Evolution of the Mental Symptoms of Convicts And Detainees in Punishment and Execution Institution

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Abstract

Aim: Adana F type high security Closed punishment and execution institution was convicted and imprisoned in the Scan List men Spiritual Tinges (SCL-90-R) evaluation and mental symptoms with the type of crime, age, place of birth and education, is to investigate whether the variables differ. Method: Adana F type high security Closed Punishment and Execution Institution in UYAP (national judicial network information system) based on the records in the year 2013, ranging between ages 18 and 30, convicted and detained 30 randomly selected, 60 men. Research as a tool for data collection, the mountain I. (1991) by validity and reliability study consisted of 90 items, made Mental Symptom Screening list (SCL-90-R), convicts and prisoners by filled in. Data were evaluated using SPSS program. Results: Convicts and detainees with psychological symptoms, age, region, between type of crime and education level were found meaningful and positive relationships. Convicts and prisoners show no significant difference between the rates of psychological symptoms. After research according to the SCL-90-R test results has been started interviews with individuals that may be rising sub-tests.

Introduction

Punishment and Execution Institutions, crime committed by the final judging process ongoing crime committed by convicts and detainees to places where conformity is called. Prison, "the Convicts are held in the building,

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“prison, roof, jail, imprisoned” is defined in the form of not only convicts, detainees in prisons today but also their accommodation on the places where deemed necessary by the courts in the judicial process (Turkish Language Association, 2005).

In our country, Punishment and Execution Institutions are the places where convicts and detainees can see where social and cultural activities, education, social inclusion and where they are prioritized work (23 May 2013,. cte. adalet.gov.tr/).

F-type indoor high-security prisons in Turkey, there are only 14 and are operatively connected to the Ministry of Justice General Directorate of Prisons and Detention Houses. To apply all the processing programs are only dangerous offenders in accordance with the legislation and with the status of people under arrest, physical structure, electrical and electronic security systems, in terms of the management of the area, with most elements of the security threat that has escape with protection guards against obstacles inside and out and built according to the system of correctional institutions (30 May 2013,. cte. adalet.gov.tr/). SCL-90-R, General level of psychopathology and mental substance consisting of ninety, in terms of a screening test that measures the level of strain symptoms. Among the points for each item is 0-4. When we look at the psychometric properties of the scale, test-retest reliability as subtest can be listed as follows. Somatization (Som) 82, Obsessive-Compulsive (Ob-Kom) 84, interpersonal Awareness (K-D), Depression (Dep) 78, Care (Kay) 73, anger and Hostility (Ugh-dream) 79, Phobic Anxiety (Fob-Ank) 78, Paranoid thinking (Pard) 63, Psikotizm (Electrician). 73 and additional Scale (E-o) as (mountain, 1991), 77.

Somatic disorders, individual bodily symptoms of deficiency or disease of the body are the signs of interest in her body. To meet the criteria for the four pain symptoms (e.g., head, back, joints), two gastrointestinal symptoms (e.g., diarrhea, nausea), unlike a sexual problems symptom pain relief (e.g., loss of interest in sex, erectile dysfunction) and a pseudo neurological symptom (first conversion disorder, etc.) is required. DSM-4, the specific symptoms of the disorder shows remarkable change from culture to culture. For example, burning and tingling under the skin, hand, according to North America, Asia and Africa are seen more frequently (Davison and Neale, 2004).

Anxiety disorder is diagnosed, as many cases where the personal concern. There are six basic categories in the DSM-4: Phobias, panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder and acute stress disorder.

Mood disorders in the DSM-IV classified two main headings. There are two main clinical manifestations observed in these disorders. These are depression and mania. This clinical is discovered in the cases and according to the required and not negotiable. In a sad mood, depression, deep in thought, speech and movement deceleration; unworthiness, inadequacy, feelings and thoughts with the physiological functions of the smallness of a syndrome that goes with deceleration. If Mani cheerful, enthusiastic, sometimes in an angry mood thought, speech, and movement is acceleration, strength, and size is a syndrome characterized by thoughts.

Obsessive-compulsive disorder (OCD), restricting the daily functions very distressing, persistent and uncontrollable thoughts filled the mind of the person or an anxiety disorder feels obliged to do certain behaviors over and over again. Obsessions are repetitive thoughts, impulses, and images that come to mind uninvited. Compulsion, to reduce distress or to prevent a disaster, people feel obliged to do repetitive behavior. (Davison and Neale, 2004).

Interpersonal sensitivity, interpersonal sensitivity in individuals with injury and fracture easily, while others are not given by the value of, and parallel to this bad treatment towards not to be considered important, seeing himself inferior to others, such as, among others, while paying attention not to make the wrong things interpersonal experiences problems led to a condition which leads to (the relationship of corruption included) (Boyce et al., 1991).

Psychotic symptoms include mental disorders more serious by the fact that the assessment for breaking. Almost everyone knows that "schizophrenia", this group is the most important disease. Schizophrenia is the most common psychotic disorder. No difference in the incidence of schizophrenia between the sexes, agglomeration areas is low socio-economic level. If you have a family history of this disease, family studies, according to normal society if it shows that the higher risk of becoming schizophrenic family members. (Clarke and Clarkson,
Identical twins, the risk of developing the disease, according to fraternal twins were higher than Identical twins. All these are genetic and social factors play a role in the formation of schizophrenia by interacting together. The basic symptom of schizophrenia is thought disorder. General flow and content of thought disorder, is characterized by the dissolution of associations and ideas. (Davison & Neale, 2004).

Paranoid thoughts, often persecutory (persecution) has delusions of grandiosity, but sometimes (grandiose) hallucinations may occur. Here, they aggravate the importance of individuals to themselves, strength, knowledge, their own IDs. They believe their partner's jealousy or delusional and unfaithful.

Anger is a moderate feeling of irritation excessive concentrations can reach hosts in the case of aggression. This irritation realized our expectations of our lives we feel irritation of various grasping--they want or that we do not deserve to survive and unhappiness, we come across a variety of situations, endure the hardships in life against the public we are not aware of, and tolerance level falls below the low or no subconscious repressed psychological and personality to create a deep space within us our problems and dissatisfaction, you can create a variety of reasons. This emotion as any other physiological and biological changes in our body leads to simultaneous interpretation. Anger internally or from external, real or unreal can be triggered for a reason is not a real phobia, to disrupt the flow of life in the middle of the danger and discomfort accompanied by enough, the height of the indoor space, snake and spider is called excessive fear. (Davison & Neale, 2004).

Method
Adana F type high security Closed correctional institution at the national judicial network Informatics System (UYAP) was created on the basis of the records in the year 2013. Research was conducted with volunteer convicts and detainees between 15.04.2013 and 15.05.2012. Within the scope of the work, ranging from 18 to 68 years of age, 30 prisoners convicted and 30 randomly selected, 60 men. Research as a tool for data collection, themountain I. (1991) by validity and reliability study consisted of 90 items, made Mental Symptom Screening list (SCL-90-R), which is filled by convicts and prisoners. The data was evaluated using the SPSS 16.0 program. The study is the analysis of data from the T-test (t) and the Anova (f) test has been used.

Findings
This study examined psychological symptoms consist of 60 prisoners in %50 detainees and %50 convicts in detention. Adana F type high-security closed Punishment and Execution Institution prisoners and detainees in terms of, fort t-test results were tested a =0.05 level. According to the results of research on correctional institution in terms of individuals under arrest the offenders and psychological symptoms, psychological symptoms, symptom levels examined, no significant difference. Adana F type high security closed prison convicts and detainees involved in working as a volunteer at %33.3 age group of 18-30, 31-45 age group, %46.7 %20.0 46 and above age hybrid.

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid 18-30</td>
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<td>33.3</td>
<td>33.3</td>
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</tr>
<tr>
<td>31-45</td>
<td>28</td>
<td>46.7</td>
<td>46.7</td>
<td>80.0</td>
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<tr>
<td>46 and over</td>
<td>12</td>
<td>20.0</td>
<td>20.0</td>
<td>100.0</td>
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<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
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</tr>
</tbody>
</table>

Table 4: Distribution of prisoners according to their age
According to the results of the analysis, the scl-90-r public scale scores, we see that there is a difference between the age groups. F (3.275) 7.03, p is .000. In other words age increased with increasing psychological symptoms in a meaningful way. This is the difference between the two groups in order to determine which groups were
compared. As a result the 18-30 age group (x1.37) and the 31-45 age group (x1.01) and over 46 age group in a meaningful way (x1.15) was higher.

When the SCL-90-R inventory and the variables: the type of crime the SCL-90-R test, significant differences were found between the overall sub-test psychological symptoms (p<0.005). There is a significant difference between the variable region phobic anxieties. (p<0.005) education; Obsessive compulsive symptoms with illiterate high school graduate-Bachelor degree (p<0.005) level is significant. The main effect of looking at the psychological level of symptoms of age; somatic symptoms, anxiety, depression, obsessive-compulsive symptoms, interpersonal relations, sensitivity, psychotic features, paranoid thoughts, anger, phobias and ten separate areas were evaluated including assessment of additional scale and found a meaningful relationship.

<table>
<thead>
<tr>
<th>EDUCATION STATUS</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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<tr>
<td>Valid illiterate</td>
<td>2</td>
<td>3.3</td>
<td>3.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Primary school</td>
<td>23</td>
<td>38.3</td>
<td>38.3</td>
<td>41.7</td>
</tr>
<tr>
<td>Secondary school</td>
<td>12</td>
<td>20.0</td>
<td>20.0</td>
<td>61.7</td>
</tr>
<tr>
<td>High school</td>
<td>12</td>
<td>20.0</td>
<td>20.0</td>
<td>81.7</td>
</tr>
<tr>
<td>College</td>
<td>11</td>
<td>18.3</td>
<td>18.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: The distribution of prisoners according to their education
Work covered by a graduate of a high school-faculty %18.3 prisoners graduated from high school %20.0, graduated from secondary school %20.0, graduated from primary school %38.3, %3.3 illiterate groups.

<table>
<thead>
<tr>
<th>REGION</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
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<tbody>
<tr>
<td>Valid Southeastern Anatolia</td>
<td>24</td>
<td>40.0</td>
<td>40.0</td>
<td>40.0</td>
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<tr>
<td>Mediterranean</td>
<td>30</td>
<td>50.0</td>
<td>50.0</td>
<td>90.0</td>
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<tr>
<td>Central Anatolia</td>
<td>3</td>
<td>5.0</td>
<td>5.0</td>
<td>95.0</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>5.0</td>
<td>5.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Distribution of prisoners by geographic region
Prisoners came from %40.0 Southeastern Anatolia, %50.0 Mediterranean, %5.0 Central Anatolia and %5.0 other regions.

General psychological symptoms (somatic symptoms, anxiety, depression, obsessive-compulsive symptoms, interpersonal relations, sensitivity, psychotic features, paranoid thoughts, anger, phobias, and additional scale) were found to be no significant difference between the variable regions. F (3,56) = 4.496<0.007. Southeastern Anatolia and the Mediterranean region rate of general psychological symptoms (somatic symptoms, anxiety, depression, obsessive-compulsive symptoms, interpersonal relations, sensitivity, psychotic features, paranoid thoughts, anger, phobias, and the additional scale) there is a meaningful difference. Southeastern Anatolia region (x1.1467) and the Mediterranean region is x0.7070. General psychological symptoms of prisoners and convicted in the Southeastern Anatolia Region has been seen to be higher than the general. General psychological symptoms (somatic symptoms, anxiety, depression, obsessive-compulsive symptoms, interpersonal relations, sensitivity, psychotic features, paranoid thoughts, anger, phobias, and the additional scale) according to the difference in education was observed. F (4,55) 1834, p 0.135.

General psychological symptoms (somatic symptoms, anxiety, depression, obsessive-compulsive symptoms, interpersonal relations, sensitivity, psychotic features, paranoid thoughts, anger, phobias, and the additional scale) there are significant difference between strains of type variable. F (5,54) 2,945, p 0.020.
According to the SCL-90-R inventory sub-tests; somatic symptoms, anxiety, depression, obsessive-compulsive symptoms, interpersonal relations, sensitivity, psychotic features, paranoid thoughts, anger, phobias, and this is the type of crime with additional scale variable.

**Results**

In this study, the psychological symptoms of prisoners and detainees, assessed with the SCL-90-R. Age, place of birth, level of education and type of variables is a crime according to the difference tried to determine whether there is a difference.

In our study, the prevalence of any psychological symptoms was 67.2. We rate other prison in the prevalence of psychiatric disorders between 71-82 lifetime close by (Hermann et al., 1991). Adana is located in the high-security closed Punishment and Execution Institution F type convicts and detainees may be at risk of developing psychological symptoms was not observed.

Within the framework of the penal institution our prisoners 'psychological symptoms was found to be higher. There are no significant difference mental symptoms convicts and detainees.

However, it is difficult to generalize our findings to all prisons in Turkey. Psychiatric disorders in prisons and the reasons for the emergence in connection with investigating the therapeutic approaches are needed more work that can be developed. Correction of prison conditions, provide diagnosis and treatment of psychiatric disorders is an experienced team and equipment, reduction of psychiatric disorders in prisoners and after the prisoner would be free, the prisoner could have a significant impact on the lives of adaptation when the effect is thought to be important.

After research according to the SCL-90-R test results has been started interviews with individuals that may be rising sub-tests. As a result of this kind of studies-researches, it is still possible that research has also mentioned as positive. This will increase the reliability of the findings to be made more sampling studies.

**References**


22. UYAP(The National Judicial Network Information System) 2013 records.