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Commentary-Authors' Reply

Female vs Males inmates: Authors' reply and sample size calculation

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We are grateful to the authors (Bruno, Muscatello, Pangallo, & Zoccali, 2018) for their early interest in our study “Psychopathology and female detention at the “Pagliarelli” jail of Palermo: preliminary results” (Ferraro et al., 2018).

Bruno and colleagues highlighted the relatively low absolute-percentage of psychiatric morbidity that we found in our sample, as compared to their male sample. They invited to the use of diagnostic tools, specific for personality disorders and suicidal risk factors, to better investigate these critical issues.

In summary, our results showed high percentages of psychiatric morbidity (44%), especially anxiety and depression. Female inmates declared to be most stressed by the distance from family and loved ones, and they did not present any antisocial personality diagnosis. They also showed a resilient reaction to their situation, because more than a half of women requested a supportive psychological therapy during their detention (14/25= 56%), and 10 of them were those with a psychiatric disorder (10/11= 90.9%), thus a higher proportion than those reported in male detainees at the Messina jail (56%), by Zoccali and colleagues (Zoccali et al., 2008).

As we have acknowledged, we could further explore other personality disorders and not merely the antisocial personality pathological traits, as we did in our study.

According with Fazel and colleagues' review (Fazel & Danesh, 2002) personality disorders in female are lower than that detected in males (65%; 95% C.I.61-68), while the former group present a slightly higher percentage of major depression (12%, 95% C.I. 11-14) than the latter (10%, 95% C.I. 9-11) (Fazel & Danesh, 2002). This difference could partially explain differences in the type of crimes committed by women and men, respectively. Female inmates in our study

are more likely to have committed nonviolent drug and property crimes (N=11, 44% crimes against the property; N=4, 16% drug dealing), and 76% of them (N=19) were at their first conviction, in line with the previous literature (Lewis, 2006). Additionally, only 2 of them had disciplinary measures or requested special surveillance, and they both had a current major depressive diagnosis and a history of illegal drug abuse. These objective measures could corroborate our findings on the absence of antisocial personality disorder, at least.

On the other hand, the percentages of anxiety and depressive disorders, that we detected in our preliminary study, are in line with those reported in male inmates by Zoccali and colleagues. We identified 32% (N=8) current panic attack disorder and 20% (N=5) current major depression – mainly explained by total months spent in prison –; they identified 31.4% of anxiety and 16.5% of depression.

The little difference in the percentage of affective disorders was expected, based on gender differences between the two samples, while the more significant difference in total rates of psychiatric disorders is mainly due to the lack of personality disorders' diagnosis, other than antisocial, in our study. Indeed, among the 73 male inmates (60.3%) presenting a personality disorder, only an individual presented an antisocial personality disorder (Zoccali et al., 2008).

We tried to calculate the adequate sample size, able to ensure a significant proportion of major psychiatric disorders, similar to that reported by Zoccali and colleagues (2008), i.e., 68.8% in a population of 142 male inmates, without considering personality disorders. Thus, we calculated the population from which we should sample women inmates, constituted by females who would receive the final sentence, estimated in 65.5% of total female inmates in 2016 (Fabini, 2017), among those present in the five Sicilian jails in June 2019 (N=191) (Ministero Della Giustizia, 2019), that is 125. We set a margin of error of 5%, with a confidence level of 95% at the given desired proportion of 68.8% (Daniel, 1999) and the recommended sample size would be 91 females inmates with a final sentence. Given this sample size, the proportion of major psychiatric disorders would be sufficiently reliable, as we set to do in a future study.

Finally, we acknowledge that all the researches involving inmates' populations could encounter diagnostic errors (Martin, Hynes, Hatcher, & Colman, 2016), as our colleagues correctly add to the limitations of our study. Nonetheless, strength in our methodology was the presence of objective corroborative sources of information to our data.

We collected information on psychopharmacological therapy by both self-report and information from the medical and nursing staff. They reported consistent data on the use of psychopharmacological drugs, which regarded only people who resulted in psychiatric diagnosis.

Bruno and colleagues also emphasised the need to consider specific suicidal risk factors in this population accurately.

Fazel and colleagues conducted an international meta-analysis about prison suicide rates, by showing a higher risk of suicide for prisoners, compared with the general population of the same sex and similar age, especially in women (Rate Ratio [RR]=9), than in males (RR=3). However, the differences between women and men did not result associated with higher rates of prison suicide in women than in male prisoners in their study (Fazel, Ramesh, & Hawton, 2017).

At a more in-depth look, their study reported an RR of 7.7 (95% C.I. 5.8-10.2) in male Italian prisoners and an RR of 20.5 (95% C.I. 4.1, 101.9) in female Italian inmates. Thus, even if it was not the primary goal of our study, it could be essential to furnish specific prevention and diagnostic strategies for our female prisoner populations. Moreover, we found one lady at risk of suicide, and this is not a negligible data, given that the crude number of deaths due to suicide in Italian female inmates, between 2011 and 2014, was 6 (annual suicide rate per 100,000 female prisoners=55, 95% C.I. 8-103) (Fazel et al., 2017).

In conclusion, we agree with them about the need to repeat the screening for mental health and a deeper ascertainment of specific suicidal risk factors, with an adequate sample. Nonetheless, we believe that our data were not biased, and likely represented the psychological asset of the ladies' detainee with a final sentence at the Pagliarelli jail of Palermo.

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