

## Suicidogenic prison device in reception: An educational perspective on suicide risk containment

### Il dispositivo suicidogeno del carcere in accoglienza: prospettiva educativa e contenimento del rischio suicidario

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#### Abstract

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Suicide prevention in prison settings reveals structural limitations, traceable to the 'prisonisation' effects and to the dominance of a clinical-diagnostic paradigm focused on identifying individual vulnerabilities. This article proposes a reconceptualisation of suicide in prison, framing it as a possible outcome of the prisonisation process, meant as a multilayered institutional device shaping educational processes, sense-making, the identity reorganisation of inmates from the outset. From an andragogical perspective, reception for newcomers is analysed as an educational device potentially seen as a suicidogenic interaction: a relational process capable of generating or intensifying conditions of suicide risk while simultaneously hindering prevention. During reception informal learning are embedded in practices, routines, relational dynamics of the total institution, potentially orienting individuals toward self-annihilative outcomes. Prisonisation is reinterpreted as a process that may reinforce – or, if intentionally governed, counteract – the prison's suicidogenic conditions, requiring cultural, professional, organisational interventions capable of transforming reception into an intentional learning space.

**Keywords:** suicidogenic interaction; prisonisation; adverse learning actions; suicide risk.

#### Sintesi

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La prevenzione del suicidio in ambito penitenziario evidenzia limiti strutturali, riconducibili agli effetti della prisonizzazione e alla prevalenza del paradigma clinico-diagnostico centrato sulla individuazione di vulnerabilità individuali. Il saggio propone una riconcettualizzazione del suicidio in carcere inquadrandolo come possibile esito del processo di prisonizzazione, inteso quale dispositivo istituzionale multilivello che incide da subito sui processi formativi, di costruzione di senso e di riorganizzazione identitaria della persona ristretta. In prospettiva andragogica, l'accoglienza dei nuovi giunti è analizzata come dispositivo formativo potenzialmente configurabile come interazione suicidogena: processo relazionale capace cioè di produrre o intensificare condizioni di rischio suicidario ostacolando la prevenzione. Nell'accoglienza si generano apprendimenti informali incorporati in pratiche, routine e dinamiche relazionali dell'istituzione totale, che possono orientare verso esiti autoannientativi. La prisonizzazione viene così reinterpreta come processo che rafforza – o, se intenzionalmente governato, contrasta – le condizioni suicidogene del carcere, richiedendo interventi culturali, professionali e organizzativi che trasformino l'accoglienza in spazio educativo intenzionale.

**Parole chiave:** interazione suicidogena; prisonizzazione; azioni educative avverse; rischio suicidario.

## 1. The andragogical dimension of suicide in prison contexts

### 1.1. Methodological framework

Suicides in prison settings represent a widespread social concern. Deaths are increasing. However, the etiology of the phenomenon remains only partially explored, reflecting the cultural, methodological, and epistemological difficulties involved in reconstructing and analysing the learning process underlying the development of self-harming and suicidal intent. Both the literature and professional practice have long privileged a reductionist interpretation, framing the critical event as isolated and impulsive, predominantly -if not exclusively- attributable to individual characteristics and to specific psychopathological conditions or pre-existing vulnerabilities among incarcerated persons.

By contrast, a process-oriented approach makes it possible to analyse suicidal action as the outcome of a multidimensional process in which not only psychological and individual (endogenous) factors interact, but also relational, educational, contextual, and organisational (exogenous) dimensions (Beck et al., 1979; Joiner, 2005).

Many studies trace the onset of suicidal ideation to initial admission and reception to prison and to the earliest moments of life within the custodial environment (Fazel et al., 2017; Fazel et al., 2008; Mumola, 2005). This is due, for instance, to the loss of coping (Liebling, 1992).

For this reason, this phase of detention was selected as the focus of analysis.

The study presented here examines the phase of initial admission and reception to prison, while acknowledging that prior to this moment individuals have already undergone educational actions embedded in the arrest phase. Depending on their positive or adverse nature (Federighi, 2016a), these educational actions may facilitate or hinder the development of suicidal ideation<sup>1</sup>. The dynamics managed by law enforcement personnel already create conditions that shape the learning processes of the arrested person and produce significant acquisitions in relation to the construction -more or less consciously- of the meaning attributed to their situation. Admission and reception in prison thus occur when individuals have already developed forms of awareness regarding their forthcoming conditions of detention. For example, being instructed to apply perfume in the moments immediately preceding entry marks a significant experiential acquisition concerning the educational conditions under which one enters a regime of restricted liberty.

The reception of newly arrived prisoners is analysed from an andragogical perspective.

This phase represents a crucial moment in the construction of meaning surrounding the new identity of the incarcerated person and in the individual's capacity to position themselves within the custodial environment. It is through the first interactions with the rules, practices, and organisational dynamics of the total institution that individuals renegotiate their subjective positioning and their margin of "control"<sup>2</sup> (De Sanctis, 1975a; 1975b) and

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<sup>1</sup> For suicidal ideation see Ludwig et al., 2024; Harmer et al., 2021; Nock et al., 2008; Joiner, 2005.

<sup>2</sup> We refer here to the epistemological construct of "control" as developed by De Sanctis (1975a; 1975b) within the field of adult education. The object of control consists of the educational valencies embedded in every lived experience, including detention. These educational valencies, embedded in institutional and organisational practices, act upon each subject's process of becoming, generating

“agency” (Bandura, 1989; Giddens, 1984; Sen, 1985). These processes and penitentiary educational devices (Federighi, 2012, 2009; Bernstein, 1990) may function either as enabling or adverse factors with respect to the emergence of decision-making trajectories related to suicidal ideation.

The study originates from a research launched in 2019 aimed at analysing the activities, actions, and operations -according to Leont’ev’s theoretical framework- carried out by the various professionals working within the prison and healthcare systems. Consistent with the adopted theoretical paradigm, the research focused on the processual dimension of reception, deconstructing organisational practices into the three constitutive levels identified by activity theory: activities, actions, and operations. Within this framework, the admission and reception of newly arrived prisoners were interpreted as an educational device capable of generating specific “educational consequences” and of shaping the relational and organisational conditions that may either contain or reinforce suicidogenic dynamics associated with the emergence of critical events among incarcerated persons.

Information was therefore collected and systematised regarding the management of the different phases of reception, as well as the outcomes generated, with particular reference to their educational significance within the reception process and to the consequences produced at both the individual and organisational levels.

The multi-year research project unfolded in three phases:

1. *Phase 1: Research on organisational and processual analysis of admission and reception.*

It was aimed at collecting empirical data to analyse the conditions under which the admission and reception of newly arrived prisoners take place, as well as to identify potential organisational and procedural dysfunctions likely to generate critical events associated with this initial transitional phase, such as suicides and acts of self-harm. The study was conducted in three correctional institutions in Central Italy and lasted a total of thirteen months. During this period, a preliminary phase was carried out, devoted to discussing the research protocol, negotiating access to the institutional settings, and obtaining the necessary authorisations from the decision-making bodies of the Prison Administration (2019). Data collection was based on eleven semi-structured group interviews conducted between January and September 2020;

2. *Phase 2: Research on the learning outcomes achieved by inmates.*

It aimed to identify the “learning outcomes” developed by incarcerated individuals during the admission and reception period as a consequence of the actions and operations in which they are involved from the moment of entry into the institution. It also examined the prison institution’s capacity to define learning objectives and to create, accordingly, the conditions under which individuals develop and consolidate learning processes relevant to their sense-making. The study was conducted with senior management profiles from correctional institutions in the

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transformative effects that may be either enabling or adverse. The development of control enhances the capacity to reduce the unpredictability of informal embedded educational processes and increases the possibility for adults to intentionally govern and direct their own learning trajectories (Torlone, 2024).

central area of the country and lasted a total of twelve months. During this period, a preliminary phase was carried out to discuss the research protocol. Data collection was based on individualised meetings conducted with prison directors and senior officials of the Regional Directorate of the Prison Administration. These meetings took place between May and December 2021;

3. *Phase 3: Research on inter-institutional integration and capacity to mitigate suicide risk.*

It was aimed at enhancing the capacity to contrast suicidal and self-harming acts and to manage distress among the incarcerated population, by promoting greater integration and complementarity among the various professionals operating within the prison and healthcare systems during the reception phase of newly arrived prisoners. An additional objective was to identify organisational improvement actions and to assess their concrete implementation within institutional settings. The research was conducted between 2022 and 2024 in a correctional institution in Central Italy and lasted a total of two years. During the 2022–2023 period, a preliminary phase was carried out to discuss and negotiate the research project, culminating in the acquisition of the necessary authorisations from the decision-making bodies of the Prison Administration and the competent health authorities. Empirical data collection included twenty semi-structured individual interviews and one focus group, conducted between November and December 2024, involving professionals from the various relevant fields. This methodological design made it possible to explore existing prevention practices, interprofessional collaboration dynamics, and the persisting critical issues in the management of suicide and self-harm risk.

The institutions involved (four in Central Italy) were selected on the basis of the high incidence of suicides recorded within them, in order to focus the analysis on settings characterised by particular criticality in terms of suicide risk. This premise makes it possible to frame the phenomenon in general terms, without disclosing sensitive information, while at the same time conveying its relevance and seriousness.

The methods of data collection and analysis were differentiated according to the period of data gathering and the actual possibilities of access to correctional facilities (during the pandemic period -2020/2022- the research was conducted remotely). These methodological choices were shaped both by institutional constraints and by contingent organisational conditions, which required the adaptation of research protocols and instruments to the different contexts and temporal phases.

The professionals involved assumed differentiated roles across the various phases of the research process, in accordance with the specific objectives and the methodological framework adopted.

*Phase 1.* It involved the active participation of 14 professionals affiliated with the Regional Directorate of the Italian Prison Administration, holding diverse roles and responsibilities within the institutional structure. In particular, the following were involved:

- Head of the Staff Training Office (n = 1);
- Head of the Detainee Treatment Office at the Regional Directorate of the Prison Administration (the regional authority overseeing correctional institutions) (n = 1);
- Prison Directors (n = 2);
- Heads of the Treatment Unit (n = 5);
- Heads of the Security Unit (n = 2);

- Prison Police Inspectors (n = 2);
- Psychologist appointed under Article 80 of the Italian Prison Law (external expert authorized to provide psychological services within prisons) (n = 1).

*Phase 2.* Participants included senior executives from ten correctional institutions and from the relevant Regional Directorate of the Prison Administration.

*Phase 3.* It involved nine professionals from both the Prison Administration and the public healthcare system, within a framework of interinstitutional integration. Participants assumed different roles: some were involved in the negotiation and definition of the theoretical–methodological framework of the research, while others took part in the implementation of data collection instruments. The following took part in the study:

- the Regional Director of the Prison Administration;
- the Municipal Ombudsperson for the Rights of Persons Deprived of Liberty;
- the Prison Governor (institutional director);
- the Head of Healthcare Services within the prison;
- a Cultural Mediation Officer;
- a Legal-Pedagogical Officer (specialist in correctional education and legal supervision);
- a Coordinating Unit Inspector (senior prison police officer);
- a Psychiatrist;
- a Psychologist affiliated with the Community Mental Health Service.

This articulation made it possible to ensure alignment between specialised expertise, operational functions, and the epistemological requirements specific to each phase, thereby safeguarding the internal coherence and overall rigor of the research design.

The methods and instruments employed were defined in close alignment with the specific objectives of each research phase, following a progressive and integrated methodological design.

The empirical data collected are grounded in the systematic observation of professional processes and activities, aimed at developing analytical categories useful for understanding and intentionally managing the learning processes embedded in admission and reception practices and procedures. Within this perspective, the analysis sought to highlight how the organisation of the admission and reception processes may function as an educational device capable of shaping the institution’s capacity either to reinforce or, conversely, to counteract the risk factors associated with suicide among newly arrived prisoners.

The materials concerning the analysis and perspectives of the various actors, used to support our interpretation, were collected through the following methods:

- document analysis (primary and secondary legal sources, protocols, and procedures);
- semi-structured interviews with professionals from the administrations involved in the reception process;
- focus groups with those responsible for the different functions engaged in reception, both at the initial stage and during the dissemination of results;
- non-participant observation, based on field diaries regularly compiled and translated into written reports, typically shared with stakeholders.

Observation, the study of organisational contexts, relational dynamics, and professional activities, and the theoretical elaboration of embedded learning processes progressed in parallel, in continuous interaction. In line with an approach inspired by Grounded Theory, emphasis was placed on local and contextual data, generated and collected within each research setting. These data constituted the basis for subsequent processes of conceptualisation.

## **1.2. Beyond the Clinical-Diagnostic Paradigm**

The interpretative perspective we propose, as an outcome of the research conducted between 2019 and 2024, calls for a re-reading of the construct of “prisonisation” (Clemmer, 1940), which in our analysis is understood as a complex institutional dynamic capable of generating conditions conducive to suicidal and self-harming behaviours among incarcerated persons.

Prisonisation thus operates even prior to processes of cultural adaptation and progressive assimilation into prison subculture, functioning as a structural condition conducive to suicidal and self-harming phenomena. It functions as a structural organisational device that contributes to shaping the conditions orienting incarcerated individuals toward self-destructive outcomes. Individuals overcome suicide risk by drawing upon their own resources, capacities, and forms of power -whether pre-existing or developed throughout detention- from the very first moments of reception, if not from the initial stages of arrest itself.

Within this framework, prisonisation is conceptualised as a constitutive and multilayered process, articulated through the interweaving of multiple components: institutional rules (both explicit and implicit), the behaviours of organisational actors, the interpretation and enactment of professional roles, the timing and rhythms of work-related tasks, relational dynamics, operational routines, the forms and modes of managing organisational and learning processes, and compliance with interinstitutional protocols and procedures.

The theoretical hypothesis underpinning this interpretative perspective is that all these elements, far from constituting neutral mechanisms regulating custodial life, are organised in ways that produce consequences affecting processes of sense-making and identity reorganisation during the initial phase of incarceration. In this sense, they may contribute to the configuration of an organisational context conducive to the incarcerated person’s suicidal decision.

The object of the study is thus the “suicidogenic interaction”, understood as a relational theoretical model that interprets suicide risk as an emergent outcome of interactive configurations (Elias, 1985; Emirbayer, Mische, 1998) characterised by power asymmetries (Foucault, 1977; Bourdieu, 1993; Bourdieu, Passeron, 1970), denial of recognition (Honneth, 1995), and compression of agency (Giddens, 1984; Sen, 1999) and socially organised control over educational powers (De Sanctis, 1975b; Federighi, Bax, Bosselaers, 1999).

Within this perspective, suicide cannot be reduced to individual vulnerability but must be analysed as a situated and cumulative product of relational and institutional dynamics (Joiner, 2005; Durkheim, 1897), resulting from the interweaving of organisational devices regulatory frameworks, professional practices, relational dynamics, and the management of procedures and learning processes. Attention must therefore necessarily be directed toward the organisational behaviours enacted by all personnel operating within the institution, regardless of the public administration to which they belong.

This organisational capacity is shaped from the very earliest moments of the reception

process.

Prevailing analytical perspectives on suicidal phenomena in the literature diverge from this interpretative framework.

Research on suicide in prison settings is largely dominated by a clinical and healthcare-oriented approach, which interprets suicidal behaviour primarily in relation to the presence of mental disorders, psychiatric and depressive conditions, substance dependence, or marked psychological vulnerability among incarcerated individuals. Within this line of research, the propensity toward suicide and self-harming behaviours is mainly attributed to individual characteristics and to pre-existing psychopathological conditions, whether antecedent to or exacerbated by detention. These contributions rely on the construct of suicidal ideation, understood as the cognitive and emotional antecedent of suicidal behaviour, and analyse its onset and intensity in relation to clinical and diagnostic factors attributable to the incarcerated person<sup>3</sup>.

The clinical approach has guided the progressive intensification of commitments undertaken by healthcare and prison administrations in defining structured protocols for the assessment of suicide risk across the different phases of sentence execution, with particular attention to those identified in the literature as especially critical. Among these, the admission and reception phase assume specific relevance, as the first days of detention constitute a period of heightened vulnerability. According to recent data, the first week of incarceration is associated with a particularly significant risk of suicide, accounting for approximately 12% of cases (Associazione Antigone, 2024).

Although suicide risk assessment represents an indispensable tool for prevention and health protection, its implementation during the initial stages of detention tends to take the form of a predominantly technical-procedural act, grounded in a largely diagnostic-pathological reading aimed at identifying clinical and behavioural indicators of vulnerability.

An exclusive focus on individual factors of fragility and clinical vulnerability risks entirely obscuring the role of organisational dynamics -both central and peripheral- and relational modalities that, in each action connected with admission to the institution, may generate “educational consequences” capable of significantly influencing the orientation and capacity of the incarcerated person to engage in self-annihilative conduct.

One might even argue -paradoxically- that, if a strictly clinical framework is adopted, the incarcerated person would be oriented toward self-destruction solely on the basis of endogenous factors, irrespective of the custodial context. Psychopathological determinants would thus assume an almost exclusive role in the genesis of suicidal behaviour.

However, a socio-constructivist perspective invites us to problematise this reductionist reading and calls for an analysis of the impact of the institutional and relational context within which the incarcerated person is embedded on behavioural outcomes. Even in the presence of clinical vulnerabilities, contextual conditions, interpersonal dynamics, and

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<sup>3</sup> Most epidemiological studies agree in considering suicidal behaviour as the outcome of a multifactorial process, resulting from the cumulative interaction of biological, psychological, and social factors. Some of these factors are already present prior to admission to prison and are, so to speak, “imported” into the custodial condition, contributing to the particular vulnerability of the prison population. Among these, the presence of psychiatric disorders represents one of the most consistently documented risk factors in the literature.

institutional practices may significantly shape, amplify, or mitigate specific behaviours, thereby configuring themselves as determining factors in their own right.

Alongside the clinical-healthcare approach, a growing body of research has interpreted prison suicide in light of exogenous socio-cultural and contextual factors (Liebling, 2004; Sykes, 1958; Durkheim, 1897). These contributions highlight determinants linked to social marginality, educational background, processes of social disaffiliation (Castel, 1995), and modes of interaction with the penal institution (Goffman, 1961). From this perspective, suicidal behaviour is not considered solely as the expression of individual pathology, but as a possible outcome of processes of social isolation, loss of role, entrapment (Williams, 2001), and diminished agency, which detention may intensify.

While acknowledging the contribution of clinical-healthcare and socio-cultural approaches to the understanding of suicidal phenomena in prison settings, these perspectives appear, in our view, insufficient to fully capture the role played by organisational practices, professional conduct, and educational actions in the processes of sense-making and identity reorganisation that characterise entry into prison.

The literature indeed tends to focus on pathological outcomes or structural risk factors, relegating to the background -when not omitting altogether- the analysis of actions that generate educational consequences for incarcerated individuals, as well as the interactions and organisational dynamics that, at each stage of admission (and subsequently of detention), contribute to shaping the subjective experience of the newly arrived prisoner and may configure suicidogenic dynamics.

To what extent may suicide be interpreted as the outcome of a learning process configured by the educational quality of organisational admission and reception practices, and by the recognition of the newly arrived prisoner as a subject “in formation”, engaged in identity reconstruction and in the development of capacities for control and self-determination within the custodial context?

This question constituted the guiding framework of our research trajectory.

The reception phase constitutes an “educational activity,” insofar as the actions and interventions carried out by organisational actors perform functions that may either counteract or facilitate suicidal intent among incarcerated individuals, regardless of the degree of intentionality accompanying each action (e.g., providing information about institutional rules) and each operation (e.g., proxemic patterns in greeting upon entry). The suicidogenic effect thus derives from the way in which each moment of admission and reception is structured, interpreted, and managed by the various professionals of the administrations involved.

It therefore becomes necessary to integrate the analysis of the admission and reception phase, from the perspective of counteracting suicidal phenomena, with an andragogical and emancipatory approach that explicitly recognises the dimension of power as a generative variable of risk. Suicide prevention cannot be limited to, nor exhausted by, the management of presumed individual vulnerabilities (sometimes produced or amplified by the prison context itself), but must critically interrogate the detention system’s capacity to generate critical events through the conditions and modalities of admission and reception and through the compression of the incarcerated person’s power to respond to the adverse learning experiences that mark their initial entry into prison.

It thus becomes theoretically plausible to reconfigure the admission and reception phase by interrupting its potential configuration as a suicidogenic interaction and redefining it as a

space and time oriented toward the expansion of agency and self-determination. It thus becomes theoretically plausible to reconfigure the reception phase by interrupting its potential configuration as a suicidogenic interaction and redefining it as a space and time oriented toward the expansion of agency and self-determination. In this perspective, reception may be grounded in a logic of “educational compensation” (Torlone, 2018) aimed at strengthening the institutional capacity to counteract suicidogenic dynamics.

### **1.3. An andragogical approach to suicidogenic processes**

In light of the magnitude of the phenomenon (see § 1.4), it becomes necessary to examine the processes shaping suicide risk during detention, particularly at the stage of admission to prison, moving beyond the limitations associated with individual pathological conditions and presumed vulnerabilities of the incarcerated person.

The critical suicidal event must also be examined in close relation to situated stressors embedded in institutional practices specifically associated with the experience of detention, which carry significant educational implications in shaping whether such an event occurs. The propensity toward suicide may be reinforced or, conversely, mitigated by the ways in which the educational practices embedded in the custodial trajectory are managed. These include critical phases and moments such as admission, waiting for temporary leave authorisation, the denial of a request, transfers, or the approaching end of sentence.

The ways in which these phases and moments are addressed by all staff members - governors, healthcare professionals, prison officers, treatment staff, and representatives of religious denominations and so forth- play a significant role, particularly with regard to the informal learning processes that derive from them. The presence or absence of error-management practices, shared reflection, and organisational re-elaboration may significantly shape the construction of meanings that, often implicitly, influence the decision-making trajectories of incarcerated individuals, potentially contributing to the emergence of suicidal ideation.

The challenge lies in recognising and governing not only clinical or personological risk factors, but also -indeed especially, as they are more pervasive and less immediately visible- those connected to the learning processes embedded in the everyday life of detention, and in particular in the totality of actions that structure the reception process.

The timing of the consequences generated by an institution’s organisational and educational device may vary. Risk is described as “manifest” when it emerges immediately upon the implementation of healthcare protocols, whereas cases are defined as “latent” when the suicidal event occurs at a later stage, following the initial diagnostic assessment. However, this classification tends to attribute the etiological nexus primarily to individual characteristics, thereby obscuring the educational and organisational dimensions that may have contributed to the genesis of the critical event.

In these cases, as in others, the suicidal event must be interpreted as the outcome produced by the ways in which the individual actions and operations of the reception process were designed, interpreted, and managed, acknowledging the active role of the organisation in configuring the conditions that precede the critical event.

From an andragogical perspective, counteractive strategies refer to the prison institution’s capacity to identify the educational valencies (De Sanctis, 1978; 1975b) embedded in each phase of the reception process (admission included) and to manage them in ways that foster positive learning consequences for the incarcerated person involved -also in connection

with radicalisation processes (Torlone, 2023).

This requires the organisation's capacity to implement institutional practices that integratively involve the prison, healthcare, and mental health administrations, so that all - within their respective organisational responsibilities- are engaged in the discussion and revision of processes, timelines, and professional conduct associated with each phase of reception (e.g., from initial entry into the admissions office to the medical examination and the psychiatric assessment).

The set of learning actions enacted by organisational actors during the reception process may either reinforce or counteract the incarcerated person's propensity to develop suicidal convictions, depending on whether such actions are characterised as adverse or supportive. The adverse or supportive nature of each action depends on the ways in which it is designed and managed with educational intentionality by the organisational actors involved at the different stages of admission and reception (healthcare, prison administration, mental health services, and cultural mediation).

In this sense, the construction of the *prison environment* does not depend solely on the structural characteristics of the institution, but also on the organisation's capacity -across central and peripheral levels- and on the professional conduct of staff in governing actions that shape educational consequences relevant to the mitigation of suicide risk within custodial settings.

The actions and behaviours adopted during reception by each organisational actor ultimately generate educational consequences. They shape the way in which the incarcerated person constructs the meaning of their experience in prison and perceives their margin of control over the educational valencies -both adverse and supportive- that influence the possibility of sustaining or interrupting their life course.

In summary, adopting an educational perspective in the study of suicidal behaviours during the reception process makes it possible to interpret such behaviours not as mechanical outcomes of pathological or psychiatric conditions, but as the result of informal educational processes shaped by the prison context, understood as an educational device and as a system for the distribution of educational powers. Examining these processes and the learning actions through which they materialise may contribute to the development of organisational, team-based, and professional strategies aimed at mitigating suicidogenic dynamics.

#### **1.4. Suicidal outcomes in prison: empirical evidence and temporal distribution**

Reference to available international and national data makes it possible to delineate the structural scope of suicidal phenomena in prison and to situate them in relation to the general population. These findings are taken as the interpretative background for the present andragogical reflection. In compliance with confidentiality requirements, no specific information regarding the institutions in which the empirical research underlying this contribution was conducted will be disclosed.

A first level of analysis concerns the comparison between suicide rates recorded in the general population and those observed among persons deprived of liberty.

Globally, suicide represents one of the leading causes of death. According to the World Health Organisation, approximately 727,000 people die by suicide each year worldwide, with an estimated average rate of 9.2 suicides per 100,000 inhabitants (WHO, 2025).

The European context exhibits substantially higher suicide mortality rates than the global average, with age-standardised suicide death rates in the European Union around 10.2 per 100,000 persons in 2021, and several member states reporting rates close to or exceeding 15–19 per 100,000 inhabitants. These figures place parts of Europe among regions with relatively high suicide incidence compared with global estimates (Eurostat, 2024).

While data concerning the general population already outline a picture of significant concern, the literature and institutional statistics indicate that suicide risk increases markedly in contexts of deprivation of liberty.

At the international level, research consistently indicates that suicide rates recorded in correctional institutions are significantly higher than those observed in the general population, confirming detention as a condition associated with heightened relative risk of suicide (WHO, 2025; Institute for Crime and Justice Policy Research, 2025; Mundt et al., 2024; Fazel et al., 2017).

This differential cannot be interpreted solely as an expression of pre-existing individual fragilities, but rather draws attention to the specific institutional conditions that characterise custodial life, making it necessary to further investigate the organisational and relational dynamics that permeate the phase of admission and reception to prison.

In the Italian context as well, the most recent data confirm a suicide incidence among incarcerated persons significantly higher than that recorded in the general population. Available analyses further indicate a particularly high concentration of suicidal events during the initial stages of detention and at moments of institutional transition, such as admission to prison or transfer between facilities (Associazione Antigone, 2024).

These findings reinforce the hypothesis that the threshold of entry into prison constitutes a phase of high transformative intensity, in which the impact of the organisational and educational device may significantly affect processes of identity reorganisation and the incarcerated person's capacity to resist the dynamics of prisonisation.

With regard to Italian reference sources, the analysis of suicidal phenomena in prison settings requires the use of heterogeneous data sources, both institutional and independent. Official statistics from the Department of Prison Administration (DAP – Ministry of Justice) include in the overall count only suicides completed within correctional facilities. In parallel, independent non-governmental organisations such as *Antigone* and *Ristretti Orizzonti* adopt broader reporting criteria, also including deaths occurring in hospital settings following suicidal acts committed in prison, as well as deaths attributable to behaviours enacted during detention, such as gas asphyxiation or fatal outcomes of hunger strikes.

The coexistence of different classification criteria does not constitute a merely statistical issue; rather, it affects the representation of the phenomenon, influencing the understanding of its actual magnitude and potentially compromising the analysis of intervention strategies implemented within correctional institutions.

Heterogeneity in reporting criteria produces significant discrepancies in the available data and calls for a critical and contextualised reading of statistics. Despite these methodological differences, all sources converge in outlining a picture of extreme concern. Available research indicates that the suicide rate among incarcerated persons in Italy is significantly higher than that of the non-custodial population, with a differential estimated at up to approximately twenty times greater (Esposito, 2018), one of the highest in the European

context. This gap cannot be reduced to a mere over-representation of individual vulnerabilities, but rather calls for an analysis of the organisational conditions that characterise the experience of detention and that may contribute to the suicidogenic dynamics within custodial settings.

This critical situation is confirmed by the most recent data (Figure 1): in 2024, the Italian prison system recorded the highest number of suicides ever documented, with figures varying depending on the source but remaining extremely alarming: 83 cases according to the Department of Prison Administration, 91 cases according to Ristretti Orizzonti (2024). In 2025 as well, according to data from the Department of Prison Administration and analyses conducted by independent organisations, the incidence remains significantly high, confirming the stabilisation of the phenomenon at critical levels. In this context, both the literature and public debate have increasingly adopted strongly evocative expressions, describing prison as a container of bodies (Associazione Antigone, 2025) and characterising it as a “suicidogenic” environment (Merzagora Betsos, 2005, p. 205), thereby underscoring the possible impact of organisational conditions in shaping suicide risk.

| Year | Nr of suicides (DAP/ Ombudsperson Data) | Variation and Notes  |
|------|---|--|
| 2022 | 84                                      | Historical record at the time (exceeding 72 cases recorded in 2009).   |
| 2023 | 70                                      | Slight decrease, though still at alarming levels.  |
| 2024 | 83 - 91                                 | New dramatic peak. The figure ranges from 83 (Department of Prison Administration – DAP) to 91 (Ristretti Orizzonti), depending on reporting criteria.   |
| 2025 | 79 - 80                                 | Trend consistent with the previous year’s emergency levels. The figure ranges from 79 (DAP) to 80 (Ristretti Orizzonti), depending on reporting criteria |

Figure 1. Number of suicides in Italian correctional institutions (2022-2025).

The temporal distribution of suicidal events reveals a significant concentration during the initial stages of detention and at moments of institutional transition, confirming reception as a phase of heightened criticality within the custodial trajectory (Polimeni, Taccardi, 2023). The data further reinforce this pattern: of 76 suicides recorded in a given reference year, 40 occurred within the first six months following admission (53%). Among these, 8 took place within the first 15 days and 6 within the first 5 days of detention (Garante Nazionale dei diritti delle persone private della libertà personale, 2024). Data from independent sources confirm and, in some cases, accentuate this temporal distribution, reporting “62 suicides within the first six months of detention, of which at least 14 occurred in the first month and at least 11 in the first week” (Antigone, 2025, p. 371).

In summary, the available evidence -despite being based on different reporting criteria-converges in identifying the initial admission and reception in prison, within a time frame ranging from the first week to the first three to four months of detention, as a period of particularly elevated risk for suicides. This temporal concentration confirms that entry into prison constitutes a critical phase not only from a psychological standpoint, but also in relational, decisional, and sense-making terms. Admission and initial orientation may

therefore be regarded as decisive moments in the shaping of suicide risk. Individual factors are inextricably intertwined with organisational and educational dimensions that require specific attention and governance by both institutional actors and incarcerated persons. Statistical analysis reinforces the need to interpret the whole reception process not as a mere procedural requirement, but as a penitentiary educational device capable of configuring individual behaviours in response to organisational practices.

## **2. The research process**

### **2.1. The research process and the definition of the object of study**

We briefly outline the research process in order to make explicit the conditions of feasibility of an inquiry which, by virtue of its object and institutional context, presents significant operational and relational complexities.

The original interest guiding the launch of the research was to consider the reception phase of newly arrived prisoners as an organisational and educational space potentially conducive to the emergence of risk conditions impacting the well-being of incarcerated persons and correctional professionals alike.

From the outset, the organisation of the research required intensive preliminary work aimed at constructing and defining the research field. It was necessary to initiate dialogue with the decision-making levels of the decentralised prison administration in order to co-design a research pathway oriented toward understanding existing criticalities and promoting improved conditions for both the institution and incarcerated persons. This negotiation phase proved crucial in building a collaborative climate grounded in shared objectives and in securing access to correctional facilities.

The process of defining the object of study also made it possible to problematise the construct of “well-being” and to articulate it in relation to the suicide emergency, which was particularly alarming in the institutions involved in the research. Well-being was thus reinterpreted not merely as the absence of clinical distress, but as the outcome of organisational, relational, and learning conditions capable of influencing the educational quality of the custodial experience, and in particular of the admission and reception phase.

The object of inquiry was thus progressively redefined as the analysis of organisational processes and professional practices that structure the reception phase across multiple domains -from healthcare to intercultural mediation and treatment services- in order to understand their role in producing conditions that may be either conducive or obstructive to the emergence of suicidal or self-harming behaviours.

The process thus outlined brought to light several structural criticalities, including:

- the fragmentation of responsibilities between the Prison Administration and the regional healthcare system;
- resistance to sharing existing practices and granting access to data and information describing the organisational modalities of reception-related actions;
- the presence of already formalised protocols that tended to be perceived as exhaustive with regard to addressing suicide;

- the difficulty, on the part of institutional representatives, in recognising the organisational and learning dimensions as possible explanatory variables of suicidal phenomena.

Collaboration proved to be an added value in the development of the research protocol. Resistance, too, served as an opportunity to deepen the analysis of three sets of factors:

- the tendency to attribute suicide exclusively to individual vulnerabilities;
- the perception of the research as a potential critical evaluation of professional conduct;
- the complexity of coordinating actors operating within different hierarchical and regulatory systems.

To overcome these obstacles, the research pathway was progressively redefined as a space for shared reflection rather than as an evaluative or inspection-oriented device. The methodology adopted privileged a dialogical and participatory approach, grounded in the regular interim restitution of findings, the sharing of emerging interpretative perspectives, and the construction of a common vocabulary among the various institutional actors.

Nonetheless, some forms of resistance remained unresolved (e.g., access to plenary meetings involving the administrations engaged in the initial admission phase).

The research progressively took shape as an interdisciplinary inquiry, involving professionals affiliated with the decentralised branches of the Prison Administration (Regional Directorate of the Prison Administration; Municipal Ombudsperson for the Rights of Persons Deprived of Liberty; Prison Leadership; Treatment and Security Leadership) as well as healthcare services operating within correctional institutions.

The Regional Director of the Prison Administration, as the authority responsible for policy direction and coordination at the territorial level, represented the strategic interlocutor for defining the institutional framework and for legitimising the research process.

The Prison Leadership, entrusted with the governance of the institution's internal organisation, represented the primary operational level for conducting non-participant observation of reception practices.

The Municipal Ombudsperson, in their role of safeguarding and monitoring the rights of persons deprived of liberty, provided an interpretative lens oriented toward the protection and improvement of detention conditions, beginning with the initial admission phase. The Ombudsperson also served as a catalyst for the research by actively fostering sustained dialogue among the relevant institutional stakeholders.

Representatives of the treatment area (including intercultural mediation services) and the security area were involved by virtue of their direct role in managing first-admission and reception procedures.

Representatives of healthcare and mental health services played a significant role in facilitating the sharing of organisational and relational practices concerning admission and reception, diagnostic assessment, and the monitoring of clinical suicide risk.

The plurality of decision-making and operational levels required sustained efforts of mediation and negotiation among different professional cultures, institutional mandates, interpretative approaches, and organisational logics, immediately highlighting the systemic nature of the phenomenon under investigation, thereby revealing from the outset the systemic and multi-layered character of the phenomenon under study.

## **2.2. The formulation of the research question**

The formulation of the research question was the outcome of a negotiated process involving all relevant decision-making and operational levels. The shared inquiry concerned the study of the informal educational processes through which the admission and reception of newly arrived prisoners is managed in all its components, with the aim of understanding to what extent such processes shape the emergence of suicide risk from the very first hours of contact with the prison environment.

The decision to orient the inquiry toward the processual dimension of reception and the informal educational processes accompanying it arose from the need to move beyond the functional and sector-based logics through which each organisational segment interprets its own contribution to counteracting suicide.

The healthcare and mental health sectors tend to frame suicide counteraction primarily through the use of clinical parameters and diagnostic tools, focusing attention on the identification of individual conditions of vulnerability.

The prison police sector, in line with its custodial mandate, interprets suicide prevention primarily in terms of maintaining internal order and controlling behaviours deemed to be at risk.

The Municipal Ombudsperson and the Regional Directorate of the Prison Administration situate the issue of reducing suicide risk within a rights-based framework and in the prevention of prisonisation processes that may become conducive to self-destructive outcomes.

Finally, the prison leadership adopts a generally integrated but predominantly managerial perspective, linking the counteraction of suicide to the proper organisation of treatment and security functions, as defined by laws, regulations, circulars, and guidelines.

The negotiation of the research question thus represented a decisive step in shifting the focus from the sectoral fulfillment of respective competences to an interfunctional analysis of the organisational and learning processes structuring admission and reception. Within this perspective, suicide was not treated as a problem attributable to a single functional domain (e.g., mental health), but as a possible emergent outcome arising from the interaction among diverse professional practices, role configurations, procedural norms, and institutional arrangements, whose combination may assume a significant suicidogenic potential. The organisation is not a neutral context within which various vulnerabilities merely manifest; rather, it constitutes the custodial pedagogic device operating within an andragogical framework.

## **3. Educational valencies and informal learning processes embedded in reception**

Within the proposed andragogical perspective, suicide risk mitigation may be interpreted as the outcome of the intentional governance of the learning actions embedded in the various moments of reception. Each moment and each operation contains an “educational quid” (Federighi, 2016b, p. 66) that acts upon the incarcerated person’s capacity to counteract -or not- the effects produced by the custodial and *rehabilitative* functions characteristic of the prison organisation.

It therefore becomes relevant to examine what kinds of learning are generated – often as

an hidden learning outcome – by the actions and educational practices that characterise everyday custodial experience: what does the incarcerated person “learn” from an omitted greeting, from a search conducted with procedural competence (penological domain) but lacking processual sensitivity (andragogical domain), from situations of isolation or disorientation, from a promised interview that is tacitly postponed, from inconsistent information provided by staff, or from the fragmented and unguided circulation of personal information? Such experiences may configure themselves as factors that, cumulatively or in isolation, contribute to orienting the individual’s informal educational processes toward self-destructive trajectories.

Our research hypothesis is that suicides in prison should be interpreted as outcomes shaped by the ways in which the informal learning processes embedded in the various phases of reception are managed, as well as by the relational dynamics established by the incarcerated person from the earliest stages of custodial experience.

Our attention is therefore directed toward *the ensemble of informal learning actions* enacted by prison and healthcare staff in the imminence of the incarcerated person’s admission and reception. From this ensemble of actions depends the prison organisation’s capacity to mitigate the emergence of suicidal intentions, through the educational quality of the behaviours, actions, relationships, and admission and reception practices adopted by the professionals involved.

A limitation of our study lies in the difficulty of systematically observing all organisational components involved in the reception phase (e.g., medical and nursing staff, personnel of the admissions office). Nevertheless, we consider the findings to possess an adequate multi-level validation of findings, given the decision-making levels and institutional responsibilities involved, including the Regional Director of the Prison Administration, the Municipal Ombudsperson for the Rights of Persons Deprived of Liberty, the Prison Leadership and the Heads of Mental Health and Healthcare Services within the institutions observed.

On the basis of the research conducted, we hypothesise that the mitigation of suicide risk and the counteraction of suicidogenic dynamics originate as early as the prodromal phase of deprivation of liberty represented by admission and reception in the institution.

Although the arrest phase may also affect the educational quality of sense-making processes, the present study focuses exclusively on the reception phase, as it constitutes the direct object of analysis. This phase is particularly significant within the individual’s treatment pathway, as it contributes from the outset to shaping how the person constructs their role within the custodial context and the relationships to which they are able to feel they belong. The educational conditions under which individuals begin their detention make a decisive difference in relation to the occurrence—or non-occurrence—of critical events in proximity to admission and reception.

In line with these premises, the empirical analysis focused on the reception phase of newly arrived prisoners and on the actions managed by professionals from the healthcare, custodial, and treatment areas, in order to understand how the informal educational practices enacted during this phase may orient, in either supportive or adverse directions, suicidal behaviours.

#### **4. Challenges in counteracting suicide during reception**

The issue addressed throughout the research process concerned the identification and

mitigation of adverse learning actions that may be enacted by staff and by the organisational structures, which may contribute to the configuration of suicide risk among newly admitted individuals.

The results obtained may help to clarify the extent to which individual professionals, staff teams, and the organisation as a whole can activate individual behaviours and relational practices that foster the development of positive relationships with newly arrived prisoners from the very outset of the reception phase.

The research process made it possible to identify evidence relating to three sets of challenges whose management during the reception may contribute to mitigating suicide risk: cultural, professional, and organisational.

#### **4.1. Cultural challenges**

The objective is to foster a different cultural understanding of the functions of reception.

Awareness remains limited that the reception of newly arrived prisoners constitutes a crucial moment in counteracting both immediate and future suicide risk among all new arrivals. Attention is often mistakenly focused on identifying individuals deemed to be at risk, that is, on assessing manifest propensities. Consequently, the work of professionals tends to be oriented primarily toward the classification of newly admitted individuals, with insufficient attention paid to the impact that individual and organisational behaviours may have in contributing to the configuration of latent suicidogenic dynamics, including among those who remain *silent* and potentially *invisible*.

#### **4.2. Professional challenges**

The objective is to advance a complementary and coordinated approach to mitigating suicide risk, engaging all professional roles involved in the reception pathway, from arrest to the assignment and the initial accommodation in cell.

At this stage, there is a high risk that the various professionals operate in a fragmented and non-complementary manner. The outcome of this phase is shaped by the conduct of all those who interact with the newly arrived person at the moment of arrest, initial intake, clinical support, placement, and ongoing management. While it may be complex to influence the professional practices of actors external to the prison, it is nevertheless possible to require and foster complementary professional practices among the different institutional actors involved. The focus should therefore shift from procedures to the person: the newly arrived individual.

The obstacle to this approach does not appear to lie in a lack of time, but rather in a predominant focus on security over mitigation or counteraction of suicide risk. The absence of a complementary and coordinated orientation helps explain the diffusion of divergent professional practices. Some professionals limit themselves to the rapid collection of individual information, while others adopt hyper-protective behaviours. A similar variability can be observed in the preparation of the setting for interviews, as well as in their duration (ranging from a few minutes to twenty or more). Only the most aware professionals use reception-phase interviews as an opportunity to orient the newly arrived individual both to prison life and to the ongoing legal proceedings.

#### **4.3. Organisational challenges**

The objective is to formalise and recognise the multidisciplinary team overseeing reception and to strengthen its operation as an integrated team.

There are, however, examples of good practice. Where reception performs mitigating functions, this appears to be attributable to the existence of small “de facto teams” that spontaneously form within the broader network of professionals involved in this phase. These professionals -or at least some of them- operate on a daily basis as a team (in practice), even outside formal multidisciplinary meetings. The *de facto team* autonomously develops ad hoc strategies for managing the cross-cutting processes characteristic of reception, in particular in order to:

- plan activities;
- share information;
- conduct interviews and initiate individual plans;
- communicate and share outcomes;
- assess newly arrived individuals;
- adopt measures consistent with the “individualised treatment plans”;
- monitor progress;
- review cases.

However, an unresolved issue remains: this is a multifunctional and multi-institutional team that should ideally be operating within a matrix organisational structure, where functional and hierarchical accountability are differentiated but not separated. In this configuration, the lack of a designated coordinating authority (in other words the team leader) constitutes a structural weakness.

Nevertheless, despite the presence of obstacles, the team – where it exists – manages to distribute internally certain roles essential to its functioning, including, for example:

- *Coordination*: defining the schedule of initial reception interviews for newly arrived individuals and facilitating meetings among professionals;
- *Management*: overseeing timelines, methods, tools, and the setting of interviews;
- *Internal and external communication*: although hindered by the absence of IT tools oriented toward a quality management logic, it is somehow undertaken;
- *Assessment and segmentation*: collecting and synthesising the evaluations of individual professionals, and managing divergences and misalignments.

The existence of good practices demonstrates that it is possible to adopt a counteractive perspective. At present, however, such practices largely depend on the individual commitment of professionals, as the organisation of work during the reception phase does not consistently enable them to function as an integrated team, nor does it place the mitigation of suicide risk and the counteraction of suicidogenic dynamics at the core of collective action.

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