

PERSONAL BACKGROUND SURVEYS OF INMATES: LEGAL AND PSYCHOLOGICAL ASPECTS

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Summary. The article discusses the legal and psychological aspects of personal background surveys of inmates serving a prison sentence. In the legal context, the statutory objectives of psychological diagnosis of prisoners were discussed, i.a. as a basis for individualisation of a custodial sanction, prevention of harmful influence of demoralised convicts and ensuring prisoners' personal safety. As regards the psychological aspect, arguments were put forward in favour of in-prison diagnosis as a variety of psychological diagnosis, mainly due to the fact that it offers a description of characteristic ways of behaviour of a convicted person as well as explaining the mechanisms of their emergence, maintenance and possible changes in the functioning of the diagnosed person. In the analysis of the legal and psychological aspects of diagnosis in the penitentiary setting, the specific nature of three types of personal background tests was presented: 1) psychological rehabilitation diagnosis, 2) psychological therapeutic diagnosis, 3) psychological diagnosis of recidivism.

Finally, attention was paid to factors that should be considered in the development of psychological diagnosis of inmates, for example, the testing of positive and dynamic personality aspects of convicted persons and standardisation of research, including the development of modern diagnostic tools.

Key words: personal background surveys, classification of convicts, diagnosis in penitentiary setting, rehabilitation diagnosis, therapeutic diagnosis, psychological diagnosis of recidivism

Psychological diagnosis in the penitentiary setting is required under the law governing the sentencing to deprivation of liberty. This is justified by the fact that identification of the personality of a convict serves both the adjustment of the custodial sanction and the proper preparation of the convict for their life after leaving the correctional facility. Therefore, personal background surveys should be closely related to the organization of rehabilitation and therapeutic activities for convicts [Hołyst 2017, 1397]. The feedback between the mentioned aspects of the custodial sanction, psychological diagnosis and action aimed at successful re-adaptation of ex-convicts, is a pre-condition for the rational and effective operation of the prison system.

It should also be stressed that the results of psychological diagnosis for correctional purposes, aimed to furnish important information about the perpetrator of a criminal act, lead to reduced subjectivity in custodial sanctions. This helps implement the principle of equality before the law in penal executive law.¹ An important argument for advancing personal background surveying of inmates is that a well-conducted diagnosis enables the penal policy to take advantage of the latest knowledge about crimes from the perpetrators' perspective [Steffensmeier and Demuth 2000].

The above arguments justify the legal and psychological analysis of the matter related to the personal background surveys of inmates.

1. LEGAL ASPECTS OF PERSONAL BACKGROUND SURVEYS OF INMATES

In the legal context, the personal background survey of inmates is connected with the relevant classification of convicted persons. Its aim is to refer prisoners to the appropriate type of correctional facility, the system of serving the sentence and to ensure their appropriate distribution within the facility (Art. 82, para. 1 EPC). Classification of convicts aims to create inmate-relevant (individualised) conditions for a custodial sanction, to safeguard them from negative influence of demoralised convicts and ensure their personal safety (Art. 82, para. 1 EPC). The classification process takes account of the prisoner's gender, age, prior convictions, intentional or unintentional nature of the perpetrated crime, the time remaining to be served, physical and mental status, including any addictions, the degree of demoralisation and possible threat to the society, the type of perpetrated crime (Art. 82, para. 2 EPC). The above-mentioned classification approach can be formal (objective) and material (subjective) [Paprzycki 2011, 114; Poklek 2017, 41]. The formal criteria include gender, age, prior conviction, the nature of perpetrated crime, the length of the sentence imposed, and the time remaining to serve it. The material criteria, such as the degree of demoralisation, the level of threat posed to the society and susceptibility to rehabilitation, cover factors that help implement the principle of individualisation and make it more relaxed. The criteria listed above provide grounds for a rational selection that is intended to adjust the impact of imprisonment to the real needs of the convicted person in terms of ensuring safety, preventing demoralisation and creating conditions conducive to rehabilitation [Hołda and Postulski 2005, 344].

The provisions in force provide that decisions concerning the classification of convicted persons may be taken by: 1) the court imposing a custodial

¹ Act of 6 June 1997, the Executive Penal Code, Journal of Laws of 2019, item 675 as amended [henceforth cited as: EPC].

sanction: the conviction may specify the type of correctional institution for the convict to serve their term and also adjudicate a therapeutic system to be undertaken (Art. 62 of the Penal Code);² 2) a penitentiary court: this is a body that is empowered to modify the final judgement of the sentencing court in the part concerning the type of the correctional institution and the therapeutic system of the sanction (Art. 74, para. 1 EPC); 3) penitentiary commission: this is a collegiate body made up of officers and employees of the penitentiary institution, as well as other trusted individuals who are admitted to the procedure as advisers, especially representatives of entities or agencies offering assistance to convicts who serve their term or have left the correctional institution.

The penitentiary commission are empowered to: a) decide to place the offender in a specific type of facility if the court failed to do so in its judgement, b) decide to refer the offender to a particular correctional system, c) design an individual inmate impact programme, d) perform periodic assessments of the convicted person's rehabilitation (Art. 76 EPC).

It should be clearly emphasized that various personal background information is used in the classification of inmates, including the content and justification of court's judgement as well as information provided by the court or at the disposal of the penitentiary institution, e.g. the inmate's health status certificate, background checks, extracts from any past court files [Pawela 2007, 226]. To a large extent, the basis for classification should be the data from a personal background survey collected during the preparatory and court proceedings as well as any psychological and psychiatric tests at the executive stage (Art. 82, para. 3 EPC; Art. 83 EPC).

Based on the current legislation, psychological screening, or at least to collect psychological assessments and recommendations, should be carried out especially in such situations as: 1) during the selection of the type of correctional institution (Art. 67, para. 2 EPC) and the proper correctional system (Art. 82 EPC), 2) determination of relevant methods and forms of inmate impact (Art. 67, para. 1–2 EPC), 3) determination of the correctional system and individual inmate impact programmes (Art. 76 EPC), 4) periodical assessment of progress in rehabilitation and application of the principles of progression based on changes in the inmate's attitude and conduct (Art. 76 and 89 EPC).

The director the correctional facility determines the need for a personal background survey. Juvenile offenders, who have at least six months left to be able to apply for conditional release or cause educational problems, are subjected to personal background checks obligatorily (Art. 84, para. 3 EPC). As a rule, personal background surveys are conducted with the consent of the convicted person (this also applies to juvenile offenders under Art. 84, para. 3 EPC). Before such a decision, the person concerned should be informed about

² Act of 6 June 1997, the Penal Code, Journal of Laws of 2019, item 1950.

the nature of the planned activities. In justified cases, the penitentiary judge may order a personal background check without the convicted person's consent. This particularly true when serving a term in the therapeutic correctional system [Hołda and Postulski 2005, 347–49; Paweła 2007, 241–42].

Under the current legal system, psychological checks for the purpose of a custodial sanction are carried out in diagnostic centres (Art. 83, para. 2 EPC), but the law does not rule out their performance in other locations [Hołda and Postulski 2005, 347–49]. In accordance with Art. 83, para. 3 EPC, the basic objectives of such institutions are: to explain the psychological and sociological processes in convict's conduct; to diagnose their possible mental disorders; to determine a possible therapeutic and rehabilitation procedure. The aforesaid objectives are intended to make the right classification decisions and determine the conditions of individual impact on the convict.

The detailed principles of personal background checks are contained in the Regulation of the Minister of Justice of 14 March 2000 on the Rules and Conditions for Conducting Psychological and Psychiatric Surveys in Diagnostic Centres.³ Based on the regulation, a convicted person is referred to a diagnostic centre by the prison director upon a written and justified request of a psychologist, correctional officer or psychiatrist accompanied by a written consent of the inmate concerned (para. 2, point 1). If the inmate refuses their consent, the prison director may request a penitentiary judge to order such a survey (para. 2, point 2). The survey should not take longer than two weeks (para. 2, point 4) but may be extended, if need be (para. 2, point 5). The choice and scope of background screening methods are determined by the psychologist or psychiatrist performing the check, as appropriate (para. 3, point 1). Based on the results, the psychologist issues a psychological and correctional conclusion and the psychiatrist a psychiatric opinion (para. 3, point 2).

2. PSYCHOLOGICAL ASPECTS OF PERSONAL BACKGROUND SURVEYS OF INMATES

In the psychological context, personal background surveys of inmates can be likened to making a psychological diagnosis. Psychological examination is based on the analysis of a "slice" of the psychosocial functioning of a human person, that is, on determining the structure and mechanisms leading up to a specific behaviour. The type of the examined "slice" depends on the goal of psychological diagnosis [Friedrich 2015, 44–46]. A personal background survey in a correctional setting is, in a sense, a variety of psychological diagnosis and which consists of three elements [Machel 2003, 236–37]: 1) description

³ Journal of Laws No. 29, item 369.

of the convicted person's characteristic behaviour in various circumstances and settings – determination of the symptoms of negative (liabilities) and positive reactions (assets); 2) explanation of the psychological mechanisms behind liabilities and assets in the person's functioning; 3) aetiology of observed behavioural disorders – explanation to what extent the person's behaviour is a result of exposure to challenging situations, and to what extent it is conditioned by personality function disorders.

Criminological prediction is based on the diagnosis: on the one hand, it takes into account the risk factors that may trigger conflict with the law – determination of the intensity of antisocial attitudes, their causes and methods of internal integration, and, on the other hand, it indicates psychosocial variables which reduce the probability of re-offending [Friedrich 2015, 47; Kwieciński 2013, 41].

Psychological checks of convicted persons in the correctional system may be aimed at achieving different goals. For this reason, there are different types of diagnosis can be opted for. For example, the aim of a confirmatory diagnosis (providing the characteristics and assessment of the examined person's behaviour) and a guiding diagnosis (concerning rehabilitation measures based on the confirmatory diagnosis) is to provide underpinning for designing an individual action plan for the convicted person.

A verification diagnosis (check) needs to be performed to review the reliability of the inmate's initial examinations or the efficiency of any corrective measures applied. In contrast, partial diagnoses focus on capturing a part of the examined reality that is relevant for the operations of the correctional system [Niewiadomska 2007, 152]. Partial diagnoses may concern, for example, a) a slice of reality that is subjected to a specific quantitative and qualitative category (category diagnosis), b) factors affecting certain inmate's qualities (genetic diagnosis), c) the significance of a specific set of variables for the existence of certain state (functional diagnosis), d) the stage of changes occurring in the convicted person (phase diagnosis), e) development trends within the examined phenomenon (developmental diagnosis), f) findings on how to approach the diagnosed person (decision diagnosis) [Machel 2003, 230–31].

The analysis of the legal and psychological aspects of inmates' psychological diagnosis will highlight the characteristics of three types of personal background surveys: psychological rehabilitation diagnosis; psychological therapeutic diagnosis; psychological diagnosis of recidivism.

3. THE NATURE OF A PSYCHOLOGICAL REHABILITATION DIAGNOSIS OF INMATES

The main reason for hiring psychologists in correctional facilities, both historically and in the present day, is the desire to be able to administer adequate

corrective measures and prevent mutual demoralisation of inmates while serving their term. However, it is not possible to achieve such goals without a thorough psychological diagnosis of the convicted [Friedrich 2015, 43; Szałański 2004b, 96; Szymanowska 2003, 191]. Therefore, a starting point in any rehabilitation procedure should be to induce inmates to undergo a diagnostic examination in order to determine the nature, scope and reason for social maladjustment [Stołowski 2006, 39; Sitnik 2011, 264].

A psychologist should also answer important questions relevant for the rehabilitation forecast, such as to what extent the examined is susceptible to corrective measures, what stimulates them and to what extent can they reduce the existing forms of antisocial conduct [Machel 2003, 231–37].

Some argue that only some of inmates serving their term should participate in rehabilitation programmes. With regard to the criterion of susceptibility to corrective measures, inmates fall within three categories [Machel 2003, 44]: 1) random offenders: individuals who are not demoralised but have committed minor offences, have experienced shame and grief in connection with the operation of the justice system and the corrective sanctions imposed; such prisoners do not usually re-offend, therefore no corrective measures are necessary to be put in place; 2) demoralised offenders susceptible to rehabilitation: individuals with the ability to self-reflect and to change the way of thinking and behaviour; this category of prisoners must be subjected to psychological and corrective influence in order to achieve positive social reintegration; 3) highly demoralised offenders, including professional criminals: convicts in whom high demoralisation coexists with behavioural defects stemming from organic and/or personality disorders of different origin; pro-social adjustment of such persons is ineffective.

It is estimated that inmates falling within the first category account for up to 5% of all prisoners; the second category accounts for between 60 and 65%, and the third category represents between 25 and 30% of all prisoners. Based on this data, for a significant part of inmates (60–65%), corrective measures should be effective, but only if the rehabilitation needs are properly assessed and the correctional system operates effectively [Machel 2003, 44–45].

Hence, the results of diagnostic checks are necessary to develop tailored corrective programmes [Silecka 2004, 335]. The adaptation of such a programme to the inmate's mental structure testifies to the rational and purposeful management of the rehabilitation process [Pawela 2007, 205]. Empirical analyses demonstrate that individuals exposed to corrective interventions (subject to severe discipline in correctional camps) while having with low self-esteem were less and less capable of meeting the programme requirements, which resulted in their increased sense of helplessness and isolation. This regularity, therefore, seems to support the conclusion that diagnosis in the penitentiary

setting should cover a description of the inmate's capacity to take part in specific rehabilitation programmes [Lutze and Brody 1998, 242–55].

The individualisation of corrective procedures is based on the assumption that the primary responsibility for the progress of the programme lies with the rehabilitated individual because they have committed themselves to accepting and performing certain tasks and duties. On the other hand, the correctional officer's tasks include support, cooperation and control of the designed corrective programme. Periodic assessments of rehabilitation progress and possible adjustments to the designed impact plan imply psychological testing aimed at capturing changes in the behaviour and/or attitudes of the convicted person [Machel 2003, 86–87; Hołda and Postulski 2005, 346–47].

Psychological testing in the form of a rehabilitation diagnosis is also justified by the fact that programs are more and more countries pursue programmes focused on helping specific problems of people who are serving their term in prison. To be qualified for the program, and then the effectiveness of its implementation, largely depends on the proper diagnosis of issues and challenges [Harris, Gingerich, and Whittaker 2004, 239].

The relevance of a phase rehabilitation diagnosis is confirmed by the results of empirical studies. Statistics have shown that a reduction in the risk of recidivism was reported in those inmates who scored high when examined for their readiness for freedom [LeClair and Guarino–Ghezzi 1996, 65–74].

Therefore, tests conducted in the final phase of the rehabilitation process should allow the following questions to be answered [Machel 2003, 86–87]: Have there been any changes in the inmate's behaviour? What have these changes involved? What assistance measures should be put in place to make the changes sustainable?

4. THE SPECIFIC NATURE OF A PSYCHOLOGICAL THERAPEUTIC DIAGNOSIS OF INMATES

In order to protect convicts' mental health, it is necessary to evaluate any relevant disturbances, both at the beginning and during the period of imprisonment [Sim 2002, 307]. Therefore, the therapeutic diagnosis of inmates should strive to achieve two goals. The first goal is to identify inmates who may serve their term in the form of a therapeutic correctional system. This applies especially to individuals with mental disorders and addicted to psychoactive substances. In such a case, the prison psychologist will describe and explain the inmate's existing psychological barriers and will assess their ability to adapt to the conditions of prison isolation [Różański 1998, 460]. The other goal of the therapeutic diagnosis, however, is to identify highly suicidal persons. Selection tests that serve this very purpose are most effective at the point of the person's entry in prison [Szymanowski and Migdał 2014, 279; World

Health Organisation, Polish Suicidology Society 2003, 21–23]. The argument in favour of such tests is significantly lower suicide rates in prisons which tests the probability of suicidal behaviours [Hołyst 2003, 12].

The basic obstacle in obtaining an accurate therapeutic diagnosis is the processes of depersonalisation and dehumanisation in correctional conditions: they create a kind of distance and indifference (“neutralization”) to other people’s needs. Such processes lead to situations where barriers to the disclosure of mental problems occur both on the part of the diagnosing professionals, e.g. stereotypes concerning sex offenders, and on the part of convicts, especially fear of exposing own mental problems [Wardhaugh and Wilding 1993, 7].

It is worth stressing that in the correctional system there is a good integration between diagnosis and action taken in response within the therapeutic system of execution of custodial sanction. This is due to the fact that professionals employed in therapeutic departments have specific expectations of psychologists carrying out psychological checks and demand insightful and practical diagnoses to enable effective work with inmates who experience mental difficulties. In consequence, there is a positive feedback occurring between the therapeutic diagnosis and therapeutic effects. It contributes to the enhancement of the diagnostic and therapeutic activity [Niewiadomska 2019, 183; Skałbania 2011, 37–38].

Similar solutions should exist both in the context of prison rehabilitation and in the context of integrating in-prison and post-prison assistance.

5. THE NATURE OF THE PSYCHOLOGICAL DIAGNOSIS OF THE RISK OF RECIDIVISM

This type of diagnosis results from the fact that mere determination of the recidivism rate ignores the psychosocial factors that lead to re-offending and underlie criminological prediction [Szczeplaniak 2003, 38–39]. Making allowances for psychosocial variables allows the identification of such factors that help classify relapse into crime according to the degree of social threat and adaptability to freedom conditions of a person leaving a correctional institution [Błachut, Gaberle, and Krajewski 2006, 311].

In the world penal policies, diagnoses of the assessment of the risk of recidivism are becoming commonplace. The Committee of Ministers of the Council of Europe, which adopted Resolution 67/5 on research on prisoners considered from the individual angle and on the prison community of 1967, also opted for such analyses. Justification for the analyses concerning the assessment of the risk of recidivism is the opinion that despite the existence of alternative penal measures, a significant number of offenders are imprisoned. The need to prepare them for a free life makes it necessary to undertake detailed studies on the institutional, social and subjective conditions of

effectiveness of deprivation of liberty. The effects of any such analyses should be taken into account in penal policies, both when introducing new penal measures and in their adjudication [Wołowicz 1998, 140].

The results of the studies on recidivism reveal certain regularities which should be taken into account when diagnosing its risk. First, the likelihood of returning to criminogenic activities is flexible; hence, the first step to diagnose this phenomenon should be to depart from static criteria in favour of searching for variables that account for the dynamic risk factors for recidivism [Tyszkiewicz 2007–2008, 217].

Second, the existence of a relationship between the risk of criminogenic conduct and the intensification of convicts' specific needs assumes the assessment of relapse into crime from the perspective of their failure to satisfy individual needs related to the achievement of "values and goods" that are rationed in society. Therefore, diagnosis of the probability of recidivism based on a dynamic "risk v. needs" category should underlie specific rehabilitation and/or therapeutic measures that result in a person-specific reduction in the fusion of these factors towards low risk/low failure to satisfy needs in freedom conditions [Hannah–Moffat 2005, 29–51].

Third, the results of analysis of risk of recidivism confirm the differences between the direct and deferred effectiveness of the sanction of deprivation of liberty. The results of the research indicate that re-offenders often return to crime if, during their imprisonment, they achieved very good or good rehabilitation results, especially when working or studying. The discussed results support the conclusion that to research the effectiveness of penal measures criteria must be identified related to the psychosocial functioning of convicted persons while in freedom conditions and to the biography of persons leaving prison [Szczepaniak 2003, 443–44].

Fourth, diagnosis of the risk of relapse into crime should reflect a regularity in that successful adaptation to freedom requires a change in the attitudes of the convicted person, who is a unique individual shaped to display some biopsychological qualities acquired in the course of gathering their social experience. Therefore, for a person to cease their criminal activity, their biopsychical nature should be adapted to existing conditions, including social standards that govern social relations [Błachut, Gaberle, and Krajewski 2006, 478–79]. A person leaving a penitentiary should possess such cognitive patterns that reflect the principles governing the social reality. These patterns should fulfil three basic functions in adapting a former prisoner to the conditions of liberty: first, they should provide knowledge about social life; second, they should help regulate adherence to moral rules to be applied in everyday interpersonal relations; third, they should provide models for moral judgements in solving unavoidable conflicts between the different norms of conduct [Niewiadomska 2007, 21].

Fifth, the argument justifying the diagnosis of the risk of re-offending is the different degree of persistence of antisocial behaviours in the life cycle of re-offenders and the subjective conditions that are conducive to the decline of such activities. Based on empirical analyses, it has been found that a temporary form of antisocial disorders in the life cycle of an individual can occur – about 1/3 of the total population of males violates the law at least once in their lives. On the other hand, 4/5 of the surveyed population have had to deal with law enforcement agencies because of minor offences. It was noted, however, that people with a temporary form of antisocial disorders still have some control over their reactions, for example, they are ready to violate social norms when they can benefit from that, but, at the same time, they would not do it if they can benefit from obeying the rules. At the same time, a decrease in antisocial behaviour in this group occurs after the age of 30. However, some people who violate penal law tend to stabilise their antisocial behaviour. Despite older age, the basic inclinations are the same, only its external manifestations change, depending on the setting in which the individual lives [Radochoński 2000, 45–49]. The discussed regularities suggest that psychological indicators should be used in a special way to determine the constellations of such personality traits of multiple offenders that underlie a positive criminological prediction [Piquero, Brame, and Lynam 2004, 412–35].

The arguments presented above justify the development of personal background surveys that meet the criteria of psychological diagnosis of the risk of recidivism. Currently, this type of studies are scarce.

CONCLUSIONS

Considering the problems discussed in the article from a more general perspective, it should be stressed that it is a major challenge for the Polish correctional system to develop modern standards of diagnosis in the penitentiary setting. The challenge comes from the absence of clear subjective criteria that would be of significance for the accuracy and effectiveness of impact exerted on convicts [Friedrich 2015, 47; Kwieciński 2013, 47–48].

In creating standards for psychological diagnosis to be used in corrective interventions against inmates, it is worth considering several important trends discussed in the literature on the subject. The first of them shows that more and more attention is paid to personal background surveys of prisoners aimed to evaluate corrective impact [Szałański 2004a, 222–23; Szczepaniak 2003, 448–51].

The second regularity highlights that corrective aims of imprisonment are increasingly taken into account. Consequently, in-prison diagnosis should not focus only on describing the negative but also the positive features of a person

that should be used in the process of social rehabilitation and reintegration [Andrews 1999, 151–90; Machel 2003, 229–30].

The third trend is related to the fact that psychological diagnoses of inmates are increasingly based on dynamic personality aspects. For example, in the classification of candidates for prison rehabilitation programmes in the United States, three dynamic subjective criteria are taken into account: 1) risk of recidivism (the risk principle), 2) criminogenic needs (the needs principle), 3) cognitive abilities (the responsivity principle) – the way of thinking, remedial strategies, social skills, level of motivation, readiness to participate in the programme. Prisoner's participation in the programme is intended to lead to adjustments of the mentioned variables and, thus, to an increase in the probability of positive social reintegration after leaving prison [Dowden and Andrews 1999, 438–52].

The fourth trend is about the standardisation of in-prison diagnosis. Over the last thirty years, attempts have been made world-wide to design reliable psychological tools that could be used in personal background surveys for the purpose of administration of justice, including as a support for courts in imposing sentences for a specific crime, as a basis for the implementation of the principle of individualisation when serving a term and as a tool to predict the risk of recidivism at liberty [Loza, Dhaliwal, Kroner, and Loza-Fanous 2000, 357–58].

It is estimated that for corrective needs it is necessary to construct standardised tools primarily in the area of measuring such subjective variables as [Hoge 1999, 255–59; Boothby and Clements 2000, 715–31; Harris, Gingerich, and Whittaker 2004, 239–41; Hołyst 2013; 24–26]: 1) behavioural patterns resulting from the manifestations of asocial and antisocial inclinations, 2) temperamental traits – aggressiveness, impulsiveness, introversion, 3) psychopathological influences enabling the determination of mental disorders, 4) determinants of suicidal behaviour, 5) recidivism risk factors, 6) personality dimensions that increase the likelihood of success of rehabilitation, 7) talents and achievements, 8) attitudes and value preferences.

The fifth trend relies on the fact that when creating modern inmate diagnostic tools, attention should be paid to both their design on the basis of a specific criminological theory as well as to whether corrective changes in the offender can be monitored in accordance with a chosen theoretical approach [Gnall and Zajac 2005, 94–97]. Such an approach to creating measuring methods is justified by the fact that the lack of theoretical context significantly limits both the interpretation of obtained results and the assessment of the diagnostic method used in terms of its accuracy and reliability.

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BADANIA OSOBOPOZNAWCZE WIĘŹNIÓW:
ASPEKTY PRAWNO-PSYCHOLOGICZNE

Streszczenie. W artykule zawarto zagadnienia dotyczące prawnych i psychologicznych aspektów badań osobopoznawczych przestępców odbywających karę pozbawienia wolności. W kontekście prawnym ukazano ustawowe cele psychologicznego diagnozowania więźniów – m.in. jako podstawę indywidualizacji wykonywania kary pozbawienia wolności, zapobiegania szkodliwym wpływom skazanych zdemoralizowanych oraz zapewnienia skazanym bezpieczeństwa osobistego.

W aspekcie psychologicznym zaprezentowano argumenty przemawiające za tym, że diagnoza penitencjarna stanowi rodzaj diagnozy psychologicznej – głównie z uwagi na to, że zawiera zarówno opis charakterystycznych sposobów zachowania skazanego, jak również wyjaśnienie mechanizmów ich powstawania, utrzymywania się oraz możliwych zmian w funkcjonowaniu badanej osoby. W analizie prawno-psychologicznych aspektów diagnozowania penitencjarnego przedstawiono specyfikę trzech rodzajów badań osobopoznawczych: 1) psychologiczną diagnozę resocjalizacyjną, 2) psychologiczną diagnozę terapeutyczną, 3) psychologiczną diagnozę ryzyka powrotności do przestępstwa.

W zakończeniu zwrócono uwagę na czynniki, jakie należy uwzględnić w rozwijaniu psychologicznego diagnozowania penitencjarnego – m.in. badanie pozytywnych i dynamicznych czynników osobowości osadzonych oraz standaryzowanie badań, w tym tworzenie nowoczesnych narzędzi diagnostycznych.

Słowa kluczowe: badania osobopoznawcze więźniów, klasyfikacja skazanych, diagnoza penitencjarna, diagnoza resocjalizacyjna, diagnoza terapeutyczna, diagnoza ryzyka powrotności do przestępstwa

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