

ANNEX

Condensed presentation of individual suicide cases in 2015

1) R.S., aged 53 years, suicide at the Vienna-Josefstadt Prison.

On 24 February 2015 at 7:26 a.m. he was found hanged in the wet room of his cell in the special medical ward. He had hanged himself on a towel hook with several gauze bandages. R.S. was in remand detention suspected of having committed crimes pursuant to Sections 75, 201, 144, 145, 105, 106, 99 Criminal Code. He was detained in a solitary cell in the special medical ward of the Vienna-Josefstadt Prison. Admission on 06 June 2014. VISCI¹ status when admitted: “yellow”; later approved to “green”.

2) P.S., aged 25 years, suicide on 7 April 2015 at the Stein Prison.

Found at 7:30 a.m. suffocated in his solitary cell under a plastic bag. P.S. had obviously put a plastic bag over his head in suicidal intention and fastened it around his neck with a fabric ribbon. VISCI status when admitted: green. Forensic prisoner pursuant to Section 21 (2) Criminal Code; offences: pursuant to Sections 15, 75, 105, 127, 142 Criminal Code; Section 27 Narcotics Act. Admission on 8 August 2008; prison term: 16 years and 9 months; calculated end of prison term: 5 May 2025.

3) M.W., aged 53 years, suicide on 09 June 2015 at the Graz-Karlau Prison.

Found at 7:25 a.m. hanged on the toilet curtain rail of his solitary cell with the hem of his bed sheets. Admission on 05 September 2013; VISCI status when admitted: “red”; later approved to “yellow”. Forensic prisoner pursuant to Section 21 (2) Criminal Code; offences: pursuant to Sections 142, 143 Criminal Code; Section 50 Weapons Act. Prison term: 12 years and 6 months, calculated end of prison term: 19 June 2026. M.W. was a forensic prisoner who had spent most of his life in prison. Moreover, he had a highly conspicuous psychiatric history. Documented diagnoses were: dissocial personality disorder with delusional predisposition to somatisation (close to psychosis), mental retardation, dependence on Benzodiazepine and sexual impulse control disorder. Moreover, he has shown chronic suicidality for many years and he had recurrently announced that he would commit suicide. In addition, there were massive social anomalies which resulted in increasing incompatibility with his fellow prisoners. There were no more any social contacts outside the prison. The chronic, impulsive threats to commit suicide as coping strategy, the poor response to the treatment of his psychiatric disorders, together with the lack of perspective due to the long period of detention and forensic placement finally ended in suicide. Due to the massive mental anomalies of the prisoner and the resulting incompatibility with other prisoners, there was no alternative to solitary confinement. The increased risk of solitary confinement was compensated by appropriate measures (increased observance, regular psychiatric check-ups). But even intensive psychiatric treatment of the prisoner could not achieve any essential improvement of the mental condition of the prisoner, nor any reduction of the psychological stress. The seriousness and the progression of the mental disorders could not be countered even by the comprehensive psychiatric treatment and the correctional care provided to the prisoner by the staff of the Graz-Karlau Prison. In the view of the professional unit, this suicide could not have been prevented by any reasonable professional measures.

¹ Viennese Instrument for Suicidality in Correctional Institutions. This instrument is used for allocating a prison cell when an inmate is newly imprisoned. It uses the fiction of traffic lights to describe the probability of committing suicide. If anybody is classified “green”, it is unlikely he or she is going to commit suicide in prison, so he or she can be held in solitary confinement. Inmates, who are classified “yellow” or “red” should be held in prison cells with other inmates (so called “listeners”) to ensure that somebody can call for help if the new inmate tries to hurt himself or herself or to commit suicide.

4) *H.W., aged 63 years, suicide on 8 September 2015 at the Linz Prison.*

He had hanged himself with a rope and was found by his cell mate at 2:20 a.m.

VISCI status: “green”; admission on 27 August 2015, remand prisoner suspected of having committed offences pursuant to Sections 207, 207a, 211, 212 Criminal Code.

The documentation provides no indication of misuse of drugs or medication, or any other mental disorders. Thus, no special risk factors can be deduced from the personality of the prisoner. In the view of the person committing suicide, the report and testimony of six female family members for sexual abuse created a massive loss of trust and control within the fabric of family life. This loss impacted the self-esteem of the prisoner in a destabilising manner and caused an insult overstraining the prisoner’s ability to cope with the situation.

For the professional unit, this suicide case constitutes a decision of the suicide victim based on rational grounds caused by situational conditions (offence within the family). In the view of the professional unit, this suicide could not have been prevented by any reasonable professional measures.

5) *K.G., aged 39 years, suicide on 21 September 2015 in the Ried/Innkreis Prison.*

Found at 1:57 a.m. having hanged himself with the rope of a laundry net on the toilet curtain rail of his solitary cell. Admission on 5 March 2015; VISCI status: “green”, 20 months prison term for having committed offences pursuant to Sections 146, 147 Criminal Code, calculated end of prison term: 5 November 2016. Upon serving the prison term, the prisoner was to be extradited to a criminal court in Berlin to launch new proceedings threatening a prison term of up to 5 years. This fact was communicated to K.G. one week prior to the suicide. When he was transferred from the Korneuburg Prison to the Ried/Innkreis Prison (for reasons of capacity), visiting contacts with his ex-wife and his daughter were discontinued. K.G. had anticipated this and tried in vain to prevent his transfer. Supposedly, the suicide victim had previously already tried to commit suicide; but this was known only to the attending psychiatrist, and not to the other professional units and the prison management. This loss of information together with the discontinuation of visits from his ex-wife and daughter (change of prison) could have encouraged the suicide under existing conditions.

6) *J.L., aged 51 years, suicide on 04 November 2015 at the Graz-Karlau Prison.*

At 7:00 a.m., he was found in a state of unconsciousness in his cell in the medical ward. After emergency treatment he was transferred to the Regional General Hospital Graz, where he died next day. Cause of death: brain swelling due to metabolic imbalance because of misuse of insulin pens. Forensic prisoner pursuant to Section 21 (2) Criminal Code; offences committed: pursuant to Section 75 Criminal, Section 28 Narcotic Acts. Admission: 22 January 2007; life prison sentence.

There are some indications, that J.L.’s lack of perspective for his further life led to a suicide based on rational grounds. Due to the various serious and violent crimes committed by J.L., also criminological risk factors are evident for a suicide.