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Variability of preventive actions against various types of penitentiary suicides

Abstract: The rates of suicide among persons detained in penitentiary establishments remain higher than persons of a similar age and the same sex who stay free. Conducting effective preventive interventions becomes, therefore, one of the critical challenges when it comes to limiting this type of behaviour. In connection with the above, the aim of the undertaken research was to 1) identify suicidal patterns among people in penitentiary isolation and 2) indicate effective preventive strategies concerning them. The study used the method of diagnostic survey and desk research. Four types of suicides were identified in the analysis and assigned to them as evidence-based prevention strategies.

Key words: suicide, inmates, prison, typology, prevention, risk factor.

Introduction

The World Health Organization estimates that more than 700,000 people worldwide committed suicide in 2019. A dozen times more attempted it (Suicide worldwide... [2019], p. 4). Suicides are committed regardless of gender, age, background, education and place of residence. The penitentiary environment is not free of them. Given the characteristics and situation of the population of

penitentiary facilities and the peculiarities of their conditions, people deprived of liberty belong to a group at particularly high risk of committing a suicide. Based on analyses conducted between 2011 and 2017, the suicide rate of male convicts was found to be 3 to as much as 8 times higher than in a population with similar parameters and without experience of penitentiary isolation. As for women deprived of liberty, the suicide rate is ten times higher compared to women who have not been punished (Zhong et al., 2020, p. e164; Fazel, 2017, p. 950).

Suicides by persons deprived of their liberty are classified as extraordinary events. They require not only careful investigation, but above all, steps to reduce the risk of their occurrence in the future. Reducing the number of suicides in prisons remains a priority not only for international organizations, such as the WHO, but also for individual countries, as reflected in a growing number of documents providing guidance on reducing this phenomenon.

Many years of reflection on the phenomenon of suicide in penitentiary settings, both worldwide and indigenous, have resulted in a fairly good identification of risk factors, with somewhat less interest in protective factors. The summaries of the two groups of factors that can be found in the literature are undoubtedly crucial for conducting effective preventive interventions, but they have a significant flaw, namely that they refer to the entire population of inmates without taking into account its internal variation. First-choice suicide prevention strategies are built on them, but when more profiled interventions (second- and third-choice) are required, they lose their usefulness. For this reason, it seems necessary to prepare proposals that are better tailored to the needs of convicts with a higher level of suicide risk or already after a failed attempt. Accordingly, the purpose of the research undertaken was as follows: 1) to identify patterns of suicidal behaviour undertaken by inmates in penitentiary units, 2) to identify effective prevention strategies for them, based on the results of scientific research to date. It was assumed that the identification of patterns of suicidal behaviour in prison conditions is the starting point for designing effective preventive interventions.

The research material consisted of data on committed suicides and suicide attempts made between 2010 and 2020. Part of the data was in the publicly available Annual Statistical Information of the Ministry of Justice and the Central Prison Service published online each year, and part – covering the years 2016–2022 – was generated for this study from unpublished Prison Service data. Based on the second part of the data, the typology presented later in the text was created. The authors of the study also reached out to data collected by the Council of Europe, which made it possible to look at Poland in the context of other European countries. Thanks to such diverse data, it became possible to make a fairly comprehensive and in-depth characterization of the phenomenon of suicides committed in Polish penitentiary units, including with an element of comparative treatment.

Risk factors for suicide in penitentiary units in empirical and theoretical terms

Suicide, including when committed in prison isolation, can be the result of a number of factors, both individual and situational in nature. A meta-analysis conducted by Shaoling Zhong et al. indicates that the factors most strongly associated with convicted suicide were white race or ethnicity, male gender, and being married (although the authors did stipulate a small heterogeneity in the latter case). It has also been found that being in a prison unit outside of one's home country reduces the risk of suicide. No relationship was found with age or level of formal education. Considering criminological factors, a higher risk of suicide was associated with the very fact of being in prison, especially serving a life sentence. The likelihood of a suicide was increased in case of conviction for the crime of murder and sexual offenses, as well as other violent crimes besides those mentioned. In contrast, conviction for drug offenses showed an inverse relationship with suicide. Given the status as an inmate, this conviction carried a lower risk of assault than being a pretrial detainee. Among the clinical factors relevant to the high risk of suicide were a history of suicide attempts, suicidal thoughts occurring while in the unit, self-harm, and taking psychotropic drugs. The risk of suicide was higher in those inmates who suffered from depression and abused alcohol. No associations were found between suicide and poor health, although in this case the authors of the meta-analysis point to the rarity of studying this variable and therefore limited inference. Regarding serving the sentence or pretrial detention, it has been found that the risk of suicide is raised by being in a single-person cell and lack of visits (Zhong et al., 2020, pp. e166–e167). The results presented here confirm the findings of previous analyses, such as those conducted by Lisa Marzano's team. They indicated that a family history of suicide, experience of trauma associated with the onset of PTSD, aggressiveness and impulsivity were also significant risk factors (Marzano et al., 2016, p. 327). The vast majority of the factors mentioned are also found in the World Health Organization's 2007 Report, where the importance of the negative impact of single-person cells on convicts is particularly emphasized, indicating that they are places with a "disproportionate" number of suicides. Stress related to violence experienced by other inmates and disciplinary actions by prison staff were also considered important factors. It also pointed to negative changes in the convict's current situation, a deepening sense of hopelessness, and a narrowing of life perspective (Suicide worldwide... [2019], p. 5).

Contemporary models of suicidal behaviour by prisoners correspond with the above findings. This is because they assume that suicide is not the result of a single cause or event, but of their cumulation and interaction. They may be of

a different nature, as is well illustrated by two currently treated complementary concepts explaining the reasons for suicide attempts in prisons (Dye, 2010, pp. 796–806). The first concept, referred to as deprivationist, assumes that the prison environment deprives convicts of comfort, security, agency, significantly limits the ability to build and maintain close relationships, fulfil many needs of a physiological and social-psychological nature. Gresham Sykes described the related experience as “the pain of entrapment” (Sykes, 2007). The deprivation and frustration experienced in this situation can find an outlet in a suicidal act. The import concept, on the other hand, is based on the idea that the inmate “takes” their inner life into the prison. Along with the convict, the prison gate is also “crossed” by the mental health problems they experience and other risk factors for suicide. Significantly, they do not always and in every case have to be active and known to the prison service. Most often, they dynamize precisely when confronted with the conditions of imprisonment, which confirms the need to look at both concepts together. In practice, this involves adopting a holistic perspective of seeing people deprived of their liberty.

Suicide attempts in Polish penitentiary units – results of own research

Data on suicides in European prisons is collected by the Council of Europe, among others. An analysis of the data shows that Poland still remains a country with one of the lowest suicide rates per 10,000 inmates. In 2019, it was 2.7 against a European average of 25.1 and a median of 5.2 (Aebi, Tiago, 2021, pp. 112–113). This by no means indicates that suicides can be treated by the Polish Prison Service as events so rare that they do not require further reflection and interventions. Analysis of the data for 2010–2020 (Table 1.) allows us to formulate a thesis that despite the systematic reduction of the prison population, the scale of committed suicides remains fairly stable. Interestingly, however, when it comes to the suicide attempt rate, there has been a steady decline in recent years. For comparison, in 2017 it was 30 for every 10,000 convicted persons, while in 2018 it was 28.4, to reach 20 suicide attempts for every 10,000 convicted persons in 2021. A group particularly at risk of committing suicide are adolescents. For this group, the rate of committed suicides in 2021 was 3 per 1,000 convicts. It was 1 in 1,000 for first-time offenders, and 1.5 for repeat offenders.

Table 1. Committed suicides and suicide attempts in the light of penitentiary statistics

Year	Number of convicted persons (average)	Number of pretrial detainees	Suicides committed (convicts, pretrial detainees combined)	Rate of suicides committed (convicts, pretrial detainees combined)	Self-aggression – attempted suicides (convicts, pretrial detainees, punished combined)	Suicide attempts by convicted persons with a breakdown by classification subgroups				Suicide attempts by punished persons	Suicide attempts among pretrial detainees	
						J	F	Rec.	Rep.		D	M
2021	61,648	8,707	26	3.6	145	2	25	57	0	2	56	3
2020	61,075	8878	27	3.8	119	2	22	43	0	1	48	3
2019	65,291	8356	23	3.1	198	3	39	83	0	2	66	5
2018	65,684	7428	25	3.4	208	5	41	92	0	2	61	7
2017	66,292	6474	26	3.6	223	8	49	101	0	0	60	5
2016	65,421	4917	20	2.8	197	4	46	92	0	3	46	6
2015	68,529	5140	23	3.5	173	5	35	80	0	4	48	1
2014	71,221	6667	26	3.3	175	7	37	68	0	5	53	5
2013	76,406	6781	19	2.2	188	5	39	72	0	5	56	11
2012	76,221	7588	18	2.1	150	11	27	40	0	1	54	8
2011	73,454	8540	22	2.7	191	5	46	49	0	0	80	11
2010	73,309	9,033	34	4.1	147	10	28	35	0	1	57	16

Source: own compilation based on Annual Statistical Information of the Ministry of Justice and the Central Prison Service for 2010-2021, <https://www.sw.gov.pl/strona/statystyka-roczna> (accessed: 23.02.2022).

For the purpose of the objective outlined above, data on suicides committed in penitentiary facilities in Poland between 2016 and 2020 were analysed. During this period, 121 inmates committed suicide, of which 60% were convicts and 40% were pretrial detainees. Ninety-eight percent of them were men. The group of convicts who committed suicide can be characterized a little more accurately using classification criteria. In light of the above, the study group was dominated by those serving sentences in facilities for recidivists – 58%. 41% served sentences in institutions for first-time offenders. One person was serving a sentence in a juvenile facility. As for the type of facility, the largest group was incarcerated in a closed-type facility – 66%. 29% served sentences in semi-open facilities, and 1 in the open facility.

Table 2. Characteristics of persons who committed suicide and attempted suicide by classification criteria (2016–2020)

Criterion	Inmates who committed suicide (%)	Inmates who made suicide attempts (%)
System of serving prison sentences		
Regular	51	no data
Program interventions	34	no data
Therapeutic	11	no data
No data	4	no data
Classification group of the convict		
Juvenile	1	5
First time offender	41	34
Recidivist	58	61
Type of facility		
Closed	66	no data
Semi-open	29	no data
Open	1	no data

Source: own compilation based on data obtained from the Central Prison Administration for 2016–2020.

Taking into account the system of serving the sentence, the largest group of those who committed suicide served their sentence in the regular system – 51%, followed by program-based interventions – 34% and therapeutic – 11%. In the case of 3% of the convicts, the classification procedure was not triggered and thus neither the type of facility nor the system of punishment was established, as they committed suicide almost immediately upon arrival at the facility.

For one in three convicts who made the decision to attempt suicide, this was their first stay in a penitentiary institution, with the average number of stays for the study group being 3.18. Considering the length of time since arrival, on average, the subjects were committing suicide after 591 days, or nearly two years in isolation. It is worth noting that in the case of 12% of the subjects, suicide occurred in the first week of incarceration, and in this group the vast majority (80%) were pretrial detainees. Other inmates in this group were most often committing suicide after 140 days of incarceration. Convicts were committing suicide after serving one-third of their sentences, an average of 874 days after incarceration. If we consider punishments and rewards as an indicator of quality of functioning (very limited), those convicts who committed suicide were receiving rewards most frequently – there were 10 on average, with an average of 6 punishments. For pretrial detainees, the average punishments and rewards oscillated around 1. As for the method of committing suicide, hanging

was the predominant method (91%), far less often did inmates decide to take their own lives by self-cutting (6%). In isolated cases, suicide was committed by jumping from a height, choking, or suffocation (3%).

Table 3. Selected characteristics of inmates who committed suicide attacks between 2016 and 2020

Variable	Status	Minimum	Maximum	Mean	Median	Standard deviation
Number of stays	Convict	1	18	3.8	3	2.83
	Pretrial detainee	1	8	2.6	1	2.04
	Total for the entire group	1	18	3.18	2	2.57
Number of days of stay until the incident	Convict	0	5401	874	393	1075
	Pretrial detainee	0	559	140	125	135
	Total for the entire group	0	5401	591	191	919.4
Sentence period served	Convict	-	-	28.3%	30.2	13.1
Number of penalties	Convict	0	142	6.4	1	12.6
	Pretrial detainee	0	10	0.91	0	1.86
	Total for the entire group	0	142	5	0	16
Number of rewards	Convict	0	94	9.7	2	19.1
	Pretrial detainee	0	8	0.7	0	1.63
	Total for the entire group	0	94	6	0	13

Source: own compilation based on data obtained from the Central Prison Administration for 2016–2020.

The data collected does not support the information found in the literature about the increasing dynamics of suicides during spring and summer (Lizińczyk, 2014, p. 46).

The characteristics of suicides by pretrial detainees and convicts presented above give a general overview of the phenomenon. From the point of view of conducting preventive interventions, it is sufficient for those of a universal nature (first-choice prevention), aimed at all inmates in penitentiary units, regardless of their risk of self-destructive behaviour. Analysis of the literature on the subject and practice indicate that universal prevention is extremely important when it comes to suicide prevention, but insufficient (Daniel, 2006; Marzano et al., 2016; Pompili et al., 2009). Those who commit suicide are not a homogeneous group. The need for preventive work that is more tailored to particular groups of convicts and pretrial detainees is therefore recognized. The literature studies conducted as part of this project revealed a lack of typologies for people who

committed suicide while in a prison facility. Given the above, the purpose of further analysis was to see whether patterns (types) of suicide attempts can be distinguished in the studied group of inmates in Polish penitentiary facilities. The cluster analysis conducted for this purpose used the hierarchical clustering method and the k-means method using the Hartigan-Wong algorithm with 10 random starting values. Based on a visual assessment of the obtained dendrogram showing the Euclidean distances between individuals for the standardized values of the variables, and on the VSS index reaching a maximum value of 0.74 for 4 clusters, this was the number of clusters adopted in the k-means method. The analysed sample consisted of inmates and pretrial detainees. Therefore, the attempt to identify homogeneous groups had to take into account their natural division into two distinct groups.

Such variables as the number of stays (among convicts) were taken into account: $M = 3.2$, $Md = 3$, $SD = 2.13$; among detainees: $M = 2.6$, $Md = 1$, $SD = 2.04$), number of days of stay until the incident (convicts: $M = 874$, $Md = 393$, $SD = 1075$; arrested: $M = 140$, $Md = 125$, $SD = 135$), sentence period served (convicts only: $M = 28.3\%$, $Md = 30.2\%$, $SD = 13.1\%$), number of penalties (convicts: $M = 6.4$, $Md = 1$, $SD = 12.6$; arrested: $M = 0.91$, $Md = 0$, $SD = 1.86$) and number of rewards (convicts: $M = 9.7$, $Md = 2$, $SD = 16.1$; arrested: $M = 0.70$, $Md = 0$, $SD = 1.63$). Since 3 of the 5 variables are related to information about being classified to the group of convicts *versus* detainees (length of sentence served and indirectly, by significantly lower values in the number of penalties and rewards), only convicts were considered in the first cluster analysis.

Statistical analyses identified four statistically significantly different groups of convicts.

Table 4. Standardized mean values of cluster centres for variables differentiating the distinguished groups

Cluster No	N	Which stay	Days of stay until the incident	Period served	Punishments	Rewards
1	8	0.906	0.716	0.910	2.279	0.408
2	8	-0.357	1.999	0.422	0.262	2.171
3	32	-0.013	-0.208	0.540	-0.300	-0.273
4	24	-0.166	-0.628	-1.163	-0.447	-0.495

Source: own compilation based on data obtained from the Central Prison Administration for 2016–2020.

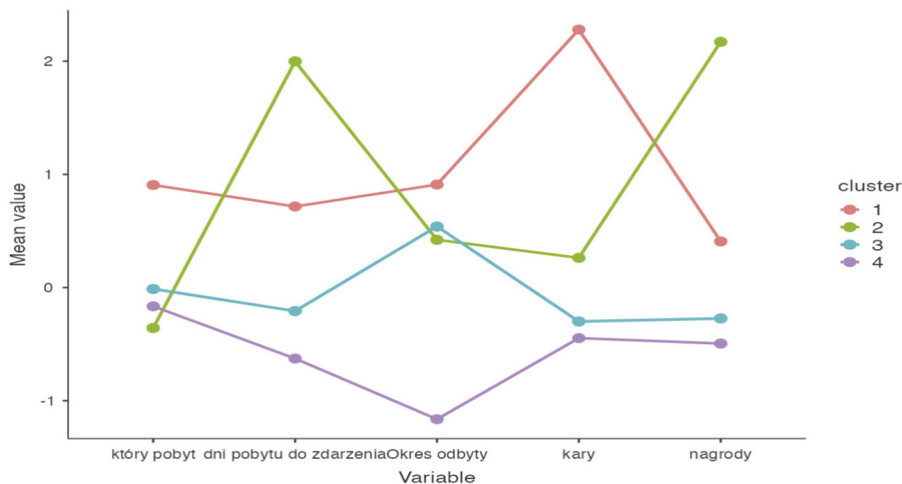


Chart 1. Graphical representation of standardized averages for cluster profiles

Source: own compilation based on data obtained from the Central Prison Administration for 2016–2020.

The first group (cluster 1, $n = 8$), which we termed “**not fitting in with the system,**” is made up mainly of recidivists who, despite repeated stays in penitentiary facilities (on average, they have stayed 5 times; between 4 and 7 stays), are unable to adapt to the conditions of life in penitentiary isolation. For this group, the average sentence was 7 years. This group was predominantly composed by those convicted of crimes against property (60%), mainly theft and burglary. The functioning of representatives of this group in penitentiary facilities was fraught with conflicts – it was the group most often punished with disciplinary action. On average, there were 35 punishments per convict in this group, with the number of rewards almost twice as low. Suicide by hanging in this group occurs on average 4 years after incarceration (1,602 days to be exact), usually around the middle of their sentence. It can be hypothesized that in the case of this group, the motives for the suicide were instrumental.

The second group (cluster 2, $n = 8$), which we termed “**disappointed,**” is made up in equal parts of first-time offenders and recidivists with at least three stays in the facilities on average. The convicts in this group were sentenced to long-term sentences. The average sentence is 17 years’ imprisonment, with half of those in this group having been sentenced to 25 years’ imprisonment. In this group, more than half were those convicted of crimes against life and health. More than half of the convicts in this group were convicted of murder. As for functioning while serving their sentences, convicts in this group were more often rewarded than punished, with an average of 43 rewards per convict with 10 disciplinary punishments, which can be interpreted as an indicator of fairly good adaptation to conditions of isolation. As for suicide, this group was characterized

by the longest time between incarceration and the suicide attempt. On average, suicides in this group occur after more than 8 years in prison (after an average of 2,971 days), usually around the middle of their sentence. It can be hypothesized that in the case of this group, the motives for committing suicide were emotional, rebellious-tinged.

The third group (cluster 3, $n = 32$), whom we described as “**terrified of freedom,**” consists of recidivists, who make up two-thirds of the group, and first-time offenders. Recidivists from this group were incarcerated in the penitentiary facility an average of three times. People in this group were sentenced to an average of 2.5 years in prison. It is difficult to identify in this group the dominant type of crime they were sentenced for. As for the functioning during serving the sentence considered in terms of rewards and punishments, it can be said that the convicts in this group did not stand out. On average, they received about 5 rewards and 3 penalties. As for the timing of suicide, it tended to occur closer to the end of the sentence, averaging 615 days. It can be hypothesized that in the case of this group, the motives for committing suicide were emotional, escapist.

The last group (cluster 4, $N = 24$), defined as “**non-adapted,**” is made up of convicts who were incarcerated in penitentiary facilities three times on average, with recidivists and first-time offenders in this group. The average sentence for this group was 3.5 years. It is difficult to identify in this group the dominant type of crime they were sentenced for. As for functioning while serving their sentences, this group included convicts who received the fewest rewards and punishments, averaging 0.5 and 1.5, respectively. Those classified in this group usually committed suicide at the beginning of their stay in the unit, on average after 168 days. This is the characteristic that most strongly differentiates this group from the others. Taking into account the above, it can be hypothesized that one of the reasons for suicides in this group may be problems with adaptation to the conditions of prison isolation, linked to the possession of certain characteristics or predispositions. In the case of this group, the motives for the suicide attack were emotional and anxiety-tinged.

Suggestions for second-choice prevention interventions for specific types of suicidal people

Preventive interventions can be proposed for the identified types. Some of them will be universal, in the sense that they will apply to all designated groups, and some will be assigned to selected ones. However, the basis for undertaking any prevention measures is the diagnosis of the risk of suicide. Analyses conducted by Lisa Marzano and her team indicated that tools for assessing suicide risk among inmates should focus on issues such as history and current prevalence of psychiatric disorders and self-harming behaviour, prevalence of suicidal thoughts,

feelings of hopelessness, level of social support, experience of homelessness crisis, dysfunction of family life, especially related to self-harm, and experience of socialization in institutional settings. For women, risk estimation tools should include also current pretrial detention status, history of psychiatric treatment, and experience of death of a partner or child (Marzano et al., 2016, pp. 328–329). Most of the criteria indicated include self-assessment questionnaires or scales used in non-psychiatric care, which can also be used by Prison Service officers. Examples of such tools include the SAD PERSONS Scale and the Current Suicide Risk Scale (SARS) (Łoza, Polikowska, 2016, pp. 156–159). It is crucial that the diagnosis process be rolling, which means that it must be revised as internal and external operating conditions change. Researchers suggest the need to implement screening upon arrival at the facility and after the first month of stay in the facility due to the rather dynamic changes that can take place in the situation of an inmate during this time, which can be related to both the stay in the unit and the inmate's personal life (Marzano et al., 2016, pp. 328–329). Subsequent diagnosis should be repeated every six months, or more often if there is reason to do so.

As for the group of **“not fitting in with the system,”** given the tensions that arise around their behaviour and relationships with both staff and fellow inmates, the key to prevention seems to be proper classification and incarceration, but also the referral of these individuals to programs focused on identifying and developing social competence and managing negative emotions. Equally important is building interpersonal relationships, both inside and outside the penitentiary facility, and constantly monitoring suicidal tendencies. In this context, it is worth noting the issues of convicts' contacts with penitentiary staff and significant others, which, in light of the research, appear to be one of the key factors in risk reduction. In the research of Lisa Marzano's and Adrienne Rivlin's teams, convicts indicated that it was the opportunity to talk to prison staff, the support they received, supplemented by elements of counselling, that could effectively prevent them from undertaking a suicide attempt (Marzano et al., 2011, pp. 863–884; Rivlin et al., 2011, pp. 305–327). Also, research by Amy Ludlow's team has shown that prisoner-staff relationships are key to managing suicide risk (Ludlow et al., 2015, p. ix). Promising results, although inconclusive and requiring further verification, have been obtained during the implementation of peer suicide prevention programs (Auzoult, Abdellaoui, 2013; Barker et al., 2014, pp. 227–240). In these mentoring-based programs, specially selected and trained convicts provided support and assistance in difficult situations, while also acting as guards, or even whistleblowers (Hall, Gabor, 2004, pp. 19–26). In addition, issues such as an overall improvement in the prison regime (e.g., increasing the time limit outside the cell, smaller but not single-person cells, interesting activities, access to specialized assistance, facilitating contact with the outside community) appear to be important for reducing the risk of suicide in this group (Marzano, 2016, p. 327).

In principle, the above-mentioned actions also apply to the second **type of “disappointed,”** with the understanding that in their case we are dealing with a different motive for the suicide and, above all, the timing of the suicide. “Disappointed” most often commit suicide around the middle of their punishment. In the Polish justice system, this is a special moment, because at this time some convicted persons can apply for a parole, which is associated with the need to fulfil certain formal and material conditions, but also with the emerging hope for a change in the situation, which, as statistics show, comes true quite rarely. In 2020, 25,767 applications for parole were filed, of which 6,158 were granted. Thus, only one in four convicts left the prison walls before the end of their sentenced completion date. Marian Kopciuch and Andrzej Polewka brought attention to the impact of court actions as a suicidal factor, stating that “an inmate’s adverse trial experience, the anticipation of future hearings, the expected outcome of court proceedings, and extended periods of imprisonment can be traumatic and may trigger suicidal acts.” In a study conducted by the aforementioned authors, 61.5% of pretrial detainees and 33.3% of those already convicted made a successful suicide attempt after court hearings (Kopciuch and Polewka, 2006, p. 87). This indicates, on the one hand, the need to help convicts assess their situation more realistically, to prepare for failure, and, on the other hand, the need for careful monitoring of convicts, also based on screening tests, both prior to the initiation of the conditional release procedure and also after receiving a judgment/conviction. Prisoners awaiting a decision on parole undoubtedly require increased educational care and psychological assistance, if necessary supported by pharmacotherapy and organization of the prisoners’ functioning space. When working with them, it is important to keep in mind the other risk factors present at this stage of punishment, relating to complications in family relations, including their breakup, conflicts with fellow inmates, serious health problems and the appearance of new additional convictions (Lizińczyk, 2014, p. 32).

The third **type, “terrified of freedom,”** commit suicide most often in the final phase of their stay in the facility. For many convicts, freedom means returning to the old environment, having to face the challenges of independent living, solving problems, such as those related to where to live or employment. It is also a time of confronting ideas about relationships with loved ones, often having to come to terms with the breakup of a relationship. Many convicts realize that they do not really have anyone or anything to go back to. An additional factor is the stigmatization process. The return is also not made any easier by the dynamic digitalisation, which, especially for older convicts, is an exclusionary factor. The negative context of the above is the psychological consequences of often years of isolation, related to, among other things, an attitude of learned helplessness, a decline in the sense of value and agency, a reduced ability to plan and defer gratification (Szymanowska, 2006, p. 190; Pindel, 2020; Dybalska, 2012, pp. 50–54). Convicts experience a lot of negative emotions which, when cumulated, can

lead to the decision to attempt suicide (Bukten, Stavseth, 2021, p. 1079). Hence, an important factor is to conduct – especially at this stage – structured, multi-area programs that, on the one hand, support mental functioning, and, on the other hand, are oriented towards the acquisition by convicts of specific psychosocial competencies, primarily related to coping with stress (Stijelja, Mishara, 2022). An important element is maintaining or building ties with the outside world (Correctional Suicide Prevention... [2015], p. 43). If a convict leaves prison on parole, which involves going under probation, it is important to convey information about the possible risk of suicide attempt and thus transfer preventive measures to the community setting.

As for the last of **the identified types, i.e. “non-adapted,”** as they usually commit suicide at the very beginning of incarceration, it can be assumed that its cause is the experience of the shock of isolation, resulting in difficulties adapting to penitentiary conditions. Such factors as the severance of liberty relationships, the experience of a trial with a conviction, and changes in the family situation cannot be overlooked either (Lizińczyk, 2014, p. 32). Due to the accumulation of risk factors in this group, it is necessary to implement screening for the risk of self-destructive behaviour particularly quickly. As with the “not fitting in with the system,” an important element of presuicidal prevention is the proper classification and incarceration of convicts in this group, the provision of appropriate specialized care, and the provision of knowledge about the functioning of the penitentiary facility. Also for this group, the aforementioned programs of peer support, maintaining ties with the outside community and developing social skills can work well.

Final thoughts

The theoretical and empirical analyses presented above allow several conclusions to be drawn. First, the population of suicides in penitentiary facilities is diverse, as reflected in the four types of suicides identified. It is differentiated by criteria such as the frequency and length of stays, status, the timing of suicide, and the level of adaptation to prison conditions, or lack thereof, as expressed by the number of punishments and rewards. Secondly, the existence of differentiated types is a clue to conducting interventions that meet their needs and characteristics, falling within second- and third-choice prevention. A necessary element for this is diagnosis. Third, during the course of a prison sentence, three critical moments can be identified when it comes to suicide attempts – at the beginning, middle and end of the prison sentence. Fourth, the groups to pay special attention to are first-time offenders and multirecidivists. Fifth, a signal particularly indicative of the need for anti-suicidal support is a history of mental disorders, along with any treatment, and episodes of self-destructive behaviour undertaken earlier. Sixth,

the indication for preventive interventions is the sudden and dynamic changes that occur in the life situation of convicts or pretrial detainees. Seventh, as for the effectiveness of suicide prevention efforts, they should focus on two main areas: they should include (a) treatment and management of mental disorders and psychosocial problems, and (b) changes in the prison regime and environment (Marzano, 2016, p. 329). Eighth, suicide prevention is an activity that requires the cooperation of all employees of the penitentiary system (Barker et al., 2014, pp. 227–40, Daniel, 2006, pp. 165–175). Taking into account the above conclusions seems to be crucial for conducting effective anti-suicide prevention interventions in penitentiary units.

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