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Abstract

Using an intersectional lens, the aim of this study is to gain insight, and consider the application of the motivational and protective socio-cultural factors documented within service-user interviews as part of the Assessment, Care in Custody and Teamwork (ACCT) documentation. Firstly, this study utilises descriptive statistics to compare trends within HMP Bandwidth to National Statistics. This is followed by the main body of research: a reflexive, thematic analysis on six ACCT documents, taken from male prisoners who have expressed a desire or have physically engaged in self-injury within the general population of the reception prison. Findings revealed three themes that influenced the risk of self-injury within a male prison: adjusting to the physical prison regime, social factors of incarceration and distress surrounding medication. Findings are then discussed in detail through sub-themes, with reference to risk and protective factors, and practical recommendations. Conclusions indicate that socio-cultural factors and situational factors underlie the majority of motivational and protective factors for men who self-injure within prison, particularly Adverse Childhood Experiences and those incarcerated for the first-time.

Covid-19 Impact statement

The Covid-19 pandemic and subsequent lockdowns impacted this research project and several research decisions were altered as a result. The original aim of the project was to collect primary data from a prison in the form of direct interviews with prisoners relating to self-injury. As a result of harsh Covid-19 restrictions in prison locations for fear of outbreaks, this was unable to occur. Therefore it was decided later in the project that I would access secondary data, interviews relating to self-injury, collected originally by the prison staff in the form of ACCT documentation to answer the same research aims.

Due to Covid-19 restrictions, the prison was only able to provide ACCT documentation that was currently stored on site, hence I was not able to access as many samples as originally desired, resulting in 6 participants. Additionally, I was isolated to one location within the prison and for security reasons, was not able to take documentation off-site or access on a computer, therefore I had to read and transcribe the hand-written documents to form the quotes used within this research. As a time and labour intensive process, it would have been unlikely we could have utilised more participant documentation, even if they had been accessible.

The secondary data included three documents that were ACCT v5 and three documents that were ACCT v6. Whilst I would have preferred to utilise only one form of ACCT, it was felt that for the purpose of this qualitative research, the same information, relating to research aims, specifically the prisoner interviews on self-injury, were the same within both document types and could be compared. It was also felt that discounting half of the participants would provide much poorer generalisability in this circumstance whereby data was difficult to access.

Socio-cultural factors that influence self-injury with suicidal
intent in male prisoners

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A Thesis presented for the
Masters by Research
Degree

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Socio-cultural factors that influence self-injury with suicidal intent in male prisoners

Introduction

Statistically, those who self-injure are at a greater risk of death by suicide than those who do not, therefore research within this field is quite literally a matter of life and death (Liebling & Krarup, 1993). Scientific research into self-injury informs the markers of vulnerability for individual prisoners, as well as preventative intervention techniques. The active prevention of self-injury within prison reduces the risk of loss of life by a potentially avoidable death, in addition to the fact it is the duty of the state to protect those within its care (Walker & Towl, 2016).

Self-harm is a broad term used to describe acts of self-poisoning: the ingestion or inhalation of a substance with potential to cause harm, and self-injury: the destruction of bodily tissue, often by cutting or burning, sometimes titled self-mutilation, (Camidge, Wood & Bateman, 2003; Klonsky, & Muehlenkamp, 2007). There is much debate within the scientific and general community regarding the appropriate terminology of this behaviour, the inherent emotive nature of the behaviour ensures any labelling is highly stigmatised, and classification is a highly contentious topic. However, it is increasingly evident, through behavioural studies (Sutton, 2007), that the resultant harm of a 'self-harm' incident serves differing psychological functions, therefore different methods of 'harm' have separate motivators, requiring separate theories of explanation and acknowledgement of separate vulnerable populations. Therefore terms should not be used interchangeably, and is why this piece of research will utilise the term self-injury to describe incidents of destruction to bodily tissue.

The goals of this research are to assist and inform senior prison staff at the research site HMP Bandwidth about the findings on self-injury with a view to reducing self injury. In addition to offering specific, practical recommendations to reduce their rates of self-injury (Appendix B and Appendix C). More

broadly, this research aims to evidence that a holistic, detail rich, service user account of the individual prisoner's history would be a more suitable method of recording vulnerability to self-injury than the current categorical approach. The categorical approach, within this context, refers to the use of definitive, finite categories, namely 'risk factors' such as race and mental health diagnosis, to determine the likelihood of the presence or absence of a specific behaviour, such as self-injury, (Moreland & Dumas, 2008). This is largely based on categorical and dimensional approaches of clinical psychological research, whereby categorical assessments refers to the use of a discrete, diagnostic criteria to assess the presence or absence of specific behaviours (Bornstein & Natoli, 2019). Recent clinical research into the assessment approaches of personality disorders evidenced that the categorical approach lacks clinical utility, namely, it resulted in poorer treatment outcomes for patients, (Bornstein & Natoli, 2019). The alternative, a dimensional approach, refers to the consideration of symptoms of a disorders existing on a spectrum rather than finite groups and is evidenced to result in higher clinical utility (Bornstein & Natoli, 2019).

The limitations of the categorical approach with regard to socio-cultural factors are discussed. In addition to the potential outcome this has for identifying and supporting vulnerable male sub-populations, such as Non-Suicidal Self-Injuring men and ethnic minorities. Additionally, this research aims to broaden the general understanding of self-injury. Highlighting that such self-injurious incidents do not occur in isolation but are a result of a multitude of contributing factors, including, but not limited to, socio-economic status, Adverse Childhood Experiences (ACEs), cultural upbringing and gender identity.

Research background

The last decade has marked a dramatic increase in self-harm amongst adult and adolescent males, both in the number of incidents and the number of individuals. National Statistics report 40,837 incidents of self-injury in male prison facilities and 9,971 men and adolescent boys self-injuring in September 2022, compared to 16,241 incidents and 5,687 individuals in September 2012,

(Pope, 2018; Office of National Statistics, 2023). Young, white prisoners with diagnosed or 'suspected' psychiatric conditions, are considered the "highest risk" for self-injury, by psychiatrists, in a male prison setting, (Pope, 2018; Hawton et. al., 2014; Stoliker, 2018). Despite the well documented economic and social vulnerability of this demographic subgroup and the subsequent deployment of targeted interventions: namely the Assessment, Care in Custody and Teamwork, (ACCT) (Ministry of Justice & Her Majesty's Prison and Probation Service, 2021) present in the UK since 2004; the number of individuals engaging in self-injury and the rate at which incidents occur, has continued to increase, particularly in this "highest vulnerability" category, (Office for National Statistics, 2021; Hawton et. al., 2014). From a practical stance, this increase raises serious questions regarding the efficacy of the ACCT markers of vulnerability and subsequent methods of intervention. Based upon and furthering the ideology that the ACCT technique results in a 'false positive' effect, whereby services are overwhelmed by the number of vulnerable individuals who may self-injure, and as a result, have difficulty in directing services to those who require support (Walker & Towl, 2016). My current research utilises direct service user experience, evidencing that the broader technique of categorisation by physical and demographic characteristics, and a heavy reliance on statistical research, are a poor indicator of individual vulnerability to self-injury. Additionally, the reductionist nature of a categorical approach has ensured that socio-cultural indicators of self-injury such as Adverse Childhood Experiences (ACEs), prior psychiatric experiences and prior exposure to violence are not documented upon arrival to prison; therefore socio-cultural markers are not utilised within the prison's preventative care. Whilst HMPPS have ensured greater reporting of incidents over this time period (therefore some of the increase in numbers may reflect more accurate reporting procedures), the current increases in the numbers of self-injurious events in male prisons is highly disproportionate to any observed increase in single known 'at risk' factors within the population. For example, a large increase in the incarceration of white British males (Office for National Statistics, 2021). This potentially indicates a fundamental problem with the vulnerable categorisation technique as a whole, as opposed to simply the use of current ACCT screening factors.

Self-injury as a whole is not limited to one demographic group nor one causative factor. A procedure that relies on reducing an individual to a finite set of physical, demographic, typically biologically-determined characteristics such as race, are likely too simplistic to address a problem so complex and multifaceted (McDermott & Willmott, 2018). Similarly, this method is largely outdated when considering the current clinical approach, care plans based on rigid diagnostic categories have been replaced by a more holistic psychological formulation. As self-injury has long presented an overlap with mental illness (Klonsky & Muehlenkamp, 2007; Walsh, 2012), it may be beneficial to consider it as a medical issue as opposed to simply a behavioural issue. Indeed, this viewpoint is in-line with Ministry of Justice Rapid Evidence Assessment recommendations (Pope, 2018), which noted that education, relationship status and current housing situation influenced rates of self-injury in male prisoners.

The current forensic technique fails to address and inform staff of the 'lived experience' of the individual. This technique largely ignores how socio-cultural factors such as ethnicity, culture, disability, class relate to larger systemic failures such as poverty, a lack of housing and education that not only impact an individual's likelihood to self-injure in a prison environment, but also relate to a higher risk of children going down a pathway of criminality as a whole and the likelihood of imprisonment (Farrington, 2003; Murray & Farrington, 2008). Similarly, the approach fails to consider how the aforementioned factors are interrelated, such as the impact on marginalisation, such as social class, has on another marginalisation, such as mental illness diagnosis, and how these factors combine and interlink to influence the likelihood of self-injury.

Responsibility for self-injury rates within prison has long been attributed to prison staff, with staff describing a culture of individual blame, (Ramluggun, 2013; Hewson et. al., 2022). Whilst the conduct of staff is a very important issue, and the suitability for 'care' at individual prisons, the issue of self-injury in a forensic setting is evidenced nationwide, indeed worldwide, indicating the issue is systemic. It is of fundamental importance that scientific research progresses with the need for information by these individual prisons,

addressing why this self-injury occurs with certain demographics, and not just that self-injury is occurring.

Incarcerated individuals engage in self-injurious types of 'self-harm' more frequently and with greater lethality than the general population (Hawton et. al., 2014), with self-poisoning the most frequent form of 'self-harm' in the general community, as evidenced by A&E department admissions (Troya et. al., 2019). On the surface, this may appear due to the inaccessibility of ingestible substances to induce self-poisoning within a prison compared to the accessibility within the general population, however self-poisoning can and does occur within forensic facilities, as evidenced by growing issues with substance misuse and the increase in targeted interventions (Office for National Statistics, 2021). It therefore may be too simplistic to state the popularity of self-injury within a prison setting is due to inaccessibility of substances, as self-injury itself may often require substantial effort and the procurement of 'tools' such as razor blades. A greater understanding of the psychological mechanism that self-injury specifically serves, and potentially why this may be more prevalent in a prison setting, will uncover several, what may be termed, 'trigger' factors. These 'trigger factors' will be pertinent to the individual and will indicate protective factors that may be utilised to reduce the risk of self-injury using public domain models of risk assessment (Towl & Crighton, 1997).

As the motivations of self-injury may be unique to an individual, there is not one universal theory as to why individuals engage in self-injury, which diversifies and potentially complicates research direction and practical intervention. Additionally, there is a notable lack of research in a prison setting, especially with men and adolescent boys. Therefore, we may combine theoretical approaches, formed utilising general community samples, psychiatric units and incarcerated women and girls, to note commonalities and to theorise why incarcerated men may engage in self-injury.

Traditionally, theories of self-injury focus on intrapersonal experience (Turner, Chapman & Layden, 2012; Barrocas et. al., 2015), a prominent theoretical

basis used within community samples and female prisoners, is the theory of self-injury as 'pain exchange': whereby self-injury is the physical embodiment of emotional pain and the physical act of self-injuring regulates distress and aversive emotions through escapism or distraction, (Sutton, 2007; Chamberlen, 2016; Taylor et. al., 2018). A meta-analysis of 46 cross-cultural studies of individuals who engage in self-injury, found the majority, 63-78%, attributed the behaviour to disturbances in emotional regulation, which refers to the processes responsible for monitoring, evaluating and modifying emotional reaction (Thompson, 1991; Taylor et. al., 2018). Disturbances in emotional regulation are commonly found in those with childhood maltreatment and a history of psychiatric diagnoses, (Dvir et. al., 2014). 'Dissociative disorders' and 'Borderline Personality Disorder' (BPD) are typically the most common psychiatric disorders diagnosed in association with self-injury in a forensic setting, both of which emotional dysregulation is postulated as a core feature, (Nester et. al., 2022; Glenn & Klonsky, 2009). The validity of a BPD diagnosis as a marker of future self-injury, and indeed as a diagnosis generally, is a contested topic in, and beyond, psychological communities due to its inherent circularity. The notion that self-injury and suicidal ideation are classified as both a prior cause, and a resultant symptom of BPD, meaning the diagnostic label is not particularly descriptive of the actual behaviour presented by an individual, (Winsper et. al., 2016). Studies focusing on adolescents and young adults, of which BPD symptomology is typically more 'acute', it could not be determined if Non-Suicidal Self-Injury (NSSI) is a precursor to BPD or simply a correlate, (Stead, Boylan & Schmidt, 2019). Researchers concluded that the studying of all emotional dysregulation behaviours, including substance abuse, may be a greater marker in the detection of BPD. And this is not merely an empirical issue; it speaks loudly to professional power and politics whereby marketing and monetisation of mental illness is prioritised over service user experience and distress, (Sedgewick 1982; Beresford, 2016). Due to the recurrent similarities between BPD and NSSI behaviours, it may also be beneficial to consider early detection of NSSI through similar emotional dysregulation behavioural markers as opposed to a BPD diagnosis, (Nakar et. al. 2016; Stead, Boylan & Schmidt, 2019).

Emotional regulation distress, regardless of association to a specific 'disorder', were prominent in a sample of male prisoners in HMP Moorland, (Laws & Crewe, 2016). Researchers concluded the ability to emotionally regulate was further disrupted by close confinement and prison rules, as well as the regime promoting negative emotion such as fear and anger as a means of social conformity, (Laws & Crewe, 2016). This study supports that emotional dysregulation is commonly present within prisoners who self-injure, and that the physical and social limitations of incarceration may further this. However, it is worth noting there is a potential circularity with this argument too, as there is no baseline of emotional dysregulation for prisoners prior to incarceration. Additionally, when discussing the relationship between poor emotional regulation and self-injury generally, the effect of narrative tautologies must be considered, including the notion of 'poor copers' and the impact this may have on an individual's self-efficacy, therefore fuelling the circularity.

In support of self-injury resulting from poor emotional regulation; the clinical-forensic based Dual Harm Theory, which infers that the poor emotional regulation of specifically anger or aggression, common in forensic settings due to the inherent nature of incarceration, is commonly associated with self-injury amongst prisoners, (Slade, 2018). Dual Harm Theory states those who engage in aggressive or violent acts against others are also more likely to self-injure and that the risk for suicide is higher amongst those incarcerated for violent offences. The pioneering study in the area across two prisons in England, noted 42% of prisoners who assault others will also engage in 'self-harm', and are more likely to be involved in a greater number of prison incidents than those who engage in the assault of others or 'self-harming' behaviours independently (Slade, 2018). Additional studies noted those with a propensity for 'dual harm' typically spent 40% longer in prison and the group was characterised by males with longer prison sentences, were incarcerated for crimes relating to arson, stated childhood maltreatment, had lower self-control but greater impulsivity and prior risk-taking behaviours, (Slade, Forrester, & Baguley, 2020; Richmond-Rakerd et. al., 2019). In addition to

self-injury, the Harris Review research also, uniquely, identified 'arson' as the offence category associated with the highest risk for suicide, which may indicate an area for potential research, (The Harris Review, 2015). As stated previously, prior prison behaviour, offence type and sentence length are not considered markers for self-injurious behaviour by the current categorical model, despite evidence they relate to the vulnerability to self-injure, as explained by the model of Dual Harm theory and in relation to extrapolation from National Statistics suicide data (Slade, 2018; Office for National Statistics, 2021).

Wider clinical and forensic research recurrently shows childhood maltreatment and adverse domestic experiences result in an increased vulnerability to self-injury. This is particularly true of the theory of self-injury as a 'survival strategy', whereby individuals utilise self-injury, typically without suicidal intent, as a means of demonstrating to themselves or to others, that they can tolerate physical pain or injury, (Pembroke, 1998). Although this behaviour may appear contradictory, individuals who have self-injured describe a positive view of their resultant scars as they are physical 'proof' of survival, that can be reflected upon in future times of hardship, (Sutton, 2007). It therefore follows that those who have endured traumatic past experiences require a greater intensity or amount of physical pain to ensure their 'survival strategy', potentially resulting in an increased amount or lethality of self-injury. Recent theories of self-injury have been furthered to include more interpersonal dynamics, whereby it's considered how self-injuring impacts an individual socially, particularly their relationships with others, (Nock, 2010). A prominent interpersonal theory states that self-injury may be utilised by some as a means of communication or expression of their emotions (Thomassin et. al., 2017). As a highly stigmatised topic, it may be easier for some individuals to communicate elements of their mental health, or past experiences through physical scars as opposed to discussing verbally.

The theory of emotional dysregulation provides a solid psychological mechanism by which certain psychiatric diagnoses, experiences of trauma and substance abuse leave an individual more vulnerable to self-injury.

Additionally, how this may be worsened by incarceration, which in itself has been long overlooked as a factor that influences self-injury, (Walker & Towl, 2016). The findings of aforementioned studies evidence that characteristics currently overlooked by the categorical ACCT approach, particularly socio-cultural factors such as adverse childhood experience, substance misuse and more violent offence type are evidenced indicators of self-injury. Based on the evidence, there is reason to argue that the current forensic model, the categorical approach, overlooks a wealth of background information that could provide not only a more holistic view of the individual. Resulting in a greater understanding of motivational and protective indicators of self-injury when compared to the current physical, demographic factors such as race, sex and mental health diagnosis as characterised by the ACCT.

Self-injury: An Intersectional Approach

The recurrence of interlinking societal factors such as marginalisation or multiple marginalisation, in relation to vulnerability to self-injure, lend themselves to a more intersectional theoretical approach to this research: *Intersectionality*, first introduced by Kimberlé Crenshaw (1989) is the predominant analytic framework encompassing and furthering feminist theory and Critical Race Theory, to describe the marginalisation of black women within antidiscrimination law and social justice movements, (Cooper, 2016). Intersectionality can represent a powerful theoretical framework for this research as it examines the means by which overlapping social identities result in marginalisation and oppression. Therefore within this context, it furthers the notion that the risk of self-injury is influenced by any one form of isolated oppression, such as racism or sexism, or that a multi-faceted issue such as self-injury could be reduced to one form of discrimination. Instead, intersectionality describes how forms of oppression intertwine to result in 'multi-marginalisation', and indeed the ways by which one system of oppression may influence another, such as the increased hostility and under-representation of gay men of colour, in comparison to white gay men (Carbado et. al., 2013). Utilisation of intersectionality may appear contradictory at a surface level due to the societal position of white men.

However, the nature of intersectionality sees that oppression does not exist on a dichotomy, and embraces that a marginalised individual may be privileged within another social construct. For example, Intersectionality's conception as a means of highlighting the experience of black women and girls does not diminish the marginalisation of other groups. Importantly, its existence as a fluid movement has seen intersectionality frame a variety of societal injustices such as Black men's experiences within the criminal justice system (Roberts & Jedusason, 2013; Cho, Crenshaw & McCall, 2013). The very existence of a vulnerable group in relation to self-injury, which was first identified through the divergence from trends in biological sex and race, warrants further exploration of socio-cultural factors through the lens of intersectionality. A similar vulnerability to self-injury is not found within males of non-White ethnic backgrounds or with White women suggesting additional factors that transcend physical race and sex, such as cultural and gender experience, influence the likelihood of self-injury (Al-Sharifi, Krynicki, & Upthegrove, 2015).

Self-injury in prison is not an isolated event

In a prison setting, those who self-injure are at a greater risk of death by suicide than the general prison population, (Hawton et. al., 2014, Pope, 2018) In addition to the increased risk of death by suicide, self-injury poses significant risks to physical and mental ill health. Short-term effects of a self-injurious event can include immediate treatment or hospitalisation for the physical care of injuries and prevention of death by suicide. Long-term effects may include future or extended hospitalisation due to the effects of physical injury, in addition to support required for the mental anguish or trauma that occurs as a result of the event and of the mental ill health that preceded or motivated the event. In a closed, highly masculinised environment such as a prison, there are additional complications that must be considered regarding health: social isolation and the real or perceived stigma that occur as a result of self-injuring may deter the individual seeking additional physical or mental support after the event, which may result in additional complications for the

individual, and under-reporting in a wider sense. All of the aforementioned actions and services require the allocation of further resources, at a financial and emotional cost, not only to the individual engaging in self-injury, but to other inmates and to prison staff who witness self-injurious events, (Walker & Towl, 2016; Walker et. al., 2017; The Harris Review, 2015). This issue of resource and financial allocation is increasingly problematic due to the sheer increase in not only the number of self-injurious events, but the dramatic rise in the number of men self-injuring. In comparison to the wider clinical community, the categorical nature and abundance of statistical research in clinical-forensic services have enabled self-injury to be long considered an isolated event, indeed there is a tendency to limit self-injuring behaviour to an isolated demographic. Firstly this was gender, by which self-injury in prison was deemed predominantly a 'women's issue' (Kenning et. al., 2010; Short et. al., 2009; Marzano et. al., 2011; Borrill et. al., 2005). This was then followed by a tendency to associate self-injury with suicidal intent and a diagnosis of mental illness, specifically BPD in the instance of incarcerated women (Borrill et. al., 2005; Nee & Farman, 2005). Finally, self-injury in prison is currently associated with race, specifically white individuals (Hawton et. al., 2014; Office for National Statistics, 2021). Whilst these associations are commonly built on perceived trends in statistical data, the reduction of individuals to these definitive, biological categories has hindered exploration into why self-injury occurs within specific demographics, during specific time periods and social commonalities that may be present across such categories. For example, the reduction of self-injury to a 'women's issue' infers this is related to biological sex and largely discounts the effect of gender roles, gender identity and gendered violence associated with identifying as a woman, that may influence self-injury.

No longer a Women's Issue – why look at self-injury in male prisoners?

Self-poisoning and self-injury in young, white men and adolescent boys is a public health concern within the general UK population (Bhui, McKenzie & Rasul, 2007; Cooper et. al., 2006). As within forensic settings, the surge in the

number of self-injurious incidents and individuals cannot be accounted for by any increase in any known demographic or biological factors outlined by the ACCT, simply self-injury in men has rapidly increased in the past decade (Office for National Statistics, 2021). It is worth noting that incarceration as a whole has increased, and factors associated with self-injury mentioned previously, such as violent crime, are also increasing, which may explain part of the dramatic increase, but are unlikely to account for the whole picture.

In forensic settings in the United Kingdom, self-injury research and interventions have been primarily conducted with incarcerated women and girls, due to the disproportionately large number of self-injurious events in women's prisons. On this basis, the recent surge in incarcerated, and indeed non-incarcerated men self-injuring is deemed highly unusual as it largely deviates from the behavioural trends of previous decades. Both the frequency of self-injurious incidents and men engaging in self-injurious acts has rapidly increased to unprecedented levels, additionally complicated by the fact that incarcerated men and boys are a much larger population than incarcerated women and girls. The severity of self-injury in male prisoners is typically greater in both the severity of injury and lethality of the method (MoJ Safety in Custody Statistics 2015 as cited by Pope, 2018)

When discussing sex and gender in a prison environment, it is important not to minimise the struggles that are more common to incarcerated women, such as domestic abuse and human trafficking (Richert, 2021), whilst appreciating that they may also be prevalent in incarcerated men and boys. Previous literature has identified a large proportion of incarcerated women and adolescent girls that have a history of experiencing several traumatic events, such as childhood sexual or physical abuse and domestic violence, terming this poly-victimisation. In addition, those in the prison population with a history of recurrent trauma, such as poly-victimisations, are more likely to self-injure, (Moloney, van den Bergh & Moller, 2009; Walker & Towl, 2016). It is highly likely this is also the case for men and adolescent boys, however there is a notable lack of knowledge and implementation of trauma informed care within men's prisons. This is likely due to the highly androcentric environment, whereby expression of such trauma would be stigmatised. Additionally this

also highlights how the inability by governing bodies to implement research and interventions evidenced to be successful within women's prisons to men's prisons, hinders the progress and efficiency of care in men's prisons, and may impact the rate of self-injury.

Replacing markers of biological sex with markers of gender expression, gender roles and poly-victimisation history

To understand why prison services have seen this increase of self-injury in incarcerated men, there is a need to firstly consider why incarcerated women's rates of self-injury have always been much higher – and why this gap is narrowing. It is not supported to state that the surge in rates of self-injury in incarcerated men came with no forewarning. By referring to self-injury in forensic settings as a “women's issue” implies that self-injury is aetiologically unique to women and largely ignores the deep-rooted, social factors that are more common or pervasive in those who identify as women, thus leaving them more vulnerable to self-injury in a prison setting. This approach also largely ignores the fact that any known increase in these social factors within male populations, would also impact the rates of self-injury in male prisoners.

There is a general trend within research, and indeed the wider self-injury community research to explore self-injury in relation to gender and self-injury in relation to biological sex as separate but overlapping entities, (Suhomlinova, & O'Shea, 2021). However as forensic facilities inherently associate gender with biological sex, demographic data is collated in reference to men and women (in terms of both gender and biological sex). Data relating to those whose gender identity differs from that assigned at birth, such as transgender and gender non-conforming individuals is only collated by individual researchers, therefore is very small in sample size, (Suhomlinova, & O'Shea, 2021). Therefore, this review of literature will discuss self-injury in relation to men and women, as collected, however it is noted that this approach is generally out-dated, and that self-injury data and

indeed all forensic data should be collected in reference to gender identity and biological sex.

The detailed body of research, and resultant interventions, relating to self-injury in cisgender-women¹ and adolescent girls in a forensic setting has¹ failed to be transposed to male care. This may be due to a variety of reasons, including the recency of the surge in male self-injury and practical implications of conducting interventions on a much larger community. However, this is also likely rooted in misogyny that is commonplace in psychological research and practice, whereby self-injury has been deemed as a phenomenon aetiologically unique to women, 'more prone' to 'attention-seeking' or 'hysteria', (Steggals & Steggals, 2015; Braden, 2003). As mentioned previously, this outdated and over-simplified viewpoint largely ignores the systemic, social factors that are more common and pervasive in those who identify as women. This not only means incarcerated women are more vulnerable to self-injury, as the basis for the behaviour remains largely misunderstood, further perportrating the 'hysterical woman' archetype. This also ensures the erasure of a population of male prisoners who may also present with social factors that present with a greater vulnerability to self-injury.

Studies of self-injury motivation with incarcerated women and girls support this idea: separation from family, especially children, and a trauma history were commonly described by incarcerated women as strong motivational factors to self-injury (Power, 2011; Marzano et. al., 2011). All of which may be explained by situational and social factors: women are less likely to be incarcerated, so there are fewer facilities, therefore, women's prisons are geographically more sparse and women are physically further from their family, additionally within the family dynamic, women typically bear greater responsibility for child-rearing, and women are more likely to present a history of abuse. In this regard, far from being a 'women's issue', self-injury has traditionally been more common in women simply because they embody the

¹ Cisgendered women refers to people who identify as the female gender who were assigned female at birth.

social factors that increase vulnerability to self-injury, due to socio-cultural factors associated with female gender or femininity. Indeed, it is evidenced that separation from family, and separation from children increase the risk of self-injury in male prisoners, (Clemente-Faustino & De Guzman, 2022; Krüger et. al., 2017). With an increase in overcrowding in male prisons, therefore increasing likelihood of further physical separation from their family, and the ever-change dynamics of traditional familial roles, such as males having more input in child-rearing, the effect of these social factors on male prisoners self-injury should also be considered.

Additionally, prisons are highly androcentric environments, whereby all prisoners are in a social environment that is highly masculinised, and femininity is associated with weakness, (Gelsthorpe, 2010; Martos-Garcia, Devís-Devís, & Sparkes, 2009; Rowe 2012). This may explain why feminine individuals, often associated with cisgender women, have traditionally struggled more with social and situational factors present within prison, and why self-injury rates have been higher.

It therefore follows that like women, self-injury in incarcerated men is tied to gender identity and expression rather than biological sex. Interestingly, there is a narrowing of the disparity of self-injurious incidents between incarcerated men and women as Western society decreases the importance of traditional gender-roles, in favour of liberal political stance. Due to the fact prisons are heavily segregated and fixed in terms of gender, and the following social environment within is highly rigid, we know little with regards to what kind of men self-injure, anecdotal data would suggest it is men who are less adept to a highly masculinised social environment.

Research with transgender women incarcerated in male prisons, self-described as the very embodiment of femininity in the most masculinised of environments, have revealed a process of 'doing gender' whereby they actively engage in male dominance, hetero-normativity and inequality to ensure being perceived as feminine, (Jenness & Fenstermaker, 2014 as cited by Jenness & Gerlinger, 2020). This research evidences that within prisons, gender identity and expression alters behaviour, and may leave certain

populations, in this instance transgender women, more at risk of victimisation and prejudice, which are previously associated with self-injury. To understand the role masculinity and femininity play within self-injury in a forensic setting, research must be expanded to include the lived-experience of those who identify as a variety of different gender identities (such as non-binary individuals), or present with alternate gender expressions (such as an increase in feminine traits in cisgender-men²).

Replacing markers of race with markers of cultural background

To utilise an intersectionality lens, this research must first embrace that national statistics and research findings on the vulnerability of white men in the prison system appear largely contradictory, as there is a known racial bias in British policing and the legal system. Therefore a subsequent racial disproportion of Black, Asian and minority ethnic (BAME) individuals exists within prison facilities, (Joseph–Salisbury, Connelly, & Wangari-Jones, 2020; Fekete, 2018; Phillips, Parmar & Bowling, 2012). It would be expected that BAME individuals would present higher levels of self-injury, due to the fact there is a greater proportion of individuals imprisoned. Similarly, if approaching self-injury from the perspective of societal injustices, it would also be expected that self-injury was more prominent in BAME individuals due to sustained hardships associated with being from a BAME background, such as increased poverty, educational prejudice, the suppression of autonomy and promotion of regime, (Schnyder, 2010). However, statistical findings and the current ACCT markers of vulnerability evidence that self-injury is most commonly reported in white men (Office for National Statistics, 2021).

As a result of the limitations of the information accumulated by the categorical approach, a lack of general research on ethnicity, race and self-injury and the fact that self-injury incidents at this level in male prisoners are unprecedented, it is currently unknown why this disparity between ethnic groups occurs. Therefore it is not known why findings deviate so drastically from the expected

² Cisgendered men refers people who identify as the male gender who were assigned male at birth.

pattern, and indeed the why this deviation has only occurred relatively recently. Current working theories regarding self-injury in a forensic setting are therefore predominantly adapted from research on community samples, which presents the immediate challenge that 'self-harm' research within this context is mainly referring to self-poisoning, which may serve a different function to self-injury. The only systematic review to date utilising prison and community samples within the UK concluded that ethnicity and gender significantly impacted rates of self-injury. Notably findings of women followed expected ethnic or racial trends, with Black women consistently presenting as the most likely to self-injure compared to women of other ethnic groups. However, it presented largely contrasting findings between studies with regards to male participants; consistently low levels of self-injury were found in Asian males, which largely reflect National Statistics, but consistently high levels of self-injury could not be associated with any male ethnic group, including white males. Repeated self-injury, and self-injury resulting in death by suicide was significantly more likely in white individuals compared to any other ethnic group (Borrill, Fox & Roger, 2011), this is of particular importance as it suggests the vulnerability of white males to all aspects of self-injury, as inferred by the categorical approach and targeted by the ACCT, is not evidenced. Specifically, non-repeated self-injury and self-injury without suicidal intent are not evidenced to relate to white ethnicity, leaving the possibility these forms of self-injury are more common in other ethnic groups, and are currently missed by ACCT screening. This study also reiterates the importance of further categorisation of self-injurious behaviour, with regards to intent, as previously seen with the categorisation of self-harm as a whole, (Borrill, Fox & Roger, 2011, Klineberg, 2010, Cooper et. al., 2010, as cited by Al-Sharifi, Krynicki, & Upthegrove, 2015).

This study also evidences that repeated self-injury and self-injury resulting in death by suicide is significantly more likely in Asian women compared to Asian men, (Cooper et. al., 2013), forming a basis for the theory that protective or preventative factors specific to Asian males reduce their likelihood to self-injure, specifically religiosity and thinking style, (Borrill, Fox & Roger, 2011). Furthering this idea, authors of the paper concluded that the

aforementioned protective factors deployed by BAME individuals evidence an efficient 'coping strategy' not utilised by white individuals, (Al-Sharifi, Krynicki, & Upthegrove, 2015). Additionally, the use of the descriptive acronym BAME may mask a whole range of within group differences pertinent to the research question. It is inferred by these findings, that in a prison environment, BAME individuals are better able to navigate situational factors, such as bullying or isolation, reducing their likelihood of self-injury. However, this theory does not suggest a mechanism by which protective factors become a coping strategy, or in turn how this hinders the motivation to self-injure. Whilst it is important to address how entrenched white privilege contributes to incidents of self-injury, it is too simplistic to state sustained hardships builds an individual's resilience to 'harsher' environments (Davis, 2014). Extreme caution must be exercised when encouraging the idea that ethnic minority individuals are better able to 'cope' with greater or harsher extremes, the pre-existing issue of health inequality is a known problem within the British health care system, including mental health services and extending to care of those who self-injure. The underlying notion that BAME individuals are better able to 'tolerate' pain or distress ensures that they are less likely to receive the required help, and with less urgency. Examples of healthcare inequality may be prevalent within the study itself: of those whose self-injury resulted in death by suicide within 12 months of their last clinical contact, relapse into repeated self-injury was significantly higher in Black African individuals only. This finding implies these individuals were prematurely terminated from clinical care, or their relapse to self-injurious behaviour was not met with the same urgency as individuals of other ethnic backgrounds.

In this regard, the 'coping strategy' may be overly reductionist and stigmatising, as it perpetuates the idea that those who self-injure are fundamentally lacking, similarly, it implies self-injury occurs solely through an 'inability to cope', when this is evidenced through aforementioned theories of self-injury that self-injury is utilised by many as a means to enhance or aid coping, (Sutton, 2007).

It is also concluded in the only study within Al-Sharifi, Krynicki, & Upthegrove, (2015) systemic review that categorised ethnicity with self-reported nationality,

that British-Asian males were the most likely to self-injure, more so than white-British males. This finding highlights a fundamental issue with utilising ethnicity as a marker of vulnerability to self-injury, and indeed the Ministry of Justice recording incidents of self-injury with race: it implies that the unique socio-cultural experience of being an ethnic minority individual, as opposed to any biological or social factor associated with physical race, influences an individual's vulnerability to self-injure. These findings suggest that the categorisation of race, as currently utilised, is a poor descriptor of the lived experience of incarcerated individuals. This approach fails to include cultural factors, nationality and immigration status which are independently evidenced to influence likelihood of self-injury (Verdolini et. al., 2017). In addition, perhaps most importantly, the categorisation of race fails at identifying more specific vulnerable populations, who may require additional support, for example British-Asian males. Due to the means of data collection by the finite categories of race, there is limited information on the aspects of nationality that influence the vulnerability to self-injure, however, by utilising an intersectional perspective, it can be theorised as to why this disparity is found. Firstly, there is a known disproportionate number of foreign nationals incarcerated in the UK (Office for National Statistics, 2021), therefore a disproportionate number of foreign nationals within the UK prison system in general. Secondly, migration and nationality status are interlinked with several other social factors that are associated with self-injury, such as increased propensity to poverty and prejudice within mental health services (Pemberton, Phillimore & Robertson, 2014; Jayaweera, 2014). Furthermore, by collating self-injury data with perceived race, without utilising self-described markers of cultural upbringing or nationality, this categorical approach fails to consider that the generation of immigration heavily affects cultural value and influences social marginalisation in a variety of ways that have been shown to influence mental health treatment and likely that of self-injury too (Pumariega, Rothe, & Pumariega, 2005; Saechao et. al., 2012). For example, first generation migrants face a variety of unique situational factors that may influence likelihood to self-injure, such as physical barriers that accompany migration, such as physical relocation to a new area, or language and communication. Additionally, second generation immigrants face a variety of challenges

unique to their situation, for example, the potential disparity between their cultural upbringing within the home, to that of their peers. Under the current system, all of these individuals may be categorised by the same race, but their lived experience is vastly different, as evidenced by the dramatic difference in propensity to self-injure between Asian males and British-Asian males (Al-Sharifi, Krynicki, & Upthegrove, 2015). It is only by expanding data collection beyond finite categories, such as perceived race, that commonalities in the lived experience of individuals who self-injure can be uncovered, and additional motivators to self-injure may be better understood.

Overall, the conclusion of the systematic review provide questions that may be answered within this research: findings indicate that whilst white ethnicity is associated with recurrent self-injury and self-injury with suicidal intent, this is not true of all forms of self-injury, specifically independent self-injurious events and self-injury without suicidal intent. This questions if it is in fact true that BAME individuals are less likely to self-injure, or that the means of gathering and reporting this information, the ACCT, is better suited at identifying the type of self-injury associated with white ethnicity. Secondly, there is a speculative and largely anecdotal theory within self-injury literature that requires further exploration with regards to self-injury and culture. The idea works predominantly as an alternative to the theory that BAME individuals are 'better protected': individuals of white ethnicity who are incarcerated display a particular vulnerability to self-injury, therefore are 'less protected'. Due to the racial disparity in the legal system and the fact that individuals of a white ethnic background are less likely to be incarcerated (Joseph, 2006), there is an 'uniqueness' regarding the white individuals who are incarcerated, which ultimately increases their vulnerability to self-injury. Similarly, the greater diversity in BAME individuals who are incarcerated, results in a larger percentage of this vulnerable population being of white ethnicity. Due to the categorical approach, it is currently unknown what underlies these vulnerabilities, as there is an incomplete record of the incarcerated individual's life experience. However, I would like to propose a theoretical grounding for this speculative framework, that this 'uniqueness' is a combination of lower socio-economic status, disability, migration and trauma history. This is not to

state that BAME individuals do not experience these additional social marginalisations, but that the social inequality whereby white individuals are less likely to be incarcerated, results in the fact that white individuals who are incarcerated are more likely to be multi-marginalised.

Replacing markers of mental health diagnosis with markers of previous psychiatric services experiences

By utilising a theoretical basis of intersectionality, this research strives to uncover how numerous systems of oppression interact to form vulnerable populations not simply an individual demographic factor. A single factor, much like ethnicity, that is utilised by the categorical approach as a marker of vulnerability to self-injury, is a previously diagnosed mental illness. This approach is used by both psychiatrists within the general population, and within guidance to prison staff, such as in ACCT documentation. The utilisation of this category as a precursor to self-injury is problematic for a variety of reasons. Firstly, predicting an individual's likelihood of self-injury based on mental health diagnosis, is complicated by the sheer number and variety of mental disorders associated, through psychiatric research, with an increased risk of self-injury: depressive disorders, personality disorders, obsessive-compulsive disorder, eating disorders and psychoses, including schizophrenia (Yaryura-Tobias, Neziroglu & Kaplan, 1995; Favaro & Santonastaso, 2000; Harvey et. al., 2008; Haw et. al., 2005). As previously discussed, self-injurious behaviour is commonly associated with a clinical diagnosis of 'borderline personality disorder' (BPD), categorised by emotional dysregulation, notably suicidal ideation and self-injury are considered symptoms of BPD (Reichl & Kaess, 2021). However the current utilisation of this diagnostic label as a marker for those who may self-injure is largely ineffective as the means by which a diagnosis is achieved is entirely circular. Previous suicidal intent and self-injurious behaviour constitute a confirmatory diagnosis of BPD; therefore individuals are given a BPD diagnosis because of their history of self-injury and any further self-injury will be attributed to their diagnosis of BPD. Within the context of this research, an incarcerated

individual with a BPD diagnosis would have likely displayed self-injurious behaviours prior to their diagnosis, to achieve their diagnosis. By then attributing all future self-injury to their BPD diagnosis means the unique motivation to self-injure is lost in a nondescript label, which ultimately hinders clinicians in finding the most appropriate method of support for the individual, and hinders researchers discovering markers of vulnerability for self-injury, if all behaviours are attributed to BPD. Notably, those diagnosed with BPD and with a history of self-injury are almost twice as likely to die by suicide than those with a BPD diagnosis and no prior self-injury, (Oumaya, et. al., 2008). This finding suggests that prior self-injury is a greater marker of vulnerability to death by suicide, these findings are also replicated in those without a diagnosis of BPD: members of the general public who had engaged in prior self-injury were thirty times more likely to die by suicide, (Cooper et. al., 2005). Notably, this finding is also true of forensic populations: previous self-injury significantly impacted the risk of death by suicide, with over half of the recorded deaths by suicide occurring within a month of a prior self-injurious incident, (Hawton et. al., 2014). The recurrence of this finding across populations, including those with and without a BPD diagnosis suggests previous data, combined with the potential issues with the validity of a BPD diagnosis, that deaths by suicide have been wrongly attributed to a diagnosis of BPD, and may in fact be closer related to an occurrence of previous self-injury. There may be additional factors to previous self-injury that influence the relationship between a diagnosis of BPD and self-injury or death by suicide. Factors that pre-date and result in a diagnosis of BPD could be telling for the motivation behind self-injury, as evidenced by statistics of previous self-injury. This works through an intersectional lens, whereby the life history of the individual is considered from multiple angles, and societal privilege in one aspect does not deter from the potential of marginalisation in another.

The issue of a BPD diagnosis not only highlights how prior self-injury may be a greater indicator of future self-injury than a diagnostic label, but also demonstrates the broader difficulty of obtaining an accurate diagnosis. This issue is not just limited to BPD, but a criticism of the general mental illness diagnostic approach, that relies heavily on accessibility and cooperation, in

situations where that is likely complicated by the behaviour itself. Therefore, it is proposed that self-reported or suspected prior psychiatric disturbance or experiences, particularly prior self-injury, are a more suitable marker of vulnerability to self-injury than a pre-existing mental health diagnosis.

Combining factors

An intersectional approach to self-injury in prisons must also consider how the aforementioned factors socio-cultural interlink and relate: a phenomenon that is not currently considered utilising a categorical approach. Therefore it is not currently considered how relating factors, and an absence of background context may influence the viability of any one vulnerability marker. For example, mental health diagnosis may be an accurate indicator of vulnerability to self-injury in women, but this may not be true of men, or sub-populations of men, as there is a notable gender difference in approaching mental health services and achieving a diagnosis. The ways in which these factors influence one another is potentially endless; therefore this research will focus on issues most pertinent to male self-injury in a forensic setting.

Firstly, as previously described, biological sex and gender identity influence the likelihood and type of mental illness diagnosis. Those who identify as men present more externalising disorders, such as violence and substance abuse, and those who identify as women display higher rates of internalising disorders (Smith, Mouzon & Elliott, 2018). These findings are commonly attributed to socialisation, specifically the social norms present in everyday interactions and the expectations of gender roles, than any aetiological factor determined by biological sex (Smith, Mouzon & Elliott, 2018; Pattyn, Verhaeghe & Bracke, 2015). Such interactions and expectations in men lead to an increase in negative attitudes towards help seeking, meaning fewer men receive a diagnosis and the support required for their mental illness. In addition, this social expectation is also present in the diagnostic material, and the clinicians who diagnose, meaning male distress can often be overlooked, and the prevalence of certain disorders amongst men is underestimated as a result, (Smith, Mouzon & Elliott, 2018). It is expected that such a phenomena

also occurs in forensic settings, and due to the highly masculinised social environment, under-reporting and under-diagnosing may be even more commonplace in prison than the general public. Due to the general lack of research regarding mental health in men's prisons and the rigid attitude to gender, it is currently unknown if there are particular demographics of men heavily affected by the gender gap in mental health diagnosis. With mental illness diagnosis currently utilised as a marker for self-injury, the lack of diagnosis or misdiagnosis with incarcerated men has wider implications, and again highlights the fallibility of utilising a diagnosis as a marker of vulnerability to self-injury.

Sex and gender identity are just one example of how social marginalisations can inherently complicate the process of attaining a valid mental illness diagnosis, evidencing that the utilisation of 'valid diagnosis' as a precursor to self-injury is largely reductionist and likely fails those with multiple marginalisations. Ethnicity, race, immigration status, cultural upbringing, social class, additional disability and substance use disorders, independently and combined, affect the likelihood of an individual achieving a diagnosis through a variety of mechanisms (Jayaweera, 2015; Borrill, Fox & Roger, 2011). The most common diagnostic tool, the Diagnostic and Statistical Manual of Mental Disorders fifth edition, DSM-V (American Psychiatric Association, 2013), presents an evidenced disparity in the understanding of mental illness in individuals of diverse cultural, racial and ethnic experience or background (Frisby, 2020), due to its inherent ethnocentric conception as a tool of Western psychiatry. Despite numerous revisions since conception, the issue of diversifying cultural experience was not formally addressed until the DSM-V (American Psychiatric Association, 2013), whereby the categories of 'Western' and 'Non-Western' influences were integrated. However, this adaptation is met with considerable criticism in the mental health research and practitioner communities, it is evidenced that the categorisations do not display universal consensus, and that many of the culturally defined traits are indeed permeable and many ethnic groups display characteristics attributed to both categories, (Frisby, 2020). On a larger scale, it is argued that the DSM (American Psychiatric Association, 2013) (as a whole, as further revisions are

iterations of the same initial criteria) lacks cultural sensitivity as the categorical approach ensures culture is viewed in a static manner with an emphasis on 'values, beliefs and practices' (Lopez & Guarnaccia, 2000). As a result, intra-group variation, such as the effects of social and political factors, and interrelated, additional marginalisations such as gender, disability and class are largely ignored for over-generalised and often stereotyped views of a culture (Kirmayer & Sartorius, 2007).

The effect of cultural bias on mental health diagnoses cannot be understated, nor the complexity of the interrelatedness of additional social marginalisations. Cultural differences in the experience, symptomology and overall presentation of a mental illness are well documented, (Bailey, Mokonogho & Kumar, 2019), therefore by utilising a diagnostic tool that details the experience and symptomatology of white, Western individual ensures an inaccurate over and under-representation of BAME individuals across a range of mental illnesses, including, but not limited to, eating disorders, mood disorders, personality disorders, developmental disorders, substance misuse, (Alvarez et. al., 2019; Hwang et. al., 2008; Bailey, Mokonogho, & Kumar, 2019), are associated with an increased propensity to self-injury. Despite a promised effort in DSM-V (American Psychiatric Association, 2013) to address ethnocentrism and integrate cultural differences in an 'open and dynamic' manner, an analysis of the revision (Bredstrom, 2019) concluded there is little change in the way in which diagnostic criteria are presented. The criteria is presented with the white, Western symptomology and experience as a baseline, with an addition of 'culture-specific symptoms', that display specific emphasis on migrants and ethnic minorities, despite the fact the DSM is used as a primary diagnostic tool globally. This issue within mental health diagnosis largely mirrors the aforementioned problem within self-injury, whereby cultural differences are addressed as a separate issue to behaviour, with little consideration of how culture interacts with additional social marginalisations. Similarly, how culture is not solely defined by ethnicity or race. Critics of the DSM, and the diagnostic approach to mental illness in general, pose cultural formulation as a viable alternative, whereby the cultural experience of an individual is

examined, and the means by which this cultural experience may influence all aspects of mental illness, much like the blueprint of intersectionality.

The effect of cultural bias in mental health diagnosis is not limited to just DSM diagnostic manuals; similar findings are also present in the International Classification of Diseases (ICD)(World Health Organisation, 2019) commonly utilised by European practitioners. Additionally, the utilisation of diagnostic manuals or diagnostic criteria relies on the interpretation of behaviours by the clinician. This may be particularly pertinent when BAME individuals are diagnosed by white, Western mental health practitioners, who display a poorer understanding of the cultural diversities in mental illness, (Baima & Sude, 2020). If reliant on a diagnostic tool that further compounds this issue, the influence of cultural diversities on the symptoms and experience of a mental illness remain largely misunderstood by the clinician, therefore individuals are misdiagnosed. This study evidences how passive prejudices such as ethnocentrism on the part of the practitioner influences diagnoses, much like the aforementioned health inequalities that arise from the belief BAME individuals are able to 'cope' or tolerate greater pain. Active prejudice may also occur, whereby prejudicial beliefs of a specific ethnicity, race or culture, of an individual clinician or as a whole establishment, result in racial discrimination, racial profiling, micro-aggressions and racism (Cenat, 2020): all of which influence the likelihood of the patient receiving an accurate diagnosis and appropriate treatment or care.

Non-Suicidal Self-Injuring (NSSI) men

An increasing demographic, particularly within male forensic facilities, men who engage in Non-Suicidal Self-Injury (NSSI), exemplify the issue of utilising definitive categories as markers for self-injury, as they are men with psychiatric histories, but no specific mental illness diagnosis and show fewer correlates to any one specific race when compared to self-injury with suicidal ideation. The presence of this subgroup also suggests a much larger issue that over-medicalises behaviour; self-injury is related to many forms of non-clinical behaviours such as cultural idioms, social practice and forms of self-

expression, and is not inherently a symptom of mental illness, (Steggals, 2015; Motz, 2010; Gradin Franzén & Gottzén, 2011).

The fallacy of utilising a diagnostic label to predict likelihood of future self-injury is not only limited to a prison environment. A variety of factors found to impact clinical reliability and validity of diagnoses that are found within community samples (Hankin et. al., 2011; Nock et. al., 2007), are also present in forensic populations, with perhaps the further complication of the hostility and stress of the prison environment. Specifically, diagnostic criteria including self-injury often rely on the presence of suicidal ideation in combination with self-injurious behaviours. The two behaviours are often viewed concurrently by the general public and indeed within older research (Kreitman et. al., 1970), despite being fundamentally different behaviours with separate theological bases, motivators and presentation (Pope, 2018). Additionally, self-injury without suicidal intent is associated with younger age of prisoner, past disciplinary events, psychopathic traits and impulsivity. Whereas, self-injury with suicidal intent was associated with older male prisoners with depressive and hopeless thoughts (Lohner & Konrad, 2006 as cited by Pope, 2018).

The term self-injury describes the physical destruction of bodily tissue, whilst suicidal ideation describes a thought, rumination or desire to die by suicide (Bebbingdon et. al., 2010). It is possible, although speculative, that the confusion results from the taboo nature of the topic creating misinformation and a general lack of understanding of the motivation behind either behaviour. Similarly, the two behaviours, independent of each other, present an increased risk of death by suicide (Brezo, Paris & Turecki, 2006; Skegg, 2005). Regardless of the confusion regarding terminology, a lack of distinction between the two behaviours is particularly problematic when it transcends to clinical use.

Complex and multi-faceted behaviours in their own rights (Jobes & Joiner, 2019; Skegg, 2005), suicidal ideation and self-injury can, and often, co-occur (Joiner, Ribeiro & Silva, 2012). Notably, suicidal intent is a known motivator of self-injurious behaviour, (Verdolini et. al., 2017). However, despite this

overlap, not all of those who display suicidal ideation will self-injure and not all of those who self-injure do so with suicidal intent (Favril, 2019). A lack of distinction between the two behaviours may result in inaccurate diagnoses or improper care given to vulnerable individuals that express either behaviour, likely increasing the risk of death by suicide, much like the lack of distinction given to self-poisoning and self-injury discussed previously. Within the context of forensic research, if all incarcerated individuals who display suicidal ideation or are diagnosed with mental illness related to suicidal intent are considered vulnerable to self-injury, a 'false positive' effect would likely occur, whereby the service is overwhelmed with potential vulnerable individuals, and those who require support for self-injury are overlooked. Similarly, support for self-injury is not the most suitable support for those who display suicidal ideation, a proportion of those who die by suicide do not present prior self-injury (Favril, 2019) and suicidal ideation may occur without any physical symptomology (Brausch & Gutierrez, 2010). In addition, suicidal intent is not the only motivator to self-injury; recent national statistics and subsequent studies highlight the ever-increasing prevalence of non-suicidal self-injuring individuals (NSSI), (Favril, 2019). The prevalence of this group is strongly supported by theories of self-injury to communicate, 'pain exchange' or a means of suicide prevention, highlighting that some incidents of self-injury not related to suicidal ideation, in fact they are a direct contrast in that they are a means of survival.

As previously stated, men of unspecified race, with a psychiatric history, but not diagnosed with one specific mental illness, largely populate this subgroup (Seibert, 2012). The lack of specific diagnoses within this vulnerable group highlights the fundamental issue with the categorical approach of assuming vulnerability, as these men are indeed vulnerable but do not fit categorisation. Recent research, (Favril, 2019, Favril et. al., 2020) indicates the importance of this group in recurring self-injurious incidents, it is proposed a lack of suicidal intent inherently reduces the lethality of the injury, however this is not to state the incidents do not result in emotional and physical harm. Additionally, the group remain a high risk for death by suicide due to the high accidental mortality of self-injury (Favril, 2019). The nature of data collection of self-injury

in prison is largely dependent on the incident and not the individual. With regard to the Ministry of Justice data, only a maximum of 19 incidents may be attributed to one individual, then all incidents are categorised as '20 and over'. It is therefore unknown how many individuals account for the number of self-injurious incidents reported each year, however data from studies utilising a sample of incarcerated women and adolescent girls suggests a small number of prisoners are responsible for a large number of incidents, potentially as high as several hundreds, (Power, Brown & Usher, 2013). By viewing vulnerability to self-injure based on a diagnostic approach or by defining self-injury as the symptom of any mental health disorder, individuals who self-injure without diagnoses or perceived 'medical reason' have historically remained understudied. Therefore in a forensic setting that utilises an 'at risk' approach, they remain vulnerable and underrepresented within treatment and preventative strategies.

Conclusion of the research background

To conclude, research pertaining to self-injury within male prisons is of vital importance due to the increased risk of death by suicide, as well as the resultant emotional and physical harm for individuals, other prisoners and prison staff. The current categorical approach, as highlighted by the ACCT, is likely reductionist as it fails to address social and cultural factors associated with the prisoner's background and life experiences. For example, gender identity, cultural upbringing, socio-economic status, and prior psychiatric service experience is not considered when forming markers of vulnerability, or within subsequent care and intervention techniques. From a practical stance, this leaves certain sub-populations increasingly vulnerable, such as Non-Suicidal Self-Injuring men and ethnic minorities. The limitations of the categorical approach inform the direction of this research, whereby the suitability of formulation points, as utilised within clinical care, such as patient background, risk and protective factors are assessed in relation to self-injury. Additionally, this research utilises an Intersectional lens, whereby wider marginalisations and the inter-relation of these marginalisations are considered

when discussing the vulnerability to self-injury, and indeed incarceration as a whole.

As concluded within men's mental health care, there is a real need to advance research to include men's lived experience, (Smith, Mouzon & Elliott, 2018), particularly in a non-traditional environment such as a forensic setting. The level of self-injury within male prison populations is currently unprecedented, therefore there is a real need to formulate a body of research surrounding incarcerated men who self-injure. Additionally, this research is required to prevent over reliance on data extrapolated from community samples, or incarcerated women, as there are marked gender and situational differences that influence vulnerability to self-injury.

The aim of the comparison of descriptive statistics is to assess how HMP Bandwidth compares to National Statistics, in relation to the severity and ethnicity of those who self-injure. This is particularly pertinent as HMP Bandwidth is a reception prison that contains a high number of on-remand and first time prisoners.

The goals for the qualitative analysis are to answer the following research questions: Would a formulaic approach, opposed to a categorical approach, that focuses on prisoner background, motivational and protective factors, uncover more useful information in relation to preventing self-injury? Secondly, are prisoners within HMP Bandwidth self-injuring without suicidal intent, and if so, are there differences in staff attitude and reporting, as has been evidenced at other English and Welsh prisons? Thirdly, would prisoners within HMP Bandwidth report a history of trauma or Adverse Childhood Experiences in relation to their self-injury, if so, did this act as a motivational factor? Finally, would social and cultural factors, such as upbringing and socio-economic status influence the likelihood of self-injury within prison, and could it be noted if self-injury also occurred prior to incarceration?

Upon reviewing the ACCT documentation, the research aims are as follows:

- 1) To discover if ACCT documentation contain self-reported information relating to motivational and protective factors of self-injury, that are not currently utilised as vulnerability markers by the categorical approach.
- 2) To discover if individuals will describe self-injurious incidents that occurred without suicidal intent.
- 3) To discover if Adverse Childhood Experiences and prior exposure to violence, including violent offences, will be reported as influencing self-injury.
- 4) To discover if social and cultural factors, including but not limited to: gender identity, ethnicity and cultural upbringing, and prior psychiatric services experiences will be reported as influencing self-injury.

Reflexive, thematic analysis has been chosen as the appropriate methodology for the research, based on the proximity of the study goals to the four theoretical assumptions (Braun & Clarke, 2012; Byrne, 2022).

The researcher will utilise a constructionist epistemology, whereby the meaning, rather than recurrence of ideas is central to the coding process. A critical perspective is required whereby the wider social context of the information present is assessed. This assumption is particularly pertinent when utilising the framework of Intersectionality, which is based upon the impact of social marginalisations.

A codebook analysis, or pre-existing coding frame would not be suitable in this instance, as the contents of the ACCT documentation is widely unknown before analysis. Additionally, the area of self-injury is broad and complex, and a variety of differing ideas and theories may arise. Reflexive thematic analysis offers the opportunity for open coding, whereby the data, as communicated by the participants, drives meaning, topics and theory, as opposed to the other way around. Finally, latent coding is utilised, as data will be analysed for points beyond literal meaning of the words, such as the wider social context of behaviours and feelings described.

Methodology

Approach to Data Collection

This study, in accordance with the framework devised by Braun and Clarke (2006), used thematic analysis to investigate self-injury within a male prison, through the use of pre-existing Assessment, Care in Custody and Teamwork (ACCT) documentation (MoJ & HMPPS, 2021). The researcher utilised purposive sampling (Creswell 2002 as cited by Omona, 2013), whereby they engaged with a local men's prison to access demographic information and interviews pertaining to self-injury within the prison, due to the relatively small target population, all suitable samples within a particular time frame were selected to be analysed.

Participants

The study participants consisted of six men of white British nationality, aged 23- 38 years old, incarcerated at HMP Bandwidth. All recorded incidents of self-injury in the time period (January 2021- September 2021) were considered for analysis, however two ACCT documentation, therefore two individuals, were excluded as the participant had declined to comment on the incident, and no interview had taken place. The remaining six ACCT, which corresponded to six separate individuals were analysed. The six participants were selected as they formed the entire sample of prisoners with a detailed, closed ACCT documentation (version 5 or 6) within the time period of research, as previously agreed with HMP Bandwidth. Due to the limitations of Covid-19 restriction, only this time period of documentation could be physically accessed.

All documents were taken from the main prison population. Of the six documents included in the final analysis, all ACCT were opened as a result of separate incidents that involved six separate individuals. Of these six documents, three were ACCT version 5, and three of the updated ACCT version 6. Generally, the information included was similar in content; ACCT version 6 was notably a larger document with a visibly more detailed structure in regard to the logging of checks of a vulnerable individual. However, the

more detailed nature of the ACCT version 6, meant some important information, such as diagnosis or motivational factors, were not present to the reader until further on into the document.

Ethical Protocol

The study received full ethical approval from Durham University ethics committee, and the Governor of HMP Bandwidth. The initial collection of the primary demographic and incident data by HMP Bandwidth, the ACCT document, is a legal requirement of the prison, as it is the primary documentation of an incident of suicidal ideation or self-injury by the prisoner, which is required to be recorded by prison staff as it informs the provisional care plan and support procedures for an individual.

The interview element of the ACCT documentation is entirely optional, and is conducted and transcribed with the knowledge and consent of the participants.

All data was suitably anonymised before viewing by the researcher and the original documentation was not permitted to leave the prison, therefore notes and quotations were recorded on the premises and stored on a password-protected and encrypted computer.

The name of the prison has been referenced throughout this research as HMP Bandwidth to protect the anonymity of the prison and most importantly the participants, due to the sensitive nature of information discussed.

Reflexivity

Researching self-injury in those who are already incarcerated and who have navigated multiple adverse life-experiences, such as poverty, abuse and violence is inherently difficult on one's own mental wellbeing. It requires an intense emotional labour to read accounts of individual's suicidal ideation, particularly as someone with mental health difficulties themselves. However, this was an element of the research that I felt adequately prepared for, in part through the in-depth literature research and reading I completed before data

collection, meaning I was prepared for level and intensity of personal account that I would be encountering. Additionally, the above-average length of time I was permitted by supervisors to carry out data collection and the transcription meant I had adequate breaks when reading accounts, which were all done at the physical prison, which created a layer of physical and emotional separation between myself and the accounts. I also felt well supported by my supervisors, who have experience researching within this area, and I was aware I could contact University wellbeing support if required.

When considering the influence of the researcher on the research collected, I present with particular biases, as a politically liberal individual, with experience as a mental health service user, I am inherently critical of the current prison regime that focuses more on containment and punishment, than rehabilitation and reformation. I also present with a bias favouring the use of a holistic, caring approach to behaviour and mental wellbeing within forensic settings, reflective of the practices used in clinical care, in settings such as hospitals and the wider community, which is likely why I am critical of the categorical ACCT approach. I am a strong supporter of the implementation of trauma-informed care in forensic settings, as I feel many individuals who are perpetrators of crime are also victims of wider systemic issues, such as poverty, poor education, mental and physical illness, which is reflected in my use of the Intersectional approach.

Conducting this research has been instrumental to my view of mental-ill health and my future career ambitions. As a result of reading first-hand accounts of suicidal ideation in the ACCT documentation, and visiting the prison and staff, I felt my passion for research was working alongside service-users (including those in forensic facilities), and I am now pursuing a career as a Psychological practitioner, with an aim to improve service interventions as a whole.

Data collection

Primary demographic and incident data

As stated previously the primary incident and demographic data section of the ACCT documentation is a requirement in the care planning process, which has been utilised in prisons in the United Kingdom, since 2004. This information includes demographic information such as age and ethnicity, as well as the specific details of the incident of self-injury or suicidal ideation.

Primary interview data

The ACCT documentation consists of several prompted questions to be asked to the prisoner by staff, which is then transcribed to the document, such as “do you have any specific considerations that need to be accommodated for?” The prisoner can provide answers to this section, and in as much detail as they choose. Finally, the ACCT document includes detailed notes by staff regarding the prisoner and their self-injury or suicidal ideation, a care plan and information regarding any additional incidents over a period of the following 7 days.

Secondary data

Utilising a blank copy of an ACCT version 5 and ACCT version 6, as provided by HMP Bandwidth, the researcher formulated a document indicating pages that would contain the most relevant information to the study Research Aims, (Appendix A).

Initially, the researcher familiarised themselves with the data and the unique environment, which included prison self-injury policy and discussing the procedure with staff. The ACCT documentation was presented as anonymised physical reports to the researcher, all information required for analysis was transcribed to a computer document, which could then be accessed off premises. Demographic and incident data, such as offence, sentence type, type of self-injury, time incarcerated, age and nationality, were recorded for all six ACCT included in the final analysis for comparison, and to inform the more detailed interview answers. Then the interview portions of all six documents were read, and any relevant information, including quotes, pertaining to self-injury were transcribed to the researcher’s personal copy for later analysis.

Data analysis

This study utilised a thematic analysis, following the six-step analytical framework procedure outlined by Braun and Clarke (2006). The first step involved the researcher familiarising themselves with the data and the environment, this included repeated reading of the transcripts in an immersive, and active way and discussing policy with prison staff. Secondly, initial codes were generated, markers were created of information that was pertinent to the research question, and copied to the researcher's personal copy for future analysis. Thirdly, a search for themes was conducted, by using the codes to create links between ideas and form overarching themes and highlighting extracts of the data that support the theme formation. In accordance with Patton's dual criteria, (Patton 1990 as cited by Byrne, 2020), each theme was required to be coherent and internally consistent, more broadly, the themes are required to form a narrative that is reflective of the data set as a whole, and relevant to the research question and research aims. Following their formation, themes were reviewed and refined and in the instance of recurring factors within a theme, further sub-themes were formed. Inferred importance and meaning, as opposed to commonality, was critical to the thematic formation. As the role of the researcher was to infer and attribute subject meaning and importance through the language used by the participants, sub-themes were promoted to overarching themes, and vice-versa. Then, all themes and sub-themes were appropriately named due to the concepts and supporting data they overviewed, and finally, the report was produced.

Analysis and Discussion

Descriptive findings and summary statistics

Firstly, the statistical findings of this study are limited by the access to original summary statistical findings within HMP Bandwidth. Secondly, HMP Bandwidth's unique position as a reception prison, with a high number of on-remand prisoners, means it is not easily comparable to national figures, as the

nature of prison reception, and being on remand, may influence the likelihood of self-injury, (Office of National Statistics, 2021). It would be expected that reception prisons, and those with a high number of people being in the prison for a short time such as on-remand prisoners would have higher numbers of self-injury. Finally, incidents of self-injury are not recorded per individual, therefore statistical independence could not be assumed.

Utilising the descriptive statistics provided, the rate of self-injury at HMP Bandwidth follows national trends (Figure 1), whereby self-injury in males has shown a dramatic increase, in both number of males and number of incidents in the past decade. HMP Bandwidth also experienced a fall in self-injury numbers during a period of physical lockdown associated with Covid-19 restrictions, which was also reported within other prisons across England and Wales (Hewson et. al., 2021).

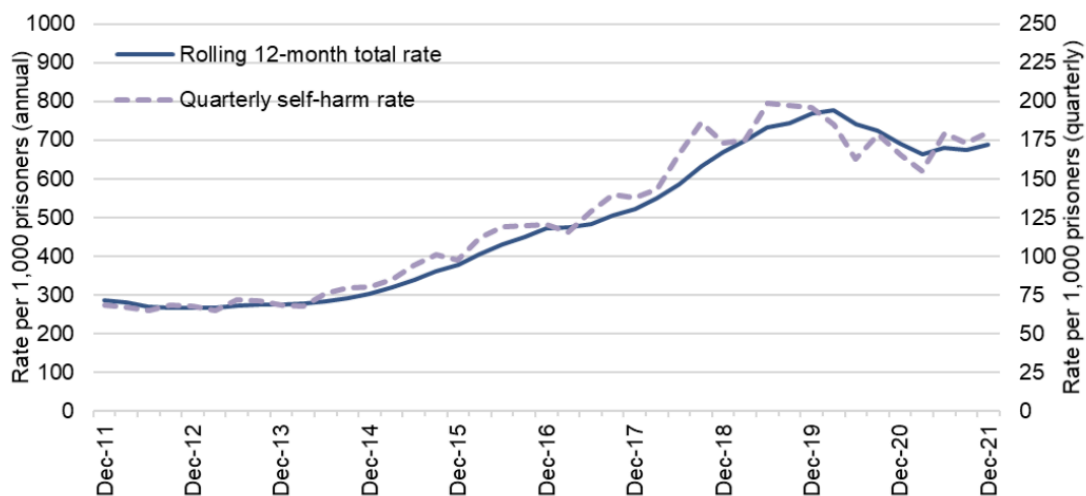


Figure 1: A graph depicting National Trends Quarterly 12-month rolling rate of self-harm incidents per 1,000 prisoners, 12 months ending December 2011 to 12 months ending December 2021, with quarterly rates (Office for National Statistics, 2021).

HMP Bandwidth severity data (Figure 2), as rated by level of care and treatment required, compared to the National Statistics of hospital visits (Figure 3), indicates one deviation from the expected trend: there are no

severe incidents within the time period at HMP Bandwidth. This fact combined with a high number of recurrent, 'low' severity self-injurious incidents suggests that a portion, if not a majority, of the vulnerable population at HMP Bandwidth may be recurrent non-suicidal self-injurers (NSSI), which is discussed in more detail within the analysis.

	Number of incidents of self-injury (January – August 2021)
Low	358 (87%)
Moderate	55 (13%)
Severe	0

Values are determined by the Office For National Statistics, and are defined as:

- Low = If a cut did not require treatment or only needed to be cleaned and dressed, and the person didn't have to go to hospital, a moderate rating is reduced to low.
- Moderate = Anyone who received overnight in-patient hospital care, had to go to A&E, or had to receive prison health care but wasn't severe.
- Severe = Anyone who had to be resuscitated, or received life support or over 24hour in-patient hospital care.

Figure 2: A table and key depicting data provided by HMP Bandwidth regarding the severity of self-injury incidents within the entire prison population, as rated by the scale provided by HMP Bandwidth (above), January 2021 to August 2021 (HMP Bandwidth, 2022).

	Number of incidents of self-injury per calendar year	
	2020	2021
Attendances in hospital	2,339	2,417
A&E	2,242	2,332
In-patient (over 24 hours)	51	54
In-patient (overnight only)	43	27
Life support	3	4

Figure 3: A table depicting National Trends of hospital attendance due to self-injury in male prisoners, including the youth estate, in the calendar years 2020 and 2021.

HMP Bandwidth data regarding nationality (Figure 4) followed expected trends from National Statistics (Figure 5); white, British males were the most vulnerable group with regards to self-injury in a forensic setting. In accordance with the Prison's Inspectorate (HM Inspectorate of Prisons, 2022), HMP Bandwidth, like most UK prisons, has an over-representation of Foreign Nationals, however there were a disproportionately small number of recorded self-injuring incidents within this group. This finding suggests that Foreign Nationals are engaging in self-injury at a lesser rate than British Nationals, however it could not be discounted that the method of data collection, namely the ACCT, and the reporting prison staff's perception of what constitutes as self-injurious behaviour is more aptly suited to capturing the self-injury of British Nationals. This may be linked to the fact that the better understood self-injury with suicidal intent is more commonly associated with white, British males, in comparison to non-suicidal self-injury, which may be more likely in Foreign Nationals, (Al-Sharifi, Krynicki, & Upthegrove, 2015). The methodology of reviewing ACCT documentation is therefore not appropriate to test this theory, and this may be the basis of future research.

	Number of self-injury incidents (January - August 2021)
British	406 (99%)
Algerian	2 (<1%)
Albanian	1 (<1%)
Czech	1 (<1%)
Iraqi	2 (<1%)

Figure 4: A table depicting data provided by HMP Bandwidth regarding the self-injury incidents by self-described nationality within the entire prison population, January 2021 to August 2021 (HMP Bandwidth, 2022).

	Number of incidents of self-injury per calendar year
--	-----------------------------------------------------------------

	2020	2021
All ethnicities	43,600	42,257
White	37,793	37,220
Asian or Asian British	1,143	1,178
Black or Black British	1,397	1,669
Mixed	1,602	1,292
Other	423	366
Not recorded/unknown	1,242	512

Figure 5: A table depicting National Trends of self-injury by ethnicity in male prisoners, including the youth estate, in the calendar years 2020 and 2021.

Qualitative results

The aims of the qualitative analysis were to answer the following research questions: Would a formulaic approach, opposed to a categorical approach, that focuses on prisoner background, motivational and protective factors, uncover more useful information in relation to preventing self-injury? Secondly, are prisoners within HMP Bandwidth self-injuring without suicidal intent, and if so, are there differences in staff attitude and reporting, as has been evidenced at other English and Welsh prisons? Thirdly, would prisoners within HMP Bandwidth report a history of trauma or Adverse Childhood Experiences in relation to their self-injury, if so, did this act as a motivational factor? Finally, would social and cultural factors, such as upbringing and socio-economic status influence the likelihood of self-injury within prison, and could it be noted if self-injury also occurred prior to incarceration?

Following the analysis, the following themes and sub-themes were generated:

Theme: Adapting to the physical prison regime

Sub-theme: The physical effects of incarceration

Sub-theme: The organisational effects of the prison regime

Sub-theme: Fostering autonomy and connections

Theme: Social factors of incarceration

Sub-theme: The overwhelmingly masculine environment

Sub-theme: Building and maintaining positive relationships with women

Theme: Distress surrounding medication

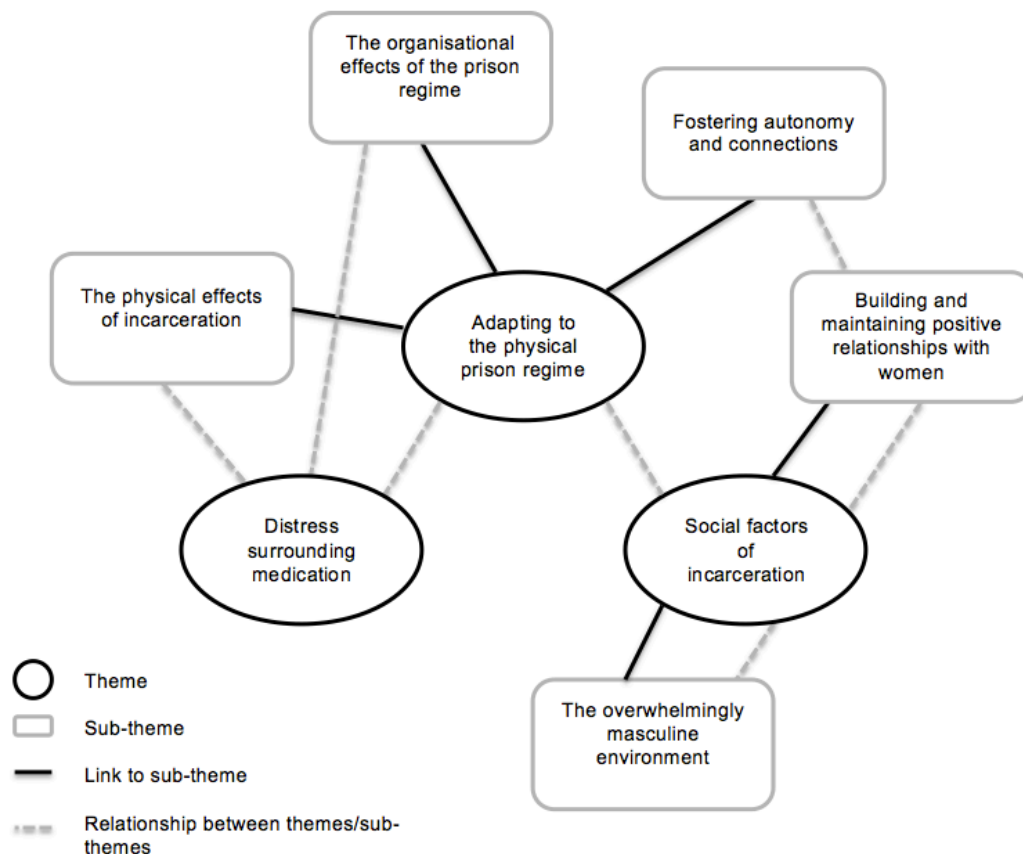


Figure 6: A theme map that includes sub-themes and relationships between ideas.

General findings of the ACCT documentation

A key finding with regards ACCT documentation, was the utilisation of the ACCT documentation itself: eight ACCT documents were opened within the time frame of January 2021- September 2021, however statistical figures showed 413 self-injurious incidents occurred within the same time period. Additionally, all ACCT documents analysed within this study were opened due to an expression of suicidal ideation or the intent to die by suicide, with no ACCT opened due to an expression of intent to self-injure or spontaneous self-injury. This infers a fundamental issue with the way ACCT documents are

deployed with regards to self-injury without suicidal ideation, and how staff identify individuals who may be vulnerable to self-injury without suicidal ideation. In a time period of nine months, non-suicidal self-injurious incidents (NSSI incidents) went almost undocumented, and no care plans were observed as a result of NSSI or an expression of NSSI. It is highly likely there are NSSI individuals present within the population at HMP Bandwidth, particularly as there is a high proportion of recurrent 'low' or 'moderate' self-injurious incidents, however the way in which the ACCT documentation is utilised by staff means there is currently no detailed information on the motivation or the protective factors of these individuals, or indeed an accurate information of the frequency of which these incidents occur.

This issue is not specific to HMP Bandwidth, it was a common finding across prisons in England and Wales, that ACCT were more commonly opened due to the identification of an intent to self-injure or die by suicide, as opposed to being opened following a physical act of self-injury without suicidal ideation, (Humber et. al., 2011 as cited by Hewson et. al., 2021). A lack of knowledge of NSSI individuals is not an issue specific to individual prisons, or forensic settings in general. However, in a practical sense, the identification of NSSI individuals at individual prisons and an increased awareness or education on NSSI by staff may reduce their vulnerability and overall self-injury rates; as well as the time and cost it takes to treat those who engage in recurrent, non-lethal self-injury. Utilising the ACCT framework, or an alternative framework, to document motivations, triggers and protective factors of those who self-injure without suicidal intent, as well as those with suicidal intent, is vitally important to reducing rates and number of individuals who self-injure. Future research may also want to look at the NSSI population at HMP Bandwidth, as there is currently limited research on this subgroup, therefore practical interventions to help prevent behaviour.

As the ACCT documents analysed relate to self-injury or an expression of self-injury with suicidal intent, I propose the following findings are only considered where suicidal intent is present. Firstly, all men within the study sample were white British, aged 23- 38 years old, which reflective of the

ethnic and age group considered most vulnerable with regards to self-injury with suicidal intent in forensic settings, (Office for National Statistics, 2021).

Theme: Adapting to the physical prison regime

The most recurrent risk factor identified within the ACCT data, was a difficulty physically adjusting to the prison regime. This theme was first established as there were frequent, explicit mentions, made by the prisoners themselves, of the difficulties adapting to the physical prison regime, such as problems with over-crowding and nudity. Although frequency does not always denote meaning, in this instance, the physical experience of prison was recurrently mentioned as a cause of distress directly prior to mentions or incidents of self-injury and suicidal ideation. Additionally, the following, wider emotional and social implications of the physical regime, such as feelings of oppression, control and a reduction in personal autonomy, warrant the formation of the theme, and evidence that difficulty in adjusting to the current prison regime, and indeed the prison regime in England and Wales itself, is a risk factor to developing self-injurious behaviours or suicidal ideation in male prisoners.

The difficulties in adapting to a prison regime have long been overlooked when researching prisoner mental health, and potential for self-injury. A categorical approach has long been favoured; discounting the effect a dramatic environmental change has on all individuals and not just those with a diagnosed mental illness. The findings of this study support prior anecdotal evidence from current and former prisoners, as well as forensic research with incarcerated women and girls: that adaptation to prison regime may be the single greatest factor in increasing vulnerability to self-injury, (Walker & Towl, 2016). It is my belief that regime adaptation is a particularly pertinent issue at this prison due to its unique status as a reception prison with a high percentage of on-remand prisoners, (HM Inspectorate of Prisons, 2022). As indicated by a review of fifteen longitudinal studies assessing causation of poor mental health during imprisonment, the experience of reception to prison is one of two main factors in the development of psychiatric symptoms, including 'self-harm', (Walker et. al., 2014). Prisoners at HMP explicitly stated

self-injurious behaviours stemmed from a “*difficulty adjusting to prison life*”, and some more generally, that the environment was “*overwhelming*” or “*the atmosphere is getting on top of me*”. Notably, half of the ACCT documents assessed were opened due to incidents occurring within the first 24 hours of receiving the prisoner. As evidenced by National Statistics, this study replicated the finding that first time prisoners and those without sentencing had an increased vulnerability to self-injury, (Office for National Statistics, 2021), which again highlights the unique and potentially vulnerable position of reception prisons.

From an intersectional perspective, the ways in which the prison regime affects an individual are inherently complex and largely dependent on many individual factors such as: personality, learning style and past experiences, which are largely determined by potential marginalisation, such as gender identity, mental illness and socio-economic status, (Schinkel, 2015). This research utilises a four category model devised through prior synthesis of prison regimes, that concluded there are four key areas prison regime impacts an individual (Goomany & Dickinson, 2015): physically, organisationally, emotionally and socially.

The physical and organisational elements are described as the boundaries of this presenting theme. The language within the ACCT inferred to the researcher that the social implications of the prison regime held a complex and deep meaning in relation to self-injury, and that the social environment was not simply an element of the physical prison regime, therefore it is presented and explored as a separate theme with further sub-themes. Finally, this research does not consider the emotional aspect of the prison regime to be a separate category, but is interwoven amongst the areas of physical, organisational and social difficulties with the prison regime.

This research also accounts for any marginalisation that may be concurrently present whilst addressing the impact of the physical regime and specific subpopulations within the male prison system that may be particularly vulnerable to this effect.

Sub-theme: The physical effects of incarceration

The effects of physical incarceration are potentially the most difficult to navigate due to the inherent physical restraints utilised within the current English and Welsh prison model. This research found two recurring, physical aspects of the prison regime that were mentioned when discussing triggers of emotional distress in prisoners who self-injure: A lack of privacy, particularly surrounding nudity, "*the hell that is the showers*" and the inability to routinely see or speak with family and friends, "*always feeling like you have no support*". Such physical triggers were acutely distressing for first time prisoners, likely due to the disparity to their typical daily routines and unfamiliarity with the environment, with one prisoner reporting "*(I'd) never have imagined it'd be this different*". Findings support prior research, that the first night screening process and utilisation of the first night centre is of vital importance to prisoner well-being: not only to understand the physical needs of the particular prisoner, but to fully explain and acclimatise the individual to the physical and social dynamic within prison, and to make allowances to this environment where appropriate, (Jacobsen & Kimmett, 2007; Shaw & Humber, 2007). Additionally, in instances whereby acclimatisation was not possible due to physical restraints such as a lack of cells or staff, prisoners reported acute distress and an increase in suicidal ideation, which strongly supports prior research that suicidal intent in prison is often associated with a 'fear of the unknown', (Hayes & Blaauw, 1997), indeed prisoners plainly reported they "*feared the unknown*". It follows that those with no prior experience of a prison environment will display elevated levels of anxiety and distress due to the uncertainty of the pending environment, (Jacobsen & Kimmett, 2007; Shaw & Humber, 2007). Theoretically, this behaviour may be explained by self-injury as a means of 'pain exchange', whereby the intense emotional distress, such as the embarrassment surrounding undressing in front of others, due to conformation with the physical prison regime, is regulated through physical acts of self-injury or suicidal intent, (Sutton, 2007;

Chamberlen, 2016; Taylor et. al., 2018). The fear of nudity, or a fear of situations whereby nudity was expected, such as during ‘strip-searches’ or showering, was routinely discussed by prisoners, often using highly emotive language such as “*the hell of the showers*”, “*embarrassment of the showers*”. The emotional implications and social connotations of required physical nudity within women’s prisons has been researched, whereby findings evidenced nudity was part of a larger process of disempowerment and control (Scruton, 2016). Future research may wish to consider the importance of physical nudity in men’s prisons, in addition to the wider emotional and social implications this may have particularly for marginalised individuals. Practical implications for HMP Bandwidth, as presented in the accompanying Prison document (Appendix B and Appendix C), were recommended, however the researcher notes the practical difficulties in altering aspects of the prison regime due to safety, time and staff constraints. Informing prisoners on arrival of the physical processes (such as nudity) that may be expected of them during their prison stay and why these are important to their overall safety, may assist in reducing distress for prisoners. Additionally, limiting invasive practices such as ‘strip-searches’ and scenarios whereby prisoners cannot wash alone should be strongly encouraged where possible.

Subtheme: The organisational effects of the prison regime

Whilst analysing the theme adjusting to the physical regime, there were aspects of the experience described by prisoners that related to the organisational, and at times, theoretical organisational aspect of their incarceration, as opposed to physical barriers or limitations. For example, the inability to control a personal schedule, or perceived lack of control over a personal schedule, resulted in rumination and emotional distress, which preceded mentions or events of self-injury or suicidal intent. Prisoners reported “*being told when to eat and being told when you get to sleep makes you feel like a little kid*”.

Much like the effects of physical incarceration, organisational distress relates to a lack of personal autonomy, (Goomany & Dickinson, 2015), however in the instance of organisational distress, it is not the physical acts of a prison regime that resulted in discomfort but the fact the prisoner is required to conform to a set lifestyle, with little personal choice. Several prisoners mentioned that the food “*was fine*” however the lack of choice or “*really boring every-day-same choices*” was problematic and distressing to their wellbeing.

As hypothesised, those with a trauma history commented that following a set routine was ‘*reminiscent*’ of prior instances whereby they had endured control by a parent or carer, with one prisoner mentioning the lack of organisational control left him “*feeling like a little kid*”. In this instance it is not the unfamiliarity with institutionalisation that results in distress, but the familiarity with aspects of the prison regime that trigger memories and emotions from past experiences that were traumatic, (Heney & Kristiansen, 1998). Such findings strongly support prior studies that have long indicated a trauma history is not only associated with an increased risk of incarceration, but also correlates to poorer wellbeing within prison, and an increased risk of substance abuse, mental illness and self-injury, (Rosenberg, 2011; Gladstone et. al., 2004). For those with a trauma history, the lack of individual identity, freedom or choice within their personal schedule, and the inherent power dynamic that exists as a result of this, may be reminiscent of previous institutionalisation such as care homes or young offenders institutes, or situations whereby they endured childhood abuse or domestic trauma, (Walker & Towl, 2016; Sutton, 2007). In addition, a key element of trauma recovery is significantly hindered by a prison regime, the application of personal autonomy, (Pumpa & Martin, 2015). As evidenced by the ACCT documentation, re-traumatisation through these physical triggers result in a reengagement with the emotions of past traumas, often producing a fear the situation may reoccur, resulting in an expression of suicidal intent or self-injury. This finding, in addition to those of prior studies, indicate an increasing need for trauma-informed care within men’s prisons, whereby individuals may receive access to therapy and the wider prison regime accommodates the needs of these individuals by actively striving to avoid re-traumatisation, (Walker & Towl, 2016). Targeted, trauma-informed

interventions such as the Women Offender Self-Harm Intervention Pilot II (WORSHIP II) evidence that despite the complexities of the physical environment, interventions such as Psychodynamic Interpersonal Therapy can be utilised within prisons, with an overwhelmingly positive outcome (Walker et. al., 2017). Additionally, it was recommended that prisons strive to empower prisoners to make decisions regarding their daily activities where possible, no matter how trivial this may appear on the surface.

In addition to those with a trauma history, organisational distress was common in prisoners on remand, with no sentencing. Prisoners described a *“feeling of being in limbo”* as they found themselves in the unique situation of lacking an ability to plan not only their immediate lifestyle but their future, with some commenting on their expected lack of stability once released. Another key organisational issue is the lack of traditional ‘coping mechanisms’ or distraction techniques that could not be deployed due to the change in physical lifestyle. One prisoner noted, *“(I had) always had these thoughts of self-harm but had previously distracted the thoughts through video games and TV”*, the findings of this study echo previous research, that distraction is an effective method of reducing the likelihood of self-injury, (Polanco-Roman et. al., 2015) and supports the theory that self-injury itself is utilised by some as a means of distraction (Sutton, 2007).

Specifically, organisational distress was noted with self-injuring behaviours themselves, whereby a lack of opportunity to self-injure resulted in an increased lethality of self-injury and an increase in suicidal ideation at a later time. Prisoners stated the zero-tolerance policy employed within prisons across England and Wales was *“stupid”*, and that it was a *“waste of time”* to prevent behaviours that had *“always happened” (in relation to the prisoner’s life history)*. A general increase in self-injurious incidents and the increasing prevalence of this ‘repeating’ population supports the prisoner’s belief that the current zero-policy attitude is largely ineffective. Fundamentally, a zero-tolerance to all self-injuring behaviour encourages non-disclosure, due to the stigma or punishment that may occur in admitting to such behaviours.

Additionally, a zero-tolerance policy encourages non-disclosure by inhibiting communication or expression, which contributes to a lack of awareness and understanding of the background of the individual, therefore the motivation for their self-injury. Practically, this ensures there are few viable alternative outlets to self-injury provided in a prison setting, as the motivation remains largely unknown by staff and prisoner needs remain uncommunicated or unexpressed.

Regardless of the motivational basis for self-injury, practical alternatives are achievable, for example: if utilising a theoretical basis of communication or pain exchange for self-injury, alternative communicative avenues should be provided such as counselling, talking therapies and group support. Those who display behaviours from the theory of self-injury as protection against suicide or dissociation would benefit from greater therapeutic and trauma informed support for the core motivator or emotional pain, including suicidal ideation or dissociation. The lack of viable alternatives currently available and the utilisation of self-injury as a 'coping strategy' without suicidal intent for many individuals highlights a larger moral and ethical dilemma with a zero tolerance to all self-injury: if the behaviour is beneficial to an individual emotionally, and they wish to continue with self-injury, is it appropriate to prevent an individual from self-injuring, and is the active prevention of all self-injurious behaviours potentially encouraging more lethal forms of self-injury? An alternative to a zero-tolerance policy would be the utilisation of a harm minimisation technique, (Pengelley et. al., 2008), whereby prisoners who engage in repeated self-injury without suicidal intent may be educated on methods of self-injury and anatomy, with the goal of a reduction in self-injurious behaviours. Furthering the idea of harm minimisation, clinical institutions have trialled the use of 'safe self-injury' with individuals who present recurrent self-injury without suicidal intent. 'Safe self-injury' describes a process by which individuals are not only given education in relation to self-injury, but are also permitted to engage in a number of pre-discussed self-injurious acts, typically cutting, in a supervised setting, with clean, sanitised tools. The aim of this method is to allow the individual the outlet or expression that self-injury provides, in a way that reduces accidental serious injury, infection of wounds

and further physical health complications, as the method, severity and time of the self-injury is discussed, and agreed, between patient and care provider prior to the act.

Subtheme: Fostering autonomy and connections

Whilst analysing the further physical and organisational risk factors of adjusting to the prison regime, fostering autonomy and a sense of purpose emerged as a recurrent and effective protective factor. Encouraging autonomy and purpose in a prison fundamentally relies on the promotion of freedom, rehabilitative programmes and reducing the oppression of the regime by reducing overcrowding and time spent inside cells. All of which should be encouraged, however would likely require prison reform to be feasible changes for an individual prison. However, smaller, more manageable recommendations can be implemented to foster autonomy and purpose, and may be particularly beneficial for vulnerable individuals, such as first time prisoners and those with a trauma history. Promoting feelings of autonomy is particularly important in those with trauma histories as they display an increased vulnerability in adjusting to the prison regime, additionally; personal autonomy is a main component of trauma-informed care (Reeves, 2015).

Self-determination theory (Deci & Ryan, 2012) states autonomy, competence and connection are crucial for an individual's psychological wellbeing. Whilst prison is inherently an environment that provides fewer choices, ensuring prisoners still perceive they are able to make choices over their personal schedule results in a higher rating of psychological well-being, (van der Kaap-Deeder et. al., 2017). Perceived choice with regards to personal daytime schedule, such as leisure activities, work and education yielded the strongest result. Several prisoners commented that their job within the prison, such as cleaner or cook "*became their thing*", that is was vitally important to their own identity, how "*others respected them*" and helped them socially by "*being in a group with similar-ish guys*". Therefore, ensuring prisoners have an element of choice with regards to the daytime activities they part-take in, and the

encouragement of participation by staff, is of vital importance to improving quality of life, which is inherently tied to the likelihood of self-injury (Zullig, 2016). A full daytime schedule also provides stimulating activities which ultimately act as a distraction for vulnerable individuals, one prisoner noted the benefit of the “*kid’s packs*” or distraction packs in reducing their thoughts of self-injury, therefore it should be ensured these are proposed and supplied to all prisoners who may benefit from them.

Prisoners within the ACCT recurrently described the positive effect that prison jobs had on reducing their likelihood of self-injury, not only as they provided a means of distraction and an increased sense of personal autonomy, but also because the job provided a role which related to their social and self identity. In accordance with the connection and competency elements of Self-determination theory (Ryan & Deci, 2020), job roles ensured prisoners were able to create connections through friendship groups, forming bonds with “*similar-ish guys*”, increasing socialisation, and providing valuable avenues of communication. Additionally, the responsibility and trust from staff that accompanied a specific job role improved the prisoner’s view of themselves and their abilities. Improved socialisation, independence and, a positive self-identity have been evidenced to strongly associate with a higher quality of life in older male prisoners and in female prisoners who self-injure, (Loucks, 1997; van der Kaap-Deeder et. al., 2017; De Motte, 2015).

The promotion of socialisation in a prison may provide additional complicating factors, such as an increased risk for bullying or violence, which display independent relationships to self-injury (Borrill et. al., 2005). Despite the potential risks, socialising with other inmates and with friends or family outside of prison are key to reducing the likelihood of self-injury within prison, and for positive physical and emotional outcomes upon release from prison, (Kyprianides, Easterbrook & Brown, 2019; Harvey, 2012; Markson et. al., 2015). Recommendations for HMP Bandwidth included informing prisoners of work roles and social groups present within the prison, and ensuring that these were accessible to all.

Theme: Social factors of incarceration

The second theme of the ACCT documentation relates to the social environment of a prison. Originally considered a sub-theme of adapting to the physical prison regime, in accordance with previous research (Goomany & Dickinson, 2015), the mention in documentation, therefore the risk factor of the social environment expanded far beyond the physical prison regime. The social factors associated with incarceration included adapting to a highly masculinised social environment and engagement with 'toxic' masculine traits for social approval, which ultimately altered how prisoners viewed their own social identity, and how they interacted with others, particularly female staff. The breadth of this topic, and the value that prisoners attributed to the influence social factors have on increasing vulnerability to self-injury and suicidal ideation warranted the promotion of social factors as a theme, whereby additional social factors, such as masculinity, and relationships to women could be explored further through subthemes.

Subtheme: The overwhelmingly masculine environment

Prisoners who had engaged in thoughts of suicidal ideation or self-injury expressed a recurrent difficulty with the traditionalist, overtly masculine social environment of the prison, particularly first-time prisoners and those with a trauma history. On the surface this may present as an inherent result of a highly gendered environment, bound solely by biological sex, however, smaller adaptations such as language utilised, wing placement and the inclusion of female staff present scope for practical intervention on an individual prison level, that would likely benefit vulnerable prisoners.

As discussed with regards to the physical prison environment, first time prisoners and those with a trauma history struggle with the social aspects of the prison regime, leading to increased isolation and a vulnerability to self-injury, (Office for National Statistics, 2021). Several prisoners discussed

feeling “*uncomfortable*” and “*threatened*”, not by a particular individual, but by the social climate of the prison, that tends towards certain characteristics such as physicality and hetero-normativity. Prisoners described how fights and physical intimidation, “*scrapping and kicking off*”, were common-place, and how this made them feel “*left out of it*” because physical intimidation is “*not my bag, not the way I do things*”. The process of masculinisation and the need for the display of typically masculine traits resulted in distress and confusion for individuals, who expressed a growing disparity between how they perceived themselves outside of prison and their newfound social identity within prison, several prisoners alluded to “*toughening up*” and “*having to man up*” in prison. Social Identity Theory (Tajfel et. al., 1979) describes how membership to a social group provides the basis for an individual’s self-concept, Criminal Social Identity (CSI) (Boduszek & Hyland, 2011) describes how this process occurs within criminal groups, providing a strong theoretical basis for why such masculinised behaviours develop and pervade within prison.

Centrality, a key component of CSI, describes the active and conscious effort by an individual to engage with social norms (Boduszek et. al., 2021), as evidenced by prior research with transgender women in men’s prisons, there is a large emphasis on ‘performing gender’, whereby individuals actively engage with and conform to gender stereotypes as a means of acceptance by peers (Boduszek et. al., 2021). By combining the notion of a CSI and the process of ‘performing gender’, it may be inferred that men who wish to be perceived as male also engage with stereotypical gendered behaviours in an attempt to gain social credibility and avoid social expulsion, indeed this is supported by prisoners stating they felt a need to “*man up*”. Prisoners routinely expressed fear of ridicule and social isolation should they not conform to the desired social norms of ‘toxic masculine’ traits such as impulsivity and aggression. The trait of impulsivity is heavily implicated in self-injury research (Favazza, 1998; Favazza, 2012), the most prominent theory of self-injury in a prison setting, the theory of Dual Harm, routinely evidences that individuals with higher impulsivity, aggression and ‘psychopathic traits’ are also more likely to self-injure, (Slade, 2018; Pope, 2018). This not only evidences that those with a history of violent crime or aggression within prison

are more likely to self-injure, but the active encouragement of 'toxic masculine' social traits that lead to aggressive or violent behaviour within prison, may also increase rates of self-injury and suicidal ideation.

Additionally, prisoners described that it was not only the process of engaging in 'masculinised' behaviours that caused distress, but also the '*anxiety*' to conform that left them feeling increasingly withdrawn and highly critical of themselves, with one prisoner describing himself as "*feeling like a pussy*" for not behaving in accordance with social norms. This finding relates to the 'in-group affect' aspect of CSI, whereby a positive emotional affect develops to reinforce the belonging to a group, thus strengthening group ties (Boduszek et. al., 2021). It is theorised that this process developed as a means of reducing anxiety between the idealised self and actual self, therefore it follows that a lack of in-group affect would result in increased anxiety between the actual self and the idealised self, or highly masculinised self in this instance. Prior research also evidences that there are high levels of victimisation in prisoners who do not conform to the general populations, (Debowska et. al., 2017), which highlights the perpetual difficulty in socialising for prisoners, whereby both conforming and non-conforming to social standards may lead to anxiety and distress. Poor self-esteem and distress involving separation from a social circle are known factors that increase an individual's vulnerability to self-injury, (Oktan, 2017; Sutton, 2007).

In accordance with the final element of CSI, 'in-group ties', sixty-six percent of prisoners within the ACCT analysed referenced their wing allocation in relation to their self-injury or suicidal intent. One prisoner expressed he '*enjoyed*' being on the cell landing of his current wing, as "*that's where his boys were*", which he believed "*increased his mood*" and reduce his likelihood to self-injure, which supports literature, that bonding within close groups improves mental well-being, (Kyprianides, Easterbrook & Brown, 2019). Half of the samples analysed, referenced how their current wing allocation increased their likelihood of self-injury: prisoners stated this was typically due to the size or the reputation of the social climate within the proposed wing, as opposed to issues with an individual. In every instance, location change vastly

improved the prisoner's mood, and they responded positively to the staff interaction. This finding shows the importance of location to vulnerable prisoners, future research may wish to include ACCT documents from the segregation and Vulnerable Unit as a comparison to the general population as the physical structure and social environment may differ greatly between these locations.

With regards to the general social environment, the highly masculine environment of prison does not reflect the increasingly liberal attitude of general society, particularly the views of Millennials and Generation Z (Levy & McAllister, 2022). A reduction in traditional gender roles, greater tolerance for a variety of personal identities such as gender expression and sexuality, as well as greater consideration for mental health and trauma support means first time prisoners may never have experienced a social climate as rigid, traditional and masculinised as a male prison. A lack of data regarding the personal identity of those in the prison population at HMP Bandwidth and national data on those who self-injure in prison, means there is little evidential support regarding identity, sexuality, political alignment and propensity to self-injure. However anecdotal data from the ACCT, such as the young age of those who self-injure, their self descriptions and their prior mental ill health and trauma history suggest this theory can be tested and expanded upon in the future.

Subtheme: Building and maintaining positive relationships with women

In protecting against the effect of the overwhelmingly masculine environment, building and maintaining positive relationships with female staff, family and friends proved a strong protective factor, and was the only risk or protective factor to be mentioned within all ACCT documents analysed. Countering the risk factor of an overtly masculine social climate in a male prison presents great difficulty, not only as there will always be a large proportion of men, but the prison regime itself promotes the expression of authoritarian masculinity and suppression of femininity, (Sloan, 2016).

All prisoners within the sample described how their relationship with their mother and/or sister was their main preventative factor in relation to self-injury or suicidal ideation, with several prisoners stating they “*would not be here (alive)*” without their mother or sister’s support. This was the only triggering or preventative factor that was mentioned by all prisoners in the sample, indicating its importance. Therefore, it would be beneficial for all to support prisoners in maintaining this close relationship to their mothers and sisters, through phone calls, visits and letters whilst incarcerated. Due to the continuous mention, and relatively easy practical implementation, this factor was recommended as a high priority for prison implementation within the accompanying Prison report for HMP Bandwidth (Appendix B). Prior research also concludes that supporting a prisoner’s intimate relationships with family is hugely beneficial to their well being whilst incarcerated, and once released, (De Claire, Dixon & Larkin, 2019). However, there is a danger in encouraging prisoners to be reliant upon emotional support from just one individual, as there may be occasions when this individual is unavailable or uncontactable, particularly if they are outside of prison: one ACCT analysed was opened due to a prisoner not expressing suicidal intent and being unable to contact their partner who they typically rely on for support. Where possible, emotional expression and socialisation with fellow inmates should be largely encouraged, in addition to the promotion of listening services, pen-pals, religious support and positive relationships with staff, which also allow the prisoner to build a network of support inside prison, during periods where family are not contactable.

An overwhelming masculine environment influences staff relationships with prisoners, particularly with male prison officers. Traditionally, a lack of women and substantial roles for women in male prisons fuels the masculine social climate, in addition to the role of prison officer attracting authoritarian male personalities. Research in this area is relatively limited due to the lack of women within male prison environments. A study into HMP establishments noted women prison officers were more professional, more respecting of privacy, and better at keeping calm in difficult situations, than their male counterparts (Boyd & Grant, 2005). As discussed previously, a lack of respect

for prisoner privacy and the escalation of violent incidents are known contributors to self-injury. International studies evidence male prison officers contribute less to the general rehabilitative or emotional aspect of prison work than female officers (Bruhn, 2013). Prisoners within this study also noted it was 'easier' to talk to female staff, as they "*listened better*". If self-injury is utilised as a communicative tool, it follows that rates would be higher in overly masculine environments whereby prisoners do not feel they are able to effectively communicate their problems to staff, or have their issues acted upon. This finding highlights the importance of fostering a non-judgemental relationship between staff and prisoners, particularly in those with poorer social circles within the prison, and in those who may have trauma histories involving domineering or abusive male figures.

Findings of this study mirrored previous research, in that prisoners mentioned more positive and meaningful interactions and relationships with female staff, as opposed to male staff. As discussed previously, female prison officers are viewed as 'easier to talk to', contributing more to the emotional aspect and rehabilitative effort of prison, (Bruhn, 2013). Male, English prisoners state female prison staff are more professional, more respecting of privacy, and better at keeping calm in difficult situations than their male counterparts, (Boyd & Grant, 2005). Escalations of violent behaviour, a lack of respect by staff and a perceived invasion of privacy are all known contributors to increasing vulnerability to self-injury (Slade, 2018; Sousa et. al., 2019; Ingel et. al., 2021). This study furthers previous literature: that the inclusion of more female prison staff is not only beneficial to the wider prison population, but also to those who are at risk of self-injury or suicidal ideation. Research suggests female officers provide a differing skill-set, which prisoners in the ACCT described as "*more understanding*". Additionally, this finding highlights the importance of respect from staff, prisoners expressing a concern that was immediately met with care and action by prison staff, as opposed to denial or accusation, resulted in a decrease of suicidal ideation or risk of self-injury. Positive staff-prisoner relationships are evidenced to be instrumental in rehabilitative treatment of offenders, and form the basis of effective prison

care both in the UK and across Europe, (Molleman & van Ginneken, 2015; Bennett & Shuker, 2010).

A highly masculinised environment presents particular challenges for those with a trauma history involving an abusive, male figure, as was the case within the ACCT documentation. None of the prisoners within the study expressed positive relationships with any male figures, such as fathers or brothers, and one expressed their relationship with male family members as a risk as opposed to a protective factor to self-injury. Individuals who express such a history may require particular considerations regarding fellow inmates and male staff, and perhaps where possible and appropriate, should associate more with female staff as a means of avoiding retraumatisation. Indeed, it was recommended to HMP Bandwidth, with an awareness of the difficulties of hiring appropriate staffing, that female staff should be encouraged to seek promotions to ensure female staff are represented at managerial levels. Additionally individual prisons could consider specific barriers to entry and promotion with female staff.

Theme: Distress surrounding medication

Prisoners expressed recurrent agitation and uncertainty in accessing their community prescribed medication for mental illness or addiction issues. Several of the self-injurious incidents or expressions of suicidal intent within the ACCT were a direct result of difficulty to access medication, therefore warranting the inclusion of this topic as a theme. It was common for prisoners who self-injured to express they had a prior history of mental health conditions, although confirmation of a diagnosis was not always noted or accessible within the documentation.

Firstly, psychiatric medication results in a physical dependency, whereby missed doses of the medication can produce unpleasant physical and mental symptoms, commonly known as withdrawal effects. Antidepressants, which are commonly prescribed within prison, are known to have withdrawal effects

occurring after as little as two days after the last dose, (Gabriel & Sharma, 2017). Physical withdrawal effects can include nausea, flu-like symptoms and insomnia, as well as sensory disturbances and hyper-arousal, such as increased anxiety and aggression, (Kaplan, 1997; Gabriel & Sharma, 2017), factors which are all associated with self-injury in their own right. One prisoner reported they would “*string up in their cell tonight if he does not receive his medication needed to sleep*”. These symptoms would likely be uncomfortable and distressing to any individual, for those with mental health issues there are further implications: typically individuals are prescribed antidepressants due to mood disorders such as depression, anxiety and sleep disturbances, all of which typically mirror withdrawal symptoms, (Kaplan, 1997; Gabriel & Sharma, 2017). This can result in a scenario whereby the patient believes the original symptoms of their disorder are re-emerging or even worsening, with one patient stating he would “*need to go back to (a local mental health) hospital*” if he “*wasn’t given his meds back now*”. Mental health disorders are a known vulnerability to self-injury, (Office for National Statistics, 2021), and if the individual believes a period of acute mental distress is likely to occur, in addition to the change in environment, the individual is left particularly vulnerable, and an act of self-injury may occur. Disruption of treatment not only causes short-term distress, but also may result in long-term issues, such as the re-starting of a treatment (Brandt et. al., 2020), which negatively affects available resources and funds of the mental health service provider.

Antipsychotic medication withdrawal presents a similar issue to antidepressant withdrawal; in a robust clinical experiment, abrupt antipsychotic discontinuation resulted in the emergence or re-emergence of severe psychotic symptoms in over half of participants, (Brandt et. al., 2020). As many as 75% of patients who stop taking anti-psychotic medication suddenly experience significant exacerbation, including hallucinations and delusions, (Perkins, 1999). The distress of the symptom reappearance combined with the vulnerability dissociative states present for self-injury, it follows that a re-emergence of psychotic symptoms leaves the individual particularly vulnerable to self-injury. Antipsychotic medication compliance is

notoriously low, therefore there is the added concern that missed doses may escalate to full-scale treatment non-compliance, (Perkins, 1999).

Substance withdrawal increases vulnerability to self-injury, (Snow, 2002), therefore those with substance use issues prior to incarceration present a particular vulnerability. In addition to physical withdrawal, it is possible the individual knows of the effects withdrawal may have from prior experience, which adds to distress. Opioid withdrawal is the most commonly researched with regard to mental health, however research into self-injury and substance withdrawal is minimal. Negative detoxification experiences, such as not accessing Methadone, results in an increased likelihood to utilise unhealthy behaviours to cope with withdrawal, this may include alternative drug use, violence, and 'self-harm', (Rich et. al., 2015).

The inability to access medication and the uncertainty surrounding medication schedules relates to difficulties adjusting to the physical and organisational aspects of the prison regime. As with prior risk factors, medication uncertainty was particularly common with first time prisoners and those with trauma history, whereby the lack of control regarding such an important aspect of their personal care can be particularly distressing. Alleviating concern may be a faster and easier way to reduce distress whereby physical interventions are difficult. It was of particular concern to the prisoners that '*(they) could not understand why (they) couldn't have access*' or indeed when they would be permitted access. A clearer explanation of the process to access medication, and an explanation of the wait process may be beneficial during the prisoner induction, and again highlight the benefit of utilising a first night centre as a means of adjustment to the prison lifestyle and culture, (Jacobsen & Kimmitt, 2007; Shaw & Humber, 2007).

Conclusion

Firstly, this study, and indeed National Statistics, evidence that the reception into prison is a particularly vulnerable window for self-injury, with half of the

ACCT in this study opened during the first 24 hours of incarceration. Therefore, as noted by the Prisons Inspectorate, (HM Inspectorate of Prisons, 2022), the reception and first night centre is also of vital importance to reducing the vulnerability of self-injury, both in physical presentation and the means by which staff explain the prison regime, and allow for questions, or expressions of concern. Prisoners in the ACCT were often anxious over simple, physical matters that could be addressed by staff during induction to help alleviate concern: information and a full explanation on showering, medication access and family visitation should be provided at the earliest opportunity to ease worry. I find that this research, alongside the National statistics (Office of National Statistics, 2021), indicate that the reception into prison is such an important factor in resultant self-injury, that reception prisons are inherently disadvantaged when it comes to self-injury vulnerability, and self-injury rates, as they receive the highest number of new inmates per year within England and Wales. Therefore, special measures, such as additional funding, staff and resources should be considered by HMPPS in relation to these facilities supporting prisoners who self-injure or display suicidal ideation. In relation to the study aims, the following will discuss each Research Aim and the extent to which they were supported or refuted by the findings of the research. Specific recommendations for HMP Bandwidth are provided within Appendix B, whereby the practical implications of the research results are considered in relation to any difficulties that may present, such as with cost, staffing and time.

The first research aim strived to discover if information contained within the report that indicates recurrent motivational and protective factors of self-injury, that are not currently utilised as vulnerability markers by the categorical approach. This research aim was strongly supported by the findings of the research, the ACCT documentation and interviews contained within provided a wealth of risk and protective factors relating to self-injury and suicidal ideation, that are currently not screened for as markers of vulnerability by the categorical approach. This research evidenced recurrent themes within the background and life experiences of prisoners who were vulnerable to self-injury and suicidal ideation. If such factors were known to staff prior to a self-

injurious or suicidal ideation event, they may not only indicate the prisoner's vulnerability, but also be utilised as a means of preventing the event.

Therefore, it is vital that upon arrival to prison, staff document detailed accounts of a prisoner's personal history and any specific vulnerability. For example, if a prisoner expresses to staff that they feel anxiety surrounding showering, prison staff will be able to pre-empt when the individual will feel anxious, therefore most vulnerable to self-injury. Additionally, prison staff may be able to make alterations to the regime or physical environment to reduce anxiety, and the likelihood of a self-injurious event. On a larger scale, it is important that prisons foster a culture whereby prisoners feel they can express elements of their personal history to staff, so that they can be fully supported. Additionally, it is important for HMPPS to prioritise the reception procedure; ensuring individual prisons have the staffing and time to receive each prisoner correctly and fully.

From a wider perspective, this research supports the use of a formulaic approach to suicidal ideation and self-injurious behaviours, as within current clinical procedure of mental distress and disorders. Recurrent markers of vulnerability were present within the data, however they were far more diverse than the rigid, categorical demographic and physical factors currently utilised by the ACCT. Risk factors were largely derived from social and situational factors, therefore ACCT markers of vulnerability should reflect this. Moving forward, this study evidences that it would be beneficial to utilise an individualistic approach when assessing a prisoner's vulnerability to self-injury or suicidal ideation, such as the 5P formulation framework in addition, or instead of the categorical markers currently used within forensic services. 5P formulation refers to case formulation popular within clinical psychology and psychotherapy), the 5P refer to predisposing experiences, precipitating factors, presenting problems (this may be clinical or risk-related), perpetuating factors and protective factors (Weerasekera, 1996 as cited by Minoudis et. al., 2013).

The second research aim was to discover if a proportion of the self-injurious incidents would occur without suicidal intent. The findings of this research were limited with regard to NSSI individuals, as no incidents were reported

within primary data, therefore no NSSI individuals were interviewed by the prison, and only the views of prisoners who self-injured with suicidal intent were analysed. The lack of documentation surrounding NSSI individuals within prison is indicative of a wider issue, not just limited to the individual prison but supports findings across prisons within England and Wales, that NSSI individuals and incidents are severely under-reported. This finding strongly supports the development and delivery of education tools and services for prison staff in understanding and identifying self-injury without suicidal intent. For HMPPS, the creation and use of separate documentation for NSSI would perhaps make the identification and following care plan for NSSI individuals clearer to staff.

The study findings met the third research aim, and evidenced that adverse childhood experiences and prior exposure to violence, including violent offences, would be reported as influencing self-injury. All themes presented within the analysis, particularly the risk factors of adapting to the physical prison regime and social factors of incarceration, were particularly pervasive in those with adverse childhood experiences or a trauma history. The ACCT documents only described prisoner offence where the prisoner themselves chose to disclose this information, therefore it would not be supported to comment on the link between violent offences and self-injury. The findings of this research strongly support previous research, that adverse childhood experiences and trauma history influence self-injury and suicidal ideation, therefore trauma-informed care and interventions should be prioritised within forensic care, (Walker et. al., 2017; Sharratt et. al., 2022). This not only refers to the considerations made for individual prisoners, but the wider implementation of trauma informed education for staff and the active avoidance of retraumatisation. For example, individual prisons may focus on promoting positive relationships between prisoners and staff, or preventing the utilisation of certain phrases or language, that may evoke memories of past trauma for prisoners. On a larger scale, this study highlights the current failures present with the prison regime utilised in England and Wales, fundamental change by HMPPS such as a softening of the regime, a focus on the individual and a culture of rehabilitation and mental health care would

undoubtedly benefit prisoners who self-injure or display suicidal ideation, and likely the wider prison population.

The final research aim: social and cultural factors including but not limited to: gender identity, ethnicity and cultural upbringing, and prior psychiatric experiences will be reported as influencing self-injury, was partially supported by the study findings. The influence of cultural factors such as ethnicity, and cultural upbringing were severely limited by the sample containing only white, British males. Additionally, findings regarding gender identity were limited by the lack of available information on gender and sexuality within male prisons and the information individuals wished to share within the ACCT. However, social factors and experiences, such as prior psychiatric experience, or adverse childhood experiences were recurrently mentioned as influencing the risk of self-injury or suicidal ideation. Therefore, as stated previously, should be documented at first opportunity, highlighted as potential markers of vulnerability to self-injury by the prison and then considered within any care plan or intervention utilised. A history of close family relationships and positive relationships to female staff were also prominent protective factors, evidencing that social factors may also present as viable methods for intervention, certainly sustained contact with family and friends, and a positive relationship to staff should be prioritised. The effect of situational factors was greater than previously considered, first-time prisoners and prisoners on remand emerged as vulnerable sub-populations, this finding highlights the need for further research and practical intervention with regard to these populations, and supports the continued use and development of first night centres, or specialised wings. Study findings overwhelmingly support prior literature, that social and situational factors influence self-injury and suicidal ideation (Walker & Towl, 2016; Ji et. al., 2020). Conclusions with regards to the impact of social factors may be improved by the collection of data and subsequent research on cultural background and gender identity within males who self-injure, or display suicidal ideation in prison.

The varied findings of this research offer several avenues for future research. The recurrent prevalence of adverse childhood experiences and trauma histories within the ACCT suggest this is a viable direction for future research

and practical intervention. Clinical studies within the general population have furthered the literature by considering specific types of childhood maltreatment, for example sexual abuse or exposure to domestic violence, and how they individually correlate to later self-injury and suicidal intent (Sharratt et. al., 2022). Adverse childhood experiences or trauma history are broad terms that encompass a variety of experiences, specifying which elements of childhood maltreatment correlate to self-injury and suicidal ideation in a forensic setting would likely improve the preventative care and support available to prisoners, as interventions could be better targeted at the reoccurrence of specific traumatic memories.

As exposure to adverse experiences presented as a risk factor to self-injury and suicidal ideation, it may be beneficial to expand adverse experiences to include violent offences. In accordance with Dual Harm Theory and Criminal Social Identity (Slade, 2018; Boduszek & Hyland, 2011), the type of offence influences self-injury and suicidal ideation, therefore it may be beneficial to note offense or offense type within the ACCT, with the intent of mapping the relationships between offence type and self-injury with suicidal intent within prison.

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AppendicesAppendix A

ACCT notes (starred pages of importance)

Resident experience (comparison of ethnic groups)

Risks and protective factor (pg 8)

Triggers and protective factor (pg 9)

*Specific considerations that need to be accommodated (religiosity etc) (pg 9)

Support actions – (pg 15 & 16) and Immediate action plan (pg 21 & 22)

mental health & personal development of specific interest, how are they accommodated, what interventions

Key information (pg 25) –MH diagnoses and substance misuse notes

*ACCT Assessment Interview – (pg 27, 28 & 29) detailed interview with resident, do they disclose information of MH or subs misuse? Self reported triggers & protective factors

Outcome of case review (pg 34 – 36) was the case furthered to SIM? Was the case closed or remaining open?

*7 day post monitoring form (pg 49-50) has the prisoner engaged in self-harm in the following 7 days? Will the ACCT be reopened?

*ACCT questionnaire (pg 51 & 52) resident experience of ACCT

Staff response to self-harm (comparison of ethnic groups)

Risks and protective factor (pg 8)

Triggers and protective factor (pg 9)

Specific considerations that need to be accommodated (religiosity etc) (pg 9)

Resident contribution to the above statements, do they match staff opinion of risk, triggers and protective factors (pg 11) same could be done with ACCT assessment interview (pg 27 -29)

Support actions – (pg 15 & 16) and Immediate action plan (pg 21 & 22) Mental health & personal development of specific interest, how are they accommodated, what interventions

Concern form – staff opinion (pg 18)

Immediate action plan – date and time completed (pg 21 & 22)

Resident ACCT questionnaire (pg 51 & 52) asked which staff members they felt were supportive etc.

Further questions

Would I need to access other documentation to note ethnicity?

Would you recommend staying clear of anything to do with diagnoses?

Thematic analysis ideas

I would personally like to look at resident experience of ACCT process with special interest in the differences between ethnic groups:

I think the specific risks, triggers and protective factors as described by the individual could be compared between ethnic groups (pg 27-29 by resident)

Comparison could also be made between listed diagnoses & subs misuse issues (pg25) and how the individual discloses (or does not disclose) this information (pg 27-29)

I think it would be beneficial to note any incidents of self-harm in the 7 following days (pg 49-50)

The resident experience of ACCT and staff could also be compared between ethnic groups (pg 51 & 52)

Quantitative data ideas

Ethnicity compared to

- Number of protective factors
- Triggers, risks, and protective factors
- MH diagnoses? (I know this is a grey area)
- Substance misuse issues
- Disclosure of mental health/subs misuse issues in interview
- Number of incidents in following 7 days
- Closing or re-opening of ACCT
- Number of support actions
- Type of support actions

Appendix B: Recommendations for prison

General recommendations

- It may be beneficial to create a cover sheet at the start of each ACCT document, or certainly if this is the first ACCT opened on an individual, summarising the important facts contained within, should the ACCT be required in a crisis situation by staff not familiar with the individual.

- Non-suicidal self-injury (NSSI) went largely undocumented, and no ACCT were opened as a result of NSSI. A lack of knowledge of NSSI individuals is not an issue specific to HMP Bandwidth, or forensic settings in general. However, in a practical sense, the identification of NSSI individuals at HMP Bandwidth and increased awareness or education on NSSI by staff may reduce their vulnerability and overall self-injury rates; as well as the time and cost it takes to treat those who engage in recurrent, non-lethal self-injury. Utilising the ACCT framework to document motivations, triggers and protective factors of those who self-injure without suicidal intent, as well as those with suicidal intent, is vitally important to reducing rates and number of individuals who self-injure.

Fostering autonomy and purpose

- Firstly, Bandwidth's unique position as a reception prison, with a high percentage of prisoners on remand, presents an immediate risk factor for self-injury. I find that this research, alongside the government's own statistics (Office of National Statistics, 2021), indicate that reception to prison is such an important factor in resultant self-injury, that HMP Bandwidth is inherently disadvantaged when it comes to self-injury vulnerability, and self-injury rates, as it receives the highest number of new inmates per year of any prison in England and Wales. I believe this known vulnerability should allow for additional staffing and funding for reception prisons from the government, and would be happy to present the findings of my research in support.

- Fostering autonomy and purpose in a prison fundamentally relies on the promotion of freedom, rehabilitative programmes and reducing the oppression of the regime by reducing overcrowding and time spent inside cells. All of which should be encouraged, however would likely require prison reform to be feasible changes for an individual prison. However, smaller, more manageable recommendations can be implemented to foster autonomy and purpose, and may be particularly beneficial for first time prisoners and those with a trauma history.

- Self-determination theory states choice and autonomy are crucial for an individual's psychological wellbeing, perceived choice with regards to personal daytime schedule, such as leisure activities, work and education yielded the strongest result. Therefore, ensuring prisoners have an element of choice with regards to the daytime activities they part-take in, and the encouragement of participation by staff, is of vital importance to improving quality of life, which is inherently tied to the likelihood of self-injury (Zullig, 2016). A full daytime schedule also provides stimulating activities which ultimately act as a distraction for vulnerable individuals.

- Prisoners within the ACCT described the positive effect that prison jobs had on reducing their likelihood of self-injury, not only as it provided a means of distraction, but also because the job provided a role which related to their social and self identity. Through this role, they were able to forge friendship groups, and a sense of purpose.

- Half of the samples included, referenced how their current wing allocation increased their likelihood of self-injury: wing change improved the prisoner's mood, and they responded positively to the staff interaction. This finding shows the importance of location to vulnerable prisoners, and also the importance of respect from staff. It may not always be possible to pre-empt potential issues with location, however if appropriate, and when requested I would strongly recommend continuing this practice, as in two instances, the location change alone prompted such an improvement in the prisoner's mood, that their risk of self-injury was greatly reduced and the ACCT was shut. Additionally, prisoners expressing a concern that was immediately met with care and action by prison staff, as opposed to denial or accusation, greatly helped to promote positive relationships and ultimately ended in a successful outcome for all.

- Promoting feelings of autonomy is particularly important in those with trauma histories, and is a main component of trauma-informed care. For those with a trauma history, which increases the vulnerability to self-injury, particular care should be taken when considering the impact of the prison regime on the individual. Staff should strive to avoid retraumatisation through the aforementioned ways of engaging the prisoner in their personal activities, treating them with respect, and where possible, offer a greater sense of physical privacy. Additionally, conversations should be had with the individual prisoner to discuss any language or aspects of the prison regime that may be particularly triggering (potentially at induction), for example, anecdotal evidence suggests use of the terminology 'resident' may be particularly triggering for some.

Building and maintaining positive relationships with women

- All six prisoners described how their relationship with their mother and/or sister was their main preventative factor in relation to self-injury or suicidal ideation. Therefore, it would be beneficial for all to support prisoners in maintaining this close relationship to their mothers and sisters, through phone calls, visits and letters whilst incarcerated. Ensuring prisoners are able to use the kiosk effectively to contact their family, particularly during the reception period, is therefore of vital importance.

- Where possible, emotional expression and socialisation with fellow inmates should be largely encouraged, in addition to the promotion of listening services, pen-pals, religious support and positive relationships with staff, which also allow the prisoner to build a network of support inside prison, during periods where family are not contactable.

- This study furthers previous literature, that the inclusion of more female prison staff is not only beneficial to the wider prison population, but also to those who are at risk of self-injury or suicidal ideation, as research suggests female officers provide a differing skill-set, which prisoners in the ACCT described as 'more understanding'. It is worth noting that prisoners reacted in an overwhelmingly positive manner to the female mental health staff at HMP Bandwidth.

Medication uncertainty

- Recommendations within this area ultimately focus on faster access to medication, which I am aware is a difficult process due to the allocation of private GP

appointments, and shortage of healthcare staff. Prioritising individuals with pre-existing mental health conditions may be beneficial in this instance.

- Alleviating concern may be a faster and easier way to reduce distress. A clearer explanation of the process to access medication, and an explanation of the wait process may be beneficial during the prisoner induction. Reassuring the prisoner that their requests are being processed, and have not been forgotten or overlooked proved effective within the ACCT.

Appendix C: Prison reportSelf-injury as reported through ACCT documentation at HMP BandwidthExecutive summary

The main aim of this study was to assess Action, Care in Custody and Teamwork (ACCT) documentation relating to self-injurious incidents at HMP Bandwidth. Six ACCT documents, relating to six separate events and six separate individuals were analysed using a thematic analysis, to find common themes relating to risk factors and protective factors of self-injury. Five themes were found, firstly, four risk factors, of which the first was a major or overarching theme: adjusting to prison regime, overwhelming masculine environment and medication uncertainty. The two final themes were protective factors: fostering purpose and autonomy, and building and maintaining positive relationships with women. Recommendations for the implementation of protective factors, and the reduction in risk factors at HMP Bandwidth are described below.

Introduction to self-injury

Self-harm is a broad term used to describe acts of self-poisoning: the ingestion or inhalation of a substance with potential to cause harm, and self-injury: the destruction of bodily tissue, often by cutting or burning, sometimes titled self-mutilation, (Camidge, Wood & Bateman, 2003; Klonsky, & Muehlenkamp, 2007). There is much debate within the scientific and general community regarding the appropriate terminology of this behaviour, the inherent emotive nature of the behaviour ensures any labeling is highly stigmatised, and classification is a highly contentious topic. However, it is increasingly evident, through numerous studies (Sutton, 2007), that the resultant harm of a 'self-harm' incident serves differing psychological functions, therefore different methods of 'harm' have separate motivators, requiring separate theories of explanation and acknowledgement of separate vulnerable populations. Therefore terms should not be used interchangeably, and is why this piece of research will utilise the term self-injury to describe incidents of destruction to bodily tissue, such as, but not limited to, cutting, burning, suffocating, and head-banging.

There is not one universal theory as to why individuals engage in self-injury, as the motivation is unique to an individual, there is a notable lack of research in a prison setting especially with men and adolescent boys. Therefore, we may utilise theoretical approaches, formed utilising general community samples and psychiatric units, to identify commonalities in the reasons why individuals engage in self-injury, therefore aid prevention and steer research for a prison population.

Traditionally, theories of self-injury focus on intrapersonal experience (the self). A prominent theoretical basis used within community samples and female prisoners, is the theory of self-injury as 'pain exchange', whereby self-injury is the physical embodiment of emotional pain and the physical act of self-injuring regulates distress and aversive emotions through escapism or distraction, (Sutton, 2007; Chamberlen, 2016; Taylor et. al., 2018). A meta-analysis of 46 cross-cultural studies of individuals who engage in self-injury, found the majority, 63-78%, attributed the behaviour to disturbances in emotional regulation, (Taylor et. al., 2018). Disturbances in emotional regulation are commonly found in those with childhood maltreatment and psychiatric

conditions, particularly 'emotional disorders' such as depression, anxiety and bipolar disorder, (Dvir et. al., 2014). The theory of emotional dysregulation provides a psychological mechanism by which those with certain psychiatric disorders and trauma experiences are more vulnerable to self-injury.

Those with dissociative disorders are also prone to self-injury, recent research suggests this is also due to difficulties in emotional regulation, as dissociation impacts the ability to accept emotional experiences and results in poorer emotional awareness, (Nester et. al., 2022). Finally, borderline personality disorder (BPD) is typically the most common psychiatric condition associated with self-injury, particularly in female prisoners. This is a particularly contentious topic in psychological communities as self-injury is classified as both a cause, and a symptom, of BPD, making the diagnosis of BPD rather circular and in this instance, a poor indicator of future self-injury. However, emotional dysregulation is again a core feature of BPD, (Glenn & Klonsky, 2009), and may explain the link between prior diagnosis of BPD and an increased likelihood to self-injure in some prisoners.

Emotional regulation issues, regardless of causation, were prominent in a sample of male prisoners in HMP Moorland, and may be worsened by incarceration itself. Researchers concluded the ability to emotionally regulate was disrupted by close confinement and prison rules, as well as the regime promoting negative emotion such as fear and anger as a means of social conformity, (Laws & Crewe, 2016).

The theory of emotional regulation informs a popular forensic theory of self-injury: Dual harm theory, (Slade, 2018), infers that the poor regulation of anger or aggression common in forensic settings due to the inherent nature of incarceration, is vital in understanding self-injury. Dual harm theory states those who engage in aggressive or violent acts against others are also more likely to self-injure. The pioneering study in the area across two prisons in England, noted 42% of prisoners who assault others will also engage in 'self-harm', and are more likely to be involved in a greater number of prison incidents than those who engage in the assault of others or 'self-harming' behaviours independently (Slade, 2018). Additional studies noted those with a propensity for dual harm typically spent 40% longer in prison and the group was characterised by males with longer prison sentences, were incarcerated for crimes relating to arson, indicated childhood maltreatment, had lower self-control, lower IQ but greater impulsivity and prior risk-taking behaviours, (Slade, Forrester, & Baguley, 2020; Richmond-Rakerd et. al., 2019).

As evidenced, both forensic research and anecdotal experiences recurrently show childhood maltreatment and adverse domestic experiences result in an increased vulnerability to self-injury. This is particularly true in the theory of self-injury as a 'survival strategy', whereby individuals utilise self-injury, typically without suicidal intent, as a means of demonstrating to themselves or to others, that they can tolerate physical pain or injury, (Pembroke, 1998). Although this behaviour may appear contradictory, individuals who have self-injured describe a positive view of their resultant scars as they are physical 'proof' of survival, that can be reflected upon in future times of hardship, (Sutton, 2007). It therefore follows that those who have endured traumatic past experiences require a greater intensity of physical pain to ensure their 'survival strategy', potentially resulting in an increased amount or lethality of self-injury.

Recent theories of self-injury have been furthered to include more interpersonal dynamics, whereby it's considered how an individual self-injuring impacts them socially, and impacts their relationships with others, (Nock, 2010). Self-injury is commonly associated with poor emotional expression, and as mentioned previously,

emotional dysregulation. A prominent interpersonal theory states that self-injury may be utilised by some as a means of communication or expression of their emotions, (Thomassin et. al., 2017). As a highly stigmatised topic, it may be easier for some individuals to communicate elements of their mental health, or past experiences through physical scars as opposed to discussing verbally.

It is of vital importance that the expression or communication of self-injury through any means is met with seriousness and support. Traditionally, in public opinion and within the research community, self-injury has been viewed as an act of punishment, manipulation or 'attention seeking'. This may be especially true of self-injury without suicidal intent, as it is a common misconception that all self-injury is motivated by the intent to die by suicide, alternatively termed parasuicide, (Kreitman et. al., 1970). Therefore when an individual reduces the lethality of the behaviour, as their motivation is not to end their life, it is viewed as a 'failed attempt' or a manipulative act. Research indicates self-injury is typically a response to the inability to effectively process and communicate emotions, which may include anger or aggression. Regardless of the presentation or perceived motivation of the prisoner, self-injury is not a 'typical' response to emotional disturbances, and the need for an individual to utilise this behaviour is indicative of their personal struggles, therefore should be met with care and consideration.

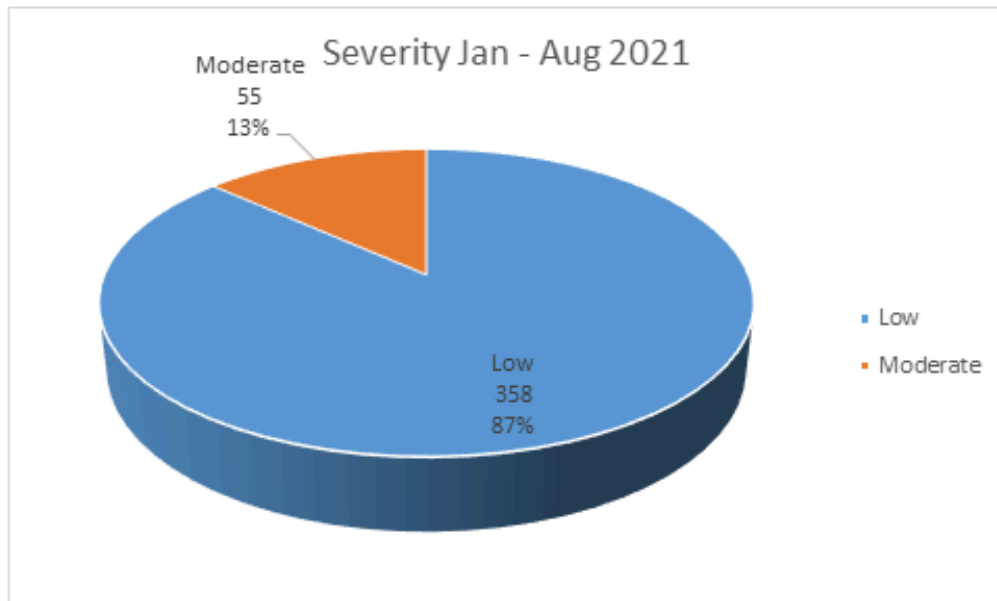
Statistical findings

Firstly, the statistical findings of this study are limited by the access to statistical findings within HMP Bandwidth. Secondly, HMP Bandwidth's unique position as a reception prison, with a high number of on-remand prisoners, means it is not easily comparable to national figures, as the nature of prison reception, and being on remand, fundamentally influence the likelihood of self-injury, (Office of National Statistics, 2021). It would be expected that reception prisons, and those with a high number of on-remand prisoners would have higher numbers of self-injury.

Utilising the descriptive statistics provided, generally, the rate of self-injury at HMP Bandwidth follows national trends, whereby self-injury in males has shown a dramatic increase, in both number of males and number of incidents in the past decade. Male self-injury at this level is unprecedented and now reflects levels reported in imprisoned women and adolescent girls. HMP Bandwidth also experienced a fall in self-injury numbers during a period of physical lockdown associated with Covid-19, this was also indicative of national trends, (Hewson et. al., 2021).

HMP Bandwidth's severity data (Figure 1), as rated by level of care and treatment required, compared to the National statistics of hospital visits, indicates no unusual deviations from the expected trend. There are no severe incidents within the time period at HMP Bandwidth, which must be commended. Additionally, a high number of recurrent, 'low' severity self-injurious incidents suggest a portion, if not a majority of the vulnerable population at HMP Bandwidth may be non-suicidal self-injurers (NSSI), which is discussed in more detail in the results section.

Figure 1:



Severity

These values come from NOMIS/IRS and are defined as

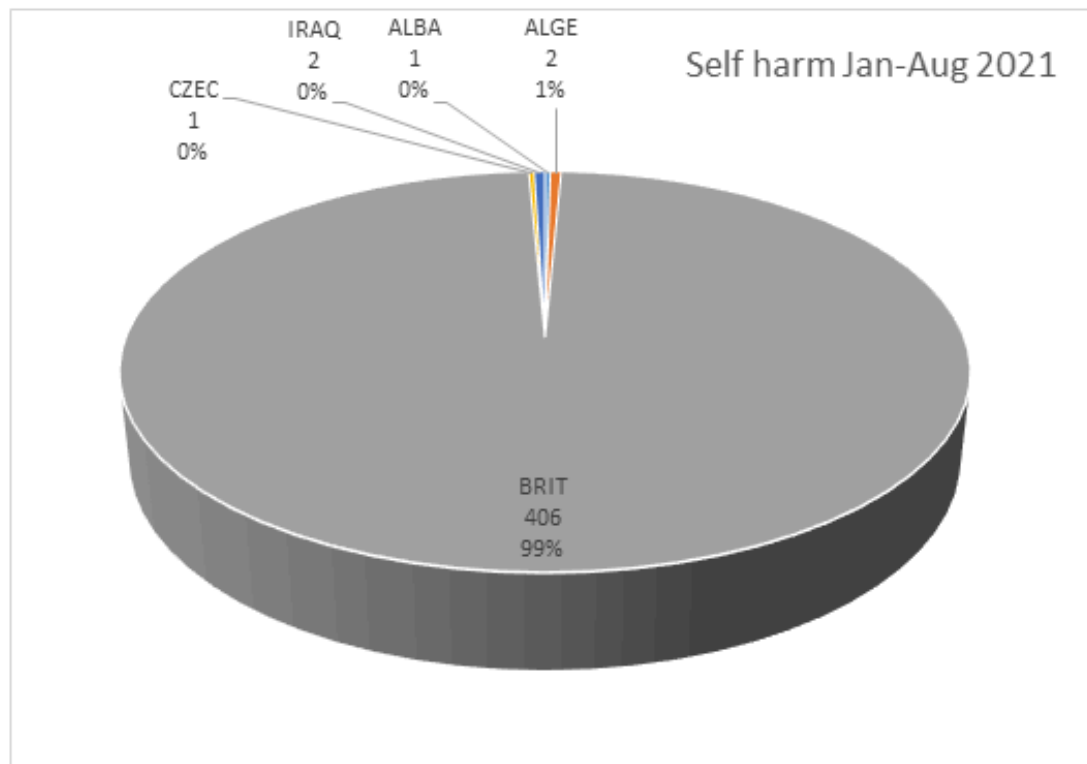
- **Severe:** Anyone who had to be resuscitated, or received life support or over-24hr in-patient hospital care
- **Moderate:** Anyone who received overnight in-patient hospital care, had to go to A&E, or had to receive prison health care but wasn't severe.
- **Low:** If a cut did not require treatment or only needed to be cleaned and dressed, and the person didn't have to go to hospital, a moderate rating is reduced to low.

HMP Bandwidth data regarding nationality (Figure 2) also followed expected trends from National Statistics: that white, British males are the most vulnerable group with regards to self-injury in a forensic setting.

I would commend HMP Bandwidth for utilising markers of nationality and ethnicity, and would suggest that future data uses additional markers of socio-cultural values where appropriate, such as religion, cultural experience, migration status and socio-economic status.

In accordance with Prison's Inspectorate (HM Inspectorate of Prisons, 2022) Bandwidth, like most prisons, has over-representation of Foreign Nationals, however very few recorded self-injuring incidents within this group. This finding poses a question of all prisons, not just HMP Bandwidth, are Foreign Nationals engaging in self-injury at a lesser rate, or is the method of data collection, namely the ACCT, and prison staff's perception of what constitutes as self-injurious behaviour more suited to capturing the self-injury of white, British males? Again, this may be linked to the fact that the better understood, self-injury with suicidal intent is more commonly associated with white, British males, whilst the lesser documented non-suicidal self-injury (NSSI) is not specific to any ethnicity, race or cultural value, (Al-Sharifi, Krynicki, & Uptegrove, 2015).

Figure 2:



Count of Nationality	
Nationality	Total
ALBA	1
ALGE	2
BRIT	406
CZEC	1
IRAQ	2
Grand Total	412

related - Ethnic Code	
Ethnic Code	Total
A9	2
M9	1
O9	3
W1	396
W3	10
Grand Total	412

Results and conclusions

Issues with the ACCT documentation

The main focus of the research was the qualitative analysis on the descriptive information provided by the Assessment, Care in Custody and Teamwork (ACCT) documentation collected by HMP Bandwidth from January 2021 – September 2021. All eight ACCT documents created during this time period were presented, of which six were included in the final analysis. Two ACCT documents were excluded, as they did not provide detailed information on the prisoner's personal history, therefore potential motivators or preventative factors for self-injury.

All documents were taken from the main prison population, wings A, B, C, D and E. Of the six documents included in the final analysis, all ACCT were opened as a result of separate incidents that involved six separate individuals. Of these six documents, three were ACCT version 5, and three of the updated ACCT version 6. Generally, the information included was similar in content; ACCT version 6 was notably a larger document with a superior structure in regard to the logging of checks of a vulnerable individual. However, the more detailed nature of the ACCT version 6, meant some important information, such as diagnosis or motivational factors, were not present to the reader until further on into the document and may be difficult to locate at short notice.

A key finding with regards ACCT documentation, was the utilisation of the ACCT documentation itself: eight ACCT documents were opened within the time frame of January 2021- September 2021, however statistical figures showed 413 self-injurious incidents occurred within the same time period. Additionally, all ACCT documents analysed within this study were opened due to an expression of suicidal ideation (intent to die by suicide), with no ACCT opened due to an expression of intent to self-injure.

It is likely a percentage of the self-injurious incidents within the severity data may have been spontaneous, with no prior history or indication of vulnerability; therefore the application of the ACCT in this instance would not be appropriate. However, it is unlikely that all self-injurious incidents occurred with no expression or indication of vulnerability, which infers a greater issue with the way ACCT documents are deployed with regards to self-injury without suicidal ideation and how staff identifies individuals who may be vulnerable to self-injury without suicidal ideation.

The merging of suicidal intent and self-injury is a common misconception, suicidal intent is a known motivator self-injury, as described by the theory of 'para-suicide' (Kreitman et. al., 1970), therefore it is not surprising that self-injury without suicidal intent remains largely misidentified and sometimes, wrongly interpreted as 'attention seeking'. Recent national statistics, and subsequent studies, (Favril 2019; Knight, Coid & Ullrich, 2017), highlight the ever-increasing prevalence of non-suicidal self-injuring individuals (NSSI). This sub-group is typically populated by men of unknown ethnicity, race or cultural background, with a known psychiatric history and 'troubled familial background', but without a specific diagnosis of one mental illness, (Favril et. al., 2020; Serafini et. al., 2017). The general motivation for the behaviour is described by the theory of a 'survival strategy', hence the inclusion of those with 'difficult' upbringings. Research indicates the importance of this group in recurring self-injurious incidents; it is proposed the lack of suicidal intent inherently reduces the lethality of the injury, (Favril, 2019). However this is not to state the incidents do not result in physical and emotional harm, the risk of accidental mortality, and a large allocation of time and resources.

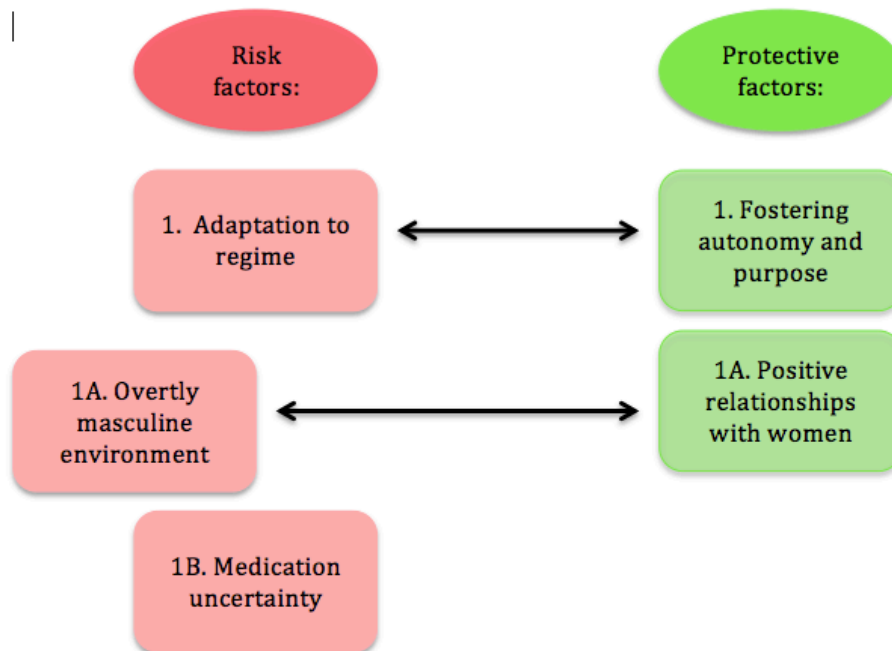
This issue is not specific to HMP Bandwidth, it was a common finding across prisons in England and Wales, that ACCT were more commonly opened due to the identification of an intent to self-injure or die by suicide, as opposed to being opened following a physical act of self-injury, (Humber et. al., 2011 as cited by Hewson et. al., 2021). Perhaps indicating there is an issue with the way NSSI is perceived by all prison staff, and indeed its importance or potential for lethality.

As the ACCT documents analysed all relate to self-injury or an expression of self-injury with suicidal intent, I propose the following findings are only considered where suicidal intent is present. Firstly, all men within the study sample were white British, aged 23- 38 years old, which reflective of the ethnic and age group considered most

vulnerable with regards to self-injury with suicidal intent in forensic settings, (Office for National Statistics, 2021).

Analysis of the ACCT documents revealed six themes: one overarching risk factor and three subordinate risk factors, with two corresponding protective factors, (Figure 3).

Figure 3:



Adjusting to prison regime

The first, and most recurrent risk factor identified, was a difficulty adjusting to prison regime. The difficulties in adapting to a prison regime have long been overlooked when researching prisoner mental health, and potential for self-injury, as a categorical, medical approach has long been favoured, discounting the effect a dramatic environmental change has on all individuals and not just those with prior mental illness. Anecdotal evidence from current and former prisoners, as well as research into self-injury in women's prisons, suggest that adaptation to prison regime may even be the single greatest factor in increasing vulnerability to self-injury, (Walker & Towl, 2016). This finding is supported by this study, as the three following risk factor themes are indeed further aspects of struggling to adapt to the prison regime.

It is my belief that regime adaptation is a particularly pertinent issue at HMP Bandwidth due to its unique status as a reception prison with a high percentage of on-remand prisoners, (HM Inspectorate of Prisons, 2022). A review of fifteen longitudinal studies assessing causation of poor mental health during imprisonment noted the experience of reception to prison to be a one of two main factors in the development of psychiatric symptoms, including 'self-harm', (Walker et. al., 2014).

Prisoners at HMP Bandwidth explicitly stated self-injurious behaviours stemmed from a "difficulty adjusting to prison life", and some more generally, that the environment was "overwhelming" or "the atmosphere is getting on top of me". Notably, half of the

ACCT documents assessed were opened due to incidents occurring within the first 24 hours of receiving the prisoner. As evidenced by National Statistics, this study replicated the finding that first time prisoners and those without sentencing had an increased vulnerability to self-injury, (Office for National Statistics, 2021), which again highlights the unique and potentially vulnerable position of HMP Bandwidth, and how the self-injury is largely incomparable to national findings.

The ways in which the prison regime affects an individual are inherently complex and largely dependent on many individual factors such as personality, learning style and past experiences, all of which interlink and influence one another. For ease of application, this research encourages a model devised through prior synthesis of prison regimes that focuses on four areas the prison regime impacts an individual: physical, organisational, emotional and social, (Goomany & Dickinson, 2015). With the three additional risk factors associated with the prison regime, described in further detail.

The effects of physical incarceration are potentially the most difficult to navigate due to the inherent physical restraints required within the current prison model. This research found three physical aspects of the prison regime were recurrently mentioned when discussing triggers of emotional and social distress in prisoners who self-injure: A lack of privacy, particularly in the shower, the inability to maintain close relationships with family, and a delay in receiving medical care, particularly in accessing medication. These three physical triggers were particularly distressing for first time prisoners, likely due to the disparity to their typical daily routine. In this instance, the first night screening and utilisation of the first night centre or wing is of vital importance, not only for understanding the needs of the particular prisoner and making allowances where appropriate, but fully explaining and acclimatising them to the physical and social prison climate.

This study also noted these physical triggers were particularly distressing for prisoners with a trauma history, who present a more unique challenge, as it is not the unfamiliarity with institutionalisation that results in distress, but the familiarity with aspects of the prison regime that trigger memories and emotions from past experiences that were traumatic, often termed re-traumatisation. For those with a trauma history, the lack of individual identity, freedom or choice within their personal schedule and the inherent power dynamic that exists in a prison environment may be reminiscent of previous institutionalisation such as care homes or young offenders institutes, or situations whereby they endured childhood abuse or domestic trauma, (Walker & Towl, 2016; Sutton, 2007). In addition, a key element of trauma recovery is significantly hindered by a prison regime, the application of personal autonomy, (Pumpa & Martin, 2015). As evidenced by the ACCT documentation, re-traumatisation through these physical triggers result in a reengagement with the emotions of past traumas, often producing a fear the situation may reoccur, resulting in an expression of suicidal intent or self-injury.

A lack of personal autonomy is also tied to organisational distress; essentially the prisoner is required to conform to a set lifestyle, with little personal choice, (Goomany & Dickinson, 2015). In addition to those with a trauma history, organisational distress was common in prisoners on remand, with no sentencing. Prisoners described a "feeling of being in limbo" and "a fear of the unknown" as they found themselves in the unique situation of lacking an ability to plan not only their immediate lifestyle but their future, with some commenting on their expected lack of stability once released. Another key organisational issue is the lack of traditional 'coping mechanisms' or distraction techniques that could not be deployed due to the change in lifestyle. One prisoner noted, "(I had) always had these thoughts of self-harm but had previously

distracted the thoughts through video games and TV”, the findings of this study echo previous research, that distraction is an effective method of reducing the likelihood of self-injury, (Polanco-Roman et. al., 2015).

Additionally a lack of engagement, ties to alterations in socialising, whereby incarceration leads to the separation from key individuals in a prisoner’s support network, leaving them “feeling alone and isolated”. Social findings are discussed in depth within the second theme: overtly masculine environment.

Overtly masculine environment

Prisoners within the ACCT documents analysed expressed specific difficulty with the traditionalist, overtly masculine prison environment, particularly first time prisoners and those with a trauma history. On the surface, this may appear an unavoidable issue due to the physical nature of an all-male environment, however I have identified three key areas, repeatedly discussed by prisoners, in relation to self-injury or suicidal ideation, that have scope for practical intervention: the prisoner’s view of themselves, the encouragement of typically ‘masculine’ traits such as impulsivity and aggression and the relationship between staff and prisoner.

Firstly, as discussed within adaptation to regime, first time prisoners and those with a trauma history struggle with the social aspects of prison regime, leading to increased isolation and a vulnerability to self-injure, (Office for National Statistics, 2021). Several prisoners discussed feeling “uncomfortable” and “threatened”, not by a particular individual, but by the social climate of the prison, that tends towards certain characteristics such as physicality and hetero-normativity. Prisoners expressed fear of ridicule and social expulsion should they not conform to the desired social norms, which in turn left them increasingly withdrawn and highly critical of themselves, one prisoner describing himself as “feeling like a pussy”. Poor self-esteem and physical separation from a social circle are known factors that increase an individual’s vulnerability to self-injury (Oktan, 2017; Sutton, 2007).

The highly masculine environment of prison does not reflect the increasingly liberal attitude of general society, particularly the views of Millennials and Generation Z. A reduction in traditional gender roles, greater tolerance for a variety of personal identities such as gender expression and sexuality, as well as greater consideration for mental health and trauma support means first time prisoners may never have experienced a social climate as traditional, or masculinised as a prison beforehand. A lack of data regarding the personal identity of those in the prison population at HMP Bandwidth and national data on those who self-injure in prison, means this theory is currently only speculative. However anecdotal data from the ACCT, such as the young age of those who self-injure and their descriptions of prior mental ill health and trauma history suggest this theory can be tested and expanded upon in the future.

The second implication of an overly masculine environment is the normalisation and social encouragement of ‘toxic masculine’ traits such as impulsivity and aggression. The trait of impulsivity is heavily implicated in self-injury research (Favazza, 1998; 2012), the most prominent theory of self-injury in a prison setting, the theory of Dual Harm, routinely evidences that individuals with higher impulsivity and aggression are also more likely to self-injure, (Slade, 2018). This not only evidences that those with a history of violent crime or aggression within prison are more likely to self-injure, but the active discouragement of ‘toxic masculine’ social traits that lead to aggressive or violent behaviour within prison, may also decrease rates of self-injury. This theory follows trends reported by HMP Bandwidth during physical lockdown for Covid-19.

Finally, an overwhelmingly masculine environment influences staff relationships with prisoners, particularly with male prison officers. Traditionally, a lack of women and substantial roles for women in male prisons fuels the masculine social climate, in addition to the role of prison officer attracting authoritarian male personalities. Research in this area is relatively limited due to the lack of women within male prison environments. A study into HMP establishments noted women prison officers were more professional, more respecting of privacy, and better at keeping calm in difficult situations, than their male counterparts, (Boyd & Grant, 2005). As discussed previously, a lack of respect for prisoner privacy and the escalation of violent incidents are known contributors to self-injury.

International studies evidence male prison officers contribute less to the general rehabilitative or emotional aspect of prison work than female officers, (Bruhn, 2013). Prisoners within this study also noted it was 'easier' to talk to female staff. If self-injury is utilised as a communicative tool, it follows that rates would be higher in overly masculine environments whereby prisoners do not feel they are able to effectively communicate their problems to staff, or have their issues acted upon. This finding highlights the importance of fostering a non-judgemental relationship between staff and prisoners, particularly in those with poorer social circles within the prison, and in those who may have trauma histories involving domineering or abusive male figures.

Medication uncertainty

Prisoners expressed recurrent agitation and uncertainty in accessing their community prescribed medication for mental illness or addiction issues. Several of the self-injurious incidents or expressions of suicidal intent within the ACCT were a direct result of difficulty to access medication. It was common for prisoners at HMP Bandwidth who self-injured to express they had prior diagnoses of mental health conditions, although confirmation of a diagnosis was not noted within the ACCT.

Firstly, psychiatric medication results in a physical dependency, whereby missed doses of the medication can produce unpleasant physical and mental symptoms, commonly known as withdrawal effects. Antidepressants, which are commonly prescribed at HMP Bandwidth, are known to have withdrawal effects occurring after as little as two days after the last dose, (Gabriel & Sharma, 2017). Physical withdrawal effects can include nausea, flu-like symptoms and insomnia, as well as sensory disturbances and hyper-arousal, such as increased anxiety and aggression, (Kaplan, 1997; Gabriel & Sharma, 2017), factors which are all associated with self-injury in their own right. One prisoner reported they would "string up in their cell tonight if he does not receive his medication needed to sleep". These symptoms would likely be uncomfortable and distressing to any individual, for those with mental health issues there are further implications: typically individuals are prescribed antidepressants due to mood disorders such as depression, anxiety and sleep disturbances, all of which typically mirror withdrawal symptoms, (Kaplan, 1997; Gabriel & Sharma, 2017). This can result in a scenario whereby the patient believes the original symptoms of their disorder are re-emerging or even worsening. Mental health disorders are a known vulnerability to self-injury, (Office for National Statistics, 2021), and if the individual believes a period of acute mental distress is likely to occur, in addition to the change in environment, the individual is left particularly vulnerable, and an act of self-injury may occur. Disruption of treatment not only causes short-term distress, but also may result in long-term issues, such as the re-starting of a treatment (Brandt et. al., 2020), which negatively affects available resources and funds of the mental health service provider.

Antipsychotic medication withdrawal presents a similar issue to antidepressant withdrawal; in a robust clinical experiment, abrupt antipsychotic discontinuation resulted in the emergence or re-emergence of severe psychotic symptoms in over half of participants, (Brandt et. al., 2020). As many as 75% of patients who stop taking anti-psychotic medication suddenly experience significant exacerbation, including hallucinations and delusions, (Perkins, 1999). The distress of the symptom reappearance combined with the vulnerability dissociative states present for self-injury, it follows that a re-emergence of psychotic symptoms leaves the individual particularly vulnerable to self-injury. Antipsychotic medication compliance is notoriously low, therefore there is the added concern that missed doses may escalate to full-scale treatment non-compliance, (Perkins, 1999).

Substance withdrawal increases vulnerability to self-injury, (Snow, 2002), therefore those with substance use issues prior to incarceration present a particular vulnerability. In addition to physical withdrawal, it is possible the individual knows of the effects withdrawal may have from prior experience, which adds to distress. Opioid withdrawal is the most commonly researched with regard to mental health, however research into self-injury and substance withdrawal is minimal. Negative detoxification experiences, such as not accessing Methadone, results in an increased likelihood to utilise unhealthy behaviours to cope with withdrawal, this may include alternative drug use, violence, and 'self-harm', (Rich et. al., 2015).

The inability to access medication, or uncertainty surrounding medication schedules also relates to difficulties adjusting to the physical and organisational aspects of the prison regime. For first time prisoners, and those with trauma history, the lack of control regarding such an important aspect of their personal care can be particularly distressing.

Recommendations

General recommendations

It may be beneficial to create a cover sheet at the start of each ACCT document, or certainly if this is the first ACCT opened on an individual, summarising the important facts contained within, should the ACCT be required in a crisis situation by staff not familiar with the individual.

The findings of the ACCT analysis highlighted a key issue: that staff were vigilant with self-injury with suicidal intent or expressions of suicidal ideation. However, non-suicidal self-injury (NSSI) went largely undocumented, and no ACCT were opened as a result of NSSI. It is highly likely individuals matching the description of NSSI are present within the population at HMP Bandwidth and will likely account for a proportion of recurrent 'low' or 'moderate' self-injurious incidents, however the way in which the ACCT documentation is utilised means there is very little information on the motivation or the protective factors of these individuals. A lack of knowledge of NSSI individuals is not an issue specific to HMP Bandwidth, or forensic settings in general. However, in a practical sense, the identification of NSSI individuals at HMP Bandwidth and increased awareness or education on NSSI by staff may reduce their vulnerability and overall self-injury rates; as well as the time and cost it takes to treat those who engage in recurrent, non-lethal self-injury. Utilising the ACCT framework to document motivations, triggers and protective factors of those who self-injure without suicidal intent, as well as those with suicidal intent, is vitally important to

reducing rates and number of individuals who self-injure. Future research may also want to look at the NSSI population at HMP Bandwidth, as there is currently limited research on this subgroup, therefore practical interventions to help prevent behaviour.

Fostering autonomy and purpose

The analysis of the ACCT documentation revealed two protective factors that work in conjunction to two of the aforementioned risk factors, therefore they will be described in the most detail. In protecting against the risk factor of adjusting to the regime, fostering an environment of autonomy and purpose emerged as a strong protective factor in reducing rates of self-injury, or certainly in countering the negative effect of the regime adjustment.

Recommendations are provided for each of the risk factors in the previous section, for practical benefit, I have aimed to make any change recommendations realistic, considering time, staffing and cost restraints. Fundamental elements of the risk factors uncovered, particularly with the prison regime and masculine social climate, are not to be levelled with HMP Bandwidth, nor any individual prison directly. Moreover, they are evidence of an often out-dated and underfunded English and Welsh prison system as a whole.

Firstly, Bandwidth's unique position as a reception prison, with a high percentage of prisoners on remand, presents an immediate risk factor for self-injury. This study, and indeed National Statistics, evidence that the reception into prison is a particularly vulnerable window for self-injury, with half of the ACCT in this study opened during the first 24 hours of incarceration. Therefore, as noted by the Prisons Inspectorate, (HM Inspectorate of Prisons, 2022), the reception and first night centre is also of vital importance to reducing the vulnerability of self-injury, both in physical presentation and the means by which staff explain the prison regime, and allow for questions, or expressions of concern. Prisoners in the ACCT were often anxious over simple, physical matters that could be addressed by staff during induction to help alleviate concern: information and a full explanation on showering, medication access and family visitation should be provided at the earliest opportunity to ease worry. I find that this research, alongside the government's own statistics (Office of National Statistics, 2021), indicate that reception to prison is such an important factor in resultant self-injury, that HMP Bandwidth is inherently disadvantaged when it comes to self-injury vulnerability, and self-injury rates, as it receives the highest number of new inmates per year of any prison in England and Wales. I believe this known vulnerability should allow for additional staffing and funding for reception prisons from the government, and would be happy to present the findings of my research in support.

Fostering autonomy and purpose in a prison fundamentally relies on the promotion of freedom, rehabilitative programmes and reducing the oppression of the regime by reducing overcrowding and time spent inside cells. All of which should be encouraged, however would likely require prison reform to be feasible changes for an individual prison. However, smaller, more manageable recommendations can be implemented to foster autonomy and purpose, and may be particularly beneficial for first time prisoners and those with a trauma history.

Self-determination theory states choice and autonomy are crucial for an individual's psychological wellbeing, and whilst prison is inherently an environment that provides fewer choices, ensuring prisoners still perceive they are able to make choices over

their personal schedule results in a higher rating of psychological well-being, (van der Kaap-Deeder et. al., 2017); perceived choice with regards to personal daytime schedule, such as leisure activities, work and education yielded the strongest result. Therefore, ensuring prisoners have an element of choice with regards to the daytime activities they part-take in, and the encouragement of participation by staff, is of vital importance to improving quality of life, which is inherently tied to the likelihood of self-injury (Zullig, 2016). A full daytime schedule also provides stimulating activities which ultimately act as a distraction for vulnerable individuals, one prisoner noted the benefit of the distraction packs in reducing their thoughts of self-injury, therefore it should be ensured these are proposed and supplied to all prisoners who may benefit from them.

Prisoners within the ACCT described the positive effect that prison jobs had on reducing their likelihood of self-injury, not only as it provided a means of distraction, but also because the job provided a role which related to their social and self identity. Through this role, they were able to forge friendship groups, and a sense of purpose, which strongly relate to two key areas deemed vital in supporting female prisoners that self-injured: improved socialisation and feelings of personal autonomy, (Loucks, 1997; van der Kaap-Deeder et. al., 2017). The opportunity to promote a positive self-identity is strongly associated with a higher quality of life and well-being in older prisoners, (De Motte, 2015).

The promotion of socialisation in a prison may provide additional complicating factors, such as an increased risk for bullying or violence, which are also likely to influence rates of self-injury, and may in fact be responsible for the drop in rates of self-injury at HMP Bandwidth during physical lockdown for Covid-19. Despite the potential risks, socialising with other inmates and with friends or family outside of prison are key to reducing the likelihood of self-injury and for positive physical and emotional outcomes upon release from prison, (Kyprianides, Easterbrook & Brown, 2019; Harvey, 2012; Markson et. al., 2015). Crucially within the ACCT, prisoners at risk of isolation and bullying were vocal of their concerns regarding their wing allocation, two-thirds of the ACCT analysed made reference to this. One prisoner expressed he enjoyed being on the cell landing of his current wing, as 'that's where his boys were', which he claimed would increase his mood and reduce his likelihood to self-injure, which supports literature, that bonding within close groups improves mental well-being, (Kyprianides, Easterbrook & Brown, 2019). The other three ACCT, half of the samples included, referenced how their current wing allocation increased their likelihood of self-injury: prisoners stated this was typically due to the size or the reputation of the social climate within the proposed wing, as opposed to issues with an individual. In every instance, staff ensured the prisoner was located to a different wing, and in one instance, prior to the ACCT, ensured an individual with anxiety and trauma history was placed on a smaller wing after leaving isolation, as they preempted this may be an issue for the individual. In every instance, this wing change improved the prisoner's mood, and they responded positively to the staff interaction. This finding shows the importance of location to vulnerable prisoners, and also the importance of respect from staff. It may not always be possible to preempt potential issues with location, however if appropriate, and when requested I would strongly recommend continuing this practice, as in two instances, the location change alone prompted such an improvement in the prisoner's mood, that their risk of self-injury was greatly reduced and the ACCT was shut. Additionally, prisoners expressing a concern that was immediately met with care and action by prison staff, as opposed to denial or accusation, greatly helped to promote positive relationships and ultimately ended in a successful outcome for all. As location was such a prominent issue within the ACCT documentation, further research may wish to

include ACCT documents from the segregation and Vulnerable Unit as a comparison to the general population.

Promoting feelings of autonomy is particularly important in those with trauma histories, and is a main component of trauma-informed care. For those with a trauma history, which increases the vulnerability to self-injury, particular care should be taken when considering the impact of the prison regime on the individual. Staff should strive to avoid retraumatisation through the aforementioned ways of engaging the prisoner in their personal activities, treating them with respect, and where possible, offer a greater sense of physical privacy. Additionally, conversations should be had with the individual prisoner to discuss any language or aspects of the prison regime that may be particularly triggering (potentially at induction), for example, anecdotal evidence suggests use of the terminology 'resident' may be particularly triggering for some.

Building and maintaining positive relationships with women

In protecting against the effect of the overwhelmingly masculine environment, building and maintaining positive relationships with female staff, family and friends proved a strong protective factor, and was the only factor to be mentioned within all ACCT documents analysed. Countering the risk factor of an overtly masculine social climate in a male prison presents great difficulty, not only as there will always be a large proportion of men, but the prison regime itself promotes the expression of authoritarian masculinity and suppression of femininity, (Sloan, 2016). Therefore, there will always likely be an imbalance when compared to an increasingly liberal general society, however, the implementation of the following recommendations in addition to the socialisation aspect of the regime recommendation may help to reduce the overwhelming nature of the traditionally masculine environment.

All six prisoners described how their relationship with their mother and/or sister was their main preventative factor in relation to self-injury or suicidal ideation. Therefore, it would be beneficial for all to support prisoners in maintaining this close relationship to their mothers and sisters, through phone calls, visits and letters whilst incarcerated. Ensuring prisoners are able to use the kiosk effectively to contact their family, particularly during the reception period, is therefore of vital importance. Prior research also concludes that supporting a prisoner's intimate relationships with family is hugely beneficial to their well-being whilst incarcerated, and once released, (De Claire, Dixon & Larkin, 2019). However, there is a danger in encouraging prisoners to be reliant upon emotional support from just one individual, as there may be occasions when this individual is unavailable or uncontactable, particularly if they are outside of prison: indeed one ACCT analysed was opened due to a prisoner not expressing suicidal intent and being unable to contact their partner who they typically rely on for support. Where possible, emotional expression and socialisation with fellow inmates should be largely encouraged, in addition to the promotion of listening services, pen-pals, religious support and positive relationships with staff, which also allow the prisoner to build a network of support inside prison, during periods where family are not contactable.

Findings of this study mirrored previous research, in that prisoners mentioned more positive and meaningful interactions and relationships with female staff, as opposed to male staff. As discussed previously, female prison officers are viewed as 'easier to talk to', contributing more to the emotional aspect and rehabilitative effort of prison, (Bruhn, 2013), with male, English prisoners stating female prison staff are more professional, more respecting of privacy, and better at keeping calm in difficult

situations than their male counterparts, (Boyd & Grant, 2005). Escalations of violent behaviour, a lack of respect by staff and a perceived invasion of privacy are all known contributors to increasing vulnerability to self-injury (Slade, 2018; Sousa et. al., 2019; Ingel et. al., 2021). This study furthers previous literature, that the inclusion of more female prison staff is not only beneficial to the wider prison population, but also to those who are at risk of self-injury or suicidal ideation, as research suggests female officers provide a differing skill-set, which prisoners in the ACCT described as 'more understanding'. It is worth noting that prisoners reacted in an overwhelmingly positive manner to the female mental health staff at HMP Bandwidth.

A highly masculinised environment presents particular challenges for those with a trauma history involving an abusive, male figure, as was the case within the ACCT documentation. None of the prisoners expressed positive relationships with any male figures, such as fathers or brothers, in fact one expressed their relationship with male family members as a risk as opposed to a protective factor to self-injury. Individuals who express such a history may require particular considerations regarding fellow inmates and male staff, and perhaps where possible and appropriate, should associate more with female staff.

With regards to traditional environment, I strongly praise HMP Bandwidth for it's work on the inclusivity of gender and sexual identities. Including these subgroups within future statistical research may be of benefit to uncover if there are any vulnerabilities present relating to self-injury, or indeed any other behavioural factors.

Medication uncertainty

Recommendations within this area ultimately focus on faster access to medication, which I am aware is a difficult process due to the allocation of private GP appointments, and shortage of healthcare staff. Prioritising individuals with pre-existing mental health conditions may be beneficial in this instance.

Alleviating concern may be a faster and easier way to reduce distress. It was of particular concern to the prisoners that 'they could not understand why they couldn't have access' or indeed when they would be permitted access. A clearer explanation of the process to access medication, and an explanation of the wait process may be beneficial during the prisoner induction. Reassuring the prisoner that their requests are being processed, and have not been forgotten or overlooked proved effective within the ACCT.

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