



A descriptive analysis of self-harm reports among a sample of incarcerated adolescent males

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The present study examines 89 separate incidents of self-injurious behaviour displayed by 60 male young offenders, incidents which were recorded by prison staff on “self-harm” forms. The results show that the reasons for raising a self-harm form can be separated into two main categories: actual self-injury by the inmate or behaviours believed by staff to indicate a risk of self-injury. A believed risk of self-injury as opposed to actual self-injury was the most frequently reported reason for opening a self-harm form, with verbal threats of self-injury being the most frequently reported type of behaviour. Self-injury does appear to occur relatively early on in periods of custody and inmates who display self-injurious behaviour appear distinct from the rest of the prisoner population in a number of ways. Differences are also evident between those with only one form raised on them and those with more than one form raised. Directions for future research are discussed.

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Introduction

The rates of suicide and self-injury among prisoners is reportedly much higher than the rate reported among the general population (Liebling, 1993). This has been found even when equivalent populations have been studied (Liebling, 1993). Blud (1997) states how in 1987, prison suicides doubled to 46 and in 1994 this increased to 60. In 1994 the “Caring for the Suicidal in Custody” strategy was launched by the Prison Service which introduced improved methods of monitoring prisoners perceived to be at risk using a multi-disciplinary approach aimed at both protecting the prisoner and addressing underlying causality (Coates and Fleming, 1997). The emphasis was on moving away from seeing prison suicide as primarily a medical/mental health problem (Blud, 1997).

McHugh and Towl (1997) note how terms such as “self-injury” and “attempted suicide” pose problems of definition. Individuals may self-injure either with or without any intention to kill themselves. Kreitman and Philip (1969) proposed the term “parasuicide” to describe behaviours displayed by an individual to parody suicide but with no intention of killing themselves.

Issues also surround the perceived lethality of the injurious behaviour. Some researchers have argued that if the method an individual chooses to harm themselves is not a highly lethal one (e.g. superficial cuts to limbs), then this act can be perceived as “deliberate self-injury” as opposed to attempted suicide. In deliberate self-injury the individual has little or no intention to kill themselves. However, Livingston (1997) states that the concept of “deliberate self-injury” cannot be applied to a prison population, arguing that it is common for prisoners, young offenders in particular, to select a highly lethal method of self-injury (such as hanging) and yet have a low level of suicidal intent. In view of this Livingston describes “self-injurious behaviour” as, “. . .any instance in which a prisoner deliberately

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harms him/herself regardless of the method(s) used or the expressed intent to die" (p. 22). This will be taken here as a working definition of self-injurious behaviour for the present study.

Research suggests that there may be three groups of individuals involved in self-injury: those who injure themselves just once; those who injure themselves more than once with no rising suicidal intent between episodes; and those who injure themselves more than once with rising suicidal intent between episodes. Pierce (1984) found some evidence suggesting that individuals who fall into this latter category tend to be younger than other repeaters. Pierce argues that self-injury for this group may be an attempt to communicate an interpersonal problem which they are experiencing to others: if the initial self-injury is ignored, or an unsympathetic response incurred from others then the self-injurious behaviour may be repeated in a more threatening way until his/her goal is achieved. Such a notion of self-injury being somewhat manipulative has received little support from other researchers, with Gibbons *et al.* (1978) describing how a positive professional response does not prevent overall repetition, and Albanese's (1983) finding that self-injury is almost always an impulsive act.

Self-injurious behaviour can take many forms. The most common method adopted in Britain and the United States is self-poisoning (Power and Spencer, 1987). Beck *et al.* (1975), in a sample of 384 suicide attempters admitted to hospital, reported that 65 per cent of these had ingested a dangerous substance (with 88.8% of these using coma-inducing drugs), 17 per cent had cut or pierced themselves, with the remainder jumping, inhaling gas or attempting to drown themselves. The authors did not indicate whether or not firearms were used.

In a prison setting the methods adopted may be different as a function of the environment: Power and Spencer (1987) argue that the "restriction of available 'parasuicidal' options" in a prison setting may influence the methods chosen. Loucks (1998) reported that the majority of women offenders who reported deliberately injuring themselves did so by cutting. Of the women who reported attempting suicide, 71 per cent reported cutting themselves followed by 57 per cent who reported trying to hang themselves. In a more descriptive study, Power and Spencer (1987) found, in a sample of 76 male young offenders, that 49 per cent of inmates verbally "threatened suicide", 31 per cent lacerated their wrists or forearms, 8 per cent set fire to cell items, 7 per cent engaged in pica (swallowing inedible items) and 5 per cent "feigned hanging". Power and Spencer also reported that the medical lethality in 92 per cent of the cases was minimal, moderate in 4 per cent and high in 4 per cent.

Regarding the characteristics of prisoners who self-injure, Liebling and Krarup (1994) stated how prisoners could be identified less by their background (e.g. previous psychiatric history, behaviour at school, previous self-harm etc.) and criminal justice histories than by descriptions of their experience in prison (e.g. sleeping problems, taking part in activities, ability to cope etc.). A number of descriptive characteristics have also been identified as possible factors. Liebling (1993) described 305 incidents of self-injury carried out by 248 prisoners and found over half of the prisoners were under the age of 21. Livingston (1997) citing Haycock (1989) reports that there is a tendency for non-caucasian prisoners to be under-represented in self-injury figures, whereas caucasian prisoners tend to be over-represented. Regarding custodial status (e.g. sentenced or remand) and its relationship to self-injury, Liebling and Krarup (1994) describe how in a study of 50 self-harmers, a higher percentage were on remand compared to the rest of the prisoner population. Livingston (1997), however, argues that the differences regarding custodial status are unclear and that past research which has concluded that remand prisoners are more at risk of suicide or self-injury have either failed to describe the population under study adequately, or to have

separated the groups for analysis. However, there does appear to be evidence that the length of time a prisoner has spent in prison may be a key mediator in suicide, with Crighton and Towl (1997) reporting that just over 10 per cent of suicides occurred within one day of arrival at the prison, with 45 per cent of deaths occurring within one month. This is consistent with the finding of Loucks (1998) who reports that rates of self-injury were particularly high during early periods of custody.

Cookson (1977) reports that parasuicidal women prisoners were found to be younger, serving longer sentences, were more often serving for a violent offence and to have served a previous custodial sentence. Although describing factors relating to completed suicides Loucks (1998) also reports that life sentenced prisoners and those charged or convicted with a violent offence (such as sexual violence or murder) may be at an increased risk of suicide.

The present study examines self-harm forms raised on a sample of male young offenders by prison staff. The forms are raised either following an incident of actual self-harm or if the staff member believed the inmate was displaying behaviours which were suggestive of future self-harm (e.g. if the inmate threatens self-injury). The aim of the present study is to provide a descriptive analysis both of the actual self-injurious behaviour displayed, and behaviours suggestive of future self-harm. The study will also focus on the prison response to the self-injury (including the length of time that the inmate was seen to be at risk of further self-injury), and demographic/prison-related characteristics of inmates with a self-harm form raised.

Methods

The data was record-based and derived from the “self-harm” forms raised by staff on inmates. Self harm forms were raised on those who had either shown evidence of actual self-injury or had displayed behaviours associated with an increased risk of self-injury. This sets into motion a number of procedures such as increased observation of the inmate, referral to the medical officer and a plan for dealing with his self-harm. If necessary a conference would be held between a number of staff where a plan of action would be decided. The documents recorded information on why the form was raised, who raised it, and the prison response (e.g. was the inmate admitted to the hospital).

In total, 89 separate self-harm forms on 60 male young offenders* (age range 16–21 years) recorded over a 10-month period in 1998 were examined. Fifty-six of the forms had been opened at the present establishment, 20 had been opened at other establishments prior to the inmate being transferred and 13 were opened following an outside court visit by the inmate.

Results

Reasons why the self-harm form was raised

Reasons for self-harm forms being raised could be separated into two main categories, “actual self-injury” and “risk of injury”: 27 forms were raised on inmates who had actually self-injured, and 47 on those who had displayed behaviours which staff felt indicated a possible

*Four inmates had two forms raised on them, four had three forms raised, one had four forms and one had five forms raised.

risk of self-injury. The remaining forms did not indicate why they had been opened. Twenty-five of the 74 forms (18.5% of the sample) were assessed for inter-coder reliability by the researcher. Overall there was 92 per cent agreement across categories.

Each of the categories, "actual self-injury" and "risk of self-injury" are examined in turn.

Actual self-injury. This category was broken down into three further groups: What follows is a description of each sub-group along with a brief description of entries made on the self-harm form which fitted each category. The frequency of each sub-group is displayed in rank order in Table 1.

1. Those who had cut their wrist or neck e.g. "...came asking for a dressing to cover a self-inflicted wound to the left wrist. Scratch was superficial and made by part of his toilet", and "...he had made an abrasion to his left wrist".
2. Those who had cut another part of their body other than their wrist or neck e.g. "...tried to slash his arm", and "...self-inflicted cuts observed on his left leg."
3. Those who had attempted to hang/strangle themselves e.g. "...tried to hang himself with lace", and "...found with a noose around his neck".

Risk of self-injury. This category was broken down into four further groups: What follows is a description of each sub-group along with brief descriptions of some entries made on the self-harm form which fitted each category. The frequency of each sub-group is displayed in rank order in Table 2.

1. Explicit verbal threats to staff members or other inmates intending self-injury e.g. "...he threatened to 'top himself' during his week on remand" and "...said he was

Table 1 *The nature of "actual self-injury"*

Category (in rank order)	Frequency of forms (n=27)*	
	%	(n)
Cut wrist or neck	37	(10)
Hanging or strangulation	37	(10)
Cut other than wrist	26	(7)

*n= number of forms.

Table 2 *The nature of "risk of self-injury"*

Category (in rank order)	Frequency of forms (n=47)*	
	%	(n)
Verbal threat	46.8	(22)
Past self-injury	19	(9)
Other	17	(8)
Non-verbal threat	8.5	(4)
Information received	8.5	(4)

*n=number of forms.

going to kill himself: he has got no idea of how he will do it, and was looking around for something”.

2. Non-verbal threats e.g. “. . . a letter had been found intended for inmate’s wife. In it he threatens self-harm”, and “. . . a noose was found in inmates cell in the early hours of the morning and a suicide note was found.”
3. Past history of self-injury: this referred to inmates new to the prison system who had a past history of self-injury e.g. “. . . new into prison, has a history of self-harm”.
4. Information received from outside the prison indicating a possible risk of self-injury e.g. “. . . warning from police and police surgeon comments on him being depressed and emotional”.
5. Other indications of risk: this referred to indirect indications of risk displayed by the inmate in the prison setting such as a change in mood coupled with a lack of appetite or a recent traumatic event. Examples of entries placed in this category include, “. . . very withdrawn, refusing diet, no attempt at conversation, nil eye contact. Says he won’t cope in custody”, and “Has just received a life sentence for murder and is known to have been distressed throughout the trial—his body language and facial expression still give some cause for concern”.

Frequency and nature of subsequent self-injurious behaviour

The following section describes the number of inmates who, whilst *still* being monitored following the raising of a self harm form, actually self-injure again or display behaviours seen as a risk of self-injury (the term “self injurious behaviour” will be used for this section to encompass actual self-injury *and* risk of self-injury).

In total, 15.7 per cent of inmates (14), during their time on a self-harm form, went onto show self-injurious behaviour. 7 of these showed such behaviour on one occasion, 4 on two occasions (with an average of 27 days between incidents), 1 on 3 occasions (with an average of 6 days between incidents) and 2 on four occasions (with an average of 1.5 days between incidents). What follows is a description of the nature of these subsequent self-injurious behaviours.

Inmates displaying subsequent self-injurious behaviour on one occasion. Two incidents related to cuts to wrists or necks, two to verbal threats, one to cuts other than to the wrist, one to hanging or strangulation and one to other.

Inmates displaying self-injurious behaviour on two subsequent occasions. First occasion: two incidents related to verbal threats, one to non-verbal threats, and one to other.

Second occasion: two incidents related to verbal threats, one to hanging or strangulation and one to cuts to the wrist or neck.

Inmates displaying self-injurious behaviours on three subsequent occasions. One inmate made a third subsequent attempt: on the first occasion this was in the form of cuts (other than to the wrist), on the second a verbal threat, and on the third a verbal threat.

Inmates displaying self-injurious behaviours on four subsequent occasions. Two inmates made four subsequent attempts: on the first occasion one made cuts (other than to the wrist) and the other made a verbal threat. On the second occasion one

made a verbal threat and the other a non verbal threat. On the third occasion both made verbal threats, and on the fourth occasion one made a verbal threat and the other injury was classed as "other".

Who opened the self-harm form

Forty-seven records included information on who opened the form. Of these the majority were opened by medical staff (49%), followed by basic grade prison officers (31.9%), and other staff (12.8%) which included teachers and psychologists.

Demographic and prison based characteristics of inmates placed on a self-harm form. As some inmates had more than one self-harm form raised, the characteristics of inmates who had one form raised are addressed separately from those with more than one form raised. These are then compared to the rest of the inmate population who had never had a self-harm form raised on them whilst at the present establishment. The data for this group was taken from the same establishment from a single day in October 1998 and based on a sample of 432.

For those with more than one form raised, descriptive data was taken from the first instance that a self-harm form was recorded on them (e.g. age at time of first form, etc.)

The characteristics of the different groups are presented in table 3.

Prison response to those placed on a self-harm form

Seventy-five forms included information on the prison response to the raising of the form. The average time spent on a self-harm form before it was closed ranged from 1 day to 181

Table 3 *Characteristics of inmates with one and more than one self-harm form raised, compared to the rest of the prisoner population*

Characteristic	Single form raised n=50	Multiple form raised n=10	No form raised n=432
Remand (%)	58	30	30
Sentenced (%)	41.7	70	69.9
Length of sentence (mean in months)	23 (s.d. 24.8)	31.6 (s.d. 21.9)	24.9 (s.d. 81.6)
If sentenced mean length of time on sentence before form raised (in days)	91 (s.d. 138.1)	160 (s.d. 273)	N/A
If on remand mean length of time on remand before form raised (in days)	21 (s.d. 40.5)	51 (s.d. 30.1)	N/A
Acquisitive offence (%)*	52	42.9	35.4
Violent offence (%)*	24	42.9	42.1
Sex offence (%)*	4.0	—	1.0
Drug offence (%)*	—	—	8.6
Other offences (%)*†	20	14.3	12.9
Age (mean in years)	19 (s.d. 1.04)	19.5 (s.d. 1.1)	19 (s.d. 1.18)

*Only for those sentenced at the time of the form.

†e.g. Motoring offences, breach of community service etc.

N.B The standard deviations are large in some cases (particularly regarding time spend on remand/sentence, etc.) and thus these results must be interpreted with caution.

days with an average of 21.9 days (s.d. 26). However it is worth noting that the majority of scores ranged from 1–76 days, with one individual remaining on a form for 113 days, and one for 181 days. For those who displayed self-injurious behaviour whilst on a self-harm form the average time spent on the form was 51 days although there was quite a bit of variance with this (s.d. 48). Of all of the forms opened, 89 per cent were referred directly to the Health Care Centre which resulted in 40 per cent of inmates being admitted to the Health Care Centre and kept as in-patients. Of these, the time spent in the hospital ranged from 1 day to 49 days, with an average of 5 days (s.d. 6.1). Sixty-four per cent of forms led to a case conference on the inmate being held.

Discussion

The present research suggests that the reasons for raising a self-harm form can be separated into two main categories: actual self-injury by the inmate (including cuts, hanging and strangulation) and behaviours believed by staff to indicate a risk of self-injury (including verbal threats, past self-injury, non-verbal threats and information received from outside of the prison). A believed risk of self-injury as opposed to actual self-injury was the most frequently reported reason for opening a self-harm form.

Verbal threats of self-injury were the most frequently reported type of self-injurious (risk of and actual) behaviour, and this is consistent with Power and Spencer (1987). This was followed by cutting and hanging, and again consistent with previous research (Loucks, 1998). However, unlike Power and Spencer (1987), no incidents of arson or pica were recorded.

The results also suggest that there is a small group of individuals (15.7% of the present sample) who subsequently display self-injurious behaviour whilst still being monitored. Of this group there also appears to be a small number who subsequently self-harm frequently over a very short period of time (e.g. two on four occasions with an average of 1.5 days between each incident). However, due to the small number of cases recorded these results should be interpreted with caution.

There do appear to be some demographic and prison-based differences between inmates with a single self-harm form raised and those with multiple forms raised. The majority of “multiple form” inmates were sentenced and a higher percentage were serving longer sentences, and had spent longer on their sentence or on remand than inmates who had a single self-harm form raised on them. In addition, multiple form inmates include a higher percentage of violent and “other” offenders, and a lower percentage of acquisitive offenders than single form inmates. Only single form inmates appeared to include sex offenders. In comparison to the rest of the prison population the single form group included a higher percentage of remand prisoners. It would appear that for this group the percentage of remand inmates displaying self-injurious behaviour is over-representative for the proportion of remand inmates at the establishment under study (58% of single form self-harmers were on remand compared to 30% of the rest of the inmate population). This is consistent with the findings of Liebling and Krarup (1994). However there are difficulties in comparing the groups described here, with both taken from different points in time. Also, although consistent with Liebling and Krarup it is worth noting that they did not separate their sample into “multiple” and “single” self-harmers. Thus the present finding should be interpreted with caution: at best it could be argued that the relationship between custodial status and self-injury is unclear (Livingston, 1997).

There appeared to be no age differences between the self-harm group and the non self-harm group, although the multiple form group appeared to be serving longer sentences than the non self-harm group. Both the multiple and single form group included a high percentage of acquisitive offenders, and this was over-representative of acquisitive offenders in the rest of the inmate population. Violent offenders appeared to be slightly under-represented in the single form group in comparison to the rest of the inmate population (24% of single form self-harmers compared to 42% of non self-harmers). These findings do not support those of Cookson (1977) or Loucks (1998).

Sentenced inmates who had multiple forms raised on them appeared to have spent longer on their sentences (160 days) than those with a single form raised (91 days). This was also consistent for remand inmates, with those with multiple forms having spent 51 days on remand and those with a single form 21 days. This suggests that self-injury does occur relatively early on in periods of custody, and is consistent with Loucks (1998). This appears to be particularly consistent for those who have a single form raised on them. Speculatively it could suggest that these groups differ regarding how they cope with imprisonment. However, future research is needed to address this.

The finding that 40 per cent of inmates were referred to and admitted to the Health Care Centre following the opening of a self-harm form could simply be a result of the majority of forms being opened by medical staff. However, it could also indicate that in 40 per cent of referred cases the self-injurious behaviour displayed is considered serious enough to justify this action to be taken, particularly regarding the finding that the average stay of an inmate in the Health Care Centre was 5 days.

There are a number of methodological limitations in the present study, largely unavoidable, which need to be accounted for before any conclusions are drawn. The study is a purely descriptive one and there are problems in comparing a sample of self-harmers collected over a 10-month period with a sample of inmates with no self-harm form raised on them collected from one day. It was also not possible to control for the fact that a proportion of inmates described as non self-harmers may have had a history of self-harming behaviour either outside of prison or on a previous sentence.

The present study also focuses on self-injury as identified by staff. This has a number of implications. Raising a self-harm form is entirely dependent on the perceptions of the staff member involved, and in particular their perceptions of whether or not the inmate's behaviour is "serious" enough to warrant an official record being kept. Inmates who are able to keep their actual self-injury successfully hidden from staff are unlikely to be placed on a self-harm form, and such inmates arguably add to the unknown figure of "self-injury". In this sense the present study probably under-estimates the level of self-injury over the research period. Finally, a number of the forms in the present study were incomplete, and this is a problem which has been identified by previous researchers who have attempted to use record-based data to assess self-injury (Dexter and Towl, 1994). This is perhaps a particular area of concern when discussing suicide prevention, with the poor quality of self-harm forms recognized as a factor which inhibits effective suicide prevention strategies.

Although the characteristics of inmates who self-injure are useful with regard to the types of inmates most at risk of self-injury, future research needs to move away from attempting to provide a typology of a "typical" self-injurer to addressing the specific behaviours displayed by inmates both leading up to and following an incident of self-injury. Indeed, behaviours and prison experiences have been found to be important determinants of self-harm behaviour among offenders (Liebling and Krarup, 1994). Environmental/situational factors also need to

be considered. This coupled with information relating to the typologies of self-injurers could prove important in the implementation of appropriate management strategies.

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