What it means
There is a need for gender-informed assessment and treatment of non-suicidal self-injury (NSSI). Interventions should include the teaching of alternative coping strategies that can be used to replace the use of NSSI. The potential for highly lethal behaviours among men should also be considered and future research should assess whether these types of behaviours require different interventions than less severe, more repetitive types of NSSI.

Why we did this study
NSSI may be defined as deliberate bodily harm or disfigurement without suicidal intent and for purposes not socially sanctioned. It may include behaviours such as cutting, ligature use, burning, hitting, swallowing sharp or indigestible objects, inserting and removing objects, and head banging. There is a lack of knowledge regarding NSSI in male offenders, despite the importance placed on the prevention and treatment of such behaviour in correctional facilities. The purpose of this report was to improve understanding of NSSI in federally sentenced men in Canada by comparing self-report and archival data on history of NSSI, providing a descriptive analysis of NSSI among federally sentence men, and exploring NSSI incidents occurring at CSC in detail.

What we did
A total of 104 federally sentenced men with a history of NSSI participated in the study. These participants were recruited from 11 medium and maximum security federal institutions. The men participated in semi-structured interviews, completed questionnaires, and had their files reviewed to assess their history of NSSI and factors associated with their behaviour. Data were collected on demographic information, criminal history, mental health and social support variables, and suicide attempts and NSSI.

What we found
About half of the participants who had ever engaged in NSSI initiated their behaviour prior to being incarcerated in a CSC institution. Almost 70% of the participants reported that they did not currently engage in NSSI. The most common reason for engaging in NSSI was affect regulation.

The most common type of NSSI was cutting, followed by ligature use, head banging, and burning. Cutting was slightly more frequent before admission to CSC, other methods such as ligature use, burning, head banging, and scratching were more common after admission to CSC. Most men reported that the injury caused by their NSSI was usually somewhat or very severe.

Slightly less than half the men reported that they first thought of the idea to self-injure on their own and approximately 15% reported getting the idea from other offenders. Incidents were also no more likely to occur on the weekends compared to the weekdays, or in either season of the year.

For more information

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