A small percentage of inmates possessed the determination to persist in hunger strikes despite significant weight loss.

Severe mental illness rarely played a role in the initiation of a hunger strike.

Custody intervention rather than mental health intervention played a greater role in ending hunger strikes.

UCHC improved its communication with the NJDOC regarding the reason for the strike.

Developments

Despite the data in our study, the length of hunger strikes may be increasing as inmates learn they are not required to refuse all nutrition to maintain a hunger strike.

Before this performance improvement project ended, the NJDOC decreased the length of sentences in restrictive housing. This development may plausibly reduce the incidence of hunger strikes.

References

- Reyes H, Allen SA and Annas GJ. (2013). Physicians and Hunger Strikes in Prison: Confrontation, Manipulation, Medicalization and Medical Ethics (part 1). *World Medical Journal*, 59:27-36.
- Reyes H, Allen SA and Annas GJ. (2013). Physicians and Hunger Strikes in Prison: Confrontation, Manipulation, Medicalization and Medical Ethics (part 2). *World Medical Journal*, 59:60-67.
- Reyes H, Allen SA and Annas GJ. (2013). Physicians and Hunger Strikes in Prison: Confrontation, Manipulation, Medicalization and Medical Ethics (part 2). *World Medical Journal*, 59:97-101.
- World Medical Association Declaration of Malta on Hunger Strikers*. (2006). Available at wma.net/en/30publications/10policies/h31.
- Keram E. Hunger Strikes. (2015). In Trestman R, Appelbaum K and Metzner J (Eds.) *Oxford Textbook of Correctional Psychiatry*, Oxford: Oxford U. Press,