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A comparison of suicidal behavior by burns five years before and five years after the 2011 Tunisian Revolution

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ABSTRACT

Introduction: In Tunisia, the phenomenon of self-immolation has increased dramatically since the self-burn of Mohamed Bouazizi which occurred on 17 December 2010. The aim of our study was to compare the casualties' profile of suicide by self-immolation before and after the Tunisian Revolution over a period of 10 years (2006-2015).

Methods: We conducted a retrospective review including all the cases of self-immolation suicides that occurred in Northern Tunisia five years before and five years after the January 2011 Revolution. We excluded cases of self-immolations committed in governorates other than the north of Tunisia as well as casualties of accidental or criminal burns and those where the context could evoke suicidal immolation but the self-inflicted nature has not been confirmed. The study sample was subdivided in two groups according to the Revolution date: before the Revolution (2006-2010) and after the Revolution (2011-2015). We compared for each group data related to the age, gender, marital status, employment, mental disease history, previous suicide attempts and threats, place of suicide and its motive, the type of fire accelerator, the hospitalization and the average body surface area burned.

Results: The number (n=48/24.5% before 2011) of suicide by self-immolation has tripled during the post-revolution period (2011–2015) with a stable trend. The average age (35.6 \pm 13.4) has not changed. The male remained predominant before and after the Revolution (sex ratio of respectively 1.67 and 3.23). Marital status (victims being single in n=81 cases/41.3%) and the employment (unemployed in n=128/65.3%) of the casualties have not changed either after 2011. Fewer cases with psychiatric history were reported (n=21/43.7% before against n=52/35.1% after). Self-immolation increased in public places (n=9/18.7% before against n=50/33.8% after) and in an administration (n=2/4.2% before against n=19/12.8% after). More suicides after 2011 were due to financial problems (n=2/4.2% before against n=30/20.3% after) or due to a conflict with a state representative (n=2/4.2% before against n=18/12.2% after) with fewer cases due to a decompensation of mental illness (n=18/37.5% before against n=22/26.4% after).

Conclusion: Our study highlighted modifications of the casualties' profile of self-immolation after the Tunisian Revolution represented essentially by less psychiatric history and more suicides occurring in public places and in front of public administrations as well as suicides

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motivated by financial problems or conflicts with a state representative. Specific preventive measures should target young unemployed males.

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1. Introduction

Self-immolation is one of the most violent and spectacular means of suicide. This complex act is multifaceted and casualties may have multiple reasoning. Some authors [1,2] suggested the identification of three major types of motives for this phenomenon: the social and interpersonal conflicts, mostly in the Indian subcontinent [3-8], the decompensation of mental illness, occurring in low income countries [8-10], and the cultural background alongside with the political protests [1,2,4,11-13].

A phenomenon of imitation, known as copycat effect, was observed after these acts of self-immolation committed in order to protest and contest and encouraged by the large media coverage [14,15]. This copycat effect is characterized by a mass and spatial cluster of suicide cases after a mediatization of the suicide of a celebrity or a fictive character or after an overmediatization of a usual person who gained a social prestige [16].

In Tunisia, over a 10 years period between 2005 and 2014, the profile of self-immolation casualty was often a 34 years old male, single, with no medical history, but with a history of mental illness, who is unemployed or a daily worker, and whose act was committed in a public place or in a private home using mostly the fuel. Motives were either a decompensation of a mental illness, a family conflict or financial problems [17].

The phenomenon of self-immolation has also evolved dramatically since the self-burn of Mohamed Bouazizi, which occurred on 17 December 2010. This event was behind popular protests against the political regime. Mohamed Bouazizi gained a posthumous social prestige and was considered as a man to follow by many young people whose difficult economic and psychological situation pushed them to suicide by immolation [18,19]. In fact, suicide rates rose 1.8 times during the four years following the 2011 revolution with self-immolation raising three times which suggests a copy-cat effect [17,19].

We could assume that the pattern of self-immolation has changed after the Tunisian Revolution in association with this imitation phenomenon. Identifying those changes, could help targeting the persons at risk with specific preventive measures.

The aim of our study was to compare the casualties' profile of suicide by self-immolation five years before and five years after the January 2011 Tunisian Revolution.

2. Methods

2.1. Type, period and population of study and analysed data

It was a retrospective review performed over a period of 10 years (January 1, 2006-December 31, 2015). We included all

cases of suicide by self-immolation committed in Northern Tunisia and autopsied in the Legal Medicine Department of the Charles Nicolle Hospital in Tunis. Our Department covered 10 of the 11 governorates of northern Tunisia and \sim 42% (4.6 millions) of the total population. We excluded cases of self-immolations committed in governorates other than the north of Tunisia and who were dead in the central intensive care unit of burnt in Tunis (who were also autopsied in our department).

We also excluded casualties of accidental or criminal burns and those where the context could evoke suicidal immolation but the self-inflicted nature has not been confirmed.

The origin of the suicidal act was reported to the collection of commemorative and confirmed by the data of the judicial inquiry.

Data were gathered from the medical hospital records, the commemorative reported by parents of the casualties, the lawsuits records of the judicial police and the records of the forensic autopsies each comprising a legal requisition and a copy of the forensic autopsy report.

The two groups were compared by the age, gender, marital status, employment, mental disease history, previous suicide attempts and threats, place of suicide and its motive, the type of fire accelerator, the hospitalization and the average body surface area burned.

2.2. Statistical analysis

We performed a comparison of the results according to the Revolution date. The sample was subdivided in two groups. The first group was composed of casualties of suicide by self-immolation that occurred in the five years period (2006-2010) before the Revolution. They represented the sample not exposed to the post Revolution transition phase and economic recession as well as the mediatization of Bouazizi's suicide and the negative events.

The second group was composed by cases that occurred after the Revolution (2011–2015) and who were exposed to factors described previously. The cases that occurred between January 1st and January 14th 2011 (immediately before the revolution) were classified in the group number one.

Incidence of immolation in the general population was calculated by dividing the number of suicide in each group by the mean number of inhabitant of the 10 governorate covered by our department calculated by the national censuses on population and habitation carried by the National Institute of Statistics in 2004 and 2014 [20]. The percentage from the total number of suicides was calculated by dividing the self-immolation cases by the total number of suicide occurring in the 10 governorates of the north of Tunisia covered by our department.

For statistical analysis we used, the Student t test and the ANOVA for means comparison, the Chi square test to compare qualitative variables and non-parametric tests (Mann Whitney U test and Kruskal-Wallis test) in cases of non-applicability of

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