

PENITENTIARY REFORM IN POLAND, SELF-INJURIOUS BEHAVIOURS BY INMATES BETWEEN 2001 AND 2014

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Key words: self-injury, prison, penitentiary reform.

Abstract

The paper presents the nomenclature, types and statistical data on self-mutilation among prisoners in different countries. The research on self-mutilation among children and youth in some European countries indicate that they most often occur in Belgium, and often carried out by girls. It presents how the problem of self-injury to the eyeballs among prisoners in Poland was resolved in the years 1980-84. It further presents statistical data on the number of prisoners on temporary detention and those convicted in Poland in the years 2001-2014. In Poland, thanks to multi-directional actions, including the introduction of electronic monitoring, increased scope of activities of educators, psychologists, and psychiatric doctors a drop in self-mutilation was recorded, per 100,000 prisoners from 788 in 2001 to 36 in 2014, i.e. by 90%. After 2010, as result of the reform of the prison system, a significant drop was also recorded in deaths due to illness and self-mutilation. The suicide rate among prisoners decreased after 2001, resulting in 20 per 100,000 prisoners in 2012. This is a lower rate than in penitentiary institutions, e.g. in England and Wales. These results were achieved despite the fact that expenditure on penitentiary institutions in Poland are several times lower than equivalent institutions in Europe and the US.

The results obtained are the effect of the work of all prison officers, doctors, psychiatrists, psychologists, observance of human rights and humanization of the execution of penalties.

Introduction

A self-injurious behaviour is one that is meant to cause damage to health, but not to result in death. Other English terms are: "self-injury", „non suicidal self-injury”, „self-

harm”, „self-mutilation”, „parasuicide” [1, 18].

Self-injury is a response to the inmate's internal or external situation. Such behaviour brings relief from unpleasant emotions and cognitive processes, adverse environments or interpersonal interactions [1, 12].

In 1998 or 2003, approx. 4 % of inmates in the USA inflicted self-injuries [1, 2, 11].

Types of self-mutilation [5]. They are divided into: severe – self-castration, cutting off a limb, undertaken in psychotic or psychoactive drug-induced states.

Stereotyped – banging the head against a wall, hitting one's own body, particularly in autism, mental retardation and psychoses.

Superficial (moderate) – skin cutting, body harm of low severity.

In England and Wales between 2004 and 2009 approx. 5 to 6% of male inmates and 20 to 24% female inmates self-harmed [7].

Self-harm incidents occur also both in the whole population and in persons with mental disorders, similarly to suicide – to a lesser extent [8].

Researchers have been searching for the risk factors for self-injurious behaviours in children and adolescents that are similar to those in adults. Such causes have been reported as genetic or personality-related vulnerability, aggressive and impulsive tendencies, psychiatric disorders, negative life events or social problems, or low optimism, which contribute to the development of suicidal or self-injurious ideation. Self-harm may have a suicidal purpose and effect, or merely an injurious one. As shown in the figure below.

Self-injurious tendencies in children and adolescents were the object of a European research on a group of over 30 thousand people. The results showed that self-harm behaviours were the most frequently observed in Belgium, and the least in the Netherlands. Girls demonstrate self-harm tendencies much more often than boys. As shown in the figure below.

I found an inspiration for my speech in the experience I gained during my 31 years of work for the Forensic

Psychiatry Department of the Pre-trial Detention Center in Szczecin.

Aim of the study. One of the reasons for self-harm incidents may stem from the „seemingly humanitarian” decisions to release from prison someone that has self-harmed their eyeball. In Poland, such a situation occurred between 1981 and 1984, where over 200 inmates harmed their own eyeballs in order to be granted a release from their penitentiary facility. Only after three ophthalmology departments within Katowice, Lublin and Szczecin Pre-trial Detention Centers were opened could the eyeball self-injury “epidemic” be contained. The inmates realized that injuring their own eyeballs would not “guarantee their freedom”.

Results

In Poland, the number of prisoners grew by 12% between 2001 and 2007. Only in 2007 did it start to fall gradually, to reach in 2014 the same level as in 2001. The number of inmates was reduced by, *inter alia*, limiting the number of provisional arrests and introducing electronic monitoring of paroled convicts so that their punishment could be served outside the correctional facility [4].

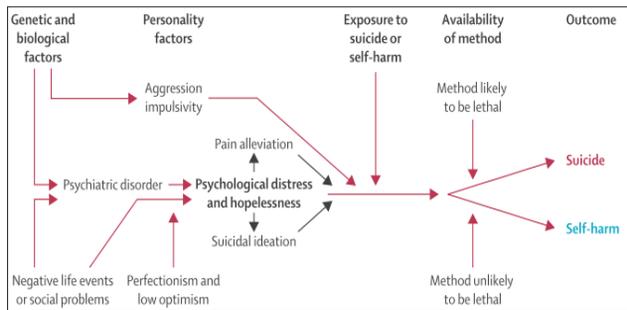


Fig. 1. Risk factors for self-harm and suicide in adolescents [8]

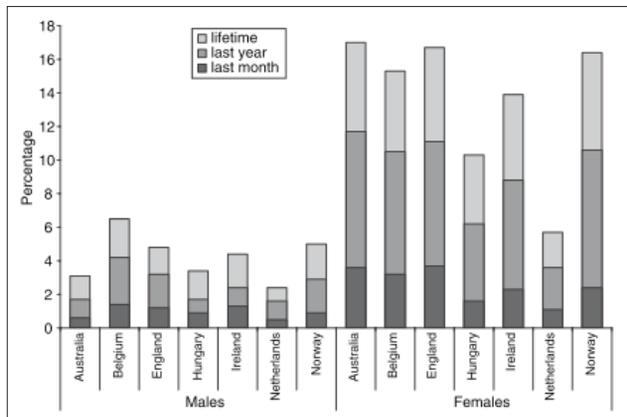


Fig. 2. Self-injurious behaviours in international studies of adolescents [14]

Polish penitentiary institutions have seen a drop in the number of inmate self-harms after 2001. This number per 100 thousand prisoners fell from 788 in 2001 to 36 in 2014, which is by 95% [4].

This ratio is lower than the one for inmates in the English and Welsh penitentiary systems between 2001 and 2011.

In Poland, the ratio of self-destructive behaviour in the form of attempted suicide between 2001 and 2014 ranges between 130 and 211. As shown in figure 7.

After 2010, as a result of the penitentiary and healthcare systems reform, a substantial decrease in the number of inmate deaths due to sickness, and a smaller decrease in deaths due to self-mutilation, has been observed. As shown in the figure below [4].

In Poland, between 2001 and 2014 the number of suicidal deaths dropped to 20 per 100 thousand prisoners, i.e. by 70%. As shown in figure 9 [4].

Article 73a of the Criminal Punishment Code Act has



Fig. 3. The Pre-trial Detention Center in Szczecin, the hospital, the Forensic Psychiatry Department. The author’s workplace between 1974 and 2005

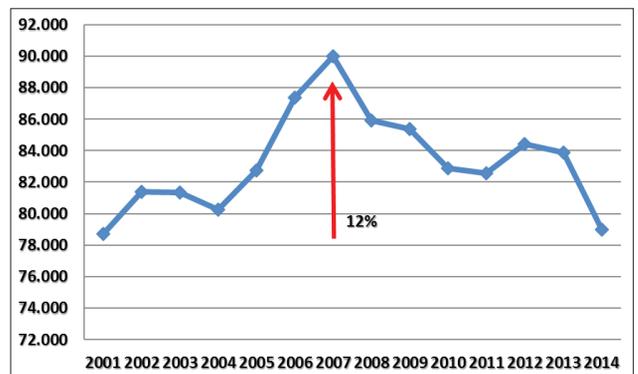


Fig. 4. Number of people provisionally arrested or sentenced in Poland between 2001 and 2014.

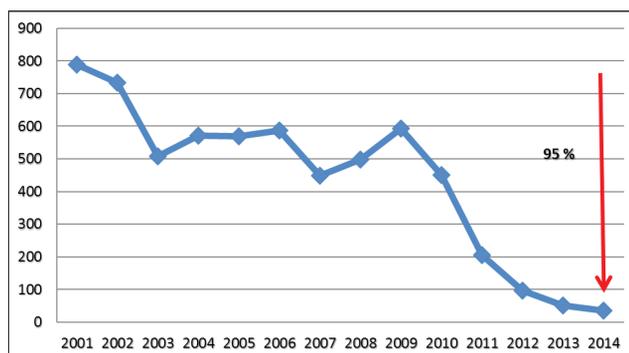


Fig. 5. Inmate self-harm ratio in Poland between 2001 and 2014 per 100 000 prisoners

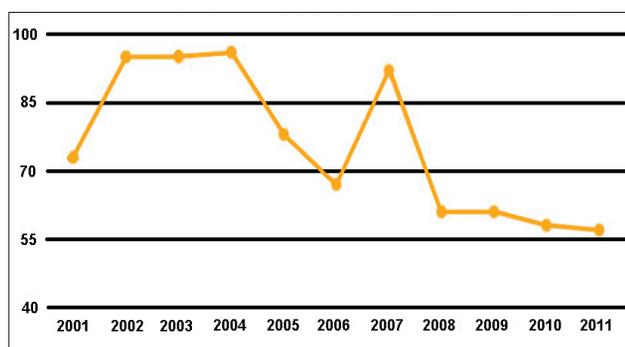


Fig. 6. Suicide in inmates in England and Wales between 2001 and 2011 [17]

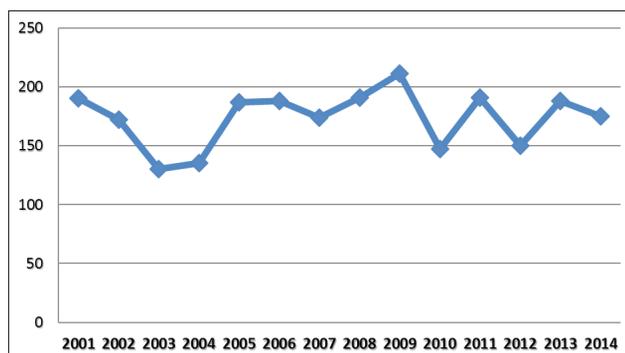


Fig. 7. Self-destructive behaviour in the form of attempted suicide between 2001 and 2014 per 100 thousand prisoners [4]

been amended, which allows for using CCTV in order to control the behaviour of inmates [13]. The Justice Minister's directive of 16/10/2009 provides for the scope within which CCTV vision and sound can be transmitted, replayed and recorded in Correctional Facilities.

The drop in self-harms and suicidal deaths among in-

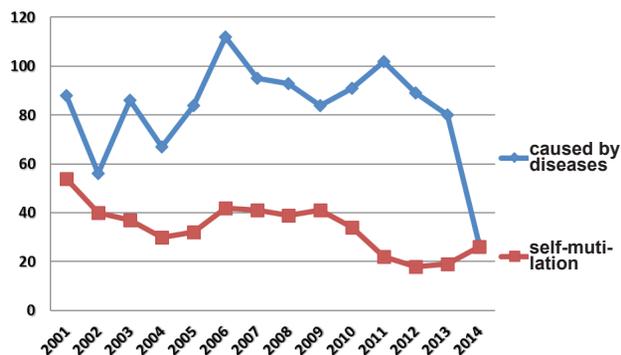


Fig. 8. Deaths due to sickness or self-mutilation by inmates in Poland between 2001 and 2014

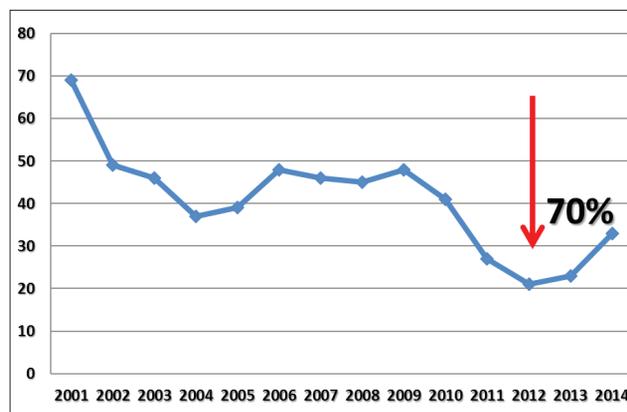


Fig. 9. Suicidal deaths in Poland between 2001 and 2014, per 100 000 prisoners

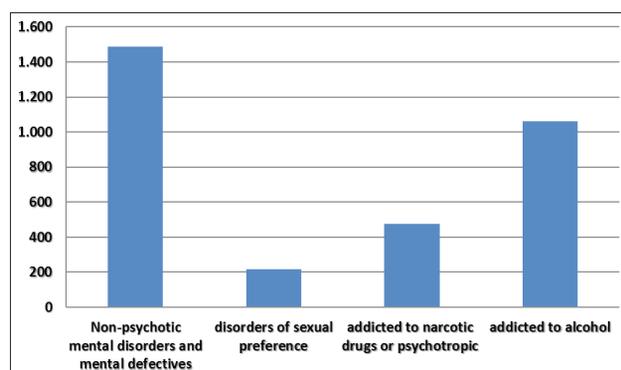


Fig. 10. Inmates placed in therapeutic departments in Poland in 2013 according to their diagnosis [4]

mates in Poland has resulted from multifaceted actions undertaken within the penitentiary system reform implemented in 2004 and 2010. As part of these actions, the suicide prevention program included, *inter alia*, in the Prison

Service Chief Director' Directive was expanded [10]. This directive expands the scope of actions by the correctional healthcare system, psychologists and correction officers. The previously-mentioned CCTV system has been introduced on a wider scale – now taking the form of cameras installed in places where prisoners spend their time.

Special precautions have been undertaken in respect of inmates “protected against aggression from other inmates”. Correction officers have been trained in penitentiary emergency negotiation skills, who now have the status of negotiators. Such actions, too, have stemmed from the Prison Service Chief Director' directive [10].

Inmates demonstrating non-psychotic mental disorders, including those who have committed offences in connection with disorders of sexual preference, mental defectives, as well as those addicted to alcohol or narcotic or psychotropic drugs, are placed in therapeutic departments where they are subjected to specialist treatment: psychological, medical or rehabilitation (art. 96 § 1 (1) of the criminal punishment code).

A comparison of the number of inmates in Polish Therapeutic Departments of Correctional Facilities in 2014 is shown in figure 10.

The foregoing comparison shows that prisoners are most frequently diagnosed with non-psychotic mental disorders, then with alcohol or psychotic drug additions, and then with disorders of sexual preference.

The healthcare service in Polish penitentiary institutions provides its services in hospitals and infirmaries.

In Poland, within the premises of Pre-trial Detention Centers there are six Forensic Psychiatry Departments which, apart from performing forensic psychiatric observations, are involved in diagnosing and treating the inmates that demonstrate mental disorders. These departments have a total of 267 beds, including 53 - 85 „therapeutic beds” [4].

Since 2002, our correctional facilities have been running an American alcohol addiction treatment program - „ATLANTIS” [19].

Also, methadone maintenance treatment has been run since 2012 for drug addicts, with a total of 7 programs in 23 penitentiary units that offer 305 places altogether [16].

Inmates can take part in schooling at school education

clubs or departments, or participate in training courses [15].

They can also work, for which they are paid [3, 6]. The proportion of inmates working in Polish penitentiary institutions in 2013 and 2014 is shown in table 1.

Conclusions

The data presented above shows that the penitentiary system in Poland has undergone a substantial reform. Thanks to that, we have been able to reduce considerably the numbers of self-harm incidents and deaths both due to sickness and suicide. The results achieved allow us to classify the Polish penitentiary system as one of the best globally. These outcomes have been achieved despite the fact that outlays on the Polish penitentiary system, per inmate, are many times lower than those in other European countries or the USA. As an example, the monthly cost per inmate in the Correctional Facility in Rzeszów is 2 thousand zloty. In turn, the entire penitentiary budget is over 2.4 billion zloty [9].

The penitentiary system reforms implemented in Poland after 1989 during the country's political system transformation, and subsequently in 2004 and 2010, have caused a considerable drop in the numbers of self-mutilation incidents and suicidal deaths. The inmate self-harm and suicide ratios in Poland between 2001 and 2014 were lower than those in the penitentiary systems of, for instance, England and Wales, or the USA.

The results achieved are an outcome of the contributions made by all of the penitentiary system's officers, psychiatrists and psychologists, and are owed to the observance of human rights and to the humanization of penalty execution, as well.

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Tab. 1. Proportion of inmates working in Polish penitentiary institutions in 2013 and 2014

	2013	2014
Average number of prisoners	83898	78987
The average percentage of employees	31,5 %	34,7 %

- więźniów (rekonstrukcja standardów oraz ich znaczenie dla polskiego prawa i praktyki penitencjarnej). Zarys wykładu. Toruń, 1998; 124-128.
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NUTEISTŪJŲ AUTOAGRESINIO ELGESIO PAKITIMAI BAUSMĖS ATLIKIMO VIETOSE LENKIJOJE

J. Poboča

Raktažodžiai: kalinių autoagresinis elgesys, prevencinės priemonės.

Santrauka

Straipsnyje pateikta kalinių autoagresinio elgesio formos bei įvairių šalių statistiniai duomenys apie autoagresiją. Autoagresinio elgesio tarp vaikų ir jaunimo tyrimai Europos Sąjungoje parodė, kad dažniausiai toks elgesys įvykdomas merginų Belgijoje. Straipsnyje taip pat nagrinėjama, kaip buvo išspręsta kalinių autoagresinio elgesio, konkrečiai akių obuolių žalojimo, problema Lenkijos kalėjimuose 1980-1984 m. Pažymima, kad kalinių asmenų elektroninio monitoringo, aktyvios psichologų ir psichiatrų veiklos dėka Lenkijos kalėjimuose pasiektas labai ryškus autoagresinio elgesio sumažėjimas (95 proc.) nuo 788 (100 000 kalinių) 2001 m. iki 36 - 2014 m.. Savižudybių rodiklis nuo 2011 m. tarp kalinių taip pat nuolat mažėjo ir 2012 m. pasiekė 20 - 100 000 kalinių. Tokie pozityvūs rezultatai gauti visų penitenciarinių tarnybų, gydytojų psichiatrų, psichologų efektyvaus darbo dėka ir sąlygoti žmogaus teisių užtikrinimo bei pažangumo bausmės humanizacijos procese.

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