

Reduction of Self-Injury: A Mental Health Priority

A recent study at the Kingston Prison for Women addresses three areas related to self-injurious behaviour -injury response, injury reduction and suicide identification. These three areas were identified by a February 1989 preliminary study as major issues requiring examination.

The study is based on the understanding that "self-injurious behaviour is a coping strategy that manifests itself as a result of childhood abuse (usually sexual)." The recommendations from the study have been used in the development of a therapeutic program for inmates who self-injure at the Kingston Prison for Women.

According to the model developed in the preliminary study (see insert), self-injurious behaviour is an attempt to reduce anxiety. In the light of this model, the study found that the prison policy on response to self-injury was, at best, not helpful and, at worst, detrimental to the prisoner's mental health.

Information about self-injurious behaviour was gathered through interviews with prisoners, security personnel and other relevant groups. In a sample of 44 prisoners, 74% reported they had been victims of child abuse. Of this group, 50% said they had experienced both sexual and physical abuse, 28% reported only sexual abuse, and 22% reported only physical abuse. The study notes that these figures should be considered conservative because some women are reluctant to reveal sexual abuse to an unknown interviewer, and some use silence as a defence mechanism to cope with childhood sexual assault.

Of the women who reported being abused as children, 76% said they still experienced emotional difficulties as a result of the abuse.

Twenty-six (59%) of the 44 prisoners interviewed reported that they were engaging in, or had engaged in, self-injurious behaviour. Of this number, 73% reported childhood abuse. These figures are considered conservative for the reasons noted above.

Despite the figures obtained from the interviews, it is difficult to determine the extent of the problem of self-injury at the Kingston Prison for Women. For example, not all of the women who reported instances of self-injurious behaviour had engaged in such behaviour recently or on a regular basis. Clearly, however, self-injurious behaviour is a problem for a large number of female offenders at some point during their incarceration.

According to the model, the action of self-injury is the culminating point of a crisis. It is unlikely, therefore, that a prisoner will self-injure again soon afterward. However, prisoners who self-injured at the women's prison were placed in segregation immediately after leaving health services. They remained in segregation so that they could be monitored until being assessed by a psychologist. Often, prisoners spent the night or weekend in segregation. Isolation only increased the chances that the cycle of anxiety would begin once again.

Although prisoners were not questioned directly on the appropriateness of segregation, 39 of the 44 prisoners interviewed addressed the issue. Of these prisoners, 38 argued that segregation was an

inappropriate response. Many of the prisoners perceived the transfer to segregation as a form of punishment.

Prisoners were also questioned about suicidal behaviour, although the author emphasized that self-injurious and suicidal behaviours should not be equated. However, many of the recommendations regarding self-injurious behaviour were also applied to suicidal behaviour, especially the recommendation that individuals not be placed in segregation.

Therapeutic Program

The results of this study are guiding the development of a therapeutic program for women who self-injure at the Kingston Prison for Women. The study indicates that the most effective approach to reducing self-injurious behaviour is to treat its occurrence as a sign of emotional distress, rather than an issue of security. Responsibility for its reduction should thus be shifted from security to counselling personnel.

The study also reveals that women who self-injure often seek emotional support from their peers, and it recommends that this support be "acknowledged" and "legitimized" through the development of a program to train prisoners as peer counsellors.

As the model implies, reducing self-injurious behaviour involves replacing attempts to control with more constructive coping strategies. But until these strategies are learned, programs should strive to increase the woman's feeling of self-control.

The therapeutic program of peer counselling tries to address the factors that prisoners reported as causes of self-injury (such as situations that produce feelings of isolation and powerlessness), and focuses on counselling issues.

The therapeutic program allows team of 11 inmate counsellors to be available to prisoners on a 24-hour basis. In addition, support and ongoing training are available to counsellors throughout the program.

The program is a viable solution to the logistical problems of obtaining 24-hour access to one of the prison's two psychologists and provides the means to tap into an existing support system. It also relieves some of the pressures placed on correctional staff, who are expected to prevent and deal with cases of self-injury even though they have no psychological training.

The therapeutic program tries to utilize available resources to ensure the optimum mental health of prisoners. The study demonstrates that programs must target the causes, and not just the visible manifestations, of a problem. In addition to facilitating the implementation of a therapeutic program, the study has highlighted the need for future research projects on the effectiveness of inmate support systems.

the Correctional Service of Canada.