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Suicides in Poland — etiology and scale of the phenomenon in 2008–2018

Introduction

Suicide is a social phenomenon that is of interest to many scientific disciplines, especially suicidology dealing strictly with suicide. An attack on one's own life is a self-destructive behaviour, mainly due to its combination with many phenomena in the field of social pathology, therefore its occurrence is a consequence of biological, psychological and social nature.

According to Émile Durkheim, the increase in the number of suicides is a symptom of the disruption of normal relations between each individual and larger groups, a testimony and a measure of the 'deep state of disorder that has affected civilised societies'[2].

The motivation to commit suicide is characterised by the awareness and willingness to take the decision to kill oneself. Such measures are then chosen by a person also taking into account the circumstances that determine the success of such an act.

Over the centuries, views on suicide have been quite diverse. In primitive societies, the act of suicide gave the accused person the opportunity to solve their problems and, at the same time, to rehabilitate or redeem themselves.

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[2] Durkheim E, Samobójstwo. Studium z socjologii. trans. by Wakar K, Warsaw 2006, p. 48.

The legislation functioning in communities has always included methods of public assessment of suicide, which resulted from thinking about the value of life, and the right, or the lack of thereof, to dispose of one's life at one's own discretion[3].

Greek law treated suicide as a crime. Suicides were denied funeral ceremonies and the hand of a suicide victim was cut off and buried separately. If a citizen obtained the permission of the city senate to commit suicide, their death was treated as a lawful act[4].

The Romans considered suicide to be an evaluation of their own lives, after thinking about it. The law did not provide for revenge and degradation for suicide. Taking one's own life was therefore tolerated and justified, and punished only in exceptional cases. Suicide deserved to be condemned only when a person, by killing themself, avoided their obligations towards society[5].

In India, the tradition became a sati ritual, i.e. the suicide of a wife on her husband's grave (funeral pyre). The act of self-destruction was forbidden by law only in the 19th century[6].

In Japan, the concept of honour motivated an act called seppuku, widespread among samurai, which consisted in cutting open one's stomach with a dagger. In Europe, this act was called harakiri. Two types of harakiri were known: voluntary - regarded as heroism (e.g. to avoid captivity, as a public protest against the actions of a feudal master), which was practiced from around the 9th century and has lasted until the present day, and penal - a privilege to avoid a disgraceful death at the hands of the executioner, which was known from around the 15th century and was abolished as punishment in 1873[7].

The Catholic Church condemned suicide, as a result of God's V Commandment - do not kill. Killing yourself is killing a person, so suicide is murder. As early as 452, the Arles Council announced that suicide was a crime and could only be the result of devilish madness, and the Toledo Synod in 693 excommunicated even suicide attempts[8].

In modern times, suicide laws have not been changed for quite a long time. A 'fair funeral' for suicides was still banned, and the common practice was to desecrate the body (hanging it and leaving it on a pile of manure, with the executioner burying the body). Suicides were also severely punished and rescued. It was only in the legal practice of the 19th century

[3] Zwoliński A, Prawo o samobójstwie [in:] Zakręta A, Sosnowski A (Eds), Servabo legem tuam in toto corde meo. Księga pamiątkowa dedykowana prof. Józefowi Krzywdzie CM Dyrektorowi Instytutu Prawa Kanonicznego UP JPII z okazji 70. rocznicy urodzin. Kracow 2013, p. 601.

[4] *Ibid.*, pp. 601–602.

[5] *Ibid.*, pp. 604–605.

[6] *Ibid.*, p. 601.

[7] Bonecki H (Ed.), Encyklopedia Powszechna PWN. Warsaw 1974, Vol. 2, entry: harakiri, p. 170.

[8] Zwoliński A, Prawo..., *op. cit.*, p. 605.

that suicide ceased to be a punishable act. Currently, many states do not include any provisions concerning suicide in their penal codes[9].

The concept of suicide, its causes and types

In society, suicide is often a taboo subject, little is said about it, aspects are not considered, and the topic is avoided, while people experience sadness and regret about each next case. Such an attitude does not serve to reflect on the various aspects of this complex phenomenon, which is the result of many biological, psychological and social factors. When asked about its essence, it should be answered that it is 'a mystery'[10]. Taking one's own life is considered ambivalent, because on the one hand suicide is considered to be an act of cowardice, of contempt for society, and on the other hand it is defined as a kind of act of heroism[11].

The World Health Organization defines suicide as a multidimensional phenomenon resulting from the interaction between biological, genetic, psychological, sociological, and environmental factors[12], and moreover, defines it as 'an act of fatal effect that the deceased, knowingly and with the expectation of such an effect, has planned and performed themself in order to bring about the changes that they desired'[13]. In a typical approach, suicide means taking a life. It is an act of voluntary and intentional acting of a violent (e.g. by hanging) or gradual (e.g. by starving) character, which leads to biological death[14]. Suicide is not the result of the so-called death drive, as Sigmund Freud argued, but it is a specifically human act, which is related to human spirituality and freedom. In a sense, it is a reflection of mankind's attitude towards internal and external circumstances, and in particular it is the effect of a radical negation of life and the meaning of this life, which results from human freedom[15].

Agnieszka Gmitrowicz states that suicide is a thoughtful, deliberate, life-threatening, and self-imposed action that results in death[16], and Edwin S. Shneidman defines suicide as a conscious action intended to be self-destructive, and that action can be described as a multidimensional disorder occurring in an individual whose needs are not satisfied and who

[9] *Ibid.*, pp. 607–611.

[10] Zwoliński A, Samobójstwo jako problem osobisty i publiczny. Kracow 2013, pp. 9–10.

[11] Hołyst B, Wiktymologia. Warsaw 2000, p. 190.

[12] Światowa Organizacja Zdrowia, Polskie Towarzystwo Suicydologiczne, Zapobieganie samobójstwom. Poradnik dla lekarzy pierwszego kontaktu. Geneva–Warsaw 2003, p. 8.

[13] Hołyst B, Suicydologia. Warsaw 2002, p. 39.

[14] Zwoliński A, Samobójstwo..., *op. cit.*, p. 10.

[15] Wolicki M, Logoterapia w praktyce pastoralnej. Wrocław 2003, p. 126.

[16] Gmitrowicz A, Uwarunkowania zachowań samobójczych młodzieży. *Suicydologia,* 2005, No. 1, p. 71.

defines the problem by himself/ herself, treating suicide as the best way to solve it[17]. Małgorzata Kuć indicates that suicide is a violent deprivation of one's life, which is the end of biological, psychological and social existence[18]. According to Maurice Halbwachs, who objected to the classification of suicide resulting from sacrificing for someone as suicide, suicide is any death resulting from an act committed by the very victim in order to kill themselves[19]. As Erwin Stengel points out, suicide bombers who predict the absolute inevitability of death are rare. Most often they predict only the possibility of death[20].

As Émile Durkheim states, 'Among the various types of death, there are those which have the particular characteristic that they are caused by the very victim, that they are the result of an act committed by the deceased'[21]. 'Although we generally imagine suicide to be a violent act requiring the use of force, it can happen that a completely negative attitude or mere negligence can have the same effect. You can kill yourself by refusing to eat, or by using a sword or fire'[22]. The classic definition, developed by Durkheim, describes suicide as 'any case of death which directly or indirectly results from the positive or negative action of a victim who knew it would lead to such a result'[23]. The quoted definition does not distinguish between suicides in terms of motivation or broadly understood risky or self-destructive behaviours. Suicide is treated in a more complex way in contemporary literature. There is no need to define, in terms of an individual, tragic case, in favour of thinking about suicide as a multi-stage process[24].

Suicide is a manifestation of social disintegration, and its emergence indicates a weakening of social control mechanisms and a loosening of universally accepted norms and values.

Émile Durkheim believes that self-destruction should be treated as a social fact. He viewed the causes of suicide as a state of society that cannot prevent such tragedies due to progressive disintegration. His right to suicide implies that the number of suicides varies in a proportion inversely proportional to the degree of cohesion of the social group to which the individual belongs[25]. Analysing the statistical data, Mr Durkheim made

[17] Suchańska A, Krysińska K, Samobójstwo — perspektywa psychologiczna. Konin 2003, p. 59.

[18] Kuć M, Wiktymologia. Warsaw 2010, pp. 53–54.

[19] Ślipko T, Życie i płeć człowieka. Przedmałżeńska etyka seksualna. Etyczny problem samobójstwa, Cracow 1978, p. 486.

[20] Hołyst B, Samobójstwo — przypadek czy konieczność. Warsaw 1983, p. 27.

[21] Durkheim E, Samobójstwo..., *op. cit.*, p. 48.

[22] *Ibid.*, pp. 48–49.

[23] *Ibid.*, p. 51.

[24] Rzadkowska M, Zachowania samobójcze wśród dzieci i młodzieży — charakterystyka ryzyka i profilaktyka. *Studia Prawnicze. Rozprawy i Materiały,* 2016, No. 1(18), p. 162.

[25] Pieniążek A, Stefaniuk M, Socjologia prawa. Zarys wykładu. Cracow 2000, p. 74.

the following observations: 'The number of suicides is reversing the degree of integration of the religious community; the number of suicides is reversing the degree of integration of the domestic community; the number of suicides is reversing the degree of integration of the political community'[26].

We can identify the following suicide categories:

— egoistic suicides - the main motives for suicide are personal reasons, problems or difficulties from which the suicide escapes,
— altruistic suicides - sacrificing oneself for the good of others. They are caused mainly by the willingness and expectation to improve the situation of others,
— anomic suicides - resulting from the conviction that life no longer makes sense, from the painful experience of loneliness, isolation and loss of bonds with the norms and values of society,
— fatalistic suicides - the main motive for suicide actions is a strong fear of inevitable, unpleasant events, e.g. the conviction about an upcoming disaster[27].

In forensic terms, suicidal behaviour is defined as 'the conscious action on one's own body or on organs important for its functioning by means of external factors in order to exceed the limits of physiological endurance of the body or its adaptability in altered conditions'[28].

As Brunon Hołyst observes, the social character of life causes the decision to commit an act of suicide to have an individual character even if it is based on aetiology. However, in terms of effects, it is always a social issue. An individual who chooses death 'insults' society as an organism functioning dynamically in a way defined by a system of values that serves to achieve individual and collective goals[29]. Suicide is a phenomenon that moves public opinion, it is sometimes perceived as contempt for society, or cowardice, but also as a kind of act of heroism. These assessments depend on many factors, but in this case, the motive, mode, circumstances, biological, psychological and social characteristics of the individual who has laid a violent hand on their own life play an important role[30].

The aetiology of suicide is explained by the so-called L-A-D syndrome, where 'L' means the loss of health, a close person, material resources, or self-confidence. It is every case in which a person feels the loss of something. 'A' means aggression, understood as a sudden desire to harm oneself or others. 'D', on the other hand, means depression, understood as a deep disturbance of the emotional life, in which the leading symptom is the feeling of sadness, depression, apathy and discouragement. In a situation where there is a simultaneous accumulation of these factors, it is highly probable that their combined effect on the human psyche may become the basis for the decision to commit suicide[31].

[26] Durkheim E, Samobójstwo. Studium..., *op. cit.*, p. 264.
[27] Zwoliński A, Samobójstwo..., *op. cit.*, p. 14.
[28] Hołyst B, Samobójstwo..., *op. cit.*, p. 237.
[29] *Ibid.*, pp. 12-13.
[30] Hołyst B, Na granicy życia i śmierci. Warsaw 1999, p. 69.
[31] Hanausek T, Kryminalistyka. Zarys wykładu. Cracow 2005, pp. 33-34.

The causes of suicide are rooted in society itself, and its current psychological condition and culture. In order to eliminate all of the causes of suicide, it is necessary to create an ideal society, which is rather a utopian vision, and therefore every measure of assistance from individuals and institutions is very important. Building the right atmosphere around the important social problem of suicide is hampered by numerous myths, stereotypes and prejudices, which often lead to inappropriate behaviour in crisis situations, including, but not limited to, suicide:

— the belief that those who speak of it earlier do not commit suicide, announce it and inform others of their intention to do so. Research shows that 80% of suicide bombers previously talked about their intentions, e.g. asked for help, threatened or laughed about suicide. It happens that the intention to commit suicide can be read indirectly, e.g. ordering things in one's life (paying off debts, distributing one's property)[32],
— claiming that a person who commits suicide certainly wants to take their own life. The state of mind of the suicide is characterised by ambivalence of feelings towards life and death, on the one hand they want to die, but at the same time they want to be saved[33],
— the belief that suicides only occur among the rich or among the poor or among intellectuals. There is no group that is free from suicide. There are people with higher education and basic education, people living in rural and urban areas, men and women, the rich, the homeless and the famous. One can only talk about the population with highest suicide rate (e.g. people with mental illness, alcohol addicts, prisoners)[34],
— claiming that a person who once attempted suicide will continue to do so, that suicide is inherited (there is a so-called 'suicide gene'), that a person who wants to commit suicide is mentally ill, that a suicide cannot be remedied, that in order to reduce the risk of suicide, discussions about suicide should be avoided[35].

A person who signals a suicidal intention strives to achieve goals such as: the desire to obtain help from the environment to solve their problems which are motivating them to commit suicide, the desire to inform their loved ones about suicide in order to prepare them for a new situation, striving to exert pressure on the environment, the willingness to express their feelings, with which they cannot cope[36]. For many people, a suicide attempt is a way of communicating with the world. Such behaviour is a signal to our loved ones that a person is in a critical situation and needs

[32] Anthony F.M, Dlaczego? Czyli samobójstwo I inne zagrożenia wieku dorastania. trans. by Karpowicz A, Warsaw 1994, pp. 24-27.

[33] Shneidman E, The suicidal mind. New York 1996, p. 133.

[34] Pużyński S, Samobójstwo i depresja. *Przegląd Lekarski,* 1982, Vol. 39, No. 11, pp. 747-749.

[35] Kaczyńska J, Mity i stereotypy o samobójstwach i zachowaniach samobójczych, <http://zobaczznikam.pl/mity-i-stereotypy-o-samobojstwach-i-zachowaniach-samobojczych>, *accessed* 26.04.2019.

[36] Linowski K, Wysocki I, Oddziaływania psychoreakcyjne na skazanych agresywnych w warunkach penitencjarnych. Ostrowiec Świętokrzyski 2006, pp. 77–78.

help. For others, suicide attempt is a means of aggression or a means of punishing their loved ones[37].

The multitude of wrong statements and views concerning suicide has its source in the undiscovered mystery of man, which can reveal itself with a force that strikes the whole environment. A suicide is a symptom, a terrifying sign of the unsolved issues that one bears in oneself and is unable to cope with[38].

The complex and difficult-to-interpret situation in which a person making a suicide attempt finds themselves will never be completely clear and obvious. On the other hand, we can point to some elements of their environment that should concern us, cause us to reflect on, and focus our attention on possible assistance[39]. We should be aware of the existence of high-risk groups, which include mainly: addicts, immature people, depressed people, borderline people, drug addicts, schizophrenics with accompanying hallucinations, and people in stressful situations. Some life situations may also influence the attempted suicide, e.g.: arguing with parents, fighting, feeling of failure in life, conflict with the law, unsatisfactory learning achievements (work), and breaking up with a partner[40].

Diagnosis of the suicide phenomenon in Poland in the years 2008-2018

The analysis of suicides in Poland has been based on statistical data obtained from the National Police Headquarters (hereinafter: KGP), presented in the form of tables. The individual tables present: the number of suicides, including those fatal ones; the number of people undertaking suicide attempts broken down by age groups, including those fatal ones; the percentage share of deaths in suicide attacks broken down by age groups. The following tables contain data concerning: the structure of deadly suicides by gender and place of their committing, the age groups of victims of suicides in particular regions, and the day of the week of deadly suicide attempts in particular regions. The tables also present selected causes and methods of suicide attempts resulting in death, as well as the marital status and education of suicides.

Table 1 presents the number of suicide attempts in Poland in the years 2008-2018, including suicide attempts ending in death.

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[37] Kałdon B.M, Samobójstwo w ujęciu kryminologicznym [in:] Kałdon B.M, Kurlak I (Eds), Suicydologiczne aspekty patologii społecznej. Ostrowiec Świętokrzyski–Warszawa 2014, pp. 97–98.

[38] Anthony F.M, Dlaczego?..., *op.cit.*, pp. 21–22.

[39] Zwoliński A, Samobójstwo..., *op. cit.*, p. 255.

[40] *Ibid.*, pp. 255-257.

Table 1

Number of suicide attempts in Poland in 2008-2018, including suicide attempts ending in death

Year	Number of individuals attempting to commit suicide	Number of suicide deaths	Percentage of deaths (%)
2008	5237	3964	75.70
2009	5913	4384	74.14
2010	5456	4087	74.90
2011	5124	3839	74.92
2012	5791	4177	72.13
2013	8575	6101	71.15
2014	10,207	6165	60.40
2015	9973	5688	57.03
2016	9861	5405	54.81
2017	11,139	5276	47.36
2018	11,167	5182	46.40
Totals	88,443	54,268	61.36

Source: Author's own calculations based on National Police HQ statistics

Analysing the data contained in the table above, it can be seen that the number of suicides in Poland in 2018 in relation to 2008 increased by 5,930, which is an increase of 113.2%, while the number of deaths in suicides increased by 1,218, which is an increase of 30.7%. The significant increase in attempted suicide and suicide deaths is accompanied by a percentage decrease in effective suicide attempts. In 2008, the percentage of suicide deaths was 75.70%, while in 2018, it was 46.40%. The presented data show that the percentage of successful suicides declined by 29.3% between 2008 and 2018. The highest number of deaths resulting from suicides was recorded in 2014. (6,165 persons) and the lowest in 2011. (3,839 persons).

The number of suicide attempters by age group for the period 2008-2018 is shown in Table 2.

Table 2

Number of suicide attempts by age group in 2008–2018

Age	Year											Total
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
0–6	—	—	—	—	—	—	—	—	—	—	—	—
7–12	9	5	6	5	5	9	14	12	9	28	26	128
13–18	321	313	267	243	286	348	428	469	466	702	746	4589
19–24	562	625	555	528	607	772	1172	1080	978	1143	1143	9165
25–29	495	493	493	461	562	737	960	1042	1006	1199	1104	8552
30–34	421	462	472	465	525	756	1005	1078	1072	1263	1226	8745
35–39	375	543	453	479	459	740	934	995	949	1140	1210	8277
40–44	436	462	454	415	455	644	864	879	888	1039	1115	7651
45–49	556	653	520	451	508	625	735	727	777	873	904	7329
50–54	610	721	660	629	636	775	890	838	787	796	778	8120
55–59	505	609	573	548	611	892	930	890	878	911	841	8188
60–64	288	345	353	331	443	623	762	754	732	759	768	6158
65–69	197	219	209	151	213	337	443	417	430	509	468	3593
70–74	161	153	147	143	137	223	225	226	263	274	328	2280
75–79	130	106	113	120	127	168	203	199	208	185	202	1761
80–84	93	85	89	71	93	134	162	142	169	177	142	1357
85 and over	50	60	57	53	79	133	113	125	145	132	159	1106
Not established	31	45	35	45	42	659	367	100	104	9	7	1444
Total	5240	5899	5456	5138	5788	8575	10,207	9973	9861	11,139	11,167	88,443

Source: Author's own calculations based on National Police HQ statistics

As can be seen from the data in the table above, in the years 2008-2018, there were 88,443 suicide attempts. Most of them were made by people aged 19-24 (10.36% of the total), 30-34 (9.89% of the total) and 25-29 (9.67% of the total). The lowest number of suicides was recorded among people aged 7-12 years (0.14% of the total), 85 and over (1.25% of the total) and 80-84 years (1.53% of the total).

Suicides committed by children lack elements of manipulation, while the elderly are characterised by high determination or low suicidal ambivalence once they have made their decision to take their lives. Adults usually commit planned suicides, while children are impulsive, although they may result from unaware suicidal tendencies. These are situations in which children give us suicidal tips, which means that tragedies can be prevented[41].

[41] Stukan J, Diagnoza ryzyka samobójstwa. Opole 2008, p. 288.

Table 3 shows the number of deaths by age group resulting from suicide attempts between 2008 and 2018.

Table 3

Number of deaths by age group resulting from suicide attempts between 2008 and 2018

Age	Year											Total
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	
0–6	—	—	—	—	—	—	—	—	—	—	—	—
7–12	4	3	4	3	1	4	3	5	2	1	5	35
13–18	166	152	119	111	138	144	124	114	101	115	92	1376
19–24	325	336	338	321	326	454	521	436	371	353	344	4125
25–29	321	291	310	292	314	425	439	473	405	406	384	4060
30–34	287	309	290	293	337	451	453	467	468	499	443	4297
35–39	266	372	303	339	316	466	493	497	431	465	446	4394
40–44	351	346	336	310	333	445	494	458	446	462	472	4453
45–49	443	515	410	354	375	452	488	424	438	405	437	4741
50–54	500	598	556	525	510	616	615	567	497	442	427	5853
55–59	443	529	496	480	517	764	717	666	633	603	551	6399
60–64	261	311	314	291	379	540	585	593	542	536	565	4917
65–69	181	203	191	138	192	294	368	332	355	379	357	2990
70–74	146	141	140	134	126	207	195	194	204	213	261	1961
75–79	113	106	105	100	120	153	185	170	171	142	156	1521
80–84	86	79	79	66	87	125	149	121	138	143	109	1182
85 and over	46	57	55	48	73	118	98	107	133	104	127	966
Not established	25	36	31	34	33	443	238	64	70	8	6	988
Total	3964	4384	4087	3839	4177	6101	6165	5688	5405	5276	5182	54,268

Source: Author's own calculations based on National Police HQ statistics

The data in the above table show that in the analysed period, the highest number of deaths by suicide was recorded among persons in the 55-59 age group (11.79% of the total), 50 to 54 age bracket (10.78% of the total) and 60 to 64 age bracket (9.06% of the total). The lowest number of deaths was recorded in the following age groups: 7-12 (0.06% of the total), 85 and over (1.78% of the total) and 80 - 84 (2.18% of the total).

It should also be noted that there were no suicide attempts by children aged 0-6 in the analysed period, but this does not mean that this group is not at risk of suicide. According to National Police HQ statistics, a total of 30 suicide attempts were recorded between 1999 and 2007 (1999 - 10

suicide attempts, 2000 - 6 attempts, 2001 - 10 attempts, 2002 - 2 attempts, 2005 - 1 attempt, 2006 - 1 attempt), of which 27 were fatal (1999 - 9 deaths, 2000 - 6 deaths, 2001 - 9 deaths, 2002 - 1 death, 2005 - 1 death, 2006 - 1 death).

Table 4 presents the percentage of deaths resulting from suicides in particular age groups in the years 2008-2018.

Table 4

Percentage of deaths resulting from suicides by age groups in 2008-2018

Age	Number of suicide attempts	Number of deaths	Percentage of deaths (%)
0–6	—	—	—
7–12	128	35	27.34
13–18	4589	1376	30.00
19–24	9165	4125	45.00
25–29	8552	4060	47.47
30–34	8745	4297	49.14
35–39	8277	4394	53.09
40–44	7651	4453	58.20
45–49	7329	4741	64.69
50–54	8120	5853	72.08
55–59	8188	6399	78.17
60–64	6158	4917	79.85
65–69	3593	2990	83.22
70–74	2280	1961	86.01
75–79	1761	1521	86.37
80–84	1357	1182	87.10
85 and over	1106	966	87.34
Not established	1444	988	68.42
Total	88,443	54,268	61.36

Source: Author's own calculations based on National Police HQ statistics

The effectiveness of suicide attempts, i.e. those resulting in the death, committed by people in particular age groups, shown in the table above, allows us to state that the highest percentage of effective suicide attempts occurred in the age groups 85 and over (87.34% of the total), 80-84 (87.10% of the total), and 75-79 (86.37% of the total). The lowest effectiveness of suicide attempts was observed in the age groups 7-12 years (27.34% of the total), 13-18 years (30% of the total) and 19-24 years (45% of the total).

Analysing the results of the research, it should be noted that the higher the age range, the greater the effectiveness of suicide attempts. In the

years 2008-2018, deaths in suicide attempts committed by people aged 0-18 were at the level of 30%, in the age range 19-34, at the level of 45 to less than 50%, in the age range 35-49, at the level of 53 to nearly 65%, in the age range 50-64, at the level of 72 to less than 80%, 65 and over, at the level above 80%.

The following table shows the structure of fatal suicide attempts by the suicide's sex between 2008 and 2018.

Table 5

Structure of fatal suicide attempts by suicide's sex between 2008 and 2018

Year	Number of deaths			
	Total	Men	Women	Number of men per 10 women
2008	3964	3333	631	53
2009	4384	3739	645	58
2010	4087	3517	570	62
2011	3839	3294	545	60
2012	4177	3569	608	59
2013	6101*	5196	904	57
2014	6165	5237	928	56
2015	5688	4889	799	60
2016	5405	4638	767	60
2017	5276*	4524	751	60
2018	5182	4471	711	63

* In one case, there was a lack of data about the sex

Source: Author's own calculations based on National Police HQ statistics

The data in Table 5 show that between 2008 and 2018, men successfully committed suicide about six times more often than women. The average annual number of successful suicide attempts committed by men between 2008 and 2018 was equal to 4,219 cases, which represents 85.51% of the total number of victims, and 714 cases for women, which represents 14.48% of the total number of victims. On average, there are 59 male suicides to 10 female ones who had successfully taken their own lives in the analysed period.

Brunon Hołyst's study of suicides by gender indicates that in the years 1962-1979, men were over three times more likely to commit suicide than women, while the average annual number of suicide attempts by men was 2,662, and in the group of women there were 866 cases[42].

[42] Hołyst B., Samobójstwo..., *op. cit.*, pp. 229–232.

Dynamics of suicides in Poland in 2008-2018

The dynamics of suicides is understood as both changes in the number of events defined as suicides over time and changes in the number of particular sub-sets distinguished on the basis of adopted classification criteria. One of the criteria in the analysis of the suicide problem is the result of a suicide attempt. According to this criterion, one can distinguish suicide attempts resulting in death, i.e. completed suicides, and those that do not lead to death, i.e. attempted suicides[43].

A criterion of effect was adopted in the analysis of suicide dynamics in Poland. In the eleven-year period in question (2008-2018), a total of 88,443 suicide attempts were recorded, including 54,268 resulting in death (completed) and 34,175 attempted suicides. Suicides completed and attempted in particular years are presented in Table 6, while the dynamics, i.e. changes of suicides over time, are presented graphically in Figure 1 according to the criterion of suicide effect, showing completed and attempted suicides.

Table 6

Completed suicides and attempted suicides in Poland in 2008–2018

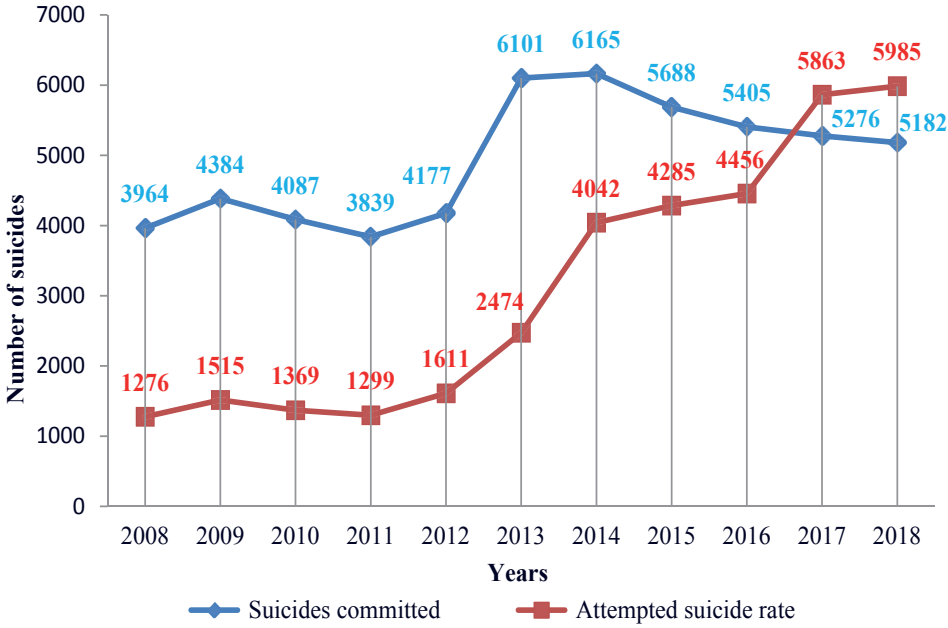
Year	Completed suicides	Attempted suicides
2008	3964	1276
2009	4384	1515
2010	4087	1369
2011	3839	1299
2012	4177	1611
2013	6101	2474
2014	6165	4042
2015	5688	4285
2016	5405	4456
2017	5276	5863
2018	5182	5985
Total	54,268	34,175

Source: Author's own calculations based on National Police HQ statistics

[43] *Ibid.*, pp. 129–130.

Figure 1

Dynamics of suicidal deaths and attempted suicides in Poland in 2008–2018



Source: Author's own calculations based on National Police HQ statistics

Analysis of the graph above allows us to conclude that there was a variable trend in the number of suicides resulting in death throughout the period in question. Between 2012 and 2014, there was a clear increase, followed by a gradual decrease from 2014 onwards. However, in the group of suicides not ending in death, an upward trend was observed throughout this period. It should be noted that from 2012 onwards, the upward trend in suicide attempts has clearly accelerated to 5,985 cases in 2018, while in 2008 there were 1,276 suicide attempts.

Suicides choose the place where they want to take their own lives. Places where suicides resulting in death were the most frequent are presented in Table 7.

Table 7

Selected places of committing suicide which ended in death in 2008-2018

Place	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Flat/House	1421	1544	1464	1357	1450	2308	2269	2091	2062	2271	2191	20,428
Outbuilding	876	934	900	861	868	1118	1136	1021	1010	750	686	10,160
Garage/ cellar/attic	553	606	559	487	533	731	749	642	612	698	679	6849
Park, forest	382	423	376	404	432	575	660	630	555	520	586	5543
Railway area/tracks	76	77	92	62	88	126	113	111	117	126	121	1109
Road/ street/ sidewalk	47	39	32	30	47	67	69	65	65	153	160	774
River/lake/ other water bodies	62	80	64	63	73	86	63	54	60	50	34	689
Medical institutions or sanatoria	33	58	39	23	54	79	80	74	66	63	62	631
Workplace	25	47	34	31	40	64	55	46	46	40	37	465

Source: Author's own calculations based on National Police HQ statistics

Analysis of the data in Table 7 indicates that successful suicides are most common in the flat/house. In the analysed period, 20,428 people committed suicides resulting in death in those places. It accounts for 37.64% of all deaths resulting from suicides. Other places in terms of the number of completed suicides are: outbuildings with 10,160 deaths in the years 2008-2018, which constitutes 18.72% of all deaths, garage/basement/attic - 6,849 deaths, which constitutes 12.62% of all deaths, park/forest - 5,543 deaths, which constitutes 10.21% of all deaths, railway area/tracks - 1,109, which constitutes 2.04% of all deaths.

When discussing suicides in Poland in the years 2008-2018, it is advisable to present its scale in particular regions (provinces), specifying the age ranges of suicides - these data are presented in Table 8.

Table 8

Suicides' age ranges in particular regions in 2008–2018

Province	Total number of deaths	7–12	13–18	19–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80-84	85+	Age not established
Mazowieckie	7786	4	204	584	596	621	627	677	642	847	909	741	409	260	196	177	160	132
Śląskie	6155	1	116	439	496	515	532	540	544	606	680	535	340	253	205	125	100	128
Małopolskie	4359	2	82	315	306	341	307	329	420	506	506	367	267	190	143	123	61	94
Łódzkie	4198	3	111	279	297	314	327	338	351	458	511	359	235	174	119	105	101	116
Dolnośląskie	4041	0	101	302	338	317	346	291	309	404	469	379	238	133	108	97	81	128
Wielkopolskie	3947	6	88	287	253	323	321	351	369	434	489	394	235	101	103	73	65	55
Lubelskie	3473	2	114	302	280	276	264	275	319	368	428	304	188	120	97	71	48	17
Kujawsko-pomorskie	2997	1	76	234	221	253	270	258	270	323	338	272	151	109	72	66	47	36
Pomorskie	2994	3	78	273	226	255	245	261	264	306	332	237	166	94	86	54	53	61
Podkarpackie	2473	1	75	188	148	177	200	218	219	298	336	229	130	99	62	40	40	13
Zachodnio-pomorskie	2438	2	63	212	173	175	206	174	200	267	293	245	126	88	68	53	39	54
Warmińsko-mazurskie	2390	4	78	210	183	175	183	170	209	267	265	192	112	69	65	49	38	121
Święto-krzyskie	2210	0	37	146	162	163	172	189	217	261	267	232	122	92	59	47	42	2
Podlaskie	1816	2	62	135	162	141	145	139	157	211	220	154	83	60	59	37	42	7
Lubuskie	1729	0	54	129	128	152	132	144	136	162	201	173	123	67	37	34	36	21
Opolskie	1262	4	37	90	91	99	117	99	115	145	155	104	65	52	42	31	13	3

Source: Author's own calculations based on National Police HQ statistics

Table 8 shows that in the period 2008-2018, suicides resulting in death were the most frequent in the Mazowieckie region – 7,786 deaths, i.e. 14.35% of all deaths, the Śląskie region – 6,155 deaths, i.e. 11.34% of all deaths, and the Małopolskie region – 4,359 deaths, i.e. 8.03% of all deaths. The smallest number of completed suicides was recorded in the Opolskie region – 1,262 deaths, i.e. 2.32% of all deaths, the Lubuskie region – 1,729 deaths, i.e. 3.19% of all deaths, and the Podlaskie region – 1,816 deaths, i.e. 3.35% of all deaths. In 2008-2018, in the Warmińsko-Mazurskie region, effective suicides were most frequently committed by people aged 50-54, in the Małopolskie region, by people aged 50-54 and 55-59, while in other regions, suicides were most frequently committed by people aged 55-59. Seniors (65

and older) most frequently undertook effective suicide attempts in the Mazowieckie region (1,202 deaths), Śląskie (1,023 deaths), Małopolskie (784 deaths), Łódzkie (734 deaths), and least frequently in the Opolskie region (203 deaths), Lubuskie (297 deaths), Podlaskie (281 deaths) and Warmińsko-Mazurskie (333 deaths). The highest number of suicides among persons aged 7-18 was recorded in the Mazowieckie region (208 deaths), Śląskie (117 deaths), Lubelskie (116 deaths), Łódzkie (114 deaths), and the smallest number in the Świętokrzyskie region (37 deaths), Opolskie (41 deaths), Lubuskie (54 deaths) and Podlaskie (64 deaths).

Table 9 shows the number of suicide attempts resulting in death in 2008-2018 in each province, taking into account the day of the week on which suicides were committed.

Table 9

Day of the week on which suicide resulting in death was committed in particular regions in 2008-2018

Region	Total number of deaths	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Not established
Mazowieckie	7786	1203	1142	1125	1106	1083	1012	1112	3
Śląskie	6155	993	910	892	823	844	817	874	2
Małopolskie	4359	667	627	647	646	598	582	592	0
Łódzkie	4198	686	628	559	595	582	570	571	7
Dolnośląskie	4041	614	561	589	551	562	574	590	0
Wielkopolskie	3947	633	642	551	559	530	471	556	5
Lubelskie	3473	615	514	497	516	481	398	451	1
Kujawsko-pomorskie	2997	463	482	426	412	418	378	418	0
Pomorskie	2994	503	443	411	422	389	400	421	5
Podkarpackie	2473	398	380	347	332	359	335	320	2
Zachodniopomorskie	2438	422	358	346	316	326	326	341	3
Warmińsko-mazurskie	2390	388	323	334	344	317	304	332	48
Świętokrzyskie	2210	364	339	322	288	322	317	257	1
Podlaskie	1816	261	278	256	252	257	238	273	1
Lubuskie	1729	290	251	247	236	244	209	244	8
Opolskie	1262	213	185	185	168	172	158	181	0
Total	54,268	8713	8063	7734	7566	7484	7089	7533	86

Source: Author's own calculations based on National Police HQ statistics

The data presented in Table 9 allow us to conclude that the number of suicides resulting in death decreases at the end of the week, which may be due to superstitions that affect the slowdown in public life (e.g. on this day, we do not start new tasks). Saturday is a day of relaxation, which is also influenced by the awareness of a free Sunday. According to the data

from 2008-2018, the highest number of suicides was recorded on Mondays (8,713 deaths, i.e. 16.05% of all deaths), Tuesdays (8,063 deaths, i.e. 14.86% of all deaths), and Wednesdays (7,734 deaths, i.e. 14.25% of all deaths), while the lowest number of deaths was recorded on Saturdays (7,089 deaths, i.e. 13.06% of all deaths), and Fridays (7,484 deaths, i.e. 13.79% of all deaths). Tuesday was the day on which the highest number of suicides ending in death occurred in the Wielkopolskie, Kujawsko-Pomorskie and Podlaskie provinces. In other regions, the highest number of completed suicide attempts took place on Mondays.

Suicides are always committed for some reasons and problems which cannot be dealt with by the person, with them finally deciding to take their own life. Selected causes of suicide resulting in death between 2008 and 2018 are presented in Table 10.

Table 10

Selected causes of suicide resulting in death between 2008 and 2018

Reason for the suicide	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Mental illness/ psychiatric disorders	646	620	560	527	587	570	645	635	819	1017	1037	7663
Family disagreements/ domestic abuse	358	380	338	356	355	474	528	447	363	285	261	4145
Physical disease (chronic disease)	289	286	260	223	250	495	499	427	359	186	164	3438
Poor economic conditions/debt	187	265	244	254	267	350	337	216	197	219	192	2728
Heartbreak	192	182	186	155	209	263	272	228	222	231	226	2366
Death of a close relative	59	64	64	63	59	95	115	78	90	96	80	863
Sudden loss of financial support	51	94	75	69	95	96	102	61	56	53	49	801
Committing a criminal offence	41	49	38	40	30	33	37	39	34	25	32	398
Problems at school or at work	27	19	11	7	14	12	13	13	12	41	38	207
Permanent disability	14	23	20	16	16	12	15	16	20	26	14	192
Unwanted pregnancy	3	5	1	1	2	5	2	2	1	—	1	23

Source: Author's own calculations based on National Police HQ statistics

The origins of a suicide can be deduced from farewell letters, relations with relatives (close relatives), witnesses, and psychological and medical expertise. While statistics on the causes of suicide are largely statistics on the opinions of officials who collect information on the causes of suicide, E. Durkheim states 'whenever one is of the opinion that some of the facts have been discovered among the events preceding suicide which, in the general opinion, cause despair, one is of the opinion that one does not need to look any further. Depending on whether the person is said

to have recently lost money or had family worries, or liked to drink, they are blamed for either drunkenness, family problems or financial failure. Such questionable information cannot be taken as a basis for explaining suicide"[44], although he himself, despite his doubts, quotes and discusses the motives for suicide, resulting from the statistics he keeps.

Despite the doubts of E. Durkheim, it is worth analysing the prevailing causes of successful suicide, based on police statistics and bearing in mind that they are, to a large extent, plausible. Selected reasons for suicide are listed in Table 10. These figures show that over the last eleven years, the predominant causes (out of all identified) of fatal suicides were mental illness/mental disorders, which accounted for 14.12% of all deaths, family misunderstandings/domestic violence (7.64% of all deaths), chronic physical disease (6.33% of all deaths), poor economic conditions/debts (5.02% of all deaths), and heartbreak (4.36% of all deaths). Mental illness/mental disorders, and chronic physical disease are the cause of 20.45% of deaths resulting from suicide. It should also be noted that mental illness/mental disorders as a reason for suicide in 2018 was 62.30% higher than in 2008. In the analysed period, there were also 23 deaths due to unwanted pregnancy, which also resulted in the death of the unborn child.

Selected methods of suicide that resulted in suicide deaths between 2008 and 2018 are shown in Table 11.

Table 11

Selected methods of suicide resulting in death in 2008-2018

Method of committing suicide	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Hanging	3394	3726	3518	3274	3495	5142	5241	4748	4473	4313	4211	45,535
Jumping out of a window	206	231	165	185	243	392	373	361	344	342	330	3172
Running in front of a moving vehicle	56	60	77	50	76	99	91	90	100	105	105	909
Drowning	75	80	69	78	78	73	52	51	65	57	46	724
Shooting/use of firearm	32	37	39	30	47	67	63	53	70	72	79	589
Cardiovascular damage	39	38	39	33	36	56	53	62	51	75	83	565
Use of sleeping pills/psychotropic drugs	43	33	38	41	37	59	69	45	66	44	48	523
Superficial self-inflicted injuries	23	40	31	30	30	57	54	69	71	46	36	487
Gas/exhaust gas poisoning	7	11	17	25	13	15	18	37	21	29	38	231
Chemical/toxic agent poisoning	16	15	11	9	13	14	14	19	13	17	12	153

Source: Author's own calculations based on National Police HQ statistics

[44] Durkheim E, Samobójstwo..., *op. cit.*, p. 190.

Among the suicides listed in Table 11, the most effective method of committing suicide was hanging. In the years 2008-2018, 45,535 people decided to take their lives in this form, which represents 83.91% of the total number of deaths resulting from suicide in Poland. Hanging is carried out by tightening a noose around the neck, the clamping force of which is body weight, with a weight of approximately 4 kg being sufficient to tighten the jugular arteries. Nooses are usually made of ropes, drying lines, cables, and belts. The second way to self-destruct is to throw yourself from a height. The cause of death is usually multi-organ injuries to organs crucial for the functioning of the body (the brain, lungs, liver, kidneys). This is the form of suicide chosen by 3,172 people in the last eleven years, which accounts for 5.84% of all deaths. As a result of running in front of a moving vehicle, 909 people died (1.67% of all deaths), 724 people drowned themselves (1.33% of all deaths), 589 people shot themselves (1.08 of all deaths), 565 people died from self-inflicted damage to their circulatory system (1.04% of all deaths).

The marital status of persons who successfully killed themselves in 2008-2018 is shown in Table 12.

Table 12

Marital status of persons who committed suicide in 2008-2018

Marital status	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Married	1755	2003	1841	1708	1813	2478	2556	2163	2078	2013	1999	22,407
Single	1153	1227	1178	1132	1259	1648	1773	1673	1529	1672	1586	15,830
Divorced	270	297	294	283	303	484	519	484	431	466	440	4271
Widowed	287	300	302	234	291	405	380	365	397	371	359	3691
Cohabitation	149	158	139	150	152	179	209	208	206	216	203	1969
Separation	40	35	31	26	21	44	37	46	32	21	32	365
No data	310	364	302	306	338	863	691	749	732	517	563	5735

Source: Author's own calculations based on National Police HQ statistics

Married persons are much more likely to commit successful suicide than single, divorced or widowed individuals. The increased mortality in marriage may result from the fact that persons in formal relationships represent the largest percentage of the population. Between 2008 and 2018, these persons committed 22,407 suicides which ended in death, which accounts for 41.29% of all deaths.

Persons living in informal relationships effectively claimed their lives 1969 times, which accounts for 3.63% of all deaths. In total, in the period under review, persons remaining in a marriage or informal relationship attempted suicide resulting in 24,376 deaths, which accounts for 44.92% of all deaths.

The results of the 2011 census showed the structure of the population in terms of marital status. The most numerous group are married

persons, who constitute slightly more than half of the population (55.8% of persons aged 15 and over, i.e. 18,236,400), while the next group are bachelors and single women, who constitute 28.8% of the studied population (9,420,100), widowed persons constitute 9.6% (3,126,800), and divorced persons (5.0%, i.e. 266,900).

Taking these data into account, it can be concluded that married people who have successfully claimed their own lives constitute 0.12% of the population of married people, bachelors and single women 0.17% of that population, divorced people 1.60% of that population, and widowed people 0.12% of that population. Therefore, taking into account the marital status of suicide attempters and the size of the population in terms of marital status, the highest percentage of suicides are committed by divorced persons, and single men and women.

Table 13 presents data on the education of successful suicide attempters.

Table 13

Education of persons who committed suicide in 2008-2018.

Education	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	Total
Basic vocational training	567	524	488	402	445	507	545	490	464	558	467	5457
Primary	559	509	435	352	357	490	488	453	408	392	324	4767
Secondary education	249	262	237	203	262	349	357	323	306	378	380	3306
University degree	65	80	68	84	105	134	117	132	129	132	130	1176
Incomplete primary education	58	49	32	33	31	29	21	18	11	31	29	342
Lower secondary education	—	—	—	—	—	—	—	—	—	93	78	171
Post-secondary education	—	—	—	—	—	—	—	—	—	3	3	6
No data	2466	2960	2827	2765	2977	4592	4637	4272	4087	3689	3771	39,043

Source: Author's own calculations based on National Police HQ statistics

It should be noted that the data on the education of suicides presented in Table 13 are very limited because, during the period under consideration, in nearly 72% of cases, the level of education of the person who effectively committed suicide was not established or included in the documentation. Based on the available data contained in the table above, it can be stated that persons with basic vocational education carried out an effective suicide attempt in 5,457 cases, which constitutes 10.05% of

all deaths, with primary education and incomplete primary education in 5,109 cases, which constitutes 9.41% of all deaths, with secondary education 3,306 cases, which constitutes 6.09% of all deaths, and with higher education 1,176 cases, which constitutes 2.17% of all deaths.

Conclusions

Suicide is now a serious social problem. Many people who are unable to adapt to the reality around them and deal with their problems choose a death that causes pain and suffering to their loved ones. As Linda Gask indicates, suicide factors include: male gender, depression, separation, divorce, widowhood, social isolation, alcohol or drug addiction, mental illness, recent release from a mental hospital, job loss or loss of financial support, imprisonment, problems with justice and the police, and the following of the professions of farmer, lawyer, doctor, and dentist[45].

The aim of suicidal behaviour is to take one's own life, and may result in death or survival. An action that ends in death can be called effective. An action that ends in survival can be called ineffective. In Poland, according to the statistics conducted by the Police in the years 2008-2018, there were 88,443 people in total that attempted to kill themselves, of which 54,268 people, which constitutes 61.36% of the total, took effective actions.

A suicide is undoubtedly a source of social interest regarding both the place where it was carried out and the way it was carried out. In the social environment in which the suicide attempt took place, the most frequently discussed topics are the motive behind the suicide, and the way in which the suicide attempt took place. Suicides use various methods of taking their own lives, sometimes very drastic (jumping out of a window, running in front of a moving vehicle, shooting themselves, damaging their circulatory system, hanging themselves) and sometimes 'soft' (alcohol, medicines, poison).

Contrary to the suicide risk factors are factors that reduce suicide risk. In the literature, the most frequently mentioned as factors preventing suicide, which have been scientifically verified, are: having children, a feeling of responsibility for family, pregnancy, religion, satisfaction from life, ability to test reality, having high competence in coping with stress, having high competence in solving problems, having support, a positive relationship with a psychotherapist[46].

Based on the conducted research prepared with the use of statistical data conducted by the Police in the years 2008-2018 on suicides in Poland, the following conclusions were drawn:

— a statistical suicide attempt takes place in a flat or in the household rooms (56.36% of the total),

[45] Gask L, Samobójstwo i umyślne samookaleczenie [in:] Feltham C, Horton J (Eds), Psychoterapia i poradnictwo. Sopot 2013, pp. 252–253.

[46] Stukan J, Diagnoza..., *op. cit.*, pp. 331–332.

— the highest percentage of suicides committed, i.e. terminated, occurs in the age groups of 65 and over. In this group, the effectiveness is 80%. It should be noted that the higher the age, the greater the effectiveness of suicide,
— men commit effective suicides six times more often than women (85.51% of all victims),
— the largest number of suicides choose to die by hanging (83.91% of all victims),
— the largest group of suicides are married persons or persons in informal marriages (44.92% of all victims),
— suicides are most common in the Mazowieckie Province (14.35% of all deaths), and least common in the Opolskie Province (2.32% of all deaths),
— most suicides are committed by people with vocational education (10.05%), and primary and incomplete primary education (9.41%),
— most suicides that result in death are committed on Mondays (16.05% of all deaths), and Tuesdays (14.86% of all deaths),
— the predominant cause of suicides was mental illness (14.12% of the total), and family misunderstandings, including domestic violence (7.64% of the total).

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DOI: 10.5604/01.3001.0014.1137
http://dx.doi.org/10.5604/01.3001.0014.1137

Keywords: suicide attempt, suicidology, suicidal behaviour, social aspects of suicide, dynamics of suicide, committed suicide, attempted suicide

Summary: For many years, suicides have been the most tragic manifestation of social and personality disintegration in Poland and abroad. Suicide is a subject of interest for psychologists, psychiatrists, pedagogues, sociologists, philosophers, theologians, doctors, and criminologists.

The article presents a statistical analysis of suicide attempts based on data from the National Police Headquarters conducted in this field in 2008-2018. In this context, it presents the causes and effects of suicidal behaviour. The analysis of social groups of high suicidal risk, reasons, methods and location of suicide attempts, marital status, and education of suicides are also presented.