EXPLORING THE ATTITUDES AND EXPERIENCES OF PRISON OFFICERS WORKING WITH PRISONERS WHO ENGAGE IN SELF-HARMING BEHAVIOUR.

By

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A thesis submitted to the University of Birmingham for the degree of DOCTOR OF FORENSIC CLINICAL PSYCHOLOGY

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Thesis Overview

This thesis is submitted to the University of Birmingham for the degree of Doctor of Forensic Clinical Psychology (ForenClinPsyD) and contains three chapters. The first chapter is a systematic literature review exploring the attitudes and experiences of prison staff working with prisoners who engage in self-harming behaviour. The second chapter is an empirical study, which adopted qualitative methodology to explore the experiences of UK prison officers working with adult male prisoners who self-harm, and the subsequent impact on psychological well-being. The final chapter comprises two press release documents, which provide an accessible summary of both the literature review and empirical research.

Dedication

This thesis is dedicated to the prison officers who kindly gave their time to take part in the research, sharing their experiences so open and honestly. I will be forever grateful.

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Firstly, thank you to my research supervisor, Dr Caroline Oliver. Your continued support and guidance throughout the many ups and downs has been invaluable. Through the lows of Covid-19 and waiting an eternity for ethical approval, your emotional containment and encouragement certainly kept me going, along with some laughter. Gratitude is also given to Dr Juliane Kloess and Dr Andrew Fox for your wealth of IPA expertise. A huge thank you to my appraisal tutor, Dr Owen Forster. My trainee journey has been interesting to say the least, so your continued support and guidance has been greatly appreciated over the last four years.

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Chapter 1

Systematic Literature Review

What are the Attitudes and Experiences of Prison Staff Working With Prisoners who Self-Harm? A Systematic Literature Review.

Supervised by:

Dr Caroline Oliver

Abstract

Self-harm within UK prisons has been rising over recent years posing a challenge for prison organisations. The impact of self-harm expands to the wider staff team responsible for caring for them. Prisons are demanding and challenging work environments, with staff witnessing and experiencing traumatic events such as violence, self-harm, and suicide. Exposure to such high rates of traumatic events can lead to staff burnout and compassion fatigue, impacting the care prisoners receive. The aim of this review was to synthesise existing literature exploring the attitudes and experiences of prison staff working with prisoners who engage in self-harming behaviour. A systematic search of five databases resulted in 91 studies. After application of inclusion/exclusion criteria, 13 studies; nine qualitative, three quantitative and one mixed method were selected for review and quality assessed. The emotional impact of working with self-harm and subsequent coping strategies were highlighted. Attitudes towards self-harm were dependent on staff's understanding of the function of self-harm, with differences highlighted between healthcare and prison officers. Factors influencing attitudes and experiences included prison culture, officer characteristics, training, relationship with prisoners and resources. This systematic review highlighted that prison culture was seen as a barrier for staff expressing emotion regarding the impact of working with self-harm. High levels of harmful attitudes were noted regarding the function of prisoner self-harm. Despite some limitations, the findings have highlighted the importance of supporting prison staff, through increased supervision, training, and support. Future research is recommended to explore these concepts further.

1.1 Introduction

The role of prison officers is both physically and mentally demanding due to the challenging and high-risk environment in which they work (Evers et al., 2020). The rise of prisoner violence, aggression, self-harm, and suicide (Kinman et al., 2019) has been shown to have negative psychological and physical health consequences for prison staff (Harvey, 2014).

Self-Harm Within Prison Establishments

Her Majesty's Prison and Probation Service (HMPPS) define self-harm as 'any act whereby a prisoner deliberately harms themselves irrespective of the method, intent or severity of any injury' (Pope, 2018). Incidents could include self-harm by cutting, scratching, head-banging, self-poisoning, ligature use, fire setting, punching walls, suffocation and/or inserting objects into the skin/opening wounds. The definition of self-harm, therefore, focusses on the behaviour, irrespective of the degree of suicidal intent or underlying function. According to a systematic literature review conducted by Fazel et al. (2008), 50% of prisoners who die by suicide have a history of self-harm. In addition, UK mortality rates for suicide are five times higher in male prisoners and 20 times higher in female prisoners compared to the general population (Hawton et al., 2014). Therefore, as well as being a risk-factor for suicide, self-harm is a challenge itself within prison establishments.

The annual prevalence of self-harm in UK prisons has previously been estimated to be 5-6% of the male population and 20-24% of the female population, greatly surpassing the 1% of adults in the general population (Hawton et al., 2014). Unlike self-harming behaviour within the community, the culture of prison exposes prisoners to often distressing experiences, including peer violence, solitary confinement, victimisation, and poor social

support (Perry, 2020). It is reported that within England and Wales, self-harming male prisoners are eight times more likely to die from suicide and self-harming female prisoners are 36 times more likely to die by suicide within one year of release into the community compared to the public (Pratt et al., 2010). Risk factors have been noted to include higher risk of psychiatric disorders, history of self-harm, substance misuse and being reluctant to access support (Pratt et al., 2010).

Self-harm rates within UK prison establishments have been rising over recent years (Kinman et al., 2016; Sweeney et al., 2018). Recent figures demonstrate self-harm rates increased by 11% in the 12 months prior to March 2020, with 64,552 incidents recorded. Incidents requiring hospital treatment also rose by 4% within male establishments (3,134 incidents) and by 26% (295 incidents) in female establishments. Female prisoners are more likely to engage in greater frequency of self-harm, whilst male prisoners are more likely to display higher severity, often requiring greater hospital treatment (Ministry of Justice [MOJ], 2020). As official statistics are based upon reported incidents, it is possible that the true number of incidents could be considerably higher, especially due to the often-hidden nature of self-harming behaviour (Ramluggun, 2013).

People engage in self-harming behaviour for a wide variety of reasons. When exploring the function of prisoner self-harm, affect regulation has been identified as the most common function, with others including self-punishment, dissociating, family circumstances, offence-related factors (e.g., guilt and shame) or instrumental (e.g., using self-harm to meet their needs) (Dixon-Gordon et al., 2012; Favril et al., 2020; Powers et al., 2013). In terms of gender, female prisoners have been shown to display higher rates of self-harm as a reaction to stressors and to relieve negative emotions (Favril et al., 2020), whilst male prisoners have been shown to self-harm to release emotions and externalise anger (Sousa et al., 2019).

Favril et al. (2020) conducted a systematic review and meta-analysis of risk factors for self-harm, consisting of 35 studies from 20 countries, with a total population of 663,735 prisoners. They found that psychiatric diagnosis was strongly associated with self-harm, specifically major depression, and borderline personality disorder. It is well documented that rates of psychiatric disorders are higher within prison populations, with prisoners presenting with a range of complex issues (Bell et al., 2019). Alongside psychiatric illness, Favril and colleagues also noted prison-specific environmental factors associated with greater self-harm included disciplinary actions, solitary confinement, and experiences of sexual and/or physical abuse whilst incarcerated.

The impact of self-harm however expands from the prisoner to the wider staff team responsible for managing them. In 2002, the Assessment, Care in Custody and Teamwork (ACCT) procedure was introduced in all England and Wales prison establishments which meant that paperwork must be completed for every incident of self-harm to ensure that the appropriate care and support is available to prisoners (Hawton et al., 2014).

Occupational Stress and Burnout in Prison Staff

As well as high rates of prisoner violence, UK prisons are increasingly overcrowded and understaffed, with the prison population rising simultaneously as staffing levels are reducing (MOJ, 2017). Therefore, it is unsurprising that prison officers display higher rates of work-related stress, posttraumatic stress (PTSD), and burnout compared to those found in other emergency service occupations (Denhof & Spinaris, 2013; Tye & Mullen, 2006). Kinman et al. (2017) conducted an online survey whereby 1,267 prison officers completed the General Health Questionnaire-28 (GHQ-28) and found that 75% reached the threshold for mental health symptoms including insomnia, depression, and anxiety, exceeding the level found in other emergency service employees. Job demands were the strongest predictor of

mental health difficulties, whereas positive working relationships and role clarity were found to be protective factors. In addition, when examining the physical and psychological health perceptions of 100 prison officers, Harvey et al. (2014) found that officers held lower perceptions compared to the general population. In relation to psychological distress, 56.6% of officers met the threshold for a general psychiatric disorder on the General Health Questionnaire-12 (GHQ-12). Although causal links cannot be established due to the cross-sectional designs, it is possible that the stressful nature of the role may increase the risk of prison officers being more susceptible to mental and physical health difficulties.

Concerns have been growing around the retention of prison staff, with sickness and resignation rates rising yearly (Evers et al., 2020). Figures from December 2020 indicate that the most common category of working days lost across UK prisons due to sickness was linked to mental health (40.6%, including stress, anxiety, and depression) (MOJ, 2020). The scale of sick leave supports concerns highlighted in previous research regarding the impact of the prison environment on staff well-being (Evers et al., 2015; Marzano et al., 2015). Research has suggested that growing rates of prison violence including self-harm incidents, alongside limited resources, are contributing factors for the diminishing well-being of prison staff (Evers et al., 2015; Marzano et al., 2015).

As well as being costly for prison establishments, sick leave has a detrimental impact on the daily running of prisons, which require minimum staffing levels to maintain security (Lambert et al., 2015a). Moreover, Kinman et al. (2019) explored the prevalence of presenteeism within 1,682 UK prison officers. Presenteeism is defined as a position whereby an individual attends work despite feeling unwell. Within their survey they found that 84% of officers had attended work when they did not feel well enough, with reasons including management pressure, punitive absence processes, feelings of letting colleagues down and

fear of dismissal or disbelief. Prison officers described an ‘anti-sickness’ culture, with mental health difficulties likely to be stigmatized, leading staff to continue to be present at work despite not feeling mentally well enough, which ultimately will have negative outcomes, both for the prison officer and the prisoners within their care (Evers et al., 2015).

In relation to work conditions, Bevan et al. (2010) recruited 1,038 employees from one UK prison to complete a questionnaire on the psychosocial work conditions and found lower than recommended levels of staff well-being in relation to job control and job demands. However, it is worth noting that the use of self-report data and correlational designs limits causality. When focussing on traumatic events, Bell et al. (2019) explored the exposure of 21 prison nurses and 15 prison officers. They found that 60% of prison officers had witnessed prisoner self-harm more than 30 times, with the majority witnessing between one and ten fatal or near fatal events. 19% of participants had experienced this more than 10 times. It is therefore no surprise that 50% of respondents expressed medium levels of burnout, with higher levels being significantly associated with experiencing a range of traumatic events. Despite the small sample size, the results illustrate the need for prison services to explore how best to support staff.

It is therefore known that exposure to high rates of traumatic events can lead to the reduction of professional quality of life (Bell et al., 2019) with studies exploring the emotional and psychological well-being of prison officers finding them to be at greater risk of sleep difficulties, anxiety, suicidal ideation, and depression compared to the public (James et al., 2017; Kinman et al., 2016). Subsequently, it has been reported that these experiences could further impact the prisoner-staff relationship, with officers having a reduced capacity to provide empathetic and responsive care to prisoners in distress (Evers et al., 2020). Staff in caring roles are at risk of ‘compassion fatigue’ which has been defined as a decrease in the

ability to empathise with prisoners, which can occur following prolonged exposure to traumatic events (Sinclair et al., 2017). Staff suffering from compassion fatigue are likely to feel negative emotions including numbness, anxiety and irritability which can lead to less responsive care. Within Bell et al's (2019) study, they found 36% of participants reported medium and 61% reported low levels of compassion fatigue. Mental health nurses reported significantly higher compassion satisfaction scores compared to prison officers, potentially due to the higher frequency of exposure prison officers have to traumatic events.

Existing Reviews

An initial scoping exercise was completed on 12th June 2020 and repeated on 18th March 2021. The aim was to obtain an understanding into the amount of literature existing for the proposed review, as well as reviewing whether there were any published systemic literature reviews covering the topic area. An electronic search of the following databases was conducted; The Cochrane Library of Systemic Reviews, Embase, Medline, PsycINFO (American Psychological Association) and search engines Google and Google Scholar.

Two reviews were identified within the field of prison officer wellbeing: The first was conducted by Evers et al. (2020), whereby they completed a meta-analysis of nine studies exploring the effectiveness of well-being interventions offered to prison officers, including group psychoeducation on stress management and crisis intervention debriefing. Despite concerns over the well-being of officers, the results indicated that the interventions did not significantly improve well-being due to lacking theoretical underpinning and failing to account for context-specific factors affecting well-being. The authors highlighted the need for future interventions to be based on psychological models associated with well-being to ensure they have a meaningful and positive impact.

The second review was conducted by Lambert et al. (2015b) who reviewed 53 empirical studies exploring literature on prison officer burnout. The results demonstrated that the challenging job role had a large impact upon officer mental health, their families, the prisoners within their care, and the organisation. As predicted, factors within the workplace included, role ambiguity, risk of violence, and the physical environment of prisons, were greater contributing factors to burnout compared to individual factors. Furthermore, high levels of burnout were associated with lower levels of work performance, reduced compassion to prisoners, and less commitment to the prison organisation.

These two reviews highlight that research is continuing to help understand the nature and triggers of burnout within prison officers, however, more research is needed focussing on what can be done to prevent and control it.

The Current Review

No published systematic literature review was identified related to the attitudes and experiences of prison staff managing prisoner self-harm. Therefore, the current review will build upon previous syntheses, being the first of its kind to identify and bring together any existing literature on the attitudes and experiences of prison staff in relation to prisoner self-harm.

Aims and Objectives

The aim of the current review was to systematically identify literature exploring the attitudes and experiences of prison staff working with prisoners who self-harm. Specifically, the objectives included:

- What are the subjective experiences of prison staff managing prisoners who self-harm?

- What attitudes exist among prison staff towards prisoners who self-harm?
- What factors influence these attitudes and experiences of prisoner self-harm?

1.2 Method

Criteria for Considering Relevant Studies

To enable identification and selection of relevant studies, a set of specific inclusion and exclusion criteria were defined using the SPIDER tool (Sample; Phenomenon of Interest; Design; Evaluation; Research Type; Cooke et al., 2012). As the current review seeks to explore a broad account of prison staff experiences, the SPIDER tool was preferred compared to other tools due to its ability to apply to both quantitative and qualitative data (Cooke et al., 2012). See Table 1.1 for a breakdown of the SPIDER inclusion criteria. The review focussed exclusively on staff working within an adult prison establishment. Although experiences of working with self-harm may be similar in other settings such as secure hospitals, there are marked differences in relation to the procedures and laws of these services compared to prisons (Gunn, 2000). The review also excluded working with juvenile prisoners who self-harm on the same premise that comparisons could not be made.

Table 1.1

Inclusion and Exclusion Criteria Utilising the SPIDER Tool

	Inclusion criteria	Exclusion criteria
Sample	Prison staff who have direct contact with adult prisoners e.g., prison officers, nurses, prison governors, psychologists. Aged 18 years and over. Can include staff from either male or female prison establishments.	Any other type of profession which does not have direct contact with prisoners. Not working in a prison establishment.
Phenomenon of **I**nterest	Experiences of prison staff working with prisoners who self-harm.	Prison staff experiences and/or attitudes not related directly to prisoner self-harm.

	Attitudes of prison staff towards prisoners who self-harm. Can include working with either male or female adult prisoners.	Experiences of working with young prisoners (under 18 years).
Design	Must obtain empirical data. E.g., Interviews; questionnaire; psychometric test; survey; vignettes.	Any study that does not obtain empirical data.
Evaluation	Qualitative - Themes; experiences; attitudes. *OR* Quantitative - Psychometric measure outcomes; questionnaire results exploring attitudes.	Any study that does not obtain empirical data.
Research Type	Any type of study design - Qualitative, quantitative, mixed methods. Published or unpublished.	Book chapter, commentary, systematic review, expert opinion paper or secondary study.

Search Methods for Identification of Studies

A comprehensive search strategy was defined including synonyms found during the scoping review (see Table 1.2). To increase the sensitivity of the search strategy, search terms were truncated to account for variations in spellings (*) and Boolean logical operators were used to maximise the studies retrieved. The logical operator 'OR' was used to separate synonyms whilst 'AND' was used to combine different categories together.

To reduce publication bias, no limits were applied regarding published or unpublished status; year of publication; or country where the study took place. Limits were only applied in relation to language. Due to the lack of resources and inability to translate papers, only English language papers were sought after. The review considered all research types including qualitative, quantitative, and mixed-method designs.

Table 1. 2

Key Word Synonyms for Database Searches

Key Word Synonyms				
Prison staff:		**Self-harm:**		**Prisoner:**
Prison staff		Self-harm* Self harm*		Prisoner*
Prison Personnel		Self-injurious behaviour/behavior / Self injurious behaviour/behavior		Inmate*
Prison Officer*	**AND**	Suicidal ideation	**AND**	
Correction* Officer*		Self-inflicted wounds / Self inflicted wounds		
Correction* staff		Self-mutilation / self mutilation		
Correction* personnel		Self-injury / self injury		
		Self-violence / self violence		

Sources of Literature

The following databases were selected due to their coverage of topics related to psychology, criminology, and health care interventions. The dates reflect the start year as determined by each database and the date that the search was completed. The exact search syntax for each database can be found in Appendix A. References were managed using EndNote software.

- PsycINFO (1967 to July Week 1 2020)

- SCOPUS (2004 to 7th July 2020)
- Ovid Medline(R) (1946 to July Week 2 2020)
- Embase (1974 to 2020 July 17)
- ProQuest Psychology Database (2009 to 20th July 2020)

Study Screening and Selection Process

The database searches retrieved one hundred and forty-nine references in total. Table 1.3 demonstrates the breakdown of search hits for each database.

Table 1.3

Screening and Selection Process: Search Hits for Each Database.

Electronic Databases	Search Prison staff	Search Self-harm	Combine Search Prison staff and self-harm
PsycINFO	2,683	19,750	52
SCOPUS	6,669	14,195	52
Ovid Medline (R)	437	11,351	16
Embase	602	17,896	20
ProQuest	496	2,904	9
TOTAL	**10,887**	**66,096**	**149**

The screening and selection process involved four stages (A schematic diagram of the selection and screening process is detailed in Figure 1). After all searches had been conducted and saved onto EndNote software, stage one involved removing any duplicates. 58 duplicates were removed, leaving a total of 91 references.

Stage 2 involved examining the title and abstract of each reference against the inclusion criteria to determine eligibility. Where the abstract was unclear, the study was included to progress onto the next stage. 79 references were removed due to not meeting the inclusion criteria. Reasons for exclusion included not focussing on prison staff experiences of working specifically with self-harm and failing to obtain empirical data (See Appendix B for a breakdown of excluded publications). A total of 12 studies remained.

Stage 3 involved retrieving the full text for all 12 studies via the University of Birmingham elibrary. Each study was reviewed and scrutinised against the inclusion criteria (see Appendix C for a copy of the inclusion form).

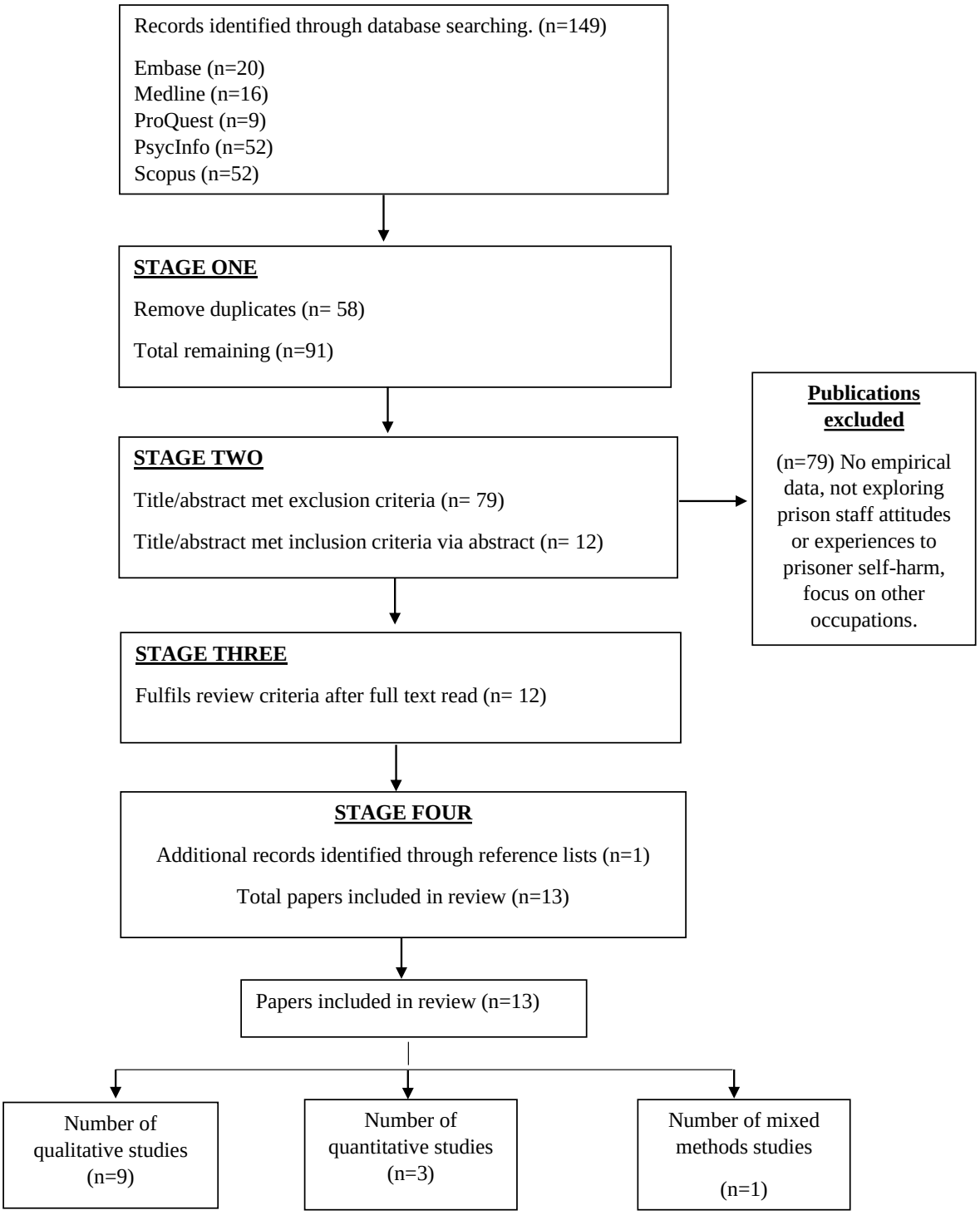
All 12 studies met the inclusion criteria and were deemed appropriate to be included. The researcher and their supervisor held regular discussions about the studies to ensure an agreement was made on the included studies. A discussion was held over one reference (Moore et al., 2011) in relation to its relevance to the review topic. Following the discussion, although the findings were not as rich and detailed compared to the remaining studies, there was agreement that the study would still be included due to the findings providing some insight into the experiences of prison staff working with prisoner self-harm. In addition, as the review only obtained 12 relevant papers, it was judged acceptable to include.

To identify any additional studies, stage four involved manually scanning the reference lists of obtained studies to identify any missed relevant papers. One study by Pannell et al. (2003) was repeatedly cited. Upon obtaining and reviewing the paper, it met the inclusion criteria for the review. It was noted that the study was published in the *International Journal of Forensic Psychology*, which ceased to exist from 2010; therefore, explaining why it failed to appear on the databases searched. In addition, F. Sweeney and T.

Walker were contacted to ask whether they knew of any other relevant papers to include in the review. Both replied stating that they had no additional articles outside of their reference lists. Lastly, Google and Google Scholar were searched for any ‘grey literature’, but none was found. With the additional paper, the total number of studies included in the review was 13, encompassing nine qualitative studies, three quantitative studies and one mixed-methods study.

Figure 1

Flow Chart of Database Search Results



Quality Appraisal

When completing a systematic literature review, it is crucial to judge the reliability and trustworthiness of all papers (Popay et al., 2006). Quality assessing evaluates the risk of selection bias and aids in reviewing the worth and relevance of each study to the research questions. For the current review, due to the small number of studies retrieved, it was decided that no study would be excluded on the grounds of quality, with the view that all studies will have something to contribute (Dixon-Woods et al., 2017; Petticrew & Roberts, 2006). The nature of the quality assessments was therefore used to inform the strengths that could be assigned to each of the papers, rather than to exclude any.

For the nine qualitative papers, the Critical Appraisal Skills Programme (CASP) checklist for qualitative research (CASP, 2017) was utilised to assess their quality (see Appendix D). The CASP was chosen due to it being an established tool, developed and tested by a multi-disciplinary group which can be modified to meet the specific needs of individual reviews. The CASP was also recommended by the Cochrane Systematic Review (Hannes, 2011). See Table 1.4 for a summary of the CASP results.

Following a review of the studies involved, five additional questions were added to the CASP to make the quality assessment tool more specific to the studies. The additional questions were included within the original CASP as ‘hints to consider’, however it was felt that they were deemed important to be included in the current review separately to be able to increase sensitivity when judging the quality of the papers. One question was added in relation to sampling (‘Is it clear how participants were selected?’). One question was added in relation to study design (‘Are the methods used explicit?’). Two questions were added in relation to data analysis (‘Is there sufficient data to support the themes?’ and ‘Did the researcher critically examine their own role, potential bias, and influence during the

analysis?'). Lastly, one question was added in relation to the findings ('Are the findings discussed in relation to the original research question and existing literature?'). Therefore, the total number of questions was 14 which allowed for more detailed commentary on differences within quality scores.

Alterations were also made to the rating scale, adding in the option of 'Partial' instead of the existing 'Can't tell' option. The original 'Yes', 'Can't tell' and 'Not met' options failed to discriminate between papers that fully met a criterion compared to those that only partially met the requirement. Therefore, a scoring system was used whereby 2 = Yes (criterion met), 1 = Partial (criterion partially met), and 0 = (Criterion not met). 'Unsure' was given if there was insufficient information provided to answer the question. This modification allowed the researcher the ability to discriminate the quality of individual papers more accurately, being sensitive to potential biases.

Table 1.4

Summary of the CASP

Study		Kenning et al (2010)	Marzano et al (20115)	Moore et al (2011)	Ramluggun (2013)	Short et al (2009)	Smith et al (2019)	Sweeney et al (2018)	Walker er al (2016)	Walker et al (2017)
Aims	1.Is there a clear statement of the aims?	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2
Appropriate research design	2.Is qualitative methodology appropriate to address the aims?	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2
Sampling and selection bias	3.Recruitment strategy appropriate to the aims?	Yes 2	Partial 1	Yes 2	Yes 2	Partial 1	Partial 1	Yes 2	Not met 0	Partial 1
	4.Is it clear how participants were selected?	Yes 2	Yes 2	Yes 2	Yes 2	Partial 1	Yes 2	Yes 2	Unsure	Unsure
Study design	5.Are the methods used explicit?	Partial 1	Partial 1	Partial 1	Yes 2	Yes 2	Partial 1	Partial 1	Partial 1	Partial 1
	6.Data collected in a way that addressed the research issue?	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2
Reflexivity	7.Relationship between researcher and participant adequately considered?	Not met 0	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure	Unsure
Ethical issues	8.Ethical issues been taken into consideration?	Partial 1	Partial 1	Yes 2	Yes 2	Partial 1	Unsure	Yes 2	Yes 2	Yes 2
Data analysis	9.Data analysis sufficiently rigorous?	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Partial 1	Yes 2	Partial 1	Yes 2

Study		Kenning et al (2010)	Marzano et al (20115)	Moore et al (2011)	Ramluggun (2013)	Short et al (2009)	Smith et al (2019)	Sweeney et al (2018)	Walker er al (2016)	Walker et al (2017)
	10.Is there sufficient data to support the themes?	Partial 1	Yes 2	Partial 1	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2
	11.Did the researcher critically examine their own role, potential bias, and influence during the analysis?	Yes 2	Yes 2	Yes 2	Partial 1	Partial 1	Not met 0	Partial 1	Unsure	Yes 2
Findings	12.Clear statement of findings?	Yes 2	Yes 2	Partial 1	Yes 2	Yes 2	Partial 1	Yes 2	Yes 2	Yes 2
	13.Are the findings discussed in relation to the original research question and existing literature?	Yes 2	Yes 2	Partial 1	Yes 2	Yes 2	Yes 2	Yes 2	Yes 2	Partial 1
Value	14. Is the research valuable?	Yes 2	Yes 2	Partial 1	Yes 2	Yes 2	Partial 1	Yes 2	Yes 2	Yes 2
Total score		**23/28 82%**	**23/28 82%**	**21/28 75%**	**26/28 93%**	**22/28 79%**	**17/28 61%**	**24/28 86%**	**18/28 64%**	**21/28 75%**

After a careful review of the three quantitative studies, the Appraisal tool for Cross-Sectional Studies (AXIS tool; Downes et al., 2016) was chosen (see Appendix E). The AXIS was specifically designed for cross-sectional studies and developed via a rigorous process using a Delphi panel of 18 experts (Downes et al., 2016). The tool consists of 20 questions, with responses being 'yes', 'no' or 'don't know'. No adaptations were made to the questions; however, the scoring was altered to include numerical values with the new responses being 'yes=1', 'no=0' and 'don't know=0'. Items 13 and 19 were reversed scored. See Table 1.5 for a summary of the AXIS findings.

Table 1.5

Summary of the AXIS

	Study	Ireland & Quin (2007)	Pannell (2003)	Sousa et al (2019)
Introduction	Were the aims/ objectives of the study clear?	Yes 1	Yes 1	Yes 1
Methods	Was the study design appropriate for the stated aim(s)?	Yes 1	Yes 1	Yes 1
	Was the sample size justified?	Yes 1	No 0	Yes 1
	Was the target population clearly defined? (Is it clear who the research was about?	Yes 1	Yes 1	Yes 1
	Was the sample frame taken from an appropriate population base so that it closely represented the target population under investigation?	Yes 1	Yes 1	Yes 1
	Was the selection process likely to select participants that were representative of the target population under investigation?	Yes 1	Do not know	Yes 1
	Were measures undertaken to address and categorise non-responders?	Yes 1	Do not know	No 0
	Were the outcome variables measured appropriate to the aims of the study?	Yes 1	Yes 1	Yes 1
	Were the outcome variables measured correctly using instruments/measurements that had been trialled, piloted, or published previously?	No 0	Yes 1	Yes 1
	It is clear what was used to determine statistical significance and/or precision estimates? (e.g., p-vales, confidence intervals)	Yes 1	Yes 1	Yes 1
	Were the methods (including statistical methods) sufficiently described to enable them to be repeated?	Yes 1	Yes 1	Yes 1
Results	Were the basic data adequately described?	Yes	Yes	Yes

		1	1	1
	Does the response rate raise concerns about non-response bias? *Reverse score	No 1	Do not know	Yes 0
	If appropriate, was information about non-responders described?	Yes 1	No 0	No 0
	Were the results internally consistent?	Yes 1	Yes 1	Yes 1
	Were the results presented for all the analyses described in the methods?	Yes 1	Yes 1	Yes 1
Discussion	Were the authors' discussions and conclusions justified by the results?	Yes 1	Yes 1	Yes 1
	Were the limitations of the study discussed?	Yes 1	No 0	Yes 1
Other	Were there any funding sources or conflicts of interest that may affect the author's interpretation of the results? *Reverse score	Do not know	Do not know	Yes 0
	Was ethical approval or consent of participants attained?	Do not know	Do not know	Yes 1
	Total	**17/20 85%**	**12/20 60%**	**16/20 80%**

For the one mixed-method study, the Mixed Methods Appraisal Tool Version 2018 (MMAT; Hong et al., 2018) was utilised to assess methodological quality (see Appendix F). Originally developed in 2006, the MMAT has been revised and rigorously tested (Hong et al., 2018). As per the manual, sections 5 (mixed methods), 1 (qualitative) and 4 (quantitative descriptive) were utilised to review quality. No adaptations were made to the questions. Again, numerical values were added to the scoring with the new responses being 'yes=1', 'no=0' and 'can't tell=0'. See Table 1.6 for a summary of the MMAT.

Table 1.6

Summary of the MMAT

Study		DeHart et al (2009)
Screening	S1: Are there clear research questions?	Yes
	S2: Do the collated data allow to address the research questions?	Yes
1.Qualitative	1.1.Is the qualitative approach appropriate to answer the research question?	Yes 1
	1.2.Are the qualitative data collection methods adequate to address the research question?	Yes 1
	1.3.Are the findings adequately derived from the data?	Yes 1
	1.4.Is the interpretation of results sufficiently substantiated by data?	No 0
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	No 0
4.Quantitative Descriptive	4.1 Is the sampling strategy relevant to address the research question?	Yes 1
	4.2. Is the sample representative of the target population?	Yes 1
	4.3. Are the measurements appropriate?	Can't tell
	4.4. Is the risk of nonresponse bias low?	Yes 1
	4.5. Is the statistical analysis appropriate to answer the research question?	Can't tell
5.Mixed Methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	Yes 1
	5.2. Are the different components of the study effectively integrated to answer the research question?	Yes 1
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpretated?	Yes 1
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Can't tell
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Yes 1
	Total	**10/15 66%**

Including numerical values allowed for scores to be converted into percentages. Having a percentage of quality for all papers allowed for comparisons to be made, however, it is noted that direct comparisons would not be possible due to the use of three different quality tools. The total score possible was 28 for qualitative studies, 20 for quantitative studies and 15 for the mixed-method study. Scores for each paper were converted into a percentage. Higher percentages indicated greater quality.

During the quality assessment process, a second researcher assessed 23% of the papers and a good inter-rater reliability was reached on all papers assessed. The researchers agreed on 89.3% of scores. Any differences were addressed through discussion to reach a consensus.

Data Extraction

For each included paper, relevant details of the methodology and results were extracted using an extraction form (see Appendix G), including:

- General information (title, author(s), year of publication and location of study)
- Method (aims, study design, recruitment process, sample size, participant characteristics, measures utilised, data collection method and statistical tests)
- Results (analysis method, findings in relation to prison staff attitudes, key themes clearly linked to prison staff experiences and overall conclusion)

Data Analysis and Synthesis

The current review adopted a narrative synthesis approach (Popay et al., 2006) to draw overall conclusions on the attitudes and experiences of prison staff working with prisoner self-harm. Narrative synthesis involves utilising text and words to synthesise the

findings from a range of studies, producing a narrative description and summary of the overall findings (Popay et al., 2006).

To aid the synthesising of findings, a preliminary synthesis was conducted based upon the information obtained via data extraction, whereby the main characteristics and findings from each study were collated (see Table 1.8). The next stage involved comparing the patterns, similarities, and differences within the findings from each study. Concept mapping was then utilised to visually represent key concepts linked to the review questions, (Popay et al., 2006) aiding the narrative description of the findings (see Appendix H for concept map). Lastly, a critical reflection on the process was conducted, exploring the strengths and limitations of the current review.

1.3 Results

Descriptive Overview of Results

Measures and Demographics of Studies

All studies aimed to explore the attitudes and/or experiences of prison staff working with prisoners who self-harm (See table 1.7 for a breakdown of phenomena studied and Table 1.8 for the full characteristics and quality score of each study, ordered alphabetically). Nine studies adopted a qualitative design utilising semi-structured interviews (Kenning et al., 2010; Marzano et al., 2015; Moore et al., 2011; Ramluggun, 2013; Short et al., 2009; Smith et al., 2019; Sweeney et al., 2018; Walker et al., 2016 & Walker et al., 2017). All but one study analysed their data using thematic analysis. Smith et al. (2019) utilised Interpretative Phenomenological Analysis (IPA; Smith et al., 2009).

Three studies adopted quantitative methodology utilising cross-sectional designs. Two studies (Ireland & Quinn, 2007; Sousa et al., 2019) used the Attitudes Towards Prisoners (ATP) scale and the Attitudes towards Prisoners who Self-Harm (APSH) scale, which were deemed valid and reliable psychometric measures. Ireland and Quinn (2007) also utilised self-harm vignettes, although the validity and reliability of these was unknown. One study (Pannell et al., 2003) employed researcher developed vignettes to assess attitudes and functions of prisoner self-harm, reporting high face validity. The mixed methodology study (DeHart et al., 2009) utilised a researcher developed survey and follow up semi-structured interview to assess attitudes of prisoner self-harm.

The studies varied in location with nine studies conducted in the UK (Ireland & Quinn, 2007; Kenning et al., 2010; Marzano et al., 2015; Moore et al., 2011; Ramluggun, 2013; Short et al., 2009; Sweeney et al., 2018; Walker et al., 2016; Walker et al., 2017), two

conducted in the US (DeHart et al., 2009; Smith et al., 2019), one conducted in Portugal (Sousa et al., 2019) and one conducted in Australia (Pannell et al., 2003).

Participant Characteristics

The total number of participants across the 13 publications was 656. 309 in the UK, 176 in Portugal, 95 in the US and 76 in Australia. Professions included 504 prison officers, 148 health care staff and four prison governors. Healthcare staff incorporated nurses, psychologists, psychiatrists, doctors, and mental health administrators.

Total participants included 364 males and 200 females, with gender mix ranging from 28% (Walker et al., 2017) to 80% (Pannell, 2013) male. Three studies did not report participant gender, age, or ethnicity due to participant confidentiality (Ramluggun, 2013; Smith et al., 2019; Walker et al., 2016). Of those studies that did report age, the lowest was 19 years (Ireland & Quinn, 2009) and the highest 63 years old (Sousa et al., 2019). It was not possible to calculate the mean. Only two studies reported the ethnicity of participants (Kenning et al., 2010; Short et al., 2009) with 100% identifying as White.

Seven studies reported the length of time participants had worked in the prison system, ranging from 3 months (Short et al., 2009) to 38 years (Sousa et al., 2019); it was not possible to calculate the mean. Regarding prison population gender, seven studies focussed on male prisoners who self-harm and five studies focussed on female prisoners who self-harm. DeHart et al. (2009) was the only study to include both male (83%) and female (17%) prison establishments.

Quality of Included Studies

The quality of overall studies ranged from 61% (Smith et al., 2019) to 93% (Ramluggun, 2013) (M= 76%).

In relation to the nine qualitative studies, quality ranged from 61% to 93%. Methodological strengths included clear description of the aims; recruitment of sample; data collection design and a clear statement of the findings. Overall weaknesses were a lack of reflexivity regarding how the researcher may have introduced bias within data collection and analysis, lack of detail regarding the process of devising interview schedules and ethical considerations in relation to how participants were protected from harm. Two studies (Walker et al., 2016; Walker et al., 2017) failed to state how participants were selected for interviews. Only two studies explicitly shared their interview schedule and detailed the development based upon the literature. All nine studies failed to detail if the relationship between the researcher and participants was considered.

The lowest scoring qualitative study (Smith et al., 2019) lacked detail around how participants were protected from harm and relied on handwritten notes taken during the interviews for transcription, thus less reliable than recordings. Analysis was also solely conducted by the researcher, potentially increasing researcher bias.

The quality of the quantitative studies ranged from 60% (Pannell et al., 2003) to 85% (Ireland & Quinn, 2007). Overall methodological strengths included clear description of measures; justified target sample; clear data analysis methodology, and conclusions based upon the results. It was also clear which results were statistically significant. Main methodological weaknesses included a lack of information regarding non-responders, limited information on ethical considerations and consent of participants and limited detail regarding funding or conflict of interest.

The one mixed-method study (DeHart et al., 2009) produced a quality score of 66%. Methodological strengths included rationale for using mixed methods, sampling and data

collection. Methodological weaknesses were noted with the measurements utilised and interpretations not clearly linked to the data.

Although the number of participants in each study varied from 9 (Sweeney et al., 2018) to 176 (Sousa et al., 2019), seven studies had 30 or less participants, with six studies conducted in one prison establishment, thus limiting the generalisability of the findings.

Table 1.7

Phenomenon of Interest From Each Study Included Within the Review

Author	Study design	Subjective experiences of working with self-harm	Attitudes of staff in relation to prisoner self-harm	Exploring factors that influence experiences and/or attitudes
DeHart et al (2009)	Mixed methods		X	X
Ireland & Quinn (2007)	Quantitative		X	X
Kenning et al (2010)	Qualitative	X		X
Marzano et al (2015)	Qualitative	X		X
Moore et al (2011)	Qualitative	X		
Pannell et al (2003)	Quantitative		X	X
Ramluggun (2013)	Qualitative	X	X	X
Short et al (2009)	Qualitative	X	X	X
Smith et al (2019)	Qualitative	X	X	X
Sousa et al (2019)	Quantitative		X	X
Sweeney et al (2018)	Qualitative	X		X
Walker et al (2016)	Qualitative	X		X
Walker et al (2017)	Qualitative	X		X

Table 1.8

Characteristics of Studies Included in the Review (n=13)

Author, title, year, location, and quality score	**Aims**	**Methodology** Design, participant recruitment, measures, data collection, analysis	**Results** key findings
DeHart, Smith & Kaminski (2009) Institutional responses to self-injurious behavior among inmates US **67%**	1.To explore the perceptions of correctional mental health staff regarding the nature and prevalence of self-injurious behavior (SIB) among inmates. 2.To explore perceived motivations of self-injury, strategies employed by staff in managing SIB and the impact SIB has on the institution and correctional staff.	<u>Mixed-method design</u> Survey and qualitative follow-up interviews by telephone exploring scope of SIB in their faculty, perceived motives for SIB, impact of SIB on resources and coping with SIB. <u>Participants</u> Male and female prison establishments. Convenience sample. Total sample = 54 (*n*=18) male, (*n*=36) female. 18 participants engaged in the interview. <u>Analysis method</u> SPSS descriptive data Grounded theory approach	• Cutting most witnessed form of self-harm. • Opinion that women prisoners are less likely to engage in severe acts of self-injury compared to male prisoners. • 75% of staff could recall between 3 and 20 incidents of self-injury. • 91% perceived self-harm as gaining special treatment. • 85% perceived self-harm as a way for prisoners to cope. • 28% perceived self-harm as intimating others. • 22% perceived self-harm because of delusions or severe mental disorders. • Most common behavioural strategy used was isolation. • Limited resources to manage self-harm. • Emotional toll of the work included disrupted routines, blaming self, struggling with frustration and burnout. • Difficulty addressing the psychological problems within a rigid punitive setting. Security overrides care. • Need for education and training highlighted
Ireland &Quinn (2007) Officer attitudes towards adult	1. To explore the specific attitudes held by prison officers towards adult male prisoners who self-harm.	<u>Quantitative design</u> General Attitudes Towards Prisoners scale (ATP) and the Attitudes towards Prisoners who Self-Harm scale (ATPSH).	• Positive relationship between general attitudes towards prisoners and attitudes towards those who self-harm. • Increased attitudes supporting the positive treatment of prisoners and appreciation of prisoners' feelings predicted positive attitudes towards those who self-harm. • Men and women held similar general views of prisoners.

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
male prisoners who self-harm: Development of an attitudinal measure and investigation of sex differences UK **85%**	2. To assess if these attitudes alter as a function of the prisoner's behaviour and the sex of the participant.	Two vignettes comprising two incidents of self-harm. <u>Participants</u> Recruited at a prison service college. Total sample = 162 prison officers (*n*=100 male and *n*=62 female). Mean age = 32.6 years. Range from 19 – 50 years. <u>Analysis Method</u> Factor analysis, ANOVA and MANOVA, mean and SD.	• Women reported greater understanding of self-harm and were less likely to endorse negative myths. • "Well behaved" prisoners received more positive ratings. • Women held more positive attitudes towards the well-behaved prisoner compared to men.
Kenning, Cooper, Short, Shaw, Abel & Chew-Graham (2010) Prison staff and women prisoners' views on self-harm; their implications for service delivery and	To explore the understanding of self-harm among women prisoners, prison officers and health-care staff and how these perceptions might influence service provision and service development.	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Women's prison establishment. Purposive sampling by age, gender, time in service and role. Total staff sample = 15 (8 prison officers, 5 health care, 2 governors) (n=9) female, (n=6) male. In service range: 2-120 months (*Mean*= 39) Ethnicity: 100% White. Age range: 22-53 years.	• Prison officers were limited in their views of the motives for self-harm, attributing motives of manipulation and attention-seeking. • Evidence of de-sensitisation to self-harming behaviours. • Prison officers split prisoners into those that are "genuine" and "non-genuine" in relation to self-harm. • Healthcare staff and governors displayed more empathetic and caring attitudes towards prisoners and the reasons why they might self-harm.

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
development: A qualitative study* UK **82%**		*Current review only focussed on the prison staff experiences and not the prisoners. <u>Analysis method</u> Thematic analysis	
Marzano, Adler & Ciclitira (2015) Responding to repetitive, non-suicidal self-harm in an English male prison: Staff experiences, reactions, and concerns UK **82%**	To increase knowledge and awareness of the effect(s) of repetitive, non-suicidal, male self-harm on prison officers and health care staff, on both personal and professional levels.	<u>Qualitative design</u> Semi-structured face-to-face interviews. <u>Participants</u> Male prison establishment. Opportunistic recruitment. Total sample = 30 15 prison officers (n=10) male, (n=5) female. Age range: 28-59 years. Length of service: 18 months to 22 years. 15 health care staff (n=9) male, (n=6) female. (n=13) nurses, (n=2) doctors Age range: 27 to 49 years.	• *Draining and abusing poor resources* – experience working with self-harm as challenging, draining, and stressful. Problems with overcrowding and short-staffed. Prolific self-harmers take up too much time. • *Feeling powerless* – hopelessness and low job control. • *Having to care for prisoners who repeatedly self-harm* – portrayed as problematic. Conflict between nurses and officers regarding who should 'care' for prisoners based on job role. • *Minimising the emotional impact of self-harm* – 11 officers and 7 healthcare staff reported no emotional impact. 5 officers described flashbacks, nightmares, taking it home and avoiding night shifts. Utilising dark humour. Being emotionally detached is a necessity and a cultural expectation. • *Switching off: Coping or burnout?* – symptoms of burnout present, including not being able to deal with or understand self-harm.

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
		Length of service: 10 months to 10 years. <u>Analysis method</u> Thematic analysis.	
Moore, Andargachew & Taylor (2011) Working with women prisoners who seriously harm themselves: Ratings of staff expressed emotion (EE) UK **75%**	1.To investigate the feasibility of rating Expressed Emotion between staff and women who self-harm in prison. 2.To test the hypothesis that most of prison staff-inmate alliances would be rated as high EE.	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Women's prison establishment. Opportunistic sampling. Total sample = 15. 7 prison officers and 8 clinical staff (n=9) women, (n=6) male Median age: 33 years (range: 20-57) Length of service: 3months-25years <u>Analysis method</u> Thematic analysis.	• EE ratings were generally 'low' (11/15) • Only 2 of the 9 women and 2 of the 6 men generated a high EE rating. • In the *Low EE* interviews, staff demonstrated warmth and positive remarks including perseverance in building relationships, a sense that the prisoner was deserving of support, acknowledging the impact of mental health and respecting prisoner struggles. • *High EE* was associated with emotively critical comments, emphasising extremes in the nature and frequency of suicidal/ self-harm behaviours.
Pannell, Howells & Day (2003)	1.To investigate staff perceptions of prisoner self-harm.	<u>Quantitative design</u> Vignettes of four scenarios of self-harm (high severity/ high repetitiveness, high severity/ low repetitiveness, low	• Function of self-harm being a 'cry for help' scored the highest (Mean=4.2, SD.66), followed by 'gain attention' (Mean=4.19, SD=.69)

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
Prison officers' beliefs regarding self-harm in prisoners: An empirical investigation South Australia **60%**	2.Gather empirical data on staff views as to the causes and functions of self-harm. 3.To determine how the severity and repetition of self-harm affects these perceptions	severity/ high repetitiveness, low severity/low repetitiveness) <u>Participants</u> 2 male prison establishments. Total sample = 76 correctional officers (n=61) male, (n=15) females. Age range: 35 and 45 years. <u>Analysis method</u> Mean, correlation matrix.	• Low severity self-harm was related to function of attention seeking, although not significant (p=.073). • Officers viewed self-harm as a product of the prisoner's internal world. Most influential factors causing self-harm were depression, psychiatric disorder, and a lack of coping. • Neither the severity nor frequency significantly influenced officers' perceptions of causes. • Officers did not see self-harm as a suicidal act. Likely to identify the communicative functions as a cry for help or attempt to seek attention. • Third highest function was release of emotions. • Function did not differ significantly between severity and frequency.
Ramluggun (2013) A critical exploration of the management of self-harm in a male custodial setting: Qualitative findings of a comparative analysis of	1.To explore the perception and opinions held by custodial and healthcare staff, of prisoners who self-harm in an adult male local category B prison. 2.Investigate how clinicians and custodial staff work	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Male prison establishment. Total sample = 37 (n=14) nurses, (n=23) prison officers. Gender, age and ethnicity not reported. <u>Analysis method</u> Thematic Analysis.	*Understanding self-harm* • Over 50% perceived self-harm as manipulative. • Prison officers split prisoners into 'genuine' or 'non-genuine' self-harmers. • Nurses viewed interpersonal factors as the cause for self-harm. *Building relationships* • Prisoners' distrust made it hard to build relationships. *Occupational issues* • Blame culture if prisoner self-harms. ACCT process creates barriers due to more paperwork being completed over talking to prisoners.

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
prison staff views on self-harm UK **93%**	together to manage self-harm.		*Organizational issues* • Conflict between officers and healthcare staff around who should manage the self-harm. *Care management* • ACCT process open to abuse. • Difficulties in communication between officers and healthcare • Most prison staff felt unsupported and ill-equipped in managing self-harm.
Short, Cooper, Shaw, Kenning, Abel & Chew Graham (2009) Custody vs care: Attitudes of prison staff to self-harm in women prisoners – a qualitative study UK **79%**	1.To explore the attitudes of prison staff to prisoners' self-harm. 2. To understand how prison staff label women who self-harm.	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Female prison establishment. Snowballing recruitment. Total sample = 13 (n=8) prison officers, (n=5) healthcare staff. (n=5) males, (n=8) females. Age range: 22-48 years. Ethnicity: 100% white Length of service: 3 months to 10 years <u>Analysis method</u> Thematic analysis.	*Understanding why women self-harm* • Prison officers viewed cause of self-harm as 'imported factors' e.g., past abuse, drug problems etc. • Healthcare viewed prison environment as the cause for self-harm. • Prison officers felt undertrained compared to healthcare. *Labelling of self-harm* • Prison officers labelled prisoners in terms of the self-harm being 'genuine' or non-genuine'. 'Non-genuine' seen as manipulative. *The implications of labelling* • Prison officers felt resentful towards non-genuine prisoners so detracted attention, time, and resources away. • Staff felt blamed if a prisoner self-harmed. *Custody vs care* • Role conflict between security and providing care for both officers and healthcare staff.

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
Smith, Power, Usher, Sitren & Slade (2019) Working with prisoners who self-harm: A qualitative study on stress, denial or weakness, and encouraging resilience in a sample of correctional staff USA **61%**	To investigate staff perceptions of self-harming behaviours by prisoners, including their views on its causes, manifestation, prevention and impact on them.	<u>Qualitative design</u> Semi-structured telephone interviews. <u>Participants</u> Male prison environment. Total sample = 41 (*n*=20) mental health administrators, (*n*=21) psychologists/ psychiatrists. No gender, age or ethnicity reported. <u>Analysis method</u> Interpretative Phenomenological Analysis (IPA).	*Staff perceptions of self-harm in their facility* • Avoided discussing causes of self-harm. Self-harm is 'imported into the prison'. *Staff perceptions of institutional response to self-harm* • Need for identification of triggers to reduce self-harm. • Surveillance approach relied on. • Uncertainty around the appropriate response to self-harm. *Impact of prisoner self-harm on self* • Rejected experiencing any form of distress personally. • Costs were externalised to workloads and disruption to the prison and other prisoners. • Expression of emotion linked to a prisoner self-harm was a sign of weakness and should be avoided.
Sousa, Goncalves, Cruz & Rodrigues (2019) Prison officers' attitudes	To explore the attitudes of prison officers regarding self-harm perpetuated by prisoners, including the influence of sociodemographic variables on attitudes.	<u>Quantitative design</u> Attitudes towards prisoners who self-harm scale (APSH) and Attitudes towards prisoner's scale (ATP). <u>Participants</u> Three Portuguese male prison establishments.	• Most did not consider prisoners who self-harm a waste of time or resources. • Significant difference between guards with >29 years of service more likely to agree with restraining the individual (p=<.05).

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
towards self-harm in prisoners Portugal **80%**		Convenience sampling approach. Total sample =176 prison officers (n=137) males, (n=39) females. Age range: 24- 63 years. Length of service: 1 to 38 years. <u>Analysis method</u> Factor analysis.	• Difficulty understanding the cause of self-harm. Male officers were more likely than female officers to believe that prisoners would have had abuse in their past. • Majority believed self-harm was a coping mechanism but also manipulative to attract attention. • Significant correlation between ability to understand prisoners' feelings and understanding self-harm (p=<.05). • Need for more training for officers.
Sweeney, Clarbour & Oliver (2018) Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. UK **86%**	To understand prison officers' experiences of working with suicide-related behaviours.	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Male prison establishment. Purposive sampling. Total sample = 9 prison officers (n=8) males, (n=1) female. Age range: 22 - 61 years. Average length of service: 17 years. <u>Analysis method</u> Thematic analysis.	*Culture limiting support.* • Culture whereby emotions have no place, use of dark humour, need for more debriefs and supervision. *Feeling unqualified* • Lacking skills and knowledge led to officers questioning the function of self-harming behaviour, feeling accountable and difficulties with the ACCT process. *Under resourced* • Lack of resources, high workloads and feelings of frustration and anger. *Minimising negative emotions* • First incident is distressing but then can become desensitised. Fear and anxiety triggered when incidents happen. Use of avoidant coping strategies. *Positivity* • Pride and achievement when successfully intervene. • Actively engaging with prisoners and wanting to help.

Author, title, year, location, and quality score	Aims	Methodology Design, participant recruitment, measures, data collection, analysis	Results key findings
Walker, Shaw, Hamilton, Turpin, Reid & Abel (2016) Supporting imprisoned women who self-harm: exploring prison staff strategies UK **64%**	1.To explore prison staff's experiences of working with women prisoners who self-harm. 2.To explore the strategies used to support prisoners who self-harm	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Three female prison establishments. Purposive sampling. Total sample = 14 (n=7) officers, (n=1) prison governor, (n=3) healthcare staff. (n=4) males, (n=10) females. No gender, age or ethnicity reported. <u>Analysis method</u> Thematic analysis.	*Staff and prisoner relationship* • Importance of being honest and consistent with prisoners, recognising warning signs and the potential of feeling vulnerable if rejected by prisoners. *Self-help strategies* • Engaging prisoners in harm-minimising activities or distraction. Spending quality time with prisoners making them feel valued and supported was effective. *Procedural interventions* • Difficulties with the ACCT process being inflexible, time consuming and ineffective. • More training and supervision needed, especially related to self-harm and personality disorder. • Officers wanted to develop own resilience and understanding of self-harm.
Walker, Shaw, Hamilton, Turpin, Reid & Abel (2017) 'Coping with the job': prison staff responding to self-harm in three English female prisons:	To increase knowledge and awareness of the effect(s) of repetitive female self-harm on staff working in prisons, on both a personal and professional level.	<u>Qualitative design</u> Semi-structured interviews. <u>Participants</u> Three female prison establishments. Purposive sampling. Total sample= 14 (n=10) officers, (n=1) governor, (n=3) healthcare staff. (n=4) males, (n=10) females. Length of service: 1 to 28 years. <u>Analysis method</u>	*Coping 'in' prison* • De-sensitisation and difficulty away from prison dealing with the emotional impact. *Methods used for coping 'on' the job* • Use of informal time out on shift, however feelings of being perceived as challenging by manager. Expectation that officers should be able to deal with challenging incidents as part of role. *Coping 'away' from prison* • Experiences of stress, troubled thoughts and difficulty coping out of work.

Author, title, year, location, and quality score	**Aims**	**Methodology** Design, participant recruitment, measures, data collection, analysis	**Results** key findings
a qualitative study UK **75%**		Thematic analysis.	• Strategies to cope included seeing friends, exercising, and not thinking about work. *Future training to cope 'with' the job* • Officers had minimal formal training related to supporting women who self-harm. • Feelings of being unprepared for the level of mental illness and need for more supervision.

Narrative Synthesis

Findings of the narrative synthesis are presented in a manner that addresses each review question.

What are the Subjective Experiences of Prison Staff Working With Prisoners who Self-Harm?

Nine studies explored the experiences of prison staff working with self-harm. Only one study (DeHart et al., 2009) asked participants about the frequency, type, and prevalence of self-harm within their prison establishment and found cutting was the most witnessed behaviour (87%), followed by opening wounds (67%) and inserting objects into wounds (65%). Most prison staff were aware of self-harm incidents, with 75% recalling between 3 and 20 incidents within the past six months.

Emotional impact. All nine studies reported emotional and psychological difficulties experienced by working with prisoners who self-harm, however, the extent of these difficulties varied. All studies were consistent in the suggestion that self-harm is challenging, frustrating, and difficult, with feelings of helplessness and low job control often being reported.

Despite some reports of flashbacks, nightmares, and taking work home being reported (Walker et al., 2017), there were themes of minimising across studies, with staff minimising the emotional impact, describing emotional detachment as a practical necessity (Marzano et al., 2015). One study exploring the experiences of administrative and therapeutic prison staff (Smith et al., 2019) found high levels of avoidance when discussing the emotional impact of working with self-harm, with all participants rejecting personal distress. Expression of emotional trauma was seen as a sign of weakness, and thus avoided. It was only when prompted further that some respondents reported high levels of stress and feelings of

hopelessness. This study was however rated the lowest in relation to quality due to flaws within the methodological design. The authors stated that IPA was utilised, however IPA relies on small samples sizes, roughly between six to 10 participants to provide in-depth rich data (Smith et al., 2009), whereas this study comprised of 41 participants, raising concerns over the reliability of the analysis.

Three studies (Kenning et al., 2010; Sweeney et al., 2018; Walker et al., 2017) reported that desensitisation was a common consequence of being exposed to high frequency and severity of self-harm, appearing to not to be impacted or shocked by self-harm. This was consistent when working with male or female prisoners. Sweeney et al. (2018) provided support with all nine participants stating they became desensitised. Benefits of desensitisation included emotionally protecting oneself, preventing escalation of situations and promoting effective decision making. However, three studies (DeHart et al., 2009; Kenning et al., 2010; Walker et al., 2017) noted negative consequences including affecting relationships with prisoners, job satisfaction and later psychological damage.

Differences were noted between professions. Ramluggun (2013) found issues of conflict between healthcare staff and officers regarding who is responsible for managing self-harm. Within interviews conducted by Short et al. (2009), role conflict was described for both healthcare staff and officers regarding the balance between providing care and maintaining security. Marzano et al. (2015) explored what is meant by ‘care’ and found that healthcare staff felt it was their responsibility to care emotionally for prisoners, whilst remaining unemotional themselves.

Coping strategies. Coping strategies reported away from work were mostly avoidant, including alcohol, avoiding conversations about work, and avoiding night shifts. Walker et

al's (2017) participants reported time away from work helped process incidents, with participants being more willing to accept support once they had left the prison environment, stating that a phone call from the Care Team at home would be more accepted.

Whilst at work, informal time out immediately after an incident was favourable, however this could lead to conflict with managers due to time pressures which resulted in feelings of resentment due to mangers not understanding staff needs. Walker et al. (2017) found most of their participants dismissed formal support, however no explicit reasons were given within the results. Ramluggun (2013) found differences between professions, with healthcare staff more willing to obtain peer support, compared to prison officers who felt uncomfortable talking to peers due to fear of being seen as weak. There was a consensus between studies that participants were expected to deal with challenging incidents as part of their role and be able to manage the emotional and psychological consequences. Dark humour was commonly cited to cope on the job (Marzano et al., 2015; Sweeney et al., 2018), however, 88% (*n*=8) of Sweeney et al's (2018) participants shared dark humour is often directed at staff, contributing to the reluctance for staff to express their emotions.

What Attitudes Exist Among Prison Staff Towards Prisoners who Self-Harm?

Within the qualitative studies, genuineness was a common theme, with the need to distinguish 'genuine' from 'non-genuine' self-harm to determine how to respond (Kenning et al., 2010; Ramluggun, 2013; Short et al., 2009). The belief that self-harm might be non-genuine led to assumptions that the function must be to manipulate staff or the environment and was seen as learnt behaviour. Prisoners who were identified as 'prolific self-harmers' or less likely to talk to staff were seen as genuine, with mental health being the underlying cause. Labelling of self-harm often led to prison staff feeling resentful towards non-genuine

prisoners for taking up resources and time. This notion was consistent across prison establishments, irrespective of prisoner gender.

Differences were again noted between professions, with healthcare staff reporting more empathetic and caring attitudes compared to officers (Kenning et al., 2010). Short et al. (2009) also found healthcare staff were more likely to view the prison environment as the cause for self-harm compared to officers who were more likely to attribute 'imported factors' such as substance misuse and past abuse.

Results regarding the function of self-harm were contradictory across studies. Two high quality studies found that most participants viewed self-harm as a manipulative act (Ramluggun, 2013; Sousa et al., 2019). 50% of Ramluggun's participants attributed self-harm to manipulate the prison system or staff. Sousa et al. (2019) concluded that prison officers may lack necessary knowledge regarding the function of self-harm, which could impact upon their attitudes towards prisoners. DeHart et al. (2009) discovered that 91% of their mental health professional participants perceived self-harm was used for manipulative purposes, however this study scored the lowest out of the three in relation to quality due to the use of an un-validated survey measure. Additional functions of self-harm were cited including coping with isolation, past abuse, limited control, and mental illness (DeHart et al., 2009; Kenning et al., 2010; Pannell et al., 2003; Ramluggun, 2013). Pannell et al. (2003) utilised vignettes and found 'cry for help' was the highest scoring function of self-harm, with low severity self-harm related to attention-seeking, however, this was not statistically significant ($p = .073$).

Within the quantitative data, Ireland and Quinn (2007) and Sousa et al. (2019) utilised the APSH and ATP measures and found a positive relationship between general ATP and

attitudes towards those who self-harm, although the magnitude of this relationship was not large. Overall, positive APSH was predicted by attitudes supporting the positive treatment of prisoners and appreciation for prisoner feelings. Both studies demonstrated high methodological quality.

What Factors Influence Attitudes and Experiences?

Prison Culture. Ramluggun (2013) found prison officers described their role as tough and resilient, expressing feelings of being expected to cope. Short et al. (2009) found a blame culture being reported with most participants feeling blamed for self-harm, leading staff to become preoccupied with paperwork and procedures. One participant highlighted "you cover your back and fill in the forms". These findings were supported by Sweeney et al. (2018) who interviewed nine prison officers and found 89% (n =8) referred to a prison culture whereby emotions have no place and expressing emotions could be seen as a sign of weakness, leaving participants feeling unable to access support.

Officer Characteristics. Two quantitative studies explored whether prison officer characteristics influenced attitudes towards prisoners and prisoner self-harm. Sousa et al. (2019) found a significant difference (p=<.01) in response to the item "the only way to stop persistent self-harm is to restrain the individual", with officers aged 41-49 years more likely to disagree compared to officers aged <32 years. They also found that officers with more than 29 years in the service were more likely to consider restraint as an option. This was supported by Ramluggun (2013) who found in their interviews that nurses separated officers into 'new-' and 'old-school' with new-school officers being seen as more sympathetic and open to change. In addition, male officers (34.3%) demonstrated stronger beliefs that prisoners who self-harm had a history of abuse compared to females (15.4%), with female officers believing more in manipulative motives (66.7%, p=<.001) compared to male officers (42.3%). These

findings contradict Ireland and Quinn's (2007) findings that female officers reported significantly more positive attitudes towards prisoners who self-harm compared to men (p=<.001), with females more likely to understand the reasons why prisoners might self-harm, with males more likely to endorse negative myths (p=<.001). Both studies demonstrated high methodological quality, however, Sousa et al. (2019) focussed on officers working in a Portuguese male prison whereas Ireland and Quinn (2007) focussed on officers within a UK male prison, therefore cultural differences could potentially explain the difference in findings.

Training. Most prison officers reported feeling unqualified to deal with self-harm, with three studies identifying subthemes of training (Sweeney et al., 2018; Walker at al., 2016; Walker et al., 2017). Officers interviewed by Short et al. (2009) reported feeling inadequately trained in complex mental health. In addition, Sweeney et al. (2018) found that the annual training only provided practical skills rather than important interpersonal skills, with lack of knowledge contributing to the function of self-harm being questioned. Ramluggun (2013), Walker et al. (2016) and Walker et al. (2017) provided support with participants reporting no formal training and feeling unprepared for high levels of mental illness. All studies noted the need for training and supervision to help increase staff resilience and understanding of self-harm.

Regarding healthcare staff, more than half of the healthcare staff in Marzano et al's (2015) interviews reported feeling untrained to deal with the psychological or mental health issues of prisoners. However, Short et al. (2009) found most healthcare staff reported adequate training and skills to deal with self-harm. Both studies were rated as having high methodological quality, therefore this difference could potentially be due to the difference in prison establishments, with Short et al. (2009) interviewing nurses within a female prison and

Marzano et al. (2015) interviewing nurses within a male prison. Short et al. (2009) also utilised snowballing sampling whereby it is possible that participants with similar views volunteered to take part. Lastly, Short et al. (2009) only interviewed five healthcare staff compared to 15 in Marzano et al's study potentially limiting the generalisability of the findings.

Relationship With Prisoner. Prevalent in the studies was the notion that knowing prisoners helps to recognise important risk factors for self-harm. Ramluggun (2013) identified a theme of 'building relationships' whereby participants felt that high levels of distrust in prisoners makes it difficult to engage, with the prison officer uniform being perceived as unworthy and unreliable. Similarly, Walker et al. (2016) identified a theme of 'staff and prisoner relationships', whereby 100% (n=30) of participants interviewed expressed the importance of building a supportive relationship based on honesty and consistency. Moore et al. (2011) found how prison staff speak about prisoners can impact on their relationship, with 73% (n =11) of participants expressing warmth and positive remarks regarding female prisoners, highlighting that perseverance, empathy and respect helps to build relationships. However, it was noted within the quality assessment that the results lacked adequate detail, with limited quotes used to support the findings. In addition, there was potential for alliance bias due to participants being able to talk about any prisoner, therefore, they may have selected a prisoner whom they had positive things to say.

Resources and Time. Another common theme was the impact of being understaffed and having to work with strict time constraints. One participant within Sweeney et al's (2018) study shared "staffing is the main issue for it all... there are not enough staff" which meant warning signs for self-harm went unnoticed. Participants also reported feeling accountable for self-harm, which led to feelings of guilt and frustration. This was supported

by Walker et al. (2016) who identified the importance of a consistent staff team when managing self-harm.

Specifically, the ACCT process was deemed confusing, with participants unsure of its purpose (Short et al., 2009) and identifying it as a barrier in talking to prisoners due to the amount of paperwork and rigidity of the process being unable to adapt to individual needs. Ramluggun (2013) noted the ACCT process was also used to avoid professional blame, with one participant sharing “I spend more time on paperwork to absolve me from blame” with a blame culture being highlighted by both healthcare and officers. Lastly, Short et al. (2009) found that prison officers often experienced role conflict between providing security and welfare, with healthcare staff also expressing frustration over the conflict between security and care. The need for multiagency working was noted to enhance communication.

1.4 Discussion

Five databases were searched which resulted in 91 possible studies. Following the inclusion criteria, 13 studies were included in the final review which comprised of nine qualitative, three quantitative and one mixed-method design. The findings of these studies were synthesised, with the focus of addressing the following questions:

1. *What are the subjective experiences of prison staff managing prisoners who self-harm?*
2. *What attitudes exist among prison staff towards prisoners who self-harm?*
3. *What factors influence these attitudes and experiences?*

Self-harm within prisons is an on-going challenge for prison establishments to manage (Kinman et al., 2019). Rates of self-harm within the UK have been rising over recent years (Sweeney et al., 2018) in conjunction with staff turnover levels (Smith et al., 2019; Taylor & Cooper, 2008). It is known that working with high levels of trauma can have a negative impact on prison staff (Kinman et al., 2017). This is the first systematic review to bring together the literature exploring the attitudes and experiences of prison staff working with prisoners who self-harm.

All studies noted that self-harm was challenging, and difficult, with high levels of helplessness and low job control being expressed across both male and female prison establishments. The emotional and psychological difficulties varied, potentially due to the high levels of minimisation and avoidant coping strategies reported. Prison officers felt they were expected to cope with incidents and subsequent emotions; therefore, it was no surprise that emotional detachment was seen as a key part of the job, with emotional expression being seen as weak. High frequency and severity of self-harm gave rise to reports of

desensitisation; however, this also impacted prisoner-staff relationships, job satisfaction and later psychological damage. Walker et al. (2017) found that most participants rejected formal support, however, no explicit reasons were given for this. Further exploration of this would be useful. Lastly, conflict between healthcare and the prison system was frequently described, with participants describing a battle between security and care of prisoners.

In relation to question two, the results showed that self-harm was largely viewed as manipulating and attention-seeking, with self-harm being categorised as either 'genuine' or 'non-genuine. Prolific self-harm was more likely to be seen as genuine and linked to mental health difficulties. This labelling of self-harm consequently affected how staff responded to prisoners. Differences emerged between professions regarding the reasons for self-harm. Unsurprisingly, healthcare staff demonstrated more empathic and caring attitudes compared to prison officers, potentially due to the differences in training and supervision levels obtained at work.

Lastly, to answer question three, five factors influencing the attitudes and experiences of prison staff were identified: Firstly, a high proportion of prison officers interviewed described being expected to be tough and resilient, creating a culture whereby emotions were seen as weak. A blame culture was also apparent, with participants feeling blamed for self-harm incidents, leading to high stress levels and pressure to 'cover your back' (Short et al., 2009); Secondly, specific officer characteristics were seen to influence attitudes, although results varied in significance. Prison officer gender appeared to influence attitudes, with females demonstrating more empathetic and understanding attitudes to prisoners from UK studies. However, despite being of similar methodological quality, this pattern was not seen in Sousa et al's (2019) findings whereby female Portuguese officers reported higher scores regarding the belief that the function of self-harm is for manipulation purposes. Despite

variations across countries, this is an area that requires further exploration due to the possibility that gender stereotypes, and the 'macho' culture of prisons may influence staff perceptions; Thirdly, nearly all prison officers felt unqualified to deal with the complexities of self-harm. Sweeney et al. (2018) found that the annual training provided practical skills, however, lacked the key interpersonal skills needed, contributing to gaps in knowledge regarding functions of self-harm; Fourthly, despite self-harm being challenging, participants spoke of the importance of building relationships with prisoners to help identify triggers and change perceptions of self-harm, with some perceiving the work as rewarding when self-harm was avoided. All 100% of Walker et al's (2016) participants expressed the significance of honesty and consistency within prisoner-staff relationships; Lastly, resource and time constraints limited job control, with low staffing levels leading to feelings of guilt and frustration towards prisoners and the prison system.

Strengths and Limitations

This is the first systematic review to explore the attitudes and experiences of prison staff working with prisoners who self-harm. The search strategy of this review was a strength, with broad search terms, accounting for variations in spelling across countries being utilised across five databases and search engines to capture as many relevant articles as possible. Reference lists of suitable articles were also manually searched to identify any missed articles. One article was identified through this method (Pannell et al., 2003) increasing confidence that all relevant studies were identified. Time and resource limits however, meant that only English language articles were included. In addition, although the inclusion/exclusion criteria did not rule out unpublished studies, the review may be subject to publication bias due to the possibility that some 'grey literature' may have been missed. To

try and minimise risk, two leading authors (Sweeney and Walker) in the field were contacted; both replied stating that they had no further literature to add.

A further strength was not excluding any study post quality assessment. According to the quality frameworks, all studies scored 61% or above, meaning there were no major methodological flaws which may have impacted on their reliability. To increase the reviews validity, a second researcher quality assessed 23% of the papers. Three different quality assessments were utilised to account for the range of methodologies which did limit direct comparisons. Nonetheless, excluding studies based on methodology would have resulted in bias. Again, due to time and resource constraints, only one researcher extracted data for the narrative synthesis, possibly introducing bias. Social desirability may have also been introduced within some studies, for example, Short et al's (2009) participants were recruited through snowball sampling, therefore like-minded people may have agreed to take part. Furthermore, due to qualitative methodology being subjective, it was impossible to verify that the authors interpretations of the data were accurate. Only three of the nine qualitative authors critically examined their role to reduce bias.

A final strength of the review was that nine of the 13 studies were conducted within the UK, making generalisability to UK prison staff easier. The remaining four articles were conducted outside of the UK whereby attitudes and experiences may have varied due to differences in how criminal justice systems operate. Nonetheless, it was deemed beneficial to include all studies to represent a wider view of the experiences of working with self-harm. Unfortunately, there was a lack of information regarding participant characteristics overall. Participants were predominately male and, of the two studies that reported ethnicity, 100% identified as White. Therefore, females and individuals from non-White ethnic backgrounds

may have been underrepresented. It is important for future studies to sample a variety of demographics.

Implications for Practice and Future Research

This review has helped to develop an understanding of the attitudes and experiences of prison staff working with prisoner self-harm. The findings highlight a clear need for organisations to shift prison culture to allow staff to seek support and be more open about the impact of working with prisoners who self-harm. To enable this culture shift, additional in-depth awareness of mental health and the impact on prison staff is required. It was also evident that more supervision and longer debriefs are necessary to discuss and process incidents. Allowing emotions to become part of prison culture, alongside increasing supervision, has the potential to reduce levels of burnout and psychological distress, increasing levels of self-awareness.

The belief that self-harm is 'manipulative' or 'non-genuine' indicates that gaps remain in staff knowledge, which would benefit from being addressed. Further training is warranted to enable staff to feel better equipped to deal with incidents and to challenge negative myths. In addition, to reduce conflict between healthcare and prison officers, multidisciplinary working should be reinforced to increase confidence in decision-making around the management of self-harm. Furthermore, the ACCT document, which consists of assessments, care plans, and reviews aimed to support prisoners who are at risk of self-injury, is meant to be collaborative, promoting trusting relationships between prisoners and staff. However, the experiences of participants indicated that the purpose of the ACCT is confusing, with paperwork overriding direct quality time with prisoners. Exploring this further could help to ensure that the ACCT process is clearly understood and remains useful for both prisoners and staff.

This area of research is still in its infancy, with scope for further research to broaden the understanding of prison staff experiences. Some ideas for future research have already been suggested, however, it was clear that prison officers reported more distress and challenges compared to healthcare staff who felt better equipped to deal with self-harm. Therefore, additional qualitative research exclusively exploring prison officers' experiences should be continued. In addition, focussing on the emotional and psychological consequences of working with self-harm is an area that could benefit from further exploration to raise awareness of the importance of staff mental health. Lastly, future studies could explore ways to improve support systems or gaps in training for prison staff.

Conclusion

The current review has enabled the wider literature to be drawn together to provide an overview of the attitudes and experiences of prison staff working with self-harm. The findings highlight that self-harm can be challenging, demanding, and emotionally draining to work with. Prison culture was seen as a barrier to expressing emotion, with high levels of emotional avoidance and minimisation being reported across professions. Harmful attitudes were reported regarding the function of prisoner self-harm, reiterating the importance of better supporting prison staff, through providing increased supervision, training, and support systems. Future research should continue to explore the impact of working with self-harm and how staff can better be supported.

1.5 References

Bell, S., Hopkins, G., & Forrester, A. (2019). Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey. *Issues in Mental Health Nursing, 40*(4), 304-309.

Bevan, A., Houdmont, J., & Menear, N. (2010). The management standards indicator tool and the estimation of risk. *Occupational Medicine, 60*(7), 525-531.

Cooke, A., Smith, D., & Booth, A. (2012). Beyond PICO: The SPIDER Tool for Qualitative Evidence Synthesis. *Qualitative Health Research, 22*(10), 1435-1443.

Critical Appraisal Skills Programme. (2017). *Qualitative research checklist.* https://casp-uk.b-cdn.net/wp-content/uploads/2018/03/CASP-Qualitative-Checklist-2018_fillable_form.pdf

Dehart, D. D., Smooth, H. P., & Kaminski, R. J. (2009). Institutional responses to self-injurious behavior among inmates. *Journal of Correctional Health Care, 15*(2), 129-141.

Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and comorbidity in United States corrections professionals: Prevalence and impact on health functioning*. http://desertwaters.com/wp-content/uploads/2013/09 /Comorbidity_Study_09-03-131.pdf

Dixon-Woods, M., Sutton, A. J., Shaw, R., Miller, T., Smith, J., Young, B., Bonas, S., Booth, A., & Jones, D. (2007). Appraising qualitative research for inclusion in systematic

reviews: A quantitative and qualitative comparison of three method. *Journal of Health Services Research & Policy, 12*(1), 42-48.

Downes, M. J., Brennan, M. L., Williams, H. C., & Dean, R. S (2016). Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). *BMJ Open, 6*(12), 1-7.

Evers, T. J., Ogloff, J. R. P., Trounson, J. S., & Pfeifer, J, E. (2020). Well-being interventions for correctional officers in a prison setting. *Criminal Justice and Behaviour, 47*(1), 3-21.

Favril, L., Hawton, K., & Fazel, S. (2020). Risk factors for self-harm in prison: a systematic review and meta-analysis. *Lancet Psychiatry, 8*(7), 682-691.

Hannes, K. (2011). Critical appraisal of qualitative research. In J. Noyes, A. Booth, K. Hannes, A. Harden, J. Harris, S. Lewin, & C. Lockwood (Eds.), *Supplementary guidance for inclusion of qualitative research in Cochrane systematic reviews of interventions.* Retrieved from https://medicine.exeter.ac.uk/media/universityofexeter/med icalschool /research/pentag/documents/Cochrane_Qual_CA.pdf

Harvey, J. (2014). Perceived physical health, psychological distress, and social support among prison officers. *The Prison Journal, 94*(2), 242-259.

Hawton, K., Linsell, L., Adeniji, T., & Fazel, S. (2014). Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *The Lancet, 383*(9928), 1147-1154.

Hong, Q. N., Pluye, P., Fàbregues, S., Barlett, G., Boardman, F., Cargo, M., Dagenais, P., Gangnon, M-P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M-C., & Vedel, I. (2018). Mixed methods appraisal tool (MMAT) version 2018. http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/127916259/MMAT_2018_criteria-manual_2018-08-01_ENG.pdf

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.

James, L., Todak, N., & Best, S. (2017). The negative impact of prison work on sleep health. *American Journal of Industrial Medicine, 60*(5), 449-456.

Kenning, C., Cooper, J., Short, V., Shaw, J., Abel K., & Chew-Graham, C. (2010). Prison staff and women prisoner's views on self-harm; their implications for service delivery and development: A qualitative study. *Criminal Behaviour and Mental Health, 20*(4), 274-284.

Kinman, G., Clements, A. J., & Hart, J. (2016). Work-related wellbeing in UK prison officers: A benchmarking approach. *International Journal of Workplace Health Management, 9*(3), 290-307.

Kinman, G., Clements, A. J, & Hart, J. (2019). When are you coming back? Presenteeism in U.K. prison officers. *The Prison Journal*, *99*(3), 363-383.

Lambert, E. G., Minor, K. I., Wells, J. B., & Hogan, N. L. (2015a). Leave your job at work: The possible antecedents of work-family conflict among correctional staff. *The Prison Journal*, *95* (1), 114-134.

Lambert, E. G., Hogan, N. L., Griffin, M. L., & Kelley, T. (2015b, July). The correctional staff burnout literature. *A critical journal of Crime, Law and Society, 28*(4), 397-443.

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

Marzano, L., Adler, J. R., & Ciclitira, K. (2015). Responding to repetitive, non-suicidal self-harm in an English male prison: Staff experiences, reactions, and concerns. *Legal and Criminological Psychology, 20*(2), 241-254.

Ministry of Justice. (2017). Safety in custody quarterly: Update to March 2017. https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update -to-march-2017

Ministry of Justice. (2020). Safer in custody quarterly: Update to March 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905064/safety-in-custody-q1-2020.pdf

Moore, E., Andargachew, S., & Taylor, P. (2011). Working with women prisoners who seriously harm themselves: Rating of staff expressed emotion (EE). *Criminal Behaviour and Mental Health, 21*(1), 63-74.

Pannell, J., Howells, K., & Day, A. (2003). Prison officers' beliefs regarding self-harm in prisoners: An empirical investigation. *International Journal of Forensic Psychology, 1*(1), 103-110.

Perry, A. (2020). Self-harm in prisons: what do we know and how can we move forwards? The *Lancet Psychiatry, 7*(8), 649-650.

Petticrew, M., & Roberts, H. (2006). *Systematic reviews in the social sciences: A practical guide.* Blackwell.

Popay, J., Roberts, H., Sowden, A., Petticrew, M., Arai, L., Rodgers, M., Britten, N., Roen, K., & Duffy, S. (2006). *Guidance on the conduct of narrative synthesis in systematic reviews.* ESRC Methods Programme. https://www.lancaster.ac.uk/media/lancasteruniversity/contentassets/documents/fhm/dhr/chir/NSsynthesisguidanceVersion1-April2006.pdf

Pope, L. (2018). Self-harm by adult men in prison: A rapid evidence assessment. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739521/self-harm-adult-men-prison-2018.pdf

Pratt, D., Appleby, L., Piper, M., Webb, R., & Shaw, J. Suicide in recently released prisoners: a case-control study. *Psychological Medicine, 40*(5), 827-835.

Ramluggun, P. (2012). 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.

Short, A., Cooper, J., Shaw, J., Kenning, C., Abel, K., & Chew-Graham, C. (2009). Custody vs. care: attitudes of prison staff to self-harm in women prisoners – a qualitative study. *The Journal of Forensic Psychiatry & Psychology, 20*(3), 408-426.

Smith, H. P., Power, J., Usher, A. M., Sitren, A. H., & Slade, K. (2019). Working with prisoners who self-harm: A qualitative study on stress, denial of weakness, and encouraging resilience in a sample of correctional staff. *Criminal Behaviour and Mental Health, 29*(7), 7-17.

Sousa, M., Gonçalves, R. A., Cruz, A R., & Rodrigues, A. (2019). Prison officers' attitudes towards self-harm in prisoners. *International Journal of Law and Psychiatry, 66.*

Sweeney, F., Clarbour, J., & Oliver, A. (2018). Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. *The Journal of Forensic Psychiatry & Psychology*, *29*(3), 467-482.

Walker, T., Shaw, J., Hamilton, L., Turpin, C., Reid, C., & Abel, K. (2016). Supporting imprisoned women who self-harm: exploring prison staff strategies. *Journal of Criminal Psychology, 6*(4), 173-186.

Walker, T., Shaw, J., Hamilton, L., Turpin, C., Reid, C., & Abel, K. (2017). 'Coping with the job': prison staff responding to self-harm in three English female prisons: a qualitative study. *The Journal of Forensic Psychiatry & Psychology, 28*(6), 811-824.

Chapter 2

EMPIRICAL RESEARCH

Prison Officers' Experiences of Working With Self-Harm: A Qualitative Interpretative Phenomenological Analysis

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Abstract

Self-harm rates within UK prisons have reached a record high making it a priority for prison organisations to address. As well as being costly for organisations, literature has demonstrated links between job stressors and compassion fatigue, burnout, and mental health difficulties within prison officers. Most research exploring the experiences of prison officers working with self-harm has been conducted within female establishments, with few focussing on male prisoners. Therefore, the current study aims to address this gap by exploring the lived experiences of prison officers working with male prisoners who engage in self-harming behaviour and the subsequent impact upon their well-being. Qualitative methodology, incorporating Interpretative Phenomenological Analysis (IPA) was utilised to make sense of the experiences of prison officers from one adult male UK prison working with prisoner self-harm. Seven prison officers took part in telephone, semi-structured interviews. The analysis yielded three Group Experiential Themes (i) *"It changes you as a person"; Impact of prolonged exposure to self-harm* (ii) *"Staff are not the priority, prisoners are"; Officer well-being not seen as a priority by the system* and (iii) *"I wouldn't do any other job"; What helps to mitigate the effects of working with self-harm*. The results suggested that participants' experiences were consistent with previous literature exploring the impact of working with traumatic incidents on prison officer well-being as well as prison culture inhibiting access to support. Adopting a trauma-informed approach, in addition to making support more accessible, may aid in challenging prison culture and increasing the well-being of prison officers.

2.1 Introduction

There is a vast amount of literature which evidences that prison officers are highly vulnerable to job stressors compared to other professions (Johnson et al., 2005; Kunst, 2011), with contributing factors including high demands, lack of resources and recognition, time pressures, poor physical environment, role difficulties and a lack of support and training (Bevan et al., 2010; Finney et al., 2013; Lambert & Hogan, 2009). As well as stressful working conditions, prison officers are exposed to high levels of traumatic incidents, including prisoner self-harm (Kinman et al., 2017). Her Majesty's Prison and Probation Service (HMPPS) declared that any act whereby a prisoner deliberately harms themselves, irrespective of method, suicidal intent, underlying motive, or severity of injury is categorised as self-harm (HMPPS, 2011). This definition can encompass a range of behaviours, including but not limited to, cutting, head-banging, self-poisoning, suffocation, inserting/swallowing objects, and aggravating wounds. Focus, therefore, is not on the intention of the prisoner, but instead on the behaviour displayed.

It has been well-reported within official statistics that self-harm is a priority for prisons to address, with the frequency and severity of incidents increasing across UK prisons (Favril, 2019). Self-harm rates within UK prisons reached a record high in March 2020 with rates increasing 11% from the previous 12 months to 661 incidents per 1,000 prisoners per annum within male establishments. As well as frequency, severity has also increased, with 3,028 incidents requiring hospital treatment, an increase of 4% from the previous 12 months (Ministry of Justice [MOJ], 2020). Rates have since fluctuated due to the Covid-19 pandemic (MOJ, 2021), whereby staffing and prison regime were impacted, with prisoners spending significantly more time in their cells and depleting staffing levels causing less opportunities for prisoners to be observed (Hewson et al., 2020). However, latest figures exploring the

three months prior to December 2021 highlighted a 9% increase in the number of reported self-harm incidents across male establishments compared to the previous quarter (MOJ, 2022). Severity also increased over the prior 12 months, with 5.7% of incidents requiring hospital treatment in male establishments compared to 2.3% in female establishments. In summary, it therefore would appear that the level of self-harm in prisons is increasing at a worrying rate.

Rehabilitative Culture

These increasing levels of self-harm are likely to reflect the increase in psychiatric illness within prison populations (Bell et al., 2019). There are no reliable statistics on the number of prisoners with mental health difficulties, however, Tyler et al. (2019) utilised validated measures to explore the mental health needs of 469 prisoners (338 male, 131 female) across 13 UK prisons. Overall, 48% of participants reported having mental health problems prior to residing in prison, with 42.4% arriving with a mental health diagnosis and 47.5% screening positive for two or more diagnoses. In relation to personality disorder, problematic substance use, posttraumatic stress disorder (PTSD) and risk of suicide, male prisoners were significantly more likely to have unmet needs within the prison service compared to female prisoners. Untreated mental health has been associated with higher rates of self-harm (HMPPS, 2017).

Providing security has always been the foundation role of prison officers (Morrison & Maycock, 2021), however, there has been a shift over the last decade to favour rehabilitation over punishment to coincide with the changing needs of prisoners (Bloom & Bradshaw, 2022; HMPPS, 2017). Whilst the role of prison officers still requires responsibility for operational and practical tasks, the relationship between prisoners and staff now lies at the core of the rehabilitative nature of prisons (Morrison & Maycock, 2021), with prison officers

expected to provide appropriate care and respond to prisoner distress. This shift has resulted in prison officers facing the paradox of dealing with conflicting and competing roles, providing security as well as care and rehabilitation (Tracey, 2004), resulting in role ambiguity for some prison officers (Marzano et al., 2015; Short et al., 2009). To aid rehabilitation, relational security is key to preventing self-harm, with prison officers required to engage in meaningful conversations with prisoners to understand their mental health, current circumstances, and triggers to ultimately prevent future incidents (HMPPS, 2017).

Staff Experiences of Working With Prisoner Self-Harm

Prison officers are now expected to engage more with prisoners, emotionally supporting them at times of psychological distress, such as when they self-harm. However, only recently has research started to look at the emotional impact on prison officers, themselves, of managing such interactions. Qualitative research has provided some valuable information in relation to officers' perspectives of self-harm and the challenges in managing self-harming prisoners, including the emotionally distressing nature of self-harm leading to symptoms of PTSD in prison officers (Marzano et al., 2015; Ramluggun et al., 2013; Short et al., 2009; Walker et al., 2016; Walker et al., 2017).

Within the UK, however, qualitative research exploring prison officer experiences of working with self-harm have primarily focussed on imprisoned women (Short et al., 2009; Walker et al., 2016; Walker et al., 2017), with only a few studies conducted within male establishments (Marzano et al., 2015; Ramluggun, 2013). Although not specific to prison officers, Ramluggun (2013) interviewed 23 prison officers and 14 nurses on their views on the management of self-harm within a UK male prison. Thematic Analysis was utilised which found staff felt poorly educated about self-harm, unsupported, and held concerns around the blame culture in relation to who is responsible for managing self-harm. These

findings were supported by Marzano et al. (2015) who also utilised Thematic Analysis to interview 15 prison officers and 15 healthcare staff. The results highlighted that most staff experienced self-harm as challenging due to limited resources and skills to cope, with officers reporting how they take work home in the form of flashbacks and nightmares. Similar themes have been found in research exploring prison officers working with suicide-related behaviour (T. Sweeney et al., 2018)

The Cost of Caring

Prison officers have been shown to be at greater risk of mental health problems than other professional groups. Johnson et al. (2005) conducted a survey across 26 different professions within the UK and found prison officers' psychological health was considerably lower. When administering the General Health Questionnaire-28 (GHQ-28) on 1,267 UK prison officers, Kinman et al. (2017) found 74% met the threshold whereby intervention was recommended. Furthermore, Walker et al. (2015) also administered the GHQ on prison staff in two UK prisons and found 57% and 95% of participants respectively met the threshold for mental health problems requiring intervention. Additional studies have identified high rates of depression, PTSD, and emotional distress compared to the general population (Denhof & Spinaris, 2014). Although most of these studies comprised small samples sizes, the findings highlight the need for prison officer wellbeing to be a priority for prison organisations (Kinman et al., 2017). Worryingly, as well as high rates of mental health difficulties, premature death is higher within prison officers compared to the general population due to increased hypertension, cardiovascular disease, and other stress-related illnesses (Dugan et al., 2016; Paoline et al., 2006).

Burnout

High rates of trauma and mental health difficulties have been linked to burnout in prison officers (Boudoukha et al., 2013; Kinman et al., 2017). Burnout occurs from prolonged exposure to excessive job demands which can lead to emotional exhaustion, depersonalisation, and a diminished sense of achievement, especially when accompanied by a lack of agency (Bell et al., 2021; Finney et al., 2013; Lambert et al., 2015). Within the UK, research has found high rates of burnout within prison officers compared to other professions (Harvey, 2014; Kinman et al., 2017). Johnson et al. (2005) explored the physical health, psychological well-being, and job satisfaction of 25,000 individuals incorporating 26 professions. Prison officers, alongside paramedics, teachers, social services, and police officers were identified as having worse than average scores across all factors, with prison officers scoring the worst for job satisfaction. As well as frequent exposure to traumatic incidents, high workloads, lack of resources, minimal support, and lack of autonomy have been noted to impact the well-being of prison officers (Denhof & Spinaris, 2013; Finney et al., 2013; Kinman et al., 2017). Interpersonal stressors have also been identified including lack of managerial support and peer conflict (Kinman et al., 2017), with feelings of burnout also being linked to poor job satisfaction, negative attitudes towards prisoners and high staff turnover (Lambert et al., 2010).

Compassion Fatigue

Along with a diminished capacity to function, a reduction in the ability to care for others can also result in ‘compassion fatigue’. The term was first associated with care-giving professionals by Johnson (1992) as a unique form of burnout following the cumulative effect of seeing frequent trauma or witnessing one particularly traumatic incident. The terms secondary traumatic stress and vicarious trauma have also been used to describe how hearing

and/or reading traumatic stories can lead to symptoms which mirror PTSD (Figley, 1999). Due to the high levels of trauma within prisoners and the high frequency of witnessing traumatic incidents, both directly and indirectly, prison officers have been shown to be at high risk of developing compassion fatigue (Bell et al., 2019**)**. As well as having potential damaging consequences for an individual's well-being, compassion fatigue can lead to numbness and irritability which can impact personal and professional relationships (Bell et al., 2019). Symptoms of compassion fatigue have also been identified as synonymous to those of PTSD including negative arousal, hypervigilance, sleep disturbance and intrusive thoughts about incidents (Figley, 2002).

Cost to the Prison Service

Psychological consequences of working with self-harm can therefore inhibit an individual's ability to perform at optimal levels, resulting in organisational costs, including increased staff turnover and sickness rates, diminished productivity, and low staff morale (Showalter, 2010). It is therefore not surprising that HMPPS state that an average of 10 working days were lost due to sickness in the year ending March 2020, with mental illness being cited as the most common reason. However, it is widely known within the literature that poor mental health has been stigmatised, particularly in professions that are seen as 'macho' (T. Sweeney et al., 2018), suggesting that reported levels of mental health could be underestimated.

As well as staff sickness, resignation rates also reached a record high in the year ending March 2021, specifically for band 3 to 5 prison officers (Ministry of Justice [MoJ], 2022). Consequences are wide-ranging for prison organisations as well as employees, with rising sickness and resignation rates resulting in a lack of resources, staffing levels, absenteeism,

and lower job satisfaction, which ultimately impact the quality-of-care prisoners receive (Bell et al., 2019).

Study Rationale

Despite the growth in research exploring prison officers over recent years (Morrison & Maycock, 2021), knowledge of their experiences of working with self-harm remains limited. Most research exploring this topic has been conducted within female prisons due to their high rates of self-harm. However, with the growing frequency and severity of self-harm within male prisons, obtaining up-to-date experiences of prison officers will be valuable to the literature base. In addition, previous studies have recommended the need for more qualitative research exploring this topic, with a focus on officer well-being (Marzano et al., 2015; Walker et al., 2016).

Those limited studies mentioned which have explored this topic have primarily utilised Thematic Analysis to code and analyse data. No published study within the UK has employed Interpretative Phenomenological Analysis (IPA) methodology to explore the experiences of prison officers working with male prisoner self-harm and the impact this can have upon their well-being. Despite Thematic Analysis being a popular method to code and analyse qualitative data, it typically utilises larger sample sizes, producing broadly descriptive themes to describe the meaning across participants (Javadi & Zarea, 2016). In contrast, IPA holds an idiographic focus, exploring the unique experiences of individual participants as well as exploring meaning across participants. This emphasis on phenomenology and hermeneutics allows for a more detailed examination of the lived experience of individuals, particularly when exploring complex and emotional topics (Smith et al., 2022).

Study Aims

The current study aims to update and expand the existing literature on how prison officers experience working with self-harm within the UK. The primary aim is to explore the lived experiences of prison officers working with adult male prisoners who engage in self-harming behaviour, with a secondary aim of exploring the subsequent impact on their psychological well-being. It is hoped that the findings will enable a greater understanding of the needs of this population which will aid in reducing compassion fatigue, burnout, sickness, and resignation rates. Lastly, exploring how best to support prison officers will hopefully improve the care they provide to prisoners, supporting the rehabilitative culture.

Research Questions

The current study aims to address the following research questions:

1. What are the lived experiences of prison officers working with adult male prisoners who engage in self-harming behaviour?
2. What is the impact of these experiences on their psychological wellbeing?

2.2 Method

Design and Theoretical Rationale for IPA

The current research aimed to explore the idiographic experiences of prison officers working with adult male prisoners who engage in self-harming behaviour, to understand and explore their reactions to self-harm, use of coping strategies and impact on well-being. Qualitative methodology was deemed the most suitable due to its ability to explore complex topics, which cannot be achieved through quantitative methods.

IPA was considered well suited due to its phenomenological and idiographic approach to obtain 'insiders'' perspectives on how prison officers make sense of their experiences (Smith & Osborn, 2008). IPA adopts the approach that knowledge about the world is obtained through listening to individuals' sense-making (Smith et al., 2022). This interpretative aspect consists of a hermeneutic circle whereby the researcher attempts to understand and make sense of the participants 'sense-making' linked to the phenomenon in question. This process of understanding is open to revision as the researcher's understanding evolves (Larkin et al., 2006).

Participants

IPA relies on a homogenous sample to enable the phenomenon to be explored in-depth and be relevant to the sample. Small samples sizes are preferred as larger samples can inhibit in-depth exploration, resulting in a more superficial understanding (Smith et al., 2022). Therefore, participants were all prison officers from one adult male Private Sector Prison (PSP) within the UK. Smith et al. (2022) recommends between six and ten participants for professional doctorate courses. The current study recruited seven participants, five males and two females. Table 2.1 outlines the participant summary and Table 2.2 details the inclusion/exclusion criteria. As the research was conducted in one prison and relied on a

small sample frame, participant characteristics have been limited to maintain anonymity. Each participant was allocated a pseudonym.

Table 2.1

Participant Summary

Pseudonym	Gender	Years in Service (range)
Sophia	Female	10-15 years
George	Male	0-5 years
Adam	Male	10-15 years
Dylan	Male	15+ years
Olivia	Female	0-5 years
Jordan	Male	15+ years
Louis	Male	10-15 years

Table 2.2

Participant Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria	Rationale
Passed probationary period as a serving prison officer.	Prison officers currently in their probation period	To ensure participants had completed all their mandatory training and obtained enough experience of working with prisoners who self-harm to effectively partake in the semi-structured interviews. The research was conducted during Covid-19 lockdown; therefore, new prison officers may not have had enough exposure to directly managing and working with prisoners who self-harm.
Experience of working with prisoners who engage in self-harming behaviours. This can include responding to self-	Prison officers who have not experienced working with prisoners who self-harm, witnessed	To ensure the sample was homogenous with experience of the specific phenomenon being explored.

harm incidents and/or witnessing prisoner self-harm.	and/or responded to self-harm incidents.	
Able to read and speak English.	Preferred language not English	This was necessary for the participants to take part in the interview. Time and resource constraints meant interpreters were not possible to use. This was also important for IPA for the researcher to make sense of participants' experiences whereby utilising interpreters would reduce validity in the interpretations.

Procedure

Ethical Approval

Ethical approval was granted by the University of Birmingham's Research Ethics Committee (reference number: ERN_20-0093A; Appendix A) and by Her Majesty's Prison and Probation Service (HMPPS) National Research Committee (reference number: 2021-038; Appendix B). The governor of the prison also gave consent. The research was conducted in accordance with the Data Protection Act and British Psychological Society (BPS) Code of Ethics (BPS, 2009; Data Protection Act, 1998).

Recruitment and Data Collection

Due to the research being conducted remotely to comply with Covid-19 regulations, a point-of-contact within the prison was established, whose role was not a serving prison officer. The point-of-contact disseminated the recruitment advert (see Appendix C) including participant information sheet (see Appendix D) via email to all prison officers informing them of the research. This procedure enabled the researcher to be detached from the recruitment process to avoid any bias. Prison officers who met the inclusion criteria outlined in the participant information sheet and wished to participate then contacted the researcher

directly via email expressing their interest. A consent form (see Appendix E) was subsequently sent, and once this was signed and returned, an interview date and time was arranged.

Telephone interviews were conducted outside of work hours to enable participants to feel comfortable to discuss potentially sensitive topics away from the work environment. Interviews lasted between 60 and 90 minutes, with an average time of 69 minutes. Prior to the interview commencing, participants were informed of the aims of the study and verbal consent was obtained, allowing time for participants to ask questions and to build rapport (Smith et al., 2022). Participants were also informed that the interview could be stopped at any time. Time was allocated to thoroughly debrief participants, with a debrief sheet being emailed afterwards (see Appendix F). Participants were allowed two weeks post interview to withdraw or alter their data. No participants requested to do so.

Interviews were audio recorded onto an encrypted digital voice recorder and transcribed verbatim, removing any identifiable information. As well as spoken words, transcriptions included key non-verbal expressions including pauses, laughter and change in tone of voice, represented by bracketed text or use of punctuation (Smith et al., 2022).

Interview Guide

A semi-structured interview guide (see Appendix G) was devised by the researcher and reviewed by two research supervisors, one with expertise in IPA and qualitative methodology. Interview questions were developed from previous literature directed towards uncovering participants' experiences of working with self-harm, the emotional and psychological impact, and coping strategies utilised. The final interview guide comprised of six open-ended questions, with prompts to enable meaning-making and to allow flexibility to

follow the emerging narrative (Smith, 2003). Utilising open and expansive questions also minimised the risk of leading participants (Smith et al., 2022).

Analytic Method

Transcripts were analysed manually utilising Smith et al's (2022) stages to IPA. As IPA adopts an ideographic approach, each participant's account was explored in detail before looking across cases to allow for a rich understanding of the lived experiences of participants. See Table 2.3 for a breakdown of the analysis stages.

Table 2.3

IPA Stages as Indicated by Smith et al. (2022)

Phase	Stage	Description
One: Working towards case-level themes	1	**Reflexive reading**: Transcript was read and re-read to get familiar with the participant's narrative and experience.
	2	**Exploratory noting**: Coding commenced noting any key objects of concern (e.g., people, places, objects) that are important to the participant. Coding included identifying linguistic, descriptive, and conceptual codes as well as any reflections that arose for the researcher.
	3	**Constructing Experiential Statements**: Following on from initial exploratory noting, experiential statements were devised which encompassed the main claims being made by the participant and their meaning. (See Appendix H for an example)
	4	**Organise case-level themes**: All the experiential statements were then printed and clustered to form emergent Participant Experiential Themes (PETs) (see Appendix I for an example).
	5	**Consolidate case analysis**: Lastly, in a separate document, the PETs were listed, incorporating experiential statements and quotes to support each theme (see Appendix J for an example). A short case

		summary was also constructed to capture the analysis and voice of the participant.
	6	Repeat stages 1-5 for each transcript.
Two: Working towards group-level themes	7	**Identify Group Experiential Themes**: Each participant's PETs were printed on pieces of paper and clustered to form Group Experiential Themes (GETs) (See Appendix K for an example). Convergence and divergence were identified across transcripts to consider common emerging themes. GETs were continuously reviewed within supervision and IPA workshops.
	8	Finalise GETs and develop a linear narrative to reflect the key experiential claims and concerns across participants. Any PETs that were not fully established across the data sets were removed.

Methodological Rigour

To increase the plausibility of the analysis, the coding process, and subsequent emerging themes for both case- and group-level were reviewed and discussed within research supervision and IPA workshops which were facilitated by researchers with IPA expertise. In addition, the author consulted with two additional University research supervisors with expertise in IPA methodology to review the emerging group-level themes. These discussions allowed for alternative perspectives and to ensure that any interpretations made were grounded in the data and linked to participants' original words. Evidencing the analysis stages also allowed for transparency of how the interpretations derived from the data (Yardley, 2008).

Reflexivity

The nature of qualitative methodology means that group-level themes are subjective to the interpretation of the researcher. Due to the hermeneutic circle of IPA, reflexivity was therefore important to consider as the researcher's own experiences, blind-spots and biases

can influence their understanding of participants' sense-making (Larkin et al., 2006; Yardley, 2000). To attempt to stay close to participants' sense-making and limit any bias or assumptions, a reflective journal was kept alongside engaging in monthly supervision to 'bracket' any thoughts or feelings to enable an objective view of participants' accounts (Yardley, 2000). In addition, a reflexive statement was completed which summarised the researcher's potential bias and experience of conducting the research (see Appendix L).

2.3 Results

The analysis resulted in three Group Experiential Themes (i) *"It Changes you as a Person"; Impact of Prolonged Exposure to Self-Harm* (ii) *"Staff are not the Priority, Prisoners are"; Officer Well-Being not Seen as a Priority by the System* and (iii) *"I Wouldn't do any Other job"; What Helps to Mitigate the Effects of Working With Self-Harm*. Verbatim quotes were used to supplement themes to ensure they remained grounded in case-level detail, whilst also capturing the voices of participants to allow for a psychological insight into the phenomenon (Smith et al., 2022). Table 2.4 represents the Group Experiential Themes and contributing participants. (See Appendix M for a detailed account of contributing participants and subsequent quotes).

Table 2.4

Group Experiential Themes and Contributing Participants

Group Experiential Themes	Sub-Themes	Contributing Participants
1."It changes you as a person": Impact of Prolonged Exposure to Self-Harm	Process of Becoming Desensitised	Olivia, George, Dylan, Sophia, Jordan, Louis, Adam
	Carrying the Effects Into Personal Lives	Adam, George, Sophia, Jordan, Louis
2."Staff are not the Priority, Prisoners are"; Officer Well-Being not Seen as a Priority by the System	'Paperwork Comes First' - Expectation to Carry on	Sophia, George, Olivia, Dylan
	Fear of Being Blamed or Judged	Dylan, Louis, Adam, Sophia, Jordan, Olivia
	Lack of Trust in Available Support	Sophia, Dylan, Olivia, Jordan, George, Adam, Louis
3."I Wouldn't do any Other job": What Helps to	Bond to Those With a Shared Understanding	Sophia, George, Adam, Dylan, Olivia, Jordan, Louis

Mitigate the Effects of Working with Self-Harm	Attempts to Switch off From Work	Sophia, George, Olivia, Like, Adam, Dylan, Jordan
	Work is Inherently Rewarding	Sophia, George, Louis, Dylan, Jordan

"It Changes you as a Person"; Impact of Prolonged Exposure to Self-Harm

The first theme explores participants' experiences of how the emotional demands of working with self-harm *"changes you as a person"* (Jordan, p.2) with Olivia explaining that she is *"a completely different person now"* (Olivia, p.14). These experiences will be explored in the sub-themes of *Process of Becoming Desensitised* and *Carrying the Effects into Personal Lives.*

Process of Becoming Desensitised

All participants spoke about how over time they became *"unfazed"* (Olivia, p.29), *"desensitised"* (George, p.12) and *"not shocked"* (Adam, p.17) by self-harm. Participants shared experiencing a shift in their emotional reactions, with a consensus that over time you become *"emotionally hardened"* (Louis, p.13). Jordan described this as, *"in the beginning it would affect you, you're not so emotionally numb, but as you become more experienced, you see it [self-harm] over and over again, you sort of dull those feelings"* (p.12). The use of 'over and over again' implies that the high frequency of self-harm contributes to these emotional changes. Sophia echoed this point:

> *"I don't remember a time at work, in the last five years where someone hasn't been on an ACCT. When I first started, we had 30 ACCTs across the establishment, now we open about 80-90 ACCTs on an average week"* (p.36)

The frequency of incidents means that participants are becoming accustomed to witnessing self-harm, which was shared across participants (e.g., *"I expect to go to every cell and see something"*- Dylan, p.13).

It was apparent throughout the narratives that witnessing episodes of severe, life-threatening self-harm also increases your tolerance level:

> *"I can't think of anything that I haven't seen… I've been covered in blood… I've had someone's stomach open, someone cutting with chicken bones, one guy cut his varicose veins open with his toenail… I expect it to happen, the shock factor has gone out of it"* (Adam, p.18)

However, two participants described desensitisation as a coping mechanism. Olivia shared that *"It doesn't seem as big a deal anymore, you're just numb to it…you don't realise how serious it is in your mind because you've trained yourself to be used to it, it's not big to you anymore"* (p.19). Similarly, Jordan shared *"I think it's a coping strategy… I'm not trained in that sort of thing, but sometimes the level of trauma we see, I think it's a way of coping with it"* (p.4). This sense of 'training yourself' and 'coping with it' implies that on some level, portraying that self-harm is 'the norm' could be used as an attempt to help participants distance themselves from the emotional impact.

As well as becoming desensitised to witnessing traumatic scenes, four participants noted becoming desensitised to others' distress in general. Jordan described how *"over a prolonged period of time, it [self-harm] does change you as a person"* (p.2). Olivia mirrored this sharing "*I'm less fazed in my day-to-day life about everything because I see so much worse when I am at work…. I'm unfazed by everything. It's awful but it's definitely changed me"* (p.31).

In his account of becoming emotionally hardened, George shared:

> *'You are dealing with so many different emotions and so many emotions within that one day, and that can be seven days a week so your tolerance level at home sometimes drops. If my children fall over and graze their knees, my partner will be like 'oh no are you okay?' whereas I am the person to say, 'get up, shake your knees'... the line of work has got an effect on you"* (p.4)

This idea of the emotional demands impacting tolerance levels was further evidenced by George when he shared how confused he was that he did not get upset when he went through a difficult life event, adding "*you're so used to dealing with situations, I just got on with it"* (p.4). Louis expressed similar feelings, sharing *"I can feel like superman at times but then other times I feel like it would be nice sometimes to have a bit more of a sensitive side"* (p.7).

In relation to self-harm incidents, six participants categorised self-harm into "*non-genuine*" or "*genuine*". Non-genuine was described as threatening to self-harm or engaging in low severity cutting to *"manipulate staff"* (Sophia, p.13) and *"obtain something"* (Olivia, p.5). Noted as common on the main prison wings, participants shared how *"remaining professional"* (Jordan, p.22) and "*maintaining boundaries and rules"* (Dylan, p.10) were important in reducing self-harm. Non-genuine self-harm was described as *"labour intensive, diluting the support for genuine cases"*, which evoked feelings of *"frustration"* (Louis, p.14) and *"cynicism"* (Jordan, p.22). Understanding prisoners helped to *"know the ones who are serious about their self-harm"* (Dylan, p.2), which was shared by others (e.g., *"notice certain patterns developing"* – Jordan, p.3). Genuine self-harm was linked to more prolific incidents, whereby mental health difficulties resulted in higher severity, potentially life-threatening incidents, which were subsequently harder to process and became the focus of most interviews. The effects on officer well-being of dealing with more severe self-harm will be discussed next.

Carrying the Effects Into Personal Lives

Despite normalising self-harm, participants shared a consensus that *"nobody can totally switch off"* (Dylan, p.30). There was a belief from a few participants that "*the longer you are there, the more used to reacting you are"* (Oliva, p.10). However, most continued to experience intrusive thoughts, stress, and difficulty coping due to the often *"challenging and traumatising"* (George, p.18) nature of self-harm. Jordan outlined "*there are physical symptoms, psychological symptoms, behavioural, it [self-harm] does change you as a person"* (p.2).

Three participants shared the phrase *"leave work at the cattle grid"* (George, p.19) implying an expectation to leave problems at work. However, Sophia described how "*it is impossible to leave your problems at work and pick them up on the way back, we're human, we bring our problems from home in and problems from work out'* (p.25). Jordan agreed adding *"there have been many occasions that I've left, sat in the car in tears, it can push you to that state unfortunately"* (p.1) implying that the often-traumatic nature of what participants witness can transfer into personal lives. Jordan shared his experience of reliving incidents:

> *"You go through periods where you relive traumatic incidents that you have been involved in… I've experienced periods of reliving incidents to the point where I've woken up during sleep, cold sweats, panic attacks… the feeling of reaching out and still being in that environment, everything seems real if that makes sense"* (p.5)

Other symptoms of trauma were also noted (e.g., *"I've had some sleepless nights over the few years… your body is not ready to close that event off and you're still processing it"* – Sophia, p.23). When discussing a specific near-death incident, Louis expressed:

> *"I went through a lot of stress, I couldn't sleep for months after… it was tough, I used to think of the gentleman quite a lot of the time. I had no sleep, when the TV was off, I'd go to bed, and I just wasn't sleeping. I'd be awake thinking of him and our conversations"* (p.7)

It was clear from these accounts that the processing of incidents is important, with narratives suggesting that despite attempts to leave incidents at work, it is impossible to detach your emotional connection. Dylan shared:

> *"I'll come home sometimes… I say sometimes, very frequent and I can be quiet for maybe a day or two. And I don't want to offload to family because they don't need to know what is going on inside"* (Dylan, p.27)

Dylan's account illustrates the difficulties in switching off, which was mirrored by Jordan:

> *"I've been snappy, mood changes… my wife used to tell me quite regularly to stop it 'you're not a prison officer here'. She used to say I had a presence, she didn't know what mood I would be in after work, but I'd carry a sort of presence, a chip on my shoulder"* (p.6)

Remaining in officer mode outside of work led to prolonged states of hypervigilance, affecting the ability to relax for some participants:

> *"I suppose the prolong periods of hypervigilance…it's not healthy really that level of hypervigilance and seeing levels of trauma, somethings that we deal with. Something simple as going to the pub or a restaurant with the family for a meal. I don't like to sit with my back towards the door, I like to sit in a position where I can observe and scan the room… be able to assess any danger… I suppose I'm always alert"* (Jordan, p.11)

This idea of remaining 'on alert' was noted by others (e.g., *"I'm forever noticing around, it's like I'm always on, my senses are more heightened* -Adam, p.20). However, Jordan went on to explain:

> *"Sometimes I find it easier to be Jordan the officer rather than Jordan the person because when you're at home, you are dad, husband, you are relaxed and then at work you are not, you are always alert. You're in control"* (p.11)

Therefore, indicating that trying to relax may feel uncomfortable due to the constant arousal experienced at work. One participant recognised that time away from the prison

environment enabled them to reflect on how they had changed as a person and spoke about the transition back to themselves:

> *"I spent a lot of the time with myself, my wife, and my daughter. And fortunately, where we live, we can go for a walk up a mountain and not see anyone at all. But I actually looked in the mirror one day and was like 'I actually like myself. I was like 'I recognise you now' and I like the person I have become again, becuse I was away from all the pressures and that."* (Adam, p.12)

This theme highlights the ways in which working with self-harm, specifically high severity self-harm can impact participants' psychological well-being. There was a consensus that despite becoming desensitised, certain traumatic incidents can have a long-term impact. In the next theme, the notion that the prison system may reinforce these experiences will be explored.

"Staff are not the Priority, Prisoners are"; Officer Well-Being not Seen as a Priority by the System

Throughout the narratives, it became apparent participants felt *"undervalued*" (Jordan, p.19) and *"belittled"* (Dylan, p.31) at times by the prison system. The following theme will explore the experiences of participants in relation to prison culture and barriers to accessing support, within the subthemes of *"Paperwork Comes First"; Expectation to Carry on, Fear of Being Blamed or Judged* and *Lack of Trust in Available Support.*

"Paperwork Comes First"; Expectation to Carry on

Four participants shared the belief that prison regime is seen as more important than officer well-being by the service. "*Paperwork comes first"* was cited by Sophia who explained that after an act of self-harm, paperwork is seen as the priority:

> *'It is drummed into us, if something happens and is reportable, you do the paperwork and keep going… you don't get chance to put feelings to it as there is always something else to do, everything is run on regime'* (p.18)

This notion that regime is prioritised links with the previous subtheme of *Carrying the Effects Into Personal Lives* implying that participants do not have time to emotionally process incidents. This was emphasised by Dylan who shared "*you just sort of feel you've got to get on with it…you just carry on and hope that the end of the shift comes quick, and you can get out of there"* (p.11)**.** This was consistent across all interviews (e.g., "*we are so busy in the day, you don't have time to think about it, you just are kind of onto the next situation"* – Olivia, pg.11).

For some, regime was seen as protective (e.g., *"at times when it is serious self-harm, regime and paperwork is protective because you don't think about it... if we did get time, maybe I wouldn't be able to cope"* – Sophia, p.23). The idea of keeping busy was seen as a way of *"putting feelings to one side"* to manage the day ahead. Whilst for Dylan, paperwork mentality was not conducive in helping process incidents:

> *"I wish sometimes you could have time to actually leave the unit after an incident. Maybe just to go and have a cup of coffee, cup of tea to just get away from the unit but the first thing the manager does before you leave the unit is say 'can you make sure the paperwork is done' you know, not a case of 'I'll sit down and help you' or 'how are you feeling' it's a case of just carry on with the rest of the night and we will see you tomorrow."* (p.33)

It was therefore felt that prison regime may reinforce the culture of becoming desensitised to self-harm, instilling the idea that prison officers should be able to cope with the demands of working with self-harm, which will be explored further in the next two subthemes.

Fear of Being Blamed or Judged

This sub-theme sets out participants' narratives regarding feeling fearful and accountable for self-harm. There was an acknowledgment from Dylan that the pressure of ensuring paperwork is completed left him fearful of any consequences:

"*I think it's getting more difficult when you're leaving work because you always want to make sure you have done everything right but when you leave work, there are so many new managers in there, you kind of feel that they are going to stitch you up on something.* (p.18)

This pressure and sense of fear when leaving work was further evidenced by Dylan, who raised specific concerns in relation to how serious incidents are investigated. In his account of a past incident, he shared:

"I will never go into a cell by myself and that stems back from the death I had. I was interviewed by Criminal Investigation Department (CID) because I called for my colleague… and the prisoner, he had blood on his knuckle, but when I was putting him onto his back, his hand touched part of my shirt. And what the CID guy said was 'if you had entered that cell by yourself and there was still an ounce of life in him, it could have looked like there was a struggle between the two of you' and that is where I am so thankful these days for body-worn cameras. I won't enter the prison without one because as soon as somebody says they are going to start self-harming, I flick that on" (p.16)

Participants can therefore feel vulnerable to 'blame' if a prisoner succeeds in self-harming, which was communicated by Louis:

"It's terrible, unfortunate you know, everyone wants to blame someone and when you're in a prison it is easy to blame the prison officer or prison manager… anything that happens in prison, all guilt, responsibility is put on the prison officers you know" (p.10)

Three participants revealed one way to manage the responsibility of working with potentially life-threatening self-harm was to accept the limits to care giving. Adam highlighted *"It took me a while to understand that I can't stop everything happening"* (p.14), which was echoed by Sophia who explained that after *"wanting to help everyone"* and *"taking self-harm personally",* she explained that *"I can't tie their hands behind their back, but if we can put things in place to reduce severity and frequency then we are doing something good"* (p.8). Louis supported this stating:

> *"We are trained in dealing with things but at the end of the day we are dealing with very complex men and maybe they have self-harmed their whole life, had trauma their whole life and unfortunately you can't help everyone… we try our best, but if someone wants to harm themselves then… it is a big burden"* (p.9-10)

There was therefore a sense that despite preservation of life being a priority, for some participants, accepting reality helped them to manage the demands of the work.

In addition to feeling blamed, there was a consensus between participants that bravado culture impacted participants' well-being, whereby emotions were seen as weak. George shared *"you've just got to get on with it, you can't let it show"* (p.19). Dylan suggested that the fear of being seen as weak inhibits speaking about your feelings, sharing, *"for arguments sake, if I had a death tonight and didn't turn up for work tomorrow… in the eyes of people in work you would be classed as a weak person"* (p.33). He went on to state:

> *"You need time away from work to reflect on that and to go back into a work environment where the same thing could happen the following day, you want to protect yourself don't you. But no, in a place like that you are seen as a weak person. It's demoralising"* (p.33)

This sense of demoralisation was shared by Jordan who emphasised that the fear of being seen as weak can lead to a build-up of emotions:

> *"What you find with prison staff is the bravado takes over… it is such a tense working environment and any signs of weakness or emotion, then that is a sign of a weakness, so it is very alpha male, alpha female… what tends to happen then is things build up and sooner or later something, something is going to happen you know, it will come out in the wrong way"* (p.15)

Linking back to the subtheme of *Becoming Desensitised*, Olivia expressed that the process of self-harm becoming 'normal' to witness could have implications for expressing emotions at work:

> *"It is kind of the norm to be unfazed by everything in there so when someone actually is upset about a situation, they get kind of, not picked up, but more a 'why are you upset by that, its fine'. It's a very much 'man-up' kind of attitude in there because everyone is so used to having to just get on with it. Whereas if someone is really upset about something, it's strange to see someone bothered, like 'why are you bothered by that, we've seen worse than that' and you know it is so played down that you don't want to be that staff member who is so upset about something when everybody else is completely fine by it."* (p.29)

Olivia went on to explain that "*it's quite sad really, it's a brave face that you learn to put on and it's hard to take off then"* (p.29), which indicates that becoming desensitised to self-harm may have further negative consequences for prison officers in relation to expressing emotions.

Jordan was the only participant who spoke of not conforming to the alpha mindset, however expressed that this only occurred after seeking external therapy to deal with years of built-up emotions:

> *"I am a hell of a lot happier; it has allowed me to relax a bit more. I was in floods of tears the first time I asked for help. Just a weight off your shoulders, I suppose finally admitting something and just a release of emotions… coming from the alpha mindset, I did see it as, speaking up was a weakness and that realisation that it is not a weakness, it is a strength"* (p.21)

Jordan's account reflects the importance of recognising and accessing support to aid conversations around the impact of the role to reduce the alpha mindset.

Overall, it was evident within this sub-theme that participants were at times fearful of being blamed or judged if an incident of self-harm affected them. This prolonged act of hiding emotional reactions has the potential to reinforce prison culture. In the following sub-theme, the concept of why participants are less willing to seek support is examined further.

Lack of Trust and Accessibility in Available Support

All participants recognised that support avenues are available within the prison, however, specific concerns were acknowledged. Dylan highlighted that, *"it feels like you've got nobody to turn to at work"* (Dylan, p.30) with Jordan sharing:

> *"I was off work for a period, I didn't receive one phone call, it felt like it wasn't valid you know. I think I may have had one phone call and I think that was regarding when are you back in work. It wasn't regarding how you are… I felt undervalued, just a number really. Having the experience of traumatic incidents, the follow up was exceptionally poor. Just the general feeling of care afterwards wasn't there… you get a leaflet saying if you need the employee assistance programme, ring it. And that was basically what it consisted off"* (p.19)

This sense of feeling undervalued highlighted how Jordan perceived the management's ability to understand his needs. Dylan echoed this when speaking of a self-harm incident that resulted in a prisoner's death, stating: *"when I had that death, and when I said I needed a weekend off, the answer I received back was 'why does that death justify you having a weekend off?"* (p.33). These narratives highlight the importance of prison managers recognising the impact self-harm can have upon employees.

Participants also described how the Care and Support team, who are the primary source of support, was not operating in the most effective manner to help the needs of participants. Sophia shared that *'sometimes it is non-operational staff who have never been an officer so they don't understand our job role and what the stressors and demands are… they can't relate to us'* (p.21). Sophia went on to state the subsequent support can therefore feel superficial, describing how "*someone you've barely or rarely met will email 'are you okay?' it feels like a tick-box exercise"* (p.21) emphasizing that the Care and Support staff may not understand what it is like being an officer, creating distance when engaging with them.

Alongside support sometimes feeling disingenuous, participants also lacked trust in the confidentiality of the Care team. This lack of trust, coupled with the underlying fear of being seen as weak, inhibits participants accessing support:

> *"As staff we can't offload, like we have a care and support team, but a lot feel like if you do go and offload your problems, then your problems are spread around the prison because of people who are in the posts aren't the most confidential"* (Dylan, p.12)

Dylan went on to explain that because of this lack of trust, he engaged with external avenues of support, sharing *"I'm with the prison officer's union so I feel I've got a better support line there because it is more confidential than the services in work… because it is impartial, nobody is linked"* (p.30). There was a consensus among participants that external support was important. To emphasise this idea, two participants reflected on how the current interview was deemed beneficial, with George reflecting, *"this phone call, just being able to have a little vent to someone I don't know, I feel quite relieved if I'm honest"* (p.32). He went on to detail how you can *"show your true colours"* and *"be able to say the truth"* when speaking to an external professional. This sense of 'showing your true colours' reinforces the idea that participants may wear an emotional mask at work.

Similarly, one participant spoke about their experiences of seeking external therapy to help alleviate the negative impact the role was having upon their mental health:

> *"I referred myself to my GP who referred me to the community mental health team. I attended CBT sessions … the job broke me to be honest, I was at the point where I was going to lose everything, and if I didn't ask for help at that point, I would have lost everything"* (p.6)

There was, however, an acknowledgment by Louis that society is becoming more aware of mental health and the importance of talking, which has started to influence the support available:

> *"I think the whole society is waking up to, supporting people, mental health, mindfulness the last couple of years and I think that has affected the prison service as well. So, we have a care support team, a welfare officer who is brilliant, just looking out for staff"* (p.22)

Nevertheless, he went on to state:

> *"We only have one welfare officer which I think, for the size of the prison and the size of the staffing group. Yeah, we have the care and support team which are quite good, but I think that is something we need to enlarge and take a bit more, a bit more serious"* (Louis, p.25)

Therefore, there was a recognition that more support is needed. Sophia and Jordan expressed the need for *'more prolonged, genuine support'* (Sophia, p.33) with Adam sharing the potential benefit of *"a drop-in centre where you could go on your lunch period, have a game of darts or a cup of tea, away from it all you know"* (p.25), expressing the need to sometimes escape the reality of the role to benefit their well-being. Similarly, despite concerns regarding the Care and Support team, Olivia outlined that *"if the care and support team were a bit more insistent, you'd feel less embarrassed in a way about needing to speak"* (p.28), going on to say:

> *"It would be nice to talk. The people who do Care and Support are really nice… and we do get after an incident, they send you a message like 'how are you?' but they don't ever really initiate, come to my office at this time, we will have a cup of tea and chat about it, where I think there needs to be more of that because staff aren't the types of people to go and arrange that themselves. You don't because no-one else does, say everybody else in that situation, if they didn't feel the need to talk to someone then I would feel strange going out of my way to talk to someone because I would feel like why has it bothered me so much and not everybody else"* (p.25)

Consequently, inferring that if support was more persistent, it would enable participants to feel safer to talk. Two participants also discussed the need for "*more mental health training"* (Olivia, p.36) when working with prolific self-harmers to better understand and support prisoners.

Overall, this theme highlights that working with self-harm evokes a range of emotions and participants often feel fearful of expressing these at work, out of fear of being judged or blamed, which can subsequently impact whether participants access support. Despite these challenges, the next theme investigates what helps participants manage the demands of working with self-harm.

"I Wouldn't do any Other job": What Helps to Mitigate the Effects of Working With Self-Harm

It was clear within the narratives that working with self-harm can be traumatic and challenging, especially when linked with the challenges of the system. However, participants spoke of mechanisms they utilise to switch off and allow them to continue to do the job they value. This aspect will be explored in the subthemes of *Bond to Those With a Shared Understanding, Attempts to Switch off From Work* and *Work is Inherently Rewarding.*

Bond to Those With a Shared Understanding

All participants spoke about how *"the only way you deal with things is by speaking to people who have got a knowledge of it as well, who have been through the same things, if not worse"* (George, pg. 12). Within work, Olivia mentioned *"the job is 100% the colleagues*" (p.35), which was echoed by most participants (e.g., *"speaking to colleagues allowed me to stay in the job else I wouldn't have been able to cope'* – Sophia, p.32) of implying that colleagues are the preferred source support.

Serious self-harm incidents were also seen to unify staff because you *"bond over incidents"* (Sophia, p.37). There was a perception that colleagues become your family, with Jordan sharing *"when you are part of a team, they are not just colleagues, they become quite close friends. It's a bit of a support network"* (p.12) which was mirrored by Sophia and Olivia who both shared the idea of *"turning into a very big family when we need to"* which "*puts us in the best position to keep going"* (Sophia, p.31).

However, despite the camaraderie of colleagues being seen as crucial in coping with the demands of the work, all participants touched upon the idea of *"knowing the right people to talk to"* (Sophia, p.31) and *"speaking to trusted members of staff"* (Adam, p.25). This was exemplified by Louis who highlighted you can only truly be yourself at work with trusted colleagues:

> *"Personally, for me I've got a very small group of colleagues who I've been friends with for years and if I was struggling, I'd go and see them for half an hour, have a cup of tea. I'll speak it through with them. Like we have hot and cold debriefs but I find the best way to cope is to go to a place where I feel really comfortable, with people I consider friends and speak it out with them"* (p.17)

This idea of the need to feel comfortable was further illustrated by Adam:

> *"We wear our masks when we talk to people. Nobody knows what is going on in your own life, nobody knows what is going on behind your mask and I think that is the only time we let our mask down, it is where we feel safe… it may only be to three or four members of staff, but we can let our guard down a bit because these people have my back and I've got theirs"* (Pg. 22)

The use of the words 'comfortable' and 'safe' suggests that although there is a sense that colleagues group together as a united family, in reality, participants rely on a small, selected, group with whom they feel comfortable to remove their 'mask'.

A common strategy utilised when dealing with the aftermath of serious incidents was dark humour. Dylan shared "*laughter is the best way. We will talk it through, have a good laugh about it"* (p.13). However, Adam shared how making light of situations may be a defence mechanism:

> *"I find, once the situation is dealt with and our prisoner is out of danger, then we'll make light of it. That is how we've dealt with it… I know it shouldn't be, but we tend to use humour, I think laughter is a great defence and I think we use that"* (p.21)

There was a sense that laughter was deemed more acceptable than speaking about your feelings, linking back to the sub-theme of *Fear of Being Blamed or Judged.*

The significance of bonding to those who have a shared understanding also continued into participants' personal lives. All participants spoke about changes within their social network because of the emotional impact of the work, becoming *"detached from family and friends."* (Adam, p.19). Four participants detailed how colleagues start to outweigh your family. Jordan shared *"sometimes your spouse, if they don't work in this kind of environment, it is a bit alien to them"* (p.13) which was mirrored by other participants (e.g., *"I know she is my partner, and there is no-one better to vent to but if they haven't got an understanding of it, it is like talking to someone off the street"* – George, p.12). Adam illustrated the challenges further by sharing:

> *"Marriages can break up because they don't understand what is going on for twelve hours a day, we are captive inside the prison, we become institutionalised to a certain extent, as much as the prisoners do, you don't realise what is going on outside… There are a lot of married couples within the prison and there are a lot of marriages that break down because we spend more time with our colleagues than we do with our families… officers understand what you are going through more than your family, you lose your family and get a new family inside"* (pg. 19)

This idea that relationships can be impacted was apparent in most narratives, alongside the notion that participants too can become 'institutionalised' to what they see and deal with, which is sometimes not understood by family. Only one participant spoke about how their partner understood the demands of the role due to working in a similar position, sharing *"we know how to look after each other"* (Sophia, p.4).

Dylan and Olivia both shared examples of how they ceased talking to family and friends about incidents at work, sometimes to protect them:

> *"Because of the lack of understanding of what goes on, they [family] could never relate to the whole situation. Something could be a bit to graphic and that's something you don't want to offload onto somebody. Not showing them what we are going in to. And you know, as they say 'every shift is a good shift' so they don't know what you've gone into, what you have seen, what you've done, what you've witnessed. As much as you want to come home and say how your day has been, you kind of just want to brush it under the carpet 'yeah I've got that out the way' I can let it go now."* (Dylan, p.32)

Olivia mirrored this in her narrative about how she *"used to come home with loads of stories, really animated…whereas now I'm like 'yeah work was fine' but realistically I dealt with someone who had cut their stomach open'* (p.17). Therefore, across narratives, it was apparent that participants began to align themselves with like-minded individuals to cope with the demands of the role. The next subtheme aims to explore coping further, focussing on how participants balance their home and work lives.

Attempts to Switch off From Work

Throughout the narratives, there was an acknowledgment of the *'need to be able to switch off'* (George, p.21). As well as the benefits of colleague support being evident, some commentary arose regarding the negative aspects of your colleagues becoming your sole support network. Three participants shared their journeys to obtaining balanced support networks, and how for some, distancing from colleagues enabled them to maintain a healthier

work/life balance. Sophia shared how at one point in her career, she was *"living and breathing work"* (p.20) stating *"previously work was my family, now they are my friends. Family is separate… I live my happy life outside of work"* (p.29). To achieve this balance, she shared *"I'm not part of any WhatsApp group now. It got to the point where I was in every group going" (*p.29). Louis shared this experience, noting how removing himself from work group chats helped to keep the separation:

> *"I don't like taking work home with me, so I try not to be a prison officer when I leave work, I don't really speak to the guys on WhatsApp at home, I don't really see them out of work, maybe once or twice a year"* (p.18)

This idea of compartmentalising work was shared by others (e.g., *"It is accepting that my home life now is vital, that's where I want to be, that's where I want to be… my prison life is secondary and it must not take over, particularly in the past it has"* – Adam, p.28). George also emphasised the importance of not checking work emails:

> *"I'm not looking at my emails out of work, because all of a sudden, you're doing work from your house, and it should be your rest days. Not mixing personal time with family and work together, if you start doing that, you're in for trouble"* (p.20-21)

As well as social distance, Adam and Jordan spoke about the significance of physical distance from the prison environment:

> *"If I've had a really bad incident, I get in my car, put some music on, and when I am ten, fifteen minutes into my journey, I put the day behind me and I look forward to seeing my family… I use my travel time to unwind"* (Adam, p.26)

Louis echoed this point sharing he can *"just be myself"* once he is half an hour into his journey, sharing "*the closer you are to home it's almost a transformation. Having that time,*

gather my thoughts. (p.19). Therefore, there is something powerful in residing some distance away from the prison environment, to allow participants to unwind.

As well as distance, engaging in activities that were unrelated to work and colleagues were deemed important, with the emphasis on *"fresh air*" (Dylan, p.29), *"gardening"* (Sophia, p.25) and *"simple family things"* (Jordan, p.17). Within these accounts, time to oneself to process incidents at work was common to *"bring you down to reality into my own world"* (Adam, p.27), whether that be *"sitting outside on my own or gardening"* (Sophia, p.25), *"walking the dog"* (Adam, p.27) or "*mountain biking"* (Dylan, p.29). There was a sense that these activities allow you to *"forget everything and recharge"* (Dylan, p.29).

The narratives thus highlight the importance of maintaining a home/work life balance, with some participants actively separating home and work to switch off.

Work is Inherently Rewarding

Despite the challenges acknowledged, all participants shared their commitment to working with prisoners who self-harm and how inherently rewarding it can be. Dylan shared *"ninety percent of the time it has been fantastic"* (p.4), with Sophia adding *"it's the good days that keep you in the job... It's where my heart is"* (pg. 5). *"Having a laugh"* and *"building a good rapport with prisoners"* (Dylan, pg. 4) was often mentioned by participants. Jordan shared his experience:

> *"It does test your resilience… but then at the same time, I can't picture myself doing anything else? if that makes sense… It totally gets in you. In some ways it becomes addictive. When it is good... when you are in a good team, and you've got that supportive environment, and you can talk about anything and everything, you come in and it doesn't feel like work. You come and spend the day with your mates. Obviously, you go through difficult periods of time, but you get through it as a team"* (p13)

Spending time to build rapport and understand prisoners was a common narrative. Sophia spoke about how she *"goes above and beyond, not overstepping the line but just reminding them [prisoners] that I am human as well. I still feel loss, sadness etc and from there you can open up a two-minute conversation"* (p.12). Engaging prisoners in activities and conversation to distract them from self-harming and to build rapport was deemed important by all participants (e.g., "*intervening and having a meaningful conversation… a quick brew and a chat, something like that goes a long way"* – George, p.7). Others spoke directly about how rewarding these small conversations can be in reducing self-harm (e.g., *"I don't expect anything back but when they do call you to their cell and say, 'because of you I am in a much better place'… that to me is massive"* (Dylan, p.21).

Empathising with prisoners was also apparent within the interviews, with Sophia sharing:

> *"I've got avenues to get head space, talk to friends, take the dog for a walk, get blind drunk, whereas in prison we [staff] put you in an 8x10 concrete box and say, 'there you go, sorry about that'…that is the worst part of the job, expecting prisoners to behave whilst dealing with distress"* (p.43)

Dylan's determination to engage with prisoners also shone through his account:

> *"I had a prisoner, self-harmer and he started doing origami. He was self-harming quite bad one night when I went in, and I thought 'how can I stop this quick'. I knocked the door and called his name and said, 'what you doing?' and he said 'I've had enough'… So, I asked him how to make them and he was like 'are you stupid or what' and I was like 'yeah I am (laugh), I can't fold a bit of paper, show me how to do it'… and the two of us together over the course of maybe three hours made several of these little folds"* (p24)

The idea of finding the work rewarding was emphasised in all accounts. Despite the challenges of the prison system and consequences of witnessing traumatic incidents, all participants shared examples of how they have attempted to engage with prisoners to reduce self-harm and build rapport.

2.4 Discussion

The current study utilised IPA methodology to explore the phenomenology and sense-making of seven prison officers working with self-harming prisoners in a male prison establishment. The analysis resulted in three Group Experiential Themes (i) *"It Changes you as a Person"; Impact of Prolonged Exposure to Self-Harm*, (ii) *"Staff are not the Priority, Prisoners are"; Officer Well-Being not Seen as a Priority by the System* and (iii) *"I Wouldn't do any Other job"; What Helps to Mitigate the Effects of Working With Self-Harm*.

Discussion of Results in Relation to the Literature

The first theme, *'It Changes you as a Person"; Impact of Prolonged Exposure to Self-Harm'* and subsequent subthemes captured an understanding of the long-term impact on prison officers witnessing and dealing with self-harm. Labels such as 'genuine' and 'non-genuine' were apparent supporting previous research (Kenning et al., 2010; Ramluggun, 2013; Short et al., 2009), with non-genuine self-harm seen as resource intensive. Howard and Pope (2019) state that although some self-harm can be instrumental in function, labels such as 'manipulative' can lead to feelings of anger towards prisoners. Viewing self-harm as a way of problem solving could lead to more compassionate responses, helping prisoners to develop more effective strategies to meet their needs.

Participants consistently used the term 'desensitised' to describe how frequent exposure to self-harm becomes 'normal' to witness. However, it was also noted that desensitisation could be viewed as a defence mechanism, supporting past literature (Marzano et al., 2015). Despite many participants saying that they were unfazed by witnessing self-harm, with it becoming 'part of the job', the subtheme of *Carrying Effects Into Personal Lives* highlighted that potentially life-threatening self-harm was more difficult to process, resulting in cognitive distortions, sleepless nights, and an inability to switch off. Re-experiencing incidents,

hypervigilance, intrusive thoughts, loss of sleep and physiological reactions were all noted, which are indicative of symptoms of trauma (National Institute for Health and Care Excellence; NICE, 2018). Similar experiences have been found in previous qualitative research (Marzano et al., 2015; T. Sweeney et al., 2018).

As well as being linked to trauma (Denhof & Spinaris, 2013), these symptoms parallel those of compassion fatigue (Figley, 2002). Figley (1999) categorised compassion fatigue symptoms into cognitive, emotional, behavioural, spiritual, interpersonal, and somatic, with them all having the capability to influence work performance and home life. Within the current findings, cognitive symptoms were noted including intrusive thoughts and some trivialising of working with self-harm, potentially due to the expectation to carry on. In relation to emotions, most participants expressed feelings of low mood and anger, with some sharing how they have become less sensitive over time. Behavioural changes were also noted including withdrawing from family and friends and difficulties sleeping, subsequently affecting their interpersonal relationships, particularly with partners. Lowered frustration tolerance, withdrawing, and 'bottling up' emotions were all common experiences making the transition from work to home life challenging. Therefore, although the current study did not focus on exploring trauma and compassion fatigue per se, the results support existing literature highlighting the prevalence of these within prison officers (Bell et al., 2019).

Despite some comments around becoming desensitised, it appeared that hyperarousal can be a common consequence of frequent exposure to self-harm. Hypervigilance has been rooted in literature exploring compassion fatigue and trauma (Denhof & Spinaris, 2016); however, it has also been linked to a range of psychological and stress-related health issues (Price, 2017). Although this cannot be eliminated due to the nature of the role, there could be ways to alter officers' responses to stress. Sonnentag and Fritz (2007) suggest that although

physical separation from the work environment is important, psychological detachment is crucial in lowering stress levels, highlighting the need for space to reflect and process incidents. Altheimer et al. (2010) also explored the types of support systems needed for prison officers to lower stress levels, and while support in personal life was deemed important, significant support systems at work were crucial in lowering stress.

Morrison and Maycock (2021) emphasise that occupational culture shapes prison officer behaviour. The second theme, *"Staff are not the Priority, Prisoners are"* supports this notion. Whilst there was an understanding that support avenues are available, notably, most participants felt reluctant to ask for help, with the fear of being judged and bravado culture leaving participants feeling the need to be resilient and deal with the emotional impact of the role alone. Previous research supports this (T. Sweeney et al., 2018; Walker et al., 2017). As such, wearing a 'mask' and hiding true feelings became a coping strategy, aligning with literature regarding emotional labour, which has been described as a process whereby prison officers manage their true feelings while displaying the "organisationally desired" emotions (Mesmer-Magnus et al., 2012; Walker et al., 2017).

This fear of expressing emotions and its impact upon male prisoners has been widely researched (Morey & Crewe, 2018) resulting in prison culture attempting to engage prisoners in seeking support. However, it was apparent from the results that this culture shift has not entirely reached prison officers, with the macho culture still existing within staff (Smith et al., 2019). Sweeney et al. (2018) emphasised that as well as being damaging to officer well-being, this culture of silencing emotions could be inadvertently exacerbating self-harm behaviours amongst prisoners. In addition to fearing being seen as weak, participants spoke of a blame culture, with officers feeling responsible for self-harm incidents and feeling the need to justify their actions, which supports previous literature (Ramluggun, 2013).

Perhaps unsurprisingly the results indicated that participants found life-threatening self-harm more difficult to process. Due to the reluctance in expressing true feelings, participants voiced alternative ways of attempting to manage their psychological well-being. The importance of colleagues and teamwork was noted by all participants. However, trust was seen as vital, with participants carefully selecting a small, trusted group of colleagues to discuss emotions with. Dark humour was cited as a useful tool in helping to process incidents, supporting past research (Paoline et al., 2006) which has suggested that making light of traumatic events could serve as a means of self-preservation. Craun and Bourke (2014) found that humour in the workplace can reduce stress and improve group cohesion, however excessive dark humour was linked to secondary traumatic stress and psychological distress, with humour being used as an avoidance technique (Morgan, 2002). There was an acknowledgement from participants within the current study that it may feel more acceptable to engage in dark humour than expressing true feelings, potentially reinforcing the bravado culture and expectation to carry on.

Although colleagues turned into friends for some participants, others highlighted the need for distinction between work and personal life to manage their psychological well-being. Removing oneself from group chats, residing further away from the prison, escaping into nature and spending time with family were all cited as adaptive coping skills. Despite the limitations of cross-sectional studies in relation to causal effects, Sonnentag and Fritz (2007) found psychologically disengaging from work was strongly related to well-being and recovery.

Nevertheless, all participants reported finding the role rewarding, particularly building positive prisoner-staff relationships (Kenning et al., 2010) and the unique fact that no two days at work are the same. The current study supports Sweeney et al's (2018) findings that

despite using the term desensitisation to describe the impact of prolonged exposure to traumatic incidents, participants did not report any detachment of responsibility or role conflict found in previous studies (Marzano et al., 2015; Short et al., 2009; Walker et al., 2017). Rather, the passion for the work highlighted how committed participants were to preserving life and rehabilitating prisoners, embracing Tait's (2011) typology of a 'true carer'. There was evidence in the narratives of participants being highly engaged in their work, developing relationships with prisoners, expressing empathy and being realistic about what their caring could accomplish. In addition, there was a desire to work with the most complex prisoners, attributing the difficulties of working with self-harm to the wider prison context rather than to the prisoners, themselves.

Strengths and Weaknesses

Strengths

Within the interviews, one participant spoke of how prison officers are "hidden" by society. Therefore, the current study allowed the voices of prison officers to be heard, empowering them to share experiences which could make valuable contributions to prison organisations. At the time of the current study, there was no published literature utilising IPA methodology to explore the lived experiences of officers supporting prisoners who self-harm, therefore adding to the literature base. In addition, telephone interviews have been shown to provide increased anonymity and privacy compared to face-to-face interviews, creating a relaxed space for participants to discuss sensitive topics, resulting in rich, high-quality data (Novick, 2008). This was key considering how reluctant prison officers can be to express their true emotions. Attempts to minimise any researcher bias were noted within section 2.

Weaknesses

IPA methodology employs small sample sizes to allow for an in-depth exploration of the phenomena in question (Smith et al., 2022). However, whilst the study makes a valuable contribution to the existing literature, the small sample size may not represent the wider prison officer population. In addition, those who participated, volunteered to do so, therefore, their experiences may differ from those who did not participate. It is possible that those who found self-harm and the prison environment more challenging may have been more inclined to participate. Furthermore, it is also possible that those who participated embraced the 'caring' role and rehabilitative culture. Lastly, the study was conducted within one UK PSP, therefore support services available, staffing levels and policies and procedures regarding prisoner self-harm and staff well-being may differ compared to other prison establishments. To develop the study further, additional prison establishments could be considered to capture the wider voices of prison officers.

Clinical Implications and Recommendations

Overall, there was a consensus amongst participants that the prison culture needs to be challenged for them to feel safe to express their feelings. It is well known that unsupported staff can lead to unsupported prisoners (Short et al., 2009), therefore, despite attempts, prison culture is continuing to keep officer emotions and distress hidden. It is acknowledged that system wide changes can be slow, however, prison services would benefit from a long-term plan to address culture, incorporating space whereby officers feel safe to discuss emotions, trauma and distress related to dealing with self-harm. Prison-wide programmes on well-being and self-care techniques have previously been recommended to help shift culture and subsequent burnout (T. Sweeney et al., 2018).

Another way of shifting culture and improving working conditions is for prison services to adopt a trauma-informed approach (Bell et al., 2019). Trauma-Informed Care (TIC) has been utilised across health settings and involves understanding trauma responses and how trauma can affect an individual's life, with an emphasis on creating physical, psychological, and emotional safety for both service users and staff (A. Sweeney et al., 2018). As well as benefiting prisoners (Vaswani & Paul, 2019), a trauma-informed approach would also benefit prison officers, helping to reduce trauma and compassion fatigue through the assumption that officers can be traumatised by what they witness and deal with. Training on trauma, compassion and resilience may also be beneficial (Ramsey et al., 2021).

The nationwide plan to introduce Trauma Risk Management (TRiM) across UK prisons is a good starting point (HMPPS, n.d.). TRiM is a trauma-focussed peer support system designed to help staff who have experienced a traumatic event. Originally developed for military personnel and based upon the NICE guidance for PTSD (NICE; 2018), the process involves supporting individuals to spot signs of distress that might have gone unnoticed (Whybrow et al., 2018). Volunteer staff members are trained in the basics of trauma psychology to offer assessments and support, and can signpost to further support services if needed. The peer-support element can aid in breaking the stigma around mental health and help towards building a resilient workforce. Although focussing on police officers, Watson and Andrews (2018) explored the differences between a group of officers who had undergone TRiM support (n=693) and those who had not (n=166). Those in the TRiM group reported significantly lower PTSD symptomology, stigma, and fewer barriers to asking for help compared to those who did not, highlighting the benefits of being trauma-informed.

As well as introducing TRiM, the prison establishment would benefit from additional support symptoms which encourage prison officers to seek help. A recommendation would

be for the Care Team to be more proactive in speaking to prison officers, making post-incident debriefs with them mandatory, specifically post high-severity incidents. Creating the expectation for prison officers to access support may reduce the fear of asking for help whilst simultaneously helping to reduce the stigma around talking and allow space for reflection. Regular check-ins or supervision sessions would also enable prison officers to manage their stress levels and recognise signs of trauma, compassion fatigue and burnout. Supervision sessions should include asking specific questions regarding trauma related symptoms, with a focus on resilience and compassion, for both the prisoner and prison officer. As well as the Care Team, prison officers would benefit from increased psychology-led supervision and/or reflective-practice space. Providing prison officers with the time, skills, and support to manage the role will increase staff resilience and help to meet the latest aims of the Prison Strategy White Paper to build more positive staff-prisoner relationships (MOJ, 2021b).

In addition to ensuring support is accessible within the prison, participants highlighted the need for space to talk to an external professional. For most participants, this was not deemed vital after every self-harm incident, however, having the opportunity on a regular basis may reduce compassion fatigue and allow prison officers an avenue to offload to someone with the appropriate psychological skills. For those who are experiencing heightened symptoms of trauma, external access to trauma-informed therapies, such as Cognitive Behavioural Therapy (CBT) is recommended (NICE, 2018). All the noted recommendations would benefit from being piloted to access their effectiveness in relation to increasing staff retention and reducing trauma, compassion fatigue, and burnout.

Future Research

The current study adds to the literature exploring prison officer experiences. As this field is gradually growing, future research is needed to expand upon the findings and to

continue to allow the voices and needs of prison officers to be heard. The difference in years of experience was not explored, however, the narratives of participants captured the idea that newly qualified prison officers may experience working with self-harm differently compared to those who have already "become desensitised". Future research within this area would be beneficial to consider how best to support new officers in adjusting to the role and to challenge the culture of silencing emotions. In addition, the idea that self-harm was categorised into genuine or non-genuine would be worth exploring further to examine whether prison officers' beliefs about self-harm subsequently influence their reaction and relationship to prisoners.

Conclusion

Overall, the experiences of participants highlighted that they valued their work, demonstrated commitment to the rehabilitative culture, and found working with self-harm inherently rewarding. However, there are long-term consequences that can impact upon well-being due to the specific traumatic nature of high severity incidents, with officers requiring more support. The prison culture can inhibit access to support due to a fear of being seen as weak and a lack of trust in accessing support. Therefore, by taking a more trauma-informed approach and making slight changes to alter prison culture, it may be possible to help prison officers cope better with the emotional demands of the role. Further research is recommended to build upon the results and ensure prison officers' voices are heard and their needs are met.

2.5 References

Altheimer, I., Hogan, N., & Lambert, E. (2010). Exploring the relationship between social support and job burnout among correctional staff. *Criminal Justice Behavior 37*(11), 1217-1236.

Bell, S., Hopkin, G., & Forrester, A. (2019). Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey. *Issues in Mental Health Nursing, 40*(4), 304-309.

Bevan, A., Houdmont, J., & Menear, N. (2010). The management standards indicator tool and estimation of risk. *Occupational Medicine, 60*(7), 525-531.

Bloom, T., & Bradshaw, G. A. Inside of a prison: How a culture of punishment prevents rehabilitation. *American Psychological Association, 28*(1), 140-143.

Boudoukha, A. H., Altintas, E., Rusinek, S., Fantini-Hauwel, C., & Hautekeete, M. (2013). Inmates-to-staff assaults, PTSD and burnout: Profiles of risk and vulnerability. *Journal of Interpersonal Violence, 28*(11), 2332-2350.

British Psychological Society. (2009). Code of ethics and conduct. https://www.bps.org.uk/sites/bps.org.uk/files/Policy%20%20Files/Code%20of%20Ethics%20and%20Conduct%20(2009).pdf

Craun, S. W., & Bourke, M. (2014). The use of humor to cope with secondary traumatic stress. *Journal of Child Sexual Abuse, 23*(7), 840-852.

Crawley, E.M. (2004). Emotion and performance: prison officers and the presentation of the self in prisons. *Punishment and Society, 6*(4), 411-427.

Denhof, M. D., & Spinaris, C. G. (2013). Depression, PTSD, and comorbidity in United States corrections professionals: Impact on health and functioning. https://desertwaters.com/wp-content/uploads/2021/03/Comorbidity_Study_09-03-131.pdf

Denhof, M. D., & Spinaris, C. G. (2014). *Theoretical process model of corrections fatigue. http://desertwaters.com/wp-content/uploads/2013/08/Corrections-Fatigue-Model-Attachment-Document.pdf*

Denhof, M. D., & Spinaris, C. G. (2016). *Prevalence of trauma-related health conditions in correctional officers: A profile of Michigan Corrections Organisation members.* MCO-Paper_FINAL.pdf (mco-seiu.org)

Dugan, A. G., Farr, D. A., Namazi, S., Henning, R. A., Wallace, K. N., El Gharziri, M., & Cherniack, M. G. (2016). Process evaluation of two participatory approaches: Implementing total worker health interventions in a correctional workforce. *American Journal of Industrial Medicine, 59*(10), 897-918.

Favril, L. (2019). Non-suicidal self-injury and co-occurring suicide attempt in male prisoners. *Psychiatry Research, 276,* 196-202.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators* (2nd ed., pp. 3-28). Sidran.

Figley, C. R. (Ed.). (2002). *Treating compassion fatigue.* Routledge.

Finney, C., Stergiopoulos, E., Hensel, J., Bonato, S., & Dewa, C. S. (2013). Organisational stressors associated with job stress and burnout in correctional officers: a systemic review. *BMC Public Health, 13*(82).

Javadi, M., & Zarea, K. (2016). Understanding thematic analysis and its pitfall. *Journal of Client Care, 1*(1), 34-40.

Johnson, C. (1992). Coping and compassion fatigue. *Nursing 22*(4), 116-121.

Johnson, A., Cooper, C., Cartwright, S., Donald, I., Taylor, P., &Millet, C. C. (2005). The experiences of work-related stress across occupations. *Journal of Managerial Psychology, 20*(2), 178-187.

Harvey, J. (2014). Perceived physical health, psychological distress, and social support among prison officers. *The Prison Journal, 94*(2), 242-259.

Her Majesty's Prison and Probation Service (n.d.). Staff support – a quick guide. https://hmppsintranet.org.uk/resources/wp-content/uploads/2020/10/staff-support-a-quick-guide-v2.pdf

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*. HMPPS.

Her Majesty's Prison and Probation Service (2017). *Mental Health in Prisons.* https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf

Hewson, T., Green, R., Shephard, A., Hard, J., & Shaw, J. (2020). The effects of covid-19 on self-harm in UK prisons. *BJPsych Bulletin, 45*(3), 131-133.

Howard, F. F., & Pope, L. (2019). Learning to cope: an exploratory qualitive study of the experience of men who have desisted from self-harm in prison. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/794267/learning-cope-self-harm_in_prison-research.pdf

Kenning, C., Cooper, J., Short, V., Shaw, J., Abel K., & Chew-Graham, C. (2010). Prison staff and women prisoner's views on self-harm; their implications for service delivery and development: A qualitative study. *Criminal Behaviour and Mental Health, 20*(4), 274-284.

Kinman, G., Clements, A. J., & Hart, J. (2016). Work-related wellbeing in UK prison officers: A benchmarking approach. *International Journal of Workplace Health Management, 9*(3), 290-307.

Kinman, G., Clements, A., & Hart, J. (2017). Job demands, resources and mental health in UK prison officers. *Occupational Medicine, 67*(6), 456-460.

Kunst, M. J. J. (2011). Working in prisons: A critical review of stress in the occupation of correctional officers. In J. Langan-Fox & C. L. Copper (Eds.), *Handbook of stress in the occupations* (pp. 241-283). Edward Elgar.

Lambert, E. G., Altheimer, I., & Hogan, N. L. (2010). Exploring the relationship between social support and job burnout among correctional staff. *Criminal Justice and Behavior, 37*, 1217-1236.

Lambert, E. G., & Hogan, N. (2009). Creating a positive workplace experience: The issues of support from supervisors and management in shaping the job stress, job satisfaction, and organisational commitment of private correctional staff. *Journal of Applied Security Research, 4*(4), 462-482.

Lambert, E. G., Hogan, N. L., Griffin, M. L., & Kelley, T. (2015). The correctional staff burnout literature. *A critical journal of Crime, Law and Society, 28*(4), 397-443.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3*(2), 102-120.

Marzano, L., Adler, J. R., & Ciclitira, K. (2015). Responding to repetitive, non-suicidal self-harm in an English male prison: Staff experiences, reactions, and concerns. *Legal and Criminological Psychology*, *20*(2), 241-254.

Mesmer-Magnus, J., Glew, D. J., & Viswesvaran, C. A meta-analysis of positive humor in the workplace. *Journal of Managerial Psychology*, *27*(2), 155-190.

Ministry of Justice. (2020). *Safer in Custody Quarterly: updates to March 2020.* https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-march-2020

Ministry of Justice. (2021). *Safer in Custody Quarterly: update to March 2021.* https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-march-2021

Ministry of Justice. (2021b). *Prison Strategy White Paper.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf

Ministry of Justice. (2022). *Safer in Custody Statistics, England and Wales: Deaths in prison custody to March 2022, Assaults and self-harm to December 2021*. https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2021/safety-in-custody-statistics-england-and-wales-deaths-in-prison-custody-to-march-2022-assaults-and-self-harm-to-december-2021.

Moran, C. C. (2002). Humor as a moderator of compassion fatigue. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 147-161). Brunner-Routledge.

Morey, M & Crewe, B. Work, intimacy and prisoner masculinities. In. M. Maycock & K. Hunt (Eds.), *New perspectives on prison masculinities* (pp. 17-41). Palgrave Macmillian.

Morrison, K., & Maycock, M. (2021). Becoming a prison officer: An analysis of the eaerly development of prison officer cultures. *The Howard Journal, 60*(1), 3-24.

National Institute for Health and Care Excellence (NICE, 2018). Post-traumatic stress disorder. https://www.nice.org.uk/guidance/ng116/resources/posttraumatic-stress-disorder-pdf-66141601777861

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research?. *Research in Nursing & Health, 31*(4), 391-398.

Paoline, E. A., Lambert, E. G., & Hogan, N. L. (2006). A calm and happy keeper of the keys: The impact of ACA views, relations with coworkers and policy views on the job stress and job satisfaction of correctional staff. *The Prison Journal, 86*(2), 182-205.

Pearson, D. A. S., McDougall, C., Kanaan, M., Bowles, R. & Togerson, D. (2011). Reducing criminal recidivism: Evaluation of citizenship, an evidence-based probation supervision process. *Journal of Experimental Criminology, 7*(1), 73– 102.

Price, M. (2017). Psychiatric disability in law enforcement officers. *Behavioural Sciences and Law, 35*, 113-123.

Ramluggun, P. (2012). 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.

Ramsey, L., May, C. M., Kennedy, P., & Fitzakerley, L. (2021). Understanding prolific self-harm in her majesty's women's estate prisoners, in England. *The Journal of Forensic Practice, 23*(4), 372-384.

Short, A., Cooper, J., Shaw, J., Kenning, C., Abel, K., & Chew-Graham, C. (2009). Custody vs. care: attitudes of prison staff to self-harm in women prisoners – a qualitative study. *The Journal of Forensic Psychiatry & Psychology, 20*(3), 408-426.

Showalter, S. E. (2010). Compassion fatigue: What is it? Why does it matter? Recognising the symptoms, acknowledging the impact, developing the tools to prevent compassion fatigue, and strengthen the professional already suffering from the effects. *American Journal of Hospice and Palliative Medicine, 27*(4), 239-242.

Smith, H. P., Power, J., Usher, A. M., Sitren, A. H., & Slade, K. (2019). Working with prisoners who self-harm: A qualitative study on stress, denial of weakness, and encouraging resilience in a sample of correctional staff. *Criminal Behaviour and Mental Health, 29*(7), 7-17.

Smith, J. A. (2003). Validity and qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 232-235). Sage Publications.

Smith, J. A., Flower, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). SAGE Publications Ltd.

Smith, J. A., & Osborn, M. (2008). Interpretation phenomenological analysis. In: J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp.53-80). SAGE Publications Ltd.

Sonnentag, S., & Fritz, C. (2007). The recovery experience questionnaire: Development and validation of a measure for assessing recuperation and unwinding from work. *Journal of Occupational Health Psychology, 12*(3), 204-221.

Sweeney, A., Filson, B., Kennedy, A., Ccollinson, L., & Gillard, S. (2018). A paradigm shift: relationships in trauma-informed mental health services. *BJPsych Advances, 24*(5), 319-333.

Sweeney, F., Clarbour, J., & Oliver, A. (2018). Prison officers' experiences of working with adult male offenders who engage in suicide-related behaviour. *The Journal of Forensic Psychiatry & Psychology*, *29*(3), 467-482.

Tait, S. (2011). A typology of prison officer approaches to care. *European Journal of Criminology, 8*(6), 440-454.

Tracey, S. J. (2004). The construction of correctional officers: Layers of emotionality behind bars. *Qualitative Inquiry, 10*(4), 509-533.

Tyler, N., Miles, H. L., Karadag, B., & Rogers, G. (2019). An updated picture of the mental health needs of male and female prisoners in the UK: prevalence, comorbidity, and gender differences. *Social Psychiatry and Psychiatric Epidemiology, 54*(9), 1143-1152.

Vaswani, N., & Paul, S. (2019). It's knowing the right things to say and do: Challenges and opportunities for trauma-informed practice in the prison context. *The Howard Journal of Crime and Justice, 58*(4), 513-534.

Walker, E. J., Jackson, C. A., Egan, H. H., & Tonkin, M. (2015). Workability and mental wellbeing among therapeutic prison officers. *Occupational Medicine, 65*(7), 549-551.

Walker, T., Shaw, J., Hamilton, L., Turpin, C., Reid, C., & Abel, K. (2016). Supporting imprisoned women who self-harm: exploring prison staff strategies. *Journal of Criminal Psychology, 6*(4), 173-186.

Walker, T., Shaw, J., Hamilton, L., Turpin, C., Reid, C., & Abel, K. (2017). 'Coping with the job': prison staff responding to self-harm in three English female prisons: a qualitative study. *The Journal of Forensic Psychiatry & Psychology, 28*(6), 811-824.

Watson, L., & Andrews, L. (2018). The effects of a Trauma Risk Management (TRiM) program on stigma and barriers to help-seeking in the police. *American Psychological Association, 25*(4), 348-356.

Whybrow, D., Jones, N., & Greenberg, N. (2018). Promoting organizational well-being: a comprehensive review of Trauma Risk Management. *Occupational Medicine, 65*(4), 331-336.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative Psychology* (2nd ed., pp. 235-251). Sage.

Chapter 3

Press Releases

3.1 What are the Attitudes and Experiences of Prison Staff Working With Prisoners who Self-Harm? A Systematic Literature Review.

Background

Working in prisons can be physically and mentally demanding, with the risk of violence and witnessing traumatic scenes acknowledged as an occupational threat (Evers et al., 2020). As well as violence, self-harm rates within prisons greatly surpasses those of the general population (Hawton et al., 2014), with the prison environment exposing prisoners to distressing experiences, including peer violence, victimisation, poor social support, punishment, and solitary confinement (Perry, 2020). The impact of self-harm expands from the prisoner to the wider staff team responsible for managing them. Previous studies have shown that prison staff are at risk of higher rates of work-related stress, posttraumatic stress disorder, and burnout compared to other emergency service occupations (Denhof & Spinaris, 2013). At the time of the review, no literature reviews had been published exploring the attitudes and experiences of prison staff working with prisoner self-harm.

What were the aims of the review?

The aim of the review was to pull together the literature exploring the attitudes and experiences of prison staff working with prisoners who engage in self-harming behaviour. Specifically, the aims included:

- What are the subjective experiences of prison staff managing prisoners who self-harm?
- What attitudes exist among prison staff towards prisoners who self-harm?
- What factors influence these attitudes and experiences of prisoner self-harm?

Method: What did the review do?

Five databases were searched which resulted in 91 studies being potentially relevant to the review topic. After reviewing each study against inclusion criteria, 13 studies were included in the final review (nine qualitative, three quantitative and one mixed method). The quality of each paper was assessed to judge the reliability and trustworthiness of the findings. The findings of each study were then synthesised to draw out overall themes and patterns across the studies exploring the attitudes and/or experiences of prison staff.

Results: What the review found?

Throughout the studies, it was evident that working with self-harm was seen as challenging and frustrating. Nine studies explored the experiences of prison staff working with self-harm, which described the emotional and psychological difficulties experienced by staff, including flashbacks, nightmares and taking work home (Walker et al., 2017). Most participants acknowledged that expression of emotion was seen as a sign of weakness, exacerbating high levels of stress and feelings of hopelessness. Conflict was commonly reported between healthcare staff and prison officers, specifically regarding who is responsible to manage self-harm. In addition, the debate of 'care' versus 'security' was recognised as causing friction between staff groups, with provision of care being placed on healthcare professionals (Marzano et al., 2015). To manage, staff reported using avoidant coping strategies including alcohol use, avoiding discussing work and avoiding certain shift patterns, however, time away from work was cited as important to process incidents.

Attitudes were dependent on staff's understanding of the function of self-harm, with differences being highlighted between healthcare staff and prison officers. The idea that self-harm was either 'genuine' or 'non-genuine' was commonly reported, irrespective of prisoner gender. Those who perceived self-harm as 'non-genuine' were more likely to hold negative

and less compassionate attitudes towards the prisoner. Overall, healthcare staff seemed to display more caring and empathetic attitudes towards prisoners who self-harm, which is likely to be linked to their training and access to more supervision and reflective spaces to discuss emotions. Prison culture, officer characteristics, relationship with the prisoner and access to training, resources and supervision were all deemed important factors which undermined the attitudes and/or experiences of prison staff.

What do the results mean?

The review helped to develop an understanding of the attitudes and experiences of prison staff working with self-harming prisoners. The results highlighted that prison culture limits the expression of emotions, resulting in staff emotionally detaching and using avoidant strategies to cope. Harmful attitudes were present, with the labelling of self-harm indicating that a gap may remain in staff knowledge. Overall, the findings demonstrate a clear need for prison services to address prison culture to allow staff to seek support and be more open about how working with self-harm can affect them. Allowing emotions to become part of prison culture has the potential to reduce levels of burnout, compassion fatigue and psychological distress in prison staff.

Recommendations for prison services include:

- Provide in-depth training to increase awareness of mental health.
- Need for more supervision and longer debriefs post self-harm incidents.
- More training to increase knowledge around the function of self-harm to address unhelpful attitudes and negative myths.
- Promote team working between prison officers and healthcare staff.

- Future research to continue to explore the emotional and psychological consequences of working with prisoner self-harm as well as gaps in training for prison staff.

References

Denhof, M. D., & Spinaris, C. G. (2013). *Depression, PTSD, and comorbidity in United States corrections professionals: Prevalence and impact on health functioning*. Retrieved from http://desertwaters.com/wp-content/uploads/2013/09 /Comorbidity_Study_09-03-131.pdf

Evers, T. J., Ogloff, J. R. P., Trounson, J. S., & Pfeifer, J, E. (2020). Well-being interventions for correctional officers in a prison setting. *Criminal Justice and Behaviour, 47*(1), 3-21.

Hawton, K., Linsell, L., Adeniji, T., & Fazel, S. (2014). Self-harm in prisons in England and Wales: an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide. *The Lancet, 383*(9928), 1147-1154.

Perry, A. (2020). Self-harm in prisons: what do we know and how can we move forwards? The *Lancet Psychiatry, 7*(8), 649-650.

3.2 Prison Officers' Experiences of Working with Self-Harm: A Qualitative Interpretative Phenomenological Analysis

Background

Prisoner self-harm rates within UK prisons have reached record highs over the last few years along with rising levels of mental health difficulties (Bell et al., 2019; Favril et al., 2019; Tyler et al., 2019). As a result of managing such complex individuals and witnessing often traumatic incidents of self-harm, prison officers are at an increased risk of mental health difficulties, posttraumatic stress (PTSD), burnout, and compassion fatigue (Johnson et al., 2005; Kinman et al., 2017). Most of the research exploring how prison officers experience working with self-harm has been conducted within female establishments, despite the frequency and severity of self-harm increasing in male prisons. Research that has been conducted in male prison establishments has expressed the need for more qualitative research to explore the topic further, focussing on the impact to staff-wellbeing (Marzano et al., 2015; Walker et al., 2016).

What was the aim of the research?

The primary aim of the research was to explore the lived experiences of prison officers working with adult male prisoners who engage in self-harming behaviour, with a secondary aim of exploring the subsequent psychological impact on prison officers' well-being.

Method: What did the study do?

The study used a qualitative design. Seven prison officers (five male and two female) from one Private Sector Prison within the UK participated in telephone interviews, sharing their experiences of working with prisoner self-harm and the impact on their own well-being. The

interviews were audio recorded and analysed using Interpretative Phenomenological Analysis (Smith et al., 2022) which explores how participants make sense of their experiences.

Results: What did the study find?

The analysis resulted in three overall themes. The first theme of *"It changes you as a person"; Impact of prolonged exposure to self-harm* found that working with self-harm changes you as a person overtime. Participants reported becoming desensitised to witnessing self-harm but also to distress in their personal lives, sharing feelings of becoming less sensitive. In addition, some participants reported experiencing flashbacks, nightmares, sleep difficulties and mood changes because of responding to life-threatening self-harm incidents. The second theme, *"Staff are not the priority, prisoners are"; Officer well-being not seen as a priority by the system* highlighted how participants felt undervalued by the prison system, with the prison regime and culture being a barrier to accessing adequate support. Fearing being seen as weak or being judged by colleagues was commonly reported. Finally, the last theme, *"I wouldn't do any other job"; What helps to mitigate the effects of working with self-harm* demonstrated the importance of colleague support alongside having sufficient time to distance themselves physically and psychologically from work to be able to manage. Lastly, all participants shared how the rewarding nature of working with self-harming prisoners and aiding their rehabilitation keeps them in the role.

What can we conclude from the findings?

Due to rates of mental health and self-harm rising in prison populations, witnessing self-harm can become expected. However, the results highlighted that prison officers can find it difficult to emotionally process severe incidents, often resulting in symptoms of trauma and compassion fatigue, affecting both work and personal lives. The results demonstrated that the prison culture needs to be challenged for prison officers to feel safe to express their feelings,

access support and increase psychological well-being, which in turn will aid their relationships with prisoners. Although colleague support was seen as important, having sufficient time away from work to recharge, get out into nature and spend time with family was deemed important for well-being. Despite the challenges, it was evident that the participants were dedicated and committed to caring for prisoners, showing a keen interest in working with prisoners who have mental health difficulties.

Recommendations for the prison service

- Provide training exploring prisoner mental health and self-harm, alongside training on trauma, compassion, and staff well-being.
- Adopt a trauma-informed approach to recognise the trauma prisoners have been through as well as acknowledging the possibility that prison officers can be traumatised by what they see and deal with.
- Develop additional support avenues including, TRiM, mandatory support sessions with the Care team following high-severity self-harm incidents, regular check-ins or supervision, psychology-led reflective practice, and access to external professionals on a regular basis to maintain well-being.

References

Bell, S., Hopkin, G., & Forrester, A. (2019). Exposure to traumatic events and the experience of burnout, compassion fatigue and compassion satisfaction among prison mental health staff: An exploratory survey. *Issues in Mental Health Nursing, 40*(4), 304-309.

Favril, L. (2019). Non-suicidal self-injury and co-occurring suicide attempt in male prisoners. *Psychiatry Research, 276,* 196-202.

Johnson, A., Cooper, C., Cartwright, S., Donald, I., Taylor, P., &Millet, C. C. (2005). The experiences of work-related stress across occupations. *Journal of Managerial Psychology, 20*(2), 178-187.

Kinman, G., Clements, A., & Hart, J. (2017). Job demands, resources and mental health in UK prison officers. *Occupational Medicine, 67*(6), 456-460.

Marzano, L., Adler, J. R., & Ciclitira, K. (2015). Responding to repetitive, non-suicidal self-harm in an English male prison: Staff experiences, reactions, and concerns. *Legal and Criminological Psychology, 20*(2), 241-254.

Smith, J. A., Flower, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). SAGE Publications Ltd.

Tyler, N., Miles, H. L., Karadag, B., & Rogers, G. (2019). An updated picture of the mental health needs of male and female prisoners in the UK: prevalence, comorbidity, and gender differences. *Social Psychiatry and Psychiatric Epidemiology, 54*(9), 1143-1152.

Walker, T., Shaw, J., Hamilton, L., Turpin, C., Reid, C., & Abel, K. (2016). Supporting imprisoned women who self-harm: exploring prison staff strategies. *Journal of Criminal Psychology, 6*(4), 173-186.

APPENDICES: CHAPTER 1

Appendix A: Syntax Searches for Each Database

Ovid PsycINFO

1. prison staff.mp.
2. prison officer*.mp.
3. exp Prison Personnel/
4. correction* staff.mp.
5. correction* officer*.mp.
6. exp Corrections Officers/
7. 1 or 2 or 3 or 4 or 5 or 6
8. self-harm.mp.
9. exp Self-Injurious Behavior/
10. exp Suicidal Ideation/
11. exp Self-Inflicted Wounds/
12. self-injury.mp.
13. 8 or 9 or 10 or 11 or 12
14. Exp Prisoners/
15. 7 and 13

Ovid Embase

1. Prison officer.mp.
2. Prison staff.mp.
3. Prison personnel.mp.
4. Correction* officer.mp.
5. Correction* staff.mp.
6. 1 or 2 or 3 or 4 or 5
7. Automutilation/
8. 6 and 7

Ovid MEDLINE®

1. Prison officer.mp.
2. Prison staff.mp.
3. Prison personnel.mp.
4. Correction* officer*.mp.
5. Correction* staff.mp.
6. Self-harm.mp.
7. Self-Injurious behaviour.mp.
8. Self-inflicted wounds.mp.
9. Suicidal Ideation/
10. Self-violence.mp.

11. 1 or 2 or 3 or 4 or 5
12. 6 or 7 or 8 or 9 or 10
13. 11 and 12

Scopus

(Prison AND officer*) OR (prison AND staff) OR (prison AND personnel) OR (correction* AND officer*) OR (correction* AND staff)

AND

(self-harm*) OR (self-injurious behaviour)

AND

(prisoner*)

ProQuest

Limited to Psychology Database

Noft (prison officer) OR noft(correction officer*) OR noft(prison personnel) AND noft(self-harm) OR noft(self-injury) AND noft(prisoner*)

Appendix B: Full List of Excluded References

Reference	Reason for exclusion
Barton, J. J. (2018). Characteristics of inmates with a history of suicide attempts and/or deliberate self-harm. Thesis for Clinical Psychology Doctorate. Western Sydney University	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Baybutt, M., Dooris, M., & Farrier, A. (2019). Growing health in UK prison settings. *Health Promotion International, 34* (4), 792-802.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Biddle, P., Dyer, W., Hand, R., & Strinati, C. (2018). Reflections on a project to prevent suicide and self-harm among prisoners identified as high risk in two prisons in Northern England. *Health and Justice, 6* (1).	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Bigger, K., & Neal, D. (1996). Caring for the suicidal in custody. Developing a multi-disciplinary approach. *Journal of Death and Dying, 33* (3), 207-213.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Borrill, J., & Taylor, D. A. (2009). Suicides by foreign national prisoners in England and Wales 2007: Mental health and cultural issues. *Journal of Forensic Psychiatry and Psychology, 20* (6), 886-905.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Borschmann, R., Young, J. T., Moran, P., Spittal, M. J., Heffernan, E., Mok, K., & Kinner, S. A. (2017). Ambulance attendances resulting from self-harm after release from prison: a prospective data linkage study. *Social Psychiatry and Psychiatric Epidemiology, 52,* (10), 1295-1305.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Boyce, S. H., Stevension, J., Jamieson, I. S., & Campbell, S. (2003). Impact of a newly opened prison on an accident and emergency department. *Emergency Medicine Journal, 20* (1), 48-51.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Brislin, S. J., Cernohorsky, P., Patrick, C. J., Drislane, L. E., Caruso, M., Giulini, P., & Sica, C. (2019). Comparing the triarchic and fivefactor trait models: Relations with psychopathy and other clinical criteria in an incarcerated offender sample. *Journal of Personality Disorders, 33* (6), 792-817.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Brockman, A. M., Burque, B., Van, H., Vincent, B., Baker, M. T. Law enforcement in corrections. Routledge	Did not fit the inclusion criteria for 'obtaining empirical data'
Brown, S., & Day, A. (2008). The role of loneliness in prison suicide prevention and management. *Journal of Offender Rehabilitation, 47* (4), 433-449.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Camilleri, P., & McArthur, M. (2008). Suicidal behaviour in prisons: Learning from Australian and international experiences. *International Journal of Law and Psychiatry, 31* (4), 297-307.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Chaimowitz, G. (2012). *The treatment of mental illness in correctional settings.* Sage Publications.	Did not fit inclusion criteria for 'Must obtain empirical data'
Chen, G., & Gueta, K. (2017). Lifetime history of suicidal ideation and attempts among incarcerated women in Israel. *Psychological Trauma: Theory, Research, Practice, and Policy, 9* (5), 596-604.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Cook, L C., & Borrill, J. (2015). Identifying suicide risk in a metropolitan probation trust: Risk factors and staff decision making. *Legal and Criminological Psychology, 20* (2), 255-266.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Corazzo, O., Coloccini, S., Marrinan, S., Vigar, M., Watkins, C et al. (2020). Novel psychoactive substances in custodial settings: A mixed method investigation on the experiences of people in prison and professionals working with them. *Frontiers in Psychiatry, 11.*	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Davies, B. (1994). The Swansea listener scheme: Views from the prison landings. *The Howard Journal of Criminal Justice, 33* (2), 125-135.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Dear, G. E., Slattery, J. L., & Hillian, R. J. (2001). Evaluations of the quality of coping reported by prisoners who have self-harmed and those who have not. *Suicide and Life-Threatening Behavior, 31* (4), 442-450.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Dear, G. E., Thomson, D. M., & Hills, A. M. (2000). Self-harm in prison: Manipulators can also be suicide attempters. *Criminal Justice and Behavior, 27* (2), 160-175.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Dexter, P., & Towl, G. (1995). An investigation into suicidal behaviours in prison. *Issues in Criminological & Legal Psychology, 22,* 45-53.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'

Dimitrijević, B. (2018). Step towards creating a community. The role of correction officers in prison in prevention of prisoners' self-harm and suicide behavior. *Sociologija, 60* (4), 799-817.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Doty, S., Smith, H. P., & Rojek, J. (2012). Self-injurious behaviours in corrections: Informal social control and institutional responses in a state prison system. *Victims & Offenders, 7* (1), 30-52.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Duperouzel, H., & Fish, R. (2008). Why couldn't I stop her? Self-injury: The views of staff and clients in a medium secure unit. *British Journal of Learning Disabilities, 36* (1), 59-65.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Elger, B. S., Handtke, V., & Wngmo, T. (2015). Paternalistic breaches of confidentiality in prison: mental health professionals' attitudes and justifications. *Journal of Medical Ethics, 41* (6), 496-500.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Farrier, A., Baybutt, M., & Doorise, M. (2019). Mental health and wellbeing benefits from a prisons horticultural programme. *International Journal of Prisoner Health, 15* (1), 91-104.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Fowles, T., & Wilson, D. (2009). Penal policy file no. 118. *Howard Journal of Criminal Justice, 48* (1), 92-104.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Fruehwald, S., Frottier, P., Matschnig, T., & Eher, R. (2003). The relevance of suicidal behaviour in jail and prison suicides. *European Psychiatry, 18* (4), 161-165.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Garbutt, K., & Casey, H. (2015). Attitudes towards prisoners who self-harm scale: A psychometric evaluation. *Journal of Aggression, conflict and Peace Research, 7* (3), 158-166.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Glowa-Kollisch, S., Lim, S., Summers, C., Cohen, L., Selling, D., & Venters, H. (2014). Beyond the bridge: Evaluating a novel mental health program in the New York city jail system. *American Journal of Public Health, 104* (11), 2212-2218.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Gooding, P., Tarrier, N., Dunn, G., Shaw, J., Awenat, Y., Ulph, F., & Pratt, D. (2015). Effect of hopelessness on the links between psychiatric symptoms and suicidality in a vulnerable population at risk of suicide. *Psychiatry Research, 230* (2), 464-471.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Greiffenstein, P., & Hasting, P. R. (2017). The hidden story of innovation: Charity hospital, Angola prison, and the challenging of surgical dogma. *American Surgeon, 83* (2), 113-118.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Griffiths, L., & Bailey, D. (2015). Learning from peer support schemes – Can prison listeners support offenders who self-injure in custody? *International Journal of Prisoner Health, 11* (3), 157-168.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Griffiths, L., Bailey, D., & Slade, K. (2019). Professional and peer support preferences for women who self-harm in custody. *Journal of Criminal Psychology, 9* (3), 109-121.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Heney, J., & Kristiansen, C. M. (1997). An analysis of the impact of prison on women survivors of childhood sexual abuse. *Women & Therapy, 20* (4), 29-44.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Hobbs, G. S., & Dear, G. E. (2000). Prisoners; perceptions of prison officers as sources of support. *Journal of Offender Rehabilitation, 31* (1-2), 127-142.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Horton, M. C., Dyer, W., Tennant, A., & Wright, N. M. J. (2018). Assessing the predictability of self-harm in a high-risk adult prisoner population. *Health and Justice, 6* (1).	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Howerton, A., Burnett, R., Byng, R., & Campbell, J. (2009). The consolations of going back to prison: What 'revolving door' prisoners think of their prospects. *Journal of Offender Rehabilitation, 48* (5), 439-461.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Ireland, J. L. (2000). A descriptive analysis of self-harm reports among a sample of incarcerated adolescent males. *Journal of Adolescence, 23* (5), 605-613.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Ireland, J. L. (2002). Official records of bullying incidents among young offenders: What can they tell us and how useful are they? *Journal of Adolescence, 25* (96), 669-679.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Ireland, J. L., Ireland, C. A., Gredecki, N., & Fisher, M. (2017). *The Routledge international handbook of forensic psychology in secure settings.* Routledge/ Taylor & Francis Group.	Did not fit inclusion criteria for 'Must obtain empirical data'

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.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Jhanjee, S. (2012). Providing drug abuse treatment in prison: A call for action. *Asian Journal of Psychiatry, 5* (1), 114-115.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Joon Jang, S. (2020). Prison strains, negative emotions, and deviance among prisoners in south Korea: A latent-variable modelling test of general strain theory. *International Journal of Offender Therapy and Comparative Criminology, 64* (15).	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Lambrechts, G., Kuppens, S., & Maes, B. (2009). Staff variables associated with the challenging behaviour of clients with severe or profound intellectual disabilities. *Journal of Intellectual Disability Research, 53* (7), 620-632.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Lehman, M. (2012). Psychiatric care in the German prison system. *International Journal of Prisoner Health, 8* (3-4), 131-140.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Leifman, S., & Coffey, T. (2014). *Suicide in the criminal justice system*. Cambridge University Press.	Did not fit inclusion criteria for 'Must obtain empirical data'
Lester, D. (1997). *Making sense of suicide: An in-depth look at why people kill themselves*. The Charles Press Publishers	Did not fit inclusion criteria for 'Must obtain empirical data'
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.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Lord, E. A. (2008). The challenges of mentally ill female offenders in prison. *Criminal Justice and Behavior, 35* (8), 928-942.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
MacDonald, M. (2013). Women prisoners, mental health, violence and abuse. *International Journal of Law and Psychiatry, 36* (3-4), 293-303.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Marzano, L., & Adler, J. R. (2007). Supporting staff working with prisoners who self-harm: A survey of support services for staff dealing with self-harm in prisons in England and Wales. *International Journal of Prisoner Health, 3* (4), 268-282.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Marzano, L., Ciclitira, K., & Adler, J. R. (2012). The impact of prison staff responses on self-harming behaviours: Prisoners' perspectives. *British Journal of Clinical Psychology, 51* (1), 4-18.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Marzano, L., Hawton, K., Rivlin, A., & Fazel, S. (2011). Psychosocial influences of prisoner suicide: A case-control study of near-lethal self-harm in women prisoners. *Social Science and Medicine, 72* (6), 874-883.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Melnikov, Semyon, Elyan-Antar, Tamar, Schor, Razia, Kigli-Shemesh, Ronit & Kagan, Ilya. (2017). Nurses teaching prison officers: A workshop to reduce the stigmatization of prison inmates with mental illness. *Perspectives in Psychiatric Care, 53*, 251-258.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Mchugh, M., & Towl, G. (1997). Organizational reactions and reflections on suicide and self-injury. *Issues in Criminological & Legal Psychology, 28*, 5-11.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Milner, A., Witt, K., Maheen, H., & LaMontagne, A. D. (2017). Suicide among emergency and protective service workers: A retrospective mortality study in Australia. *Journal of Prevention, Assessment & Rehabilitation, 57* (2), 281-287.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Mitchell, H., Abel, K. M., Dunlop, B. J., Walker, T., Ranote, S et al. (2019). Acceptability and feasibility pilot randomised controlled trial of medical skin camouflage for recovery of women prisoners with self-harm scarring. *BMJ Open, 9* (1).	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Moran, D., Turner, J., & Arnold, H. (2019). Soldering on? The prison-military complex and ex-military personnel as prison officers: Transition, rehabilitation and prison reform. *The Howard Journal of Crime and Justice, 58* (2), 220-239.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Okoro, J. N., Ezeonwuka, C. N., & Onu, J. U. (2018). Socio-demographic characteristics as correlates of psychological distress. *International Journal of Prisoner Health, 14* (3), 210-219.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Perry, A., Waterman, M. G., House, A., Wright-Hughes, A., Greenhalgh, J et al. (2019). Problem-solving training: Assessing the feasibility and acceptability of delivering and evaluating a problem-solving training model for from-line prison staff and prisoners who self-harm. *BMJ Open, 9* (10).	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Power, J., Smith, H. P., & Trestman, R. L. (2016). 'What to do with the cutters?' Best practices for offender self-injurious behaviors. *A Critical Journal of Crime, Law & Society, 29* (1), 57-76.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'

Radeloff, D., Lempp, T., Ruf, A., Bennefeld-Kerster, K., Kettner et al. (2016). Suicide and suicide tendencies in adolescent detainees. *Journal of Psychiatry and Psychology, 44* (1), 9-18,	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Ralphs, R., Williams, L., Askew, R., & Norton, A. (2017). Adding spice to the porridge: The development of a synthetic cannabinoid market in an English prison. *International Journal of Drug Policy, 40,* 57-69.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Ramdath, C. (2016). Traumatic brain injuries among adolescent inmates in Rikers Island, NYC jail: A mixed methods study. Disseration Abstract: Humaities and social sciences, 77 (2)	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Rivlin, A. (2010). *Grendon and the emergence of forensic therapeutic communities: Developments in research and practice.*	Did not fit inclusion criteria for 'Must obtain empirical data'
Rosen, P. M., Walsh, B. W., & Rode, S. A. (1990). Interpersonal loss and self-mutilation. *Suicide and Life-Threatening Behavior, 20* (2), 177-184.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Rutherford, H., & Taylor, P. J. (2004). The transfer of women offenders with mental disorder from prison to hospital. *Journal of Forensic Psychiatry and Psychology, 15* (1), 108-123.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Sedenu, A. (2005). Safer custody group. *The British Journal of Forensic Practice, 7* (4), 14-20.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Slotboom, A. M., Krittschnitt, C., Bijleveld, C., & Menting, B. (2011). Psychological well-being of incarcerated women in the Netherlands: Importation or deprivation? *Punishment and Society, 13* (2), 176-197.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Smith, H. P. (2016). Self-injurious behavior in prison: A case study. *International Journal of Offender Therapy and Comparative Criminology, 60* (2), 228-243.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Smith, H. P. (2015). The meaning of the cut: A phenomenological inquiry into prisoner self-injury. *Justice Quarterly, 32* (3), 500-531.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Snoyman, P., Aicken, B., Ware, J & Spilsbury, G. (2013). Staff use of mandatory notification as a means of reducing suicide and self-harm in NSW correctional centres. *Psychiatry, Psychology and Law, 20* (2), 255-272.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Stang, J. (2006). Prevention of solitary confinement in Norwegian security detention centers. *43* (1), 30-33.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Tartaro, C. (2015). What is obvious? Federal courts' interpretation of the knowledge requirement in post-Farmer v. Brennan custodial suicide cases. *The Prison Journal, 95* (1), 23-42.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Ternes, M., Magaletta, P. R., & Patry, M. W. (2018). *The practice of correctional psychology.* Springer.	Did not fit inclusion criteria for 'Must obtain empirical data'
Toch, H. (2014). *Responding to inmates in crisis.* American Psychological Association.	Did not fit inclusion criteria for 'Must obtain empirical data'
Towl, G., Snow, L., & Mchugh, M. (2002). *Suicide in prisons.* Blackwell.	Did not fit inclusion criteria for 'Must obtain empirical data'
Ward, J., & Bailey, D. (2013). A participatory action research methodology in the management of self-harm in prison. *Journal of Mental Health, 22* (4), 306-316.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Way, B. >., Kaufman, A. R., Knoll, J. L., & Chlebowski, S. M. (2013). Suicidal ideation among inmate-patients in state prison: Prevalence, reluctance to report, and treatment preferences. *Behavioural Sciences & the Law, 31* (2), 230-238.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'
Wilson, A. *Reading the signs: Prison officers' mindful diagnosis of potential self-harm and suicide.* Palgrave MacMillian.	Did not fit inclusion criteria for 'Experiences and/or attitudes of prison staff working with prisoners who self-harm.'

Appendix C: Screening and Selection - Inclusion and Exclusion Tool

Reference:

	Inclusion criteria	Exclusion criteria
Sample	☐ Prison staff who have direct contact with adult prisoners e.g., prison officers, nurses, governors, psychologists etc. ☐ Aged 18 years and over. ☐ Can include staff from either male or female prison establishment.	☐ Any other type of profession which does not have direct contact with prisoners. ☐ Not working in a prison establishment
Phenomenon of **I**nterest	☐ Experiences of prison staff working with prisoners who self-harm. ☐ Attitudes of prison staff towards prisoners who self-harm. ☐ Can include either working with either male or female adult prisoners.	☐ Prison staff experiences and/or attitudes not related directly to self-harming prisoners. ☐ Experiences of working with young prisoners (under 18 years)
Design	☐ Must obtain empirical data. ☐ *Qualitative*: Interviews, surveys, focus groups, questionnaire. ☐ *Quantitative*: Psychometric measures, questionnaire assessing attitudes	☐ Does not obtain empirical data
Evaluation	☐ *Qualitative*: Themes regarding experiences and/or attitudes, views, opinions ☐ *Quantitative*: Psychometric testing, questionnaire results exploring attitudes	☐ No empirical data collected
Research type	☐ Qualitative ☐ Quantitative ☐ Mixed-methods	☐ Literature reviews, book chapters, commentaries, editorials
Publication	☐ Published Peer-reviewed ☐ Published un-reviewed. ☐ Unpublished e.g., doctoral thesis	☐ Unpublished below doctoral level
Language	☐ English	☐ Any other language
Decision	☐ Include	☐ Exclude

Appendix D: CASP Quality Assessment

Quality Appraisal Tool for Qualitative Studies

Reference:

Question	Scores				Comments
	Yes (2)	Partial (1)	Not met (0)	Unsure	
Aims of the study					
1.Is there a clear statement of the aims? *(hints: what was the goal? Why is it relevant?)*					
Appropriate research design					
2.Is qualitative methodology appropriate to address the aims? *(hint: Does the research seek to interpret the actions or subjective experience of participants? Is qualitative right for addressing the goal?)*					
Sampling and selection bias					
3.Recruitment strategy appropriate to the aims? *(hint: does the researcher explain how participants were selected? Why participants were selected? Discussion around those who did not take part?)*					
4.Is it clear how participants were selected?					
Study design					
5.Are the methods used explicit?					
6.Data collected in a way that addressed the research issue? *(hint: If setting is justified? Clear how data was collected? Justify methods chosen? What form the data is? Saturation of data?)*					
Reflexivity					
7.Relationship between researcher and participant adequately considered?					

(hint: how the researcher responded to events during the study?)					
Ethical issues					
8.Ethical issues been taken into consideration? *(hint: sufficient details on how the research was explained to participants? If the researcher discussed issues raised by the study? Ethical approval sought from an ethics committee?)*					
Data analysis					
9.Data analysis sufficiently rigorous? *(hint: Is there an in-depth description of the analysis process? Clear how themes were developed? Explains how the data presented were selected?)*					
10.Is there sufficient data to support the themes?					
11.Did the researcher critically examine their own role, potential bias, and influence during the analysis?					
Findings					
12.Clear statement of findings? *(hint: if the findings are explicit? Adequate discussion of the evidence for and against arguments? Discussed credibility of findings?*					
13.Are the findings discussed in relation to the original research question and existing literature?					
Value					
14.Is the research valuable? *(hint: discuss how study contributes to literature? Identify new areas of research? How results can be transferred?)*					

Total Score

Quality Score: /28

Percentage:

Number of 'Unsure' items:

Appendix E: AXIS – Appraisal Tool for Cross-Sectional Studies

	Question	Yes	No	Do not Know/ Comment
Introduction				
1	Were the aims/ objectives of the study clear?			
Methods				
2	Was the study design appropriate for the stated aim(s)?			
3	Was the sample size justified?			
4	Was the target population clearly defined? (is it clear who the research was about?			
5	Was the sample frame taken from an appropriate population base so that it closely represented the target population under investigation?			
6	Was the selection process likely to select participants that were representative of the target population under investigation?			
7	Were measures undertaken to address and categorise non-responders?			
8	Were the risk factor and outcome variables measured appropriate to the aims of the study?			
9	Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted, or published previously?			
10	It is clear what was used to determined statistical significance and/or precision estimates? (e.g. p-vales, confidence intervals)			
11	Were the methods (including statistical methods) sufficiently described to enable them to be repeated?			
Results				
12	Were the basic data adequately described?			
13*	Does the response rate raise concerns about non-response bias?			
14	If appropriate, was information about non-responders described?			
15	Were the results internally consistent?			
16	Were the results presented for all the analyses described in the methods?			
Discussion				
17	Were the authors' discussions and conclusions justified by the results?			
18	Were the limitations of the study discussed?			
Other				
19**	Were there any funding sources or conflicts of interest that may affect the author's interpretation of the results?			
20	Was ethical approval or consent of participants attained?			

*'No' scores 1. ** 'Yes scores 0

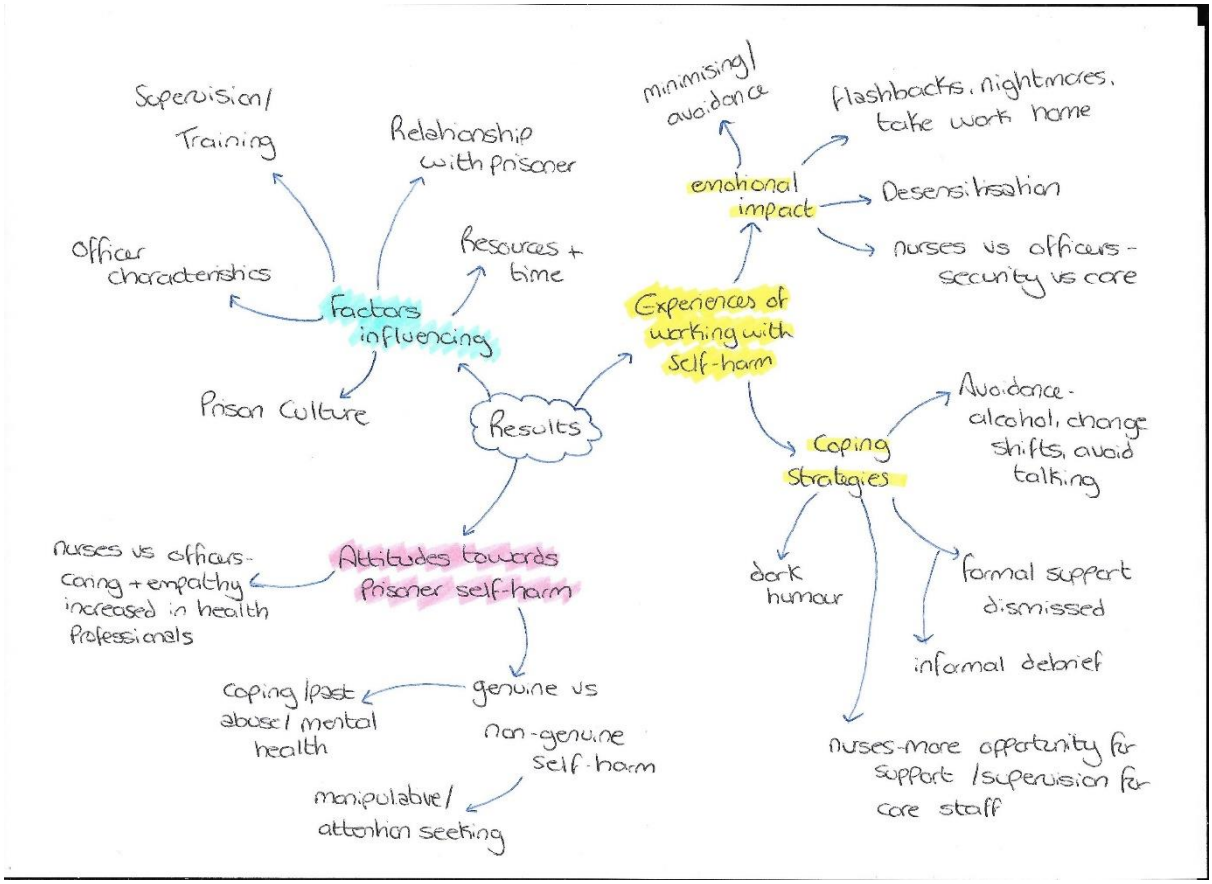
Appendix F: Mixed Methods Appraisal Tool (MMAT)

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	comments
Screening	S1: Are there clear research questions?				
	S2: Do the collated data allow to address the research questions?				
1. Qualitative	1.1 Is the qualitative approach appropriate to answer the research question?				
	1.2 Are the qualitative data collection methods adequate to address the research question?				
	1.3 Are the findings adequately derived from the data?				
	1.4 Is the interpretation of results sufficiently substantiated by data?				
	1.5 Is there coherence between qualitative data sources, collection, analysis and interpretation?				
4. Quantitative descriptive	4.1 Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed Methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?				
	5.2. Are the different components of the study effectively integrated to answer the research question?				
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpretated?				
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?				
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?				

Appendix G: Data Extraction Form

General information	
Title	
Author(s)	
Year	
Location	
Method	
Aims	
Study design	
Recruitment process (including response rate)	
Sample size	
Participant characteristics (gender, age, occupation, years in service)	
Measures utilised	
Data collection method	
Statistical tests (if applicable)	
Results	
Analysis method	
Findings	
Main themes (qualitative)	
Overall conclusion	
Quality	
Quality score	
Quality percentage	

Appendix H: Concept Map



APPENDICES: CHAPTER 2

Appendix A: University of Birmingham Ethical Approval

Re: "Prison officers' experiences of working with male prisoners who engage in self-harming behaviours. A qualitative study" Application for amendment ERN_20-0093A

Thank you for the above application for amendment, which was reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee.

On behalf of the Committee, I am pleased to confirm ethical approval for your project, subject to your adherence to the following condition:

- HMPPS approval, if required, should be in place prior to the commencement of the project and a copy should be provided for the ethics file.

I would like to remind you that any substantive changes to the nature of the study as now amended, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review. A revised amendment application form is now available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx . Please ensure this form is submitted for any further amendments.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University's guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University's H&S Unit at [redacted].

If you require a hard copy of this correspondence, please let me know.

Kind regards

Susan Cottam
Research Ethics Manager
Research Support Group
Aston Webb Building
University of Birmingham

Appendix B: HMPPS Ethical Approval

APPROVED SUBJECT TO MODIFICATIONS

National Research Committee
Email: [redacted]

22 April 2021

Ref: 2021-038

Title: Prison officers' experiences of working with male prisoners who engage in self-harming behaviours. A qualitative study.

Dear Victoria Jones

Further to your application to undertake research across HMPPS, the National Research Committee (NRC) is pleased to grant approval in principle for your research. The Committee has requested the following modifications:

- Please note that the approval for this application is only for the prisons that are currently at Stage 3 of the recovery regime [redacted]. You will need to send in an amendment to the NRC mailbox to ask for permission to access [redacted] once they have also reached Stage 3.
- The Committee advise that you are mindful of how you recruit your sample and any gatekeeping decisions made. These should be clearly set out in the methodology write up and findings.

Before the research can commence you must agree formally by email to the NRC (National.Research@Justice.gov.uk), confirming that you accept the modifications set out above and will comply with the terms and conditions outlined below.

Please note that unless the project is commissioned by MoJ/HMPPS and signed off by Ministers, the decision to grant access to prison establishments, National Probation Service (NPS) divisions or Community Rehabilitation Company (CRC) areas (and the offenders and practitioners within these establishments/divisions/areas) ultimately lies with the Governing Governor/Director of the establishment or the Deputy Director/Chief Executive of the NPS division/CRC area concerned. If establishments/NPS divisions/CRC areas are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle.

The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please note that a MoJ/HMPPS policy lead may wish to contact you to discuss the findings of your research. If requested, your contact details will be passed on and the policy lead will contact you directly.

Please quote your NRC reference number in all future correspondence.

Yours sincerely,

Wura Gerasimov

National Research Committee

Appendix C: Participant Recruitment Advert

The impact of working with male prisoners who self-harm.
A research project exploring prison officers' experiences of working with male prisoners who engage in self-harming behaviour.

Dear prison officers,

I am looking to recruit prison officers to take part in my research study exploring how prison officers experience working with male prisoners who engage in self-harming behaviour (e.g., cutting, head banging, inserting objects into skin, burning).

It is well documented that self-harm within prison establishments is a high priority, with the frequency and intensity of incidents increasing year on year. To understand how to reduce self-harm incidents it is important to explore the experiences of those trying to manage self-harm daily. Therefore, we are interested in exploring the psychological impact of working with high rates of self-harm.

To date there has been very little research exploring this topic, so it is more important than ever, especially within the current climate to obtain up to date experiences which can then be utilised to inform organisational policies and practices. If you are interested in knowing more or taking part in this study, please read the attached information sheet. If after reading, you are interested in taking part, please use the contact details supplied on the form to contact myself to arrange a telephone interview.

Many thanks and kind regards,

Victoria Jones
Trainee Forensic and Clinical Psychologist
The University of Birmingham

Appendix D: Participant Information Sheet

Participant Information Sheet

UNIVERSITY OF BIRMINGHAM

Title of Project

Prison officers' experiences of working with male prisoners who engage in self-harming behaviour. A qualitative study.

Summary

You have been invited to take part in a study exploring your experience of working with male prisoners who self-harm, exploring the unique challenges and impact on well-being.

Researchers

Victoria Jones (Forensic and Clinical Trainee Psychologist at the University of Birmingham) & Dr Caroline Oliver (Academic Supervisor at the University of Birmingham).

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1. What is the purpose of this research?

The purpose of this research is to explore prison officers' lived experiences of working with male prisoners who engage in self-harming behaviour. We are particularly interested in responses to self-harm, coping strategies utilised and the impact of working with such challenges.

2. Do I have to take part?

Participation is entirely voluntary, and it is up to you to decide whether to take part. I will initially ask you to read this information sheet, ask any questions you may have and then if you are happy to take part, sign a consent form.

3. What will happen if I take part?

If you agree to take part, I will ask you to sign a consent form, and then arrangements can be made for a date and time to complete a telephone interview. At the start of the interview, I will verify your name and unique participant number (this can be found at the top of your consent form). During the interview, I will ask questions related to your personal experience of working with male prisoners who self-harm, including strategies used, barriers and the impact working with self-harm has on your well-being. The interview will last approximately 60-90 minutes and will be audio-recorded onto a secure encrypted Dictaphone.

To take part in the research, you must meet the following criteria:

- Passed your probationary period as a prison officer.
- Had experience of working with (and/or witnessing) adult male prisoners (18 years and over) who engage in self-harming behaviours (E.g., cutting, head banging, inserting objects into skin, burning oneself etc.).
- Able to read and speak English.

4. What are the possible risks of taking part?

During the interview, sensitive topics may arise when discussing the challenges of working with self-harm. You do not have to answer any questions that you are not comfortable with and can stop the

interview or take a break at any point if needed. If you feel you may want additional support after the interview, I can provide you with contact details for additional services. If during the interview, you become distressed or decide you no longer want to take part, you can stop the interview. If you do not want to answer a question in the interview, this is fine, just me know. We can also take a break, or even complete the interview at another time if, for some reason, we need to stop.

If during the interview you discuss things which cause me concern about your wellbeing or fitness to practice, I may have to break confidentiality and inform the Academic Supervisor and/or your employer. This will be done sensitively and to ensure your safety and wellbeing. I will only speak to your employer if I have immediate concerns about your fitness to practice following the interview.

5. What are the potential benefits of taking part?

Taking part will allow you to have your say about the unique challenges of working with self-harming behaviour. There is a limited amount of research exploring this topic, so the rich data will add lots of information to a research area that we know little about. It is well documented that self-harm incidents are rising in prison settings, therefore it is important to explore the lived experiences of prison officers who manage self-harm daily. The findings from the research will hopefully feed into policies and procedures, especially regarding occupational health and the support and/or resources needed to assist prison officers' managing self-harm.

6. Will my data be anonymous?

During the data collection phase, you will be identifiable to the interviewer, and you will be given a unique participant number at the top of your consent form to link your data to you. However, within the written report you will remain anonymous: no names of participants or their places of work will be included. The audio file for your interview will be saved under your participant number. The recorded conversation will then be transcribed (omitting any identifiable elements), and the audio file will be deleted. You will have a two-week window after the date of your interview in which to withdraw your interview data if you so wish. After this two-week window (whether you withdraw or not) any personally identifiable data will be deleted including the unique identification number that links you to your interview. Only myself and my supervisor will have access to the data.

7. Will my data be confidential?

Quotes from the transcripts of the interviews will be used within the results of the study, therefore full confidentiality cannot be guaranteed. However, any quotes used will not contain any identifiable information. Following the interview, confidentiality will only be broken, if, at any point, safeguarding issues arise during the interview, and I feel that you, or others may be at risk. This is to ensure the safety and well-being of yourself and others (including prisoners) that you work with.

8. What will happen if I want to withdraw my data?

You can withdraw from the study up until two weeks after the interview has been conducted. If you decide to withdraw your data within the two weeks after the interview, your audio file will be deleted, along with any other information we have about you. After the two weeks has passed, you will be unable to withdraw your data as the process of transcribing would have commenced. However, as previously mentioned, all personally identifiable data will all still be deleted. To withdraw your data, you must contact myself and quote your participant number, which can be found on the top of your consent form. (which you should keep a copy of).

9. What will happen to my data?

The interview will be audio recorded and transcribed. If, during the interview, you use your name, the name of a prison, a colleague's name, or an inmate's name, this will be removed from the transcription to protect identities. If you discuss something during the interview that you later decide you do not want to be written into the report, you can tell me after the interview. You also have two weeks after the interview to withdraw all your data if you no longer want to take part. You will not be compromised in any way for doing this.

The data will be stored on a password protected encrypted Dictaphone. Once the audio file has been uploaded onto the researcher's University of Birmingham secure personal account, the audio file on the Dictaphone will be deleted. The audio file will then be transcribed onto a word document. Once transcription has been completed, the remaining audio file will be deleted, and the word document will be uploaded and stored onto the University of Birmingham's online secure and password protected data storage system. All data will be held in accordance with the Data Protection Act 2018 and General Data Protection Regulation (GDPR).

The University of Birmingham is the sponsor for this study based in the United Kingdom. We will be using information from you in order to undertake this study and will act as the data controller for this study. This means that we are responsible for looking after your information and using it properly. The information which you supply and that which may be collected as part of the research project will be entered into a filing system or database and will only be accessed by authorised personnel involved in the project. The information will be retained by the University of Birmingham and will only be used for the purpose of the research. The University of Birmingham will keep your consent form which may include personal identifiable information about you for ten years. No identifiable personal data will be published.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will delete any information about you that we have already obtained. To safeguard your rights, we will use the minimum personally identifiable information possible.

10. What will happen to the results of the research?

The results will be published as part of my doctoral thesis at the University of Birmingham. You will not be identifiable in any report, publication, or presentation. A public document will also be written which will summarise the findings of the research. If you wish to receive this, please email me requesting this. The results from the study will also be fed back to the organisation and may be published in an academic journal and presented at relevant conferences.

If you would like to discuss any aspects of this research, or are interested in taking part, please contact:

Researcher details

Miss Victoria Jones
Trainee Forensic and Clinical Psychologist
Email: [redacted]

Supervisor contact details:

Dr Caroline Oliver
Course Director for the ForenPsyD
University of Birmingham
Email: [redacted]

Appendix E: Participant Consent Form

CONSENT FORM

UNIVERSITY OF BIRMINGHAM

Title of Project: Prison officers' experiences of working with male prisoners who engage in self-harming behaviour. A qualitative study.

Researcher: Miss Victoria Jones (Forensic Clinical Trainee Psychologist), supervised by Dr Caroline Oliver (Academic Supervisor at the University of Birmingham).

Participant number: _____

Please initial in the box if you agree

1. I confirm that I have read and understood the participant information sheet dated 29/01/2021 (version 4) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

2. I understand that my participation is voluntary and that I am free to have breaks or withdraw at any time during the research interview, without giving any reason. ☐

3. I understand that the research interview will be audio-recorded onto an encrypted Dictaphone and later transcribed into text. Quotes from the transcripts will be used within the published report, but my name will not be attributed to any to ensure that I remain anonymous. ☐

4. I understand that following the interview I will have a two-week period to withdraw from the study and have my data deleted. To withdraw from the study, I must contact the researcher and quote my participant number at the top of this consent form. After this two-week period has ended, I will be unable to withdraw from the study. ☐

5. I understand that the data collected during this study will only be looked at by the researcher and academic supervisor at the University of Birmingham to ensure that the analysis is a fair and a reasonable representation of the data. All personally identifiable information will be removed from the transcripts. ☐

6. I understand that due to safeguarding, confidentiality may have to be broken if disclosures are made which suggest that I, or someone else, may be at risk of harm. ☐

7. I understand that if I would like a copy of the outcomes of the research, I need to email the researcher directly asking for this. ☐

8. I agree to take part in the above study. ☐

.....	.....	.....
Name of participant	Date	Signature
.....	.....	.....
Name of researcher	Date	Signature

Appendix F: Participant Debrief Sheet

UNIVERSITY OF BIRMINGHAM

Debrief Sheet

Title of Project: Prison officers' experiences of working with male prisoners who engage in self-harming behaviour. A qualitative study.

Researchers: Victoria Jones (Forensic and Clinical Trainee Psychologist at the University of Birmingham) and Dr Caroline Oliver (Academic Supervisor at the University of Birmingham)

I would like to thank you for taking part in this research project. Below is some information about the aims of the study, what will happen next and organisations that are available for further support, if needed.

Aims

This research project aims to explore prison officers' experiences of working with male prisoners who engage in self-harming behaviour. Specifically, we are interested in how prison officers respond to incidents of self-harm, the psychological impact of working with such challenges and coping strategies utilised.

Research has shown that working with self-harm can cause high levels of staff burnout, alongside prison officers feeling unsupported and/or untrained in managing self-harm. Self-harm incidents within prison establishments are rising, therefore I hope that this research will add to our understanding of the lived experiences of prison officers managing self-harm on a daily basis. From feeding back the results of the study to the prison service, the results will hopefully be used to improve organisational practice, in relation to both prison officer well-being and further support and/or resources needed to manage self-harm.

What happens next?

If you decide that there are any parts of your interview that you want removing from the research project, you can tell me now. You also have two weeks from today if you want to withdraw your interview from the project or inform me of any additional parts of your interview that you want to remove.

I will assign a fake name to your interview instead of using your real name in the write up. In two weeks, I will transcribe your interview and the audio file will be deleted. The transcribed data will be stored on a secure and password protected online data storage system at the University of Birmingham. Direct quotes will be used in the write-up; however, your identity will remain anonymous.

If you would like to obtain a summary of the results at the end of the project, please email me requesting this.

Available Support

You may have found parts of the interview challenging or distressing. Below are details of some organisations which can offer further support. You may also find it helpful to talk to your line manager and/or GP if you are feeling unduly affected by the issues we have discussed.

Prison Officer's Association

The Professional Trades Union for Prison, Correctional and Secure Psychiatric Workers

Stress & Support Counselling Phone Line

Telephone number: 0800 107 6568

Website: http://www.poauk.org.uk/index.php?aid=2

Samaritans UK
Telephone number: 116 123

Email: jo@samaritans.org

Website: https://www.samaritans.org/how-we-can-help/contact-samaritan/

MIND
Telephone: 0300 123 3393

Text: 86463

Website: https://www.mind.org.uk/

Rethink Mental Illness

Telephone: 0300 5000 927

Website: www.rethink.org

Researcher contact details:
Victoria Jones
Trainee Forensic and Clinical Psychologist
University of Birmingham
Email: [redacted]

Supervisor contact details:
Dr Caroline Oliver
Course Director for the Doctorate in Forensic Psychology Practice (ForenPsyD)
University of Birmingham
Email [redacted]

Appendix G: Interview Guide

Interview Guide

Introduction:

- Revisit information contained within the Participant Information Sheet.
- Allow time for participants to ask any questions and gain verbal consent before commencing the interview.
- Explain aim of interview and that it will lastly approximately 60-90 minutes.

The aim of the interview is to gain an in-depth understanding of your experience of being a prison officer working with male prisoners who engage in self-harming behaviours. I am interested in exploring your thoughts, feelings and perceptions and I would like you to be as open and honest as possible, there are no right or wrong answers. At times I may say little, but this is because I am interested in listening to your views. Some questions may be sensitive in nature in relation to your job role, so please feel free to take time to think and tell me at any point if you would like a break.

Background questions:

1. How long have you worked as a prison officer?

Questions:

1. What has it been like for you working in a male prison?
    a. *How does it make you feel?*

2. What has it been like for you working in this environment with prisoners who self-harm?

3. What is it like responding to an act of self-harm?
    a. *How do you feel in the moment, and why? What is it like in the moment?*
    b. *How do you feel after a while, and why? What is it like after a few hours?*
    c. *What goes through your mind?*
    d. *How do you typically react to an incident of self-harm?*
    e. *How has your response to self-harm changed over the years?*

4. How do you feel working in a prison environment with self-harm has impacted on you, both professionally and personally?
    a. *Prompts: your thoughts, feelings, behaviour, relationships (with others in and out of work), how you respond to others*
    b. *How has it affected you at work?*

c. *Affected you as a person outside of work?*
d. Why do you think that is?

5. How do you manage your thoughts and feelings in relation to your role/aspects of the work?
    a. *Coping strategies*
    b. *What do you do at work to cope?*
    c. *What do you do outside of work to cope?*

6. What is your experience of support systems, both at work and at home?
    a. How does that make you feel?
    b. *Prompts: What support is of most benefit? Why? What additional support would be beneficial?*

Is there anything else you would like to tell me about your experience that I have not already asked?

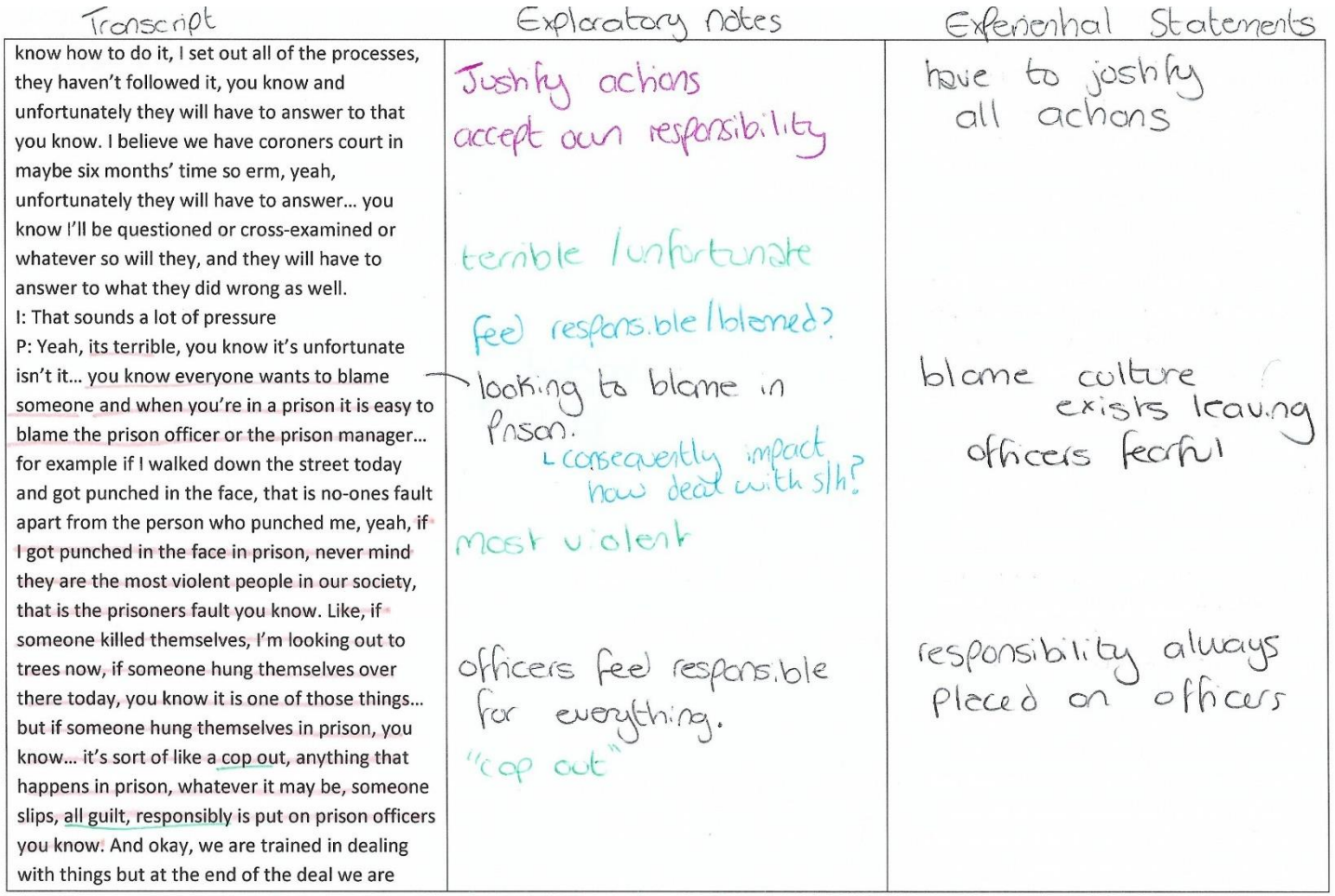
<u>General probes</u>

Why?
How?
Can you tell me more about that?
Tell me what you were thinking?
How did you feel?
What do you mean by…?
Can you give me an example of…?

<u>Debrief:</u>

- Thank the participant for taking the time to talk.
- Allow time to process and reflect on the interview. How did they find it? Do they have any additional questions?
- If needed, provide further information about support services available.

Appendix H: Example of Exploratory Noting and Experiential Statements for Louis



Transcript	Exploratory notes	Experiential Statements
know how to do it, I set out all of the processes, they haven't followed it, you know and unfortunately they will have to answer to that you know. I believe we have coroners court in maybe six months' time so erm, yeah, unfortunately they will have to answer... you know I'll be questioned or cross-examined or whatever so will they, and they will have to answer to what they did wrong as well. I: That sounds a lot of pressure P: Yeah, its terrible, you know it's unfortunate isn't it... you know everyone wants to blame someone and when you're in a prison it is easy to blame the prison officer or the prison manager... for example if I walked down the street today and got punched in the face, that is no-ones fault apart from the person who punched me, yeah, if I got punched in the face in prison, never mind they are the most violent people in our society, that is the prisoners fault you know. Like, if someone killed themselves, I'm looking out to trees now, if someone hung themselves over there today, you know it is one of those things... but if someone hung themselves in prison, you know... it's sort of like a cop out, anything that happens in prison, whatever it may be, someone slips, all guilt, responsibly is put on prison officers you know. And okay, we are trained in dealing with things but at the end of the deal we are	Justify actions accept own responsibility terrible / unfortunate feel responsible / blamed? looking to blame in prison. ↳ consequently impact how deal with s/h? most violent officers feel responsible for everything. "cop out"	have to justify all actions blame culture exists leaving officers fearful responsibility always placed on officers

9

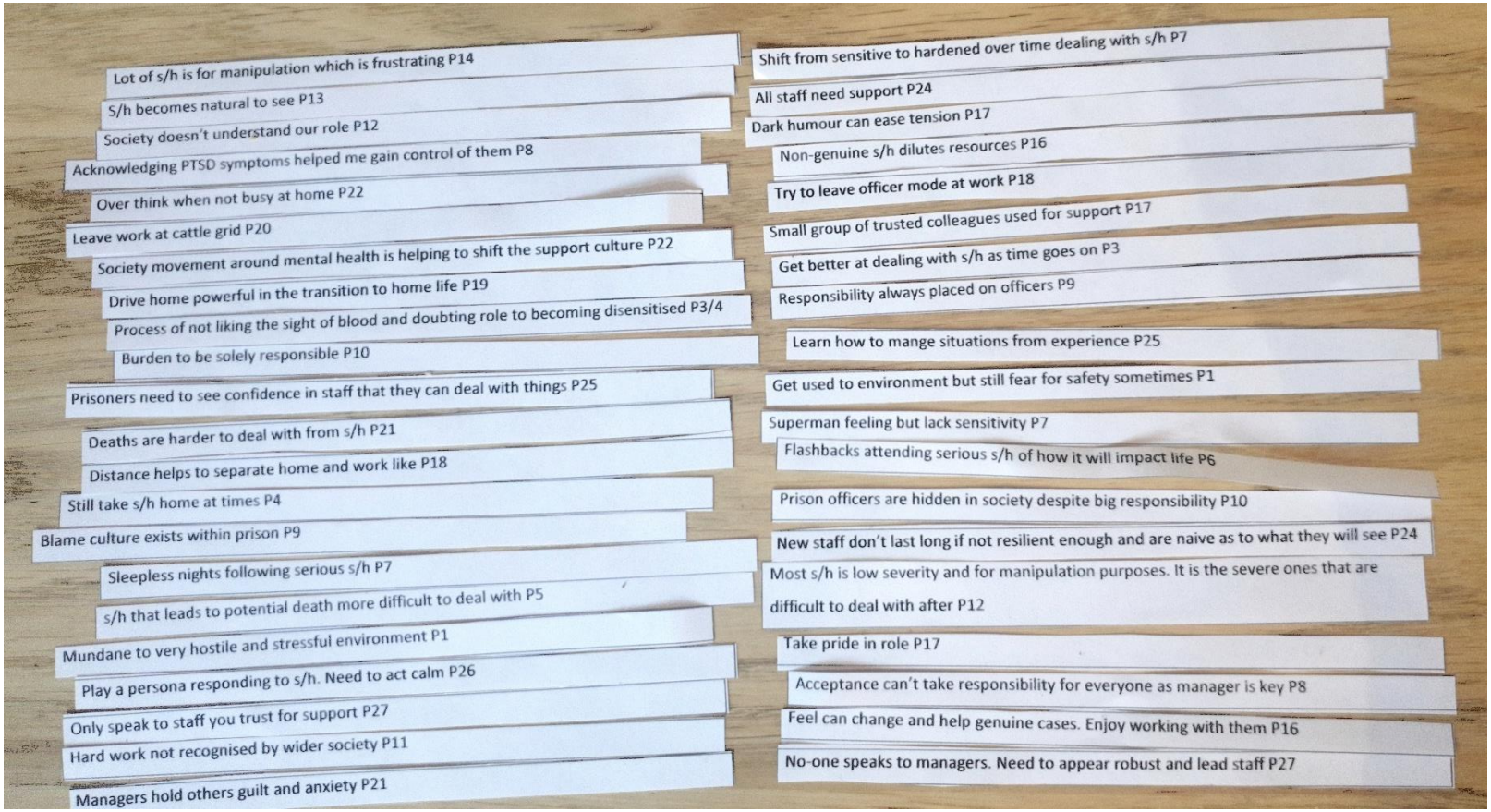
Transcript	Exploratory notes	Experiential Statements
dealing with some very complex men you know and maybe they have self-harmed their whole life, had trauma their whole life and unfortunately you can't help everyone.... We try our best to, we try our best but if someone wants to harm themselves then... I: Yeah... and what is that like feeling like you are always potentially blamed? P: It's erm, I won't say blamed but responsible... yeah it is a big burden. You know, I don't know, I just think that prison officers and people who work in prison are like a hidden society... you know, go back to covid last year, around my area we had the borders up with the hero bin men, the hero amazon drivers, the hero this, the hero that, priests are hero's, the fire brigade and I never heard anyone say prison officers are hero's... you know teachers are hero's but I've never heard anyone say prison officers during covid. We were sort of hidden, we were never mentioned, we are never praised but we have an awful lot of responsibility you know. I: Yeah P: Like I said, a priest man, if they got punched in the face by a violent person, they won't get criticised for it but my environment, you could have hundred prisoners out on the wing with four officers, but if someone gets punched in the face that is a members of staffs fault... it's a really	Dealing with such complexity understanding of Prisoner trauma responsible. Big burden "try our best" hidden society - how impact role satisfaction? Prison officers not recognised/ Praised by society. large responsibility Prison officers blamed for all incidents	Can't save everyone ↳ Acceptance burden to be solely responsible Prison officers hidden in society despite big responsibility

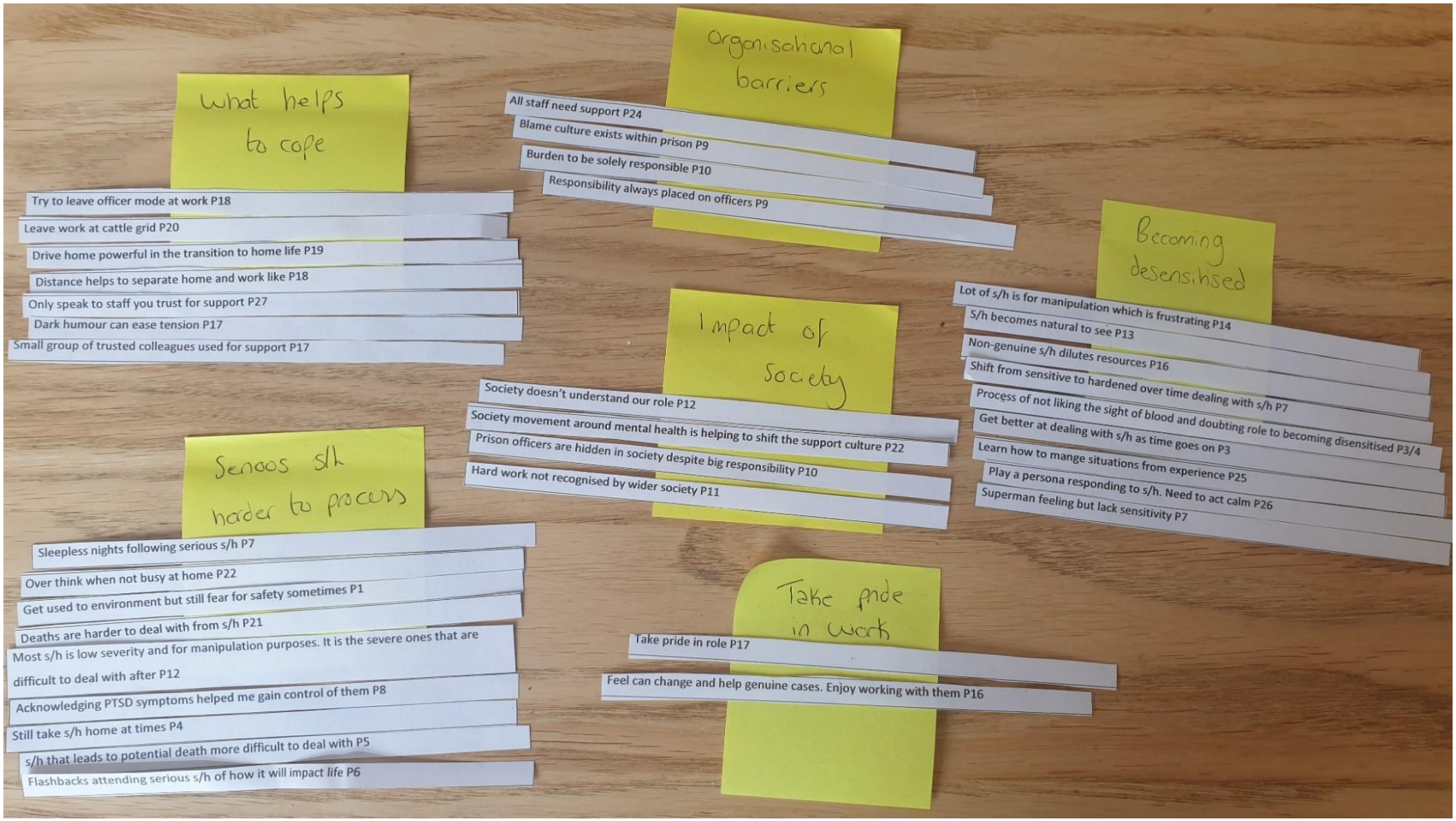
not feeling trusted? / Acknowledged

10

Appendix I: Example of Case-Level Theme Development (Louis)

Experiential statements were printed and cut out to cluster into Personal Experience Themes. Some of the experiential statements shown in Appendix H can be seen under the 'organisational barriers' theme and 'impact of society' theme.




What helps to cope
Try to leave officer mode at work P18
Leave work at cattle grid P20
Drive home powerful in the transition to home life P19
Distance helps to separate home and work like P18
Only speak to staff you trust for support P27
Dark humour can ease tension P17
Small group of trusted colleagues used for support P17
Organisational barriers
All staff need support P24
Blame culture exists within prison P9
Burden to be solely responsible P10
Responsibility always placed on officers P9
Becoming desensitised
Lot of s/h is for manipulation which is frustrating P14
S/h becomes natural to see P13
Non-genuine s/h dilutes resources P16
Shift from sensitive to hardened over time dealing with s/h P7
Process of not liking the sight of blood and doubting role to becoming disensitised P3/4
Get better at dealing with s/h as time goes on P3
Learn how to mange situations from experience P25
Play a persona responding to s/h. Need to act calm P26
Superman feeling but lack sensitivity P7
Impact of Society
Society doesn't understand our role P12
Society movement around mental health is helping to shift the support culture P22
Prison officers are hidden in society despite big responsibility P10
Hard work not recognised by wider society P11
Senoos s/h harder to procers
Sleepless nights following serious s/h P7
Over think when not busy at home P22
Get used to environment but still fear for safety sometimes P1
Deaths are harder to deal with from s/h P21
Most s/h is low severity and for manipulation purposes. It is the severe ones that are difficult to deal with after P12
Acknowledging PTSD symptoms helped me gain control of them P8
Still take s/h home at times P4
s/h that leads to potential death more difficult to deal with P5
Flashbacks attending serious s/h of how it will impact life P6
Take pride in work
Take pride in role P17
Feel can change and help genuine cases. Enjoy working with them P16

Appendix J: Example of Personal Experiential Themes (PETS) for Louis

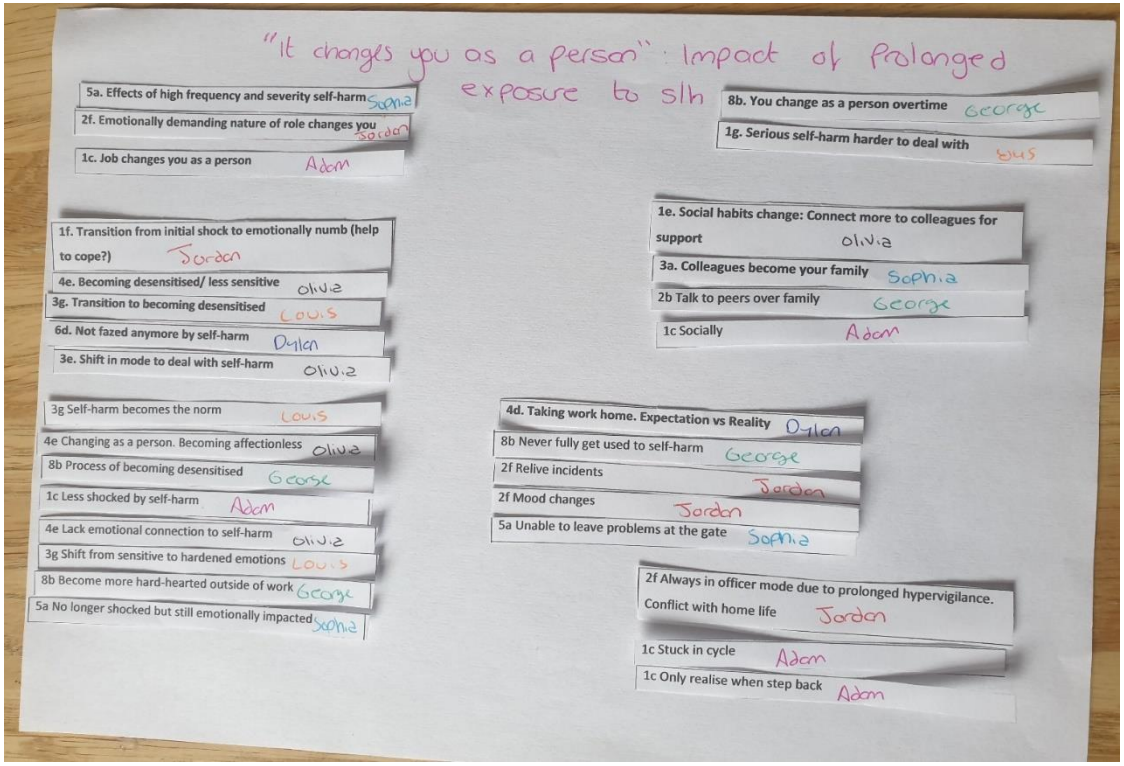
Extract of the PET 'organisational barriers' for Louis.

ORGANISATIONAL BARRIERS
Blame culture leaves prison officers feeling responsible Blame culture exists within prisons P9 *"It's terrible, unfortunate you know everyone wants to blame someone and when you're in a prison it is easy to blame the prison officer or prison manager… for example if I walked down the street today and got punched in the face, that is no-one's fault apart from the person who punched me. But if I got punched in prison, never mind they are the most violent people in our society, that is the prisoners fault you know"* Responsibility always placed on officers P9 *"Like, if someone hung themselves in prison, you know, it is sort of a cop out, anything that happens in prison, whatever it may be, someone slips, all guilt, responsibility is put on the prison officers you know"* Burden to be solely responsible10 *"We are trained in dealing with things but at the end of the day we are dealing with very complex men you know and maybe they have self-harmed their whole life, had trauma their whole life and unfortunately you can't help everyone… we try our best, but if someone wants to harm themselves then… it is a big burden"*

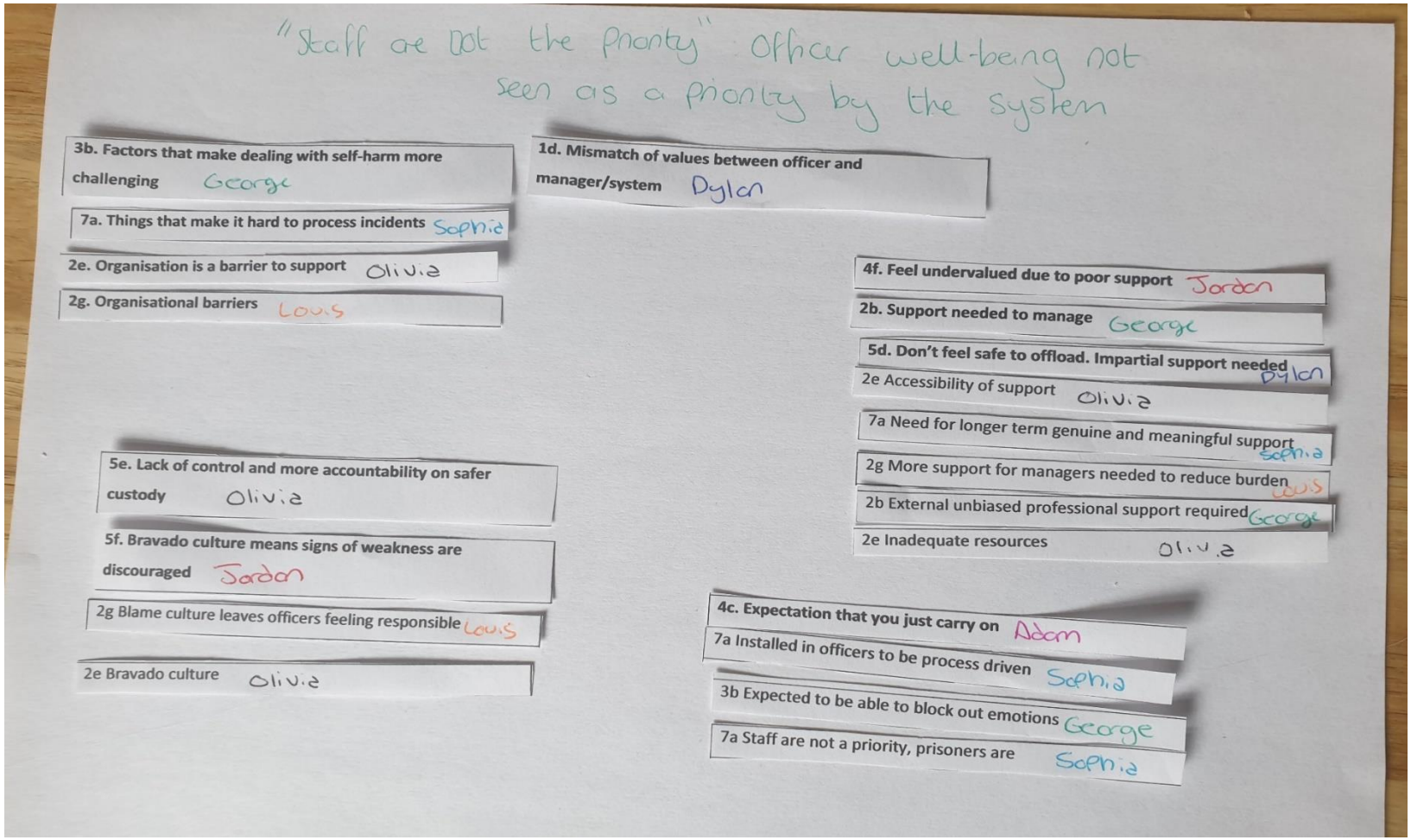
Note. **Bold** = subtheme. Blue = experiential statements from transcript. *Italics* = Quote verbatim related to experiential statement (as seen in Appendix H).

Appendix K: Development of Group Experiential Themes (GETs)

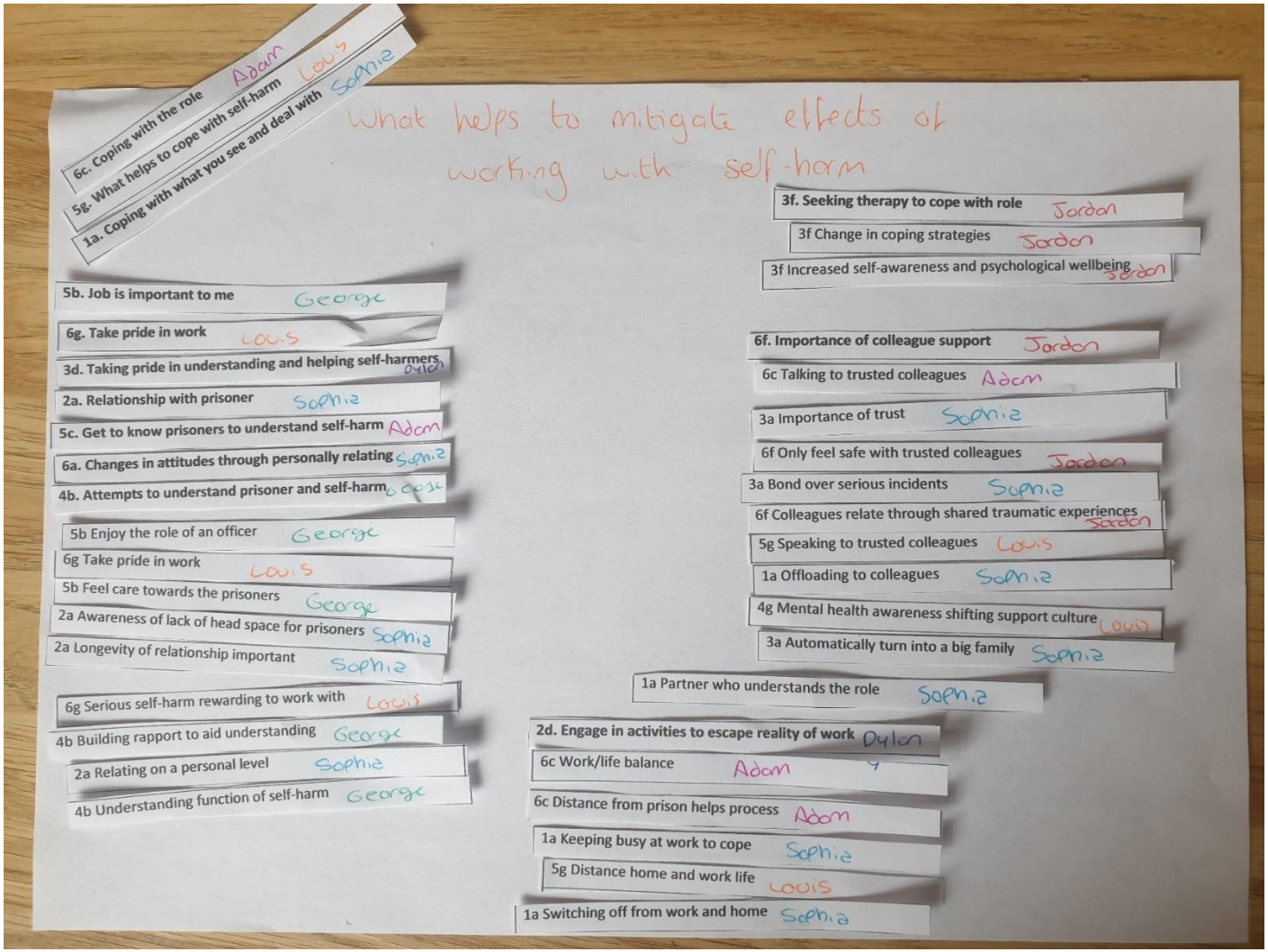
To obtain Group Experiential Themes, the PETS for each participant were printed and laid out on a table. PETS were then clustered into themes and potential subthemes. The pictures below show the clusters of Group Experiential Themes and sub-themes.



Note: Theme configuration and titles were developed over a period of reviewing in IPA workshops and supervision.



Note: Louis's contribution of 'blame culture leaves officers feeling responsible' to the wider theme.


6c. Coping with the role Adam
5g. What helps to cope with self-harm Louis
1a. Coping with what you see and deal with Sophie
What helps to mitigate effects of working with self-harm
3f. Seeking therapy to cope with role Jordan
3f Change in coping strategies Jordan
3f Increased self-awareness and psychological wellbeing Jordan
5b. Job is important to me George
6g. Take pride in work Louis
3d. Taking pride in understanding and helping self-harmers Dylan
2a. Relationship with prisoner Sophie
5c. Get to know prisoners to understand self-harm Adam
6a. Changes in attitudes through personally relating Sophie
4b. Attempts to understand prisoner and self-harm George
5b Enjoy the role of an officer George
6g Take pride in work Louis
5b Feel care towards the prisoners George
2a Awareness of lack of head space for prisoners Sophie
2a Longevity of relationship important Sophie
6g Serious self-harm rewarding to work with Louis
4b Building rapport to aid understanding George
2a Relating on a personal level Sophie
4b Understanding function of self-harm George
6f. Importance of colleague support Jordan
6c Talking to trusted colleagues Adam
3a Importance of trust Sophie
6f Only feel safe with trusted colleagues Jordan
3a Bond over serious incidents Sophie
6f Colleagues relate through shared traumatic experiences Jordan
5g Speaking to trusted colleagues Louis
1a Offloading to colleagues Sophie
4g Mental health awareness shifting support culture Louis
3a Automatically turn into a big family Sophie
1a Partner who understands the role Sophie
2d. Engage in activities to escape reality of work Dylan
6c Work/life balance Adam
6c Distance from prison helps process Adam
1a Keeping busy at work to cope Sophie
5g Distance home and work life Louis
1a Switching off from work and home Sophie

Appendix L: Reflexive Statement

Being part of a Forensic Clinical Psychology Doctorate may have influenced my interpretations of the data. I had experience of working within prison settings prior and during my training which may have led to preconceived notions regarding what it is like to work within these environments and with prisoners who self-harm, leading to expectations regarding emerging themes. Having worked with many prison officers, my perceptions of their job role may have also led me to make assumptions about participants' experiences and their meanings of them.

In the first interview, I noticed my anxiety when the participant's narrative did not match what I expected to arise in relation to the impact of working with self-harm. I noticed that this led me to want to ask more probing questions. Utilising supervision allowed me to reflect and notice my biases, enabling me to trust the process of IPA during the remaining interviews and feel confident in sitting with the unknown of what might arise in the following interviews. Towards the end of the interviews, I was better able to manage my anxiety and felt comfortable in working with the narratives that were being presented.

At times I found the interview process emotionally demanding. I often felt sadness when listening to participants' experiences of taking work home and how over time, working with self-harm impacted participants family life, relationships, and emotional wellbeing. I often noticed that I was thinking about participants long after the interviews had ended. Throughout the configuration of the results, I found myself feeling overwhelmed over wanting to ensure that participants' voices were heard. On reflection, this may have been due to some participants expressing how prison officers are 'hidden' in society, with their hard work and demanding role not being understood or recognised by society. However, I was

always amazed at the resilience of participants and how despite the challenges, they found the work rewarding, which reminded me of my own experiences of working within prison environments.

To further reduce any bias, I continued to keep a reflective journal throughout the data collection and analysis phases, enabling me to notice my thoughts and reactions to discuss within supervision. Continuing to utilise the reflective journal throughout the analysis phase allowed a deeper sense of the narratives.

Appendix M: Additional Contributions to GETs

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
"It changes you as a person": Impact of prolonged exposure to self-harm	**Process of becoming desensitised**	Olivia	*"I'm less fazed in my day-to-day life about everything because I see so much worse when I am at work" (p13-14)* *"I'm a completely different person now, dealing with all that, nothing kind of scares me" (p14)* *"I was quite a worrier when I was younger… I would never of said that I would be in a position that I am not where I see things like that and it just doesn't upset or bother me in anyway… like I didn't see myself becoming very numb to these types of things until I've had to" (p15)* *"The longer you are there, the more desensitised you are, the more used to reacting you are" (p10)* *"You soon become desensitised to the whole thing, to the point where the most serious type of self-harm doesn't faze you. Sounds awful doesn't it, but it is so normal in there" (p3)* *"The first few times are a bit of an eye-opener, but then within a few times, it becomes the same old" (p3)* *"I'm very unfazed by everything, I can be like very robotic. It's awful but it's definitely kind of changed me" (p31)* *"It kind of doesn't seem as big a deal anymore, you're just kind of numb to it… it just becomes, you don't kind of realise how serious it is in your mind because you've trained yourself to be so used to it that it's not big to you anymore" (p19)*
		George	*"You are dealing with so many different emotions and so many emotions within that one day, and that can be seven days a week so your tolerance level at home sometimes drops"* *"If my children fall over and graze their knees, my partner will be like 'oh no are you okay?' whereas I am the person to say get up, shake your knees, the line of work has got an effect on you" (p4)* *"It is just an everyday occurrence; it become the norm" (p11)* *"It becomes the norm, and you see it frequently, it doesn't faze you so I've come to the conclusion of being desensitised" (p12)*
		Dylan	*"I expect to go to every cell and see something" (p13)* *"You know the terminology I use quite a lot is nothing fazes me anymore" (p10)* *"I've seen the worst-case scenarios of self-harm as well as the manipulation, little scratches" (p2)*
		Sophia	*"Some prisoners self-harm to get something, whereas the others, they are not asking for help so we realise something is not okay… it's the quieter ones I worry about" (p8)* *"I don't think I can remember a time at work, in the last five years where someone hasn't been on an ACCT" (p36)*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
			"When I first started, it sounds awful, but ACCTS were for your chicken scratches to now having literally someone cut their stomach open" (p36) *"When I started, we had 30 ACCTS across the establishment, now we open about 80/90 ACCTS on an average week" (p36)*
		Jordan	*"In the beginning it was a bit of a shock to see but now nothing shocks me. I suppose you become emotionally numb to it" (p3)* *"I think it is a coping strategy… I'm not trained in that sort of thing but the level of trauma we see, it's a way of coping with it really. You become emotionally numb" (p4)* *"In the beginning it would affect you more, you're not so emotionally numb, but as you become more experienced, you see it over and over again, you sort of dull those feelings" (p12)*
		Louis	*"Severity, 90% are low severity, but you do get the odd ones where someone will cut an artery and there is pools and pools of blood" (p12)* *"because of the environment, it can feel like the most natural thing on earth… within a few months you are definitely going to see a few acts of self-harm… you sort of become hardened to it" (p13)* *"You become desensitised to it I suppose over the years… the more you experience, the more you become desensitised" (p4)* *"You get hardened to it, at first I was outraged by it" (p13-14)* *"I can feel like superman at times but then other times I feel like it would be nice sometimes to have a bit more of a sensitive side you know" (p7)* *"Most common form is manipulation, self-harm to gain something from it" (p14)*
		Adam	*"I've been covered in blood, so I think you become desensitised which is a bit scary in a way"* *"It becomes part of the job. I expect it to happen… you're not shocked by it, the shock factor has gone" (p17-18)* *"I can't think of anything now that I haven't seen… I've had someone's stomach open, someone cutting with chicken bones, I've had a guy who cut his varicose veins open with his toenail" (p18)* *"It's an everyday occurrence that you see, I think we become desensitised and dehumanised in a certain way" (p18)*
		Adam	*"Leave everything in work, deal with it there and then" (p11)* *"It does alter you as a person, watching self-harm" (p11)*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
	Carrying effects into personal lives	George	*"You can have a recurrence when you're on your own, where you think something creeps into your mind, I tend to draw a line under it. This happened, he is okay" but noted that "death is more difficult to get over" (p11)* *"Some days you are taken right back and you're thinking 'that is extreme' it's hard to put into words, some days can be quite challenging, traumatising" (p18)*
		Sophia	*"Still have moments away from work, hard not to get sad over it" (p44)* *"I've had some sleepless nights over the few years… your body is not ready to close that event off and you're still processing it" (p23)*
		Jordan	*"There are physical symptoms, psychological symptoms, behavioural, it does change you. Over a prolonged period of time, it does change you as a person" (p2)* *""I suppose the prolong periods of hypervigilance…it's not healthy really that level of hypervigilance and seeing levels of trauma somethings that we deal with. Over a prolonged period of time, its not healthy" (p1)* *"Something simple as going to the pub or a restaurant with the family for a meal. I don't like to sit with my back towards the door, I like to sit in a position where I can observe and scan the room, see if there is anyone I know, be able to assess any danger for one of a better phrase… I suppose I'm always alert... there are certainly places I will not go with the family, reluctant to go through city centres, stuff like that. I don't tend to do that very much." (p11)* *"The job is tough, very tough, at times completely overwhelming" (p1)* *"It affected me, I gained weight, withdrew, I tended to only really bother with colleagues, you know I haven't got much of a social life; I prefer my own company on occasions" (p1)* *"Being snappy if I've had a particularly tough day, quite easily cause not arguments for one of a better phrase, but an ill feeling at home sometimes… mood changes" (p5)* *"You go through a range of emotions, it can be quite scary… there have been a few occasions, you go through periods of time where you relive traumatic incidents to the point where I've woken up during sleep, cold sweats, panic attacks… erm, the feeling of being able to reach out and still being in that environment, everything seems real if that makes sense" (p5)*
		Louis	*"I suppose I take it home with me really, self-harm" (p4)* *"When I saw him, I thought 'I can't do this again' and my colleagues just took over. It just took me back to the first incident, I just wasn't prepared to deal with it again unfortunately… you want to save that person,*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
			you want to try your best, but you also think 'oh my God am I going to have another four months of no sleep'" (p6) *"It is not a nice to thing to see, I wouldn't want anyone to see it if I'm honest. I went through a lot of stress, I couldn't sleep for months after… it was tough, I used to think of the gentleman quite a lot of the time. I had no sleep you know, when the TV was off, I'd go to bed and I just wasn't sleeping, I'd be awake thinking of him and conversations, what happened that day etc" (p7)*
"Staff are not the priority, prisoners are": Officer well-being is perceived as not being a priority by the system	**'Paperwork comes first' - Expectation to carry on**	Sophia	*"It is impossible to leave you problems in the gate house and pick them up on the way back, we're human who we bring our problems from home in and problems from work out" (p25)* *"It is drummed into us, if something happens and it reportable, you do the paperwork and keep going… you don't get chance to put feelings to it as there is always something else to do, everything is run on regime" (p18)*
		George	*"There is a cattle grid going in, so you leave whatever is happening in the house at the cattle grid and you leave whatever is happening in the prison on the cattle grid… you never take it home with you" (p19)* *"You've just got to get on with it, you can't let it show" (p19)*
		Olivia	*"I think because we are so busy in the day, you don't have time to think about it, you just are kind of onto the next situation" (p11)*
		Dylan	*"I wish sometimes you could have time to actually leave the unit after an incident. Maybe just to maybe go and have a cup of coffee, cup of tea to just get away from the unit but the first thing the manager does before you leave the unit is say 'can you make sure the paperwork is done' you know, not a case of 'I'll sit down and help you' or 'how are you feeling' it's a case off just carry on with the rest of the night and we will see you tomorrow… absolutely shocking because that makes you feel undervalued in a big way and makes you think 'why are you bothering' but I am so thorough with my work, I carry things through until the end." (p18)* *"I don't know, I just don't think about incidents… and I don't know whether that is because there has been a lack of support in there, I mean you just sort of feel you've got to get on with it…you just carry on you do. Yeah, you just carry on and hope that the end of the shift comes quick, and you can get out of there (laugh)." (p11)*
		Dylan	*"I will never go into a cell by myself and that stems back from the death I had, when I was interviewed by CID because I called for my colleague… and the guy who had a fit, he had blood on his knuckle, but when I*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
	Fear of being blamed or judged		*was putting him onto his back, his hand touched part of my shirt. And what the CID guy said was 'if you had entered that cell by yourself and there was still an ounce of life in him, it could have looked like there was a struggle between the two of you' and that is where I am so thankful these days for body-worn cameras, I won't enter the prison these days without my body-worn camera because as soon as somebody says they are going to start self-harming, I flick that on and whether that's a deterrent between the manipulation side of things now and actually doing it" (p16)* *"I think a lot of people find in work that you're being judged, like for arguments sake if I had a death tonight and didn't turn up for work tomorrow… in the eyes of people in work you would be classed as a weak person" (p33)* *"Whether it just be sitting down in the group having a chat or… I sometimes feel that a lot of people don't want to offload because they feel a weakness in themselves by always… say if I say that something has affected me, they will think oh I am a weak person… but huh, it doesn't hurt to be weak." (p28)*
		Louis	*"It's terrible, unfortunate you know everyone wants to blame someone and when you're in a prison it is easy to blame the prison officer or prison manager… for example if I walked down the street today and got punched in the face, that is no-one's fault apart from the person who punched me. But if I got punched in prison, never mind they are the most violent people in our society, that is the prisoners fault you know… but if someone hung themselves in prison, you know, it is sort of a cop out, anything that happens in prison, whatever it may be, someone slips, all guilt, responsibility is put on the prison officers you know" (p9)* *"We are trained in dealing with things but at the end of the day we are dealing with very complex men you know and maybe they have self-harmed their whole life, had trauma their whole life and unfortunately you can't help everyone… we try our best, but if someone wants to harm themselves then… it is a big burden" (p9/10)*
		Adam	*"It took me a while to understand that I can't stop everything happening to anybody" (p14)* *"I went back to work a few weeks later and I just carried on, I felt like I had to prove myself again, like I was good at the job" (p10)*
		Sophia	*"I wanted to help everyone else. So, self-harm, I took it really personal, sleepless weeks and nights… can't tie their hands behind their backs, but if we can put things in place to reduce severity and frequency then we are doing something good" (p8)*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
		Jordan	*"I am a hell of a lot happier; it has allowed me to relax a bit more. I was in floods of tears the first time I asked for help. Just a weight off your shoulders, I suppose finally admitting something and just a release of emotions… coming from the alpha mindset, I did see it as, speaking up was a weakness and that realisation that it is not a weakness, it is a strength" (p21)* *"What you find with prison staff is the bravado sometimes takes over… it is such a tense working environment and any signs of weakness or emotion, then that is a sign of a weakness, so it is very alpha male, alpha female sort of mindset… what tends to happen then is things build up and sooner or later something, something it going to happen you know, it will come out in the wrong way" (p15)* *"It is worrying how many staff are on the edge, breaking point. Strong characters who you think are strong and grounded but when you ask them, really ask them if they are okay… how quick they are to break down. It is hard to see your friends going through that experience" (p14)*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
		Olivia	*"it is kind of the norm to be unfazed by everything in there so when someone actually is upset about a situation, they get kind of, not picked up, but more a 'why are you upset by that, its fine' it's a very much 'man-up' kind of attitude in there because everyone is so used at having to just get on with it. Whereas if someone is really upset about something, its kind of like, I don't know, it's a bit strange to see someone bothered, like 'why are you bothered by that', we've seen worse than that, and you know it is so played down that you don't want to be that staff member who is so upset about something when everybody else is completely fine by it. And it is so odd that that is the case, but it is in there a lot of the time… I mean especially with male staff, like if they deal with something that upsets or shocks them, they don't want their colleagues to see that, when their colleagues are fine, they don't want to be the odd one out really upset by it you know. it's quite sad really, it's a brave face that you learn to put on and it's hard to take off then" (p29)* *"I think if the care and support team were a bit more insistent, you'd feel less kind of embarrassed in a way about needing to speak about it in way… because say the staff on shift who are like 'oh no it's fine' you know kind of shrug it off or play it down, and then if I say I'm feeling quite down by what I've seen, you'd think why are they not bothered but I am really upset by it, and you kind of don't want to appear like that one who is really bothered by something. It's very much like bravado in there, because people are so desensitised in there eventually, you kind of feel like the odd one out if you're really affected by something that nobody else is." (p28)*
	Lack of trust and accessibility in available support	Sophia	*'Sometimes non-operational staff who have never been an officer so don't understand our job role and what the stressors and demands are… they can't relate to us. Someone you've barely or rarely met will email and go 'are you okay?, it feels like a tick-box exercise' (p21)* *More prolonged support needed because staff are leaving' (p44)* *'More prolonged support would be appreciated, genuine support' (p33)*
		Dylan	*"And it's this, as staff we can't offload in a way… like we have got a care and support team, but a lot feel like if you do go and offload your problems, then your problems are spread around the unit and prison because of people who are in the posts aren't the most confidential" (p12)*

Group Experiential Theme	Sub-Theme	Contributing Participants	Quotes
			"I wish sometimes you could have time to actually leave the unit after an incident. Maybe just to maybe go and have a cup of coffee, cup of tea to just get away from the unit but the first thing the manager does before you leave the unit is say 'can you make sure the paperwork is done' you know, not a case of 'I'll sit down and help you' or 'how are you feeling' it's a case off just carry on with the rest of the night and we will see you tomorrow." (p33) *"I'm with the prison officer's union so I feel I've got a better support line there because it is more confidential than the services in work… because it is impartial, nobody is linked… by offloading to someone in our care and support service in work, you kind of feel as if your story is going to be relayed to your friends. (p30)* *"You need time away from work to reflect on that and to go back into a work environment where the same thing could happen the following, you want to protect yourself don't you. But no, in a place like that you are seen as a weak person. It's demoralising. That's one thing with the private sector, they don't have someone impartial to talk too and that is why I am with the prison officer's union where you've got the outside support, should you need it. As opposed to an internal service where they all wear the same uniform as you." (p34)*
		Olivia	*"Yeah it would be nice to talk about it. Like the people who do Care and Support are really nice, like I know them as staff members anyway, erm, and we do get like after an incident, erm care and support reach out to you and they kind of send you a message like 'how are you' or whatever but they don't ever really initiate you know, come to my office at this time, we will have a cup of tea and chat about it, where I think there needs to be more of that because staff aren't the types of people to go and arrange that themselves, you don't because no-one else does it, say everybody else in that situation then, if they didn't feel the need to talk to someone then I would feel strange going out of my way to talk to someone because I would feel like why has it kind of bothered me so much and not everybody else" (p25)*
		Jordan	*"My own experience of support was quite poor… I was off work for a period, I didn't receive one phone call… it felt like it wasn't valid you know, I think I may have had one phone call and I think that phone call was regarding when are you back in work. It wasn't regarding how you are… I felt undervalued, just a number really. Having the experience of traumatic incidents, the follow up was exceptionally poor. Just the*

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			general feeling of care afterwards wasn't there… you get a leaflet saying if you need the employee assistance programme, ring it. And that was basically what it consisted off" (p19) *"I referred myself to my GP… the job broke me to be honest, I was at the point where I was going to lose everything, and if I didn't ask for help at that point I would've lost everything" (p6)*
		George	*"This phone call, just being able to have a little vent to someone I don't know, I feel quite relieved if I'm honest…You've made me at ease, and I've been able to say the truth and speak about what I think and be myself' (p32)*
		Adam	*"Unfortunately, we only have one welfare officer which I think, for the size of the prison and the size of the staffing group. Yeah we have the care and support team which are quite good, but I think that is something we need to enlarge and take a bit more, a bit more serious. A drop-in centre where you could go on your lunch period or whatever, have a game of darts or a cup of tea, away from it all you know. Just go and sit down and talk, or just do something different away from the wing for half an hour… it would be fantastic for staff to just drop in and if they want to burden, then burden but if they don't, just have a cup of tea and a biscuit. Just away from it, a nice surrounding, a little garden or whatever" (p25)*
		Louis	*"I think the whole society is waking up to like, supporting people, mental health, mindfulness the last couple of years and I think that has affected the prison service as well. So, we have a care support team, a welfare officer who is brilliant" (p22)*
"I wouldn't do any other	**Bond to those with a shared understanding**	Sophia	*'Build that bond, you may have never met that colleague before but then you've always got that one bond with them that you've dealt with that really bad incident… you sort of have your war stories" (p37)* *'Lucky to have a clos-knit group of colleagues/friends who I can talk to' (p30)* *'We have an offload and hopefully it puts us in the best position to keep going' (p31)* *'Speaking to colleagues allowed me to stay in the job else I wouldn't have been able to cope' (p32)* *"we [partner] work well together being in the same situation… know how to look after each other" (p4).*
		George	*'The only way you deal with things is by speaking to people who have got a knowledge of it as well, who have been through the same things as me, if not worse' (p12)* *'I know she is my partner, and there is no-one better to vent to but if they haven't got an understanding of it, it is like talking to someone off the street' (p12)*
		Adam	*"marriages can break up because they don't understand what is going on.. fore twelve hours a day we are captive inside the prison, we become institutionalised to a certain extent, as much as the prisoners do, you don't realise what is going on outside… I think that is why you get so many marriages as prison officers*

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job": What helps to mitigate the effects of working with self-harm			*with prison officers. There are a lot of married couples within the prison and there are a lot of marriages that break down because we spend more time with our colleagues than we do with our families… officers understand what you are going through more than your family, you lose your family and get a new family inside" (p19)* *"I don't think it is politically correct, we have a dark sense of humour among staff. I find we, once the situation is dealt with and our prisoner is out of danger, then we'll make light of it. That is how we've dealt with it… I know it shouldn't be but we tend to use humour, I think laughter is a great defence and I think we use that" (p21)* *"we wear our masks when we talk to people. Nobody knows what is going on in your own life, nobody knows what is going on behind your mask and I think that is the only time we let our mask down, it is where we feel safe… it may only be to three or four members of staff, but we can let our guard down a bit because these people have my back and I've got theirs" (p22)*
		Dylan	*"Because of the lack of understanding of what goes on, they [family] could never relate to the whole situation… (long pause) You know, somethings could be a bit to graphic and that's something you don't want to offload onto somebody. Not showing them what we are going in to. And you know, as they say 'every shift is a good shift' so they don't know what you've gone into, what you have seen, what you've done, what you've witnessed. You know, as much as you want to come home and say how your day has been, you kind of just want to brush it under the carpet 'yeah I've got that shit out the way' I can let it go now." (p32)* *"We had an incident over the weekend and last night we sat in the office, I got the coffees on… we took some cakes in and we just had a general laugh. You know, I think laughter is the best way. We will talk through it in work, we will have a good laugh about it… not as in taking the mick about people or anything but just the way we work with things" (p13)*
		Olivia	*"If I speak to friends of mine who don't work in a prison, and say if I tell them a story, they are like oh my God I can't believe that, that you have to see that. And I'm like oh you know it doesn't really bother me, and they are so baffled that I can say that (laugh). It is a bit of a shock I know, but I think a lot, like the majority of people in there do just become so desensitised by it, because it is just the norm, you see it all the time" (p3)* *"Everyone in my life, that I don't work with, like my friends and family, they are very different people to me now and I'm kind of like the one that just, I don't know, I'm just the tough one in my family I suppose in*

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			terms of my emotions. I don't kind of, I don't get upset often, I don't get fazed by much. And having sensitive friends and family, they are very different to me… it is really strange but that's why I find I gravitate to my friends in work because they are very similar people to me in that sense" (p33) *Because you can talk about it and you have got people who are going through it with you, you have good support in that sense, like your colleagues are going through it as well. So you are not alone in having to deal with it at all, you've got someone there who has seen the same things you've seen, probably feels the same way you do and you can speak to them and its kind of that is it then, you don't, I don't feel like I need to come home and vent to anyone about it or think about it because I have already had my support from my colleagues about it, you know" (p20)* *"Like part of that job is 100% the colleagues, the people who help you and work with you and just deal with everything that you are dealing with. Like if I didn't have such a good team of staff down there, I wouldn't enjoy the job half as much. You do rely on them a lot, they are your backbone in situations, they are people you go to and yeah, you just, never feel alone when you've got them staff because they have seen what you've seen and dealt with what you have" (p35)*
		Jordan	*"When you are part of a team, they are not just colleagues, they become quite close friends. It's a bit of a support network" (p12)* *"Obviously you go through difficult periods of time, but you get through it as a team… they can relate to the experiences you go through, whereas sometimes your spouse, if they don't work in this kind of environment, it is a bit alien to them" (p13)*
		Louis	*"Personally, for me I've got a very small group of colleagues who I've been friends with for years and years and if I was struggling, I'd probably go and see them for half an hour, have a cup of tea. I'll speak it through with them. Like we have hot and cold debriefs but I find the best way to cope is to go to a place where I feel really comfortable, with people I consider friends and speak it out with them" (p17)* *"It sounds wrong, but I think they use a morbid sense of humour, however bad you feel someone will put a smile on your face and that is exactly what you want. Someone will crack a joke just to sort of ease the tension, give someone a little boost. You feel you should be sad and crying but someone will make a little joke, it may not feel popular at the time but it does give everyone that little thing you know, at the end of the day, we need to look after ourselves as well." (p17)*

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	Attempts to switch off from work	Sophia	*"When I come home, I need to just go and sit outside on my own or do a bit of gardening or I'll take the dog for a walk" (p25)* *"I'm not part of any WhatsApp group now. It got to the point where I was in every group going… I was living and breathing work" (p29)* *"I live my happy life outside of work… Got to put home life first. Before work was my family, now they are my friends. Family is separate" (p20/29)* *"I just keep busy, cleaning… that's my way of dealing with it. I'm not a sit down, have a cup girl, I'll process it, but I need to keep busy at the same time" (p24)*
		George	*'Need to be able to switch off' (p21)* *'I'm not looking at my emails out of work, because all of a sudden, you're doing work from your house, and it should be your rest days. Not mixing personal time with family and work together, if you start doing that, you're in for trouble' (p20-21)* *"Once I am in the house with the children, that is my time with the kids, and I won't veer from that… not mixing personal time with family and work together" (p21)*
		Olivia	*"I can be a bit like, after work I'm very robotic, I just don't want anybody to speak to me. I just want to eat, shower, go to bed you know. Its awful but it's definitely kind of changed me" (p32)*
		Louis	*"I don't really like taking work home with me, so I try not to discuss it in my house, or my personal life. I try not to be a prison officer when I leave work, I don't really speak to the guys on WhatsApp at home, but I don't really see them out of work very often, maybe once or twice a year I'll go for a beer" (p18)* *"When I leave work, I travel half an hour drive and when I am home then, I am miles away from the prison, miles away from prison officers, and I can just be myself. It's just me and a farmer you know. Put my music on, give my mates a ring or whatever and you sort of leave everything. The closer you are to home it's almost a transformation. Having that time, gather my thoughts. (p19)*
		Adam	*"Because of the distance I travel to work, if I've had a really bad incident, I get in my car, put some music on, put the sport on the radio and when I am ten, fifteen minutes into my journey, I put the day behind me and I look forward to seeing my family… I use my travel time to unwind" (p26)* *"To me, long walks with the dog, up the mountains and a bit of fresh air, that's enough for me. Walking for miles without seeing anybody, just bliss. That brings you down to reality and into my own world" (p27)*
		Dylan	*"Fresh air and sat in the garden… I am looking forward to later driving six miles down the road and sitting*

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			on the beach for the evening. That is my way to unwind, just sitting there, not a care in the world. You know, just sitting there thinking 'what was last week about'… its as if you can forget everything about last week. Recharge… And I think downtime for everybody, get away from the reality of working, it is so important, so important." (p29)
		Jordan	*"Simple family things, walking the dog, watching a film, perhaps going for a meal" (p17)*
	Work is inherently rewarding	Sophia	*"It's the good days that keep you in the job... It's where my heart is" (p5)* *"I feel I take that little above and beyond, not overstepping the line but just remind them that I am human as well, I still feel loss, sadness etc and from there you can open up a two-minute conversation" (p12)* *"I've got avenues to get head space, talk to friends, take the dog for a walk, or get blind drunk, whereas in prison we put you in an 8x10 concrete box and say there you go, sorry about that" (p10)* *"Worst part of job is expecting prisoners to behave whilst dealing with loss" (p43)* *"We are asking them to break down barriers and know more about them, so when it is safe to do so why don't we tell them a little bit about ourselves… you can be friendly with prisoners without being friends" (p38-39)*
		George	*'If you've got someone who you know is going to self-harm, I intervene and have a meaningful conversation… a quick brew and a chat, something like that goes a long way' (p7)* *'I am passionate about my job. It's an enjoyable fulfilling job… you have the ones who genuinely understand that they have done wrong, have a sentence plan they are working towards and actually helping them along, giving advice is quite fulfilling' (p11)*
		Louis	*"They [prolific self-harmers] are the ones I enjoy working with, the ones you can really see, hopefully make a difference. Address their problems and try to provide a therapeutic environment around them, minimise their triggers to self-harm and try to identify factors to keep them from harming themselves, get to know them. You get job satisfaction from that" (p16)*
		Dylan	*"We were talking to one boy last night doing a little shadow boxing in his cell… self-harming for years and I spend two weeks down on the segregation unit with him, a little bit of interaction throughout the night through the door. He is back on main location, and he called me to his cell last night because he upped his game on his shadow boxing… and it's as if they are proud of what they are doing and they want to show you back then…. It's like them saying you should see in a way what you've helped me do." (p21)*

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			"ninety percent of the time it has been fantastic. You have a good laugh with the prisoners. I've got a good rapport with them" (p4) *"I think it's fantastic. To have a little… like I don't expect anything back off anybody but do you know when they do call you to their cell and say 'because of you I am in a much better place'… that to me is massive, that is more rewarding than having a pay salary of 1% (laugh)" (p21)*
		Jordan	*"It does test your resilience. Erm, but then at the same time, I can't picture myself doing anything, if that makes sense… It totally gets in you. In some ways it becomes addictive. When it is good and really good, in some ways it is like coming in to spend... when you are in a good team, and you've got that supportive environment, and you can talk about anything and everything, you come in and it doesn't feel like work. You come and spend the day with your mates. Obviously you go through difficult periods of time, but you get through it as a team" (p13)*