POLSKA AKADEMIA NAUK • INSTYTUT NAUK PRAWNYCH

ZAKŁAD KRYMINOLOGII

ARCHIWUM KRYMINOLOGII

PL ISSN 0066-6890

DOI 10.7420/AK2020P

2020 • T. XLII • NR 2 • s. 313–336

Sebastian Lizińczyk ■

Characteristics of suicides committed in Polish prisons, 2015–2019

Charakterystyki samobójstw popełnianych w polskich więzieniach w latach 2015–2019

Abstract: In the activities carried out towards prisoners, concern for their safety is the key role in the implemented system of pre-suicidal prevention. The manuscript describes a list of risk factors identified in the literature that may be important in the correct estimation of the suicide risk assessment. Therefore, the preventive procedures developed in the polish prison system, are focused on monitoring and early identification of suicidal risk factors for inmates. Diagnosis and classification of inmates to the risk group triggers a series of preventive actions taken in prison. Their implementation contributes to limiting the occurrence of the phenomenon of suicides in penitentiary isolation. The subject of the research described in the manuscript is the characteristics of successful suicides in isolation in 2015–2019. The analysis of data from the group of suicides (N = 114) in terms of suicidal risk indicators allowed to identify many aspects of the suicidal process in penitentiary isolation in Poland. Many presented variables were estimated, including temporality of the phenomenon, selected penitentiary characteristics of suicides and data on responsibility for the occurrence of the event. The obtained results provide useful data that may be used to improve the diagnosis system and early identification of prisoners at risk of suicide.

Keywords: suicides in prison, suicidal risk, suicide prevention in isolation, prison suicides

Abstract: W oddziaływaniach prowadzonych wobec osób pozbawionych wolności, troska o ich bezpieczeństwo jest kluczową rolą w systemie prewencji presuicydalnej. W artykule opisano listę czynników ryzyka zidentyfikowanych w literaturze, które mogą mieć znaczenie dla prawidłowego oszacowania oceny ryzyka samobójstwa. Procedury prewencji samobójczej opracowane w polskim systemie więziennictwa koncentrują się na monitorowaniu i wczesnej identyfikacji czynników ryzyka samobójstwa osadzonych. Diagnoza i kwalifikacja osadzonego do grupy ryzyka, powoduje podjęcie w zakładzie

Dr Sebastian Lizińczyk, Uniwersytet Humanistyczno-Społeczny SWPS Katowice, Poland
sebastian.lizinczyk@sw.gov.pl, ORCID: 0000-0002-8642-5944

karnym szeregu działań zapobiegawczych ukierunkowanych na ochronę ich życia. Ich realizacja przyczynia się do ograniczenia zjawiska samobójstw w izolacji penitencjarnej. Przedmiotem badań opisanych w pracy jest charakterystyka udanych samobójstw w izolacji w latach 2015–2019. Analiza danych z grupy samobójców (N = 114) pod kątem wskaźników ryzyka samobójstwa pozwoliła na zidentyfikowanie wielu aspektów procesu samobójczego w izolacji penitencjarnej w Polsce. Oszacowano wiele cech charakterystycznych (zmiennych) dla skutecznych samobójstw w polskich więzieniach, w tym czasowość zjawiska, wybrane cechy penitencjarne samobójstw oraz dane dotyczące odpowiedzialności za zajście zdarzenia. Uzyskane wyniki dostarczają użytecznych danych, które mogą posłużyć do usprawnienia systemu diagnostycznego i wczesnej identyfikacji skazanych zagrożonych samobójstwem.

Keywords: samobójstwa w więzieniu, ryzyko samobójcze, prewencja samobójstw w izolacji, więzienni samobójcy

Introduction

In the prison nomenclature, suicide is referred to as an 'extraordinary event' and is part of the functioning of the penitentiary system. The number of suicides committed by inmates reflects the results of at least two opposing processes, i.e. mental disorders and crises occurring amongst the population of inmates and the effectiveness of pre-suicidal preventive measures. Both processes are constantly monitored and analysed by the prison administration to optimise activities that reduce the risk of these events. This study reviews the characteristics of all prisoners who committed suicide over a five-year period (2015–2019) in Polish prisons. The purpose is to identify suicide risk factors and to try to identify any common features among the people who decided to end their lives in this way whilst incarcerated.

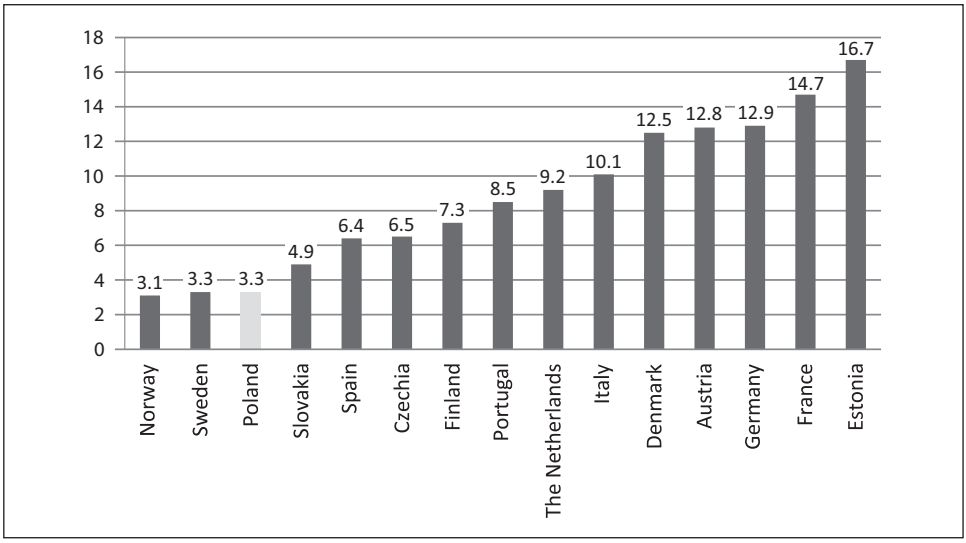
Suicide in prison: Basic statistics

The issue of suicide is a permanent element of everyday penitentiary practice. Due to the importance of human life, it captures the attention of practitioners working in direct contact with inmates. Suicides in prisons attract the public's attention, especially in situations where the act is committed by inmates about whom there was a lot of media coverage. In such cases, questions and doubts arise as to whether the prison system as an institution did everything possible to prevent the tragedy.

Suicide takes place both under prison conditions and not (*Zamachy* n.d.). Prisoners therefore are not particularly different than the non-isolated population. In Poland, the number of adult suicides has been systematically decreasing (see GUS 2019). As shown by data from Statistics Poland [Główny Urząd Statystyczny (GUS)] on suicide, the number has decreased in the last decade from 16.5 per 100,000 population in 2010 to 11.7 in 2019. However, simply comparing suicide

rates inside and outside of prison is not so straightforward. Penitentiary systems in other countries are a better reference for comparisons of the Polish prison suicide rate. This is made possible by systematically collected data on various prison issues, including those related to suicide, compiled by the Council of Europe. Figure 1 is a graph of the suicide rate per 10,000 inmates in selected European countries.

Fig. 1. Suicide statistics from selected European countries in 2018 (source: SPACE I 2019)



These data present the statistics reported by European countries in 2018. The average suicide rate per 10,000 inmates (presented in the report) is 7.2. Therefore, it can be noted that the number of suicides committed in prisons in Poland is in the lower range presented in the report when compared to other countries. The fluctuation of the above-mentioned indicator over five years in the Polish penitentiary system is presented in Table 1.

Table 1. Number of suicides in prisons, 2015–2019

Year	2015	2016	2017	2018	2019
Number of suicides in the Polish prison system	20	20	26	25	23
Suicide rate per 10,000 prisoners	**2.53**	**2.67**	**3**	**3.38**	**3.10**

(source: Statistics of Central Board of Prison Service)

Group at an increased risk of suicide

Studies on suicide (including suicides in prison) are most often retrospective. Thus, the causal relationship between death by suicide and its risk factors cannot be precisely determined or investigated. In such situations, all the elements that can be identified when analysing individual events are typically referred to as 'likely to have an impact'.

According to Schaller, Zimmermann, and Raymond (1996) and Green (1993), those who commit suicide in prison are generally young people (under 25) who have already made a suicide attempt at some point. Such individuals have already had some form of psychiatric treatment and are usually addicted to alcohol and/or other psychoactive substances. Most often, they take their own lives by hanging, drug overdose—or less frequently—by cutting a blood vessel (Kerkhof, Bernasco 1990). Some researchers point to many key variables as factors which increase the risk of suicide in prison, e.g. socioeconomic status and the intimacy of family relationships (Bourgoin 1993). Overall, research shows that more than half of the inmates who commit suicide in prison are aged 25–34 (He et al. 2001; Daniel, Flemming 2006). Most often they are single (not in formal or informal relationships), unemployed, and lacking family support. The analysis of cases of Polish suicide confirms some of these observations (Lizińczyk 2014).

General data from the literature show that the risk of suicide increases before the act itself. Various sources indicate that approx. 45%–63% of inmates who manage to commit suicide showed various types of symptoms of increased suicidal risk (Fruehwald, Eher, Frottier 2001; He et al. 2001; Daniel, Flemming 2006). Of the people who had attempted suicide in the past (and were thus somewhat experienced), more than 65% used methods in their subsequent attempts that were likely to be effective (hanging, swallowing a sharp object, or drug overdose).

Factors related to the risk of suicide

To be able to properly counteract suicide, efficient diagnosis of the risk of suicide is required. In assessing such a risk, many factors of significant importance can be identified. Many of the inmates are characterized by antisocial personality disorders, have abused psychoactive substances, are characterized by some cognitive and intellectual deficits, and experience an extremely stressful situation, such as being imprisoned. All this may mean that the risk of death will be greater within prison walls than outside of them (Hall, Gabor 2004).

When analysing the individual risk factors of inmates, one may notice that in many cases they do not differ significantly from the factors that push non-isolated people to die. The common ones include abuse or addiction to alcohol or

other psychoactive substances, interpersonal conflicts, and diseases or mental disorders. However, certain other factors only come in to play because of the institution: being isolated, having limited contact with people not incarcerated, dealing with the strict control of their behaviour, complying with the prison's regulations, and being denied access to the simplest ways of dealing with stressful situations.

Many researchers have noted the presence of psychiatric disorders in the general population of prisoners, estimating a prevalence rate of 8%–15%, taking the form of serious and persistent mental problems (Haycock 1991). There are more such inmates in high-security penitentiary units (Metzner 2002). Many of these disorders were diagnosed before the period of imprisonment, and being isolated can intensify their symptoms. A systematic review of the literature on this issue (Wołodźko, Kokoszka 2014), distinguished the following groups of people at a significantly higher risk of suicidal behaviour: 1) People with multiple psychiatric disorders, psychological symptoms, and/or intense symptoms, 2) those without a diagnosis of mental disorders or with mild symptoms of mental disorders, 3) those with personality disorders and a tendency to perceive the causes of their problems as independent of them, 4) socially withdrawn people with avoidance personality disorder, and 5) depressive people. In the Polish prison system, it is not easy to define the proportion of inmates with diagnosed mental disorders. Psychological and psychiatric diagnosis is not an obligatory procedure for all inmates (Regulation Ministry of Justice from 14 August 2003 on the methods of penitentiary interactions in prisons and pre-trial detention centres). Thus, consultations usually result from some justifying cause being identified. It is true that an initial medical examination takes place on admission to the unit, but it is generally physical rather than psychiatric. In many cases, no reasons were identified in the prisoners' personal files that would necessitate psychological or psychiatric consultations. Undoubtedly, a compulsory psychological and psychiatric examination of all inmates, with or without cause, could shed light on the mental state of inmates who might potentially attempt suicide (Towl, Walker 2015).

One of the significant mental problems is depressive disorders, accompanied by a lack of hope for improvement, seem to be one of the most characteristic mental states of people attempting suicide (Redding 1997). Hurley (1989) and Marcus and Alcabes (1993) indicate that anxiety and depressive disorders are of the greatest importance in suicide cases. We can identify a correlation in the level of perceived anxiety: inmates may experience anxiety at any stage of serving their sentence. The coexistence of anxiety, depression, and hopelessness can significantly increase the risk of committing suicide (Anasseril 2006). A negative life balance—experiencing numerous, unpleasant negative events in one's own life—and the length of imprisonment indirectly influenced the risk of suicide, mainly through directly influencing the onset of depressive disorders.

Other factors that may generate an increased suicide risk is the way inmates perceive the prison environment as threatening and highly stressful. For many first-time prisoners, it may not be easy to adapt to the reality around them. Situations in which many aspects of their normal daily activities are subject to strict control and the decision of the prison staff may come as a kind of 'shock'. Due to these limitations, as well as the tension surrounding the pending court trial, concerns about the possible length of their sentence or the rejection of their application for release, and their generally poor physical and/or mental health, interpersonal conflicts may arise with other inmates. All these potentially difficult situations (especially if they accumulate) can undoubtedly influence the risk of taking life. Research shows that less than 50% of inmates who attempt suicide experience symptoms of acute stress (He et al. 2001; White, Schimmel, Frickey 2002).

Personality disorders, which in prisons consist mostly of the antisocial dimension, also play a role (Trestman, 2000). Verona, Patrick, and Joiner (2001), using a psychopathy questionnaire (PCL-R), studied inmates in Florida (USA) prisons and found a positive correlation between antisocial disorders and suicidal tendencies in the male prisoner population. They identified that borderline personality disorder significantly increased the risk of attempts and successful suicides, especially when the person has significant deficits in social skills, affective disorders, and above all, a higher overall level of impulsivity.

Substance abuse or being under the influence of alcohol or drugs, including 'legal highs' at the time of arrest clearly correlates with the risk of suicide (Sinha, Easton 1999; Wojnar et al. 2009; Klimkiewicz, Serafin, Wojnar 2011). The risk of suicide is greater among opiate addicts, especially those who also have comorbid psychiatric disorders (Kekkevi 1995). At this point, it is worth mentioning that people with addictions to alcohol or other substances undergo compulsory abstinence when they become incarcerated. The compulsory sobering up under prison conditions and being unable to access psychoactive substances may lead to the unpleasant symptoms of withdrawal syndrome, which in turn entails a desire to alleviate the craving and the associated mental suffering. Before their imprisonment, such a person could simply reach for the substance again to remove these unpleasant symptoms. If such a person has not developed coping mechanisms other than drinking/using substances, the risk of suicide increases significantly (Kerkhof, Bernasco 1990; Brodniak, Zwoliński 2006). In the Polish prison system, during the preliminary interview conducted on admission to the unit, questions regarding the use of psychoactive substances (alcohol or drugs) are one of the most significant areas. In cases where a newly admitted inmate is under the influence of a substance, has a history of drug addiction treatment, or has a model of substance use that indicates addiction, the inmate is sent for further psychological consultation.

Another important variable is the type of crime committed. Various researchers have indicated that this type of dependency is not universal for all inmates (Webb et al. 2012). The individual's experience of guilt, shame, and stigmatisation by their

loved ones from the crime they've committed likely are more important here, whilst the type of crime itself does not have to clearly determine the risk of this.

In penitentiary units, the first 24–48 hours are of critical importance in the development of suicide risk. Likewise, there is talk of a period including the first 30 days, which is particularly important when it comes to inmates who have had past experience of attempting suicide (Marcus, Alcabes 1993; Felthous 1994). In the Polish prison system, the critical period of particular importance is the first 14 days of the inmate's stay (Instruction No. 2/16). However, studies on the duration of isolation and suicide risk have not yielded clear conclusions. Some studies have indicated a positive correlation between these variables (Bourgoin 1993; Fruehwald et al. 2000), while others found no relationship after the first 180 days of isolation (Salive, Smith, Brewer 1990).

Contrary to stereotypical thinking, suicides rarely occur on weekends or religious holidays (Joukamaa 1997), but the time of day is significant. Research has established that prisoners most frequently commit suicide between 7 p.m. and 7 a.m. (Durand et al. 1995; He et al. 2001). This is probably because staffing in prisons during this period is usually lighter and more limited. For reasons that are not fully known, the months of June–August is the part of the year with the highest frequency (Dooley 1990; Liebling 1993). Polish experience shows a similar tendency (Lizińczyk 2014).

The methods of committing suicide

More than 80% of suicides in prison are committed by hanging (Annaseril 2006). It is important to mention that hanging is not necessarily hanging in a position where the person's feet do not touch the floor. The noose can be tied to various places, e.g. to window or door handles, the washbasin or shower faucet, a window grille, a bed frame, or any fixtures protruding from a wall. Various materials are used to make the nooses: they are most often sheets, laces, belts, socks, television cables, and plastic bags. Introducing an order to requisition all items that could potentially be used in an act of suicide seems extremely difficult or even impossible. Creating nooses from generally available materials means that it would not be effective to base suicidal prevention solely on limiting the availability of dangerous items. Depriving prisoners of all potentially dangerous things would, in principle, worsen the conditions for serving a sentence and therefore their adaptability. Consequently, such actions could increase the desire to end one's life. Committing suicide by hanging is not the only form of killing oneself; other methods are bleeding (severing blood vessels) or overdosing drugs (either illegally obtained drugs or collected prescription medications) (Marcus, Alcabes 1993; Daniel 2006;). Methods such as swallowing a sharp object or jumping from a height are rare.

Suicide prevention strategies: Polish prison policy

Merely determining the profile of a typical suicidal inmate does not provide prison staff with sufficient tools to effectively prevent suicides in isolation. Many of the previously discussed risk factors are dynamic, which makes it difficult to easily distinguish who is or will be a potential suicide victim and who is not. In the prison environment, the ability to observe current signals sent by prisoners and communication between officers about their behaviour is an essential and basic preventive tool. The development of a plan to counteract prisoners' suicide must rely primarily on the cooperation and responsibility of all prison staff (APA 1999; Ludlow et al. 2015).

The Polish Prison Service must perform many tasks. It is obliged to ensure the order and safety of prisons and pre-trial detention centres throughout the process of imprisonment (Prison Service Act of 9 April 2010). Although it seems doubtful that the number of suicides in prisons will ever reach zero—due to the previously mentioned characteristics of prisoners (a larger proportion of people with personality disorders and situational triggers related to isolation)—the role of the prison system is nonetheless to develop strategies to minimise their occurrence and possibly counteract them.

For ten years, the Polish Prison Service has had a set of procedures aimed at preventing suicides among individuals deprived of liberty (the current version is Instruction No. 2/16 – see DG SW 2016). This internal document indicates the preventive and interventional methods of proceeding if an inmate is a suicide risk. Preventing the suicide of inmates is the responsibility of every officer and employee of the prison service. The degree of responsibility for monitoring suicide risk varies depending on the service line. Other tasks are specified for penitentiary educators/psychologists, still others for security department officers or other prison staff.

In the Polish prison system, a convicted person is forbidden to 'cause injury to their own body or health ' (Art. 116a of the Executive Penal Code). Such behaviour is listed under a common category: inmate self-aggression. For further treatment of inmates who display this behaviour, it is divided by the motive behind it, i.e. emotional or instrumental motivation. This division does not reflect the nature of the behaviour (self-aggression most often has a polymotivational basis), but is mainly meant to determine whether the inmate's behaviour came from a desire to draw attention to himself or to force the prison staff to act the way he wanted. However, it should be emphasised that an inmate attempting suicide solely for instrumental reasons is still able to do it effectively. As it results from the analysis of explanatory activities carried out in connection with such events, by 'pretending' to desire to kill oneself, it can be effectively realised in one's theatricality. From the psychological point of view, both 'artificial' categories of motivation are so important due to the further actions towards the inmate.

If self-aggressive instrumental/inducing behaviours are used, the inmate is charged with the costs of further treating his health disorder (Art. 119 of the Executive Penal Code). The impacts are then directed in an attempt to unlearn further use of this type of behaviour, to indicate its irrationality, and to inform the inmate about other constructive possibilities of solving their problems.

In the second case (emotional motivation), the interactions are aimed at providing support and jointly analysing the inmate's current crisis. The role of the psychologist then includes pointing out that suicide is not a solution to problems and looking for other means of coping with difficult situations. Such a legal solution may entail the risk of perceiving potential suicide victims as manipulative, only wanting to attract unnecessary attention from others or to force others act for them (Towl, Crighton 2017). Similar reflections are prompted by the analysis of 'Self-inflicted deaths in NOMS' custody amongst 18–24 year olds' by Ludlow et al. (2015). The research team indicated that in the British prison system, some officers perceive suicides behaviours as manipulative and coercive actions against the prison administration. With this approach, the context of intervention and helping a person changes.

In the Polish prison system, monitoring of the inmates in terms of suicide risk assessment begins upon their admission to the penitentiary; among the numerous activities performed by the prison staff, a 'preliminary interview' is conducted. This is a kind of interview with the inmates that helps to identify many factors, including some that may help determine their risk of suicide. It is the first link in the suicide prevention system. This interview includes the diagnosis of many static factors (historical data) and dynamic ones (situational and personality aspects). It contains elements that, according to many authors, should be considered in the assessment of potential suicide risk (Mills, Kroner 2005; Lizińczyk 2014). All convicts are covered by the system of monitoring and identifying potential signals that may indicate an increased risk of suicide (first-line prophylaxis). In cases where a risk is identified, which may indicate self-aggressive tendencies, a penitentiary psychologist conducts a psychological evaluation and then draws up a document called a 'Prisoner at risk of suicide form' [*karta OZS*]. In this document, some tasks are set for security officers, as the interventions aimed at reducing the risk of suicide are created (second-order pre-suicidal prophylaxis). When constructing a plan to minimise the chance of a suicide, any risk factors which have been identified and any resources of the inmate (protective factors) that can be used in interventions against suicide are analysed (Krawczyk, Gmitrowicz 2014). The plan of working with such a person is systematically verified, including recommendations and the effectiveness and purposefulness of their further application. In situations where there is a significant change in the inmate's behaviour, family, legal status, etc., the recommendations may be adapted to fit the new circumstances. A general (simplified) diagram of these activities is presented in Figure 2.

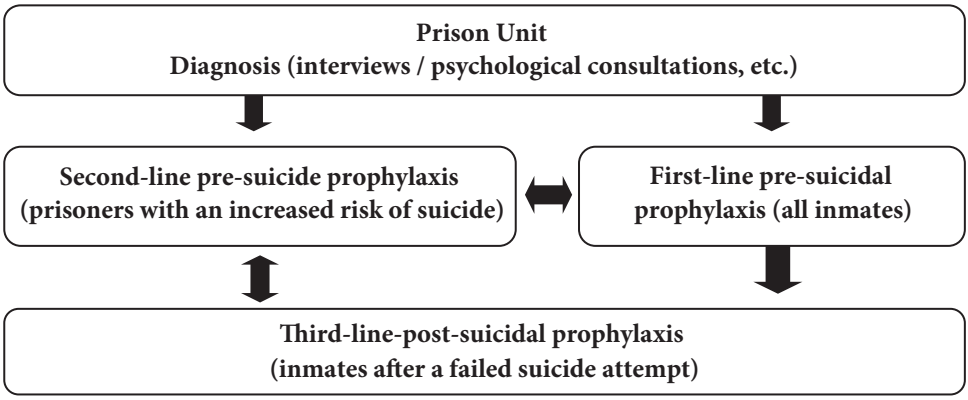


Fig. 2. The three-stage model of suicide prevention used in the Polish prison system

If there is a suicide attempt, and it turns out to be ineffective (the life was saved), Fig. third-line, post-suicidal prophylaxis is applied. The psychologist plays the key role in this case, trying to determine the reasons and motives behind the decision of the inmate and conducting an intervention with the inmate aimed at affirming further life.

The last element of the system is the analysis of cases in which a suicide attempt occurred. In the course of these analyses, the responsibility of the prison staff is verified in terms of whether it was possible to notice the signals in advance and to minimise the suicidal tendencies of the inmate. A team of officers appointed for this purpose has the difficult task of determining who is responsible for what happened and to what extent. Apart from drawing disciplinary consequences (if found), such an analysis is also educational. It provides information on whether the preventive system worked, what was ineffective or missing, whether everything called for in the pre-suicidal prophylaxis system was done, and whether it is possible to identify the cause of the event? Those conducting such proceedings also try to determine what preventive measures can be implemented to avoid further mistakes in future. The enactment of this preventive system in 2010 drastically reduced the number of suicides from 41 (in 2009) to 23 in 2019 (*Statystyka* n.d.). The prison system should constantly strive to improve the model of early suicide risk identification. The knowledge of the factors which influence this risk seems to be crucial in further suicide prevention (Towl, Crighton 2017).

Participants and procedures

Due to the nature of the issue under discussion, the analysed research material is ex post facto data. Access to basic data related to suicides in prisons (*Statystyka* n.d.) is limited to the number these events in particular years, and detailed characteristics of individual cases are not generally available. For this reason, it was necessary to analyse the personal files of prisoners who committed suicide between 2015 and 2019. After this was made possible (electronic access to the Central Database of Persons Deprived of Freedom), a questionnaire was developed to encode indicators related to the incidents and the penitentiary suicide profiles, such as time of the event (hour, day of the week, month, and year), a description of the inmate (sex, age, and status of the inmate), classification (convicted or on remand), length of current isolation at the time of the incident, place of suicide, crime committed or accused of, and classification of suicide risk. The final research group consisted of cases of all suicides that took place in Polish prisons in the period 2015–2019. In this way, from January to May 2020, 114 suicides files (112 men and 2 women) were analysed; the results are presented below.

The period when suicides were committed in prison

The analysis of the data allowed the time period of the occurrence of suicides in penitentiaries to be determined.

Table 2. The number of suicides committed in prisons from 2015 to 2019, by month

Month	January	February	March	April	May	June	July	August	September	October	November	December
Number of suicides	9	7	9	**11**	5	10	7	**18**	**11**	9	8	10

The data on suicides by month indicate two periods of higher frequency, i.e. the spring peak (April) and the summer peak (August–September). The month of August turned out to be the highest in this respect. The data, therefore, confirm the observations of researchers (Dooley 1990; Liebling 1993;) who pointed to the summer months as a period of increased suicides. The seasonality of suicide was

also mentioned in a study by Młodożeniec & Brodniak (2010) and Jessen et al. (1999), indicate spring/summer and autumn months of higher frequency.

Table 3. The number of suicides in prisons from 2015 to 2019, by day of the week

Day of the week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Number of suicides	**23**	18	13	14	16	19	11

Monday was the day with the highest number of suicides over the last five years. According to police data (*Zamachy* n.d.) in Poland, the most suicides also take place on Mondays (data for 2017–2019). It is difficult to explain the reasons why this day stands out. Perhaps Monday is identified with the first day of a new week, the beginning of a new period. The decision to commit suicide could be related to the conviction associated with taking action at the beginning of a new period and the end of another one.

Table 4. The number of suicides in prisons from 2015–2019, by the hour they were noticed

Hour	12:00 a.m.	1:00 a.m.	2:00 a.m.	3:00 a.m.	4:00 a.m.	5:00 a.m.	6:00 a.m.	7:00 a.m.	8:00 a.m.	9:00 a.m.	10:00 a.m.	11:00 a.m.
Number of suicides	2	4	6	5	5	4	**16**	6	6	2	5	6
							PRISON STAFF WORKING HOURS					
Hour	12:00 p.m.	1:00 p.m.	2:00 p.m.	3:00 p.m.	4:00 p.m.	5:00 p.m.	6:00 p.m.	7:00 p.m.	8:00 p.m.	9:00 p.m.	10:00 p.m.	11:00 p.m.
Number of suicides	2	6	2	8	3	6	4	7	4	0	2	2
	PRISON STAFF WORKING HOURS											

In analysing the times at which the suicides were detected, it appears that the number of suicides committed during the working hours of the prison staff amounted to 40, whilst the remainder totalled 73. Suicides are simpler to commit when the staff are working at reduced capacity—there is less activity on the prison and night time is conducive sufficient intimacy to increase the likelihood of a successful suicide. Therefore, Polish data confirm the observations of He (2001) and Durand

et al. (1995), who indicated that the highest risk of such events was between 7 p.m. and 7 a.m.

Methods of committing suicide

Table 5. The method and location of suicide in the study group

Method			Location		
	n	%		n	%
Hanging	102	90.26	Cell	48	42.10
Cutting and bleeding out	6	5.31	Toilet ('sanitary corner')	55	48.24
Other	5	4.43	Outside the prison unit	3	2.64
			Other	8	7.02

The most common way of committing suicide has remained unchanged for many years (Głowik, Matyba 2010; Lizińczyk 2014). In most cases, it is done by hanging. A detailed case study shows that inmates choose places where a noose can be easily attached. As a rule, these are window bars, bed frames, door handles, or any other fixture that protrudes from the wall and is attached firmly enough to support the weight of the body and create a suffocation mechanism. The presented data therefore confirm some researchers finding (Borrill et al. 2005; Lohner, Konrad 2006; Marzano et al. 2010; Rivlin et al. 2010) that hanging is the most frequently chosen method of successful suicides. The analysis of the location of suicides in prisons from 2015–2019 revealed similar trends which were observed for the period 2010–2013 (Lizińczyk 2014). The most common location to commit suicide is still the toilet in one's cell (the "sanitary corner'). It is a place of temporary isolation in a shared cell, where an inmate, left for a while, may commit suicide. Residential cells appears in second place.

Incarceration characteristics

Other selected characteristics related to inmate suicides were also analysed.

Table 6. Age of people who committed suicide in prisons from 2015 to 2019

	n	M	Me	Min	Max	SD
Age	114	41.23	40.00	18.00	73.00	12.42
up to 21 years	5 (4%)					
22–30 years	15 (13%)					
31–40 years	38 (33%)					
41–50 years	29 (26%)					
51–60 years	16 (14%)					
61 years and older	11 (10%)					

The age of suicide victims is proportionally distributed and reflects the overall breakdown of the prison population. The age range of inmates who died by suicide, 18–73 years, suggests that it can occur in any age group. The detailed distribution of age groups in the study group revealed the fact that most often it concerns people aged 31–50 (59% of all cases). As Ivanoff and Jang (1991) argued, no age group was distinguished that would significantly determine a greater susceptibility to committing suicide. Polish police data on the relationship between suicide and age (*Zamachy* n.d.) indicate a relatively similar age profile. According to these data, the largest age group of non-prisoner suicide cases are people aged 30–64.

Table 7. The number of prison sentences among suicide victims in the research group

Number of prison sentences	n	%
First	39	34
Second	17	15
Third	15	13
Fourth or later	43	38

Some researchers point to the importance of factors such as having previous experience of being imprisoned as important in the genesis of suicidal tendencies (Marzano et al. 2011; Rivlin et al. 2013). Others (Blaauw et al. 2001; Suto,

Arnaut 2010) do not consider this factor to be associated with high suicide risk. The adaptation of convicts to imprisonment is a process referred to as prisonisation (Niewiadomska 2004). This process consists in the fact that as the duration of imprisonment grows, the convict learns more and more about the specific forms of behaviour and values in the community of the prison and acquires an increasing degree of attitudes, behaviours, and rituals which are specific to this environment. The effect of prisonisation is better tolerance of prison ailments. Factors that favour the prisonisation process include the number of convictions and experiences with previous incarceration, among others (Klimczak 2017). The number of previous prison sentences in the past is an indicator that may suggest some readiness to adapt to prison conditions. Such a penitentiary recidivist already has an idea of being in isolation. It can therefore be assumed that such a person will adapt sooner and that the situation of being imprisoned will not be such a strong trigger as in the case of people who are serving a sentence for the first time and have never been incarcerated before. Table 7 shows that the group of people who committed suicide in prison is not predominantly comprised of people who were in prison for the first time. Thus, the indicator of previous penitentiary experience turned out not to be of significance in predicting suicide risk.

Table 8. Duration of incarceration prior to suicide in the study group (people in custody and serving a sentence)

Time of incarceration prior to the event	n	%
up to 1 month	16	14
1–3 months	24	21
4–12 months	33	29
13 months or more	41	36

Analysing the data (see Table 8), the moment when the event occurs does not result from a specific point during incarceration. The statistics from the last five years show that the highest percentage of suicide cases are people who had been imprisoned for a year or more. Many authors have suggested that the greatest risk lies with the group of prisoners being held on remand.

An analysis of the Polish suicide cases revealed that the majority are serving sentences (65%) rather than being held in custody (35%). This does not necessarily contradict the conclusions cited above. Perhaps, in Polish prisons, pre-trial detainees are monitored closely, which effectively reduces the number of suicides among this population. The population of inmates serving sentences becomes problematic. After receiving a sentence, the situation of the convict is legally stabilized in that it is predetermined when the sentence will end, when it will be

possible to apply for conditional early release, or when it will be possible to leave the prison unit ('on a pass'). All these elements should generally reduce the risk of suicide. It turns out, however, that the pre-suicidal process proceeds regardless of the inmate's classification. Perhaps this is because vigilance is dormant and the belief that some time will elapse before a conviction is handed down, and therefore a person may somewhat adapt to imprisonment; this would affect the appearance of such people in these statistics. It may, therefore, be deceptive to assume that if no increased risk has been observed so far, the situation can only get better later.

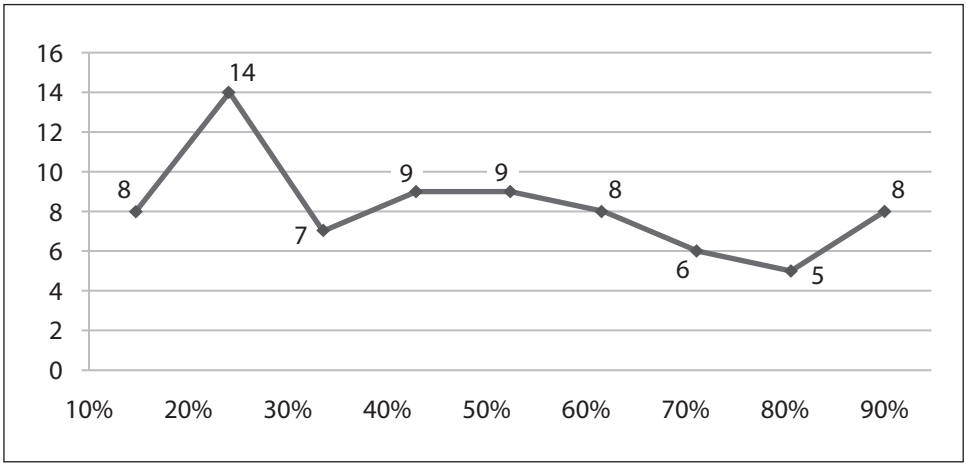


Fig. 3. The number of suicides committed among prisoners serving sentences, according to the proportion of their sentence which was served prior to the event

Some studies in the field of suicidology have suggested there are certain critical periods during imprisonment (Marzano et al. 2011; Rivlin et al. 2013). Figure 3 shows the proportion of the sentences of convicted persons which was already served when they committed suicide. Therefore, the graph does not include any individuals under pre-trial detention who, for this reason, did not yet know their sentence. As can be seen, the critical initial period (20% of the sentence served) was characterized by the highest number of suicides. In the later stages of imprisonment, the number of successful suicides slightly decreases, although it still remains at a similar level. When comparing the data included in Table 8 (the duration of incarceration), which includes all prisoners from the study group, to Fig. 3 (which only includes prisoners whose sentence had been handed down), we get the impression that in Polish prisons this factor is more important than the amount of time spent incarcerated. A more significant trigger factor was the initial period immediately after the announcement of the verdict.

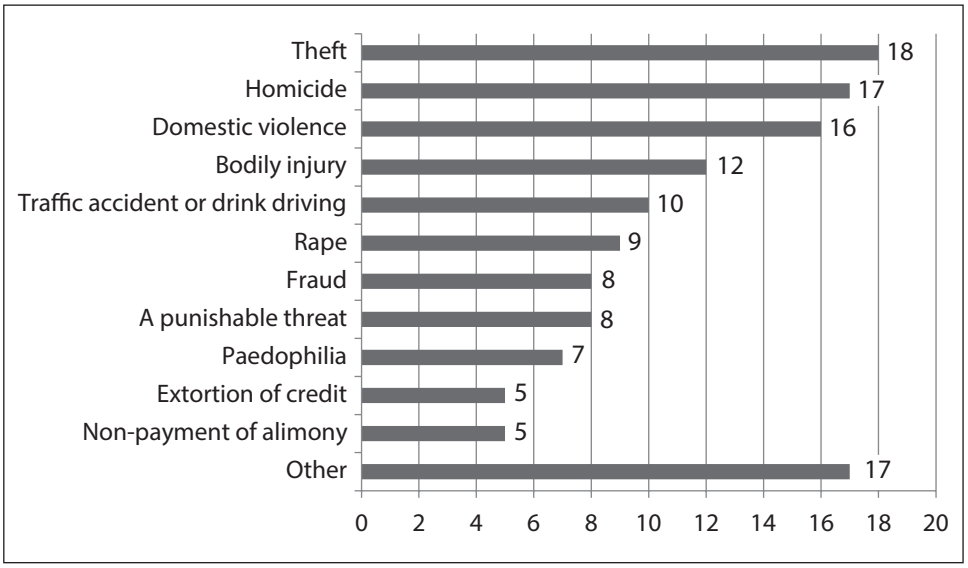


Fig. 4. Classification of suicide victims by the type of crime committed or accused of in the study group (one person may commit a crime from more than one category)

The analysis of the crimes committed (or suspected of having committed) by suicide victims revealed a wide range of different categories. The most frequent ones are theft, homicide, domestic violence, bodily injury, and driving under the influence of alcohol and/or causing a traffic accident. Although five categories of the most frequent crimes have been identified, the observation of Daniel (2006) is confirmed: the category itself does not necessarily determine the potential risk of suicide. It is likely that the sense of guilt and harm that the inmate experiences may translate to a greater degree into a depressed mood and the emergence of thoughts of giving up.

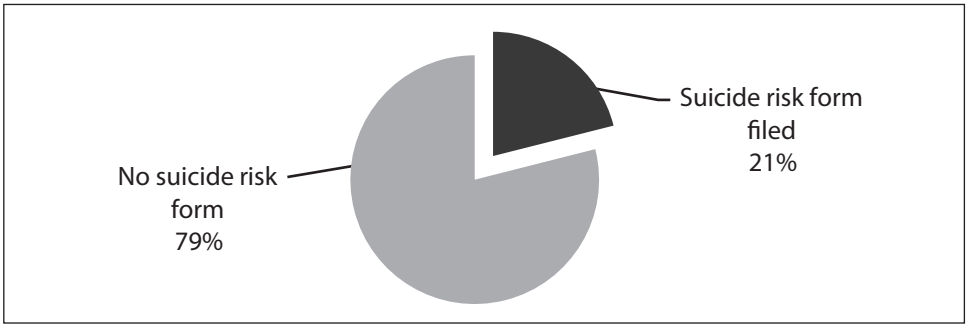


Fig. 5. Early identification of warning signals among the study group (filing a "Prisoner at risk of suicide" form)

In the suicide prevention system in penitentiaries, warning signals are identified that may indicate an increased risk of suicide, and then a "Prisoner at risk of suicide" form is filed. Figure 5 clearly shows that in nearly 80% of suicide cases, no such form was added to the prisoner's personal file. However, the failure to make use of this document was not due to omissions of the staff. After a thorough analysis of these cases, it turns out that no warning signals were observed that would suggest the need to implement secondary preventive procedures. Thus, this large disproportion leads to at least two basic conclusions: firstly, that the process of suicide may be sudden and difficult for observers to detect, thus difficult to adequately respond to, and secondly, that there are approx. 1,500 people with such a form on file in the Polish prison system. As can be seen, most people who commit suicide are not identified as a suicide risk. Therefore, launching such a procedure seems to limit the occurrence of suicide among people in whom warning signs were observed. On the other hand, in this group of prisoners, the psychological diagnosis most often indicated such risk factors as personality disorders, psychiatric treatment in the past, psychotic disorders, alcohol or drug addiction, attempts at suicide and/or self-harm in the past, low mood, thoughts of resignation, or instrumentalism in behaviour. These data lead to the reflection that the assessment of the risk of suicide is a complex and often unpredictable process (Ludlow et al. 2015).

Conclusion

For many years, the prison service has been systematically monitoring suicides in prisons. This monitoring has increased since regulations were drafted in 2010. Extensive activities (training, consultations, internal instructions, guidelines, etc.) are carried out to optimise pre-suicide prevention. Prison service officers are obliged to participate in training on suicide prevention at least once a year (in practice more often) (DG SW 2016). Psychological consultations with people at risk are conducted even several times a week to identify risk factors and warning signs early on. Prisoners at a high risk of suicide participate in compulsory psychiatric consultations to formulate further individual recommendations (NIK 2020). Apart from psychologists, social prison officers (according their competences and tasks), also participate in interactions with a person from the risk group. After each suicide, a special report is prepared in which the causes and potential errors in the prison staff's actions are analysed. All officers in the unit where the incident took place are acquainted with the results of these analyses. As mentioned at the beginning, the number of suicides has fluctuated between 20–23 cases per year for several years. Although individually, each suicide is a tragedy that should not take place, from a systemic perspective, only a small percentage of convicts manage to commit suicide in prison.

The results presented herein are exploratory in nature. Summarizing the suicides that took place in Polish prisons between 2015 and 2019 yields a statistical profile of prison suicides. The data show that a person who wants to commit suicide is likely to do so in the spring (April) or summer/autumn (August–September) period. It is most often done on a Monday, outside of the working hours of the prison staff, because it is easier to find privacy. As a method of death, they most often choose to hang themselves in a cell or prison toilet. The remaining data indicate that these are most often people aged 30–50 (M = 40). They are either being imprisoned for the first time, or have stayed a minimum of four times in prison. The critical moment of detention is around 4–13 months of incarceration, probably right after a sentence is handed down. These are mostly people who have committed theft, homicide, or domestic violence. Most often, the symptoms of their crisis go unnoticed by the prison staff (they are so discreet or sudden), thus successful suicide cases are covered by first-line prophylaxis without being classified as at-risk. The statistical analysis designed to identify statistically significant relationships between the variables under study turned out to be fruitless. It is likely that suicides occurring in penitentiaries are the result of many factors (dynamic and static), and simple correlation or regression analysis do not allow for the identification of significant correlations. People attempting suicide are not homogeneous in terms of their personality traits or other elements related to suicide (Wołodźko, Kokoszka 2014).

It should also be considered that suicide risk assessment is dynamic and should be proactive and related to the environmental context (Ludlow et al. 2015). The data show that nearly 80% of suicide victims in Polish prisons in the period 2015–2019 had previously been identified as at-risk. It is difficult to judge whether the earlier warning signs were not identified because they were imperceptible or whether visible signs escaped the attention of prison officers (Towl, Walker 2015; Sweeny, Clarbour 2018). These data may, therefore, indicate the need to develop better tools, methods, and techniques to optimise the prediction of such behaviour in the future. The data presented herein do not directly refer to the effectiveness of the suicide prophylaxis system, but dividing the number of suicides in 2019 by the total number of inmates (74,130,000 as of 31 December 2019) yields the value of 0.031% of all inmates who commit suicide.

References

Aebi M.F. and Tiago M.M. (2019). Space I – 2019. Council of Europe Annual Penal Statistics: Prison Populations. Strasbourg: Council of Europe.

Anasseril D. (2006). 'Preventing suicide in prison: A collaborative responsibility of administrative, custodial, and clinical staff'. *The Journal of the American Academy of Psychiatry and the Law* 34, pp. 165–175.

Blaauw E., Winkel F. and Kerkhof A. (2001). 'Bullying and suicidal behavior in jails'. *Criminal Justice and Behavior* 28, pp. 279–299.

Borrill J., Medlicott D., Teers R. and Paton J. (2005). 'Learning from ‚near misses': Interviews with women who survived an incident of severe self-harm in prison'. *The Howard Journal of Criminal Justice* 44(1), pp. 57–69. Available online: https://doi.org/10.1111/j.1468-2311.2005.00355.x.

Bourgoin N. (1993). 'La mortalité par suicide en prison' [Mortality due to suicide in prison]. *Revue d'épidémiologie et de santé publique* 41, pp. 146–154.

Brodniak W. and Zwoliński M. (2006). 'Rozpowszechnienie myśli i zachowań samobójczych wśród pacjentów lecznictwa odwykowego' [Prevalence of suicidal ideation and behaviour in drug addiction treatment patients]. *Alkoholizm i Narkomania* 19(1), pp. 25–34.

Daniel A.E. (2006). 'Preventing suicide in prison: A collaborative responsibility of administrative, custodial, and clinical staff'. *Journal of the American Academy of Psychiatry and the Law Online June* 34(2), pp. 165–175.

Daniel A.E. and Flemming J. (2006). 'Suicides in a state correctional system 1992–2002'. *Journal Correctional Health Care* 12*, pp.* 24–*35.*

Dooley E. (1990). 'Prison suicide in England and Wales, 1972–87'. *The British Journal of Psychiatry* 156, pp. 40–45.

Durand C.J., Burtka G.J., Federman E.J. and Haycox J.A. (1995). 'A quarter century of suicide in a major urban jail: Implications for community psychiatry'. *American Journal of Psychiatry* 152, pp. 1077–1080.

Felthous A.R. (1994). 'Preventing jailhouse suicide'. *Bulletin of the Amercian Academy of Psychiatry Law* 22, pp. 477–488.

Fruehwald S., Frottier P., Eher R., Gutierrez K. and Ritter K. (2000). 'Prison suicides in Austria, 1975–1997'. *Suicide Life-Threating Behavior* 30, pp. 360–369.

Fruehwald S., Eher R. and Frottier P. (2001). 'What was the relevance of previous suicidal behaviour in prison suicides?'. *The Canadian Journal of Psychiatry* 46*,* p. 763–770. Available online: http://www.doi.org/10.1177/070674370104600818.

Green C., Kendall K., Andre G., Looman T. and Polvi N. (1993). 'A study of 133 suicides among Canadian federal prisoners'. *Medicine, Science and the Law* 33, pp. 121–127.

Głowik T. and Matyba A. (2010). 'Samobójstwa osadzonych w latach 2006–2009' [Suicides of inmates, 2006–2009]. *Przegląd Więziennictwa Polskiego* 66, pp. 5–25.

GUS (2019). *Rocznik Statystyczny Rzeczypospolitej Polskiej* [Statistical Yearbook of the Republic of Poland]. Warszawa: Główny Urząd Statystyczny.

Hall B. and Gabor P. (2004). 'Peer suicide prevention in a prison'. *Crisis* 25(1), pp. 19–26. Available online: https://www.doi.org/10.1027/0227-5910.25.1.19.

Haycock J. (1991). 'Capital crimes: Suicides in jail'. *Death Studies* 15, pp. 417–433.

He X.Y., Felthous A.R., Holzer C.E., Nathan P. and Veasey S. (2001). 'Factors in prison suicide: One year study in Texas'. *Journal of Forensic Science* 46, pp. 896–901.

Hurley W. (1989). 'Suicides by prisoners'. *Medical Journal of Australia* 151, pp. 188–190.

Ivanoff A. and Jang S.J. (1991). 'The role of hopelessness and social desirability in predicting suicidal behaviour: A study of prison inmates'. *Journal Consulting and Clinical Psychology* 59, pp. 394–399.

Jessen G., Andersen K. Arensman E., Bille-Brahe U., Crepet P., de Leo D., Hawton K., Haring C., Hjelmeland H. and Michel K. (1999). 'Temporal fluctuations and seasonality in attempted suicide in Europe'. *Archives of Suicide Research* 5, pp. 57–69.

Joukamaa M. (1997). 'Prison suicide in Finland, 1969–1992'. *Forensic Science International* 89, pp. 167–174.

Kekkevi A. and Stefanis C. (1995). 'Drug abuse and psychiatric comorbidity'. *Comprehensive Psychiatry* 36, pp. 329–337.

Kerkhof A.J. and Bernasco W. (1990). 'Suicidal behavior in jails and prisons in the Netherlands. Incidence, characteristics and prevention'. *Suicide Life-Threatening Behavior* 20, pp. 23–37.

Klimczak J. (2017). 'Prizonizacja a skazani na karę dożywotniego pozbawienia wolności' [Prisonisation and individuals sentenced to life in prison]. *Archiwum Kryminologii* 39, pp. 231–248. Available online: http://www.doi.org/10.7420/AK2017H.

Klimkiewicz A., Serafin P. and Wojnar M. (2011). 'Czynniki ryzyka zachowań samobójczych u osób uzależnionych od alkoholu' [Risk factors of suicidal behaviour in alcohol-dependent individuals]. *Media Psychiatria* 8(1), pp. 7–17.

Krawczyk J. and Gmitrowicz A. (2014). 'Analiza czynników chroniących przed samobójstwem' [Analysis of the factors protecting against suicide]. *Psychiatria i Psychologia Kliniczna* 14(1), pp. 43–49.

Lizińczyk S. (2014). 'Próby i skuteczne samobójstwa w polskim systemie penitencjarnym w latach 2010–2013 wybrane charakterystyki penitencjarne' [Attempts and successful suicides in the Polish penitentiary system, 2010–2013: Selected penitentiary characteristics]. *Profilaktyka Społeczna i Resocjalizacja* 23, pp. 19–48.

Mills J. and Kroner D. (2005). 'Screening for suicide risk factors in prison inmates: Evaluating the efficiency of the Depression, Hopelessness, and Suicide Screening Form (DHS)'. *Legal and Criminological Psychology* 10, pp. 1–12.

Liebling A. (1993). 'Suicides in young prisoners: a summary'. *Death Studies* 17, pp. 381–409.

Marcus P. and Alcabes P. (1993). 'Characteristics of suicides by inmates in an urban jail'. *Hospital & Community Psychiatry* 44, pp. 256–261.

Lohner J. and Konrad N. (2006). 'Deliberate self-harm and suicide attempt in custody: Distinguishing features in male inmates' self-injurious behavior'. *International*

Journal of Law and Psychiatry 29(5), pp. 370–385. Available online: https://doi.org/10.1016/j.ijlp.2006.03.004.

Ludlow A., Schmidt B., Akoensi T.D., Liebling A., Giacomantonio C. and Sutherland A. (2015). *'Self-inflicted Deaths in NOMS' Custody Amongst 18–24 Years Olds. Staff Experince, Knowledge and Views*. Cambridge: RAND Europe.

Marzano L., Fazel S., Rivlin A. and Hawton K. (2010). 'Psychiatric disorders in women prisoners who have engaged in near-lethal self-harm: Case-control study'. *The British Journal of Psychiatry* 197(3), pp. 219–226. Available online: https://doi.org/10.1192/bjp.bp.109.075424.

Marzano L., Hawton K., Rivlin A. and Fazel S. (2011). 'Psychosocial influences on prisoner suicide: A case-control study of near-lethal self-harm in women prisoners'. *Social Science & Medicine* 72(6), pp. 874–883. Available online: https://doi.org/10.1016/j.socscimed.2010.12.028.

Metzner J.L. (2002). 'Class action litigation in correctional psychiatry'. *Journal of the American Academy of Psychiatry and the Law* 30, pp. 19–29.

Młodożeniec A. and Brodniak W.A. (2010). 'Sezonowość samobójstw w Polsce. Analiza danych Głównego Urzędu Statystycznego z lat 1999–2003' [The seasonality of suicide in Poland: An analysis of data from Statistics Poland from 1999–2003]. *Psychiatria Polska* 1, pp. 61–69.

Niewiadomska I. (2004). 'Opinie skazanych dotyczące kary pozbawienia wolności, jako wskaźnik adaptacji do warunków izolacji więziennej' [The opinions of convicts about imprisonment as an indicator of their adaptation to prison conditions]. In M. Kuć, I. Niewiadomska (eds.) *Kara kryminalna. Analiza psychologiczno-prawna* [Criminal punishment: Psychological and legal analysis]. Lublin: Wydawnictwo Towarzystwo Naukowe KUL, pp. 317–329.

Redding R.E. (1997). 'Depression in jailed women defendants and its relationship to their adjudicative competence'. *Journal of the American Academy of Psychiatry and the Law* 25, pp. 105–119.

Rivlin A., Hawton K., Marzano L. and Fazel S. (2010). 'Psychiatric disorders in male prisoners who made near-lethal suicide attempts: case-control study'. *The British Journal of Psychiatry* 197(4), pp. 313–319. Available online: https://doi.org/10.1192/bjp.bp.110.077883.

Rivlin A., Hawton K., Marzano L. and Fazel S. (2013). 'Psychosocial characteristics and social networks of suicidal prisoners: Towards a model of suicidal behaviour in detention'. *PLOS One* 8(7), pp.1–11. Available online: https://doi.org/10.1371/journal.pone.0068944.

Salive M.E., Smith G.S. and Brewer T.F. (1990). 'Death in prison: Changing mortality patterns among male prisoners in Maryland, 1979–87'. *Amercian Journal of Public Health* 80, pp. 1479–1480.

Schaller G., Zimmermann C. and Raymond L. (1996). 'Risk factors in self-injurious behaviour in a Swiss prison'. *Sozial Praventivmedizin* 41, pp. 249–256.

Sinha R. and Easton C. (1999). 'Substance abuse and criminality'. *Journal of the American Academy of Psychiatry and the Law* 27, pp. 513–526.

Suto I. and Arnaut G.L.Y. (2010). 'Suicide in prison: A qualitative study'. *The Prison Journal* 90(3), pp. 288–312. Available online: https://doi.org/10.1177/0032885510373499.

Sweeny F. and Clarbour J. (2018). 'Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour'. *The Journal of Forensic Psychiatry & Psychology* 29(3), pp. 467–482. Available online: http://www.doi.org/10.1080/14789949.2017.1421248.

Trestman R.L. (2000). 'Behind bars: Personality disorders'. *Journal of the American Academy of Psychiatry and the Law* 28, pp. 232–235.

White T.W., Schimmel D.J. and Frickey R. (2002). 'A comprehensive analysis of suicide in federal prisons: A fifteen-year review'. *Journal of Correctional Health Care* 9, pp. 321–345.

Towl G.J. and Walker T. (2015). 'Prisoner suicide'. *The Psychologist* 28, pp. 886–889.

Towl G.J and Crighton D.A. (2017). *Suicide in Prisons: Prisoners' Lives Matter*. Sherfield on Loddon: Waterside Press.

Webb R.T., Qin P., Stevens H., Mortensen P.B., Shaw J. and Appleby L. (2012). 'Suicide risk among violent and sexual criminal offenders'. *Journal of Interpersonal Violence* 27(17), pp. 3405–3424 .

Wojnar M., Ilgen M.A., Czyz E., Strobbe S., Klimkiewicz A., Jakubczyk A., Glass J. and Brower K.J. (2009). 'Impulsive and non-impulsive suicide attempts in patients treated for alcohol dependence'. *Journal of Affective Disorder* 115(1–2), pp. 131–139.

Wołodźko T. and Kokoszka A. (2014). 'Próba klasyfikacji osób podejmujących zachowania samobójcze – przegląd badań z zastosowaniemanalizy skupień' [Classification of persons who attempt suicide: A review of cluster analysis research]. *Polish Psychiatry* 48(4), pp. 823–834.

Verona E, Patrick C.J. and Joiner T.E. (2001). 'Psychopathy, antisocial personality, and suicide risk'. *Journal of Abnormal Psychology* 110, pp. 462–470.

Internet sources

Zamachy samobójcze [Suicide attacks] (n.d.). Policja [Police statistics]. Available online: https://www.statystyka.policja.pl/st/wybrane-statystyki/zamachy-samobojcze [20.10.2020].

Statystyka roczna [Statisctic annual] (n.d.). Służba Więzienna [Prison Service]. Available online: https://sw.gov.pl/strona/statystyka-roczna [25.10.2020].

Legal documents

Ustawa z dnia 6 czerwca 1997 r. – Kodeks karny wykonawczy, Dz.U z 2020 r. poz. 523 [The Act of 6 June 1997 – Executive Penal Code, Journal of Laws, 2020, item 523].

Rozporządzenie Ministra Sprawiedliwości z dnia 14 sierpnia 2003 r. w sprawie sposobów prowadzenia oddziaływań penitencjarnych w zakładach karnych i aresztach śledczych, Dz. U. z 2003 Nr 151, poz. 1469. [Regulation of the Ministry Of Justice of 14 August 2003 on methods of penitentiary interactions in prisons and pre-trial detention centres, Journal of Laws, 2003, No. 151, item 1469].

Ustawa z dnia 9 kwietnia 2010 r. o Służbie Więziennej, Dz.U z 2020 r. poz. 848 [The Act of 9 April 2010 on the Prison Service, Journal of Laws, 2020, item 848].

Others documents

American Psychiatric Association [APA] (1999). *APA Guidelines: Psychiatric Services in Jails and Prisons*. Washington DC: American Psychiatric Association.

Dyrektor Generalny Służby Więziennej [DG SW] (2016). Instrukcja nr 2/16 z dnia 29 sierpnia 2016 r. w sprawie zapobiegania samobójstwom osób pozbawionych wolności [Instruction No. 2/16 of the Director General of the Prison Service of August 29, 2016, on the prevention of suicide of persons deprived of liberty]. Available online: https://bip.sw.gov.pl/SiteCollectionDocuments/CZSW/aktyprawne/Instrukcja%20Nr%202%20Dyrektora%20Generalnego%20S%C5%82u%C5%BCby%20Wi%C4%99ziennej%20z%20dnia%2029%20sierpnia%202016%20roku.pdf [25.10.2020].

European Council [EC] (2020). Council of Europe's Annual Penal Statistics for 2019 – SPACE I survey on European prisons. Media coverage report. Available online: https://rm.coe.int/space-survey-on-prison-statistic-for-2019-media-coverage-report/16809e32ee [25.10.2020].

Najwyższa Izba Kontroli. Departament Porządku i Bezpieczeństwa Wewnętrznego [NIK] (2020). Informacja o wynikach kontroli: Bezpieczeństwo osadzonych [Information on inspection results: Safety of prisoners]. Department of Order and Internal Security: KPB.430.002.2020; No 52/2020/P/19/040/KPB2020. Available online: https://www.nik.gov.pl/plik/id,22869,vp,25572.pdf [25.10.2020].

National Commission on Correctional Health Care [NCCHC] (2003). Correctional Mental Health Care. Standards and Guidelines for Delivering Services. Chicago: IL.