

# ANALYSIS OF SELF-HARM INCIDENTS AT HMYOI LANCASTER FARMS

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## INTRODUCTION

Self-injury can be defined as any instance in which a person deliberately harms himself (regardless of the method used, or the express intent to die) by eating the inedible, taking an overdose, laceration to the body or by hanging/suffocation.

'Deliberate self-harm' should be applied to those examples of intentional self-injury in which the individual's intention to kill himself is low eg superficial self-cutting. Among the prison population, however, especially young offenders, use of the concept of deliberate self-harm is limited because young offenders select a highly lethal method of self-injury, such as hanging, and yet have a low level of suicidal intent.

The perception that self-injury is usually not lethal has tended to lead to this type of behaviour being seen as manipulative. This has coloured the views of management and staff and has led to the notion that self-injury is a largely exploitative action on the part of the prisoner.

Until 1961 suicide was a criminal offence in England and Wales and those who 'failed' in suicide attempts were sometimes imprisoned as a direct result. Suicide was defined as sinful since it contravened the sixth commandment (thou shalt not kill). It was considered to be a mortal sin since it interfered with God's authority over life and death, although in some cultural traditions, religious or terrorist suicides are seen as a way to renounce one's personal being in order to contribute to something wider.

This attitude to suicide held sway until it was gradually displaced by medico-psychological concepts in which suicide came to be viewed as a product of some form of mental health problem often, though not always, seen as biological in origin. Depletion of noradrenaline and serotonin neurotransmitters and low levels of these in the CSF of suicide victims are often reported. Despite very clear philosophical and scientific shortcomings with this model, it did serve to reduce the tendency to stigmatise, punish and persecute those who tried or succeeded in taking their own lives, labelling them as sick rather than evil.

About one third of all self-injury episodes have been found to occur within the first week of imprisonment, a traumatic time of great adjustment in the prisoner's life when he may be most prone to thoughts of a self-injurious nature. The feelings of isolation, shame and embarrassment are deeply felt in the first days of incarceration.

In 1996 the rate of male suicide in the community was 17.4 per 100,000, but the rate in prisons was much higher, being 65 and 370 per 100,000 for sentenced and remand prisoners respectively. The rate for convicted but unsentenced prisoners was also high at 154 per 100,000<sup>(1)</sup>. Prison suicides have been shown to differ from suicides in the community in some respects. The most significant finding is that a history of psychiatric treatment is less likely among prison suicides than those in the community despite the high levels of psychiatric treatment in the prison population. However, a combination of individual and local factors is involved in each self-harm event.

The F2052SH is a record of how the prisoner was cared for throughout a crisis. It is a team document and not a confidential medical record. Any member of staff is entitled to open a form if concerned about a prisoner. The form will accompany the prisoner on all changes of location, transfers or outside escorts. The decision to close the form remains a team responsibility and should involve a case review, coordinated by the unit manager, preferably involving the initiator, the personnel officer, medical officer and key nurse. A structured support plan should be in force even after the closure of the F2052SH, and a new one should be opened if staff become concerned again.

This article gives a brief analysis of randomly selected self-harm incidents at HMYOI Lancaster Farms during the period January-December 2000.

## PRISON DATA

Lancaster Farms is a category C prison and its catchment area includes Lancashire, Merseyside and Cumbria. Lancaster Farms was originally opened as a young offenders' institute in 1993 as a remand and sentence centre for 390 inmates, equally distributed in three wings. A fourth wing was opened in 1998 to accommodate an increased capacity of 500 (upper limit 536). In 2000 the fourth wing was converted into a juvenile unit for 15-17-year-olds to house 130 juveniles. About half are on remand and the other half are sentenced.

The pie chart shows the distribution of age of inmates at Lancaster Farms in October 2000.

## QUESTIONNAIRE

Eighty-five self-harm incidents at Lancaster Farms occurred during 2000 (28 incidents between January and May and 57 between June and December). Prisoners who had a F2052SH form opened during this year were randomly selected and further analysed using a novel questionnaire designed by the first-named author. It included questions about the personal details of the inmate as well as custodial information and details of the self-harm event. This questionnaire allowed a greater insight into the factors that may have contributed to the self-harm incidents and gave more details. A total of nineteen questionnaires was completed and the results are discussed in this article.

## RESULTS: PERSONAL DATA

### Gender

Lancaster Farms is a young offenders institute for juvenile men so no data were obtained for women, but national figures show that men have a greater number of self-harm incidents in prison than do women (Table 1).

### Ethnicity

Lancaster Farms has an overall ethnic population of 6.5%, which is slightly higher than the national figure for England and Wales, which is 5%.

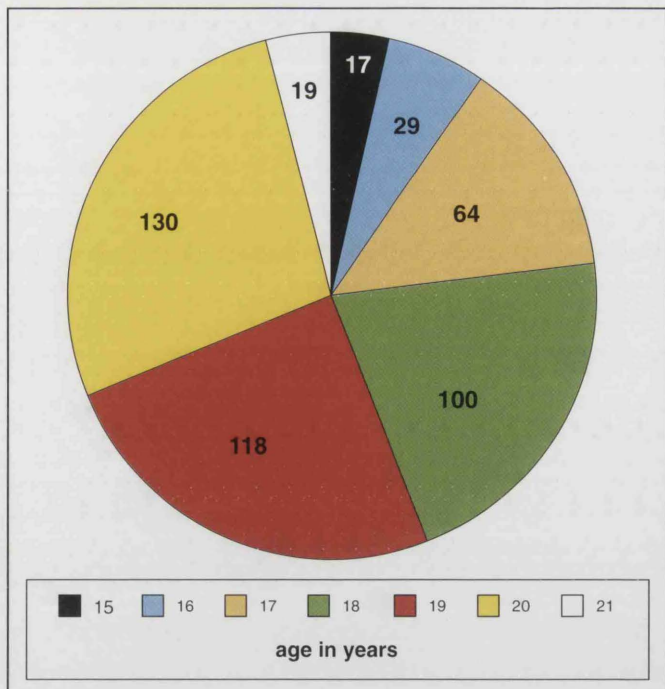


Figure 1 Age distribution of inmates of Lancaster Farms, October 2000

### Age

From the data collected the ages of the individuals concerned were between 15 and 21. Over half the inmates fell into the age 15-17 category, five were ages between 20 and 21 and the remaining three were aged between 18 and 19. Most studies have found that the average age of self-harmers is younger than both the average age of completed suicides and that of the general population.

### Parental violence

The results from the questionnaire showed that over 50% of inmates had witnessed parental violence, with one inmate being hospitalised following violence from parents. Many reports have commented on the fact that self-harmers were significantly more likely to have spent prolonged periods in the care of their local authority, with a history of poor family functioning also being characteristic.

### Emotional abuse

Over 20% (four out of nineteen) inmates had been sexually abused. There is also strong evidence in the clinical literature to link both physical and sexual abuse in childhood with future susceptibility to engage in self-injurious behaviour. The abused individuals tend to foster intense feelings of worthlessness and self-hatred as a result of being assaulted. It has also been suggested that the self-injury event is regarded as a way of not only punishing oneself but also by proxy the initial perpetrator of the abuse.

### Education

Over 90% of the inmates had been truants with nine inmates admitting to some learning difficulties. Overall their educational histories were poor.

### Contact with family whilst in prison

The majority of inmates (84%) had some contact with their family. Over 40% had no visits whilst in prison, whilst the remaining inmates had irregular family visitors. Of those

Gender	1996		1997	
	number	percentage	number	percentage
male	827	91.2	1430	89.9
female	63	6.9	152	9.6
missing information	17	1.9	9	0.6
total recorded incidents	907		1591	

Table 1

inmates that had family visits, four had had a visit within the week prior to their self-harm incident.

### Contact with support staff

Six inmates had no contact with any support staff, such as the probation service, the board of visitors, the Samaritans or drug counsellors. The remainder had some contact with one or more of these agencies.

### Occupational status

Twelve inmates had no occupation. The remainder were employed within the prison, and one had been employed outside also.

### Medical/psychiatric history

None of the inmates had a significant medical history. Two of them had had previous contact with the psychiatric services and some had committed self-harm prior to arrival at Lancaster Farms. A history of self-injurious behaviour has been linked with increased risk of future self-injury and suicide. However, this questionnaire showed that nine inmates had no prior history of self-harm in custody or in the community (Figure 2).

### History of substance abuse

Both substance abuse and dependency have been associated with self-injurious behaviour in young offenders, with marked rates of narcotic abuse and dependency among self-injurious young offenders when compared to controls. Alcohol and narcotic intoxication are associated with increased suicide risk within the first week of imprisonment and later, when withdrawal effects become more pronounced. Figure 3 demonstrates the substance abuse by the young offenders in this study.

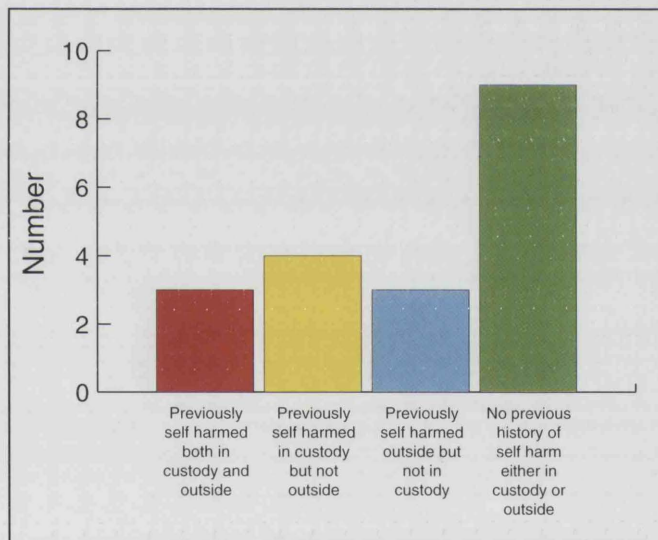


Figure 2 Breakdown of results of the questionnaire regarding previous self-harm incidents

## RESULTS: CUSTODIAL DETAILS

Of the nineteen inmates, seven were on remand and twelve were sentenced. Young men are particularly emotionally vulnerable when imprisoned, especially when on remand.

Figure 4 shows the relationship between recorded self-harm incidents and convictions according to type of offence. On the assumption that self-injurious behaviour is essentially a violent attack against the self, several researchers have hypothesised that self-harmers would also display raised levels of aggression to other people – which would be demonstrated in convictions for violent crimes. The only study to look at types of offence in young offenders, however, failed to find a relationship between violent offending and self-injury.

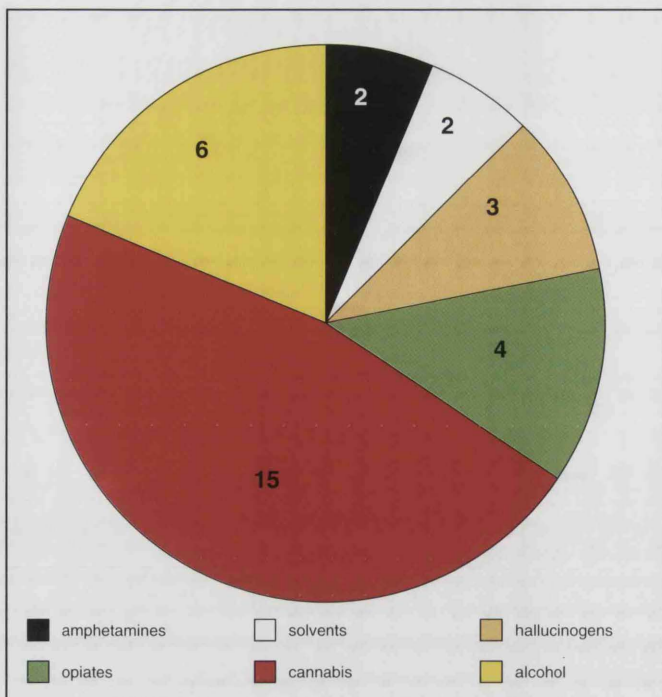


Figure 3 Previous history of substance abuse from questionnaire results. Two respondents denied drug abuse, 6 admitted single drug abuse (a stimulant such as cannabis, amphetamine or ecstasy), 8 admitted injecting drugs (of whom 3 shared needles) and 11 admitted multiple substance misuse.

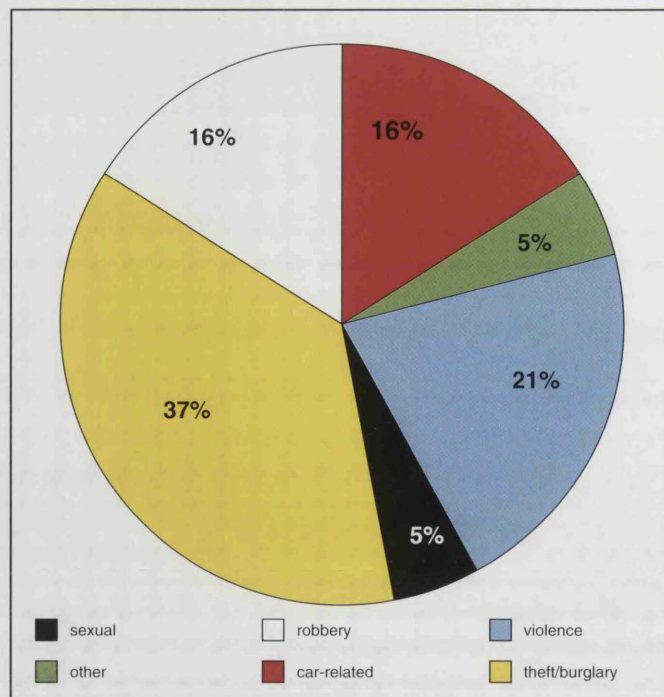


Figure 4 Recorded self-harm incidents by type of offence

## DETAILS OF SELF-HARM BEHAVIOUR

Within the cohort from Lancaster Farms prison, half of the respondents to the questionnaire cited emotional stress as their reason for self-harm. A third were worried about bullying, indicating that they had been verbally threatened and in some cases were anticipating a violent event. The remainder were frustrated by the prison regime or worried about the length of sentence.

Of the nineteen F2052SH forms opened, twelve included incidents of actual self-harm. Six were attempted hangings, five were lacerations to the wrists and one inmate used drugs. The majority of self-harm acts were spontaneous with only one incident planned and minimal medical treatment was required in all cases.

## DISCUSSION

Liebling<sup>(2)</sup> suggested that there are three broad categories of prisoners at risk of suicide. The first group are younger with a history of previous self-injury whose distress is acute and who are particularly vulnerable to the impact of imprisonment. The second group consists of an older group

of prisoners with long sentences who are often at the beginning of their sentence and who feel guilt and shame at their offences and hopelessness about the future. The final group consists of the psychiatrically ill whose state is confused and who allow some interesting comparisons between suicides in prison and in the community (Table 2).

### Reasons for self-harm in prison

The flow diagram (Figure 5) shows the pathways to suicide.

### Background to suicide prevention in prison

In 1987, suicide prevention procedures came into effect within the prison service, but the high level of suicide rate still continued and a further review was carried out in 1990. This was due to the rioting at Strangeways in that year, which resulted in the transfer of inmates to Hindley remand centre. This transfer led to a spate of suicides blamed on severe overcrowding, bullying and facilities which are inadequate to occupy inmates usefully. In addition, sixteen suicides occurred in Brixton prison and four at Feltham YOI at about the same time.

In 1990, Inspector Tumin carried out and published his review of suicide prevention procedures in the prison service, a suicide support unit was created and staff care teams were developed and introduced. The Samaritans were encouraged

Leibling (1997) suggested that there are three broad types of prisoners at risk of suicide.	POOR COPERS	LONG SENTENCE	PSYCHIATRICALY ILL
possible motivation	fear helplessness distress/isolation	guilt no future	alienation loss of self-control fear helplessness
age	16-25	30+	30+
proportion of total number who committed suicide	30-45%	5-20%	10-22% (30+ years) 13% <21 years
relevance of situation	acute	chronic	varied
history of previous self-injury	high	low	medium
features	often more typical of prison population ie acquisitive offences.	often on remand (76%) after midnight some well into sentence	psychiatric history single homeless

Table 2

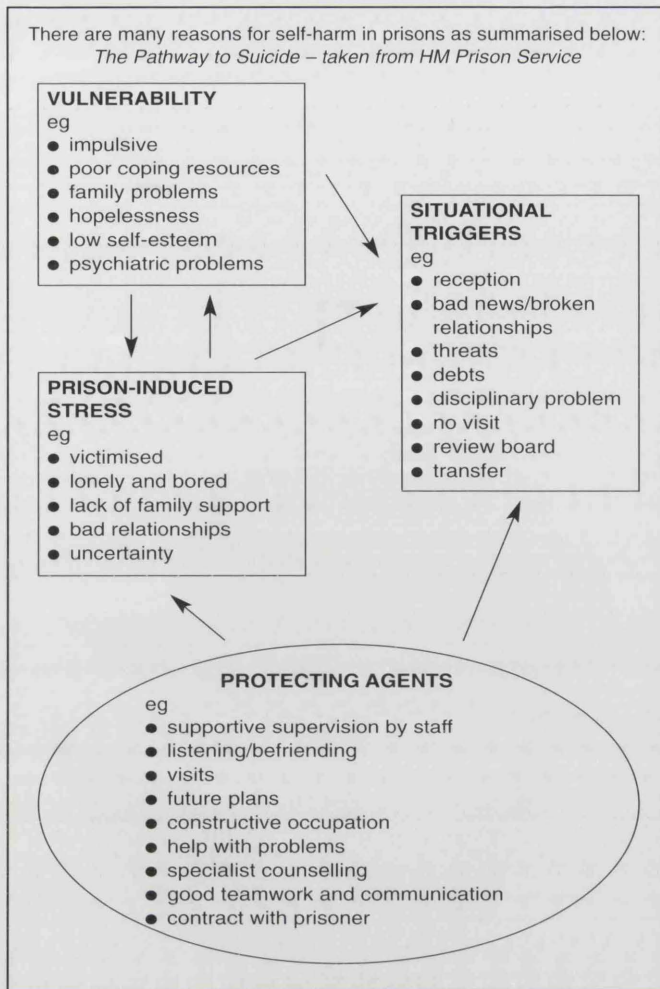


Figure 5 Reasons for self-harm in prisons

to take a much more active role, and an inmate listening scheme was successfully piloted with the aim of supporting vulnerable inmates. Closer ties between the family and support groups were introduced.

Tumin drew some comparison between provision of medical services in the NHS and the prison service. He pointed out substantial differences in the training backgrounds and experience of carers in the two services as well as differences in manpower levels, physical conditions and specialist support. He suggested that if prison hospitals could be upgraded and staffed to a certain standard they could be designated as psychiatric hospitals within the meaning of the Mental Health Act and therefore financed by the community NHS trusts. A further improvement would be the staffing of the hospital by trained nurses.

In 1992 a prison suicide awareness strategy was developed. The main features are:

- greater responsibilities for all prison staff in caring for the suicidal inmate
- the introduction of F2052SH (Figure 6)
- involvement of the Samaritans
- the development of listening schemes

## CONCLUSION

Since the opening of Lancaster Farms in 1993 there has been one successful suicide of a twenty-year-old male. This inmate gave no indications of his intention and no F2052SH form was opened on his behalf. In addition there have been four near-fatal incidents.

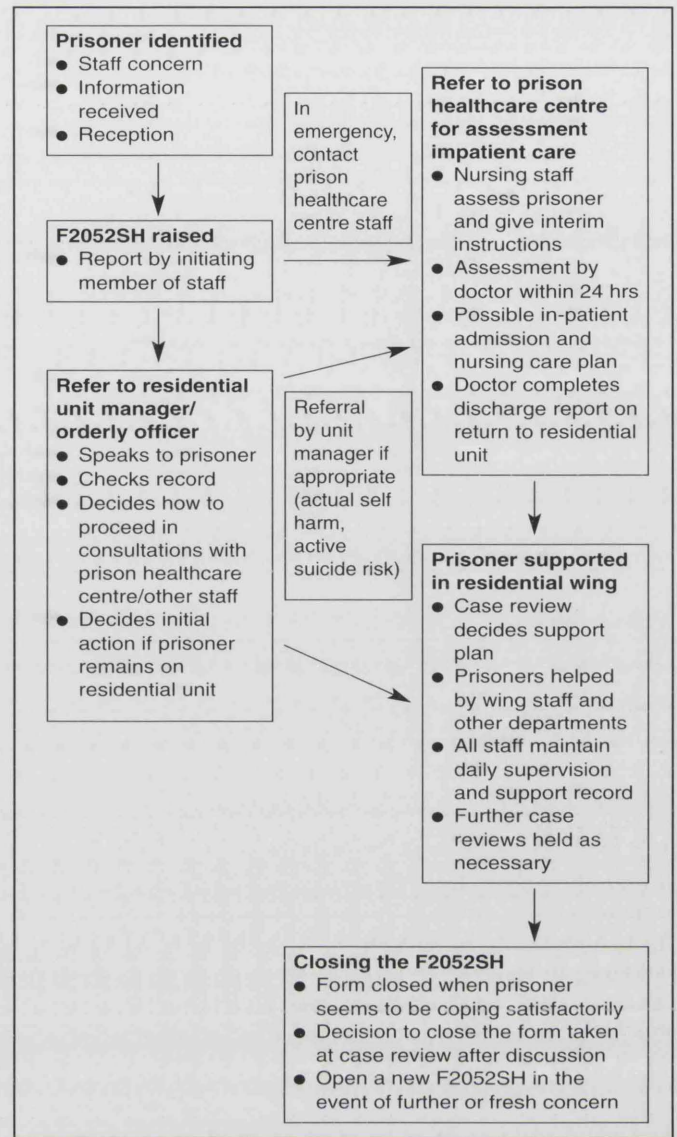


Figure 6 How the F2052SH system works

This paper has presented the results of a questionnaire concerning self-harm incidents at Lancaster Farms. We have considered the background to this problem and would emphasise that it is best to consider every inmate to be at risk, particularly in the first few weeks of entering the establishment.

Ways in which we could minimise self-harm incidents include:

- collecting relevant data from agencies such as the probation service, police, courts, social services and the family
- assessment of inmates based on listening sympathetically to their anxieties and consideration of their adjustment problems
- the creation of a constructive, well-disciplined regime within the YOI
- good teamwork

## REFERENCES

- 1 Thematic review: HM Inspectorate of Prisons for England and Wales. HMSO 1999
- 2 Liebling A Risk and prison suicide. *In* Good practice in risk assessment and risk management, Kaushall and Pritchard (eds) 1997