Full Title: Working with Prisoners who Self-Harm: A Qualitative Study on Stress, Denial of Weakness and Encouraging Resilience in a Sample of Correctional Staff

Short title: Working with Prisoners who Self-Harm

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ABSTRACT

Background *Rates of self-harm are high among prisoners. Most research focuses on the vulnerable prisoner and there is little on the impact of these behaviours on staff.*

Aims *To investigate staff perceptions of self-harming behaviours by prisoners, including their views on its causes, manifestation, prevention in institutions and impact on them.*

Methods *Semi-structured interviews were conducted with twenty administrative and twenty-one therapeutic prison staff who are responsible in various ways for prisoners who self-harm. Their narratives were explored using interpretative phenomenological analysis.*

Results *Despite prison staff being experienced with prisoners' self-harming behaviours, including severe acts of self-harm, they were apt to reject any negative impact on their own mental health or well-being. This denial of negative impact was accompanied by perceptions of the inmate's actions being manipulative and attention seeking. Prison staff also perceived institutional responses to self-harming behaviours by prisoners as being mixed, ambiguous or showing preference for relying on existing suicide protocols rather than task-specific guidance.*

Conclusions *While staff gave explanations of prisoner self-harm in terms of 'manipulative behaviour', prisoners' self-harm is, in fact, complex, challenging and often severe. This staff perception may reflect a denial of impact of often distressing behaviours on them personally and their own coping mechanisms. This could be feeding in to a perceived lack of a clear and effective institutional responses to the self-harm, so further research is needed determine how staff could broaden their views, and potentially respond more effectively to prisoners. Psychologically informed group work and/or reflective practice are among the candidates for such helping for staff.*

Background

Self-injurious behaviour – self-harm – may be defined as any type of socially unacceptable direct bodily harm or disfigurement that is deliberately inflicted on oneself (Favazza, 1998, 1999; Simeon & Favazza, 2001; Walsh & Rosen, 1988). It may include cutting, burning, head banging, and ligature use, and targeting of the face, genitals, breasts, and, more rarely, eye enucleation or self-amputations. Its effective treatment, management, and prevention remains a priority for correctional administrations as the behaviour there is ubiquitous, dangerous, and costly. A national survey of state prisons in the USA, for example, found that 98% of these institutions reported housing one or more people who had self-harmed (Smith & Kaminski, 2011). Prevalence rates of self-harm during incarceration range from 5% to 24% in women (Howard League,1999; Office for National Statistics, 1997, Maden, Swinton, & Gunn, 1994; Power, Brown, & Usher, 2013) and from 2% to 18% in men (Carli *et al.,* 2010; Maden *et al.,* 1994; Smith & Kaminski, 2011; Young *et al.*, 2006).

Apart from the potentially serious consequences of self-harm for the prisoners themselves, there is likely to be an impact on those charged with safeguarding them. It is imperative that correctional administrators understand staff needs in this area as they are responsible for managing all aspects of correctional facilities, including all staff well-being (see ASCA, 2018). This issue is particularly salient in today's prisons, where correctional staff turnover can average approximately 35% per year (Ferdik et al., 2014). While working in a correctional institution is generally perceived as being stressful, staff working with prisoners who self-harm may be more prone to high stress and burnout if they are not properly supported in the workplace and/or provided with effective tools for managing such stress. The continual hiring of new staff places a tremendous

personal and financial burden on prison administrators and frontline workers alike, yet it is commonplace in prisons where SIB is prevalent.

Psychologists rate self-harm by patients or clients as a highly distressing, stressful, and traumatizing client behaviour (Gamble *et al.*, 1994). Research indicates that staff who work with such individuals are significantly more likely than those who do not to be anxious, feel less supported, have less clarity in identifying risk situations, and/or experience lower job satisfaction (Jenkins et al., 1997). Meeting the needs of someone who often self-harms can be described as 'emotional labour' (Zapf, 2002). Staff must respond to often gruesome injuries in a calm and professional manner, often simultaneously repressing typical feelings of repulsion, anxiety or fear.

Regardless of whether a person is incarcerated or not, at least one motive for self-harm, recognised or not, centres on emotional regulation (Klonsky, 2007; Power & Usher, 2010); the act of self harm produces short-term psychological and physiological benefits, and it is principally a means of coping (Klonsky, 2007; Power & Usher, 2010; Smith, 2015). The subsequent experience of relief form negative emotions is the most commonly cited and well-documented explanation offered by inmates who self-harm (Kenning *et al.*, 2010; Mangnall & Yurkovich, 2010; Power et al., 2013; Sakelliades *et al.*, 2010).

Other assessments of self-injuring offenders concur that most acts of self harm are rooted in automatic negative reinforcement (i.e., affect regulation, dissociation, chronic mental illness), with the next most common motivation being positive social reinforcement, such as copying a self-injuring friend, automatic positive reinforcement (i.e., sensation seeking, self-punishment) and/or social negative reinforcement (i.e., hurting someone instead of others) (see Power et al., 2016). The complexity of the sometimes contradictory goals underlying self-injurious behaviors becomes apparent when one considers the role of interpersonal style (see Blackburn & Renwick, 1996;

Daffern *et al.,* 2010; 2012). Here, Daffern and colleagues (2010) argue that characteristics of the offender and staff can interact, along with the stresses of the physical milieu, to lead to increases in aggression and self-harm (Daffern et al., 2010).

While many prison administrators and other stakeholders are aware of the costs associated with inmates who self-harm, they may not fully understand the aetiology of the behaviour nor the impact of offender self-harmon their staff. There is evidence of conflicting perceptions of offender self-harm, with prison staff more likely to view the behaviour as 'manipulative' and 'attention seeking' while the prisoners are more likely to state that the behaviour is a means of 'coping' and 'affect regulation' (Kenning *et al.,* 2010). Most concerning is the possibility that staff misperceptions of offender self-harm may lead to antipathy in preventing and/or responding to future acts of self-harm (The Howard League for Penal Reform, 2001).

Existing studies document that staff tend to respond to prisoners' self-harm with a range of negative emotions, including sadness, despair, anger, annoyance, fear, frustration, helplessness, inadequacy, guilt, and disgust (Bromley & Emerson, 1995; Fish, 2000; Hopkins, 2002; Wilstrand *et al.,* 2007). Short and colleagues (2009) found that correctional staff expressed resentment towards self-harming female offenders, tending to categorise episodes as 'genuine' or 'not genuine', favouring a custodial role over a welfare role (Short *et al.,* 2009). Others have found staff tending to label he self-harm as a component of secondary gain (Kielsberg et al., 2007). Martin (2014) argued that negative staff attitudes may lead to a decrease in effective care for this vulnerable population.

Our aim, therefore, was to examine prison staff perceptions of and reactions to self-harm by prisoners. A unique aspect of the study was that we were able to use a national survey to access

mental health providers in different settings, rather than the usual single correctional facility approach.

METHODS

This study was approved by the Institutional Review Board (IRB) at the University of South Carolina, Columbia, SC, USA.

Participants

Participants were identified from a National Survey of State Adult Correctional Facilities regarding self-harm. It featured a mailed survey to all 785 state prison facilities that provided mental health services and 100 or more inmates in 2011. This original study was the first national survey to draw on the perspectives of mental health professionals working in US prisons in order to assess institutional prevention and treatment responses to acts of self-harm by prisoners. There was a 60.3% (n=473) staff response rate. Most respondents (89%) self-identified as mental health chiefs, directors, administrators or supervisors of mental health, clinical directors, chief psychologists, psychologists, psychiatrists, or psychological programme managers and only 5.7% as wardens (prison officers), superintendents, or unit coordinators.

The initial survey included an option for respondents to engage in future contact and discussions with the researchers. A total of sixty-four respondents indicated consent to a subsequent phone interview. Phone interviews took place during the calendar year 2012-2013, producing forty-one completed interviews. Respondents included directors/mental health administrators (n=20) and psychologists/psychiatrists (n=21). Repeated attempts to contact non-respondents generally revealed that they had changed positions or were no longer working at that

facility. All respondents were professionals employed by the state and actively working in a US state prison environment.

Procedures

Interpretative phenomenological analysis (IPA) was used to explore perceptions of self-injurious behaviour occurring in prison, within a purposive sample of prison staff. IPA was deemed an appropriate approach as it encourages respondents to present their own experiences, knowledge, and perceptions in an open qualitative format and to understand how they themselves interpreted events (Smith *et al.*, 2009). The purpose of the IPA approach is to arrive at general themes after detailed analysis of individual cases, with sampling being purposive and homogenous (Smith & Osborn, 2008). Our sample was homogenous to the extent that respondents had had previous engagement in a national survey of self-harm behaviours, wanted to engage in further research on the topic, and were in employment in a US prison as a professional staff member at the time of the study.

Each participant was engaged in a semi-structured interview by telephone. Each participant was asked open-ended questions about his or her perceptions of prisoner self-harm and his/her reflections on its impact on him/her, and encouraged to talk freely. Prompt questions designed to facilitate discussions with staff included three topic areas: (1) staff perceptions of the causes and manifestation of self-harm in their facility (e.g., "What do you think causes self-harm behaviours in inmates?"); (2) staff perceptions of institutional prevention and responses to self-harm (e.g., "What responses to inmate SIB do you think work? - and what responses do not work at your institution?"); and (3) staff perceptions of the impact of prisoner self-harm on themselves and on other staff (e.g., "Following an act of SIB by an inmate how do you feel? What do you do to cope with any emotional distress?"). Finally, some questions were asked about specific issues related

to staff stress, coping and resilience. The researcher took notes throughout. All interviews, which generally lasted between 30 and 60 minutes, and analysis were conducted by one researcher, who has expertise on the topic of inmate self-harm.

Data Analysis

The researcher notes were typed and analyzed using ATLAS/ti software (ATLAS, 1997). Key themes were evaluated using a two-step analytical process. First, open coding was used to create preliminary categories. This analysis follows the mantra of "believe everything and believe nothing" (Strauss, 1987. p. 30), with the aim of minimizing researcher bias and preconceptions. Open coding was used to categorize themes into aetiology/manifestation, institutional prevention/responses, and impact on staff. Next, axial coding (see Berg, 1989) was used to allow key themes to emerge. The data analysis continued until a clustering of themes was identified per IPA protocols (Smith, 2008).

RESULTS

Data from all 41 participants completing interviews were analysed. Emergent themes related to staff perceptions and reflections on the aetiology and manifestation of self-harm, institutional strategies for preventing or managing it and its emotional impact on staff with be presented in turn. In accordance with Interpretative Phenomenological Analysis (IPA) methods, these themes are followed by a brief reflective statement.

Staff Perceptions of the Aetiology and Manifestation of Self-Harm in their Facility

Avoidance: Respondents largely avoided discussing the causes of self-injurious behaviours among 'their' prisoners. When prompted specifically to speculate on its origins, they would

acknowledge that it is often 'imported into the prison', but were reluctant to attribute inmate self-harm directly to childhood trauma, sexual abuse or other forms of victimization.

> "*We have a great number of inmates who were conducting self-injurious behaviours before they even got to prison",* (A17)
> *"Inmates with long histories that involve pain use cutting as a way to remove emotional pain".* (A6)

Manifestations of Self-Harm: Respondents described a substantial variety of specific behaviours, tending to divided their recollections of self-harm events into the banal (e.g. 'routine' arm scratching) and the extreme. Respondents experienced exposure to very traumatic and gruesome injuries related to self-harming acts by prisoners:

> *"The behaviours can be all over the place. There is a lot of superficial cutting on the arms and legs, but there is also a lot of other stuff. We have had inmates make a noose for hanging, stab themselves with sharp pencils and pens in the abdomen, inset objects into their penis, put their head in the toilet to drown themselves and severe head banging". (A1)*

> *"The self-injurious behaviours we see can be very extreme. I have responded to inmates who cut their wrists, hang themselves, put paper clips into their stomach or veins, and performing their own circumcision. It can be very unpredictable".* (A6)

> *"The list of what these inmates can do to hurt themselves is long. Our facility has had inmates puncture themselves with paper clips, use the wires from cyclone vents, pencils, other sharp objects like pens. There have been inmates swallowing batteries, toothbrushes, ink pens and biting the inside of their mouth and jaw. This is all while the usually cutting of arms, legs, thighs, abdomen, forearms, upper arms, and neck is going on. Our staff has identified about 40 to 50 inmates who cut and hurt themselves all the time, and two of them died recently by affixation".* (A38)

> *"We had an inmate pull their colon out through their rectum, others have cut off their penis, or attempt to pull out their eyes. We also get intentional overdoses and the swallowing of razor blades".* (A11)

Staff Perceptions of Institutional Prevention and Responses to Self-Harm

Surveillance as a Means of Prevention of Self-Harm: Respondents commonly endorsed the identification of triggers that could reduce self-injurious behaviours as a key prevention strategy.

The surveillance approach relied on staff having effective communication with individual prisoners who appeared vulnerable, staying aware and active in their duties, and noting changes in prisoner behaviors in general. This is evident here:

> *"We monitor the inmates who are known to engage more in the behaviour (self-harm). Staff try to pay attention to triggers in inmates, and they inform other staff".* (A14)

> *"We aim to prevent self-injury by looking for triggers. In this female population that means inmates not being able to see children at visitation or bad news from home. There are usually no differences by race or ethnicity but you do have to keep an eye on inmates with very short-term or long-term sentences like lifers, also younger inmates are more likely to cut".* (A20)

Uncertainty about the Appropriate Institutional Response to Self-Harm: Staff perspectives on this were varied and rife with uncertainty. Variability in approach was often attributed to institutional factors, like high staff turnover, cultural differences between working groups, and generalized confusion on the appropriate response to self-harm.

> "*The response to self-injury is all over the place. There is high turnover of staff in this prison, which affects all cultures in the prison. The more seasoned staff being around is best for everyone. A lack of seasoned staff contributes to the problem of self-injury. A lot of less seasoned staff will tease inmates who self-injury, even goading them into cutting more. There are also challenges between the cultures of security staff and therapy staff, when self-injury occurs there are much more resources dedicated to securing the inmate population, rather than providing treatment".* (A17)

A number of respondents considered that the most appropriate response to prisoner self-harm would be transfer into a therapeutic milieu within the prison, coupled with staff training specific to self-harm. While staff did not describe being personally overwhelmed, they described the prison unit itself to be affected.

> "We are simply not equipped for dealing with self-injurious behaviors in inmates. We need a place for the 'cutters'. A place that in not in this facility …..that will have the resources to address the behaviour, with more intensive therapy. People who engage in this behavior

should be totally separated from the main prison population. Keep them in a programme instead of moving them around from unit to unit". (A5)

"Training is mixed. There is a common belief that staff would benefit from more in-depth training about self-injurious behaviours; suicide prevention training is just too generic. Staff need training that is specifically aimed at female inmates who self-injure. Right now we are operating off the top of our heads, we use the internet to look for solutions". (A16)

When respondents did express confidence in institutional responses, this followed from total reliance on existing suicide protocols. There was frequently reference to punitive measures as a component of these responses, especially when 'manipulation' or 'malingering' was perceived as a cause of the act. Punitive responses tended to include isolation of the inmates and a reduction in 'attention' for the person.

"All staff members are aware of protocol (for self-harm); an inmate is identified, immediately assessed and placed on Crisis Intervention. This involved being placed in a cell alone with a suicide blanket, paper gown, finger food, and counsellors check on them daily. There is a Clip Board that holds a daily report on what they [inmates] can have …. in the duty office so that all staff know …. If an inmate who cuts is malingering, then this is effective. They don't want to be naked and cold. For inmates who cut due to not taking medication regularly, they will get medication …. [it] may help them to stabilize". (A9)

"Staff follow protocol after an inmate has done something or made a threat. If acted upon then staff use crisis intervention. This consists of checking on them every 15-30 minutes, not allowing anything in the cell, the use of a paper gown to prevent them from hanging themselves, and the use of a suicide blanket to prevent suffocation. But you never know, we had one guy use the suicide gown. He balled it up and tried to stuff it down his throat…you know…to cut off his wind pipe". (A5)

Staff Perceptions of the Impact of Prisoner Self-Harm on Staff

Staff Rephrasing the Question of Personal Harm: Only in response to prompt questions about the potential emotional and psychological harm of working with self-harming prisoners did respondents consistently rephrase the problem of self-harm as an irritating disturbance to the working environment. There was a complete rejection of experiencing any form of distress personally, rather the costs were externalized to additional workloads and disruptions to other

prisoners and/or the prison setting. In some examples, this projection of the impact of self-harm was quantified as financial burden to the prison system.

> "The impact on staff is predominantly in costs. Inmates who do self-injurious behaviours cost a lot. There is the cost of traveling by ambulance, emergency room, the surgeon, also there are guys who get infections after cutting, and they can be resistant to the antibiotics given. The cost for a single hospital trip can be $85,000-100,000". (A12)

Respondents often perceived expressions of emotional trauma associated with prisoners' self-harm to be a sign of weakness and thus best avoided. When pressed with additional prompt questions, there was a subset of respondents who identified areas of stress and a sense of hopelessness in their interactions with self-harming prisoners. However, this recognition was immediately followed by linguistic expressions that deflected responsibility, connectivity to the inmate, and queasiness of the act itself.

> *"In the beginning you get shocked at the cutting, but I have done this job for a long time, so I am used to it and it has no effect on me anymore. You get squeamish the first time you see it (i.e., SIB). Then it is just business as usual".* (A16)

> *"Self-injurious behaviors cause lots of stress, it fills you will with responsibility, although staff members know they are not really responsible. But you do feel like…[pause/sigh]…like you should be able to control it. It gets to the point you become numb to it. It just becomes part of the job. You get them stabilized, then you wait until next time that they do it. All you can do is come up with a plan and move on".* (A7)

> *"It affects security staff and medical staff because it slows down the daily routine for everyone. Initially it (SIB) gets to you, then you become detached, maybe sometimes too detached. …. The only way to deal with inmates who do self-injury is to follow the cardinal tenant; this is 'I cannot take responsibility for what an inmate does…I can only take precautions'".* (A40)

Reflective Statement: The staff that I encountered during this study were enthusiastic to participate and offer their personal experiences on the topic of self-harming behavior in prison inmates. Staff seemed overwhelmed by the prisoners' self-harming behaviours, and in a number of the interviews, the respondent asked the researcher if he had any solutions to the

problem. Staff expressed a sense of hopelessness when describing the complexity and severity of self-harming behaviours that they had to respond to on a regular basis, while also externalizing the issue as far away as possible from themselves personally. Perhaps witnessing severe self-injurious behaviours over time formed a defensive posture in the the staff, one that made them unable to reflect on or recognize that prisoners can influence their own emotional state. It was interesting that the intolerance of inmates' distress and the related self-harming behaviors appeared to mirror the intolerance of their own emotions. A final reflective observation centres on the overlap of *control* in the working lives of prison staff and in the acts of self-harm by prisoners - staff are required to control prisoner behaviours but the self-harm is frequently used by the prisoners to control their own emotions. It is hardly surprising that this may provoke daily conflict.

DISCUSSION

The current study provides insight into the challenges facing staff working with prisoners who self-harm, although it has several limitations. The sample is purposive, so its generalizability is restricted. Self-selection by respondents may have led to biases. Moreover, this study focuses exclusively on the thoughts and feelings of staff, not their actions, and outward behaviour may be better or worse than inner experience. A strength of our study, however, is that all participants had extensive experiencein preventing and responding to self-harming behaviours by prisoners in their care.

Some of the self-harm events were extreme, grotesque and shocking, so it was perhaps unsurprising that correctional staff were apt to employ strategies likely to deflect any emotional impact from these. They were reluctant to consider causes of self-harm prior to incarceration, with

a concomitant emphasis on perceived manipulation, attention seeking and acting out on the part of the prisoner. Prisoner suffering was rarely mentioned. This aspect of denial was accompanied by prison staff's rejection of any impact of the prisoners' self-harm on their own mental health or emotional stability. This stands in contrast to reports in existing literature relating to healthcare staff (Kenning *et al.,* 2010; Gamble *et al.,* 1994), although in the Kenning study, in a British women's prison, prison officers reported similar thoughts and as those in our study.

In addition to rejecting the notion that self-harm by prisoners had a negative impact on a personal or emotional level, staff were also unable to articulate effective institutional strategies currently in place. Instead, standardized institutional responses were described as non-existent, confusing or relying only existing suicide protocols. In many cases, institutional responses to inmate self-harm were fundamentally punitive. Future research should explore more fully the dynamics driving this. Implications of challenging it may mean that psychological resources must be available to support prison staff resilience.

There is evidence that interventions with the aim of improving staff sense of personal accomplishment could be effective. Psychosocial training for forensic mental health nurses, for example, has been found to improve understanding of serious mental illness, reduce stress levels, and promote resilience (Ewers *et al.,* 2002). An increase in perception of ability to work effectively with self-harming prisoners could provide most benefit to staff. Such an intervention should incorporate the range of reasons why people – including prisoners - may self-harm, favouring the concept of self-harm as a dysfunctional coping mechanism, and clarifying both staff roles and natural responses. Maintaining positive interactions with people who self-injure can be difficult for staff, leaving these staff vulnerable to malignant alienation (Watts & Morgan, 1994). Moore and colleagues (2011) found that low levels of expressed emotion are common in relationships

between staff and inmates, particularly when the interaction involves self-harm and/or suicide. The researchers argue that expressed emotion may be a valuable tool that could potentially supportive working alliances to address complex pathologies like self-injurious behaviours (Moore, Andargachew, & Taylor, 2011).

Opportunities for staff to engage in peer support groups should be encouraged. Team-based social support networks could be created to provide staff with an opportunity for collaborative problem-solving. Research indicates that implementing structured peer support groups in the workplace can help reduce stress and improve general health, particularly among mental health workers (Awa *et al.,* 2010; Edwards & Burnard, 2003). Coping skills training, particularly those that are cognitive-behaviourally (CBT) based, or other stress management approaches, could be offered to staff. Van der Klink and colleague's (2001) meta-analysis indicated that CBT-based interventions appeared to be the most effective at improving coping skills and perceived quality of work life. CBT can be combined with relaxation, exercise, and other stress reduction techniques (Cartwright & Cooper, 2005). Reflective practice groups may also be effective in supporting staff resilience (Mann et al., 2009), though more research is needed into its application for prison staff in the context of seriously self-harm prisoners.

Optional group psychological debriefing could be beneficial immediately after an incident of serious self-harm. Critical Incident Stress Debriefing (CISD), created to help emergency workers who are secondarily exposed to trauma, is the most commonly used method, delivered very soon after the event (Mitchell, 1983; Mitchell & Everly, 1993). Many studies support its use as a method of decreasing negative outcomes such as stress, anxiety, depression, and other symptoms of posttraumatic stress disorder (e.g., Amir *et al.,* 1998; Bohl, 1991, 1995; Campfield & Hills, 2001; Everly & Boyle, 1999), part of its strength being in using the natural group

coherence. More specifically, a study conducted within the Prison Service in England and Wales (Ruck et al., 2013) found that staff participating in a structured, group-based debriefing session following exposure to a traumatic incident (including inmate suicide and self-injury) had significantly fewer symptoms of traumatic stress, anxiety, and depression compared to staff who did not receive this intervention.

CONCLUSION

Interpretative phenomenological analysis (IPA) of narratives from a sample of prison staff with experience of working with prisoners who self-harm, yielded evidence of staff denial of personal impact, explanations in terms of 'manipulative behaviour' and a lack of a clear, effective sense of appropriate institutional responses to self-harm. Prisoners' self-harm is, in fact, complex, challenging and often severe, so further research is needed determine how staff could broaden their views, potentially responding more effectively to prisoners. Psychologically informed group work and/or reflective practice are among the candidates for helping staff in this way.

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