HM Prison & Probation Service

Learning to cope: an exploratory qualitative study of the experience of men who have desisted from self-harm in prison

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1. Summary

Reported rates of self-harming in English and Welsh prisons have been rising (Ministry of Justice, 2019). Understanding the experiences of people who have successfully learned to cope differently and refrain from harming themselves can helpfully inform methods or strategies to tackle this problem. This small-scale, in-depth qualitative study asked how men in prison, who have previously self-harmed but do so no longer, describe the experience of learning to manage their self-harming? What helped or hindered the change process? What is their desistance story?

The researchers interviewed eight adult men in prison with a history of harming themselves, but who had reported desisting from self-harm for more than six months prior to taking part in the research. Their in-depth accounts were analysed using Interpretative Phenomenological Analysis (IPA) to shed light on how they had managed to successfully cope differently. IPA is an in-depth, qualitative methodology used to understand personal meaning, lived experience and how individuals make sense of their world. IPA provides a very rich and detailed understanding from a particular perspective, and is especially useful for shedding light on under-researched phenomena, such as self-harming in prison.

The participants' accounts revealed the following features to be critical to their desistance story:

- Feeling as though they matter and are cared for by the people around them and the processes that are used to help them,
- Being focused on, and having hope for, their futures and making sense of self-harm in a way that promotes change,
- Developing trusting relationships with others, and trusting that genuine care and help is available,
- Having an accurate understanding of the complex reasons for their harming, and prison staff having a good understanding of these reasons so they can respond effectively,
- Developing a range of strategies to cope that match the range of reasons for people harming themselves, and
- Critical turning points or triggers for change, comprising personal moments of change, individual staff members or specialist units, that enable people to feel safe, believed in and supported.

In practice, these features identified as helping men to desist from harming themselves may be mostly realised through the relationships between prison staff and the people in their care. Programmes of work in Her Majesty's Prison and Probation Service (HMPPS) that aim to improve meaningful relationships and contact between staff and prisoners, such as Five Minute Intervention (FMI) training, the Offender Management in Custody (OMiC) model, and the drive to develop rehabilitative culture in prison, may particularly lend themselves to ensuring these features are present, and contribute to an effective whole-prison strategy to address self-harm.

The findings imply that staff need to have a more informed understanding of why people harm themselves (combatting the myths that exist about this), what strategies can help them, and implement an individualised and compassionate response to people, including high quality implementation of the processes designed to minimise the risk of self-harm in prisons. Participants identified, for example, further staff training and greater consideration to when and how the Assessment Care in Custody and Teamwork (ACCT) process is applied, and by whom, as important to their success. The ACCT process is currently under review, with changes being piloted during 2019 in some prisons in HMPPS.

The findings of this study suggest there might be value in considering the potential untapped resource that men who have learned to cope differently provide, and what benefits their involvement in providing care to this group could bring. This has yet to be properly tested. Any promotion and facilitation of support provision by this group would need to be part of a structured scheme which is planned, implemented, monitored and evaluated properly, and carefully considers the particular vulnerabilities of both the givers and receivers of support in this case.

2. Context

2.1 Self-harm in English and Welsh prisons

HMPPS defines self-harm as “any act where a prisoner deliberately harms themselves irrespective of method, intent or severity of any injury” and distinguishes self-harming from self-inflicted deaths by the fatality of the act (HMPPS, 2011). Self-harming includes cutting, scratching, head-banging, punching a wall, self-poisoning, fire-setting, suffocation, swallowing and/or insertion of objects, and wound aggravation. This definition focuses on behaviour, rather than on what the individual intended to achieve through self-harm.

Between September 2017 and September 2018 there were 52,814 officially recorded self-harm incidents, which represents an increase of 28% from the previous year and a new record high in English and Welsh prisons (Ministry of Justice, 2019). This is likely to be an underestimate to some degree, as not all incidents will be reported as prisoners may keep these to themselves or staff may sometimes not record them on official records. The recorded incidents were attributed to 12,467 individuals, which was an increase of 10% from the previous year. Around 3,200 of the incidents were deemed to require hospital attendance. People who self-harmed did so, on average, four times, although the small number of people who harmed themselves more frequently will have a disproportionate impact on this figure. The trends of self-harm differ for men and women in custody; in the year September 2017 to September 2018 the rate for men was 540 per 1,000 people (a 23% increase from the previous year) and for women the rate was 2,465 per 1,000 people (a 20% increase from the previous year).

To understand and effectively combat the concerning rise of self-harm, HMPPS commissioned (among other activities) research to help inform a strategic and evidence-based response. At the time of the original research commission in 2014, although women in custody continued to experience higher rates of self-harm than men, the rate among men was rising whereas the rate for women appeared to be falling (and had been for several years) (Ministry of Justice, 2018). For this reason, the commission focused on men rather than women. It is acknowledged, however, that since that time the rate of self-harm by women in prison has also risen.

2.2 Previous research on self-harm by men in prison

The initial study commissioned by HMPPS in 2014 was a Rapid Evidence Assessment (REA) to synthesise previous research to examine why adult men in prison harm themselves, and what works to reduce and/or manage self-harm among this group (Pope, 2018). A REA is a structured and rigorous search and quality assessment of the existing evidence on a topic, but it is not as exhaustive as a systematic review.

In summary, drawing on 15 years' worth of research, the REA identified younger age, being of White ethnicity, lacking formal education, being single and/or experiencing a recent breakdown of a relationship and having no fixed abode to be associated with increased risk of self-harm (Lanes, 2009; Lohner & Konrad, 2007). Further, certain prison-related factors appear to be linked with increased risk of self-harm, including during the early days in custody, being on remand, unsentenced or sentenced to life imprisonment, being located in a local, high security or young offender establishment, and having a higher number of previous disciplinary infractions (Dixon-Gordon, Harrison & Roesch, 2012; Lanes, 2009; Lohner & Konrad, 2006, 2007). A number of psychological or psychiatric factors were also consistently linked with self-harming behaviours, including having a history of self-harming, depression and hopelessness, having a diagnosis of Borderline Personality Disorder (BPD) and substance misuse (Dixon-Gordon, et al., 2012; Gardener, Dodsworth & Selby, 2014; Hawton et al., 2014; Ivanoff, Jang & Smyth, 1996; Lohner & Konrad, 2007; Maden, Chamberlain & Gunn, 2000; Palmer & Connelly, 2005; Slade, Edelmann, Worrall & Bray, 2014).

Pope (2018) reported self-harm may often be a result of emotional dysregulation, a form of emotional regulation, a way of coping with emotional distress and a way of achieving 'release' (Dixon-Gordon et al., 2012; Snow, 2002). Men who self-harmed were also likely to be motivated by instrumental reasons, such as wanting someone to talk to. The instrumental nature of self-harming appears to be perceived by some prison staff as 'manipulative' and not 'genuine' (Ramluggun, 2013). When pejoratively seen in this way, self-harm can further reinforce negative feelings in staff and adversely impact their individual and collective responses. Negative attitudes towards self-harm appear to arise when staff are poorly trained and feel ill-prepared to respond (Bennett & Dyson, 2014; Ireland & Quinn, 2007; Ramluggun, 2013). In the complex world of prisons, where control and care functions run side-by-side, there can be conflict and confusion on the issue of where responsibility for responding to self-harm sits (Bennett & Dyson, 2014; Ireland & Quinn, 2007; Ramluggun, 2013) which can lead to an absence of shared responsibility or effective multidisciplinary working. Studies of staff included in the REA indicated a lack of support from managers for staff coping with prisoner self-harm, a lack of trust in staff by prisoners, and tensions

between staff and prisons act as important barriers to effective support (Bennett & Dyson, 2014; Marzano, Ciclitira & Adler, 2012; Palmer & Connelly, 2005).

While Pope (2018) identified fourteen relevant and good quality studies to understand why adult men self-harm in prison, she was able to identify very little which looked at what works to reduce or manage this in prison settings. One study in prisons was located: a review of barriers that prevent or interfere with the implementation of policies for reducing deliberate self-harm by adults in prisons (Bennett & Dyson, 2014). From this, Pope identified a number of issues preventing effective care provision, including poor staff knowledge, attitudes and skills, negative emotions and mistrust, the prison environment (including conflict and poor communication) and prisoners' reluctance to engage in treatment.

The wider literature on treatment for self-harm for adults outside of prison settings is more advanced, although it suffers from limitations such as the small number of existing trials for the many different interventions in existence, small sample sizes within trials and the variability of 'treatment as usual' conditions with which the interventions are being compared. These limitations make it difficult to detect clinically significant differences, and while some broad conclusions have been reached a more nuanced understanding of effective treatment provision is not as clear. For example, Hawton et al.'s (1998) meta-analysis of randomised control trials (RCT) reported promising (but not significant, for the aforementioned reasons) results for problem solving therapy, provision of a card to allow patients to make emergency contact with services, drug treatment (depot flupenthixol) for recurrent self-harm, and Dialectical Behaviour Therapy (DBT) for female patients with BPD. A recent meta-analysis of RCTs by Hawton and colleagues (2016) concluded that there were too few trials of many interventions to draw conclusions, although cognitive behavioural therapy was found to be effective in significantly reducing the proportion of people who harm themselves, and DBT effective in significantly reducing their frequency of self-harm. Similarly, Hetrick, Robinson, Spittal and Carter's (2016) meta-analysis of RCTs of psychological and psychosocial interventions found a significant overall effect, but no specific type or nature intervention was identified as more or less effective, in part due to too few existing trials. The limitations of the wider literature mean we cannot draw any firm, generalisable conclusions for people in prison. Overall, the paucity of existing research on how to effectively reduce or manage self-harm by men in this setting prompted the second HMPPS research commission (the current study) to develop the evidence base and inform practice.

2.3 HMPPS' response to self-harm in prison

HMPPS has a number of processes to help support and manage prisoners who are at risk of self-harming or have self-harmed. The primary formal process is the ACCT process (HMPPS, 2011). Prison governors are instructed that any prisoner identified as at risk of suicide or self-harm must be managed using the ACCT procedure. This is a care planning system to determine how best to monitor and supervise the person; different parts of the process are required to be conducted within set timeframes. The ACCT process involves assessments of risk and need, creating and delivering action and care plans, and periodic multi-disciplinary case reviews. Wherever possible all these activities should be conducted collaboratively with the at-risk person. Actions that may be taken during the time a person is managed on an ACCT include, for example, more frequent observations by staff to check on the person's safety, moving the person to a more secure or easily monitored location, mental health intervention, in-cell activities, time out of cell and access to other activities, support from chaplaincy staff, peer support and family contact. The process, care plans and reviews continue until all actions have been completed and a Case Review Team judges that it is safe to end the ACCT process as the risk posed to the prisoner has reduced.

Despite ACCT being a nationally designed and instructed process, the Prisons and Probation Ombudsman (PPO, 2018) report continuing issues with the implementation of the process, including cases where prison staff have not followed national instructions or completed procedures properly, resulting in prisoners not receiving appropriate support. The 2018 annual PPO report identified failings in developing care maps, identifying triggers, taking a multidisciplinary approach and ensuring proper training for staff. A recent qualitative investigation of ACCT (Pike & George, 2019) also identified implementation issues from the perspective of staff members, including varied quality of training, lack of discretion in using ACCT, and difficulties implementing multidisciplinary case reviews and finding time to properly engage with at-risk prisoners while performing other duties. Prisoners reported feeling supported by the ACCT process but not properly understanding it, finding parts of the process disruptive and unclear in purpose, and they raised concerns over confidentiality.

Less formal support schemes are also often available for people at risk of self-harm or suicide, notably speaking in confidence with the Samaritans by telephone and in-person peer support from Listeners (prisoners trained by the Samaritans). Samaritans' phones are available in every prison in England and Wales, and the Listeners scheme runs in the vast majority of them (where it is not available a locally designed alternative is typically in place). Insiders is another peer support scheme that exists, where volunteer prisoners provide basic information and reassurance to those new to prison in order to help reduce anxiety

experienced during the early days in custody. Such peer support schemes are locally managed and so it is unclear how many prisons nationally have these. More generally, positive relationships between staff and prisoners are encouraged, as HMPPS recognises the importance these have on both prisoners' well-being and in their willingness to ask for and accept support. Such relationships have been promoted and developed through the substantial efforts being made to develop the rehabilitative culture of prisons (Mann, Fitzalan Howard & Tew, 2018), the roll out of FMI training across the adult prison estate in England and Wales which trains prison custodial staff to find rehabilitative opportunities during everyday conversations (Tate, Blagden & Mann, 2017; Webster & Kenny, 2015), and the introduction of HMPPS' OMiC model (Ministry of Justice, 2016) which will provide a dedicated Key Worker for every prisoner in all but Category D open prisons.

2.4 Study aims

This qualitative study was designed following the completion of the aforementioned REA (Pope, 2018). It aimed to develop the evidence base for what helps people to stop harming themselves in custody, and in doing so help to inform effective ways for prison managers and staff to respond to the rise in self-harm incidents and provide appropriate, helpful care. As with the REA, the primary focus was on men in prison given the rise seen in their rates of self-harm incidents at the time the study was commissioned, compared with the reverse trend for women (although it is acknowledged that the recorded rate of self-harm for women has risen again since this study began).

To contribute to a strategic and effective approach to self-harm by HMPPS, the research asked: how do men in prison, who have previously self-harmed but do so no longer, describe their experience of learning to manage their self-harming? What helped or hindered the change process? What is their desistance story?

3. Approach

3.1 Participants

The researchers identified men in custody who met the following specific criteria: they had two or more prior recorded incidents of self-harm in prison, but had no reports of self-harming for a least six months before taking part in the research. To identify these potential participants, records of self-harm incidents were retrieved centrally from the National Offender Management Information System (NOMIS), which holds information on all people in prison. Where two or more people meeting the self-harm criteria resided in a single prison, the researchers contacted the establishment to ensure the men were still resident and had not resumed self-harming. This was an iterative process, as individuals had lapsed or moved prisons after the NOMIS data was retrieved. Once potential participants were confirmed, the researchers approached them in person to discuss the study, invite them to take part and obtain informed consent.

A description of the final sample of eight adult men is as follows: they resided in one Category B and two Category C prisons in England and Wales, all identified as being of White ethnicity, some were serving determinate sentences whereas others were serving life sentences, their current convictions included a mix of violent, acquisitive, non-compliance and sexual crimes, and their ages ranged from 24 to 43 years.

3.2 Data collection and analysis

Participants took part in separate interviews between February and June in 2017 after providing informed consent during a meeting with the researchers. Interviews lasted between 20 and 70 minutes (with a mean length of 40 minutes). An interview guide (see Appendix A) facilitated the semi-structured interviews. This covered the experience of moving to a period of not self-harming (what prompted this, length of time taken, process and awareness of change), how self-harm had been managed (triggers or pressures, activities and support, skill development), coping strategies used, the effect of managing self-harm (on thoughts and feelings, relationships with others), what helped or hindered the change process (such as people, places, activities, life events), reflection on progress made (learning, views of the past and future) and advice for others (for individuals and prisons). Interviews were audio-recorded and transcribed verbatim. The researchers allocated each man an identifying letter (A through H) to protect their anonymity.

The transcribed interviews provided more than 220 pages of data. The transcripts were analysed using Interpretative Phenomenological Analysis (IPA; Smith, 2015) to explore the nature of the participants' experience of learning to manage their self-harm. IPA is a version of the phenomenological method; its primary concern is to understand personal meaning, lived experience and how individuals make sense of their world. IPA aims to understand the quality and texture of the individual experience, eliciting a deeper and richer understanding rather than a more surface-level description. Experience and meaning is subjective for each person, but also shared by others.

Flexible guidelines (outlined in Smith, 2015) were utilised to guide the analysis, which focused on one transcript at a time. Stage one involved reading and re-reading the transcript, during which the researchers became familiarised with and immersed in the content, while making notes of anything of significance and interest. Stage two involved re-reading the transcript and transforming the notes or codes into more specific themes and phrases capturing the quality of what is in the text. Stage two moves from initial codes to a slightly more abstract level, and results in the creation of a list of themes for the transcript. The researchers repeated stages one and two separately for each of the eight transcripts. Upon completion, with eight theme lists created, stage three began. Connections between themes were established, enabling these to be clustered together into meaningful higher-order (or superordinate) themes.

A continuous process of checking and returning to the original transcripts took place as the IPA progressed, ensuring the connections being established still worked for the participants' original words. The analysis continued until 'saturation' was achieved, whereby no further new themes were consistently emerging from the data and data collection can then stop. As the analysis progressed, the researchers discussed and sense-checked the original analysis, the emerging themes and their meaning with independent researchers who were not directly involved in the study. This process of checking, discussion, challenge and clarification enhanced the validity and reliability of the findings.

3.3 Limitations

This study explored the experiences of eight men in prison, and as such the findings may not generalise to the experience of all prisoners who have self-harmed, especially to women and young people. A reasonably short (six-month) period of refraining from self-harm was the criterion when selecting participants. It is not known if their change in coping persisted beyond this time.

4. Results

The analysis derived six higher order themes, presented in Table 1, each comprising a cluster of subordinate themes. These provide an understanding of the men's experience of learning to manage self-harming behaviour, and what helped or hindered this process. These themes were interrelated to some degree, but still emerged as separate and distinct. They are of equal importance; the ordering of their presentation below does not imply differential significance.

Table 1: Higher order themes

Identity and hope – past, present and future selves	Trust
Mattering	Understanding
Critical turning points	Strategies to cope

4.1 Identity and hope – past, present and future selves

Participants gave different accounts of how they made sense of their previous self-harming behaviours and what this meant for their identity. Some, as illustrated by the following extract from H, distanced themselves from their previous behaviour, explaining this was "*not me*" (A), expressing confusion or shock as to why they had acted in this way, and attributing it to situational reasons (being in prison) rather than a personal attribute.

> *"I just thought to myself, I just live like I do out* [in the community]*, because I don't self-harm out there, I've never done it out there, it's only when I've come to jail". "I always thought, like, why did I do that, do you know what I mean, most stupidest thing ever."* (H)

These men who disconnected and distanced themselves from their prior behaviour often talked with absolute certainty about never again harming themselves ("*I'll never cut myself again*" G), the futility of self-harm ("*you don't win anything*" A) and the accompanying shame and lasting consequences (such as physical scars that will not disappear completely and would have to be explained to their family, children and potential partners). Other participants, however, internalised their behaviour, making sense of this by accepting it as part of who they were and would continue to be in the future; they accepted the ongoing risk of harming themselves and the need for continued management. For example, participant E felt his progress was primarily due to medication, and thus his harming would reoccur if this was altered, and participant C described self-harming as his "*default setting*" that had to be

constantly managed. These men experienced an ongoing battle to manage their self-harm in the face of difficulties and stresses. This subtheme was particularly evident for participant F who talked with real sadness about being "*eighty percent sure*" he had the tools to cope but that:

> *"The thoughts are there, definitely. I don't think in anyone they go a hundred percent, because I think it's – it's not just something you do, it's a part of you and who you are, it's – I suppose it's inside you to – that's just your way of dealing with things, so it's – it's, like I say, it's a part of who you are."* (F)

The men spoke with great pride and awareness of the progress they had made, reflecting on their achievement, comparing their behaviour previously and now, proving themselves to others and were focused on what they wanted for the future. Participants' future orientation was evident, for example, when they talked of planning next steps, and their hopes for achieving parole, establishing relationships and employment after release. Their language often represented the journey they had travelled, using terms such as 'coming far', 'stepping forwards' and 'coming out the other side'.

> *"I've not had no visits and I thought that would set me off, but it hasn't…, …I've not had no nickings*[1] *in a year, I had 47 in the first two months I come here and then I've not had none now for a year."* (A)

This pride and self-recognition placed participants in positions to recognise how they might help others who are continuing to struggle with self-harm. Their lived experience provided them with unique insight that they felt they could use for the good of others, that this was appreciated and recognised by people around them, and that they could be 'helpers' to others and very real symbols of hope.

> *"…and now I've got all this other ways to* [cope differently] *and I can teach other people how to do it." "At the end of the day I was in a state that I really didn't want to be in and I couldn't see I didn't want to be in it, now I can. So if I can do it, other people can do it." "I'm living proof that you can." "…now I'm getting paid for it, because the governor said you should get paid for it, because of what we do is – because they see what we do."* (A)

[1] 'Nicking' is a slang term in prison for being charged with breaking a prison rule (as in '"you're nicked'").

This capability, intention and determination to help or mentor others and be a role model seemed to become part of how participants saw themselves and their potential – it became part of their identity.

4.2 Trust

All but one of the men talked about trust as critical in order to develop relationships with others that could facilitate effective care and support. They perceived mistrust to be a critical barrier to seeking out and accepting care. Firstly, they talked of needing to trust that genuine care was available to them, whether from staff or other prisoners.

> *"Whether it's an inmate or staff it don't matter, but just to know that someone's there." "…people just need encouragement, know they're not alone, they need to know that they could go to someone."* (G)

Secondly, they identified a number of sources of mistrust. These included negative perceptions of and experiences of staff (in part due to the lack of consistency of people involved in their case), concerns about how safe available support was to use (the confidentiality and judgement of support services), or because trust had been historically difficult for them. All of these created barriers to effective support provision or uptake.

> *"Normally I just keep it in me, I'm quite shy, I don't like people knowing me business." "…it's hard to trust* [Healthcare staff]*… when you get a bad one, one bad one has an effect." "…*[when a different member of staff responds] *you gotta explain all that again and again and again, there's no consistency."* (H)

> *"If I was to ask for the Samaritans' phone you'd get abuse the next day." "*[Staff] *used to carry an orange booklet around, they know – they know that you're on an ACCT.*[2] *They leave it in the office where they can see it. I caught a prisoner reading me ACCT document before."* (E)

The existence of support that could be trusted was therefore critical for these participants to learn how to cope without harming themselves.

[2] ACCT paperwork comes in a bright orange file which travels with the person around the prison so that all staff they work with can add notes and observations.

4.3 Mattering

Needing to feel as though they matter, that they are valued, cared for and understood was a recurring theme for all of the men, and they perceived this to be critical to learning to cope differently. Participants expressed frustration that feeling like they mattered was rare or inconsistent ("*…there's a certain few who will sit down and give you the time of day. Others just are not bothered*" B). For example, they did not believe that most staff genuinely cared about them or their self-harming and were instead disinterested, or that when care was demonstrated this was 'forced' rather than genuine.

> *"Because they have to talk to you, so you know they're not coming up like, "Ah, you all right?", they're like, "What's up?" and then before you even answer the question they're, well, already off and then the flap's*[3] *closed."* (A)

> *"I was asking for help, no one was helping me in the prison system. I mean I've spoken to mental health and they've just told me that we can't facilitate you. I just felt alone."* (G)

The majority of participants believed that staff resented 'having' to support them or respond to self-harm, which in turn triggered anger, resentment and defiance from participants, further widening the gap between them and those who could be a source of support.

> "[They are] *just fuming because they got to write the checks.*[4] *They just see that as you're making their job harder, so they want to make your jail harder." "The whole demeanour of it, …they take it personal as though it's like a personal dig at them, and it's not."* (D)

All the men were able to identify rare but important exceptions to feeling they did not matter though, and identified valuable help they had received, and the progress they made as a result, from certain staff. This will be explored further in the section 'critical turning points'.

Participants did not perceive the primary support system, the ACCT process, as making them feel like they mattered or were understood. In the main they experienced it as a

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[3] The window in prison cells has a moveable/hinged cover (flap) that can be opened and shut from the outside.

[4] Frequently checking on people at risk of self-harm and officially logging this is part of the ACCT process.

superficial, process driven, counterfeit and rushed process that lacks meaning and individualisation.

> *"I said, 'You've just sat there* [during an ACCT review] *and said to me you don't know nothing about me,' …so I've poured my heart out and told you what it is that I need or what don't help me, and you don't know nothing about me"* (G)

> *"They don't stop, talk, ask if you're okay or anything, they just look through* [the observation panel in the cell door] *and close it, to make sure you're not hurt,*[5] *that's it."* (B)

> *"It wasn't a case of anything I liked or disliked* [about ACCT]*, I just didn't see that it actually achieved anything, do you know what I mean, seeing someone for five minutes chat."* (D)

The perceived blanket versus individualised application of the ACCT process was particularly pertinent to participant C. As the extract below illustrates, the decision to use ACCT or not was critical in his view. He later reflected in the interview that some of his experiences on ACCT had been valuable. This was when they involved staff who knew him better and when they were more flexible with the application of the process, whereas the alternative felt like a punishment (especially due to the disruptive nature of observations during the night which can require the prisoner is woken). Similarly, other participants identified an advantage of the ACCT process was that it enabled access to more senior staff who were in the position to 'make things happen'. This illustrates that it is not the ACCT process per se that makes people feel like they do not matter, but rather the way that it is implemented.

> *"…it's just they need to manage* [the decision to be put on an] *ACCT a bit more carefully, because some people will just cut up because they get put on an ACCT, whereas some people do need to go on an ACCT straightaway."*
> *"…because I don't understand, I don't feel like I need to be on an ACCT and I just got told I was on an ACCT. So I – I felt that it was just a punishment and I was getting s*** every half an hour, fifteen minutes, or whatever."* (C)

[5] Checks on safety and well-being are performed at a set frequency, such as every 15 minutes or every hour, depending on their risk of self-harm or suicide.

The men perceived a lack of 'mattering' at a wider organisational level also, commenting on the perceived lack of service provision (such as specialist mental health services) or inconsistency in provision across the prison estate. A few participants reflected that unlike other difficulties there is an absence of group support systems for self-harm (such as an equivalent to Alcoholics or Narcotics Anonymous for substance abuse), which participants interpreted as meaning this issue is poorly understood or seen as less serious. Some recognised that staffing shortages affected the provision of support in prison but they perceived this to be indicative of an organisation not caring or prioritising the problem of self-harm ("*it's not like you can't employ people*" G). That same participant talked about the prison "*getting rid*" of staff who were more compassionate and would invest more time in providing individual support. His interpretation of this was that the organisation did not value staff who were genuinely compassionate as they were not seen as going "*by the book*".

4.4 Understanding

This theme, focused on understanding self-harming behaviour, captures the gulf in knowledge and insight between people who harm themselves and many of the prison staff they encountered. Participants gave numerous explanations (with varying degrees of clarity) for why they had harmed themselves, demonstrating the individualised nature, complex circumstances and challenges they faced. Collectively (as not all the men experienced all factors), drivers included both internal and external or situational factors, and combinations of the two. Often participants experienced multiple stressors at the same time. The significance of negative and often substantial emotions was common for the participants, including anxiety, stress, anger, frustration, hopelessness and loneliness ("*I was on my own, no one cared*" B). Participants talked of their emotions being "*too overwhelming*" (G) and that they were "*gonna explode*" (A), that self-harm gave them some "*release*" (F) and a way to "*get the frustration out*" (A). Some of them attributed their emotional instability to changes in medication.

Being in prison was associated with feelings of fear and lack of safety, "*constantly thinking, looking, for danger*" (A), as well as boredom and rumination[6] (often due to a lack of activity and spending a lot of time in their cells, "*most people are behind a door dwelling on negative thoughts*" D), which were both identified as precursors to self-harm by participants. Struggling to adapt to prison life, separation from family members, as well as coping with

[6] Rumination is the process of reflection and brooding which focuses on negative feelings or emotions.

their nature of their sentences were contributing factors also, as illustrated by the extract below.

> *"Being an IPP*[7] *prisoner does – does – does not help, because it's like every day you try and do what you can and do your best, but it's like there's a wall in front of you and it's not moving, you know. It's like just being locked up and having the key thrown away in here."* (B)

In prison, the coping methods that some participants had previously relied on were more difficult to come by (such as illegal substances) and so they had replaced these with self-harm. Over time, some recognised that self-harming had become their 'routine' method of coping ("*I just got into a habit of doing it*" G).

Although the men were able to explain their reasons for harming themselves, they perceived staff to lack understanding about self-harm and how to help effectively, attributing this to age, lack of experience or insufficient training. They felt self-harming behaviour was misunderstood; that staff perceived this to be "*attention seeking*" (A), 'manipulative' or simply 'badly behaved'.

> *"I don't think the staff actually know about mental health and why people hurt themselves." "…those were the staff that thought I were just playing up." "If you self-harm nobody really wants to talk to you. You know what I mean, because they see you as weak."* (B)

These men thought that prison staff's understanding, or more often misunderstanding, of self-harm influenced how they then responded; participants perceived their self-harm to be trivialised and not taken seriously, and to be judged or stigmatised. From the perspectives of participants, lack of knowledge and sometimes incorrect understanding of self-harm meant that the responses they received from staff could be inadequate, avoidant (perhaps through fear), infantilising ("*the staff treat you like a child*" C) or even punishing.

[7] Imprisonment for Public Protection (IPP) sentences are a type of indeterminate custodial sentence.

"Instead of thinking there is an issue with you the staff are, like, 'Oh, it's behavioural, put him in the seg[8]*'." "They give you stuff like painting by numbers and stuff like that, but for a grown man to be given a painting of, I don't know, a little pig or something, you know."* (B)

"…rather than understanding something most people are quick to judge and push it away." (F)

In contrast, when staff did take the time to understand why a participant had harmed themselves, this was deeply appreciated and seen by the participants as a vital step in helping them to learn how to cope differently. The next theme 'critical turning points' explores this further.

4.5 Critical turning points

Participants were able to identify critical moments or turning points during their time in prison which contributed to learning how to cope without harming themselves. Three different types of critical moments were evident in their experiences. The first were moments of internal realisation that helped some of the men to reconceptualise their self-harm as incompatible with what was important to them, or what they wanted to achieve. For example, participant A's harming behaviour had escalated to a point where he nearly died, which triggered his sudden recognition "*I don't wanna die*". Another had learned to self-harm as a way of releasing internal pain without harming others, but over time he had modified his behaviour so that prison staff would be forced to physically restrain him, and he could experience his needed pain from being restrained. He explained a moment of shock when he consciously recognised this development, and then questioning "*where's it gonna end?*" For participants E and G, it was the possibility of parole and the opportunity to move to another prison which were strong enough triggers for change: "*they weren't gonna take me cutting me self and all that*" (G). Each of these moments were significant enough for the individual to begin a process of change and commitment to achieving this.

The second type of critical moment experienced was when the person had accessed a specialist unit within the prison. These men described the units or wings as being staffed by personnel with more advanced knowledge about self-harm, therapeutic skills, and a willing

[8] The 'seg' is prison slang for the Segregation Unit (sometimes called a Care and Separation Unit). Prisoners can be located there when they are assessed as being at risk to or from others, disruptive to the prison regime, or when they are serving a cellular confinement punishment for breaking a prison rule.

and positive attitude towards caring for and helping people who self-harmed ("*staff that have a full conversation with you, they talk to you like you're a human …that helps a lot*" A). In this environment, participants were able to develop meaningful and trusting relationships, and access effective care and support. They were essentially places where individuals believed care was available and they felt safe and driven to access this. The following extract illustrates the significance of these staff and their responses for participant B, with the phrase "*they're on my team*" being particularly powerful.

> *"I've been put on to* [specialist unit]*, which is a unit downstairs and I've got a psychologist and an* [occupational therapist]*, a social worker, a nurse therapist assigned to me, they're on my team." "If you're ever in, like, a real state you can just go to one and say, 'Can I have a word?' and they'll make time for you, like."* (B)

The third critical turning point was individual prison staff who were identified as having played a significant role in the person's life. Almost every person named one or a small number of specific people who were critical to their change, some of whom were prison officers and others were non-uniformed staff. These staff were not necessarily part of a specialist unit or dedicated wing. The following extracts illustrate the importance of these people believing in and facilitating conversations with them, and their active willingness to care and try to understand a person.

> *"The CM*[9] *said, 'Look, I know you're past your behaviour,' and stuff like that, 'You seemed to have changed on here, and would you like to go on* [a course]*?' I went on it. She goes, 'You're very good at this, I'd like you to become the mentor,' so now I am and it helps out a lot."* (A)

> *"Just – well, he's an SO*[10] *now, who was a wing officer at the time, he took his time out to help me, speak to me every day, ask me how I was feeling, if I needed anything. He got all me stuff, all me property back when I didn't even ask him. …I've seen him the other day, he don't work on my wing no more, because he's an SO. Seen him the other day* [and he said] *'if you ever need anything just get the wing staff to ring me'."* (E)

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9 Custodial Manager (CM) is a senior grade prison officer (formerly known as a Principal Officer).

10 Supervisory Officer (formerly known as a Senior Officer).

What is so illuminating about these extracts, and similar disclosures from other participants, is that for the individual the significance of the interaction and staff member was enormous, but the actual content is seemingly innocuous in day-to-day prison life. As participant G eloquently described it "*people can have an effect on you without even realising it*".

4.6 Strategies to cope

Reflecting the complex individual and situational reasons for self-harm, the men described similarly varied strategies (cognitive, behavioural and situational) that helped them to cope differently. These included (although not all experienced by all participants) developing problem-solving skills, developing a support network or keeping in touch with family, being occupied or engaged in activity, spending time outside of their cell, exercise, distraction techniques, maturity and developing impulse control, effective medication, acceptance of stressors, planning for setbacks, approaching people to talk, recognising options, and using self-talk. As participant B in the first extract explains, developing effective strategies to cope also requires the development of knowledge about one's own self-harm, in order to identify triggers or warning signs and then respond.

> *"It's about recognising your early signs of what's gonna happen and I try not to let it get to that bad place in the first place. I'm more knowledgeable about it and why I do it, what makes me do it."* (B)

> *"I think what works for me is that I get – I get myself into a routine on a daily basis." "…write my thoughts down on a piece of paper."* (F)

> *"All different things, Rubik's cube; the colouring and crosswords I liked a lot." "Taking me self away from the situation, distracting myself, deep breathing."* (C)

What 'worked' for one person was not necessarily perceived to be effective for another, and some strategies were not as accessible to all participants. For example, while some accessed support from loved ones, others were adamant they could not to do this as disclosure of their harming behaviour would cause worry in the people they cared about. Similarly, while some participants spoke of colouring books feeling patronising and infantilising, another found these very valuable. While some credited learning self-management skills to participating on Offending Behaviour Programmes, others had no experience of these interventions or had not found these useful. As with the need to understand an individual's reasons for their self-harming, the same understanding and lack

of presumption of what strategies are (and are not) effective, and how and where to develop these, is important.

The process of learning new skills, discovering which are useful and which combinations work was described as a process that takes time, effort and practice. Developing new 'routine' ways of coping was a particular challenge when self-harming had become a "*default*" response. This required considerable determination and persistence by participants, as well as taking personal ownership and control over the change and learning processes.

> *"So I take* [strategies] *from here, there and everywhere." "…even though* [programmes] *may not seem like they're working, if you stick with it, it will actually work, it may take time, but it will work."* (C)

> *"You learn to cope and then you slowly get a bit better as each day goes by."* (F)

> *"It was practice, but it was wanting to change. If you want to change anything can happen. Control your own destiny, in it."* (A)

5. Implications and conclusions

5.1 Summary of findings

This research has shed new light on how men in prison experience learning to cope without self-harming behaviours, and what can help and hinder this process. The experiences of these men identified six themes that explain their desistance from self-harming story: feeling as though they mattered was critical for them, as was knowing that their self-harming mattered and that staff cared about helping them. Being hopeful about the future, making sense of their self-harm in a way that promoted change or commitment to change, and recognising their achievement and the potential to use this for the good of others helped to drive and sustain progress. Trusting in the availability of genuine help and developing relationships based on trust were vehicles to seeking out and accepting support. Staff having a good understanding of the varied reasons for self-harm and how to respond in a helpful way was central to them providing support that was perceived to be effective, as well as combatting myths or attitudes that acted as barriers to reaching out and making a positive difference. The power of individual staff members and specialist units in this process was evident, enabling people to feel safe, believed in and supported, and acting as critical turning points or triggers for change for these individuals. The individuals who harmed themselves also needed a good understanding of their own behaviour in order to develop effective coping strategies. Such strategies are necessarily individualised, matching the complexity and range of internal and external influences on behaviour, and required time and commitment to develop sufficiently to enable sustained coping. While some strategies were in the control of the individuals, others were not, and therefore a combination of personal and situational strategies was deemed the most effective in combatting the varied reasons for self-harm.

5.2 Findings in the wider context and implications for HMPPS practice

The overarching aim of this research, alongside the earlier REA by Pope (2018), is to help inform effective ways for prison managers and staff to respond to the rise in self-harm incidents and provide appropriate, helpful care. The lived experience and perspectives of people who successfully learned to cope without harming themselves, as explored by this study, lead to a number of suggestions that use this new understanding to hopefully benefit others. The following are directly informed by the participants' experiences, and the existing related literature relevant to this issue.

The identified themes are generally evident in the wider literature around prisons and rehabilitation. In a recent paper on developing the rehabilitative culture of prisons by Mann, Fitzalan Howard and Tew (2018), the definition of such a culture includes a safe and decent environment, where hope and change are supported, where everyone treats each other with respect, and where people's needs are understood and met. These characteristics echo much of what the people who harmed themselves in the past identified as helping them to cope differently. This suggests that the efforts that English and Welsh prisons are currently making towards developing a more rehabilitative culture may play an important role in addressing the problem of self-harm too.

The nature of the ACCT process, relied on heavily in HMPPS for managing and supporting people who are at risk of self-harm, also includes core activities that seem to, in theory, lend themselves to these features. For example, ACCT includes individualised assessments and care plans, and multi-disciplinary case reviews, all done in collaboration with the at-risk person. In theory these features should facilitate personalised, knowledgeable and responsive support, the development of trusting relationships and a sense that self-harm is taken seriously and the person matters, and in doing so meet the very needs identified as vital for success by the study's participants. Although this study was not an evaluation of ACCT, the participants unsurprisingly spoke about their lived experience of this process when explaining how they had learned to cope. The findings suggest, alongside those of the Pike and George (2019) and the PPO (2018), that the application of the ACCT process does not always live up to expectations and intentions. The intended benefits can fall away when ACCT is not individualised, when insufficient time is taken to understand why the person has self-harmed and what they feel will help them, when there is inconsistency in who is responsible for the care of the person, or when the process is rushed and does not feel meaningful to the recipient.

This all suggests that it is not the ACCT process per se, but rather its delivery that requires attention. Firstly, the participants' experiences indicate that processes used to manage self-harm may be most helpful and meaningful if assessments of risk and need are informed by the person's own insight into their self-harm as well as the wider evidence on why people hurt themselves, and when specific difficulties and causes are identified rather than blanket or collective terms used (such as 'mental health difficulties'). This specificity can more easily inform a detailed, responsive and tailored care plan where activities and support match the identified risk and need, and can be revised over time as required. The participants' own experiences also suggest that case reviews may be more likely to be effective, for example, if they include the right people for that prisoner's needs (and the same people throughout),

with clear roles and expectations of what contributions are required and where responsibility for action lies. Strict procedural safeguards, paperwork, checks and processes can serve an important purpose in the management of self-harm, such as ensuring actions happen at the right time and that cases do not 'slip through the cracks'. However, if the procedural aspects of a process, such as ACCT, dominate, the findings reveal this may be at the cost of personalised and responsive care, where people feel 'processed' rather than helped. In HMPPS, avoiding this might be achieved by reminding staff of the core ethos of ACCT (to help those who are struggling), and offering them the time, supervision, support and headspace to do ACCT justice. Secondly, explaining to prisoners why the process has been designed and is implemented as it is, how and why decisions are made as they are, and seeking their views and feedback on this, may help ACCT to feel more procedurally just and something that is genuinely meaning to help and involve them rather than something that might trigger resentment or resistance.

In line with Pope's (2018) research, the current findings show how important it seems to be for people who are struggling that staff to have a good understanding of why people self-harm and what helps them to manage. Training about self-harm and the ACCT process is mandatory for prison staff, and yet apparent in this research was a sense from the men who had self-harmed that they were misunderstood, and that the subsequent responses by staff to self-harming was lacking in compassion, inadequate or even unhelpful. This suggests that there remains a gap in staff knowledge, skills and attitudes that would benefit from being addressed, including the complex dual role of being both custodian and carer for people living in prison. An issue that seems necessary to be targeted as part of this includes, as indicated in Pope's work as well as the participants of the current study, the belief that self-harming is 'manipulative' and the subsequent negative impact this interpretation has on how staff respond. While some self-harm may be instrumental, reframing this as an unhelpful and damaging form of problem solving, rather than an attempt to deliberately 'get one over' or 'force' staff to act against their will, could help trigger staff to respond with compassion and motivate them to help people master healthy coping strategies instead, rather than feel angry or tempted to punish.

While the experiences of the participants indicate that specialist staff and units can act as critical turning points for people struggling with self-harm, they also show the potential effect of individual staff members in their daily interactions with prisoners. Developing specialist units may not be feasible due to the resource constraints facing many prisons. However, equipping staff with improved knowledge and skills, and awareness of their considerable potential influence in cases of self-harm, may increase the likelihood of them being trusted to

care by prisoners, and to act as critical moments of change for those who are struggling. This type of relationship may be further supported by the introduction of OMiC (Ministry of Justice, 2016), which provides a dedicated Key Worker for every prisoner in all but Category D open prisons, with whom they will work closely and build a trusting relationship where they can feel safe to talk about their experiences and seek support. OMiC roll out has begun in England and Wales, and aims to be fully launched by April 2019. The roll out of FMI training across prisons in England and Wales also has the potential to help men who self-harm. The FMI project trains prison custodial staff to find rehabilitative opportunities during everyday conversations (Tate, Blagden & Mann, 2017; Webster & Kenny, 2015); national roll out across the adult prison estate began towards the end of 2016 and is ongoing (S. Daniels, personal communication, December 4, 2018). This again may help prisoners who are self-harming to engage meaningfully with all staff, be encouraged to access support and develop rehabilitative relationships, and to believe that staff are genuinely invested in their well-being and futures. All Key Workers will be trained in FMI. The range of strategies to cope identified as beneficial by participants also suggests that relationships, interventions or courses that help to develop skills (such as problem-solving and emotional management) may be valuable for people at risk.

The participants in this research identified themselves as an untapped resource of support to others who are still struggling with self-harm. Placing these people in roles to support or mentor may therefore have potential as an aid to themselves and others; however, this is suggested tentatively at this time. Although peer interventions (such as mentoring and peer support) are common in prisons, there has been little robust evaluation of them, and isolating the impact of these activities on recipients (i.e. the mentees) is very difficult as they are often delivered alongside other interventions. For the mentor, however, there is evidence suggesting that taking on such a role can have positive effects, such as on their feelings of empowerment and skill development (Adair, 2005; Hunter & Kirby, 2011; Perrin & Blagden, 2014). It is thought that such ‘do good’ activities may have a positive effect on the provider by improving their psychological and social resources (such as feeling like they matter, protecting against loneliness and improving social integration), and may play an important role in the construction and maintenance of a prosocial identity (i.e. as someone who helps others) which has implications for successful desistance from crime (Cacioppo & Patrick, 2008; Maruna, 2001; Musick & Wilson, 2003; Piliavan & Siegl, 2007; Van Willigan, 2000). Generally speaking, this research suggests that offering people who are struggling with harming themselves the chance to take on mentor roles in prison (such as mentoring others in literacy development, or offering support during early days in custody) might provide them

with valuable opportunities to develop alternative identities and skills that could assist in their own journey of desistance from self-harm.

To date, there has been no evaluation of peer support relating to self-harm specifically, delivered by people who formerly struggled with this. The potential value of bringing together people for support in this context has been suggested in a recent study of activities that might facilitate personal recovery for adults who continue to self-harm in the community (Deering & Williams, 2018). Synthesising the findings of 12 studies that had examined the lived experience of support groups (face-to-face and internet forums), the authors tentatively identified possible recovery benefits. These included developing connections with others, feeling understood and not judged which enabled the development of trust and combatted stigma, increasing access to support and transitioning over time to becoming the support provider, catharsis of emotions through talking/writing, developing hope and empowerment through inspirational relationships, learning techniques to cope and take control, fostering positive identities as people who help others and are not defined by their self-harming behaviour, and gaining a better understanding of why they harm themselves. These findings shed light on the potential value of group support for people who struggle with self-harm, although this should be considered preliminary as this was drawn from secondary analysis, rather than directly from the participants, and no primary evaluation of this type of activity in prisons has yet been conducted.

Currently, people with a history of self-harm are not precluded from being Listeners in prison. However, the current findings suggest the potential value in promoting this activity, in sharing success stories, and from considering additional roles or support groups facilitated by people who have successfully learned to cope differently. To be effective, peer support needs to be part of a structured scheme which is planned, implemented, monitored and evaluated properly. The particular vulnerabilities of both the givers and receivers of support would need careful consideration before trialling this form of support system, though. The potential for this scheme to increase risk for both parties, and thereby potentially worsen their outcomes is a serious, albeit at this stage hypothetical, concern. Further, based on the experiences of the men involved in the current study, it is vitally important that prisoners trust people who take on mentor or Listener roles, which includes believing in the motives for volunteering for these roles and that disclosure will be treated confidentially.

5.3 Future research

It would be helpful if future research explored the experiences of women and young people in custody, and all groups in the community, to ascertain if what appears to help men learn to

cope without self-harm are similar for these groups too. Careful trialling and evaluation of how people who have successfully moved away from self-harm can act as supporters, role models or mentors, and how their success stories might give others hope, would also be beneficial.

References

Adair, D. (2005). *Peer Support Programs within Prisons*. University of Tasmania School of Sociology and Social Work.

Bennett, L. & Dyson, J. (2014). Deliberate self-harm among adults in prisons. *Mental Health Practice*, 18(1), 14–20.

Cacioppo, J.T. & Patrick, B. (2008). *Loneliness: Human Nature and the Need for Social Connection*. New York: Norton.

Deering, K. & Williams, J. (2018). What activities might facilitate personal recovery for adults who continue to self-harm? A meta-synthesis employing the connectedness/hope and optimism/identify/meaning/empowerment framework. *International Journal of Mental Health Nursing*, 27, 483–497.

Dixon-Gordon, K., Harrison, N. & Roesch, R. (2012). Non-suicidal self-injury within offender populations: a systematic review. *International Journal of Forensic Mental Health*, 11(1), 33–50.

Gardner, K.J., Dodsworth, J. & Selby, E.A. (2014). Borderline personality traits, rumination, and self-injurious behaviour: an empirical test of the emotional cascades model in adult male offenders. *Journal of Forensic Psychology Practice*, 14(5), 398–417.

Hawton, K., Arensman, E., Townsend, E., Bremner, S., Feldman, E. et al. (1998). Deliberate self harm: systematic review of efficacy of psychosocial and pharmacological treatments in preventing repetition. *British Medical Journal*, 317(7156), 441–447.

Hawton, K., Linsell, L., Adeniji, T., Sariaslan, A. & Fazel, S. (2014). Self-harm in England & Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *The Lancet*, 383, 1147–1154.

Hawton, K., Witt, K.G., Salisbury, T.L., Arensman, E., Hazell, P. et al. (2016). Psychosocial interventions following self-harm in adults: a systematic review and meta-analysis. *Lancet Psychiatry*, 3, 740–750.

Her Majesty's Prison and Probation Service (2011). *Prison Service Instruction 2011-64. Management of Prisoners At Risk of Harm to Self, to Others and From Others*. London: HMPPS.

Hetrick, S.E., Robinson, J., Spittal, M.J. & Carter, G. (2016). Effective psychological and psychosocial approaches to reduce repetition of self-harm: a systematic review, meta-analysis and meta-regression. *BMJ Open*, 6, 1–14.

Hunter, G. & Kirby, A. (2011) *Evaluation of Working One to One with Young Offenders*. London: Prince's Trust.

Ireland, J.L. & Quinn, K. (2007). Officer attitudes towards adult male prisoners who self-harm: development of an attitudinal measure and investigation of sex differences. *Aggressive Behavior*, 33(1), 63–72.

Ivanoff, A., Jang, S.J. & Smyth, N.J. (1996). Clinical risk factors associated with parasuicide in prison. *International Journal of Offender Therapy and Comparative Criminology*, 40(2), 135–146.

Lanes, E. (2009). Identification of risk factors for self-injurious behavior in male prisoners. *Journal of Forensic Sciences*, 54(3), 692–698.

Lohner, J. & Konrad, N. (2006). Deliberate self-harm and suicide attempt in custody: distinguishing features in male inmates' self-injurious behavior. *International Journal of Law and Psychiatry*, 29(5), 370–385.

Lohner, J. & Konrad, N. (2007). Risk factors for self-injurious behaviour in custody: problems of definition and prediction. *International Journal of Prisoner Health*, 3(2), 135–161.

Maden, A., Chamberlain, S. & Gunn, J. (2000). Deliberate self-harm in sentenced male prisoners in England and Wales: some ethnic factors. *Criminal Behaviour and Mental Health*, 10(3), 199–204.

Mann, R., Fitzalan Howard, F. & Tew, J. (2018). What is a rehabilitative prison culture? *Prison Service Journal*, 235, 3–9.

Maruna, S. (2001). *Making Good: How Ex-Convicts Reform and Rebuild Their Lives*. Washington, DC: APA Books.

Marzano, L., Ciclitira, K. & Adler, J. (2012). The impact of prison staff responses on self-harming behaviours: Prisoners' perspectives. *British Journal of Clinical Psychology*, 51(1), 4–18.

Ministry of Justice (2016). *Prison safety and reform*. London: Ministry of Justice.

Ministry of Justice (2018). *Self-harm in prison custody 2014 to 2017.* London: Ministry of Justice.

Ministry of Justice (2019). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to December 2018. Assaults and Self-harm to September 2018.* London: Ministry of Justice.

Musick, M.A. & Wilson, J. (2003). Volunteering and depression: the role of psychological and social resources in different age groups. *Social Science & Medicine*, 56, 259–269.

Palmer, E.J. & Connelly, R. (2005). Depression, hopelessness and suicide ideation among vulnerable prisoners. *Criminal Behaviour and Mental Health*, 15(3), 164–170.

Perrin, C. & Blagden, N. (2014). Accumulating meaning, purpose and opportunities to change "drip by drip": the impact of being a listener in prison. *Psychology, Crime & Law*, 20, 902–920.

Pike, S. & George, R. (2019). *The Assessment, Care in Custody and Teamwork (ACCT) process in prisons: findings from qualitative research*. London: Ministry of Justice.

Piliavin, J.A. & Siegl, E. (2007). Health benefits of volunteering in the Wisconsin longitudinal Study. *Journal of Health and Social Behavior*, 48, 450–464.

Pope, L. (2018). *Self-harm by adult men in prison: A rapid evidence assessment (REA)*. London: HMPPS.

Prisons and Probation Ombudsman (2018). Annual report 2017–18. London: Ministry of Justice.

Ramluggun, P. (2013). A critical exploration of the management of self-harm in a male custodial setting: qualitative findings of a comparative analysis of prison staff views on self-harm. *Journal of Forensic Nursing*, 9(1), 23–34.

Slade, K., Edelmann, R., Worrall, M. & Bray, D. (2014). Applying the Cry of Pain model as a predictor of deliberate self-harm in an early-stage adult male prison population. *Legal and Criminological Psychology*, 19(1), 131–146.

Smith, J.A. (2015). *Qualitative Psychology: A practical guide to research methods* (3rd ed). London: Sage.

Snow, L. (2002). Prisoners' motives for self-injury and attempted suicide. *The British Journal of Forensic Practice*, 4(4), 18–29.

Tate, H., Bladgen, N. & Mann, R.M. (2017). *Prisoners' perceptions of care and rehabilitation from prison officers trained as Five Minute Interventionists*. HMPPS: London.

Van Willigan, M. (2000). Differential benefits of volunteering across the life course. *Journal of Gerontology: Social Sciences*, 55B, 308–318.

Webster, S.D. & Kenny, T. (2015). *Experiences of prison officers delivering Five Minute Interventions at HMP/YOI Portland*. London: National Offender Management Service.

Appendix A
Interview guide

1. Please describe your experiences of moving to a period where you are no longer self-harming? Prompts: what was the process of change, awareness of the process, how long did it take, what prompted it?

2. Please describe how you are managing your self-harm/ your thoughts or feelings? Prompts: day-to-day, triggers/ pressures, meaningful activities, available support and interventions offered/received?

3. Please describe any particular coping strategies that you use? Prompts: practical/ mental strategies/ practice and learning/ any strategies you particularly like/ dislike?

4. What effect has managing your self-harm had on you? Prompts: your thoughts, feelings, behaviour, relationships (with others in and outside of prison), how other respond to you, differences to when you were harming?

5. What were the things that helped you the most to stop self-harming (and why)? Prompts: people/ places/activities/ processes/what makes you feel better/ what is important?

6. What were the things that you found unhelpful or caused you difficulties in stopping you from self-harming (and why?) Prompts: people/ places/activities/ processes/what makes you feel worse/ barriers to overcome (how)?

7. Based on your recent achievements, how do you feel about the progress you have made? Prompts: likelihood of seeking help from others/ ongoing support/what you have learnt/ view of the future.

8. What advice would you offer to others that may be going through a similar experience? What advice would you give to those that are supporting them?

9. Is there anything else you would like to tell me about your experiences of self-harming and how you have overcome this that I have not already asked you?