Sleep Disorders in Adolescents in Detention. Crime And Punishment

Elena A. Balakireva, Yulia V. Kovalenko, Evenia A. Tempelin, Oksana G. Begina, Tatyana V. Nikulova.
Belgorod State University
85, Pobedy St., Belgorod, 308015, Russia
balakireva26@mail.ru

Abstract

Goal of research: to analyse the main types of sleep disturbances in adolescents serving sentences in prison facilities.

Materials and methods: The study included 76 teenagers in custody in the pretrial detention centre of the Rostov region. The age of prisoners is from 14 to 19 years, the average age is 17.7.
Findings: As can be seen from the table, the largest number of study participants complained of long-term asleep - 15 (62.5%) and frequent awakenings at night - 13 (54.2%). 16 teenagers had more than one complaint of sleep disorders (21.1%). The most common "combination" was - long asleep in combination with frequent awakenings at night - 11 (45.8%).
Conclusions: Our hypothesis about the increased incidence of sleep disorders in adolescents in penitentiary institutions, associated with multicomponent stress due to the crime itself and its consequences, has not been reliably confirmed.

Keywords: Adolescence; juvenile convicts; insomnia; prison facilities; stress; psychoactive substances

Introduction

In Russia, adolescents commit about 145,000 crimes every year, almost every fifth of them is sent to serve a sentence of imprisonment in an educational colony [1]. Under these conditions, convicts are held in light, preferential or strict conditions of serving their sentence. This has a direct impact on the mental and emotional sphere of such children [2].

Adolescent period - is a period of completion of childhood, growth from it, the transition from childhood to adulthood. Even in general, the normal adolescent period is characterized by asynchronism, spasmodic and dysharmonicity of development. For various reasons, the proportion of deviant and delicate behavior increases sharply in adolescence [3].

Mental deprivation provokes such changes in the structure of the personality: a decrease in intellectual abilities, a weakening of will qualities, a sense of self-inferiority, a violation of attachment [4].

Drunkenness, drug use, aggressiveness and illegal behavior form a single block, and involving a teenager in one type of deviant actions increases the likelihood of his or her involvement in another one. Illegal behavior, in turn, although not so severely, is associated with a violation of mental health norms [5].

Sleep is both a physiological rest for the nervous system and a "developer" of the experiences that a person experiences during wakefulness [6]. Some of the most common types of disorders in adolescents are sleep disorders, both conscious (reduced sleep time, non-compliance with the sleep-wake regime) and pathological (insomnia, dissomnia, parasomnia, circadian dysregulation), are mainly due to various psychosomatic causes of puberty [7]. According to modern studies, characteristic sleep disorders have important prognostic significance in the demonstrative behavior of adolescents, including in attempts at self-harm and suicide [8].

Detention and staying in detention facilities is a serious stress for the individual, associated with various types of isolation, especially social [9]. It is known that any isolation excludes the possibility of satisfying life-relevant needs (in sleep, eating, motor and auditory activity, communication with loved ones, solitude, etc.) [10]. Isolation of a criminal or a suspect in a crime is often associated with a certain type of deprivation: food, sensory, motor, emotional, informational, sexual and, of course, social [11].

Forced stay in prison facilities can have a pronounced negative psychophysical effect on the individual, which may be associated with the monotony of a prisoner's life, with a violation of the spatio-temporal norms of existence, with an imbalance in sleep-wake rhythms, with limited access to information and, of course, limited communication with loved ones [12]. At the same time, for the first time, convicts experience not comparable greater penitentiary stress compared to "repeat offenders" who have experience in surviving and adapting to the conditions of the detention center, which allows them to significantly more successfully regulate their condition and behavior in comparison with "beginners," [13].

The causes of sleep disorders in adolescents in penitentiary institutions can be multi-component stress associated with the crime itself and its consequences: awareness of what has been done, rejection of one's act, repentance, an attempt to escape from reality and a sharp change in the quality of life associated with punishment [14].

Manifestations of the so-called prison syndrome in adolescents who are in prison should naturally have a significant impact on their psychological profile, which, first of all, cannot but affect the quality of sleep [15].

Hypothesis: we suggest that teenagers convicted of serious crimes may experience various discomfort conditions, including those related to sleep.

Goal of research: to analyse the main types of sleep disturbances in adolescents serving sentences in prison facilities.

Materials and Methods

The study included 76 teenagers in custody in the pretrial detention centre of the Rostov region. The age of prisoners is from 14 to 19 years, the average age is 17.7.

In 32 cases (42.1 per cent), adolescents were enrolled in a general education school, college or school before being sent to an educational colony. Unofficially worked - 17 (22.4%) convicts. However, more than a third of adolescents of the study group 29 (38.2%) did not have a certain occupation before conviction, did not study and did not work.

Family status of study participants:

More than half of adolescents were brought up in single-parent families - 41 (53.9 per cent);
- in full families - 28 (36.8%);
- only seven (9.2%) were pupils of state institutions.

The classification of crimes, according to the Criminal Code of the Russian Federation, was distributed in the study group as follows:
- margin (Art. 158) - 26 (34. 2%),
- robbery (art. 161) - 13 (17.1%),
- murder (art. 105) - 8 (10.5%),
- intentional infliction of grievous bodily harm (art. 111) - 7 (9.2%);
- violent acts of a sexual nature (art. 132 and art. 131) - 7 (9.2%).
- illegal acquisition, possession, transportation, manufacture, processing of narcotic drugs (art. 228) - 5 (6.6%);
- others - 10 (13.1%).

Re-serving adolescents made up a small percentage - 8 (10.5)%, that is, the overwhelming majority of 68 (89.5%) were serving sentences for the first time.

Results and Discussion

The main complaints about sleep disorders are given in Fig. 1.

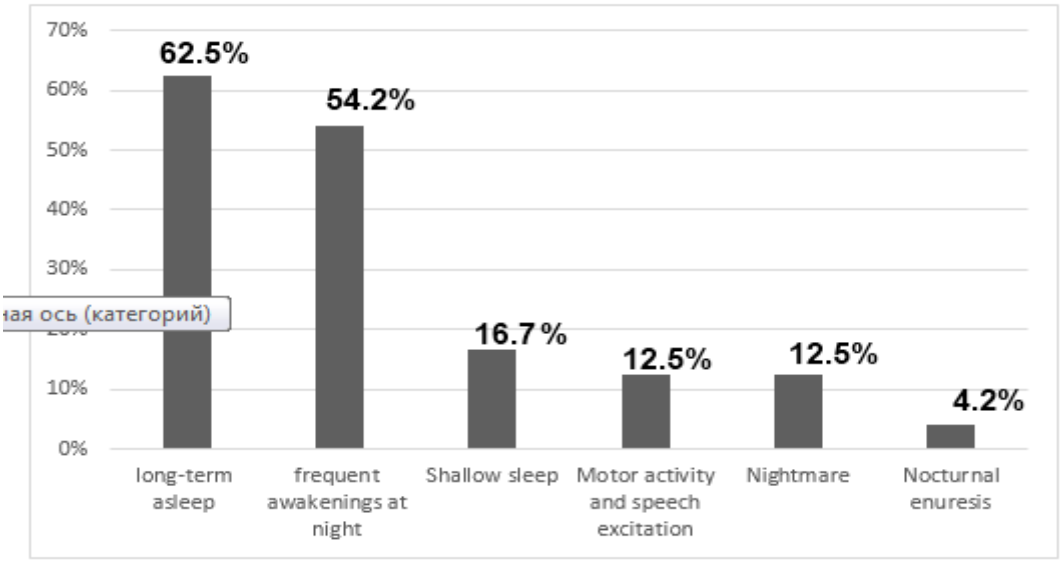

Figure 1. Distribution of complaints in the study group (n = 76)

As can be seen from the table, the largest number of study participants complained of long-term asleep - 15 (62.5%) and frequent awakenings at night - 13 (54.2%). 16 teenagers had more than one complaint of sleep disorders (21.1%). The most common "combination" was - long asleep in combination with frequent awakenings at night - 11 (45.8%).

Of 8 adolescents (10.5%) who are serving a sentence again, only one showed a change in the quality of sleep towards lengthening, that is, only newly convicted adolescents experienced all violations, which corresponds to the literature data.

The likelihood of association of detected sleep disorders with long-term psychoactive substance (PAS) use led to the analysis of so-called "harms" in adolescents in the study group. It turned out that the overwhelming majority took PAS for a long time before isolation - 64 (84.2%) (Fig. 2).

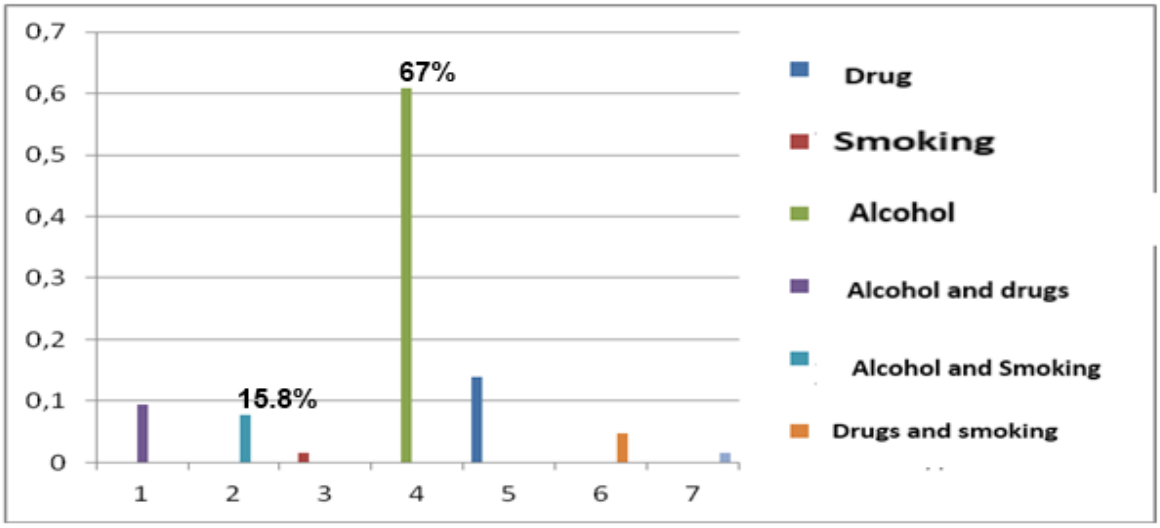

Figure 2. Use of PAS in the study group (n = 76)

Thus, the most frequent PAS in our study was alcohol - 51 people (67%), in 12 cases (15.8%) - in combination with drugs and tobacco smoking.

The study group was divided into two subgroups: 1 - adolescents with sleep disorders - 24 (31.6%), 2 - without corresponding complaints - 52 (68.4%).

Comparison between subgroups was made according to Student's criterion with confidence level n < 0.05.

In the subgroup of adolescents with impaired sleep (p = 24), 20 took surfactants (83.3%), in the second subgroup - 44 (84.6) (Fig. 3).

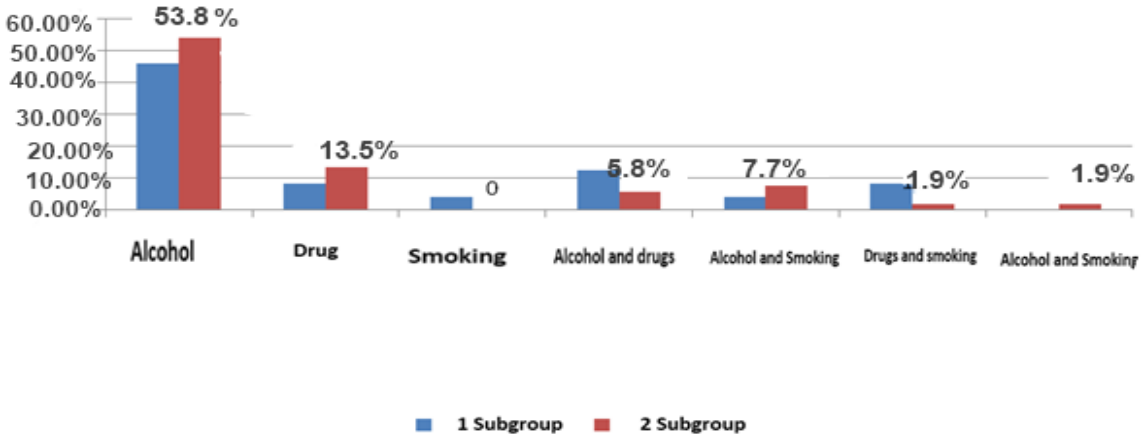

Figure 3. The use of psychoactive substances in adolescents with sleep disorders (1) and without them (2).

We did not reveal a significant difference in the use of psychoactive substances in the group of adolescents with and without sleep disorders for any position.

Only 24 prisoners (31.6%) were monitored by a psychiatrist, while 11 (45.8%) were in the subgroup with sleep disorders (Figure 4).

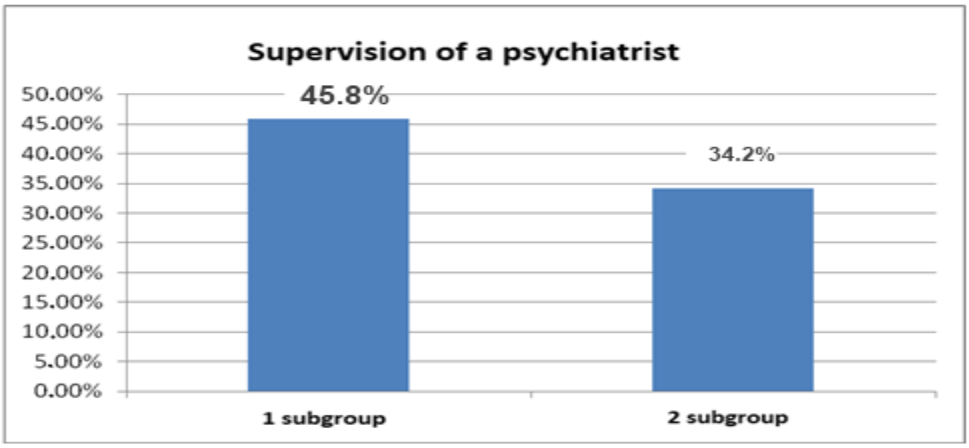

Figure 4. The ratio of psychopathology in subgroups with sleep disorders (1) and without them (2).

Thus, in the group of adolescents with sleep disorders, a significant predominance of psychopathology was revealed, but we also did not get a significant difference.

The connection between sleep disorders and self-harm in the anamnesis seems to be interesting - 20 prisoners (26.3%), and 11 of them (55%) were included in the group with sleep disorders (Fig. 5).

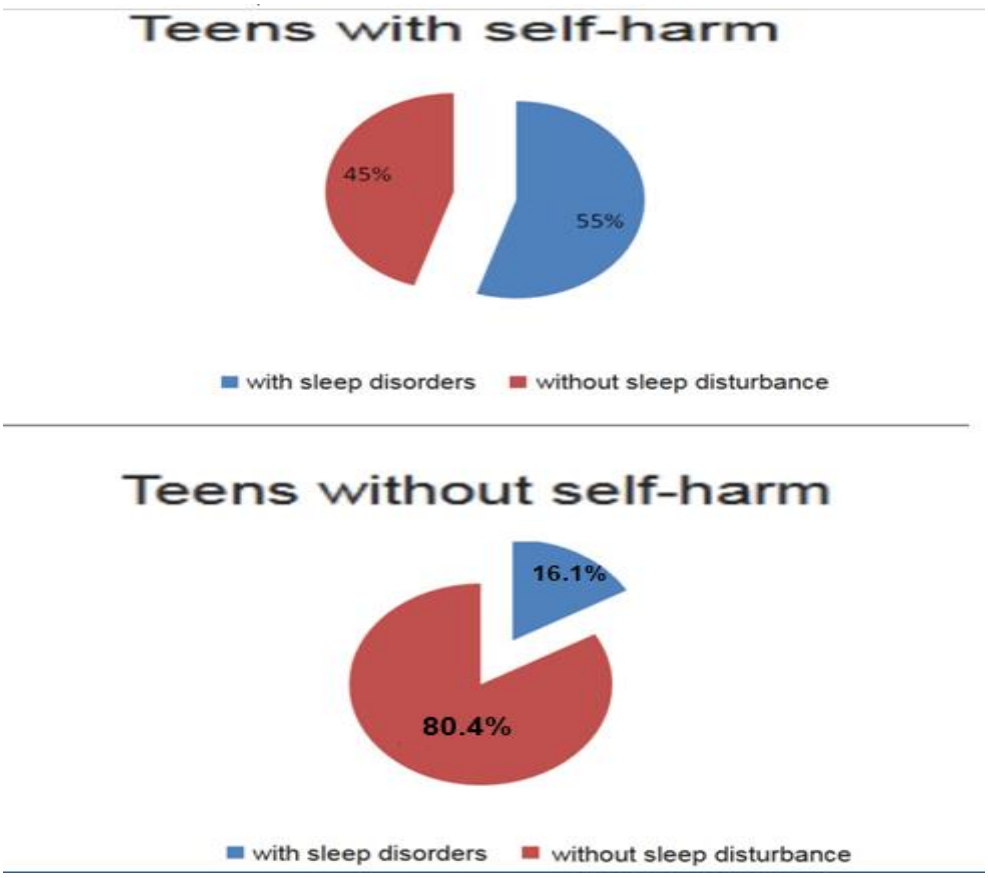

Figure 5. Ratio of sleep disorders in adolescents with and without self-harm (n = 20) (n = 56)

Comparison by Student's t test revealed a high level of significant difference ($p < 0.05$) in sleep disorders in adolescents with self-harm ($n = 20$) and without them ($n = 56$).

Conclusions

1. Our hypothesis about the increased incidence of sleep disorders in adolescents in penitentiary institutions, associated with multicomponent stress due to the crime itself and its consequences, has not been reliably confirmed.
2. The revealed interrelation of sleep disorders in prisoners with self-harm is due to their psychological status, probably neurotic and hysterical in nature, which requires the development of special psychological methods of working with such adolescents in prisons.
3. The health condition of tanagers is the health status of the next generation. The prognosis of medical and social health of the society as a whole depends on how much the individual aspects of this problem have been studied.

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