Since prisoner bullying has been associated with failed rehabilitation and recidivism, self-injury by prisoners and poor psycho- logical health, a good understanding of why it occurs is needed if criminal psychologists are going to help reduce bullying in prison. One possibility that researchers have suggested is that prisoners protect themselves from future victimization by victimizing others. This would seem to relate to the prisoner hierarchy, which, as noted above, reserves greater status for prisoners who act violently. Through bullying others, prisoners can obtain, from other inmates, resources that are of limited availability in prison, such as tobacco and telephone cards. If the bullies do not use these resources them- selves, they can sell them on at a higher price. It has also been suggested that bullying might offer relief from tension and boredom. This proposal is supported by research from the US that found involvement in formal activities, such as educational and vocational programmes, to be associated with less prisoner violence. An alternative explanation for this finding could be that increased supervision during such activities prevents prisoner violence.

As noted above, prisoner victimization has been associated with a number of negative outcomes for prisoners. However, in what other ways can victimization impact on prisoners? If a motivation for bullying is for the bully to gain limited resources from the victim, it follows that one outcome for victims will be economic deprivation. This might also be the case if a victim’s property is damaged. Physical injury is also likely with the more direct and physical forms of aggression. Social loneliness may result from rumour-spreading or ostracism if the peer group withdraws from the victim. These negative effects of being victimized in prison can be compounded by the inmate code, which discourages informing on fellow prisoners: it can be particularly difficult for prisoners to seek help from staff.

Clearly not all of these stressors will be present in every prison. Also, it is important to note that prisoners are individuals and their resilience to each stressor will vary. Whilst some may find the loss of autonomy unbearable, others will find security in a fixed daily routine. This leads us into the next section. For some prisoners, the experience of imprisonment can have a significant, detrimental impact on their psychological well-being, with some harming themselves or committing suicide in prison.

The psychological health of prisoners has been assessed by numerous researchers. Some have considered psychological health under the umbrella term of adjustment to prison whereas others have used questionnaire-based measures such as the General Health Questionnaire. Researchers have reported levels of psychological distress that are concerning. For example, a study found that of a sample of UK female prisoners a third could be considered to be suffering from short-term psychiatric disorders. This proportion was much higher than the levels reported for the general public. Similarly, another study found with a sample of young offenders (aged 16–21) that over fifteen per cent were suffering from severe anxiety, twelve per cent severe depression, and thirty-eight per cent showed clinically high levels of hopelessness. Similar figures were found by Jessica Woodhams and Susie Grennan. Around an eighth of our sample of male young offenders scored in the severe to extremely severe range for depression, anxiety and stress. With a sample of adult prisoners, Jessica Woodhams found that over six per cent of prisoners reported levels indicative of clinical anxiety and depression. However, some caution should be exercised before drawing any firm conclusions about the apparently poorer psychological health of prisoners compared to the general public. The apparent poorer mental and physical health of inmates might relate to a dis- proportionate number of prisoners being people of lower socio- economic status, which is also associated with poorer mental and physical health.

From research that has tried to determine the causes of poor psychological health in prisons, including studies mentioned above, a number of factors have been identified:

Male gender.

Younger inmates.

Longer sentences.

Being at the start of a sentence.

Fear of violence.

Poor access to prison facilities (e.g. education).

Environmental stress.

Poor access to support services.

Victimization.

Perceiving physical health as poor.

Concerns about external relationships/housing.

That a substantial minority of prisoners are suffering with poor psychological health is concerning and seems to stand in stark contrast to newspaper claims that prison is easy. Some prisoners seem to be finding the experience extremely difficult. This is further confirmed if we consider the rates of self-harm and suicide in prison.

Official statistics suggest that suicide rates are high in prisons and in juvenile detention centres. One study found that sixteen per cent of juveniles in detention centres reported previous deliberate self- harm and twenty-seven per cent reported thinking about attempting suicide in the past. This was a much higher rate than that reported by samples of juveniles in the general community. Similarly, a study of female prisoners found that sixteen per cent had considered self- harming, fifteen per cent had considered attempting suicide and six per cent had attempted suicide in the previous month.

When considering the reasons that prisoners give for attempting suicide there are some clear parallels with those regarding poorer psychological health. Some of the factors that have been reported to be associated with suicide in prison include:

A psychiatric diagnosis.

Taking psychotropic medication.

A very violent index offence.

An actual or expected lengthy sentence.

Overcrowding.

Relationship problems/social isolation.

Being a remand prisoner.

Grief/bereavement.

Feelings of hopelessness/depression.

Homesickness.

Victimization by prisoners/prison staff.

A history of suicide attempts/threats.

It should be noted that there is some controversy about whether self-harming and suicide should be considered as being essentially the same behaviour. One study compared the factors associated with both. The reasons for committing or attempting suicide seemed more related to concrete events. In contrast, the reasons given by prisoners for self-harming included expressing or relieving emotion which seem related to more ongoing problems. Another study found poor peer relationships and a history of sexual abuse to be associated with deliberate self-harm. If there are differences between the triggers of suicide and those of self- harm, this suggests that they will each require different types of intervention. For example, suicidal prisoners with a psychiatric diagnosis could be provided with appropriate medication whereas prisoners who use self-harming as a way of coping could be taught alternative methods of coping. This is a question that future research could investigate.

coping with imprisonment.

The material reviewed so far in this chapter has suggested that for at least a minority of prisoners, experiencing imprisonment can have profound negative effects. The research has also indicated that the prison environment is stress-inducing. Coping refers to the ways in which we deal with stress. Considering that prison is a stressful environment, this raises the question of how prisoners cope with this experience.

Some methods used by prisoners to cope with imprisonment have been alluded to above. They might deal with the fear of violence by being violent towards others or through harming them- selves. Prisoners may also cope by withdrawing themselves from the prison culture by occupying themselves in jobs which take them away from the rest of the inmate population. Alternatively, prisoners might use litigation or formal grievance procedures to cope. Such activities might be helpful to prisoners because they are tension-reducing and allow prisoners to spend their time in what they perceive to be a constructive way. Other prisoners might use drugs or withdraw themselves psychologically. Some prisoners take the opposite approach and fill their time with various activities such as studying or taking physical exercise, which are again more constructive.

Some of these coping strategies we might perceive as adaptive whereas others appear more maladaptive. Because the prison environment is one which in some respects is quite unlike the out- side world, the methods people use to cope in everyday life might be inappropriate in the prison environment. Similarly, methods that would be unsuccessful in the outside world might work well in the prison environment. What we in the outside world regard as maladaptive could well prove adaptive in the prison environment and vice versa. For example, in the outside world, when experiencing a new situation you might seek help from authority figures. In the prison environment, because of the inmate code, this could be a maladaptive strategy. In the outside world, responding aggressively to teasing or rumour-spreading may not be appropriate, however, in the prison, where being able to look after yourself is valued, this could be perceived as an adaptive strategy. With this in mind, there are clearly still some types of coping in both environments which would be described as maladaptive, such as self-harming.

With the view to helping prisoners cope better with the experience of being imprisoned, criminal psychologists have conducted research to assess the coping strategies used by prisoners. When talking about coping strategies the research has generally identified three distinct types:

Problem-focused or task-oriented coping which involves developing means or seeking means of dealing with the situation that is causing the stress.

Emotion-focused coping which involves the regulation of emotion and can involve thinking about the stressful situation in a different way.

Avoidance coping which involves the individuals avoiding what is causing them stress.

Research findings as to what coping strategies prisoners use have been very mixed. Researchers associated with the University of Barcelona have suggested that many prisoners use problem- focused strategies, and some use avoidance coping. In contrast, Jessica Woodhams and Susie Grennan found avoidance coping to be prevalent.

Not all types of coping are considered to be of benefit to the individual. Problem-focused coping and avoidance coping have been associated with better psychological health in prisons whereas emotion-focused coping has been associated with poorer psychological health. Other studies have found a relationship between avoidance and emotion-focused coping and psycho- logical distress. Until more research is conducted it is difficult to draw any conclusions from these studies. However, researchers in this field should be mindful of the unique social conditions at play in the prison environment, which could seriously limit the potential use of different coping strategies.