



Original communication

Detainees arrested for the first time in French police stations

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ABSTRACT

The psychological impact of incarceration vary from individual to individual and most people first entering prison experience severe stress. Our objective was to describe the characteristics of detainees arrested for the first time and who had medical examination during custody. The study sample included 200 detainees arrested for the first time in 2012 and examined for the second time before May 31, 2013, 200 detainees arrested for the first time in 2012 and who had not a second examination by May 31, 2013, and a control group of 200 individuals who had been arrested before. Collected data related to persons' characteristics, the course of detention, alleged assaults and traumatic injuries. In our sample, victimization was the most frequent motivation for requesting a medical examination and affected 31–46% of patients who requested the examination. The medical examination was less frequently requested by the detainee at the first detention than at subsequent detentions (35% and 31% vs. 51%, $P < 0.001$). Unremarkable psychic states were found in most cases in all groups. Detainees expressed a good or very good opinion on custody in 40–51% of cases. In 75–89% of cases, detainees were considered to be unconditionally fit for detention. The present findings suggest only minor differences between clinical features of individuals arrested for the first time and their clinical status when they were arrested for the second time. The systematic collection of more detailed description of the detainees' psychic state could be relevant at the time of medical examinations in police cells.

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1. Introduction

Police custody is detention in response to a suspicion of crime or if the police have 'reasonable grounds' to suspect that someone has committed an offence. Health issues among arrestees are a worldwide concern for which only local policies have been established.^{1–3} Medical data regarding arrestees are scarce across countries.^{3–6} Conditions in police stations for detainees under custody are often demeaning,^{7–9} and any underestimated health damage can have critical consequences, including death.¹⁰ Ill-treatment, which could affect as many as 15 percent of detainees,¹¹ is a matter of concern.¹² According to French law, any individual placed in police custody may, at the individual's request, be examined by a doctor. A medical examination can also be performed at the request of a police officer or of the person's family

and is systematic for teenagers under 16.¹³ The doctor decides whether the detainee's state of health is compatible with detention in a police station. They should prescribe any ongoing treatment which needs to be continued, as well as any emergency treatment needed.^{8,14} The number of detainees held in police custody in France has dramatically increased and is now estimated to be around 700,000 per year.¹⁵

The psychological impact of incarceration vary from individual to individual and most people first entering prison experience severe stress.^{16,17} In police custody, detainees arrested for the first time can be psychologically destabilized and markedly affected by material conditions of detention, by the way police officers talk to them, or by the level of uncertainty of the duration of custody and the legal proceedings following custody.¹⁸ We hypothesized that being arrested for the first time could correspond to singular medical and psychological characteristics. Identifying such characteristics or high-risk situations could help attending physicians to give appropriate attention to vulnerable detainees. Our objective was to describe the characteristics of detainees arrested for the first time and who had medical examination during custody.

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2. Methods

2.1. Patients

We conducted a retrospective analysis of data collected by 27 forensic physicians attending arrestees in the Paris area. The study focussed on detainees who were arrested for the first time between January 1st, 2012 and December 31, 2012. We included patients aged 13 or more held in police custody and examined by a physician for assessment of fitness for detention. For all persons who were examined twice or more in the course of one detention, only the first examination was considered. Arrestees were excluded from the study when they had a second examination in custody between January 2, 2012 and May 31, 2013 and told the attending physician that they were for the first time in custody, since we considered that their allegations were unreliable. We considered two groups. Group 1 included all detainees who were arrested for the first time and examined during custody between January 1st, 2012 and December 31, 2012 and examined for the second time between January 2, 2012 and May 31, 2013. Group 2 included detainees who were arrested for the first time and examined during custody between January 1st, 2012 and December 31, 2012 and who had not a second examination in custody between January 2, 2012 and May 31, 2013. This group included the same number of detainees as group 1, following a random selection. A control group included the same number of detainees as groups 1 and 2, following a random selection from detainees examined during custody (January 1st – December 31, 2012) and who had been arrested before (Fig. 1).

2.2. Collected data

During medical examination, general data were collected in a standardized questionnaire concerning persons' characteristics, including age, sex, the existence of a medical problem, an ongoing therapy, and their perceived health status.¹⁹ Collected data on the addictive behaviours focussed on last month use of alcohol, tobacco, tranquillizers, cannabis, cocaine, opiates, and other illicit substances. We also recorded the time since the onset of addictive behaviours and the existence of a past or current addiction

treatment. Collected data on the course of the detention included the delay between the arrest and the medical examination and the crime suspected. Alleged assaults and recent traumatic injuries were also recorded. The questionnaire was published in French and English.^{19,20} It included specific data on detainees' own experience of police custody, and reported assaults or observed injuries. Detainee's opinion on custody was requested and rated as very good, good, fair, bad, very bad, don't know or refusal. An open space was provided for the assessment of the mental state and level of consciousness of the detainee. The psychic state was evaluated by the forensic physician at the time of a general medical examination which was performed in order to assess the arrestee's fitness to be detained. We retained the categories of calm, agitated, anxious and aggressive, since they were simple terms which did not refer to psychiatric diagnoses or pre-existing psychiatric illnesses and did not require specialist skills to be used accurately.

Recorded data were declared to the French Data Protection Agency (Commission Nationale de l'Informatique et des Libertés). All collected data followed national guidelines.^{8,14} These data were included in the confidential medical record, not sent to the requesting authority. We first compared the features of the first and the second medical examination in individuals from group 1. Second, we compared the features of the first examination in individuals from group 1 to those of the unique examination in individuals from group 2. Third, we compared the features of examinations in group 1 to those from controls.

2.3. Statistical analysis

Intergroup comparisons were made using ANOVA, Fisher's and chi-square tests, as appropriate (GraphPad InStat 3.1 software, San Diego, CA). Results were considered significant for P values below 0.05.

3. Results

A total of 200 individuals were included in each group. Patients' characteristics across the different groups (Fig. 1) and results of

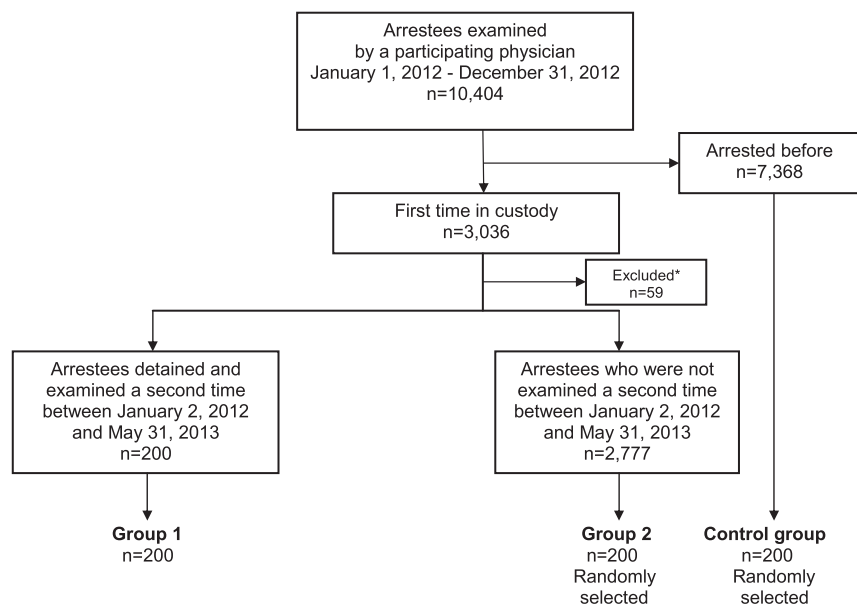


Fig. 1. Flow diagram.

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