



Prison Officer's Beliefs Regarding Self-Harm in Prisoners: An Empirical Investigation

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Abstract

The prevention of self-harm and suicide in prisoners depends on good interaction between the individual prisoner and prison staff. Staff perceptions of prisoner self-harm are likely to be a crucial factor influencing this interaction. The aim of the present study was to determine correctional officers' perception of the causes and functions of self-harm, and the effects of incident severity and repetitiveness on perceptions. A sample of 76 correctional officers was presented with a vignette depicting a self-harm in which the severity and repetitiveness of the incident was systematically altered. Officers' rated both the causes and functions of the behaviour. Four attributional dimensions were identified by factor analysis. These factors related primarily to personal factors about the individual prisoner. Staff perceived the functions of self-harm to be communicative rather than to commit suicide. Perceptions were not affected by severity or repetitiveness information, except for high severity leading to a greater perception of suicidal intent. Initiatives to help staff work more effectively and therapeutically with distressed prisoners are therefore likely to impact positively upon rates of self-harm.

Keywords: Self-harm; Suicide; Prisoners; Correctional Officers; Perceptions

INTRODUCTION

Deaths in custody remain a serious concern for many prison systems. Recent years have seen a series of practical initiatives aimed at reducing suicide and attempted suicide in prisons (Towl, Snow & McHugh, 2000). These have focused primarily on the development of risk screening procedures, the management of those identified as being at risk, and associated staff training (Howells, Hall & Day, 1999). Increasingly, commentators are pointing to social/interpersonal factors in the prison environment, in addition to intrapersonal factors, as important determinants of suicide and self-injury.

There is an emerging consensus that the quality of relationships between prison officers and prisoners are an important determinant of rates of suicide and

self-injury in prison. Dooley (1994), for example, argues that the prison regime itself and the prison culture and atmosphere should be the focus for preventative efforts rather than an exclusive focus on the individual vulnerable prisoner. Scott-Denoon (1984) argues that "correctional staff, on recognizing the potential motivators, can make the single most important contribution in suicide prevention by discussing the inmate's problems, concerns, anxieties ... and referring for special medical or psychiatric services" (in Liebling, 1992, p.219).

Linking the quality of staff-prisoner interactions to suicide prevention activities has high face validity. These interactions provide an opportunity for

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inmates to disclose their feelings and communicate their problems, which can be both therapeutic for the prisoner and satisfying for the officer (Liebling, 1992). Prisoners are unlikely to reveal their feelings and intentions unless good relationships exist. Similarly, prisoners will be unlikely to identify other prisoners 'at risk'. However, to date, there has been little theoretical or empirical work demonstrating a link between staff-prisoner interaction and rates of suicide and self-harm.

There has been some work investigating the officer attitudes towards treatment and attitudes to offenders. Hogue (1993) found that prison officers selected to take part in sex offender treatment had more positive attitudes towards offenders than other officers. Mahaffey and Marcus (1995) found that officers who had more positive attitudes toward AIDS and HIV, and who were older and more knowledgeable, felt more positively about working with inmates with HIV or AIDS. On a general level it is possible that staff beliefs about self-injuring prisoners may influence their willingness to work positively with particular individuals.

Theoretically, attitudes can be understood in terms of the attributions a person makes for another's behaviour. Research has focussed on three underlying properties of causal attributions, locus, stability and controllability (Weiner, 1986). In Weiner's recent theory of social conduct (Weiner, 2001), judgements of responsibility are regarded as central to the understanding of subsequent emotional and behavioural reactions.

Attribution theory is concerned in part with the informational determinants of a person's inference of responsibility (Weiner, 2001). In this theory, if a cause of an event is controllable then, in the absence of mitigators, the person is regarded as responsible for the outcome of the event. If a person is perceived as responsible for a negative event, this is likely to lead to feelings of anger and subsequent behavioural reactions such as reprimanding, condemning, neglecting or retaliating.

This cognitive-emotional model of helping behaviour has received substantial empirical support across a large range of studies conducted in different cultures over the last twenty years (see a meta-analytic review by Rudolph, Roesch, & Weiner, 2000), including one study with secure care mental health staff (Sharrock, Day, Qasi & Brewin, 1990), and staff working with clients with learning disabilities (Dagnan, Trower & Smith, 1998). The Dagnan et al. (1998) study demonstrated a causal relationship between staff

perceptions of clients' behaviour (with learning disabilities) and their willingness to help, with helping behaviour being linked to attributions of controllability for challenging behaviour, through emotional responses (e.g., anger), and optimism that any help would be effective.

There has however been little previous research investigating staff explanations of self-injury in prisons. Staff views on suicide and self-injury are commonly overlooked (Lloyd, 1990), with perhaps the most informative work coming from Liebling's (1992) interviews of prison officers. Liebling found that prison staff typically identified eight factors that they related to suicide in prisons (depression, lack of communication, bad news, prison pressures, mental illness, anger, boredom and guilt). Staff were reported to view suicide and self-injury as separate and distinct problems, each with its own causes and motivating factors. Liebling suggested that prison officers perceive self-harm in one of two ways; as either a 'genuine' suicide attempt, or as a petty and non-serious act. This suggestion, if true, has important implications for the care of the suicidal prisoner. If prison staff typically perceive self-injury as non-serious, and see the causes of the self-injury as controllable (e.g., as a deliberate attempt to secure a transfer (Livingston, 1997)), the cognitive-emotional model would suggest that they are likely to experience negative emotions such as anger (rather than sympathy), leading to a reduced willingness to help. A response that ignores or minimizes the behaviour may increase the prisoner's sense of being alone and unheard. A response of disgust, frustration, or anger may provoke shame and a confirmation of worthlessness. From a behavioural perspective, staff reactions to self-injury are significant in that they may reinforce the behaviour. An example of this is described by Dagnan et al., (1998). They suggest that if a member of staff experiences self-injury as aversive, s/he may intervene quickly and inappropriately to give the person attention (positively reinforcing the self-injury), in order to terminate their own aversive experiences (negatively reinforcing staff behaviour).

Liebling's (1992) work, whilst offering some general comments about staff views on the causes and functions of self-injury and suicide, does not shed light on how these perceptions vary across different types of incidents. For example, Williams (1983) has suggested that a prisoner may self-harm for the first time as an expression of distress, but will repeat the self-harm only when s/he discovers the powerful influence the behaviour has on his/her surroundings. Both researchers (e.g., Pattison & Kahan, 1983) and correctional staff (Liebling,

1992; Snow, 1997) have implicated the severity and repetitiveness of self-harm as a primary method of defining the behaviour. In general, it is suggested that self-inflicted injuries of greater severity are more likely to be considered 'genuine' suicide attempts. For example, Snow (1997) reported that low-severity incidents of self-harm were not viewed by correctional staff at a women's prison as a legitimate sign of distress.

This study aims to investigate staff perceptions of prisoner self-harm in two ways; firstly to gather empirical data on staff views as to the causes and functions of self-harm in prison and the factorial structure underpinning such views; and secondly, to determine how the severity and repetition of self-harm affect these perceptions.

METHOD

A total of 76 correctional officers from two separate correctional facilities in South Australia participated in the study. Of these, 61 were male and 15 female, and 42 worked in a men's prison the remainder working in a male remand facility. The majority of respondents were aged between 35 and 45. Participants came from sectors of the prison dealing with varying prisoner population types and security levels. Length of employment varied from only a few months to over ten years. The majority of officers included in the sample had witnessed three or fewer self-harm incidents in the previous six months.

Each participant was asked to read a vignette depicting one of four scenarios of self-harm in prison. The content of the vignettes was developed following a series of pilot interviews with correctional officers and a correctional psychologist. Those involved agreed that the scenarios had high face validity. In this pilot work,

respondents were also asked to generate a list of possible causes of self-harm in prison. This led to the development of 17 items perceived as causes of self-harm by correctional staff.

The scenarios varied only in terms of the severity and repetitiveness of the self-harm, giving four possible scenarios (high Severity/high repetitiveness, high severity/low repetitiveness, low severity/high repetitiveness, low severity/low repetitiveness). Details of the vignettes and experimental manipulation can be found in Appendix A. The questionnaire was given to correctional officer on their normal working location at the beginning of each shift and collected the same day. Participants were randomly allocated to receive one of four versions.

Each participant was then asked to rate their agreement with 17 items regarding the causes (i.e. antecedent reasons for the behaviour) of the self-harm incident on a 5 point Likert scale. Each item was preceded with the clause, *from your experience, the prisoner may have harmed himself because ...* (see Table 1 for the content of the attribution items). Finally each participant rated the self-harm on seven different possible functions, derived from interviews with prison staff. The term function is used to refer to possible outcomes achieved as a result of the behaviour (i.e. the purpose the self harm served). Table 3 contains the seven function items selected for use.

RESULTS

Perceptions of Causes

The mean scores for each of the attribution items can be found in Table 1.

Table 1
Rank Ordering of Perceived Causes of Self Harm

Perceived Cause Item	Mean	Sd
1. He was unable to cope effectively	4.16	.77
2. He was a depressed person	4.14	.76
4. He was affected by drugs	3.65	.96
5. He had experienced stressful changes coming into the prison	3.63	.85
6. He had experienced family turmoil	3.59	.85
7. He was frustrated by the prison environment	3.52	.96
8. He had some recent negative experience	3.48	.92
9. He was being bullied by others	3.39	.96
10. He had recently lost a loved one	3.32	.98
11. He was impulsive	3.20	1.01

12. He had experienced a distant trauma, eg child abuse	3.13	.93
13. He was humiliated by imprisonment	3.03	1.07
14. He had financial pressures	2.95	.99
15. He had minimal communication with others	2.85	1.06
16. He was bored by his prison surroundings	2.73	1.07
17. He was aggressive	2.37	.95

Examination of the correlation matrix of the 17 items collapsed over the 4 scenarios on the causes of self-harm scale suggested that the matrix was suitable for factor analysis. It should, however, be noted that the number of cases for each observed variable was slightly less than the 1:5 ratio recommended by Tabachnick and Fidell (1996). This potentially compromises the validity and reliability of the results, and replication of the factor analysis with a larger sample is desirable. A Principal Components Analysis with a varimax rotation was conducted using SPSS for Windows. This revealed a four-factor solution (Eigen values exceeding 1) explaining 56.75% of the variance, of which the first two factors accounted for 42.07%. Factor 1, labelled 'distress' accounted for 19.57% of the variance, with Factor 2, labelled 'vulnerable' accounting for 17.47%. The other two factors, 'drugs' and 'aggressiveness' accounted for 10.10% and 9.61% of the variance respectively. Factor loadings for the perceived cause items can be seen in Table 2.

Perceived Causes and Severity and Repetitiveness

In order to examine the effects of the experimental

Table 2
Factor Loadings for Perceived Cause Items

Item	Factor 1 Distress	Factor 2 Vulnerable	Factor 3 Drugs	Factor 4 Aggression
<i>From your experience the prisoner may have harmed himself because....</i>				
7. Frustration	.798 *			
5. Prison stress	.718 *			
14. Financial pressures	.654 *		.504	
16. Boredom	.626 *			.478
8. Prison experience	.577 *			.502
15. Isolation	.557 *			
11. Impulsivity	.554			
13. Humiliation	.517 *			
9. Bullying		.706 *		
12. Personal trauma		.684 *		
2. Depression		.682 *		
3. Psychiatric disorder		.664 *		
1. Poor coping		.429 *		-.418

manipulation of severity and repetitiveness, a two-way analysis of variance was performed on the mean scores for each of the four causal factors. The results suggested that varying the severity and repetition of the self-harm in the scenarios did not systematically affect the way in which the prison officers perceived the cause of the self-harm. A two-way interaction was found for perception of the factor 'distress' ($F(1,70) = 4.251$; $p = .043$), indicating that low severity self-harm was more likely to be perceived as a product of prison distress if the harm was also low in repetitiveness.

Perceived Function of Self-Injury

The mean ratings for each of the perceived function items can be found in Table III. The function of self-harm being a 'cry for help' scored the highest overall (Mean = 4.2, SD = .66), followed closely by 'gain attention' (Mean = 4.19, SD = .69).

A two-way analysis of variance was performed on the mean scores for perceived function items to examine the effects of severity and repetitiveness.

4. Drugs		.724 *	
6. Family problems	.494 *	.598	
10. Bereavement	.578 *	.588	
17. Aggression			.754 *

Note. * denotes inclusion of item as a component of that factor. Correlations < .3 are not shown.

Table 3
Rank Ordering of Perceived Functions of Self Harm

Perceived Function Item	Mean	Sd
1. The self harm was a cry for help	4.20	.66
2. The prisoner was hoping to gain attention	4.19	.69
3. The self-harm provided a release and outlet of emotions	3.73	.81
4. The prisoner aimed to exert control over his circumstances	3.69	.99
5. The prisoner was hoping to avoid another prisoner he believed to be a risk	3.36	1.00
6. The self-harm gave the prisoner a high	2.83	1.02
7. The prisoner intended to commit suicide	2.27	1.01

The results suggested that the perceived functions of the self-harm were not significantly affected by the severity and repetition of the self-harm, except when the function of the self-harm was seen as to commit suicide, which was related to higher severity self-harm ($F(1,70)=24.89, p=.000$). Lower severity self-harm also tended to be related to the function of attention seeking, although not significantly ($F(1,70)=3.32, p=.073$).

DISCUSSION

This study presented an empirical investigation into the ways in which correctional officers perceive the causes and functions of self-harm in prison. The results suggested that correctional staff tend to view self-harm as predominantly a product of the prisoner's internal world. The most influential factors causing self-harm were reported to be depression, psychiatric disorder and a lack of coping. This finding is consistent with Snow's (1997) pilot study which reported that staff ranked psychiatric illness and depression as third and fourth of nine main reasons for self-harm in women prisoners. Factorial reduction of the causal items resulted in the identification of four main themes. The two main factors related to the distress of imprisonment and vulnerabilities of the prisoners. In general, neither the severity of the self-harm nor the number of previous incidents of self-harm (repetitiveness) significantly influenced the officers' perceptions of causes. The only significant finding concerned low severity/low repetitive self-harm which was seen as significantly related to prisoner distress. This is surprising given previous suggestions that both the severity and repetitiveness

of the self-harm would be central factors influencing officer perceptions. Rather, the data presented here suggest that prison officers make attributions relatively independently of the type of self-harming behaviour.

When rating the possible functions of an incident of self-harm it was clear that staff overall do not consider self-harm to be a suicidal act. Officers were more likely to identify the communicative functions of self-harm such as a cry for help or an attempt to seek attention. The third highest response related to release of emotions, suggesting that many officers saw the self-harm as achieving a cathartic function. These views about the functions of the self-harm did not differ significantly when either the severity or repetitiveness of the self-harm was manipulated. Given that previous research identifies self-harm as a risk factor for suicide, it is of concern that staff appear to view self-harm as a suicidal act only when the medical severity of injuries is extremely high. This may represent an area that can be addressed in staff training programmes (Bailey, McHugh, Towl & Snow, 2000).

Theoretically, the results of the study are consistent with Weiner's theory of social conduct (Weiner, 2001). The study operationalises Weiner's distinction between antecedents (causes) and consequences (perceived functions) of a social transgression (self-harm). This study made no attempt to link these variables to either specific causal attributions (such as controllability) or consequent affective (such as anger or sympathy) or behavioural reactions (such as condemnation or

neglect), and this remains an area for further research. Thus, we do not know how each of the four factors relate to specific attributions. For example, correctional officers may understand self-harm as caused by personal distress, but we do not know whether the distress is perceived as related to

factors that the individual has control over or responsibility for (for example, the comment "it's his fault he is distressed at being in prison because he shouldn't have committed the crime"). However, the more general factors identified in this study and views about functions offer some insights that may be valuable in working with or training correctional officers to respond appropriately to incidents of self-harm.

Several authors have commented on the need for staff training as an important component of suicide prevention in prisons (e.g. Cutler, Bailey & Dexter, 1997; Lester & Danto, 1993). Most prison administrations now include suicide prevention training as an integral part of staff professional development. Rowan (1994) recommends that all staff in prisons receive a minimum of eight hours training on the prevention of suicide and self-harm. The data presented here suggests that staff not only view self harm in prison as caused by factors within the individual rather than within the environment (i.e., distress and personal vulnerability), but that self-harm functions as way of coping with personal distress. Prison officers are likely to receive only limited training in working with psychologically needy prisoners and potentially feel unskilled in meeting such needs. It follows that training staff to work even more effectively with distressed prisoners and in creating environments where prisoner distress is better contained will help reduce the rates of self harm and suicide.

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Appendix

Vignette Given to Prison Officers

The last three sentences (italicised) are varied according to the experimental manipulation

The following passage describes a self-harm incident. Please read it carefully. Once you have read and understood the passage, you may go to the next page.

High Severity/High Repetitiveness

A prison officer on first watch is doing a routine check on cells. The officer reaches one of the cells to discover that the sole prisoner inside is not responding normally. The officer then notices that a considerable amount of blood covers the prisoners arms and has spilt on the floor and bedsheets beneath him. The officer calls a 'code black' emergency and obtains the master key. After putting on protective clothing and establishing that it is safe to enter, the officer enters the cell to provide any aid that he/she can. *The officer then discovers that the prisoner has cut deeply into his forearms, is losing a large amount of blood, and risks death. When medical aid arrives, immediate medical attention is provided for these very serious injuries. It is later noted that this prisoner has harmed himself a number of times before.*

High Severity/Low Repetitiveness

The officer then discovers that the prisoner has cut deeply into his forearms, is losing a large amount of blood, and risks death. When medical aid arrives, immediate medical attention is provided for these very serious injuries. It is later noted that this is the first time this prisoner has harmed himself.

Low Severity/High Repetitiveness

The officer then discovers that the prisoner has cut some shallow marks into his forearms, drawing a little bit of blood. Medical attention is provided, but the injuries are not considered serious or life threatening. It is later noted that this prisoner has harmed himself a number of times before.

Low Severity/Low Repetitiveness

The officer then discovers that the prisoner has cut some shallow marks into his forearms, drawing a little bit of blood. Medical attention is provided, but the injuries are not considered serious or life threatening. It is later noted that this is the first time this prisoner has harmed himself.