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A Pilot Study: Examining the Frequency of Adjudication and Self-Harm Incidents across Two Phases of the Westgate Personality Disorder Treatment Service (PDTS)

Final Report

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1 EXECUTIVE SUMMARY

The pilot study *Examining the Frequency and Type of Adjudication and Self-Harm Incidents across Two Phases of the Westgate Personality Disorder Treatment Service (PDTS)* commenced in 2014 once internal funding from Nottingham Trent University (NTU) was confirmed. Ethical approval from the National Offender Management Service (NOMS) and NTU was granted in December 2014 and the project continued to run until July 2015.

The study was founded on the premise that the Westgate PDTS at HMP Frankland required evaluation from an external party and HMP Frankland was keen to assess the treatment service with a view to improve provision for their personality disordered (PD) population. It was anticipated that the findings from this pilot study would inform future research projects and provide an evidence base for funding applications.

The rationale for examining self-harm and adjudications in particular stemmed from the high prevalence of these behaviours in a complex PD population together with research which links these behaviours with reductions in reoffending and increased psychological health. This pilot study aimed to provide a current picture of the Westgate PDTS population (not including PIPE prisoners) and provide evidence of treatment efficacy for the offender personality disorder (OPD) pathway.

The project employed a comparative quantitative case study design, analysing secondary data relating to the frequency of adjudications and self-harm incidents. Analyses were conducted on a database of records which included details of every prisoner currently and previously located on the Westgate PDTS pathway across the life of the service (2004-2015). The *living* phase was identified as the period of time from the date of admission to date of assessment, and the *treatment* phase from the completion of assessment to the end of treatment. The details of each adjudication and self-harm incident for each prisoner were gathered and recorded in the corresponding phase. Comparisons were made between the frequencies and types of behaviour across the *living* and *treatment* phases to identify any statistically significant differences. We hypothesised that there would be a reduction in the frequency of adjudications and self-harming behaviours from the *living* to the *treatment* phase of the PDTS.

To meet our aims of the pilot study, statistical analyses were conducted on four populations of prisoners from the Westgate PDTS:

- All Westgate PDTS prisoners (n: 286)
- Current Westgate PDTS prisoners (n: 48)
- Non-completing Westgate PDTS prisoners (n: 212)
- Completed Westgate PDTS prisoners (n: 26)

Descriptive statistics were obtained and provided a demographic picture of the PDTS's populations. Inferential statistical analyses were run, including a repeated measures *t* test to compare the means of frequency of self-harm and adjudications across both the living and *treatment* phase, and a Chi-Square Test of Independence to compare the types of self-harm or adjudications prisoners were engaged in across the *living* and *treatment* phases.

Key findings were:

- The majority of PDTS prisoners were recorded as displaying antisocial PD (ASPD), borderline PD (BPD), and Paranoid PD, which are typical PDs associated with high levels of self-harm and aggressive or violent behaviour.
- The non-completer population had a higher proportion of Narcissistic PD which could explain why this group do not complete the treatment framework. There are also various reasons why prisoners from the PDTS leave treatment.
- The frequencies of self-harm and adjudications increases from the *living* to the *treatment* phase. The increase in frequency may be explained by the demands placed on Westgate prisoners to engage in treatment to address their internal conflicts, emotions and thoughts, as well as challenging their offending behaviour and current schemas. These treatments are implemented in the absence of dedicated support for self-harm and may result in an increase in frequency of self-harm as prisoners attempt to cope with the demands of treatment.
- The type of self-harm behaviours or 'severity' of these do not change from the *living* to the *treatment* phase. This suggests prisoners continue with their chosen methods of self-harm between *phases*, but the frequency of engagement elevates within this final phase.
- Although not statistically significant there is tentative support for a changing pattern of adjudication behaviours in the completer population. In this group though the , frequency of adjudications relating to verbal outbursts increases from the *living* to the *treatment* phase, the frequency of violent behaviours falls. This suggests that as treatment progresses prisoners may be replacing violent displays of behaviour with verbal outbursts.

- There is no effect on the frequency of self-harm from the *living* to the *treatment* phase in the completer population.
- The report concludes by hypothesising whether a greater focus on self-harm within the Westgate PDTS could reduce incidents of self-harm. Additionally, the report considers whether the treatment domain that targets aggressive and violent behaviour would benefit from rehearsal throughout the entire *treatment* phase. Further thought needs to be given to the impact of the *treatment* phase on offenders' experiences and emotional responses in order to explore this relationship in more detail.

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3 INTRODUCTION

The Westgate PDTS at HMP Frankland aims to offer treatment in a high secure prison to men, some of whom will have been previously considered to be DSPD prisoners (Crews 2006). The Westgate PDTS aims to achieve positive change in an often complex and poorly motivated prison population through treatment and intervention in an enabling prison environment through the Offender Personality Disorder (OPD) Pathway (Joseph and Benefield 2012). The Westgate PDTS opened in 2004 as a specialised element of HMP Frankland's estate to develop an evidence based model of treatment to treat personality disordered (PD) offenders (Bennettt 2014).

The success of the OPD pathway is evaluated on three criteria: risk of serious offending, psychological health improvement, and economic benefit (Joseph and Benefield 2012). Recent research illustrates that a reduction in number of prisoner adjudications and self-harm incidents has links to reduced reoffending (Brunton-Smith and Hopkins 2013) and increased psychological health (Hawton et al 2013). Literature searches reveal a lack of research on the effectiveness of the OPD pathway to further inform prison practice with its current prison population. This pilot study hopes to fill this gap and provide evidence to the Westgate PDTS and the OPD pathway on the efficacy of the treatment service at HMP Frankland.

The Westgate PDTS's assessment and treatment process consists of three sequential *phases, (1) Living, (2) Assessment* and *Treatment Needs Analysis (ATNA)* and *(3) treatment*. The *living phase* acts as "*a period of adjustment for the prisoner*" (Bennettt 2014, p. 6) encouraging the individual to engage with the structure of the regime and build relationships with staff. Once completed, the *ATNA phase* is implemented and the prisoner's suitability for treatment is evaluated. If the prisoner is successful, he will continue to reside in the Westgate PDTS and an individualised treatment programme will begin in the final *treatment* phase of the treatment framework (Bennettt 2014).

In order to identify whether there is a change in the number of adjudications and self-harm behaviours in the Westgate PDTS, this pilot study utilises quantitative analysis across two phases of the assessment and treatment process; the *living* and *treatment* phases. The findings of this research study will provide insight into the current efficacy of the Westgate PDTS and will be of value to Westgate staff as an emerging picture of adjudications and self-harm across the Unit's treatment framework. The findings of this pilot study will provide a

baseline for a further longitudinal exploration into the effectiveness of the Westgate PDTS at HMP Frankland. These findings will form the basis of a proposal for a larger scale study for which funding will be sought.

4 SCOPING OF THE LITERATURE

4.1 Personality Disorders and Self-Harm

Literature is unanimous in its conclusion that borderline personality disorder (BPD) is the most common form of PD in self-harming populations (Ennis et al., 1989; Suominen et al., 1996; Gupta and Trzepacz 1997; Gratz 2001; Hall et al., 2001). Acts or threats of self-harm feature to such a high degree in the BPD population that self-harm is featured in assessment and diagnostic criteria of PDs (World Health Organisation 1992; American Psychiatric Association 2000).

An individual with BPD is likely to exhibit traits such as finding social and occupational environments challenging, limiting their daily functionality. Presence of psychiatric disorders are common and individuals with BDP often engage in risky behaviour, endangering their livelihood, and health and wellbeing (Gunderson, 2001; Skodol et al., 2002; van Asselt et al., 2007). The most commonly associated behaviour with BPD is self-harm (Linehan 1993; Zanarini 2009; Gratz et al., 2014) and literature shows that the types of self-harm that individuals with BDP engage in tends to be more severe; sometimes life threatening (Soloff et al., 2014). The BPD population also demonstrate higher prevalence rates of suicide ideation with research illustrating people with BPD are 50 times more likely to attempt suicide than those in the non-BPD population (Pompili et al., 2008).

One explanation for the high prevalence of self-harm in a BPD population is how this population experience pain. Recent research by Carpenter and Trull (2015) identify that individuals with BPD have a much higher physical pain threshold for acute pain that a non-BPD population. Building on the work of Selby and Joiner (2009) the authors conclude that this unique experience of pain may contribute to the prevalence and severity of self-harm in a BPD population.

4.2 Personality Disorders, Violence and Aggression

Literature consistently highlights the high prevalence of violent and aggressive behaviour in individuals with PD (Berman et al., 1998; Ullrich, et al., 2007; Gilbert and Daffern 2011). Research by Johnson et al. (2000) suggests that individuals with cluster A and B PDs

(American Psychiatric Association 2000) are three times more likely to commit a violent act than a person without PD.

Research highlights the two most common PDs found within the prison population are BPD (Hodgins and Cote 1993; Blackburn and Coid 1999; Warren et al., 2002; Logan and Blackburn 2009) and Anti-social Personality Disorder (ASPD) (Hodgins and Cote 1993; Roberts and Coid 2009) and may suggest a relationship between these types of PD & offending behaviour.

4.3 The Westgate PDTS Framework

Treatment services that support the PDTS population during the *living phase* include Active Learning to increase prisoners' engagement with treatment. Services that support treatment during the *treatment* phase include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Eye Movement Desensitisation and Reprocessing (EMDR), Mental health team - Care programme approach (Bennett 2014).

Theoretically the DBT sessions are offered on 24 hour access to respond to an emergency or crisis. However the strict nature of a high secure regime means that this is not possible in prison estates such as in HMP Frankland, and staff are concerned that unlimited access may encourage the sensation seeking behaviour of those with some types of PD. Prisoners therefore are told not to contact their therapist for 24 hours following an incident and are only permitted a maximum of 1 hour of DBT per week (Bennett 2014).

Following successful ATNA the *treatment* phase is implemented by the Westgate PDTS to manage behaviours that are deemed to hinder and obstruct engagement in treatment such as self-harm and the appropriate regulation of emotions through interventions underpinned by CBT and DBT (McGuire 2001). Treatment is provided by multidisciplinary team and takes place in small group sessions with around 5-6 other prisoners and each session lasts up to an hour (Bennett 2014).

The Westgate PDTS's framework for the *treatment* phase is based upon six domains and includes (1) motivation and engagement, (2) psycho-education, (3) self-management, (4) social and interpersonal, (5) offence interest/thinking processes, and (6) progression.

The motivation and engagement domain is based on Chromis and aims to reduce risk of violence (Tew and Atkinson 2013). The Westgate PDTS is the only PDTS to apply Chromis

(Burns et al., 2011). Psycho-education informs the prisoners about their own PD and the traits and characteristics of their individual PD. Both of these domains are completed at the beginning of the treatment programme although a number of men will have already completed psychoeducation and motivation and engagement before they have been assessed.

The third domain of *self-management* aims to equip prisoners with skills to effectively manage "interpersonal conflict" (Bennett 2014, p.19) so that they refrain from being verbally or physically aggressive. Within this domain, substance related offending is addressed through *Iceberg* and managing emotions and promoting health emotions through *Emotion Modulation*.

The fourth domain, *Social and Interpersonal*, promotes positive social skills that encourage appropriate behaviour within intimate relationships and healthy friendships. Expressing and managing feelings that occur in relationships, support seeking, and resolving conflicts in relationships.

The fifth domain, *Thinking Processes and Offence Interests*, challenges prisoners' obstructive schemas and encourages the creation of positive beliefs and the maintenance of these. This is applied using the framework of Chromis and is designed to reduce violence only, thus a number of sexual offending specific thinking process and offence interests are not targeted and may be treated following discharge from the PDTS.

The sixth domain, *Progression and Maintenance Support*, supports prisoners in considering resettlement and progression through the prison service to a lower category estate. This is usually delivered at the end of the treatment pathway following completion of the previous domains.

Small scale research studies that have followed up the completers of the Westgate PDTS indicate that prisoners who had completed the process disclosed feeling less angry than at the start of treatment which suggests a successful outcome (Tew et al., 2012). Bennettt and Moss (2013) contend that the demands on prisoners during treatment increases their verbalisation of self-harm and ability to discuss their emotions, refraining from actual self-harming behaviour. Bennett (2014) identifies that prisoners with a narcissistic PD constituted a significant proportion of prisoners who dropped out of treatment and suggests difficulties engaging offenders with this type of PD.

This brief scope of the literature indicates that PDs are linked to higher prevalence of self-harm and violent behaviour, particularly BPD and ASPD and a limited array of literature on the Westgate PDTS suggests that violent and aggressive emotions and self-harm are addressed during treatment to some degree. Indeed recent research indicates the opportunity prisoners in the Westgate PDTS have to discuss their self-harming behaviour is beneficial to the prisoners and reduces their engagement with self-harm (Bennettt 2014).

5 METHODOLOGY

5.1 Research Design

This pilot study employed a comparative quantitative case study design, analysing secondary data relating to the frequency of adjudications and self-harm incidents. Secondary quantitative data was collated from a database which includes details of every prisoner currently and previously located in the Westgate PDTS across the life of the service (2004-2015). Demographic information was collated and included date of birth, ethnicity, status category, and diagnoses of psychopathy and personality disorders. In order to identify the *living* and *treatment* phases, the *living* phase was identified as the period of time from the date of admission to date of assessment, and the *treatment* phase from the second date of admission to the date that treatment began. Through calculations using the dates provided, each adjudication and self-harm incident were coded as occurring in either the *living* or *treatment* phase and the frequencies of incidents in each *phase* were calculated.

By comparing the number and type of frequencies across two *phase*s of treatment we aimed to identify whether there was a reduction in number of self-harm and adjudication incidences in the *treatment* phase in comparison with the *living phase*. We were interested in whether any differences were statistically significant across the two *phase*s and in particular if there was a reduction in frequency of both adjudications and self-harm incidents from the *living* to the *treatment* phase of the PDTS.

Due to the treatment framework implemented and in accordance with the literature that the Westgate PDTS provides a stable environment that achieves behavioural change and regime engagement (Bennett 2014) we expected to see a reduction in the frequency of adjudications and self-harming behaviour from the *living* to the *treatment* phase.

5.2 Ethical Issues and Security Considerations

Conducting research within a prison environment and with prisoners raises a number of ethical issues and security considerations (Charles et al., 2014) such as confidentiality and anonymity, protection of data, and protection of participants from harm (Ward and Bailey 2013).

The data for this research study consisted of secondary quantitative data which had already been collected by MHP Frankland & so was subject to ethical safeguards in accordance with

NOMS requirements. In addition, the researchers did not have access to the prisoner's name or offence information as this information was removed prior to a secure exchange of the data. The CDMS number remained within the dataset to allow the researchers to identify individual prisoner's data for any future research purposes. The full dataset was sent by the Westgate PDTS to the researchers via secure email.

All anonymised data was kept on one researcher's work computer on site at NTU which was username and password protected and only accessible by the authorised user for that computer. Furthermore, the computer was located in a key locked office which could only be accessed through the main entrance building and via a smartcard system for staff. The researcher stored the dataset in a password protected file and destroyed the file following completion of the pilot, ensuring that the file and emails were also removed from the deleted files section on the computer.

The researchers sought ethical approval for the study from both the National Offender Management Service (NOMS) local research committee, and by Nottingham Trent University (NTU) research ethics committee (REC).

5.3 Data Collection Procedures

Prior to data collection, and in order to identify whether this study would have significant power and reliability (Levin 2011) an appropriate sample size was calculated via GPOWER (Faul et al., 2007). The results indicated that the required sample number to achieve significant results was 45. This sample was deemed to be achievable through the quantity of data available to the researchers thus it was considered that reliable results could be obtained.

The quantitative data was extracted from Westgate's PDTS's database by an MSc student currently volunteering at the prison. The student was security cleared and therefore able to access the data securely. Database entries were anonymised and sent via email to one of the researchers. Discussions with staff at the Westgate PDTS confirmed that in the unlikely event that the email were to be intercepted then this data would not be damaging to the prison's reputation or breach security procedures. It was also agreed that no individual prisoner or personal information could be identified from the dataset sent to the researcher.

5.4 Data Analysis Procedures

All data were analysed using Statistical Package for the Social Sciences (SPSS) version 22.

The first stage of analysis used descriptive statistics to gain demographic information on the Westgate population. Percentages and frequencies were calculated for age, ethnicity, type of sentence served, type of PD, and PCL-R score and provided a recent picture of the Westgate PDTS's population.

The second stage of analysis used a dependent *t* test. This statistical analysis is used to compare two sets of scores from the same participant (matched pairs) and is often used to assess change from one point of reference to another. The researchers deemed this analysis necessary to assess whether there was a change in frequency of adjudications and self-harming incidents between two *phases* of the PDTS. Whilst a dependent *t* test cannot identify which factors are causing any change in an individual prisoner's behaviour, it can provide evidence that a statistically significant change has occurred and could suggest whether the Westgate PDTS provides a beneficial environment for PD prisoners. This information would be valuable to staff on the Westgate PDTS and Commissioners to benchmark the effectiveness of the Unit thus far and provide the baseline for further exploration in a much larger study.

The third stage of analysis used a cross–tabulation chi square analysis. This was conducted to compare whether the types of adjudications and self-harming behaviour had changed across the two *phases* of the unit's treatment framework. This form of analysis allows categorical data to be compared and statistical significance identified.

As HMP Frankland only record the details of each adjudication and self-harm incident, we needed to code each type of adjudication and method of self-harm to allow for comparisons to be made. Adjudications were coded using the description of adjudications stated in the PSI-47-2011 Prisoner Discipline Procedures (Ministry of Justice 2013; see appendix i). Each adjudication was provided with a coding number and the details of adjudication recorded in the dataset were coded accordingly (see appendix ii). This allowed for the types of adjudication to be compared from the *living* to the *treatment* phase and to identify if a significant change in the type of adjudications that occurred. All recorded incidents of self-harm were coded using an adapted version of the ICD-10 Intentional Self-Harm codes (WHO 2014) (see appendices iii and iv).

Due to the limited opportunity that the Assessment, Care in Custody and Teamwork (ACCT) record allows for staff to record details of the self-harm behaviour and how it occurred, specific details that were required for the ICD-10 coding were often missed out. For example the ICD-10 distinguishes between 'intentional self-harm by both a *blunt* and *sharp* object'. At times, this level of detail was not available from the data provided to us and therefore the coding required adaptation. We decided to omit distinguishing between the two types of objects and replaced either with a code for 'intentional self-harm by object'. The ICD-10 also distinguishes between the types of 'intentional self-poisoning'. As before, as the details of such self-poisoning for each incident were not always recorded in the ACCT, we therefore applied an umbrella term of 'Intentional Self-Poisoning' to include all forms of self-poisoning stated within the coding form.

Self-harming behaviour recorded in the ACCT such as "cut self without object", "scratched self, punched self", "head banging", "reopening or aggravating of wound" were all coded under 'Intentional self-harm by other specified means'.

A number of codes that the ICD-10 refer to were considered very unlikely to occur within the prison environment such as 'Intentional Self-Harm by firearm', however these were retained within the coding system for completeness.

6 FINDINGS

6.1 Demographic Information

This section provides a breakdown of demographic information for the four sample populations present in the dataset and includes, (1) total sample of all prisoners located in the Westgate PDTS (2004-2015) (n=286), (2) current Westgate PDTS population in treatment (n=48), (3) non-completing Westgate PDTS population (n=212), and (4) completed Westgate PDTS population (n=26).

Table i: A Table to Illustrate the Breakdown in Sample Numbers across the Four Sample Populations Analysed

	All Westgate PDTS prisoners	Current Westgate PDTS prisoners	Non-completing Westgate PDTS prisoners	Completed Westgate PDTS prisoners
N	286	48	212	26

6.1.1 Demographics of Total Sample of All Prisoners in the Westgate PDTS (2004-2015)

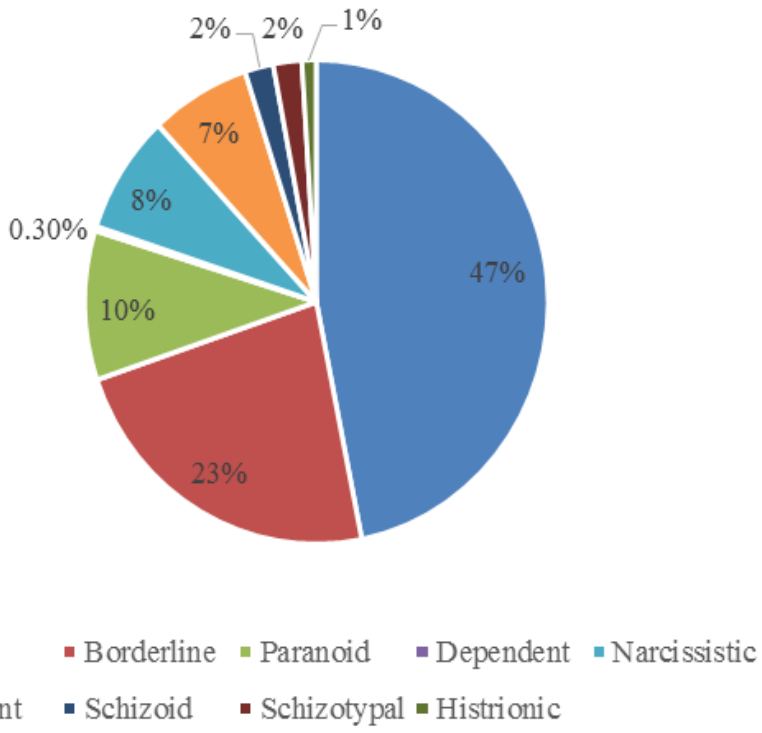
A total sample of 286 male prisoners' data was included in the analyses and their demographic characteristics obtained. Fifty-two prisoners were repeaters who had been previously located in the Westgate PDTS, not completed, then readmitted at a later date and their data was included in this analysis as either current or completers. The findings presented in this section illustrate the demographic data for any prisoner to ever be located in the Westgate PDTS and includes the current Westgate population, non-completers and completers.

The ages of male prisoners in the Westgate PDTS ranged from 24-74 years of age and the average age of prisoner was 43.85 years (M = 43.85). A high proportion of prisoners in the treatment service were White British (86.7%) with much smaller numbers of Black, Asian or mixed-heritage prisoners. One prisoner's ethnicity was missing from the data.

In terms of the sentences being served by the prisoners in the Westgate PDTS, the majority of prisoners were serving a determinate sentence (38.5%), followed by those serving discretionary life sentences (32.9%) and mandatory life sentence (28.7%).

The types of PDs recorded in the data offers an insight into the characteristics of the prisoners in the Westgate PDTS (see Figure i). As Figure i illustrates ASPD was the most common *definite diagnosis* personality type in the population sampled (47%). A confirmed diagnosis of borderline personality type (23%) also featured in the sample population. A diagnosis of paranoid personality type featured in 10% of prisoners and dependent personality type had the lowest definite diagnosis (0.3%). Although diagnoses of Narcissistic (8%), Avoidant (7%), Schizoid (2%), Schizotypal (2%) and Histrionic (1%) PD did occur within this population the percentage of prisoners with a confirmed diagnosis were quite low.

Figure i: Proportion of Personality Disorders in the Total Sample Population (N=286)



One of the criteria for prisoners to be located in the Westgate PDTS is that there is the presence of a 'severe' PD that is evidenced by either a PCL-R score of 30 (95.8th percentile) and above or a PCL-R score of between 25 and 29 (85.2th – 94.4th percentile) combined with at least one PD other than antisocial PD; or two or more PDs (regardless of the PCL-R score) (DSPD Programme 2008). Frequency analyses illustrate that the average PCL-R score for prisoners on the Westgate PDTS was 28.0550 (M = 28.0550, SD 5.18) and the most frequent PCL-R score was 30 indicating high levels of psychopathy in the Westgate population. The minimum PCL-R score was 13 and the highest 39.

A total of 44 prisoners (39.64%) had a PCL-R score of 30 or above, 41 prisoners (36.93%) held a score of 25-29 and 26 (23.42%) between 0-24. These calculations suggest that a higher proportion of prisoners in the Westgate PDTS score within the higher range of psychopathy.

Across all personality types, a number of prisoners were given a 'probable diagnosis' of the personality type that they were assessed for. This suggests that these individuals demonstrated traits of the personality type, but had not reached the criteria for a definitive diagnosis. In addition, a high proportion of data (between 99-101 cases for each personality type assessed) was simply missing from the dataset sent to the researchers.

6.1.1 Demographics of Current Westgate PDTS in the *Treatment* Phase

At time of receiving the dataset (15/12/2014) it included a total of 48 prisoners currently in the Westgate PDTS. At the time of data analysis the average age of current prisoners in the service was 41.46 years (M = 41.46 years) and ranged from 28.69 to 57.07 years.

The majority of current prisoners were White British (87.50%) or from another white background (6.26%). Much smaller numbers were declared for White Irish (2.08%), Asian or Asian British (2.08%), Black, black British or any other black background (2.08%).

In terms of sentences served by the current treatment population there are three types of 'lifer status' mandatory life (43.75%), discretionary life (22.92%) and IPP (33.33%).

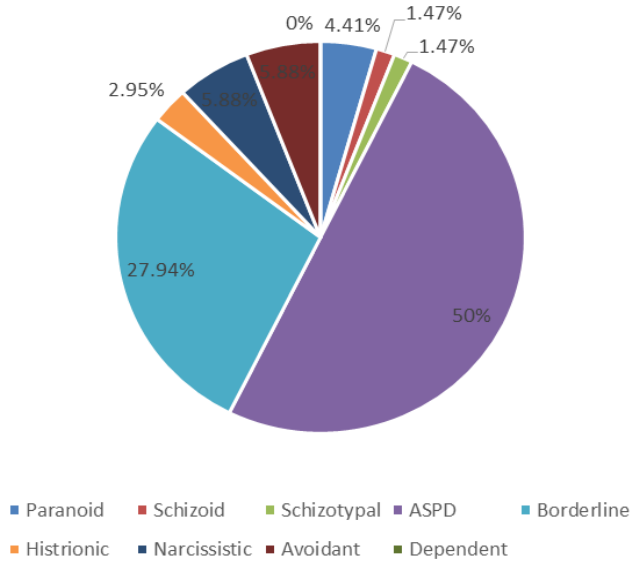
Frequency analyses illustrate that the average PCL-R score for prisoners in the Westgate PDTS was 29.0882 (M = 29.0882, SD 5.49) and the most frequent PCL-R score is 31 indicating high

levels of psychopathy in the Westgate population. The minimum PCL-R score is 13 and the highest 38. A total of 14 prisoner's score were recorded as FALSE on the database. This could be because these prisoners are waiting to be assessed or where assessment is in progress. Irrespective of the reason for a 'FALSE' recording, psychopathy could not be determined for those prisoners at the time the data was analysed .

A total of 52.7% prisoners had a PCL-R score of 30 or above, 32.7% held a score of 25-29 and 14.6% between 0-24. These calculations suggest that a higher proportion of prisoners in the Westgate PDTS score within the higher range of psychopathy.

The types of personality disorders recorded in the data offer an insight into the characteristics of the prisoners currently residing in the Westgate PDTS (see Figure ii). As Figure ii illustrates ASPD was the most common *definite diagnosis* in the population sampled (50%). A confirmed diagnosis of borderline personality type (27.94%) also featured in the sample population. Narcissistic and Avoidant personality types scored had an equal prevalence (5.88%). A diagnosis of Paranoid personality type featured in 4.41% of prisoners and definite diagnoses of Histrionic (2.95%) covered small proportions of the current treatment population. Schizoid and Schizotypal had low prevalence (1.47%) and Dependent personality types did occur within the current population of prisoners.

Figure ii: Proportion of Personality Disorders in the Current Westgate PDTS Population (N=48)



6.1.2 Demographics of Non-Completing Westgate PDTS Prisoners

A total sample of 212 prisoners had not completed the Westgate PDTS treatment framework and had left prior to completion. This sample did not include the 48 prisoners currently in the service. The non-completing Westgate population had a mean age of 37.09 years on arrival, with the youngest 20.6 years and oldest 63.06 years. The majority of the non-completing population were White British (86.26%) and represents the general population of prisoners in the Westgate PDTS.

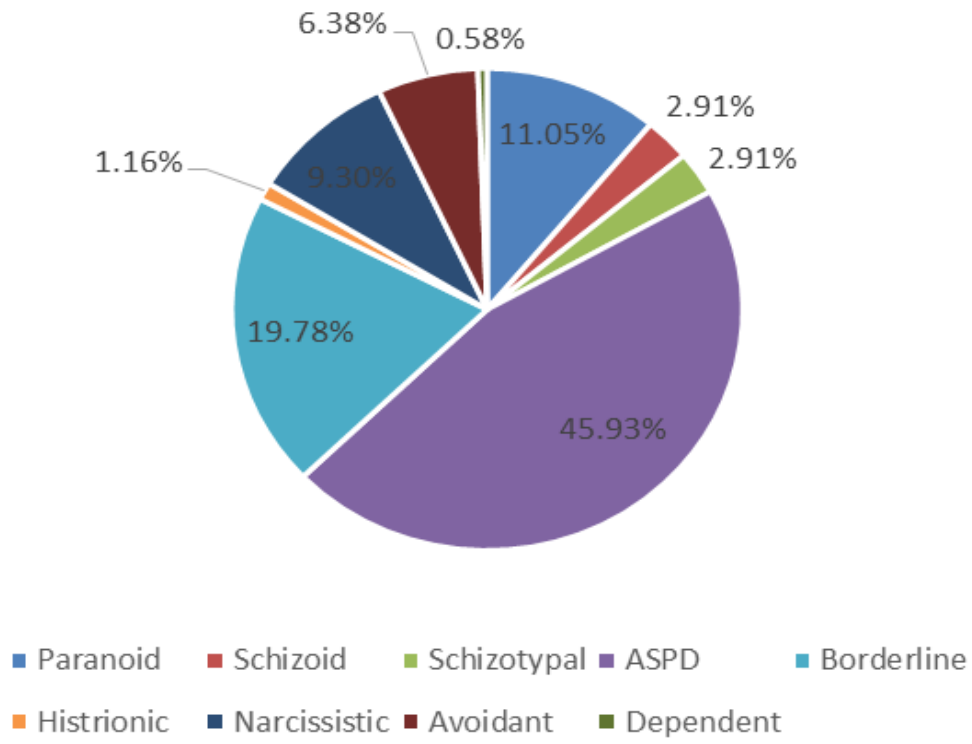
In terms of sentences served by the non-completed treatment population there were three types of 'lifer status', mandatory life, discretionary life and IPP. Determinate sentenced prisoners had a fixed term sentence. The largest numbers of the non-completed prison population served discretionary life (33.96%). Smaller numbers served mandatory life (24.06%), determinate (22.64%) and IPP (19.34%) sentences.

Frequency analyses illustrate that the average PCL-R score for prisoners on the Westgate PDTS was 27.43611 indicating high levels of psychopathy in the Westgate population. The minimum PCL-R score was 12 and the highest 40.

The majority of prisoners' PCL-R scores (31.06%) were recorded as FALSE and thus psychopathy could not be determined. A total of 25% of prisoners had a PCL-R score of 30 or above and 24.45% between 25-29. A lower proportion (19.49%) scored between 0-24. These calculations suggest that a higher proportion of prisoners on the Westgate PDTS scored within the higher range of psychopathy.

The types of personality disorders recorded in the data offered an insight into the characteristics of the prisoners at the Westgate PDTS (see Figure iii). As Figure iii illustrates Antisocial Personality Disorder (ASPD) was the most common *definite diagnosis* in the population sampled (45.93%). A confirmed diagnosis of Borderline personality type (19.78%) also featured in the sample population. A diagnosis of Paranoid personality type featured in 11.05% of prisoners and definite diagnoses of Narcissistic (9.30%), Avoidant (6.38%), Schizoid (2.91%) and Schizotypal (2.91%) covered small proportions of the non-completed treatment population. Individuals with Histrionic (1.16%) and Dependent (0.58%) personality types were present.

Figure iii: Proportion of Personality Disorders in the Non-Completing Westgate PDTS (N=212)

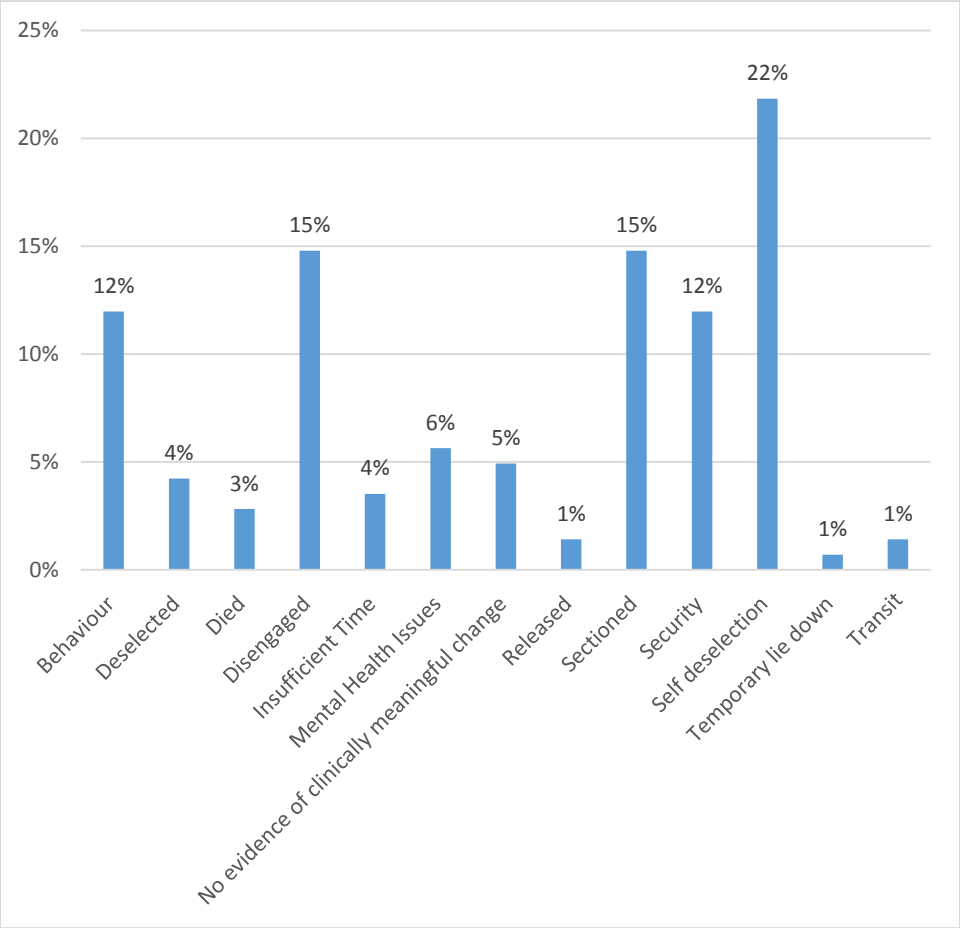


The reasons that prisoners left the Westgate PDTS were recorded in the secondary data provided to us. Approximately 30% of the 212 non-completing prisoners completed the *living* phase but then at assessment did not meet the criteria to move into the *treatment* phase. For the remaining non-completer population there were 13 different reasons for the prisoners leaving the Westgate PDTS and these are outlined in Figure iv

The most common reasons for these prisoners leaving the PDTS was self-deselection or disengagement by the prisoner (totalling 37%) which suggests that having experienced some elements of the treatment service they became unwilling to engage further in the process. Twenty-one per cent of prisoners had either been sectioned under the Mental Health legislation or had left treatment as a result of more general mental health issues while 12% had left treatment because of security concerns. Only 1% of non-completers had either been released, were on temporary lie down, or in transit. Twelve per cent of non-completers had

left the Westgate PDTS due to their behaviour. Although this data does not specify the type of behaviour that caused the prisoner to leave, it may suggest that adjudication related behaviour had occurred within the service to such an extent that these prisoners needed to be removed from treatment.

Figure iv: Reasons for Non-Completing Prisoners Leaving Westgate PDTS



6.1.3 Demographics of Completed Westgate PDTS Prisoners

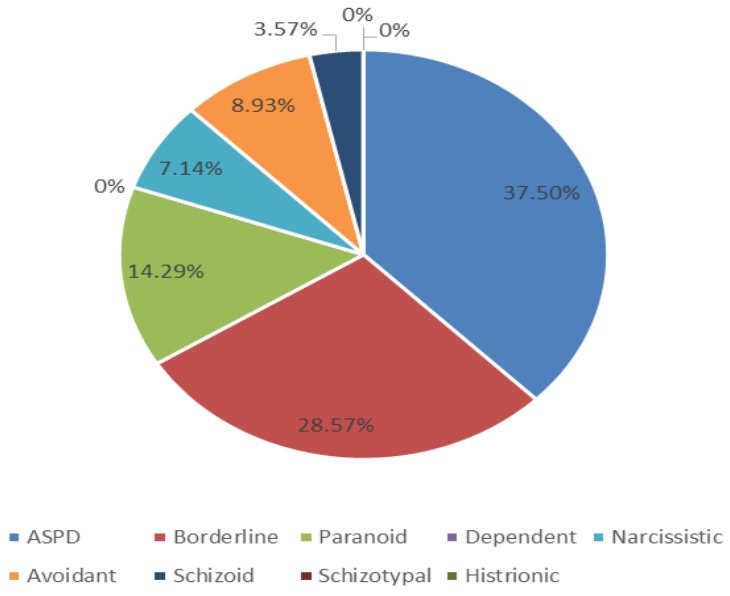
A total of 26 prisoners completed treatment in Westgate PDTS from 2004-2015. The average age of arrival at the Westgate PDTS was 36.01 years (M = 36.01) and ranged from 25-50 years. The majority of completers were White British (88.46%) with much smaller numbers for Black British African (3.85%), Black British Caribbean (3.85%) and White and Black Caribbean (3.85%). No other ethnicities were declared.

In terms of sentences served by the completed population there were three types of 'lifer status', mandatory life, discretionary life and IPP. Large of the completed prison population served either mandatory life (38.46%) or discretionary life (42.31%) sentences. Smaller proportions served IPP (11.54%) and determinate (7.69%) sentences.

Frequency analyses illustrate that the average PCL-R score for prisoners in the Westgate PDTS is 29.1160 (M = 29.1160, SD 3.58) and the most frequent PCL-R score is 30 indicating high levels of psychopathy in the Westgate PDTS population. The minimum PCL-R score is 21 and the highest 37.90. A total of 52% of prisoners had a PCL-R score of 30 or above, 40% held a score of 25-29 and 8% between 0-24. These calculations suggest that a higher proportion of prisoners in the Westgate PDTS score within the higher range of psychopathy and show no difference in comparison to the non-completing population.

The types of PDs recorded in the data offer an insight into the characteristics of the prisoners in the Westgate PDTS (see Figure v). As Figure v illustrates ASPD was the most common *definite diagnosis* of personality type in the population sampled (37.5%). A confirmed diagnosis of borderline personality type (28.57%) also featured in the sample population. A diagnosis of paranoid personality type featured in 14.29% of prisoners and definite diagnoses of Narcissistic (7.14%), Avoidant (8.93%), Schizoid (3.57%) covered small proportions of the completed treatment population. Schizotypal, Histrionic and Dependent personality types did occur within the completed population of prisoners.

Figure v: Proportion of Personality Disorders in the Completed Treatment Sample Population (N=26)

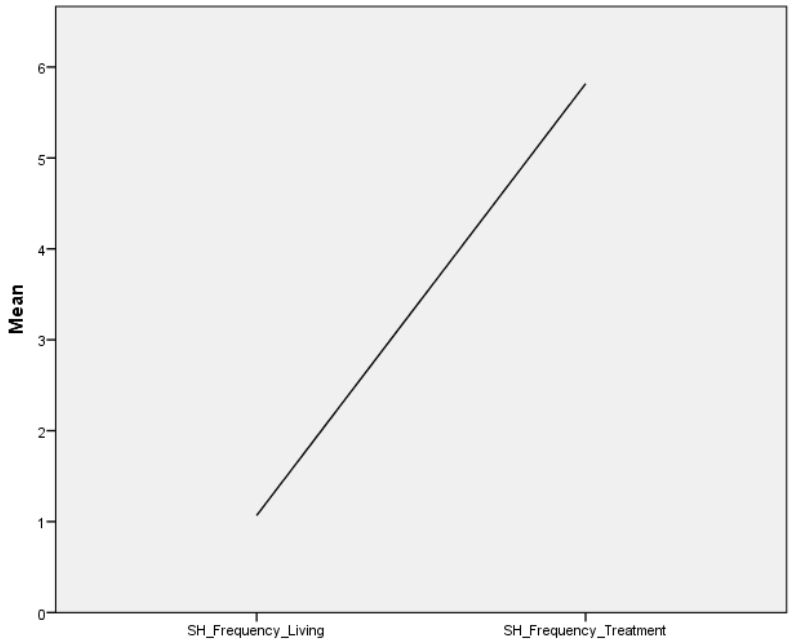


6.2 Comparing Frequency of Self-Harm Incidences from the *Living* to *Treatment* Phase

All data recorded within the *treatment* phase were included in this analysis, regardless of whether the prisoner was currently located in the PDTS, had completed, or dropped out, resulting in a complete dataset for 104 prisoners who had transitioned to the *treatment* phase. This dataset was analysed to establish change in self-harm incidences from the *living* to *treatment* phase.

A repeated measures or dependent *t* test was conducted to compare the means of frequency of self-harm across both the *living* and *treatment* phase. The findings indicated that there was a significant difference between the *living* (M = 1.07, SD 4.338) and *treatment* (M = 5.83, SD 20.656) *phase* (t (103)= -2.783, p = .006) (see figure vi). These results suggest that the two *phase*s have an effect on the frequency of self-harm incidences in the population in the Westgate PDTS. More specifically, the findings indicate that the frequency of self-harm incidences increases significantly from the *living* to the *treatment* phase. This is confirmed by a bivariate correlation that shows a strong positive relationship (*r* = .788) between treatment *phases* and frequency of self-harm incidences at the p< .01 level.

Figure vi: A Line Chart to show the difference in Means between Treatment *Phases* and Frequency of Self-harm Incidences



6.2.1 Comparing Frequency of Self-Harm Incidences from the *Living* to *Treatment* Phase - Completers Only

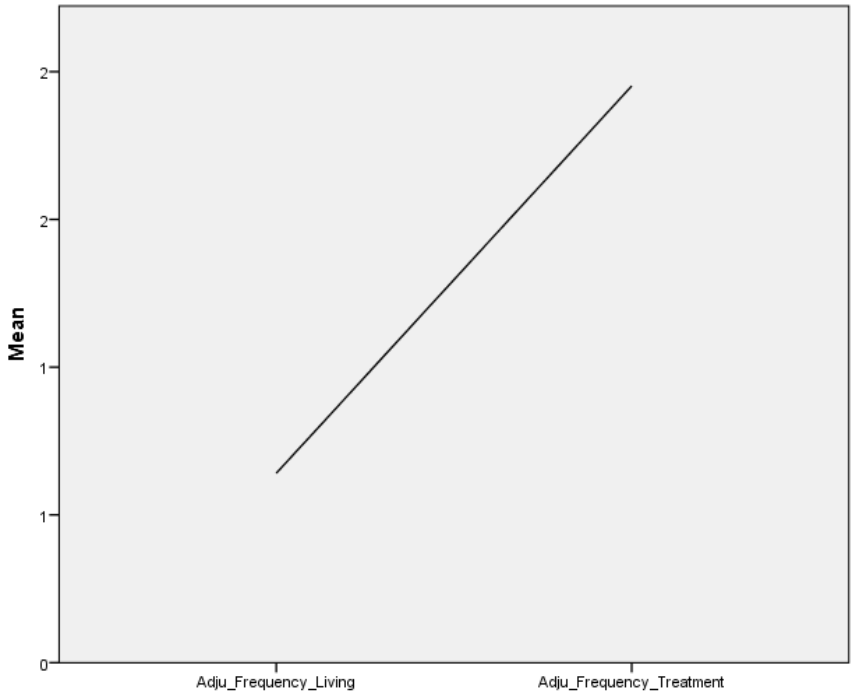
A repeated measures or dependent t test was conducted to compare the means of frequency of self-harm across both the *living* and *treatment* phase in prisoners who had completed treatment in the Westgate PDTS and graduated. A total of 24 prisoners' data was included in this analysis. The findings indicate that there was no significant difference between the *living* (M = .50, SD 1.504) and *treatment* (M = 7.96, SD 21.517) *phase* (t (23)= -1.748, p = .094). These results suggest that the two *phase*s do not have an effect on the frequency of self-harm incidences in the completed prison population who graduated from the Westgate PDTS.

6.3 Comparing Frequency of Adjudication Incidences from the *Living* to *Treatment* Phase

All data that was recorded within the *treatment* phase were included in this analysis, regardless of whether the prisoners was currently located in the service, had completed or dropped out resulting in a complete dataset for 103 prisoners who had transitioned to the *treatment* phase. This was to provide a complete picture of change in adjudication incidences from the *living* to *treatment* phase.

A repeated measures or dependent *t* test was conducted to compare the means of frequency of adjudications across both the *living* and *treatment* phase. The findings indicate that there is a significant difference between the *living* (M = .64, SD 1.228) and *treatment* (M = 1.95, SD 3.285) *phase* (t (102)= -4.349, p = .000) (see figure vii). These results suggest that the two *phase*s have an effect on the frequency of incidences of adjudication in prisoners in the Westgate PDTS. More specifically, the findings indicate that the frequency of incidences of adjudications have significantly increased from the *living* to the *treatment* phase. This is confirmed by a bivariate correlation that shows a medium positive relationship (*r* = .365) between treatment *phase*s and frequency of adjudication incidences at the p< .01 level.

Figure vii: A Line Chart to show the difference in Means between Treatment *Phases* and Frequency of Adjudication Incidences



6.3.1 Comparing Frequency of Adjudication Incidences from the *Living* to *Treatment* Phase Completers Only

A repeated measures or dependent t test was conducted to compare the means of frequency of adjudications across both the *living* and *treatment* phase in prisoners who had completed the Westgate Unit's treatment framework and graduated. A total of 24 prisoners data was included in this analysis. The findings indicated that there was a significant difference between the *living* (M = .33, SD .816) and *treatment* (M = 2.33, SD 3.559) *phase* (t (23)= -3.021, p = .006). These results suggest that the two *phase*s have an effect on the frequency of incidences of adjudication in the completed population of the Westgate Unit. More specifically, the findings indicate that the frequency of incidences of adjudications have significantly increased from the *living* to the *treatment* phase. This is confirmed by a bivariate correlation that shows a medium positive relationship (*r* = .484) between treatment *phase*s and frequency of adjudication incidences at the p< .05 level.

6.4 Comparing Types of Self-Harm from the *Living* to *Treatment* Phase

Descriptive analyses identified the most frequent type of self-harm in both the *living* and *treatment* phase was intentional self-harm by object (for e.g. cut self using blunt or sharp object). The frequency of this method of self-harm increased by 28.56% from the *living* to the *treatment* phase.

A Chi-Square Test of Independence was conducted to compare the types of self-harming behaviour by prisoners in the Westgate PDTS across the *living* and *treatment* phase. Analyses identified a total of 193 incidences of self-harm from the *living* to *treatment* phase and showed no significant relationship between Westgate treatment service *phase*s and types of self-harming behaviour, X^2 (20, 193) = 14.173, p = .822. These results indicate that the Westgate's treatment *phase*s have no effect on the types of self-harming behaviour that prisoners engage in, within the different *phases*.

6.5 Comparing Types of Adjudications from the *Living* to *Treatment* Phase

Descriptive analyses identified the most frequent types of adjudication in the *living phase* were 'disobeys any lawful order' and 'uses threatening, abusive or insulting words or behaviour'. However, in the *treatment* phase the most frequent type of adjudication recorded was 'uses threatening, abusive or insulting words or behaviour'. The frequency of this method of adjudication increased by 0.24% from the *living* to the *treatment* phase and although not found to be statistically significant it suggests that prisoners 'progress' from violent to verbal outburst as treatment progresses. The adjudication 'disobeys any lawful order' was found to decrease from the *living* to the *treatment* phase by 9.06% and although found not to be a statistically significant reduction, offers tentative support to de-escalations in adjudication behaviours.

A Chi-Square Test of Independence was conducted to compare the types of adjudications recorded by staff for prisoners in the Westgate PDTS across the *living* and *treatment* phase. 159 incidences of adjudications from the *living* to *treatment* phase were analysed and showed that was no significant relationship between Westgate treatment *phase*s and types

adjudications engaged in by Westgate prisoners, X^2 (48, 159) = 59.112, p = .131. These results indicate the PDTS's *phase*s have no effect on the types of adjudication behaviour that prisoners engage in, in the Westgate Unit, yet this finding require further detailed exploration because of the trends identified in the frequency of adjudications as outlined above.

7 DISCUSSION

The pilot study identifies that the demographics of the Westgate PDTS population differ depending whether prisoners are completers or non-completers of the treatment service. Although the majority of PDs of prisoners within both populations are ASPD, BPD, and Paranoid PD, the non-completer population includes a higher proportion of offenders with Narcissistic Personality disorder. Personality traits associated with the Narcissistic personality type such as sensitivity to criticism, sense of entitlement, and critical nature of others, may explain why these individuals are not completing the *treatment* phase. There is work underway within the PDTS to explore how staff can work with this group of prisoners more effectively.

Findings show that 22% of prisoners do not complete because they self-deselect and 15% disengage with the process which suggests there may be a link between traits of PD and non-completion. In addition, the findings also illustrate that the current Westgate population includes a higher proportion of prisoners who score 30 or above on the PCL-R (52.7%) than the completed (52%) and non-completer population (25%) suggesting there are some shifts in the PD population and the needs they display.

These findings evidence that there is a higher proportion of high level psychopathy in the completed prisoner population than the non-completer group. This vindicates use of Chromis and suggests that the treatment works better for those it was designed for. In terms of the analyses of self-harm and adjudication behaviours the frequencies of self-harm and adjudications do increase in the total sample between the *living* and *treatment* phase but not in the completer population. Within the completer population a different pattern emerges and while the frequency of self-harm does not increase between the *living* and *treatment* phase for this group, the frequency of adjudications do. A large proportion of completers with high scores of psychopathy may explain the increase in frequency in adjudications, but this does not appear to impact on their chance of completing the Westgate PDTS. As a result, we would benefit from knowing more about the completing population, particularly in respect of why the types of adjudications may change.

We know that in general the majority of individuals who self-harm do so either to relieve too much emotion (usually of a negative and distressing nature) (Walsh 2012; Ward and Bailey 2013) or to relieve too little emotion or states of dissociation (Walsh 2012). If the *treatment*

phase, by tackling other areas of prisoners' behaviour and thinking inadvertently elicits an emotional response, this may explain why the frequency of self-harm increases. We need to understand the impact of the *treatment* phase on offenders' experiences and emotional responses in order to explore this relationship in more detail. We also need to understand whether some prisoners use self-harm for reasons other than coping with emotional responses (for example to gain a response/advantage). This requires further in depth research.

However the treatment framework domains are designed to address violent behaviour through motivational and engagement approaches. On the face of it, this does not explain why frequencies of adjudications increase. However this domain is only implemented at the beginning of the *treatment* phase and does not continue throughout the prisoner's treatment process. We know from research into motivational interviewing and using the trans-theoretical model cycle of change (Prochasker and DiClemente) that individuals may need to rehearse stages of change in their behaviours over several cycles/attempts before they are able to maintain different behaviours. It may be that offenders require continued support in this treatment domain to continue to refrain from committing behaviour that results in an adjudication. Alternatively while adjudications may remain as frequent between the *living* and the *treatment* phase there may be a trend towards more verbal outbursts rather than displays of violent behaviour.

The Westgate PDTS *phases* have no statistically significant effect on the types of self-harm or adjudication behaviours although analyses are suggestive of a trend for adjudications. This suggests prisoners continue with their chosen methods of self-harm in the *treatment* phase, and the frequency of the behaviour increases. This increase in frequency may be explained by the demands placed on Westgate prisoners to engage in treatment domains that addresses their internal conflicts, emotions and thoughts, as well as challenging their offending behaviour and current schemas. By supplementing these treatment strategies with continuous support for self-harming and adjudication behaviours, it should be possible to investigate further changes in these behaviours.

From research conducted into self-harm with women offenders in prison we know that low-cost, self-help strategies can reduce the frequency and severity of self-harm when coupled with a participatory approach that involves the women in deciding what helps and also offering awareness raising training for staff on how to support self-management strategies (Ward and Bailey 2011; Ward et al., 2012; Ward and Bailey 2013). This approach could be piloted with

the Westgate Unit's population as part of the *living* and *treatment* phases which might assist with a reduction in the frequency of self-harm.

8 CONCLUSIONS AND RECOMMENDATIONS

This pilot study concludes there is a significant change in the frequency of adjudications and self-harm in the Westgate PDTS, across two *phase*s of the assessment and treatment process; the *living* and *treatment* phase. Demographic information shows that the most common PDs the Westgate PDTS manages are Antisocial and Borderline, however all personality types are present to some degree. In addition, over a third of prisoners are in the higher range of assessed psychopathy which confirms that prison staff manage a prison population with a wide array of complex needs and may explain why in respect of frequencies, there is no reduction in self-harm or adjudication behaviour.

This pilot study shows that the frequency of adjudications and self-harm increases from the *living* to the *treatment* phase and that this increase may be an unintended consequence of the 'psychological' effort required from prisoners to engage in treatment which triggers an emotional and/or behavioural response. A limitation of this pilot study is a lack of understanding about the cause of this increase from the prisoners' and staffs' perspective and this warrants further exploration. In particular whether and how to include interventions to address self-harm and adjudications differently in the treatment domains and over a longer period in the Westgate PDTS. This approach would enable the service to explore ways to manage and support prisoners during the *treatment* phase when the frequency of their self-harm and adjudications are shown to rise. One way to investigate this further would be to pilot the self-help materials and strategies to reduce self-harm that have been used in a women's prison that have been previously evaluated, alongside a self-harm awareness raising training programme for staff.

This pilot study has highlighted a number of opportunities for further research. Most notably these findings provide a modest evidence base from which to develop a larger research study that builds on these findings and explores what support could be implemented for prisoners in the Westgate PDTS, particularly in the *treatment* phase, to reduce the frequency of self-harm and adjudications. In addition, this pilot suggests a need for further investigation into the reasons why prisoners self-deselect and are recorded as leaving the Westgate PDTS treatment due to 'a lack of evidence of clinically meaningful change'. Research focussing on these areas will be of value to the Westgate prison staff and help to improve the efficacy of the Unit.

Further research that identifies how many prisoners leave the Westgate PDTS in the *treatment* phase and their reasons why, may provide a more meaningful insight into the aspects of the *treatment* phase that may trigger disengagement and increase frequency of self-harm and adjudications. In addition further research that compares the types of self-harm and adjudication behaviour for the completing population only, may offer further insights into the triggers for the behaviour and offer explanations for an increase or reduction in severity within the *treatment* phase for this population.

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10 APPENDICES

10.1 Appendix i

PSI-47-2011 Prisoner Discipline Procedures

Wording of charges

1.16 The wording of charges should reflect the wording of the Rule(s) under which they are laid (amending masculine pronouns to feminine, or plural, as necessary). The following are examples, which should be adapted as appropriate:

1.17 PR 51 (1), YOI 55 (1) commits any assault

'At (time) on (date) in (place) you assaulted (name) by punching him.'

1.18 PR 51 (1A), YOI 55 (2) commits any racially aggravated assault

'At (time) on (date) in (place) you assaulted (name) by punching him, whilst shouting "you black bastard".'

1.19 Assaults may be witnessed by a member of staff, or be discovered when reported to a member of staff by the alleged victim or other witness.

1.20 An assault involves unlawful force applied to another person, and is therefore not a suitable charge when a prisoner is alleged to have harmed a prison dog. In such circumstances a charge of intentionally obstructing an officer in the execution of his duties (e.g., a dog handler using a dog to conduct a search) may be appropriate.

1.21 Where there is doubt about whether an alleged assault was racially motivated the prisoner may be charged with both assault and racially

aggravated assault. The adjudicator will then decide whether the racial offence is proved beyond reasonable doubt and, if so, dismiss the non-racial charge, or if not so satisfied will dismiss the racial charge and proceed to inquire into the non-racial charge.

1.22 See paragraph 1.97 on attempted assault.

1.23 PR 51 (2), YOI R 55 (3) detains any person against his will

'At (time) (or 'Between (time) and (time)') on (date) in (place) you detained (name) against his will.'

1.24 PR 51 (3), YOI R 55 (4) denies access to any part of the prison / young offender institution to any officer or any person (other than a prisoner / inmate) who is at the prison / young offender institution for the purpose of working there

'At (time) (or 'Between (time) and (time)') on (date) in (place) you denied access to (part of prison / YOI) to (name), an officer of the prison / YOI (or 'a person who was at the prison / YOI for the purpose of working there') by barricading your door.'

1.25 A 'detains' charge is intended to deal with a hostage taker, but where collusion with the 'victim' is suspected a 'denies access' charge may be appropriate additionally or alternatively, where the incident also involved a refusal to allow staff to enter a cell or other part of the establishment.

1.26 PR 51 (4), YOI R 55 (5) fights with any person

'At (time) on (date) in (place) you were fighting with (name)'

1.27 A fight involves two or more persons assaulting each other by inflicting unlawful force. But the force will not be unlawful if the accused only acted in self-defence in response to an assault.

1.28 If, as a result of evidence given during the hearing, it appears that one prisoner acted in self-defence rather than a fight, the fight charge may be dismissed against both of the accused and an assault charge laid against the prisoner shown to be the aggressor. The 48 hour time limit for laying the assault charge begins when that offence is 'discovered' during the fight charge hearing; a fresh adjudicator who is de novo will hear this charge.

1.29 <u>PR 51 (5), YOI R 55 (6) intentionally endangers the health or personal safety of others or, by his conduct, is reckless whether such health or personal safety is endangered</u>

'At (time) on (date) in (place) you intentionally endangered (or 'by your conduct you recklessly endangered') the health or personal safety of (name(s)) by throwing a can of corrosive fluid to the ground.'

1.30 This offence can encompass a range of actions or omissions by prisoners that are intended to cause harm to others (other than assaults or fights), or where the prisoner is careless as to whether harm may result.

1.31 This charge may be appropriate in the case of a dirty protest, in addition to a charge under PR 51 (17) / YOI 55 (18). A prisoner found in possession of a container of (possibly) adulterated urine, probably with the intention of spoiling a MDT, could be charged under this Rule, but a charge under PR 51 (6) / YOI 55 (7), or PR 51 (25)(a) / YOI R 55 (29)(a) may be more appropriate.

1.32 Although prisoners should not normally be charged with a disciplinary offence for acts of self-harm, or preparation for self-harm, a charge under PR 51 (5) / YOI R 55 (6) may exceptionally be appropriate where the prisoner's actions also intentionally or recklessly endangered others, for example staring a fire (or in that example a charge under PR 51 (16) / YOI R 55 (17).

1.33 PR 51 (6), YOI R 55 (7) intentionally obstructs an officer in the execution of his duty, or any person (other than a prisoner / inmate) who is at the prison / young offender institution for the purpose of working there, in the performance of his work

'At (time) on (date) in (place) you intentionally obstructed (name), an officer of the prison / YOI, in the execution of his or her duty (or 'a person who was at the prison / YOI for the purpose of working there, in the performance of his or her work') by placing your foot in the door.'

1.34 This might be an appropriate charge when a prisoner adulterates an MDT sample (obstructing an officer whose duty is to conduct the MDT), as an alternative to disobeying an order to comply with the MDT process by providing an unadulterated sample.

1.35 PR 51 (7), YOI R 55 (8) escapes or absconds from prison / a young offender institution or from legal custody

'At (time) (or 'between (time) and (time)) on (date) in (place) you escaped / absconded from HMP / HMYOI (name) (or 'from an escort').

1.36 There is no offence in law of 'absconding' from prison, only of 'escaping' either with or without the use of force. But for adjudication purposes an escape may be defined as a prisoner leaving prison custody without

lawful authority by overcoming a physical security restraint such as that provided by fences, locks, bolts and bars, a secure vehicle, or handcuffs (see paragraph 1.11 for escapes from courtrooms ('dock jumpers')). An abscond is where a prisoner leaves prison custody without lawful authority but without overcoming a physical security restraint

1.37 An escape is 'discovered' (for the purposes of charging with a disciplinary offence) when the prisoner is returned to prison custody, or when someone taken into custody is identified as an escaper. The 48 hours time limit for laying a charge begins at that point. The charge is to be laid by the establishment from which the escape / abscond occurred, so if a prisoner is returned to custody in a different establishment, that establishment must inform the former location and obtain relevant documentation as soon as possible. If the prisoner is returned to custody by the police, a disciplinary charge may still be laid. However, if the police then confirm that the prisoner is being prosecuted for the escape, the adjudicator will dismiss the charge in order to avoid double jeopardy.

1.38 <u>PR 51 (8), YOI R 55 (9) fails to comply with any condition upon which he is / was temporarily released under rule 9 / rule 5 of these rules</u>

'At (time) (or 'between (time) and (time)') on (date) in (place), having been temporarily released, you failed to comply with the condition that you should (quote condition)'.

1.39 This is the appropriate charge when a prisoner fails to return from ROTL (release on temporary licence) on time, or fails to comply with a restriction or requirement in the licence (e.g., not to contact a named person, or to attend an arranged appointment, etc). The prisoner cannot be charged under this rule for misbehaviour that was not

specifically prohibited by a licence condition. But criminal behaviour while on licence could lead to a prosecution.

1.40 See below for prisoners who are intoxicated on return to the establishment, or who have taken controlled drugs while on licence.

1.41 PR 51 (9), YOI R 55 (10) is found with any substance in his urine which demonstrates that a controlled drug has, whether in prison or while on temporary release under rule 9 / 5, been administered to him by himself or by another person (but subject to rule 52 / 56)

'Between (date) and (date) you had a substance in your urine which demonstrated that (name of controlled drug) has, whether in prison or on temporary release under Prison Rule 9 / Young Offender Institution Rule 5, been administered to you by yourself or by another person between the dates of (date) and (time and date).'

1.42 This charge should be laid following a positive result from a Mandatory Drug Test (MDT) (not a compact or voluntary drug test failure – see PSI 31/2009), with separate charges being laid for each controlled drug indicated in the test result. Full details of MDT procedures are set out in PSO 3601. The offence is 'discovered', and the 48 hours time limit for charging normally begins, when the MDT result arrives at the establishment from the laboratory (**not** when the fax or email is first noticed). But if the MDT test result indicates that an opiate or amphetamine has been taken, and the prisoner has been receiving prescribed medication, the Governor/Director may delay charging until the result of a confirmation test is received (see chapter 7 of PSO 3601). If the confirmation test indicates that a different drug to that originally identified was taken, the original charge will be dismissed and a new charge, naming the drug that the test has now identified, laid within 48

hours of the confirmation test being received. If the confirmation test indicates that a non-controlled drug, such as medication (not prescribed to the accused prisoner), rather than a controlled drug was taken, a charge of unauthorised possession may be appropriate (since the prisoner will have previously been in possession of the medication when it was taken – see paragraphs 2.69 - 2.71).

1.43 Regardless of his/her plea, if a MDT test result indicates that a prisoner has taken opiates or amphetamines a confirmation test will be requested. If the MDT test result indicates another drug has been taken **and** the prisoner pleads not guilty or equivocates, a confirmation test will be requested.

1.44 Under PR 50 (3) / YOI R 53 (3) an officer is required to inform the prisoner that a refusal to provide a sample for a MDT may lead to a disciplinary charge. Rules 52 / 56 explain the defences to this charge – see paragraphs 2.62 and 2.63.

1.45 <u>PR 51 (10), YOI R 55 (11) is intoxicated as a consequence of consuming any alcoholic beverage (but subject to rule 52A / 56A)</u>

'At (time observed by reporting officer) you were seen to be intoxicated (briefly describe circumstances)'

1.46 This charge is appropriate when a prisoner's behaviour clearly indicates intoxication, as opposed to having drunk a small amount of alcohol.

1.47 A prisoner who returns from ROTL showing signs of intoxication may be charged under this rule. If the licence included a requirement not to drink alcohol while temporarily released a charge under rule 51 (8) / 55 (9) may also be appropriate.

1.48 Rules 52A / 56A explain the defences to this charge – see paragraphs 2.64 and 2.65.

1.49 PR 51 (11), YOI R 55 (12) consumes any alcoholic beverage whether

or not provided to him by another person (but subject to rule 52A / 56A

'At (time observed by reporting officer) you were believed to have consumed an alcoholic beverage'

1.50 This charge is appropriate when a prisoner's behaviour indicates alcohol has been drunk, but not enough to cause intoxication justifying a charge under rule 51 (10) / 55 (11), or when the prisoner is seen to drink something that the reporting officer believes contains alcohol (see below for evidence that a liquid may be alcoholic).

1.51 PR 50B / YOI R 54A describe compulsory testing for alcohol. NOMS Security Group should be consulted for further details of this procedure.

1.52 PR 51 (12) / YOI R (13) has in his possession (a) any unauthorised article; or (b) a greater quantity of any article than he is authorised to have

'At (time) (or 'between (time) and (time)) on (date) in (place) you had in your possession an unauthorised article, namely a mobile phone (or 'a greater quantity of (article) than you were authorised to have, namely (number/quantity of article)'.

1.53 If a prisoner is found in possession of a substance suspected of being a controlled drug, the charge may be worded as "possession of an unauthorised article, namely a white powder" etc, **not** as "possession of an article believed to be a controlled drug", since this belief cannot be

proved (unless there is enough of the substance to make a laboratory test practical without destroying the evidence). See under PR 51 (24) / YOI R 55 (27) (paragraphs 1.89 - 90) for an exception to this guidance.

1.54 If a prisoner is found in possession of more than one allegedly unauthorised article, a single charge listing the items may be laid – but if it later turns out that some of the items were authorised there is a risk that the whole charge may be dismissed or quashed on review. It is safer to lay separate charges for each item individually, so that if one charge is dismissed the others may still proceed.

1.55 A prisoner charged with possession of illicit alcohol ('hooch') may dispute the alcoholic nature of the liquid without scientific evidence, comparable to a drug confirmation test. Since no such test is available within prisons it would be preferable to phrase the charge as 'you had in your possession an unauthorised article, namely a fermenting liquid.' The nature of the liquid should be recorded soon after its discovery. A liquid may reasonably be described as fermenting from its frothy appearance or smell. It is not necessary to prove that the liquid is alcoholic, only that the prisoner is not authorised to have it in possession. If there is a large quantity of fermenting liquid that would be difficult (or potentially dangerous) to store, the reporting officer should include information about the quantity and nature of the liquid in the evidence, supported by photographic evidence and a small sample. The rest of the liquid may then be disposed of.

1.56 A mobile phone or SIM card found in a prisoner's possession will be sent either to the police, or to the National Dog and Technical Support Group (NDTSG) for analysis. A photograph of the items should first be taken to be produced as evidence at the adjudication. Further guidance on

this procedure is in paragraphs 2.4 and 2.27-30 of PSI 30/2011 Instructions on Handling Mobile Phones and SIM Card Seizures. See also paragraphs 2.24-26 of PSI 51/2010 Dealing with Evidence.

1.57 PR 51 (13) / YOI R 55 (14) sells or delivers to any person any unauthorised article

'At (time) on (date) in (place) you delivered an unauthorised article, namely (e.g., a SIM card) to (name).'

1.58 This charge is appropriate where the article is by its nature unauthorised (e.g. drugs), or not authorised to be in the possession of the giver. It is not necessary to show which of the two methods of passing, selling or delivering, was used.

1.59 PR 51 (14) / YOI R 55 (15) sells or, without permission, delivers to any person any article which he is allowed to have only for his own use

'At (time) on (date) in (place) you sold (or 'delivered without permission') (e.g., a radio) which you were allowed to have only for your own use to (name).'

1.60 This charge is appropriate where the article is permitted to be in the possession of the giver, but not to be passed on without permission.

1.61 PR 51 (15) / YOI R 55 (16) takes improperly any article belonging to another person or to a prison / young offender institution

'At (time) (or 'between (time) and (time)') on (date) in (place) you took improperly (article) belonging to (name of person or establishment).'

1.62 This charge is appropriate whenever a prisoner, without permission, takes anything that does not belong to him or her. If the prisoner attempts to gain control of an article, but is unsuccessful, a charge under PR 51 (25) (a) / YOI R 55 (29) (a) will be more appropriate. If a prisoner improperly obtains something other than a physical article (e.g., abuse of the PIN phone system) a charge under PR 51 (26) / YOI R 55 (23) may be appropriate.

1.63 <u>PR 51 (16) / YOI R 55 (17) intentionally or recklessly sets fire to any part of a prison / young offender institution or any other property, whether or not his own</u>

'At (time) on (date) in (place) you intentionally (or 'recklessly') set fire to (part of the prison / YOI) (or (an item of property)).'

1.64 See paragraph 1.32 for fires started in connection with self-harm.

1.65 <u>PR 51 (17) / YOI R 55 (18) destroys or damages any part of a prison / young offender institution or any other property, other than his own</u>

'At (time) on (date) in (place) you destroyed (or 'damaged') a (part of prison/YOI) (or (an item of property) belonging to HMP / YOI (name of establishment) (or 'belonging to (name of person)')

1.66 This charge may be appropriate in the case of a dirty protest, in addition to a charge under PR 51 (5) / YOI 55 (6).

1.67 <u>PR 51 (17A) / YOI R 55 (19) causes racially aggravated damage to, or destruction of, any part of a prison / young offender institution or any other property, other than his own</u>

'At (time) on (date) in (place) you damaged (or 'destroyed'') a (part of prison/YOI) (or (an item of property) belonging to HMP / YOI (name of establishment) (or 'belonging to (name of person)') while demonstrating (or 'motivated, partly or wholly, by') hostility towards a member or members of a racial group.'

1.68 An example of a racially aggravated charge might be "….you damaged a radio belonging to (name) which was playing Indian music, whilst shouting "bloody Paki music."'

1.69 Where there is doubt about whether an accused prisoner's actions were racially motivated the prisoner may be charged with both the racially aggravated and non-racial versions of the offence. The adjudicator will then decide whether the racial offence is proved beyond reasonable doubt and, if so, dismiss the non-racial charge, or if not so satisfied will dismiss the racial charge and proceed to inquire into the non-racial charge.

1.70 <u>PR 51 (18) /YOI R 55 (20) absents himself from any place (where) he is required to be or is present at any place where he is not authorised to be</u>

'At (time) on (date) you were absent from (place) where you were required to be (or 'you were in (place) where you were not authorised to be')'.

1.71 This charge can apply to incidents within the establishment, or outside where the prisoner is escorted, or briefly goes outside an open prison, with the intention of returning shortly (e.g., visiting a nearby shop). But if the prisoner has no intention of returning, PR 51 (7) / YOI 55 (8) will apply.

1.72 PR 51 (19) / YOI R 55 (21) is disrespectful to any officer, or any person (other than a prisoner / an inmate) who is at the prison / young offender institution for the purpose of working there, or any person visiting a prison / young offender institution

'At (time) on (date) in (place) you were disrespectful to Officer (name) (or 'to (name), who was (reason for being at the prison, e.g., a teacher, probation officer, IMB member, visitor, etc), by (briefly describe how disrespect was demonstrated).'

1.73 The disrespect may be spoken or written, or involve physical acts or gestures.

1.74 PR 51 (20) / YOI R 55 (22) uses threatening, abusive or insulting words or behaviour

'At (time) on (date) in (place) you used threatening (or 'abusive' or 'insulting') words or behaviour towards (name), by saying (quote words used) (or briefly describe behaviour)'

1.75 It is not always necessary to name an individual at whom the words or behaviour were directed.

1.76 There is no Rule specifically prohibiting sexual acts between prisoners, but if they are observed by someone who finds (or could potentially find) their behaviour offensive, a charge under PR 51 (20) / YOI R 55 (22) may be appropriate, particularly if the act occurred in a public or semi-public place within the establishment, or if the prisoners were 'caught in the act' during a cell search. But if two prisoners sharing a cell are in a relationship and engage in sexual activity during the night when they

have a reasonable expectation of privacy, a disciplinary charge may not be appropriate.

1.77 PR 51 (20A) / YOI R 55 (23) uses threatening, abusive or insulting racist words or behaviour

'At (time) on (date) in (place) you used threatening (or 'abusive' or 'insulting') racist words or behaviour towards (name), by saying (quote words used) (or briefly describe behaviour)'

1.78 The difference between this and the previous charge is that the words or behaviour were motivated (partly or wholly) by hostility to a member or members of a racial group.

1.79 Note paragraph 6.24 of PSO 2800: "The use of the term 'racist' is not in itself racist language. A verbal accusation of racism by a prisoner against a member of staff is therefore unlikely in itself to constitute a racist incident."

1.80 Where there is doubt about whether an accused prisoner's actions were racially motivated the prisoner may be charged with both the racially aggravated and non-racial versions of the offence. The adjudicator will then decide whether the racial offence is proved beyond reasonable doubt and, if so, dismiss the non-racial charge, or if not so satisfied will dismiss the racial charge and proceed to inquire into the non-racial charge.

1.81 PR 51 (21) / YOI 55 (24) intentionally fails to work properly or, being required to work, refuses to do so

'At (time) on (date) in (place) you intentionally failed to work properly, by (briefly describe what the prisoner did or didn't do) (or, 'At (time) on (date) in (place), being required to work in (place) (or 'as a cleaner' etc) you refused to do so.'

1.82 The charge must make clear whether the prisoner did some work, but intentionally failed to do it properly, or refused to work at all.

1.83 This charge is appropriate when the prisoner refuses to work after arriving at the workplace. A refusal to go to the workplace may be charged under PR 51 (18) or (22) / YOI R 55 (20) or (25).

1.84 <u>PR 51 (22) / YOI R 55 (25) disobeys any lawful order</u>

'At (time) on (date) in (place) you disobeyed a lawful order to (briefly describe what the prisoner was ordered to do, or stop doing).'

1.85 An order is lawful if it is reasonable and the member of staff giving it is authorised to do so in the execution of his or her duties.

1.86 A prisoner who adulterates a MDT sample may be charged with disobeying a lawful order to provide an unadulterated sample, or with intentionally obstructing an officer in the execution of his duty to conduct an MDT. A prisoner who refuses to provide any sample may be charged with disobeying a lawful order to comply with the MDT process (see above under PR 51 (9) / YOI R 10).

1.87 <u>PR 51 (23) / YOI R 55 (26) disobeys or fails to comply with any rule or regulation applying to him</u>

'At (time) on (date) in (place) you disobeyed (or 'failed to comply') with the rule (or 'regulation') requiring you to (briefly describe what the rule or regulation required the prisoner / inmate to do (or not do).'

1.88 'Rule or regulation' can mean the requirements of the Prison or YOI Rules, or a local regulation applicable to that particular establishment or wing etc. Reasonable steps must have been taken to make prisoners aware of any local rules, such as notices on wings, information given during induction, training programmes for prisoners' jobs etc. The local rule or regulation must be lawful (see definition under PR 51 (22) / YOI R 55 (25) above).

1.89 <u>PR 51 (24) / YOI R 55 (27) receives any controlled drug, or, without the consent of an officer, any other article, during the course of a visit (not being an interview such as is mentioned in rule 38 /16)</u>

'At (time) on (date) during the course of your visit you received an article believed to be a controlled drug (or 'an article, namely (describe article), without the consent of an officer.')

1.90 'During the course of a visit' means the period from when the prisoner and visitor first meet until the visitor leaves the visits area. If the alleged article is found after the visit but not in the visits or post-visits searching area, or there is any other reason to doubt that it was received during the visit, a charge under PR 51 (12)(a) / YOI R 55 (13)(a) may be more appropriate. But CCTV evidence may support a charge under PR 51 (24) / YOI R 55 (27).

1.91 'Rule 38 /16' refers to visits from the prisoner's legal advisers.

1.92 PR 51 (24A) / YOI R 55 (28) displays, attaches or draws on any part of a prison / young offender institution, or on any other property, threatening, abusive or insulting racist words, drawings, symbols or other material

'At (time) on (date) in (place) you displayed, attached or drew threatening, abusive or racist words, drawings, symbols or other material aimed towards (name of person or group), namely by writing graffiti saying (quote words written) (or 'by drawing a picture/symbol (describe image)').

1.93 The words etc will be racist if motivated (partly or wholly) by hostility to a member or members of a racial group.

1.94 There is no non-racial equivalent to this charge. If a prisoner displays, attaches or draws material which is threatening, abusive or insulting, but without the racial element, a charge under PR 51 (20) or (17) / YOI R 55 (22) or (18) may be appropriate.

1.95 PR 51 (25) / YOI R 55 (29) (a) attempts to commit, (b) incites another prisoner / inmate to commit, or (c) assists another prisoner / inmate to commit or to attempt to commit, any of the foregoing offences

1.96 The charge must specify whether (a), (b) or (c) applies, and refer to the relevant paragraph number of the 'foregoing offence'. For example:

'At (time) on (date) in (place) you attempted to escape from HMP (name of establishment) by climbing the fence (etc), contrary to Prison Rules 51 (25)(a) and 51 (7).'

Or, 'At (time) on (date) in (place) you incited (name of another prisoner) to assault (name of intended victim) by saying (quote words used), contrary to Prison Rules 51 (25)(b) and 51 (1).'

Or, 'At (time) on (date) in (place) you incited (names) to disobey a lawful order to leave the exercise yard, contrary to Prison Rules 51 (25)(b) and 51 (22)'.

Or, 'At (time) on (date) in (place) you assisted (name) to construct a barricade so as to deny access to his cell, contrary to Prison Rules 51 (25) (c) and 51 (3).'

1.97 Since 'any of the foregoing offences' includes 'commits any assault', a charge of attempting to commit an assault may be appropriate under the Prison or YOI Rules if, for example, a prisoner tries to punch someone but the intended victim sidesteps before the punch connects, or a prisoner throws a missile at someone but misses. However, some independent adjudicators have been unwilling to accept such charges, pointing out that under the criminal law an action that causes fear in the victim is regarded as an assault, even if no unlawful force was actually applied. In such circumstances a charge of using threatening behaviour may be more suitable than attempted assault.

10.2 Appendix ii

Coding of Adjudication Types

Code	Adjudication
1	PR 51 (1), YOI 55 (1) commits any assault
2	PR 51 (1A), YOI 55 (2) commits any racially aggravated assault
3	PR 51 (2), YOI R 55 (3) detains any person against his will
4	PR 51 (3), YOI R 55 (4) denies access to any part of the prison / young offender institution to any officer or any person (other than a prisoner / inmate) who is at the prison / young offender institution for the purpose of working there
5	PR 51 (4), YOI R 55 (5) fights with any person
6	PR 51 (5), YOI R 55 (6) intentionally endangers the health or personal safety of others or, by his conduct, is reckless whether such health or personal safety is endangered
7	PR 51 (6), YOI R 55 (7) intentionally obstructs an officer in the execution of his duty, or any person (other than a prisoner / inmate) who is at the prison / young offender institution for the purpose of working there, in the performance of his work
8	PR 51 (7), YOI R 55 (8) escapes or absconds from prison / a young offender institution or from legal custody
9	PR 51 (8), YOI R 55 (9) fails to comply with any condition upon which he is / was temporarily released under rule 9 / rule 5 of these rules
10	PR 51 (9), YOI R 55 (10) is found with any substance in his urine which demonstrates that a controlled drug has, whether in prison or while on temporary release under rule 9 / 5, been administered to him by himself or by another person (but subject to rule 52 / 56)
11	PR 51 (10), YOI R 55 (11) is intoxicated as a consequence of consuming any alcoholic beverage (but subject to rule 52A / 56A)
12	PR 51 (11), YOI R 55 (12) consumes any alcoholic beverage whether or not provided to him by another person (but subject to rule 52A / 56A

13	PR 51 (12) / YOI R (13) has in his possession (a) any unauthorised article; or (b) a greater quantity of any article than he is authorised to have
14	PR 51 (13) / YOI R 55 (14) sells or delivers to any person any unauthorised article
15	PR 51 (14) / YOI R 55 (15) sells or, without permission, delivers to any person any article which he is allowed to have only for his own use
16	PR 51 (15) / YOI R 55 (16) takes improperly any article belonging to another person or to a prison / young offender institution
17	PR 51 (16) / YOI R 55 (17) intentionally or recklessly sets fire to any part of a prison / young offender institution or any other property, whether or not his own
18	PR 51 (17) / YOI R 55 (18) destroys or damages any part of a prison / young offender institution or any other property, other than his own
19	PR 51 (17A) / YOI R 55 (19) causes racially aggravated damage to, or destruction of, any part of a prison / young offender institution or any other property, other than his own
20	PR 51 (18) /YOI R 55 (20) absents himself from any place (where) he is required to be or is present at any place where he is not authorised to be
21	PR 51 (19) / YOI R 55 (21) is disrespectful to any officer, or any person (other than a prisoner / an inmate) who is at the prison / young offender institution for the purpose of working there, or any person visiting a prison / young offender institution
22	PR 51 (20) / YOI R 55 (22) uses threatening, abusive or insulting words or behaviour
23	PR 51 (20A) / YOI R 55 (23) uses threatening, abusive or insulting racist words or behaviour
24	PR 51 (21) / YOI 55 (24) intentionally fails to work properly or, being required to work, refuses to do so
25	PR 51 (22) / YOI R 55 (25) disobeys any lawful order
26	PR 51 (23) / YOI R 55 (26) disobeys or fails to comply with any rule or regulation applying to him

27	PR 51 (24) / YOI R 55 (27) receives any controlled drug, or, without the consent of an officer, any other article, during the course of a visit (not being an interview such as is mentioned in rule 38 /16)
28	PR 51 (24A) / YOI R 55 (28) displays, attaches or draws on any part of a prison / young offender institution, or on any other property, threatening, abusive or insulting racist words, drawings, symbols or other material
29	PR 51 (25) / YOI R 55 (29) (a) attempts to commit, (b) incites another prisoner / inmate to commit, or (c) assists another prisoner / inmate to commit or to attempt to commit, any of the foregoing offences
99	Missing

10.3 Appendix iii

ICD-10 codes for Intentional Self-Harm

X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics

X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified

X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens), not elsewhere classified

X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system

X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances

X65 Intentional self-poisoning by and exposure to alcohol

X66 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours

X67 Intentional self-poisoning by and exposure to other gases and vapours

X68 Intentional self-poisoning by and exposure to pesticides

X69 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances

X70 Intentional self-harm by hanging, strangulation and suffocation

X71 Intentional self-harm by drowning and submersion

X72 Intentional self-harm by handgun discharge

X73 Intentional self-harm by rifle, shotgun and larger firearm discharge

X74 Intentional self-harm by other and unspecified firearm discharge

X75 Intentional self-harm by explosive material

X76 Intentional self-harm by smoke, fire and flame

X77 Intentional self-harm by steam, hot vapours and hot objects

X78 Intentional self-harm by sharp object

X79 Intentional self-harm by blunt object

X80 Intentional self-harm by jumping from a high place

X81 Intentional self-harm by jumping or lying before moving object

X82 Intentional self-harm by crashing of motor vehicle

X83 Intentional self-harm by other specified means

X84 Intentional self-harm by unspecified means

10.4 Appendix iv

Adaption of icd-10 Codes for Intentional Self-Harm

The codes used in the Westgate Unit's sample population

Code	Description
X60	Intentional self-poisoning (for e.g. overdose, swallowed tablets)
X70	Intentional self-harm by hanging, strangulation and suffocation (for e.g. ligature, noose)
X76	Intentional self-harm by smoke, fire and flame (for e.g. set cell or self on fire)
X77	Intentional self-harm by steam, hot vapours and hot objects (for e.g. burn self with cigarette, hot drinks, friction burns)
X78	Intentional self-harm by object (for e.g. cut self using blunt or sharp object)
X83	Intentional self-harm by other specified means (for e.g. cut self without object, scratch self, punch self, head banging, reopen or aggravate wound)
X84	Intentional self-harm by unspecified means (for e.g. details of self-harm are not recorded)