**The Pain Inside:**

women and self-injury in prison

Fiona Macaulay describes work with prisoners to create a resource women can use in their cells as an alternative to self-injury.

Over the past few years the issue of self-injury (or self-harm as it is more commonly known) is slowly making its way into the public eye. From the character of Lisa on the popular evening soap 'Hollyoaks', to an admission by Dame Kelly Holmes about her self-injury prior to her double gold medal winning performance at the Athens Olympics. Understanding and awareness of the issues surrounding self-injury are still questionable, with derogatory articles about self-injury still published in the national press. For those working with and supporting people who self-injure this is of course the tip of the iceberg. The Bristol Crisis Service for Women not only supports women who self-injure, but over the past three years has focused on producing information specifically for women considered most at risk.

The Bristol Crisis Service for Women is a national charity that has been supporting women who self-injure since 1988. Support is provided through the only self-injury focused helpline in the country, an information service with a range of self-help and educational resources about self-injury and also a selection of training options for professionals working with those who self-injure. In 2002 the Department of Health granted funding to the organisation to produce information about self-injury for specific groups of women, of which women in prison were highlighted as being in specific need. In August of this year they produced a new self-help resource for women in prison who self-injure. This article discusses the issues surrounding self-injury in prison and how a group of women prisoners were central in saying what should be included within the resource.

There are always powerful reasons why people hurt themselves. Many people cope with their problems in ways that are risky and harmful to themselves. Some people drink or eat too much, smoke, drive too fast or make themselves sick through overwork or worry. Self-injury, although it is more shocking, is very like these 'ordinary' forms of self-harm.

The Bristol Crisis Service's definition of self-injury is "self-injury is any form of self-harm which involves causing pain or injuries to one's own body", and can take many forms. Self-injury almost always begins in response to painful and difficult circumstances in a person's life. Often these circumstances stem from childhood, although some women begin hurting themselves in response to distressing adult experiences. The type of difficult and painful experiences from childhood that can lead to self-injury include sexual and physical abuse, emotional neglect, parents who are ill or who have drug/alcohol additions, chaotic home lives and a lack of communication. In adulthood, women may start to self-injure after being raped or sexually assaulted, having abusive partners or partners where communication is very difficult. Incarceration can also lead women to self-injure.

Levels of self-injury in prison are well documented, especially within the women's estate. The Safer Custody Group has produced various reports over the past decade highlighting the high rates of self-injury within women's prisons across the UK.

The increased incidence of self-injury in the women's estate is stark. 30% of females held in custody were reported to have self-injured, compared with 6% of males. Despite the fact that females account for only 6% of the prison population, they account for a quarter of all individuals who self-injured and nearly half (46%) of all self-injury incidents (Safer Custody Group 2003). This is because women are more likely to self-injure repetitively, especially if it was a coping mechanism they used before going into prison.

One of the main reasons why rates of self-injury in women's prisons are so high is because the prison population contains a disproportionately high proportion of vulnerable women. In prison 70% of women have mental health problems, 20% have been in care as a child, compared to 2% of the general population, and 50% report being victims of childhood sexual abuse or domestic violence (Women in Prison 2005). In addition, many women are separated from their children, having to live under the controlled regimes of the prison service and may find being in prison a very frightening and disorientating experience.

Within the prison service the type of establishment has a clear link with the number of incidents of self-injury. Usually it is prisons which have the most transient and uncertain populations that have the highest rates of self-injury. This may be because these prisons tend to have more limited regimes and less opportunity for prisoners to form relationships with other prisoners and staff. Remand prisoners are especially vulnerable. In 2003 remand...
prisoners accounted for 33% of prisoners who self-injured, but only accounted for 11% of the prison population (Safer Custody Group 2003).

In 1995 the Bristol Crisis Service for Women carried out a survey of 76 women who self-injure (BCSW 1995). From that research it was highlighted that cutting, inflicting blows, burning/scalding, picking/scratching, pulling out hair or biting were the most common forms of self-injury. Within prisons cutting/scratching, noose/ligature, strangulation/suffocation, overdose and self-poisoning were the most common forms of self-injury. This suggests that the methods of self-injury used by women in prison are more lethal than methods women may opt for in the community (Towl et al 2000).

The Howard League for Penal Reform (2001) highlighted the consistent theme that women were never asked what they wanted or what would make a difference in terms of the frequency and severity of their self-injury in prison. One of the most important factors for many women was the need for a positive, accepting attitude to their behaviour. However, for most this wasn’t apparent in the prison system or out in the community. With regard to practical changes that would make a difference to the amount women self-injured, change of regime, providing alternative coping strategies or activities that would counteract boredom were all suggested. These were especially apparent at times of crisis when they didn’t have access to other people or activities.

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At the present time, there are a number of self-injury intervention programmes taking place in women’s prisons across the UK. They tend to differ in length and intensity but all focus on trying to give women more of an understanding of their self-injury and offer alternative coping mechanisms.

These two aims are main features of The Pain Inside, the new book produced by the Bristol Crisis Service for Women. The book was put together with the help of a group of women prisoners who worked on the project over five weekly sessions. They were central in saying what should be included and how the resource should look and feel. They were clear that the resource should be something that wouldn’t fall apart (as this was something that happened regularly with other resources they were given) and was a resource that the women would want to use. For the women it was important that the book was written in a respectful tone and had bright positive images throughout. The women agreed that we should try and obtain images from the prison’s art department. The paintings in the book were all painted by women in prison.

What sections should be included grew organically after discussion with the women and it was clear that they felt there should be information about self-injury and alternative strategies relevant to the prison environment. The book is divided into four main sections; information about self-injury, alternatives to self-injury, puzzles and art and a letters and diary section. The aim of the information is for women to try and understand their self-injury, enabling them to recognise their triggers and to implement intervention strategies before they self-injure.

The women also felt it very important that there was a section totally unrelated to self-injury and for this they suggested time consuming games and puzzles. The letter and diary writing section was included as the group felt that writing often helped them feel better. One woman said, “It does help to write things I think when you are feeling really low. When I first came into prison, I kept a diary and I wrote in it religiously every day. But now, I hardly write in it at all, but at the moment I don’t feel overly down. You can see when I start writing in it again is when I am having a few bad days”.

The book also contains relaxation techniques that women can do in their cells. These were included to enable women to learn techniques that may help them cope better in stressful situations.

In the sessions the women were asked questions about their preconceptions and experiences of prison life. Some of their answers were included to give readers insight into how other women had felt. There is a page designated to how women felt on their first night in prison, as this was highlighted as an especially difficult time.

We also consulted with women from another prison to get a different set of views of what should be included. This group of women had just completed a six week self-injury intervention programme and within that had put together their own book of resources. They gave details of some additional techniques they had used but what they wanted in the resource was nearly identical to the results from the group work.

The nature of the prison environment and the issues that women face suggest that self-injury is going to be an on-going feature within women’s prisons. The support women receive in prison and attitudes towards self-injury however can have a huge impact and the role of prison staff should never be underestimated. Ensuring that women have access to self-help books such as ‘The Pain Inside’ can empower them to learn about their self-injury and enable them to make choices about using alternative coping strategies.

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References