

Prison Listeners and Self-Harm: The Development of a Multi-Disciplinary Gendered Approach for Women in Custody

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**A thesis submitted in partial fulfilment of the requirements of
Nottingham Trent University for the degree of Doctor of Philosophy**

August 2017

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Abstract

Women in custody represent the minority (5%) of offenders within the overall prison population, although in 2016 women carried out 21% of all acts of self-harm that took place in custody in England and Wales (Ministry of Justice, 2016). To date, reviews of the literature have not considered in detail the role prison peer support may play for women who self-harm in custody. This thesis from a gendered perspective, explores the perceptions and experiences of the Listeners Scheme as a form of peer support and its contribution to supporting women to manage their self-harm in custody. Perspectives are sought from prisoners, staff and listeners as part of an in-depth case study design. Conversely, as an established prison peer support scheme for over two decades, research on the Listener Scheme and its contribution to the support of women who self-harm in custody has yet to be paid significant attention.

The research employed a mixed methods approach with a quantitative questionnaire and a variety of qualitative data collection tools, which included a focus group, semi-structured interviews, and observations of the prison site.

This thesis proposes the implementation of the Island Model for women who self-harm in custody. Women in the current research prioritised professional support for self-harm above peer support (Listener Scheme) which was an unexpected finding when compared with previous research. This

finding led to the development of the Island Model - which includes professional and Listener support - as a way of understanding the value of a multi-disciplinary approach for women who self-harm in custody. Findings also support a gendered approach for women who self-harm in custody and in particular, that the Listener Scheme should incorporate gender-specific elements such as the difficulties women experience with men and the displacement of their mother role to support women who self-harm in custody. It is suggested that these elements should be given a significant focus by the prison estate, to reduce the potential triggers for self-harm for this specific group.

The original contributions to knowledge of this thesis is as follows:

- The development of the Island Model for understanding how the prison environment in which peer support sits can better support women who self-harm in custody.
- Women prioritised professional support for self-harm above peer support (Listener Scheme) when this was provided within a prison site that operates a Therapeutic Community. It is therefore suggested that listeners and staff members should work more closely together to support self-harm, whilst maintaining the confidentiality ethos of the Listener Scheme.
- A multi-disciplinary approach for women who self-harm in custody needs to be inclusive of support from staff and peers.
- A gendered approach within the Listener Scheme for women who self-harm in custody needs to reflect women's difficulties with men, the displacement of their mother role and their desire for attachment in custody.

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Glossary of terms and acronyms

ACCT – Assessment Care in Custody and Teamwork, the prison service procedure for supporting prisoners at risk of self-harm and/or suicide.

NICE – National Institute for Health and Clinical Excellence, a specialised health provision providing clinical evidence based practice guidance. Guideline No. 16 is applicable to self-harm.

NOMS – National Offender Management Service, a Ministry of Justice Agency responsible for the delivery of prison and probation services.

PSI – Prison Service Instruction, prior to 2009 these documented operation instructions, PSOs have replaced the PSI format (see below).

PSO – Prison Service Order, inclusive of rules or regulations, which are short and long term which stipulate the running of the prison estate. PSO2700 is self-harm and suicide specific.

Self-Harm - “act of self-poisoning or self-injury carried out by an individual irrespective of motivation” (National Institute for Health and Care Excellence (NICE), 2011, p. 4).

Acknowledgements

To my husband Kam, for the endless support and for always believing in my ability to complete. To my daughters, Meadow and Blossom, for being my motivation, as I set an example for you both in the future. Thinking of my family at my graduation has provided the encouragement I needed to complete the thesis. To my parents, my sister and my niece Lilac for their continued support.

A special thank you to my supervisory team Di Bailey, Matt Henn and Karen Slade for their wealth of knowledge and guidance over the years.

I will be forever in debt to the prisoners and staff members at the research establishment for taking the time to discuss what for some has been very traumatic experiences, without whom this PhD would not have been possible. A special thank you to the Safer Custody Team at the research establishment for all of their hard work in making the fieldwork of this PhD run efficiently. Also to their positive and supportive approach to my research. To the Samaritans, for their support with my research, for which I am extremely grateful.

Introduction

This doctoral research explores the contribution of the prison Listener Scheme as a form of support for women who self-harm in custody. Despite being in the minority (5%) within the overall prison

population, women prisoners in 2016 carried out 21% of all acts of self-harm that took place in custody in England and Wales (Ministry of Justice, 2016). Furthermore, the use of self-harm by women presents a concern to the prison estate in terms of how to provide support for this behaviour in the current climate of reduced numbers of prison staff (NOMS, 2016). In light of this, research into prison peer support for women who self-harm in custody is of paramount importance, in order to ensure that the needs of these women are being met by the prison estate. Indeed, following the introduction of the Listener Scheme at HMP Swansea for male prisoners, positive effects have been reported for staff and prisoner relations, with the incidence of self-harm being halved since the introduction of the scheme in 1991 (Davies, 1994).

Currently, research into the Listener Scheme as a form of prison peer support is sparse. With few exceptions, research has been conducted within the male prison estate, and the few existing studies have explored the use of the Listener Scheme for the general support of women in custody (Jaffe, 2012), rather than in relation to the behaviour of self-harm. To date, the contribution of the Listener Scheme as a source of support for women who self-harm in custody has not been explored within the literature, and this gap justifies the focus of this doctorate research.

Rationale for the Study

The role of prison establishments in terms of public protection, custody versus care and rehabilitation has been subject to dramatic changes in recent years. One of the most significant policy debates concerns the use of prison sentences for women. Although the most recent statistics show an actual decrease in the prison population from 4,279 women prisoners in 2012 to 3,921 in 2016 (Ministry of Justice, 2016a), the current government has focused significantly on women in custody. Specifically, the government is committed to a further reduction of prison sentences for women who are convicted of minor offences, as this is particularly detrimental for women, who are predominately the main caregiver to children (Prison Reform Trust, 2015).

Additionally, the incarceration of women has led to many previously unexplored problems, which are specific for women in custody, one of these being the use of self-harm as a means of trying to cope in custody (Ministry of Justice, 2013). Research shows that self-harm that takes place in the custodial environment is more frequent and life threatening than in the community (Ward and Bailey, 2011). Furthermore, self-harm has historically been, and remains, a serious problem for women in custody: this is illustrated by the latest figures, which document an increase of 4% in 2015 in the number of self-harm incidents reported (Ministry of Justice, 2017).

For this PhD, self-harm is defined as any “act of self-poisoning or self-injury carried out by an individual irrespective of motivation” (National Institute for Health and Care Excellence (NICE), 2011, p. 4). This definition attempts to distinguish between behaviours which use self-harm as a coping strategy for life in prison and/or previous trauma (Ward and Bailey, 2011), and behaviours which could be considered as an attempt to end life (Soloman and Farrand, 1996; Macdonald, 2002). Evidently, the separating of behaviours which are considered to constitute self-harm from those that indicate suicidal intentions reflects a concern from researchers and practitioners who have deemed such behaviours to be interlinked (Walker and Towl, 2016). For the purposes of the current research, the separating of these behaviours will be discussed in further detail in Chapter 1; however, it is important to note the difficulty of understanding these behaviours as different.

The prison Listener Scheme exemplifies one programme of emotional support provided within both the male and female prison estates. The scheme follows the Samaritans’ ethos of listening to other prisoners who are distressed (Samaritans, 2011). Given the prevalence of self-harm for women in custody, it is of paramount importance to explore how effectively peer support such as that provided by the Listener Scheme can and should address this behaviour. In particular, the feelings, perspectives and attitudes of those who have had experiences of the Listener Scheme are of remarkable worth. By understanding the potential limitations of the scheme through obtaining the perceptions of the women and prison staff, the prison estate will be able to address the problem of

self-harm for women in custody, in order to improve the current provision. Specifically, this will result in enhancements to the Listener Scheme for women who self-harm in custody. Thus, the contribution of this PhD research is to assess the effectiveness of the Listener Scheme for women who self-harm in custody.

Although research has documented the functions of self-harm for women in custody (Offer and Barlow, 1960; Klonsky, 2007; Bancroft and Hawton, 1983), the literature is sparse regarding how peer provisions such as the Listener Scheme can address this behaviour. With few exceptions, most of the literature on peer support has been conducted in the male prison estate, whereas only a limited number of studies have investigated women in custody and the use of peer support (Syed and Blanchette, 2000; Blanchette and Elijudupovic, 1998; Eamon et al., 2012; Syed et al., 2000). Furthermore, where evidence has been provided, such research was conducted in Canada or the US, which calls into question whether this research is applicable to women in UK prisons.

The Listener Scheme was established some twenty years ago as a strategy to address self-harm in custody; however, current evidence has predominately been gained from studies of male prisoners, or reviews conducted by the Prison Service and the Samaritans. Additionally, though the operation of the Listener Scheme for women in custody has been explored (Jaffe, 2012), and the use of the scheme for self-harm within the male prison estate has been documented (Foster and Magee, 2011); to date no research has explored the use of the Listener Scheme for women who self-harm in custody. Therefore, the lack of substantial evidence regarding the Listener Scheme, specifically research which is UK-based and explores the contribution of the scheme for women who self-harm in custody, provides justification for this doctoral research.

This research aims to contribute not only to the academic literature, but also to the knowledge available to the governor of the research establishment. The will allow the latter to assess whether the Listener Scheme contributes to the support of women who self-harm, and the ways in which the scheme could be tailored to ensure it meets the needs of women in custody. Therefore, the current

research is valuable in providing an independent body of research, which examines the contribution that the Listener Scheme makes to support women who self-harm in custody.

The Study Context

Research shows that it is extremely important to ensure that the gendered needs of women in custody are being met by the prison estate (Walker and Towl, 2016). This doctoral research employs a gendered approach to contend that women are significantly vulnerable prior to, during and on release from custody, which is reflected in their engagement in self-harming behaviour. Indeed, research shows that women have a detrimental experience of custody for many reasons, which include restricted access to children (Corston, 2007; Baldwin and O'Malley, 2015, Prison Reform Trust, 2015), prior experience of abuse (Wright et al., 2016; Prison Reform Trust, 2015), mental health issues (Light et al., 2013), and the removal of coping methods such as drugs and alcohol (Prison Reform Trust, 2015).

Historically, the prison estate has been designed for the incarceration of men only (Lemgiuber, 2000), despite the fact that the complex needs of women have been acknowledged as different from those of male prisoners (Ministry of Justice, 2013). As a result, the prison estate for women to date has not been adequately adapted to meet the needs of women in custody, in terms of mental health treatment, education, employment, secure housing, and debt management (Prison Reform Trust, 2015). Indeed, the experience of custody for women is considered by this doctoral research to be gendered, as prison is extremely distressing for women, more than for their male counterparts: this is due to many reasons, which will be discussed further in Chapter 1.

In accordance with the 'one approach fits all' treatment of women and men in custody, the Listener Scheme follows the same structure within both the male and female prison establishments; moreover, the training provided to prison listeners is also the same. The training programme is

called Listeners Initial Training (LIT), and consists of eight sessions held over a period of 3–6 weeks, which are organised by the prison establishment. The seventh session provides training on self-harm, including case studies and the practising of skills. The purpose of this session is to identify what is self-harm, to provide some reasons for the engagement in this behaviour, to differentiate between self-harm and an attempt to end a life, and to provide the skills to respond to this behaviour. The training also provides refreshers for listeners in supporting those who self-harm: this is called an 'ongoing training module'. However, this training does not address the specific needs of women in custody, as there are no distinctions made in the training for dealing with men and women prisoners.

The literature documents the perceived benefits of peer support for the prisoners who obtain this support (Farrant and Levenson, 2002), in terms of promising health outcomes of prisoners (Woodall et al., 2015), and the improvement of organisational skills and behaviour (Collica, 2014). Self-harm is a great concern, as women in custody engage in this behaviour because of the distress caused by the prison environment (Macdonald, 2013); however, programmes of support such as the Listener Scheme remain relatively unexplored, or have not been specifically designed for women (Stewart, 2008).

The literature reveals the perceptions of the Listener Scheme by staff members within the male prison estate (Snow, 2002; Foster and Magee, 2011; Chinelo, 2010); such perceptions remain mixed, despite the scheme having been introduced over two decades ago. The benefits of the Listener Scheme to the prisoners obtaining support have been explored in great depth, as have the benefits to the listeners themselves (Farrant and Levenson, 2002; Jaffe, 2012; Foster and Magee, 2011), and the negative aspects of the scheme (Foster and Magee, 2011; Syed and Blanchette, 2000).

Nonetheless, to date there has been an absence of a significant focus on the Listener Scheme and its contribution to supporting women who self-harm in custody. Therefore, the contribution of this PhD

is to provide an exploration of the perspectives of the service users, listeners and prison staff, in order to consider the effectiveness of the scheme for women who self-harm in custody.

Research population

The prison in which this doctorate research was conducted is located in the UK, and at the time of the research was categorised as a closed female training prison. This type of prison offers a range of activities to the prisoners and are designed to ensure it is difficult for the women to escape. The prison offers extensive support for prisoners, providing a 20-women treatment unit for drug addiction, which follows the Rehabilitation for Addicted Prisoners Trust (RAPT) treatment programme. The RAPT programme combines professional with peer support, as the programme uses its own peer supporters. The site is typical of the female prison estate, in that it follows the ACCT process of assessing whether women are at risk of self-harm. If a woman is identified as at risk of self-harm an ACCT is opened by the person who identified the risk completing a Concern and Keep Safe form. The prison operates many programmes of support for those who self-harm, including the Therapeutic Community (TC), which also combines professional and peer support in the form of a 'buddy system'. The TC offers group therapy for the women to address their social, emotional and psychological concerns (Stevens, 2011). Other programmes of peer support include the use of insiders to provide induction support, and 'Safer Custody' reps who specialise in certain areas such as bullying. These schemes are not confidential, and act as a middle ground between staff and prisoners. The programme of significance for this research is the prison Listener Scheme, which is provided by the research site. The details of the research site will be discussed further within Chapter 3.

Aims and objectives of the research

The aim of the current study explored the contributions of the Listener Scheme to the support of women who self-harm in one prison establishment. The objectives of the doctorate research are:

1. To explore the perceptions and experiences of the prison Listener Scheme's contribution to the support of self-harm from different stakeholders, women who self-harm, prison staff and listeners.
2. To investigate what works well and not so well in relation to the Listener Scheme, in order to improve the support provided by the scheme for self-harm behaviour.
3. To examine the perception that because listeners are prisoners they can provide an empathetic approach to self-harm which staff members and professional care is unable to provide.

The purpose of this research is to explore the perceptions and experiences of the Listener Scheme's contribution to the support of self-harm for women in custody, as shared by the women who engage in self-harm, listeners, prison officers, psychology, health care and chaplaincy staff. This will enable the women and prison staff to provide an insight in to the contribution of the Listener Scheme as a peer provision to support women who self-harm in custody.

The second objective assesses what works well and not so well in relation to the Listener Scheme. This is achieved through the examination of how the different stakeholders within the prison perceive peer support, alongside the ways in which it contributes to the support of women who self-harm in custody. To achieve this objective, the research endeavours to understand the role of peer support and its effectiveness for supporting self-harm behaviour. This will facilitate ways of improving the contribution of the Listener Scheme in supporting self-harm, and by doing so will enhance the support provided to the women. Importantly the research will contribute to the development of prison practices and policies concerning women's self-harm behaviour in custody.

Thirdly, the research examines the perception that because listeners are prisoners that this impacts on the support they provide for self-harm, as a body of evidence suggests that prisoners show a specific preference for support and intervention provided by fellow prisoners (Deville et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010).

Chapter outline

To achieve the above objectives, the thesis constitutes an introduction, five chapters and a conclusion. Chapter one, provides a review of the existing literature on self-harm for women in custody. This is presented in two parts, the first part draws on the gendered approach as the theoretical framework of the thesis to understanding the factors contributing to self-harming by women in custody. Gender is a significant contributing factor to the experience of custody for women (Crewe et al, 2017), as women are significantly disadvantaged pre, during and post custody, which is termed a cycle of abuse (Fettig, 2009). Secondly, the chapter explores the existing literature on self-harm to conceptualise this as a gendered response to custody by women in distress.

Chapter two reviews the existing literature on prison peer support, with a specific focus given to the Listener Scheme. The chapter offers an exploration of the benefits and detriments of peer support provisions for women who self-harm in custody.

Chapter three documents the application of a case study approach to the current research, to enable in-depth explorations of the Listener Schemes' contributions of support for women who self-harm in custody. This chapter provides a comprehensive evaluation of the research design, with justifications provided for the employment of a multiplicity of methods and the engagement of grounded theory analysis.

Chapter four, is a combined findings and discussion chapter, which presents women and staff's preference for a multi-disciplinary approach to self-harm for women in custody, which sees women,

prioritise professional support over peer support. Women prioritised professional support for self-harm above peer support (Listener Scheme) when this is provided within a prison site, which operates a Therapeutic Community. This finding led to the development of the Island Model, which proposes a multi-disciplinary approach for women who self-harm in custody, which includes professional, and listener support.

Chapter five, presents the second combined findings and discussion chapter, which supports the implementation of a gendered approach by the Listener Scheme for women who self-harm in custody.

Finally, the conclusions drawn are that the self-harm behaviour by women in custody requires a multi-disciplinary approach which includes both professional and peer support, which contrasts with the body of previous research which suggests that prisoners show a preference for support from fellow prisoners (Devilly et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010).

In addition, the findings provide support for the development of a gendered approach (Crewe et al, 2017), which sees the prison service take in to account the gendered needs of women in custody (Walker and Towl, 2016). Indeed, this research shows that the Listener Scheme should provide a gender-specific provision for women in custody with support provided for difficulties with men, the displacement of their mother role and their desire for attachment in custody.

Chapter 1: Self-harm: A gendered concern for women in custody

Part 1: A gendered approach to understanding the factors contributing to self-harming by women in custody.

This chapter offers an exploration of the prevalence of self-harm in the female prison estate. The literature reveals that women in custody engage in self-harm for numerous reasons, which include current and previous traumatic events, negative experiences of the prison environment, and isolation in a single cell (Marzano et al., 2011b). A significant concern for the prison service has been to ensure that it takes into account the gendered needs of women in custody (Walker and Towl, 2016). In light of this concern, can the prison estate provide adequate support for women who self-harm in custody?

Since the Corston report was issued in 2007, it has gradually been accepted that the needs of women prisoners are distinct from those of male prisoners; however, the idea of making minor adaptations to male prison regimes to ensure that women's needs are met has been questioned (Gelsthorpe, 2009). It is contended from a gendered perspective that women experience custody in gender-specific ways, which include restricted access to children (Corston, 2007; Baldwin and O'Malley, 2015), prior experience of abuse (Wright et al., 2016; Prison Reform Trust, 2015), mental health issues (Light et al., 2013), and the removal of coping methods such as drugs and alcohol (Prison Reform Trust, 2015). Being imprisoned intensifies such concerns: the prison environment makes women significantly vulnerable, given that they were already at risk when they entered custody (Caulfield, 2016). Though the needs of women in custody have gradually been recognised, from a gendered perspective more work is required to ensure that the prison estate incorporates the needs of women.

It is contended that for the majority of women, custody is not the most appropriate form of punishment, and that community alternatives should be implemented (Corston, 2007; Justice Select

Committee Report, 2013). Indeed, from a gendered perspective, questions are raised as to whether women should be imprisoned, as it is contended that the prison environment induces self-harm for women, because they experience custody in gender-specific ways. This chapter explores the impact of gender on the experience of prison, and questions whether the current prison estate can fully support women who engage in self-harm in custody.

1.1 Women in the custodial estate

The most recent statistics show an actual decrease in the prison population from 4,279 women prisoners in 2012 to 3,921 in 2016 (Ministry of Justice, 2016a); however, these figures mask the fact that women are over-represented in custody, a trend that would be reversed if, as Corston (2007) advocates, women were given fewer custodial sentences.

The increasing number of women in custody has been attributed to a number of causes, which range from the desire for an increase in a punitive response from the government, to a focus on tackling drug misuse and the increased numbers of women living in poverty (Macdonald, 2013), which contributes to higher crime rates in the first instance (Prison Reform Trust, 2015). However, drug misuse and poverty represent only a few of the many reasons that are typically drawn upon to explain why women become part of the custodial estate.

A further explanation offered is that women who offend are bad reject the associated stereotype of being a woman, which is accepted by society. Research has documented that those who do not conform to society stereotypical behaviours, experience indirect discrimination which is used as a justification for treating women differently within the criminal justice system (Bailey, 2011).

Alternatively, if women attempt to conform to these gender associated stereotypes, this can create distress and lifestyle choices, which can lead to the woman being deemed 'mad' by society and

render vulnerable the woman's health and well-being (Bailey, 2011). The alternative situation is that stereotyped women choose not to conform, and engage in criminal behaviour: they are therefore deemed 'bad'. Thus, women prisoners risk falling within one of these categories of the 'mad vs. bad' debate, because of their complex needs (Bailey, 2011). This also explains why women are overrepresented within psychiatric hospitals and prison populations.

However, this debate is acknowledged as being further complicated by the suggestion that a third strand interplays with the 'mad vs. bad' debate, namely the concept of women as 'victims' (Comack and Brickey, 2007). Furthermore, alternative concepts have also been documented, such as women in custody being deemed neglectful mothers (Gelsthorpe, 2010). Indeed, Gelsthorpe (2010) suggested that women who commit crimes are also committing a crime against their gender, as women generally do not engage in criminal behaviour: this suggests those that do so must belong to a category of having a mental health problem, or alternatively such actions can be explained as acts of deviant behaviour.

Furthermore, the associated stereotypes for women who engage in criminal behaviour have resulted in research suggesting that the law perceives women in accordance with being either 'mad' or 'bad', and depending on the perception, the treatment of women by the Criminal Justice System is either 'soft' or 'hard' in terms of the punishment they receive (Gelsthorpe, 2010). Indeed, this body of literature suggests that the perceptions we create of women offenders can be distinguished easily as either 'mad' or 'bad'; nonetheless, evidence suggests the concepts may be interlinked, and that alternative concepts may be presented, such as 'victim' (Comack and Brickey, 2007) and 'neglectful mother' (Gelsthorpe, 2010).

Though it has been acknowledged that prisons worldwide have been designed to meet the needs of male prisoners (The Bangkok Rules, 2010), historically, women have not been included in prison

practices and procedures, as has been documented by the Woolf inquiry (HMSO 370 1991: section 2.18). Furthermore, the specific requirements of women prisoners' is not a new concern, but one, which has been documented over decades: for instance, the Sixth United Nation Congress in 1980 endeavoured to understand the problems for women in custody and to enable the development of a solution. The needs of women in custody have historically been and continue to remain seemingly distinct from those of male prisoners; indeed, if such requirements are known, it must be questioned why it has taken so many years for policies to progress in the appropriate direction. Whilst it is recognised that women in custody have distinct needs in regards to previous trauma, mental health concerns and relationships with children (Crewe et al, 2017). The lower numbers of women prisoners in comparison to their male counterparts and the cost of adapting the prison estate has prevented the needs of women being fully incorporated. Some years prior to the influential Corston report, the question of the appropriateness of the prison estate for women had already been a concern, with conclusions proposed that prison represented an unfitting method of dealing with the crimes of women (Wedderburn, 2000).

The Strategy for Women Offenders in 2001 took into account how women offenders' needs could be better understood by considering issues of family, violence, support with children, substance misuse and mental health issues from a gender-specific perspective (Home Office, 2001). Evidently, the links between women's offences and the issues acknowledged by the Home Office (2001) illustrate that women have distinct needs in relation to their offending, which are contended to be influenced by their gender. Indeed, it is contended that the offending by women can only be understood when consideration is given to the discrimination and deprivation in the context of each case (Home Office, 2001). This focus by the Home Office in 2001 began the initial acknowledgment that women are imprisoned for somewhat different reasons from those of their male counterparts. Indeed, this is not to say that men who offend are not influenced by such factors, as evidently some men are;

however, the Home Office introduced the idea of a specific set of needs, which collectively interlink with women's offending behaviour.

Historically, women have been absent from the criminal justice system and policy implementation, which has resulted in a limited focus on women and their specific needs. Indeed, it has been suggested that the introduction of the Women's Reoffending Reduction Programme has increased the focus on women and their criminal activity (HM Inspectorate of Prisons, 2005). Whilst on the one hand it is acknowledged as a significant step forward for women in relation to addressing their specific needs in the Criminal Justice System, it also has the potential to result in harsher responses from the Criminal Justice System, as the crimes women commit become more visible. Furthermore, the focus on the offence as opposed to the needs of women who commit crimes has resulted in what has been described by some authors as a 'new punitiveness' (Towl and Walker, 2015).

In addition, the feminist perspective has documented harsher punishments for women in custody. However, not intentionally, the movement has raised the profile of women's offending within the criminal justice system, which is suggested to have resulted in a response of severity (Snyder, 2009). This evidence may have provided an insight in previous years; however, given that women have been part of the criminal justice system for a number of years, it is questionable to what extent the feminist movement can be and ultimately should be used to explain why women are sent to prison. Evidently, a number of reasons have been offered to account for the number of women in custody in recent years: these include changes in the type and length of sentences, and importantly, the equal treatment of women and male offenders (Gelsthorpe, 2006). However, it must be noted that one reason alone is not sufficient (Gelsthorpe and Morris, 2002).

1.2 The journey into custody for women prisoners

In recent years, women offenders have become a key consideration of the government, as demonstrated by the commissioning of the Corston Report in 2007. This report made 43 recommendations concerning women prisoners and the criminal justice system, one of which was a need for a 'woman-centred approach' within all agencies of the criminal justice system, in order to prioritise gender-specific equality and provisions for women prisoners. Further to this, the report subsequently led to the implementation of the Corston Coalition, which represented a combination of agencies working together to ensure that the government achieved the requirements of the Corston Report. Though the extent to which such recommendations have been implemented will be investigated later in this section, it is paramount to acknowledge the influence of the Corston Report in 2007, which marked a change in the way women and their needs were perceived in custody. A core requirement of the report was the transformation of the way vulnerable women were treated by the criminal justice system; there were also improvements to community provisions to address women's offending in a proactive approach, in order to remove the requirement of prison for vulnerable women. Evidently, the needs of women had been identified before the Corston Report, but such identification had previously had little impact.

Many women have a considerable number of pre-existing vulnerabilities before they enter the prison estate. These vulnerabilities are distinct from those of men, which has resulted in a distinct experience of custody for women. Women who enter prison show high levels of vulnerability, which combined with the prison environment results in detrimental effects for women prisoners, who experience problems to a greater degree than male prisoners (Ministry of Justice, 2013, Macdonald, 2013).

Upon arrival in prison, women have already experienced a number of traumatic life events, which influence their adaption to prison life (Light et al., 2013). Research shows that women are more likely than males to suffer from depression (49% for women compared with 23% for men), an

indication of psychosis (25% for women; 15% for men), and have in the years prior to custody attempted suicide (46% for women; 21% for men) and/or received treatment for a mental health condition (26% for women; 16% for men) (Light et al., 2013).

In addition, women prisoners are more likely to suffer from drug and alcohol dependence and require treatment for these addictions, as 70% of women, in comparison with 50% of men, required a drug detox programme when entering custody (Prison Reform Trust, 2015). The use of alcohol and drugs prior to entering the prison estate also presents an area of concern for women. Though it must be noted that men also enter prison with addictions, the problem is significantly worse for women in custody: nearly half of women required support for substance addiction, compared with three men out of ten (Light et al., 2013).

Further vulnerabilities are acknowledged, with 31% of women prisoners reported as having been in care institutions as children, in comparison with 24% of men (Prison Reform Trust, 2016). It is evident that the lives of women and men in prison show extreme differences prior to custody, especially in relation to their childhood experiences. Indeed, this evidence supports the argument that women are significantly disadvantaged even before they arrive in custody, when compared with their male counterparts.

Thus, it is clear that women are deemed to be at risk before entering the prison estate, and that pre-existing vulnerabilities of physical and mental abuse, as well as a history of alcoholism and drug abuse, interlink with the stressors of the prison environment to produce alternative coping methods, whether it be in the form of self-harm (Macdonald, 2013; Shaw, Appleby and Baker, 2003) or substance abuse (Baldwin and O'Malley, 2015). Evidently, this produces an extremely 'at risk' population, who arrive in prison with a host of vulnerabilities which are experienced to a greater degree because of their gender. Furthermore, these pains are not only felt largely on arrival, but also they are also exacerbated by the prison environment, and this is evidently a major concern for the prison estate.

1.3 Should women be placed in custody?

The cost of keeping one prisoner in custody for one year is on average £35,182 (Ministry of Justice, 2016a), which poses the question of whether custody is a cost-effective form of punishment for women who offend. Indeed, it should also be considered that the prison environment for women results in multiple disadvantages that affect for not only the women themselves, but also their children, and arguably society as a whole. Moreover, when considering this cost alongside the evidence that 84% of women in custody have committed non-violent offences, with 26% also holding no prior convictions (Ministry of Justice, 2016b), and the reduced cost of community provisions at £2,800 per year (Prison Reform Trust, 2015), it is supported that sending women to custody is detrimental to the women, their families, and society. In addition to this, women prisoners who are mothers incur costs of over £17 million pounds over ten years, as their children are more likely not to be in education, employment or training (NEET) (Prison Reform Trust, 2015).

In 2016, evidence identified that 35 babies were living with their mothers in custody (Ministry of Justice 2016b), which illustrates that the impact of imprisonment is also experienced by the women's family members. Though these women should be reprimanded for their offences, as indeed their male counterparts are, the impact of sending a woman to prison must also be considered in the wider gender context of the implications for those who have not committed a crime. Additionally, external factors have a significant influence upon women's offending, such as whether they have access to services that provide protection and enable women to take control of their lives: these include support in mental health, debt collection, secure housing, health and employment (Prison Reform Trust, 2015). The offences committed by women signify that women have very specific needs, which relate to their offending behaviour, their journey into prison, and

which affect their experience of custody; moreover, these needs also have an impact on the wider society.

The 2003 report by Lord Carter (Managing Offenders, Reducing Crime) has been extremely influential in establishing a new management system for offenders, which incorporates the voluntary sector, with the National offenders Management System (NOMS) in 2004 being a direct outcome of the report. The initial aim of the introduction of NOMS was risk management, with a primary requirement of 'public Protection' (Cheliotis, 2006), supported within a five-year strategy of public protection and re-offending reduction (NOMS, 2006). The first acknowledgement of the need for specific provisions tailored to meet the needs of women followed the implementation of NOMS: the Women's Offending Reduction Programme Action Plan 2004 identified the need for community interventions, mental health concerns, substance abuse and improved staff training as areas of key development. Evidently, the acknowledgement that custody is not suited to the needs of women in prison is not a new concern: such requirements had indeed been acknowledged a number of years prior to the pioneering Corston Report. Despite the early recognition of the specific needs of women in custody, there is still the question of why, over a decade later, such concerns are very much a feature of the current custodial experience for women.

It is clear that most women are in custody because of non-violent and property crimes (Moloney et al., 2009), which for many serves as the justification for the employment of community alternatives for women (Corston, 2007). Likewise, women have historically been, and continue to be, sentenced for low-level offences (Bartlett, 2007; Prison Reform Trust, 2015). As the specific needs of women continue to gain acknowledgment, and the detrimental impacts of custody for this population are detailed, alongside the cost implications, imprisoning women is thus presented as disadvantageous for women and society. It is paramount that the policy incentives are not perceived in isolation, as indeed the changes mark a step in the right direction for women in the criminal justice system;

however, this approach needs to be combined with targeting the root cause of what makes women offend in the first place (Women in Prison, 2017). Indeed, significant work is still required, as 80% of women who are detained in custody are serving a sentence of less than 12 months (Prison Reform Trust, 2016). In light of the body of evidence, which documents the detrimental impacts for women because of the custodial environment, imprisonment seems an extreme response for women who offend.

From a different perspective, it is contended that any improvement for women in custody is restricted because of the attitudes of senior management within the prison estate (Medlicott, 2012). However, though it is unclear why provisions for women have taken considerable time to be implemented, there is limited evidence to suggest that this is due to the attitudes of the governors and senior management. Indeed, it is most likely to be reduced prison resources (Ministry of Justice, 2016a) and the smaller numbers of women in custody (Anderson, 2000) that have led to the apparently gradual acknowledgement and implementation of provisions for women's needs. Furthermore, it must be noted that the government and prison service could have responded more efficiently to the gendered needs of women entering custody; though it is contended that attitudes of prison management have a limited impact, if any, on the implementation of such provisions.

Additionally, women in custody have been described through images of patriarchal discourse, which have affected policy makers' perceptions, resulting in women being at a disadvantage in a male environment that has not been designed to be inclusive of women (Medlicott, 2012). This disadvantage is documented with treatment originally developed for male prisoners, which raises the question of whether such treatment can be successfully applied in treating women in custody. The gradual employment of treatment designed to address women who self-harm in custody will be discussed in significant depth later in this chapter.

Overcrowding and restricted prison resources are not a new concern, and this remains a predominant feature of the prison estate. Evidently, the effects of restricted resources and

overcrowding also present problems for adapting the prison estate to support the needs of women. It is argued that the problem of overcrowding should be dealt with by using prison as a last resort only, for women for whom a community sentence is not deemed appropriate (Corston, 2007). In support of community sentences, it has been acknowledged that such provision allows self-regulation: thus, restorative justice is appropriate for women offenders who can take back charge of their lives, with particular emphasis on the importance of engaging with other people through listening and talking (Worrall and Gelsthorpe, 2009). Evidently, community sentences provide a number of benefits to women, who constitute an extremely vulnerable population and for whom custody induces disadvantages. Furthermore, it is contended that community sentences should become the norm for women offenders, in order to prevent them being disadvantaged by custody (Medlicott, 2012).

Historically, a number of incentives have been implemented to divert women from the custodial estate: it is important to discuss these as part of the theoretical framework of a gendered approach that explores the alternative options for women, in an attempt to meet the needs of this population. It has been documented that the majority of women should be diverted to serving community sentences, as this represents a more effective way of dealing with women offenders. For instance, short prison sentences have detrimental effects for women who have committed minor crimes, such as the loss of their jobs, houses and children (Corston, 2007; House of Commons Justice Committee, 2013; The Bangkok Rules, 2010; Justice Select Committee Report, 2013): these effects make returning to society upon release extremely difficult, which is a key consideration of the Bangkok rules which identifies that historically standards that meet the specific needs of women prisoner has been lacking (The Bangkok Rules, 2010). It is argued that custody does little to meet the specific needs of women; therefore, it is necessary to consider what plausible alternatives are available. In 2009, in response to the recommendations from the Corston Report, the government introduced the Ministry of Justice Diversion Project. The central aim of this project was to implement effective provisions in the community for women deemed to be vulnerable: £15.6 million was invested in

order to continue the work by the Together Women Project, to develop bail services, and to provide a 'one-stop shop' for women (Ministry of Justice, 2009).

The evaluation of the Together Women Project acknowledged positive impacts for the women involved in the project, in relation to reducing their rate of re-offending (Ministry of Justice, 2010). Following the project's initial implementation by the government, the work has continued as an independent charity from 2009 to the present, providing a gendered approach in the community for women offenders. It remains unclear why the government has not continued to fund this service, given that it demonstrated positive results in diverting women from custody to community provisions in order to meet their specific gender needs. One possible explanation is the cost of such provisions, which was not established during the pilot in 2009 (Ministry of Justice, 2010). However, such provisions are considered cost-effective when compared with the cost of custody for one-woman prisoner: £2,800 per year for a community order, rather than £35,182 per year for a custodial sentence (Ministry of Justice, 2016a).

Another reason for the withdrawal of government funding is offered by the inconsistencies in the recording of women who were referred to the Together Women Project (3,466 from December 2006 to March 2009), as some women were only recorded once they had attended their first appointment (Ministry of Justice, 2011). It is contended that the inconsistencies in the referral process led the government to under-estimate the true number of women who sought support from the project and thereby discontinued the funding based on this inaccurate information.

Further programmes include Integrated Offender Management (IOM), which provides a shared agency approach for vulnerable women; Conditional Cautioning for women who admit an offence and attend a women's centre; Court or Criminal Justice Diversion and Liaison Schemes; Community Justice Courts (CJC); and Intensive Alternatives to Custody (IAC) pilots (Ministry of Justice, 2009). Though policy-addressing women in custody has historically been sparse, since the Corston Report the government has gradually focused on this population: there have been significant developments

due to the implementation of a women-centred approach, which should be continued in order to support women within the community setting (House of Commons Justice Committee, 2013).

Whether or not this has had a significant impact is questionable, as a considerable number of women who arguably could serve community sentences are still sent to prison (Prison Reform Trust, 2015; House of Commons Justice Committee, 2013).

The revisiting of the custodial units, as previously suggested by Corston (2007), appears to be a promising alternative to custody, as are women's centres, which are more cost-effective and support the gradual reconfiguration of the prison estate for women prisoners (House of Commons Justice Committee, 2013). Indeed, the Corston Report has been extremely influential in drawing significant attention to the concept that women in custody have needs that are distinct from those of their male counterparts. However, it has been documented that momentum has been lost concerning these requirements (House of Commons Justice Committee, 2013; Justice Select Committee, 2015): this has failed to ensure the prompt implementation of community provisions for women offenders (Justice Select Committee, 2015). The reason for the decline in momentum is unclear, though it could possibly be due to the reduced numbers of women in prison, or the cost implications of incorporating gender-specific needs within the current criminal justice system. While current policy acknowledges the gender-specific requirements of women in custody, the implementation of the policy for individual women can present problems for practitioners, one being that women upon release live at great distances from the prison making the continuation of treatment problematic (Bartlett, 2007).

In support of alternatives to imprisonment for women, it has been documented that all state members should be encouraged to provide alternatives to prison, and that financing such provisions should be given priority, alongside female-specific legislations, policies and practice (The Bangkok Rules, 2010). Evidently, attention is being paid to using a gendered approach for women in custody not only in the UK, but also worldwide: this illustrates significant progress, firstly in the

acknowledgement of women's needs within the prison service, and secondly as a rejection of the 'one approach fits all' treatment of women and men in custody.

Gradually, the existing system, which historically has not included or been developed for women who offend, has begun to be adapted. Policy implementation is following suit, and is designed to be inclusive for women who offend, in an attempt to meet the specific requirements of women. In 2004, management of the prison estate was allocated to each local authority: this brought concerns about whether progress would be maintained, in terms of continuing to develop the prison estate to incorporate gendered needs (HM Inspectorate in Prisons, 2005). Continued efforts and resources have been deployed since 2004 to divert women away from the prison estate, and from crime generally (Gelsthorpe, 2010; Hedderman, 2010), with positive evidence of the results of women using the community-based services (Gelsthorpe, 2010). NOMS continued to ensure improvements to women's imprisonment in accordance with the recommendations of the Corston Report, through adherence to the governmental framework, which ensures women within the criminal justice system are treated fairly, in order to protect the public, the prisoner, and to reduce re-offending (NOMS, 2012).

The progress made by the government regarding the support of women in custody is undoubtedly encouraging. However, the modification of custody requirements for women through the proposal of smaller units for violent offenders, and the increased use of community provisions, including improved access to women's centres, have not been implemented or accepted by the previous or current government (Justice Select Committee, 2015; Women in Prison, 2017). Thus, it is necessary to provide a constant reminder of the needs of women prisoners and what treatments are effective for them (Gelsthorpe, 2006). While it is evidently encouraging that the specific gendered needs of women in custody are being acknowledged, significant action is required to ensure the successful implementation of such provisions. Though the smaller units for women offenders have not been implemented as an alternative to custody for women (Corston, 2007), some attempts have been

made to provide these as a supplement rather than an alternative to custody: the government suggests that community prisons should be built to enable women to reside closer to home (Ministry of Justice, 2016). This is indeed another step forward, though it remains to be seen whether this will be implemented in practice.

1.4 Women's experience of custody

The purpose of prison is primarily one of punishment, which is inbuilt within the structure (Sexton, 2012). For a multitude of reasons, women require policy planning and implementation that is focused in its entirety on their gender. Such policy developments are justified by the significant differences that exist between men and women in custody. Women prisoners are more likely to be incarcerated for non-violent offences, and are more likely to be victims as well as offenders; their offending is often induced by relationship breakdowns; and they are most likely to be the primary caregiver to children (Prison Reform Trust, 2015).

Absence of the mother role

Women, historically and to the present day, are often the sole caregiver to their children (Coll et al., 1998; Prison Reform Trust 2015). Indeed, research suggests that gender shapes the prison experience, with being a mother considered an influential factor (Wright et al., 2016). A body of evidence suggests that it is the removal of the mother role, which makes the experience of prison extremely traumatic for women (Corston, 2007; Baldwin and O'Malley, 2015), and their children (Moloney et al., 2009). Research identifies difficulties in education, employment and relationships (Daly, 2012), which induce not only a sense of guilt, but also feelings of depression in women (Hooper, 2003). Similarly, the terms used by women to describe this separation' are 'distress' and 'suffering' (Powell et al., 2016).

Indeed, custody for women induces additional stressors, as the sole caregiver role is removed: figures identify that 17,000 children were separated from their mothers in 2010 due to imprisonment. Further to this, less than one in ten of such children was cared for by their father (Prison reform trust, 2015), as women are six times more likely than men to be the primary caregiver for children (NOMS, 2012). It is clear that placing a woman in custody has extremely complex repercussions and affects the whole family. As women are predominantly the sole caregiver of children, being imprisoned causes immense stress, creating a period of uncertainty as to who will care for the children in their absence. Furthermore, the removal of the mother role is documented as the most traumatic aspect of prison for women (Hairston, 1991; Crewe et al., 2017), along with the pains of separation that follow every visit from their children (Gender and Players, 1990).

The problem of long distances between where the women are imprisoned and their home has been acknowledged as paramount for over 20 years (Woolf and Tumin, 1990), and close proximity to where they reside is important for decreasing the detrimental impact of incarceration on women and their families (NOMS, 2013; The Bangkok Rules, 2010); however, this still remains an ongoing concern. The smaller number of prisons housing women' might explain this distance problem more logically: means that they are usually held further away from where they reside than is the case for men: this is acknowledged as detrimental for maintaining their local connections to the area (Prison Reform Trust, 2016).

Following the closure of HMP Holloway, women are sent to prisons outside London (National Offender Management Service, 2016b), which again has the potential to extend the distance between the prison and the family home. This increasing distance adds to the difficulties of women within the prison estate: if they are the sole caregiver for children, it is detrimental for both mother and child if such relationships are prevented from being maintained on grounds of geographic location and logistics. Indeed, losing contact with family members, especially children, is a significant concern for women in prison (Crewe et al., 2017).

It is clear that the role of being a mother is highly significant to women, and it is detrimental to their experience of custody when this role is prevented. Research shows that the removal of this role produces negative emotions for women, who adopt a number of strategies to cope with prison life: these include disassociation from prisoner identity, and self-blame (Celinska and Siegel, 2010). Indeed, difficulties of the removal of the mother role are documented as particularly detrimental for women serving life sentences, as a result of the limited contact with their children and the inability to have more children' (Walker and Worrall, 2000).

Gendered experience of custody

It is not only the pathways into the prison estate that distinguish women from male offenders: differences also appear in their experience of custody, which research suggests can be perceived through gendered power relations (Bosworth, 1996) and incorporated vulnerabilities and powerlessness, which are gendered (Moore and Scraton, 2014). However, literature, which documents the gendered experience of the prison environment, is sparse (Bartlett, 2007). Furthermore, prisons have not been designed for the incarceration of women: thus, when treatment plans, health care and daily activities that have been developed for male prisoners are applied to women's prisons, it is suggested that they may not accurately fulfil the needs of women in custody (Organisation for Economic Co-operation and Development, 2007), and reproduce an abusing environment (Girshick, 2003; Gartner and Kruttschnitt, 2004).

Following the influence of the Corston Report in 2007, gradually women prisoners have begun to be recognised as different from their male counterparts in official policy documents. Post-Corston, the NOMS and the MoJ produced a national framework to improve the custodial environment for women and to reduce reoffending (NOMS, 2008; MoJ, 2008). In addition, NOMS also produced further documentation, the 'Offender management guide of working with women', which aimed to reduce reoffending and to divert women away from custody (NOMS, 2008); it also acknowledged

women as a vulnerable group. Furthermore, in the same year, the Prison Order 4800 regarding women offenders and NOMS 2008 provided guidance for dealing with sexual abuse, and acknowledged this as being a specific issue for women in custody.

Further developments concerning the inclusion of women's needs in custody have been acknowledged in a framework that aims to produce an environment which promotes the disclosure of violence experienced by women in custody (Women's Aid Federation, 2011). While such policy incentives evidently acknowledge a step forward for women in custody, admittedly the cost implications of adapting the whole prison estate for women would be prohibitive. Nevertheless, practical action rather than theoretical documentation is required.

Research shows that women in custody restrict their emotions and employ alternative coping mechanisms to manage their emotions: these include blocking and reflection techniques (Greer, 2002). The results of this research suggest that custody for women induces a time of emotional turmoil as women adapt to the prison environment. Conversely, however, evidence suggests that women experience enhanced levels of social support in comparison with male prisoners (Jiang and Winfree, 2006).

Likewise, being in custody does not signify a detrimental experience for all women. Though for some women, being in prison may represent a time of limited control (HM Inspectorate of Prisons, 2005; Crewe et al., 2017), for others it enables an escape from abuse and the opportunity to engage in therapeutic interventions (Fawcett Society, 2003). Similarly, while it is argued that women's experience of custody is gendered, with this chapter so far illustrating the negative aspects of the gendered experience, it must also be noted that a small proportion of the gendered experiences are positive: for instance, the prison environment for women is documented as having less violence, gang activity and racial tensions than in male prisons (Greer, 2000). Therefore, it is important to acknowledge that when applying a gendered approach as the theoretical framework in the current research, this approach must also consider positive elements for women in custody.

Prison officers are the visible representation of the prison estate, and thus their actions have a great influence on the health and well-being of every prisoner (Liebling et al., 2005). Research shows that staff members hold sexual power over women in custody, which is not reported for their male counterparts (Crewe et al., 2017). On the other hand, for many prison staff, making a difference for the women and society is paramount (Jewkes et al., 2012): this is achieved through the caring relationships between staff and prisoners (Tait, 2011). The influence of prison staff is also considered to be gendered, as women experience different relationships from those of their male counterparts.

A subsequent concern for women, more so than for male prisoners, is the reflection on their index offence whilst in custody, with the anniversaries of the offence being particularly difficult for women (Crewe et al., 2017). Research supports the significance of such reflection, with women experiencing nightmares concerning the index offence (Wright et al., 2016). Indeed, this continued reflection on the index offence whilst in custody illustrates the relational nature of women.

Similarly, the importance of trust is also documented as a significant factor for women in prison (Crewe et al., 2017): relationships can be broken when women talk to others, which is described as 'backstabbing' (Gender and Players, 1990). Similarly, privacy for women presents a significant gendered concern: women in a recent study documented this as the sixth most concerning aspect of custody, whereas it was ranked 23rd by male prisoners (Crewe et al., 2017). Indeed, this lack of privacy is demonstrated through the prison environment and the employment of male prison officers for women: research shows they feel particularly vulnerable when taking a shower or getting dressed (Gender and Players, 1990).

Previous trauma

While previous trauma has already been acknowledged in the earlier sections of this chapter in relation to women's journey into custody, trauma also has an influence on the experience of custody for women. Evidence suggests that life sentences are more detrimental to women than to men

(Wright et al., 2016). The key characteristics of such a detrimental experience for women prisoners included previous trauma (Crewe et al., 2017), with particular reference to historical sexual abuse (Wright et al., 2016), as women are more likely than men to have experienced this type of abuse (Wolf et al., 2007). It is clear that previous trauma constitutes a vulnerability in women prisoners, which shapes their experience of custody, and contributes to their gendered experience. The gendered experience of custody is further signified by the fact that women are more likely than men to acquire the status of both victim and offender; moreover, 53% had experienced abuse that was emotional, physical or sexual, whereas only 27% of men had endured such abuse (Prison Reform Trust, 2015).

Similarly, some evidence suggests that the prevalence of previous abuse induces Post Traumatic Stress Disorder (PTSD), which is acknowledged as higher in women in custody than in the general population (Goff et al., 2007). Indeed, the increased occurrence of this disorder for women in custody suggests firstly the heightened vulnerability of this population upon arrival in prison, and secondly that women's interaction with the prison environment further induces this disorder. Furthermore, findings suggest that current or lifetime PTSD that is induced in women in custody through experiencing previous trauma also has a significant impact on the likelihood of substance misuse and depression (Zlotnick, 2003; McClellan et al., 1997). Indeed, this further indicates the interlinking of conditions, which collectively contribute to women's distinct experience of custody, while highlighting their increasing vulnerability. Though women in custody in the USA are acknowledged as suffering PTSD as a result of trauma, with the condition being the second most frequent diagnosis after substance misuse (Teplin et al., 1996), little evidence for this has been generated in the UK.

Moloney et al. (2009) contended that prison policy for women in custody should incorporate the demographics associated with these offenders, with significant attention provided to the impact of

previous trauma on women's offences. Evidently, the experience of previous trauma for women has a significant impact for the custodial estate, where practices and procedures may be compared with previous trauma, and therefore may induce feelings of distress. Indeed, for women in custody, the use of routine procedures can be experienced in negative ways, with individual searches identified as inducing feelings of trauma (Moloney et al., 2009). Similarly, the experience of previous trauma also influences the ability of women to engage with male prison officers (Taylor, 2004); this arises from the risk of repeat victimisation by being bullied or sexually assaulted by fellow prisoners or staff members (HM Inspectorate of Prisons, 2005).

Thus, previous and continued trauma for women is acknowledged as critical, not only in terms of its influence on the pathways into custody, but also because historical trauma and prison conditions characterise women's experiences of prison. This justifies interventions, which focus specifically on trauma, in order to enable women to adjust to custody (Moloney et al., 2009).

Mental health

A similar situation has been identified regarding women in custody suffering from mental health problems, with 65% of women suffering from depression, compared to 37% of men in prison (Prison Reform Trust, 2015). Such mental health concerns should be explored during the process of adaption to the prison environment; these concerns are often not considered (Walker and Towl, 2016). However, while it is evident that a number of women entering custody already have pre-existing mental health concerns, for some women the prison environment induces such conditions (Caulfield, 2016). Caulfield et al. (2016) provided evidence of the initial detrimental impact of entering custody, using a large qualitative sample of 43 women: the study demonstrated the negative experiences associated with prison induction, as the mental wellbeing concerns reported within this study for many women did not continue beyond induction. Women's existing mental health is a concern for the prison estate, as evidence documents that this issue makes a significant

contribution to the vulnerability of women: it is contended that this results in a gendered experience of custody.

Substance misuse

The engagement in substance misuse by women in custody is not a new concern: indeed, £22.57 million has been invested in targeting this problem, with the implementation of a drug co-ordinator, a detoxification adviser across the women's prison estate, and the subsequent implementation of a therapeutic community within one female prison estate (HM Inspectorate of Prisons, 2005).

However, substance misuse evidently remains a concern for the prison estate, with a body of evidence suggesting that this concern is predominantly raised for women prisoners.

Furthermore, research shows that the initial offence for women offenders is frequently drug-related (Home Office, 2002; Light et al., 2013). The significance of substance misuse is also shown in the fact that women are more likely than male prisoners to enter custody having an addiction (Light et al., 2013; Prison Reform Trust, 2015). Similarly, once in the custodial environment, treatment is required for substance misuse (Prison Reform Trust, 2015), which illustrates a significant concern for women in custody. Promising evidence documents the effectiveness of the Rehabilitation for Addicted Prisoners Trust (RAPT): this is a programme available for women in custody, aiming to reduce this behaviour through providing treatment in a separate wing of the prison (HM Inspectorate of Prisons, 2016).

This chapter has and will continue to explore the gendered experiences of women in custody, which are distinct from those of their male counterparts. Though a body of evidence acknowledges that substance misuse is predominantly conducted by women, further evidence suggests that this behaviour may be employed by women in an attempt to cope emotionally. Indeed, the method of

engagement in substance abuse is also acknowledged as gendered, with specific drugs being favoured by women to remove physical and emotional difficulties (Langan, 2001).

Unfortunately, women in custody represent a significantly vulnerable population with a multitude of concerns: these result firstly from being vulnerable upon arrival in custody, and secondly from the practices within the prison environment. Furthermore, custody for many women does not constitute an environment where issues can be overcome, especially when combined with the removal of alternative coping methods such as drugs and alcohol (Marzano et al., 2011b). In light of this, many women seek to employ alternative coping methods such as self-harm (MacDonald, 2013), which will be discussed later in this chapter.

Employment

The gendered experience of custody for women is extended to life post-release: this illustrates their subsequent disadvantages in relation to male prisoners, as women on release are considered to be three times worse off, with less than one in ten women securing positive employment within a year of being released (Prison Reform Trust, 2015). Women experiencing greater challenges than men within employment is attributed to their serving shorter prison sentences, with those serving under 12 months accounting for 71% of female prisoners in 2014 (Prison Reform Trust, 2015).

In detail, the use of shorter sentences is detrimental for a number of reasons: firstly, as prison negatively affects future employment, it must be questioned if such impacts are justified for crimes, which, in terms of the sentence length, are extremely minor. Secondly, while men who serve longer sentences are able to benefit from spending their time purposively by taking advantage of educational provision, women prisoners are not often provided with the opportunity to attain useful qualifications for employment: due to the short length of their sentences. Indeed, research suggests

that women obtain positive educational outcomes from women's centres in the community as opposed to custody (Prison Reform Trust, 2017).

Corston (2007) acknowledged the challenges associated with serving shorter sentences and encouraged the use of shorter prison education programmes, which is evident with the introduction of the learning for employment programme at HMP Newton which offers the women the opportunity to learn customer service skills to a level 3 (Dixon and Jones, 2013). As a further concern raised is that custody is detrimental for future employment, which again is felt to a greater degree by women through shorter sentencing (Prison Reform Trust, 2017).

Housing

Women prisoners experience further disadvantages in this area, as 30% lose their housing whilst in prison (Singleton et al., 1998; Prison Reform Trust, 2015): this results in women being more likely to become homeless upon release from prison (Bartlett, 2007). In addition, not having a house is also detrimental for women in relation to their resettlement, as not having a secure home prevents the women's children returning (Social Exclusion Unit, 2002). This provides further support for the argument presented in this chapter, i.e. that women indeed experience custody in ways that are distinct from male prisoners, and that a number of interlinking factors contribute to the multiple disadvantages of women prior to, during and post-custody.

Similarly, the security of having a house upon release is a concern for women in custody: 60% are released without an address, which subsequently impacts on other aspects of their lives, as securing a job then becomes extremely challenging without a fixed address (Prison Reform Trust, 2016). The multiple disadvantages for women in custody supports the gendered approach, as women should only be sent to prison for crimes which justify such a response.

The prison estate can be an extremely isolating experience, which, for women who have histories of previous trauma or who have children, can negatively impact on their mental health (Woof et al.,

2007; Bartlett, 2007). It is clear that women in custody constitute an extremely disadvantaged group: indeed, the journey into prison in terms of their traumatic histories, combined with mental health concerns, being separated from their children, and the punitive prison environment, creates an extremely detrimental experience for women. Indeed, a principal cause for women self-harming when in custody is a history of vulnerability, with the prison environment acting as a trigger (Marzano et al., 2011b). The subsequent section will explore in depth the use of self-harm by women in custody, and to what extent this behaviour is employed as a gendered response to the prison environment.

Gendering of treatment

The lower numbers of woman within the prison estate has led to their marginalisation within penal policies and criminological research, the assumption being that what works for males will work for women (Gelsthorpe and Hedderman, 2012). However, the gender differences present in the prison estate and past experiences are documented as being of extreme importance, with the conclusion that a differentiated approach is required for the provision of services for the different genders (Stewart, 2008). Furthermore, it is suggested that a decrease in the disadvantages that the prison environment causes for women could produce a reduction in self-harm (Tait, 2008).

The VINN (motivationally focused support group for women) programme was devised in Norway, and has been specifically tailored to incorporate women's needs in custody in order to tackle substance misuse, women's criminality and consideration of a person's life history: its evidence shows positive results regarding how staff perceive the women in custody (MacDonald, 2013). This programme uses group therapy to focus on elements which directly relate to women prisoners, such as violence, children, relationships, self-esteem, substance abuse openness and communication (MacDonald, 2013). Indeed, this programme documents promising results, which support the implementation of similar programmes to specifically address, self-harm for women in custody.

Similarly, 'The Freedom Programme' addresses domestic violence by changing the ideology of relationships. A gender-specific standard of 'The Freedom Programme' is to increase the women's self-esteem by exploring what is acceptable behaviour in relationships (MacDonald, 2013). Although this programme is currently only running within five prisons in the UK, it illustrates that specific programmes are gradually being implemented to support women's needs in custody. Furthermore, if such programmes are successful when women are initially sent to prison, the desire to engage in self-harm could be prevented to a certain degree.

The introduction of gender-specific standards to ensure that women's specific needs are fulfilled (NOMS, 2012) has demonstrated the government's gradual acknowledgement that treatment for women in custody should be gendered to meet their needs (NOMS, 2012). Additionally, a medium-term strategy has included analysis of providing provisions based on geographical location and criminogenic needs: this would be beneficial to women, as it is considered detrimental to be held far away from home, which makes visits from family members more problematic (Corston, 2007; NOMS, 2012; Prisons Reform Trust, 2015). Although the gender-specific provisions have been acknowledged by the government and the prison service, the prisons are often too big and located too far away from the prisoners' families to adequately fulfil individual needs (HMPs Inspection Report, 2012). In light of this, the need for a combined approach for the support of those who self-harm has been recognised: this approach should combine mental health provisions and social care services, in order to reduce such behaviours through gender-specific mental health policy for women in prison (The Bangkok Rules, 2010).

The primary recommendation of the Corston Report related to gender equality, with the need to modify the services for women. Post-Corston, this key recommendation has been implemented through the introduction of the National Service Framework for Women Offenders, which identified the shift in standards with a gender-specific focus. It is evident that since this framework was introduced, progress has been made for women in custody, with prisons deemed to be safer places

with increased levels of respect (Ministry of Justice report, 2013). However, it has been acknowledged that the gendering of provisions needs to be extended further, as an HMP prison inspection in 2011 reported a lack of an empathetic approach from some staff members working with women who self-harm in custody. Moreover, there is an acknowledgement that NOMS has not considered the gender differences to the required level (Ministry of Justice Report, 2013).

In addition, the introduction of The Equality Act 2010 endeavoured to ensure equal treatment for men and women. However, this does not constitute the same treatment for both genders; indeed, women and men require approaches, which are distinctly different, to ensure their basic needs are met (Prison Reform Trust, 2015). In light of this, the requirement is placed on the state through the Public Sector Equality Duty and the Gender Equality Duty to ensure that women-specific provisions are developed. Despite the recognition of such needs, the provisions require improvement in order to have a substantial impact on services and policy relating to women in custody (House of Commons Justice Committee, 2013; Prison Reform Trust, 2015). It should be acknowledged that both aforementioned Duties constitute limited evidence of identifying women's needs, and the requirements to fulfil such needs through provisions (House of Commons Justice Committee, 2013).

Previous research has also documented the application of studies of male prison populations to women prisoners, despite the acknowledgement that the differences between the genders should be a key consideration in the development of prison programmes (Gelsthorpe and Hedderman, 2012; Blanchette, 2002; Hollin and Palmer, 2006). Indeed, programmes, which had formerly been designed for men, based on male-focused research findings, fail to meet the requirements of women's needs in custody. Such requirements for women take account of childcare provision, mental and physical well-being, and also gender and race (Gelsthorpe and Hedderman, 2012). On the other hand, programmes that have been designed for men but adapted for women have shown promising results (Gelsthorpe and Hedderman, 2012), which provides further support to the gendered approach for women in custody (Corston, 2007).

In addition, many of the risk assessment tools were historically developed for male prisoners, and thereby fail to account for many of the needs and risks, which are specific to women prisoners: this also results in the absence of treatment for such needs (Salisbury et al., 2008). Furthermore, research suggests that the formulation of focus on women's treatment in prison should take account of parental stress, previous trauma, adult victimisation and family support (Van Voorhis et al., 2010). While Van Voorhis et al. (2010) supported the inclusion of a number of needs, which are considered to have an impact on women in prison; this is not to deny that men may also experience some of these needs. In addition, given that this study generated findings from the US, it also must be acknowledged that cultural differences among countries may affect the needs of women in custody.

The employment of the Gender-Responsive Framework, which provides specific guidance for women in prison by exploring the pathways towards their offending (Covington and Bloom, 2006), illustrates the importance of employing a gendered approach that details their specific needs. Furthermore, this framework addresses a number of key concerns for women in custody in relation to the implementation of policy, such as their previous trauma, addictions, and mental-health concerns. However, most importantly, the framework documents that gender has a considerable influence, as do environmental factors (Covington and Bloom, 2006). Indeed, the Gender-Responsive Framework documents the requirement of specific guidance for women in custody, which incorporates practical examples and guidance for staff. However, this guidance should be considered with care, as the framework was not specifically developed for women who self-harm, and documents evidence from the US: thus, it is again questionable whether it can be applied to women in custody in the UK.

This chapter has so far presented evidence of the requirement for a gendered approach for women, as the evidence illustrates that women are disadvantaged before, during and after custody, Women are significantly disadvantaged pre, during and post custody, which is termed a cycle of abuse (Fettig, 2009). Indeed, Part 1 of this chapter used a body of evidence to document the disadvantages of custody for women, which are experienced in areas such as family life (Crewe et al., 2017;

Corston, 2007; Baldwin and O'Malley, 2015); mental health concerns (Crewe et al., 2017; Light et al., 2013); autonomy and control (Ward and Bailey, 2012; Crewe et al., 2017); substance misuse (Light et al., 2013; Prison Reform Trust, 2015); and previous trauma (Wright et al., 2016; Prison Reform Trust, 2015). Indeed, the disadvantages experienced by women are more problematic than for their male counterparts, which indicates that custody is a painful experience for women (Crewe et al., 2017).

The gendered approach constitutes the theoretical framework for this research by documenting the experiences of women that are different from those of men, prior to, during and upon release from custody. The rationale for the application of a gendered approach is to avoid the generalisation of the prison experience, with particular reference to the incidence of self-harming behaviour among both men and women. Indeed, the chapter has so far documented the substantial differences between women and men in custody: thus, a gendered approach is warranted to consider the factors contributing to the self-harming by women in custody.

Part 2: Self-harm: a gendered response for women in custody

1.5 The prevalence of self-harm among women in custody

A body of evidence suggests that self-harm is a significant concern for women in custody. For the purpose of this research, self-harm is defined as any 'act of self-poisoning or self-injury carried out by an individual irrespective of motivation' (National Institute for Health and Care Excellence (NICE), 2011, p. 4). This definition has been chosen in an attempt to differentiate between self-harm as a coping strategy (Ward et al., 2012) and behaviours, which hold explicit suicidal intent (Macdonald, 2002).

The literature documents that the most frequently used methods for inflicting self-harm are cutting, severe scratching, burning, banging and hitting; the characteristics of those who engage in self-injury include being young, using a range of methods, and exhibiting negative emotionality (Klonsky, 2007). For women, the methods used to self-harm in custody are determined by the means available in the prison environment: this promotes the use of ligaturing and hanging (Marzano et al., 2011), with such methods in custody deemed as more extreme than in the community (Towl et al., 2000).

Separating self-harm from suicidal behaviour

Research reveals mixed findings concerning the separation of behaviours that hold suicidal intent from those which constitute self-harm; the complexity of separating these behaviours continues to create conflict and discussion, both in practice and within the world of academia. Understanding the difference between the behaviours is seen as essential in order to implement effective management strategies: thus, some researchers identify self-harm as being distinct from attempted suicide (Macdonald, 2002; Borrill et al., 2005). Indeed, the difference between suicide and self-harm is acknowledged for women in custody who engage in this behaviour, which includes attempted overdoses (Hawton et al., 2014).

However, whilst separating such behaviours has long been acknowledged as one of the most difficult methodological problems concerning the definitions, the use of repeated self-harm is also regarded as a progression towards suicide (Hawton et al., 2014; Marzano et al., 2009). Evidently, whether self-harm actually constitutes an act of physical harm rather than an attempt to end a life is an extremely complex question, with the academic world continuing to document a mixed picture of whether these behaviours are distinct from each other. The progression from repeated self-harm to suicide indeed suggests the interlinking of these behaviours: this provides a further complication for research regarding self-harm, making it questionable whether research can explore this singular

behaviour. From another perspective, it is suggested that the restrictions imposed by the prison environment in terms of the access to the means for self-harm result in near-fatal acts, rather than acts of suicidal intent (Marzano et al., 2009), being used in an attempt to end consciousness completely (Walsh, 2012).

It is possible that the motivation for acts of self-harm and suicide offers some guidance for separating these behaviours. Research suggests that whereas suicide attempters are seen to be motivated by relationship issues, self-harm is motivated by the desire to release negative feelings (Borrill et al., 2005); however, this may not always be the case. Though the aforementioned study provides some insightful distinctions between the behaviours, it fails to account for the individual factors, which induce self-harm, and the restrictions of the prison environment (Marzano et al., 2009). Therefore, whether behaviour is deemed to be suicidal or self-harming in prison is a complex issue, as such behaviours are subject to a number of interlinking factors. In addition, moods have been defined as either passive or active: the former includes behaviours such as depression, which have been associated with attempted suicide, whereas the latter have been associated with self-harm (Borrill et al., 2005).

Additional contributing factors are acknowledged as influencing whether women engage in self-harm or suicide in custody: one such influence is the experience of previous trauma. However, evidence suggests that whilst a significant proportion of women in custody have at some point in their lives experienced traumatic events, nevertheless the risk pathways are dissimilar for those who engage in severe self-harm, in comparison with non-fatal suicide attempts prior to suicide (Oakes-Rogers and Slade, 2015).

Similarly, it is acknowledged that the absence of a universally accepted definition of self-harm allows the term to be used to describe a wide variety of behaviours. Although distinctions are made between direct self-harm, such as cutting, and indirect, such as substance abuse, the function remains unchanged, which is to self-punish (Borrill et al., 2005). The complexity of defining such terms in research is further complicated by a body of evidence, which acknowledges the differences between those behaviours that should be regarded as self-harming and those, which are self-injurious acts. Self-harming behaviour incorporates a number of behaviours, including self-cutting, substance misuse, eating disorders and self-poisoning (Walsh and Rosen, 1988), whereas self-injury includes only the most severe behaviours such as self-cutting and burning (Pattison and Kahan, 1983).

Therefore, the current research also considers the distinctions between those behaviours which are considered to constitute 'self-harm' and those which are 'self-injurious'. After carefully considering the differences between the definitions, the term deemed most fitting in this research is 'self-harm'. It is considered that whilst the meaning of self-harm is considered to be very broad (Walker and Towl, 2016), this term is used in a number of prison programmes that aim to address this behaviour. In light of this, the current research attempts to avoid any confusion by using a term, which is already familiar to the prison staff and women prisoners.

It must also be acknowledged that differences exist between behaviours, which are considered to be 'deliberate self-harm' or 'self-harm', according to the motivations for the behaviour. Indeed, this terminology also is somewhat complex, as it has been questioned to what extent behaviours can be assessed as deliberate (Crighton, 2012). The complexity of such definitions makes it crucial for this research to acknowledge which terms have been used, and the underlying rationale in reaching such decisions. For this reason, the current research made the decision not to include 'deliberate' in the terminology, and to use the term 'self-harm' without reference to the motivations for the behaviour.

How many women in custody engage in self-harm?

The severity of self-harm behaviour within the custodial environment has been acknowledged as more life-threatening and frequent than in the community (Bailey, 2011), which signifies an area of complex behaviour which needs to be better understood. Despite representing the minority (5%) within the overall prison population, women prisoners in 2016 accounted for 21% of all acts of self-harm that took place in custody in England and Wales (Ministry of Justice, 2016). Similarly to the number of women in prison, self-harm incidents recorded for women in custody have decreased in the years from 2006: at the start of this period, women accounted for over half of all reported self-harm cases (Corston, 2007), amounting to 13,325 incidents (Safety in Custody, 2015).

After the gradual decline in self-harm incidents for women in custody since 2006, the latest figures report an increase from 2015 in the number of self-harm incidents reported: for both males (increase of 30%) and females an increase of 4%) (Ministry of Justice, 2017). Thus, the statistics illustrate that considerable distinctions still exist between men and women, which signifies that self-harm remains a paramount concern for women in custody. Severe self-harm that required hospital treatment increased since the previous year for men in custody by 24% to 2,605, whereas that for women fell by 15% to 135 incidents (Ministry of Justice, 2017). This illustrates a promising reduction in severe self-harm for women, which justifies this doctoral research's aim to examine whether the support systems that have been put in place for women are effective. It is clear from the increasing trend in the figures that self-harm has historically been, and remains, a more serious problem for women in custody than for men.

In addition, such statistics must be viewed with caution, as it may be suggested that they fail to reflect the true engagement in self-harm for women in custody: often this behaviour takes place in private and is unreported (Walker and Towl, 2016), which is concerning for the prison estate (Macdonald, 2002). Though treated with caution, such statistics at the very least provide some insight into the issue of self-harm for women in custody. Similarly, the difficulty of separating

behaviours that are self-harming, self-injurious or suicidal is another reason for viewing the statistical information with an element of care. Indeed, given that evidence suggests that women experience custody in different ways from men, research is essential to explore the impact of the prison environment on women who self-harm.

1.6 The factors which induce self-harm for women in custody

Being imprisoned has detrimental effects on women in custody, which can lead to a significant proportion of women experiencing problems, which they find increasingly difficult to cope with. It is apparent that women in custody engage in self-harm for numerous reasons, which include current and previous traumatic events, and negative experiences of the prison environment (Marzano et al., 2011b). Additionally, other contributing causations include the early days of imprisonment (NOMS, 2012) and mental health concerns (Ministry of Justice, 2013). Research suggests that women often have significant addictions and mental health problems, and are more likely to engage in self-harm (Prison Reform Trust, 2015).

Early days of prison

Though it is acknowledged that women enter custody with a multitude of needs as a result of abuse, which they have experienced, it is nevertheless the case that no formal screening process is applied when women arrive in prison, which includes the multitude of women specific needs, such as previous abuse (Macdonald, 2013). This absence of a formal screening process casts doubt on the ability of the prison service to provide the correct treatment for women, and thus prevent the development of behaviours such as self-harm. Furthermore, there is an increased risk of developing a mental health condition when subjected to the poor conditions of the custodial environment,

combined with staff who are not trained to support the gender-specific requirements of women in prison (United Nations Office on Drugs and Crime, 2009).

The early days of imprisonment are a particular concern for women in custody, as this period increases the risk of the engagement in self-harm (Towl and Crighton, 1998; NOMS 2012). The majority of self-harm behaviour within the prison population has been identified as occurring within the initial month of the prison sentence (NOMS, 2012). The importance of support for women during their early days in custody, in order to avoid their engagement in self-harm, has been acknowledged by the prison service, who strongly advised that women require support during their first few nights in custody (HM Inspectorate of Prisons, 2005).

Research suggests that women should spend as little time in reception as possible; instead, they should continue quickly to wings, which are specifically designed for women who have just arrived in custody (Walker and Towl, 2016). Evidently, it has been acknowledged for over ten years that for women the early days of custody can induce feelings of an inability to cope, which results in engagement in self-harm. Though it is not the aim of this chapter to make any criticism of the prison estate, especially in the current climate of restricted resources, it must be questioned as to what extent such guidelines are implemented in practice.

Similarly, a correlation has been identified between women's engagement in self-harm and the presence of difficulties in adjusting to imprisonment, with women prisoners who self-harm being more likely to engage in institutional incidents such as violence, substance abuse and discipline problems (Wichmann et al., 2002). Though this study provides noteworthy insights into the impact of custody on women who self-harm, it must be noted that Wichmann et al.'s (2002) research was conducted in Canada, which raises the question of the extent to which this prison environment is comparable with that in the UK.

Mental health

Research has acknowledged that high levels of mental health problems, social exclusion and self-harm lead to the incapacity of women prisoners: this affects 60% of women, compared with 36% of their male counterparts. Such issues of emotional well-being have been acknowledged as resulting in a significant number of women engaging in self-harm, in comparison with men (Ministry of Justice, 2013).

The prevalence of mental health concerns among women in custody has been acknowledged as being higher than that of women within the community, with 30% of women who enter prison having a pre-existing mental health concerns (Prison Reform Trust, 2015). A number of causes have been provided to explain the differences between mental disorders in prison and in the community, one such being a history of abuse, alongside the ability of prison to exacerbate the mental health concerns of individuals (Birmingham, 2003). This signifies that improvements are required to support the assessment and treatment of women with mental disorders in custody (Tye and Mullen, 2006).

Short-term implementations are acknowledged within the policy literature: two of these aim to address self-harm by women in custody. Primarily, the implementation outlined by the Bradley and Corston Reports includes provisions specifically relating to women with mental health concerns (NOMS, 2012). As it has been acknowledged that mental health concerns induce self-harm for women in custody (MacDonald, 2013), it is paramount that specific treatment is provided to support this condition before it progresses to engagement in self-harm. In light of this, any policy incentive, which acknowledges the distinct differences in the mental health concerns of male and female prisoners, is evidently a step in the right direction, although it must be contended that further progress is needed, as self-harm remains a significant concern for women in custody (Ministry of Justice, 2017). Thus, if one of the factors that induces this behaviour could be reduced, the problem would be alleviated to some extent.

The government's policy regarding the mental health of women offenders (Home Office, 1990) outlines that the prison establishment is not an appropriate environment for those with mental health concerns, and that women prisoners should be dealt with by health and social services. It is acknowledged that health care provisions are not specific for women, which has led to the recommendation that specific standards of women's health should be included in the health care standards (Home Office, 1997). HM Chief Inspector of Prisons addressed the issue of health care for mental health concerns in the 1997 Thematic Review, and recommended the improvement of provisions for those prisoners with mental health problems. However, this had still not been achieved by the time of the follow-up report in 2001 ('Changing the Outlook: A Strategy for Modernising Mental Health in Prisons'). Although this report acknowledged that women may have specific needs, which differ from those of males in custody, how this should be achieved was not detailed.

Furthermore, specific details were not provided concerning the link between mental health and self-harm in custody. Although progress has been identified in terms of the health care standards and the management of self-harm behaviour (Prison Reform Trust, 2003a), the Strategy for Women Offenders did not address the mental health concerns for women in custody (Home Office, 2001). However, the need for a specific framework to address the mental health needs of women in custody has been recognised: this was included in the development of a national strategy for women's mental health (Department of Health, 2003).

During this time, women's policy groups were working with the prison service to provide guidance on suicide and self-harm, specifically for women in custody. One of the concluding statements (HMCIP, 2001) was that women's self-harming behaviour is a concern for all staff, not just health care, with the final conclusion stating that all women prisoners who engage in such behaviour should be provided with a mental health assessment. The need for government incentives within the criminal justice system has long been acknowledged, in particular that the mental health services

should be gender-specific, as strategies and policies developed for male prisoners are not adequate for women in custody (Prison Reform Trust, 2003a).

However, in 2010, a survey by the Royal College of Psychiatrists acknowledged that women prisoners were not receiving the same standards of treatment as women in the community. Indeed, given the prevalence of mental health concerns for women in custody and the impact of such conditions on self-harm, this failing evidently warrants an increase in the significance placed on this issue by the government.

Previous history of self-harm

Though this chapter so far has indicated that the early days of custody and the increased prevalence of mental health concerns induce self-harm for women, alternative factors are also documented as contributing to engagement in this behaviour when in custody. Indeed, a history of self-harm prior to entering custody has also been linked to the continuation of the behaviour in the prison estate (Marzano et al., 2010). Furthermore, self-harm for some women begins as a coping mechanism before prison, which is also linked with these women's experience of previous abuse; and once in the prison environment, this behaviour is continued as a way of coping (Morris et al., 1995).

Previous trauma

Though self-harm fulfils different functions according to the individual, previous trauma, such as childhood sexual abuse has been found to have associations with self-harm behaviour: for instance, prisoners engage in this behaviour as a coping mechanism to reduce their feelings of anger (Romans et al., 1995). Indeed, previous sexual abuse is acknowledged as the most significant contributing factor for the engagement in near-fatal self-harm, with experiences in the prison environment being related to previous abuse, which unfortunately leads to suicide attempts (Marzano et al., 2011b). Evidence suggests that those prisoners who engage in self-harm are also likely to have previously

attempted suicide (Jones, 1986) and to have suicidal thoughts (Dear et al., 2001). Though a discussion of near-fatal self-harm by women in custody is warranted, for the purposes of this doctoral research, this term must be distinguished as clearly as possible from suicide.

It is clear that the engagement in self-harm by women is extremely complex, and that a considerable number of factors interlink to induce this behaviour in women. Further factors are documented: for instance, self-harm in custody is also suggested to be the result of a previous violent offence, the prison type, serving a life sentence, or the delays in sentencing (Hawton et al., 2013). Evidently, custody represents a time of distress and a gendered experience for women, as the influencing factors, which have been previously discussed, are experienced to a greater degree by women prisoners. This results in the engagement in self-harm, which is documented as being a significant concern for women prisoners.

Self-harm as a result of the prison environment

Self-harming behaviour by women in custody raises concerns about an environment which has historically been created for men: gender differences are acknowledged in self-harming behaviours (Ministry of Justice, 2017), in that women prisoners engage in this behaviour more than their male counterparts (Ministry of Justice, 2014; Ministry of Justice, 2017). It is questionable whether practices and procedures that have been designed for men can fully support women; indeed, evidence proposes a link between imprisonment and pain, which is demonstrated through the offender engaging in self-harm (Liebling, 1994).

The prison environment combines a lack of autonomy and control for women (Ward and Bailey, 2011) with a reliance on staff to meet even the most basic of needs. For women, custody acts as a reminder of a time of abuse that they experienced either as an adult or a child (Hooper, 2003), with the health and welfare needs of women prisoners being unfulfilled by the increasingly risk-averse

prison environment (Barry and McIvor, 2010). The re-exposure to traumatic conditions in prison, which places restrictions on movement and the maintenance of relationships, can trigger traumatic events from the prisoners' past: these lead to the employment of various coping strategies, such as substance abuse, violence, self-harm and suicide (Heney and Kristiansen, 1998).

The number of women prisoners increased in 2000, which prompted the investigation by Dorothy Wedderburn as part of an independent committee for women in custody. The Wedderburn report suggests that custody is detrimental for women and that because of previous experiences such as poverty and substance misuse that women may perceive that they have limited options which leads them to committing crimes. In support of the Wedderburn Report (2000), it is documented that imprisonment is not an appropriate provision for distressed women (Corston, 2007), as the stress of being in custody causes their engagement in self-harm (Paulus and Dzindolet, 1993). In fact, evidence suggests that self-harm is less likely to reduce stress and more likely to make the situation worse (Dear et al., 2000).

The evidence proclaims that self-harm behaviour is predominantly a function of coping. Within the prison establishment there exists a stronger than normal association between self-harming behaviour and suicide, as a shift from cutting to hanging is documented as reflecting an increase in suicidal intent (Corston, 2007). Alternatively, this may be a result of the possible means available (Marzano et al., 2009), rather than a behaviour which holds suicidal intent. Indeed, being in custody restricts the women's access to tools, which they may use to self-harm, therefore using methods such as hanging which are considered to hold suicidal intent may for women in prison reflect the restricted access to tools to self-harm. Nevertheless, the complexity of separating the behaviours of self-harm and attempted suicide must again be acknowledged. Evidently, the prison environment has a negative impact on behaviours of both self-harm and suicide.

In addition, evidence documents that the detriments of the prison environment, combined with individual factors, leads to the engagement in severe self-harm by women in custody (Marzano et

al., 2011a). Though this research holds considerable worth, due to its use of a mixed-methods approach with a large sample size of 60 women, the study again raises questions concerning the separation of behaviour that constitutes attempted suicide from acts of self-harm. Furthermore, it is apparent that this matter remains a continuing concern for research that explores why women in custody engage in these behaviours: for the women studied, the incidents of self-harm were also related to a history of attempted suicides (Marzano et al., 2011a). Overall, this research provides supporting evidence that women in custody engage in self-harm as a result of negative interaction with the prison, whilst acknowledging the importance of separating behaviours, which constitute suicide and self-harm.

Evidence suggests that those prisoners who self-harm show increased vulnerabilities relating to their personal backgrounds, psychological functioning and their experiences of the prison environment (Dear et al., 2001). Although this represents a large-scale study, which employed a control group in order to illustrate the differences between the prisoners who self-harmed and those who did not engage in this behaviour, nevertheless the findings were from Australia, and may therefore not be applicable to UK, which has a different prison environment.

The prison environment also enables periods of isolation during which self-harm can be inflicted: a review of prisoners who engaged in self-mutilation revealed that three-quarters of the 67 prisoners had conducted this behaviour in isolation cells (Jones, 1986). However, this research does not make specific reference to the term 'self-harm', which is problematic in terms of the aforementioned difficulty of distinguishing between the behaviours. For the purposes of the current research, Jones' study findings are insightful and applicable to self-harm, as this term is broad and also covers self-mutilation behaviours.

Likewise, through isolation and restricted staff resources, the prison environment also enables prisoners to be influenced by other prisoners, as bullying and intimidation by other prisoners also results in the engagement in self-harm (Dear et al., 2001). On the contrary, some research suggests

that the contributing factors for the engagement in self-harm are personal as opposed to environmental, with a recommendation for improved training for staff to create environments, which better supports prisoner distress (Pannell et al, 2003). Research shows that being in custody is an extremely distressing experience for women, more so than for their male counterparts. It is contended that the gendered experience of custody for women induces self-harm, which indicates that this behaviour is a specific concern for women prisoners.

1.7 Functions of self-harm for women in custody

This chapter has so far presented a considerable number of factors, which contribute to the engagement in self-harm by women in custody. However, this chapter has not yet addressed the function that engaging in this behaviour serves for women in custody: this will form the following discussion. The release of emotion has been acknowledged as being a reason for women's engagement in self-harm (Kenning et al., 2010). Furthermore, women in custody acknowledged feelings of anger prior to their engagement (Chapman and Dixon-Gordon, 2007) and shame concerning the incident (Miligan and Andrews, 2005).

Stanford et al, (2017) conducted research with 5765 women in Australia to explore future engagement in self-harm, some of the women had previously engaged in self-harm, whilst others had not. The longitudinal part of this research considered the impact of self-harm in a three and six years follow up, with the women who self-harmed during this period reported difficulties in their relationships (Stanford et al., 2017). The causes of self-harm for women in the community includes a tiredness of life, stress, depression and dieting behaviours (Stanford et al., 2017). This research from the community enables insights and comparisons to be drawn, in order to explore if the prison environment is conducive to the engagement in self-harm. Stanford et al. (2017) provided a longitudinal approach to identify risk factors, which are impacted upon on during the course of a

prison sentence. However, it must be noted that this research was conducted in Australia, which calls into question the validity of making comparisons between women in the UK community and in the prison estate. In addition, it has been suggested that functions may be the same within the community and the prison estate (Klonsky and Muehlenkamp, 2007), which has led to the questioning of the prevalence of this behaviour within the prison estate (Walker and Towl, 2016).

Staff perceptions of the functions of self-harm within the female prison estate

Although the functions of self-harm for women have been documented in relation to the release of emotion (Kenning et al., 2010), according to some prison staff, women in custody engage in this behaviour for distinct reasons. The noteworthy role prison officers play in the assessment and treatment of women in custody deemed to be at risk is crucial: evidence suggests that officers regarded prisoners as 'genuine or non-genuine' with respect to their self-harm, and women who were thought to be non-genuine were also perceived to be 'rational manipulators' and 'attention seeking' (Short et al., 2009; Kenning et al., 2010). Prison officers regarded self-harm as a function of communication from the prisoner, rather than indicating suicidal intent (Pannell et al., 2003).

Research suggests that the engagement in self-harm by women in custody is perceived negatively by some prison staff, which casts doubt on the ability of these staff members to provide appropriate treatment. Indeed, feelings of resentment are documented towards such women, leading to increased difficulties in maintaining both individual welfare and prison security: as a consequence of inadequate training, prison officers lacked confidence when dealing with women who self-harmed in custody (Short et al., 2009). Indeed, Walker et al (2017) research suggests that staff portray that they are coping with self-harm by women in custody and reject support to deal with such incidents even when they have been affected emotionally. Thereby, this research suggests that further training is required for staff to support women who self-harm in custody (Walker et al, 2017).

Although a body of evidence suggests that self-harm for women in custody is perceived by some staff to be a method of manipulation (Kenning et al., 2010), it must be noted that emotional relief is acknowledged as the reason for engagement in this behaviour (Dear et al., 2000). Dear et al. (2000) documented a large-scale study with women prisoners: though emotional relief was found to be the primary function, manipulation was also identified as a secondary reason. However, such perceptions are not shared by the women prisoners, prison governors and health care staff, who perceive that the behaviour constitutes self-punishment. Dear et al. (2000) indicates the requirement for further training to enhance prisoner-officer relations in dealing with self-harm (Kenning et al, 2010).

It is apparent that the perceptions of prison staff may be limited by not fully understanding the behaviour: thus, in order to comprehend the functions of this behaviour by women in custody, it is essential to provide training on mental health concerns, self-harm and the additional factors which interact to induce this behaviour. Likewise, it is proclaimed that staff should be aware that those who self-harm are more likely to suffer from depression and mental health concerns and personality disorders (NOMS, 2012). This documents that a considerable number of factors influence the engagement in self-harm in custody, and that staff should be trained to provide empathy towards this behaviour on the basis that it is a cry for help, rather than an act of drawing attention.

In addition, prison nurses demonstrated a degree of black humour, with nurses labelling prisoners with mental-health issues as 'nutters' (Foster et al, 2013; Foster and Onyeukwu, 2003). Furthermore, the evidence signified that working on a prison health care wing required a degree of 'hardness' which could potentially explain the use of humour as a coping mechanism (Foster, 2011). Though the terminology employed by the prison staff is not appropriate, it signals the complex concern of why the functions of self-harm are deemed by some prison staff to be non-genuine. This is not to say that all prison staff hold this perception, and many employ a degree of humour when dealing with

women who engage in self-harm: indeed, service users reported feeling pleasantly surprised by the attitudes of staff who had dealt with their incident of self-harm (Tate, 2008).

In addition, gender differences in officers' perceptions are documented, as female officers hold perceptions that are more positive and are less likely than male officers to hold negative values and myths regarding women who self-harm in custody (Ireland and Quinn, 2007): this further contributes to the gendered experience of custody in relation to the perceived function of this behaviour for women. Clearly, self-harm is perceived by some prison staff to be an act of manipulation: this is concerning, as the current prison environment already has restricted resources to address this behaviour. Combined with the significant number of influencing factors, which interact within the prison environment to induce this behaviour for women in custody, the treatment and ultimately prevention of this behaviour is further undermined by negative perceptions by staff.

1.8 Treatment of self-harming behaviour by women in custody

Following the influential Corston Report (2007), the importance of self-harm behaviour within the custodial establishment was acknowledged within The Prison Service Order (Suicide Prevention and Self-Harm Management), published in 2008. This order came in force in 2003 and then revised in 2007 signified a number of fundamental developments for the support of women who self-harm, including the establishment of the Care in Custody and Teamwork (ACCT) assessment in 2003, the implementation of Safer Custody Teams and it also acknowledged the importance of peer support schemes such as the Listener Scheme. Indeed, there is a gradual recognition that women have specific needs in custody, which have been influenced by the previous trauma they have experienced, and therefore treatment should be adapted to their needs as women in custody (Macdonald, 2013).

Evidently the treatment of self-harm in custody must take into account the gender-specific needs of women, who have greater vulnerability (Ministry of Justice, 2013; Macdonald, 2013), mental health concerns (Prison Reform Trust, 2015) and experiences of abuse than male prisoners (HM Inspectorate of Prisons, 2005; Wright et al., 2016). Therefore, interventions should be implemented to be responsive to the requirements of the individual prisoner, and should form part of their time in custody (Prison Service Order 4800, 2008). Indeed, given that this chapter contends that women's experience of custody is distinct from that of men, and induces self-harm as a method of coping, this must be reflected in the treatment of this behaviour. Furthermore, specific interventions to reduce self-harm should be available, such as access to education, dialectical behaviour therapy and other programmes of support for self-harm, to ensure the effective management of this behaviour within the prison estate (Prison Service Order 4800, 2008).

Psychological interventions

The co-existence of psychiatric and personality disorders is common in prisoners who engage in self-harm (Hawton et al., 2000; Klaus et al., 2004), along with factors which are linked to the cause of the disorder, such as childhood neglect and sexual abuse (Klaus et al., 2004; Ecclestone and Sorbello, 2002). It is suggested that the interaction between the prison environment and such disorders increases the risk of self-harm (Ecclestone and Sorbello, 2002), which provides implications for the treatment and assessment of this behaviour for women in custody.

Mindfulness-Based Cognitive Therapy (MBCT) enables patients to identify changes in their state of mind, while being encouraged to implement learnt behaviours of tolerance when faced with distress (Pollock, 2004). The positive effects of mindfulness treatment for personality disorder patients have been highlighted (Linehan, 1993). It has been confirmed that CBT and mindfulness therapy contribute mildly to the support of anxiety and depression within the prison estate (Yoon et al.,

2017), though this raises the question of whether treatments within prisons have the ability to treat complex behaviours such as self-harm. Current evidence is limited as to the effectiveness of such treatments: this warrants a significant increase in research that assesses the effectiveness of psychological treatments (Yoon et al, 2017), before they can be deemed a viable option for the treatment of self-harm within the prison estate.

However, although Yoon et al. (2017) provided essential evidence for the effectiveness of psychological treatment within the prison estate, which indeed has been subject to limited rigorous assessment, distinctions have not been acknowledged between women and men within the prison estate, or in the use of such treatment for the specific behaviour of self-harm. Therefore, Yoon et al. (2017) identified that psychological treatment within the prison estate should be considered carefully, in light of the limited assessment of the impact of this form of treatment. Furthermore, as evidence suggests that the prison environment induces self-harm (Macdonald, 2013), alternatives to prison should be considered, in which psychological treatment can flourish (Marzano et al., 2011). Though the literature suggests a number of ways in which self-harm can be treated, it is questionable to what extent this behaviour can be adequately treated when women are in custody.

The use of cognitive behavioural therapy for women who have engaged in self-harm whilst in custody is documented as showing promising results in reducing the use of this behaviour as a coping mechanism, as incidents of this behaviour are less frequent following the use of this therapy (Riaz and Agha, 2012). However, the findings from this study were derived from research in a prison in another country (Pakistan), which may call into question the success of this intervention within the UK prison estate, where rules and regulations may differ significantly. Nonetheless, Riaz and Agha (2012) used a substantial number of women in a study that identified the promising results of using this form of therapy to treat self-harm in custody.

The strong association of self-harm with previous sexual abuse supports the use of CBT and PTSD for women in custody (Royal College of Psychiatrists Survey, 2010). Indeed, as a result of the multitude

of needs of women in custody, any treatment should acknowledge the importance of psychosocial interventions, with significant focus given to addressing previous trauma, relationships with staff members, and reducing conflict between inmates (Marzano et al., 2011b).

Peer support for women who self-harm in custody

The prison estate also enables women to seek support for their self-harming behaviour from fellow prisoners through peer support schemes. Some studies suggest that prisoners prefer peer over professional support, as this is more readily available and is not subject to time restraints (HM Inspectorate of Prisons, 2015). Women in prison are able to obtain support for their self-harming behaviour from a number of schemes in custody, which will be discussed in detail in the next chapter.

Evidently, treatment for women who self-harm in custody incorporates a number of methods; unfortunately, to date there is no single treatment for this behaviour within the prison estate. Furthermore, evidence suggests that for treatment to be effective it has to combine the use of motivational interviewing with a cognitive behavioural approach, address any previous causes for the engagement in self-harm, and develop alternative coping strategies (Wakai et al., 2015). This appears to be difficult to achieve even in the community, and is further complicated when treating this behaviour within the prison environment. Though some of the evidence may seem contradictory, it is apparent that self-harm in the community is significantly challenging to treat, which is further complicated when considered within the prison environment. In addition, while women collectively share many of the disadvantages of custody, not all are shared by all women in prison, which evidently supports an individual approach to treating self-harm.

Indeed, the lower numbers of women in custody in relation to men is particularly problematic for treatment interventions upon release, as women often live at a great distance from where they have been imprisoned, making it difficult to continue the treatment plan begun by prison staff members

(Bartlett, 2007). Furthermore, to fully support women who self-harm in custody there is a requirement for further staff training, health screening and an acknowledgement that mental health concerns differ according to gender, thereby requiring specific treatments (Macdonald, 2013). Arguably, the treatment of women who self-harm in custody is complex, with a number of factors influencing the success of treatment: these include the desire of the women to accept the support, and the confidence of the prison staff in administering provisions for this behaviour.

Prison programmes to support women who self-harm in custody

The prison service has also implemented programmes, which specifically address the needs of women who self-harm in custody: to date, such programmes include Alternatives to Self-Harm (ASH), a carousel programme incorporating group and individual cognitive behavioural therapy over an eight-week period. It is apparent that the treatment length is also reflected in the cost, which makes these programmes of support for women who self-harm in custody less achievable (HM Inspectorate of Prisons, 2005).

The Holloway Skills and Therapy (HoST) programme is a dialectical behaviour therapy targeted at women with borderline personality disorder in a UK prison. The implementation of such programmes is noteworthy, given that self-harm is represented as one of the behaviours included in this treatment intervention. This programme acknowledged some positive results in relation to the ACCT process and the improvement of mental health concerns (Gee and Reed, 2013). Moreover, HoST illustrated that women are gradually being acknowledged within the custodial environment, as this programme resulted in shorter sentences for women prisoners. Nevertheless, the programme deals with mental health in broader terms, and not specifically self-harm. In addition, this programme has been implemented in only one female prison, which may raise questions as to what extent the findings from this programme can be applied to other female prison establishments.

A subsequent programme, which has been implemented to treat women who engage in self-harm in custody, is the Options Programme, which was designed as a follow-up dialectical behaviour therapy programme to the HoST programme in HMP Holloway. The Options Programme documented some promising results for self-harm, which indicated a reduction in this behaviour (Bartlett et al., 2014). However, despite documenting such positive results on the engagement in self-harm by women in custody, limitations have also been reported, specifically the lack of a control group and the small sample size (Walker and Towl, 2016).

The Women Offenders Self-harm Intervention Pilot II (WORSHIP II) programme aimed to address suicidal and self-harm behaviour by women, and included a larger sample size of three prisons. The programme identified promising results for women assigned to the PIT intervention category, who received therapy targeted at resolving the interpersonal concerns: Hobson had developed this therapy in 1985, in order to reduce self-harm by women in prison. This programme employed a rigorous design, and documented positive results of a reduction in the repeat behaviours of self-harm (Walker et al., 2017). However, encouraging results were also documented for women assigned to an alternative, active control (AC) category within this programme, in which the women spent increased lengths of time out of their cells and less time with prison staff (Walker et al., 2017). This suggests that the very nature of self-harm is complex, with a number of interventions showing promising results for the reduction of this behaviour in custody.

The programmes developed and implemented by the prison service document a step in the right direction for the support of self-harm. However, the programmes are similar in that they all demonstrate a number of shortcomings in terms of methodological rigour, funding concerns, and addressing the complexity of self-harming behaviour.

Treatment by staff of women who self-harm in custody

The willingness of prisoners to seek support has been linked to the variation in staff attitudes to self-harm: this illustrates that staff perceptions are of extreme importance, as they consequently have significant impacts on prisoners' behaviours and the uptake of support (Macdonald, 2002). The first move towards the prevention of self-harm was documented, alongside implementations for suicide, within the 'Caring for the Suicidal in Custody' report in 1994; this report also resulted in the implementation of the F2052SH form (Self-harm at risk), which could be used by all staff members who had any concerns regarding prisoners' engagement in self-harm. In addition, this strategy incorporated the role of the Listeners Scheme, which uses fellow prisoners who are trained by Samaritans to provide support through listening to those prisoners contemplating suicide and/or self-harm (Jaffe, 2012). The contribution of the Listener Scheme to reducing self-harm by women in custody will be discussed in significant depth in the following chapter.

The acknowledgment of self-harm as a significant problem, which should be prevented, continued with the implementation of the Prison Service Order (PSO) 2700 in 2003. This provided increased levels of detail regarding the times at which prisoners are most vulnerable to self-harm, and practical guidance for staff members in dealing with this behaviour. Though this order marks a significant progression in terms of preventing and treating self-harm in custody, specific reference is not made to women prisoners, which is necessary given their greater engagement in self-harm. Further progress towards the prevention of self-harm has also been documented with the introduction of the ACCT strategy, which is discussed in the following section.

An established programme of support for women within the custodial environment who engage in self-harm behaviour is provided by the Assessment Care in Custody Teamwork (ACCT): those identified as vulnerable are assessed and monitored in line with the ACCT strategy. This scheme is

designed to support those at risk of self-harm by placing the prisoner on an ACCT report, which will enable them to be monitored more closely. However, variations are acknowledged regarding how women perceive this progress to address their self-harm behaviour: a proportion of women did not consider the scheme to be supportive, as staff did not have an understanding of self-harm. Moreover, 92% of women prisoners stated that their self-harm was not understood by staff, with unhelpful responses from staff said to increase their engagement in this behaviour (Ward and Bailey, 2012).

Research into the psychiatric disorders of women prisoners who have engaged in near-lethal self-injurious behaviour has acknowledged that prior to the incident, 88% were on an ACCT report, and reported higher levels of psychiatric morbidity. The placement of the women on an ACCT report shows an element of prospective care, but the occurrence of the incident reflects that those women's support needs are not being fulfilled (Marzano et al., 2010). Evidently, the ACCT report is regarded as a preventive method used by the prison service to initially identify and continue to monitor women in custody who engage in self-harm: this raises the question of whether more proactive methods of prevention are more appropriate to support the multitude of needs of women prisoners. Despite such interventions, the Prison Service Order 4800 acknowledged that some women may be unwilling to seek help because they do not consider themselves to be 'mentally unwell': this concern was supported by the introduction of ACCT in 2004, which aimed to provide guidance to prison staff in identifying those prisoners who present a risk of self-harm (Prison Service Order 4800, 2008).

Unfortunately, in the current prison environment, the ability of staff to provide support for women who self-harm is questionable. This is not because prison staff are perceived as incapable of treating this behaviour; rather, such treatment by staff may be affected by the reduced numbers of staff in the prison estate. Furthermore, it is documented that the prison estate includes an increased

number of prisoners and reduced numbers of staff members: the number of front-line staff has declined by 26% since 2015, which has resulted in 6335 fewer staff members against an increase of 450 prisoners (Ministry of Justice, 2016a). While such statistics do not distinguish between the male and female prison estates, they evidently provide some indication of the current prison situation, and suggest that the treatment provided by prison staff for women who self-harm may be restricted.

The behaviour of self-harm must also be considered in relation to certain restrictions that make the treatment of self-harm in the prison estate significantly different from that within the community.

One central concern for the prison estate is maintaining security, whilst also demonstrating compassion for such behaviours. Walker and Towl (2016) contend that a simple choice cannot be made between choosing to maintain security over compassion; instead (and rightly so), both can be employed in the prison environment. However, in a time of reduced prison resources (Noms, 2016b), it is inevitable that the prison service will have to prioritise maintaining prison security, which may lead to women's self-harm being untreated in custody.

It is noted that prison staff cannot remove many of the stresses faced by women in custody, and which lead to their engagement in self-harm as a coping strategy. However, it is suggested that support should be provided to help the women deal more effectively with the stresses of the prison environment (Dear et al., 2001): this form of behaviour should not be perceived as a challenge by staff, but as a need to support vulnerable individuals (Safer Custody Group, 2002). Undoubtedly, prison staff members are committed to supporting women in custody who self-harm; however, in the current situation of restricted resources for the prison service (NOMS, 2016b), this may be unachievable.

Furthermore, a collaborative relationship between prison officers and nursing staff is essential in order to maintain the balance between therapy and the risk this presents to security (Foster et al., 2011). Foster's research proposed that enhancements in the role of the nurses within the prison environment will enable therapy to be paramount while ensuring security is maintained. This

extension of the nurses' role should be supported by the integration of prison listeners with therapy from health care professionals (Foster et al., 2011).

Self-harm training for prison staff

The importance of the issue of self-harm by women in custody is acknowledged by the Prison Service Order 4800, which provides training to all staff and volunteers within the establishment on how to respond to and treat this behaviour (Prison Service Order 4800, 2008). Further to this, NOMS (2012) outlined the requirement that staff in contact with prisoners must be trained to at least ACCT Foundation level. However, from January 2012 the ACCT Foundation was replaced with the Introduction to Safer Custody, along with the requirement that all staff members are trained to these new guidelines in order to support incidents of self-harm. Additionally, it is documented that staff should be aware of mental health and psychological issues that induce the engagement in self-harm, in order to identify triggers for individual prisoners (NOMS, 2012). It is suggested that self-harm is seen as the norm for women in custody, and that prison staff are untrained and unaware of the motivations for self-harm, while still being expected to manage such behaviour (Corston, 2007).

The treatment of women who self-harm in custody is a complex concern, as many staff members feel they have not received enough training to support this behaviour (Marzano et al., 2013; Walker, 2015). In order for staff to provide effective treatment for women who self-harm while in custody, they must be provided with the appropriate training from the prison estate. In recent years, this has presented problems in relation to the time required for training, and staff being released from their roles to engage in this (Paton and Jenkins, 2005). It is contended that training in how to treat self-harm in custody remains reactive (Haynes and Lever-Green, 2006), and historically has provided limited guidance on how to deal with women who have previously engaged (Walker and Towl, 2016) and repeatedly engage in this behaviour (Marzano and Adler, 2007).

Currently, a number of courses are available to prison staff to ensure that adequate training is provided for prisoner self-harm, with introductions to safer custody, mental health and ACCT assessment skills. To what extent this framework is successful must be questioned, as an evaluation has yet to be provided (Walker and Towl, 2016). Indeed, this suggests the need for rigorous assessment of the impact of such training on staff's awareness and treatment of self-harm. Furthermore, the gender-specific requirements of women in custody, which lead to their engagement in self-harm, should be recognised to a greater degree within the training documentation. Indeed, research shows that 23% of staff members (of a total 410) had not received any training on the ACCT process (Ward and Bailey, 2012).

It is evident that the prison service has become increasingly aware of self-harm and the complex nature of treating this behaviour within the restrictions of the prison environment, in which security must also be maintained. Furthermore, the nature of this behaviour is further complicated for women in custody, who are vulnerable prior to entering the prison estate; and when combined with their reaction to the prison environment, this becomes a significant concern for the prison estate. Evidently, the prison service currently provides some high-quality training to deal with self-harm (Walker and Towl, 2016). However, the current funding restrictions make the tailoring of training towards women significantly challenging, especially in light of the lower numbers of women in custody than their male counterparts. Evidently, the treatment of women who self-harm in custody is extremely complex, and ongoing training is required to ensure that prison staff are able to fully support this behaviour in the prison estate (Walker et al., 2016).

Punitive vs. therapeutic treatment for self-harm

Historically, the National Commission on Correctional Health Care (2001) offered guidance on both therapeutic and punitive approaches. It distinguished between behaviours in order to take the

correct approach: for example, behaviours, which are considered manipulative, should be met with a punitive response. Indeed, identifying whether self-harm is an act of manipulation or a cry for help is exceedingly difficult: this chapter has documented that women in custody are extremely vulnerable, with a number of factors contributing to their engagement in self-harm. Furthermore, even if such distinctions could be easily identified, it is still questionable whether a punitive response is the most effective way of dealing with women in custody. The Corston Report recommended the use of smaller women's centres, which acknowledged the move towards a therapeutic as opposed to a holistic approach for women in custody (Corston, 2007).

Bartlett (2007) contended that women in custody should be empowered to identify their most significant concerns and enabled to seek appropriate treatment, as opposed to having a hierarchy of needs that has been outlined by the prison estate, with mental health given priority. While the prison service has gradually begun to recognise the specific needs of women prisoners, in the collective sense, the individual needs of these women must also be noted. Similarly, for women in custody who have a history of abuse, it is contended that this warrants a therapeutic approach to address this behaviour (Bartlett, 2007, Marzano et al, 2011a); although again, this may not be the case for all women in custody who have experienced abuse.

The use of the therapeutic approach has produced positive benefits by installing a therapeutic community (TC), which is strongly influenced by attachment theory and the rebuilding of trust from previous trauma through establishing a therapeutic attachment (Champling, 2001). Furthermore, the group members not only live together, but they also share in making decisions for the community, which in return enhances their relationships with each other. By challenging unacceptable behaviour, the group members understand their own behaviours and the impacts they have on others (Brookes, 2010); this encourages the empowering of prisoners (Prison Service Order 2400, 2004).

Indeed, HMP Grendon, which has five therapeutic communities, is identified as also having a lower bullying and violence rate than other establishments, as a result of bullying being confronted within group therapy (Rivlin, 2006). Though being a victim of bullying is also linked to the engagement in self-harm (Rivlin, 2006), to date the TC has not been evaluated in relation to the support for women who engage in self-harm in custody. Although HMP Grendon is a male establishment, the findings enable insights into the therapeutic approach, as the literature for women in custody is sparse. Likewise, it must be noted that there is a limited number of therapeutic communities within the female prison estate (Ministry of Justice, 2012). However, the promising results of the therapeutic communities within the male estate support the use of this form of treatment to a greater degree for women in custody.

Punishment for self-harm

Evidence supports the use of a combination of health, environmental and social approaches to reduce the engagement in self-harm by women in custody, with enhancements in staff-prisoner relations being a key element for prevention (Marzano et al., 2011b). Historically, prison inspections have documented incidents of women being punished for engaging in self-harm by being placed in cellular confinement and being charged (HM Inspectorate of Prisons, 2005). Indeed, this raises a number of questions regarding not only the prevention of self-harm, but also the ethical treatment of women in custody. Despite the evidence that single cell occupancy and being segregated can induce self-harm, the prison service has historically used such measures (HM Inspectorate of Prisons, 2005). Furthermore, the use of shared cells is regarded as a preventive method, as positive results have been documented for the reduction in self-harm incidents through women sharing their accommodation (Walker and Towl, 2016).

Prevention through identification of risk

A number of instruments exist which identify the risk of prisoners engaging in self-harm: the most commonly used are the Beck Depression Inventory (BDI) and the Beck Hopelessness scale (BHS) (Beck et al., 1979). Evidence using these scales with women in custody who self-harm has identified the cut-off points of risk for these individuals, which provide insights for the future care of these women (Perry and Gilbody, 2009). However, it is suggested that such scales should identify those at risk, and that their needs can be supported with therapeutic interventions (Perry and Gilbody, 2009). Given the relational nature of women in custody and the multitude of reasons why they engage in self-harm, it is questionable whether such scales accurately identify the risk factors for women as individuals. Admittedly, they provide a useful insight when supported with therapeutic intervention, but this is also problematic due to the absence of such interventions for women in custody (Perry and Gilbody, 2009).

Therefore, it appears that it may be insufficient to simply identify those women who are deemed to be at risk of self-harm, as this may let some prisoners fall through the net and engage in self-harm while in custody. Furthermore, the application of the medical model to prevent self-harm in custody is challenging, as this model assumes that screening processes will identify women who are at risk of self-harm; however, though many women are identified as being at risk, very few actually engage in self-harm (Walker and Towl, 2016). Evidently, screening presents a multitude of problems of its own, and must therefore be applied cautiously, taking into account that a lack of screening has been reported as detrimental to the prevention of self-harm for women in custody (Macdonald, 2013).

Prevention of self-harm in custody by community provisions

The initial recommendations of the Corston Report – i.e. that self-harm behaviour should be directed outside the prison establishment and treated by the NHS, alongside the implementation of a multi-disciplinary approach (Corston, 2007) – continue to suggest that this behaviour can be prevented through provisions, which incorporate women's specific needs. However, the gap

between policy and practice is shown in the fact that the people who work with women in custody are unaware of the government's agenda (House of Commons Justice Committee, 2013). In support, it is acknowledged that unless sentencers are informed of the concerns of those whom they are sentencing, it does not form part of their practice (House of Commons Justice Committee, 2013). Furthermore, in some cases women offenders are treated with severity as a method of forcing them to change their life: an extreme case documented that a woman who self-harmed was sent to prison, as no community sentence existed (Ministry of Justice report, 2013). Evidently, given that research suggests the prison environment exacerbates self-harm, the use of prison as a method of treatment is problematic.

Though it is easy to contend that little progress has been made regarding the prevention of self-harm for women in custody, policy interventions since the Corston Report have documented some positive moves forward, although at a gradual pace. Indeed, the Prison Service Order 4800, which has been in force since 2008, provides specific details of the ways in which self-harm should be treated (Prison Service Order 4800, 2008). Though the problem is evidently acknowledged within this prison service order, whether this is implemented for women in custody is questionable. This is not to say that all prisons appear to disregard this documentation, but it must be acknowledged that what is stated in prison policy is unfortunately not always carried out in practice. Indeed, how relevant are these service orders nine years on? For instance specific interventions are mentioned which no longer run and prisons that are no longer operational.

Though it has been claimed that the government has not responded in a timely manner to the Corston Report's recommendations (Women's Justice Taskforce, 2011), they have been prioritised within the Strategic Objectives for Female Offenders report (2013), which provides appropriate female-specific provisions, with diversions away from the prison estate to community rehabilitation where possible, and provisions addressing the specific needs of women in custody. Further to this, the modification of the prison estate is required to address and provide support to improve, reform

and rehabilitate prisoners, and locate them in close proximity to where their families reside. Such measures are gender-focused (Ministry of Justice, 2013), as contact with women's families is documented as being extremely important for managing the stress and anxiety that is induced by the prison environment (Robinson, 2013).

It is possible that the prevention of self-harm may not be achieved through a treatment intervention, but by the removal of vulnerable women from custody and the use of broader support, not just from 'professionals'. This chapter has demonstrated that women's experience of prison is detrimental and differs considerably from that of their male counterparts. Indeed, Scotland has continued to pursue the aim of reducing the numbers of women in custody through the increased use of sentences served in the community. Furthermore, an 80-place custodial unit is planned to be built at HMP Cornton, which will enable frequent contact between the women and their families (Ministry of Justice, 2016a). Though it must be noted that Scotland has significantly fewer women prisoners, such provisions are evidently promising in terms of diverting women out of the prison estate to serve their sentences within community provisions, given that the increased contact with their families is regarded as a prevention method for self-harm by women. Furthermore, it is argued that just as Scotland is committed to reducing the number of women sent to prison, the UK government should employ the same focus and commitment: clearly, a reduction in the number of women in prison would also reduce the number of self-harm incidents in custody.

Prison environment

In recent years, the prison service has become increasingly aware that self-harm is a particular concern during the early days that women spend in custody: this is illustrated by the prison service ensuring that listeners are available for women in reception (NOMS, 2012). Evidently, this documents the positive steps forward, which have been acknowledged and implemented by the prison service, in order to prevent women in custody from engaging in self-harm as a method of coping.

Arguably, the prison environment presents further factors, which may contribute, to women engaging in self-harm in custody: these can be utilised to enable the prevention of this behaviour, with an additional factor being time spent outside the prison cell in purposeful activities (Walker and Towl, 2016). Unfortunately, limited staff resources make this an extremely challenging element when employing a prevention strategy: even when the importance of such activities is acknowledged by the prison service, restricted resources may result in the maintenance of security being prioritised. Indeed, the prison service on a daily basis must make the necessary decisions that will protect the general public, yet these may not be in the best interests of women who engage in self-harm in custody.

On the other hand, it is contended that the prison environment can be positive for those women who have pre-existing mental health concerns, as it provides an opportunity for treatment (Caulfield, 2016), which may be relevant to the treatment of self-harm within the prison environment. Indeed, given the current situation of restricted resources and evidence suggesting that the prison environment is the cause of self-harm, it is very difficult to prevent such behaviour within the prison estate.

Moreover, it has been noted that no single component is likely to effect change when working with women who engage in self-harm; instead, the management, staff attitudes and understanding of this behaviour are paramount, as is a multi-disciplinary approach to its prevention and management (Macdonald, 2002). Likewise, it is of paramount importance that services are individually tailored to offenders' needs through a collaborative working relationship. Furthermore, given the use of self-harm as a means of communicating distress (Bailey, 2011), interactions between prisoners and staff, through the engagement with activities and other interventions, contribute to reducing self-harming behaviour (Prison Service Order 4800, 2008).

1.9 Chapter conclusions

This chapter presents evidence in support of the expansion of the government's current focus, and the continuation of the diversion of non-violent women offenders away from the prison estate into community provisions. Such measures are aimed to eliminate self-harm by women in custody, which is a gendered response to the prison environment. It is evident that nearly a decade ago, Corston identified the core issues concerning the modern-day prison estate for women. Though it has been acknowledged by the government, the prioritised agenda needs to be extended further, and at a significant pace. There has been progress in relation to instilling gender-specific requirements within the probation service, with support provided by officers of the same gender and within front-line services delivered by voluntary organisations in prisons (Women in Prison, 2017). However, limited improvement has been documented in reducing the numbers of women who self-harm in custody.

The limited resources currently being allocated to the prison estate raises the question of whether prison should only be used for those offenders whose crimes are serious enough to warrant being held in custody. In addition, it must be contended that prison is an inappropriate environment for women who commit crimes: this chapter has illustrated that the custodial estate significantly disadvantages women, because their needs differ considerably from those of their male counterparts (Walker and Towl, 2016). Seemingly, the needs of women in custody remain largely unmet, which has a detrimental impact on their engagement in self-harm.

Furthermore, prison seemingly does little to deter women from committing subsequent crimes: it is found that 61% of women who have previously served a sentence of less than 12 months reoffend in the year following their release (Ministry of Justice, 2016a). Indeed, if the prison estate is not successful in rehabilitation, it raises the question of why women are subjected to this form of punishment. Moreover, it is argued that self-harm is induced as a response to the prison environment and the pains felt, which are gender-specific.

It would be incorrect for the current chapter to suggest that the prison environment is the only factor influencing women to engage in self-harm in custody: it has been documented that women enter the prison environment with a range of vulnerabilities, which include previous trauma, mental health concerns, and substance and drug abuse (Light et al., 2013). Indeed, this chapter contends that women have distinct needs from those of their male counterparts (Walker and Towl, 2016); this results in their experience of the prison environment being gendered. Furthermore, women's experience of the prison environment incorporates associated vulnerabilities that induce the behaviour of self-harm. In light of this, it is contended that prison is not appropriate for women who commit non-violent offences, and that significant attention should be given to enabling those women to serve their sentences in the community. This is not to say that all problems and gender-specific needs would be addressed within community provisions; nevertheless, this would provide progress in terms of removing at least some of the detrimental gendered experiences, such as the distance between the women and their family.

This chapter has documented that for women, custody is a detrimental experience that induces engagement in self-harm. The prevalence of self-harm by women in custody, as well as the limited research on prison peer-support provisions and their contribution to addressing this behaviour, justifies the focus of this doctoral research. The following chapter will provide an exploration of the contribution made by peer support to women who self-harm in custody, with significant attention given to the Listener Scheme.

Chapter 2: An exploration of the benefits and detriments of peer support provisions for women who self-harm in custody

This chapter offers an exploration of the support that peers provide for women who self-harm in custody. Currently, the prison estate offers a range of peer support provisions that provide both practical and emotional support to both men and women in custody. Though all of the schemes on offer within the female prison estate will be acknowledged, the chapter mainly focuses on the best-known peer support scheme within the prison estate, namely the Listener Scheme. The importance of peer provisions is illustrated by prisoners showing a clear preference for this support (Bagnall et al., 2015), and through the cost-effective benefits of such provisions (Devilly et al., 2005). However, can peer provisions support both men and women in managing their self-harm in custody? Moreover, is support from peers sufficient to help women who self-harm in custody?

With few exceptions, previous research has focused on evaluating the effectiveness of peer support provisions within the male rather than the female prison estate, with only a few studies exploring the use of the Listener Scheme for the general support of women in custody (Jaffe, 2012). Although some studies have identified peer support for women prisoners, concrete distinctions are not made between the genders in terms of their specific needs; rather, the majority of previous research documents evidence using the term ‘prison peer support’ in the collective sense, grouping together both male and female prisoners.

Research into peer support is limited, and where evidence is provided, this has been generated within the male prison environment. A body of research illustrates the importance of peer provisions, with a clear preference documented for peer over professional support in custody (Bagnall et al., 2015). However, the majority of evidence to illustrate this support preference has been generated from research using male prisoners, which raises the question of whether this preference for peer over professional support can be extended to women in custody who self-harm.

This chapter explores the peer support literature, firstly examining research on peer support in general, and subsequently on the Listener Scheme, in order to illustrate the gaps in the literature regarding women who self-harm in custody.

It is evident that research studying the contributions of peer support for women who self-harm in custody is sparse. Although the Listener Scheme represents the most established provision, the support provided by the listeners is also under-researched, with the scheme providing the same support for both men and women in custody. Therefore, the chapter investigates whether peer support is able to fully support women who self-harm in custody within the current universal format, and whether peer provisions should be tailored towards female needs.

2.1 What is prison peer support?

Peer support in prison is provided on the premise that those who have endured the same situation can offer a useful insight, giving hope and encouragement to those facing the same situation (Rowe, 2007); moreover, that through being listened to, prisoners will acknowledge their own vulnerability (Liebling, 1994). The National Offender Management Service (NOMS) stipulates that peer support should be provided to all prisoners throughout England and Wales who are in custody (NOMS, 2012). The prison estate offers a number of peer support provisions, which provide guidance for a variety of practical and emotional concerns. Peer support is currently offered to new prisoners, for self-harm, suicide, substance abuse, reading, health choices and housing advice. The specific types of peer provisions, which are offered to women in custody, will be detailed in the subsequent sections of this chapter.

Peer support constitutes a formal system of support, which is available for male and female prisoners; however, while the provisions are widespread, the implementation of the various schemes differs among prisons, with increased usage within some prisons and not others (HM

Inspectorate of Prisons, 2016). Indeed, schemes, which are present within one female prison establishment, may not have been implemented within others.

Prisoners are also encouraged to engage in peer support; as such, roles enable them to gain enhanced incentives and to earn privileged status (NOMS, 2013). Peer support schemes are complementary to the support already provided by prison staff, and should not undermine relationships between staff and prisoners (NOMS, 2012).

2.2 Why is prison peer support important?

Peer support within the prison estate has become increasingly popular in recent years, as less focus has been applied to treatment and more to the health and well-being of the prisoner as an individual. Furthermore, evidence in favour of peer support interventions has identified the positive impacts for health and social well-being within the prison environment, as prisoners who are peer supporters are able to empathise with the prisoners they support through the shared prison journey (Latal, 2010); moreover, evidence suggests that when prisoners become active citizens through peer support roles, the financial demands on other areas of the prison are reduced (Edgar et al., 2011). This has coincided with the increases in prison numbers, reduced numbers of staff members, and the shift of the prisoners' health care provider from the prison service to the NHS (Foster and Magee, 2011). This shift in provision took place in 2013, with the implementation of the Health and Justice Commissioning teams (NOMS, NHS England and PHE, 2013). The reduced investment from NOMS in 2015, with the aim of saving £900 million pounds (NOMS, 2016b), has inevitably led to an impact on prison resources, which makes the support provided by fellow prisoners essential.

The prison population currently amounts to 85,442 prisoners, comprising 81,489 male and 3,953 women prisoners (HMPS, 2017). In comparison, the number of front-line staff has decreased by 26% in the last six years, resulting in 6,335 fewer staff: this is problematic when combined with the increase of 450 prisoners (Ministry of Justice, 2016). The reduced numbers of prison staff signifies

the importance of peer support to bridge the gap in provisions, in the current climate of restricted prison resources.

A body of evidence suggests the positive benefits of peer support which includes increased levels of empathy, increased time to provide support, reduced pressures on the prison staff and enabling prison to be spent with a purpose for the peer supporter (Farrant and Levenson, 2002; Perrin and Blagden, 2014; Jaffe, 2012; Dhaliwal and Harrower, 2009; Bagnall et al., 2015); however, this is not reflected in statistics, as currently there is no available data on how many prisoners take on peer support roles and how often this type of support is used by prisoners. Furthermore, for the purposes of this research, such statistics would require further refinement to identify how many of the peer support roles are conducted for women in custody, and whether this support is accepted by women who engage in self-harm. Evidently, the absence of such statistics to support the above research presents a gap within the current literature, which suggests that an increased focus on this area is required.

Similarly, given that the literature suggests peer support has the potential to reduce re-offending (Dhaliwal and Harrower, 2009), it would also be extremely beneficial to be able to compile statistics to examine this finding. In addition, further statistical information is desired to identify the costs of peer support, because although it is acknowledged that peer support is a more cost-effective provision than professional support (Deville et al., 2005), the cost benefits of peer interventions are limited (Bagnall et al., 2015). Peer support to date has not been significantly documented in the official statistics that have been compiled to provide an insight into the prison estate. However, this does not mean that the provisions are insignificant; indeed, quite the opposite, as the lack of evidence in relation to official statistics illustrates a gap in the knowledge regarding such provisions, to which the present research endeavours to contribute.

NOMS (2014) has acknowledged the importance of peer support in enabling the development of support networks and removing the identity of being a prisoner. Comparative research has identified

that peer support that is provided in groups or alternatively as a one-to-one interaction is as effective as professional-led programmes in changing prisoners' attitudes towards HIV; in fact, a specific preference is shown for the support and intervention provided by fellow prisoners (Devilly et al., 2005). In contrast, it has also been concluded that the benefits of peer support require further empirical investigation, as few differences have been acknowledged between peer support and non-peer support when dealing with substance misuse (Rowe et al., 2007). Moreover, the methodological rigor of previous research has been acknowledged as inadequate within a number of studies, which undermines the validity of the current research on peer support (Bagnall et al., 2015).

In 2015, the prison service provided a service instruction (Prisoners Assisting Other Prisoners PSI 17/2015) which identified the core principles that should be employed for peer support within the prison estate. These principles included the appropriate training, selection and supervision of prisoners who provide care to fellow prisoners identified as having additional needs and/or disabled (NOMS, 2015). This instruction identifies significant progress in the acknowledgement of peer provisions as a recognised source of support; however, further refinement is required to include the specific needs of women who self-harm in custody.

The use of peers as a source of support within the prison estate is gradually gaining the recognition it deserves. Historically, research regarding the prison support provided by peers has been limited, and where evidence has been compiled, it has predominantly related to men in prison. The reasons for the limited amount of research on peer support may be as a result of some prison staff being suspicious of this form of support, the lack of consistency between prisons and the challenges between maintaining security whilst providing care by peer supporters. Current policy on peer support provisions is sparse, with few distinctions made between women and men prisoners. In addition, although the government has begun to acknowledge the benefits of prisoners becoming active citizens through the uptake of peer roles, further evidence is required that addresses the policy impact of these provisions on women who self-harm in custody.

2.3 Professional vs peer support

Increasingly, peer support is being sought in preference to professional sources: easy access and an empathetic approach are documented as some of the reasons for the increase in the uptake of such provisions (Bromley Briefing, 2015; Boudin and Weinstein, 2011). The wealth of evidence documents a preference for peer over professional provisions, with ten studies indicating a clear preference for this support when dealing with health-related, emotional and practical advice (Bagnall et al., 2016). Among the reasons for preferring support from fellow prisoners are empathy, a sense of release, and the dedication of time by peer supporters (Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). Likewise, a reluctance to obtain support from the prison authority results from the general perception that prison officers have time restrictions for listening to prisoners' problems (Foster and Magee, 2011) and that fellow prisoners are more trustworthy than staff members (Hall and Gabor 2004; Junker, Beeler and Bates, 2005). However, only three studies (Syed and Blanchette 2000b; Syed and Blanchette, 2000a; Delveaux and Blanchette, 2000) present results for women in custody, whereas the majority of studies showing a preference for peer support have been generated within the male prison estate.

The desire for peer over professional support raises a number of questions regarding the treatment of specific behaviours such as self-harm, and the level of staff involvement. A body of evidence identifies the requirement of organisational support from health care professionals in order to ensure the successful implementation of peer interventions in prison (South et al., 2016). Although a clear preference is documented for support from peers instead of professional support in the prison estate, staff support is also required to enable peer supporters to pass on any concerns (Schinkel and Whyte, 2012).

Additionally, Griffiths and Bailey (2015) proposed that peer support schemes should be viewed on a continuum which is dependent on the confidentiality and staff involvement within the individual peer provision: those schemes that have enhanced staff involvement are at one end of the

continuum, and those with limited staff presence occupy the other. Conversely, can adequate support be provided through peer provisions, without staff involvement? It is not disputed that peer support provides a level of empathy through a shared experience, and that this constitutes the desire of prisoners. Nevertheless, is this provision sufficient to support women who self-harm in custody? This question will be explored within the following sections of this chapter.

2.4 Volunteering in custody

The welfare concerns raised by the government have resulted in implementations in the voluntary sector, in order to provide a cost-effective form of welfare provision (Wolch, 1990). The focus on the welfare state was prominent during the 1970s and 1980s, when voluntary organisations became reliant on state funding; however, state funding also caused the regulation and monitoring of the voluntary sector (Brenton, 1985). Evidence suggests that the use of the voluntary sector within the prison establishments has been implemented in order to legitimise the prison regimes (Bosworth, 2007) and gain control, rather than to assist prisoners with problems (Prison Reform Trust, 2011). In contrast, ensuring the prison establishment is safe and humane is considered as a key priority of the voluntary sector in terms of the health and well-being of prisoners (NOMS, 2007b).

Though the underlying use of the voluntary sector may be questioned, the involvement of the sector is essential for the delivery of peer support provisions in the current prison climate of restricted staff resources (NOMS, 2016a). Since the introduction of the National Offender Management Service (NOMS) in 2004, significant attention has been given to peer provisions from the government, which are made on the basis that peer support through volunteering produces an ‘active citizenship’ (Farrant and Levenson, 2002). This is deemed an effective resource (Daigle et al., 2007), through which prisoners acquire the ability to change their own lives (The Prison Reform Trust, 2004).

Furthermore, such voluntary work is deemed essential for the successful integration of prisoners within the prison estate and as an employment gateway (Farrant and Levenson, 2002); thus,

alongside the acquisition of new skills, which can be utilised within the prison, it enables confidence and self-esteem to be developed upon release (NOMS, 2007). Similarly, if prisoners engage in volunteering through schemes such as the Listener Scheme, they are not only provided with practical skills which can be used for life post-prison, but it also enables the time spent in prison to equate to a meaningful experience (Edgar et al., 2011).

In addition, volunteering provides prisoners with responsibility, which helps them, reconnect with society (Farrant and Levenson, 2002). Furthermore, positive post-release effects have been documented for peer supporters, which has decreased the likelihood of re-offending and ensured a smooth transition back into society (Woodall et al., 2015). Despite such promising findings, it has been noted that peer support schemes may encourage unrealistic expectations of post-release life (Woodall et al., 2015). Additionally, for some, imprisonment is deemed the definitive punishment within Western societies (Crewe, 2007), which calls into question its ability to reintegrate prisoners.

The literature acknowledges that volunteering provides prisoners with responsibility, which helps their reconnection with society (Farrant and Levenson, 2002). However, despite the acknowledgement of the benefits the prisoners gain from volunteering, it has been proclaimed that the government could do more to recognise the positive impacts for rehabilitation, and that the prison service could further encourage prisoners to volunteer (Edgar et al., 2011).

2.5 Benefits of peer support for the supporter

Becoming a peer supporter holds considerable worth for those prisoners who secure this role. The benefits of becoming a peer supporter in prison include the attainment of a National Certificate for Further Education (NCFE) in Equality and Diversity, which has been obtained by some of the peer representatives in a small number of prisons (HM Inspectorate of Prisons, 2016). Despite the recognition that providing prisoners with the opportunity to obtain qualifications is of considerable merit (Edgar et al., 2011), it remains a concern that only a small number of prisons are supporting

prisoners in obtaining this qualification, despite peer representatives being present in the majority of prison establishments. Indeed, the National Certificate for Further Education (NCFE) in Equality and Diversity is one qualification, which can be obtained for this form of peer support. It is therefore suggested that an increased number of qualifications for the various types of peer support is required, rather than that all peer supporters should obtain this specific qualification.

Furthermore, enhancements in confidence and self-esteem have been documented as a result of being a peer supporter within the prison estate; these have enabled the prison experience to be controlled by the prisoner to a certain degree (Woodall et al., 2015). It has been suggested that peer support schemes provide enhancements within the prison environment, while the increased responsibility assigned to prisoners as part of the peer support role has the potential to increase positivity on the wings (Woodall et al., 2015). However, such environmental improvements are difficult to attribute solely to the implementation of peer support schemes: this justifies increasing the amount of research applicable to the organisational level (Woodall et al., 2015).

Some research suggests that peer support may aid criminal desistance (Perrin and Blagden, 2014) by enabling prisoners to engage in activities which are considered as purposeful, assisting in changing the self-image of prisoners, and avoiding institutionalisation (Perrin et al., 2016). Similarly, results from research with sexual offenders who undertook peer support roles showed that they engaged in meaningful activities, which provided a sense of 'giving back' and enabled the avoidance of negative labels (Perrin et al., 2015). Although this body of research acknowledges positive outcomes, the research conclusions are based on evidence from the male prison estate; therefore, further exploration is required to identify if such findings are extended to women in custody who perform peer support roles.

Although being a peer supporter undoubtedly holds considerable benefits for prisoners who engage in such provisions, deficiencies have also been perceived. Peer supporters may feel overwhelmed by their role, especially in peer support roles, which have minimal staff input (Jaffe, 2012). Indeed,

some peer supporters may feel overwhelmed when supporting other prisoners with previous trauma and may feel restricted by the confidentiality of some peer support schemes, such as the Listener Scheme. Furthermore, peer supporters may become vulnerable as a result of the information they have access to, or might use such information to abuse their role through bullying and intimidation (HM Inspectorate of Prisons, 2016).

2.6 Benefits of peer support for the service user

The impact of peer support provisions in prison contains both negative and positive aspects for the service users: positive impacts are acknowledged as being promising health outcomes of prisoners (Woodall et al., 2015), and the improvement of organisational skills and behaviour (Collica, 2014). Furthermore, evidence suggests that the involvement of peer support during the early days of imprisonment is essential to assist prisoners in their adjustment to the prison environment (Syed and Blanchette, 2000). The benefits and detriments of peer support for the service user are extremely important, as the benefits are documented as being the main purpose of such provisions. The impact for the service user will be discussed in more depth later in this chapter (2.10), where it is aligned with the focus of this research, namely the Listener Scheme. Furthermore, the body of evidence concerning this scheme is also presented, and the benefits and deficiencies for the service users are discussed within a separate section (2.11).

The Mental Health Foundation (2016) explored the use of a peer support provision for mental illness within one male prison estate, and noted a number of benefits: these identified the provision as a low-cost resource that enabled prisoners to obtain prompt support, and which had positive results on the well-being of prisoners. This study acknowledged the potential for peer support provisions in prison to treat mental illness; however, as this study was conducted within the male prison estate, further research is required to explore if such findings are evident within the female prison estate.

2.7 Peer support for women in custody

Gradually, research is providing insights into the importance of peer provisions for women in custody. The use of peer support has been acknowledged by a section of the Expectations set out by the HM Inspectorate of Prisons: this signifies the gradual identification of the benefit of peer support within the female prison estate, in terms of enabling women to support other women through peer provisions (HM Inspectorate of Prisons, 2014).

Research on peer support provisions at the Joliette Institution for Women in Canada has produced conclusions in favour of peer support schemes: for instance, 78 women were in favour of peer support, arguing that peer support provided aids in crisis prevention and empowerment, not only for the service user, but also for support recipients (Syed et al., 2000). Similarly, prisoners did not always trust prison officers, and considered that they were less likely to be judged by fellow prisoners who held a greater understanding of their situation (Hall and Gabor, 2004). This evidence supports the findings from the male prison estate, which document the preference for peer over professional support. However, this finding has not been explored in sufficient depth to clearly indicate if these benefits are applicable to women in custody.

Also in support of the findings from the male prison, estate is evidence from one of the few studies conducted with females: this acknowledged the positive role of peer supporters for an HIV intervention, and specifically identified that peer supporters and nurses, when provided together, were effective in meeting the requirements of prisoners with HIV (Boudin et al., 1999). Additionally, the awareness of peer provisions is a significant factor as a lack of awareness can lead to women not being provided with essential support (Syed et al., 2000). Evidently, the literature is considerably limited in documenting research of the impact of peer provisions within the female prison estate. However, the evidence that is provided does support the findings from the male prison estate.

Furthermore, gradually the literature on peer support in prisons is receiving significant contributions, which are necessary. Although Woodall et al. (2015) documented evidence of the first expert symposium to be conducted on peer intervention in prisons; the paper fails to distinguish between

male and female prisoners, and whether such expert views are applicable to both genders. Research exists which explores the role of prison peer support for women in custody; however, the majority generally explores the benefits of peer support within institutions in Canada (Blanchette and Eljudupovic, 1998; Eamon et al., 2012; Syed et al., 2000). Although such research is insightful, caution must be exercised as to what extent the findings from another country can be applied to peer support provisions for women in UK prisons.

It is evident that the majority of the research has been generated from the male prison estate. One of the exceptions, Collica (2010), documented that peer support provided for HIV sufferers in a female prison enabled a sense of community, which was extended to life outside, and was subsequently deemed to positively affect the rehabilitation of the women. However, despite the favourable findings for the use of peer support with female prisoners, the research was generated in the US, and therefore it must be clarified whether such findings are directly applicable to women in custody in the UK. Nevertheless, Collica's research is without doubt a starting point from which to explore gender differences.

Evidence for the benefits of prison peer support for women in custody, while extremely sparse, suggests that peer supporters experience enhancements in their self-worth (Blanchette and Eljudupovic, 1998; Eamon et al., 2012; Syed and Blanchette, 2000; Collica, 2014). This mirrors the findings of peer support studies conducted in the male prison estate (Boothby, 2011), which suggests that the benefits of peer support could be considered as universal for all prisoners, and that gender may not make a substantial difference. Although this evidence may correctly identify the benefits of peer support for the prisoner providing the support, in order to make such generalisations, further research is required to explore whether other benefits of peer support are experienced by male and female peer supporters and service users alike.

2.8 What current peer support schemes are offered?

There are a number of provisions within the female prison estate, which offer support by fellow prisoners. The prison peer scheme which is the particular focus of this doctoral research is the prison Listener Scheme, which follows the Samaritans' ethos of listening. Furthermore, the Listener Scheme represents the longest-established prison peer support scheme, and is fully supported by the Safer Custody Group (NOMS, 2007b).

Despite the limitations of previous research across the prison estate as a whole, research into the different forms of peer support have deemed the provisions to be beneficial (Bagnall et al., 2015). HM Inspectorate of Prisons (2016) classified peer support into three categories, in terms of when and what type of support is provided: namely 'early days', 'day-to-day', and 'learning, skills and release planning support'. The requirement of support during the early days of imprisonment is acknowledged as crucial, as the early days present an increased risk for prisoners, with particular reference to the engagement in self-harm (NOMS, 2015). Though it is important to document the importance of how peer support has been categorised, and the engagement in self-harm during the early days of imprisonment, these figures once again collectively discuss these concerns without reference to the specific needs of women in custody.

One such programme of support is the Insiders Scheme, which sees fellow prisoners provide guidance and reassurance to newly incarcerated prisoners. The positive impacts of the Insiders Scheme have been recognised, not only on the prisoners but also on the insiders themselves (Margorit and Boothby, 2011). Similarly, exploration of the Insiders Scheme at six prison establishments produced promising insights, which documented the importance of the scheme during the early days of imprisonment and the benefits to the peer supporters (Teers, 2003). Research on the insiders has been conducted with male prisoners, which again offers limited insights into the scheme within the female prison estate. On the other hand, support during the early days of imprisonment has been acknowledged as valuable within the female prison estate through the First Night Scheme, in which peer supporters were available to answer questions from the women on

their arrival, and were available to answer any subsequent questions following the women's first night in prison (HM Inspectorate of Prisons, 2016).

Though a lack of research into the experiences of the insiders has been acknowledged (Margorit and Boothby, 2011), the distinct characteristics of the Listeners peer support scheme have been documented, as insiders are not bound by rules of confidentiality or are equipped to support emotional issues (Margorit and Boothby, 2011). Differentiations have been presented between the Insiders and Listeners Schemes, with encouragements for interactions between the two schemes in order to fulfil their respective peer support roles (NOMS, 2012).

Peer support within the prison establishment is increasingly provided for substance abuse: 41% of females have been reported as having a drug problem, and 40% having an alcohol problem the year prior to entering prison (Singleton et al., 1998). However, only 32% of prisons have an alcoholism peer support scheme, and 46% of prisons have a drug misuse peer support scheme; although some prisons, such as HMP Low Newton, have therapeutic communities to support drug misuse, including daily seminars run by prisoners (Farrant and Levenson, 2002). Furthermore, a small number of prisons have an established Therapeutic Communities, which use a combination of professional and peer support to enable behavioural changes within prisoners.

2.9 Types of peer support

Peer support is provided for issues such as parenting, anger management, education, employment, and for minority ethnic prisoners. One of the most outstanding examples of volunteering and peer support, at HMP Buckley Hall, has been provided in the form of housing advice; however, provisions for the above forms of peer support are limited across the prison estate (Farrant and Levenson, 2002). Evidently, the number of peer support provisions that are implemented across the prison estate is indeed promising; moreover, a number of interlinking factors may affect the success of such provisions, and these will be evaluated further in the following section of this chapter.

The Rehabilitation for Addicted Prisoners Trust (RAPT) is an organisation, which uses peers to offer support with drug abuse within the prison establishment. Favourable evidence for the use of these peer supporters has been documented from HMP Leicester in 2014, where an increased number of prisoners made significant contributions to the support of fellow prisoners who were tackling drug misuse issues, through providing one-to-one support (HM Inspectorate of Prisons, 2016). Despite all forms of peer support being deemed beneficial, the importance of such schemes being more actively promoted within the different prison establishments has been emphasised, with peer support being seen as assisting the support already provided by the care professionals (Farrant and Levenson, 2002). Similarly, although such findings provide favourable evidence for this provision, the research has been conducted within the male prison estate: thus, it is necessary to explore if such findings are documented within the female prison estate.

In addition, peer support is currently provided by the Shannon Trust's Toe-by-Toe scheme, which ensures that prisoners with limited reading abilities are supported by fellow prisoners (Edgar et al., 2011). The development of prisoners' reading skills through the peer support intervention is evident, with 85% of prisoners identifying an improvement in their reading ability (Bromley Briefing, 2015). Evidence in 2014 acknowledged effective examples of this peer support scheme, with particular reference to the benefits of one-to-one interactions (HM Inspectorate of Prisons, 2016). However, the effective examples were observed within the male prison estate, which indicates that further research is required to examine this scheme within the female prison estate.

Nonetheless, research that includes a sample of women prisoners has been conducted as part of an evaluation of the Shannon Trust's Turning Pages Scheme, which replaced the Toe-by-Toe Peer Mentoring Programme. Positive findings are documented: the scheme increased the reading confidence of prisoners over a six-month period, and this success is attributed to the pairing of prisoners (Hopkins and Kendall, 2017). However, the study included only two female prisons out of the 30 evaluated, which limits the extent to which the finding can be applied to women in custody

using this provision. In addition, the study by Hopkins and Kendall (2017) also failed to include a control group; therefore, it is contended that an evaluation is required that firstly includes an increased number of women prisoners, and secondly employs a control group to provide comparable evidence of the findings.

Health trainers provide peer support guidance to enable prisoners to develop healthier lifestyles. Such support is deemed crucial in acknowledging the presence of stress in fellow prisoners, which is more easily recognised by health trainers (Sirdifield, 2006). Similarly, comparable research on health trainers within the prison estate, mental health provisions and probation services, has provided evidence that the peer support role is most effective within the prison's mental health provisions (Bailey and Kerlin, 2015). Further to this, the health trainers are acknowledged as having vital peer support roles, which enable prisoners to pursue healthier lifestyles by encouraging them to attend health care appointments (Bailey and Kerlin, 2015). This peer support scheme has been deemed excellent in HMP Eastwood Park, where female prisoners were documented as taking proactive roles in providing support (HM Inspectorate of Prisons, 2016).

The increase in numbers of older prisoners (Prison Reform Trust, 2015) has also seen the implementation of additional peer support for these prisoners. Specifically, the Carers Scheme provides peer support to older prisoners through assistance with movement and ensuring that older prisoners have access to educational provisions (HM Inspectorate of Prisons, 2016). However, some limitations have also been documented within this peer support scheme regarding its consistency and training, as support is provided within some prisons only on specific wings (HM Inspectorate of Prisons, 2016).

Housing advice is provided by the St Giles Trust, through which peer supporters at Buckley Hall prison assist prisoners with obtaining suitable housing upon release from prison (Farrant and Levenson, 2002). In addition, a City and Guilds Level 3 qualification in Information, which focuses on advice for housing-related concerns, is obtainable for peer supporters: 246 prisoners undertook this

training while in prison, and 1,302 on release (Bromley Briefing, 2015). Such peer support provisions have been regarded positively by prisoners and staff members, with the recognition that providing support to fellow prisoners has effectively 'turned their lives around' through the attainment of a qualification and beneficial work experience (Hunter and Boyce, 2009). Furthermore, this scheme has been acknowledged as extremely worthwhile within the female prisons of HMP Peterborough and Eastwood Park, where prisoners provided support and guidance, which enabled the prompt identification of the prisoners' needs (HM Inspectorate of Prisons, 2016).

Peer support is also provided by peer representatives to promote equality and diversity, to reduce violence, and to support older prisoners and foreign nationals. These peer supporters enable the voices of the prisoners to be heard, as the representatives pass on any concerns to the prison staff during consultation meetings (HM Inspectorate of Prisons, 2016). However, limitations have been documented within this peer support scheme: for instance, representatives had been given the role without any formal training; this is also reflected in the general prison population, as prisoners reported being unsure of the purpose of the peer representatives (HM Inspectorate of Prisons, 2016). However, this is not evident in all cases: as previously identified, in a small number of prisons the peer supporters obtain an NVQ in Equality and Diversity, which demonstrates a significant amount of training.

Alternative peer support schemes have been introduced to provide support for those at risk of suicide and self-harm: these are conducted by the prison staff and do not adhere to confidentiality rules such as are present in the prison Listener Scheme, these are presented in the 'buddy' scheme. The main reason cited for the introduction of this scheme has been the difficulties experienced by staff in accepting the ethos of confidentiality within the Listener Scheme; the conclusion was reached that peer support schemes cannot be effective without trust and respect from staff and prisoners (Snow, 2002).

The Carer Scheme also represents a peer provision method through which fellow prisoners provide assistance to older prisoners through the administration of daily tasks. While this scheme is documented as being beneficial, very few prisons have to date implemented the scheme; moreover, differences have been observed between various Carer Schemes in terms of the availability of the scheme, the payment of prisoners, and training that addresses the needs of older prisoners (HM Inspectorate of Prisons, 2016).

The literature acknowledges a number of peer support schemes that are currently implemented within the prison estate, and which are making a significant difference to the prison experience. The majority of schemes show limitations in terms of the consistency of the provision, training and supervision of peer supporters (HM Inspectorate of Prisons, 2016). Although it is not the case that peer support fails to provide a valuable resource within the prison estate, nevertheless the practical delivery of the training of prisoners for peer roles requires some attention.

A long-standing argument in opposition to peer provisions is that empirical research is still somewhat lacking (Deville et al., 2005). However, evidence in favour of peer support has identified that although seeking help within a male prison environment can be deemed a weakness, prisoners are still more likely to turn to their peers than professional-led support (Foster and Magee, 2011). Though studies within the male prison environment are worthy of consideration, as evidence on prison peer support as a whole is sparse, nevertheless the findings should be questioned before being applied to women in custody. Undoubtedly, peer support may not appeal to the whole of the prison population; nevertheless, it is highly beneficial for those who report using it (Liebling et al., 2005). Though some of the more recent studies are beginning to explore peer support for female prisoners, the evidence is extremely limited. It is therefore contended that the peer support provisions within the female prison estate require substantial exploration, in order to examine if this form of support is equally effective by this group of prisoners.

In addition, although the literature documents a wealth of evidence in favour of support from peers (Bagnall et al., 2015), these findings should also be viewed with caution, as research involving women in custody is significantly sparse with regard to peer support and self-harm. Furthermore, due to the absence of substantial evidence, that demonstrates methodological rigor (Bagnall et al., 2015; Griffiths and Bailey, 2015), it is questionable whether it is appropriate to support this behaviour through peer support alone. However, research into potentially lethal incidents of self-harm has recognised the importance of prison peer support (Borrill et al., 2005). Therefore, the subsequent section explores the contributions of the Listener Scheme for women who self-harm in custody.

2.10 The Listener Scheme

The Samaritans is a registered UK charity, which uses volunteers to offer confidential advice 24 hours a day to members of the public who are feeling distressed (Samaritans, 2017). It is important to firstly acknowledge the ethos of the Samaritans, in order to accurately understand the implementation of the Listener Scheme within UK prisons, and their continued support of the scheme that they provide. While historically the Samaritans have supported people in the community who feel suicidal, the present-day scheme also supports people who are not contemplating suicide through a variety of methods, including email, texts, face-to-face and by telephone (Samaritans, 2017).

The present-day Listener Scheme originates from a much earlier implementation of the scheme in Boston in the United States: specifically, the maintenance of confidentiality between prisoners enabled emotional disclosure, and this was documented as the core element of the pioneering Listener Scheme (Samaritans, 2011b). Sally Casper enabled the scheme's adaptation to the UK: she implemented the US scheme within the UK prison estate by identifying peer provisions as an extremely beneficial resource (Samaritans, 2011).

The implementation of the Listener Scheme in the 1980s followed the concerns of the prison estate regarding the increase in suicidal and self-harming behaviours (Biggar and Neal, 1996: 208); specifically, the tragic suicide of Philip Knight, a 15-year-old boy, in HMP Swansea (Samaritans, 1990). The Samaritans initially established links with the prison estate to enable the implementation of the Listener Scheme, and ensured that prisoners' needs were met through frequent visitation and staff training (Samaritans, 1990). As a result, the Listener Scheme remains in place to this day (Samaritans, 1990).

Further to the scheme's implementation within HMP Swansea, by 1993, 20 Listener Schemes had been established within the prison estate, expanding to 70 schemes by 1995 and 100 a year later in 1996 (Samaritans, 2011a: 13–14). The expansion of the scheme during this time predominately took place within the male prison estate: this coincided with a shift from the medical approach to addressing self-harm and suicide, to a multi-disciplinary approach that involved professionals alongside officer support (HMPS, 1992; 1993; 1994).

The prison Listener Scheme represents an established peer support scheme, which is now present within most male and female prison estates throughout the UK (Samaritans, 2011b). The scheme contributes to the support of self-harm and suicide problems within the prison establishment by following the Samaritans' ethos of listening: this enables emotional disclosure in confidence, as none of the information discussed is passed back to the prison staff members (Samaritans, 2011b). Current figures acknowledge the establishment of 1600 Listeners across the prison estate, with more than 86,000 support requests (Bromley Briefing, 2015). To provide support and training for the listeners, 123 Samaritans branches have enabled the support of a Listener Scheme within 158 UK prisons (The Samaritans, 2011b).

Clear guidelines are provided for the implementation of the Listener Scheme as a peer provision within the prison estate: one key recommendation is that the scheme has been obliged to operate in

line with the Samaritans Guide for Listeners from January 2012 (NOMS, 2012). The importance of listeners having 24-hour telephone access to the Samaritans in order to debrief has also been acknowledged within this guidance. In addition, it is documented that prisoners who have become listeners should be retained at that particular establishment for six months, as a constant change of listeners disrupts the success of the scheme (NOMS, 2012; Samaritans, 2011).

The ethos of the scheme documents that any prisoner can be accepted to become a listener, regardless of their convicted offence. The Samaritans carefully assess the prisoners and finally decide who will be accepted within the scheme (Samaritans, 2011). A significant reason for prisoners aspiring to become listeners is a previous personal difficulty of coping with prison life, which enables prison listeners to provide empathy to the prisoners they support, as they hold a shared experience (Jaffe, 2012). Increased ability to cope with imprisonment has also been reported because of becoming a listener (Jaffe, 2012), with subsequent benefits including a boost to self-esteem through the acquisition of new skills (Farrant, 2004). The training for the Listener Scheme is the same within the female and male prison estates, and therefore fails to take into account the different needs of the two genders. As a result of the lack of research on the Listener Scheme and the support provided for women who self-harm in custody, the Samaritans may not have considered that the training should be different for the Listener Schemes in the women's prison estate.

The Listener Scheme is used within the prison estate to address a number of issues: these comprise relational issues, environmental stressors and drug abuse engagement (Power, 2003). Despite the fact that listeners have been identified as the least favoured source of prison support in general, nevertheless they were the most likely source of support to deal with emotional and mental health issues (Jaffe, 2012). A multitude of reasons have been documented regarding why listener support is sought, including self-harming behaviour, problems with their case, violence, coping with imprisonment, mental health problems, manipulation and time wasting (Macdonald, 2002): this allows them to offload and release when dealing with such issues (Jaffe, 2012), through support

which is empathetic, less judgemental and adheres to the maintenance of confidential disclosure (Foster and Magee, 2011).

The importance of the scheme for new prisoners during induction has been recognised by the prison estate, which has ensured the presence of listeners during induction (Prison Service Order 2700, 2007): this is reinforced by the scheme being accessed most frequently at this time, with 50% of prisoners seeking assistance with adaptation within the first few days of imprisonment (Jaffe, 2012). It has also been acknowledged that prisoners access the Listener Scheme for short periods of time, which suggests that listeners provide support during times of difficulty (Jaffe, 2012).

Results suggest that prisoners who use the Listener Scheme report positive effects of the provision, as over half of the prisoners who had spoken to a listener reported feeling hope after the call; moreover, a high proportion of service users would recommend the Listener Scheme to other prisoners, which indicated a positive perception of the scheme (Jaffe, 2012). Health care professionals also acknowledge the significance of the Listener Scheme as a peer provision to produce positive benefits for prisoners who are depressed, have anger management issues or mental health disorders (Foster and Magee, 2011).

Furthermore, during 1998, the dearth of evidence documenting the prison Listener Scheme was addressed with a larger-scale survey of five male prisons: positive findings showed that 44% of the participants reported feeling better after speaking to a listener (Snow, 2002). However, the research was again generated with male prisoners, which therefore makes it questionable whether such findings are applicable to women in custody. For instance, women host a number of pre-existing vulnerabilities on arrival in prison, and the interactions of these with the prison environment can produce an extremely detrimental experience for women, in comparison with their male counterparts (Ministry of Justice, 2013; Macdonald, 2013). Such pre-existing vulnerabilities include previous trauma, mental health concerns, restricted access to children, and self-harming behaviour

(Light et al., 2013). This issue has been explored in depth within Chapter 1, but it is worth restating in order to demonstrate that the generalisation of findings from men to women is problematic.

Benefits are also documented for the listeners themselves: findings indicate that they experience personal growth through the ability to express their feelings, enhancements in self-identity, and derive something from their prison experience which results in the time spent being deemed as meaningful (Perrin and Blagden, 2014; Edgar et al., 2011); this has the potential to decrease the likelihood of re-offending (Dhaliwal and Harrower, 2009). Although only a small number of listeners acknowledged the impact of the scheme on re-offending, many perceived their role as a positive experience, which could be utilised on release from prison (Edgar et al., 2011). Additionally, becoming a listener provided a sense of perspective, and the reflection that other prisoners are facing extremely distressing issues (Edgar et al., 2011). While the evidence provides a number of positive benefits for prisoners who become listeners, it must be noted that the findings are restricted to listeners within the male estate. Evidently, in order to explore if such benefits are experienced by women in custody, further research must be conducted.

Listeners have been identified as making significant differences to fellow prisoners who are in distress: 'for the right people at the right time, listening worked' (Liebling, 2007). Male staff have been acknowledged as fundamental to the success of the scheme, with issues of trust and lack of expertise sighted as reasons for other support to be provided concurrently with the Listener Scheme (Liebling, 2007). The central concerns of confidentiality are acknowledged, as in certain situations, the information provided to listeners cannot be kept confidential: these include threats to prison security and suicide attempts (NOMS, 2012).

Evidence also documents the negative impacts of using the Listener Scheme: for instance, 23.6% of prisoners felt anger after they had spoken to a listener; though this is identified as being directed towards imprisonment itself, not specifically the Listener Scheme (Jaffe, 2012). Furthermore, peer support holds negative connotations for some prisoners, as they perceive they cannot be helped by

fellow prisoners (Foster and Magee, 2011). Moreover, they have further concerns for the maintenance of confidentiality, as disclosure by the peer supporters to the general prison population is a frequent occurrence (Syed and Blanchette, 2000; Snow 2002). Findings from comparative research acknowledged that only 11% of prisoners had sought help from a listener. The reasons documented for the limited uptake were concerns about confidentiality and the listeners being deemed unapproachable; however, despite such a small uptake of the scheme, 72% identified the scheme as a 'good idea', and 36% would consider using the scheme in the future (Mchugh, 2000).

The increased difficulties in keeping information confidential within the prison context have been recognised (Snow, 2002), with the potential threats to prison security acknowledged as a central limitation of such peer provisions (Woodall et al., 2015). The prison Listener Scheme stands in contrast to alternative peer provisions due to its central ethos of listening in confidence; this can be somewhat challenging for listeners, as it is contrary to the prison service's approach of risk assessment and the sharing of information to address self-harm (Samaritans, 2001). Furthermore, prison staff often ask the listener about the nature of the call, which contravenes the Samaritans' code of confidentiality (Jaffe, 2012).

In light of this, it has been documented that trust is a central concern within self-help preferences, in particular for women in custody, and that a barrier to obtaining listener support is evident if the prisoner did not already know the Listener (Jaffe, 2012). Moreover, the confidentiality of peer support provisions has been deemed paramount to the successful operation of the provisions (Snow, 2002).

The abundance of research identifies that the attitudes of the prison staff to peer support remain ambivalent, with previous evidence identifying that two-thirds of the research population of prison officers considered prison listeners to be abusing their position (Snow, 2002), and questioned the usefulness of the peer support programmes (Snow, 2002). The reluctance to acknowledge the benefits of peer support, and the risk to security of allowing prisoners to move around the prison,

have contributed greatly to the negative perceptions surrounding peer support, and in particular the Listener Scheme; to the extent that some prison officers did not fully support the scheme, and this prevented its successful operation (Foster and Magee, 2011). In contrast, support has been acknowledged for the relationship between prison officers and prison listeners: in particular, listener training has led to improvements in communication, and as a direct result, to enhanced relationships with staff (Jaffe, 2012).

In addition to the fact that some prisoners hold detrimental perceptions of the staff members' perspectives on the Listener Scheme, 'Screws that didn't support the Listener Scheme played games to make its functioning more difficult' (Chinelo, 2010). Given that prison officers play a critical role in ensuring awareness of the Listener Scheme as a source of support, staff members can undermine the use of the scheme if they have negative perceptions of it (Jaffe, 2012). On the other hand, the majority of prison officers deem the scheme to have a positive impact on their workload and the prison environment as a whole. Nevertheless, there remains a small proportion of staff who documented difficulties in supporting the scheme, and only selected listeners were deemed as 'trustworthy' (Jaffe, 2012).

Furthermore, the importance of a strong relationship with the Samaritans in ensuring the success of the Listener Scheme has been well documented. However, it is acknowledged that the Samaritans do not always hold a full understanding of the prison establishments (Jaffe, 2012). Thus, although evidence has testified that the Listener Scheme has a positive influence on relationships within prisons and self-harm prevention, nevertheless some staff did not wholly support the scheme, and believed that the relationship between the Samaritans and prison estates needed to be improved on a national level (Samaritans, 2001). As well as some listeners desiring greater recognition of their role from the health care professionals, they also identified feelings of 'suspicion' towards the scheme and a sense of resentment, with a small majority of health care professionals deeming listeners a 'nuisance' (Foster et al., 2011; Dhaliwal and Harrower, 2009).

A further challenge to the support provided by peers in the prison estate is that the provisions have the potential to be abused by those who use and provide the service. Furthermore, the emotions experienced when listening to other prisoners' problems have been documented as a negative aspect of the scheme for the peer supporters (Richman, 2004). In addition, logistical problems have been acknowledged in recording the number of listener call-outs, which suggests that listeners are used significantly more than the official figures suggest (Foster and Magee, 2011). Moreover, many listeners provided support when off duty, as prisoners approached them to talk: this makes it difficult to distinguish when listeners are on and off duty (Jaffe, 2012).

The concept of peer support 'burn out' is a key consideration when exploring the benefits and challenges of peer support within the custodial environment: this issue should be monitored by the prison estate, to ensure the schemes are beneficial to those who obtain and provide support (Woodall et al., 2015). A further concern has been acknowledged for the Listener Scheme regarding the face-to-face nature of the support they provide, which makes self-harm an extremely visible problem (Jaffe, 2012). Despite the proclaimed difficulties, the Listener Scheme is extremely beneficial to the prison service: it provides additional support for emotional and psychological distress, which in turn reduces the pressure on prison staff and health care professionals (Foster and Magee, 2011).

However, the literature concerning the Listener Scheme is limited to the male prison estate, and very little evidence has been provided for women in custody. Furthermore, the benefits of this peer support provision in addressing self-harm undoubtedly require significant further investigation within the literature.

2.11 The contribution of the Listener Scheme to supporting women who self-harm in custody

When considering the contributions of the Listener Scheme for women who self-harm in custody, a challenge is acknowledged, as self-harm awareness and training is not always provided to prison

listeners (Macdonald, 2002). Evidently, this finding should be considered within the context of the research study, as it may not be apparent for all of the Listener Schemes. However, such findings require further exploration, given the increasing occurrence of self-harm within the female estate. The importance of adequate training for those who support women who self-harm is acknowledged by NOMS, who document that such people must be trained to understand the reasons for engaging in this behaviour, in order to enable an efficient response (NOMS, 2012). Extreme difficulties are experienced by listeners when supporting distressing issues of other prisoners: it can be extremely difficult to be unaffected by these issues, and further support and training is thus required from the prison in order to deal with instances of mental health, suicide, self-harm and child abuse (Dhaliwal and Harrower, 2009).

The combined support from the Samaritans and listeners is essential to increase the social contact between prisoners and listeners: this in turn increases the uptake of listener support (Jaffe, 2012). Some evidence suggests that prisoners have high levels of awareness of the Listener Scheme and hold a basic understanding of the aims of the provision (Foster et al., 2013), with only a small proportion of prisoners unaware of what the scheme is or has to offer: such knowledge is essential for peer schemes to provide effective support (Jaffe, 2012). The cuts in the public sector and the rise in the prison population are of deep concern for the Listener Scheme: because staff are used within the scheme in order to escort listeners, such cuts have a detrimental impact on the ability of the scheme to provide support to prisoners who engage in self-harm (Samaritans, 2011).

Historically, a lack of resourcing provided by the prison service to the Samaritans has restricted the implementation of the Listener Scheme within prisons with a high risk of suicide, these being large male establishments where prisoners deemed to be at risk are held, prior to and after trial and sentencing (Samaritans, 2000). The present-day prison service is also subject to restricted resources for prison staff (NOMS, 2016): this may result in limited numbers of staff being available to support the Listener Scheme, in terms of transferring prisoners who seek support from listeners. Evidently,

the limitation of resources is a key concern for the Listener Scheme, and limits its contribution in supporting women who self-harm in custody. The contribution of the Listener Scheme as a peer provision for women who self-harm has been questioned, with some research suggesting that the scheme is not adequately equipped to deal with such behaviour, and merely provides a listening ear (Macdonald, 2002). This concern will be examined within the following section of this chapter, in order to establish the contributions of the Listener Scheme as a source of support for women who self-harm in custody.

The literature testifies that the scheme has had a profound effect on recorded self-harming behaviour since its primary introduction: incidents of self-harm within the prison were initially reduced by half following the scheme's implementation, with evidence also supporting that the scheme improved staff-prisoner relationships (Davies, 1994; Snow, 2002). However, like the majority of studies on the Listener Scheme, the evidence was obtained for male prisoners: this acknowledges a gap in the current literature, and makes it questionable whether such findings can be applied to women who self-harm in custody. Evidently, this requires significant further investigation, which justifies the aim of this doctoral research in exploring the contribution of the Listener Scheme to the support of women who self-harm in custody.

Current research regarding the Listener Scheme is limited, with the initial implementation of the scheme within the male prison estate: with few exceptions, the majority of the evidence has been generated from research with male prisoners. Though Jaffe's study (2012) acknowledged its use with women custody, it did not explore the contributions of the Listener Scheme to supporting those who self-harm. Therefore, the following section endeavours to explore further the Listener Scheme's contribution to supporting women who self-harm in custody.

The concept of a healthy prison has been outlined by the World Health Organisation, and is now widely accepted as a definition of what should be provided in any custodial environment. This concept is based on four key elements of safety, respect, purposeful activity and resettlement

(World Health Organisation, 2014). In addition, as part of the 'healthy prisons' approach to prevention, it is paramount that pre-existing self-harming behaviours are identified, together with continued contact with family and friends (Liebling, 1999). Further research on self-harming by women in custody concluded that different support strategies should be implemented for those prisoners who engage in these behaviours (Borrill et al., 2005). The evidence suggests that the safer custody groups should follow the healthy prison format to enable the continuation of services, which are preventative of self-harm (Sedenu, 2005). Though peer provisions are undoubtedly a crucial resource within the prison estate, the use of the Listener Scheme for women who self-harm in custody is to date unexplored.

Empirical research results are somewhat mixed regarding the benefits of peer support; nevertheless, evidence suggests that the government deems peer support to be a cost-effective provision that should be utilised within the prison establishment as a method of supporting women who self-harm, as listeners offer them invaluable support (NOMS Women and Equalities group, 2012).

In light of this, it has been acknowledged that prisoners who engage in self-harm require higher levels of mental health support from prison staff, which results in a drain on financial and emotional resources (Smith and Kaminski, 2010). The importance of supportive relationships in reducing psychological distress has long been acknowledged (Cohen and Mackay, 1984); moreover, the lower cost of the peer support service is also advantageous to the prison, in comparison with other professional support services (Turner and Shepherd, 1999).

Additionally, the first few weeks within the prison environment are considered critical for self-harm incidents, as the induction process is considered unable to fully support women who engage in this behaviour (Ward and Bailey, 2011). One-third of prisoners outlined that they had access to a prison listener upon arrival in the custodial estate (HM Inspectorate of Prisons, 2016), which is extremely low given that support during the first 24 hours in prison is deemed crucial for the prevention of self-harm. However, although such statistics collectively group male and female prisoners together, the

experience of women in custody may be different. Despite the potential for misleading information, these statistics undoubtedly provide an insight into the availability of listeners during some of the most difficult times in custody. Indeed, the Listener Scheme is documented as being a valuable resource for women who self-harm in custody, because within an hour of an ACCT being issued the prisoner must be offered access to a prison listener or Samaritan (NOMS, 2012).

Although research regarding the Listener Scheme has typically been sparse, an in-house review produced insightful findings with reference to the contribution of the scheme for the support of self-harm: 42% of staff and 49% of listeners acknowledged that the provision had contributed to the reduction of self-harm (Prison Service Suicide Awareness Support Unit, 1995). The prevalence of self-harm within the prison estate results in a high proportion of support being sought from listeners for such behaviour (Foster and Magee, 2011). Moreover, without the Listener Scheme, the prison estate would constitute an environment of hostility, with extensive engagement in self-harm (Foster and Magee, 2011).

Furthermore, among the services accessed by female prisoners who have engaged in self-harm, health care services are identified as the most common, with only 20% of the women prisoners making use of the Listener Scheme (Ward and Bailey, 2011). Indeed, this low usage raises the question of why the Listener Scheme is not used more frequently by women who self-harm in custody. Despite the low usage of the Listener Scheme, 58% of women desired increased levels of support from the counselling services, with half of these requests asking for peers to deal with incidents of self-harm (Ward and Bailey, 2011). However, it must be noted that some concerns of those in custody require a professional service, rather than merely a listening ear. Snow (2002) suggests that a lack of trust and insufficient knowledge of the Listener Scheme results in prisoners' being unwilling to use the scheme for support.

The availability of the Listener Scheme for women in custody is at an increased level when compared with the male estate, as 66% of women and only 51% of men acknowledged they could access a

listener at any point during the day (HM Inspectorate of Prisons, 2016). The increased availability of listeners has been implemented to support the different needs of women prisoners, with particular reference to their greater engagement in self-harm (HM Inspectorate of Prisons, 2016). Moreover, the relational nature of female prisoners has been documented, with 500 contacts made to the Listener Scheme within a three-month period (Howard League, 2001b: 7). Furthermore, female prisoners having access to peer support is paramount, given the withdrawal of access within the prison estate to external schemes such as the National Self-Harm Network (NSHN) (Bailey and Ward, 2011).

2.12 Chapter conclusions

In summary, collaborative relationships between professionals and listeners are recommended in supporting those who self-harm within the prison estate, although these relationships are not always positive (Foster et al., 2013). The use of peer provisions in the prison estate is a significant resource that supports prisoners during extremely difficult times. The extension of current research on prison peer support has been acknowledged, with the requirement of increased monitoring of such schemes to ensure the impact and transportation of identified good practice across the prison estate (Woodall et al., 2015). The body of evidence exploring peer provisions is sparse, and research findings have predominantly been produced using male prisoners to explore the benefits of peer support in the broader sense. Although the Listener Scheme is more widely used than most prison peer provisions, research in this area should also be extended. Despite the Listener Scheme having been in place for over two decades, staff members' perceptions regarding the scheme's contribution to the support of self-harm are still somewhat mixed. It has been noted that both peer and professional support aims to reduce the detrimental impact of self-harming behaviour on the prison environment. Evidently, the engagement of staff members is crucial for the success of all peer support schemes, ensuring that those prisoners who prefer support from their peers have access to these provisions.

Furthermore, there is a need to obtain further evidence for the contribution of the Listener Scheme to the support of both men and women who engage in self-harm. Currently, the majority of evidence, which explores the contributions of the Listener Scheme, has been conducted within the male prison estate. Therefore, there is a substantial requirement to obtain further evidence regarding women in custody who self-harm; this research endeavours to address and provide such evidence, in order to make a significant contribution to this knowledge within the literature.

Chapter 3: Research design

This chapter documents the application of a case study approach to the current research, to enable in-depth explorations of the Listener Schemes' contributions of support for women who self-harm in custody. Moreover, the employment of a case study design here supports the selection of qualitative over quantitative enquiries through the generation of novel, insightful findings in the research area. The chapter justifies the employment of a case study design through the detailed evidence obtained by this approach, whilst acknowledging that the use of a case study design influenced the selection of the research establishment, the employment of the various research methods and analysis.

The latter sections of the chapter provide a comprehensive evaluation of the research design, with justifications provided for the employment of a multiplicity of methods and the use of grounded theory analysis. The final sections specify the details of stage one and two of the data collection, and further justifications are provided for the methods, which were employed, and the assignment of the methods to the first or second stage of data collection. Whilst exploring the contribution of the Listener Scheme to the support for women to manage their self-harm in custody, emerging insights signified that, a secondary stage of data collection was a crucial requirement. In light of this, a secondary data collection stage was implemented in order to ensure that the research was contextualised and to further explore the contributions of the Listener Scheme to enabling women to manage their self-harm in custody. Therefore, the earlier sections of the chapter are structured to provide the methodology for stage one of the data collection, with the latter part of the chapter documenting stage two of the data collection.

3.1 The research questions

1. To explore the perceptions and experiences of the prison Listener Scheme's contribution to the support of self-harm from different stakeholders, women who self-harm, prison staff and listeners.
2. To investigate what works well and not so well in relation to the Listener Scheme, in order to improve the support provided by the scheme for women who self-harm.
3. To examine the perception that because listeners are prisoners they can provide an empathetic approach to self-harm, which staff members and professionals are unable to provide.

3.2 A qualitative case study design approach

In order to document evidence to answer the research questions, I required in-depth individual narratives from each of the participants, which explored the contribution of the Listener Scheme to supporting women to manage their self-harm in custody. For this reason, I employed a qualitative case study design approach, which also aligned with the nature of the research and ensured that the research questions were answered. This approach matches Yin's suggestion that, "[a] case study is an empirical inquiry that investigates a contemporary phenomenon in depth within its real life context" (2013, p.18), often drawing upon a range of evidence to answer a specific research question (Gillham, 2005). A requirement of the research was to ensure that the most appropriate approach had been selected out of the wide range of methods, which were available.

There are a number of reasons why I decided that employing a case study approach would be the best fit for my research. A significant influence was that the sample of prisons, which had the potential to become involved in my research, was somewhat restricted. Currently, only a small number of female prisons exist within the UK, which presented a limited sample as my research explored the ways in which the Listener Scheme supports women to manage their self-harm in custody. The pressures, which were experienced by the staff members within these establishments

at the time of the research, meant that only a limited amount of time could be used to support research projects. Evidently, such challenges significantly reduced the number of female prisons, which were able to support the research. In light of this, I felt it was better to gain access to one prison site and fully explore the Listener Scheme and the ways in which it supported women to manage their self-harm in custody. The case study approach was therefore useful because I experienced these sampling constraints.

The questions, which I endeavoured to answer with my doctoral research, were also a significant influence on the chosen case study approach. For this reason, it was essential to fully understand the participants' personal narratives so that I could evaluate the ways in which the Listener Scheme supported women to manage their self-harm behaviour in custody and the ways in which the scheme fell short. Yin (2013) supports the use of a case study design in response to the research questions, with research which endeavours to answer "how" and "why" questions, considered to align with a case study approach, as a response to the explanatory nature of the questions. An in-depth exploration of alternative methods was undertaken before arriving at the selected case study approach as the most appropriate for examining the research questions for this thesis. The employment of a survey within the research was considered, but rejected on the grounds of the limitations of the information obtained, which would have only provided the "who", "what", "where" information (Yin, 2013). This would not have provided the depth of knowledge needed from the participants, which I considered as essential to explore a research area which otherwise consisted of a limited amount of previous evidence within the female prison estate.

The research therefore employed a mixed methods approach through the use of a variety of qualitative and quantitative data collection tools, which in combination enabled the most appropriate methods to be applied to assist participants' disclosure (Harper, 1965). The employment of qualitative enquiry enabled the modification of data collection tools mid-research, if a method was falling short or on the onset of emerging insights, which is termed progressive focusing and

requires the researcher to be aware of the complexities of the research area and to expect to adapt the research plan (Parlett and Hamilton, 1976). Furthermore, qualitative data collection enabled further enquiries to produce novel avenues of research during the data collection, which increased flexibility and enabled insightful leads to be followed. Such avenues of exploration are not a characteristic of exclusively quantitative methods (Charmaz, 2014). In light of this, the research employed a range of qualitative methods, which included semi-structured interviews, a focus group and observations to explore the Listener Scheme's contribution to enabling women to manage their self-harm in custody. It is considered a particular strength of case study design that the approach is able to deal with a number of methods (Yin, 2013).

The application of qualitative data as opposed to quantitative data collection was justified through the quest to understand, as opposed to explain, the latter endeavours to provide an empathetic understanding through descriptive narratives (Wright, 1971). It is considered that qualitative enquiries, through the descriptive narratives, enabled a depth of narrative, which is unattainable through quantitative methods alone. This is important because the predominant focus within the current research sought extensive detailing of research participants and of their personal experiences of the Listener Schemes' contributions to supporting women to manage their self-harm behaviour in custody.

In order to sufficiently answer the research questions, it was crucial that I conducted an in-depth exploration of the Listener Scheme. Previous research into the Listener Scheme predominately focuses on male prisoners, with only a handful of studies focusing on the Listener Scheme within the female prison estate. Furthermore, to date, previous research has yet to evaluate the ways in which the Listener Scheme can support women to manage their self-harm behaviour in custody. In light of this, I decided that by employing a case study design approach I would gain detailed insights from the women themselves to aid in enhancing the support provided by listeners to women who engage in self-harm in custody.

Case study design allows for a small sample, which can consist of a single person, a group, particular programmes or activities within organisations (Creswell, 2007); in this case one prison site was chosen for the research. The approach was justified, through the careful selection of the single case known as an “intrinsic” case, which was considered unique and of special interest to the research (Stake, 1995 p. 3). Furthermore, how the behaviour under exploration is considered unique should be defined by the researcher (Crowe, 2011). For this reason, by selecting the case study design approach, I was able to move beyond the initial research area of the Listener Scheme and the support contributions for women to manage their self-harm, to fully consider the context of the research site, which was the prison environment. When undertaking the methodological decisions concerning the most appropriate selection of the case, it was paramount to seek guidance from the literature and theoretical positioning of the research (Dunbar, 2005).

In addition, it is contented that the selection of more than one case may impact upon – and reduce - the level of detail and insights gained from the overall analysis and required for such an intensive exploratory study as required by the research questions of this thesis (Creswell, 2007). For this reason, it was crucial that the research site held the key criteria of inclusion, which I had deemed as imperative for the research, such as hosting a Listener Scheme and a range of other forms of peer support. Whilst I did not specify the inclusion of particular peer support schemes, it was essential to the research that the prison offered a range of different peer support schemes, in order to provide alternative avenues of support for self-harm, which were comparable to the Listener Scheme.

Case study design offers further advantages to researchers in that it offers the potential to provide insights into the lives of participants for the purposes of improving responses to problematic situations or behaviours by enabling enhanced understandings (Gillham, 2005). This is particularly important for the research conducted for this thesis, which required detailed narratives from each of the participants, in order to assess the ways in which the Listener Scheme provided support for women to manage their self-harm in custody. By employing a case study approach, I was able to

explore the contributions from the Listener Scheme, by obtaining in-depth accounts from the various stakeholders within the prison site.

At the time the research was conducted, the Listener Scheme represented an under-researched subject area, which in light of this, supported the employment of a case study design approach, to contribute detailed research to an undeveloped area. The evaluation of the scheme for women who self-harm is crucial, so that the provision in the future is informed of the support requirements for this specific group of women.

A perceived limitation of the case study design approach questions the representativeness of the findings when only one case (as in this study) is used. However, the case study approach is justified as it enables initial insights in to the lifestyle and life decisions of the research participants which is critical when addressing the objectives of this thesis (see page 117) (Goldthorpe et al, 1969).

Furthermore, the ethos of the case study approach supported the use of one case initially, which was used to obtain depth to assist the understanding of the research area, before moving on to subsequent cases (Stake, 1995). In light of this, I considered whether the representativeness of the research was of central importance for answering the research questions. Through careful consideration of the research objectives, I decided that the case study design provided the most appropriate fit for the focus of the research.

Generalisations are achieved within a case study approach through the production of opposing evidence, which suggests that previous generalisations, which are called grand generalisations, require modification (Stake, 1995). Furthermore, it is acknowledged that the representativeness of the case to subsequent cases is not of concern to the researcher, rather the uniqueness of the study is paramount (Crowe, 2011). This was particularly true for my research - to answer the research questions I required in-depth details of the ways in which the Listener Scheme supported women who self-harm in custody, in order to improve the support provided by this provision. For this

reason, I required a greater level of detail from a range of stakeholders, which meant my research could not be generalised to the whole population.

The generalisation in relation to a single case of research is defined as particularisation, which acknowledges that by conducting research on the Listener Scheme and the ways in which it can support women to manage their self-harm in custody I am advancing the knowledge within the case, without providing any knowledge of how this case relates to subsequent cases, it is considered essential to obtain detailed insights from a smaller number of participants initially, in order to significantly contribute to the under-developed research area (Stake, 1995). Furthermore, Henn, et al (2009) acknowledged that the pursuit of qualitative research is to obtain extensive data from a small number of participants within one setting, hence seeking to achieve *particularisation*.

The prison Listener Scheme represented a source of prison peer support for women who engage in self-harm whilst in custody. As the research area is relatively under-explored, I felt it was crucial to initially advance the knowledge of the ways in which the Listener Scheme can support women to manage their self-harm behaviour within one research site as this enabled a comprehensive investigation with increased levels of depth, which would not have been possible with subsequent research sites (Maanen, 1988). In light of this, I decided that research from one site was crucial to improve the support provided for women who self-harm in custody. The increased levels of detail, which I was able to obtain by only focusing on one site, provided insights into how the individual women wanted their self-harm to be treated, which was vital for the prison to be aware of so that the provisions, which support this behaviour, could be improved in the future. Furthermore, as a lone doctoral researcher, the time-resources at my disposal were limited. I therefore chose to conduct a single case study intensively rather than research at a number of sites because a multi-case design would have restricted the amount of time I would have been able to spend conducting interviews - consequently the understanding of the women's narratives would therefore have been diminished (Stake, 1998). Such narratives were essential so that I was able to answer the research

questions, which in turn provided evidence for the ways in which the Listener Scheme supports women to manage their self-harm behaviour in custody, whilst also making an original contribution to knowledge within this research area.

Once I had decided that the case study approach was the most appropriate for my research, I then needed to determine which prison to select as the case for my research. The ability to access the case is an important consideration for the researcher, alongside the continued co-operation of the research site (Crowe et al, 2011). Stake, (1995) acknowledged that the case may not always be chosen by the researcher because of access and data restrictions. For this reason, I identified all twelve of the prisons in the UK, which housed women offenders and then wrote to each prison to see if they were interested in my research and if it would be appropriate for the research to be conducted at the prison establishment.

It must be noted, that at the time the research was conducted the prison estate was experiencing increased levels of research requests from scholars, with the added pressures of staff cut-backs, which resulted in some prisons being simply unable to support external research projects. The case within the research showed positive engagement with my research project from the very beginning, which was further displayed through the arrangements, which were implemented to ensure the smooth running of my research.

The research site, which was chosen as the case, met all of the inclusion criteria that I considered to be crucial in order to document evidence to answer the research questions. The criteria being that the prison needed to house female prisoners who self-harmed and have an active Listener Scheme, which offered support for this behaviour. By having one research site, I was unable to provide a comparison of the ways the Listener Scheme provided support for self-harm between prisons. However, in line with the case study approach obtaining extensive details from one site to provide the context to the research was essential to contribute significant findings to an under researched area. In light of this, I considered that by having one site I was able to fully explore the Listener

Scheme within a prison site, which was unique, and of special interest because of the programmes which were offered to the women. This I considered was just as important, if not more so than providing less detail across two prison establishments.

3.3 Research site

The prison selected as the research site housed approximately 280 women, with their sentences ranging from a few months to thirty-two years. At the time of data collection, the research site also had approximately seventy-one Uniformed Officers, twenty Senior Officers and nine Custodial Managers. The prison accommodation at the research site comprised of wings of single cells, with one exception, D Wing, which had ten cells where prisoners were required to share a cell with one other prisoner.

The selected prison had a total of seven prison wings. A Wing operated as a Psychologically Informed Planned Environment (PIPE) and housed forty women in total. B Wing was the induction wing, which held thirty-nine prisoners and also had a listener suite. C Wing was a normal location wing, which held 40 prisoners. D Wing housed twenty women and operated the Rehabilitation Addicted Prisoners Trust (RAPT). Women working towards resettlement were housed on Wings E and F with forty prisoners on each wing. The Therapeutic Community (TC) was located upstairs on J Wing, which held thirty-two women. The downstairs of J Wing housed thirty-one women who were on normal location and also had a listener suite, which was a room where the listeners could provide support to the prisoners. Each of the wings had personal officers who were allocated to particular cells, this meaning the officers became the personal officers of the women who resided in the cells they were allocated. The number of staff members who were assigned to each wing depended on the total number of women on the wing at any given time.

The prison offered the women access to a range of facilities, which included health care, sport facilities and the chaplaincy. Further to this, the women were also able to obtain educational

qualifications and vocation training. A mother and baby unit was not offered by the prison; however, the prison did have family days each month where the women could spend time with their children. The Ministry of Justice's performance rating for the prison at the time of the research was a 4 which represented an outstanding establishment (NOMS, 2015/16).

The women were given the opportunity to undertake courses, which specifically focused on their offences; these courses were provided by Rehabilitation Addicted Prisoners Trust (RAPT), the Therapeutic Community (TC) and the Thinking Skills Programme (TSP). The RAPT programme which addressed the risk factors associated with drug misuse (RAPT, 2014) and the Thinking Skills Programme which represented a cognitive skills programme which explores the role of thinking for offending behaviour (Ministry of Justice, 2010).

The TC was located within a separate wing of the prison and the programme enables women to work on changing their behaviour concerning their initial offence by accessing group therapy sessions, which involved the whole community once a week and smaller group therapy sessions which took place three times a week. If a woman or the community had a particular concern, this was raised in the therapy sessions and this enabled the women to work through the issue together, within a supportive environment. This process allowed the women to develop healthy relationships with others, which supported the women to prevent subsequent offending when released from the prison estate. Provisions which enable the resettlement of prisoners were offered by the prison, which were represented in the form of a job club and self-employment classes.

The research site offered a range of peer support schemes, some of which were also offered by other female prisons and some, which were not. The Listener Scheme is offered in all women's prisons, including the research site. Additional peer support was offered through schemes such as The Insiders, the Safer Custody Representatives and the Buddy Scheme within the TC. The Buddy Scheme as part of the TC was a peer support scheme, which was distinct to the research site and was not offered by any of the other prisons who house women offenders. The research site did not

offer some of the peer support schemes, which were present at other establishments, such as the Learning Mentors at HMP Low Newton, which consisted of fellow prisoners assisting women to learn additional skills such as IT and cookery. However, the research site does offer the prisoners the opportunity to enhance their reading skills through the toe-by-toe scheme, which involves peer mentoring through prisoners reading to each other. In addition, the prison offered peer support schemes such as PALS, who provide patient advice and liaison services in relation to health and social care. Finally, peer support was also provided for those prisoners experiencing difficulties with substance misuse.

The prison therefore ran a number of peer support schemes, which included the Listener Scheme and is a more extensive range than that typically provided within women's prisons. For this reason, the contribution of the Listener Scheme for supporting women to manage their self-harm in custody needed to be considered with reference to the alternative forms of peer support, which were available.

Table 1: Prison Peer Support Schemes

Table 1: provides details of the range of peer support schemes, which were available in selected prison.

Scheme	Colour	Details
PALS (Patient Advice and Liaison Services)	Blue t-shirts	Advertised through posters on the wall in the prison induction
Insiders Scheme	Red t-shirts	Not advertised within the prison as these peer

		supporters met each woman as part of the prison induction.
Safer Custody Reps	Purple t-shirts	Advertised by posters in the reception
The Listener Scheme	Green t-shirts	Listeners met women during prison induction
Substance Misuse	Turquoise t-shirts	Advertised through word of mouth by the Substance misuse staff and RAPT councillors.

Each of the peer schemes used a colour coding system so that the women were able to identify the colour of the peer supporter t-shirt with the type of support they required. The research site was constituted as a site of special interest, predominately as a result of the different programmes which were offered to the women. One of the programmes, which were identified as important for the current research, was the Therapeutic Community (TC), as the research site was the only female prison to offer this programme. Furthermore, the prison also offered the Rehabilitation for Addicted Prisoners Trust (RAPT) programme, which is the only provision within the female prison estate to house prisoners who are completing the Rehabilitation for Addicted Prisoners Trust (RAPT) course. Women offenders are transferred to the research site from other prisons, so that they can complete the Therapeutic Community (TC) and The Rehabilitation for Addicted Prisoners Trust (RAPT) programmes.

The research estate is a closed female prison with a smaller than average prison population comprising only 280 prisoners. Most of the female prisons house approximately 350 prisoners, with

the exception of Bronzefield prison, which at the time of the research held 527 prisoners. In addition, the research site differs to other female prisons in terms of the length of time each of the women were permitted to spend out of their cell each day. At the research site prisoners are authorised to be out of their cells for twelve hours a day, which contrasts dramatically to other female prisons where the women are only allowed out of their cells for periods of up to three hours, twice each day.

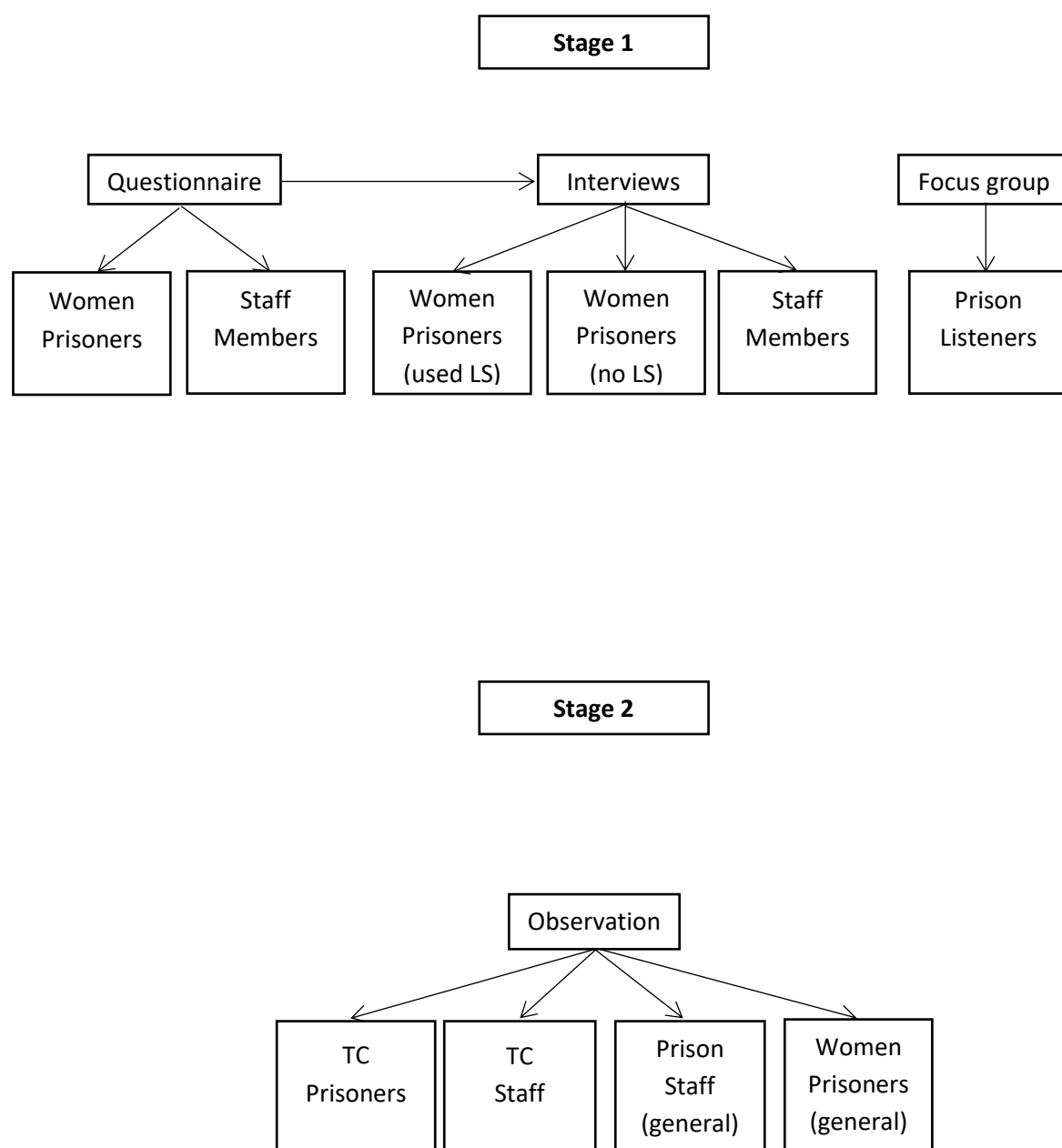
This site was particularly relevant for exploring the Listener Scheme as a source of support to women who self-harm because as my findings emerged, it became apparent that the TC in the prison had the potential to impact on the Listener Scheme as a form of peer support that I had not anticipated when I began my research. As a result, I was able to include in my study a second stage of data collection to explore the impact of the TC on the Listener Scheme in more detail, which is discussed in section 3.13.

3.4 Methods of data collection and analysis

Stage 1:

This section documents the underpinning methods of data collection and analysis of the case study approach, and provides justifications of the employed methodology alongside the development of the research tools. The research was collected in two stages, the first stage involved a questionnaire (Appendices G and H) and subsequent interviews with women prisoners (Appendices I and J) and also staff (Appendices K), as well as a focus group with prison Listeners (Appendices L). Stage two included observations of the prison site to confirm the findings from stage one (Appendices M and N).

Figure 1: Participant samples and methods



3.5 Stage 1 of the data collection:

The current research used a mixed-methods approach by using a quantitative-based questionnaire and a variety of qualitative data collection tools. The rationale for using this mixed-methods

approach was to ensure the most appropriate methods were employed to encourage the participants to disclose (Harper, 1965, Frost, 2008). During the primary data collection stage, the questionnaire acted as a filter to ensure that the participants who were invited to take part in an interview had prior experience of self-harm and the Listener Scheme. For this reason, a questionnaire was employed which provided a source of quantitative data which was then analysed to enable the screening of potential participants. The questionnaire obtained general information about the women's background, which included the length of the current prison sentence, if it was their first time in prison, if they had children, their relationship status and who they had contact with outside of prison. The questionnaire for the staff also included some background information, such as their role within the prison, if they had additional responsibilities such as an ACCT case manager and whether they had worked in other prisons.

The qualitative methods, which I employed within my research, included in-depth interviews, a focus group and observations of the prison estate. The use of a variety of qualitative methods is supported by Frost, (2008) who termed this a pluralistic approach. This was paramount in my research to ensure that the most fitting method was aligned with the participants to increase disclosure.

Conversely, whilst a focus group was deemed appropriate for the prison listeners to encourage disclosure and to enable them to build on each other's answers, this is not suitable for women prisoners to discuss their self-harm engagement therefore I conducted one-to-one interviews with this group. For this reason, a mixed methods approach which constituted of a variety of qualitative methods was deemed most fitting when considering the complex research area of the self-harm behaviour of women in custody.

Questionnaire (Appendices G and H)

The study employed two questionnaires to explore experience and knowledge of self-harm and the Listener Scheme. One questionnaire was designed for prison staff, and a further questionnaire designed for prisoners. Questionnaires were used with staff to ascertain who had a prior knowledge

of self-harm and the Listener Scheme and who did not. Another questionnaire was used with the women to identify their engagement in self-harm in custody and the contribution of support from the Listener Scheme for this behaviour. The questionnaires were necessary to ensure the women and staff I selected to be included within the interview stage of the research had a prior knowledge of self-harm and/or of using the Listener Scheme as a support to help manage this behaviour. Without the questionnaire, a great deal of time could have been spent interviewing the women and staff who did not have a detailed previous knowledge of self-harm and the Listener Scheme, which I considered essential in order to include participants within the research. Therefore, the questionnaire provided the opportunity to filter participants by using purposive sampling, which ensured that all the participants at the interview stage had a pre-existing knowledge of self-harm and the Listener Scheme within the female prison estate.

Having reviewed the relevant literature, I established that a pre-existing questionnaire did not exist which could meet the requirements of the initial filtering or could be adapted to fit the purpose of exploring the Listener Scheme's contribution to support for women who self-harm in custody. For this reason, I developed two questionnaires, one for the women and one for the prison staff members, which consisted of a mixture of open and closed questions. The open questions provided more detailed accounts from the women and staff members, whilst the closed questions provided the women and staff members with the opportunity to prioritise their answers (Likert, 1932). The questionnaire was developed instead of employing an existing measure as I felt this was essential to fully explore the Listener Schemes' contribution of support for women who self-harm in custody. This aligned with the sole purpose of the questionnaire, which was that it enabled the employment of purposive sampling so that I was able to select the participants for the interview stage of the research.

I designed the questionnaire to consist of a number of key questions, which included the reasons why women self-harm in custody, the contribution of the prison Listener Scheme to the support of

self-harm and the reasons the women provided for not using the Listener Scheme for support, alongside possible ways in which the scheme may be used in the future. The questionnaire for the staff members explored what they considered the contribution of the Listener Scheme was, in relation to supporting women to manage their self-harm in custody. In addition, the questionnaire explored why staff members felt the scheme may not be used for the support of self-harm and the ways in which the scheme could be improved.

A pilot study was conducted prior to the distribution of the questionnaire to the women and staff members. The pilot study involved administering the questionnaire to a small sample of the prison population, to ensure the clarity of the questions. The questionnaire was piloted to three staff members and three women prisoners. Following the pilot of the questionnaire, a few questions were amended from closed to open questions. The feedback from the participants in the pilot study was that they expressed the desire to provide an increased level of detail to some of the questions, which in the original form was prevented by having a tick box response.

The Implementation of a Pilot Study

It is crucial to ensure the validity of the research through assessment of the data collection tools prior to the research commencing. For this reason, it is imperative to employ a pilot study with subsequent implementation of changes to the data collection tools to ensure clarity of the research and to provide a comprehensive exploration of the Listener Scheme's contribution in enabling women to manage their self-harm in custody.

A pilot study was conducted to continually reflect on the interview questions and their suitability for the prison population, Karp (2009) encourages spending time to ensure the key issues are covered during the interview, with pilot interviews being a core requirement (Stake, 1995). In light of this, pilot interviews were conducted with six participants, two from each of the sample groups, which included two prison officers, two listeners and two women prisoners who engage in self-harm. This

was deemed essential in order to assess the wording of the questions on the interview schedule to ensure clarity and validity.

For this reason, each participant was asked the research questions during the course of an interview, which lasted approximately one hour, with time left at the end to obtain feedback from the participants. Furthermore, the feedback obtained identified the appropriateness of the questions, alongside the order of the interview schedule. Additionally, participants were able to suggest the inclusion of any questions they deemed appropriate to advance the exploration of the Listener Scheme's contributions to supporting women to manage their self-harm behaviour in custody.

As a result of the pilot interviews, some amendments were made to the context of the interview schedule and the order of the questions. Likewise, some questions were removed from the interview schedule for the women who had not used the Listener Scheme to manage their self-harm, as the pilot study identified that some of the questions were deemed repetitive by the women. In addition, two of the questions concerning the engagement of self-harm were removed (Please can you provide the details of the previous trauma which has influenced your self-harm and please can you tell me about a time you have engaged in particularly extreme self-harm in prison) as some of the women and staff members acknowledged that these questions may evoke extremely emotional responses from the women concerning their previous experiences of self-harm.

In addition, practical elements of conducting the interviews were acknowledged through the administration of the pilot study, such as some women were required to speak more slowly in order to ensure the accuracy of the notes taken. It would have been desirable to tape record the interviews, however this was not permitted by the prison. On reflection, note-taking provided the opportunity to clarify the women's answers and ask detailed follow up questions. It is acknowledged that, for most researchers, tape recordings are of limited value, as the importance of the participants' words is paramount, not the exact wording (Stake, 1995). As I took notes during the interviews, I was able to ensure clarity by asking the participants follow-up questions, to reconfirm my understanding. I considered the process of note-taking increased my engagement with the

participants' words as I was playing an active role whilst I was note-taking as opposed to asking questions and allowing the tape recorder to capture the answers.

During the pilot interviews some of the women expressed heightened emotions at times, with long pauses before they provided an answer, this was overcome by allowing the women to take their time when providing answers and reassuring them of the further support which was available through the prison. The women were also reminded that if they found the line of questioning too intrusive they could decline to provide an answer. Further to this, once the pilot study had commenced, the participants were debriefed and provided with an information sheet of further contacts if they required subsequent support. Additionally, I made the wing officers aware of any participants who had participated in a pilot interview so that the staff member were made aware and could provide subsequent support if the prisoners displayed any further anguish.

Interviews (Appendices I, J and K)

It is considered by Henn et al (2010) that the semi-structured interview is a particularly suitable method of gathering data about individual experiences, in that it allows flexibility to further investigate any emerging insights and the achievement of detailed narratives from each participant. By choosing to interview the participants, I was able to control the pace and direction of the interview. For instance, if the interaction became too distressing for the women, such as if the discussion within the interview had become centred on an event of a past trauma, I would actively change the direction of the interview to move the focus of the interview on to an area, which the women did not find upsetting. Additionally, there was the potential that I would also experience an element of discomfort during the course of the interviews, through listening to the details of particularly traumatic childhood events or the engagement in severe self-harm. Charmaz (2014) supports making adjustments to the pace of the interview to meet the requirements of the situation, the participant or the researcher, or all of the above.

Semi-structured interviews were employed as I felt that this method was particularly appropriate in ensuring the women were at ease, which in turn would assist disclosure of their experiences of self-harm and whether they had obtained support to manage this behaviour from the Listener Scheme. For this reason, I conducted interviews with women who engaged in self-harm in custody as I felt individual interviews would promote disclosure through one-on-one interaction. Whilst the pre-conception of self-harm behaviour may be that it is an act performed to gain attention, in the most part self-harm is documented as a private behaviour with motivations, which are internal in their nature (Mills, 2013). For this reason, the use of interviews was deemed most appropriate for the women to discuss their engagement in a behaviour, which is a considerably private act.

As advocated by Charmaz (2014), I developed a separate interview guide for both the women and the staff members, comprised of a series of open-ended questions which had been informed by the questionnaire. The interview questions centred around the experiences of the women's self-harm and the support provided by the prison Listener Scheme to manage this behaviour in custody. The interview schedule consisted of a series of questions, which I had planned to ask the women, as it was important to start each interview with the same questions to allow areas of interest to develop (Charmaz, 2014). The flexibility of open-ended questions meant I was able to ask follow-up questions to further explore areas of interest about things the women disclosed during the course of the interview.

It was also important to ensure that the interviews were used to explore the women's experiences and perceptions, to avoid the participants feeling they were being required to give right or wrong answers (Charmaz, 1991b). Often, during the course of the interview, participants will disclose information, which acknowledges their personal identities and how they differentiate themselves and others (Charmaz, 2014), therefore I considered it was important to develop an interview guide, which documented evidence to answer the research questions, yet was also sensitive in how it was

applied. As self-harm is an extremely sensitive subject for women prisoners to discuss with a researcher that they do not know, I ensured the interview schedule was not too intrusive and ensured that I was prepared for the women to become emotional at some points during the course of the interview. I prepared for the women to become emotional by discussing in advance the appropriate action I would take if this happened with my supervisory team, such as ensuring I had put in place contacts of further support at the prison for the women and also to arrange a debrief for myself.

The employment of a focus group was also considered for the staff members, instead of conducting interviews with this sample group. Focus groups enable disclosure within a supportive environment; however, a perceived limitation of this method is presented with the logistics and the difficulties of arranging a date and time for the focus group to be conducted which all of the staff members could attend (Frith, 2000 Kreuger, 2008).

In light of this, I was therefore guided to interviews by the research literature, as I was aware that the staff members' time was restricted within the prison site. For this reason, I identified that a focus group would not be possible with the staff members, as having a number of staff members all in the same location, at the same time would pose a risk to the security of the prison, which I could not impose, therefore I decided that interviews with staff members would be the most fitting method.

Interviews represent a personal narrative, with individual responses sought to provide an explanation, which enables an understanding of the research area (Stake, 1995). The use of interviews I decided was appropriate for staff members as I wanted to understand their individual perspectives of supporting women who self-harm, which also may represent a sensitive topic for staff members as they recall the details of the women and this behaviour.

Whilst I guided the interviews, I was not restrictive, which allowed me to explore further areas of interest which were identified by the women and staff (Charmaz, 2014). Whilst all of the interviews with the women and staff included the same initial questions, I adapted the later interviews to further explore the answers, which emerged during the course of the earlier interviews. This fitted the grounded theory approach to ensure I was employing and establishing a balance between hearing the participants' stories whilst enabling the construction of categories and theoretical insights (Charmaz, 2012).

All of the interviews for the research were conducted within the reception area of the prison. For women entering the prison estate, the reception area is the first place they are brought to. At the reception, the prisoners have the opportunity to identify a small number of items they wish to keep during their prison sentence. At the time of the research, the reception area represented a quiet area with a number of rooms available where the interviews could be conducted. The interviews with the women prisoners and staff members each lasted 60 minutes on average. During the interview, I asked the women prisoners questions to explore the reasons why they engaged in self-harm and who they contacted to support this behaviour. In addition to this, I identified if these women had used the Listener Scheme to support their self-harm and, if they had not, I explored the reasons why they had not used this provision. It was also important as part of the interviews with the women to obtain their perspectives of, not only the contribution of the Listener Scheme to support them to manage their self-harm behaviour, but also of peer support in general.

I selected staff members for inclusion in the research by using purposive sampling based on their prior knowledge and experience of supporting women who self-harm within the female prisoner estate. By including staff members with previous experience of working with women who self-harm, I was able to question their individual perspectives of whether the Listener Scheme supports women to manage their self-harm behaviour. During the course of the interviews, I also asked the staff members about the ways in which other forms of support for women to manage their self-harm

behaviour could be offered within the prison estate. The focus of these questions helped me to understand how the Listener Scheme contributed to wider support networks for women to manage their self-harm whilst in prison.

I considered the limitations of using interviews with prison staff and women who self-harm as a method of obtaining information about their experiences. Literature suggests that during interviews respondents may say one thing, but in reality if their behaviour was observed this may provide a different picture (Atkinson and Silverman, 1997), although I did not consider this to be an issue within my research, it was important that I was aware of this limitation. A further consideration was that interviews exist within specific timeframes under research conditions, within the larger social and cultural context of the research establishment (Silverman, 1993, 1997b). Indeed, it was important to acknowledge that my interviews may be affected by what was taking place within the prison environment at that time, for example if a disturbance had recently taken place. Likewise, I had to acknowledge that the women in my study may have chosen to participate in the interview for their own personal reasons, such as perhaps receiving favourable treatment from staff in recognition of their involvement or to pass time within the prison estate (Bryan, 2016). Despite these perceived limitations, I found the use of interviews to be a privilege, as the detailed accounts of women's lives were revealed in more depth than by any alternative method such as conducting a questionnaire (Charmaz, 2014), which I confirmed as I compared the data gained from the questionnaires with the data from the interviews.

Focus group (Appendices L)

Focus groups represent a form of qualitative data collection, which includes a small number of participants who discuss a specific topic, which is chosen and led by the researcher (Barbour, 2001). Berg (2000) supports the use of focus groups to explore motivations, priorities and decision making, with group interaction being a vital element of research and collection of data. I chose to use a focus group with the listeners as this method of data collection enabled them to build on each other's

responses, which explored what works well and not so well, in relation to how the scheme helps women manage their self-harm. Within each focus group, a story is documented of the interactions between those involved (Agar and Macdonald, 1995). Furthermore, the focus group setting mirrors a peer support environment in which the listeners build on each other's responses and seek support from their peers for their individual answers, therefore the methods by which the data was captured reflected peer support. To support this, the control of the focus group should not lie with the researcher, but with the participants (Getrich et al, 2015). To enable, the control to remain with the participants I ensured they directed the discussion within the focus group, which meant not being rigid in the structure of the focus group. Indeed, I enabled this by being flexible in the structure of the focus group to allow the women to discuss the issues as they came up in the discussion, rather than following the set schedule of questions that I had prepared.

By using a variety of qualitative methods, I was able to ensure the most appropriate method was used with the different participants. I considered interviews to be most appropriate for the women prisoners, as the sensitive information concerning self-harm was best suited to a one-on-one interaction. This was not the case for the focus group where I considered the group interaction a crucial element, which supported the listeners to disclose their individual accounts of supporting self-harm within the female prison estate. The use of both interviews and a focus group was deemed most appropriate with reference to the prison environment, where power constraints are intensified (Pollack, 2003), which was a factor I needed to be aware of within my research, when I was selecting the most appropriate method of data collection for the different participants.

It was extremely important to also ask the listeners about their perceptions of the ways in which the scheme supports women to manage their self-harm in custody, to produce credible research which reflected the contribution of the Listener Scheme for the support to women who self-harm from a variety of participants, including those who were closely involved with the delivery of support within the scheme. The key areas I explored were the listeners' perspectives of why women self-harm in custody and whether they thought peers could support self-harm within the prison estate. During

the focus group, I also asked the listeners to make comparisons between the Listener Scheme and alternative peer support provisions within the prison estate, to assess the ways in which each scheme, in their opinion, supports those who self-harm.

The focus group lasted 60 minutes. It was crucial when setting up the focus group to ensure the appropriate number of participants were included, as by including too many or too few participants the group interaction would have been dramatically altered. For this reason, when conducting focus groups, it is advisable to limit the number of participants to no more than seven (Krueger and Casey 2015). Whilst previous research acknowledges that seven participants should be the maximum within a focus group setting, I included eight participants within the current research, as eight listeners expressed a desire to take part in my research and I did not want to exclude any of the listeners from taking part. Whilst I exceeded the suggested number of participants for the focus group, the dynamics of the group was not altered by including one extra listener. Two of the Samaritans were also present during the focus group; however, they did not contribute to the discussion, which took place within the focus group.

The focus group method was employed, as I wanted the listeners to discuss the support they provide to women to manage their self-harm collectively, so that they were able to share and debate their experiences. The informal focus group setting, when compared to an interview, increases open disclosure concerning the attitudes and opinions of the participants, whilst also adhering to the research focus (Gubruim and Holstein, 2001). For this reason, I did not consider using interviews with the listeners.

There are a number of benefits of the use of focus groups, which I considered when selecting the most appropriate methods to answer my research questions. Focus groups represent a group discussion which is guided or unguided by the researcher (Edmunds, 2000, Krueger and Casey 2015). The focus group was employed as I wanted to create a supportive environment where the listeners felt comfortable building on each other's responses. Peer support schemes not only create an environment, which is considered pro-social, but also assist in the development of a community

(Collica, 2010). By creating a supportive environment, I also wanted to mirror a peer support interaction as fellow listeners provided support and encouragement to other listeners who were disclosing by confirming and extending each other's responses. Furthermore, the employment of focus groups enables disclosure within a supportive environment of others who hold shared characteristics (Frith, 2000, Kreuger, 2008). Whilst the participants within a focus group may not always agree with each-others' responses, a supportive environment is created which enables the group to debate their experiences (Larson et al, 2004). For this reason, I conducted the focus group in the same room as that used by the listeners when they met each week with the Samaritans. I employed this method to increase participant disclosure on the conscious and unconscious levels, by using a familiar environment the listeners recognised as safe for discussion, whilst also accounting for the socio-cultural divisions between a variety of individuals (Larson et al, 2004).

The limitations of focus groups were also something I had to consider, with two limitations being that participants that are more confident may dominate the discussions and that focus groups can be difficult to record and transcribe (Berg, 2000). Whilst it was important that I was aware of such limitations to encourage less confident participants to become involved and to disclose their perceptions, I still considered this method to be the most fitting for the research purpose and the listener participants. As I was aware of the associated limitation, I was able to extensively plan how I would record each participant and how I would transcribe the interaction. The way I minimised this limitation was by providing all of the participants with a number at the start of the focus group; therefore, I was able to write the number next to the information when I was note taking during the course of the focus group.

I was not permitted to record the focus group, which in some ways removed the confusion in relation to the transcribing of the focus group, as I had the hand-written notes with numbers to represent the different participants, as opposed to having to identify the various participants from their voices when transcribing. As I was unable to record the participants' answers during the focus group I had to plan in advance how I would record the information whilst also facilitating the focus group. This

did pose a challenge and at some points during the focus group the participants waited for me to finish writing. In addition, I also abbreviated a lot of the focus group so that I could note down the information at a quicker pace.

Other restrictions of using a focus group were identified within the organisation of the group members, with one difficulty being presented when trying to arrange a time and date which is suitable for all of the group members (Frith, 2000, Kreuger, 2008). However, this was not an issue for the current research as I scheduled the focus group to take place during the group meeting, which the listeners attended each week on a Wednesday afternoon. Despite, the above limitations of using a focus group within my research, the benefits when considered then outweighed the limitations.

3.6 Participant sampling for stage one of the data collection

For stage 1 of the data collection, participants were involved within the research for just over a two-month period between July-September 2015. The participants were women in prison who had self-harmed within the previous year whilst in custody at the research site or in another prison. The women were excluded if they had not self-harmed within the previous year, as I wanted to explore how the current day Listener Scheme supports women to manage their self-harm behaviour. Therefore, I made the decision that if the self-harm took place longer than a year ago, the support provided by the scheme may not reflect the current support and practices of the listeners.

It was crucial that all of the women had a prior knowledge of the Listener Scheme. Whilst I did interview some women who had not used the scheme, they were able to identify the reasons why they had not obtained support to manage their self-harm behaviour, which formed an important part of the research evaluation. I excluded women who had not used the scheme and also displayed little or no prior knowledge of the scheme. A similar inclusion and exclusion strategy was employed with the prison staff members within the research. In order to be included within the research, a staff

member had to have a prior experience of supporting women who self-harm and a detailed knowledge of the Listener Scheme, through working closely with the scheme, such as escorting listeners to call outs or through liaising with the scheme to support women who self-harm in custody. It was vital that the staff members had a prior knowledge of the Listener Scheme in order to obtain the staff members' perspectives of the ways in which the scheme supports women to manage their self-harm behaviour within the prison estate.

I developed a questionnaire in order to identify staff and women who had experience and knowledge of self-harm and the Listener Scheme. The questionnaire at this stage was used as a filter to include participants with a detailed prior knowledge of self-harm and the Listener Scheme within the proceeding interview stage of the PhD. I identified three groups of participant samples, which were prison staff, women who self-harm in custody and prison listeners. The three groups were selected as they were involved directly in self-harm or supported this behaviour. I informed the staff of my research through a prison memo, which invited them to complete my questionnaire. I also administered a questionnaire to the women who self-harm in custody, however this was handed to the women through the Safer Custody team for distribution - as a requirement of my NOMS ethical clearance I was not authorised to be provided with the details of women who self-harm without first obtaining their consent to be involved within my research.

3.7 Participant sampling

Table 2: The participant sampling strategies

Table 2 shows which type of sampling was used with which method and participant for stage one and two of the data collection.

Data collection stage	Method	Participant	Sampling
1	Questionnaire	Prisoners	Opportunity

1	Questionnaire	Staff	Random
1	Interviews	Prisoners	Purposive
1	Interviews	Staff	Purposive
1	Focus group	Listeners	Purposive
2	Observations	Prisoners	Theoretical
2	Observations	Staff	Theoretical

Participant sampling for the questionnaire: women with history of custodial self-harm

The questionnaire was administered to 30 women, as the staff had a pre-existing knowledge of the women who engage in self-harm; I considered that opportunistic sampling would be the most appropriate strategy.

Participant sample for the questionnaire: Prison Staff

The questionnaire was administered to 65 prison staff; I employed random sampling as I obtained a list with staff members' names from a variety of disciplines across the prison, which included Healthcare, Psychology, Wing Staff and Safer Custody. The staff members were allocated a number 1 or 2 systematically; I then provided all of the staff members who had a number 2 next to their name a questionnaire.

3.8 Rationale for questionnaire administration

The different approaches were employed in order to meet the requirements of the NOMS ethical clearance; therefore, I used opportunistic sampling with the women as the prison staff were administering the consent and information sheet on my behalf, which selected the participants for questionnaire. Therefore, in regards to the limited amount of time that the staff had, I decided opportunistic sampling was the most appropriate strategy.

By using the questionnaire, I was able to use purposive sampling for Stage 1 of the research by identifying characteristic which are known (Punch, 2016). Following the administration of the questionnaire, I selected participants through purposive sampling who displayed an extensive knowledge of prisoner self-harm, through either direct engagement or through supporting this behaviour. These participants were then selected to be interviewed. Purposive sampling is subject to limitations as it has the ability to constitute a predisposition (Barbour, 2001). For instance, if staff members were not aware of a prisoner's engagement in self-harm they would not have administered that prisoner a questionnaire, which could have resulted in some women being missed.

During Stage 1, when I administered the questionnaire the listeners were not involved, as it was a stipulation of my NOMS ethical clearance that a questionnaire was not required as the prison only comprised of 10 listeners at the time of the research, therefore I invited all of the listeners to be part of the focus group. Indeed, as the questionnaire was administered for screening purposes I also considered that the focus group would offer more insights than a questionnaire, thus as there was only 10 listeners the screening of participants was not deemed necessary.

3.9 The questionnaire sample for stage one of the data collections

Table 3: Questionnaire participant sample

Table 3 shows the participants who completed a questionnaire during stage one of the data collection.

Questionnaire participants	N
Prisoners who self-harm	30
Prison Officers	45
Safer Custody Officers	5
Samaritans	2
Psychology staff	5
Chaplaincy staff	2
Healthcare staff	3
Rehabilitation Addicted Prisoners Trust (RAPT) Staff	2
Psychologically Informed Planned Environment (PIPE) staff	1

Questionnaire for prisoners who engage in self-harm n30 (see Appendix G)

The prison estate, which was the research site, housed approximately 280 women prisoners. The staff members identified thirty women who they were aware of as women who self-harmed. I administered questionnaires to these thirty prisoners.

Questionnaire for prison staff n65 (see appendix H)

At the time the data was collected, the prison had approximately 239 staff members and of these 65 were provided with a questionnaire to complete. The staff members were selected from all of the departments across the prison. The departments included were identified as having a detailed knowledge of working with the Listener Scheme to support women to manage their self-

harm behaviour. The departments I included were Healthcare, Psychology, Chaplaincy, Safer Custody, The Rehabilitation for Addicted Prisoners Trust (RAPT), Psychologically Informed Planned Environments (PIPE) and wing staff members. By administering sixty five questionnaires, I felt that the purpose of the questionnaire had been achieved, which was to ensure the staff I selected to be interviewed had a previous knowledge of supporting women to manage their self-harm behaviour and the contributions of the Listener Scheme.

3.10 Participant sample for semi-structured interviews

Table 4: The semi-structured interview sample for stage one of the data collection

Table 4 shows the participants included within the semi-structured interviews for stage one of the data collections.

Interviews	N
Prisoner who self-harmed not used Listener Scheme	10
Prisoner who self-harmed used Listener Scheme	10
Prison officers	2
Safer Custody officers	2
Psychology staff	1
Chaplaincy staff	2
Healthcare staff	1

Rehabilitation Addicted Prisoners Trust (RAPT) staff member	1
Psychologically Informed Planned Environment (PIPE) staff member	1

Semi-structured interviews with prisoners with a history of self-harm n=20 (see appendix I & J for interview schedule)

Once the thirty questionnaires had been analysed I selected twenty women using purposive sampling who engaged in self-harm in custody to interview. I selected 10 women who confirmed on their questionnaire responses that they had used the Listener Scheme and 10 who said they had not. As I knew there were ten listeners in the prison I selected a sample size for each group of women in custody and staff members to match the sample size of the group of listeners.

Semi-structured interviews with prison staff members n 10 (see appendix K for interview schedule)

From the sixty-five questionnaires, I selected ten prison staff using purposive sampling to interview from a range of prison disciplines, including Wing Officers, Psychology, Chaplaincy, Healthcare, RAPT and Psychologically Informed Planned Environments (PIPE) Staff Members.

3.11 The focus group population sample for stage one of the data collections

Table 5: Focus group participant sample

Table 5 Shows the participants included in the focus group for stage one of data collection.

Focus Group	N
Prison listeners	8
Samaritans	2

The focus group with prison listeners n=8 (see appendix L for focus group schedule)

At the time when the research was conducted, the Listener Scheme consisted of ten listeners. The listeners were reluctant to sign a consent form, however expressed the desire to participate within my research. The reason for this was that some of the listeners' families were not aware that they were in prison and they were concerned that a consent form would identify them to others. After I had spent some time with the listeners and provided them with extensive details relating to the confidential nature of the information included on the consent form, the listeners agreed to participate within the research, however they wanted the Samaritans to be present. The Samaritans were also included within the focus group; therefore, the sample consisted of eight listeners and two Samaritans. Following the concerns with signing the consent form, two of the 10 listeners declined the invitation to participate in my research. Therefore, the final sample for the Listeners was 8 plus 2 Samaritan volunteers. Of the 10 Listeners at the prison, two declined to participate even after the consent issue had been discussed.

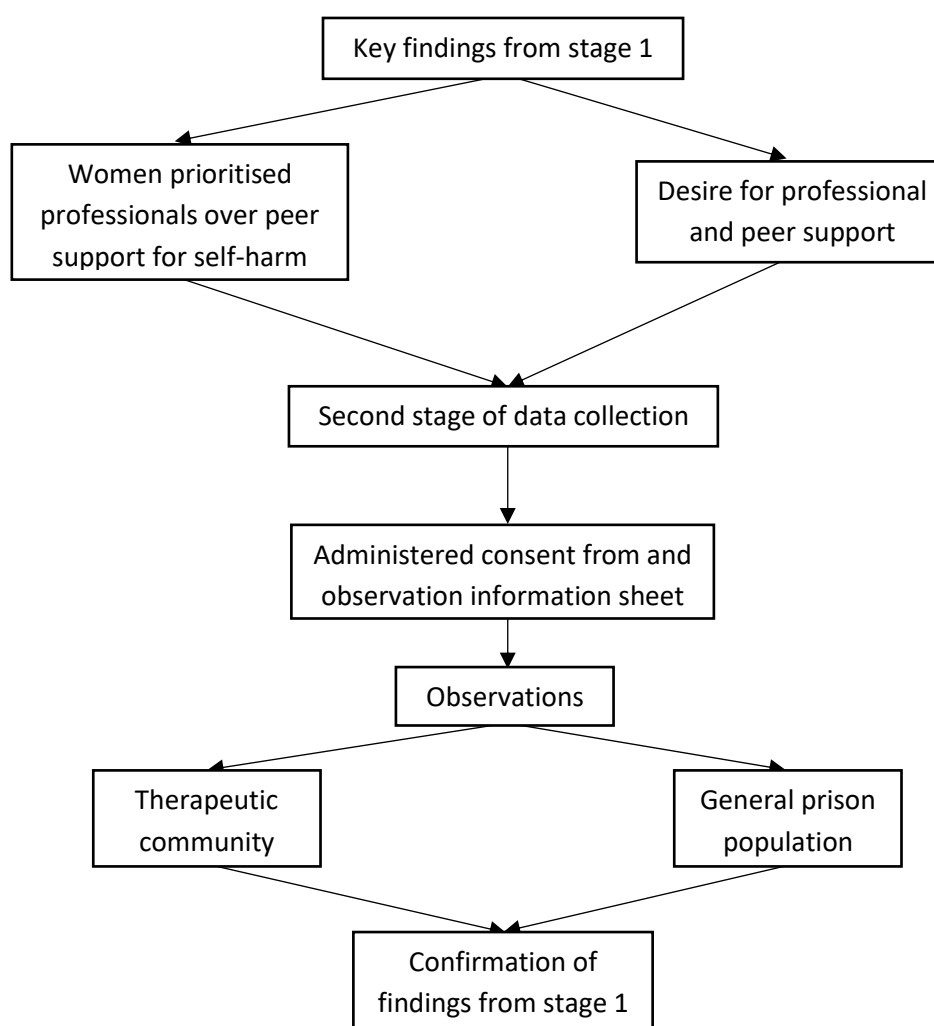
3.12 Justification for the implementation of a second stage of data collection

During the course of the interviews with women who self-harmed and the staff members, a number of themes emerged from the data. As these themes re-occurred, it became evident that I needed to go back to the research site and investigate these themes further. Moreover, constructivist grounded theory supports the flexibility of the methods employed, which enabled subsequent investigations of emerging categories from within the data (Charmaz, 2014).

Whilst the first stage of data collection allowed me to explore the perceptions and experiences of the Listeners Scheme as a form of support for women who self-harmed, I needed to understand in more depth the context in which the scheme was situated in terms of the research site. "Constructivist grounded theorists attend to the situation and the construct of the research participant's story and silences, and the interviewer-participant relationship as well as the explicit content of the method of data collection (Morse et al, 2009c). In line with my method of data analysis, which was constructivist grounded theory, which is discussed in section 3.16, I needed to be able to theorize why the contribution of the Listener Scheme seemed to be influenced by alternative sources of staff and peer support in the prison. For this reason, I decided it was crucial to implement a second stage of data collection to further investigate the categories, which had emerged during the interviews and allow me to theorise further about the contribution of the Listener Scheme. Case study design supports explanatory research which endeavours to document evidence to answer the "how" and "why" questions through detailed narratives from the participants (Yin, 2013 p18). In light of this, I returned to the research site in order to further explore and document evidence to answer the research questions.

3.13 Stage two of the data collection: Observations of the prison estate (Appendices M and N)

Figure 2: Observations of the prison site



The findings from stage 1 of the data collection produced a number of striking categories, which I felt needed to be explored further with a subsequent stage of data collection. One of the categories suggested that women prioritised professional support for self-harm above peer support (Listener Scheme) which contrasted with a body of literature which states that prisoners show a preference for support provided by fellow prisoners (Deville et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). As a result of this emerging category, I decided it was important to further understand the context of the prison site to investigate this difference. An additional emerging category which I felt further supported a return to the prison site was that while the women prioritised professional support for their self-

harm, they also acknowledged that to support this behaviour both peer and professional support was needed.

After collecting the data in stage one, I suspected that the Therapeutic Community (TC) was having a positive impact on the relationships in the prison between the women who self-harm and the staff members, which resulted in enhanced relationships, which led the women to prioritise the support from staff over the Listener Scheme. However, at this stage this was only a suggestion from my interviews, therefore I considered that the most appropriate way to investigate if the Therapeutic Community (TC) was having a positive impact on the relationships between the staff and women prisoners was to observe their interactions within the prison site. Observations were chosen as an additional method of data collection as they offered fresh insights in to the research, which led to new directions (Charmaz, 2014), as I was able to observe the participants' behaviours which they may not have disclosed within interviews (Goffman, 1989).

Following the first data collection stage, I employed a second stage, which involved observations of the prison site. The observations were conducted within specific areas of the prison estate, which I had identified as important within the first stage of the data collection, such as the Therapeutic Community (TC). As such, through the use of observations, my initial findings were interpreted and a conclusion was reached (Stake, 1995), by employing a stage 2 of the data collection, I was able to expand on the research findings from stage 1.

As the second stage of the data collection had not been anticipated within the original planning of the research, I submitted a second ethics application to both NOMS and NTU, which was approved. The second stage of data collection required the informed consent from all of the participants that I observed. Therefore, before the second stage of data collection commenced I held a meeting at the prison to provide some details about what I would be observing and what consenting to the research would entail. During this meeting, I also administered a participant observation sheet and a consent form. This allowed the participants to consider what was required of them before the research took place. The information sheet included the information about what I would be observing and on

which dates. Before the observations commenced I collected the consent forms and ensured everyone had consented to the research.

The observation schedule was developed from the interview and focus group findings of the first stage of the data collection. The emerging categories, which I considered as striking, and those, which required exploring further, became the focus of the second stage of data collection. For this reason, the later interviews within stage 1 of the data collection included additional questions, which started to explore the emerging categories in more depth. As such, I amended the schedule in line with the grounded theory analysis, which supports amending interview schedules to further explore categories, which show themselves as striking and holding a deeper insight (Charmaz, 2012). The interview schedule was amended to obtain advanced details to support and contextualise the categories, which emerged during the initial interviews.

During stage 1 of my data collection the Therapeutic Community (TC) was referenced by a number of participants within the interviews. It was therefore paramount that I explored this area of the prison further in stage 2 of the data collection. For this reason, I spent four days observing the prison environment and two of these days I spent within the Therapeutic Community (TC). Observations were also conducted on the general prison wings; this was to check my understanding of my observations to see if the behaviours I had noted within the Therapeutic Community (TC) were also observed within the general prison. The observations were overt as the prisoners and staff were informed that I was observing the interactions between staff and prisoners. During the observations, I took detailed notes, which enabled the cross reference with the findings, which had emerged during stage 1 of the data collection. Whilst the prisoners and staff members exchanged discussions and interactions, I observed their behaviour and did not ask any questions or engage in any way. Once the observations had ended, I approached the prisoners and staff members individually to check my understanding of the behaviour that I had observed.

After the observations, I also asked a series of open-ended follow up questions of the participants I had observed, this was vital to check my understanding of the observation. The development of the

questions represented a crucial part of the observation, as it is identified that the design of these questions is a vital task to further explore the research topic, whilst not deviating greatly from the focus of the research (Stake, 1995). The questions, which were asked during the interviews (stage 1), consisted of between ten and twenty questions, which were used to explore the support provided by the Listener Scheme for self-harm within the female prison estate. Following the observations, I asked the participants questions on two specific categories, firstly that women prioritised professional support for self-harm above peer support (Listener Scheme), and secondly that while the women prioritised professional support for their self-harm, they also acknowledged that to support this behaviour both peer and professional support was needed, which signified a reduction in the number of questions I included and a narrower focus.

Case study research aims to obtain research data whilst not disrupting the environment of the case, by using discrete methods of observation, which identifies how the participants within the research make sense of their surroundings (Stake, 1995). Indeed, it was important to use the observations as a way of exploring the prison site, to identify what was different about this context that had produced the two categories of a preference for staff support for self-harm, however an acknowledgement that both professional and peer support are important to support this behaviour. This was important as it contrasted with a body of literature which states that prisoners show a preference for support provided by fellow prisoners (Devilly et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010).

By observing the research estate, I was able to transform my interpretations that the Therapeutic Community (TC) was having an impact on the prison environment which positively influenced the relationships between the staff and prisoners into assertions, which I was able to use to form generalisations about the ways in which the Listener Scheme supports women to manage their self-harm in custody. It is acknowledged that there is no formal guidance for transforming observations into assertions. However, it is identified that this is a common practice within research (Erickson, 1948). Support for the generalisation of my findings is provided within the assertions, which can be

applied to my research. It is acknowledged that the way issues become assertions is by what has been witnessed in earlier observations, is also noted within later observations. Therefore, as I conducted more observations, the later observations confirmed the earlier ones as participants repeated their interactions and behaviours, which produced grand generalisations (Stake, 1995).

However, observation as a method also presents challenges, which I needed to consider before deciding on the use of this method. One restriction, which I need to consider, was my ability to make accurate notes whilst also observing the participants. As I identified the associated limitations of note taking, I was able to practice which pen I was able to write the fastest with. I also printed out the observation questions and left one side of A4 between each question to ensure I had enough space to make accurate notes. This may sound obvious, however, because I had considered these potential limitations I was able to make small adjustments, which made a significant difference to my ability to provide clear extensive notes on all of the participants I observed.

One particular limitation of using a case study design approach for my research is that a number of issues may have the potential for further investigation through the use of observations, which Stake (1995) identified as producing tensions between the case and the issues. Therefore, it was crucial when I was developing the focus of the second stage of data collection, to only observe areas of the prison, which would contribute to contextualising the two striking categories, which I had identified as important when I initially collected the data during interviews (Stage 1) with the participants. It was also important to only investigate categories, which would further advance the evaluation of the support provided for women who self-harm in custody. Indeed, a number of categories were presented within the data, however the two categories aforementioned were the most noteworthy and contrasted with a body of literature, therefore it was important to only focus on these categories during the observations, however to be mindful that the observations may produce alternative insightful data which did not directly relate to these categories or research questions.

3.14 Population sample for the observations

Table 6: Observation participant sample

Table 6: shows the participants observed for the second stage of the data collection.

Observations	N
Therapeutic Community (TC) prisoners	20
Therapeutic Community (TC) staff members	9
Prisoners on general wings	20
Staff general wings	4
Staff safer custody	4

For the second stage of the data collection, I included participants from areas of the prison, which were highlighted as significant during the initial interviews with the participants, such as the Therapeutic Community. I was able to use theoretical sampling, which I applied to the research in accordance to grounded theory. This form of sampling uses the findings from the earlier stages of data collection to guide the sampling of participants from specific areas (Charmaz, 2014).

3.15 Ethical implications of the research design

To obtain ethical clearance for the research I had to submit an ethical application to the National Offender Management Service (NOMS) and Nottingham Trent University. This was not a simple process as my research presented a number of concerns for NOMS. A key concern that NOMS identified was the potential distress that my research might cause to the participants, which could lead to subsequent incidents of self-harm. I was also mindful that a balanced approach was required between the prisoners as participants within the research and prison security (Ward and Bailey, 2012).

On the contrary, Rivlin et al, (2012) provided evidence to show that when prisoners are involved in discussions relating to incidences of previous trauma during interviews, it is actually beneficial for the prisoner. However, it was paramount that I recognised the potential distress I could cause through conducting interviews with women who self-harm. For this reason, I ensured that I had put in place provisions to support the prisoners after the interview had commenced, as the potential distress for the women as a result of my research was a key concern for myself and the prison service. The National Offender Management Service (NOMS) outlined that I should minimise the potential distress my research could cause by ensuring the participants were informed of where they could obtain support, if they needed it (Ward and Bailey, 2012). It was extremely important to ensure that none of the participants within my research were distressed in anyway, therefore I ensured I had provisions in place, so that if any of the participants showed any signs of potential distress they could obtain support immediately.

It was vital that I built rapport with each participant, as this was a way I was able to minimise the potential distress that could be invoked by asking my interview questions. The research explored the highly emotive behaviour of self-harm, which had the potential to cause further upset to the women as they re-lived their engagement in this behaviour through the discussions within the research interviews. In light of this, I felt it was not appropriate to include any women who were considered by the prison estate to be vulnerable. Whilst it may be contended that all women who engage in self-harm are indeed vulnerable, I ensured that the women within in my research had not engaged in self-harm that may be considered as an attempted suicide. For this reason, I did not include any women who engaged in life-threatening self-harm, as the interview questions may have influenced the women to engage in subsequent self-harm, which could consequently result in an end of a life. Whilst I deemed it was essential to be informed of the severity of the women's engagement in self-harm, it was also crucial to maintain the security of the prison. For this reason, I also did not include any women who at the time the research was conducted were considered to pose a threat to the

security of the prison. By excluding these prisoners, I was able to offer protection to those women who were deemed vulnerable, whilst also not compromising the security of the prison.

A somewhat challenging aspect of the interview design was presented in relation to whether the interviews would explore and engage in discussions concerning the previous trauma of the women, which held significance for the current behaviour of self-harm. Indeed, research shows that the experience of previous trauma for some women induces self-harm in custody (Macdonald, 2013), which has been discussed in significant depth in chapter 1. Furthermore, I also needed to consider the potential drawbacks of not exploring these experiences of trauma within their lives. Becker-Blease and Freyd, (2006) stated that a duty is placed on the researcher to explore and question the previous trauma experienced by the participants, as by not asking such questions the abuse culture is enabled to continue, which results in the participant experiencing further harm.

In light of this, I made the decision to include questions within the interviews, which explored the previous trauma of the women. Whilst I accepted that this held ethical implications, as many of the women had experienced previous trauma within their childhood, I felt this was justified, as the previous trauma for some women was the initial reason for their engagement in self-harm. Previous research has also acknowledged an association between people experiencing previous trauma and the development of health conditions, such as mental illness, which makes it important to investigate previous trauma as a method to prevent such illnesses (Edwards et al, 2007). Furthermore, for some women the custodial environment itself was considered extremely traumatic and induced the engagement in self-harm behaviour. For this reason, I dedicated a section of the interview schedule to explore the incidents of previous trauma. By excluding the discussions of previous trauma within the interviews, I would have not understood the root cause and the reasons for the initial engagement in self-harm.

Furthermore, the women's experiences of previous trauma were revisited or referenced when I asked what triggered their engagement in self-harm, as this behaviour may have been employed during the participants' childhood as a way of coping with the trauma. By not exploring the

experiences of previous childhood abuse which the participants may have experienced, the problems that the participants experienced later on in their lives might also have not been identified (Edwards et al, 2007). It was vital I was aware that by conducting my research and asking particular questions that I could cause distress to the women. It was paramount to include questions concerning previous trauma to ensure avoidance of abuse culture was not supported. For this reason, I included questions concerning the participants' experiences of previous trauma within my interviews.

Ethical dilemmas can be presented whilst the research is being conducted, which I may not have previously considered within my research planning. It is crucial, that if I was presented with such ethical concerns I was able to carefully consider the situation. These ethical concerns have been termed by Bryan (2016) as challenges for ethics which arise in the moment. It is difficult to consider ethical concerns until they arise during the course of the research. Whilst I was unable to plan specifically for all of the ethical dilemmas I was presented with, I was aware of the unpredictable nature of the prison environment and the potential hostility of the women towards myself as a researcher.

A subsequent ethical implication, which I was required to consider, was the potential harm to myself through hearing the women's experiences of previous trauma. The risk of trauma is not only a concern for the women who may become distressed when recalling instances of engagement in self-harm which relate to the experiences of previous trauma. Furthermore, trauma was also a concern for myself as the researcher in the form of vicarious trauma, which relates to feelings of similar trauma through listening to those who have experienced the trauma (Sabin-Farrell and Turpin, 2003). According to Dunkley and Whelan, (2006) by hearing participants disclose such events, I could experience feelings at the same level as the women who had actually experienced the trauma, which they term 'vicarious traumatisation'.

I needed to consider that some of the discussions within the interviews might be distressing for myself and I contended that through listening it would not induce the same level of distress as actually experiencing the event. This represented an ethical concern within my research, which I

needed to be aware of. Further support was provided by Perlman and Maclan, (1995) who acknowledged that new therapists had increased experiences of vicarious traumatisation, compared to therapists who had worked within the profession for longer durations. This ethical implication was included within my NOMS ethical application, where I outlined that this would be minimised as much as possible by working closely with the prison staff and by adhering to the health and safety procedures of the prison research site. In addition, I ensured that if I became distressed as a result of the research I would seek support through a debrief with my supervisory team.

Undertaking research in the prison environment without the presence of staff members may raise concerns for myself as the researcher, which I needed to carefully consider alongside the validity of the research findings. It was desirable to conduct the interviews without the staff members present to increase the disclosure from the women in custody, as it is suggested that having the staff present impacts on the data, which is, collected (Ward and Bailey, 2012). In light of this, I was mindful of the risk to myself as a researcher and ensured close adherence to the security procedures of the prison.

During the course of the research, I had continued contact with the NOMS ethics committee, as I had not included the details of the second stage of data collection within the initial ethics application.

The reason I had not included the second stage, is that at the time of planning my research I had not considered that a second stage would be necessary. However, as the research progressed I considered that it was crucial to include the second stage of data collection as all of the participants' within the research acknowledged that both professional and peer support (from the Listener Scheme) was required to support women who self-harm in custody. This finding contrasted with a body of existing literature which documents that prisoners prefer peer over professional support in custody (Deville et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). The emergence of this finding within the earlier interviews suggested it was important that I implemented a second stage of observations of the prison site to explore this finding further. This meant that I then had to have this second stage authorised by the NOMS Research Committee.

Ethical approval for obtaining data from prisoners is particularly challenging within the prison estate, as the desire for original research must be considered in light of ensuring the security of the prison is maintained and that subsequent harm to the women and researcher is minimised. However, there are ways in which any negative impact on the prisoners can be minimised; one way is by using face-to-face interviews when discussing sensitive subjects with prisoners (Shaw et al, 2014). On the contrary, by being involved within the research the women were able to express their opinions, which could have an impact for the prison establishment. Research can lead to improvements for prisoners and staff by influencing future policies (Shaw et al, 2014). In light of this, I ensured the current research was available to inform future policies for women who self-harm in custody by presenting my research findings to the prison during a stakeholder meeting with the prison governor, prison staff, prisoners, the listeners and the Samaritans.

A further ethical concern when conducting research within a prison is that the environment has an impact on the research. It is acknowledged that the interviews are impacted on by what has happened within the prison environment in the days leading up to the interview date (Shaw et al, 2014). For example, if a prisoner has received particularly bad news from a family member, they might be placed on suicide watch and therefore would not be able to attend an interview. It was crucial that I was aware of the unpredictability of the prison environment when I was planning my interviews, and that such environmental factors were a vital ethical consideration. Ward and Bailey (2012) support the adaptation of a flexible approach when conducting research in the prison environment, as participants cancel appointments and the research is not deemed a priority. In light of this, I was prepared for the interviews to be cancelled at the last minute. For this reason, I also ensured I was prepared to conduct alternative interviews with other women and prison staff. This happened on a few occasions, as the women decided not to be interviewed and the staff had to deal with disturbances between the women.

Informed consent

An important part of conducting research on a sensitive topic with a vulnerable population was that I obtained informed consent from each participant. Informed consent is a vital part of the ethics application, as it ensured that the participants were fully aware of the details of the research and the requirements and consequences as participants. This represented an important ethical consideration, as it has been suggested that the prison environment places restrictions on the prisoners, so that voluntary consent may not be possible, alongside the subsequent concerns, which are presented by coercion (Moser et al, 2004).

It is suggested that whilst prisoners may appear to have the ability to consent to the research, their actions may suggest that they become involved in the research for the wrong reasons, such as to pass time or for their own personal gain, such as improved treatment by staff members (Moser et al, 2004). For this reason, it was important that I carefully considered the ways in which the participants could volunteer to become involved in the research, without feeling pressured to do so (Shaw et al, 2014). Furthermore, consideration was also given to the motivation of the prisoners and if these were deemed not genuine, I excluded these women from the research.

By obtaining informed consent, the women were able to make informed choices about whether they wished to engage in light of the potential harm. I was able to protect the participants from any potential harm, which the research might produce. By providing the women with the details of what participation within the research would involve, they were able to make the decisions of how this would affect them individually. However, predicting what would cause distress for each participant proved challenging, as it has been acknowledged that distress is different for each individual (Latvala et al, 1998). On the contrary, I was also aware that for some participants, disclosure could have therapeutic benefits in which distress can be minimised through participating in a qualitative interview (Kleinman, 1988, Corbin and Morse, 2003).

It has been acknowledged that prisoners are disadvantaged within research as some experience limited language skills and have increased learning disabilities (Jorg, 2013). For this reason, I ensured that the research did not exploit the women through their limited understanding, whilst also

ensuring that they were not pressured by myself or the prison site to take part in the research (Jorg, 2013). I was able to make certain this did not take place by re-confirming the details of the research to ensure the women had the correct understanding. Further to this, I re-confirmed the women's consent during the course of the interview to ensure they did not feel pressured to participate.

A stipulation of the NOMS ethical approval was that I should not be provided with the details of the women who self-harmed before they have consented to be a participant within the research. For this reason, these women were initially approached by the Safer Custody Team at the research establishment to see if they were interested in participating in the research. If an interest was shown by the prisoner, the Safer Custody Team provided an information sheet and a consent form. Once the participant had completed both of these documents, I was able to make contact to complete the questionnaire. In addition, I also offered support for filling out the questionnaire for those women who had literacy and language difficulties, which involved reading the questions out to the women and documenting their answers.

Once the women had consented to the research, I carefully examined the forms and information from the prison site to ensure that each woman had the full capacity to be involved in the research. For example, if a woman had consented to the research yet had been identified by the prison as having acute mental health concerns I did not include this prisoner within the research. For most, self-harm within the female prison estate is considered a mental health issue, with the acknowledgement that prison has the ability to worsen the mental illness of individuals (Birmingham, 2003, Stewart, 2008), however, those women who had acute mental health concerns were not included in the research. By carefully considering the Assessment Care in Custody and Teamwork (ACCT) notes and by speaking with the relevant prison teams, I was able to identify the women who had acute mental health concerns, to ensure I did not include these prisoners within the research. Women in prison have a considerable amount of needs, such as mental health conditions, substance misuse and have experienced trauma, which contribute to their classification as vulnerable (Ward and Bailey, 2012). In light of this, some women who could have provided insights concerning the

reasons why women self-harm in custody were not asked to participate within the research as a result of their vulnerable status.

The body language of research participants is also acknowledged as a way of re-confirming that the participants still wish to be involved within the research, which is paramount for research, which explores sensitive areas (King and Horrocks, 2010). This was important to be aware of within the research to ensure that the women wished to proceed with the interview, as self-harm is an extremely sensitive subject. By continually being aware of the women's body language, I was able to check that they did still wish to participate in the research. If it became apparent that the women were uncomfortable during the interview, I re-confirmed their consent for participation in the research. If the women confirmed they no longer wished to participate, the interview was terminated.

The ethical implication of ensuring that all of the participants are fully informed of the research and that they consent to their involvement represented a concern for the Listeners. The Listeners voiced their concerns with the consent form and initially did not want to sign the form, as their names would be recorded, although they did want to participate in the research. The reason for their concerns was that some of the women's families were not aware that they were in prison and by signing the consent form; they were identifiable as a prisoner to their families. Some of the prisoners still felt uncomfortable, even after I had explained that they would be anonymous within the research. All eight of the listeners identified that they felt comfortable with the Samaritans signing the consent form on the behalf of the whole listener group. However, this was not possible on ethical grounds, as if one of the listeners wanted their data removed, it would have resulted in the data from the whole focus group needing to be withdrawn.

This ethical dilemma was overcome by making contact with the lead Samaritan and explaining the ethical implications of a group consent form. The lead Samaritan fed this back to the listeners, which enabled those listeners who were not concerned about the consent form to be identified. The listeners were reassured that the consent forms would remain confidential and that only I would

have access to them. Charmaz (2014) outlined the difficulties of obtaining informed consent and emphasised the importance of building rapport and providing reassurance in order to minimise the effect of the consent form. Once I had built rapport with the listeners, they also provided consent so that I was able to return to the prison and confirm the categories I had selected from the data. It was important that the women provided subsequent consent to this element of the research, to ensure the categories I had selected were considered a true reflection by the women within the research.

The second stage of data collection included observations of the prison site, which raised different consent issues than the first stage. According to Williamson and Prosser, (2002) ensuring that research participants can opt out of observations is not always straightforward. For this reason, I administered the consent forms to the women before the observations took place, if any women did not wish to participate they were aware of which areas the observations were taking place in and at what times, so they could avoid these locations.

Confidentiality

Finally, I had to ensure that all of the information I obtained from the participants remained confidential. This was particularly important as I was researching within the prison environment and its limitations, so for example I had to acknowledge that in some situations I would not be able to keep confidential the information I obtained during the course of the research. For instance, I was required to pass on any information which identified a risk to the security of the prison or that identified a criminal activity which the prisoner had not been committed for. Alternatively, if a prisoner disclosed during an interview that they intended to cause harm to themselves or others, I would need to break the confidentiality and pass this information on to the prison staff. If a prisoner disclosed that they had engaged in self-harm, I would open an ACCT document and pass the information to the relevant prison team so that the prisoner could be supported. For this reason, I was unable to offer complete confidentiality in regards to the engagement in subsequent self-harm behaviour, as the prison policy requires the involvement of the ACCT in order to fully support the prisoner, which stands in contrast to the ethical applications (Ward and Bailey, 2012).

A group meeting was arranged with the women so that I could explain the situations in which I would not be able to keep the information confidential. I arranged for this to take place before the questionnaires were administered. For those participants who could not attend this meeting, I arranged a subsequent meeting to explain how I would ensure the confidentiality of the women throughout my research. By explaining the instances where I could not keep confidential the information I had obtained, I met the ethical requirements of both NOMS and NTU ethics. In addition, at the start of the interviews I reminded the women about the instances where confidentiality would be broken; as a result, none of the women disclosed any such information and therefore the confidentiality of the interviews were maintained.

As the research involved women in custody, it was essential to make design considerations to ensure that I created the most appropriate environment so as to not discourage the women from disclosing information about their self-harm behaviour. Ward and Bailey (2012) identified that women prisoners should be empowered to participate in research within the custody environment, even if their participation does not induce change. It is clear that gender is not the only influence on research concerning the development of rapport and participant engagement (Charmaz, 2014). However, it was a key consideration for my design as I was a female conducting research with women in prison, and on a topic exploring self-harm which is a central concern for females. Therefore, it was vital that I considered the ways in which my own gender could impact on my research in both a positive and a negative way.

A key aspect of the design was how, as a researcher, I would be perceived by the women and ultimately, how the research would be affected by this perception. After giving this issue some serious consideration, I decided that by taking the role of a university student, I would be perceived by the women to lack authority and therefore I would be considered more approachable (Charmaz, 2014). The very ethos of the prison estate is built on power divisions, which are implemented to ensure control is maintained within the prison estate, however such power divisions can be extremely challenging when research is conducted within this controlled environment (Gelsthorpe

and Morris 1988). By focusing on my role as a university student, I was also able to distance myself from the prison, so that I was not perceived to be an authority figure. Another consideration was the effect my own world view might have on the research, I tried to minimise this effect by remaining passive and non-judgemental when the prisoners were disclosing information about the previous abuse they had experienced or if staff members disclosed unhelpful attitudes such as claiming women engaged in self-harm as a method of attention seeking. As previous research illustrates that staff displays of hostile behaviours and attitudinally responses impacted negatively on the prisoners' engagement in self-harm (Marzano et al, 2012).

A number of factors contribute to the suggested differences in power within research, which occur in addition to the impact of gender (Charmaz, 2014). However, it was crucial that I was aware of how power dynamics were presented when conducting research. For this reason, I was able to carefully plan all aspects of the research design to minimise the potential impact of power dynamics within the research. This was achieved by ensuring I spent some time at the research site building rapport with the prisoners, before the research took place. Inevitably, power differences were present during interviews, as both the interviewer and participants come to the interview with a pre-existing agenda, with the power usually residing with myself as the interviewer (Gubeium and Koro-Ljunfberg, 2005). Previous research has also suggested that the process of obtaining ethical approval for research projects produces a hierarchy of power; as part of this process I had to provide information about the women within the research, which reinforces the divisions of power as the women as the participants, which constitutes a position of limited power (Halse and Honey 2005).

How I was perceived by the women was important, as this was likely to influence their level of disclosure during the research. It has been suggested that by obtaining the participants' trust that I would be able to change their perception of the research (Charmaz, 2014). It was inevitable that I was perceived by the women as an outsider. However, I had the ability to be classed as an insider as these positions are interchangeable, as it has been suggested that the initial starting point is determined by the initial differences between myself and the women (Naples, 1996). The positioning

of myself in relation to the perception of being an outsider as opposed to an insider was also a key consideration of my research design. Furthermore, it is suggested by Oakley, (1981) that the core elements of the interview process, which include detachment and hierarchy, constitute a masculine position and reinforce the outsider position.

Whilst I accepted that I was more likely to be perceived as an outsider because I was not a prisoner, it was still essential to acknowledge the ways in which my gender impacted on the research. It is possible that although I was considered an outsider initially, during the research this could change as I developed trust with the prisoners as they began to relate to me as a woman. A relationship could develop and could hinder the research as a consequence of sharing the same gender with the women and this was a key aspect of consideration for my research design (Piacentini, 2007). Oakley, (1981) suggested that removing the hierarchical elements of the interview enables female researchers to be considered a friend. Whilst it was desirable to provide an unrestricted environment in which the women and I could develop rapport, it is questionable to what extent this can actually be implemented within the prison environment and whether ethically I could ever be considered a friend of the women. The balance of the insider vs. outsider positioning is paramount to the research (Naples, 1996) to ensure I maintained enough of an insider position to build rapport, which encouraged disclosure, with enough of any outsider positioning so that the research remained objective.

3.16 Data analysis

I began my analysis whilst the data was still being collected. The employment of grounded theory enabled looking at the data as the research process evolved, in order to consider whether or not changes to the subsequent direction of the research were necessary (Charmaz, 2014). Indeed this was evident within the emerging category of the need for both professionals and peers for the support of self-harm. This influenced the later interviews as the schedule was amended to ask

additional question to explore the emerging categories in more detail. Grounded theory was considered the most appropriate form of analysis in light of what I wanted to achieve from my research, as I wanted to explore the participants' narratives whilst also contextualising my findings. Indeed, by contextualising my findings I was able to understand if the Therapeutic Community (TC) was having an impact on the prison environment and the relationships between the prisoners and staff, which resulted in the women prioritising professional over peer support for self-harm. Grounded theory presents a form of thematic analysis, which looks to identify themes within the qualitative data, interview and focus group transcripts to develop explanations and theory (Glaser and Strauss, 1967).

A number of approaches exist within grounded theory, which I also needed to consider, ensuring I used the analysis, which was best suited to my data in order to answer my research questions. After carefully considering the different approaches which sit under the grounded theory umbrella, I decided constructivist grounded theory was the most fitting approach for what I wanted to achieve through my research. Constructivist grounded theory expands on qualitative research to answer the 'why' questions within the data by considering the impact of the values of the researcher and participant on the study through careful exploration of the language and meanings used by these specific groups (Charmaz, 2017). The employment of constructivist grounded theory is deemed most fitting in light of positioning the research within a case study design framework and the quest to enable in-depth narratives (Morse et al, 2009c) to document evidence of the Listener Schemes' contribution to enable women to manage their self-harm in custody. The use of constructive grounded theory was also aligned with the case study design framework, which I considered to be the approach, which was most fitting to answer the research questions. In light of the adherence to a gendered approach, the consideration of the influence of myself as a female is a vital component of the theoretical positioning, which is further supported through the alignment to a constructivist grounded theory analysis, which considers the values of the researcher on the study (Charmaz, 2017).

Charmaz (2014) acknowledges that research should pay significant attention to the language, meanings, background and values of both the researcher and participants in order to be aligned with constructivist grounded theory. For this reason, I applied constructivist grounded theory over positivism or objective grounded theory, as it was very important within my research that I paid significant attention to the social context of the research estate and the impact of the researcher, which was a key element of this theory (Charmaz, 2014). The context of the prison site and the engagement of the women in self-harm is crucial to understand, as for women in custody this behaviour remains misunderstood by the professionals who provide treatment (Ward and Bailey, 2011). The importance of the language used by the participants is also explored within constructivist grounded theory, which was essential to ensure I was able to fully explore the Listener Scheme and the support this provision provides for women who self-harm.

In addition, constructivist grounded theory identifies the effect I have on the research, with the theory outlining that as the researcher I am attached to the research. Other forms of grounded theory, such as objectivist grounded theory do not acknowledge the links between the researcher and the research. The constructivist approach to grounded theory analysis also questions whether as researchers we can observe in a passive way and not provide any opinions of the interactions (Charmaz, 2014). This was important within the current research, where I had to consider what previous experiences I was bringing to the research and as difficult as it may have been to consider, whether I had preconceptions of women prisoners. Both my previous experiences and my preconceptions of women prisoners could have a significant impact on my research, which was something I wanted to avoid. It was evident that I also needed to assess their potential impact in relation to myself as a female researcher; this will be discussed at the end of the chapter as part of a critical reflection section.

By using constructivist grounded theory I was able to be flexible with my methods for the research, for instance I was able to use observations to return to the prison site to further understand the 'why' questions in relation to my data (Charmaz, 2017), which alternative qualitative methods would

not have permitted. As such, I was able to provide further investigations of those categories, which were highlighted as holding significant insights, which required exploring in more depth, than I had initially anticipated. Alternative forms of analysis are not as flexible as constructivist grounded theory, which would have meant that I would not have been able to return to the research estate and conduct further research to explore the findings from the first stage of data collection. It is apparent that by using grounded theory analysis I was able to become increasingly close to the data, which I had collected, which aided my understanding of the categories as they emerged (Charmaz, 2012). By choosing to employ grounded theory over other qualitative methods of analysis, I was able to go beyond the individual narratives of the participants and consider the context of the prison.

As theoretical concepts start emerging within the data, it is outlined by Glaser and Strauss (1967) that this is how the concepts become grounded. During the course of the research a theory was developed through exploring the theoretical concepts, which emerged within the data, I did not test a pre-existing theory through the data I collected. According to Charmaz (2014), the categories which highlight variations within the data should be further explored, as alongside providing the context to these categories, this allows new theories to be developed. I chose to develop a theory from the data collected, as there is only a limited amount of research that already exists on the Listener Scheme, with no current research, which explores the ways in which the Listener Scheme can support self-harm within a female prison estate. For this reason, I decided that by developing an emerging theory I would be able to uncover the needs of women within the prison estate in regards to how they wanted their self-harm to be supported, and that this would incorporate needs which are female-specific within the prison establishment.

The analysis involved looking at the participants' transcripts and using line-by-line coding to identify what the participant was trying to articulate. I used initial coding within my research, which is supportive of Glaser's work (1998) which sees the participants creating structure through the understanding of their actions. By using line- by- line coding I was able to identify the codes, which stood out within the data, I had collected (Charmaz, 2014).

Once I had been through the transcripts documenting the line- by- line coding, I then went through the transcriptions for a second time to identify categories within the research. The second type of coding I used was called focus coding, which considers the context of the line- by- line codes. This allowed the research to focus on an appropriate number of codes in accordance with what the research wanted to achieve, which may be many or a few codes (Charmaz, 2014). I employed focus coding by working through the interview transcripts one more time to consider the context of the line- by- line coding in relation to the research being conducted within a prison environment. I also used memos when I was conducting my focus coding to assist in providing the context of the participants' line- by- line coding. The use of memos assists with reflection on the research, as I made memos whilst the research was conducted so I was able to constantly reflect on the context in which the research was being carried out.

The categories, which emerged during this coding identified areas which I needed to, explore further in order to provide an extensive exploration into the Listener Scheme and what contributions of support the scheme has made for self-harm. The revisiting of codes and categories is essential when using grounded theory as a method of analysis (Glaser and Strauss, 1967). During the second stage of the data collection, the categories which were identified within the first data collection stage were either confirmed or discounted. The same grounded theory approach was also applied to the data which I collected during the second stage of data collection which enabled me to confirm or discount the categories which had emerged during stage one of the research.

3.17 Chapter reflections

It would have been desirable to carry keys to reduce the impact of the research upon the staff member's time. However, the prison decided as I was only visiting the prison one day each week that this could be managed with minimal impact to the staff members.

The interviews were recorded by taking notes with a pen and paper. However, within the original design of the research I had identified that I would record the data by using a Dictaphone. As part of

the ethical approval process for the research, I was not able to take any device into the prison to record the participant interviews. On reflection, by taking detailed notes of the participant answers I was able to identify that categories were emerging from within the very first interview. These categories would later become important as I developed a theory from the research.

It is acknowledged that by taking notes during the course of the interview I may have missed some of the non-verbal communication, although I did try to look up as often as I could when taking the notes, I also made notes of any non-verbal behaviours. However, it is acknowledged that note-taking does allow non-verbal communication to be documented, such as tone, silence, length of pauses during the interview (Charmaz, 2014). Even if a Dictaphone had been permitted, it would have still missed some of the visible discomfort of the participants.

In light of this, I noted the details of any non-verbal communication, which would have been recorded by a Dictaphone, such as a participant pausing and any changes in the tone of their voices. Therefore, I do not consider that having to take notes represented a significant disadvantage for the research project. However, it is an aspect of the research project, which I would change if I was permitted to do so by the NOMS ethics committee. The reason I would have chosen to use a recording device is that I would have then been able to concentrate solely on building a rapport with the participant by keeping eye contact and not having to divide my focus by having to note-take as well as ask questions.

On reflection, another aspect of the design, which I would have changed, was improving the information the prisoner received regarding the purpose of the research, as this was misunderstood by one prisoner who thought they were actually being interviewed to become a prison listener. When I explained the actual purpose of the research, which evidently was not to become a listener, the prisoner still wanted to take part in the project, although her body language during the course of the interview illustrated that she was frustrated. This also made me feel uncomfortable during the interview, which meant I rushed the interview, as I felt uneasy. This situation could have been prevented if I had met with the prisoners before the interviews had taken place, to provide more

details of what the research involved. When I was designing my research I did not consider that this was feasible, as I was aware that the availability of the prison staff to give me access was very limited and therefore as I designed my research I was increasingly aware that I needed to reduce the involvement of the prison staff. This represents a part of the design which if I was to conduct the research again, I would change and I would hold a meeting before the project commenced to ensure all potential participants had the correct understanding of the purpose of the research.

The focus group did eventually go ahead after I had reassured the listeners that their identity would remain anonymous and that the data collected would be confidential. However, two of the listeners did not wish to participate, which I feel on reflection could have been avoided if I had spent more time with the listeners so that they could have developed a relationship with me, so that they trusted the information would not be disclosed to anyone. The research was not disadvantaged by this issue, as those who did participate still provided detailed answers to my questions, which indicated that they engaged with my research, despite the difficult start.

At the request of the listeners, the Samaritans were present during the focus group, which ensured that the listeners felt comfortable about the research. However, having the Samaritans there could have prevented the listeners from being honest about the ways in which the scheme could be improved for self-harm. On reflection, if I had developed a trusting relationship with the listeners, by having increased contact with them, they would have perhaps felt comfortable to go ahead with the focus group without the Samaritans being present.

Similarly, some prisoners did not feel comfortable disclosing the details of their own self-harm behaviour, which on reflection I could have avoided if I had spent more time within the prison environment building rapport and trust with the prisoners. However, I also needed to strike a balance between advancing my research and the project becoming too demanding on the prison resources. It is often difficult to build rapport with prisoners whilst also retaining an element of authority, which ensures the protection of personal information. Whether the research population is authoritative or lacking authority, there are still tendencies to be untrusting of the researcher, the

intended purpose of the research and use of the findings (Kusow, 2003). In light of this, on reflection I would have increased the time I spent with the prisoners, although I recognise there would always be some prisoners who would not feel able to disclose the details of their self-harm.

Chapter 4: Research findings: The development of the “Island Model” as a multi-disciplinary approach for women’s self-harm in custody

“Prisoners are most likely to get support from staff. If they have got to the point of self-harm, they are past the listeners. We have good relationships between staff and prisoners, they go to staff on the wing, we find them and patch them up, so we have that bond there. They see us as friends, mothers, sisters” (Adelaide, prison staff member).

The research findings are presented from stage 1 and stage 2 of my research respectively. In stage 1 I found that peer support from the listeners was a key facilitator for women dealing with attachment issues. Women and staff also talked about the importance of peer support for women at times when staffing levels in the prison were lower for example at night time and/or during weekends. The importance of a combination of staff and peer support was investigated further in stage 2 with particular focus on the TC in the prison that was reported to create a different milieu in which staff and listener support for self-harm appeared to co-exist in a way that had not previously been reported in the literature. While timing of access to support emerged as a similar theme to stage 1 in stage 2 in the TC this was because staffing was deliberately organised so that staff had more time to interact and support the women. Staff attitudes also were reportedly to be different in the TC with more time for reflection on some of the difficult issues staff were dealing with in order to support women affectively.

4.1 Stage 1 findings

4.2 Attachment

Attachment can work both ways in terms of supporting self-harm and is also documented as the causation for the behaviour as one staff member outlines,

“I think it’s a mixed bag, some (Prisoners) have very close friendships. Peers can cause problems in the first place. Some peers are the only ones they will talk to” (Alan, staff member).

Indeed, as one prisoner acknowledges, *“For me it brings a sense of security, you know I have told them things as a prisoner like me. It can improve friendships peer support” (Adele, prisoner).*

The attachment here is portrayed through the discussions which take place between the prisoners, which are a fundamental part of peer support. Furthermore, the attachment is touched upon by the word ‘friendship’ which signifies a connection deeper than one prisoner providing support to another.

The importance of attachment is also supported by one prisoner, *“Even though listeners don’t say much, they are here to listen to my problems, as I called them. There is still that sense of connection” (Amber, prisoner).*

This prisoner acknowledges that while the ethos of the scheme requires listeners to listen rather than disclose as they are there to support the prisoner by listening, there is still a sense of attachment. The sense of attachment which this prisoner describes may reflect the attachment to each other as prisoner to prisoner, rather than peer supporter to prisoner in need. Regardless, the support for attachment offered by the Listener Scheme that occurs between prisoners is acknowledged during stage 1 of the research.

Professional and peer support

During the interviews in stage 1 of the research the benefits of the Therapeutic Community (TC) are acknowledged positively by all of the prisoners who have used this form of support for self-harm. The success of this scheme has been attributed to the combination of professional and peer support, which is a common theme from the women and staff, which is outlined by one prisoner,

“You need a combination of peer and professional support. TC is really good support. On TC you have professional support every day and can buddy in the evenings” (Laura, prisoner).

All of the women within the research identified their support preference as a combination between professional and peer support, as one staff member outlined,

“I don’t think one group can take it on their own, it needs professional and peer support” (Bella, prisoner).

Whilst professionals are deemed to hold an enhanced knowledge of self-harm, peers are considered as having more time and perceived as showing increasing levels of caring about the women and their self-harm. Interestingly for some women it is less about the role and more about the individual personally,

“Everyone is different, down to the person not the role, regardless of staff or listeners” (Adele, prisoner).

Whilst all of the women acknowledged the benefits and limitations of both professional and peer support, a concern for some is documented with the inadequate training for the Listener Scheme to deal with self-harm. It has been acknowledged within the current research that both professional and peer support are required for the support of self-harm. Some prisoners’ acknowledged that listeners can only listen and that whilst this is of importance there is also a requirement for advice and the stimulation of a different thought process, as one staff member explained,

“Needs to be a multi-disciplinary approach where professionals are involved. We want to keep the prisoner safe. Need to process, listening is great but processing can be a journey” (Ian, staff member).

While all of the staff members and women within the research acknowledged the multi-disciplinary working that is required from both professional and peers to fully support self-harm, the listeners did not make this acknowledgment and identified that in some situations peer support through listening is all the woman desires,

“Not everyone needs professional help. They know what they are doing no level of support will make them stop. We’re not there to make them stop. Professional help is about underlying issues, they have to make the decision to seek help” (Gemma, Listener focus group).

Furthermore, both are unique and equally as important, as one staff member illustrated,

“Peer support is part of a builders tool belt you need a number of tools you can’t just have the one tool of peer support. Another tool would be professional support.” (Pete, staff member).

A shared theme from the women, listeners and staff members is that listening to the prisoner on a one- to- one basis is of central importance for the support of self-harm. Indeed, staff reported being constrained in the amount of listening they can provide due to time restrictions. As a result such time restrictions provide justification for the multi-disciplinary approach whilst professionals hold the mental health knowledge which the listeners do not attain,

“Always stated we aren’t equip with mental health, accept people where they are at the moment. We signpost, just listening, no time restrictions, take your time” (Ruth, Listener focus group).

The Listener Scheme has time in abundance whilst professionals are restricted, which supports the requirement of multi-disciplinary working, where staff and listeners are extensions of each other for the support of self-harm.

The reliance on peers to provide support in times when staff support is restricted is documented within the research, as one listener outlined,

“Even if you have a general query staff don’t have that quality one on one time, you rely on your peers for support in that way it helps. It works well. There are officers no matter how busy they are will dedicate time to you. Safer custody come back to you.” (Polly, Listener focus group).

In this instance the peer supporters are extensions of the staff support, during times when the availability of staff is restricted.

The majority of women acknowledged that the Listener Scheme is regarded positively by the staff members and that the uptake of peer support is encouraged. Indeed, staff identified the reductions in their workload as a result of the Listener Scheme, as one staff member outlined,

“It (Listener Scheme) is the most valuable scheme in the prison service, it does save lives and helps staff cut our workload significantly” (Gary, staff member).

Which is illustrative of the staff members and listeners being extensions of each, as the listeners are able to provide support to women which otherwise would impact on the staff resources.

“Some prisoners are more likely to talk to a peer. Being women in prison they can emphasise, we as staff are in a position of power, we get to leave, even carrying keys. Evening and weekends would be risky without peer support” (Ian, staff member).

As one staff member illustrated, the general consensus is a removed hierarchy between staff and prisoners, this is evidently an area of consideration for the staff member who feels in a privileged position. It is clear that staff members rely on peer support to provide an empathetic approach as fellow prisoners hold the shared pains of custody for women, but also as a safety net of support for self-harm in times of limited staff resources in the prison.

Whilst a dominate category from the research remains the requirement of a multi-disciplinary approach to the support of self-harm, the listeners’ perceptions remain in line with the previously documented “us and them” culture in reference to divisions between the staff and women. As one listener acknowledged,

“Prisoners would rather speak to prisoners, can’t trust officers. Them and us. Part of their job they have to share information. Prisoners prefer talking to other prisoners or listeners, it goes nowhere when speaking to listeners” (Listener 2).

Indeed, this perception of the divisions between the staff and the women is only acknowledged by the listeners within this study, the majority of the evidence supports the combining of listeners and staff to enhance the support for women who self-harm in custody.

4.3 Role model behaviours

It is clear from all interactions between the women that they need a motivation to keep going and not to give up on their lives. Such motivation can be obtained through seeing other women prisoners

successfully rebuild their lives and these women therefore become aspirational role models. As one prisoner stated,

"I had a visit from my friend, she's a good example, she's out of prison now, she's managing her risks, she gives me hope"(Prisoner 13).

The rebuilding of the life the prisoners left behind is apparent as a motivation to endure the difficulties of the current situation; this is attempted through letters to family members and phone calls.

The installation of hope has also been documented through the shared experiences of self-harm behaviour, which installs hope that the support and development of alternative coping mechanisms can be attained to deal with self-harm as one prisoner outlines,

"I've been a listener they (prisoners) saw my scars and said you've been there you understand. It's important to empathize not sympathize" (Holly, prisoner).

An insightful account is documented for the prisoner's personal preference for the support of self-harm, which is paramount to develop connections and thereby provide support to the prisoner from a shared experience standpoint, which is illustrated by one prisoner,

"Spoken to a listener who self-harmed themselves, I found this more helpful as they have been there" (Prisoner7).

The desire of support from someone who has experienced self-harm and 'been there' represents a common category within the current research. The 'been there' signifies as a place where self-harm represents the only coping strategy, a dark place which not all women share, which is something unique to those who engage in the behaviour.

"If a listener self-harmed they would understand it. People think its attention, some people do chicken scratches, others self-harm for real" (Norma, prisoner), the reference of chicken scratches constitutes a behaviour of less severity, one which documents no real intent to cause harm as the desired

outcome is attention. The shared engagement of self-harm enables a connection and understanding, which is not attributed to listeners who have not shared this behaviour. It is the understanding of the situation and the removal of alternative coping strategies which has led the prisoner to the present place, however if the listener had experiences of self-harm and employed an alternative coping strategy this provides hope to fellow prisoners.

The women and staff distinguish between those who attention seek and use the engagement in such behaviour for their own gains, and those who use this behaviour as a means of coping with the stressors of prison life. Adele, (prisoner) applied the “them” and “us” concepts, which is typically used to describe the power divisions between staff and prisoner relationships, to the engagement of self-harm. Those who use the behaviour to manipulate are deemed as ‘Them’ whilst those who engage in the behaviour as a means of coping are the “us’ who should be provided with the support. Adele (prisoner) evidently requires the distinctions to be made to enable an unofficial hierarchy of self-harm engagement to be constructed.

“Depends if they know about your experience. If they have been in the same position, if they haven’t, they haven’t got a clue where you are coming from. If listeners had experience of previous trauma or self-harm that would help” (Laura, prisoner).

As Laura, (prisoner) illustrates, while listeners hold a shared experience of prison life for those prisoners who engage in self-harm this constitutes a distinctive behaviour, which only those who engage in this behaviour can understand. This represents a common category from the women who self-harm, which is further acknowledged by Holly, *“It’s good, really good. Especially if people have been there (self-harmed). It’s an addiction, if people have got over the hurdle it’s a big support” (Holly, prisoner).* The uncontrollable nature of self-harm is acknowledged by the reference of the behaviour as an addiction, in essence if the listeners have a previous experience of self-harm and have controlled their behaviour and developed alternative coping mechanisms they provide inspiration to prisoners facing the same addiction in custody.

“They expect you to be shocked, it feels reassuring. They are more shocked that we’re not shocked. Also prisoners having trust they can say why, we won’t say not to do it like staff” (Gemma, Listener focus group).

Prisoners inevitably gain encouragement from disclosing to listeners who offer a non-judgemental support exchange, which is acknowledged by the listeners. It is within these support interactions that the hope for the future is received, as listeners are fellow prisoners and are deemed by the majority of prisoners as role models.

“I think the whole scheme should be looked at again, they should be prisoners who have been through self-harm. They should give advice alot of us feel alone, we don’t know how many people have been through what we have been through” (Laura, prisoner).

Indeed, for this prisoner the listening ethos is not enough, the expression here is one which constitutes listening as judging. This relates to the gendering of support, where women typically seek advice and reassurance. A key concept here for the prisoner is the lack of disclosure from the listeners, which prevents the development of a relationship.

4.4 Shared experience of prison life

While it has been perceived by some staff members that self-harm is copied from other prisoners, to induce feelings of belonging, as one staff member illustrates,

‘One prisoner used to cut her calf really deep, then the girlfriend started doing the same thing, it is a sense to belong to each other’ (Jane, staff member).

This constitutes the sharing of destructive behaviours, which is a risk for the prison establishment to ensure that all of the women are kept safe. This represents the gendered focus, which has been documented throughout the current research; within this situation, the belonging is to each other.

I can't talk for others, although I'm pretty sure we all self-harm for the same reason, you know (pause) bad childhood, abuse, you name it. Although now in prison we all have the same problems, away from my loved ones and that (Laura, prisoner).

For this prisoner, self-harm is perceived as a coping mechanism for the prison environment, in which all the prisoners who self-harm now share. It is in this sense of shared experience that self-harm seems normalised as the prison environment in which the prisoners share induces a number of additional challenges. Whilst in the beginning the prisoner acknowledges that the women in custody may self-harm for individual reasons by outlining 'I can't talk for others', the prisoner ends the sentence talking for other prisoners by discussing the difficulties of prison which the prisoners share.

"We all self-harm. Well most women anyway. Sometimes it's a way of belonging" (Holly, prisoner).

This prisoner also talks as though she is talking for all of the women in the prison. Furthermore, this sense of knowledge signifies a shared experience, that the women are aware of the struggles of other women as they are experiencing the same prison journey. The 'sense of belonging' acknowledges that self-harm for the women might contribute a sense of comfort which is shared with the other women as they too engage in this behaviour.

4.5 Access to peer support

In light of this, the majority of staff members perceived that the Listener Scheme did not require any improvements in order to support self-harm for women in custody, as the scheme is deemed as exceptional by the staff at the research establishment. The acknowledgement of the hierarchy of peer support within the research classifies the Listener Scheme as the most preferred peer provision, as one staff member illustrates,

"I think it is very valuable, should never get rid of it, It (Listener Scheme) is one of the best schemes we have got as a prison" (Gary, staff member).

A number of explanations have been offered as to why the Listener Scheme is chosen the most by the women, which includes the national status of the Listener Scheme, which is achieved through the involvement of the Samaritans, as one staff member outlines,

“Good thing as it’s monitored by the Samaritans, they have an outside role, the rules are clearer than other areas of peer support. I think there are some schemes where the peer supporter is seen as the eyes and ears for the staff. This isn’t the case for the listeners, the concerns here are gossiping to other prisoners not staff” (Staff member 1).

Evidently, all peer support schemes within prison hold some limitations for women disclosing their problems, for the Listener Scheme concerns were acknowledged with confidentiality maintenance. The fear of the information being passed on to a third party is a concern with all peer support schemes, as staff member 1 outlines for other schemes the third party is the staff members, whilst the Listener Scheme does not hold this limitation for the listeners it is still the disclosing of the information to fellow prisoners.

Although confidentiality concerns were raised by prisoners and staff members, both acknowledged the Listener Scheme as more private and confidential than alternative peer support schemes. The prisoners documented enhancements in confidentiality with the use of cards to request listener support at night. Indeed, confidentiality has also been considered an important aspect for all peer support schemes and the support of self-harm as one prisoner acknowledges,

“Talk about it on a one to one basis with people that you trust” (Laura, prisoner).

However, some of the women and staff identified that the schemes where the information is not kept confidential, such as the TC are more effective for the support of self-harm, as one staff member outlines,

“The Listener Scheme brings issues of confidentiality with prisoners who can’t trust listeners as they are prisoners. There are a number of prisoners who will never believe the information will be kept confidential” (Staff member 1).

A key characteristic of the Listener Scheme is presented in the ethos of the scheme and the sole objective of listening to enable the prisoner to offload as opposed to listening to give advice, as one staff member outlines,

“Prisoners prefer the Listener Scheme as they listen and don’t judge, sometimes schemes that give advice it can be seen as a personal attack. Listening is unique and valuable it makes the scheme work better” (Gary, staff member).

Furthermore, a central theme being that listeners cannot provide advice they can in essence only listen which for some prisoners is considered as not enough for the support of self-harm. However, for listeners this has been documented as the most important method of support for self-harm,

‘The biggest thing is to listen to them, that’s the biggest thing that we do’ (Angela, Listener focus group).

Which documents a contrast between the perceptions of the listeners who provide the support and the women who obtain support for their self-harm behaviour.

“Night time when behind a door. They can vent their frustrations; it’s not answers to problems. They will listen and emphasis with the situation” (Pete, staff member).

The night time induces a period of reflection for prisoners in which they question their sense of self within the prison environment. During this crucial time, offloading is essential to justify the prisoners’ actions. Indeed, there are limited staff available at night, which sees peer support an irreplaceable resource to ensure the availability of support during the day and night for women who self-harm in custody.

Similarly, all staff members acknowledged that listeners being prisoners themselves enhanced the support they provide for self-harm as they hold an understanding from living in the environment of the prison which enables more trust and understanding to be attributed to the listeners, as one staff member outlines,

“The way they approach listeners, they can talk to them. They are less reserved with listeners as listeners are prisoners they can relate” (Andy, staff member).

Indeed, this documents support for the inclusion of the Listener Scheme instead of alternative peer support schemes within the prison estate as the current research identified a hierarchy of peer provisions in regards to prisoner preference, with the Listener Scheme the most desired provision within the hierarchy.

‘You feel comfortable talking to someone on the same level who isn’t going to judge you’ (Joy, prisoner).

Joy described that listeners are considered as non-judgemental as they too are in prison and are not considered above the women who are seeking the support for their self-harm behaviour.

Furthermore, this sees listeners able to engage in a reflective perspective as they have a common thread with those they support; they are not seen as being in a powerful position administering the treatment. Indeed, the listeners are seen alongside the women they support on the ‘same level’, which from the prisoner’s perspective enhances their ability to provide support for self-harm behaviour. However, a small number of women and staff acknowledged that regardless of this some prisoners still do not trust the Listener Scheme.

“It’s really really good, they understand as they are prisoners locked up, officers don’t understand as they go home, it’s an understanding they have got” (Holly, prisoner).

Indeed, Holly illustrates the importance of having the Listener Scheme as a form of peer support for women who self-harm in custody. Furthermore, the Listener Scheme is paramount for the success of the implementation of a multi-disciplinary approach for women who self-harm in custody, is that support is available during the times when there are reduced numbers of staff, such as night times and during the weekends. Furthermore, the importance of peer support in the form of the Listener Scheme is evident with the understanding prisoners can provide as they share the similar journeys

and remain within the prison establishment; it is often difficult for staff members to relate fully to prisoners because they do not face the same difficulties and restrictions.

As one listener illustrates,

“Knowing we are in prison, they appreciate that you’ve got out of bed for them, it’s nice they can call you again and you will come back” (Claire, Listener focus group).

The continued care that the listeners provide has been acknowledged positively by the prisoners for the support of self-harm. Evidently, living in the same environment enables an appreciation for the support the listeners provide, such as getting out of bed for them. Indeed, this makes the Listener Scheme an essential resource as the limited number of staff who are available at night results in this level of support being unattainable, if it was not for the Listener Scheme. Similarly, the development of supportive relationships is evident from the Listener Scheme, which signifies the community composition of the prison establishment, as one staff member illustrates,

“It’s (peer support) valuable because it shows a community feel in prison, no one is suffering in silence” (Fiona, staff member).

“Well they have been the same route you have. They know the problems and some of the answers. In my case they explained how not to panic so much. It helped them listening but also the tone of their voice” (Bella, prisoner).

Indeed, the desire to be listened to by someone who has been through the same journey and reached the other side is evident for Bella. Additionally, the importance of the Listener Scheme during the early days of imprisonment is acknowledged, as during the early days prisoners may be reluctant to talk to staff members as they are perceived only as authority figures. Furthermore, voicing any concerns with fellow prisoners in the form of the listeners enables reassurance for the women in a time when they have not had the time to develop relationships with the staff members.

It is apparent that the Listener Scheme is used by the women as they receive comfort from the shared journey, as one prisoner illustrates,

“It’s not always support for self-harm, it’s more problems they can’t talk to other people about, things out of their control and it’s just to talk with someone different” (Adelaide, prison staff member).

Whilst for other women the scheme has been deemed reactive as the prisoners engage in self-harm and then obtain support from a listener. Indeed the listeners identified a number of reasons as to why their support is requested by the women, acknowledging it is obtained for “a mixture” of reasons, which ranged from mental health concerns of hearing voices to the prisoner being lonely.

Some of the women in my research acknowledge the mistrusting nature of the Listener Scheme, which is documented as resulting from concerns regarding the confidentiality of the scheme.

Furthermore, some women did not use the scheme as result of a previous bad experience concerning the information being kept confidential. For staff members the perceived reasoning as to why women who self-harm in custody did not use the scheme included confidentiality concerns, lack of awareness of the scheme purpose and simply choosing to internalise their feelings. The concerns of confidentiality are outlined by one prisoner,

“Used it in Foston hall once, been in for three years and self-harmed, had nightmares about child abuse, talked to a listener next day it was all around the prison, I wouldn’t use the listeners again”
(Laura, prisoner).

Indeed, a previous trauma is acknowledged as the causation for the women’s engagement in self-harm and the uptake of the scheme, unfortunately a bad experience of one Listener Scheme can be problematic for uptake of subsequent support. In this situation, the use of staff provides a sense of confidentiality as the staff members only pass the information on through the appropriate channels for support.

The concerns regarding confidentiality have also been documented by the listeners who acknowledge that maintaining confidentiality when the prisoner has engaged in self-harm can be challenging, as one listener outlines,

“You can’t think you are going to be a superhero and stop it. Confidentiality is a burden, you can’t tell people even if you know they are going to self-harm.” (Angela, Listener focus group).

A shared category, from prisoners, staff and listeners is that peer support for self-harm is received well by prisoners and staff within the prison, regardless of whether a prisoner had used the Listener Scheme, it is deemed positively and acknowledged that for those prisoners who use the scheme ‘it works’, as one prisoner illustrates,

“I’ve not used it (the Listener Scheme) I know people who have and they say it’s brilliant” (Holly, prisoner).

However, some women acknowledged that not everyone uses peer support, as for some the choice to not use peer support is because the prison environment allows an enhanced level of freedom of movement than in other prisons, which means that the women are not confined in their cells for long durations in the day. Evidently providing support as peer support complements the support provided by the prison staff. Whilst the women in this study prioritise support from staff members for their self-harm behaviour, the Listener Scheme is of great importance to ensure support is available when there is limited staff available. On the contrary, for a small minority of the women in this study the Listener Scheme represented the most effective source of support for their self-harm behaviour. Whilst other women acknowledged the Therapeutic Community which combines professional help with follow up peer support in the form of buddy’s as being more effective.

The importance of including the Listener Scheme is attributed to the ethos of listening and enabling disclosure to support self-harm, which contributes to a reduction in this behaviour, as one listener outlines,

“A lot say they would self-harm less by talking about it” (Sarah, Listener focus group).

The ethos of listening sees the scheme placed above other peer provisions which seek to provide advice and not enable disclosure to the extent of the Listener Scheme, as one prisoner acknowledges,

“Speaking as a self-harmer it (the Listener Scheme) has saved me a few times, a brilliant scheme, it doesn’t get the recognition it deserves” (Holly, prisoner).

Indeed, support for the Listener Scheme as the peer provision is evident from the acknowledgments from the women, staff and listeners of the contribution of the scheme for the support of self-harm in custody, as one staff member outlines,

“No they (Listeners) are invaluable at supporting self-harm. Listeners stop self-harm. I have spoken to so many prisoners who said if I hadn’t spoken to a listener, I would have cut myself. Listeners stop further self-harm” (Andy, staff member).

This supports the inclusion of the scheme as a vital resource to contribute to the support of women who self-harm in custody, as it is contended that supporting this behaviour for women in custody requires additional provisions, as a stand-alone peer support scheme is not enough.

All staff, women and listeners acknowledged that in their experience the Listener Scheme operates at an enhanced level at the research establishment, as one staff member confirms,

‘It’s good here, better than other jails’ (Bill, staff member).

4.6 Difference of the prison environment

The research establishment is acknowledged as "different" by not only women who have been detained in a number of prison estates but also by staff members who consider the research establishment to be somewhat unique, which is outlined by one staff member,

"It's different here! I'm not sure why it's different but it is. I've worked in lots of different prisons, male and female I like to move around, not stay in one place too long! I think it might go back to when it was an open prison or maybe it's because it's female who knows. I noticed it in the first weeks but you

get used to it. You find it strange at first but then you realise it's a good difference, whatever it is it works!" (Gary, staff member).

"When I first came to HMP... I was very anxious, I didn't understand the system as it's different to other prisons. I think in frustration and lack of knowledge I lost control, I self-harmed by banging my head against the wall" (Bella, prisoner).

The "difference" in prison environment for this prisoner produced the feelings, which led to the engagement in self-harm. Indeed, for women who have already acquired some knowledge of what prison life is and have gained comfort from the familiarity of the previous prison environment in which they have been located. Furthermore, the research establishment "difference" can place prisoners back in to the unfamiliar in regards to the prison journey, which can inevitably cause distress for the prisoner.

One prisoner identified the urge to engage in self-harm as a coping method for the frustration she had been experiencing in the delays of a video link for her and her partner, who is located at another prison establishment. The prisoner provided a detailed account of her frustration, which had led her to be extremely close to engaging in self-harm in the form of self-punishment by starting a fight or punching herself in the face. Indeed, the only reason preventing her current engagement had been the promise of the video link, which also represented a causation for her self-harm behaviour.

Evidently, this situation provides insights in to the 'unique' prison environment at the research establishment. Bella acknowledged the frustration had not been at the research establishment but to the prison where her partner is detained, as the prisoner felt they were delaying the situation. From this situation, a lengthy discussion pursued regarding the practices of the different prison establishments in terms of communication between the women who are located at great distances from each other and whom inevitably cannot visit each other in person. However, the prisoner identified that the support from the research establishment had been extremely helpful, which provides further evidence of the difference attributed to the research prison site.

As one member of the prison staff stated in the interviews,

“It’s different here, it’s not your typical prison, we don’t just lock prisoners up, we try to change them”

(Andy, staff member).

Indeed, Andy signifies that this prison is distinct in that for him it isn’t just a punitive response that is required for the women of simply ‘locking them up’, that this prison tries to make positive behaviour changes, which are beneficial to the women in prison and upon release.

The difference in the environment is observed during an interview where a staff member asked to use the photocopier whilst the interview was being conducted. Although this had not been ideal as it broke the flow of the interview, it provided useful insights in to the modified environment at the research establishment, with particular attention to the staff and prisoner relationships. Whilst waiting for the member of staff to finish the photocopying the prisoner engaged in a conversation, which identified how effective the staff member is at doing her job. This interaction portrayed that the staff engage in discussions with the prisoners frequently and from this prisoner’s perspective, such interactions are valued highly. This became evident with the exchange of conversation in which first names were used and which documented a mutual respect.

In support, the relationships between the women and staff is further documented with the sensitive handling of a woman’s belongings during the induction to prison who had suffered a miscarriage and had baby items in her belongings. The member of staff provided the woman with time to go through the items and make the decision of whether she wished to keep any items or to send the items home. Whilst the prisoner stated she did not wish to keep the items or go through them, the staff member allowed time for the prisoner to think about what action to take. Indeed, the staff member handled this situation in an extremely caring and sensitive manner enabling the woman to make a decision in which she was happy with as opposed to making a quick decision which she may later regret, as the prisoner illustrated,

“I’ve not looked through that, another prisoner left it for me, I don’t even know what is in it. I mean I know its baby stuff; I don’t have a baby now. I don’t need it.” (Prisoner 14).

Whilst the prisoner made the rushed decision to not retain any of the items, which the staff member could have easily accepted and continued with the induction, an empathetic approach is employed within this situation, which enabled an informed decision to be made by the woman, as opposed to an emotional reaction, as the staff member outlined,

“I tell you what, I will give you some time to think about it, I don’t want to throw it away and then you wished you had looked through it or kept it” (Jim, staff member).

In this situation and with particular reference to the empathy shown, the distinctive nature of the prison environment is identified alongside the removal of hierarchy. Furthermore, the staff member in this moment saw the prisoner as a woman who had lost her child as opposed to a prisoner, as one staff member acknowledged,

“It’s about having some respect really, they (prisoners) are all people at the end of the day” (Ian, staff member).

On the contrary, Ian, (staff member) identified that training provides details of the manipulative natures of some prisoners and that staff members should refrain from disclosing any personal information. Indeed, prison training suggests that some prisoners will try to obtain information from the staff to use against them to obtain privileges. The training is ultimately designed to protect the prison staff and ensure their safety. Furthermore, it is identified that at the research establishment practices are different as the staff member does disclose to the prisoners that he has a family and is married. However, while the staff member may disclose he has been swimming with his family, there is still an element of caution as the staff member withholds the details of the exact location. Further to this, it is acknowledged that some staff members will disclose that they have a family to prisoners, whilst other staff members are more guarded and will not, as one staff member illustrated,

"I disclose this information as I think it makes them see me as a person so they can build a relationship with me" (Ian, staff member).

Indeed, the building of such relationships is paramount to produces the desired outcome of the modified prison environment, which is attributed to the research establishment.

"You either warehouse prisoners or try and change them" (Fiona, staff member)

It is documented by all of the women and staff members within the research that the prison establishment induces modification. A shift to an empathetic approach with the removal of hierarchical relations, which in turn reduces the hostility and creates a sense of calm.

4.7 Hierarchy of support

Indeed, the staff acknowledged the reasoning for prisoners initially seeking staff support as a result of the close relationship, which is constructed with the women. Peer support for all staff members and the majority of women is deemed complimentary to staff support and secondary in terms of request from the women, as one prisoner acknowledged,

"If it got really bad I would go and speak with safer custody, then the Listener Scheme if staff are busy" (Prisoner, 2).

Similarly, the prisoners at the research site documented an awareness of the restricted time of prison staff, which enables the development of a multi-disciplinary approach for women who self-harm in custody, as it enables support to be obtained from professional and peer sources, which are both deemed effective. Furthermore, whilst the women, prioritise staff support in times of restricted staff availability, peers constituted a worthy source of support for women who self-harm in custody.

Some staff members acknowledged that peer support enables staff support, as prisoners wish to obtain staff support but do not want to be deemed a "Nuisance" therefore speaking with peers and allowing them to pass the information back to staff enables the women to receive the support they

require. Further to this, a central theme which is documented by all staff members is that staff support is used most frequently for self-harm as they can open ACCT documents and signpost to the relevant support team, whether this is the safer custody or mental health in-reach, as one prisoner acknowledged,

“I used to see listeners, I need more help as my self-harm is getting bad. If I hadn’t seen mental health professional I wouldn’t be here today” (Norma, prisoner).

Indeed, this research contends that the development of relationships between the women and staff enables the women to be selective in the support they obtain for their self-harm, as prisoner ten acknowledged,

“Staff are excellent you can always talk to them” (Laura, prisoner).

Indeed, this finding is not supported in this study where the women prioritised the support from the staff members for their self-harm in custody, as one prisoner describes

“I have used more staff than listeners, staff have been really supportive” (Merry, prisoner).

Furthermore, It is evident that the women in this research trust the staff members and feel secure in using this support for their self-harm behaviour, as one staff member illustrated,

“For self-harm they (prisoners) will come to staff, more confident to go to staff, they don’t want their peers to know.” (Gary, staff member).

Additionally, for some women support from staff members in the professional capacity is the only option, which can help at this stage of their engagement in self-harm. Indeed, the support by staff in this instance is deemed above peer support, as one prisoner acknowledged,

“This time I know if I do this next time I know I will be dead. Mental health in reach, I go there once a week, it’s helped a lot (Norma, prisoner).

The prisoner illustrates the severity of her engagement in self-harm as she understands that if this behaviour continues to escalate it will result in her death. Moreover, after a near fatal incident of self-harm professional support is considered her best chance at reducing the severity of this behaviour. This prisoner has a history of self-harm and over the years has increased the severity of this behaviour to receive the same feelings of release. Indeed, the difficulty is that sometimes increasing the level of self-harm behaviour results in unintentional suicide, which returns to the complex debate in the academic literature of separating these two behaviours, which is detailed in chapter 1.

4. 8 Stage 2 findings

Stage 2 of the data collection revealed that the Therapeutic Community (TC) is having a positive impact on the prison environment and staff and prisoner relationships. Indeed, the behaviours that are developed in the Therapeutic Community (TC) become fluent in the mainstream prison as staff members work in different parts of the prison and prisoners associate on other wings.

"I was thinking over the weekend that life as a castaway must be like being in prison. You are in prison remembering the life you had outside, and when you go back to this, you realise that life has moved on, as have the people. It must be like being a castaway on an island and when you come back the personal expectations are not met with the reality" (Alan , staff member).

For this staff member , life in prison remains the same, which is related to how the staff member would feel if he was on a desert island without his family. The staff member by using this metaphor displays empathy with the prisoners as he tries to understand what being imprisoned feels like. Indeed, the use of this metaphor of the desert island by Alan to understand prison life, led to the developed theory the Island Model which is central to this thesis and will be developed further in section 4.16.

4.9 Attachment through disclosure

"You form relationships here, you know, bonds. You don't get that out there, it's more difficult" (Bella, prisoner)."

The Therapeutic Community (TC) is a safe place for attachment to be formed again in a characteristically hostile prison environment where attachments are difficult to establish as a result of untrusting relationships as one prisoner acknowledges that

"There is a community feel on TC" (Holly, prisoner).

In light of this, the interviews revealed that genuine attachments are developed as no restrictions are placed on disclosure in the TC, which is a common theme reported by the women and staff members as one prisoner outlines that

"Everyone knows everything, you start at childhood, my real family don't know as much, it lifts a weight off you, off your shoulders, it's like this is me, you know everything, like it or not" (Joy, prisoner).

Indeed, it is apparent that such disclosure is not commonplace in the rest of the prison as one prisoners acknowledges that,

"Prisoners don't disclose their offences on the wings, on the TC you start from childhood, people know everything, I'm not hiding anything, I have nothing left to hide, where am I going to hide, I can't walk out of my group, they find you" (Sally, prisoner).

Furthermore, if discussions become too distressing in the general prison the women can leave the situation, in order to remain in the TC such disclosure must be offered on a daily basis.

.Prisoner one documented that the TC had prevented her from engaging in self- harm as she now talked about her feelings instead of cutting,

"TC has helped stop my self-harm. I no longer need a scar to show I'm hurting inside, I can talk about it now in group" (Joy, prisoner).

The supportive nature of the TC is documented here with the removal of the desire to engage in self-harm. The prisoner has experienced changes in her behaviour from being part of the island, which has had a profound effect on her desire to self-harm, it is clear that the prisoner used the physical presence of scars as a way of showing her emotions not only to herself, but also to other prisoners and staff. However, the prisoner because of the TC is able to verbalise her emotions in a way she had not previously been able to

4.10 Increased numbers of staff

It has been documented that in order for the staff and prisoners to develop relationships at an enhanced level there must be an increased number of staff members on the TC. Indeed, this ensures staff members can spend increased amounts of time with each individual prisoner, which further develops the relationships, which is a common category from the women and staff members, as Ian, (staff member) articulates,

"There are more staff within the TC and its needed. It's how it works. In order for prisoners to trust us, we need to be able to spend time with them. On the main wing we don't have that; there are so many prisoners and so few staff members" (Ian, staff member).

"Having more staff works, I can also get the support I need. There is always someone available"
(Prisoner, Claire).

This prisoner acknowledges that the increase in staff members on the Therapeutic Community (TC) is beneficial as more staff are available to provide support. Although the prisoner doesn't disclose the details of the support obtained, it is evident that the additional staff are regarded as worthwhile.

4.11 Development of staff and prisoner relationships

The attachment to staff members is evident in the TC as described by Adele, (prisoner) not wanting to take her concerns to another staff member when her personal officer was on leave,

"I don't want to discuss it with anyone else, not another officer. I mean I know I can but I would rather wait, he knows all about it, he has helped before. I want to take it to him. I will wait until he is back"

(Adele, prisoner).

Support is provided for the enhanced staff and prisoner relations, as one prisoner notes,

"TC does change the staff and prisoner relationships, you build relationships with them. They are very involved. You see them as people not just an officer" (Bella, prisoner).

"I say to new prisoners whatever history you have we left it at the door, we start a fresh here, we won't judge you" (Fiona, staff member).

Fiona worked on the TC for a number of years and now works on the general wings. It is clear that the individualistic approach, which consists of respect for the women, has been transported with the staff member. Indeed, this results in the learnt behaviour from the TC being practised within the general prison. Furthermore, 'leaving the women's past at the door' acknowledges that in some prison environments the women's history may proceed them and be the causation for problems within the new establishment. Similarly, the non-judgemental nature of the staff member fits with a removal of hierarchy. Evidently, this is illustrated with the staff member now practising this behaviour off the TC.

Further to this, the connection developed with the women is evident with the careful consideration from the staff members when they are thinking of leaving or joining the TC, as one staff member outlines,

"It has to be the right decision, not only for me as an officer but also the prisoners, leaving can cause prisoners to backtrack and that's not good for anyone, let alone the prisoner" (Alan , staff member).

Indeed, it is within this careful consideration that the community feel is displayed, as it is clear that staff members make decisions based not only on what is right for them personally but also what is right for the TC to ensure progression in behavioural changes for the women. This leads to staff members feeling torn regarding their decisions, as one staff member illustrates,

"I have been nervous over the weekend to tell my group yesterday, that I'm leaving as my group is working well, people can say difficult things and be comfortable, I'm proud" (Alan , staff member).

Additionally, the building of relationships is supported by the staff members spending increasing lengths of time on the TC of between 2-6 years. This creates a safe environment with familiarity and continuation of care, as one prisoner notes,

"There is a difference between TC officers and normal officers, I had a visit at the weekend and I introduced Andy to my family" (Prisoner 12).

Evidently, the staff members then transport the identified difference of their behaviour as prison officers to the rest of the prison population when they leave the island, therefore identifying the importance of transportation for producing the outcomes of a multi-disciplinary approach to self-harm for women in custody, which is inclusive of both professional and peer support.

4.12 Reflection

"How are they ever going to change their behaviours if they aren't told" (Joy, prisoner).

This signifies the community feel and the involvement of all members in the behaviours of those within the community. A common theme reported by the women and staff is that the use of reflection by the women in the Therapeutic Community (TC) means they do not need additional support from the Listener Scheme for their self-harm behaviour.

Further evidence for the inclusion of reflection as a category is detailed during observations of a group therapy session when a prisoner became hostile,

'it usual takes her a few days to reflect and accept her behaviour needs to change and that it isn't the right way of dealing with things, it used to take her weeks to reflect and come around' (Bill, staff member).

Within this situation the core ethos of the Therapeutic Community (TC) is acknowledged, that prisoners have to be accepting of behavioural changes and identify the need to change. The prisoners are aware that they can raise a crisis meeting if they are experiencing difficulties with reference to particular situations. The group therapy allows time for prisoners to reflect on their behaviours whilst providing support. This is evident with the increased number of silences within the group therapy meetings which initially seemed displaced, however all meetings have been structured purposely to allow disclosure.

At the time of the research, a number of women were leaving the island Therapeutic Community (TC) and relocating to the E and F wings of the prison, which were semi open. The concept of leaving for all prisoners represented an adjustment, with prisoners discussing emotions that they felt at the prospect of leaving some weeks prior. Furthermore, the women acknowledged, "they needed to accept it". The anxiety at leaving had been documented by one prisoner regarding a dream the prisoner had in which a woman pushed in front of her in a queue, identifying the displacement of her self during this time of change,

"I'm older and there is going to be a lot of younger prisoners, you know, I spoke to my son and he said you're not going to like it, I've got to accept it, I'm not really worried now I've accepted it" (Janet, prisoner).

The category of prisoner reflection is also witnessed by the prisoners describing what they will be taking away from their time spent in the Therapeutic Community (TC), as one prisoner acknowledges

" Erm that I think, (pause) I think before action and I now look at the consequence of everything that I say and do, group therapy brings things you might not talk about" (Bella, prisoner).

The prisoner continues that the TC has changed how she feels about her offence

"I used to blame my victim, I know now it's not. The process can be used to change" (Bella, prisoner).

Indeed, the Therapeutic Community (TC) does not work for all women, as a few could not wait to leave. Additionally, this prisoner reflected during the group therapy about what she will be taking away as part of her TC journey

"Think, think, think, TC is always in my head, TC first thing when I wake up, I'm more open now, TC will always be with me in my mind" (Norma, prisoner).

Whilst the prisoner shows an eagerness to leave she still shows evidence of the positive effect the Therapeutic Community (TC) has had on her and a continued influence when facing challenging situations in the future. The documentation of thinking by this woman signifies a key element of reflection.

4.13 Professional and peer support

"We have the best of both, we have the therapy by the professionals and the peer support from the buddy's, you need that in here. Staff are good but they don't know prison like we do" (Jenny, prisoner).

The desire for both professional and peer support is a striking category through stages 1 and 2 of this research. Although this prisoner discusses this collective support in the broader sense which doesn't specifically reference self-harm, it is evident that collective support which incorporates peers and professionals is valued.

Andy also supports the collective use of professional and peer support,

"It can never be one or the other, not here anyway. In my experience women need both. They both complement each other" (Andy, staff member).

It is apparent that this staff member is acknowledging that what professional support lacks, in being able to support women in custody is provided by peer support and also the reverse. In addition, the undertone signifies that women in custody have significant needs which require support which is

different. This support needs to be combine knowledge which is provided by the professional support and experience of the prison journey, which is provided by peers.

4.14 Acceptance through shared experiences

During a referral meeting, I observed a discussion of why certain women do not fit the TC ethos, as part of the TC is the willingness by the women to accept responsibility for their offence. Indeed, some prisoners would simply not fit the Therapeutic Community (TC) criteria and therefore would not be permitted as part of the community. As part of this meeting, the acceptance of a woman who has murdered her child is revisited, as staff members decide what is right for the community. The staff judgements are placed around the ethos of the TC, as one staff member outlines,

"It is a majority relationship focus, taking them away from their old lives and putting them in a community to change" (Jim, staff member).

It is evident that careful consideration takes place before the admitting of any prisoner to the Therapeutic Community (TC), this ensures the dynamics of the Model and its success. It is evident that the staff members are also questioning the ethos of the Therapeutic Community (TC) and if this woman should be permitted. The united agreement of an unofficial hierarchy of crimes is a common thread which binds all of the opinions surrounding this referral, as one staff member illustrates,

"Can the community be non-judgmental and accepting to everyone? (long pause) to help reduce reoffending, we say we do" (Gary, staff member)

In further justification it is documented by Ross, *"Everyone's victim is someone's child, we take sexual offenders" (Ross, staff member).*

Whilst this represents a valid point there is something about the taking of a child's life that is intolerable and the feeling from the staff and prisoners is that they would rather not have this woman as part of their community. Jane (staff member) is also struggling with the decision, which is

visible from her non-verbal communication and the questioning aloud in order to convince herself. Furthermore, the staff member sighs which portrays the difficulty associated with the decision, which must be made. Whilst this particular prisoner fits the criteria for acceptance on in to the Therapeutic Community (TC) "In principle", the fit with prisoners is a significant consideration and one which is highly uncertain.

Indeed, other considerations which are discussed by the staff members include the prisoner's risk of self-harm which might increase if she is also becomes a scapegoat within the community as one staff member illustrates,

"I need to gauge the atmosphere within the community to ensure it's the right decision, I also need to think carefully about which group, as there will be difficulties for staff also not just prisoners" (Ian, staff member).

Indeed, the careful consideration of the placement of one prisoner illustrates the community feel of the Therapeutic Community (TC). The staff are considerate of any potential disruption to the Therapeutic Community (TC) and that a negative impact is undesirable and preventable. It becomes apparent that a number of the staff and prisoners feel torn between the Therapeutic Community (TC) ethos and their personal opinions on the woman in question, as one staff member illustrates,

"This is the worst thing you can do as a mother, I felt sick reading this file, she had a duty to protect her child which she didn't do" (Fiona, staff member).

It is apparent that the possibility of this prisoner being accepted on to the Therapeutic Community (TC) has had a significant effect for the prisoners as well as the staff members who all seem to have dedicated some thought to this over the weekend, as Adele outlines,

"I was given a second chance, everyone else deserves one, it might split the community but I don't know" (Adele, prisoner).

Whilst it is ultimately the staff who will make the final decision on whether this woman is to be accepted, the prisoners' perspectives are sought and given importance which identifies that the Therapeutic Community (TC) involves both staff and prisoners in the decision making process, as one prisoner acknowledges,

"I don't like it, if they come to join the TC I will be leaving, I don't want to listen to it. All I ever wanted was a family growing up, it makes me angry as they had that" (Kathryn, prisoner).

Indeed, in order to provide justification to the feelings of the prisoner, the staff member agrees that this is a crime in which staff members and prisoners collectively agree is deeply disturbing, as one staff member outlines,

"There are going to be prisoners here who have damaged children in lesser ways. It's a normal reaction to say, I don't like it, nobody does" (Jodie, staff member).

The shared pains of the Therapeutic Community (TC) are documented as one staff member describes his 'excessive cleaning of the house' as a means of distraction from his thoughts surrounding the acceptance of the woman in question,

"I have strong feelings on this, it's not something I just accept" (Gary, staff member).

What is displayed within the Therapeutic Community (TC) is a hierarchy of crimes, whilst murder is accepted by the women as most have committed this crime, it is the murder of someone who is defenceless which is having a significant impact on the whole community and whether this is something as a community, they can accept.

As one staff member acknowledges,

"I think if there is someone who has committed this offence I really want to help them, if they came on to the TC, I think it's something on everyone's minds, we are all anxious about it. It was a tough decision but I will work with this person and I will help them. I'm still having issues that I need to work through but I will work with them (Alan, staff member).

Whilst the difficulty of the situation is evidently experienced by the majority of the Therapeutic Community (TC), for most the expression of their feelings is enough to then accept the prisoner, as one prisoner acknowledges,

"I would struggle having her in my group but could tolerate it in the main group" (Sally, prisoner).

It is apparent through the situation that the women feel part of the decision making process and that their voices are heard, which further documents the shared experiences of imprisonment in an alternative form as staff members too share the negative feelings in this situation.

4.15 Difference in the prison environment

The importance of knowing your prisoner is also acknowledged within the main prison at the research establishment. The sharing of information is also paramount as meetings are also conducted with a set protocol to ensure information is shared about what is happening with each prisoner, with particular references to those who may be experiencing difficulties, as one staff member acknowledged,

"Knowing who is who and where is really important" (Fiona, staff member).

As one staff member outlined,

"We make them (women) feel safe. We are the prisons eyes and ears. We walk around the prison and prisoners come up to us" (Donna, staff member).

The description of eyes and ears by the staff member documents that the staff hear and see everything and this provides a level of security for the women. Indeed, the women prisoners are acknowledged as active participants in engaging with the staff, which creates familiarity and security. The staff member here talks about the prison as if it is a community to belong to, the staff are the prison's eyes and ears. The sense of community is evident as the women and staff are working together to maintain the modified prison environment.

"We create a safe environment for the victims; you can place any restriction, no work, not allowed on particular wings. It creates distance and calm as they know they can go somewhere and get away from the situation, eventually they give up the fight as you place so many restrictions" (Fiona, staff member).

As the staff member notes, it is the creating of the tranquil environment that the research establishment enables, the calm without the necessary hostile controlling environment, which is often evident within prison estate, as one staff member illustrated,

"You can control without using a fist, reward or punishment. Measures of control basic, standard and enhanced. Any bad behaviour and prisoners go to basic, and prisoners hate losing money so they behave"(Bill, staff member).

A key factor, which attributes to the enhanced prison environment is the nature of the interactions with the women, with the majority of staff member acknowledging that using first names for the women and staff helps create the right kind of relationship, as one staff member noted,

"I don't want anyone to call me sir, it doesn't feel right. There are those officers who say we shouldn't talk to prisoners or call them by their first names. I think it's about respect, I don't want to be called by my surname and I doubt the women prisoners do either" (Pete, staff member).

Similarly, the practice of using first names for the women and staff removes the hierarchy that can be created when calling staff members "sir or miss". The increased personal approach is acknowledged by staff members as one staff member acknowledged,

"I don't want anyone to call me sir, why would I? Some say because they are prisoners. It's not like that at this prison, we do it differently" (Fiona, staff member).

Further acknowledgments of the transformed prison environment of the research establishment are documented within the Therapeutic Community (TC) group therapy, as one staff member identified,

" I'm used to working with male prisoners where we spend 3 weeks sitting (folds his arms as to show a closed posture) before they will say hello, so this is really different, it's nice people are really open and honest only one hour in to a relationship with me as a stranger" (Jane, staff member).

The highlighted difference is also attributed as a gendered issue as the staff member draws on his previous experience working within the male prison estate.

I have to keep track of my facial expressions, as everyone is so aware of my mannerisms. Never had to do this before I'm thinking am I frowning? Have I been frowning too long" (Jane, staff member), the group laugh at this analogy, however this demonstrates the distinct prison environment which is attributed to the research establishment and signifies the relational observant nature of women , which is not consider a male characteristic, as one prisoner noted,

"It is different here, you are given responsibility, you need that. You're not going to have anyone to do things for you on the outside" (Joy, prisoner).

In addition, it is not only the staff members who acknowledge the "difference' within the research establishment, women identify positively that the increased levels of responsibility ensures they are "as prepared as you can be, for something like that" (Cath, prisoner) for release.

4.16 The development of the island model

In order to understand how listener peer support for the management of self-harm in the prison functioned I therefore needed to conceptualise how the Therapeutic Community (TC) was working to enhance or detract from this support. My observations and interviews with staff and the women led me to use a metaphor of the desert island to make sense of this further

The Island Model

Staff and prisoners likened women's experiences in prison to that of being a castaway on a desert island where time stands still, yet the prisoner continues to think about the life, which they left

behind. However, in reality, while the prisoner's life stands still, life outside of the prison continues and changes at a quicker pace than prisoners' can often comprehend upon their release. The Therapeutic Community (TC) which has been briefly discussed in chapter 1 (1.8) creates an island in which all group members (prisoners) are familiar, a safe haven in which crimes are disclosed and the experiences of imprisonment are shared. The TC, because of the size and increased numbers of staff members, enables prisoners to form attachments with staff and fellow prisoners. In order for the Island to have the desired effect on the rest of the prison environment through the model outcomes a number of "on island" and "off island" core elements need to be in place within the prison site. If all of the "on island" and "off island" core elements are present in this environment it results in a number of Island Model outcomes, one being that listeners and staff members should work more closely to support self-harm within a multi-disciplinary approach, whilst maintaining the confidentiality ethos of the Listener Scheme.

The experiences articulated by the women and staff in the interviews led me to theorise that being in custody for women can be thought of as a multi-disciplinary approach, which lead to the development of the Island Model. The model consists of 'on island core elements' which are present in the TC and consist of attachment through disclosure to other prisoners in the TC, increased numbers of staff, developments of staff and prisoner relationships, reflection, professional and peer support, installation of hope through role model behaviours and acceptance. The way this works is the 'off island core elements' are present in the general prison and consist of peer support provisions (Listener Scheme) and transportation of island life from the TC to the general prison population. The role of the Listener Scheme as a source of support for women who self-harm can be understood as offering essential support off the island (TC), during the evenings and weekends when there is less staff available. If all the required on and off island elements are present within a prison environment the following outcomes are produced knowing your prisoner, extensions of each other and a hierarchy of support for self-harm. The key features of the Island Model are distilled in Table 7.

Table 7 - The Composition of the Island Model

On island core elements	Off island core elements	Island Model outcomes
Attachment to women and staff through disclosure	Peer support scheme (Listener Scheme)	Knowing your prisoner
Increased number of staff	Transportation of island life to the general prison population	Extensions of each other
Development of staff/prisoner relationships (Removal of Hierarchy)		Hierarchy of support
Prisoner reflection		
Professional and peer support		
Installation of hope and inspiration through role model behaviours between the women		
Acceptance – shared experiences of imprisonment between women		

Chapter 5: Discussion: The development of the 'Island Model' as a multi-disciplinary approach for women's self-harm in custody

In this research, two major categories emerged from the data:

1. Women prioritised professional support for self-harm above peer support (Listener Scheme) when this is provided within a prison site, which operates a Therapeutic Community (TC).

This finding led to the development of what I refer to as the "Island Model that offers a multi-disciplinary approach for women who self-harm in custody which includes professional and listener support.
2. Women's experience of imprisonment is gendered which contributes to their engagement in self-harm. This fits with the existing literature outlined in chapter 1. For these reasons peer support provided by the Listener Scheme should incorporate gender specific knowledge to support women who self-harm in custody.

In attempting to explore the Listener Scheme as a form of peer support for managing self-harm in the prison my initial phase of interviews revealed that women favoured support from staff over that from the listeners. In addition, that support for managing self-harm from listeners was talked about as occurring alongside this 'professional' support. This finding contrasts with others' research that has identified the centrality of peer over professional support in custody (Deville et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). My second stage of data collection (observations) revealed that the Therapeutic Community (TC) operating in the prison set the context for staff support for women to help them manage their self-harm, which seemed to be having an effect throughout the prison.

5.1 The operation of Therapeutic Community (TC) in custody

It is important to explain how the TC operates in custody to understand the Island Model, which has been developed by this research through the process of Constructivist Grounded Theory as outlined in Chapter 3. The Therapeutic Community (TC) in the research site is housed on a separate wing of the prison. This provision is not typical, in fact the research site hosts the only Therapeutic Community (TC) in the female prison estate (Brookes, 2010).

Some characteristics of the TC are the engagement in a range of group therapeutic activities, sharing of information, removal of hierarchical structures, residing and learning within a shared environment and assessment and resolution of concerns within the group setting (Brookes, 2010). The employment of this ethos enables the development of a unique Therapeutic Community for prison interventions (Brookes, 2010) with the Therapeutic Community (TC) as a culture rather than a group in which individuals attend (Morris, 2004). In addition, a common characteristic of the Therapeutic Community (TC) intervention is the segregation of group members from fellow prisoners who are not part of the community (Wexler and Love, 1994). The importance of the isolation is identified as a form of therapy, as prisoners' working and living together becomes integrated as part of the experience (Champling, 2001).

Prisoners who consider they may benefit from this form of intervention can apply to join the TC, however the community of staff and prisoners decide if each prisoner who applies is suitable. Following a similar process staff identify their interest in working in the TC and again it is a decision which is made by the current staff and prisoners, as to which staff member is the best fit for the community (Brookes, 2010).

The Therapeutic Community (TC) ethos includes higher staffing levels than in the mainstream prison, this is evident at HMP Grendon a male prison that follows the TC ethos and constitutes of five

communities, each having two senior officers and twelve prison officers (Brookes, 2010).

Additionally, the staff members and prisoners socialise in the association area of the community, which represents an informal environment with sofa's and a TV. Indeed, the TC enables continued support regardless of whether in a group therapy session or socialising within the community.

The removal of hierarchical practices is a key feature of the TC model (Haigh and Pearce, 2017), to ensure that every voice is heard, which diminishes the power differences between staff and prisoners (Champling, 2001). One of the ways used to remove the hierarchical practices in the TC is use of first names for prisoners and staff members, which research shows removes the divisions of power (Bennett, 2007). Further to this, at HMP Grendon, prisoners are empowered to instil control of their own lives as part of the Therapeutic Community, and this is portrayed by TC members being able to vote each other off the wing if a prisoner breaks the requirements of the community (Rivlin, 2006). Evidently, this does not constitute a common practice within the mainstream prison; however, it represents a feature of the Therapeutic Community (TC), which places restrictions on the distribution of power between the staff and prisoners. Furthermore, research shows the positive benefits of including prisoners within the Therapeutic Community (TC) to be involved in the decision making process as it develops a sense of belonging and responsibility to the community (Brookes, 2010).

In addition, the Therapeutic Community (TC) is inclusive of professional support, which is combined with peer support from prisoners who are called buddies. Buddies are fellow prisoners who are also enrolled in the TC programme for self-harm and offer peer support to each other. The support within the TC enables the discussions of emotions from staff and prisoners on a daily basis (Greenall, 2004).

The support of the staff members within this environment is also key to the success of the intervention. The staff are involved in daily debriefs meetings, where the staff disclose any concerns they have relating to particular prisoners or their individual experiences (Brooks, 2010). In addition, the staff receive training to ensure they maintain a safe boundary between themselves and the women on the Therapeutic Community (TC) (Champling, 2001).

The Therapeutic Community (TC) became of interest to the current study as the intervention was identified as a model of good practice by the women and staff I interviewed during stage 1 of the data collection. AS a subsequent stage of the research I also needed to consider the issue of Vicarious trauma again in relation to the Therapeutic Community (TC) as it is suggested that by hearing participants disclose traumatic events, I could experience feelings at the same level as the women (Dunkley and Whelan, 2006). Indeed, it was extremely important I was aware of this issue in relation to the Therapeutic Community (TC) and I obtained a debrief with one of my supervisors after conducting research on the TC.

5.2 On island core element 1 - Attachment through disclosure

The Therapeutic Community (TC) creates a community which the women can form an attachment to; this has been considered essential in order to replace the life they left behind, a common category raised by the women prisoners in this research. Indeed, the TC is an open and honest place where the women prisoners discuss the crimes they have committed in extensive detail with staff members and fellow prisoners. Moreover, a key feature of the TC is the "culture of enquiry" which enables prisoners to question themselves in relation to the crimes they have committed and the prison environment in order to obtain an understanding which is not only held by the professionals (Champling, 2001).

One of the core requirements for the Therapeutic Community (TC) ethos is disclosure - whilst the women may experience difficulties in disclosing personal accounts of the crimes they have committed, this difficulty is also experienced when listening to the crimes, which have been committed by the other women. Indeed, while the disclosure of the women's crimes to other women is portrayed as extremely difficult, it is an essential part of the Therapeutic Community (TC) in order to work on their offending behaviour.

Indeed, the importance of attachment as a 'core on island' element is documented within the Therapeutic Community (TC) ethos, which is strongly influenced, by attachment theory and the re-

building of trust from previous trauma by establishing a therapeutic attachment (Champling, 2001).

The women prisoners disclose extensive details from childhood to the index offence; therefore, it provides an opportunity to develop attachments, which constitute the most 'genuine' given the constraints of a typically hostile prison environment

However, the importance of disclosure as a 'core on island' element is further supported by a proportion of women who reported the removal of the desire to engage in self-harm.

. Indeed, attachment to the Therapeutic Community (TC) is acknowledged as contributing to the development of processes, which enable a secure mind (Adshead, 2015).

A further extension of attachment is present between the women on the island (TC) who spend the weekends socialising with other women prisoners or buddying, which is a form of peer support available on the island (TC). For women who are separated from their families, the island (TC) creates the closest thing to a "family" within the prison establishment. This is portrayed by one prisoner cooking the other prisoners a meal during the weekend. Indeed, the majority of women are mothers who are experiencing imprisonment negatively as a result of being separated from their children. It is apparent that life on the island enables the women to group together to share their experiences of imprisonment with other women who hold the same shared understanding of the prison journey, which supports the body of literature which acknowledges the gendered experiences of imprisonment through being a mother (Wright et al, 2016, Corston, 2007, Baldwin and O, Malley, 2015, Celinska and Siegel, 2010). Indeed, this thesis contributes to the existing research to acknowledge the sharing of the experiences of imprisonment through attachment to other women on the island. Furthermore, as the women share their experiences more generally; this may indicate the need for them to share their specific self-harm experiences with listeners.

While the TC intervention is related to attachment theory (Champling, 2001), with few exceptions this is not documented to a great degree within the current literature (Adshead, 2015), although,

attachment is documented as part of the ethos of the TC which sees members develop a sense of belonging to the community (Haigh, 1999).

Evidently, the findings of the current research identify that attachment is present and indeed an important 'on island core' element. The current research supports the literature, which acknowledges attachment as a feature of the Therapeutic Community (TC) (Champling, 2001; Adshead, 2015; Haigh, 1999), however provides further exploration of attachment as a feature of the Island Model in a women's prison. Indeed, this research explores the impact of this model on the uptake of the Listener Scheme for women who self-harm in custody, which is a unique contribution to the literature from the current research. The importance of strong attachment between staff and women prisoners also has value in other contexts which is documented within a HIV peer support provision, where research shows this is essential for rehabilitation (Collica-Cox, 2016), which suggests the literature, although limited at present is gradually acknowledging the importance of attachment for women in custody as a source of support.

5.3 On island core element 2 - Increased staff members on the island

An essential 'core island' element is represented by an increased number of staff members required to provide support. The results of this study documents the increased numbers of staff on the island extremely positively, which is also supported by the research conducted at HMP Grendon which also deems the increase in staff members as a positive attribute of the Therapeutic Community (TC) (Brookes, 2010).

5.4 On island core element 3 -Development of staff and prisoner relationships

Indeed, it is suggested that the gender of the prison officer on the island (TC) has an impact on the ability to form attachments and women members of staff represent 'familiar nurturers' which leads to the analysis of attachment with women. Furthermore, some research shows that women staff are able to relate to other women, which leads to the development of empathy with the women, which is deemed a worthy method of rehabilitation (Stevens, 2013). Although, the women within the

current study also discussed attachment in relation to male prison officers, which contrasts with the aforementioned research.

On the island (TC), prisoners have sofas and a TV in order to socialise together with both staff members and other prisoners. This is a relaxed informal environment, which further strengthens the relationships on the island (TC) as staff members engage in further discussions regarding prisoners' targets and the concerns. This is evident with the continued discussion of Adele, (prisoner) and the preference for her personal officer. Indeed, staff members allocate some of their time to socialising with prisoners, which provides follow-up support. This contrasts with previous research that identifies staff training as promoting personal detachment of staff from prisoners to ensure engagement with prisoners for basic needs only, which in turn maintains security (Arnold, 2008). Conversely, attachment to the staff members on the island is imperative to produce the desirable outcomes of the Island Model of the enhanced relationships between the women and the staff and the multi-disciplinary approach to self-harm which includes both staff and peer support. Furthermore, trusting relationships were enabled through the shared characteristic of attachment. Additionally, Crewe (2007) acknowledges "soft power" which enables closer staff and prisoner relationships through allowing the prisoners to self-regulate in order to remove the requirement for hard intervention from the prison staff.

The staff and prisoners also bond with each other by the sharing of common interests, which has been documented by the discussion of the film *Castaway*, which one member of staff and some of the prisoners watched at the weekend. Alan, (staff member) empathises with the prisoners and life within the establishment by comparing the film to life in prison. An empathetic approach is demonstrated by the staff members, which is a core 'on island' element, which enables the development of worthwhile staff and prisoner relations. The socialising is also extended to staff and prisoners having breakfast together and talking about the shared interests, which contributes to the development of staff and prisoner relationships through staff members showing empathy and encouragement (Brookes, 2010).

Additionally, Tait (2008) highlights the importance of personal interactions for respect, such as family discussions, the saying hello or good morning, which are shared practices within the research estate. Furthermore, staff members on the island spend time socialising with prisoners in the association area of the island (TC) which further strengthens the development of respect as a central element of the staff and prisoner relationships. Similarly, the use of first names by staff members is documented as paramount for relationships with prisoners with such practices reflective of humanity (Hulley et al, 2011). Moreover, this represents a central practice within the research establishment, which further supports the enhanced staff and prisoner interactions on the island and the centrality of this element.

The complexity of respect between prisoners and staff members, which constitutes "getting things done", is termed "organisational respect" (Hulley et al, 2011, p. 16) is evident between staff and prisoners within the research estate. In light of this, decency and courtesy are identified as key elements of prison staff respecting prisoners, along with treating prisoners fairly (Prison Service Order 2700, 2007), with familiarity and individual recognition also constituting core requirements (Hulley et al, 2011). Evidently, the on island interactions consist of such core requirements in order to establish the respectful staff and prisoner relationships, which represent the underlying composition of the Island Model.

On the contrary, for some prison officers the respect is withdrawn for prisoners through the initial participation in a criminal act, which is portrayed by prisoners being spoken to in a disrespectful way (Butler and Drake, 2007). However, this is not reflected within the staff and prisoners relationships at the research establishment. It is acknowledged that for prisoners to feel respected by staff their emotional needs should be recognised (Hulley et al, 2011), however these findings are generated in the male prison estate and therefore are not directly applicable to the current research. The centrality of the development of these relationships is further illustrated by findings which document that being treated in a respectful manner by staff members can contribute to a prisoner's sense of self (Butler and Drake, 2007).

Indeed, respect can have different meanings within the prison context; these include respect as fear and power, as individuality and as moral strength (Liebling et al, 2011). The first being the power held over prisoners by staff and the potential damage this can cause (Liebling et al, 2011). The second and most important for the current research being the stepping out of stereotypes and seeing prison staff as individuals when they do not conform to the stereotype (Liebling et al, 2011). While the aforementioned research provides useful insight, which should be noted, it is contended that the findings have been conducted within a male prison establishment and therefore it is questioned as to the extent the findings can be applied to the findings of the current research. In light of the removal of hierarchical practices as a core characteristic of the 'on island' ethos, it is thereby imperative for the development of staff and prisoner relationship which consists of mutual respect and the minimisation of power dynamics.

The removal of hierarchy is also illustrated which acknowledges the need for peer support in the form of the Listener Scheme for self-harm, as women deliver messages to each other as opposed to the staff member telling the prisoners, which could be deemed controlling, or an administration of power by the staff over the prisoners. Indeed, the removal of hierarchy is deemed a core characteristic of the TC model (Haigh and Pearce, 2017). The removal of hierarchy is also evident during observations of the group therapy sessions where all prisoners and staff members challenge and question the behaviours and thinking of other prisoners. Indeed, this was illustrated during the meeting when one prisoner became aggressive as she was being accused of drug taking on the island (TC), which would result in her being removed from the island and located back in the general prison. During this discussion, her fellow prisoners more so than the staff, challenged her behaviour and reinforced that she would be removed from the island and that this would result in a set-back for her personally.

The importance for staff to feel empowered within the TC is essential to encourage the development of positive relationships with prisoners'. Staff members use first names for prisoners, which removes the sense of a hierarchical approach to authority within the Therapeutic Community (TC) (Bennett,

2007). Although Bennett's (2007) findings provide a little support for the findings of the current research with one of the essential 'on island' elements being the development of the staff and prisoners relationship, the aforementioned research has been conducted in HMP Grendon, which suggests the application of findings from male prisoners to women in this instance.

Indeed, HMP Grendon, is widely acknowledged as a prison, which constitutes excellent prisoner and staff relationships (Bennett, 2010). Furthermore, HMP Grendon consists of five Therapeutic Communities, which supports the use of this intervention to enhance the prisoner and staff relationships. Indeed, the installation of a TC in prisons is supported within the current research to subsequently create an environment where women prioritise professional over peer support for their self-harm behaviour in custody.

Furthermore, staff in prison TCs engage with prisoners in ways, which are not normally employed by prison staff (Brookes, 2010). Similarly, it is contended that the residing with fellow prisoners and close working with staff, whilst frequently disclosing their emotions results in continued emotional discussions (Crawley, 2004), which further develops the relationship between staff and prisoners making this an essential 'on island' core element. To date, a limited amount of research exists on the development of the emotional interactions between staff and prisoners within the Therapeutic Community (TC) (Niven et al., 2010) which evidently warrants further exploration into the influence of emotional engagement on these relationships. Findings from the current research deemed the interactions between staff and prisoners as a crucial 'on island' element of the Island Model. This supports a multi-disciplinary approach for women who self-harm in custody prioritising professional over Listener support.

5.5 On island core element 4 – Reflection

A core 'on island' element is to enable the women to reflect on the behaviours surrounding their offence to make progression in accepting responsibility and subsequently change their future behaviour. A method used by some prisoners, which aids reflection, has been documented in the

keeping of an emotional diary in order to be able to reflect and thereby change the undesirable behaviour. Prisoners are aware behaviours need to be challenged in order to be changed.

A subsequent core requirement on the island is the reflective practices of prisoners which enables the challenging of their behaviour concerning their offence, alongside any behaviours which are deemed unacceptable as part of the island. Moreover, group members not only live together but they share the decision making for the community which in return enhances their relationships with each other, by challenging unacceptable behaviour the group members understand their own behaviours and the impacts they have for others (Brookes, 2010). Indeed, this enabled the practice of prisoner reflection within the current research, the obtaining of an alternative perspective for their individual behaviour, changed the lens by which they perceived their crimes and current behaviour, which produced change as a by-product of reflective practices. In light of this, reflection for this reason constitutes a core 'on island' element.

The findings of the current research support the existing literature on self-reflection, which is used as a strategy for women to manage their emotions in custody (Greer, 2002). However, the findings of this research document the importance of reflection as an element of the Island Model theory which when implemented supports a multi-disciplinary approach to self-harm where women prioritise professional over Listener support for self-harm. Although Listener support also has an essential role to play, this is documented in more depth in section (5.10).

5.6 On island core element 5 - The inclusion of professional and peer support

Peer support enforces the positive values of the community by challenging any undesired behaviours (Lipton, 2010). This constitutes a vital characteristic of the 'on island' core element to ensure the success of the Island Model and the development of a multi-disciplinary approach to the women who self-harm in custody.

Feelings of apprehension are felt by the newest group member, Sally (prisoner) who has only been part of the island (TC) for two days at the time of the research. She identifies that the activity of having ‘weekend toast’ with her mentor and group members has made her feel more at ease. This documents acceptance to the community and the supportive nature of the other group members to ensure this is a smooth transition. This provides evidence for the implementation of a collaborative approach from staff members and fellow prisoners, therefore supporting the inclusion of both professional and peer support as a core ‘on island’ element.

The centrality of the employment of professional and peer support for women who self-harm in custody is explored in more depth within the island outcome of the “extensions of each other” in section (5.13). The current research contrasts with the body of evidence, which contends that prisoners prefer peer over professional support in custody (Bagnall et al., 2016). Further to this, previous research suggests that prisoners show a reluctance to obtain staff support for self-harm, which is dependent on the staff member’s attitudes, which negatively impacts on the uptake of support (Macdonald, 2002). The current research documents that it is imperative to combine both peer and professional provisions to fully support women who self-harm in custody, thereby this multi-disciplinary approach constitutes a core ‘on island’ element.

5.7 On island core element 6 - Installation of hope and inspiration through role model behaviours

While previous literature doesn’t make reference to listener’s having a shared experience of self-harm, a body of literature documented that empathy is a key consideration for prisoners seeking peer support (Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). The findings of the current research extend the literature to identify it is the empathy in relation to self-harm which is significant for women in custody, through a sense of a shared experience, not only of the prison journey which is documented in the previous literature but also within the behaviour of self-harm.

In my research, I found that role model behaviour is desired for the support of self-harm as listeners who have engaged in this behaviour provide encouragement of the use of alternative coping methods. Indeed, such engagement by listeners constitutes a shared lived experience, which enables an empathetic approach and thereby installs the role model perception. Moreover, empathy is documented as one of the most beneficial elements of intervention, which peer support constitutes given the shared experience (Tate and Copas, 2010).

Indeed, prisoners at HMP Grendon reported feelings of hope, reduced powerlessness and being in control of the situation (Rivlin, 2010), which illustrates the importance of the Island Model having role model prisoners who can share their experiences with fellow prisoners on the island (TC).

Although it is accepted there may not always be prisoners on the island (TC) who can share their role model behaviours, the current research found that it was simply enough for prisoners to be aware of the women who had left prison, who had role model behaviours.

5.8 On island core element 7 - Acceptance through the shared experience of island life

This documents the shared experiences of imprisonment as an essential element of the Island Model as it shows that staff members and prisoners unite in matters and share social norms and values. Indeed the island (TC) ethos supports the discussions of emotions from staff and prisoners on a daily basis (Greenall, 2004) which may add to the feelings of the shared experiences of imprisonment between staff and prisoners, which is an important core element in the Island Model to support the multi-disciplinary approach for women who self-harm in custody. In addition, the shared experience of imprisonment on the island (TC) encourages the development of positive relationships between the women and staff members which results in the women prioritising the support from staff over the Listener Scheme for their self-harm behaviour.

The final core 'on island' element is acceptance through the shared experiences of imprisonment which are recognised for both the women and staff members. For this reason, acceptance ensures

that island life remains in position. It is evident that staff and prisoners are sharing the experiences of imprisonment when making troublesome decisions of which prisoners should be admitted to become island (TC) members. Further to this, my findings recognise the existence of an unofficial hierarchy in relation to the crimes committed by women, which is employed when considering admitting these women to the island. Moreover, staff and prisoners both draw upon the same unofficial hierarchical structure in terms of acceptance of particular prisoners, which in return ensures that island life remains unchanged. For this reason, acceptance represents the final core island element, as it constitutes the sharing of island life not only between the women but also with staff members, which is vital in producing the desirable outcomes for the transformation of the prison environment for women who self-harm in custody. This will be discussed in more depth in section (5.12).

It is evident that the sharing of responsibility with the prisoners in the TC not only provides opportunities for taking control of their own life which assists with reintegration in to society (De Boer-van Schaik and Derks, 2010) but for the current research illustrates a sense of staff and prisoners experiencing the distress of prison life together. Additionally, it is during this shared experience that the women and staff further develop their trusting relationships which are a key source for women in the current research prioritising professional over Listener support for self-harm. While the literature documents the positive benefits of including prisoners within the TC to be engaged in the decision making as this develops a sense of belonging and responsibility (Brookes, 2010) the literature does not relate this to the shared negative experiences of prison like the current research documents.

5.9 Off island core elements

In order for the Island Model to create the multi-disciplinary approach to self-harm where women prisoners prioritise professional over Listener support, certain elements also need to be present within the mainstream prison. The core 'off island' elements in the Island Model includes access to

the Listener scheme and the transportation of behaviours from the island (TC) to the mainstream prison, these elements will form the proceeding discussion.

5.10 Core off island element 1 – Access to peer support (The Listener Scheme)

The construction of the Island Model is dependent on a number of core elements ‘on’ and ‘off’ the island, without such core elements the Island Model would not be able to create an enhanced prison environment and have a significant impact on the relationships between the women and staff members, which is documented within the current research. Therefore having a peer support scheme is an essential ‘off island’ element, to support women who self-harm in custody when the staff levels at the prison are decreased. It is critical for the successful implementation of the Island Model that it is inclusive of both ‘on’ and ‘off’ island elements to ensure the desired outcomes.

The Listener Scheme is perceived by staff members as part of everyday life at the prison and deemed efficiently delivered. Whilst some prisoners chose not to speak to listeners it is identified that those who did, made contact for a variety of reasons which included self-harm, duration of their prison sentence, coping methods and adjustment to the prison environment, which is also documented within previous research (Jaffe, 2012). Whilst the confidentiality concerns in regards to the listeners is documented, the majority of the women held positive perceptions of the listeners and the work that they do to support self-harm in custody. Similarly, the majority of staff and women also acknowledged that the listeners were very professional and kept within their roles when providing support, with the success of the Listener Scheme for some staff documented by the low number of listeners who have to be removed as a listener because they violated their roles.

The findings of the current research suggest that women in custody place peer support schemes in an unofficial hierarchy. Indeed, the women acknowledged that the Listener Scheme is significantly organised in comparison to alternative peer support schemes. Further to this staff, members and listeners identified the Listener Scheme as the most nationally recognised peer support scheme

within the prison setting. For this reason, an essential core 'off island' element of the Island Model is access to the Listener Scheme, to ensure that women who self-harm have support for this behaviour during the weekend and evenings when there is a limited number of staff members available. My findings show that women who self-harm prioritise support from staff over the Listener Scheme; however, it is recognised by the staff and women that the Listener Scheme plays a vital role when there is limited staff support, as these women will obtain support from the Listeners in this instance.

My findings, provide support to the previous literature, as this study also identified the positives of the Listener Scheme, in particular for enabling an enhanced level of empathy from fellow prisoners (Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). Furthermore, this study also acknowledged that staff members are restricted in the level of empathy they are able to show, as they are not imprisoned. Liebling, (2007) suggests that prisoners may not trust staff members and therefore would not seek support on this basis. In contrast to the aforementioned research, the current findings do not acknowledge any concerns of trust with the staff members, more a restricted sense of empathy.

Indeed, the confidentiality concerns documented in this study are also supported in the literature, which illustrate the problems of disclosure of information from peer supporters (Syed and Blanchette, 2000; Snow 2002). In addition, my findings also support previous research, which identifies the difficulties of confidentiality for the listeners, which is documented as particularly difficult for self-harm (Samaritans, 2001). However, this study acknowledges confidentiality as a burden, which suggests a personal responsibility to the safety of the prisoner, which opposes the literature, which notes the concerns of confidentiality in relation to prison security (Woodall et al., 2015; Snow, 2002).

Indeed, research to date has failed to focus specifically on the contribution of the Listener Scheme for women in custody who self-harm, with few exceptions, the majority of the research has been conducted in the male prison estate, which is documented in significant detail in chapter 2. Whilst Jaffe (2012) explores the scheme for women in custody, the study does not include the contribution

of support for self-harm behaviour. Therefore, the current research contributes essential evidence to fill the gap in the literature.

The findings from the current research contrast with previous literature, which suggests that the Listener Scheme is viewed by staff members with suspicion and resentment (Foster et al., 2011; Dhaliwal and Harrower, 2009). Similarly, the current findings acknowledge an undertone of the potential for some listeners to abuse their positions, although this is not a significant feature of this study, which contrasts with the existing literature in this area, which acknowledges this abuse as a limitation of peer support (Snow, 2002). Furthermore, my findings suggest that while the scheme is open to being abused by the listeners, this is not a concern, which is identified by the staff members, which illustrates the efficiency of the scheme within this study.

Previous research has questioned if the Listener Scheme is useful (Snow, 2002) and that some of the staff perceptions have prevented the successful operation of the scheme (Foster and Magee, 2011). On the contrary, such findings have not been addressed within the current research. Indeed the opposite has been outlined, as staff members perceive the Listener Scheme in a positive way. This is not to say that all previous research identifies negative perceptions of the Listener Scheme from staff members, as Jaffe (2012) outlines that the majority of staff from a study of four prisons deemed the Listeners to have a positive impact on their workload and indeed the environment as a whole, although still a small majority of staff held negative perceptions.

The inclusion of the peer support scheme of the Listener Scheme is a core 'off island' element which enables the success of the Island Model. The justification of the Listener Scheme as the peer support provision is documented within the current research, with the scheme constituting the top position of an unofficial hierarchy of peer support schemes. In light of this, the reasoning for the Listener Scheme representing the top position might be a reflection of the ethos of the Listener Scheme, which acknowledges an empathetic, less judgemental approach with adherence to the maintenance of confidential disclosure (Foster and Magee, 2011).

5.11 Core off island element 2 -Transportation of island life (off island)

The island effect filters to the rest of the prison as the women who are members of the Therapeutic Community (TC) pursue friendships off the island (TC), within such interactions the ethos of island life is transported and becomes fluent within the whole prison environment. Indeed, the behavioural changes in the women and the development of staff relationships represent the key characteristics of life on the island, which this study shows, have become common practices off the island (TC). In addition, the staff members from the island (TC) also work on other wings of the prison, which supports the transportation of island life and provides conformation for the Island Model, as staff members take island practices and use these when dealing with women off the island.

Island Model outcomes

The implementation of the Island Model results in three desirable outcomes, which is a positive shift in the prison environment by 'knowing your prisoner', enhanced staff and prisoner relations and a hierarchy of support for women in custody. The three outcomes of the Island Model will form the proceeding chapter discussion.

5.12 Island Model outcome - Knowing your prisoner - *"You could run the wings on humour if you know your audience"*

The general consensus between the women and staff is that the prison research establishment hosts a distinct environment, with the perceived difference being documented as a possible result of the freedom of movement where other prisons may face restrictions. Whilst staff members and prisoners agreed to the distinctive nature of the prison environment, the reasoning for this is difficult to pinpoint. However, all of the participants within the current research acknowledged the affect the

Therapeutic Community (TC) has on the prison environment. Whilst restrictions are an inevitable part of any prison life such as restricted movement and contact with family, depending on the prison estate these restrictions can be subjected to a degree of variation (Rivlin, 2006).

Further to this, it is suggested that reductions in the restrictions placed upon prisoner movement represents a contributory factor to the modification of the prison environment, which is identified within the research estate. Additionally, the transformed prison environment for some is an attribution of freedom of movement concurrently with the Therapeutic Community (TC). In contrast, to the findings of this study, some officers perceive that the prisoners hold the power and are somewhat in charge of the prison estate, with officers identifying that working in more relaxed prison environments is more challenging because prisoners spend longer periods of time out of their cells and are much less formal with prison staff (Crawley, 2012).

In addition, it is acknowledged that larger prisons, which have a higher staff turnover and where the prisoners spend less time out of their cells, are perceived negatively by the prisoners (Tait, 2011).

Indeed the smaller numbers of women at the research site and increased freedom of movement is suggested as a positive contributing factor to the 'difference' attributed to the prison. However, as this research acknowledged that this is not the only factor, which may contribute to the modified prison environment, as this chapter contends for the development of the Island Model.

In favourable support for the 'difference' attributed to the research establishment, staff members also constituted a difference for working within Grendon as a Therapeutic Community (TC) prison as opposed to the mainstream prison estate (Genders and Players, 1995). Moreover, the impact of the relationship between staff and prisoners is a vital contribution to the prison experience, with housing units which employ a supportive ethos enabled the prisoners to deem their situation more positively (Molleman and Leeuw, 2012). Indeed, the adaptation of an approach of a relational nature, which comprises of a detailed knowledge of the prisoners, creates an increase in positivity, which is identified within the research establishment.

On the contrary, the profound effect of staff and prisoner relationships is further documented with the foundation of positive relationships by shared interests such as football and calling prisoners by their first name, alongside effective communication and having the time for prisoners (Liebling et al, 2011) with such relationships documented as the heart of the prison establishment (Home Office, 1990). In light of this, it is acknowledged that the development of the positive relationships at the research establishment is inclusive of such core requirements, which enable the application of a relational approach to an ultimately hostile power dynamical relationship.

In contrast, previous prison research documents both within staff and prison cultures that engagements between professional and prisoners should be prevented, with staff concerns that close prisoner and staff relations can lead to manipulation or conditioning (Liebling et al, 2011). The findings of this study contrasts with this body of literature. Although, it must be noted that Liebling et al, (2011) provides findings from the male prison estate, which restrict the applicability to the current findings, which have, been generated in a woman's prison. On the other hand, as the literature documents a limited amount of evidence on the relationships between women and staff members, the aforementioned research enables insights into similar research.

A significant outcome of the implementation of the Island Model is the transformed environment in which the staff and women's interactions enable a security to those who may feel victimised. Indeed, staff members at HMP Grendon document a dual role which combines care and security when dealing with self-harm (Rivlin, 2010), which is a finding in the current research. In addition, the supportive relationships between prisoners and staff constitute safe relationships, which subsequently led to the reduced engagement in self-harm (Rivlin, 2010). Whilst the women and staff in the current research suggest that the environment led to a significant reduction in the women engaging in self-harm, this has not been measure by the current research and therefore is unable to evidence and therefore comment upon.

It is this environmental characteristic, which is identified as an outcome of the implementation of the Island Model. Indeed, the findings of the current research support, Walker and Towl (2016) who

contend that it is not the case for prison staff to select security over caring for prisoners, that both can be achieved. Furthermore, even within the hostile prison estate, care is deemed as a paramount division of the relationship between staff and prisoners (Tait, 2011). Likewise, for many prison staff they wish to make a difference to the prisoners' lives and the future society (Jewkes et al, 2012), which is supported by the findings of the current research, within the positive interactions between the staff and women.

Furthermore, the notion of caring for prisoners is acknowledged as being shaped by a number of factors such as personality of the prison officer, environmental factors and experience (Tait, 2011). Additionally, four types of prison officers are constructed in terms of the caring for prisoners, which are 'true carer', 'limited carer', 'old school' and 'conflicted', with a mixture of types producing the most caring environment within a prison establishment (Tait, 2011p.441). Evidently, the research by Tait, 2011 is extremely significant for the current research findings which documented a 'caring environment' in custody, although the types of prison officers is not explored, yet signifies a potential contributing factor to the modified prison environment which documents a multi-disciplinary approach for women who self-harm in custody, which combines both professional and peer support. Whilst this remains unexplored by the current research, it must be noted and equally illustrates potential avenues of further research, which will be discussed in the conclusion of this thesis.

The desired outcome from the implementation of the Island Model is the formation of the prison environment. Evidence from the current research highlights the modification attributed to the establishment, is portrayed within the nature of the interactions between the women and the staff. The effect of the Island Model is a tranquil environment with the installation of an empathetic staff approach. For the most part, this environment constitutes a distinct difference to the hostile nature documented within previous literature (Crawley, 2012). Furthermore, it is evident that staff in the current research employ a relational approach to the support of self-harm within the research establishment, which contrast with research which documents for some prison officers distinctions

are made between those who carry out genuine self-harm and those whose behaviour is not genuine (Short et al, 2009; Appelbaum, 2011). Although, alternative perceptions are considered by the prison governors and healthcare practitioners which are suggestive of prisoner self-punishment (Kenning et al, 2010). Conversely, some staff members acknowledged the use of self-harm in line with manipulative purposes; however, this represented a small number of staff in the current study.

In addition, staff engage in relational practices with enhanced familiarity of the women prisoners', which contributes to the multi-disciplinary approach to self-harm which requires both professional and peer support to for women in custody. Furthermore, the literature supports the enhanced prison environment as a result of the TC intervention, as findings identified a humane positive environment, which reported less disturbances (Bennett and Skuker, 2017, Dietz et al, 2003). This study expands upon the aforementioned research to document the impact of the TC for women who self-harm in custody, to produce a multi-disciplinary approach for this behaviour, which has been developed in to the Island Model. Indeed, prisoners at HMP Grendon identified the emotional support from staff as a contributing factor to reducing their engagement in self-harm (Rivlin, 2010). Although such findings provide evidence of the staff and prisoner relationships within a prison Therapeutic Community (TC), the prison is a male establishment and host five TC communities, whilst the research site which is acknowledged as the island in the development of the Island Model, hosts one TC.

Indeed, the staff in prison are paramount in ensuring prisoners survive the prison experience as opposed to enduring a difficult experience, as the staff enable the fulfilment of prisoners needs (Liebling et al 1999, Liebling, 2000). Evidently, for many prisoner officers the requirement of providing support to prisoners is restricted by maintaining control and power (Sykes, 1956). For most prison officers' positive staff and prison relations are paramount in maintaining control and order (Crawley, 2012). Although, maintaining security is evidently a valid concern, which is discussed within chapter 1, the findings of the current research contend that 'knowing the prisoner' is essential for the treatment of self-harm and that through obtaining a sense of familiarity, the security of the prison is also maintained.

Walker et al, (2016) support the findings of the current research, which suggests that knowing the prisoner is essential to be aware of the warning signs for women, which enables early intervention. Although, the current research findings identify how this is enabled through the Island Model and the transportations of behaviours to the mainstream prison, which creates an environment, where women require a multi-disciplinary approach to self-harm, which includes both professional and peer provision.

5.13 Island Model outcome - Extensions of each other

The second outcome resulting from the implementation of the Island Model is that staff and women prisoners become extensions of each other in terms of the support they provide for self-harm in custody. This has implications for why the Listener Scheme as a form of peer support to help women manage their self-harm in custody may operate differently in this particular prison environment. The approach provided by staff and the women represents a multi-disciplinary method to the support of self-harm, in which staff and peer support becomes interlinked with both representing core components. Indeed, while women in the current research prioritised professional over peer support for their self-harm in custody, it has also been acknowledged the vital role the Listener Scheme plays within the Island Model.

Moreover, the empathetic nature of the staff and prisoner relationships is a desirable characteristic for the development of a mutually respectful relationship, with support for power with others as opposed over others. Indeed, this supports the application of relational theory for the development of a less punitive prison environment (Covington, 2007), which is supported by the findings of the current research in which staff and listeners are extensions of each other for the support of women who self-harm in custody.

In addition, previous research supports the desire for therapeutic relations between staff and prisoners, with failures of staff support being the main predictors of prisoner distress and anxiety

(Liebling et al, 2011). Indeed, this illustrates the importance of having the Listener Scheme working alongside the staff to fully support the women who self-harm in custody.

Furthermore, in other prisons where a TC operates advances in the level of emotional support for self-harm at HMP Grendon from staff members is cited as the contributory factor for the decrease in this behaviour (Rivlin, 2006), which again offers support to the findings of this study to combine professional and peer provisions for women who self-harm in custody. As the findings of the current research offer unique contributions which are not discussed within previous literature, it is important to document, where possible support for peers and professional provisions for self-harm in custody. Indeed, to illustrate the ways in which combining the two can enhance the treatment of women who engage in this behaviour.

In contrast to the current findings, for some officers there still prevails a culture of 'us and them', with prison officers acknowledging that a line should be drawn between officers and prisoners, whilst variations exist between officers of where this line should be placed (Crawley, 2012).

A body of evidences suggests that barriers which existed between prisoners and staff members have been improved, with only a small minority of prisoners identifying the staff members as enemies (Crewe, 2005, 2009), which provides support to the outcome of the Island Model of professionals and peers constituting extensions of each other. As Crewe (2009) documents that uniform staff have become more approachable than they previously have been perceived, with the distance between prisoners and staff being reduced, which contrasts with some research which identifies distance between staff and prisoners (Liebling, et al, 2011). Indeed, the findings by Crewe are acknowledged in this study and expanded upon as the women prioritised professional over peer support for their self-harm behaviour. However, the findings of the current research are again related to such findings with care, as Crewe (2005, 2009) conducted the research in the male prison estate and as it has been illustrated in chapter 1; women in custody have distinct needs.

Further to this, it is documented within the current research that the employment of a relational approach, which hosts an empathetic, response from staff members to prisoners, enables the collaboration of both professional and peer provisions for the support of self-harm with the ability to facilitate a reduction of such behaviours. Whilst the relationship between the staff and prisoner is not a new concern with Goffman (1961a) identifying over 50 years prior the distance that shapes such relations, this study documents a dramatic shift in the nature of the relationship between women and staff members. Indeed, this enables the behaviour of self-harm to be fully supported in custody through the employment of both the Listener Scheme and staff support.

It is without a doubt, that the staff and prisoner interactions are influential to the women's use of peer support schemes to reduce their self-harm not only for the general functioning of the prison environment (Jenkins et al, 2005, Biggam & Power, 1997). The supportive relations between staff and prisoners is evident within the research establishment, which enables the employment of a multi-disciplinary approach to support women who self-harm in custody, whereby staff members and the Listener Scheme contribute collectively. Evidently, for women at the research site this collaboration "works" as the extension of each other outcome is documented positively, which combines both professional and peer provisions to support women who self-harm in custody.

Indeed, the findings of the current research offer a unique contribution to knowledge which contrasts with a body of research which documents a clear preference for peer over professional support for prisoners (Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010.). Furthermore, the use of combined support for this behaviour involving both professional and listener support in extensions of each other remains absent from the literature. However, represents a key finding of the current research as a desired outcome of the implementation of the Island Model.

5.14 Island Model outcome -Hierarchy of support

An outcome of the implementation of the Island Model is the hierarchy of support, which is documented by women for their self-harm behaviour. The women in the current research prioritised the support from staff members, only using peer support in the form of the Listener Scheme during times of restricted staff availability.

In contrast to these findings, it is acknowledged that staff employ hostile approaches to repeat self-harm and are ill prepared to support such incidents (Marzano et al, 2012). Indeed, for the majority of prisoners in Marzano et al, (2012) research the impact of the staff members' reaction to their self-harm held negative connotations which represented the causation of the conflict between maintaining security whilst providing care (Towl and Forbes, 2002), which signified increased staff workloads (snow, 2002). On the contrary, the findings of this study contrast with the aforementioned research as the women prioritised the support from staff for their self-harm behaviour. Moreover, the staff members did not express any difficulties when dealing with this behaviour.

The transportation of behaviours, which are developed on the island, is evident with the preference of staff support from the women. Indeed, this finding contrasts with the body of literature, which documents a preference of peer over professional support in custody for health-related, emotional and practical advice (Bagnall et al., 2016).

In addition, the issues concerning confidentiality may provide the reasoning as to why prisoners would rather turn to staff who will not disclose to other prisoners. Furthermore, this finding offers an original insight to the literature, which documents the confidentiality concerns of the Listener Scheme (Jaffe, 2012; Foster and Magee, 2011), although, doesn't discuss how such concerns can be overcome by women seeking staff support for their self-harm in custody. On the contrary, whilst staff support is evidently available for prisoners, the uptake is ultimately dependant on the perceptions of the approachability of prison officers (Hobbs and Dear, 2000).

Despite, the Listener Scheme within the research establishment being deemed positively in terms of the amount of resources and the general function of the scheme it remains secondary for the support of self-harm, as the majority of women in the current research prioritise staff over Listener Scheme support for their self-harm behaviour. The Island Model produces a hierarchy of support off the island through the development of staff and prisoner relationships on the island, which is then transported off the island when the women and staff members leave. This finding of the current research contributes an original contribution to knowledge, as this finding is not acknowledged within the existing literature.

5.15 Justification for the TC as the island

In light of the current findings, it is imperative to provide justification for the Therapeutic Community (TC) as the island within the Island Model. A body of evidence from HMP Grendon documents the benefits of the therapeutic approach. Whilst it must be noted that this is a male establishment, the findings provide an insight in to the influence of the TC within a custodial environment.

Therapeutic communities as first acknowledged by Rapoport (1960) and continued by Haigh (1999) are not present in most prisons and are therefore not typical of prison life (Shuker and Sullivan, 2010). On the contrary, the inclusion of the Therapeutic Community (TC) model within the prison environment is acknowledged as somewhat contradictory as the core ethos of the removal of hierarchy and the promotion of equality within the TC is the core concepts enforced with the structuring of the prison environment (Genders and Players, 1995). Furthermore, the contradictory practices are acknowledged when applying the therapeutic ethos to the prison estate, whilst in one instance the prisoner and officers develop trusting relationships, in another instance they are untrusting, which is documented during routine searches (Gender and players, 1995). In light of the developed Island Model, whilst the Therapeutic Community (TC) ethos is acknowledged as standing in contrast to the security of the prison establishment, within the current research it is deemed essential to produce the desirable behaviours concerning staff and prisoner relations, which are transported and become fluid within the mainstream prison population.

Conversely, the Therapeutic Community (TC) offers an alternative method of prison treatment for a very small minority of the prison estate, with 538 prisoners receiving this method of treatment (Shuker and Sullivan, 2010). Despite, the limited numbers of prisoners engaging in the Therapeutic Community (TC) programme findings from this study identify subsequent benefits for the women and staff members within the mainstream prison, as the Therapeutic Community (TC) culture spills over into the general prison population. Moreover, this overspill enhances the relationships between the women and staff, which leads to the prioritising of staff over peer support for their self-harm behaviour in custody. Therefore, the TC constitutes far-reaching benefits, not only for the women enrolled in the TC programme but the whole prison environment.

Some characteristics of the Therapeutic Community (TC) are the engagement in a range of group therapeutic activities, sharing of information, removal of hierarchical structures, residing and learning within a shared environment and assessment and resolution of concerns within the group setting (Brookes, 2010). The employment of this ethos enables the development of a unique therapeutic community for prison interventions to entail (Brookes, 2010) with TC as a way of life, a culture rather than a group in which individuals attend (Morris, 2004). Moreover, some of these characteristics of the Therapeutic Community (TC) are present within the mainstream prison of the research site, which support the TC as the island.

In addition, a common characteristic of the Therapeutic Community (TC) intervention is the segregation of group members from fellow prisoners who are not part of the community (Wexler and Love, 1994), which constitutes a crucial factor for the employment of the Island Model producing the desired outcomes as the behaviours which are developed in the Therapeutic Community (TC) are then transported to the mainstream prison. The importance of the isolation is identified as a form of therapy, as prisoners working and living together becomes integrated as part of the experience (Champling, 2001). In light of the current research, the isolation is productive to the development of the Island Model and the transportation of desirable behaviours to the mainstream prison.

The culture on the island is paramount in producing the desirable behaviours to be transported and modify the prison environment. Moreover, the group members not only live together but also share the decision making for the community which in return enhances their relationships with each other, through the challenging of unacceptable behaviours of the other group members the prisoners are able to truly understand their own behaviours (Brookes, 2010). In this sense, it is group members who embrace and enforce the therapeutic community ethos with staff members being facilitators of the method (Brookes, 2010).

Similarly, the documented modification in the prison environment is also recognised within the therapeutic prison Grendon by prisoners documenting a substantial difference in the prison in comparison to other prisons, with promoted increases in the personal disclosure (Genders and Players, 1995). Further evidence for the Therapeutic Community (TC) as the determinative element for the modified prison environment is also documented with the removal of the "us and them" culture within the therapeutic environment of Grendon, with 68% of prisoners after a six-month period there able to seek support from prison officers (Gender and Players, 1995).

In addition, the Therapeutic Community (TC) intervention rejects the power relations of the total institutions by supporting prisoners through staff and peer interactions (Scott and Gosling, 2016). Indeed, evidence suggests that the TC intervention influences the development of supportive relationships between prisoners and staff members (Stevens, 2011) which encourages the taking back of control and responsibility (Wexler and Love, 1994). Similarly, the findings of the current research support the development of such relationships on the island (TC) which are then transported off the island to produce the multi-disciplinary approach to self-harm which includes professional and Listener support for women who self-harm in custody. Indeed, evidence suggests that the staff at HMP Grendon engage with prisoners in a way, which without the TC they would not (Brookes, 2010) with increases in the mutual respect between both staff and prisoners (Smartt, 2001, 2007).

The importance of the Therapeutic Community (TC) for the development of the Island Model is further validated with the reduction in reconviction rates documented as a result of the therapeutic provision, with those staying for 18 months constituting a reduction of up to twenty five percent (Marshall, 1997; Taylor, 2000). Whilst research on women in custody and the Therapeutic Community (TC) intervention is sparse, positive outcomes are acknowledged within the male prison estate where the employment of the Therapeutic Community (TC) ethos produced a reduction in the associated risk of the offender and psychometric changes (Shuker and Newton, 2008). Indeed, research within a female prison estate supports the implementation of the Therapeutic Community (TC) and also documents the positive impact the programme has for ensuring a non-offending future (Mosher and Dretha, 2014). The significance of the Therapeutic Community (TC) for the development of an enhanced staff and prisoner relationship is documented, which encourages behavioural changes within the individual prisoners (Stevens, 2011). In light of the previous and current evidence, the case for the Therapeutic Community (TC) as the core composition of the island is absolute.

Similarly, Rivlin (2006) acknowledges the low levels of suicide and self-harm within HMP Grendon, which comes as somewhat of a surprise for a prison, which is matched accordingly with other establishments in terms of dangerous and high profile offenders. Indeed, the incident rates of self-harm behaviour are of particular interest, although it must be noted these are from male prisoners. Furthermore, to illustrate the reduction whilst within the prison estate the average incidents per 1000 is between 130-137 for Grendon the rate is considerably lower at 29 per 1000 incident of self-injury (Rivlin, 2006). Evidently, such figures should be perceived with caution, as they are somewhat outdated and reported for male prisoners. Although, they do provide as insight in to the impact of the Therapeutic Community (TC) on self-harm, this is extremely important for the current research to justify the Therapeutic Community (TC) intervention as the island.

Additionally, it is acknowledged that what those prisoner who engage in self-harm require an option, which constitutes secure housing that is therapeutic in its ethos, unfortunately this is not an option in

which the majority of prisoners are presented (Appelbaum, 2011). Indeed, this is an option for the women within the research site, in the form of the Therapeutic Community (TC) intervention. Furthermore, Appelbaum (2011) provides support for the Therapeutic Community (TC) as the island with the perceived impact for prisoner self-harm, which should be avoidant of punitive approaches in favour of therapeutic responses (Appelbaum, 2011).

In light of the current evidence, it is justified that the Therapeutic Community (TC) represents the core characteristics, which represents the island within the Island Model. Furthermore, through the employment of the island within the current research the desired outcomes of enhanced staff relations were enabled to produce a multi-disciplinary approach, which incorporates professionals and peers to support women who self-harm in custody.

5.16 Chapter conclusions

Evidently, there is a need for research to explore the effect of the Therapeutic Community (TC) in general (Ministry of Justice, 2012). Furthermore, research should be extended to consider the impact of the TC model for women who self-harm in custody and the subsequent effects on the mainstream prison. A broad analysis of the impact of the Therapeutic Community (TC) for substance misuse, crime, mental health and social engagement concluded positively for reducing substance misuse and crime (Scott and Gosling, 2016), whilst also contributing to the decline in mental health concerns and social engagement (Blatch et al, 2014). Indeed, this research employed a systematic literature review approach of Therapeutic Community (TC) provisions in custody and the community, which demonstrated that the interventions yield positive results in and outside of the prison estate; however, this research does not explore the use of the Therapeutic Community (TC) for self-harm for women in custody. Clearly, this requires significant exploration in the literature as this research documents the positive influence of the Therapeutic Community (TC) intervention, not only for the women who are Therapeutic Community (TC) members but also women in the mainstream prison through the enhanced relationships with prison staff.

In addition to the rehabilitation benefits of the Therapeutic Community (TC) which are documented for substance misuse, further benefits have been acknowledged as a cost-effective provision which reduces prisoner grievances and disciplinary action (Zhang et al, 2009). Indeed, this provides alternative benefits of the Therapeutic Community (TC) intervention, it must be noted that these findings are generated from a prison in California, which questions the application to prisons in the UK. Furthermore, the research does not include women prisoners, which is essential for this research to further document any perceived benefits of the Therapeutic Community (TC) intervention for women in prison in order to provide justification for the TC as the island. However whilst the literature documents positive benefits of the Therapeutic Community (TC) which are important to briefly mention in order to locate the current finding of women prisoners prioritising professional over peer support. To date, no evidence has been provided to illustrate the impact of the Therapeutic Community (TC) for women in custody who self-harm.

While research on the impact of the Therapeutic Community (TC) as an influential factor for women prioritising professional support over the Listener Scheme for their self-harm behaviour is not documented within the literature, evidence conducted in HMP Grendon illustrates the positive benefits as self-harm has been reduced (Bennett and Shuker, 2017). Indeed, such findings are insightful, although must be considered with care, as the findings produced are generated from a male establishment (HMP Grendon) which questions whether those findings are applicable to women in prison who as revealed by the research for this thesis, have very distinct needs when compared with their male counterparts. Furthermore, the findings by Bennett and Shuker, (2017) add little to the findings of the current research as they fail to explore the impact of the Therapeutic Community (TC) intervention on the mainstream prison environment, with particular reference to the impact of women prioritising professional over peer support from the Listener Scheme.

This chapter has documented the development of the Island Model for women who self-harm in custody, and supports a multi-disciplinary approach, which combines professional, and listener support as extensions of each other. Additionally, the results of the current research contend that

women in custody prioritise the support from professionals for their self-harm behaviour in prisons, which host a Therapeutic Community (TC) intervention. Indeed, the findings make significant original contributions to the literature, which currently is sparse concerning the contribution of the Listener Scheme for the support of women who self-harm in custody. The proceeding chapter documents the gendered experience of custody for women which induces their engagement in self-harm to contend that such elements should be incorporated within the support provided by the Listener Scheme.

Chapter 6: The incorporation of a gendered approach to the Listener Scheme for women who self-harm in custody

This chapter documents the combined results and discussion from the current research, which supports the implementation of a gendered approach for the Listener Scheme for women who self-harm in custody. Research suggests that women require increasing amounts of social support whilst in custody, which acknowledges the requirement of support, which is gendered (Clone and Dehart, 2014). Furthermore, women in custody have gender specific needs which are core compositions of treatment targets, these include previous trauma, mental health, relationship complexities, alcohol and substance abuse (Salisbury et al, 2009, Crewe et al, 2017). Indeed, when custody peer provisions are specifically tailored to meet the needs of women, positive results are produced (Kaplan, 1989).

In light of this, can the Listener Scheme, which offers the same support for men and women in custody, meet the specific needs of women prisoners? Should the Listener Scheme be adapted for women in custody who self-harm? This chapter contends that the Listener Scheme should be tailored to the specific needs of women in custody, which can be achieved by training listeners on the key elements which induce self-harm, which are how the women relate to men, the displacement of the mother role and attachment in custody. By including these elements within the Listener Scheme, it enables the gendering of support for women who self-harm in custody, as this behaviour continues to be a concern for women (Corston, 2007).

6.1 Gendering of support

Not only prisoners' but also staff members have recognised the significance applied to relationships in order to survive. The use of peer schemes has been documented as one of the ways women in prison obtain support as fellow prisoners understand what it is like to be women kept from their mothering role

“Peer support is a big thing for ladies” (Pete, staff member).

Peer support enables an arena to discuss problems relating to the experience of custody from the perspective of the women. As one staff member illustrated,

“I think it (peer support) is something we really rely on a lot in jails, peers are a way of supporting each other, a lot of women do in prison, they form important relationships” (Ross, staff member).

All participants within the current research acknowledge the gendering of a prison approach for women as paramount. As one staff member illustrated,

“I have experienced a US and them culture, it isn't like that here though. I think it's because its women prisoners, they are more open” (Adelaide, prison staff member).

This signifies the relational nature of women in custody who are more open to disclose their concerns in order to enhance how they feel.

For some women secure disclosure entailed talking with listeners, as this provided a sense of security, as the listeners were also women in custody. Indeed, all of the staff and prisoners acknowledged that women are more supportive to their peers than their male counterparts are. As one staff member acknowledged,

“Invaluable within a female establishment, don't get it as much in a male prison as it is a macho environment, it's very important to female prisoners” (Ross, staff member).

The perceived difference in the custody environment and the support that is required is attributed to 'what works' for the different genders. For women, who have been deemed as relational, open and willing to discuss how they are feeling, peer support provides a significant contribution to their prison journey. However, this contrasts with the existing literature which documents that women in custody employ coping techniques, which restrict their emotions, such as blocking (Greer, 2002). Whether this contribution would be as significant within a male prison is questionable, identifying

there are pains of imprisonment in which only other women prisoners can empathise with. Indeed, as one staff member outlined,

“Females are more supportive than males, they are more empathetic” (Andy, staff member).

The importance of a gender specific approach to self-harm is evident within the support preferences of the prisoners, as the women acknowledge that they use the provision, as it is women to women support,

“I wouldn’t disclose to a male listener, it wouldn’t happen. I only disclose as the listener is a woman too, you know” (Merry, prisoner).

The prisoner provides further details relating to damaging experiences with men which have left her unable to discuss any of her problems with a male, including a male researcher. It becomes apparent that if I had been a male researcher the prisoner would not have agreed to be interviewed. In support Charmaz (2014) acknowledges that male researchers may face gender dynamics when interviewing female participants, however even when the researcher is female other dynamics can have an effect such as age, class and race.

As the listeners are also women prevented from their mothering role so they hold a shared understanding that enables an empathetic approach, with the core characteristics constituting being a woman, mother and being in custody. Worrall (1981) acknowledges the gendered approach, which documents the solidarity of women prisoners as a gendered issue. Conversely, this support is not exclusive obtained from other women within the current research as prisoners also obtained support from staff members who are male.

To provide further support to the gendering of the Listener Scheme for women who self-harm in custody, another prisoner identified that women are better listeners and understand each other's emotions much better than their male counterparts, by references to the heightened emotions associated to the menstruation cycle. As one prisoner illustrated,

“(Listeners) expect things may come in cycles for a woman to do with hormones, menstrual cycles, I think they are more (pause) ..Well the ladies understand that women can get highly excited or highly stressed, especially about not seeing family and children and being shut off contact. What used to be their job in the family, suddenly they are cut off from that role, listeners understand all of that” (Bella, prisoner).

The common characteristics in which all women share is identified within the reference to hormones and the menstrual cycle. This is then related to the prison environment, which is documented as particularly challenging for women. The prisoner here is signifying the displacement of her role as a mother, which is an innate role, which comes with inbuilt responsibilities to her family and the feelings, which constitute her sense of self that is determined by the mothering role. Listeners also share the dual disadvantage in which prisoner two acknowledges, as the majority are also mothers and prisoners. Which provides further support for a gendering prison approach for women in custody to support their self-harm, which accounts for the pains of the displacement of mothering role as a causation for this behaviour.

Whether it develops from the maternal instinct or the difference in hormones it has been documented that women are more empathetic and are able to share their prison journey with other women to an extent that men are not

“Most proactive establishment for peer support, there are differences between male and female, females are more willing” (Pete, staff member).

The desire to enable relationships and provide an empathetic ear is something, which is, attributed a characteristic of women in custody by staff and prisoners. Inevitably, occasions arise in which women are unable to disclose information and provide support to fellow prisoners, which has been clearly revealed with the potential of a prisoner who had murdered her child becoming part of the TC. In this instance, the prisoners form a hierarchy of crimes. At the top of this hierarchy is crimes, which go against the mothering role, which are not, tolerated by the women

'All I've ever wanted was that! You know a family of my own, and to think she had that! She can't call herself a mother! She isn't one! I wouldn't even want to call her a woman! Or a prisoner, she is something else' (Sally, prisoner).

The prisoner distinguishes between her own sense of self in relation to the prisoner who has murdered her child; any identity in which they share should not be applied to this prisoner. The something else, something different not at all like the prisoners in which she could easily be compared to. It appears that in some circumstances women in custody withdraw their willingness to provide and obtain peer support.

As one staff member illustrated,

"I don't know if it's because they are women they are supportive and understanding. They are the best listeners I have worked with. They must have really good training." (Ross, staff member).

The staff member positively acknowledges the listeners, however questions whether this is because of the listener training or an explanation of the gender of the prisoners. The attributes the staff member describes are ones, which are associated with women rather than men within the western society. Whilst the gender affect is distinguished, the staff member lacks certainty, which is a common theme throughout, the perception of peer support through gendered eyes; with the unanswered questions from staff members and prisoners of if, peer support schemes are more favourable for women prisoners.

As one staff member acknowledged,

"I think peer support in prison is really difficult as most of the women are broken in more than one way, they might have substance issues and abuse issues, supporting damaged people to support damaged people" (Dillian, staff member).

Whilst the quality of such support raises questions, prisoners have often endured similar childhood neglect and previous trauma, which has consequently led to their journey in to prison. The

'damaged' supporting the 'damaged' enables levels of empathy and an understanding, which with no prior experience of such situations is unattainable.

The perceived distinctions between the male and female prison estates is acknowledged,

"In the male estate it's different, males will punch each other. Women have more complex problems.

We don't get the same level of violence, its more handbags, it's not black and white here" (Shane, staff member).

Whilst the male prison estate is characterised with physical violence, for women in custody the difficulties are attributed to deeper concerns, which are of a complex nature and somewhat, hidden in comparison to the male estate where the physical act of violence is extremely visible. The use of the word handbag signifies an item, which is associated to women and is used to distinguish between the severity of male and female prison estates.

The reference to handbags here documents a non- serious environment in terms of physical violence however, a complex one as problems exist on an emotional level. As one staff member identified,

"Here it is emotionally draining not physically, it's handbags" (Alan, staff member).

The repeated use of the word "Handbags" makes a suggestion that whilst the problems may be complex there isn't anything to worry about within this environment, a sense of we have this under control is portrayed within the staff members' testimonies. Similar, Gover et al (2009) supports the differences between the prison environments for men and women, through the identification of the distinctions in misconduct in custody and the requirement for a gender specific programme, which meet the specific needs of women and men. Indeed, Gover et al, supports the findings of the current research of the distinction of the prison environment for men and women, whilst also supporting the gendering of programmes, although this finding is in relation to misconduct in custody and not self-harm it is still insightful evidence, which supports the gendered approach for women in custody.

The implementation of gender sensitive provisions for women in custody is not a recent suggestion; it is documented within much earlier feminist research (Covington and Bloom, 2007). Indeed, the prison environment is distinct for the genders, which signifies the requirement of specific provisions for women in custody (Covington and Bloom, 2007). Moreover, this is documented within the current research where staff members employ a gendered approach by engaging in discussions with the women as a proactive method of prevention of self-harm and in order to create distance between prisoners to ensure violence is avoided. Additionally, it is documented that policies should incorporate a relational approach, which acknowledges the importance of family ties and continued connections (Covington and Bloom, 2007).

The familiarity with the prisoners in terms of their relationships is documented as paramount to ensure support is proactive and certain situations are avoided. As one staff member outlined,

"We put information in to the system, whether it be a nickname or information regarding a potential relationship we have heard about, anything and everything and security join dots. There is no such thing as a silly comment, building up a picture which helps to reduce violence as we will know oh those two (prisoners) don't get on so we will place restrictions so they can't be on the same wing"
(Fiona, staff member).

This practice of proactivity supports the gendered approach to self-harm more generally, as the prison practices are tailored to women who respond to the relational nature of the staff who are familiar with their individual problems and will discuss such matters with them to ensure that they feel secure.

Further to this, the officer described an incident earlier in the week where he had been proactive with two new prisoners,

"We (prison staff) create distance, we talk to prisoners, we get there before anything happens, you go to talk to them, you let them know that we know there was a problem. This gives them security, like

we are looking out for them, we find this helps, we don't usually have problems. It's about going to talk to them I think" (Mich, staff member).

This signifies the gendered approach of the prison, which acknowledges that discussing problems with the women is a preventive measure for the use of violence, and self-harm in the prison.

It is apparent that staff members apply an individualistic and personal approach with the women to support their self-harm behaviour. Indeed, difficult times are acknowledged by the staff, which enables the women to feel a sense of belonging, as they are able to seek support in distressing times. The staff members are familiar with what constitutes as a difficult time for the women without any personal experience of imprisonment. As one staff member acknowledged,

"We have male and female staff so sometimes something's are better coming from a woman you know so we do that. We also check any dates, like offence dates any trigger dates. We don't tell them bad news at weekends as there are less staff to support, it's little things like that, it's makes the difference" (Dee, staff member).

The relational predisposition of the women is acknowledged through the primary motivations of connecting to others in the current research, which is supported within the existing literature as such connections is a core human requirement which is particularly imperative for women (Miller et al, 1991; Miller, 1998). The momentous of such connections is evident as disconnections have the ability to produce psychological concerns within relationships (Covington, 2007). It is apparent that the staff perceive the women as relational and thereby this warrants a different approach to support their self-harm, which is gender specific. Moreover, the significant nature of such relationships are acknowledged through the engagement in self-harm when the relationships are faced with tribulations.

Similarly, the listeners have documented an increase in call outs during the winter, which is associated with occasions that the women miss their families, such as Christmas. However, this could also be attributed to the increases of people being admitted to prison during the winter months, as

those who are homeless “try” to be sent to prison. A central causation for self-harm which has been identified by staff members is the details and the anniversary of the index offence. In light of this, staff members are attentive to the ‘trigger dates’ for each prisoner and ensure staff members are available to talk to the women during these individual times of difficulty. Research shows that women more so than men reflect on their index offence whilst in custody, with the anniversaries of the offence particularly difficult for women (Crewe et al, 2017). Furthermore, research supports this reflection as women experience nightmares concerning the index offence (Wright et al, 2016). Indeed, this supports the findings of the current research, as anniversaries of the index offence, Christmas and birthdays were documented as particularly distressing for the women, which induced self-harm as a coping strategy.

As one prisoner acknowledged,

“Usually they know you’ve done it before you say something to them, they know the signs” (Merry, prisoner).

Whilst the relational nature which is a key characteristic of women is recognised within the trigger dates, it is also apparent the personal relationships in which the women and staff have developed. The ability to identify the engagement in self-harm by the women before they disclose such details is suggestive of familiarity between the staff and prisoners. As one staff member identified,

“We all work together, we bounce off each other. Say if staff member x is issuing a prisoner with papers to deport her, we will know she is at risk of self-harm so the staff member who supports the self-harm will go with the other staff member” (Adelaide, prison staff member).

It is apparent that a caring respectful approach is employed, especially when dealing with the sensitive issues, which may see an adverse reaction from the women. The bouncing off each other displays a team dynamics of solidarity to their prisoners and the supporting of their prisoners as a team approach so that all prisoners feel safe and secure. In light of the given evidence from the current research, it is paramount that the support of self-harm for women in custody implements an

approach, which is gendered. The approach should be relational and incorporate the gendered difficulties, which are experienced by women in custody, such as relating to men, the displacing of the mothering role and the desire of attachment. Without the gendered approach to the support of self-harm, the needs of women in custody are not fully met, therefore this research contents that these elements should be incorporated within the Listener Scheme.

Further support for the implementation of a gendered approach for women in custody is presented within the gender responsive needs which are core compositions of treatment targets, these include the experiences of previous trauma, mental health, relationship complexities, alcohol and substance abuse (Salisbury et al, 2009). For this reason the current research supports the inclusion of female specific core elements within the peer support provision of the Listener Scheme, alongside the acknowledgement of a multi-disciplinary approach to self-harm which is inclusion of both professional and peer support, which has been discussed in depth in chapter 4.

Similarly, research shows supportive evidence for the implementation of peer support provisions, which are gender specific as the employment of a peer scheme for women in custody who had lost a child documented positive results in reducing the women's feelings of isolation and the associated responsibility for the death (Kaplan, 1989). Furthermore, some research suggests that prison programmes have the potential to be tailored to meet the needs of women in custody (Bui and Morash, 2010). However, it must be noted that such peer provision do not specifically discuss the Listener Scheme or self-harm, although the evidence is undoubtedly promising for the gendering of peer support to incorporate the specific needs of women in custody.

6.2 The difficult experiences of women prisons with men

A central issue documented by the women in the current research is the feelings of hate towards men before incarceration. Moreover, most of the women deemed themselves unequal in comparison, which in return had seen the use of men as weapons who are subjected to manipulative

practices. This is concerning for the majority of women within the current research, which justifies the inclusion of this issue as a core element in the gendering of the Listener Scheme.

When discussing the crimes committed by the women a common thread, linking the majority of the crimes is the hatred and manipulation of men and the use of sex as a weapon. As one staff member illustrated,

"She used to get herself beat up so that he would buy her a new dress" (Ross, staff member).

Research shows that women are most likely to suffer abuse from a partner (Macdonald, 2013) which supports the findings of the current research of the negative experiences of women with men.

Moreover, the women prisoners blamed themselves for the abuse they had experienced and deemed this behaviour by men as their own failing (Macdonald, 2013). Indeed, while previous research documents the history of abuse that women prisoners experience, which is distinct to male prisoners (Crewe et al, 2017; Macdonald, 2013; Light et al 2013) the literature does not explore the manipulation behind this behaviour for women prisoners who experience this abuse, which identifies a unique finding of the current research.

Such difficulties in relation to men are extended to the prison officers who are initially judged on their gender. Bella acknowledged trust issues with men; however, through the discussion of previous trauma within the Therapeutic Community she has overcome her trust issues in relation to men and has built a relationship with her personal officer. As one staff member identified,

"We have an equal mix of female and male staff members so that if a prisoner has issues with men they can talk to another prison officer, I think that's important" (Ross, staff member).

Research shows that previous trauma also influences the ability of women obtain support from male prison officers (Taylor, 2004), which justifies interventions which focus specifically on trauma to enable women to adjust to custody (Moloney et al, 2009). Indeed, the findings of the current research provide further support to the existing literature through the identification of the difficulties

women prisons experience in custody as a result of previous trauma (Taylor, 2004), and that provisions should be inclusive of this previous and continued experience (Moloney et al, 2009). However, the current research expands on the existing literature to acknowledge the importance of previous trauma by men through the incorporation of this as a key element, which should be supported and acknowledged by the Listener Scheme.

Joy acknowledges differences between her culture in Pakistan and the western society

"A man could do what they want you know, especially when it's your husband, rape wasn't rape. I was never taught it was" (Joy, prisoner).

This is supported by her family who see men as the 'important ones'. It is apparent that the seeking of acceptance and love, which had not been received from her family, is then placed on her husband. The prisoner discloses details of a painful time in which she felt unloved by her husband who had been having multiple affairs and seeking the guidance from her then mother in law. It is in this situation the prisoner describes feeling torn, her mother in law's advice had been to have a baby and that it would "change her husband". Unfortunately, this had led the prisoner to have multiple terminations, to the severity that the medical professionals refused to give her any more procedures. It is evident through the woman's account that her family held a core value of the importance of men which unfortunately had not been extended to her, as the prisoner developed in to a woman this core value remained which saw her longing for the acceptance of a man, her husband.

In support to the findings of the current research, it is poignant that for some women, the first feelings of security is provided within the prison estate, as previous trauma is experienced within the home (Covington, 2007). Indeed, as the women in the current research developed 'trusting' relationships with male officers this provided the first sense of a male role model. On the contrary, research shows for other women the prison estate enables subsequent trauma as situations signify earlier abuse, with the treatment of women prisoners by male officers may be comparable to previous trauma (Covington, 2007). However, the findings of the current research suggest that this is

overcome as the women developed trusting relationships with male staff members. As the prisoner acknowledged,

"I had female body parts but I didn't feel female, you know. (Pause) not until recently. I felt nothing! I kept it all in, I was taught that. TC teaches the opposite so I struggled at first. I can't walk out, sometimes I don't want to hear their crimes but they hear mine. We help each other" (Joy, prisoner).

The prisoner acknowledges a loss of an identity as a woman, whilst physically she is a woman, inside she is empty. During the disclosure, the woman uses pauses within the discussion, which is illustrative of the pain in which she still feels and the acceptance of her troubles with the men in her life, past and present. It is evident that the desire to please her family is still very much a current concern. As Joy acknowledged,

"I thought I can't tell my family, they will think she has misbehaving again".

The Prisoner describes her frustration at being placed on TC nearer the end of her sentence. It appears even as a grown woman feelings surrounding her family put her back in the shoes of the young woman who has felt subordinate to men her whole life.

Indeed, research shows that the previous abuse experienced by women in custody significantly affects the engagement in self-harm as this is used as coping method to deal with the historical abuse (Macdonald, 2013). Therefore, incorporating the concern relating to men within the prison peer support scheme of the Listener Scheme enables these supporters to be aware of the central issues for women which leads to their engagement in self-harm.

The previous literature acknowledges that women prisoners are more likely to be subjected to previous abuse than their male counterparts (Crewe et al, 2017; Macdonald, 2013; Light et al 2013) and that this abuse is predominately conducted by the women's partner (Macdonald, 2013). The feelings of 'hatred' that the women in the current research felt and the motivations by the women

to induce subsequent abuse is seemingly absent from the literature, which supports the acknowledgment that the experience of previous trauma for women prisoners in the UK is sparse (Bartlett et al, 2014).

Similarly the Trauma Informed Care and Practice Framework to design provisions that incorporate the experiences of trauma for women, which have led to vulnerabilities, which ensures the women participate in treatment (Stathopoulos, 2012), also support the incorporation of this gender specific concern. Whilst a limitation of this framework is that the ethos has been developed for women in prison in Australia, the concept is in fact applicable to the findings of this study, which contends to include the previous experiences of trauma within the Listener Scheme training so that this provision is tailored specifically to the unique experiences of women. Furthermore, research suggests that trauma informed care is promising for the treatment of women in prison, although this must not pose risks for security (Walker and Towl, 2016). Indeed, the incorporation of this concern within the Listener Scheme training for these peer supporters who provide support to women, who self-harm in custody, identifies a significant contribution to knowledge from the current research.

6.3 Displacement of the mother role

The relationships with children is documented as an extremely important feature of the day-to-day life for the majority of the women. Whilst for some women being away from their children, the mothering role is continued if not in the physically sense but emotionally. Whilst life is continuing without the women outside of the prison their mothering role is still a prominent feature in their lives. It is evident that a significant number of women within the research are experiencing distress in terms of being separated from their children. Adele (prisoner) reflects that she has been feeling sad over the weekend about her son; she discloses that she has written a letter to him and has been more open with him in a way, which she had not done before. It is apparent that the Prisoner is coming to the realisation that her son who she left when he was 8 years old is now an adult and the

length of separation has been weighing on her mind. The prisoner had written a letter to her son and described the pains felt in terms of being separated for a greater length of time than being a mother to her son in the physical sense

"I don't know my son as an adult. He is 19 years old now. I have been in prison 11 years and I was only with him 8 years. Even then I was there with him but not there, I had issues going on" (Adele, prisoner).

The findings of the current research support the body of literature, which suggests it is the removal of the mother role, which is extremely traumatic for women in custody (Corston, 2007; Baldwin and O, Malley, 2015; Hairston, 1991; Crewe et al, 2017).

A wealth of knowledge exists documenting the trauma experienced by female prisoners through incarceration, with the initial imprisonment constituting increased anguish consequently through the separation of mother from their children, with the requirement of mental health services for female prisoners to support the continued development of the mother and child relationship (Poehlmann, 2005). Similarly, the current research documents the continuation of the mothering role behind the prison gate in the emotional sense as opposed to the physical presence.

The detrimental impacts of the separations from children in which prison evidently imposes is attributed to increased levels of anxiety, which is a consequence of restricted contact (Houck et al, 2002). Additionally, the women within the current research documented such anguish, portraying the complexities of adapting their mothering role in order for this to continue in some form from within the prison estate. Moreover, the significant inductions of stress document separation anxiety from their families and constant concern regarding their children (Fogel, 1993). In light of the detrimental impact of female prisoners being separated from their children it is suggested that home visits enable the reintegration of female prisoners who are mothers back in to society (Rogers and McCarthy, 1980). Indeed, such visits could also be beneficial to reduce the engagement in self-harm in custody.

It is acknowledged that a woman's refusal to participate might be the result of the detachment of her mother role.

This behaviour is related to deeper issues of attachment and although the frustrations the officers may feel are justified, the deeper issues need to be unpicked (Ross, staff member).

A central category is the separation of mother from children, which leads to the desire to still mother from a distance in term of feelings, thoughts and concerns for their children. Kathryn (prisoner) deliberates the upcoming adoption of one of her children in an optimistic nature, which is identified as progression for the prisoner. In support, of the mothering focus another prisoner outlines that she is working on her relationships with particular reference to the mother and daughter relationship,

"Trying to be a good mum, finding it difficult as I don't know how to be a mum" (Bella, prisoner).

The prisoner acknowledges worthy intentions to develop her own bond with her daughter, whilst disclosing the difficulties of her own childhood, which have positioned her with doubts concerning wholesome parental models. In support another prisoner offers reassurance,

"But you are being a mum, who knows how to be a mum" (Kathryn, prisoner).

It is evident that the difficulty is an expression of her own childhood in where she did not have a supportive mother role model, as one staff member acknowledged,

"It's difficult when you've not had a good example from your own mother, all the work you are doing is worthwhile, empathy, equal relationships all help as a parent. You have lots of reasons to be optimistic, it's not easy being a mum" (Andy, staff member)

Continued importance of the family in reference to the mothering role is portrayed by Amber, (prisoner) *"All I ever wanted was a family you know"*. This is a shared characteristics in which the majority of the women acknowledge and relate too. Those women who have a family make this reference; however, prison means they can no longer function as a family. Similarly, those women who have no children but hold a desire for them also discuss the longing for a family. Alongside the family desire is the guilt of being a mother who is separated from her children. Indeed, it is

acknowledged that the women may be reluctant in admitting to the crimes in which they have committed as by doing so they are in essence acknowledging the crimes have been put before their children, as Alan outlined,

"If she admits to the crime she deliberately gave up her kids" (Alan, staff member).

Which is documented as a struggle for women prisoners to accept.

The detrimental impact of the absence of the mothering role constructs a role strain, which if prisoners are able to continue engaging in mothering activities such constraints are reduced (Berry and Eigenberg, 2003). The current research documents the displacement of the mothering role, in which the participants mothering role is thereby questioned following incarceration. Evidently, before imprisonment the women within the research held an ideology of their roles as mother, however being placed in prison is not included as part of the mothering role. In essence, the women within the research know how to mother but face complexities at mothering within prison. Furthermore, women prisoners who did not agree for the custody arrangements of their children attained higher levels of the mothering role strain (Berry and Eigenberg, 2003).

The displaced role of the mother is also evident within the childhoods of the women, which is then reflected in the future behaviours of the women prisoners. Laura, (prisoner) acknowledges a childhood, in which her mother had not taken an active role and the traumatic abuse she had experienced consequently led to a learnt behaviour of self-harm. Whilst initially this behaviour had been considered as a copying mechanism outside of prison, the behaviour acted as a reassurance and to an extent comfort within the prison environment as a learnt childhood behaviour. As one prisoner acknowledged,

"Yes I self-harmed before prison, ten overdoses. The first was when I was 9 years old" (Laura, prisoner).

The seeking of attachment to the mother outside of prison shows further evidence for the displacing of the mother role. Whilst the mothering role may not be documented personally for the prisoner

being a mother herself but a seeking of the secure support from her mother over all other forms of support. Which documents the influence of previous trauma to induce self-harm (Macdonald, 2013); however, existing literature on previous trauma of women in custody is sparse (Bartlett et al, 2014). Whilst previous literature discusses previous trauma as a contributing factor to the vulnerability of women in custody, this is not related to the displacement of the mother role in childhood to induce self-harm.

For all of the women the connection to their family is paramount, which is hugely influential to their thoughts, previous and current behaviour. The loss of the family roles is prominent with the new roles in which must be constructed between the women and their families, although now at a distance, between the prison gates. Amber, (prisoner) discloses heightened apprehension at the potential of a meeting with her brother who is detained in a different prison. The prospect of the developing of a new prisoner-to-prisoner family role has been expanded by the years without contact and the prisoner described feeling “*torn*” as to whether the meeting would be beneficial. As the prisoner acknowledged,

“If they say no, that’s ok I’ve not lost anything, really. If they say yes, I mean that’s a good thing but I’m not sure how I would feel” (Karen, prisoner).

The findings of the current research support the existing literature, which documents that losing contact with family members, especially children is a significant concern for women in prison (Crewe et al, 2017).

In addition, enhancements in the contact with their children produced a reduction in stress levels for women in custody; with letter, writing signified a method of increasing attachment (Tuerk and Loper, 2006). Furthermore, the continued writing of letters documented a coping method for the continued contact with the prisoner’s family members. Notwithstanding the associated complications of ensuring the continued visitations between mother and child, despite such profound constrictions this is perceived as the primary method to maintain family connections (Hairston, 1991). In light of

this, the continued visitations of children represented a concern for the women in the current research who felt this enabled their displaced mothering role to be relocated if only temporarily, the mental preparation of knowing they would see their children on a regular basis provided a motivation to endure the prison constraints, like no other.

It is clear that the mothering from the prison estate constitutes a restricted role; in which engagement in self-harm for women in the current research represents a release. Moreover, the removal of the mothering role is present through the engagement of art therapy during imprisonment, as the predominant theme documented as 'creating beauty', which is contextualised as an acknowledgment of their individual isolation from beauty which constitutes their children (Henry, 2016). It is noted that emphasising the mother role is of significant merit to women prisoners as engaging in emotional development has a direct effect for the parent and child relationship (Bouldin and Pratt, 1998, 2008), which supports the findings of the current research. It is apparent that the mothering role, or the restrictions placed on this role through imprisonment is of central concern to the women within this study. It is thereby crucial within the peer provision of the Listener Scheme to include this element in order to contribute to the support of women who self-harm in custody.

Whilst attachment theory offers a model to explore how women in custody deal with the removal of their mother role in prison (Powell et al 2016) for the purpose of this doctorate research providing a single focus on this specific concern for women in custody is too refine. Rather, the employment of a gendered approach as the theoretical framework allows for the incorporation of a number of factors, which contribute to the gendered experience for women in custody.

6.4 Attachment in custody

The importance of relationships in custody is acknowledged by the women, staff and listeners as a reason for the use of self-harm by women, when faced with difficulties within this relationship. The

loosing of attachment is acknowledged as a key causation for engaging in self-harm. Staff members documented alternative reasoning, which considered external factors such as family issues, which affected the women's ability to cope with custody. Indeed, some women and staff members and all of the listeners identify the importance of friends in prison as a method of coping.

The majority of the staff and prisoners acknowledged that listener support is not primarily obtained for the support of self-harm, that for some women it is more about having some company and someone who will stay, listen, and not judge. It seemed for the majority of women being locked up at night-induced reflection, which stimulated the desire to offload, which is when the majority of staff and prisoners acknowledged that listener support had been obtained. As one staff member outlined,

"I don't think it's for self-harm, it's (Listener Scheme) used to talk to someone, to talk out loud to reach a decision, not for self-harm" (Jane, staff member).

Further to this, the prospect of sharing a cell with a fellow prisoner is deemed positively, as opposed to the current housing of single occupancy. As one prisoner acknowledged,

"Cell mates would be a good thing, even if you don't talk, just for company" (Jan, prisoner).

Whilst the acknowledgement is made that the women do not have to talk, there is a sense of security provided by having someone who is physically there sharing the same environment. A sense of belong to the same environment and not facing the prison experience alone. This sense of company is attributed to close friendships or family members with which sitting in silence is comfortable, whilst sitting in silence with strangers can feel somewhat awkward. It is in the shared situations and familiarity of close friendships and families that "just for company" can be attained. In addition, the prevalence of previous trauma is a contributory factor to the prison establishment being perceived by female prisoners as relatively safe, whilst also acknowledging the hostile and sadistic structures of the prison environment (Bradley and Davino, 2003).

A key consideration for the success of the Listener Scheme is documented to the continuity of care, this being of central importance for both the women and the listeners. As one prisoner acknowledged,

“Here in HMP... it’s very good. I like the fact that the ladies don’t change often, you see the same familiar face and that’s more approachable” (Bella, prisoner).

It is apparent the development of ‘relationships’ is of central importance within the research establishment, which is extended to both staff and prisoners. Furthermore, for the women to feel secure in obtaining support the development of a prior relationship is required.

In addition, the Listener Scheme enabled the building of connections and knowing that someone would be there. It is signified that the sense of having someone there for prisoners is imperative, whilst the Listener Scheme is documented as not always sought for the support of self-harm it is paramount in providing an empathetic approach which supported by previous research (Foster and Magee, 2011), which in turn contributes to the support of self-harm behaviour for women in custody. In light of this, the gendered approach is further supported through the centrality of such relationships, which is required in order for women to rebuild their lives (Calhoun et al, 2010). In support with the current findings and the implementation of the gendering of the Listener Scheme, research shows that women develop trust with care professionals to establish significant relationships (Cadreche, 2014).

The importance of relationships is further signified through the preventions of any behaviour, which may be considered detrimental to the relationship. As one prisoner outlined,

“I’m tempted to hit a wall, get myself harmed. No video link with my partner for 3 months and it’s still not sorted, these are reasons that push me to self-harm” (Karen, prisoner).

Evidently self-harm for this woman is induced through frustrations at the lack of control within the prison environment. The promise of a video link with her partner acts as a prevention method for her self-harm behaviour as a privilege, which will be withdrawn if she engages in this behaviour. Self-

harm for this woman constitutes violence, through the engagement of certain situations, such as hitting another woman which will result in punishment being received either in a physical sense by being hit back or from the establishment for her behaviour which will also act as a release.

An alternative form of attachment is documented with the building of a relationship to a child, which inevitably has aged whilst the prisoners have been detained. This is portrayed by Norma thinking about the attachment to the son she left at age 8 who is now 19 years old and the struggles the prisoner has been facing trying to rebuild the attachment to a now man she is not familiar with. As one prisoner reflected,

“I’ve never really considered that his life has moved on, I still see him as the eight year old little boy I left. It’s very hard, I don’t know him now, I only know the years before” (Norma, prisoner).

The loosening of attachment to family members is signified as a noteworthy causation for the engagement in self-harm for the women within the current research, as they disclosed details of the breakdown of personal relationships, the restricted contact with children and the rejection from family members following incarceration. A theme throughout the data was the desire for attachment to other prisoners in the form of relationships and to staff members who care for their self-harm. The need to belong whilst in prison to a family is supported by previous research and identified as producing a search for a collective identity within the prison (Liebling et al, 2011).

Whilst previous prison research documents inconsistency in the approaches of staff members in terms of authority (Liebling et al, 2011) this is not founded within the research establishment where staff and prisoner relations are considered consistent. Furthermore, favourable evidence in regards to attachment to prison officers is acknowledged within the current research, where staff members play substituted family roles with acknowledgements of staff members perceived as mothers, sisters and friends. Similarly, the attachment to prison staff is documented within previous research with acknowledgement of staff members constituting as family (Liebling et al, 2011). Furthermore, Collica-Cox (2016) documents evidence that the strong attachment in custody between women and in a

peer support scheme for HIV resulted in positive outcomes for rehabilitation, which supports the inclusion of attachment as a core element to include within the Listener Scheme.

6.5 Chapter conclusion

To conclude, the gendered approach to support women who self-harm in custody finds strong support within the data collected as part of this research thesis, reflecting the position of Crewe et al, (2017) which supports the requirement of the prison service to take in to account the gendered needs of women in custody (Walker and Towl, 2016). The findings of the current research extend on the current literature to relate the employment of a gendered approach to the Listener Scheme as a peer support provision in order to support women who self-harm in custody. Therefore, it is paramount that prison peer support schemes such as the Listener Scheme have training on gender specific elements in order to develop provisions, which meet the needs of women in custody who self-harm. This chapter contends that the Listener Scheme should provide a gender specific provision for women in custody, which is distinct to the Listener Scheme, which is offered in the male estate. The findings of the current research suggest that the core elements to include in the Listener Scheme to support women in custody who self-harm is how they relate to men, the displacement of their mother role and their desire for attachment in custody. This incorporation of a gendered approach within the Listener Scheme for women who self-harm in custody represents a unique contribution to knowledge as derived from the current research.

Conclusion

The theoretical framework

This doctoral research found that gender is a contributing factor to the experience of prison (Crewe et al, 2017) and use of self-harm in custody as an attempt to cope with distress associated with incarceration for women. Research shows that women are significantly disadvantaged pre, during and post custody, which is termed a cycle of abuse (Fettig, 2009). This suggests that gender specific support needs to be available within custody to ensure that the needs of women who self-harm are addressed. The findings of this research support the adaptation of provisions to include gender specific understanding within the Listener Scheme for women who self-harm in custody.

The body of evidence exploring prison peer provisions is sparse, and research findings have predominantly been produced using male prisoners to explore the benefits of peer support in the broader sense. Although the Listener Scheme is more widely used than most other forms of prisoner peer support, research shows that evidence in this area should also be extended. Research shows that peer support requires further monitoring to identify good practice (Woodall et al., 2015).

Despite the Listener Scheme having been in place for over two decades, staff members' perceptions regarding the scheme's contribution to the support of self-harm are still somewhat mixed. The findings of the current research contribute knowledge to this under-researched area, which shows a strong preference for a multi-disciplinary support for women in custody, which includes both professional, and peer contributions. Interestingly and in contrast to previous research, women in this study prioritised the support from staff members above that of listeners when provided in the current research environment, which included a Therapeutic Community.

Methodological framework

The current research used a case study approach, to enable in-depth explorations of the Listener Schemes' contributions of support for women who self-harm in custody. It was essential to fully understand the participants' personal narratives so that I could evaluate the ways in which the

Listener Scheme supported women to manage their self-harm behaviour in custody and the ways in which the scheme fell short. Yin (2013) supports the use of a case study design in response to the research questions, with research which endeavours to answer “how” and “why” questions, considered to align with a case study approach, as a response to the explanatory nature of the questions.

Additionally, the research used a multiplicity of methods and the engagement of grounded theory analysis to explore this under-researched area. The employment of grounded theory analysis to the research area of the contributions of the Listener Scheme for women who self-harm in custody is an original contribution to knowledge, as this method of analysis has not been previously used to explore this research topic. Indeed, it is acknowledged that a contribution to knowledge from researchers is the use of grounded theory analysis in novel research areas (Charmaz, 2014).

The use of grounded theory for some is suggested as subjective as I (the researcher) identified the emerging categories within the data (Charmaz, 2014). To overcome this limitation, I confirmed the validity of the emerging categories with my supervisory team. In addition, I also presented the categories to the listeners, who also confirmed the categories I had selected were valid.

The Island Model: Multi-disciplinary approach for women who self-harm in custody

Multi-disciplinary approach for women who self-harm in custody

A significant finding from the research is the acknowledgement of a multi-disciplinary approach to prisoner self-harm, which includes both staff members and peer supporters. The research showed that prisoners who self-harm and staff members all highlighted the requirement of both professional and peer support for self-harm within the prison estate. Women prioritised professional support for self-harm above peer support (Listener Scheme) when this is provided within a prison site, which operates a Therapeutic Community. This finding led to the development of the Island Model, which proposes a multi-disciplinary approach for women who self-harm in custody, which includes

professional, and Listener support. This finding answers the second research objective of what works well and not so well in regards to the support for women who self-harm in custody by the Listener Scheme. Indeed, the current research documents that the Listener Scheme works well when provided in collaboration with professional support.

Hierarchical approach to self-harm

The research demonstrated that women prioritised professional support for self-harm above peer support (Listener Scheme), which suggests that support for self-harm could be understood as a hierarchy. In addition, all participants highlighted the preference for the Listener Scheme to support their self-harm over alternative peer support schemes. This provides evidence to answer the first objective of this doctoral research, which is to understand the contribution of the Listener Scheme for women who self-harm from various stakeholders in the prison. The findings suggest that the Listener Scheme plays a significant role for women who self-harm in custody. The research outlined that prisoners' desire support from both staff and listeners for their self-harm behaviour. It is evident from the research that support from listeners is essential during periods of limited staff availability, such as during the evenings and at the weekends.

Enhanced staff and prison relationships

The Therapeutic Community is documented as having a significant impact on enhancing the staff and prisoner interactions, not only within the TC but also within the general prison. The research acknowledged that the behaviours developed within the TC are also present within the general prison, as staff members work outside of the TC and by the women having friendships on alternative wings the behaviours become fluid in the general prison. This improves the staff and prisoner relationships, and facilitates the development of the multi-disciplinary approach to self-harm where prisoners acknowledge the requirement of both professional and peer support.

The attribution of the modified environment resulting from the installation of the TC is undoubtedly an area of exploration as it may be argued that other programmes are contributory factors. Similarly,

evaluations of Grendon which is a male prison have historically faced such plights, with an acknowledged failing being the inability to measure the success of the therapeutic programme (Gender and Players, 1995). In light of this, the current research provides a convincing account in using an island as a metaphor for how the TC operates within the prison site, over other programmes, which operate at the research site, with creditable primary research and evidence from the literature. The literature supports the removal of hierarchy as a core characteristic of the TC ethos (Gender and Players, 1995), which is a fluent behaviour between the women and staff members both on the island (TC) and off the island within the mainstream prison which documents further support for the TC as determinant factor.

The current research through the development of the Island Model allows a better understanding of how we can make modifications to the prison environment, with a significant enhancement to the staff and prisoners relations in regards to the support for women who self-harm in custody. It is evident that the Island Model produces a multi-disciplinary approach to self-harm which in this particular environment results in the requirement for both peer (listener) and professional support to fully support women in custody.

Additionally, the results of the current research demonstrate that women in custody prioritise the support from professionals for their self-harm behaviour in prisons, which host a TC intervention. Whilst prisoners seek professional support in the first instance, peer support is invaluable for times when staff support is restricted. The Listener Scheme makes a significant contribution as the most accessed peer support scheme, however it is contended that the scheme cannot stand-alone and that both Listeners and prison staff are needed as part of the Island Model, which employs a multi-disciplinary approach for women who self-harm in custody. Indeed, the findings make original contributions to the literature, which currently is sparse concerning the contribution of the Listener Scheme for the support of women who self-harm in custody.

The findings of this research indicate that the self-harm behaviour by women in custody requires a multi-disciplinary approach which includes both professional and peer support, which contrasts with

the body of previous research which suggests that prisoners show a preference for support from fellow prisoners (Devilly et al, 2005; Bagnall et al., 2016; Farrant and Levenson, 2002; Foster and Magee, 2011; Jaffe, 2012; Macdonald, 2002; Tate, 2010). This finding provides evidence to answer the third research objective which examines the perception that because listeners are prisoners they can provide an empathetic approach to self-harm, which staff members and professionals are unable to provide. Evidently, the findings of this research provide evidence to challenge this position, as the women prioritised professional support for self-harm above peer support (Listener Scheme).

Gendered approach to the Listener Scheme

The current research has acknowledged the need for a gendered approach to the treatment of self-harm, as the women are constituted as open and willing to engage in emotional disclosure and therefore seek to build relationships and attachment to both staff members and fellow prisoners. Research shows that women in custody have distinct needs from those of their male counterparts (Walker and Towl, 2016); this results in their experience of the prison environment being gendered (Crewe et al, 2017), which is supported by the findings of the current research.

The research findings document evidence for the gendered experience of custody which is contended as distinct for women including how women relate to men, adjustments to the prison environment in relation to the restricted relationships with their children, gendered triggers for self-harm and the desire for gendered support for self-harm within the prison environment. Women's experience of imprisonment is gendered which contributes to their engagement in self-harm, which fits with the existing literature (Macdonald, 2013; Light et al, 2013) outlined in chapter 1.

Furthermore, a significant finding of this research is that peer support provided by the Listener Scheme should incorporate gender specific elements to support women who self-harm in custody. It is contended that an understanding of these gendered elements should be given a significant focus by the prison estate, in order to reduce the potential triggers for engagement in self-harm.

The findings of the current research provide support for the development of a gendered approach as documented by Crewe et al, (2017), which supports the requirement of the prison service to take in to account the gendered needs of women in custody (Walker and Towl, 2016). This gendered approach within this study propose that listeners training includes gender awareness. The findings of the current research extend on the current literature to relate the employment of a gendered approach to the Listener Scheme as a peer support provision in order to support women who self-harm in custody. Therefore, it is paramount that prison peer support schemes such as the Listener Scheme have training on gender specific elements in order to develop provisions, which meet the needs of women in custody who self-harm.

To meet the needs of women in custody a trauma informed approach is essential, which takes into account the previous experiences of the prisoners, the type of services provided and the prison environment (One Small Thing, 2018). Indeed, the current research supports the use of a trauma informed approach to self-harm by the prison staff and Listeners. It may be questioned as to how security can be maintained, whilst employing a trauma informed approach, although this approach contends for small changes, which make a considerable difference to women in custody, such as conducting strip searches in a private area of the prison (One Small Thing, 2018). Furthermore by using a trauma informed approach it is believed that this will improve the staff and prisoner relationships (One Small Thing, 2018).

This chapter contends that the Listener Scheme should provide a gender specific provision for women in custody, which is distinct to the Listener Scheme, which is offered in the male estate. The findings of the current research suggest that the core elements to include within the training for listeners in the female prison estate is difficulties with men, the displacement of their mother role and their desire for attachment in custody. This incorporation of a gendered approach within the Listener Scheme for women who self-harm in custody represents a unique contribution to knowledge from the current research.

Impact for policy

Despite the recognition by Corston (2007), nearly a decade ago, that women have gender specific requirements in custody, the agenda by national government needs to be extended further, and at a significant pace. This study proposes it is important to value women and their experience as distinct from that of men and informed by their roles in society as mother. There has been progress in relation to instilling gender-specific requirements within the probation service, with support provided by officers of the same gender and within front-line services delivered by voluntary organisations in prisons (Women in Prison, 2017). However, to date there has been limited progress in the inclusion of the gendered needs of women in custody to aid in the prevention of self-harm. The findings of the current research provide guidance of how gender specific needs could be instilled within the Listener Scheme, to support women who self-harm in custody.

The findings of the current research support the introduction of gender-specific standards by NOMS to ensure that women's specific needs are fulfilled (NOMS, 2012); the incorporation of gender specific elements for women who self-harm in custody within the Listener Scheme ensures that their needs are being met by the prison service. Additionally, this research also meets the requirements of the Equality Act 2010; as the requirement is placed on the state through the Public Sector Equality Duty and the Gender Equality Duty to ensure that women-specific provisions are developed. Although, both aforementioned Duties constitute limited evidence of identifying women's needs, and the requirements to fulfil such needs through provisions (House of Commons Justice Committee, 2013), the findings of this research provide guidance of how women's needs in relation to self-harm can be incorporated within peer provisions.

Similarly, to the gender-responsive framework, which provides specific guidance for women in prison by exploring the pathways towards their offending (Covington and Bloom, 2006), this research provides guidance on how prison policy can incorporate the specific needs of women in relation to the support provided by peer provisions such as the Listener Scheme in custody. Indeed, the gendered approach for women who self-harm incorporates practical examples and guidance for the prison staff to ensure the gender specific needs are instilled within provisions, which meets the

needs of the Gender Equality Duty. As it is suggested by the findings of the current research that training should be provided to the listener on the difficulties women prisoners experience with men, the displacement of the mother role and the importance of attachment as potential triggers for self-harm. Additionally, this could be extended to the prison staff, for example on induction if it is identified that the women have difficulties with men, which may induce self-harm, that these women should not be assigned a male prison officer.

In line with the 'one approach fits all' treatment of women and men in custody the Listener Schemes follow the same structure within both the male and female prison establishments, the training provided to prison listeners is also the same. However, the findings of this research contend that in the absence of an official policy on prison peer support that this should be developed by NOMS to incorporate gender specific elements to this form of support for all peer provisions for women in custody not just the Listener Scheme, to meet the requirements of gender specific standards and reduce self-harm.

The National Offender Management Service (NOMS) stipulates that peer support should be provided to all prisoners throughout England and Wales who are in custody (NOMS, 2012). However, little guidance is provided as to how these schemes should be developed. Indeed, the implementation of the various schemes differs among prisons, with increased usage of peer provisions within some prisons and not others (HM Inspectorate of Prisons, 2016). The findings of this research support the implementation of specific guidance from NOMS that the use of the Listener Scheme should be incorporated in a multi-disciplinary approach to support women who self-harm in custody, which includes the implementation of the Island Model.

Limitations of the research study

As with all research limitations are documented within the design and conduct of the study. In particular for this research study a perceived limitation is that the research was only conducted at one female prison. Therefore, the findings of this study cannot be generalised to other female

prisons. However, until this study the contribution of support from the Listener Scheme for women who self-harm in custody has been unexplored, therefore I decided an in-depth case study at one female prison would add valuable insights in to this topic.

Furthermore, as the research has only been conducted at one female prison, further research would need to be conducted before this could develop a new policy for women in prison. Although, it is an excellent starting point in support of a multi-disciplinary approach to women who self-harm in prison, which identifies gender specific elements as extremely important.

A further limitation of the current research relates to the prison estate and the possibility of my findings being implemented in practice. Currently, the prison estate has a limited amount of funds available, alongside reduced numbers of staff members. Indeed, while the Island Model evidently is extremely beneficial for the women in the current study, installing this model in subsequent female prisons may be challenging in light of the reduced staff numbers and resources, as the use of the TC intervention is more costly than the mainstream prison provision. Increased costs would be needed to training and support staff in the Therapeutic Community (TC), which in the current prison climate of restricted resources may not be possible at this time. However, it is still important to illustrate models of good practice and the importance of a multi-disciplinary approach for women who self-harm in custody, which could be implemented in the future.

In addition, the current study suggests that the Listener Scheme should be adapted to fully support women who self-harm in custody by incorporating gender specific elements. Again, this may not be possible in practice as the Listener Scheme is ran by the Samaritans which is a voluntary organisation which also may have limited resources making this not possible.

A subsequent limitation relates to my own unconscious bias and how this influenced the use of the data and the selection of particular categories over others. Indeed, this was a concern which I minimised as much as possible through discussions with my supervisory team, who supported the

selection of the categories for stage 1 and 2 of the research. In addition, I also confirmed the findings of the research with the prison listeners, who also supported the categories I had identified.

Further research

1. To research the implementation of the Island Model in subsequent prisons for women.

Whilst evidence is provided to support the implementation of the Island Model within this case study, further research is required to investigate the implementation of the Island Model within other female prisons, to further explore the desire by women for a multi-disciplinary approach to their self-harm behaviour in custody.

2. To explore the implementation of the Island Model within the male prison estate and evaluate the desire from stakeholders for a multi-disciplinary approach for men who self-harm in custody. Further research is paramount to investigate if the gender of prisoners is a core element of the Island Model and the multi-disciplinary approach.

3. Explore the contribution TCs make to HMP estates in different settings/regimes. For example, the impact of one TC as the island vs. having a number of therapeutic communities like HMP Grendon on prisoner self-harm. It is also uncertain as to whether having a whole TC prison works in the same way as having a TC wing, which is the structure of the research site, which enabled the development of the Island Model. In light of the current findings, installation of an island is imperative to ensure the transported of the desired outcomes to the general prison, within HMP Grendon the whole prison comprises a therapeutic provision and therefore represents the island thereby the core off island elements are not enabled to the same degree.

4. To further research the employment of a gendered approach to other prison peer support provisions, such as the insiders scheme, the buddy scheme (Part of the Therapeutic Community), The Rehabilitation for Addicted Prisoners Trust (RAPT), Shannon Trust's Turning Pages scheme and Health trainers.

Recommendations

1. To implement the Island Model to offer multi- disciplinary support for self-harm in custody which includes a combination of peer and staff support.
2. Listeners and staff members should work more closely to support self-harm, whilst maintain the confidentiality ethos of the Listener Scheme.
3. The development of practices to reduce the triggers for self-harm. For example, one of the gender specific triggers identified within the research is that women prisoners often have difficulties in relation to men. It is therefore suggested that this is identified during induction and that these women are not assigned a male personal officer until the difficulties with men have been explored as part of the TC intervention.
4. It is also suggested that the Listener Scheme should include training on the gender specific triggers for women who self-harm to assist in the identification of these during women's induction to the prison estate. These triggers being difficulties relating to men, the displacement of the mother role through restricted contact with children and the desire to develop attachments in custody.

5. Significant attention should also be given to ensure that women are able to maintain continued contact with children, where possible and appropriate as the research identified the restrictions of these relationships as significant triggers for self-harm.
6. A gendered approach to self-harm should be implemented, which acknowledges the relational nature of female prisoners. For example, identifying if there are any significant anniversaries, which may trigger engagement in, self-harm.

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Appendices

- A- Information sheet for female prisoners who self-harm
- B- Information sheet for listeners
- C- Information sheet for staff
- D- Consent form for prisoners who self-harm
- E- Consent form for prison listeners
- F- Consent form for staff
- G- Questionnaire for female prisoners who self-harm
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- K- Semi-structured interview guide for staff
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- O- Consent form for prisoners for stage 2 data collection
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Appendix A

Information sheet for female prisoners who self-harm

- This research will be conducted by Louise I am a Post Graduate Researcher at Nottingham Trent University. The research is supervised by Di Bailey a Professor at Nottingham Trent University. This research project is aiming to understand more about the Prison Listeners' scheme and the support the scheme provides for women prisoners who self-harm.
- This research is not a part of any prison programme nor can your involvement in this research be used for parole assessment. Rather it is an opportunity for you to put forward your own views of the prison listener scheme and the support offered for self-harm.

- There will be no advantage or disadvantage as a result of your decision to participate or not participate within the research.
- Your views and experiences will be collected through an interview which will last for about 60 minutes. The interview will explore your views and experiences in relation to the listener scheme and its contribution to the support strategies to prevent self-harm.
- The interviews will be recorded by notetaking, with a pad and pen.
- Your information will be anonymised and any copies (paper or electronic) of your transcript will be treated and stored confidentially, within a locked cupboard at the University and in a password protected computer file. Only myself and my supervisor will have access to the interview data. Your research data will be stored for three years.
- Your research is confidential, however there are circumstances in which the information you provide will need to be passed on to the relevant prison team, such circumstances are behaviour that is against prison rules, illegal acts, and behaviour that is potentially harmful to yourself.
- Your participation in this study is completely voluntary and you may withdraw your data from the analysis at any point before the 1st August 2015. To do this you can contact the Safer Custody Team.
- The interviews will ask you to reflect on your experiences of the support you use for self-harm. If you would like to talk to someone about this after your interview you can contact **The Suicide Prevention Co-ordinator, Safer Custody Ext xxx** for further support.
- I really appreciate you considering giving your time to this study and I hope you will also gain something useful from it. If you would like to participate in the research please contact **The Suicide Prevention Co-ordinator, Safer Custody Ext xxx**

Appendix B

Information sheet for listeners

- This research will be conducted by me Louise I am a Post Graduate Researcher at Nottingham Trent University. The research is supervised by Di Bailey a Professor at Nottingham Trent University. This research project is aiming to understand more about the Prison Listeners' scheme and the support the scheme provides for women prisoners who self-harm.
- This research is not a part of any prison programme nor can your involvement in this research be used for parole assessment. Rather it is an opportunity for you to put forward your own views of the prison listener scheme and the support offered for self-harm.

- There will be no advantage or disadvantage as a result of your decision to participate or not participate within the research.
- Your views and experiences will be collected through a focus group which will last for about 60 minutes. The focus group will explore your views and experiences in relation to the listener scheme and its contribution to the support strategies to prevent self-harm.
- The focus group will be recorded by notetaking, with a pad and pen.
- Your information will be anonymised and any copies (paper or electronic) of your transcript will be treated and stored confidentially, within a locked cupboard at the University and in a password protected computer file. Only myself and my supervisor will have access to the interview data. Your research data will be stored for three years.
- Your research is confidential, however there are circumstances in which the information you provide will need to be passed on to the relevant prison team, such circumstances are behaviour that is against prison rules, illegal acts, and behaviour that is potentially harmful to yourself.
- Your participation in this study is completely voluntary and you may withdraw your data from the analysis at any point before the 1st August 2015. To do this you can contact The Safer Custody Team.
- I really appreciate you considering giving your time to this study and I hope you will also gain something useful from it. If you would like to participate in the research please contact **The Suicide Prevention Co-ordinator, Safer Custody on Ext xxx.**

Appendix C

Information sheet for prison staff

- This research will be conducted by me Louise I am a Post Graduate Researcher at Nottingham Trent University. The research is supervised by Di Bailey a Professor at Nottingham Trent University. This research project is aiming to understand more about the Prison Listeners' scheme and the support the scheme provides for women prisoners who self-harm.
- This research is not a part of any prison programme. Rather it is an opportunity for you to put forward your own views of the prison listener scheme and the support offered for self-harm.
- There will be no advantage or disadvantage as a result of your decision to participate or not participate within the research.

- Your views and experiences will be collected through an interview which will last for about 60 minutes. The interview will explore your views and experiences in relation to the listener scheme and its contribution to the support strategies to prevent self-harm.
- Your interview will be tape recorded via a digital Dictaphone, as soon as the voice files are fully transcribed, they will be deleted, leaving only the electronic transcripts of the conversation.
- Your information will be anonymised and any copies (paper or electronic) of your transcript will be treated and stored confidentially, within a locked cupboard at the University and in a password protected computer file. Only myself and my supervisor will have access to the interview data. Your research data will be stored for three years.
- Your research is confidential, however there are circumstances in which the information you provide will need to be passed on to the relevant prison team, such circumstances are behaviour that is against prison rules, illegal acts, and behaviour that is potentially harmful to the research participant.
- Your participation in this study is completely voluntary and you may withdraw your data from the analysis at any point before the 1st August 2015. To do this you can contact xxx, Safer Custody Team.
- I really appreciate you considering giving your time to this study and I hope you will also gain something useful from it. If you would like to participate in the research please contact **xxxxx, Suicide Prevention Co-ordinator, Safer Custody Ext xxx.**

Appendix D

Consent form for prisoners who self-harm

I want to hear about your experience of the listener scheme and how well the scheme supports women who self-harm in custody.

Please read the following statements and tick the yes or no box to show that you understand what is involved in agreeing to take part in this research.

—

Yes No

- I have read and understood the information sheet. ☐ ☐
- I understand that my involvement in the research **cannot** be used in parole assessments or treatment selection. **Yes** **No**
☐ ☐
- I understand my participation is voluntary and that I can withdraw from the research at any point and my information will not be used. **Yes** **No**
☐ ☐
- I understand there is no advantage or disadvantage to Participating/not participating within the research. **Yes** **No**
☐ ☐
- I understand that the information I provide will remain confidential and anonymous. **Yes** **No**
☐ ☐
- I understand the circumstances in which the researcher will not be able to keep my information confidential, such as if I disclose a threat to prison security. **Yes** **No**
☐ ☐
- I understand that some of the questions may require me to reflect on my experiences of self-harm and if I need to talk to someone after the interview, I can contact; **Yes** **No**
☐ ☐

xxxx, Suicide Prevention Co-ordinator, Safer Custody Ext xxx

Name:

Signature:

Date:

Appendix E

Consent form for prison listeners

I want to hear about your experience of the listener scheme and how well the scheme supports women who self-harm in custody.

Please read the following statements and tick the yes or no box to show that you understand what is involved in agreeing to take part in this research.

–	Yes	No
• I have read and understood the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that my involvement in the research cannot be used in parole assessments or treatment selection.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand my participation is voluntary and that I can withdraw from the research at any point and my information will not be used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand there is no advantage or disadvantage to Participating/not participating within the research.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that the information I provide will remain confidential and anonymous.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand the circumstances in which the researcher will not be able to keep my information confidential, such as if I disclose a threat to prison security.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that some of the questions may require me to reflect on my experiences of self- harm and if I need to talk to someone after the interview, I can contact; The Samaritans	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name:

Signature:

Date:

Appendix F

Consent form for staff

I want to hear about your experience of the listener scheme and how well the scheme supports women who self-harm in custody.

Please read the following statements and tick the yes or no box to show that you understand what is involved in agreeing to take part in this research.

	Yes	No
-		
• I have read and understood the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that my involvement in the research cannot be used for my prison employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand my participation is voluntary and that I can withdraw from the research at any point and my information will not be used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand there is no advantage or disadvantage to Participating/not participating within the research.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that the information I provide will remain confidential and anonymous.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand the circumstances in which the researcher will not be able to keep my information confidential, such as if I disclose a threat to prison security.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I give my permission for the interview to be tape recorded and stored securely within Nottingham Trent University, with the transcripts being destroyed after three years.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that some of the questions may require me to reflect on my experiences of self- harm and if I need to talk to someone after the interview, I can contact;	Yes <input type="checkbox"/>	No <input type="checkbox"/>

xxxxx

Suicide Prevention Co-ordinator

Safer Custody

Ext xxx

Name:

Signature:

Date:

Appendix G

Questionnaire for female prisoners who self-harm

The listener scheme as a programme of support for self-harm

Thank you for agreeing to answer this questionnaire. I am really interested in your views and experiences of the prison listener scheme in supporting women who self-harm. Please answer the following questions on the prison listener scheme in order to help provide an insight in to how the scheme supports self-harm.

If you need help completing the questionnaire please contact xxxx, Safer Custody Team.

Thank you for your input

Louise

Please read each question carefully, please tick the box that represents your answer or insert your answer in the space provided. If you make any mistakes please cross out the incorrect answer and then tick/insert the correct answer.

You and your prison experience

To begin – Please tell me a little bit about you and your prison experience

1. How long is your prison sentence?

..... years and months

2. How much of your current sentence do you have left?

..... years and months

3. Is this the first time you have been in prison?

☐ Yes (go to question 5)

☐ No (go to question 4)

4. Which other prisons have you been to?

.....
.....

5. What is the total amount of time you have spent in prison?

.....years and months

6. What is your current relationship status?

☐ Single

☐ In a relationship with someone outside of the prison

☐ In a relationship with someone inside of the prison

☐ Engaged

☐ Married

☐ Divorced

7. Do you have any children?

☐ Yes I have (Insert number)

who cares for your children while you are in custody

.....

☐ No I do not have any children

8. Who do you have contact with from the outside world? Please tick all of the boxes that you have contact with.

☐ Children

☐ Partner

☐ Mother/father

☐ Brother/sister

☐ Friends

☐ Other (Please state)

.....

You and your self-harm

I would like to know whether being in prison affects your self-harm

9. A) Has being in prison changed the amount you harm yourself? *(Please choose one of the following statements)*

- ☐ I injure myself less in prison
☐ I injure myself about the same amount
☐ I injure myself more in prison ☐

B) On an average week how often do you self harm? *(Please tell me even if you do this secretly, for example a couple of times a day, 3 times a day, once a week, once a month)*

.....
.....

C.) If you have said being in prison changes the amount that you harm yourself why do you think this might be?

.....
.....
.....
.....

10. In what ways do you harm yourself now in prison? *(Please tick as many of the following as you need to)*

- | | | |
|--|--------------------------|---|
| <input type="checkbox"/> Cut/scratch yourself | <input type="checkbox"/> | <input type="checkbox"/> Punch yourself |
| <input type="checkbox"/> Punch something hard | <input type="checkbox"/> | <input type="checkbox"/> Break limbs |
| <input type="checkbox"/> Self-strangulate | <input type="checkbox"/> | <input type="checkbox"/> Interfere with wounds |
| <input type="checkbox"/> Overdose | <input type="checkbox"/> | <input type="checkbox"/> Eating problems |
| <input type="checkbox"/> Burn yourself | <input type="checkbox"/> | <input type="checkbox"/> Bite yourself |
| <input type="checkbox"/> Swallow objects | <input type="checkbox"/> | <input type="checkbox"/> Suffocate yourself |
| <input type="checkbox"/> Insert objects | <input type="checkbox"/> | <input type="checkbox"/> Other <input type="checkbox"/> |
| <input type="checkbox"/> Bang your head | <input type="checkbox"/> | <i>(please tell me what this was below)</i> |
| <input type="checkbox"/> Ligature | | |
| <input type="checkbox"/> Deliberately get in to fights | <input type="checkbox"/> | |

I know that the reasons people self harm are very different for each individual. I would like to know more about your particular experiences of self harm.

11. Please tick any of the statements you agree with below.

A) Self-harm helps me to:

- | | |
|--|--|
| <input type="checkbox"/> Manage my anger | <input type="checkbox"/> Get help |
| <input type="checkbox"/> Express how I feel | <input type="checkbox"/> End flashbacks |
| <input type="checkbox"/> Keep people away | <input type="checkbox"/> Punish myself |
| <input type="checkbox"/> Cope with cravings or urges | <input type="checkbox"/> Feel in control |
| <input type="checkbox"/> Enjoy myself | <input type="checkbox"/> Relax |
| <input type="checkbox"/> Calm down | <input type="checkbox"/> Get a buzz |

☐ Feel something else ☐
(Please state what)

.....

☐ Get what I want

☐ Cope with or block out negative
feelings/despair

☐ Cope with mental

☐ Health problems

☐ Get sexual pleasure

B) From the list you've just ticked in 11 A (above) please underline the one statement that most closely explains why you self-harm.

C) Please tick any of the statements you agree with below

I self-harm when I:

☐ Think of the past

☐ Feel frustrated

☐ Am bored

☐ Miss my family

☐ Feel trapped

☐ Can't get things right

☐ Can't tell people how I'm feeling

☐ See others doing it

☐ Faced with a problem & don't know
what to do

☐ Feel numb

☐ Feel worthless

☐ Avoid suicide/doing something more
serious

☐ Can't cope with being in prison

☐ Think of the future

☐ When I can't get drink or drugs

☐ Feel sad

☐ Feel anxious

☐ Feel ashamed

☐ Feel happy or good

☐ Another reason (please state)

.....

.....

.....

D) From the list you've just ticked in 11C (above) please underline the one that most closely describes why you self-harm.

E) If you do self harm what do you find helpful or want to happen? (please tick as many as you like)

- ☐ Not be left alone
- ☐ To have someone look after my wounds
- ☐ Someone to talk to who will listen
- ☐ To be able to carry on as usual
- ☐ To be by myself
- ☐ To be able to dress my own wounds
- ☐ Be able to talk to someone who has experiences of self-harm
- ☐ Anything else? (please tell us)

.....
.....

F) From the list in 11E what role do you think the listener scheme could play in this?

.....
.....
.....
.....

If you have not used the prison listener scheme please go to question 24

You and the prison listener scheme

Please tell me about your experiences of the prison listener scheme

12. How did you first become aware of the scheme?

- ☐ Prison induction
- ☐ Another prisoner
- ☐ A prison listener
- ☐ A prison staff member
- ☐ Other (Please state)

.....

13. What kind of problems did you discuss with a listener? *Please tick all that apply. You can tick more than one box.*

- ☐ Family problems
- ☐ Relationship problems
- ☐ Difficulties with prison life
- ☐ Problems in your past
- ☐ Finance issues
- ☐ Self-harm incidents
- ☐ Other (*Please state*)

.....

14. What would you say was your main issue?

.....

15. What are your overall perceptions of the listener scheme? *Please tick all appropriate answers. You can tick more than one box.*

- ☐ The scheme helps support prisoners
- ☐ The scheme can only help with certain problems (*Please state*)
- ☐ The scheme helps enhance relationships between prison staff and prisoners
- ☐ Listeners do not keep the information they receive confidential
- ☐ The scheme does not provide adequate support to prisoners
- ☐ Other (*Please state*)

.....

Your self-harm and the listener scheme

I would like to know how well the prison listener scheme supports your self-harm

16. On the scale below 1 – 4 where 1 is strongly **disagree** and 4 is **strongly agree** please show how much you agree with each statement by circling a number

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

a) Listeners in HMP Send understand why I self-harm:

1 2 3 4

b) Listeners in HMP Send show concern for me when I self-harm:

1 2 3 4

c) Listeners in HMP Send listen to me when I have problems or feel like self-harming:

1 2 3 4

d) Prison listeners treat me with less respect in HMP Send because I self-harm:

1 2 3 4

e) I am more isolated in HMP Send because I self-harm:

1 2 3 4

17. Where are you most likely to gain support from when dealing with your self-harm?

Please tick the boxes of all areas of support. You can tick more than one box.

- ☐ Another prisoner
- ☐ A prison listener
- ☐ A staff member
- ☐ A member of healthcare
- ☐ A psychologist
- ☐ A member of the chaplaincy staff
- ☐ Family/contacts outside of prison
- ☐ Other (*Please state*)

.....

18. Have you used the listener scheme to discuss your self-harm whilst in prison?

- ☐ Yes (go to question 19)
- ☐ No (go to question 24)

19. How did you feel after discussing your self-harm with a listener?

- ☐ Better able to cope with the self-harm
- ☐ More calm and relaxed
- ☐ More angry than before I had spoken to a listener
- ☐ Other (*Please state*)

.....

20. Do you feel the prison listener was able to provide adequate support for your self-harm?

- ☐ Yes (go to question 22)

☐ No (go to question 21)

21. In what way do you feel the scheme was not supportive of your self-harm? Please tick all the appropriate answers. You can tick more than one box. (Please go to question 23)

- ☐ The listener had no knowledge of self-harm
- ☐ The listener did not have enough time
- ☐ I felt uncomfortable discussing all of the details with another prisoner
- ☐ I think the listener will tell staff and other prisoners about my self-harm
- ☐ Other (*Please state*)

.....

22. In what way do you feel the scheme was supportive? Please tick all the appropriate answers. You can tick more than one box.

- ☐ The Listeners allow me to talk through my self-harm
- ☐ The Listeners don't judge me
- ☐ The Listeners know how difficult prison life can be
- ☐ The Listeners won't snitch on me
- ☐ Other (*Please state*)

.....

23. Since seeking support from the listener scheme have there been any changes to your self-harm?

- ☐ I self-harm less often (reason)
- ☐ I self-harm more (reason)
- ☐ There has been no difference (reason)

.....

.....

.....

If you have used the listener scheme this is the end of the questionnaire

You have not used the listener scheme

I would like to know the reasons why you have not use the listener scheme for support when you self-harm

24. Why did you not discuss your self-harm with a prison listener? *Please tick all the appropriate answers. You can tick more than one box.*

- ☐ I didn't know listeners could talk to me about self-harm
- ☐ Listeners don't understand self-harm
- ☐ Listeners don't have the specialised knowledge
- ☐ Listeners won't keep the information confidential
- ☐ I prefer other support from *(Please state)*

.....
☐ Other *(Please state)*
.....

25. Would you consider using the scheme for support if you were to self-harm in the future?

- ☐ Yes (go to question 26)
- ☐ No (end of the questionnaire)

26. Why do you think you might choose to use the listener scheme in the future?

Please tick all the appropriate answers. You can tick more than one box.

- ☐ I am more aware of the scheme and its benefits
- ☐ I know other prisoners who have used the scheme
- ☐ I now trust the listeners will keep my problems confidential
- ☐ I have no other support
- ☐ I prefer the support from listeners over support from the prison staff
- ☐ Other *(Please state)*

.....

Thank you for taking the time to complete the questionnaire. Please return to xxxxx, Safer Custody Team. if you have any questions please let me know. If there is anything that you want to talk about or you have found any part of the questionnaire distressing please also let me know. If I am not available please contact xxxx, Suicide Prevention Co-ordinator, Safer Custody Ext xxx.

During the next phase of the research I may ask you to take part in an interview to discuss some of the issues around the prison listener scheme and its contribution to the support of your self-harm in more detail. Please put a cross in the box if you do NOT wish to be interviewed ☐ .

I will also be keeping you informed of the findings from the study.

If you change your mind about taking part in the project after you've finished the questionnaire, please let me know and I will remove your information from the research.

Thank you again for your participation.

Appendix H

Questionnaire for staff

Questionnaire for prison staff

The listener scheme as a programme of support for self-harm

I am really interested in your views and experiences of the prison listener scheme as a form of support for women who self-harm. If you could please complete this questionnaire it will help me achieve this. All responses are completely anonymous and there are no right or wrong answers, so please answer as honestly as you can.

Please read each question carefully, please tick the box that represents your answer or insert your answer in the space provided. If you make any mistakes please cross out the incorrect answer and then tick/insert the correct answer.

1. What is your role within HMP...? (e.g. Officer, S.O., Teacher, Nurse etc)

.....
.....

2. Could you please indicate whether you have any of the extra responsibilities below:

☐ ACCT Assessor

- ☐ ACCT Case Manager
- ☐ Personal Officer
- ☐ Enhanced ACCT case
- ☐ Manager

The prison listener scheme

Please tell me about your perceptions of the prison listener scheme

3. What contact have you had with the prison listener scheme? *Please tick all that apply. You can tick more than one box.*

☐ I have heard about the scheme (*please state*)

.....

☐ I have involvement with the scheme (*please state*)

.....

☐ I have a good knowledge of the scheme

☐ I have a limited amount of knowledge on the scheme

☐ Other (*Please state*)

.....

4. What kind of problems do you think prisoners discuss with the prison listeners? *Please tick all that apply. You can tick more than one box.*

☐ Family problems

☐ Relationship problems

☐ Difficulties with prison life

☐ Problems in their past

☐ Finance issues

☐ Self-harm incidents

☐ Other (*Please state*)

.....

5. What would you say is the main issue?

.....

6. Why do you think some prisoners have not used the listener scheme?

- ☐ They have not experienced any problems in prison
☐ They obtain support from other sources (*please state*)

-
- ☐ They don't feel the scheme is useful
☐ They don't trust the listeners
☐ Other (*Please state*)
-

7. What are your perceptions of the listener scheme? Please tick all appropriate answers. You can tick more than one box.

- ☐ The scheme helps support prisoners
☐ The scheme can only help with certain problems (*please state*)

-
- ☐ The scheme helps enhance relationships between prison staff and prisoners
☐ Listeners do not keep the information they receive confidential
☐ The scheme does not provide adequate support to prisoners
☐ Other (*Please state*)
-

8. Please tick any of the reasons below why you think women in HMP Send may self-harm (tick as many or as little as you like)

To express/communicate how they feel ☐

To feel better ☐

To get attention ☐

For material gain ☐

Boredom ☐

To compete with other people who self-harm ☐

To feel in control ☐

Because they're in prison ☐

For enjoyment ☐

For sexual pleasure ☐

They're told to by others ☐

To end negative/upsetting thoughts ☐

They're mentally ill ☐

They have a Personality disorder ☐

To punish themselves ☐

To manipulate those around them ☐

To feel something ☐

To survive unbearable feelings or
circumstances ☐

Another reason (please state) ☐

.....
.....
.....

9. From the list in question eight could you please circle the reason that you think is the most common cause of self-harm in women in HMP Send.

Self-harm and the listener scheme

I would like to know how well you think the prison listener scheme supports prisoners who self-harm

10. On the scale below 1 – 4 where 1 is strongly **disagree** and 4 is strongly **agree** please show how much you agree with each statement by circling a number

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

- a) Listeners in HMP Send understand why prisoners self-harm:

1 2 3 4

- b) Listeners in HMP Send show concern for prisoners who self-harm:

1 2 3 4

- c) Listeners in HMP Send listen to prisoners when they have problems or feel like self harming:

1 2 3 4

- d) Prison listeners treat prisoners with less respect in HMP Send because they self-harm:

1 2 3 4

e) Prisoners are more isolated in HMP Send because they self-harm

1

2

3

4

11. Where do you think prisoners are most likely to gain support from when dealing with self-harm? *Please tick the boxes of all areas of support. You can tick more than one box.*

- ☐ Another prisoner
- ☐ A prison listener
- ☐ A staff member
- ☐ A member of healthcare
- ☐ A psychologist
- ☐ A member of the chaplaincy staff
- ☐ Family/contacts outside of prison
- ☐ Other (*Please state*)

.....
.

12. How do you think prisoners feel after discussing their self-harm with a listener?

- ☐ Better able to cope with the self-harm
- ☐ More calm and relaxed
- ☐ More angry than before they had spoken to the listener
- ☐ Other (*Please state*)

.....
.

13. Do you feel the prison listeners are able to provide adequate support for prisoners who self-harm?

- ☐ Yes (go to question 14)
- ☐ No (go to question 16)

14. In what way do you feel the scheme is supportive? *Please tick all the appropriate answers. You can tick more than one box.*

- ☐ Listeners allow prisoners to talk through their self-harm
- ☐ Listeners don't judge prisoners
- ☐ Listeners know how difficult prison life can be
- ☐ Listeners won't share information with prison staff
- ☐ Listeners signpost prisoners to sources of support and information
- ☐ Other *(Please state)*

.....

15. Since seeking support from the listener scheme do you think there are any changes to prisoners self-harm? (End of questionnaire)

- ☐ Prisoners self-harm less often (reason)

.....

.....

- ☐ Prisoners self-harm more (reason)

.....

.....

- ☐ Prisoners has been no difference (reason)

.....

.....

16. In what way do you feel the scheme is not supportive of prisoner self-harm? *Please tick all the appropriate answers. You can tick more than one box.*

- ☐ The listeners have no knowledge of self-harm
- ☐ The listener does not have enough time
- ☐ Prisoners feel uncomfortable discussing all of the details with another prisoner
- ☐ Prisoners think the listeners will tell staff and other prisoners about their self-harm
- ☐ Other *(Please state)*

.....

.

17. A) What makes you doubt that the scheme is not supportive of prisoner self-harm?

.....
.....
.....
.....

B) Could anything be done to make the scheme more supportive? If so what?

.....
.....
.....
.....
.....

Thank you for taking the time to complete the questionnaire. Please return to xxxx, Safer Custody Team. During the next phase of the research I may ask you to take part in an interview to discuss some of the issues around the prison listener scheme and its contribution to the support of prisoner self-harm in more detail. Please put a cross in the box if you do not wish to take part ☐

If you have any questions or concerns please contact

Louise Griffiths

Louise.griffiths2006@my.ntu.ac.uk

If you have been affected by any of the issues raised by the questionnaire, I will be glad to discuss this with you. Alternatively support for staff is available from xxxxx, Suicide Prevention Co-ordinator, Safer Custody Ext xxx.

Appendix I

Semi-structured interview guide for female prisoners who self-harm and have used the listener scheme

Interview schedule for female prisoners with a history of self-harm who have used the listener scheme

The listener scheme

I am interested in your experiences of the listener scheme in HMP Send first I'd like to ask you some questions about your reasons for using the scheme.

1. Can you tell me how you first became aware of the listener scheme in this prison and the support it provides?

2. Can you tell me why you accessed the listener scheme?

3. Did the listeners have an input in your prison induction?
If yes, what did they do?

If no, what would have been useful?

4. What sort of issues have you spoken to the prison listeners about?

Prisoner self-harm

Now I'd like to ask you some more detailed questions about your self-harm

5. Previous research has identified that some women self-harm because of trauma in their past or because of missing their family in prison. Can you tell me whether this is the case for you?

6. If not why do you think you self harm?

7. Since you have been in prison can you think of a time that has been a particularly good or particularly bad experience in terms of the care & support you have received after self-harming? Please can you tell me about this in as much detail as you feel able to share?

[If the woman can't think of a specific example, use these more directing questions]

- *What's it like living in hmp Send]*

- *How does the prison affect your self- harm?*

- *What's the worst thing about being in prison?*

8. Where are you most likely to get support if you feel like self-harming? Is this support helpful?

Supporting self-harm

Now I would like to ask you some questions about the support you receive from the listener scheme for your self-harm within HMP Send

9. Have you used the listener scheme specifically for support with your self-harm?

10. Where are you most likely to get support if you feel like self-harming? Is this support helpful?

11. What kind of support does the listener scheme provide for you? Is this support helpful?

12. If you wanted to talk to a listener about self-harm during the day would they be available?

What about at night?

13. Do you think that obtaining support for self-harm from a listener is seen as a weakness? If so, why do you think this?

14. Would you recommend the listener scheme to other prisoners who self-harm?
What are your reasons for recommending/not recommending?

Peer support

I would now like to ask you some questions about peer support within HMP Send and how well the listener scheme as a form of peer support helps with your self-harming

15. What do you understand by the term peer support?

16. What are your feelings about this kind of support? *Prompt cheap labour, non-threatening*

17. How do you think peer support is viewed in HMP Send by prisoners and prison staff?

18. How well do you think the listener scheme provides peer support?

19. In what ways do you think the fact that listeners are prisoners themselves affects the support they provide?

20. How do you think the listener scheme compares to other forms of peer support?
Are there any differences?

21. How effective do you think peer support is in terms of support for self-harm?

22. In your experience how does peer support compare to professional support for self-harm?

23. What do you think of the listener scheme as a form of peer support for self-harm?

The listener scheme as a support strategy for self-harm

I would now like to ask you some questions about the listener scheme and the support the scheme provides for self-harm

24. How do you feel after discussing your self-harm with a listener?

25. How well do you think the listener scheme supports self-harm?

26. Describe any effects the listener scheme has had on your self-harm?

27. Does the listener scheme relate to your needs as a woman in prison in relation to your self-harm? *Prompt- in which ways does it/ doesn't it?*

28. In your experience how adequate are the listener scheme's resources to support self-Harm? *Prompt are there enough staff to escort listeners to calls.*

29. Are there other prison support schemes which you feel better support self-harm? If so why?

Appendix J

Semi-structured interview guide for female prisoners who self-harm and have not used the listener scheme

The listener scheme

I am interested in why you have not used the listener scheme in this prison, first I'd like to ask your reasons for not using the scheme.

30. Describe the reasons why you did not use the listener scheme for support with your self-harm?

Prisoner self-harm

Now I'd like to ask you some more detailed questions about your self-harm

31. Previous research has identified that some women self-harm because of trauma in their past or because of missing their family in prison. Can you tell me whether this is the case for you?

32. If not why do you think you self harm?

33. Since you have been in prison can you think of a time that has been a particularly good or particularly bad experience in terms of the care & support you have received after self-harming? Please can you tell me about this in as much detail as you feel able to share?

[If the woman can't think of a specific example, use these more directing questions]

- *What's it like living in hmp Send?*
- *How does the prison affect your self-harm?*
- *What's the worst thing about being in prison?*

Supporting self-harm

Now I would like to ask you some questions about the support of your self-harm within HMP Send

34. Where are you most likely to get support if you feel like self-harming?

Is this support helpful?

If yes why?

If not why not?

35. How did you find out about the support for self-harm which is provided by HMP
Send?

36. What do you think is the best way to support women who self-harm in prison?

Peer support

I would now like to ask you some questions about peer support within HMP Send and how well the listener scheme as a form of peer support helps with your self-harming

37. What do you understand by the term peer support?

38. What are your feelings about this kind of support? *Prompt cheap labour, non-threatening*

39. How do you think peer support is viewed in HMP Send by prisoners and prison staff?

40. How well do you think the listener scheme provides peer support in HMP Send?

41. In what ways do you think the fact that listeners are prisoners themselves affects the support they provide?

42. In your experiences how does the listener scheme compare to other forms of peer support? Are there any differences?

Peer support for self-harm

43. How effective do you think peer support is in providing support for self-harm?

44. What do you think about peer support compared to professional support for the support of self-harm?

45. If you wanted to talk to a listener about self-harm during the day would they be available? What about at night?

46. Do you think that obtaining support for self-harm from a listener is seen as a weakness by prison staff? If so, why do you think this?

47. Overall what do you think of the listener scheme as a form of peer support for self-harm?

Listener scheme as a support strategy for self-harm

I would now like to ask you some questions about the listener scheme and the support the scheme provides for self-harm

48. How well do you think the listener scheme supports self-harm?

49. Does the listener scheme relate to your needs as a woman in prison in relation to your self-harm? *Prompt- in which ways does it/ doesn't it?*

50. How adequate are the listener scheme's resources to support self-Harm? *Prompt are there enough staff to escort listeners to calls*

51. Are there other prison support schemes which you feel better support self-harm? If so why?

Appendix K

Semi-structured interview guide for staff

About the staff member

First I'd like to ask you some questions about your role in HMP Send

1. On your questionnaire you said your current role was..... What does this involve?
2. How long have you worked within this prison?

Functions of self-harm

Now I'd like to ask you some questions about the functions of prisoner self-harm

3. How does your job role bring you in to contact with women who self-harm? What kind of support/ interventions do you provide? *Prompt care, control, protection.*

4. On your questionnaire you said the main reason women self-harm is..... why do you think this?

Supporting self-harm

Now I would like to ask you some questions about the support prisoners receive from the listener scheme for self-harm within HMP Send

5. On your questionnaire you said prisoners are most likely to get support from if they feel like self-harming? Do you think this support is helpful?
6. In your experience does the prison listener scheme offer additional support to what prison staff provide with incidents of self-harm? If so describe the ways in which the scheme does this?

7. What do you think would be the best way to support self-harm in custody?

Perceptions of the listener scheme

I would now like to ask you a few questions on your perceptions of the listener scheme

8. On your questionnaire you said that most prisoners request listener support for..... why do think they obtain listener support for this?

9. Do you think the listener scheme could be improved in order to support prisoner self-harm? If so, how?

Peer support

I would now like to ask you some questions about peer support within HMP Send and how well the listener scheme as a form of peer support helps with prisoner self-harming

10. What do you understand by the term peer support?

11. What are your feelings about this kind of support? *Prompt cheap labour, non threatening*

12. In your experience how is peer support viewed in HMP Send by prisoners and prison staff?

13. Describe how well you think the listener scheme provides peer support?

14. In what ways do you think the fact that listeners are prisoners themselves affects the support they provide?

15. How do you think the listener scheme compares to other forms of peer support?
Are there any differences?

Peer support and self-harm

16. How effective do you think peer support is for self-harm?

17. In your experience how does peer support compare to professional support for self-harm?

18. If a prisoner wanted to talk to a listener about self-harm during the day would they be available? What about at night?

19. Do you think that obtaining support for self-harm from a listener is seen by staff as a weakness? If so, why do you think this?

20. What do you think of the listener scheme as a form of peer support for self-harm?

Listener scheme as a support strategy for self-harm

I would now like to ask you some questions about the listener scheme and the support the scheme provides for self-harm

21. What involvement do listeners have in prison inductions? In your experience is this helpful for self-harm?

22. How is information shared with staff regarding security issues for listeners?

23. Describe the role of a listener? Do you think listeners stay within their roles?

24. Why do you think some prisoners who self-harm do not use the listener scheme for support?

25. How adequate do you think the listener scheme's resources are to support self-Harm? *Prompt, are there enough staff to escort listeners to calls?*

26. Are there other prison support schemes which you feel could better support self-harm? If so why?

Appendix L

Listener focus group schedule

Listener call outs

I am really interested in your views and experiences as prison listeners and the importance of your role in supporting women who self-harm. First I would like to ask a few questions about why prisoners request listener support

1. In your experience what are the most common problems which prisoners request listener support for?

2. How often do you get called out in this prison for incidents of self-harm?

Functions of self-harm

Now I'd like to ask you some questions about prisoner self-harm

3. Previous research has identified that some women self-harm because of trauma in their past or because of missing their family in prison. Can you tell me whether this is the case for the prisoners you support?

4. If not why do you think you prisoners self harm?

5. Since you have been in HMP Send can you think of a time that has been a particularly good or particularly bad experience in terms of the care & support you have given for self-harm? Please can you tell me about this in as much detail as you feel able to share?

[If the listeners can't think of a specific example, use these more directing questions]

- *What's it like living in hmp Send]*
- *In your experience how does prison affect prisoner self- harm?*
- *What's the worst thing about being in prison?*

Supporting self-harm

Now I would like to ask you some questions about supporting self-harm in HMP Send

6. What kind of support can you provide to prisoners who self-harm?

7. What do you think are the best way to support self-harm?

8. What training have you been provided with for supporting self-harm? Was this helpful? If no training was provided, what kind of training do you think you would benefit from?

9. Where is a prisoner who self-harms most likely to get support from? Do you think this support is helpful?

Peer support

I would now like to ask you some questions about peer support within HMP Send and how well the listener scheme as a form of peer support helps with self-harm

10. What do you understand by the term peer support?

11. What are your feelings about this kind of support? *Prompt cheap labour, non-threatening*

12. How is peer support viewed in HMP Send by prisoners and prison staff?

13. Describe how well you think the listener scheme provides peer support?

14. In what ways do you think the fact that listeners are prisoners themselves affects the support they provide?

15. How does the listener scheme compare to other forms of peer support? Are there any differences?

Peer support and self-harm

16. How effective is peer support for self-harm?

17. What do you think about peer support compared to professional support for self-harm?

18. If a prisoner wanted to talk to a listener about self-harm during the day would a listener be available? What about at night?

19. Do you think that obtaining support for self-harm from a listener is seen as a weakness? If so, why do you think this?

20. What do you think most prisoners and prison staff think of the listener scheme? Do you think they feel the scheme can support self-harm?

21. Do you think the listener scheme could be improved to support self-harm? If yes, what improvements could be made?

Listener scheme as a support strategy for self-harm

I would now like to ask you some questions about the listener scheme and the support the scheme provides for self-harm

22. How are listeners made aware of vulnerable prisoners?

23. What involvement do listeners have in prison inductions? Is this helpful for self-harm?

24. Are prisoners made aware of the scheme after induction? Is this helpful for self-harm?

25. Does the listener scheme have adequate resources to support self-harm? *Prompt, are there enough staff to escort listeners to calls.*

26. How do you think prisoners feel after they have discussed their self-harm incident with a listener?

27. Why do you think some prisoners who self-harm do not use the listener scheme for support?

28. Are there other prison support schemes which you feel better support self-harm? If so why?

Appendix M

Information sheet for prisoners for stage 2 data collection

- This research will be conducted by me Louise I am a Post Graduate Researcher at Nottingham Trent University. The research is supervised by Di Bailey a Professor at Nottingham Trent University. This research project is aiming to understand more about the Prison Listeners' scheme and the support the scheme provides for women prisoners who self-harm.
- In order to understand the findings from my interviews I will be making observations of the prison environment at HMP Send, with particular attention paid to staff and prisoner interactions and the Therapeutic Community.
- This research is not a part of any prison programme nor can your involvement in this research be used for parole assessment. Rather it is an opportunity for you to put forward your own views of the prison listener scheme and the support offered for self-harm.
- I understand that the observations are important to see how the prison works and that a benefit of participating is that the prison can learn from the research findings for the benefit of other prisoners and staff.
- Your views and experiences will be collected through observations in order to understand the findings from my interviews, which were conducted late last year. The observations will pay

particular attention to the prison environment and the Therapeutic Community. The nature of interactions between staff and prisoners will also be explored.

- The observations will be recorded by notetaking, with a pad and pen.
- Your information will be anonymised and any copies (paper or electronic) of the observation notes will be treated and stored confidentially, within a locked cupboard at the University and in a password protected computer file. Only myself and my supervisor will have access to the interview data. Your research data will be stored for three years.
- Your research is confidential, however there are circumstances in which the information you provide will need to be passed on to the relevant prison team, such circumstances are behaviour that is against prison rules, illegal acts, and behaviour that is potentially harmful to yourself.
- Your participation in this study is completely voluntary and you may withdraw your data from the analysis at any point before the 14th March 2016. To do this you can contact xxxx, Safer Custody Team.

The observations may ask you to reflect on your experiences of the support you use for self-harm. If you would like to talk to someone about this after your interview you can contact xxxx, **Suicide Prevention Co-ordinator, Safer Custody** for further support.

- I really appreciate you considering giving your time to this study and I hope you will also gain something useful from it. If you would like to participate in the research please contact **xxxx, Suicide Prevention Co-ordinator, Safer Custody Ext xxxx**

Appendix N

Information sheet for staff for stage 2 data collection

Participant Information Sheet for Prison Staff

- This research will be conducted by me Louise I am a Post Graduate Researcher at Nottingham Trent University. The research is supervised by Di Bailey a Professor at Nottingham Trent University. This research project is aiming to understand more about the Prison Listeners' scheme and the support the scheme provides for women prisoners who self-harm.
- In order to contextualize the findings from my interviews I will be making observations of the prison environment at HMP Send, with particular attention paid to staff and prisoner interactions and the Therapeutic Community.
- This research is not a part of any prison programme. Rather it is an opportunity for you to put forward your own views of the prison listener scheme and the support offered for self-harm.
- I understand that the observations are important to see how the prison works and that a benefit of participating is that the prison can learn from the research findings for the benefit of other prisoners and staff.
- Your views and experiences will be collected through observations in order to understand the findings from my interviews, which were conducted late last year. The observations will pay particular attention to the prison environment and the Therapeutic Community. The nature of interactions between staff and prisoners will also be explored.
- The observations will be recorded by notetaking, with a pad and pen.
- Your information will be anonymised and any copies (paper or electronic) of the observation notes will be treated and stored confidentially, within a locked cupboard at the University and in a password protected computer file. Only myself and my supervisor will have access to the interview data. Your research data will be stored for three years.
- Your research is confidential, however there are circumstances in which the information you provide will need to be passed on to the relevant prison team, such circumstances are behaviour that is against prison rules, illegal acts, and behaviour that is potentially harmful to the research participant.
- Your participation in this study is completely voluntary and you may withdraw your data from the analysis at any point before the 14th March 2016. To do this you can contact xxxx, Safer Custody Team.

- I really appreciate you considering giving your time to this study and I hope you will also gain something useful from it. If you would like to participate in the research please contact **xxxx**, **Suicide Prevention Co-ordinator, Safer Custody.**

Appendix O

Consent form for prisoners for stage 2 data collection

In order to understand the findings from my interviews I will be making observations of the prison environment at HMP Send, with particular attention paid to staff and prisoner interactions and the Therapeutic Community.

Please read the following statements and tick the yes or no box to show that you understand what is involved in agreeing to take part in this research.

–	Yes	No
• I have read and understood the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that my involvement in the research cannot be used in parole assessments or treatment selection.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand my participation is voluntary and that I can withdraw from the research at any point and my information will not be used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that the observations are important to see how the prison works and that a benefit of participating is that the prison can learn from the research findings for the Benefit of other prisoners and staff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that the information I provide will remain confidential and anonymous.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- I understand the circumstances in which the researcher will not be able to keep my information confidential, such as if I disclose a threat to prison security. Yes No
☐ ☐

- I understand that some of the questions may require me to reflect on my experiences of self-harm and if I Yes No
☐ ☐

need to talk to someone after the interview, I can

contact;

xxxxx

Suicide Prevention Co-ordinator

Safer Custody

Name:

Signature:

Date:

Appendix P

Consent form for staff for stage 2 data collection

In order to contextualize the findings from my interviews I will be making observations of the prison environment at HMP Send, with particular attention paid to staff and prisoner interactions and the Therapeutic Community.

Please read the following statements and tick the yes or no box to show that you understand what is involved in agreeing to take part in this research.

-	Yes	No
• I have read and understood the information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
• I understand that my involvement in the research cannot be used for my prison employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand my participation is voluntary and that I can withdraw from the research at any point and my information will not be used.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that the observations are important to see how the prison works and that a benefit of participating is that the prison can learn from the research findings for the Benefit of other prisoners and staff.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that the information I provide will remain confidential and anonymous.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand the circumstances in which the researcher will not be able to keep my information confidential, such as if I disclose a threat to prison security.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I give my permission for the data from the observations To be stored securely within Nottingham Trent University, with the transcripts being destroyed after three years.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• I understand that some of the questions may require me to reflect on my experiences of self- harm and if I need to talk to someone after the interview, I can contact;	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(Please sign on back of page)

Name:

Signature:

Date:

Appendix Q



Emerald Insight



International Journal of Prisoner Health

Learning from peer support schemes – can prison listeners support offenders who self-injure in custody?

Louise Griffiths Di Bailey

Article information:

To cite this document:

Louise Griffiths Di Bailey , (2015), "Learning from peer support schemes – can prison listeners support offenders who self- injure in custody?", International Journal of Prisoner Health, Vol. 11 Iss 3 pp. 157 - 168

Permanent link to this document:

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Learning from peer support schemes – can prison listeners support offenders who self-injure in custody?

Louise Griffiths and Di Bailey

Louise Griffiths and Professor Di
Bailey, both are based at
School of Social Sciences,
Nottingham Trent University,
Nottingham, UK.

Abstract

Purpose – *The purpose of this paper is to critically evaluate the current evidence for peer support in prisons, in particular its contribution to working with prisoners who self-injure and the extent to which the success of peer support schemes such as the prison listeners, hinges upon staff's willingness to engage with the initiative.*

Design/methodology/approach – *The review was constructed by using primary and secondary terms to search the literature. The studies focused on peer support in custody with reference to mental health and self-injury. Searches identified papers on the prison listener scheme and staff perspectives on prison peer support, as these formed a central focus of the review. Studies were excluded from the review if the participants' behaviours was explicitly linked to suicidal intent, as the review focused on self-injury as a coping strategy.*

Findings – *A total of 24 studies were selected according to specific inclusion criteria (six were grey literature, 18 academic literature). Of the 24 studies ten studies focused on peer support and self-injury. Of the 24 studies the listener scheme was the focus of 16 studies, of these 16 studies self-injury and the listener scheme was a focus of eight studies.*

Originality/value – *Evidence from the review suggests that prison peer support could be considered on a continuum depending on the different degrees of peer involvement.*

Keywords Prisoners, Prison staff, Mental health, Prison listener scheme, Prison peer support, Prisoner self-harm

Paper type Literature review

Introduction

The triggers for self-injurious behaviour within the custodial environment are receiving increasing attention in the research literature, as the prison population in England and Wales expands and the pressure on health care treatment interventions increases (Ministry of Justice, 2013). According to Appelbaum (2011) over three quarters of the 51 prisons in the USA reported self-injury in custody to be a significant problem and within 85 per cent of the establishments such behaviours were reported to occur at least weekly causing disruption to the operation of the prison. Currently a number of initiatives exist to tackle prisoners' self-injurious behaviour, some of which are based upon support from fellow prisoners. Peer support generally is founded on the premise that those with similar personal experiences can offer a useful insight to those facing a similar situation including giving hope and encouragement (Rowe *et al.*, 2007).

Since 2010 increasing attempts have been made to develop and include peer support within mental health services in the UK (Basset *et al.*, 2010). Research suggests that peer-support can

be as effective as professional-led programs in changing attitudes towards self-injury, with offenders reporting a preference for assistance and intervention provided by fellow prisoners (DeVilly *et al.*, 2005). Although evidence from research studies is somewhat mixed regarding the benefits of peer support, the current UK government deems it a cost effective option that should be utilised within the prison establishment as an approach to prevent self-injurious behaviour (National Offender Management Service (NOMS), 2012).

Research literature reflects an increasing attempt to differentiate between self-injurious behaviour as a coping strategy from a suicide attempt to end a life (Ward and Bailey, 2011; Walsh, 2012). A number of different definitions are used within various studies that may or may not attempt to capture whether the intention of self-injury is to cope with overwhelming distress (Ward and Bailey, 2011) or to end a life (Favazza, 1998). According to Walsh (2012) self-injury is defined as “Intentional, self-effected, low-lethality bodily harm of a socially unacceptable nature, performed to reduce and/or communicate psychological distress” This definition will be used for the purpose of this paper. This definition has been chosen to attempt to differentiate between self-injury as a coping strategy (Ward and Bailey, 2011) and behaviours which could be considered as having explicit suicidal intent (Soloman and Farrand, 1996; Macdonald *et al.*, 2002).

Peer support

Since the introduction of the National Offender Management Service (NOMS) for England and Wales in 2004 peer support has been a significant focus for the government in the UK. This directive is based upon research literature demonstrating that peer support through volunteering in prison produces “active citizenship” and re-integration into society (Farrant and Levenson, 2002). Prisoners demonstrate they can be “active citizens” by positively contributing to prison life (Edgar *et al.*, 2011) with such voluntary work deemed essential as a stepping stone to employment on release (Farrant and Levenson, 2002). Prison volunteering allows the prisoner to give something back to society (Edgar *et al.*, 2011). Alongside the acquisition of new skills which can be utilised within the prison, volunteering also enables prisoners to develop confidence and self-esteem which can be enhanced further upon release (National Offender Management Service, 2007b).

NOMS (2012) required that prisoners who self-injure should have access to a peer support scheme to help them to manage their self-injury more effectively. The UK government deemed peer support complementary to the support provided by prison officers for the management and reduction of self-injurious incidents.

Given the UK government’s predisposition towards the benefits of peer support in prison, this review sought to explore its evidence base within the academic and policy based literature using a systematic approach. Particular attention was paid to identifying recognised and established peer support schemes in the UK such as prison listeners as well as peer support more generally. Specifically the review of the literature was undertaken to understand:

1. the current evidence base for peer support in prisons in the UK, in particular its contribution to working with prisoners who self-injure; and

2. the extent to which the success of peer support schemes such as the prison listeners, hinges upon staff's willingness to engage with the initiative.

Method

An explorative literature review was undertaken in 2014 using Medline (1950-present), Web of Science (1898-present) and Psychinfo (1979-present) databases.

In all, 97 searches were undertaken using different combinations of these search terms in Table I, for example, 1, 1&7, 1&8, 1&9, 1&13, 2, 2&7, 2&8, etc.

Studies were included if they met the following criteria:

1. studies in the UK on general peer support in custody and studies on peer support for prisoners with mental health issues in particular;

Table I Search terms used to complete searches of the literature

<i>Primary search terms</i>	<i>Secondary search terms</i>
1. Peer Support	7. Prisoner Self-Harm
2. Prison Peer Support	8. Prisoner Self-Injurious Behaviour
3. Prison Peer support schemes	9. Voluntary Sector
4. Self-harm	10. Staff perspectives
5. Mental health	11. Substance abuse
6. Health	12. Housing advice
	13. Samaritans
	14. Prison listeners scheme
	15. The insiders' scheme
	16. The buddy scheme
	17. The carers'
	18. The toe to toe scheme
	19. St Giles Trust - peer advice project

2. studies had been undertaken in the UK within the last 25 years, as the first listener scheme was introduced in 1991 in HMP Swansea;
3. studies on peer support in custody for offenders who self-injure; and
4. all studies were written in English.

Results

A total of 24 studies emerged which met the inclusion criteria. These studies were thematically analysed for the review by paying particular attention to the type of peer support described and/or evaluated to assess where the peer support intervention was targeted (Tables II and III).

Discussion

Studies varied from large scale surveys providing quantitative data to small more in-depth studies using qualitative methods. Five studies used a mixed methods approach that combined surveys with interviews and/or focus group data (1, 2 and 14). In terms of the robustness of evaluation strategies employed no studies adopted a specific evaluation framework which included different levels of evaluation (Bailey and Littlechild, 2001; Bailey, 2002, 2007). In all, 14 studies were descriptive evaluating at the reaction level only by reporting participant responses, in the absence of any specific evaluation of the outcome of peer support. Ten studies did attempt to measure the outcomes of peer support but none of these attempted

to compare one type of peer support with another in terms of prisoner satisfaction or in terms of influencing better outcomes for prisoners.

Peer support-scheme specified

Studies (1-7) in the review focus on different types of peer support. None of these studies compare one type of peer support with another and where particular schemes are employed the studies are scheme specific. The largest scale evaluation of peer support provided through the insiders' scheme in six prisons reported by Teers (2003) identifies the positive benefits the scheme has for prisoners during the initial induction to life in prison, with insiders also identifying their role as rewarding.

An early recorded study of peer support by Singleton *et al.* (1998) focuses on peer support for prisoners with substance misuse issues. The Rehabilitation for Addicted Prisoners Trust promotes the use of peers to assist prisoners combat drug misuse within the prison environment. In the year prior to conviction 41 per cent of females reported problems with drugs and 40 per cent alcohol (Singleton *et al.*, 1998). However, only 32 per cent of establishments have an alcohol peer support scheme in place and 46 per cent of all establishments surveyed in the UK have a drug misuse peer support scheme (Farrant and Levenson, 2002).

Table II Peer support scheme specified

<i>n</i>	<i>Author/country</i>	<i>Type of Peer Support</i>	<i>Scheme Focus</i>	<i>Method</i>	<i>Findings/conclusions</i>
1	Teers (2003)/UK	The insiders' scheme	Induction support	Mixed methods study (qualitative and quantitative), Survey with prisoners <i>n</i> = 113 Interviews with prisoners <i>n</i> = 55, officers <i>n</i> = 17 and insiders <i>n</i> = 18	Positive impacts reported for prisoners' induction and personal gains for insiders
2	Edgar <i>et al.</i> (2011)/UK	Toe by toe scheme	Reading support	Mixed methods study (qualitative and quantitative), survey of prisons <i>n</i> = 82 interviews prisoners and staff <i>n</i> = 88 focus group participants <i>n</i> = 188 prisoners and staff took part in focus groups across 82 prisons	Schemes provide prison with a purpose, provide prisoners with responsibility and enable the development of new skills. Study recommends that the government should acknowledge the role volunteering schemes play in prisoners' rehabilitation
3	Hunter and Boyce (2009)/UK	St giles trust peer advice project	Housing advice/resettlement	Qualitative study, interviews <i>n</i> = 44 with 28 offenders pre/post release from prison	Benefits of the scheme included obtaining work experience and a qualification, along with self-reported increases in confidence and self-esteem. However the study reports funding issues and that employment chances for offenders were unrealistic
4	Farrant and Levenson (2002)/UK	The rehabilitation for addicted prisoners trust (RAPT)	Substance misuse	Quantitative study, survey of prisons <i>n</i> = 117	Volunteering prepares prisoners for release. Schemes require adequate training and management to ensure successful volunteering opportunities are provided. Opportunities for volunteering should be supported at a national level
5	Singleton <i>et al.</i> (1998)/UK	The rehabilitation for addicted prisoners trust (RAPT)	Substance misuse	Quantitative study, survey of prisons <i>n</i> = 131 interviews with prisoners <i>n</i> = 3,142	Drug dependency was six times higher for those living off crime the year prior to prison than those working
6	Sirdifield (2006)/UK	Health trainers	Lifestyle advice	Qualitative study, focus group with health trainers <i>n</i> = 41	Health trainers reported their training had impacted on their own attitudes and behaviour so that they modelled lifestyle changes they were trying to promote in their role with prisoners
7	Samaritans (2011b)/UK	Listener scheme	Scheme in general	Summarised history to listener scheme <i>n</i> = N/A	Detailed history of the development of the listener scheme from the 1980s to the present day
8	Power <i>et al.</i> (2003)/UK	Listener scheme	Benefits/limitations of peer support	Quantitative study, listener contact forms <i>n</i> = 2,224 from 11 prisons	The listener scheme acknowledged as useful with staff referring using the scheme
9	Turner and Shepherd (1999)/UK	Listenerscheme	Benefits/limitations of peer support	Review of theories	Benefits and limitations identified. One benefit of the listener scheme is prisoners act as peer supporters with no cost to the prison service
10	NOMS (2012)/UK	Listener scheme	Benefits/limitations of peer support	Service specification report	All prisoners should have access to peer support, which complements staff support. Guidance provided on best practice for prisons introducing peer support schemes.

(continued)

Table II

<i>n</i>	<i>Author/country</i>	<i>Type of Peer Support</i>	<i>Scheme Focus</i>	<i>Method</i>	<i>Findings/conclusions</i>
11	Perrin and Blagden (2014)/UK	Listener scheme	Benefits/limitations of peer support	Qualitative study, interviews with listeners <i>n</i> = 6	The listener scheme is beneficial to the listeners not just the prison service. Enables personal development for listeners by reducing the negative effects of prison life
12	Chinelo (2010)/UK	Listener scheme	Staff perspectives	Qualitative study, personal narrative of a prison listener <i>n</i> = 1	Being a listener is challenging, especially maintaining confidentiality. However the scheme enables the personal development of listeners
13	Foster <i>et al.</i> (2013)/UK	Listener scheme	Staff perspectives	Qualitative study ,interviews with prison staff <i>n</i> = 7, focus groups with prison staff <i>n</i> = 2 and participant observation with prison staff <i>n</i> = 1	The importance of a balance between therapy and security is acknowledged. A key recommendation is a collaborative approach to ensure therapy and security can be provided by prison healthcare
14	Jaffe (2012)/UK	Listener scheme	Staff perspectives	Mixed methods study (qualitative and quantitative), survey of prisoners and prison listeners <i>n</i> = 331 interviews with prisoners <i>n</i> = 14 listeners <i>n</i> = 16 prison staff <i>n</i> = 12	The importance of the prison environment is acknowledged for the success of peer support schemes and the help seeking preferences of prisoners

Note: Table II summarises the studies on peer support, thematically grouped according to the scheme focus, benefits and limitations, and staff perspectives

Table III Peer support and self-injury

<i>n</i>	<i>Author</i>	<i>Type of peer support</i>	<i>Scheme focus</i>	<i>Method</i>	<i>Findings/Conclusions</i>
15	Dear <i>et al.</i> (2002)/UK	Peer support (general)	Self-injury	Quantitative study, survey of prison officers <i>n</i> = 111	Prisoners obtained practical over emotional support from officers, which correlated with officers feeling less confident in supporting emotional problems
16	Snow (2002)/UK	Buddy/carer schemes and listener Scheme	Mentoring, suicide and self-injury support	Quantitative study, survey of prisoners <i>n</i> = 72, listeners <i>n</i> = 40 and staff <i>n</i> = 31	Peer support reduces distress for some prisoners. Difficulties acknowledged in assessing the impact of such schemes for suicide/self-injury prevention. The majority of prisoners do not use peer because of concerns about confidentiality
17	Prison Service Order 2700 (2002/2007)	Listener scheme	Self-injury	Service specification report	Prisoners should be made aware of listeners and other peer support schemes. Staff members should promote peer support
18	Davies (1994)/UK	Listener scheme	Self-injury	Qualitative study, interviews with listeners <i>n</i> = 6 prison staff <i>n</i> = 20	The listener scheme has been successful for working practices and relationships
19	Foster and Magee (2011)/UK	Listener scheme	Self-injury	Qualitative study, interviews with listeners <i>n</i> = 6 prisoners who have used the scheme <i>n</i> = 7 prisoners not used the scheme <i>n</i> = 7 prison officers <i>n</i> = 2 healthcare staff <i>n</i> = 6 Samaritans <i>n</i> = 1	The listener scheme deemed successful by staff members and prisoners using it. The scheme enables the personal development of listeners. The importance of successful management for peer support is acknowledged
20	Howard League (2001b, p. 7)/UK	Listener scheme	Self-injury	Quantitative study, semi-structured questionnaire with prisoners and staff	The use of the listener scheme for female prisoners who self-injure is documented as high
21	Macdonald <i>et al.</i> (2002)/UK	Listener scheme	Self-injury	Quantitative study, interviews with staff, prisoners and Samaritans from 6 prisons	External and internal factors are identified as risk factors for self-injury and suicide
22	HM Prison Service (2001a)/UK	Listener scheme	Self-injury	Service specification report	In house review of the listener scheme, documenting a reduction in self-injury
23	Dhaliwal and Harrower (2009)/UK	Listener scheme	Self-injury	Qualitative study, interviews with listeners <i>n</i> = 7	The impact of the listener scheme is acknowledged for the listeners, enabling their personal development
24	Samaritans (2001b)/UK	Listener scheme	Self-injury	Samaritans service report	Self-reported benefits of the listener scheme, include improved staff relations and reductions in self-injury and suicide

Note: Table III summarises the studies on self-injury and peer support, with particular attention paid to the prison listener scheme

Studies (1-7) reveal that peer support is available in various prisons for a variety of issues including parenting, anger management, education, employment and for minority ethnic prisoners. However, there is a lack of standardised provision across the prison estate as a whole (Farrant and Levenson, 2002) which could allow for a more detailed comparative study.

One example of peer support offering housing advice is provided at Buckley Hall prison by the St Giles Trust to assist prisoners with resettlement issues (Farrant and Levenson, 2002). This scheme attempts to also enhance the skills of the prisoners who provide the peer support intervention by enabling them to achieve a City and Guilds Level 3 in information, advice and guidance relating to housing issues. This Project has been evaluated positively by prisoners and staff members, with self-reports from prisoners that their role in providing peer support has turned their lives around by enabling them to attain a qualification and participate in work experience which has been useful for other forms of prison employment and has increased their levels of self-esteem (Hunter and Boyce, 2009).

Toe by Toe is a peer support scheme in prison run by the Shannon Trust which sees prisoners providing support to fellow-prisoners with limited reading skills (Edgar *et al.*, 2011). Another way in which peer support is offered in prisons is through the role of health trainers and health trainer champions who are prisoners trained to provide support for fellow offenders to lead healthier lifestyles and/or cope better with mental health issues. Sirdifield (2006), suggests that stress is more easily recognised by the health trainers in their fellow prisoners than by staff members.

Study (7) considers the general listener scheme, which has been established since 1991 and uses the Samaritans ethos of listening to train prisoners to offer confidential support to fellow prisoners who are struggling with the complexity of life in prison. Currently listeners feature in 120 established schemes with over 1200 listeners (Samaritans, 2011b). Similarly studies (8-11) testify to positive and negative outcomes of the listener scheme yet despite this mixed picture listener support is being promoted by NOMS to be of greatest importance for newly convicted prisoners and has resulted in many prisons involving listeners during prisoner induction (Prison Service Order 2700, 2002/2007).

The prison listener scheme contrasts with the buddy and carer schemes which do not adhere to the Samaritans' ethos of listening and confidentiality. Upholding the Samaritans' ethos of confidentiality can be challenging for listeners as it stands in opposition to the prison service focus on risk assessment and the sharing of information (The Samaritans, 2001b).

Prison listeners and prisoners who use the listener scheme identify a number of reasons why listeners are drawn on for support, these include, providing an empathetic approach whilst adhering to a strict confidentiality code (Foster and Magee, 2011). Studies document that peer support can assist prisoners with relationship and emotional difficulties, coping with imprisonment and drug abuse (Power *et al.*, 2003). However Jaffe (2012) found that listeners were regarded as the least preferred source of prison support for fellow offenders when compared with prison staff, other prisoners generally, family and friends. Of all the problems listeners encountered from their peers support was most likely sought for help with emotional and mental health issues (Jaffe, 2012).

Backing for peer support is also forthcoming from healthcare professionals who testify to the positive benefits the listener scheme can have for prisoners who are depressed, have anger management issues or other types of mental health disorders (Foster and Magee, 2011). Listeners themselves contend that being involved in the listener scheme makes being detained in prison more meaningful and provides them with a purpose (Perrin and Blagden, 2014). Perrin and Blagden (2014) found that benefits to listeners included an enhanced sense of self-worth and improved self-identity.

Over half the number of prisoners who had spoken to a listener claimed to be hopeful, while

23.6 per cent said they felt angry after such an interaction (Jaffe, 2012). Yet despite these mixed experiences a high proportion of prisoners would recommend the listener scheme to fellow prisoners and although prisoners acknowledged some drawbacks these did not relate to the listener scheme per se but to imprisonment generally (Jaffe, 2012). According to Foster and

Magee (2011) the listener scheme is extremely beneficial to the prison service as it provides additional support for emotional and psychological distress, which in turn reduces the pressure on prison staff and healthcare professionals.

The positive contribution that peer support can make is reflected in other schemes not just the listeners. For example Farrant and Levenson (2002) acknowledged the positive role peer support can play with vulnerable prisoners who would otherwise demand high levels of staff time. Similarly Bailey and Kerlin (in press) found that prisoners trained as health trainer champions were able to support trained health care staff by assisting fellow prisoners to adopt healthy lifestyle behaviours and encouraging them to attend for health care appointments.

Despite the inherent benefits of peer support the need for such schemes to be actively promoted by staff within various establishments has also been emphasised (Farrant and Levenson, 2002). Studies (12-14) consider whether the success of the peer support schemes hinges upon prison officers' willingness to engage with the initiative, revealing that prison staff have mixed attitudes to peer support. Within the male offender population where help seeking behaviour could be seen as a weakness prisoners were surprisingly more likely to turn to their peers than professional led support (Foster and Magee, 2011).

Some prisoners perceive that staff members do not support the listener scheme, and complain that staff purposively prevent the scheme from operating successfully (Chinelo, 2010). Jaffe (2012), found that staff were acting as gate keepers by allowing or restricting access to the listener scheme and a small proportion considered the scheme difficult to support, resulting in prison staff only using listeners they consider to be "trustworthy" (Jaffe, 2012).

Peer support schemes such as the listeners are faced with a number of difficulties within the custodial environment and those in the support role have the potential to be abused by the prisoners that provide them and those who use their input. Prison officers and health care staff are extremely important in raising awareness of the listener scheme as a source of support (Jaffe, 2012). Prison staff responded favourably that peer support schemes allow them more time and said that the support provided by listeners was critical in resolving prisoners' distress (Edgar *et al.*, 2011). The majority of prison staff reported that the listener scheme had a positive impact on their workload and the prison environment as a whole (Jaffe, 2012).

Nevertheless on occasions prison staff members are not as efficient as they could be in assigning calls to listeners (Jaffe, 2012). Some studies highlight a current problem in recording the number of listener call outs, suggesting that listeners are used a lot more than the official figures suggest (Foster and Magee, 2011). Those employed as listeners are often sought out to offer support when they are off duty and prison staff will often ask listeners to provide details of their contact with a fellow prisoner, thereby encouraging listeners to break the Samaritans' code of confidentiality (Jaffe, 2012). Prison listeners identified that they would like more recognition of their contribution from healthcare professionals, as they experienced resistance from a small number of healthcare professionals who deemed them a nuisance when listeners were undertaking their listening role (Foster *et al.*, 2013).

The review highlights that cuts in prison staff at a time when the prison population is rising in the UK poses a significant concern for the prison listener scheme. As numbers of prison officers reduce there will be fewer available to escort listeners around the prison estate, which could negatively impact on the accessibility of listeners to provide support for prisoners who engage in self-injurious behaviour (Samaritans, 2011b). As staffing does further reduce a potential benefit of the listener scheme is the provision is provided at no cost for the prison estate (Turner and Shepherd, 1999).

Peer support for prisoners who self-injure

Studies (15-24) document prison peer support schemes for prisoners who self-injure. Some schemes which have been introduced to offer suicide and self-injurious behaviour support are the “buddy” and “carer” schemes, these were introduced because some staff members experienced difficulties in accepting the peer to peer confidentiality of the prison listener scheme (Snow, 2002). Some such schemes (buddy and carer/listener) offer support for suicide and self-injury and do

not make attempts to distinguish between the behaviours in the way that Walsh (2012) documents is necessary for better understanding and intervention.

Studies (17-24) consider the prison listeners as a prevention scheme implemented by the prison service to contribute to a reduction in incidents of self-injury and suicide. Following its first introduction at HMP Swansea, the incidents of self-injury within the prison were halved (Davies, 1994). The uptake of the scheme within the female prison population has been documented as disproportionately high, with the listener scheme receiving 495 call outs within a three month period, of these contacts 183 were for self-injury (Howard League, 2001b, p. 7).

The prison listener scheme is documented in 16 studies within the literature, with eight of these studies focusing on the listener scheme and self-injury. In one study 42 per cent of staff and 49 per cent of listeners claimed that the scheme has contributed to the reduction of self-injurious behaviour (HM Prison Service, 2001a). Improved staff and prisoner relations have also been reported, alongside the scheme's contributions to reducing self-injurious behaviour and suicide (Snow, 2002; The Samaritans, 2001b).

The needs of female prisoners in terms of support to reduce the frequency and severity of self-injury have been acknowledged by the prison estate, and there is an acknowledged need for an increase in the number of listeners within women's prisons to support the prevention of self-injurious behaviour (Prison Service Order 2700, 2002/2007). In terms of the qualities and experience listeners bring, female prisoners within one study wanted listeners to be empathetic and with a personal history of self-injury from which to draw their peer experience (Howard League, 2001b, p. 7).

Prison officers' ability to provide support for preventing self-injury is dependent on whether prisoners are willing to accept such support from staff. Dear *et al.* (2002) acknowledged that male prisoners who self-injure were reluctant to approach prison officers for emotional support, which provides encouragement for peer support schemes within the prison environment to ensure prisoners obtain the emotional support which they require.

The review reveals that the listener scheme is the main vehicle for peer support for preventing self-injurious behaviour in prisons. Some studies acknowledge this support as essential despite it being supplementary to support from health care and prison staff (Foster and Magee, 2011). The review suggests that without the listener scheme the prison environment would be more hostile and this could lead to an increased incidence of self-injurious behaviour (Foster and Magee, 2011).

The review also reveals that training to support self-injurious behaviour is not always provided to prison listeners. This is of particular importance for listeners in the female prison estate where there is a high incidence of self-injurious behaviour being encountered by peer supporters (Macdonald *et al.*, 2002). Difficulties can be experienced by listeners when providing support for distressing issues affecting other prisoners, particularly as listeners do not have the same experience and training as healthcare professionals. In some prisons listeners have actively requested further support and training for trauma related mental health issues,

including suicide attempts, self-injury and child abuse (Dhaliwal and Harrower, 2009).

Continuum of prison peer support

Studies included in the review provide a picture of peer support that exists on a continuum based upon the different degrees of peer/staff involvement in the schemes' delivery, with those schemes that offer confidential peer to peer support as very distinct from schemes that involve staff in delivering support. The listener scheme, because of its emphasis on prisoner confidentiality with listeners trained to act as volunteer peer supporters, is different from other schemes such as the insiders' and the buddy and carers' scheme which also offer support from peers but do not adhere to the same strict rules regarding the non-disclosure of information.

Because of the variety of peer support schemes on offer in prisons and the methodological limitations of the evaluations employed generalisations of findings regarding the contribution of

peer support to prisoner health and wellbeing is problematic. Yet despite this rather suspect evidence base peer support has been deemed cost effective by the UK government (NOMS, 2012), and cited as holding real benefits for those prisoners who choose to use the service (Liebling, 2007). This review suggests that as a starting point prison peer support could be considered on a continuum depending on the extent to which it is peer led. To date, no peer support scheme is run by peers and delivered by peers in the same way that some peer support schemes are being offered in general mental health services (Basset *et al.*, 2010). This review suggests that this might be the next stage of development for the prison listener scheme in preventing self-injury and lessons could be learned from the well-established body of survivor literature in mental health (Figure 1).

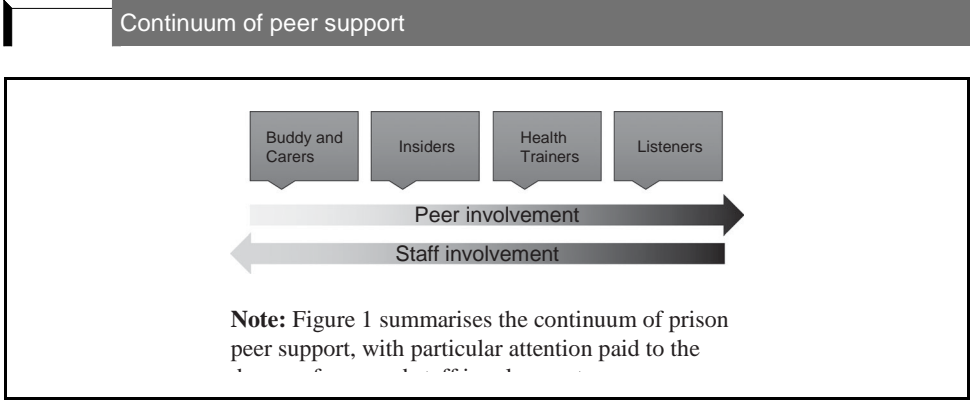
Conclusion

Some studies within the review provide very vague accounts of the methods used to evaluate the contribution of peer support and there are no comparative studies assessing whether different types of peer support are more effective in preventing or reducing self-injurious behaviour. Where studies within the review have focused on peer support for self-injury these have been small scale and time limited suggesting a need for more longitudinal research in this area to better understand whether peer support delivers any benefits in the short and longer term for offenders who self-harm which could include benefits at follow-up, post release.

The contribution of peer support to offenders' health and wellbeing particularly in the area of self-injury also requires more detailed investigation as schemes currently do not distinguish between providing help for self-injury as a coping strategy that is distinct from an attempt to end life. As the way we define and understand self-injury has progressed this understanding needs to be used to inform future developments in peer support and the listener scheme in particular.

If the listener scheme is to be effective in supporting prisoners to reduce their self-injurious behaviour it needs to be underpinned by staff's willingness to promote and engage with the initiative. Staff training could be used to enable staff to understand the benefits of peer support particularly for prisoner self-injury (Ward and Bailey, 2012) and the ways in which staff's commitment can enhance the success of peer interventions, for example, being proactive in offering listener support to prisoners who have been identified as vulnerable and providing listeners with timely escorts to call outs.

The lack of comparative and quantitative evaluations of the outcomes of peer support schemes for prisoners' self-injury further reinforces that this is an under researched area which requires further investigation. Studies focusing on peer support for prisoners who self-harm tend to be older, qualitative and conducted with smaller sample sizes than the body of literature on peer support more generally. Given that peer support for prisoners who self-injure falls on the continuum where peer involvement is greatest further studies are necessary to understand the challenges and opportunities for this type of support and importantly of the types of policies and practices that need to be in place to support such provision in the UK.



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