

SUICIDE – NATIONAL EVOLUTION BETWEEN 1996 – 2008

Adriana OLARU, Mihaela DOBROVĂȚ,
Călin SCRIPCARU, Katerina KANAKI

Abstract:

The repertoire of suicidal behavior is extremely vast and divers, varying from the simple thought of putting an end to life towards the meticulous preparation of a suicidal plan and obtaining the necessary means to bring it to completion, from the suicide attempt and towards the completion of the act itself, thus the accomplished suicide.

The purpose of the present study is to present and analyze the data regarding the frequency of suicide in Romania between 1996 and 2008 and to reveal the causes that lead to a considerable variation and to the inequality of the occurrences of this phenomenon amongst the population of this country.

The specific demographic indicators consist of age, sex, geographical area, membership to a specific ethnical group.

Keywords: suicide, thanatogenerating mechanisms, incidence

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If we were to analyze all the definitions of the word “suicide”, we would notice that the key element in each and every one of them is the decision to die.

Suicide, the term itself, sends us to the idea of violence and aggression. Britannica encyclopedia gives the following definition for suicide: “the act of intentionally taking one’s own life.”

Durkheim sustains the hypothesis of the existence of a *social determination of suicide*. He has noticed that every nation has a well determined suicidal tendency, which is inversely proportional to the individual’s social integration degree.

W.H.O. defined suicide as an act through which an individual seeks to physically autodestruct himself with the more or less authentic intention to lose his life, being more or less conscious of his reasons.

Enhancing the same idea of discriminating the role of the subject within his own life, Schneider considers suicide as being the suppression of one’s life in a willingly and conscious manner, fact that excludes the possibility of disease and blackmail threats of suicide.

Purpose of the research / report

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variation and to the inequality of the occurrences of this phenomenon amongst the population of this country.

Resources and method

The effected study is retrospective and it is based on the data presented within the reports regarding the activity of the national forensic medicine network in Romania.

Results

The statistics have been analyzed based on the following criteria:

1. thanatogenerating mechanisms;
2. the percentage of suicides from the total number of violent deaths per year;
3. car accident and homicides dynamics in comparison to the dynamics of suicides;
4. the evolution of the suicide incidence rates from 1996 to 2009;
5. the national average of the suicide incidence rates / 100.000 inhabitants;
6. suicide incidence rates according to age groups;
7. suicide incidence rates according to seasons of the year;
8. suicide incidence rates according to gender (percentage men / women);
9. suicidal methods.

Thanatogenerating mechanisms;

Mecanisme tanatogeneratoare

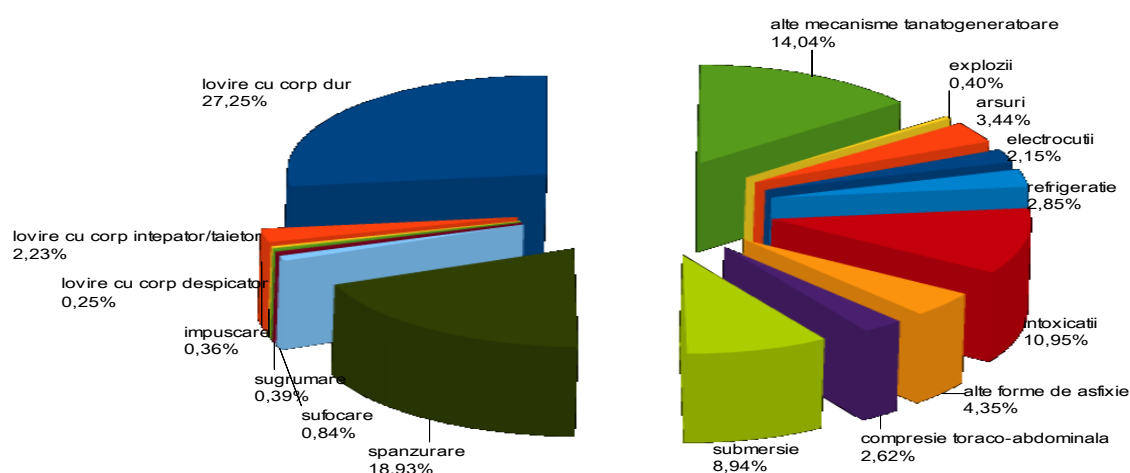


Fig. 1 – Thanatogenerating mechanisms

Strike with a hard object 27.25 %
 Strike with stinging/cutting objects 2.23 %
 Strike with slitting objects 0.25 %
 Shooting 0.36 %
 Strangling 0.39 %
 Suffocation 0.84 %
 Hanging 18.93 %
 Submersion 8.94 %
 Chest and abdominal compression 2.62 %
 Other forms asphyxiation 4.35 %
 Intoxications 10.95 %
 Refrigeration 2.85 %

Electrocution 2.15 %

Burnings 3.44 %

Explosions 0.40 %

Other thanatogenerating mechanisms 14.04 %

Amongst the thanatogenerating mechanisms we notice that the first 3 positions, in a decreasing order, are strike with a hard object – 27.25 %, hanging in a percentage of 18.93 % and Intoxications with a percentage of 10.95 %.

The circumstances of producing violent deaths are extremely divers: the first position according to the frequency, are placed the accidental deceases 66%. Suicidal, representing 28.8 % of the total of violent deaths) have recorded 3236 cases, meaning just as many victims as the car crash accidents and homicides altogether have generated.

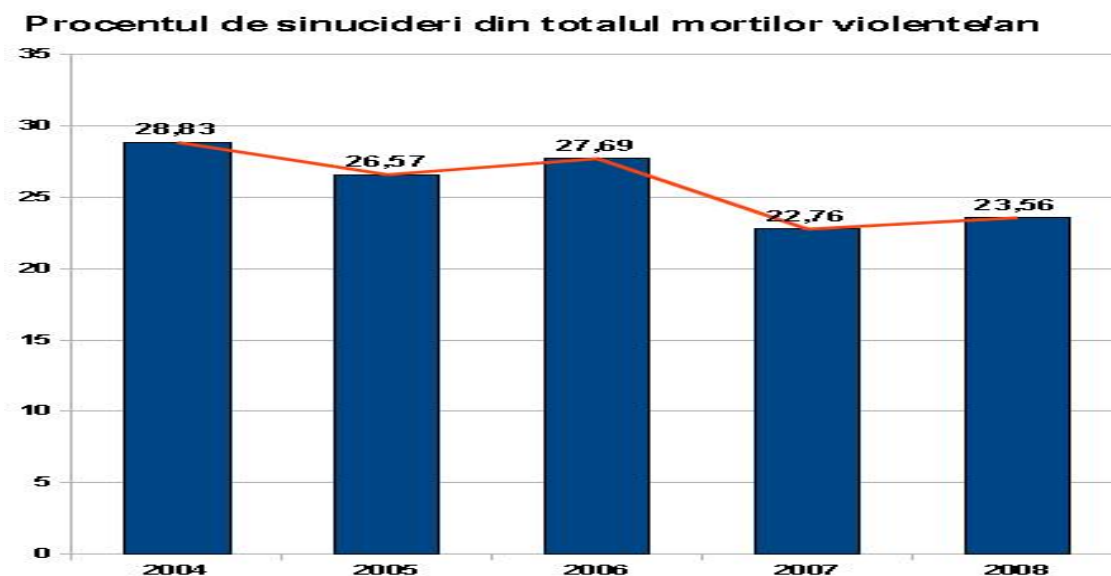


Fig. 2 – The percentage of suicides from the total number of violent deaths per year

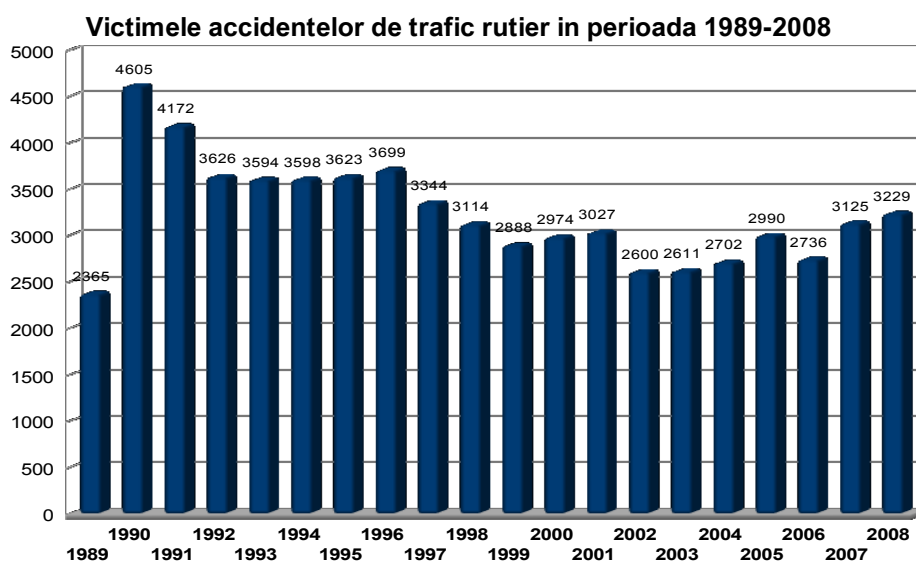


Fig. 3 – Victims of car accidents between 1989 and 2008

In 2008, a number of 3229 deceases resulting from car accidents have been registered after a progressive and consistent decrease registered between 1990 and 2001, as the numeric value from 2008 falls into a tardy increase tendency.

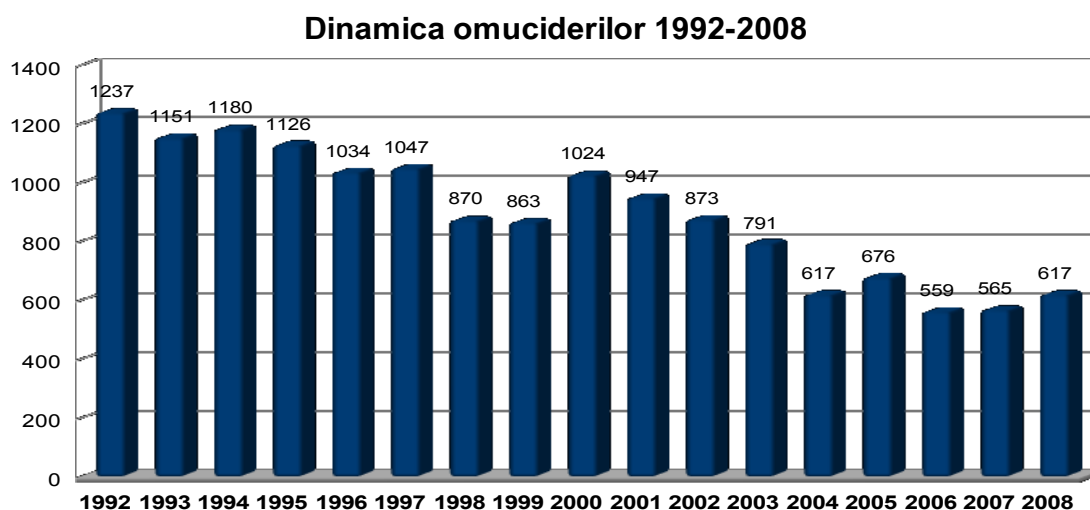


Fig 4 – Homicides dynamics registered between 1992 and 2008

In 2008, 617 homicide cases have been registered; on the one hand, the number falls into a tardy increase tendency in comparison to 2006 – 2007 and one the other it is net inferior to the numbers registered between 1992 and 2000, where 1237, respectively 1024 cases have been registered.

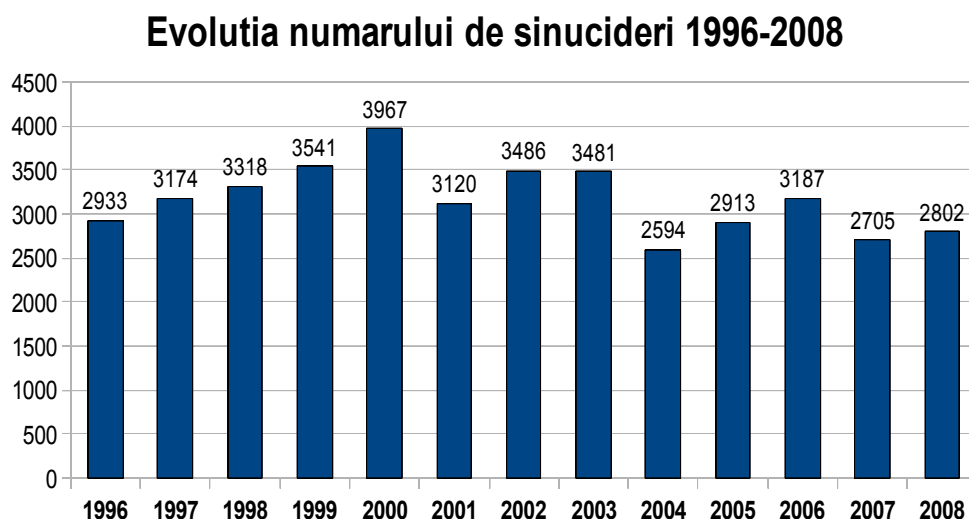


Fig. 5 – The evolution of the suicide incidence rates registered between 1996 and 2008

A significant indicator of the violent death category is that of the suicides which during the year 2008 have registered a number of 2802 cases, value whatsoever similar to the one of the past years, but tardy smaller than the values registered in the 2000 – 2003 period.

The national suicide average reported to 100.000 inhabitants reveals an incidence of 12.9 in 2008.

A significant demographic indicator of the suicidal risk is consisted of the factor of age.

The analysis of suicides per age groups indicates a climax within the age group of 41 – 50 years (22.22 %); however, suicides are present within the extreme age groups as well : below 10 years old with a as well : below 10 years old with a percentage of 0.10 % and over 80 years with a 2.40 percentage.

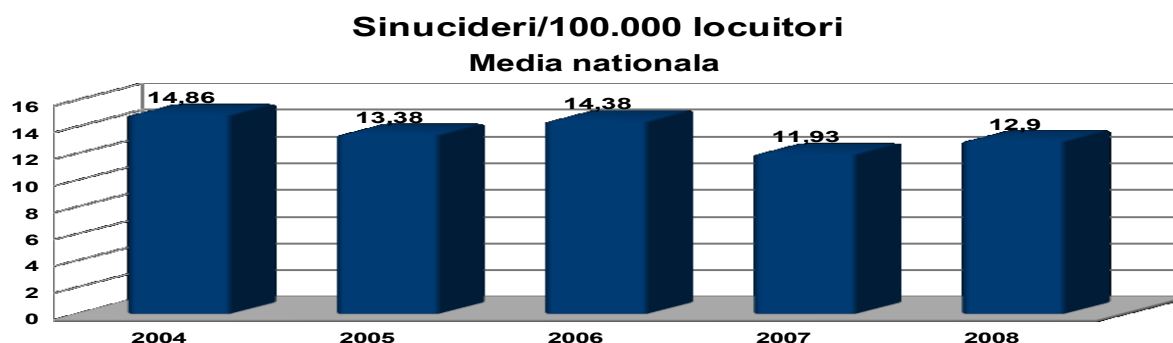


Fig. 6 – The national average of suicides / 100.000 inhabitants

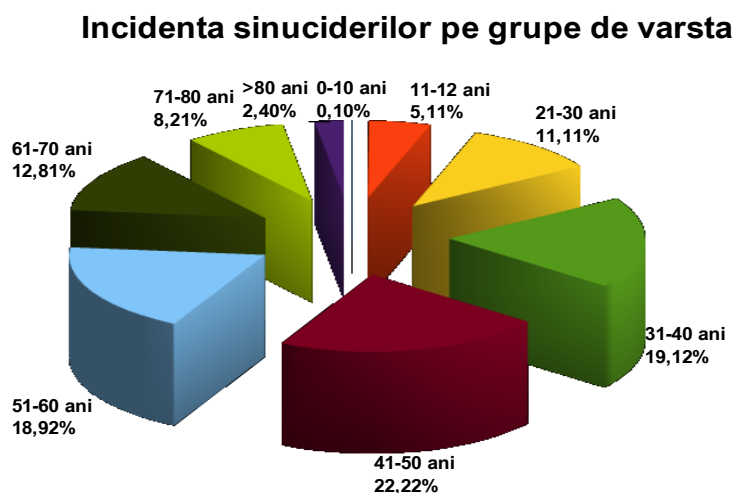


Fig. 7 – Suicide incidence rates according to age groups

Regarding the season distribution of suicide commits, the maximum frequency is recorded within the months May and August, fact that can be correlated to the frequency and / or intensity of reactive – depressive states as a response to social conflicts such as work, family, conjugal related conflicts, and probably concomitant with the consume of strong alcohols in temperate continental climate. These data correspond to a slightly increased frequency of committed suicide affected on Sunday and Monday mornings.

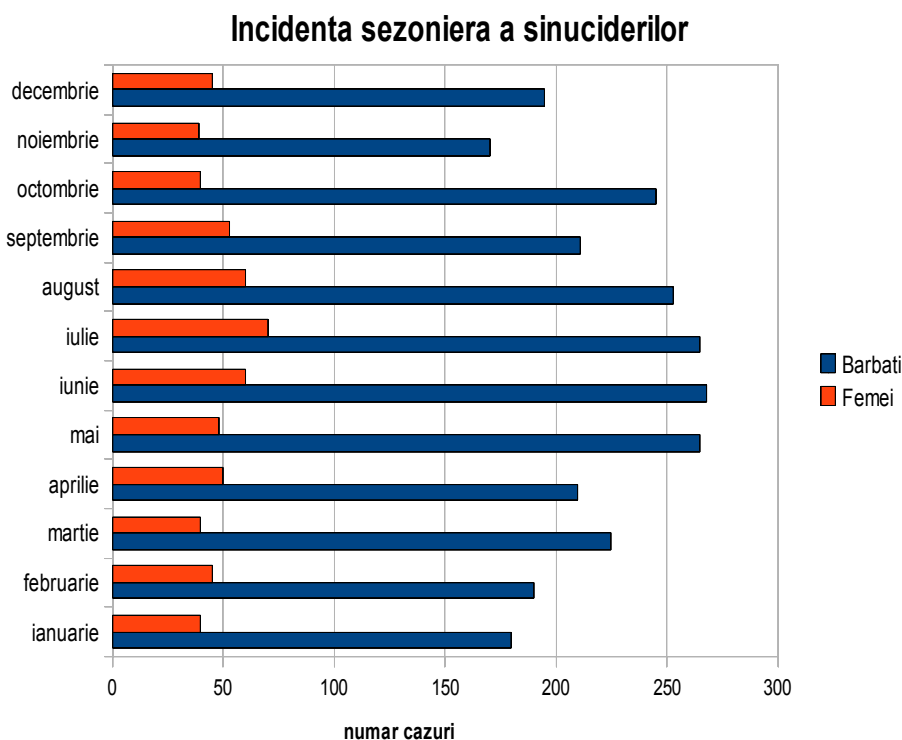


Fig. 8 – Suicide incidence rates according to gender (percentage men / women)

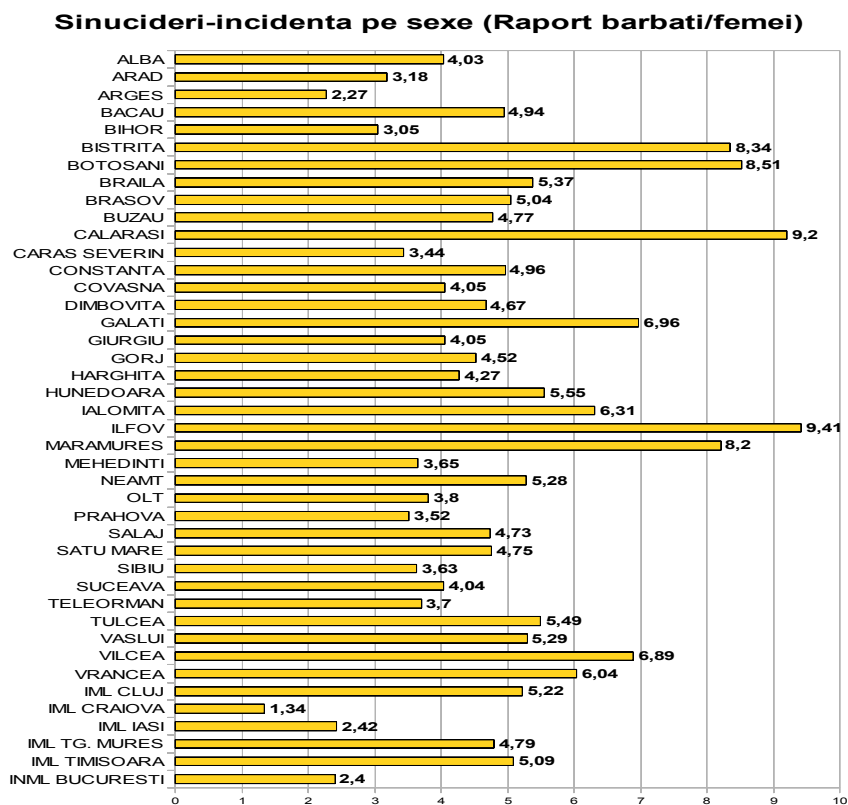


Fig. 9 – Suicidal incidence reported to gender (percentage men/women);

On average, the studies indicate the existence of a report of 3:1 between the cases of male suicide in comparison to female suicide, report that varies more or less within the various age groups, except for the elder in which case even more increased incidences as registered for the male gender.

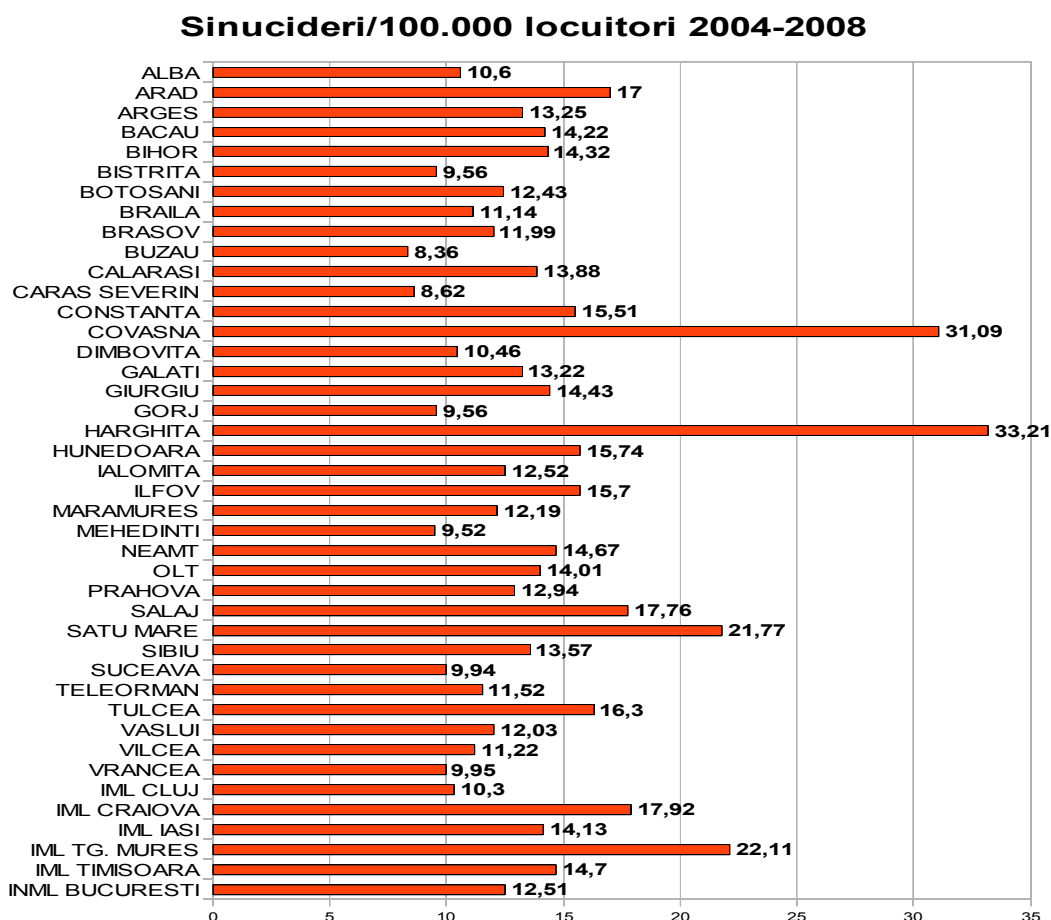


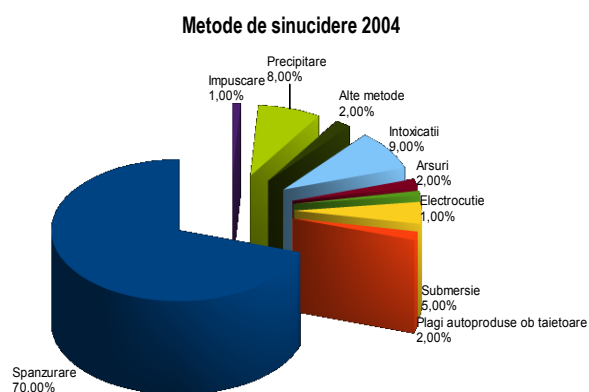
Fig. 10 – Suicide incidence rates / 100.000 registered within the period 2004-2008

When analyzing the regional incidence of suicides reported to 100.000 inhabitants averaged for the last 5 years, we conclude that in this tragic top there are regions with an unexplainable increased incidence of suicides: the district of Harghita with 33.21 cases / 100.000 inhabitants, the district of Covasna with 31.09 cases / 100.000 inhabitants, the district of Mureș with 22.11 cases / 100.000 inhabitants. In other regions there is an incidence far below the national average of the last 5 years (13.49 cases/ 100.000 inhabitants), for instance, the district of Buzău with 8.36 cases / 100.000 inhabitants and Caras Severin with 8.62 cases / 100.000 inhabitants.

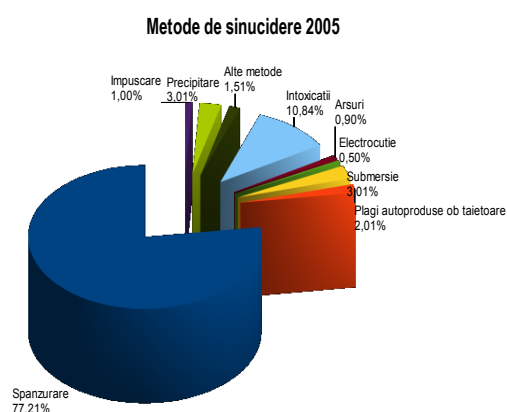
The main autolyse means are physical, chemical, mechanical or biological and can be used in a singular or combined manner, in according to the personality type of suicide victim and the circumstances that lead to the autolytic act. Regarding the autolyse methods, their study reveals important motivational elements in what regards the authentic suicide, the pathological or blackmail suicide, and has an essential role in establishing the difference between murder-suicide-accident.

Fig. 11 – Suicidal methods – 2004

Hanging 70 %
 Shooting 1.00 %
 Precipitation 8.00 %
 Other methods 2.00 %
 Intoxication 9.00 %
 Burning 2.00 %
 Electrocution 1.00 %
 Submersion 5.00 %
 Self inflicted wounds with cutting objects 2.00 %

**Fig. 12 – Suicidal methods – 2005**

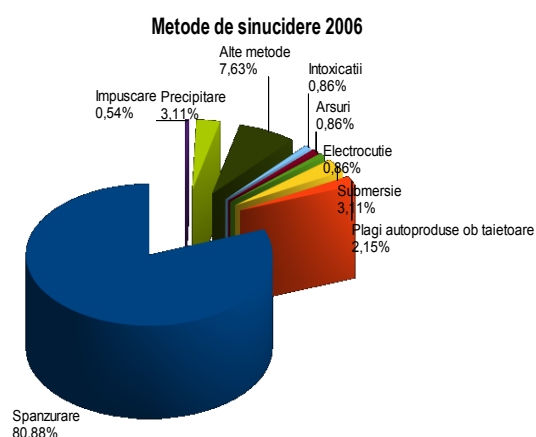
Hanging 77.21 %
 Shooting 1.00 %
 Precipitation 3.01 %
 Other methods 1.51 %
 Intoxication 10.8 %
 Burning 0.90 %
 Electrocution 0.50 %
 Submersion 3.01 %
 Self inflicted wounds with cutting objects 2.01 %



In 2004, the most frequent suicidal methods have been, in a deceasing order, hanging 70%, voluntary intoxication 9% and precipitation 8% and in 2005 the pattern is maintained as guidelines, the hanging method having 77%, followed by voluntary intoxication 10.8%, precipitation 3% and submersion 3%.

Fig. 13 – Suicidal methods – 2006

Hanging 80.88 %
 Shooting 0.54%
 Precipitation 3.11 %
 Other methods 7.63%
 Intoxication 0.86 %
 Burning 0.86 %
 Electrocution 0.86 %
 Submersion 2.15 %
 Self inflicted wounds with cutting objects 2.01 %

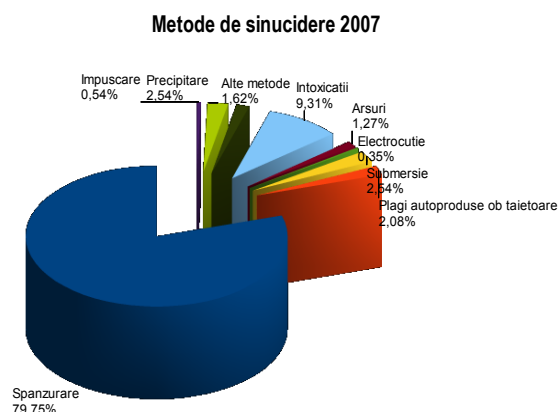


In 2006, the most frequent suicidal methods have been, in a deceasing order:

- Hanging – 75%;
- Voluntary intoxication 8%;
- Precipitation 3%;
- Submersion 3%;

Fig. 14 - suicidal methods – 2007

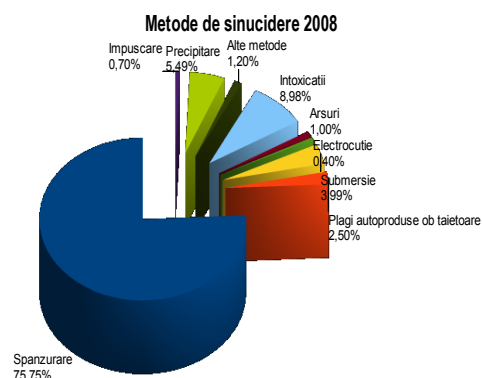
Hanging 79.75 %
 Shooting 0.54%
 Precipitation 2.54 %
 Other methods 1.62%
 Intoxication 9.31 %
 Burning 1.27%
 Electrocutation 0.35 %
 Submersion 2.54 %
 Self inflicted wounds with cutting objects 2.08 %



In 2007, hanging was the most preferred suicide methods with a percentage of ~80%, followed by voluntary intoxication 9% and precipitation 3%.

Fig. 15 - suicidal methods – 2008

Hanging 75.75 %
 Shooting 0.70%
 Precipitation 5.49 %
 Other methods 1.20%
 Intoxication 8.98 %
 Burning 1.00%
 Electrocutation 0.40 %
 Submersion 3.99 %
 Self inflicted wounds with cutting objects 2.50 %



In 2008, the most frequent suicidal methods have been, in a deceasing order:

- Hanging – 76%;
- Voluntary intoxication 9%;
- Precipitation 5.5%;
- Submersion 3.99%;

Conclusions

The specific demographic indicators consist of age, sex, geographical area, membership to a specific ethnical group.

The people that present more than one element from the mentioned groups of factors are highly susceptible of committing an act of suicide. The presence of several factors ends by creating a multi-problem situation considered by the individual as being unbearable.

The revelation of the totality of epidemiological factors with a direct intervention on the suicide phenomenon incidence represents the premises of imagination and the realization of some efficient prophylactic management methods.

The management of the prophylactics of suicide must be based on the analysis of the frequency of the states of depression within the various groups of population, on the identification of the factors that precipitate the suicidal behavior. Also it should imply permanent emergency services all over the country, qualified staff and teamwork, hotlines and home intervention teams, qualified staff even in universal profile hospitals and social and community service support organizations.

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Adriana OLARU – MD, Psychiatrist: Clinical Hospital of Psychiatry “Socola”, Iași
Mihaela DOBROVĂȚ – MD, Psychiatrist: Clinical Hospital of Psychiatry “Socola”, Iași
Călin SCRIPCARU – Professor, MD, PhD, Expert coroner:
Clinical Hospital of Psychiatry “Socola”, Iași
Katerina KANAKI – MD, PhD, Expert coroner:
Institute of Forensic Medicine, Alexandropolis, Greece