



## Original communication

## The social profile of victims of suicide in major Greek correctional facilities



E.I. Sakelliadis, MD, MSc\*, N.D. Goutas, MD, PhD, D.G. Vlachodimitropoulos, MD, PhD, A.-P.I. Logiopoulou, RN, MSc, P.I. Panousi, JD, MSc, E.M. Delicha, BMath, MSc, C.A. Spiliopoulou, MD, PhD

Department of Forensic Medicine & Toxicology, Medical Faculty, National & Kapodistrian University of Athens, Mikras Asias 75, Goudi, 11527 Athens, Greece

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## ABSTRACT

**Introduction:** Suicide rates in correctional institutions have been increasing during the last decades. The reasons for this increase remain unclear, yet a lot of contradictory explanations were stated: the increase might be due to mass incarceration and overcrowding of small cells resulting in high psychosocial stress, changes in psychiatric health policy which might have transferred the care for patients from mental hospitals to custodial institutions, or legislation changes that might have led to a selection of offenders at higher risk (e.g. offenders who committed high violent offences or suffered from mental disorders without being referred to psychiatric hospitals). In Greece the situation is not described in details, at least during the last few years. By law, every death of prisoner is subject to medicolegal investigation.

**Materials & methods:** Our study consists of the meticulous research of the data records of major Greek correctional facilities, for the time period 1999–2010. An official permission was obtained from the Hellenic Ministry of Justice, which gave us access to these restricted records. Data was also collected from the Piraeus Forensic Service, from the Department of Pathological Anatomy of the University of Athens and finally from our own records. Measures were taken to respect the anonymity of the cases. Data was collected for the social, penal, medical history as well as for the medicolegal investigation.

**Results – conclusions:** A total of 339 cases were collected, only 259 of which had available full data records, due to weaknesses in the prison records. From the 259 cases, 70 incidents of suicide were collected. Victims of suicide in major Greek correctional facilities, appear to fulfill the expected profile, as in the general population.

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## 1. Introduction

Suicide rates in correctional institutions have been increasing during the last decades.

It is widely accepted that stressful life events, such as incarceration may precipitate the onset of a series of events, finally leading to suicide.<sup>1</sup>

There has been little interest in whether suicidal ideation and intent has been documented by non-medical prison staff (reports of attempted suicide, suicide threats, self-harm), and whether these signs of suicidality had the consequence of adequate intervention efforts.<sup>2</sup>

The principle that prisoners are entitled to the same level of health care as that provided in the wider community is vastly accepted in enlightened societies and prison systems.<sup>3</sup> It is exactly

this principle that makes our effort to understand the profile of the suicide victims inside correctional facilities.

In the past, several factors have been suggested as predisposing to increased suicide risk. Among these factors are: self-injurious behavior,<sup>4</sup> previous psychiatric disorder,<sup>5</sup> young age,<sup>6</sup> history of substance use,<sup>7</sup> personal and family variables (e.g. previous or current convictions for violent criminal offences, dysfunctional families, etc.)<sup>8</sup> and finally the initial days after incarceration.<sup>9–11</sup>

## 2. Materials &amp; methods

Our study mainly was aimed to describe the situation in major Greek correctional facilities. After obtaining a permission from the Hellenic Ministry of Justice, access was granted to the prison records (penal, medical) and to the records of the Forensic Services that always, according to Law,<sup>12</sup> realize the medicolegal investigation, required for every prison death.

\* Corresponding author. Arachovis 20, 10680 Athens, Greece. Tel.: +30 210 3633477, +30 6945 491320 (mobile); fax: +30 210 3633419.

E-mail address: [eisakelliadis@forensicadvice.gr](mailto:eisakelliadis@forensicadvice.gr) (E.I. Sakelliadis).

There are five categories of facilities in the Greek correctional system: judicial prisons, closed prisons, rural prisons, correctional institutions for adolescents and finally therapeutic institutions.<sup>13</sup> The Korydallos complex houses the largest judicial prison and two of the three therapeutic institutions.

For the purposes of our study we decided to select three correctional facilities. Namely the Korydallos Prison, because it houses nearly all detainees awaiting trial, the St Paul Prisoner's Hospital, because it is the only one of its kind in the whole country, finally the Halkida Prison, in order to further increase and diversify our sample.

For purposes of statistical analysis, crimes were classified according to the Hellenic Penal Code,<sup>14</sup> pharmaceutical agents were classified according to the anatomical therapeutic chemical (ATC)<sup>15</sup> system and finally diseases were classified according to the International Classification of Diseases, (ICD-10).<sup>16</sup>

Statistical analysis was performed with SPSS v18.0 statistical software (IBM). Possible differences of baseline characteristics between suicide victims and the rest of the population study were investigated by chi-square statistic, whereas one way analysis of variance was employed to test the respective distributional differences of age, age of death and duration of imprisoning.

### 3. Results

The total number of prisoners in Korydallos Prison for the time period of our study, according to data provided from the Hellenic Ministry of Justice was 22,126. The number of prisoners for the same period for St Paul Prisoner's Hospital and the Halkida Prison were 776 and 2,361, respectively. Therefore, the total number of prisoners in the specific correctional facilities, for the time period of our study, was 25,263.

The total number of suicides within the specific time period examined, is 70 out of 259 cases of death inside the examined correctional facilities (suicide incidence 27%). The baseline characteristics of our study are summarized in Table 1, as shown below. It is quite evident that those who tend to commit suicide significantly more often than other prisoners, are of Eastern European & Asiatic origin ( $p = 0.004$ ), unemployed ( $p = 0.003$ ), single ( $p < 0.0001$ ) without children ( $p = 0.008$ ). Those who tend to commit suicide less frequently compared to other prisoners are university graduates ( $p = 0.008$ ) and the mentally ill ( $p = 0.037$ ).

Furthermore, it appears that prisoners who have a history of drug abuse are more likely to commit suicide ( $p = 0.042$ ) (Table 1). Finally, prisoners who do not receive any pharmaceutical treatment appear to be more prone to suicide ( $p < 0.0001$ ) (Table 1).

It appears that those who have been imprisoned two times tend to commit suicide more often, but we must note that this finding is, statistically, of borderline significance ( $p = 0.065$ ).

In Graph 1, the association of various crimes committed and of suicide is demonstrated. Moreover, in Graph 2, the distribution of criminals among suicide cases is demonstrated. As it is easily understood those who have been convicted of drug related crimes are statistically more prone to suicide, while those who are convicted of forgery are not. Those convicted of sexual crimes appear not to commit suicide at all ( $p = 0.040$ ).

Concerning the results of Graph 1, one must keep in mind that all of the prisoners of our sample have committed at least one crime, with a great percentage of them having committed more than one.

Each crime (yes/no), was tabulated as in two by two table against suicide (yes/no). Suicide frequencies were considered on the basis of crime conviction or not. Therefore, it is not correct to sum up the percentages of Graph 1, which of course add up far above 100%. In the hypothetical case that each prisoner was convicted of a single crime, those percentages would sum up to 100%.

**Table 1**  
Baseline characteristics of study by suicide (yes/no).

		Suicide		p-value
		Yes	No	
		N	N	
		%	%	
Gender	Male	68	185	0.663
		26.9%	73.1%	
	Female	2	4	
		33.3%	66.7%	
Nationality	Eastern Europe	13	13	0.004
		50.0%	50.0%	
	Asia	9	10	
		47.4%	52.6%	
	Africa	1	7	
		12.5%	87.5%	
	Western Europe	4	6	
		40.0%	60.0%	
	Greek	43	153	
		21.9%	78.1%	
Profession	Blue Collar	51	124	0.003
		29.1%	70.9%	
	White Collar	8	53	
		13.1%	86.9%	
	Unemployed	11	12	
		47.8%	52.2%	
Family status	Single	36	48	<0.0001
		42.9%	57.1%	
	Divorced	7	36	
		16.3%	83.7%	
	Married	25	83	
	23.1%	76.9%		
	Widow	2	21	
		8.7%	91.3%	
Children	Yes	27	100	0.008
		21.3%	78.7%	
	No	41	67	
		38.0%	62.0%	
Education	Illiterate	8	17	0.008
		32.0%	68.0%	
	<6yrs	19	77	
		19.8%	80.2%	
	<9yrs	19	37	
		33.9%	66.1%	
	<12yrs	14	14	
		50.0%	50.0%	
	<14yrs	4	12	
		25.0%	75.0%	
	>14yrs	2	21	
		8.7%	91.3%	
Number of imprisonments	1	60	157	0.065
		27.6%	72.4%	
	2	7	9	
		43.8%	56.3%	
	3	3	23	
		11.5%	88.5%	
History of drug abuse	Yes	18	28	0.042
		39.1%	60.9%	
	No	52	161	
		24.4%	75.6%	
Receiving pharmaceutical treatment	Yes	28	42	<0.0001
		40.0%	60.0%	
	No	134	55	
		70.9%	29.1%	
Psychiatric disorder	Yes	18	75	0.037
		19.4%	80.6%	
	No	52	114	
		31.3%	68.7%	

A very interesting finding of our study is that the mentally ill prisoners do not commit suicide more often than those who are not ( $p = 0.037$ ).

From the statistical analysis it is quite evident (Table 2) that the prisoners who actually commit suicide are imprisoned for the first

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