



RESEARCH ARTICLE

Lessons to be Learned about Suicide Numbers in Kosovo: Comparative Aspect and Discrepancy Between Police Reports and Official Data

Vjosa Jonuzi-Shala *

Faculty of Law – AAB College, Pristine, Kosovo

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*Corresponding Author:

vjosa.jonuzi-shala@

universitetiaab.com

ABSTRACT

Suicide is the violent and voluntary termination of one's life, undertaken by a mentally healthy person who, in the condition of pathological affect, experiences an internal battle with suicidal motives. By committing the suicidal act, the individual achieves his or her primary goal: escaping from oneself. This research has three primary goals. First, to report the number of suicides in Kosovo according to official data; Second, to compare the number of suicides in Kosovo and other countries, particularly Croatia and Serbia; Third, to present the discrepancy between the police and the official data, which are significantly different from each other, and to lay the path for the continuation of research about suicides in Kosovo since there were only two studies conducted in Kosovo throughout the decades. The research topics are answered using data analysis from the Kosovo Agency of Statistics, scientific literature, research conducted in Kosovo, papers presented at international conferences, and interviews with the former Director of the Institute of Forensic Medicine in Pristina. Results of the research show that the total number of suicides in Kosovo from 2002–2019, regardless of the increase and decrease of numbers throughout the years, has not become a phenomenon as claimed. Kosovo continues to have a low suicide rate per 100,000 inhabitants compared to other countries.

INTRODUCTION

Contrary to assertions that "everyone knows what suicide is," there is no single definition of suicide. However, the definition of the National Institute of Public Health for the studies on the prevention of suicide in 1972–1973 in the US is accepted as a reference point. According to this institute, suicide is a fatal, self-inflicted, destructive act with explicit or inferred intent to die, and it includes the method, location, and intent of the act of suicide

(IOM, 2002). Another definition from 1986 by the WHO (2004) defines suicide as "an act with a fatal outcome that the deceased, knowing or expecting a fatal outcome, initiated and carried out with the purpose of provoking the changes that he desired. According to the Curtin et al. (2022), suicide is death caused by injuring oneself with the intent to die. Merriam-Webster(n.d.) defines suicide as "the act of taking one's own life consciously and voluntarily", and the Croatian Encyclopedia defines suicide as the termination of one's own life consciously and

voluntarily" (Encyclopedia, 2021).

According to Durkheim (1997), the term suicide applies to all types of deaths resulting directly or indirectly from acts committed by the victim, knowing full well the intended result. Regardless of the definition, a common element is that suicide is considered the act taken by a person with the intent and wish to end one's life. When someone dies by suicide while not fully conscious (not fully aware) of the action and consequence, that is not considered an act of suicide but an accident or unfortunate event, such as when dying by suicide in delirium, an acute phase of mental illness, or alcohol or drug overdose (Encyclopedia, 2021). This excludes specific ages, especially children under ten years old, where it is difficult to assess the suicidal intent (Curtin et al., 2022), although the goal and the wish to die as such are challenging to measure among adults, too (Freedenthal, 2007).

The causes of suicide are various and intertwined. Causes of suicide differ depending on location, geography, cultural, ethnic, and economic context. Thus, suicidality is a multicausal behavioral phenomenon and may be examined through multiple aspects: biological, historical, epidemiological, cultural, sociological, psychological, legal, theological, and economical, which have a specter expanding from suicidal ideation until its realization (Jovicic, 2019).

LITERATURE REVIEW

Motives of suicide: Émile Durkheim's theory

There are many theories about the motives for suicide, according to Durkheim (1997), motives for self-destruction are several: altruistic suicide, which is the result of sacrificing one's life for the well-being of others; anomic suicide, which is the result of loss or inability to find meaning in life; loneliness, isolation, and lack of contact with societal norms and values; egoistic suicide, which is the result of a powerful experience of personal failure, which pushes the person to accuse oneself of believing that he or she will never be able to fulfill personal and societal expectations; and fatalistic suicide, which is the result of a lack of integration in a strict society when individuals are placed under extreme rules, which removes a person's sense of individuality.

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geography, cultural, ethnic, and economic context. Thus, suicidality is a multicausal behavioral phenomenon and may be examined through multiple aspects: biological, historical, epidemiological, cultural, sociological, psychological, legal, theological, and economical, which have a specter expanding from suicidal ideation until its realization (Jovicic, 2019).

According to Durkheim, suicide is caused by the social environment, which affects a person's emotional and psychological well-being. Examples include Italy, where from 1959–1988, the highest rate of suicides was recorded among divorced individuals, with more than 32% (Crepet, 1992), and India, where causes of suicide include humiliation, shame, economic distress, failure, and family conflicts (IOM, 2002).

Recent studies also refer to the impact of the social environment on suicide. According to the WHO, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-ups, a sense of isolation, experiencing conflict, violence, abuse, discrimination, or chronic pain and illness (2021). The study in Turkey corroborates this. Adolescents who had lost a family member and those with the greatest tendencies toward using illicit substances in fear of being excluded from their peer group, as well as those with higher levels of parental alienation, including peer alienation, although the latter at a lower number, were seen to be more likely to report having attempted suicide (Yüksek, 2021). Hate crimes are also causes of suicide attempts, among others, attributed to sexual minority youth and the LGBTQ community (Prairie et al., 2022). Studies conducted in Kosovo prove that in over 80% of cases, suicide happened due to the expression of social factors: unemployment level, low income, enormous growth of drug users and alcohol, insufficient budget for mental health, debt, domestic violence, inability to buy drugs, and war trauma/PTSD (Drevinja et al., 2013). However, other factors, such as biological and psychological ones, should not be excluded. Current data indicate that mental disorders are present in more than 90% of suicides in Western society. Many of these disorders are associated with biological changes, including predisposing traits such as aggression and impulsivity, the effects of acute and chronic stress, the impact of trauma, gender,

substance or alcohol abuse, and age (IOM, 2002). In the US, in 2019, adolescents with 12-month major depressive episodes (MDE) experienced almost three times more co-occurring suicidal thoughts, plans, and attempts compared to 2011 (Lu and Keyes, 2023).

Another factor affecting mental health is the media. Considering their enormous influence, researchers named internet dependency a social epidemic, considering this problem as a biological, psychological, social, economic, and cultural question that cannot be viewed as a simple matter (Rahman and Marzouk, 2020). Not only suicidal ideation but suicide attempts because of media use, particularly among youth, are now well documented. The most well-known is the "Werther effect" (Arendt et al., 2023). In Texas, there is an urgent need for prevention strategies and interventions regarding suicide ideation and behavior among youth. Among other factors, social media is considered a cause of this situation (Kennard et al., 2023), and in Europe, 8% reported seeing content that demonstrated ways of committing suicide (O'Neill, 2023). In support of suicide prevention, journalists should avoid reporting on "Werther's stories" that include information on the method or location since avoiding these elements can arguably reduce the risk of suicide (Arendt et al., 2023).

Information in digital media should be addressed in this context. In Kosovo, information in the media, including the number of suicides, differs substantially from the official information. A study conducted after the war in Kosovo found 270 suicides from 2008 to 2012 (Drevinja et al., 2013). However, the official data show that there were 159 cases of suicide in the same period (KAS, 2008–2009, 2010–2011, and 2012–2013). Another study for 2007 and 2008 shows that there were 108 cases of suicide during those two years (Zhjeqi et al., 2010); however, official data recorded only 56 cases of suicide. An international conference organized in 2007 noted the "dramatic increase" of suicide cases in Kosovo after 1999 when the war ended (Tančić and Temnik, 2008).

There are only two studies on suicide in post-war Kosovo: one from 2008–2012, 2008–2012 (Drevinja et al., 2013), and one from 2007–2008 (Zhjeqi et al., 2010).

This paper analyzes the official data on suicide and

other sources and compares it with the region.

The intent and motives of suicide

Suicide is the final act that a person undertakes with the intent to die. Upon committing suicide, the individual achieves the main goal: ending one's life. Definitions emphasize the intent to end one's life (Durkheim, 1997; O'Neill, 2023; Curtin et al., 2021; Kennard et al., 2023; Courtet, 2016). Even the Board on Neuroscience and Behavioral Health (IOM, 2002) emphasizes the clear intent to end one's life, whereas Merriam-Webster (n.d.) emphasizes the will and intent. The intent may vary (Crosby et al., 2011; Penev, 2016). In this context, some studies (Bille-Brahe et al., 2004; Encyclopedia, 2021) expand the intent to include the wish to die, although the intent and wish to die are often difficult to prove. Freedenthal (2007) considered this "notoriously difficult to measure" since people who intended to die when they hurt themselves may deny it, and others may feign intent for secondary gain. Other factors, such as ambivalence, memory gaps, impulsivity, and fluidity of intent, can hinder an accurate assessment of intent (Freedenthal, 2007).

Durkheim's theory on motives of suicide and the Kosovo case

Suicide is not just an individual issue but a societal concern. It is a specific social phenomenon that characterizes every society (Durkheim, 1997). Thus, fluctuations in the number of individuals who take their own lives are inevitable. Despite various perspectives, even Giddens (2013) concedes that Durkheim's analysis of suicides remains a classic work because, while it might initially seem like an individual act, suicide requires a sociological explanation. The study conducted in Kosovo for the period from 2008 to 2012 (Drevinja et al., 2013) and 2007–2008 (Zhjeqi et al., 2010), in general, supports Durkheim's theory that social factors are the causative agents of suicide.

Official data on suicide in Kosovo

According to Kosovo Agency of Statistics data, over the past 18 years (2002–2019), there have been 587 suicides in Kosovo. The highest number of suicides was recorded in 2011 when there were 58 suicides, and in 2010, when there were 48 suicides. In general, the trend of suicides is as follows: there was an increase from 2002 to 2011, followed by a decline from 2012 onwards. However, even within these

periods, there have been fluctuations in specific years. In ten years (2010–2019), there were 400 cases of suicide in Kosovo. The 2023 revision does not provide information on gender, age, and ethnicity data for 30 cases. The suicide data have been revised for 2011 (from 29 to 58 confirmed cases), for 2013 (from 40 to 44 cases), for 2014 (from 44 to 39 cases), and for 2016 (from 41 to 43 cases). Table 5 presents data on gender, age, and ethnicity for 370 suicide cases, and 30 other cases are presented as unknown.

Regarding gender, the male suicide rate was 286 or 77.3%, and the female suicide rate was 84 or 20.7%. The highest number of suicides among women occurred in 2015 (14 cases) and 2016 (14 cases). In terms of age, six individuals were between 10 and 14 years old (1.6%), 22 individuals were between 15 and 19 years old (about 6%), 202 individuals were between 20 and 49 years old (54.6%), and 140 individuals were over 50 years old (37.8%). The highest number of suicide cases is within the age group of 20–49, consistent with Kosovo having had a younger average population in the region for several decades.

Regarding ethnicity, 350 were Albanians, 12 were Serbs, four were Bosniaks, one was of Roma, Ashkali, or Egyptian ethnicity, one was Turkish, and two were from other ethnic groups. Consistent with the demographic structure, 94.6% were Albanians, and 5.4% were from minority communities.

Based on this analysis, in Kosovo, with 1.780,000 people, between 2002 and 2019, the suicide rate was 32.6 deaths per year, or 1.85 deaths per 100,000 people. However, between 2010 and 2019, the suicide rate was an average of 40 deaths per year and 2.28 deaths by suicide per 100,000 people.

Analysis of statistical data: Discrepancies between data sources and their causes

Official data for Kosovo indicate that during the period from 1969–1971 and 1988–1990, although the number of populations in Kosovo increased by 59%, the suicide rate decreased by 42%, whereas in the entire period between the years 1953–1990, the suicide rate in Vojvodina was two times higher than in Serbia. In contrast, the rate in Kosovo was five times lower than in Serbia (Penev, 2016).

The Kosovo Agency of Statistics has collected suicide data since 2002 and until 2019 (KAS, 2019). In the

meantime, KAS (2023) has revised the data related not only to fatalities and homicides but also suicides. However, police data largely differs from the official data, which records more suicides.

Two studies conducted in Kosovo, one in the Institute of Forensic Psychiatry in Pristina (Drevinja et al., 2013) and the other in the National Institute of Public Health of Kosovo in Pristina (Zhjeqi et al., 2010), refer to the Kosovo police data, which are "twice as high" (Fanaj and Melonashi, 2014). A paper presented at the International Conference on Prevention of Suicide Behavior among Youth of Kosovo: Challenge or Chance, held in Pristina on November 19–21, 2007 (APA, 2008), referring to the police data, claimed that "the last eight years the rates of attempted and completed suicides have increased dramatically, especially among youths under the age of 30" (Tančić and Temnik, 2008), referring to the police data.

The Criminal Procedure Code of 2003 (Article 200, Paragraph 2) and the subsequent amendments and supplements provide that upon receiving information about the case, the police must report it to the state prosecutor, and the investigative procedure continues further. According to Gërzhaliu (2023) a forensic pathologist, the difference between the official and police data occurs because as soon as the police receive the information, they classify the death as a "suspicious death, but not necessarily an autopsy is demanded for all deaths" (personal communication, January 14, 2023, and June 6, 2023). Nevertheless, despite the difference between police and official statistics on suicides, research papers use "only official data, in this case, those provided by the Kosovo Agency of Statistics (Gërzhaliu, 2023).

RESEARCH METHODS

This study uses a qualitative method presented through descriptive analysis. The qualitative method includes relevant literature reviews such as data sources on Kosovo that incorporate the doctorate dissertation, which uses data from 1953 to 1990, public statistics of the Kosovo Agency of Statistics (KAS) from 2002 to 2019, Kosovo Police statistics, and interviews with the former Director of the Institute of Forensic Medicine in Kosovo on January 14 and June 6, 2023. Data is presented in numbers, rates per 100,000 population, and trends throughout the years. There is

no official data for 2000–2001 because no institutions could record it due to the post-war transition.

The study also addresses the issue of the number, rate, and dynamics of suicides in different countries around the world. Data from the World Health Organization (WHO), the World Bank, and European Statistics (Eurostat) were used to extrapolate the suicide numbers in these countries.

Finally, the study also addresses the suicide rate in Kosovo compared to Croatia and Serbia using data from the Croatian Institute for Public Health, the Statistical Office of the Republic of Serbia, and relevant literature. Regarding Albania, the study uses scientific data presented in conference proceedings, which refers to archival sources, the Institute of Statistics of the Republic of Albania (INSTAT) data, and the World Bank data. The data in the paper was presented through tables and graphs.

RESULTS

Short overview of suicides worldwide

Over 800,000 people worldwide die by suicide yearly—over 45,000 in the United States in 2016 (Edwards & Stöppler, 2021). According to the WHO (2019), worldwide, one person dies by suicide every 40 seconds. Further, for every suicide, many more

people attempt suicide (WHO, 2021). Also, according to WHO (2021), in 2000, the number of people who committed suicide was 815,000, or 14.5 per 100,000. Historically, Hungary has had the highest suicide rate compared to other European countries. Between 1901 and 1910, when the Kingdom of Hungary included present-day Slovakia, present-day Vojvodina, and present-day Transylvania, there were about 5.15 million deaths registered; out of these, 36,939 were suicides, and in certain districts, there were about 78 deaths by suicide per 100,000 population (Bálint et al., 2016). This phenomenon has decreased over the years. However, until 2000, the suicide rate was among the highest in the world; in 1985, there were 46 suicides per 100,000 population, but by 2019, this rate had decreased to only 16 per 100,000 population (Rihmer et al., 2022).

Regarding suicides, the average of suicides per 100,000 population until 2019 was the highest in former USSR countries: Lithuania at 31.2, Kazakhstan at 31.2, Russia at 23.4, and Belarus at 22.9, as well as Hungary (17.9) and Ukraine (16.9) (Stašević, 2019). Croatia (12.1), Switzerland (12.6), China (12.1), and Sweden (11.7) belong to the countries with relatively high rates, countries where Islam is the main religion, as well as Mexico and Italy, both of which have 4.5 persons per 100,000 inhabitants (Stašević, 2019).

Table 1: Suicide rate per 100,000 inhabitants 2000-2019

Year	South Korea	Lithuania	Slovenia	Hungary	Croatia	USA	Qatar	Kuwait	Switzerland
2000	14.5	50.1	32.0	33.4	20.8	11.0	7.8	3.0	20.2
2001	15.6	47.1	30.9	29.8	19.7	11.4	8.0	2.6	19.6
2002	19.0	47.0	29.1	28.6	19.5	11.8	7.8	2.8	20.9
2003	24.1	45.4	29.7	28.0	19.7	11.7	7.4	2.6	18.7
2004	25.4	43.3	28.7	27.5	20.2	11.9	7.2	2.7	18.5
2005	26.7	42.7	26.8	26.4	20.1	11.9	6.8	2.6	19.0
2006	23.7	35.2	27.9	24.9	18.3	12.1	6.8	2.7	18.8
2007	26.7	34.5	22.9	25.0	18.1	12.4	8.4	2.6	19.5
2008	28.6	37.8	20.6	25.4	18.4	12.7	8.3	2.9	18.8
2009	34.2	39.2	22.5	25.4	18.3	12.8	8.4	2.7	16.0
2010	34.0	37.2	20.7	25.5	18.3	13.1	8.2	2.5	14.5
2011	34.5	38.1	21.6	25.1	16.4	13.4	8.0	2.3	14.6
2012	30.2	35.0	22.0	24.8	18.4	13.5	7.4	2.4	14.7
2103	30.6	40.5	22.2	22.1	16.5	13.5	6.7	2.4	15.1
2014	20.0	35.6	19.6	20.4	17.3	14.0	6.3	2.5	14.7
2015	28.0	34.9	20.0	19.9	17.6	14.4	6.1	2.6	15.0
2016	27.2	32.8	19.0	18.7	16.4	15.1	6.1	2.6	14.1
2017	25.8	29.7	20.9	17.5	15.7	15.9	5.8	2.7	14.6
2018	28.6	27.4	17.8	17.7	16.4	15.7	5.8	2.8	14.5
2019	28.6	26.1	19.8	16.6	16.4	16.1	5.8	2.9	14.5

Data Source: World Bank 2010-2019; In Macrotrends 2023.

Table 1 shows that over the past 20 years (2000–2019), the suicide rate per 100,000 inhabitants has decreased in these countries. The decrease is notable in Lithuania (24 persons), Slovenia (12.2 persons), Hungary (16.8 persons), Croatia (4.4 persons), Qatar (2 persons), and Switzerland (5.7 persons). An increase has been observed only in South Korea (14 cases more) and the USA (5.1 cases more), while in Kuwait, the rate per 100,000 inhabitants

remained stable.

The rate and dynamics of suicides in Kosovo

Official data for Kosovo show that from 1969–1971

and 1988–1990, although the population of Kosovo increased by 59%, the suicide rate decreased by 42%. From 1953 to 1990, the suicide rate in Vojvodina was twice as high as in Serbia, whereas the rate in Kosovo was five times lower than in Serbia (Penev, 2016).

Table 2: Total number of populations in Serbia, Vojvodina, and Kosovo vis-à-vis suicides

Period	Total population	Serbia	Vojvodina	Kosovo	Total no. of suicides	Serbia	Vojvodina	Kosovo
		Total population				Number of suicides		
1953-1990	8.501391	5.248168	1.936694	1.31653	41341	22358	17850	1133
1953-1955	7.104478	4.546355	1.729134	828.989	2322	1283	958	81
1969-1971	8.38769	5.219209	1.947444	1.221037	3352	1718	1538	96
1988-1990	9.831974	5.841079	2.050901	1.939994	4038	2364	1618	56
		Structure in percentage						
1953-1990	100	61.7	22.8	15.5	100	54.1	43.2	2.7
1953-1955	100	64	24.3	11.7	100	55.3	41.3	3.5
1969-1971	100	62.2	23.2	14.6	100	51.3	45.9	2.9
1988-1990	100	59.4	20.9	19.7	100	58.5	40.1	1.4

Table 2 presents data on Serbia, Vojvodina, and Kosovo as federal units within the former Yugoslavia. The table includes the total population of each of these units based on demographic statistics and the

censuses of 1971 and 1981. The number of suicide cases per 100,000 inhabitants in other years is based on the estimation of demographic statistics from the Statistical Office of the former Yugoslavia.

Table 3: People who died of suicide according to ethnicity in Serbia

Ethnicity	Average annual rate of suicides according to ethnicity			Suicide rates per 100,000 population		
	1970-1972	1980-1982	1990-1992	1970-1972	1980-1982	1990-1992
Total	1111	1271	1465	15.48	15.28	18.78
Serbs	762	906	1103	12.7	14.6	17.1
Albanians	18	32	9	1.9	2.4	0.5
Montenegrins	16	17	20	12.8	11.3	14.4
Croats	53	43	38	28.7	28.8	35.7
Yugoslavs	3	7	17	2.2	1.7	5.3
Hungarians	176	176	175	41	44.7	51
Muslims	8	10	10	5.2	4.6	4.1
Roma	3	9	10	6.7	7.8	7.1
Slovaks	20	12	21	26.5	16.4	31.4
Others and unknown	51	61	62	17.1	20.5	21.2

Source: Penev, 2016

Table 3 includes data for Serbia, Vojvodina, and Kosovo according to ethnicity based on the censuses of 1971, 1981, and 1991, as well as estimations of demographic

statistics from the Statistical Office of the former Yugoslavia and Serbia.

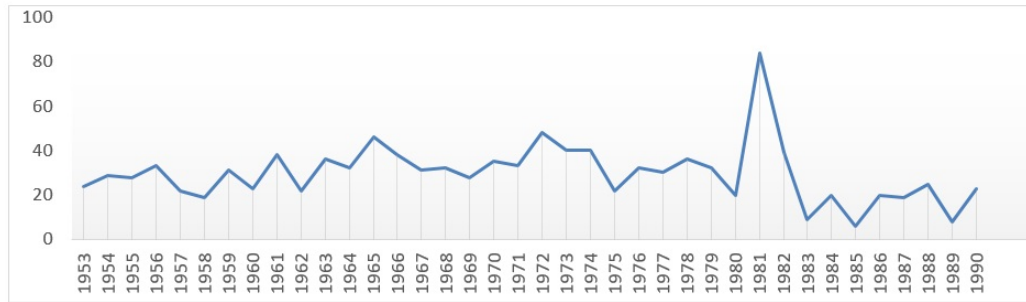


Figure 1: Dynamics of suicides in Kosovo 1953-1990

Figure 1 shows that the most significant increases in suicides were recorded in 1965, 1972, and 1981. It is possible (though it needs to be proven) that this period was characterized by changes and significant political upheavals. Generally, from 1953 to 1990, there was no long-lasting political stability. Even if it was thought that a political and social establishment had been achieved, it lasted only for a short period, interrupted to begin again under different circumstances, until the beginning of the war, which officially began in 1997. The 1960s are known as the "Ranković era," which began after the end of World War II and was characterized by severe brutality towards Albanians, evident in all aspects of life. From the beginning of the 1970s, political

upheavals were known as the "era of constitutional changes," which continued to escalate, culminating in early 1981 with the "era of demonstrations," during which mistreatment of Albanians intensified, including political killings and imprisonments. Further, from 1953 to 1990, the ratio of suicides between men and women in Kosovo was 745 to 388 or 65.8% to 34.2%. However, in 1955, 1959, 1960, 1973, and 1985, the number of suicides by women was higher than the number of suicides by men, although only slightly (Penev, 2016). Regarding age, from 1953 until 1990, the highest number of suicides was committed by individuals between 20 and 49 years old; in 1985, all the individuals who had committed suicide were of this age group (Penev, 2016).

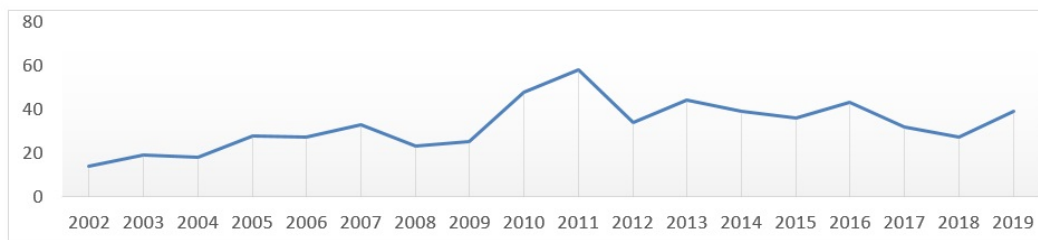


Figure 2: Dynamics of suicides in Kosovo 2002-2019 (Kosovo Agency of Statistics, 2023)

Figure 2 shows a slight increase in suicides, more noticeable after 2009. The period from 2002 to 2019 is characterized by two stages of changes in the system. The first stage relates to the end of the war in 1999, which brought radical changes—the establishment of an international UN protectorate that lasted until 2008 when Kosovo officially declared its independence. The second stage continues. It is possible (though it needs to be proven) that post-traumatic stress disorder (PTSD) might be one of the

factors contributing to the slight increase in suicide numbers. Generally, since 2009, there has been a tendency for higher suicide numbers, which can also be attributed to a combination of other social factors, such as unemployment, population movements within and outside Kosovo, increased global connections, changes in the educational system, and other factors, including increased numbers of drug users (Drevinja et al., 2013).

Table 4: Rapport of suicides and other violent deaths

Year	Violent deaths n	Accident		Suicide		Homicide	
		n	%	n	%	n	%
2002	174	104	59.8	14	8	56	32.2
2003	184	129	70.1	19	10.3	36	19.6
2004	233	172	73.8	18	7.7	43	18.5
2005	225	167	74.2	28	12.4	30	13.3
2006	248	184	74.2	27	10.9	37	14.9
2007	214	142	66.4	33	15.4	39	18.2
2008	201	157	78.1	23	11.4	21	10.5
2009	203	159	78.3	25	12.3	19	9.4
2010	242	159	65.7	48	19.8	35	12.6
2011	356	199	55.9	58	16.3	99	27.8
2012	208	142	68.3	34	16.3	32	15.4
2013	247	171	69.2	44	17.8	32	13
2014	192	138	71.9	39	20.3	15	7.8
2015	207	154	74.4	36	17.4	17	8.2
2016	198	135	68.2	43	21.7	20	10.1
2017	188	143	76.1	32	17	13	6.9
2018	177	129	72.9	27	15.2	21	11.9
2019	157	103	65.6	39	24.8	15	9.6
2002-2019	3854	2687	69.72	587	15.23	580	15.05

Source: Kosovo Agency of Statistics, 2002 - 2019

Table 4 presents violent deaths: accidents, suicides, accidents, factories, mining, and accidents involving and homicides. Accidents refer to traffic and railway rivers, lakes, mountains, fields, houses, etc.

Table 5: Suicide by gender, age, and ethnicity in Kosovo 2010-2019

Year	Gender	Total	0-14	15-19	20-49	50 +	Total New updates	Albanian	Serb	RAE	Turk.	Bosn.	Oth.	Unknown identity
2010	M	41	3	2	22	14	48	48	0	0	0	0	0	
	F	7	1	0	3	3								
2011	M	20	0	3	12	5	58	26	1	1			1	29
	F	9	2	0	4	3								
2012	M	30	0	0	17	13	34	32	1		1			
	F	4	0	0	4	0								
2013	M	30	0	1	13	16	44	37	2				1	4
	F	10	0	3	2	5								
2014	M	35	0	4	21	10	39	37	1			1		-5
	F	9	0	2	5	2								
2015	M	22	0	1	10	11	36	32	3			1		
	F	14	0	0	9	5								
2016	M	27	0	1	19	7	43	38	1			2		2
	F	14	0	2	8	4								
2017	M	24	0	1	14	9	32	31	1					
	F	8	0	1	6	1								
2018	M	19	0	1	9	9	27	26	1					
	F	8	0	0	3	5								
2019	M	38	0	0	21	17	39	38	1					
	F	1	0	0	0	1								
	Total	370	6	22	202	140	400	350	12	1	1	4	2	30
	M	286	3	14	158	111								
	F	84	3	8	44	29								

Source: Kosovo Agency of Statistics, 2010-2019

The RAE in Table 5 refers to Roma, Ashkali, and Egyptian minorities. The Kosovo Agency of Statistics, 2002–2019, has revised the data for the year 2023.

However, there is no data regarding the gender, age, or ethnicity of the 30 deaths by suicide.

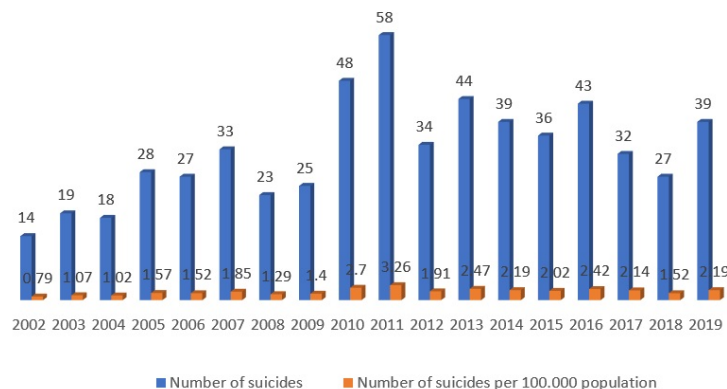


Figure 3: Suicides in Kosovo 2002-2019 - Number of suicides per 1.780.000 population/Number of suicides per 100.000 population

Figure 3 is based on the population according to the 2013 census and the population estimation by the Kosovo Agency of Statistics over the years, which is 1.78 million inhabitants.

Comparative aspects: Croatia and Serbia

Comparing the suicide rate between Kosovo, Croatia, and Serbia, the suicide cases in violent deaths (accidents and homicides) and trends from 2010 to 2019 are explored. According to estimates from the Croatian Institute for Public Health (2021) and the

State Statistical Institute of Serbia (2021), Croatia has around 3.8 million inhabitants, while Serbia has around 6.8 million. Kosovo data does not list any unknown causes (KAS, 2023); however, data for Croatia and Serbia have included unknown causes. There are 217 individuals (0.8%) in Croatia and 3479 individuals (11.3%) in Serbia who were not confirmed as being involved in accidents, committed suicide or were victims of homicide.

Table 6: Suicide cases in Croatia and Serbia compared to violent deaths 2010-2019

Year	Violent deaths					Suicides				
	Kosovo		Croatia		Serbia	Kosovo		Croatia		Serbia
	n	%	n	%	n	n	%	n	%	
2010	242	19.8	2968	26.2	3387	48	777	26.2	1209	35.7
2011	356	16.3	2767	25.4	3325	58	702	25.4	1256	37.8
2012	208	16.3	2951	26.3	3285	34	776	26.3	1245	37.9
2013	247	17.8	2758	25.1	3172	44	692	25.1	1198	37.8
2014	192	20.3	2750	26.3	3075	39	722	26.3	1134	36.9
2015	207	17.4	2888	25.6	3056	36	739	25.6	1064	34.8
2016	198	21.7	2834	24.1	2851	43	683	24.1	962	33.7
2017	188	17	2649	24	2987	32	635	24	1005	33.6
2018	177	15.3	2984	22.8	2806	27	679	22.8	949	33.8
2019	157	24.8	2812	20.7	2833	39	582	20.7	941	33.2
Total	2172	18.4	28361	24.6	30777	400	6987	24.6	10963	35.6

Sources: Croatian Institute for Public Health, 2010-2019, Republic of Serbia, Republic Institute of Statistics, and Kosovo Agency of Statistics 2010 - 2019. Table 6 shows that in Croatia and Serbia (2010–2019), there is a decreasing trend of suicide cases relative to other violent deaths like accidents and homicides. The trend is, however, on the rise in Kosovo, but there are fluctuations even within every year, going

from increases to decreases and vice versa, often quite extreme. 2019, for instance, Kosovo had more violent deaths than Croatia and Serbia.

Suicides in Albania

According to The United Nations Population Fund (2015), Albania had 1.2 million inhabitants in the 1960s, 3.2 million in 1989, and 2.9 million in 2015. According to statistical data in Albania, there were

5492 suicides between 1959 and 2015 (Shala, 2017). According to Bank (2019), the highest rate per 100,000 people between the years 2000 and 2019 was recorded in 2008 (8.2) and 2009 (8.1). Also, according to Bank (2019), between 2012 and 2019, the suicide rate in Albania was 5.2–4.3 per 100,000 people. This

proves Albania is ranked among the 10 countries with the lowest rate within the EU.

The Institute of Statistics of Albania has published data on suicides per 100,000 inhabitants: in 2015, there were 5 people; in 2016 and 2017, 5.4 people; in 2018, 4.5 people; and in 2019, 4.8 people.

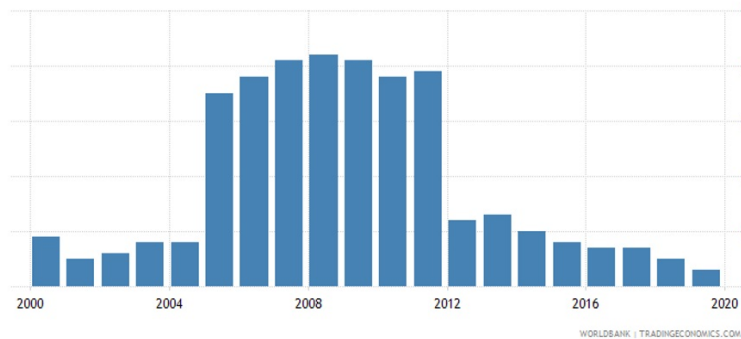


Figure 4: Suicide per 100,000 population in Albania (Source: World Bank, in Trading Economics (August 2023))

Figure 4 shows the difference between official and World Bank data (2019) is very small.

Suicides, according to the Kosovo police data

When referring to the Kosovo Police, there is a lack of official reports accessible to the public. As a result

of this gap, secondary sources, such as media reports, had to be used, which refer to police data in their reporting.

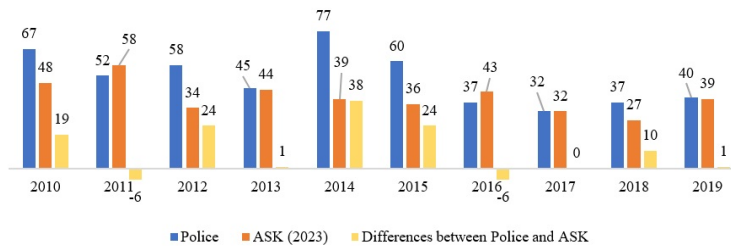


Figure 5: Differences between official data and police data on suicides (Source: Police Official Data, August 24, 2023)

DISCUSSION

In general, since 1986, the WHO (2004) definition of suicide, which states the intent of a person to end their life, has been accepted. The causes of suicide are highly complex and encompass external and internal (psychological) factors. Therefore, they cannot be considered isolated from each other (Durkheim, 1997).

Regarding the number of suicides in Kosovo, official sources from the Kosovo Agency of Statistics and

police sources provide inconsistent data. According to the official data, from 2010 until 2019, there were 400 suicides in Kosovo (KAS, 2023). The Kosovo Police report nearly double the number of suicides (Fanaj and Melonashi, 2014). In the absence of direct police sources and relying on secondary sources, such as media reports (Sinjali, 2021), in Kosovo, there were 495 deaths by suicide from 2010 to 2019. Published research refers to police data (Zhjeqi et al., 2010; Drevinja et al., 2013). Both studies should

be analytically evaluated, considering factors that cause suicide. One of the studies (Drevinja et al., 2013) presents "possible social motives," including the increase in alcohol and drug users (20,000 individuals). The other study (Zhjeqi et al., 2010) emphasizes the noticeable rise in suicide cases from 2000 to 2008, analyzing demographic data in detail. Similarly, the media also rely solely on police data.

Although the police are at the forefront (the first responders) of events, many other factors, especially in the case of suicides, should be coordinated to resolve the cases. Problems with inaccurate numbers are not unique to Kosovo. Such issues are prevalent in more developed countries like the US, ranging from accurate reporting to financial matters (Güss et al., 2020).

Apart from assessing the population's health, some mortality indicators are used to evaluate the performance of healthcare services, such as the number of autopsies performed (CIPH, 2020). The number of autopsies performed, especially in cases of suspicion of suicide, falls within this category. In Kosovo, increasing the autopsy numbers would improve the quality of official statistics on suicide and could help bridge the gap between police data and official statistics (Gërxhaliu, 2023). Nevertheless, only official data should be used (Gërxhaliu, 2023). This includes the media. In support of suicide prevention, journalists should avoid reporting on "Werther's stories" that include information on the method or location since avoiding these elements can arguably reduce the risk of suicide (Arendt et al., 2023).

The official data in Kosovo regarding suicides has been revised for 2011, 2013, 2014, and 2016, proving that there are 30 more suicides than previously published data (KAS, 2023).

CONCLUSION

The trend of suicides is not uniform across all countries. Some countries experience a decrease in suicide numbers, while others experience an increase. In certain places, it is challenging to determine suicide trends. Nonetheless, indicators point to a significant decline in suicide numbers in the European Union (World Bank 2010–2019: In Macrotrends 2023).

Kosovo still does not have comprehensive data related

to the suicide rate. The Agency of Statistics has published data that differs from police data. The uncertainty surrounding suicide figures is evident not only in scientific research but also in the media.

However, according to official data in Kosovo since 1953, there have been inevitable fluctuations, but unlike in other federal units, suicide has not been characterized as a phenomenon. Even in post-war Kosovo, despite the slight increase in numbers, suicide is not a prevalent phenomenon.

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