



SUICIDE AND SELF-HARM CASES IN ARMENIAN PRISONS

THE EUROPEAN CONVENTION ON HUMAN RIGHTS

Article 2

The Article 2 of the European Convention on Human Rights implies the states' obligation to protect the right to life of persons within their jurisdiction and control.

EUROPEAN COURT OF HUMAN RIGHTS

Numerous decisions of the European Court of Human Rights (ECtHR) relate to the state's obligation towards persons deprived of their liberty. The state is obliged to reveal the suicide and/or self-harm risk among persons deprived of their liberty and take appropriate measures to prevent such incidents.

Armenia's authorities are responsible to ensure health care for the convicted and detained person. Respective obligations are, inter alia, secured by **the Armenian Criminal Procedure Code** and **the Law on Holding Detainees and Arrested Persons**.

The 279-N Decree of the Minister of Justice of 13 July 2016

Social, psychological and legal services in prison include the function of identification and prevention of the risk of self-harm.

Therefore, the state's failure to provide security and protection to the persons taken under its control implies serious legal consequences for the responsible persons.

2014-2018:

2331

cases of self-harm are registered
in Armenian penitentiaries

2008-2018:

38

cases of suicide are registered
in Armenian penitentiaries

SELF-HARM

is an incidence of a deliberate injury to oneself.

The most common forms of self-harm in Armenian penitentiary institutions are

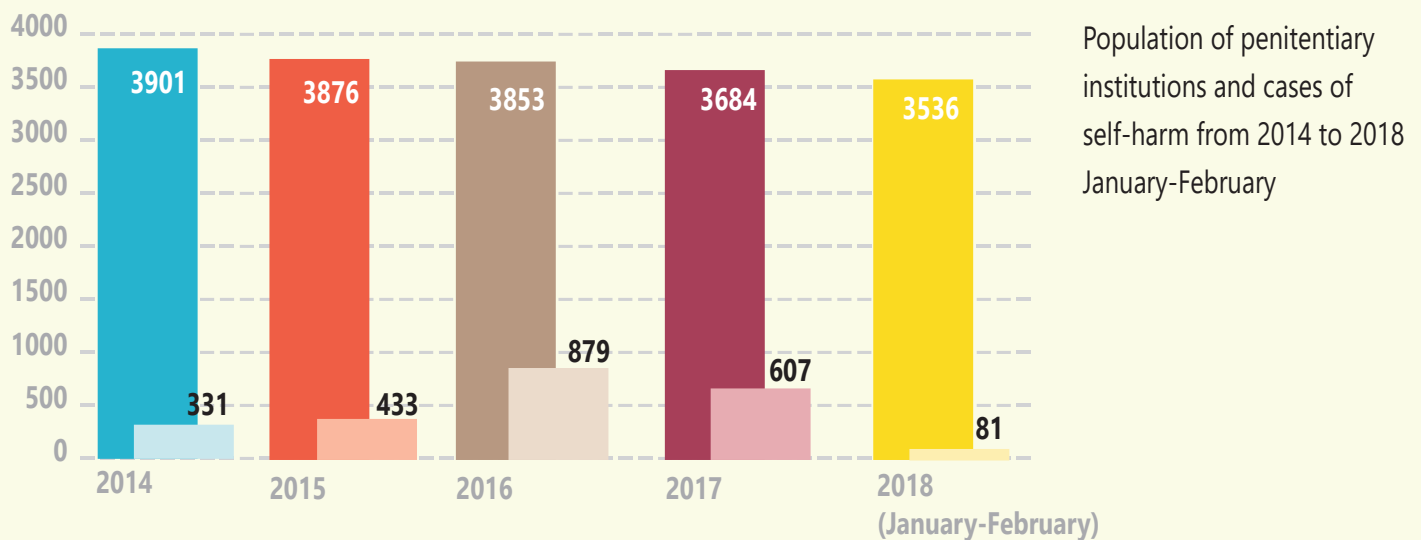
Cutting

Suing up lips or eyelids

Swallowing of foreign objects (e.g. needles, nails)

Insertion of saliva into the skin

Nailing the feet to the floor or furniture



Data on self-harm incidents in Armenian Penitentiary Institutions has been collected and available only since 2014.

The highest rate of incidents was recorded in 2016: 879 incidents, which is twice more than in 2015 (433 incidents).

According to the information provided by the Group of Public Monitors Implementing Supervision over the Criminal-Executive Institutions and Bodies of the Ministry of Justice of RA (hereinafter Public Monitoring Group), inmates perform self-harm primarily by wrist cutting.

Noteworthy, the Penitentiary Department does not find statistically significant the information regarding number of people who self-harm. At the same time, the Head of the Public Monitoring Group reports, 250 incidents of self-harm were made by the same person in 2016.

Monitoring results also proof that self-harm incidents can result in death due to poor-quality and incomplete medical attention, which was not provided in a timely manner.

This is the 2015 case of S. G., who was transferred to the hospital in four days after the inflicted self-harm. Three days later he died. In 2014 an inmate after the Administration's refusal to take him to inmates' hospital injected himself with his saliva, however, wasn't taken to the hospital immediately. Only when his condition deteriorated he was transferred to "Erebouni" hospital. The doctors couldn't save his life either. Similar incident took place in 2017 in "Armavir" prison, the inmate complained that he didn't get any medical attention at all. Meanwhile, the "Armavir" prison serves as a "showcase" prison and is always brought as an example for how things should be in prisons.

Table 1. 2008-2018 cases of self-harm presented by penitentiaries

	2014		2015		2016		2017		2018	
Penitentiary	Population	Self-harm cases	Population	Self-harm cases	Population	Self-harm cases	Population	Self-harm cases	Population	Self-harm cases
Noubarashen	1008	97	999	227	884	504	807	211	797	28
Hospital for convicts	192	16	164	15	126	95	134	68	149	6
Vardashen	232	3	255	4	250	7	225	8	214	-
Abovyan	207	13	189	27	173	23	145	14	130	2
Sevan	506	7	509	12	492	9	426	5	365	1
Kosh	698	3	663	2	526	9	385	5	322	2
Goris	64	1	63	1	96	3	107	-	94	-
Vanadzor	220	59	209	22	200	25	206	40	210	5
Artik	380	83	390	28	365	33	330	29	307	4
Yerevan-Kentron	42	1	42	-	44	-	44	-	42	-
Hrazdan	220	48	215	37	194	62	204	53	204	9
Armavir	-	-	280	58	506	109	682	174	715	24
Total	3769	331	3978	433	3856	879	3695	607	3549	81

REASONS

According to the official statistical data the main motives of self-harm are:

- ▶ Mental and health problems
- ▶ Drug addiction
- ▶ Interpersonal problems
- ▶ Complaints about the process of investigation of criminal cases against them
- ▶ Family problems
- ▶ Financial problems
- ▶ Incurable disease
- ▶ Absence of social relationships
- ▶ Previous convictions

On the other hand, the inmates themselves mention the following reasons:

Conditions of detention

Administration's disregard for the demands of the inmates (e.g. to transfer to another cell, to support the parole case, which are deemed illegal and regarded as blackmail by the Penitentiary Service).

Indeed, the highest number of self-harm and suicide cases from year to year is registered at "Noubarashen" prison. This is the prison the unacceptable conditions and practices of which were repeatedly registered by all possible monitoring bodies, including Public Monitoring Group, the Ombudsman office as well as by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).

Thus in its 2016 report CPT stated that almost no positive change was noticed in "Noubarashen" since their 2010 visit. According to the 2017 reports of the Public Monitoring Group and the Ombudsman office the conditions of detention are still not satisfactory and hasn't been improved since 2016.

The CSI's research on criminal subculture and media reports provide strong evidence to suggest, that criminal subculture and the attitude of the prison staff, both security and social services are also among the main reasons of the high rate of self-injury and suicides in prisons. In particular the attributed and actual homosexual orientation which is strongly condemned by criminal sub-culture causes discriminative practices across all areas of prison service delivery (worse cells, degrading attitude and mental cruelty) and comes from both other inmates and prison staff.

PREVENTION

A person is registered as being prone to self-injury if:

- ▶ He/she twice in one year attempted/inflicted self-harm
- ▶ It is stated in respective psychological report

The psychological report is based on the testing, biographical data, interviews and observation methods.

The preventive measures include the work of a psychologist, both during reception period ("quarantine") and during the whole time in prison.

The requirement for psychological work for the "correction" of the convict is secured in the Armenian Penal Enforcement Code (Article 17, para. 1). The Ombudsman's report stresses the importance of the psychological work as an indispensable element of the work of the National Prevention Mechanism.

"Armavir" (around 700 inmates) and "Noubarashen" (around 800 inmates) prisons have only 3 psychologists, all the other penitentiaries has only one psychologist on duty and "Goris" prison has none. Obviously, it is impossible to effectively work with hundreds of people.

The August 3, 2006 Government Decree N1543-N stipulates, that all convicts upon reception should pass compulsory medical examination.

Best international practice and standards are definite that regular medical examination is an important preventive mechanism against suicidal and self-harm incidents. Properly performed this measure has a potential to reduce the fear and a deep sense of insecurity experienced by inmates prone to suicide and self-harm.

According to the official information, psychological assessment is also performed at this stage and in case of identified problems, this is reported to the senior management for further necessary measures.

During the core period of the prison term psychological counselling aimed at monitoring and evaluation of the changes in behavior and mental state of the inmates.

The Minister of Justice Decree N279-N stipulates that special social, psychological and legal services should be performed during the pre-release period, i.e. 6 months prior to the release.

The person registered as prone to self-harm is developed a correctional plan, according to which the inmates is offered counselling services aimed to reduce the risk of self-harm.

HOWEVER, the Penitentiary Service does not specify what are those special measures and works that are performed during all the phases of incarceration. There is no standard operation procedures adopted and implemented by the penitentiaries regarding the issue of identification, assessment and methods of reducing of the risk of self-harm.

SUICIDES


Suicide in Armenian prisons, as a rule, is committed by hanging. From 2011 to 2017, 26 out of 27 cases of suicide were committed by hanging (self-made rope, shoelaces, sheets, belt) and one was the consequence of electrocution.

2008-2018 Suicide Cases by Penitentiaries

R - person on remand

C - convict

Penitentiary	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Noubarashen	2 R	1 R	2 R		1 R	1 C	2 R		2 C	1 C
Hospital for convicts			1 R		1 C		1 C		2 C	
									1 R	
Erebouni	1 C	1 C		2 C						
Vardashen		1 C		1 C						
Abovyan										
Sevan	1 C						1 C	1 C		
Kosh			1 C	2 C	1 C	1 C		1 C		
Goris										
Vanadzor										
Artik				1 C						
Yerevan-Kentron										
Hrazdan										1 R
Armavir								1 C	1 C	
									1 R	
Total	4	3	4	6	3	2	4	3	7	2



Out of 38 cases of suicide in 2008-2018, nine were committed by persons on remand and 29 were committed by convicted persons.

12 (31.6%) out of 38 cases of suicide were recorded in the "Nubarashen" penitentiary.

One person committed suicide in the "Nubarashen" psychiatric facility.

"Abovyan", "Goris" and "Vanadzor" penitentiaries had no recorded case of suicide.

100% of suicide cases were committed by male prisoners.

There is no any legal regulation on specific measures of suicide prevention in Armenian penitentiary institutions and, therefore, no prevention program and methodology.

Criminal investigations were initiated in each case, however, as a rule, they were discontinued due to the absence of a criminal event or an accused person. The same is with the internal official investigations, which are suspended on the ground of the absence of proof that any state official violated internal rules and because of the exhaustion of all the possibilities for obtaining new factual data.

We can safely assume that no deep investigation was done as to whether it was possible to prevent suicide and self-harm incidents and to what extent the insufficient social and psychological services lead to injuries and deaths.

INTERNATIONAL STANDARDS

Apart from the importance of the psychological service, international experts and organizations highlight a number of preventive mechanisms.

Particularly, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) recommends to pay attention to the following aspects:

Medical screening on arrival, and the reception process as a whole, has an important role to play in this context; performed properly, it could identify at least certain of those at risk and relieve some of the anxiety experienced by all newly-arrived prisoners.

Prison staff should be made aware of indications of suicidal risk. In this connection it should be noted that the periods immediately before and after trial and, in some cases, the pre-release period, involve an increased risk of suicide.

A person at suicide risk should, for as long as necessary, be kept under a special observation scheme. Further, such persons should not have easy access to means of killing themselves (cell window bars, broken glass, belts or ties, etc).

Steps should also be taken to ensure a proper flow of information - both within a given establishment and, as appropriate, between establishments (and more specifically between their respective health care services) - about persons who have been identified as potentially at risk.

World Health Organization's recommendations:

Comprehensive psychological assistance.

A training programme for correctional staff and care givers to help them recognize suicidal inmates and appropriately respond to inmates in suicidal crises.

Attention needs to be paid to the general prison environment. Prison administrators must enact effective strategies for maximizing supportive relationships among prisoners and staff. The quality of staff-prisoner relationships is critical in reducing prisoners' stress levels and maximizing the likelihood that prisoners will trust staff sufficiently to disclose to them when their coping resources are becoming overwhelmed, feelings of hopelessness, and suicidal ideation.

INTERNATIONAL STANDARDS

The majority of suicides in correctional settings occur when an inmate is isolated from staff and fellow inmates. Therefore, placement in segregation or isolation cells for necessary reasons can nevertheless increase the risk of suicide. Ideally, the suicidal inmate should be housed in a dormitory or shared cell setting. In some facilities, social support is provided through the use of specially trained inmate “buddies” or “listeners”, which seems to have a good impact on the wellbeing of potential suicidal inmates, as they may not trust correctional officers but other inmates. Family visits may also be used as a source of information about the risk for suicide of an inmate.

Procedures must be in place to officially document and report the incident, as well as provide the constructive feedback necessary to improve future suicide prevention activities.

Indeed, the number of incidents of self-harm and suicide decreased in 2017 if compared with 2016 by 272 and 5 respectively. The fact remains, however, the numbers are still unacceptably high and the legal framework and practice of Armenian penitentiary system fall short of international standards of suicide safe prison environment.



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