SAMARITANS

Lived experience of self-harm in prison: Understanding needs and the role of support

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Thank you to the Samaritans volunteers who helped us establish connections with the prisons, gain access, distribute recruitment materials and set up focus groups. Your help was invaluable and ensured the research ran smoothly – this work would not have been possible without you and your tireless commitment to Samaritans.

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Executive summary

Background and approach

As part of our grant agreement with HMPPS, Samaritans conducted research into self-harm in prisons to deepen understanding of self-harm and ultimately improve the care that those who self-harm in prison receive. Specifically, we wanted to answer these research questions:

- **What are the needs of people who self-harm in prison?**
- **What is the role of Listeners in fulfilling those needs?**

Building on an evidence review, and expertise derived from delivering key services in prison, Samaritans conducted this research, which involved hearing from **51 people in prison**. Key findings were brought together through thematic analysis, with **co-researchers with lived experience** helping interpret data and refine conclusions.

Despite numerous prior recommendations from research in this area, real change in prison self-harm is not easy to achieve, and rates continue to worsen. This report aims to reflect the experiences of those who self-harm in prison so that these experiences can help shape the steps taken to change this alarming trend.

Summary of findings

What are the needs of people who self-harm in prison?

Agency and meeting basic needs: People who self-harm in prison described experiencing a profound lack of agency and an inability to meet basic needs such as getting food, bedding, and healthcare. Self-harm acted as a way to feel a sense of control over one's self in an environment where autonomy is severely restricted.

Social interaction and purposeful activity: Access to purposeful activities, time out of cell, and appropriate in-cell distractions were described as crucial for managing self-harm in prison. Participants said having access to distraction and social interaction helps them avoid thoughts of self-harm and self-harm behaviours.

Improved staff-prisoner relationships: Participants told us that staff-prisoner relationships play a crucial role in managing self-harm. Positive and compassionate interactions can alleviate distress, while dismissive or punitive responses can exacerbate it. Participants expressed a general lack of trust that staff would care for them and often felt they were punished for self-harm, or their self-harm was dismissed. They felt that processes such as ACCT took away time for caring interactions and felt like tick-box activities.

Self-harm communicates need: Participants described being left in a state of desperation, which led them to self-harm because they did not know how else to express their needs, or their attempts to communicate were not listened to or acknowledged. This form of self-harm is often viewed as 'manipulative,' which stigmatises those who self-harm and dismisses the distress they are expressing.

Better access to professional support: Long waiting lists and inconsistent access to professional mental health services make it difficult for individuals in prison to manage self-harm effectively. They suggested that professional mental health support was the primary source of support they sought for self-harm. Participants described the importance of accessing consistent care for self-harm - being able to build a trusting relationship with someone and knowing when they would receive regular help enabled them to better cope.

Summary of findings

What is the role of Listeners in fulfilling those needs?

The role of Listeners: Participants described Listeners as being able to support people who self-harm in three key ways: providing emotional support with peer understanding; offering a less formal type of support without always requiring an intervention from staff or officers; and providing more immediate, accessible support while people wait for professional help.

Limitations to the role of Listeners: People who self-harm talked about three key limitations that Listeners are able to play in supporting people who self-harm: Listeners are not mental health professionals; Listeners do not have authority or additional agency to others in prison; and Listeners cannot give advice. These limitations mean Listeners should not be seen as the primary people to support those who self-harm, but part of a network of support. The Listener scheme was not designed to be the primary source of support for those who self-harm, which remains the case.

Listeners' experience of supporting people who self-harm: Listeners described enjoying seeing progress in people who self-harm, as well as often feeling exasperated by the lack of preventative support and aftercare. They also described how supporting people who self-harm can be uncomfortable, overwhelming and harrowing. Listeners described feeling well supported by Samaritans, although their role is emotionally taxing.

Barriers to using Listeners: The focus groups highlighted some barriers stopping people who self-harm using Listeners for support. These barriers include: mistrust and scepticism of the Listener scheme both from people in prison and staff; wanting support from specific individuals (which is not possible with Listeners); and understaffing acting as a barrier to the Listener scheme being properly facilitated. Furthermore, people found that staff often did not facilitate Listener calls discreetly, which people felt made the fact that they were struggling public.

Conclusions

Unmet basic needs fuel desperation and self-harm. When people cannot access essentials like healthcare, bedding, or clothing, frustration turns into hopelessness. Feeling ignored makes self-harm feel like the only way to be heard.

Lack of consistent mental health support increases vulnerability. Long waits and inconsistent support leave people struggling alone. Feeling abandoned in distress only increases self-harm.

Staff-prisoner relationships have a powerful impact. When staff treat people with kindness and respect, it makes a real difference. But being dismissed creates feelings of frustration, worsening self-harm. Being seen and heard helps people feel less alone and more able to cope.

Isolation and lack of control deepen distress. Being locked in a cell for long hours and cut off from human contact strips people of hope. The less control someone has over their life, the deeper their distress.

Lack of purposeful activity leaves space for self-harm. Without meaningful activities, time in prison feels empty, leading to hopelessness and self-harm. People need opportunities to engage, learn, and grow.

Emotional support from Listeners matters, but it is not enough. Listeners offer a lifeline, but they are not trained professionals. They can offer valuable peer support that is available 24/7. However, they should not be used as a stop gap for stretched mental health provision. Listeners should only offer emotional support through active listening and should not be called on to give crisis support to those who self-harm.

Caring prisons are necessary to help those who self-harm. Change happens through creating an environment where people feel valued, supported, and able to cope in healthier ways.

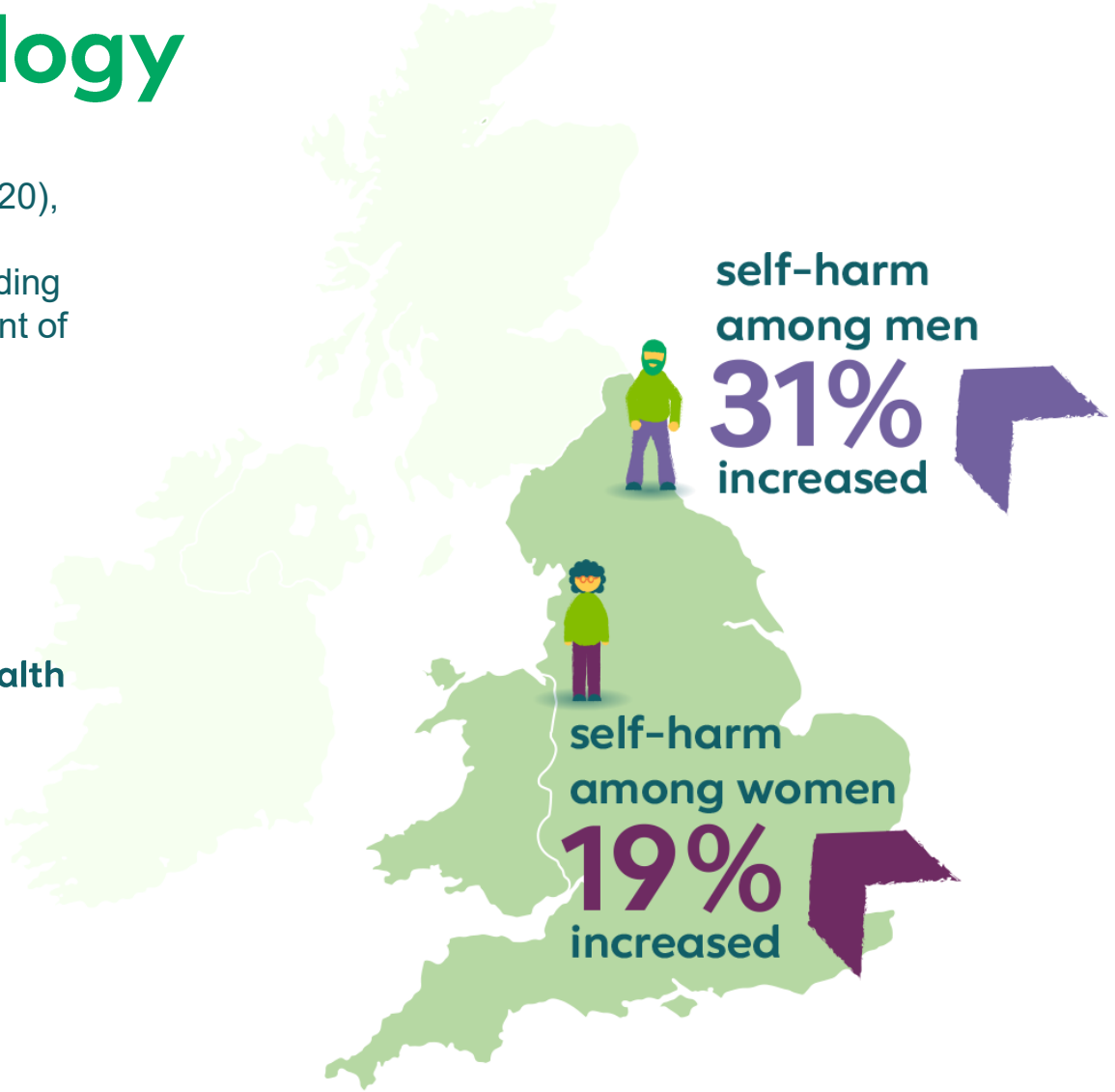
Background and methodology

Background and methodology

Self-harm is a leading health concern in prisons in the UK (Favril et al., 2020), and in recent years, self-harm in UK prisons has shown a concerning rise*(Ministry of Justice, 2025). This research hopes to improve understanding of the needs of people who self-harm in prison to inform future development of the Listener scheme and the prison system.

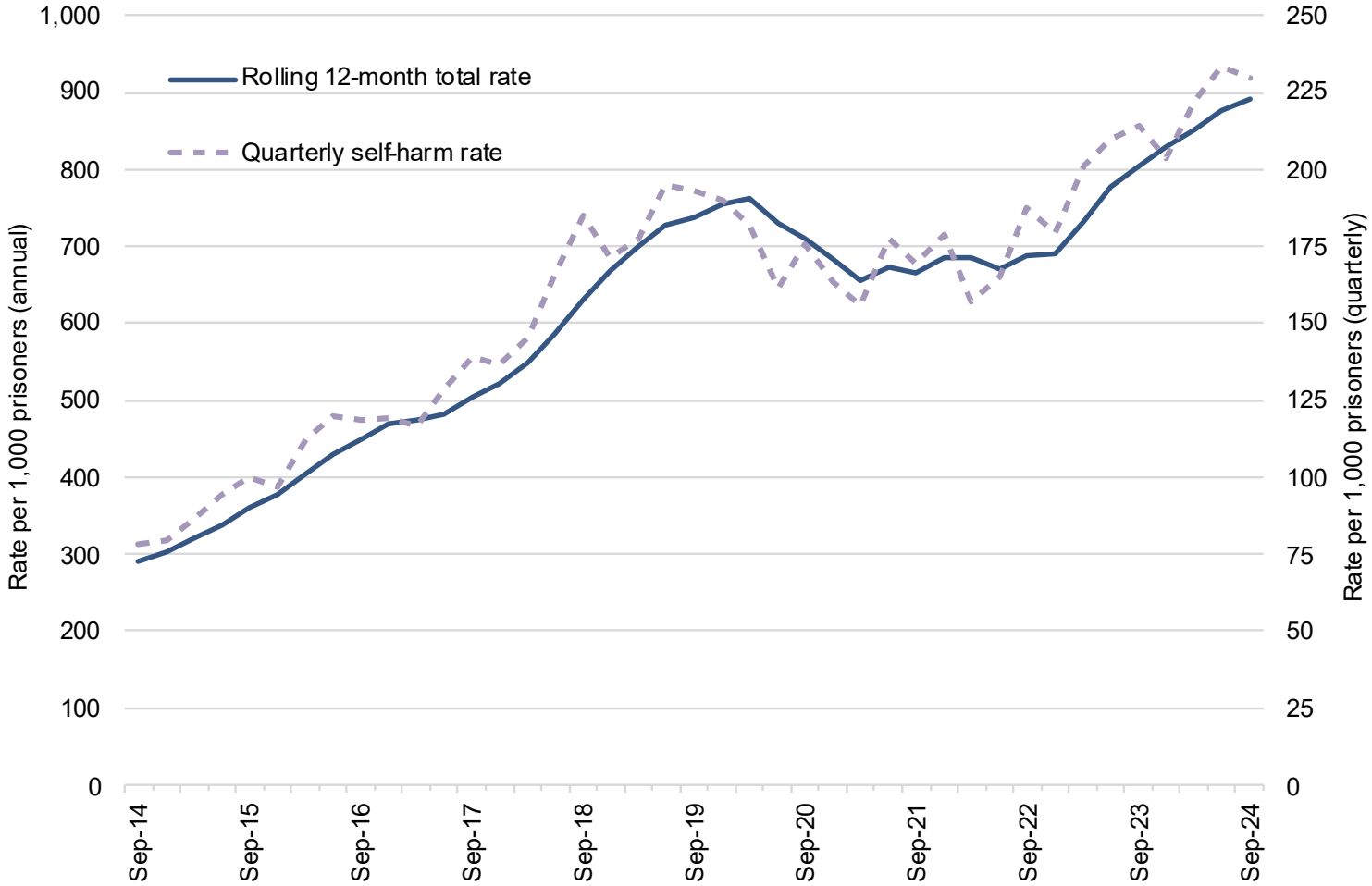
What does the data already tell us?

- **In 2023 in England and Wales, self-harm among men in prison increased by 31% compared to the previous year; with a 19% increase among women in prison** (Ministry of Justice, 2025).
- **67% of people in prison wait over two weeks for acute mental health care** (Ismail, 2020).
- **15% of medical appointments are missed due to staff shortages** (Ismail, 2020).



***Note** The Ministry of Justice includes suicidal behaviour in its definition of self-harm, which differs from Samaritans' definition. See appendix 2 for detail on Samaritans' definition.

Background and methodology



This graph, from the Ministry of Justice Safer Custody statistics, shows how often self-harm incidents happen in prison (Ministry of Justice, 2025). It tracks the number of incidents per 1,000 people over a 12-month period, from December 2013 to December 2023, with updates every three months.

The Listener scheme

The Listener scheme involves Samaritans' volunteers working with prison staff to select, train and support prisoners called Listeners. Listeners provide confidential emotional support to their peers who may be struggling to cope, in distress or experiencing thoughts of self-harm and suicide.

The role of the Listeners

Listeners should be **available 24 hours a day** to provide face-to-face emotional support to their peers. Listeners can be approached for support "informally" during association time, or, during lock-up, someone can ring their cell bell and ask to speak to a Listener. Listener contacts should take place in a **designated Listener support room** or a suitable confidential space. Listeners provide support on a **rota-basis** to prevent emotional burn-out of Listeners or over dependency on one specific Listener.

Listeners do not give advice but instead use active listening skills to explore someone's feelings and help them consider their options. Confidentiality and self-determination is fundamental to the Listener scheme. There are very limited instances in which Listeners will share information someone discloses with prison staff, even if someone expresses thoughts of suicide or self-harm.

Samaritans believes that this **promise of confidentiality allows people to trust the scheme**, seek help and explore their options. Listeners are trained to provide follow-up support and can signpost callers to staff and other practical sources of support. (See exceptions to confidentiality in the appendix 1).

Support for Listeners

Listeners receive **regular debriefing support** from Samaritans volunteers at **Listener support meetings**. These meetings also provide the opportunity for ongoing training and to highlight operational issues affecting the Listener scheme. Outside of Listener support meetings, Listeners can access their fellow Listeners for support. Alternatively, they can call Samaritans helpline - for free, 24-hours a day - for emotional support and to ask for a message to be passed to the volunteers supporting their prison.

Lived experience involvement

Involving people with lived experience of prison was fundamental to this project.

We designed the research to involve co-researchers with lived experience of prison (lived experience co-researchers) in the delivery, analysis and reporting of this work to address the power imbalance present when doing research about and for people in prison. The input of these co-researchers was hugely important and **improved the quality of this work greatly**. The Prison Reform Trust (PRT) helped us recruit four people with lived experience of prison to facilitate focus groups and conduct analysis.

Facilitation

Lived experience co-researchers co-facilitated focus groups, helping shape conversations and aiding the lead researcher **in understanding participants' experiences.** Having them in the groups often helped participants feel safer in sharing their experiences because they felt **there was someone there that would understand.**

Analysis

Lived experience co-researchers helped to analyse data and create conclusions from the findings. These co-researchers had a lot of experience of different prisons and had seen and experienced people self-harming on many occasions. One co-researcher had been a Listener in prison for many years. All this experience brought even **more in-depth insight into the meaning of what participants shared.**

We coded the transcripts together, interpreting the data in a discursive way, **bringing the analysis to life,** and making it more closely reflect the experiences of those in prison. This model also acted as a protective model for the researchers, as reading such harrowing transcripts as part of a team helped researchers cope better and check in with each other.

Lived experience involvement

Reporting

Lived experience co-researchers consulted on this final report. They were able to help frame findings and conclusions so that they are true to what was expressed in the focus groups and feel **accessible and relevant** to those in prison.

> “Lived experience brings reality as opposed to theory”
>
> **A quote from one of our lived experience co-researchers**

Methodology overview

Research questions

Through an **evidence review** and **consultation with two groups of Listeners**, we identified two research questions:

1. **What are the needs of people who self-harm in prison?**
2. **What is the role of Listeners in fulfilling those needs?**

Data collection methods

A **qualitative** approach was used to gather in-depth insights into the perspectives of people who self-harm and the role of Listeners. Ethical approval was obtained from the National Research Council (NRC).

- **Semi-structured focus groups** were conducted across five prisons – three women's and two men's prisons of different security category.
- Groups were either with people who self-harm or Listeners.

Data analysis

- **Thematic analysis** was used to identify key themes in the data.
- The analysis followed an **inductive approach**, meaning that themes emerged from the data rather than being pre-determined.
- Existing literature was used to illuminate findings from the primary research.
- The **Four Functions Model** of self-harm (described in the next slide) was used to help describe our data around why people self-harm.

Throughout the research, we defined 'self-harm' as "any deliberate act of self-poisoning or self-injury without suicidal intent. This does not include accidents, substance misuse and eating disorders." See appendix 2 for further detail.

Participant involvement

Recruitment

- The research was **advertised** through **prison-wide door drops or digital door drops** on in-cell technology in five prisons.
- To recruit Listeners, Samaritans volunteers brought in information about the research to Listener groups.
- Prisoners **self-selected** for participation.
- Potential participants were also **identified** and approached by the Safer Custody Team.

Screening

- **Inclusion criteria**: Lived experience of self-harm while in prison (see limitations also below) or experience of being a Listener.
- **Exclusion criteria:** Currently being on an Assessment, Care in Custody and Teamwork (ACCT) or having been on one within the last six weeks. This criterion was agreed through consultation with Safer Custody managers, who checked if participants were currently on ACCTs, if they put themselves forward for the research.

Participant involvement

Focus Groups

- **Semi-structured focus groups** conducted in private room by Prisons and Justice Researcher and a Lived Experience Co-researcher; approx. 1 hour.
- Across five prisons, two focus groups were held with Listeners (one in a women's prison and one in a men's prison) and 10 groups were held with people who self-harm. Across all the prisons, we had 21 women in the group for people who had self-harmed and 18 men in the group for people who self-harmed. In the groups with Listeners, there were six women Listeners and six men Listeners.

Limitations

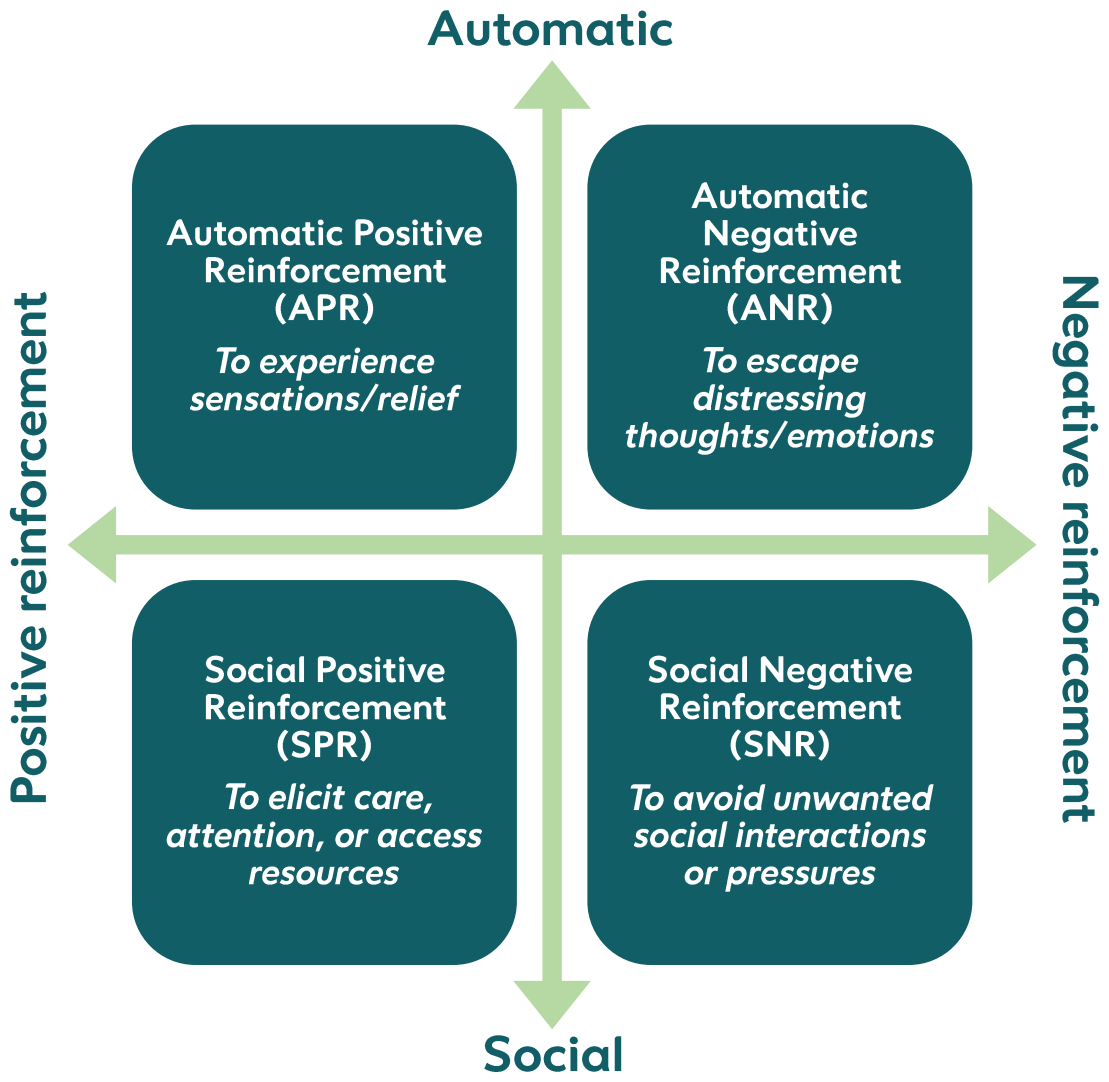
- It is important to note that some people who came to the groups for people who self-harm said they had never self-harmed, despite this being clear criterion for participation. It may be the case that they did not wish to disclose self-harm in front of others, but of the sample, **11 out of the total 39** said they had not self-harmed. This is a **limitation** to the data. However, because all participants had known and seen many incidents of self-harm within prison, we felt it was appropriate to keep their data in the analysis.

Theoretical model

The four function model (FFM) of self-harm

This research draws upon the FFM model of self-harm (Nock & Prinstein, 2004) to categorise the **reasons people might self-harm**. It helps to explain why people self-harm. It was used as a lens through which to understand the focus group data once coding was completed, helping to explain participants' experiences of self-harming. See appendix 3 for more detail.

We chose this model because it has been extensively studied, more than many other model, and is frequently cited in research. It has played a key role in understanding self-harm as a behaviour that regulates emotions in many different ways (Nock & Prinstein, 2004). Many theories focus on how self-harm helps regulate emotions ('automatic' functions in the diagram), but they tend to overlook its social aspects. The FFM, on the other hand, provides a more complete picture by considering both emotional (automatic) and social reinforcement, as well as different risk factors. This made it a better fit for our data, where both types of functions were clearly present.



Research findings

Research question 1:

What are the needs of people who self-harm in prison?

Key themes

- Agency and meeting basic needs
- Social interaction and purposeful activity
- Improved staff-prisoner relationships
- Self-harm communicates need
- Better access to specialist support

“You can only get basic healthcare if you’re dripping with blood.”

Research findings

Agency and meeting basic needs

People in prison who self-harm often described **a profound lack of agency and ability to get basic needs met**. Many participants reported self-harming out of **desperation** and **frustration** when they felt unheard, neglected, or powerless in their environment. **Self-harm acts as a sense of agency.**

Unmet basic needs, such as access to adequate clothing, or hygiene products, were frequently linked to distress and self-harm. A key focus **was not being able to get physical healthcare unless in crisis**, with the frustration from this leading to self-harm.

People in prison reported that **requests for support or essential items were often denied, delayed, or dismissed**. Many participants described self-harm as the only way to make their needs heard.

Why this matters:

Research highlights that in environments where people feel powerless, self-harm can become a coping strategy (Smith et al., 2019).

Addressing basic needs in a timely manner could help reduce self-harm incidents in prison.

> “That’s one thing you can be in control of. Obviously, it’s not necessarily something positive that you’re in control of, but it’s something.”

> “…what is the feeling that makes you do it at that point in time?”

Why this happens – explaining these findings through the FFM: Not being listened to and being dismissed fuelled self-harm through two functions outlined in the FFM: automatic negative reinforcement (to regulate internal emotional states) and social positive reinforcement (to elicit care). Frustration and dismissal when basic needs were unmet often led to self-harm to manage these emotions.

> “‘If you had listened to him, maybe he wouldn’t have had to use the blade”. I go, “The thing is, he has told you what his problem is, he has told you what he needs, but you just ignored him.’”

> “Frustration… Frustration, not being listened to.”

“How can you feel ok or be rehabilitated if you are banged up 23 hours a day and being rushed to move by staff as soon as you get out of your door?”

Research findings

Social interaction and purposeful activity

A lack of purposeful activity (such as education, art, work) and limited human interaction can create an overwhelming sense of **loneliness**, **frustration**, and **hopelessness**, described as contributors to self-harm in prison.

Prison lockdowns and staff shortages often resulted in participants being **confined to their cells for extended periods,** leading to feelings of desperation and hopelessness, and ultimately to self-harm.

Some participants reported **that self-harm was a form of distraction** from difficult thoughts and was used to elicit social interaction and care. Participants said there was **little for them to do with their time in cells that felt meaningful** and gave them a sense of achievement.

Why this matters:

Studies show that access to education, work, and creative activities can reduce self-harm by providing structure and meaning (Brown et al., 2021).

Why this happens – explaining these findings through the FFM: Lack of social interaction and purposeful activity leads to self-harm being used for automatic negative reinforcement (to avoid and distract from difficult thoughts and emotions) and social positive reinforcement (to try to elicit care through social interaction).

> “I feel like [self-harm] was out of necessity…I was doing that to start a conversation… Because you’re locked behind your doors, on your own, with your own thoughts, and it isn’t nice, we’re sociable creatures, we like to come out and talk to people and interact with people.”

> “I think a distraction, as well, using it as a distraction.”

“Crying out for help, saying I’m going to kill myself and staff saying ‘hurry up and do it then’.”

Research findings

Improved staff-prisoner relationships

Staff-prisoner relationships have **a significant impact on self-harm, emotional well-being, and overall prison culture.**

Some participants reported **compassionate staff interactions** that made them feel **heard and valued.**

Others described staff being **dismissive, punitive**, or making negative comments about self-harm, which increased distress; creating a cycle of **self-harm in response to dismissal** rather than providing the support they needed.

Participant accounts suggested that some staff may have become **desensitised** to self-harm, which can lead to responses that **appear dismissive or goading**.

Why this matters:

Research suggests desensitisation can develop as a protective mechanism for staff, as well as a response to the helplessness they can feel when trying to care for people who self-harm without adequate training or support (Kenning et al, 2010).

Existing literature brings attention to the importance of caring staff-prisoner relationships, suggesting that a lack of staff training, support for prison staff, and staff shortages hinder the development of such an environment, with staff expected to fulfil the contrasting roles of both custodian and carer (Walker et al, 2016).

A recent PRT publication showed that many staff are apprehensive of forming positive relationships with people in prison for fear of seeming 'compromised' (Prison Reform Trust, 2024).

> "[what we need is] just the officers to show a bit of interest, that they actually care."

> "He was a bit compassionate, he listened to you, you know?"

> "The officer didn't care and encouraged me to self-harm."

Why this happens – explaining these findings through the FFM: Not being listened to and being dismissed fuelled self-harm through two functions outlined in the FFM: automatic negative reinforcement (to regulate internal emotional states) and social positive reinforcement (to elicit care).

Research findings

Self-harm communicates need

Participants described being left in a **state of desperation** that led them to self-harm because they **did not know how else to express their needs**, or their attempts to communicate were **not listened to or acknowledged**. In the context of prison, where there is no autonomy to be able to meet one's own needs, this sense of desperation becomes overwhelming, with self-harm sometimes feeling like **the only way to have their distress recognised.**

This form of self-harm is often viewed as 'manipulative,' particularly by staff, which **stigmatises** those who self-harm and **dismisses the distress** they are expressing. While this perception and judgement among staff was clearly felt by people who self-harm and was a strong finding, it was also evident - perhaps more surprisingly - among some Listeners and even individuals who self-harm themselves, who at times described others' self-harm in the same way.

Participants suggested that this characterisation of self-harm leads to greater frustration among people who self-harm - **feeling dismissed, dehumanised and unheard** - all feelings participants described as leading to self-harm.

> "One of the officers walked over and he was talking to a girl who was on your house. He said, "Oh such and such is kicking off because they've been asked to move." He said, "They've just threatened to cut up." I heard one of the girls actually go and say, "You need to go and check on her, she's saying she's going to cut up," and he went, "Leave her to it, just for fucking attention." "

Why this matters:

Seeing self-harm as a 'manipulative' act **creates negative staff-prisoner relationships** which perpetuates self-harming behaviour.

A published review of prison staff attitudes towards self-harm reported that **perceiving self-harm as manipulative is associated with poorer care,** where people who self-harmed in this way are seen as undeserving of help (Hewson et al, 2022; Kenning, et al 2010)

Ramluggun et al (2013) reported that **50% of staff saw self-harm as a form of manipulation.**

FFM: The function of self-harm here is to try to get needs met, described in the FFM as social positive reinforcement, where the reinforcement 'reward' is healthcare, food, nicotine, or contact with family.

“Being on an ACCT just feels like tick box – no action actually taken, just checking. It feels like it’s just to cover their backs in case someone does kill themselves.”

Research findings

Better access to specialist support

Participants felt that when they did receive therapy, it helped their self-harm. **Consistent care for self-harm is important** - being able to build a **trusting relationship** with someone and receiving regular help enabled people to cope better. **It is about knowing you are getting help, when you are getting it, and actually getting it.**

Many participants described **waiting months** to be seen by a mental health professional, even when at high risk of self-harm. Some said they had to 'kick off' to get mental health support - meaning **distress had to reach a crisis point** before action was taken.

ACCT procedures are intended to ensure the provision of appropriate mental health support. They were often seen as a **"tick-box exercise"** rather than meaningful support. Participants avoided being on an ACCT because it made their struggles public. **Participants even said that being on an ACCT felt like a punishment.**

Participants described the importance of **holistic care;** considering all problems together, such as self-harm and drug misuse.

Why this matters:

Research suggests that some staff feel the **ACCT process stops them from providing high quality care** and is more about making sure they do not do anything wrong (Hewson et al, 2022; Ramluggun, 2013). Samaritans work in London prisons found similar feelings among staff, who also felt that focusing on the process of the ACCT means they give less time and attention to providing care to those on ACCTS (Samaritans, 2022).

Statistic: 67% of people in prison wait over two weeks for acute mental health care transfers (Ismail, 2020).

Why this happens – explaining these findings through the FFM: Participants described using self-harm as automatic negative reinforcement (to avoid thoughts about traumatic experiences) or using drugs in the same way to avoid thoughts/acts of self-harm. Self-harm was also used for social positive reinforcement (to access professional help).

“It takes 5 days to just get a response to an app – this is way too long when you’re in crisis, by the time you get help you will have self-harmed or smashed up your cell or tried to kill yourself ”

“Yeah, because your problems would be getting sorted out on that day…you’ve been given a time to sort your problem out. ”

“Let’s say your sessions were on a Wednesday…Would it be enough knowing that on Wednesday I’m going to speak about this? ”

“I didn’t like it, I thought it was … a punishment to be on an ACCT. ”

Research question 2:

What is the role of Listeners in fulfilling the needs of people who self-harm?

Key themes

- The role of Listeners
- Limitations to the Listener's role
- Listeners' experience of supporting people who self-harm
- Barriers to using Listeners

Research findings

The role of Listeners

Listeners, as people in prison, offer unique emotional support. Participants described the **value of shared lived experiences** in feeling understood, and how this can be helpful when Listeners also have experiences both of being in prison and self-harm.

Participants felt comforted by the fact that speaking to a Listener will not necessarily lead to an intervention – **it is a more informal type of support than that received from professionals**. Listeners will only break confidentiality if there is a safeguarding concern. See appendix 1 for detail on Samaritans confidentiality policy. Participants said that when officers are involved in supporting them, there is **always the sense that they will have to act rather than just listen.**

Listeners offer support that is **more readily available and accessible** than professional mental health services. This was described as a benefit of the scheme which provides an important role in supporting people who self-harm.

Why this matters:

Other research has shown that peer support in prisons provides a crucial outlet for emotional distress, distinct from staff interactions. While many people in prison feel judged by both staff and peers, they report feeling safer opening up to Listeners (Foster & Mage, 2011).

Shared experiences foster empathy, and speaking to a Listener who has self-harmed can help individuals find alternative coping strategies (Griffiths, 2017).

People in prison are more likely to seek support from a Listener during the night, **when professional care is less accessible** (Griffiths, 2017).

Anecdotal evidence tells us that sometimes people who use Listeners do not admit to it and may not in a group setting like a focus group. In 2024, there were 4,844 contacts with Listeners about self-harm across all schemes, making up 10.3% of all formal Listener contacts over the year. This demonstrates the scale of support Listeners are providing to those who self-harm.

> “You can talk to someone who’s a prisoner, probably even someone you probably already know in the prison who you’ve maybe got a good relationship with, and you’re just having a nice just general conversation. It’s just you and them. The officers aren’t there to listen. They can’t come in and intervene. It’s just a bit of that security and comfort.”

> “I think it’s the accessibility. When you ask for a Listener, an inmate is quite quick to go and get it sort of thing, whereas if you’re asking for a professional, you’re on a waiting list.”

“Sometimes the staff do almost take advantage of us. If they see someone who has self-harmed, it’s almost like rather than deal with the situation, they go, “Do you want to speak to Listeners? ”

Research findings

Limitations of the Listeners' role

Participants who self-harm suggested that **Listeners are not always the people that they want support from**, because they are not mental health professionals and do not have clinical training. They said Listeners should **not be used to plug gaps in professional mental help support**, although often are. Listeners are also people in prison who experience the pains of imprisonment, and do not have access to clinical supervision.

Participants said that, while Listeners provide a space to vent, they **lack the authority to make systemic changes** or resolve issues related to unmet needs. **Listeners cannot help get basic needs met** in the way staff could.

Participants expressed that they felt **active listening only goes some of the way in helping with self-harming behaviours**. This does not mean there is no place for Listeners in supporting those who self-harm, but **they cannot be the only solution**. People who self-harm wanted to be able to ask for advice to help with their self-harm, which is not something Listeners offer.

> "Yeah, for me I don't really think that would have worked, because the way I would have seen it is I can listen to myself and I do listen to myself all day, and it's me that's telling myself the self-harm. Like I need someone that's telling me not to do it, do you know what I mean? That's what it was like for me anyway."

Why this matters:

Other research highlighted that there is a limit to what Listeners can do **because of a need for systemic changes in the prison system** to reduce emotional distress through better resourcing of mental healthcare in prisons, which is currently under serious strain (Wainwright & Decodts, 2020).

> "Whether you are a Listener, whether you are a Shannon Trust member or you are a mentor of any kind as a prisoner, you are still a prisoner. You are in the same boat as I am in right, so a Listener's hands are tied. He is limited too."

Research findings

Listeners' experiences of supporting people who self-harm

Listeners described feeling both a sense of **satisfaction** when they saw progress in someone who self-harms, as well as often feeling exasperated by **the lack of preventative support** and aftercare for people who self-harm from staff and professionals.

These feelings of frustration came alongside other difficult experiences, as Listeners described how supporting people who self-harm can be **uncomfortable, overwhelming and harrowing.**

Listeners described feeling **well supported by Samaritans**, although their role is emotionally taxing. Even though Listeners did not ask for more support from Samaritans, the experiences they described showed the extremity of the situations they are put in, indicating that **the work they do is of a similar risk and nature to that of a therapist**, without the same level of support.

> "I don't think Samaritans could do much more, I think Samaritans are fucking brilliant."

> "With the self-harm side of things I actually find more rewarding because… when they haven't self-harmed, they're so happy with themselves. They're so excited to tell you."

> "Frustrating because, OK, we will support them within our roles as Listeners, but I feel that there's not very much care after that."

Why this matters:

Another study highlighted **the lack of aftercare** for Listeners, especially after long overnight calls – which is a key time for self-harm support (Tomczak & Buck, 2023). Samaritans' policy outlines that Listeners should not work after long overnight calls and should be able to access fellow Listeners and Samaritans for emotional support as and when they need it. Unfortunately, there are barriers within the prison system which can sometimes make this difficult.

“The screw’s opened the door… he knew it was Listeners, but he didn’t know it was me and him [points at another Listener]. So, the door’s opened… he’s got a piece of glass in his hand, there’s blood everywhere and the screw goes, “Listeners,” and he must have said to the screw from the reaction, “I’m all right now.” So… I was like “Whoa, let me in there, one minute”.. And he seen it was us, so he let us in…Now, what would you do? He said no to the Listener, to you, and you were the screw, what would you have done? Would you have shut that door with all that blood sitting there?”

Research findings

Barriers to using the Listener scheme

Trust was the most emphasised barrier to using the Listener scheme. Participants expressed how important it was to be able to trust that a Listener would maintain confidentiality, and some spoke of mistrusting Listeners. **Listeners felt that staff sometimes do not trust the Listener scheme**, or trust that people in prison are genuinely in distress and need to speak to them.

Participants described how staff would often **loudly announce** when a Listener had come to speak to someone, therefore making their need **public.** Others described not having confidential space in which to talk to a Listener. This stopped people calling for Listeners because they wanted to **maintain privacy.**

The Listener scheme works on a rota system, and it is not possible to request to speak to a particular Listener. This was mentioned as a barrier to the service as people felt **more comfortable speaking to someone they already had a relationship with and trusted.** Women described not wanting to speak to Listeners with sexual offenses because it was **retraumatising**.

Participants described that **Listener contacts were not always facilitated** by staff. This may have been due to staff shortages, operational emergencies or a lack of staff awareness about how to support the scheme. This acted as a logistical barrier for people using Listeners as support for self-harm and meant that people could not trust that they could access support when they asked for it.

> “You don’t know the guy who’s going to turn up to your door, for one, you don’t know who he is or what he’s in for or what his background is and you’re meant to tell him your deepest thoughts or why you’re stressed? I prefer to sit with a friend.”

Why this matters:

Research shows that people in prison may fear exploitation or perceive that **showing trust could be interpreted as weakness,** leading to victimisation (Johnson Listwan et al, 2023). This fear is likely exacerbated by the fact that many people in prison have experienced significant **trauma**. Such experiences can cause difficulties forming trusting relationships (Haney, 2001).

> “I wouldn’t want someone – I don’t want people knowing I’m talking to a Listener. They come in a big T-shirt saying Listener.”

Conclusions

Conclusions

What are the needs of people who self-harm in prison?

- **Unmet basic needs fuel desperation and self-harm** – People spoke about the frustration and hopelessness of being unable to access essentials like healthcare, bedding, and clothing. When requests for these basics are ignored, the sense of powerlessness deepens, leaving self-harm feeling like the only way to be heard.
- **Lack of consistent mental health support increases vulnerability** – People described long waits and inconsistent care, leaving them feeling abandoned and uncertain about when, or if, they would get help. This gap in support makes it harder to manage distress in healthier ways.
- **Staff-prisoner relationships have a powerful impact** – How staff treat people makes a real difference. Feeling heard, respected, and treated with care helps people feel less alone and more able to cope without self-harming.
- **Isolation and lack of control deepen distress** – Limited time out of cell and restricted social contact leave people feeling trapped and powerless. This sense of being cut off from the outside world or even from others within the prison - from basic human connection - intensifies feelings of despair and increases the risk of self-harm.
- **Lack of purposeful activity leaves space for self-harm** – Not having meaningful things to do during time in prison makes it hard to ignore and distract from thoughts of self-harm. Participants felt their time was being wasted in prison – leading to feelings of hopelessness and despair – with self-harm used to try to avoid these thoughts. People need to have things to do that give meaning to their lives.

Conclusions

What is the role of Listeners in fulfilling those needs?

- **Emotional support from Listeners matters** – Listeners provide valuable peer support, offering a sense of connection when professional help is not readily available. They can offer support that feels comfortable and informal, which participants liked.
- **There are limits to what Listeners can do** - Participants were clear that Listeners are not clinically trained to manage self-harm and should not be seen as a substitute for professional mental health support and medical care. They are also not able to fulfil needs around basic care, as they too experience a lack of agency within prison.
- **Listeners' experiences in supporting people who self-harm** – Listeners want to support everyone in prison, including people who self-harm. They felt that they had a role in supporting those who self-harm by offering emotional support, although they felt they were often too heavily relied on by staff and asked to support people in crises. This was harrowing, and outside of their role.
- **Barriers to using Listeners** - Even in the instances in which Listeners are the right people to fulfil the needs of people who self-harm, there are barriers that sometimes stop people who self-harm from speaking to Listeners. Some participants felt that they did not trust Listeners to maintain confidentiality, with trust being difficult in a prison setting. Others felt that speaking to a Listener let others know they were struggling, and they wanted to maintain privacy. There was also the practical barrier that participants reported asking to speak to a Listener and this not being facilitated.

Conclusions

What does this mean?

The insights in this report highlight that people with lived experience are clear about their needs, and the role that Listeners play in providing emotional support in prisons.

People who self-harm seek basic needs to be met, access to both mental and physical healthcare, meaningful human connection and activities, and consistent caring relationships with staff, alongside formal and specialised support. Meeting these needs can improve their quality of life and reduce self-harm.

In relation to prison life, the day-to-day experience matters most: having basic needs understood and met, and being treated with respect and care can make a huge difference. This approach should be reflected not only in how individuals are treated daily, but also in the specific support offered for self-harm and specialised mental health care.

The key takeaway regarding the Listener scheme is that, while participants valued the peer support it provides, it should be seen **as a complement,** rather than a replacement, for professional care. Listeners should not be seen as the primary source of support for those who self-harm. Systemic challenges, such as understaffing, lack of privacy, and scepticism from both staff and people in prison, can make it harder for the scheme to fully support those who self-harm. While Listeners offer helpful, round-the-clock support, ensuring better access to professional mental health care at the point of need remains essential.

The day-to-day is what matters. How people are treated is what matters. Having basic needs acknowledged and met is what matters. This might require change in the establishments and prison system - which can only occur when prison systems and leaders are given the resource and opportunity to prioritise care and compassion in every aspect of prison life.

Conclusions

Next steps for Samaritans

Improving people's understanding of the Listener scheme:

It is important that people know what the Listener scheme is and how to access Listener support. This will help people to manage their expectations of the service, for instance, understanding that Listeners provide non-judgmental and confidential listening support rather than targeted medical care. Our co-researcher with lived experience of being a Listener, commented that embedding Listeners in induction processes is important to make people aware of the Listener scheme when they arrive in custody. **Samaritans will work to highlight the importance of promoting the Listener scheme at different stages within someone's prison journey and will introduce new co-designed resources to promote Listeners.**

Improving trust in the scheme:

To increase people's trust in the service, Samaritans will work to emphasise the importance of confidentiality to the Listener scheme. Free movement of Listeners across prisons can help Listeners build rapport and trust with others; in turn, this may help people in prison access support. **New training for Listeners will focus on the importance of maintaining confidentiality and the processes for sensitively seeking additional safeguarding support from staff**.

Prison staff awareness:

Prison staff are vital in ensuring the efficient delivery of the Listener scheme. Responding to requests to speak to Listeners sensitively can alleviate distress. Discretely arranging Listener support can help remove barriers to seeking help. Similarly, providing a private and confidential place for Listener support contacts to be taken is vital. **Samaritans will work with HMPPS and other organisations to find opportunities to train staff about their role in supporting the Listener scheme.**

Conclusions

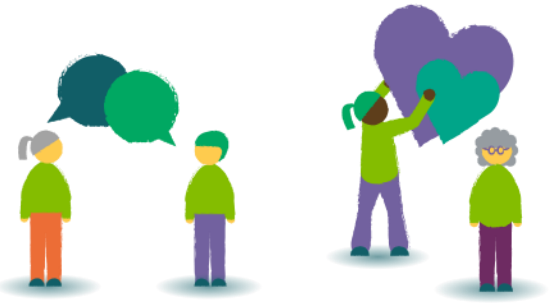
Next steps for Samaritans

Support for Listeners:

The emotional wellbeing of Listeners is imperative to Samaritans. As Listeners are exposed to self-harm, it is important to make sure the support they receive is adequate. **Samaritans is committed to further exploring the support that Listeners receive. Supporting Listeners to communicate the boundaries of the role and avoid taking on additional advocacy work will be part of this exploration. Similarly, training needs around the perceptions of, and motivations for, self-harm will be further explored to address the negative beliefs around this.**

Embedding lived experience:

This research has highlighted the importance of listening to the lived experience of people in prison. **Samaritans will look to develop a lived experience advisory panel specifically for the Listener scheme to formalise the way in which we co-design and develop our services in prisons.**



Conclusions

Limitations

Participant Selection:

While we aimed to speak only with people who had self-harmed in prison and Listeners, some focus group participants said they had not self-harmed.

- This may have reduced the quality of data from these focus groups.
- However, we kept the data because:
  - **We could not distinguish between those who had and had not self-harmed in the data.**
  - **Those who said they had not self-harmed had still witnessed self-harm and spoken to many who had self-harmed, providing valuable insights.**

Listener Representation: We only spoke to two groups of Listeners, so their experiences may not reflect those of all Listeners.

Demographic Data: We could not obtain demographic information about participants from prisons, meaning our sample may not be representative in terms of race, ethnicity, age, or disability.

Researcher Affiliation: Participants knew the lead researcher worked for Samaritans, which may have made them hesitant to share criticisms, despite our emphasis on welcoming all feedback.

Appendices and bibliography

Appendix 1: Confidentiality Policy

Samaritans have a policy around when Listeners should break confidentiality.

All information shared by a service user in a Listener contact is confidential to Samaritans unless:

- We have informed consent from a service user to pass on information.
- We inform prison staff because a service user is attempting suicide or serious self-harm in the presence of a Listener
- A service user is at risk of serious harm and cannot make decisions for themselves
- We receive a court order requiring us to divulge information or are required to do so by nation specific legislation
- We are passed information about acts of terrorism, bomb warnings or threats to life
- A service user attacks or threatens a Listener or Samaritans person
- A service user deliberately prevents the service from being delivered to other callers

Samaritans maintains confidentiality even after a service user passes away unless required to report under one of the conditions listed here.

Appendix 2: Definition of self-harm

Throughout the research, we defined 'self-harm' as "any deliberate act of self-poisoning or self-injury without suicidal intent. This does not include accidents, substance misuse and eating disorders."

Self-harm is a complex behaviour that is not always easy to define as suicidal or not, and a person's reasons and intentions when self-harming can change over time. We recognise that in other sectors and fields, and notably within the prison service, self-harm is defined differently, and the term can include suicidal behaviours.

Previous research by Samaritans has shown us that specifically understanding self-harm as a **non-suicidal** behaviour can be helpful and while this relationship is clearly complex, to treat the behaviours (self-harm and suicidal behaviour) as the same would ignore the complexity and nuances of the thoughts and actions of those who experience it. It therefore shows the importance of creating a distinction in research, to understand whether this impacts on people's experiences and needs.

Appendix 3: Analysis and theoretical model

Inductive thematic analysis was carried out on the transcripts from the focus groups using Nvivo software to code the transcripts. The inductive approach taken means we allowed the data to be the guide in the development of themes, rather than having set themes we were trying to fulfil, while guided by the research questions.

Two people with Lived Experience (LE) of prison, one of whom had been a Listener, conducted the analysis with two researchers. We conducted side-by-side coding, with researchers and people with LE coding the transcripts together. This method was effective in many ways; not only did it add depth to the interpretation of the data that can only be obtained when working with people with LE, but the dialogue about the codes and themes helped bring them to life and add narrative. Furthermore, working in this way was considered protective by everyone on the team, as the content of the transcripts was very heavy to read and often harrowing. Working alongside others and being able to debrief and discuss feelings in the moment became an additional benefit of this method of analysis.

While the analysis was conducted in an inductive way, during the sense-making and write up process a model of self-harm was used to help frame the themes. This was The Four Function Model (FFM) by Nock and Prinstein (2004) (Yan & Yue, 2023). As each theme under research question one was explored and written up, the FFM model was used as a lens to help explain the different experiences of participants.

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