



2022-2023 REPORT

# SELF-HARM IN IRISH PRISONS

Fifth report from the *Self-Harm  
Assessment and Data Analysis  
(SADA) Project*

February 2025



**NSRF**  
National Suicide  
Research Foundation



Seirbhís Phríosúin  
na hÉireann  
Irish Prison Service



Connecting for Life

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## Foreword

Welcome to the fifth Irish Prison Service SADA Report for the years 2022 and 2023. This report provides a detailed analysis of all episodes of self-harm and suicide by people in custody across the Irish Prison Service Estate in 2022 and 2023.

Since its inception in 2016, the SADA Project, a recognised action of the National Strategy to Reduce Suicide – “*Connecting for Life*”, has been dedicated to collecting high-quality data that informs and shapes our approach to mental health and wellbeing in custody. The publication of this report reaffirms our commitment to addressing self-harm and suicide within the Irish Prison Service.

The data included in this report represents six years of concerted effort by our dedicated staff, who work tirelessly to prevent, respond and record to episodes of self-harm. Their diligence is crucial to understanding the complexities surrounding these episodes and developing strategies that prioritise the safety and wellbeing of individuals in our care. The collaboration with the National Suicide Research Foundation (NSRF) and the National Office for Suicide Prevention (NOSP) continues to further enhanced these efforts and reflect these finding as part of national statistics.

As we move forward, our focus remains on enhancing the mental and physical health and wellbeing of all prisoners. The findings in this report not only highlight the areas needing attention but also celebrate the progress made through collaboration, research, and dedicated intervention efforts. Together, with the support of multi-disciplinary teams, we strive to create a safer, more supportive prison environment that upholds the dignity and humanity of every individual.

I extend my gratitude to all those involved in this vital work, and I am optimistic that our continued efforts will lead to meaningful improvements in the care and support provided to those in our custody.

**Caron McCaffrey**

Director General, Irish Prison Service

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# Executive Summary

This is the fifth annual report detailing all recorded episodes of self-harm among individuals in the custody of the Irish Prison Service. The report presents data collected from all prisons across the Republic of Ireland for the years 2022 and 2023, as part of the Self-Harm Assessment and Data Analysis (SADA) Project.

## Main findings

- The number of self-harm episodes increased from 161 involving 100 individuals in 2022 to 215 involving 132 individuals in 2023, marking a 33.5% rise in episodes and a 32.0% increase in the number of individuals affected. During the same period, the overall prison population grew by 11%, resulting in a slight increase in the rate of self-harm per 100 prisoners, rising from 2.6 in 2022 to 3.1 in 2023.
- **Gender and age trends:** The majority of prisoners who engaged in self-harm in 2022 and 2023 were male (n=293; 78%), with rates slightly increasing from 2.1 per 100 in 2022 to 2.6 per 100 in 2023. The rate among female prisoners was similar in both years at 17.2 per 100 in 2022 and 16.5 per 100 in 2023. Younger male prisoners (18-29 years) exhibited the highest rates of self-harm, consistent with previous years. In 2023, self-harm among female prisoners shifted to older age groups, with the highest rates observed in those aged 40+ years (10.7 per 100 prisoners).
- **Methods of self-harm:** Self-cutting was the predominant method of self-harm, accounting for 60% of episodes in 2022 and 61% in 2023. While typically requiring minimal intervention, self-cutting resulted in one fatality in 2022. Hanging and drug overdoses were associated with more severe outcomes, with hanging-related episodes leading to four fatalities in 2023. Other methods, such as the use of blunt objects and fire, also contributed to self-harm episodes but were less common.
- **Timing and location:** The majority of self-harm episodes took place in the afternoon and early evening, with a peak between 2 PM and 8 PM — a pattern that has remained consistent since the

SADA project began in 2017. These episodes were more likely to occur when prisoners were unlocked. Single-cell accommodation continued to be a prominent setting for self-harm, accounting for 73.3% of episodes in 2022 and 69.8% in 2023, despite a reduction in the number of prisoners housed in single cells during this period.

- **Repetition:** Repetition of self-harm remained a significant concern, with approximately 38% of episodes in both 2022 and 2023 involving repeat incidents. While repetition rates among male prisoners remained relatively stable—rising slightly from 22.8% in 2022 to 25.6% in 2023—a notable change was observed among female prisoners. The number of female prisoners who self-harmed was similar in both years, with 21 individuals in 2022 and 23 in 2023. In 2022, four of the 21 female prisoners who self-harmed repeated the behaviour at least once more within the year, equivalent to a 19.0% repetition rate. In contrast, in 2023, 11 out of the 23 female prisoners who self-harmed engaged in repeat self-harm, increasing the repetition rate to 47.8%. Although this appears to be a substantial rise in the proportion of repeat self-harm among female prisoners, it's important to interpret these percentages cautiously due to the relatively small numbers involved. These findings highlight the need for targeted interventions to address repeat self-harm within the female prisoner population, while also acknowledging that variations in small numbers can significantly impact percentage-based interpretations.
- **Contributory factors:** Mental health issues were the most common contributory factor in 2022, but difficulties with coping and managing emotions were rated more often as contributory factors in 2023. Substance misuse also played a significant role as a contributory factor, noted in 56.5% of episodes in 2022 and 44.2% in 2023. Environmental factors, such as legal issues, isolation, and procedural challenges, were consistently recorded, alongside relational issues like conflicts with other prisoners and reduced family support.
- **Medical interventions:** Most self-harm episodes required minimal medical intervention, with this being the case in 42.8% of cases in 2023 compared to 39.8% in 2022. However, high-intent episodes were associated with more severe outcomes, including hospital admissions and fatalities. High-intent episodes, though the least frequent (16.1% in 2022 and 16.7% in 2023),

were associated with the most severe outcomes. Nearly half of high intent episodes (44.4% in 2023 and 31.3% in 2022) required outpatient or A&E treatment, and a substantial portion needed intensive care or resulted in fatalities. Notably, all recorded deaths occurred in high-intent episodes and were exclusively among male prisoners, underscoring both the critical nature of these incidents and the gendered disparity in severe outcomes. These findings highlight the urgent need to strengthen both preventive and reactive measures to mitigate the risks associated with high-intent self-harm. Efforts should focus on addressing the unique vulnerabilities of male prisoners and ensuring that sufficient resources are available to manage and reduce the severity of such cases effectively.

## Recommendations

The annual person-based rate of self-harm was 2.6 per 100 prisoners in 2022, which increased to 3.1 per 100 prisoners in 2023 – an increase of 18%. During the same period, the overall prison population increased by 11%.

The growing prison population adds additional complexities, including overcrowding and increased demands on mental health and support services, which may impact self-harm rates. These trends underscore the need to scale prevention and intervention efforts proportionally to accommodate the rising prison population, while also addressing the distinct needs of vulnerable subgroups within the prison population. Continued monitoring, alongside robust research and targeted interventions will be critical in reducing self-harm rates and improving the overall mental health and well-being of the prison population.

The trends outlined in this report underscore the need for comprehensive prevention measures to address and reduce the incidence of self-harm in Irish prisons. Research indicates that multicomponent programmes, which incorporate a variety of targeted interventions, are among the most effective strategies for mitigating suicide and self-harm in custodial settings (2). These programmes often include integrated care and treatment programmes, enhanced access to psychological support, and staff training in suicide prevention.

### ***1. INTEGRATED TREATMENT FOR DUAL DIAGNOSIS***

Prisoners with co-occurring mental health and substance use disorders (dual diagnosis) represent a particularly vulnerable group with heightened risks of self-harm and suicide. Integrated care programmes should combine evidence-based treatments for mental health conditions, including therapeutic intervention such as trauma-informed care and motivational interviewing, alongside pharmacological support tailored to individual needs (2). Substance misuse interventions should focus on harm reduction, relapse prevention strategies, and where feasible, access to detoxification and rehabilitation services (2). Specialised staff training, including dual diagnosis-specific modules for both healthcare and other prison staff, ensures that these programs are responsive to the complex needs of this population (3,4). Collaborative care approaches, involving multidisciplinary teams—comprising primary care providers, mental health professionals, addiction specialists, and prison staff—are essential to providing holistic, person-centred care. This aligns with the National Dual Diagnosis Model's emphasis on integrated, trauma-informed, and recovery-oriented care pathways (2).

## ***2. DEVELOPMENT OF TARGETED MEASURES TO PREVENT SELF-HARM***

The high rates of repeat self-harm, particularly among female prisoners, require specialised attention. Individual case management can play a key role in identifying and addressing underlying factors contributing to self-harm. Interventions should include safety planning, regular follow-ups with mental health professionals, and support to help prisoners develop healthier coping mechanisms. Additionally, programmes should address challenges that may disproportionately affect older female prisoners, such as managing chronic conditions, coping with menopause, grief, and maintaining connections with family and the community. Tailored mental health services that consider these unique psychological stressors are essential and may significantly reduce the risk of self-harm among older female prisoners

## ***3. DATA DRIVEN MONITORING AND EVALUATION***

This report highlights the important role of ongoing data monitoring and evaluation in order to identify trends, risk factors, and underlying contributory factors for self-harm among prisoners. Timely and frequent reporting supports the development of targeted, evidence-based prevention strategies to address mental health and substance use. Expanding data collection to capture more granular details—such as previous exposure to trauma, presence of dual diagnosis —would offer a deeper



understanding of the drivers behind self-harm and the effectiveness of responses. This approach can refine and adapt prevention strategies to address the evolving needs of the prison population.

The Irish Prison Service (IPS) and the HSE National Office for Suicide Prevention (NOSP) have demonstrated their commitment to advancing self-harm prevention by pledging continued support and funding for the Self-Harm Assessment and Data Analysis (SADA) project. The sustained investment in the SADA project ensures the continuation of vital data collection, trend monitoring, and intervention evaluation, laying the foundation for innovative and effective approaches to self-harm prevention within the prison system. By building on the insights provided by the SADA project, the IPS and HSE NOSP can lead the way in creating safer, more supportive prison environments. This commitment not only strengthens current prevention efforts but also provides a framework for integrating new, data-driven interventions that address the unique challenges faced by prisoners at risk of self-harm.

#### ***4. CULTURALLY INCLUSIVE PROGRAMMES***

Ethnic disparities were evident among prisoners who engaged in self-harm during 2022 and 2023. In both years, White Irish individuals represented the majority of those who self-harmed (71.0% in 2022 and 74.2% in 2023), followed by Irish Travellers, who remain disproportionately overrepresented relative to their numbers in the general prison population. Irish Travellers accounted for 15.0% of self-harm episodes in 2022 and 15.9% in 2023. This overrepresentation of Irish Travellers in the prison populations requires culturally inclusive programs that address the unique needs and experiences of prisoners from various ethnic and cultural backgrounds. Interventions should recognise and respect cultural differences in mental health perceptions, coping mechanisms, and access to support networks. Cultural inclusivity is essential not only for fostering trust and engagement but also for addressing barriers that may prevent some prisoners from seeking help. Tailoring interventions to the needs of ethnic minorities, such as the Traveller community, through culturally appropriate mental health services could foster greater engagement and reduce stigma.



**Figure 1: Irish Prison Service Estate**

**Source: Irish Prison Service Annual Report 2023**

# Introduction

The fifth Self-Harm Assessment and Data Analysis (SADA) Report offers comprehensive insights into the incidence, characteristics and contributing factors of self-harm within prison settings in Ireland for the years 2022 and 2023. It explores individual and contextual risk factors, patterns of repeated self-harm, and the associated medical severity and suicidal intent of self-harm in these environments.

Internationally, self-harm among prisoners is a well-documented and concerning issue, with rates significantly higher in prison populations compared to the general population (5). Studies across various countries highlight the unique vulnerabilities faced by people in custody, including elevated rates of mental health disorders, substance misuse, and exposure to trauma (4). These factors, compounded by the stress of incarceration, isolation, and restricted freedoms, create an environment where self-harm can become a prevalent coping mechanism.

Since 2017, the National Suicide Research Foundation - a World Health Organisation Collaborating Centre for Surveillance and Research in Suicide Prevention - has produced four annual reports, spanning five years, detailing the incidence and nature of self-harm in Irish prisons. The fundamental aim of the SADA project is to provide a review of episodes and profiles of self-harm in prisons and to make evidence-informed recommendations to reduce and prevent episodes of self-harm and suicide within the prison setting. The SADA project is an action which supports Ireland's national strategy for suicide prevention '*Connecting for Life*' which highlights prisoners as a priority group with vulnerability to an increased risk of suicidal behaviour (1). The project also aligns with the Irish Prison Service Strategy 2023-2027, part of which aims to monitor the incidence and nature of self-harm and death by suicide, reviewing episodes to improve prevention and response measures and sharing relevant information on risk factors and best practice with local Self-Harm and Suicide Prevention Groups (6).

The most recently published SADA report, based on data from 2020 and 2021, indicated that younger prisoners had the highest rate of self-harm in these years (7), which is consistent with trends from previous years and similar findings to the general population regarding hospital-presented self-harm (8). In 2020 and 2021, the incidence of self-harm among female prisoners was twelve and seven times higher than male prisoners, reflecting similar trends from 2017-2019, when the rate was six

times higher among females (9). Additionally, the rate of self-harm was twice as high among prisoners on remand or awaiting trial compared to sentenced prisoners, aligning with earlier findings from the SADA project and international research (7,9).

Additionally, this report contextualises its findings with recent research conducted within prison settings, with increasing evidence that the presence of a substance use disorder can be highly associated with self-harm in the prison settings (10), and dual diagnosis (e.g., co-occurring addiction and mental illness) in prisoners indicates risk for self-harm (5,10,11). Recent research also suggests that female prisoners who engage in self-harm are more likely to have a history of a psychiatric disorder, including substance use disorders and dual disorders (10) and male prisoners of an older age may be more at risk for persistent self-harm (12). Prison-related risk factors have been cited as solitary confinement, victimisation and poor social support while incarcerated (5).

This report provides an updated and nuanced understanding of self-harm in prisons, enabling targeted interventions and informed policy decisions aimed at reducing self-harm in the Irish prison population. Through this analysis, the SADA project continues to support the overarching goal of fostering safer prison environments and improving mental health outcomes.

# Methods

## Definition and terminology

The following definition of self-harm is used in the Irish Prison Service: 'self-harm is (non-accidental) self-poisoning or self-injury, irrespective of the apparent purpose of the act'. This definition was developed for the National Clinical Practice Guidelines (13) and is in line with the definition used by the National Self-Harm Registry Ireland. The definition includes acts involving varying degrees of suicidal intent, from low intent to high intent and various underlying motives such as loss of control, cry for help or self-punishment.

## Inclusion criteria

The following are considered to be self-harm cases:

- All methods of self-harm i.e. drug overdoses, alcohol overdoses, lacerations, attempted drownings, attempted hangings, burning, gunshot wounds, swallowing non-ingestible substances or objects and other behaviours likely to induce bleeding, bruising and pain etc. where it is clear that the self-harm was intentionally inflicted.
- Food and/or fluid refusal, irrespective of duration.
- Overdose of prescription or illicit substances where there is intent to self-harm.
- Alcohol overdose (e.g. hooch) where the intention was to self-harm.

## Exclusion criteria

The following are NOT considered to be self-harm cases:

- Behaviour where there is no intent to self-harm.
- Accidental overdoses e.g. an individual who takes additional medication in the case of illness, without any intention to self-harm.
- Alcohol overdoses alone where the intention was not to self-harm.
- Accidental overdoses of illicit substances used for recreational purposes, without the intention to self-harm.
- Acts of self-harm by individuals with a profound learning disability. One of the reasons for exclusion is that self-harm is a behavioural outcome of some learning disabilities.

## **Data recording**

Data on each episode of self-harm are recorded using the standardised SADA form by the multi-disciplinary team in each prison (Appendix 1), including prison staff and representatives from psychology, primary care, psychiatry and other relevant service providers involved with the person in custody. The form consists of four sections: (1) demographic information; (2) severity and intent matrix; (3) typology of prisoner; (4) contributory factors and is completed using a standard operating procedure outlined in the SADA manual.

Applying the case-definition and inclusion/exclusion criteria, episodes are identified and discussed at regular meetings of the multi-disciplinary team to assess for accuracy. A data set was developed from the SADA data collection form, including demographic information (sex and age), circumstances of the self-harm episode and prison-related information and typology. The completed forms are then forwarded to the Care and Rehabilitation Directorate and subsequently transferred to the National Suicide Research Foundation (NSRF). Data are then recorded onto an encrypted computer in the NSRF.

## **Data protection and confidentiality**

Confidentiality is strictly maintained. The National Suicide Research Foundation is registered with the Data Protection Agency and complies with the EU General Data Protection Regulation (2018). A Data Processing Agreement between the IPS and the NSRF is in place. Only anonymised data are released in aggregate form in reports. Full names of prisoners are not recorded. Prisoner initials and PIMS (Prisoner Information Management System) number are recorded, to allow for recording of multiple episodes by the same individual

## **Data items**

A dataset has been developed from the SADA form (Appendix 1) to determine the extent of self-harm and suicide in Irish prisons, the typology of prisoners engaging in self-harm and the influencing or motivating factors of each episode.

- **PRISON**

The prison that the prisoner was in at the time of the episode is recorded.

- **PRISONER NUMBER**

- **AGE**

- **QUARTER**

- **DATE AND TIME OF EPISODE**

- **METHOD OF SELF-HARM**

The method(s) of self-harm are recorded in line with the Tenth Revision of the World Health Organisation's (WHO) International Classification of Diseases codes for intentional injury (X60-X84).

The main methods are self-cutting/self-harm with a sharp object (X78), overdose of drugs and medications (X60-64), self-poisoning with alcohol (X65), self-harm by hanging, strangulation and suffocation (X70) and self-poisoning which involve the ingestion of chemicals, noxious substances, gases and vapours (X66-X69). Some episodes may involve a combination of methods. In this report, results generally relate to the primary method of self-harm. In keeping with standards recommended by the WHO/ Euro Study on Suicidal Behaviour(14), this is taken as the most potentially lethal method employed.

- **DESCRIPTION OF INCIDENT**

- **SEVERITY/INTENT MATRIX**

A measure of severity was developed based on physical consequences of the episode, ranging from 1 to 6, from no treatment required (1) to hospitalisation (5) and death (6). A measure of suicidal intent associated with the self-harm episode was developed based on the Beck Suicide Intent Scale (SIS)(15), ranging from 1 to 3, including no/low intent (no thoughts, no plan or premeditation) (1), medium level of intent (some level of thoughts, premeditation, planning) (2) and high level of intent (evidence of thoughts, ideation and planning) (3). A coding guide based on the items of the Beck SIS is used when assigning an intent score and was informed by subjective reporting from the prisoner and objective evidence(15). Severity and intent are coded together on the "severity/intent matrix", a table with intent across the top and severity at the side where the act is be plotted to allow for the consideration of both components in relation to each other.

- **GENDER**

- **ETHNICITY**

The ethnicity of prisoners was extracted directly from their health records. Ethnicity was coded and classified using the standard categories outlined by the Central Statistics Office.

- **ACCOMMODATION**

The type of prisoner accommodation at the time of the episode is recorded. The most common type of prisoner accommodation is general population.

- **CELL TYPE**

Whether a prisoner is in a single or shared cell at the time of the episode is recorded.

- **LEGAL STATUS**

Whether the prisoner is on remand, awaiting trial, convicted and awaiting sentencing, or sentenced is recorded.

- **SENTENCE LENGTH AND TRIMESTER**

Where applicable, the length of the prisoner's sentence and the trimester of the sentence they are in at the time of the episode is recorded.

- **REGIME LEVEL**

The prisoner's regime status at the time of the incident is documented. The IPS Incentivised Regimes Policy outlines the allocation of privileges based on prisoners' regime levels, which are determined by their engagement with services and behaviour (16). The system offers three levels of privilege: basic, standard, and enhanced. Upon initial commitment, prisoners start at the standard level. Depending on their behaviour, they may either progress to the enhanced level or regress to the basic level.

- **CONTRIBUTORY FACTORS**

Factors that contributed to or motivated the episode were recorded. Some episodes had multiple contributory factors; in such cases all factors were recorded. Contributory factors were organised into the following six themes: environmental, relational, procedural, medical, bereavement/loss and mental health. Contributory factors are recorded as either primary or secondary. Primary factors are the main or most significant reasons that contributed directly to the self-harm episode. They typically represent the primary motivation or trigger for the incident. Secondary factors are additional contributing factors that might not have been the primary trigger but still played a role in the self-harm incident. Each episode is assessed for all applicable factors, with each one marked as either a primary or secondary cause.



## Calculation of prison rates of self-harm

The annual person-based rate of self-harm in 2022 and 2023 was calculated for the prison population overall, for male and female prisoners as well as for sentenced prisoners and those on remand. Prison population figures were provided by the Irish Prison Service (IPS) for each day of 2022 and 2023. The average of these daily populations was used as the estimated prison population for both years. Crude rates per 100 prisoners were calculated by dividing the number of prisoners who engaged in self-harm (n) by the relevant population figure (p) and multiplying the result by 100, i.e.  $(n/p) * 100$ . Exact Poisson 95% confidence intervals were calculated for rates using Stata version 12.0.

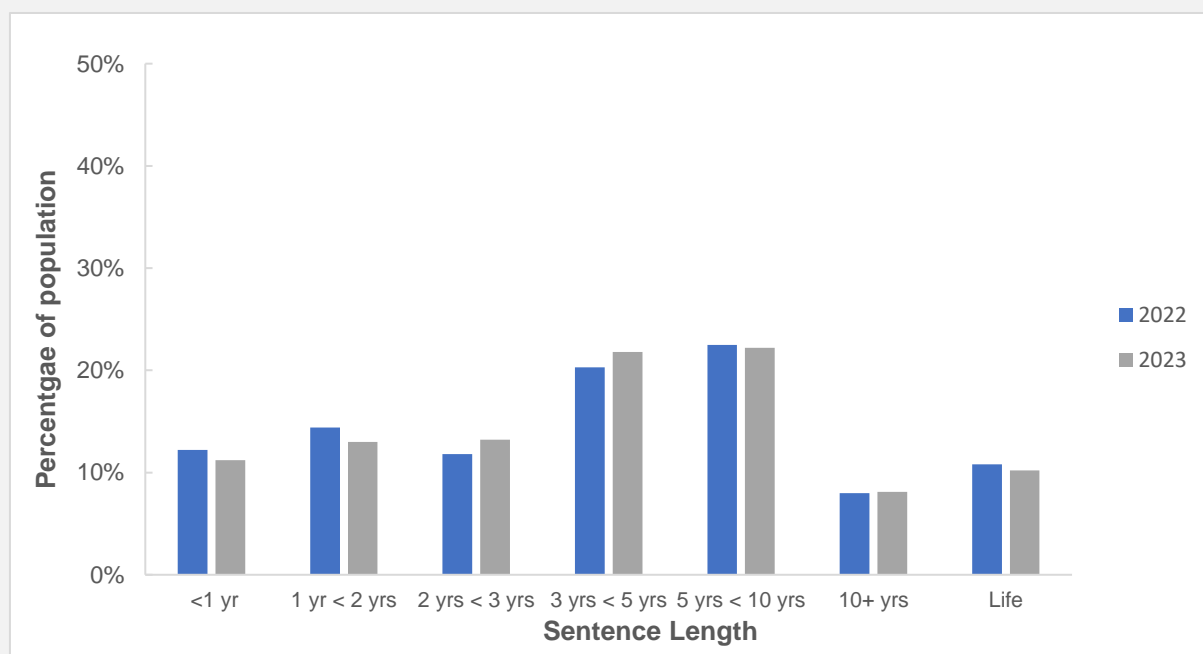
## Setting and coverage

In 2022 and 2023, the Irish Prison Service managed thirteen institutions, comprising ten traditional “closed” facilities and two open centres with minimal security measures (17). Of the ten closed facilities, one is designated as a high-security prison, while the others are medium-security establishments (17). The average number of persons in custody (including prisoners on remand/ awaiting trial, sentenced and on temporary release) in 2022 was 4,122. In 2023 the average number of persons in custody was 4,582. On average 95.5% (n=8,317) were male and 4.5% (n=387) were female (18,19). Female prisoners are primarily housed in the Dóchas Centre, with the remainder accommodated in Limerick Prison. Of those in custody, approximately one in five were on remand in 2022 and 2023 (21.3% versus 19.0%), while the remainder of the prisoners were sentenced. Based on a snapshot of the prison population on arbitrary dates in 2022 and 2023, the most common sentence length was between 5 and 10 years (22.5% in 2022 versus 22.2% in 2023). This was followed by sentences of 3 to 5 years (20.3% versus 21.8%), 2 to 3 years (11.8% versus 13.2%), 1 to 2 years (14.4% versus 13.0%), under 1 year (12.2% versus 11.2%), life sentences (10.8% versus 10.2%), and 10 or more years (8.0% versus 8.1%) (See figure 2).

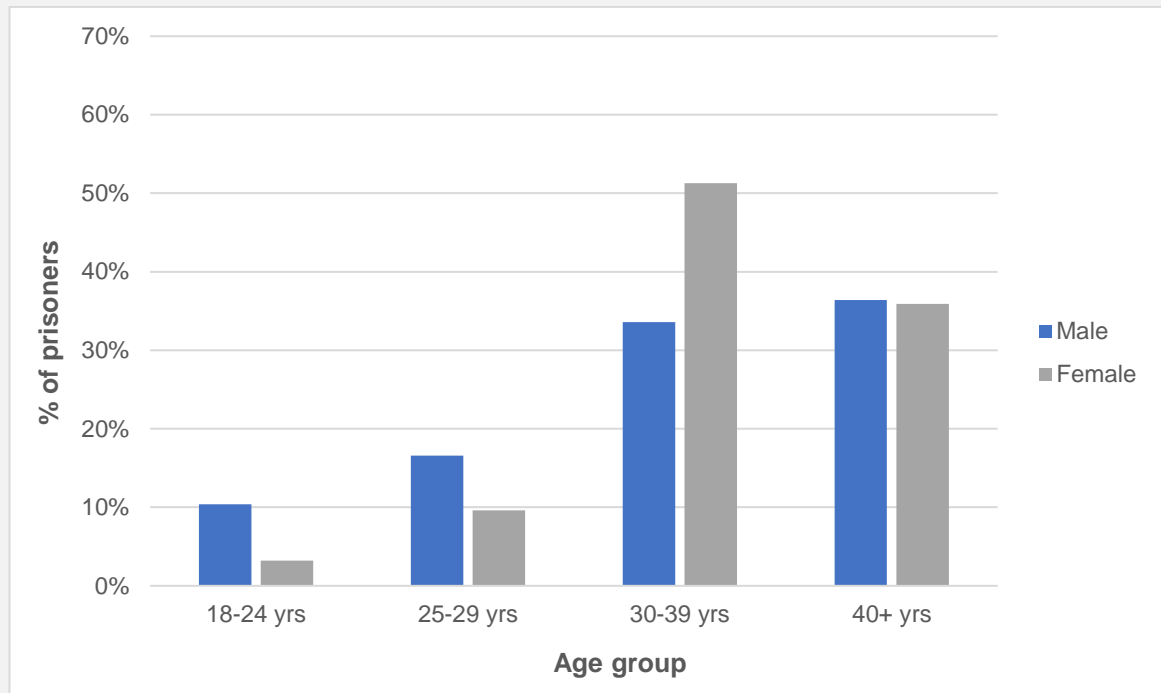
Overall, the age profile of male and female sentenced prisoners is similar (see figure 3 & 4). For both sexes, there is a concentration of prisoners in the age ranges of 30-39 years and 40+ years (20).

**Table 1.** Prison characteristics and demographics, 2022 & 2023

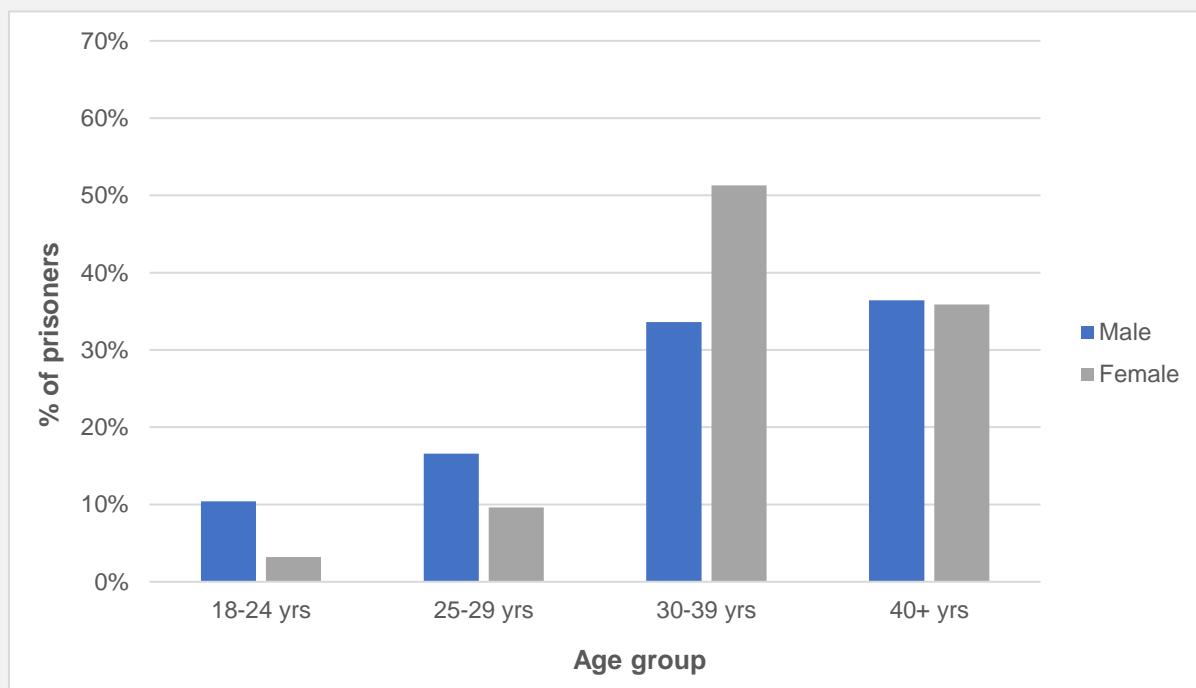
PRISON	SECURITY	PRISON POPULATION		ON REMAND		SINGLE CELL		SHARED CELL	
		2022	2023	2022	2023	2022	2023	2022	2023
<b>Arbour Hill</b>	Medium	131	134	0.8%	1.5%	73.1%	73.1%	26.9%	26.9%
<b>Castlerea</b>	Medium	320	369	21.6%	21.1%	40.6%	33.3%	59.4%	65.0%
<b>Cloverhill</b>	Medium	424	460	84.4%	82.8%	15.2%	11.1%	84.8%	88.9%
<b>Cork</b>	Medium	262	306	27.1%	26.8%	14.5%	11.4%	85.5%	88.6%
<b>Limerick (F)</b>	Medium	34	49	26.5%	18.4%	37.8%	96.1%	62.2%	3.9%
<b>Limerick (M)</b>	Medium	208	293	30.8%	24.2%	38.6%	41.2%	61.4%	58.8%
<b>Loughan House</b>	Low(open)	106	120	0.0%	0.0%	76.8%	59.7%	23.2%	40.3%
<b>Midlands</b>	Medium	861	914	15.0%	11.3%	35.3%	30.2%	64.7%	69.8%
<b>Mountjoy</b>	Medium	718	784	5.6%	3.7%	97.7%	85.3%	2.3%	14.7%
<b>Mountjoy -Dóchas Centre (F)</b>	Medium	139	165	27.3%	27.3%	19.1%	15.3%	80.9%	84.7%
<b>Portlaoise</b>	High	217	224	7.4%	6.3%	52.3%	48.3%	47.4%	51.7%
<b>Shelton Abbey</b>	Low(open)	94	98	0.0%	0.0%	34.3%	33.3%	65.7%	66.7%
<b>Training Unit</b>	Low(open)	53	95	0.0%	0.0%	100%	100%	0.0%	0.0%
<b>Wheatfield</b>	Medium	555	571	14.6%	9.6%	40.6%	46.5%	59.4%	53.5%
<b>TOTAL</b>		4122	4582	21.3%	19.0%	47.6%	43.4%	52.4%	56.5%
<b>Male</b>		3949	4368						
<b>Female</b>		173	214						



**Figure 2.** Sentence length of prisoners in custody on an arbitrary date in 2022 & 2023



**Figure 3.** Age group of sentenced prisoners in custody on an arbitrary date in 2022



**Figure 4.** Age group of sentenced prisoners in custody on an arbitrary date in 2023

# Self-harm in Irish Prisons – 2022 & 2023

Between 1 January 2022 and 31 December 2023, a total of 376 episodes of self-harm were recorded in Irish prisons, involving 232 individuals. In 2022, there were 161 self-harm episodes, involving 100 individuals and 215 episodes, involving 132 individuals in 2023.

The rate of self-harm was calculated based on the number of unique individuals who engaged in self-harm in Irish prisons during the period January 2022 to December 2023. The annual rate of self-harm in 2022 was 2.6 per 100 prisoners (95% CI: 2.1-3.2), and 3.1 per 100 prisoners (95% CI: 2.6-3.6) in 2023. From 2017 to 2019, the self-harm rate averaged 3.7 per 100 prisoners, while rates were 3.6 per 100 in 2020 and 2.6 per 100 in 2021.

The overall prison population, including both sentenced prisoners and those on remand or awaiting trial, increased by 11.2% from 2022 ( $n=4,122$ ) to 2023 ( $n=4,582$ ). The self-harm rate among male prisoners was 2.1 per 100 in 2022 (95% CI: 1.7-2.7), rising to 2.6 per 100 in 2023 (95% CI: 2.2-3.2). Among female prisoners, 21 engaged in self-harm in 2022 compared to 23 in 2023, with rates of 17.2 (95% CI: 11.0-25.1), and 16.5 per 100 (95% CI: 10.8-23.8), respectively.

The rate of self-harm for sentenced prisoners was 2.0 per 100 (95% CI: 1.5-2.5) in 2022 and 3.0 (95% CI: 2.4-3.7) per 100 in 2023. For remand prisoners, the self-harm rate was similar in both years, 4.8 (95% CI: 3.5-6.4) per 100 in 2022 and 4.9 per 100 (95% CI: 3.6-6.6) per 100 in 2023 (see Table 2).

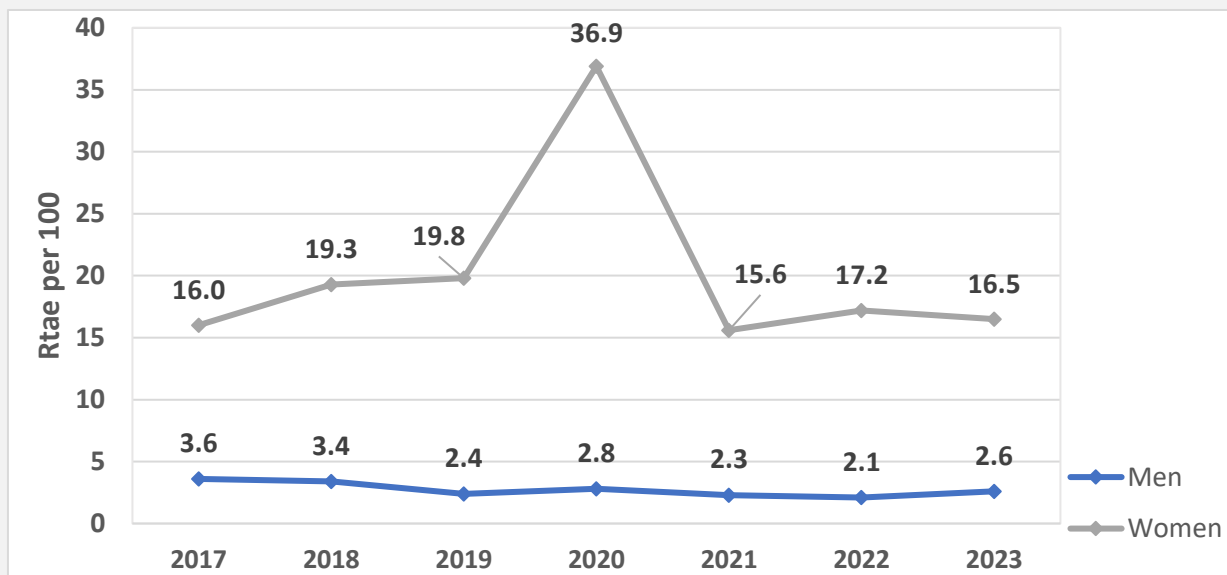
Looking at historical trends, the total number of self-harm episodes peaked in 2018 ( $n=263$ ) and generally declined thereafter, reaching a low in 2022 ( $n=161$ ). The number of individuals involved also varied, with a high of 147 in 2018 and a low of 91 in 2021, suggesting fluctuations in repeated self-harm incidents among the prison population (see Table 3). Self-harm rates among females have consistently been significantly higher than those among males. Male rates, however, have remained relatively steady, ranging from 2.3 to 3.6 per 100 prisoners (see Figure 5). These findings highlight a dynamic pattern of self-harm behaviors within Irish prisons, with variations influenced by gender, prisoner status, and annual population changes.

	Individuals		Episodes		Rate per 100 (95% CI)	
	2022	2023	2022	2023	2022	2023
<b>TOTAL</b>	100	132	161	215	2.6 (2.1-3.2)	3.1 (2.6-3.6)
<b>Male</b>	79	109	125	168	2.1 (1.7-2.7)	2.6 (2.2-3.2)
<b>Female</b>	21	23	36	47	17.2 (11.0-25.1)	16.5 (10.8-23.8)
<b>Sentenced</b>	58	89	92	147	2.0 (1.5-2.5)	3.0 (2.4-3.7)
<b>On remand</b>	42	43	69	68	4.8 (3.5-6.4)	4.9 (3.6-6.6)

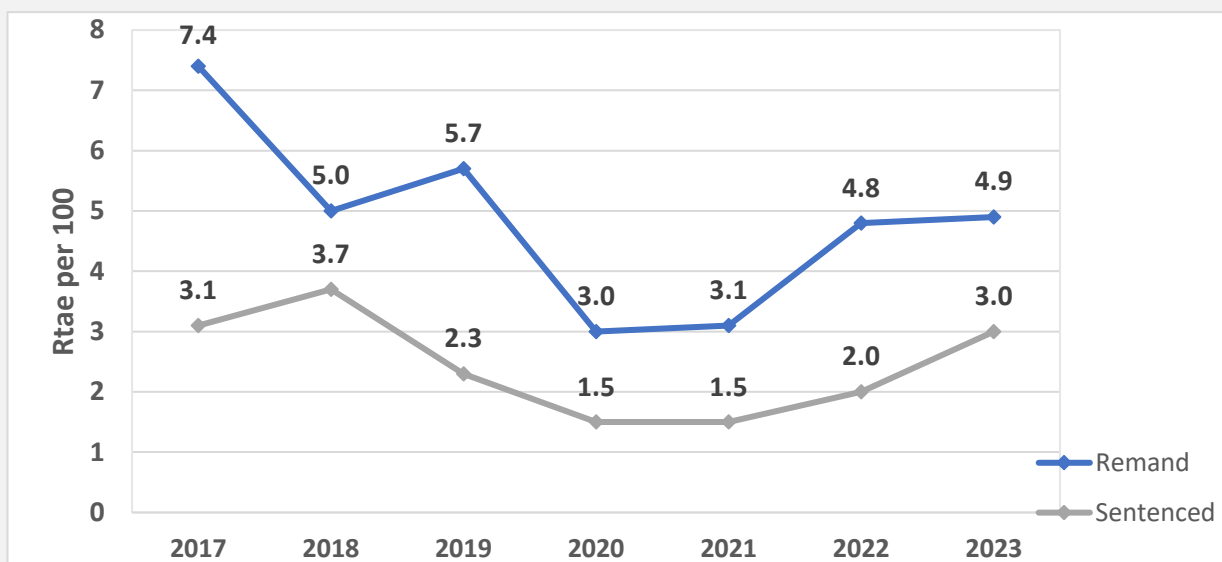
**Table 2.** Rate of self-harm among Irish prisoners, 2022 & 2023

Year	Self-harm episodes	Individuals involved	Prison population	Rate per 100 (95%CI)	Male (95% CI)	Female (95% CI)	Sentenced (95% CI)	Remand (95% CI)
<b>2017</b>	223	138	3,427	4.0 (3.4-4.8)	3.6 (3.0-4.3)	16.0 (9.6-24.9)	3.1 (2.5-3.8)	7.4 (5.3-9.9)
<b>2018</b>	263	147	3,690	4.0 (3.4-4.7)	3.4 (2.8-4.1)	19.3 (13.0-26.9)	3.7 (3.1-4.5)	5.0 (3.5-6.9)
<b>2019</b>	203	109	3,971	2.9 (2.4-3.5)	2.4 (1.9-2.9)	19.8 (13.1-28.1)	2.3 (1.8-2.9)	5.7 (4.1-7.6)
<b>2020</b>	225	126	3,823	3.6 (3.4-4.3)	2.8 (2.7-4.1)	36.9 (3.4-6.0)	1.5 (1.1-2.1)	3.0 (1.9-4.5)
<b>2021</b>	196	91	4,471	2.6 (2.1-3.4)	2.3 (2.2-3.4)	15.6 (1.2-3.5)	1.5 (1.1-2.1)	3.1 (1.9-4.6)
<b>2022</b>	161	100	4,122	2.6 (2.1-3.2)	2.1 (1.7-2.7)	17.2 (11.0-25.1)	2.0 (1.5-2.5)	4.8 (3.5-6.4)
<b>2023</b>	215	132	4,582	3.1 (2.6-3.6)	2.6 (2.2-3.2)	16.5 (10.8-23.8)	3.0 (2.4-3.7)	4.9 (3.6-6.6)

**Table 3..** Rate of self-harm among Irish prisoners, 2017-2023



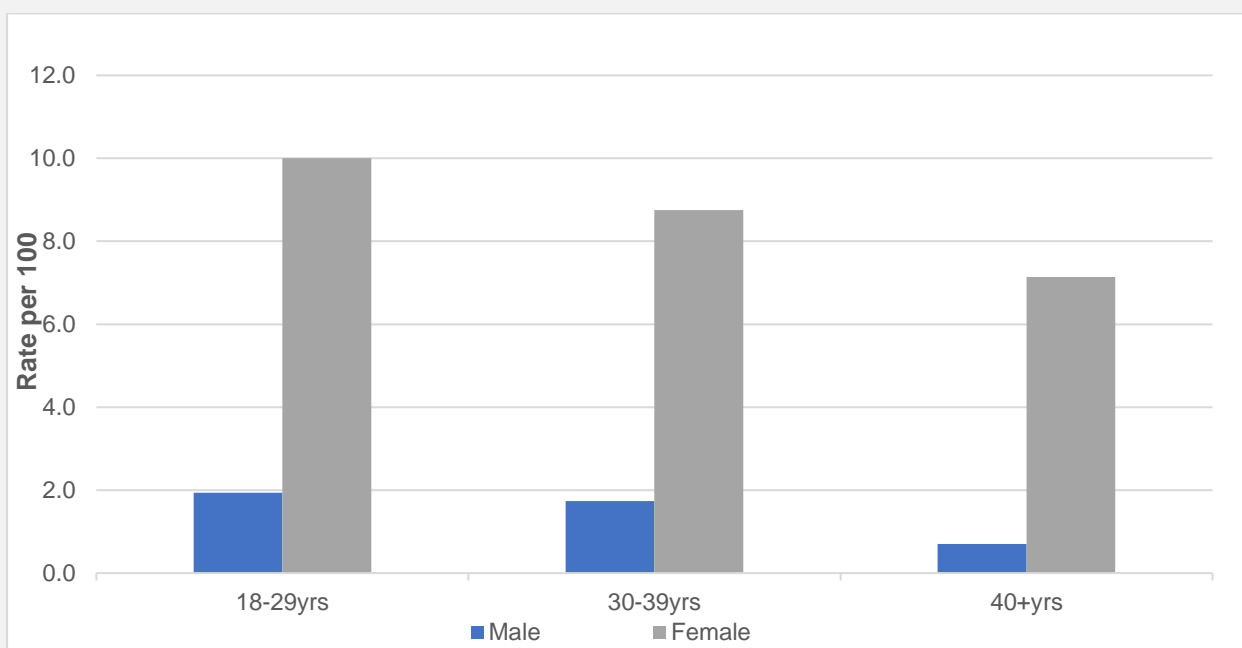
**Figure 5.** Rate of self-harm among Irish prisoners by male and female, 2017-2023



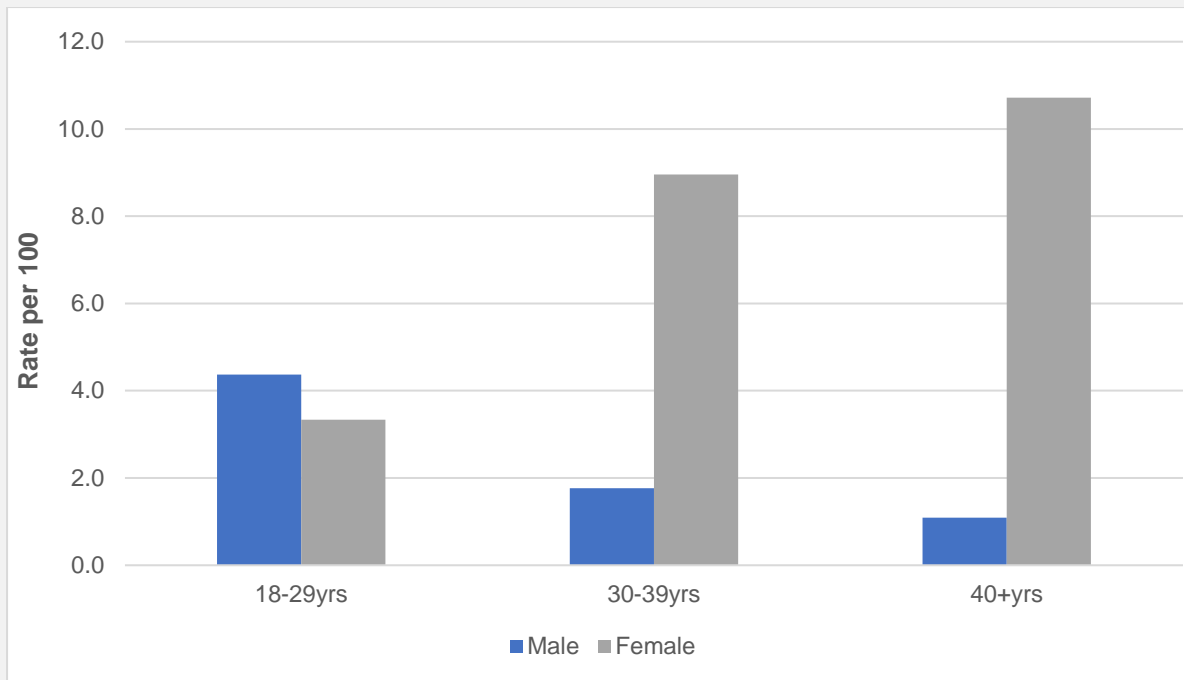
**Figure 6.** Rate of self-harm among sentenced and remand prisoners, 2017-2023

Overall, the average number of persons in custody (sentenced/on remand) was 4,122 (96.8% male and 3.2% female) in 2022 and 4,582 in 2023 (95.3% male and 4.7% female). The majority of prisoners who engaged in self-harm in 2022 and 2023 were male (n=293; 77.9%). The mean age was 34 years (range 19-73 years) in 2022 and 33.7 years (range 18-72 years) in 2023. The majority of individuals who self-harmed in 2022 were White Irish (71.0%), followed by Irish Travellers (15.0%) and those from other White backgrounds (9.0%). The remaining 4.0% included individuals who identified as Black or Black Irish, Asian or Asian Irish, Roma, or of mixed background. A similar pattern was observed in 2023, with White Irish individuals comprising the majority (74.2%), followed by Irish Travellers (15.9%) and those from other White backgrounds (3.8%). Black or Black Irish, Asian or Asian Irish, Roma, and individuals of mixed background accounted for 6.2% of those who self-harmed in 2023.

In 2022, the highest rate of self-harm among sentenced prisoners was observed in the 18-29 age group for both males and females. In 2023, the 18-29 age group continued to have the highest self-harm rate among sentenced male prisoners. However, among sentenced female prisoners, the highest rates shifted to those aged 40 and above (10.7 per 100) (see figures 5 & 6). Globally, self-harm rates are significantly higher among female prisoners compared to their male counterparts. A study in the United Kingdom found that self-harm rates among female prisoners can be up to ten times higher than those of male prisoners (21), reflecting similar trends observed in Irish prisons (22).



**Figure 7.** Age-specific rate of self-harm among sentenced prisoners (per 100) in 2022

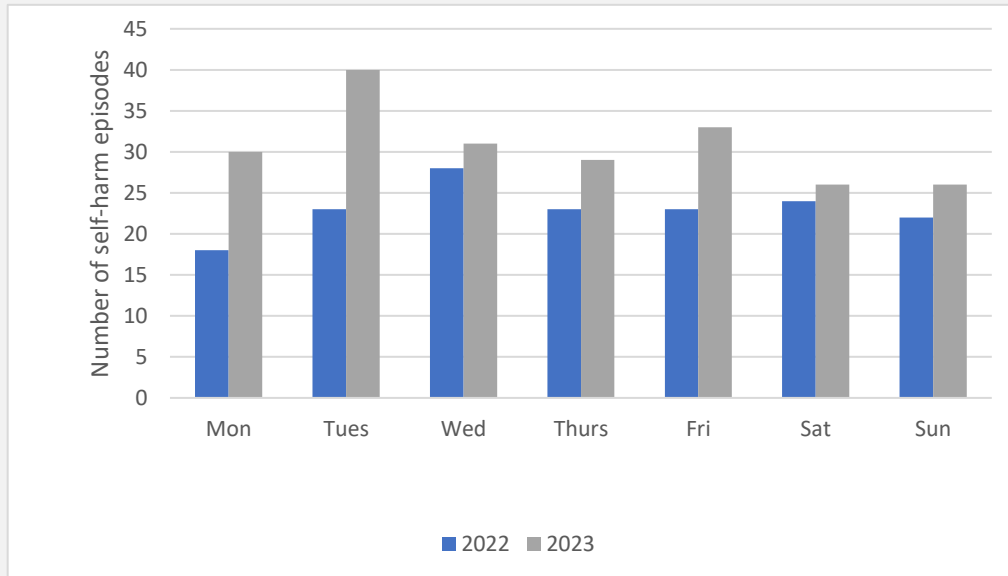


**Figure 8.** Age-specific rate of self-harm among sentenced prisoners (per 100) in 2023



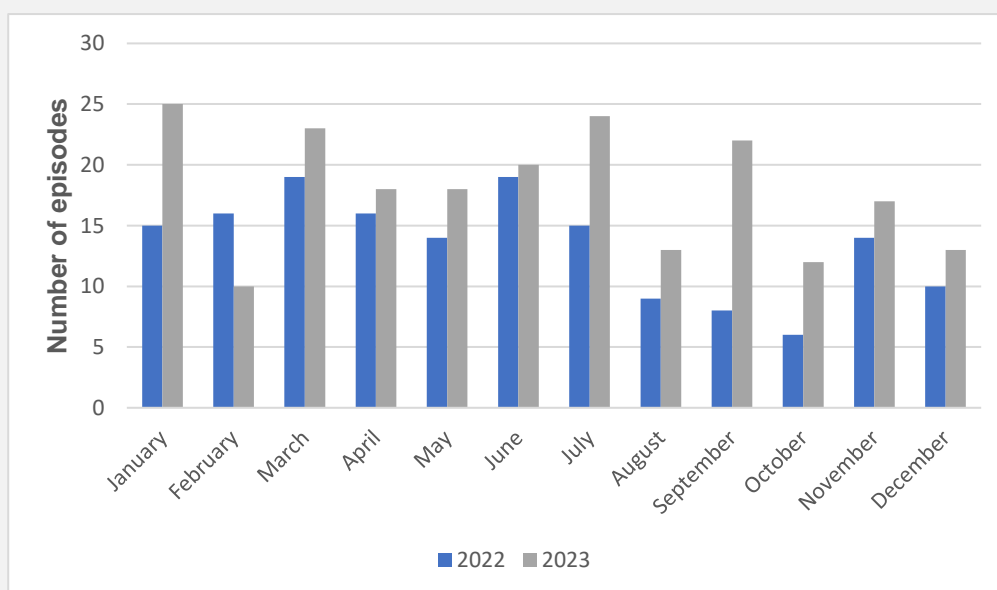
## Self-harm by time of occurrence

In 2022, Wednesday had the highest number of self-harm episodes (28 episodes), while Monday had the lowest (18 episodes), with a relatively even distribution across other days. In 2023, Tuesday saw the highest number of episodes (40 episodes), with Saturday and Sunday having the lowest (26 each). 2023 showed a more pronounced peak on Tuesday and a slight increase across most other days.



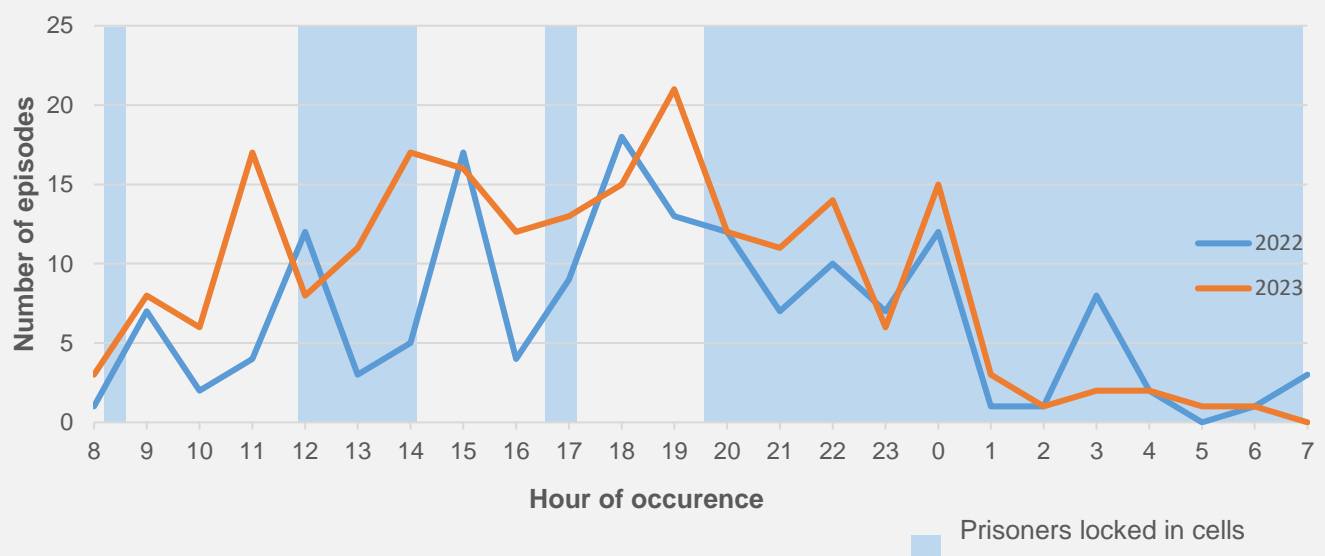
**Figure 8.** Number of episodes by weekday 2022 and 2023

The monthly average number of self-harm episodes was 13 in 2022 and 18 in 2023. Monthly figures fluctuated, ranging from 18 episodes in October to a peak of 42 in March (see Figure 9).



**Figure 9.** Number of episodes by month of occurrence in 2020 and 2021

In both years, the number of episodes of self-harm gradually increased during the day. A sharp peak was observed in the afternoon and early evening, with almost half of episodes occurring between 2pm and 8pm in 2022 (48.6%) and 2023 (48.8%). The majority of episodes happened while prisoners were unlocked in both 2022 (59.1%) and 2023 (64.2%) (see figure 10).



**Figure 10.** Hour of self-harm episode in 2022 and 2023

## Repetition of self-harm

In both 2022 and 2023, repeat acts accounted for over one-third of all self-harm episodes, representing 37.8% in 2022 and 38.6% in 2023. However, these figures are likely underestimated. In 2022, 22 out of the 100 individuals who engaged in self-harm (22.0%) repeated the behaviour. Similarly, in 2023, 39 of the 132 individuals who self-harmed (29.5%) engaged in multiple episodes. In previously reported years, the rate of repetition ranged between 24.6% and 42.9%.

Gender-specific analysis revealed notable differences in repetition rates. In 2022, male prisoners had a higher risk of repetition than female prisoners (22.8% versus 19.1%). However, in 2023, the trend reversed, with the risk significantly higher among female prisoners (47.8% for females compared to 25.7% for males). The number of female prisoners who self-harmed remained consistent across the two years, with 21 cases in 2022 and 23 in 2023. In 2022, 4 of the 21 female prisoners who self-

harmed repeated the behaviour, corresponding to a 19.0% repetition rate. In 2023, this had increased to 11 of 23 female prisoners, resulting in a 47.8% repetition rate. Although these findings indicate a marked rise in repeat self-harm among female prisoners, it is crucial to interpret these percentages cautiously due to the small sample sizes involved.

## Method of self-harm

Consistent with previous years, self-cutting was the most frequently recorded method of self-harm in both 2022 and 2023, accounting for 59.6% and 61.4% of episodes, respectively. Among male prisoners, self-cutting was involved in nearly three-quarters of episodes (65.6% in 2022 and 68.5% in 2023), while it accounted for over a third of episodes among female prisoners (38.9% in 2022 and 36.2% in 2023). These patterns highlight self-cutting as a predominant method as self-harm within the prison environment.

Attempted hanging was the second most common method, rising from 13.0% in 2022 to 20.5% in 2023, with a noticeable increase among both male and female prisoners. Other commonly observed methods of self-harm included the use of blunt objects, drug overdose, and the use of fire or flames (see Table 3).

	Cutting		Attempted hanging		Blunt objects		Fire/ flames		Intentional Overdose		Other	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
All	96 (59.6%)	132 (61.4%)	21 (13.0%)	44 (20.5%)	26 (16.1%)	18 (8.4%)	11 (19.4%)	<10 (2.3%)	5 (3.1%)	<5 (1.4%)	<5 (1.2%)	<15 (5.1%)
Male	82 (65.6%)	115 (68.5%)	12 (9.6%)	29 (17.3%)	23 (18.4%)	13 (7.7%)	<5 (3.2%)	0 (0.0%)	<5 (1.6%)	<5 (1.2%)	<5 (1.6%)	<10 (5.4%)
Female	14 (38.9%)	17 (36.2%)	<10 (25.0%)	15 (31.9%)	<10 (8.3%)	<10 (10.6%)	<10 (19.4%)	5 (10.6%)	<5 (8.3%)	<5 (2.1%)	0 (0.0%)	<5 (8.5%)

**Table 4.** Method of self-harm in 2022 and 2023

## Prisoner accommodation/ cell type and sentence

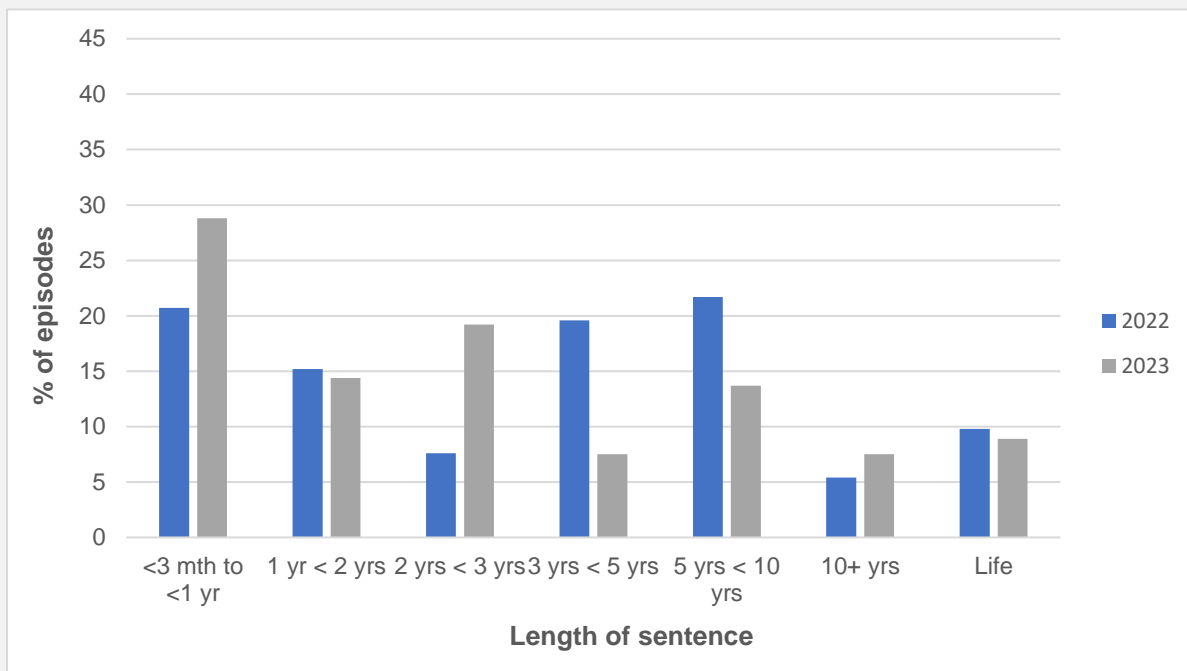
In both 2022 and 2023, the majority of self-harm episodes involved prisoners in single-cell accommodation, accounting for 73.3% of episodes in 2022 and 69.8% in 2023. Of the overall prison population, 47.6% were housed in single cell accommodation in 2022 and 43.4% in 2023, based on snapshots of the prison population on an arbitrary date in each year (20).

The majority of self-harm episodes occurred among prisoners in the general population, with 62.1% of episodes in 2022 and 54.0% in 2023. While the absolute number of episodes in the general population increased from 2022 to 2023, the proportion of total self-harm episodes decreased, indicating a slight shift in distribution towards other accommodation types. Episodes among prisoners in protection increased from 19.9% in 2022 to 23.3% in 2023. (See table 4).

General population		Protection		High support unit (HSU)		Close supervision cell (CSC)		Safety observation cell (SOC)		National Violence Reduction Unit (NVRU)	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
100 (62.1%)	116 (54.0%)	32 (19.9%)	50 (23.3%)	10 (6.2%)	23 (10.7%)	<10 (5.0%)	14 (6.5%)	11 (6.8%)	10 (4.7%)	0 (0.0%)	<5 (<1.0%)

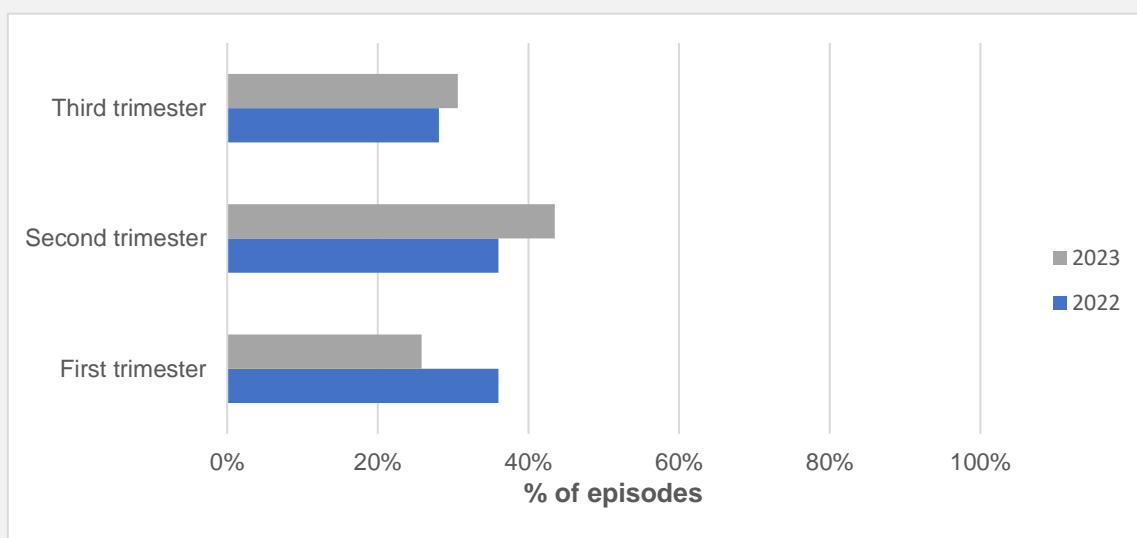
**Table 5.** Prisoner accommodation in 2022 and 2023

In 2023, there was a notable increase in self-harm among prisoners serving shorter sentences of less than one year, rising from 20.7% of cases in 2022 to 28.8% in 2023. Additionally, prisoners with moderate sentences of 2 to 3 years also experienced an increase in self-harm, with the proportion increasing from 8.7% in 2022 to 19.2% in 2023. Conversely, prisoners serving longer sentences of 5 to 10 years, who represented the highest proportion of self-harm in 2022 at 21.7%, saw a decline in 2023, dropping to 13.7% (see Figure 11).



**Figure 11.** Length of sentence being served in 2022 and 2023 (sentenced prisoners)

In 2022, self-harm episodes were evenly distributed between the first and second trimesters, each accounting for 36.0% of episodes, with a smaller proportion (28.1%) occurring in the third trimester. In 2023, however, there was a notable decrease in self-harm episodes in the first trimester, dropping to 25.8%. The second trimester saw a substantial increase, rising to 43.5% and was the peak period for self-harm among sentenced prisoners. The third trimester also experienced a moderate rise, with episodes increasing from 28.1% in 2022 to 30.6% in 2023 (See Figure 12).



**Figure 12.** Trimester of sentence in which self-harm occurred 2022 and 2023

The majority of self-harm episodes involved prisoners on a standard regime level, accounting for 201 episodes (53.4%). Additionally, 112 episodes (29.8%) involved prisoners on an enhanced regime, while 61 episodes (16.2%) involved those on a basic regime.

## Treatment, severity and intent

In both years, the majority of self-harm episodes required minimal intervention, with an increase from 39.8% in 2022 to 42.8% in 2023. Cases requiring no treatment rose slightly, from 21.7% in 2022 to 23.3% in 2023, indicating a substantial number of episodes that did not necessitate medical intervention. Local wound management remained consistent, accounting for 12.4% in 2022 and 14.0% in 2023. Outpatient or A&E treatment was required in 19.9% of cases in 2022, decreasing slightly to 16.7% in 2023. More severe interventions, such as hospital or ICU admissions, were relatively rare, decreasing from 4.3% in 2022 to 1.4% in 2023. Instances resulting in loss of life remained consistent, with fewer than five cases each year, representing 1.9% of episodes in both years. Overall, these figures indicate that most self-harm episodes resulted in low to moderate medical interventions, with severe outcomes being relatively infrequent (see Table 5). Self-harm episodes among male prisoners tended to be associated with increased severity, with a higher proportion requiring medical treatment. In 2022, 44.8% of male prisoners who self-harmed required some form of medical intervention, compared to only 8.4% of female prisoners. This trend continued in 2023, with 40.5% of self-harming male prisoners requiring medical treatment, while the percentage of female prisoners requiring treatment dropped to 2.1%.

No treatment needed		Minimal intervention		Local wound management		Outpatient/ A&E treatment		Admission to Hospital / ICU		Loss of life	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
35 (21.7%)	50 (23.3%)	64 (39.8%)	92 (42.8%)	20 (12.4%)	30 (14.0%)	32 (19.9%)	36 (16.7%)	7 (4.3%)	<5 (1.4%)	<5 (1.9%)	<5 (1.9%)

**Table 6.** Severity of self-harm in 2022 and 2023

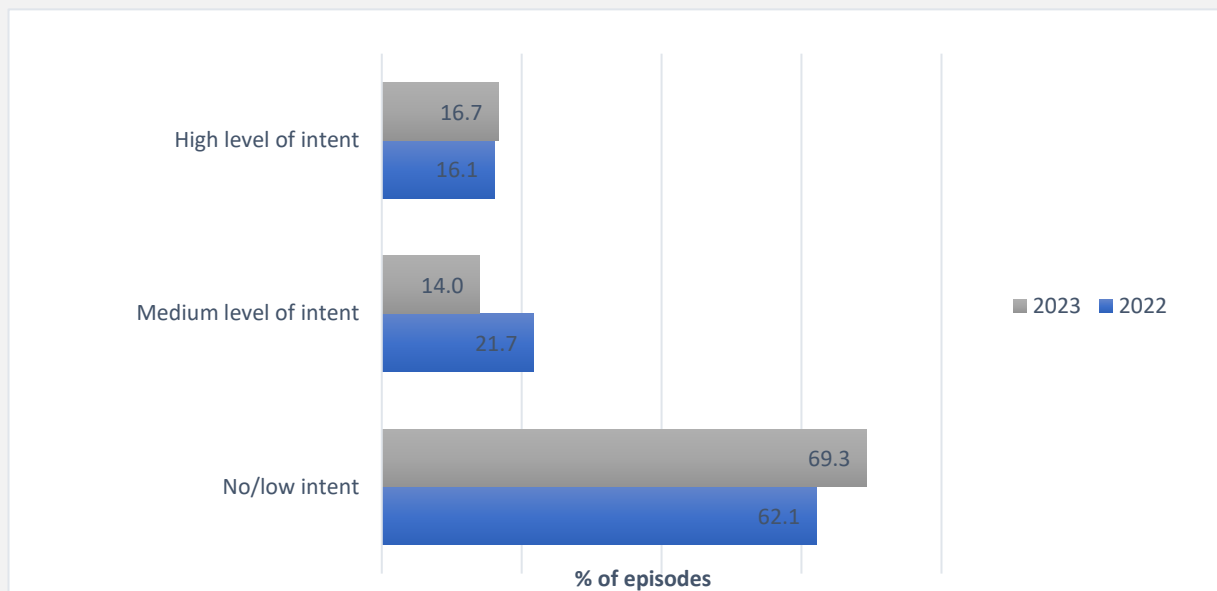
Across 2022 and 2023, the severity of self-harm episodes among prisoners varied significantly based on the method used. Self-cutting was the most common method in both years, generally requiring lower levels of medical intervention. In 2022, 19.8% of self-cutting episodes required no treatment, compared to 20.5% in 2023. Minimal intervention was needed in 42.7% of self-cutting cases in 2022 and 43.2% in 2023. Outpatient or A&E treatment was required for 19.8% of cases in 2022 and 17.4% in 2023, while hospitalisation remained low, at 2.1% in 2022 and 1.5% in 2023. There was one fatality from self-cutting in 2022, though no fatalities were reported in 2023, indicating that while frequent, self-cutting episodes typically involved less medically severe outcomes.

Drug overdose, though less common, was associated with higher severity in both years. In 2022, 60.0% of overdose episodes required emergency treatment while in 2023, 33.3% needed emergency treatment and 66.7% required minimal intervention.

Episodes involving hanging, strangulation, or suffocation showed considerable variation in severity. In 2022, 33.3% required no treatment, 52.4% required minimal intervention, and none led to hospitalisation or loss of life. However, in 2023, 29.5% of these episodes required no treatment, 38.6% needed minimal intervention, and 11.4% required outpatient care, with 9.1% resulting in loss of life, indicating a rise in the severity of outcomes for this method.

Self-harm using blunt objects also showed different levels of intervention across the years. In 2022, 19.2% of these cases required no treatment, and 34.6% required outpatient care, with 11.5% resulting in hospitalisation. In 2023, 16.7% required no treatment, 44.4% needed minimal intervention, and 22.2% required outpatient care. Similar to previous years, there were no fatalities from self-harm involving blunt objects in 2022/2023.

In summary, self-cutting was the most frequent but generally less severe method of self-harm, often requiring minimal intervention. However, there was one fatality from self-cutting in 2022. Drug overdoses and hanging-related episodes were linked with higher severity, including increased outpatient care and, in 2023, fatalities for hanging-related cases.



**Figure 13.** Level of intent associated with self-harm episode in 2022 and 2023

Figure 13 illustrates the percentage of self-harm episodes by intent level (high, medium, and no/low intent) in 2022 and 2023. In both years, the majority of self-harm episodes were classified as having no or low intent. This category accounted for 62.1% ( $n=100$ ) of episodes in 2022 and 69.3% ( $n=149$ ) in 2023. Medium intent accounted for 21.7% ( $n=35$ ) in 2022 to 14.0% ( $n=30$ ) in 2023. Episodes with a high level of intent remained stable, at 16.1% ( $n=26$ ) in 2022 and 16.7% ( $n=36$ ) in 2023.

For episodes classified as no/low intent, the majority required only minimal intervention or minor dressings, with 51.0% in 2022 and 49.0% in 2023, suggesting that most episodes in this category did not necessitate extensive medical care. Local wound management saw an increase among no/low intent episodes, from 9.0% in 2022 to 14.1% in 2023, indicating a slight rise in the need for basic wound treatment. In absolute terms this represents 9 episodes in 2022 and 21 episodes in 2023. In medium intent cases, the need for outpatient or A&E treatment was notably high, with 31.4% in 2022 and 26.7% in 2023, underscoring a greater level of medical attention required compared to no/low intent episodes.

Admission to hospital or ICU, while still low, increased to 3.3% in 2023 for medium intent episodes, showing an elevated risk of severe outcomes in this category. For episodes with a high level of intent, a substantial proportion required outpatient or A&E treatment, increasing from 38.5% in 2022 to 44.4% in 2023. Additionally, admissions to hospital or ICU or cases resulting in loss of life represented 19.2% of high-intent episodes in 2022, though this decreased to 11.1% in 2023.

Methods with higher lethality, such as hanging, strangulation, and overdose, often necessitate more intensive medical intervention. Unlike lower-severity methods like self-cutting, where visible injuries are



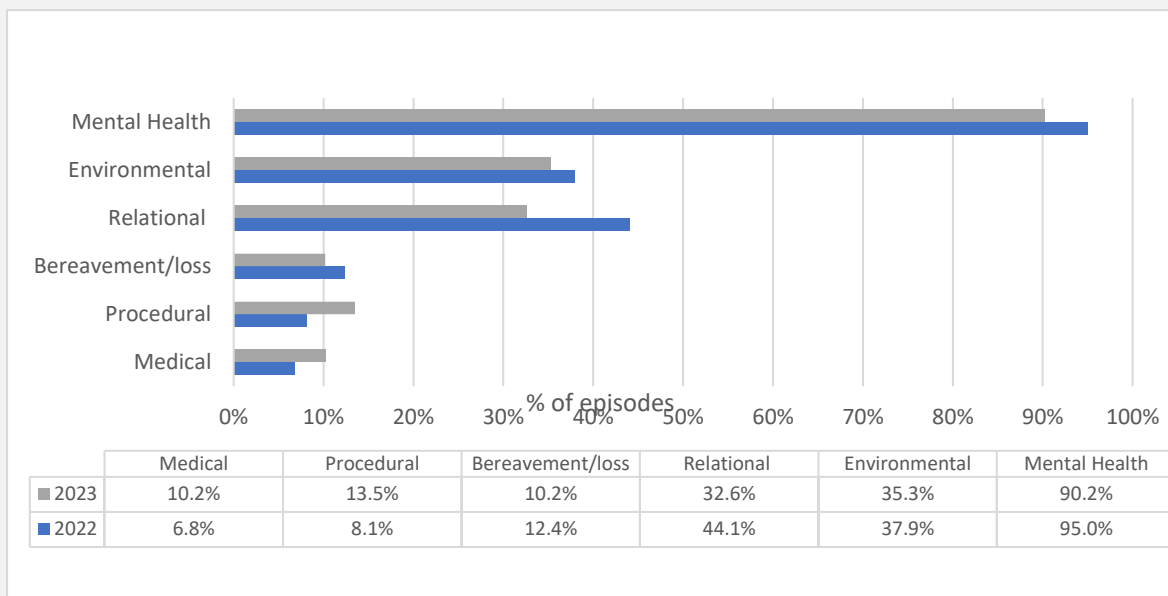
more easily identified, higher-lethality methods may cause "hidden" damage, such as internal bleeding or organ injury, that cannot be detected through on-scene evaluation alone. As a result, these episodes are more likely to result in hospital admissions for secondary care, where advanced diagnostic tests, such as CT scans or X-rays, can be performed. This underscores the need for trained prison staff to recognize when the method of self-harm necessitates a more comprehensive medical review to ensure timely and appropriate care.

	No treatment needed		Minimal intervention/ minor dressings		Local wound management		Outpatient /A&E treatment		Admission to hospital / ICU/ Loss of Life	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
<b>No/low intent</b>	24 (24.0%)	41 (27.5%)	51 (51.0%)	73 (49.0%)	9 (9.0%)	21 (14.1%)	11 (11.0%)	12 (8.1%)	5 (5.0%)	<5 (1.3%)
<b>Medium level of intent</b>	7 (20.0%)	4 (13.3%)	12 (34.3%)	15 (50.0%)	5 (14.3%)	<5 (6.7%)	11 (31.4%)	8 (26.7%)	0 (0.0%)	<5 (3.3%)
<b>High level of intent</b>	<5 (15.4%)	5 (13.9%)	<5 (3.8%)	<5 (11.1%)	6 (23.1%)	7 (19.4%)	10 (38.5%)	16 (44.4%)	5 (19.2%)	<5 (11.1%)

**Table 7.** Severity/intent matrix

## Contributory factors

Contributory factors are categorised into six main themes: mental health, environmental, relational, bereavement/loss, procedural and medical. In both 2022 and 2023, the majority of recorded contributory factors were related to mental health (95.0% and 90.2%, respectively), followed by relational issues (44.1% in 2022 and 32.6% in 2023), environmental issues (37.9% in 2022 and 35.3% in 2023), procedural issues, and bereavement/loss (12.4% in 2022 and 10.2% in 2023 (13.5% in 2022 and 8.1% in 2023) (See figure 14\*).



**Figure 14. Themes of contributory factors in self-harm episodes in 2022 and 2023**

\* More than one contributory factor could be recorded for each episode

## • MENTAL HEALTH / MEDICAL

In 2022, mental health issues were the most common contributory factor, reported in 64.6% of cases. This category includes mental disorders such as mood disorders, anxiety, PTSD, eating disorders, psychosis, and personality disorders, as well as feelings of hopelessness and low mood. In 2023, however, difficulties with coping and managing emotions became the most frequent contributory factor, recorded in 63.7% of episodes, compared to 57.2% for mental health issues. Substance misuse and addiction, including drug use and drug-seeking behaviour, were also significant factors, noted in 56.5% of cases in 2022 and 44.2% in 2023. Impulsivity was recorded as a contributory factor in 21.7% of self-harm episodes in 2022, increasing to 25.6% in 2023. Research has shown that dual diagnosis, the co-occurrence of mental illnesses and substance use disorders, is particularly significant in the prison context (23). Individuals with dual diagnoses face heightened risks, including increased likelihood of suicidal ideation, suicide attempts, interpersonal violence, and poorer treatment responses (23,24). Research has estimated that the prevalence of dual diagnosis within prison populations can range between 18% and 56%, emphasizing the importance of collecting data on mental health and substance misuse factors (23).

- **ENVIRONMENTAL**

In both 2022 and 2023, legal issues were the most common environmental contributory factor, recorded in 13% of all episodes each year. These legal issues included situations such as pending charges, upcoming court cases, recent convictions, first-time in custody, and unexpected detention. Other environmental factors reported included reduced access to the prison regime—recorded in 6.8% of cases in 2022 and 2.8% in 2023—which often led to isolation and a lack of stimulation. Additionally, self-harm episodes linked to orchestrating access to contraband or other instrumental gains were noted in 8.1% of cases in 2022 and 9.8% in 2023. Accommodation or cell type was also a factor, reported in 6.2% of episodes in 2022 and rising to 7.4% in 2023.

- **Bereavement/loss**

In 2022, bereavement or loss was recorded as a contributory factor in 12.4% of self-harm episodes, decreasing slightly to 10.2% in 2023. This category encompasses the emotional impact of the death of a loved one, anniversaries of past losses, and the broader sense of grief and loss of connection experienced by prisoners due to the isolation of incarceration. These factors can exacerbate feelings of sadness, hopelessness, and emotional distress, all of which are well-established triggers for self-harm.

- **PROCEDURAL**

Transfer issues, including instances of transfer to another prison, denied transfer, or relocation to a Close Supervision Cell (CSC), was a commonly reported procedural contributory factor in 2022 and 2023, occurring in 1.9% and 4.7% of cases, respectively. In 2022 and 2023, fewer than ten episodes involved protection-related issues (such as being placed under Rule 62/63), with rates of 2.5% and 3.7%. Disciplinary issues, including being served a P19 disciplinary report, were recorded in 1.2% of cases in 2022, rising to 3.7% in 2023. Additionally, cases involving denial of Temporary Release (TR), remission, or breaches of TR were rare, occurring in 1.2% of episodes in 2022 and less than 1% in 2023.

## • RELATIONAL

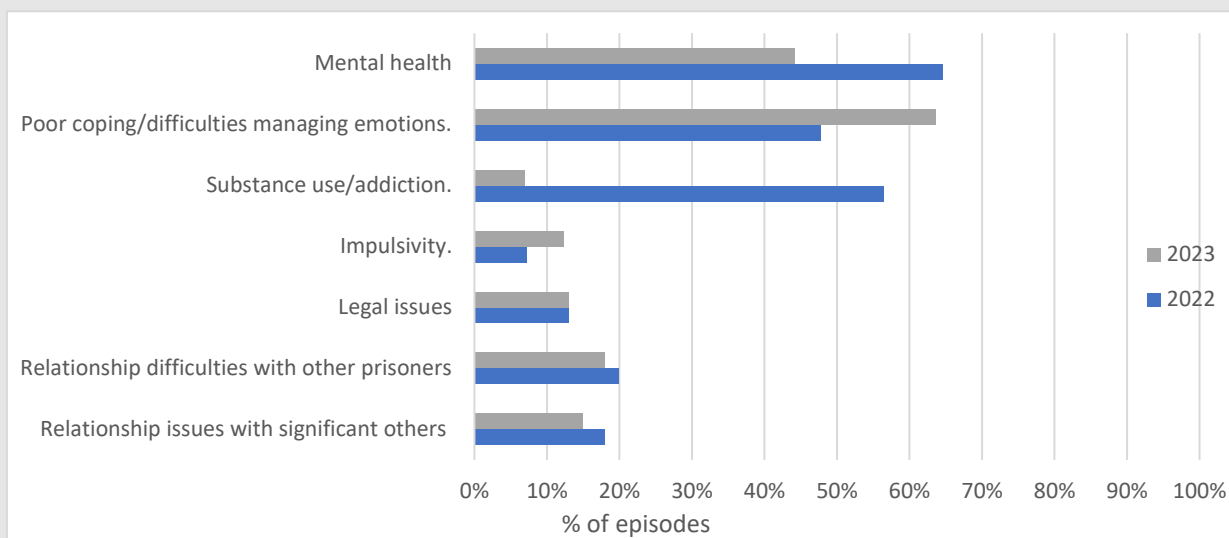
Relationship issues with significant others, including friends and family, as well as reduced access to family or community support, were contributory factors in 18.0% of self-harm episodes in 2022 and 14.9% in 2023. Difficulties with other prisoners, such as conflicts, threats, victimisation, gang involvement, and peer pressure, were noted in 19.9% of episodes in 2022 and 18.1% in 2023. The death or anniversary of the death of someone close was recorded in 1.9% of episodes in 2022, rising to 4.7% in 2023. Relationship issues between prisoners and staff was noted as a contributory factor in 4.3% of self-harm episodes in 2022 and 3.3% in 2023. Child custody or access issues were reported in 2.5% of cases in 2022 and 2.3% in 2023.

## • MEDICAL

In 2022, medication-related issues, such as non-compliance, administration problems, or drug-seeking behaviour, were reported as contributory factors in 11.8% of self-harm episodes, decreasing to 8.8% in 2023. Additionally, receiving a new diagnosis or experiencing worsening symptoms of an illness was cited in 3.7% of episodes in 2022, dropping to 1.4% in 2023. Chronic pain was identified as a contributory factor in less than 1% of self-harm episodes in both years, while terminal illness was not reported as a contributory factor in either 2022 or 2023.

Theme	Contributory factor	Number of episodes 2022	% of episodes	Number of episodes 2023	% of episodes
Environmental	Type of accommodation or cell type	10	6.2%	16	7.4%
	Reduced access to regime	11	6.8%	6	2.8%
	Legal issues	28	13.0%	21	13.0%
	Shortage of staff and/or staffing issues (causing stress)	0	0.0%	1	0.5%
	To orchestrate access to contraband	13	8.1%	21	9.8%
Procedural	Transfer issues	3	1.9%	10	4.7%
	Protection issues (e.g. Rule 62/63)	4	2.5%	8	3.7%
	Recent P19, reduction in incentivized regime	2	1.2%	8	3.7%
	Denied TR/remission or breached TR	2	1.2%	1	0.5%
	Denied visit/placed on screened visits	1	0.6%	2	0.9%
Relational	Relationship issues with significant others	29	18.0%	32	14.9%
	Relationship difficulties with other prisoners	32	19.9%	39	18.1%
	Death or anniversary of death of someone close	3	1.9%	10	4.7%
	Relationship difficulties with staff	7	4.3%	7	3.3%
	Child custody/access issues	4	2.5%	5	2.3%
Medical	Bullying/threatening/victimizing others	1	0.6%	0	0.0%
	Medication issues	19	11.8%	19	8.8%
	Chronic pain	1	0.6%	2	0.9%
Bereavement/loss	New diagnosis or worsening symptoms	6	3.7%	3	1.4%
	Death or anniversary of death of someone close	3	0.6%	10	2.4%
	Adjustment issues (e.g. loss of freedom, identity, and stigma)	5	1.0%	5	1.2%
Mental health	Child custody/access issues	4	0.8%	5	1.2%
	Transfer or release of supportive family member/friend/associate	1	0.2%	0	0.0%
	Mental health (e.g. mood disorder, anxiety, PTSD)	104	64.6%	123	57.2%
	Poor coping/difficulties managing emotions	77	47.8%	137	63.7%
	Substance use/addiction	91	56.5%	95	44.2%
	Impulsivity	35	21.7%	55	25.6%

**Table 8. Contributory factors and themes in 2022 and 2023**



**Figure 15.** Most common contributory factors in 2022 and 2023

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## GLOSSARY

<b>On remand</b>	<i>In custody awaiting trial or sentencing</i>
<b>VDP</b>	<i>Violent &amp; Disruptive Prisoner</i>
<b>HSU</b>	<i>High Support Unit</i>
<b>CSC</b>	<i>Close Supervision Cell – isolation for management/discipline reasons</i>
<b>SOC</b>	<i>Safety Observation Cell – healthcare prescribed seclusion where there is risk of self-harm/harm to others</i>
<b>Healthcare Special Monitoring</b>	<i>15-minute observation during lock up</i>
<b>P19</b>	<i>Prison disciplinary report.</i>
<b>Protection</b>	<i>Restricted regime – under Prison Rules 2007, Rule 62 (imposed by Governor due to threat or at risk from other prisoners) or Rule 63 (at own request)</i>

## Appendix 1: Self-harm Assessment and Data Analysis (SADA) form

	Prison			Accommodation																																																																																																																																																																									
	Prisoner #			Cell Type																																																																																																																																																																									
	Age			Sentence Length																																																																																																																																																																									
	Gender			Trimester																																																																																																																																																																									
	Method of Self Harm			Legal Status																																																																																																																																																																									
	Date/Time of Incident			Most Serious Offence																																																																																																																																																																									
	Location of Incident			Monitoring Level																																																																																																																																																																									
Previous history in Community		Previous history in custody		Regime Level																																																																																																																																																																									
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<b>SEVERITY</b>																																																																																																																																																																													
<b>INTENT TO HARM</b>	No treatment required.	No treatment required.	Minimal intervention/minor dressing.	Local wound management.	Outpatient/A&E treatment.	Hospital/ Intensive Care	Loss Of Life																																																																																																																																																																						
	High level of intent - Evidence of high level of thoughts, ideation, premeditation and planning.																																																																																																																																																																												
	Medium level of intent - Some level of thoughts, premeditation, planning.																																																																																																																																																																												
	No/low intent - No planning or premeditation. Impulsive act.																																																																																																																																																																												
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