

**PRAIRIE WOMEN, VIOLENCE AND SELF-HARM**

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and  
The Elizabeth Fry Society of Manitoba**

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*“It’s an everyday thing out there.  
You’re always seeing it.  
There’s always someone hurting themselves.” (Norma-Jean)*

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## II. PREFACE

There were no small accomplishments for our research team in completing this project - from designing the interviews to analysing them. In many ways this feeling was replicated in the stories the women shared with us - there were no small accomplishments for them when it came to addressing their self-harm.

This study is dedicated to Claire Blanchard and all the incredibly strong, insightful and spirited individuals who spoke with our research team.

*Claire,  
When I heard you were gone, the pain was real. I thought of your smile, openness and your strong spirit. I know you are watching over all of us, and your spirit will carry me through the hard times as I work on the self-harm research. If not for you, I would never have taken on this task. Know Claire, that because of you, research will be done and we will be there for the women. I dedicate my contribution to the research to you, my dear Claire.  
Love and always in my heart, Bev*

### III. ACKNOWLEDGMENTS

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- ✿ The women who shared their stories in the Winnipeg community.
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- ✿ The correctional and community agency staff who shared their stories.
- ✿ The Manitoba community agency network.
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- ✿ Manitoba Department of Justice: Corrections Division - Director Research and Evaluation: Offender Programming Ron Coles; Manitoba Remand Centre - Assistant Superintendent of Programs Nancy Barkwell and Unit Manager Bob Stevens; and Probation Services – Probation Officer Sandra LaFontaine.
- ✿ The Elizabeth Fry Society of Manitoba Board of Directors and staff, the Elizabeth Fry Society sister agencies; and the Canadian Association of Elizabeth Fry Societies - Executive Director Kim Pate.
- ✿ Families, friends and colleagues of the research team members.

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Our research team would like to express its appreciation to the PWHCE staff for their encouragement with this research, Director Linda DuBick, Program Coordinator Nancy Buchanan, Administrative Coordinator Sharon Jenson, and past Program Coordinator Jennifer Howard.

The Elizabeth Fry Society of Manitoba would like to formally thank both Cathy Fillmore and Colleen Anne Dell for providing their expertise to our agency and this research. In our agency work with women and girls in conflict with the law, it become apparent that much needed to be done to assist our clients who were self-harming. And the best way to identify the necessary supports, services and healing is to begin with research.

#### IV. SUMMARY

Self-harm among women is a serious health concern in Canada. In recent years the Elizabeth Fry Society of Manitoba, in its work with women in conflict with the law, recognized an alarming increase in the number of women who identified themselves as self-injurers and the need for expanded research and understanding. The link between childhood experiences of violence and abuse (physical, sexual, emotional, neglect) and self-harm is well-documented in the research literature. An unexamined focus is the relationship between adult experiences of abuse and violence and self-harm. This study addresses two areas of self-harm that have received little attention: (1) the needs, supports and services of women in conflict with the law in both the community and institutional settings, and (2) Aboriginal women in conflict with the law. Each of our data sources offered a unique perspective from which to address the research focus: interviews with women, both in the community and correctional institutions; a focus group with incarcerated women; community agency and correctional staff interviews; correctional staff surveys; and review of community and correctional institute policies. Our study concentrated on the Prairie Region of Canada.

Considerable insight and understanding has been gained in this research regarding the needs, supports and services of women who self-harm while incarcerated and in the community. This study has enabled us to examine helpful and unhelpful responses to self-harm in these settings. Special awareness has been attained in these areas regarding the importance of Aboriginal culture in responding to the needs, supports and services of women who self-harm.

The narratives of the women in the community and correctional institutions were combined for the data analysis. The main reason was that all women, with one exception, had a history of conflict with the law, with the majority having experienced a period of incarceration. Particular attention was paid to Aboriginal women's experiences of self-harm. As well, information gathered on community and correctional staff members was combined due to the limited number of staff respondents and the close similarity between the two groups. Where feasible, however, general references are made to denote whether a community or institutional context applies.

Informed by the women's narratives, and supported by staff perceptions and accounts and a review of the inter-disciplinary literature, our definition of self-harm evolved in this research as: *Any behaviour, be it physical, emotional, social, or spiritual, that a woman commits with the intention to cause herself harm. It is a way of coping and surviving emotional pain and distress which is rooted in traumatic childhood and adult experiences of abuse and violence. It is a meaningful action which fulfills a variety of functions for women in their struggle for survival.*

A diversity of women's experiences of self-harm were uncovered and classified into a Holistic Model of Self-Harm. This model represents the inter-connected and complex nature of women's self-harm. It was evident from our findings that there are no clear boundaries in defining self-harm, nor is there any one explanation. The Model demonstrates the wide range of conduct that

involves the body in the expression of emotional pain and distress, from inflicting external physical forms of harm, such as slashing the skin to less visible, internal forms of harm, such as substance abuse. The Model is framed within a woman-centered approach and incorporates the connection between a woman's individual life experiences and her position in the broader social structure. This fills an important gap in the literature which frequently overlooks the relationship. Our study examines critical events in the women's childhood and adult lives that preceded their involvement in self-harm. These life experiences are typically characterized by a marginalized status, one portrayed by poverty, sexism, racism, and discrimination. Within this broader framework, we examined how some women coped and survived the violence and emotional pain in their lives by self-harming. Self-harm is viewed as a necessary though unhealthy way of responding to distressing and oppressive conditions in the women's lives.

### ***Antecedents/Origins of Self-Harm***

Information was gathered on women's childhood and adult experiences. It was found that women had the greatest likelihood of self-harm when in highly unstable and unsupportive families. Such families were characterized by: frequent moving and intermittent or permanent placements in foster and group homes; absent, weak or traumatic bonds with primary caregivers (especially the mother); unmet emotional and social needs; childhood abuse and violence (sexual, emotional, physical, and neglect); and adult abuse and violence, primarily by a partner (sexual, emotional, physical, and neglect). In our study the majority of women endured traumatic childhood and adult experiences. Similar to the women's narratives, staff identified the origins/antecedents of self-harm also to be within highly unstable and unsupportive families.

### ***Coping and Survival Functions***

The women expressed several functions of their self-harm which helped them cope and survive their emotional pain and distress. These included: a cry for attention and nurturing; self-punishment and self-blame; dealing with isolation and loneliness; distracting and deflecting emotional pain; response to an abusive partner; release and cleansing of emotional pain; opportunity to feel and bring back to reality; expression and message of painful life experiences; and a sense of power and control.

Most of the functions of self-harm identified by the staff correspond closely with those specified by the women. The main difference was the degree of importance assigned to some functions. Key departures from the women's perceptions were: minimalization of the women's need for attention and nurturing; expanded interpretation of control to include women influencing others to take control for them; less significance given to the role of isolation and loneliness in the women's lives; lack of recognition of self-harm as a means to express painful life experiences; and the inclusion of self-harm as a form of manipulation.

### ***Needs of Women Who Self-Harm***

The women's perceptions of their needs and self-harm were complex. They included: communication as an avenue to express emotional pain and distress; a sense of control and empowerment in their lives; attention to issues of both childhood and adult abuse and violence; an understanding about their self-harm and learning alternative safe and healthy ways to cope and survive; and implementing an integrated and comprehensive care plan to promote healing which is sensitive to the role of Aboriginal culture where appropriate.

### ***Women's Agency & Creative Ways of Coping and Surviving***

The women in this study demonstrated a capacity for and in numerous cases the enactment of creative responses to deal with their self-harm. Areas of individual ingenuity and established support included: *personal supports*, such as keeping busy, journaling, going for a walk, positive self talk, avoiding bad influences, smudging every day; *informal supports*, including turning to friends and partners; *formal supports*, such as individual counseling, group therapy, community programming, community agency support; and *other supports*, including volunteer work, babysitting, and other activities in which the women feel they are making a contribution (e.g., respite work).

### ***Risk Factors for Women's Self-harm***

#### ***Institutional***

There was considerable similarity between the women's and correctional staff's identification of risk factors. However, there also were differences in their rankings of importance. In general, the women's main identified risk factors emphasized personal losses and trauma (e.g., loss of children) followed by institutional conditions (e.g., segregation). The staff's risk factors focused more on interpersonal factors and institutional conditions, such as stressed relationships with other incarcerated women and a lack of outlets for the women to communicate their distress.

#### ***Community***

Once again, there was much similarity between the views of the women and staff with some differences in rankings. Similar to the institutional risks, the women highlighted personal factors whereas the staff identified situational and social factors. The women identified **foremost** partner abuse, then personal losses, and isolation and loneliness. The significant role of partner abuse in the women's self-identified risks is an important finding, one which is not highly recognized within the existing literature or by the staff. For staff, lack of support was the central factor followed by alcohol and drug abuse, unemployment, and poverty.

## ***Helpful and Not Helpful Responses to Women's Self-Harm***

### ***Helpful***

On the basis of the expertise and knowledge of the staff and community workers, we identified the most helpful responses to women's self-harm as well as some unhelpful responses. Insights were also gained into the responses the women did not consider helpful. Helpful responses included: following a harm reduction and protection planning model, based on the premise that it is inappropriate to completely remove a woman's sole means of coping with emotional pain and distress; support, empathy and listening from staff; empowering women; staff follow-through which entails both on-going and long-term support (especially if a woman discloses childhood abuse and adult violence); working with families of women who self-harm to broaden the basis of support and safety networks; and an Aboriginal approach to healing, programs, and supports.

### ***Not Helpful***

Some staff responses had a negative impact on the women, reinforcing their feelings of isolation, low self-worth, and loss of control. A punitive approach also had negative repercussions for staff. Unhelpful responses included: physical restraints and segregation; a disrespectful and judgmental approach to women who self-harm; and unclear policy and guidelines regarding self-harm and lack of staff awareness.

## ***Recommendations for Working With Women Who Self-Harm***

Based on the information generated from the women and staff in the community and correctional institutions, recommendations have been identified for working with women who self-harm, specifically those in conflict with the law. They are stated broadly to permit generalizability across various settings and contexts. They are: constructing and increasing awareness of policy and guidelines and adoption of an integrated holistic approach to self-harm incorporating elements of harm reduction, protection planning, empowerment and being woman-centred; implementing a non-punitive approach; providing education and training for staff; recognition and support for staff; ensuring consistent, confidential and non-judgmental counseling; access to peer support and healing activities; increasing availability of Aboriginal programming; developing awareness of self-harm as an important women's issue; planning harm reduction strategies for prevention; extensive pre-release preparation and follow-through in the community; drop-in centres and services for immediate crisis intervention; and addressing larger social issues, such as education and training and safe and affordable housing.

## ***Suggestions for Policy Recommendations and Guidelines***

On the basis of our findings, we were able to make several concrete policy and guideline recommendations for women who self-harm in both correctional institutions and the community. The women's insightful reflections about self-harm as well as the staff's professional experiences informed these suggestions. A central underlying theme is the empowerment of women. The suggestions are: a broader and more holistic definition of self-harm which accounts for its origins,

antecedents and functions; education and training based on a broadened and more holistic definition of self-harm; appreciation of the social portrait of women who self-harm; evaluation of responses to self-harm and acknowledge helpful and unhelpful responses identified in this study and current research which adopts a holistic approach; assessment of staff supports and incorporate necessary changes; and enhancement of Aboriginal cultural support, programs, and services.

This study has uncovered significant findings as well as directions for future research. During the process of interviewing the women in the community, it became clear that in future research it would be important for us to increase our community focus. This would entail an expansion of staff interviews across a broad spectrum of community agencies as well as with probation and parole officers. Increasing the number of interviews with women on probation and parole would further strengthen the research design to more adequately address the needs of women upon release from a correctional institution.

New knowledge, specifically that about the relationship between self-harm and adult experiences of violence and abuse, was gained in this research and has important implications for women's health. The findings have facilitated the development of policy recommendations on self-harm as a serious health concern for women within the community and correctional institute settings. There is a clear need for women-centred policies that account for women's unique histories and present circumstances which contribute to their "choice" of self-harm as a way of coping with emotional pain and distress.

## V. RESEARCH TEAM

The research team was chosen to represent a wide range of experiences, insights and talents. Such diversity was identified as essential for addressing an area where a dearth of understanding existed. The tie among the team members, other than their respect for one another and the project, was their motivation and dedication to assisting women in conflict with the law. This is demonstrated in their occupational, volunteer, academic, community and life histories and their collaborative effort in designing and carrying out this research.

Highlights of the team members' histories with women in conflict with the law are:

**Federal Woman:**

A federally sentenced Aboriginal woman who engages in self-injury.

**Community Woman:**

A non-Aboriginal woman who self-injured in jail and upon release into the community.

**Cathy Fillmore:**

Assistant Professor at the University of Winnipeg with a long-term interest in research on women and the law and past Board Member with the Elizabeth Fry Society of Manitoba.

**Colleen Anne Dell:**

Lecturer at Carleton University and the University of Ottawa, PhD candidate in the area of female offenders and violence, and 8 years involvement with the Elizabeth Fry Society of Manitoba.

**Debbie Blunderfield:**

Aboriginal woman with 9 years experience advocating for adequate treatment of women in the Canadian criminal justice system with the Elizabeth Fry Society of Manitoba and current Executive Director of the agency. Member of the Board of Directors of Aboriginal Ganootamaage Justice Services.

**Beverly Ozol:**

Current Program Coordinator at the Elizabeth Fry Society of Manitoba with 9 years experience working with female survivors of violence and abuse. Experience working directly with women who regularly self-injure.

**Wendy Friesen:**

Second year law student at the University of Manitoba. Interest in women's legal and social issues.

**Darlene Johnson:**

Elizabeth Fry Society of Manitoba volunteer who assists women in conflict with the law.

## **VI. ELIZABETH FRY SOCIETY OF MANITOBA**

The Elizabeth Fry Society of Manitoba is one of 24 sister agencies across Canada whose mandate is to assist women and girls in conflict with the law. The agency network, allied as the Canadian Association of Elizabeth Fry Societies (C.A.E.F.S.), is founded on the pioneering work of Ms. Elizabeth Fry who, in 1812, worked to educate prison officials and the public about the abhorrent conditions for women at the Newgate prison in London, England. In the early 1950s, the Manitoba branch of the Elizabeth Fry Societies was established, continuing Ms. Fry's legacy by promoting community education and awareness about women in conflict with the law as well as by offering supports, services, and programs to Manitoba women. Nearly a quarter of a century later, this community based agency continues to work to serve the needs of women and girls who are, have been, or may be at risk of coming into contact with the Canadian criminal justice system. The Elizabeth Fry Society of Manitoba actively seeks to reduce the involvement of women and girls in the criminal justice system.

## VII. RESPONDENT NAMES

The process of identifying the respondents in this research with pseudonyms was adopted from Joane Martel's study entitled *Solitude & Cold Storage: Women's Journeys of Endurance in Segregation* (1999). Martel chose the names of heroic women in Canadian history to honor her respondents' strength and bravery to share their stories (1999:9).

The pseudonyms for the women's stories used in this study were chosen by the research team members. Reflecting on their years of experience working with women in conflict with the law, the team identified names of women with whom they had crossed paths that demonstrated incredible courage and strength.

Amber Chantelle	Francis	Joanne Noel	Sheri	Terri		
Anne	Cynthia	Heather	Kim	Norma-Jean	Shirley	Tracy
Bridgette	Denise Hope	Margaurite	Rebecca	Sonya	Violet	
Caroline	Doris	Irene	Mary	Rose	Sue	Wanda
Cindy	Dorothy	Jackie	Monique	Sally	Tammy	
Corry	Edith	Jennifer	Nicky	Sarah	Tara	

The pseudonyms for the staff's stories represent team members' experiences with individuals who have shown extensive dedication and care in their work with assisting people in need.

Donna	Gary	Irwin	Ken	Marg	Rob	Tanya
Gail	Glen	Jane	Linda	Michelle	Roger	

## VIII. INTRODUCTION

The link between the experience of violence and self-injurious behaviour is well established in the research literature (Conterio and Lader 1998; Linehan 1993; Shaw and Dubois 1995; Smith et al. 1998; Williams 1997). Neglected, however, has been research specific to self-injury: (1) the needs, supports and services of women in conflict with the law both in the community and institutional settings (Babiker and Arnold 1997; Heney 1990; Liebling and Chipcase 1997; Lloyd 1990; Snow 1997), and (2) Aboriginal women in conflict with the law (Borith 1997; Faith 1995; Sugar and Fox 1990). Existing research findings expose the need for such research:

- ▶ **Prevalence:** 59% of federal female offenders in Canada have self-injured (Canadian Association of Elizabeth Fry Societies 1995); self-injury has been a problem among women in the Canadian prison population (Shaw 1991); a study of 26 patients admitted to the Intensive Healing Program at the Prairie Regional Psychiatric Centre found that 73% of the women engaged in self-injurious behaviour prior to their admittance and 50% continued after (Presse and Hart 1999); and, the 1996 Commission of Inquiry into Certain Events at the Prison for Women in Kingston (Canada) concluded that the loss of life and self-mutilation were among the many tragedies that occurred there (Arbour).
- ▶ **Violent and Abusive Histories:** Many women in prison and jail have experienced physical and sexual abuse in both childhood and adulthood (Shaw 1991; Comack 1996); and, 82% of federal and 72% of provincially incarcerated females are survivors of violence (Canadian Association of Elizabeth Fry Societies 1995).
- ▶ **Aboriginal Women:** Violence is a large part of Aboriginal women's experiences (Moffat 1994; National Reference Group 1998); and, six Aboriginal women committed suicide at the Prison for Women between December 1988 and February 1991 (Kendal 1991).
- ▶ **Need for Increased Understanding:** There is a lack of understanding in Canadian society, including the correctional system, about women who harm themselves (Canadian Association of Elizabeth Fry Societies 1995; Snow 1997; Weekes and Morison 1992); and, a 1998 international study on self-injurious behaviour concluded that both females in conflict with the law and staff would benefit from a clearer understanding of self-injury (Conterio and Lader 1998).

Studies acknowledging the unique experiences of females in comparison to males in conflict with the law did not surface until the early 1960s. At the institutional level, of recent influence was the 1990 *Report of the Federal Task Force on Federally Sentenced Women*, which examined the specific needs of the female offender, including health care, with the mandate to initiate change from a woman-centred approach. The changes implemented, however, were according to some researchers not true to a woman-centred approach (Hannah-Moffat and Shaw 2000). A common concern raised, from feminist criminologists to front line workers, is that correctional theories and measurement tools are not grounded within the experiences of female offenders, but rather are

merely extensions of male based theories and tools (Cain 1989; Daly 1994; Gelsthorpe 1990; Naffine 1996). At the community level this is reflected in health policies which have traditionally focused on the needs of men (McBride and Bobet 1992; Sechzer 1994; Walker 1984). Strategies in Canada have been and continue to be developed for a male population and subsequently applied to females. There is increasing attention on the need to address this. For example, at the federal correctional level the risk/needs classification system for females is currently being re-examined. At the community level continued progress is being made with respect to health policies and the differentiation between male and female needs (Blackford et al. 1999).

Policy and practice on self-harm at the federal and provincial institutional and community levels remains in some cases largely based on a male-centred approach. At the federal and provincial correctional institutional levels policy has in the past generally dictated that violent inmate behaviour be responded to with punishment (Goff 1999). This response has been based on the male standard that generally assumes violence is overt and directed against another inmate. Women's violence tends to be directed inward. When women self-harm it has often been viewed by authorities as a means of acting out, attention seeking, manipulation, and/or as a potential danger to others (Bristol Crisis Centre for Women 1997; Towl and Hudson 1997). Self-harm, it follows, is often responded to with punitive and pejorative practices, such as segregation (Jones 1986; Martel 1999). It is important to note that on the federal level over the past few years CSC had changed its policy and intervention to a mental health approach for women, noting that there is a role for security if the self-injurious behaviour is combined with assaultive behaviour. CSC is currently undertaking another review of its policy. At the community level, similar as in an institution, women are generally not socialized to express their anger externally. Consequently, while men tend to act out their anger, women tend to act out by "acting in" (self-harm) (Miller 1994). Punitive and pejorative policies and practices are also evident in community responses to women's health needs (Charlebois 1995). Punishing women who self-harm serves only to aggravate feelings of emotional pain and distress (Elliott and Morris 1987:152).

The specific health care needs of Aboriginal women have received scarce attention . A history of violence is a devastating attribute shared among Aboriginal women (Moffat 1994; National Reference Group 1998; York 1992; Task Force on Federally Sentenced Women 1990). This is manifested in many ways in Canadian society, one being over-representation in coming into contact with the law. To escape their violent histories, Aboriginal females commonly engage in self-destructive conduct while incarcerated (Adelberg and the Native Women's Association of Canada 1993). Further, in a 1990 *Survey of Federally Sentenced Aboriginal Women in the Community*, Aboriginal women described continuing to slash themselves when released from prison to relieve the tension and anger that still laid inside them. The potential diversity in the needs of Aboriginal and non-Aboriginal women who self-harm is raised when the historic violence experienced by Aboriginal women is considered. To further illustrate, a study of 35 women issued federal sentences in Alberta reported that both Aboriginal and non-Aboriginal groups of women claimed the most important issues they wanted to discuss in therapy were emotional problems, sexual and physical abuse, and relationships with their partners or families. However, there was a clear difference in terms of their assessment of therapy. None of the non-Aboriginal

women rated the counseling they received as poor or very poor, while 22% of Aboriginal women did (Boritch 1997:199).

It appears a consensus exists between prison and community workers and the research literature that even though self-harm among females in conflict with the law appears to be increasing (or at least awareness of it is), understanding of their needs is not (Canadian Association of Elizabeth Fry Societies 1995; Snow 1997; Weekes and Morison 1992). This research attempts to hear the voices of women who self-harm to further understand the connection between the history of violence and self-harmful behaviour and their needs, supports and services as women in conflict with the law. It is also important that the voices of those who work closely with the women, correctional institute and community staff, be heard to contribute their insights and experiences. This study examines the established link between a history of violence and self-harm within the context of the needs of women in conflict with the law, both in the community and correctional settings, and the community and correctional agencies' understandings and responses. Specific attention is paid to Aboriginal women's experiences of self-harm.

## **IX. PROJECT GOALS AND RESEARCH QUESTIONS**

The initial intent of this project was to address self-harm within the institutional context and the ensuing community transition, comparing and contrasting the needs and experiences of Aboriginal and non-Aboriginal women. This was modified when access to some data sources was not attained (see Section XI: Methodology). This resulted in broadening the community participation component of the research. Although specific attention was paid to Aboriginal women's experiences of self-harm, a comparison to non-Aboriginal women's experiences was not possible due to an over-representation of Aboriginal respondents. The ultimate goals of the research and the research questions, however, remained unchanged.

The goals of this project are:

- ▶ to assist women in conflict with the law;
- ▶ to gather information on Prairie women in conflict with the law who self-harm;
- ▶ to address the gap in the research between self-harm and the needs, supports and services of women in conflict with the law who are incarcerated and in the community, addressing the role of Aboriginal culture;
- ▶ to develop policy guidelines on self-harm as a serious health issue; and,
- ▶ to information share with community service providers and correctional institutions that work with women who self-harm.

The questions this research is designed to answer are:

- ▶ What are the needs of women in conflict with the law who self-harm while incarcerated?
- ▶ What are the needs of women in conflict with the law who self-harm in the community?
- ▶ How are women who self-harm managed within the community and correctional institution contexts?
- ▶ Are there unique needs of Aboriginal women in relation to the above three questions?

## X. DEFINITION OF SELF-INJURY

Like any social scientific research venture this study has been a journey. The research was approached from a diversity of perspectives reflecting the experiences of members of the research team and their areas of expertise. It was apparent from the beginning of the research that: (1) there was divergence in the team members' definitions of self-injury, (2) there was divergence in the health care field, corrections, and among community agencies in their definitions and responses to self-injury, and (3) there was a scarcity of literature on self-injury.

This research adopted both a deductive and inductive approach to understanding self-injury. It was deductive in that the existing research was accounted for and incorporated in the design of the research questions and instruments. This was most apparent in the acknowledgment of a relationship between childhood experiences of violence and self-injurious behaviour. Based on a review of the literature, the traditional definition of self-injury was adopted concentrating upon direct, physical and highly visible acts such as slashing, burning, and head banging.

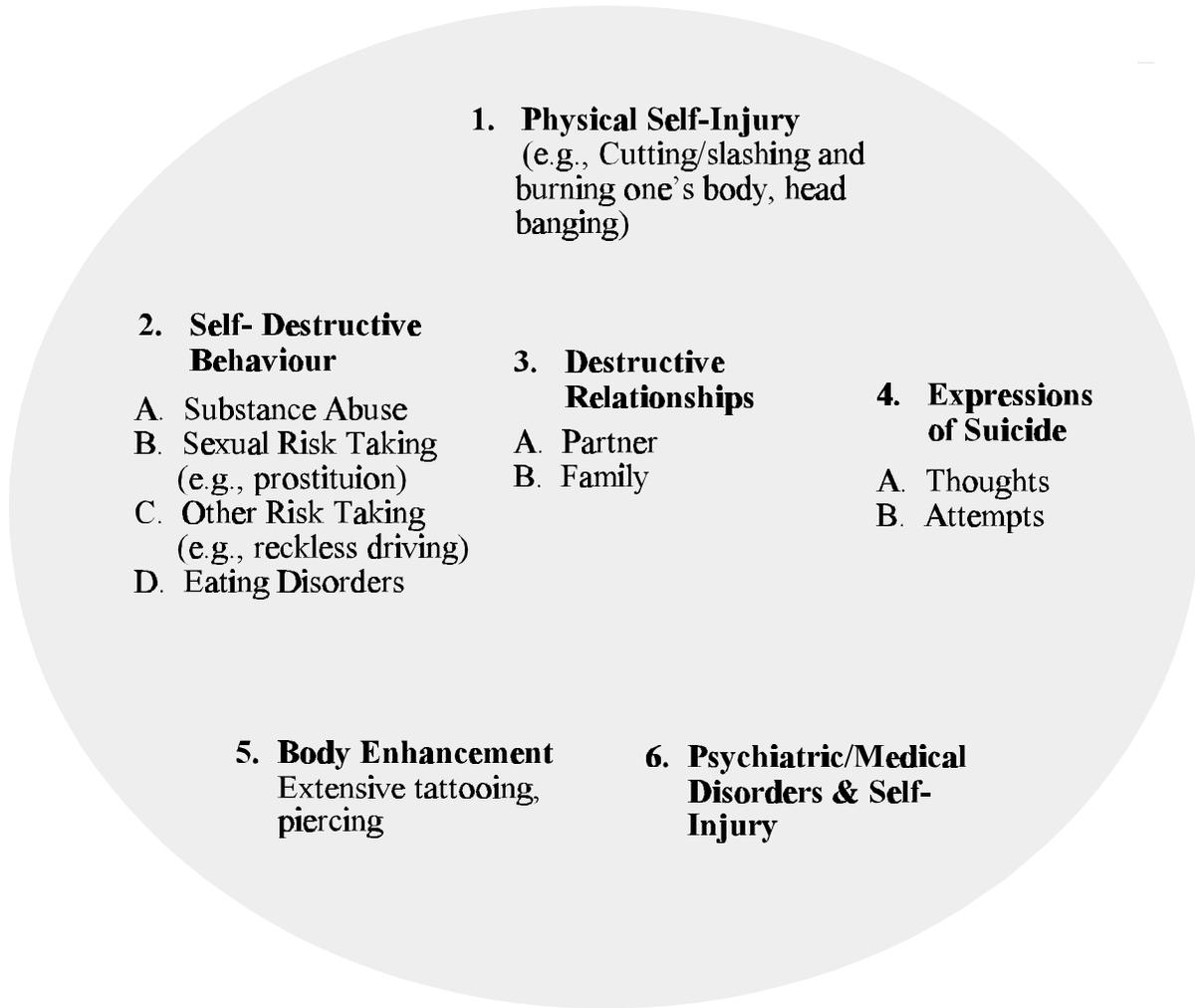
Inductively, this research has taken a direction not anticipated in its initial formulation. The traditional definition of **self-injury** highlighting physical forms of self-mutilation proved limiting in reflecting: (1) the women's experiences and understandings of the range of behaviours they identified as self-injurious, (2) our analysis of the women's interview data, and (3) some of the current social, psychological and mental health literature. Highlighting the women's definitions, experiences and understandings of self-injurious behaviour is an important contribution to the research literature since most studies on self-harm have focused on researchers' theoretical ideas rather than on gaining women's own views (Liebling et al. 1997). It is noteworthy that staff perceptions and accounts of self-injury and our review of the literature supported the women's stories. A more meaningful term, **self-harm**, was adopted in place of self-injury in this research. The combination of data sources allowed for a multi-level interpretation. Informed by the women's narratives, we expanded our initial and narrow definition of self-injury to include such behaviours as substance abuse, domestic violence, prostitution and suicidal thoughts. Our definition of self-harm evolved as:

### **SELF-HARM**

Any behaviour, be it physical, emotional, or social, that a woman commits with the intention to cause herself harm.

Based on this definition and our analysis of the data, a **Holistic Model of Self-Harm** was formulated. (See Figure 1). This model is enclosed within a circle to represent the inter-connected nature of women's self-harm. It demonstrates the wide range of conduct that involves the body in the expression of emotional pain and distress. The women identified self-harm from several standpoints, ranging from inflicting external physical forms of harm, such as slashing the skin to less visible, internal forms of harm such as substance abuse. There are six main categories of self-harm classified in this model: (1) physical self-injury, (2) self-destructive behaviour, (3) destructive relationships, (4) expressions of suicide, (5) body enhancement, and (6) self-injury related to psychiatric/medical disorders. These categories are further subdivided to include the forms of self-harm identified by the women. The women's self-harming behaviours are linked by the harmfulness they impose on the body (both internal and external) and their fulfillment of a function(s) for women in coping with and surviving emotional pain and distress. Self-harming behaviours also differ in important respects including their predictability of outcome and degree of social acceptance and associated stigmatization. This is clear, for example, in comparison of a woman who slashes her arm to one who has extensive tattooing or piercing. In the former, immediate attention is required to care for the wound, and there is a strong and generally adverse societal response to the act. In the latter, there is a degree of social acceptance although the message conveyed through the act may function to express a woman's emotional pain. The Model of Self-Harm depicts a hierarchical ranking of self-harming behaviours with the most common forms of self-harm placed at the top. This ranking is corroborated by our analysis of the women's narratives, staff perceptions of the nature of self-harm, and existing inter-disciplinary research (Babiker and Arnold 1997). Our Model fills an important gap in the literature which frequently overlooks the inter-connected nature of self-harm and its relationship both to women's childhood and adult life experiences (Livingston 1996; Ross et al. 1979; an important exception is the recent work of Babiker and Arnold 1997).

**FIGURE 1: HOLISTIC MODEL OF SELF-HARM**



Our definition and Holistic Model of Self-Harm forms the framework of our analysis of self-harm. It is foremost a woman-centered approach that begins with the women's perceptions and understandings of self-harm and links them to their individual life experiences and position in the broader social structure. Our study examines therefore the critical events in women's childhood and adult lives that preceded their involvement in self-harming behaviour. Many of the women's lives are characterized by a marginalized status, one depicted by poverty, sexism, racism, and discrimination. Within this broader framework, we examine how women cope and survive violence and emotional pain in their lives by self-harming. Self-harm is viewed as a necessary albeit unhealthy way of responding to distressing and oppressive conditions in women's lives. This research demonstrates that only by beginning with women's standpoints and situating them within the context of the socio-economic, political structure can be begin to uncover the complexities surrounding women's 'choices' regarding self-harm.

## 1. DESCRIPTION OF THE HOLISTIC MODEL OF SELF-HARM: IN THE WOMEN'S WORDS

### ► Self-Harm

The women described a range of behaviours which involved inflicting harm to their bodies. They emphasized that the harms could be both external and internal.

*"I think all, every woman...our feelings all stem from the same. It's hurt. It's a loss of control. It's hopeless(ness). And whether you self-injure, or whether you take substance abuse, it's all just coping mechanisms." (Corry)*

*"It's everything. It is emotional, physical. It's just a whole bunch of hurts." (Hope)*

*"And there's a few girls that, they say they don't, but different ways of you know, of self-injuring themselves." (Irene)*

### ► Physical Self-Injury

The women perceived physical self-injury as behaviours which inflicted pain or injury to their bodies without the intent to commit suicide. The most common behaviours described by the women were cutting or slashing their arms, burning themselves, and banging their head or fist against a wall. In this type of self-harm, the results were direct and visibly altered the body in some way.

*"There's slashing, burning yourself, slashing yourself, you know. When I was little, just little scratches and stuff. And then the group home there were scratches, but they were still kinda bad. Then I really started really slashing (and continue till this day). Sometimes I would have 60 stitches at a time, you know, I always had stitches in my arms for almost a year." (Norma-Jean)*

*"That is where you cut yourself up and burn yourself. Anything to hurt yourself." (Violet)*

### ► Self-Destructive Behaviour

Under this general category are four sub-categories of self-harm: substance abuse, sexual risk taking (e.g., prostitution), other risk taking behaviour (e.g., reckless driving), and eating disorders. Unlike physical self-injury, these forms of self-harm are more indirect although they can serve similar functions in helping a woman cope with emotional pain and distress. Whether a woman slashes her arm or becomes involved in intravenous drug use, both can function as a distraction from and/or reaction to emotional pain.

## **A. Substance Abuse**

*“Because I know what I’m doing. Like I know how to boost. I know how to make money. I know how to drink. I know that you can numb all your feelings out by drinking and shooting up.” (Norma-Jean)*

*“Self-injury, I don’t know. To me, the most you can get into is my drug habit because to me that’s my way of injuring myself. I tortured myself so much through self-injury, I guess, that way. Cause when I was doing drugs, I didn’t care about myself. I didn’t do anything about myself, my health. And now I got this and I got that, and I totally destroyed my life.” (Margaurite)*

*“Well, like for me, I used to take pain and frustration out, just go out and get drunk. That’s the way I used to see things....You know, ‘cause I had lots on my mind, and a lot of things were bothering me, and that’s how I used to take my pain away.” (Noel)*

## **B. Sexual Risk Taking**

*“I wouldn’t stay in one place, I’d leave. But I realize now that a lot of it was numbing out...violence, like really going to places and starting, starting trouble, I guess. Then again going out on the streets (prostitution), that’s a risk itself.” (Caroline)*

*“No”, I just told myself. “Enough is enough.” You know, the ball game’s closed, so time to try a different lead, you know. Yeah, I got tired of it (prostitution), and then I told myself “How the hell can I respect myself anymore?” You know what I mean? And I’m not even, I don’t like myself at the moment, that’s why I’m doing it you know. If I like myself, I sure as hell won’t be doing it. That’s the way I see myself, eh. And I told myself, “There’s lots out there.” I just have to, you know, find it.” (Noel)*

## **C. Other Risk Taking**

*“I would drive at tremendous speeds down the highway that you know, a bush highway that had animals. And I would drive 160 km per hour, a 170 km per hour.” (Anne)*

*“My whole lifestyle. It’s all self-destructive. For me, and you know again, I was in some situations, I should have been dead...I was living out of a duffel bag, on the streets, hotels. All that....You don’t care. You don’t think anybody else cares. Why should you? Like your self-esteem, it’s so eroded by what happened, by what’s transpired (sexual abuse). And then you get into that, like things that happen little by little.” (Caroline)*

*“It (stress) just kept building and building and building, and I just buried myself in work. I was a workaholic...work was my only solace because that was proof to me that I wasn’t as bad as I thought I was.” (Anne)*

#### **D. Eating Disorders (Anorexia, Bulemia, Starving)**

*“...I always had a problem with eating. Even to this day, I have to find some kind of balance because I overeat. I eat, so, if I eat a chocolate bar, My God, I can’t stop. I think of food sometimes, and then I have a hard time where I want to throw up. But I, I’ve, I got obsessed over eating and not eating. And I’ve got to find some kind of balance, even to this day, where I’ve realized I have a problem with it.” (Tammy)*

*“Going three weeks without eating, four weeks without eating. Three or four weeks with just drinking water. Thank God I was obese. I always laughed and said frustration and aggression go down really well with Twinkies and Coca-Cola and chocolate bars...I would go weeks with just drinking water to the point that...I would be walking across the room and I would pass out cold.” (Anne)*

#### **► Destructive Relationships**

##### **A. Partner**

Destructive relationships may also be indirect forms of self-harm and serve many of the same functions as direct, physical self-injury. Some of the women viewed their abusive and violent relationships with their partners as self-destructive and expressed recognition of them as self-harm. The destructive and damaging aspects of the women’s relationships were perceived by them as a type of “deserved punishment”. Feelings of self-hatred ran through the core of the women’s narratives. Some women in abusive and violent relationships also inflicted physical forms of self-injury on their bodies, such as slashing their arms. For these women, it was one way, often their only known way of feeling that they could act, that they had some control in their lives even if it was over their own bodies. It provided them with a sense of agency.

*“Yeah, and I am so mad at myself. Even now I feel the same way. I am so mad at myself, I could just, I could beat myself up. And I think that is why I got into these really bad relationships. Because, yeah, it’s self-destructive, and if I can find someone else to help me destroy myself, sure.” (Francis)*

*“Vulnerability. If you can’t, you can’t fight back. With your spouse, you’re too scared sometimes. You’ve been hurt so many times, why not hurt yourself? “There, I did it, you happy? This is what you want. O.K. you got it.” (Heather)*

*“You know, you feel like you have control over your own body. You can hurt yourself, and you can do it to yourself. You’re tired of having somebody else hurt you, so you’re going to hurt your own self, you know. It’s a type of control. And to say, look at me. I did this myself. You didn’t do it to me.” (Corry)*

## **B. Family**

Some women identified self-destructive relationships with family members as a form of self-harm. Some women also reported inflicting physical forms of self-injury, such as cutting, during their childhood as a means of trying to influence their caregiver(s) behaviour. This often functioned as an attempt to elicit care and nurturing from a parent as well as to ward off a potential beating. Ironically, through a child’s eye, self-injury served as a form of self-protection from an abusive parent.

*“To get back at her. Like my skin is dark, but I used to do it with a butter knife just to have the scrapings but not the actual cut. And just to make her feel sorry (mother), make her stop drinking, or stop hitting me.” (Irene)*

*“...I hate myself, what I did. Just leaving my kids like that and giving them up like that.” (Rebecca)*

*“How to forget my history because it creeps up on me. And...I contemplated...the things I want to do and know I need to do is to phone my mother sometimes. And become a daughter to my mother and stuff like that. And there’s a part of me that says, “Don’t screw up again.” (Jackie)*

*“Well, my big thing is emotions. Like, especially if I talk a lot about my family, about my mom and dad, and about my kids, I’ll break out crying. I just do that....But I still, as much as I, I don’t want to break down and cry, I don’t want to feel pain that’s from way back then anymore. It’s still there. And it still nags at me.” (Rebecca)*

### **► Expressions of Suicide**

In place of altering the body, some women “chose” to cope with their emotional pain by altering or changing their consciousness. Suicidal thoughts and attempts were identified by the women as forms of communication that relay a message of emotional pain and distress. Suicidal thoughts offer a means of escaping emotional pain through imagining rather than taking immediate action. It is an altering of consciousness rather than a direct assault on the body. Repeated suicidal attempts send a stronger message of unbearable emotional pain and suffering. Suicidal attempts were not described by the women in this study as an actual intent to end one’s life.

## **A. Thoughts**

*“...I lived in a lot of hope that things would get better. They didn’t, but I, I... That was when I started the real suicide being the option and self-harm being the option because I lost hope... well suicide is the ultimate self-harm.” (Anne)*

*“To me, it’s (self-harm) like, ah, when you take, ah, when you’re tired of living or you just wanna finish your life.” (Rebecca)*

## **B. Suicide Attempts**

*“...Because I was alone, I just decided to take pills. Or OD on coke. Or drink too much, like drink a lot of hard stuff, and make yourself so sick that you have to go to the hospital.” (Rebecca)*

*“But I wasn’t trying to kill myself. I just wanted to ease the pain.” (Monique)*

*“And then after they had done all the surgery, and I was waking up and going to be sent home, they sent in a psychiatrist to talk to me. And that was it. And then, that wasn’t even too nice cause there was a woman in the next bed and she just kinda, “Why did you try to commit suicide?” You know, right in front of this woman and her husband. And I said, “Well, I really didn’t want to commit suicide I just wanted some of this pain out of my body. And I thought that would do it. I didn’t really mean to.” It was a brand new little razor blade, so it was pretty darn sharp. And I was pretty lucky. I have 99.9% use of my arm.” (Francis)*

## **► Body Enhancement**

Some women perceived extensive tattooing as a form of self-harm. For these women, tattoos communicate a message about deep emotional pain in their lives. Several revealed that they did not want to forget traumatic experiences and so body enhancement allowed them to relive their pain. For other women, tattoos are a symbol of their strength and courage in dealing with harmful life experiences and struggles.

*“I’ve been thinking about this, and a tattoo. And I want to get my number (prison identification number) across my heart. I want this to be like one of the most important times of my life because this is where it represents everything. It’s how you feel and care about something. How to be lonely, how to hurt, how to everything. It’s right now...so every time I think about my heart, I’ll think of the most painful time of my life.” (Edith)*

*“Like, life is always full of cycles. And then you know, maybe the slashing would come up, you know. Or maybe, like some girls, some people, there’s some other kinds of, there’s the piercing business too. People pierce themselves all over, and you know.” (Irene)*

*“I don’t want to go to heaven naked, so I’m just going to cover it all (tattoo across the back). It just feels good.” (Edith)*

## ► **Psychiatric/Medical Disorders**

There is an extensive literature on psychiatric and medical conditions and self-injury. Two of the women described by staff members in our study had a history of psychiatric and medical conditions which may have contributed to the severity of their self-harm. We acknowledge these linkages and fully recognize that we cannot account for all extraneous sources of influence in this research.

## **2. IN THE STAFF’S WORDS**

Staff perceptions largely corroborated the women’s understandings and meanings of self-harm. Both accounts underlined the importance of a holistic approach to conceptualizing self-harm. One contribution to the Holistic Model of Self-Harm identified by staff is spiritual self-harm. Staff accounts of the meaning of self-harm and the wide range of behaviours that can be included in the model of self-harm are evident in the following narratives.

*“...I think of the, like the real physical ones, where they’re cutting. Uuhhmm, doing harm to their bodies, physically harming their body. Or there’s the inside self-harm where you’re either starving yourself, or you’re bulimic. Uuhhmm, as a way of coping for these people who do that....Emotional pain, any stress in their life....Having suicidal thoughts, I would say, is almost like a form of, that’s coping too.” (Ken)*

*“(Self-harm is)...any way of causing pain or inflicting injury upon yourself. I don’t think it necessarily has to be something as extreme as slashing, you know from elbow to wrist or something like that. Maybe burning cigarettes or banging your head on the wall, not eating, you know. I think sometimes you get into grey areas, whereas here, when we’re doing an assessment, we’re looking at the definite things, you know, like the cutting. But I think some of those other things are self-injuries as well. Some people might say not eating or doing different things to cause yourself pain to take away bad feelings or emotional hurt aren’t necessarily self-injuries, but I think they are. Sometimes you need to stretch it a little bit, like even with their own behaviour if they’re out prostituting or bad relationships. That causes some injury.” (Tanya)*

*“Uuhhmm, you know, you have a code of ethics that maybe you had as a child, and you said I’d never cross the line in doing this. I’ll never lie and I’ll never steal. I’ll always believe in God. And as you grow up a bit, you choose some of those things that were part of who you were, and so every time you trade off by being in a relationship where you can’t be who you were faith wise, or someone is getting you to steal, and that’s not who you are, to me that’s self-harm too. Because you’re not being true to who you were ethically.” (Gary)*

*“Usually not life threatening, but rather, bad enough to inflict serious pain usually to overcome feelings of emotional pain.” (Irwin)*

*“Ah, it could be, it doesn't have to be physical. It could be anything that makes somebody emotionally, psychologically, uuhhmm, harmed. ...When we do women’s programs, we talk about a person holistically. We talk about mental, emotional, physical, spiritual. And I think that the women I come across probably fit in all those categories, or maybe are, the ones I see most often are addictions to drugs and alcohol. And that’s self-harm or self-mutilating. Bad relationships over and over again where they’re battered, that’s self-harm. So there’s so many different forms of it.” (Gary)*

## **XI. METHODOLOGY**

### **1. FEMINIST APPROACH TO RESEARCH METHODOLOGY**

The main goal of this research is to assist women who self-harm in the community and correctional institutions, primarily those who are in conflict with the law. Our research team adopted a feminist approach to research methodology. Central to feminist methodology(ies) is the improvement of social conditions, rooted in the social inequality of women (Cook and Fonnnow 1990; Dell 1999; DeVault 1996; Gelsthorpe 1990). First, we placed the welfare of women at the centre of our research. To illustrate, an incarcerated woman and a woman in the community who self-harmed participated in the research process. Second, the interview questions were semi-structured which allowed the content of the interviews to be participant-driven within the identified guidelines of the research. Third, potential cultural differences between the women being interviewed and the interviewers were acknowledged. Fourth, following interviews with the women and staff, a package was supplied (and to those who did not want to be interviewed if they requested) with information about self-harm and access to the Elizabeth Fry Society of Manitoba's toll free number, other toll-free support networks and counseling and community agency services, and relaxation techniques and exercises. A fifth example of placing the welfare of the women at the centre of the research is that opportunities to discuss the findings will be available to all individuals who participated in the research, with primacy afforded to the women who self-harmed. These are several techniques of what feminist researchers Kirby and McKenna refer to as research being done "by, for and with people on the margins" (1989:22).

The construction of our interview questions is a final illustration of how we placed the welfare of the women at the centre of our research. The construction of the interview questions was informed by the experiences and perspectives of women on our research team as well as an extensive review of the inter-disciplinary literature. The interview schedule was then pre-tested with two women in conflict with the law who self-harmed. Incorporating their suggestions, the interview was reviewed at the national level of the Correctional Service of Canada, specifically by the Women Offender's Unit, Mental Health - Health Services, and the Research Branch. Addressing their suggested revisions represented the final stage in the construction of the interview guide for the incarcerated and community women. This interview guide served as the template for our interviews with staff (see Section 2, Part C).

### **2. DATA SOURCES**

The data sources for this project each offered a unique perspective to address the research questions. A conglomeration of research methodologies (interviews, focus group, survey, policy review) contributed to the creation of a rich, in-depth and complex data set. Standard qualitative techniques were used to analyze the data. Using the constant comparative method of grounded theory (Glaser 1978; Glaser and Strauss 1967), we repeatedly analyzed the data to conceptualize

common themes and to create categories for comparing each of the respondents. Data analysis was on-going and a continual process as new information was gathered, concepts emerged, and links were made to the literature.

A total of 55 interviews and 5 surveys were conducted for this research. Seven interviews were not included because 2 of the community women did not engage in self-harm, 2 of the incarcerated women did not articulate a perspective on self-harm, and 3 of the women participated in both an individual interview and focus group. The remainder included 25 interviews with community women, 12 interviews with incarcerated women, 3 focus group participants, 4 community staff interviews, 5 correctional staff interviews and 4 correctional staff surveys. (See Table 1).

**TABLE 1: DATA SOURCES**

<b>DATA SOURCE</b>	<b>N</b>	<b>n</b>
Interviews with community women	27	25
Interviews with incarcerated women	14	12
Focus group with incarcerated women	6	3
<b>Total women</b>	<b>47</b>	<b>40</b>
Interviews with community staff	4	4
Interviews with correctional staff	5	5
Surveys with correctional staff	4	4
<b>Total staff</b>	<b>13</b>	<b>13</b>
Review of provincial and federal level correctional policy on self-injury	--	--
	<b>N=60</b>	<b>n=53</b>

The stories of the women in the community and correctional institutions in this study were combined for the data analysis. The main reason is that all women, with one exception, had a history of conflict with the law with the majority having experienced a period of incarceration (see Table 3, Section XII). Particular attention was paid to Aboriginal women’s experiences of self-harm, although it was not possible to make close comparisons between Aboriginal and non-Aboriginal women due to the over-representation of Aboriginal respondents (see Table 2, Section XII).

Information gathered on community and correctional staff members was also combined due to the

limited number of respondents and the overriding similarity between the two groups. Where feasible, specific references to the community and institutions are made. The staff members interviewed had considerable experience working with women in conflict with the law, the majority of whom had also worked personally with women who self-harmed (see Section XII: Part 2). However, the necessary cautions should be acknowledged with respect to the limited size of the staff sample.

#### **(A) Interviews with community women**

Originally 10 interviews were to be held with women who had been incarcerated and continued to self-harm upon release. Due to decreased access to correctional institute populations (explained in Part B), we significantly increased the number of community interviews to 27. We relaxed the selection requirements to women who had self-injured and/or women who had been/were in conflict with the law and who self-injured. Many of the women had experiences of incarceration which spanned both federal and provincial systems in the Prairie provinces. All community women except two (who were excluded from the analysis) had engaged in self-harm and all women except one (who was included in the analysis) had a history of contact with the criminal justice system. All community interviews were conducted in Winnipeg and took place in a variety of settings: the Elizabeth Fry agency office, community agency offices, the University of Winnipeg and the women's residences.

To maintain the anonymity and confidentiality of the women who shared their stories with us, the specific names of community agencies actively participating in the study are not disclosed. In general, the participants were made aware of this study through contact with numerous diverse community agency(ies). Posters were placed at agencies including the Elizabeth Fry Society of Manitoba, Street Connections, Manitoba Justice – Probation Services, Ikwe Widdjitiwin, North End Women's Resource Centre, Original Women's Network, Osborne House, Canadian Mental Health Association, Women's Health Clinic, Klinik Community Health Centre, Aboriginal Centre, TERF, New Directions, and others. Participants were also obtained through the method of snowball sampling from respondents. Once again, the number of Aboriginal and non-Aboriginal respondents was dependent upon the women who volunteered to be interviewed.

The aim of the interviews was to examine the needs of Aboriginal and non-Aboriginal women who self-harmed while incarcerated, the extent to which their needs were addressed while incarcerated, and/or additional needs which surfaced upon release into the community. If a woman had not been incarcerated, the aim was to examine her needs with respect to self-harm and services available to meet her needs within the community.

#### **(B) Interviews with incarcerated women**

Interviews with incarcerated women were not confined to Manitoba residents as originally intended. Access to Okimaw Ohci Healing Lodge in Maple Creek, Saskatchewan, which houses federally sentenced Aboriginal women, was not granted, and original access to the Portage Correctional Institute for Women, which houses provincial inmates, women on remand and federal inmates on provincial transfers in Manitoba was revoked. Reasons provided by the Correctional Service of Canada, Women Offender's Sector, for denial of access to the Healing Lodge were: (1) women may not be self-injuring at the Healing Lodge due to the selection/admission process (i.e., the women there may be a distinct, non-representative sample rather than due to any efforts of staff or programs), and (2) staff may be able to provide insights into self-harm but they could be misleading without the balance of the women's stories. The reason provided for revoking access to the Portage Correctional Institute for Women was the province's self-identified trust issues with the Elizabeth Fry Society of Manitoba, a member of our research team.

This impacted our research by decreasing the potential number of interviews with incarcerated female Manitoba residents. Consequently, the interview and focus group participation was opened up to all women incarcerated at the federal Prairie correctional institute to which access was granted, the Edmonton Institution for Women (EIFW). Recognizing that incarceration is frequently a "revolving door" for women in contact with the law, the EIFW respondents represented a diversity of experiences in Prairie institutions, at both the federal and provincial levels, including Manitoba. This was similar to the wealth of federal and provincial correctional institute experiences of our community population. Given the reduced access to potential respondents, the interview was also broadened from the original focus on incarcerated females who engaged in self-harm to women who have, currently, or are aware of others who have or currently self-harm. This included both institutional and community experiences. The focus of the interviews remained on the women's understandings of self-harm, perceptions of needs, and desired supports, services and programs. The selection process ensured that the women who spoke with the research team were not identified as self-harmers. Note that if a woman did not provide information on her own experiences of self-harm, she was not included in the relevant areas of data analysis and presentation.

A total of 14 interviews were conducted at the EIFW. Nine women signed up to be interviewed and 5 women were obtained through the Inmate Committee Chair. Also through the assistance of the Inmate Committee Chair, a focus group was held with 6 women. Three of these women had participated in individual interviews and this was accounted for in analysis of the focus group data.

The institutional worker of the Elizabeth Fry Society of Edmonton presented a summary of the project at a house meeting with the women to introduce the study. She provided ongoing information and discussion of the project goals and expectations and invited the women's participation. It was considered imperative that the Elizabeth Fry worker explain the focus of the research (needs of women who self-harm) and the voluntary and confidential nature of it. Extreme concern and consideration was placed in ensuring that the women understood their

participation in the research was voluntary and that negative repercussions would not result from their non-participation. A one-page summary of the project and posters were also distributed at the institution for volunteer consideration. Having an intermediary person outside the institution was an important measure to prevent any reprisal for participation in the study. The EIFW Inmate Committee Chair facilitated the scheduling of interviews by informing the women when the interview team would be present at the institution. The interviews were scheduled, however, in conjunction with the presence of mental health professionals at the institution to ensure that appropriate counseling and support was available to participants if necessary. It is important to reiterate that the interview participants were not self-identified as having engaged in self-injury. The research team was foremost respectful of the women's individual rights and the need for this to prevail over any research agenda.

### **(C) Interviews and surveys with staff**

Interviews were planned with staff members at the EIFW. However, due to union policy our team learned that interviews could not be conducted at the institution. Recognizing the inherent difficulties in interviewing staff outside their work hours and the institution, a survey was also constructed. We still invited participation for interviews but there was a weak response. The Elizabeth Fry Society of Manitoba and Edmonton and other community agency toll-free numbers were provided with each survey. All front-line and administrative staff received a survey and a self-addressed, stamped return envelope in their staff mailbox. The survey was based on the staff interview schedule and was reviewed by an independent survey researcher to ensure continuity between the two. We learned through the community network and by staff and administration at the EIFW that our survey response rate would likely be low due to the recent release of the Elizabeth Fry Society of Edmonton Report, *Solitude & Cold Storage: Women's Journeys of Endurance in Segregation* (1999), which created some controversy at the EIFW. The response rate to our survey was 9%.

Given these outlined constraints in our data access, interviews were expanded to include staff of Manitoba Justice - the Remand Centre and Winnipeg community agencies. The respondents were obtained through a snowball sampling technique incorporating the requirement of having work experience with women who self-harm, particularly women in conflict with the law.

### **(D) Institutional Policy**

A review of existing federal and provincial level health care policy on self-injury and women was conducted. The aim was to determine: (1) whether existing policy corresponds with the needs of women who self-harm as expressed in their interviews, (2) whether existing policy corresponds with the needs of women who self-harm as identified in the interviews and surveys with staff, (3) whether current policy identifies the value of Aboriginal culture in healing, and (4) the extent to which existing policy is male-centred.

The policy reviewed was:

**Federal:** Commissioner’s Directive on the Prevention of Suicide and Self-Inflicted Injuries; Edmonton Institution for Women Institutional Standing Order on the Prevention of Suicide and Self-Inflicted Injuries; and, Women’s Unit of the Regional Psychiatric Centre (Prairies) Operational Instructions and Practices on Suicide and Parasuicidal Behaviour (Self-Harm Activity), and Standing Orders on the Prevention of Suicide and Self-Inflicted Injuries.

**Provincial:** Divisional Policy on Suicide Prevention for Adult Corrections; and Winnipeg Remand Centre Institutional Policy on Offender Health Services and Standing Orders on Suicide Intervention. It was communicated to the team that no policy exists at the provincial community corrections level in Manitoba.

**Community Agency:** No agency policies were reviewed. The staff, however, did describe their agency policy and/or common guidelines and responses in their interviews.

Review of the existing policy in light of the findings of this research allowed for greater understanding of how the health care needs of women in conflict with the law, specifically self-harm, are responded to in the institutional and community environments. On the basis of our research findings and review of existing policies, we were able to make some recommendations that will contribute to the development, revision, and implementation of improved policy (See Section XV: Suggestions for Policy and Guidelines).

## **XII. FINDINGS: THE WOMEN'S STORIES AND STAFF PERCEPTIONS & ACCOUNTS OF SELF-HARM**

### **1. THE WOMEN'S STORIES**

This section begins with a description of social demographic information of the women as well as a brief history of their contact with the criminal justice system. It then outlines the antecedents/origins and functions of self-harm as identified by the women. Next, a profile of staff respondents is provided and their identification of the main antecedents/origins and functions of self-harm are outlined. The similarities and differences between the women's stories and understandings of self-harm and staff perceptions and accounts are discussed.

#### **(A) Background Information**

In general, our respondents mirrored the profile of the typical female offender in conflict with the law in the Prairie Region in Canada. This profile reflects a history of impoverishment, both materially and socially (Adelburg and Currie 1993; Elizabeth Fry Society of Manitoba 2000). The average age of the women was 31 with an average educational level of grade 10, with two women having attained their Bachelor of Arts degrees, one a college degree and 8 a high school diploma. The marital status of the majority of women was common-law/married (43%) and single (35%). The duration of the relationships varied widely from 1 month to 29 years. Most women revealed highly unstable and transient relationship patterns. The women had an average of 2 children with an average age of 11 years. (See Table 2). An overwhelming majority of these children were in foster care, in the custody of Child and Family Services or placed for adoption. This was true of both community and incarcerated women.

Sixty-four percent of the women were Aboriginal, 32% Caucasian and 3% self-identified in the "other" category. Of the women who were Aboriginal, 24% were Status, 8% non-Status, and 32% Métis. (See Table 2). Fifty percent of the Aboriginal women's descriptions of what it meant to them to be Aboriginal identified culture as a very strong component of their identities - "a way of living and healing"; 8% stated they had close ties to their Aboriginal culture; 13% described their culture as an increasingly important part of their lives; 8% claimed it was no longer a central part of their lives but it had been growing up; 8% identified their culture as not very important; 4% did not identify with their culture; and 8% associated being Aboriginal with experiencing discrimination/racism in their lives.

The kinds of employment held by the women were typically traditional, female-dominated occupations in the clerical, sales and service sectors and some women were employed as labourers and factory workers. Many of the women were unemployed and their work histories were fairly unstable, often reflecting seasonal work. Ninety percent of the women depended on welfare at some point in their lives. (See Table 2).

Fifty-three percent of the women came from a city; 34% a town; 9% a reserve; and 6% a country of origin other than Canada. Most of the respondents were from the Prairie Region (Manitoba, Saskatchewan, Alberta). Of those born in the Prairie Region, 64% were born and raised largely in Manitoba. There was an average of 4 children in the women's families growing up. Based on the parents' occupational positions and welfare dependency, the socio-economic status of about half of the families reflected considerable poverty. The main occupations of the primary caregivers tended to be low paying, low skilled jobs in the service and clerical sectors as well as seasonal work in trapping and fishing and factory work. Some of the father's jobs included factory work, truck/taxi driver, and armed forces. Common jobs for the mothers included cashier, cook, cleaner and retail worker. Fifty-seven percent of the women's families received social assistance at some point while they were growing up. (see Table 2).

**TABLE 2: PORTRAIT OF THE WOMEN**

<b>AGE</b>			
Average	31		
<b>EDUCATION</b>			
Average	grade 10		
<b>CHILDREN</b>			
Average number	2		
Average age	11		
<b>RACE/ETHNICITY</b>	<b>n</b>	<b>%</b>	
Caucasian	12	32%	
Aboriginal			
Status	9	24%	
Non-status	3	8%	
Metis	12	32%	
Inuit	0	0%	
Other	1	3%	
<b>MARITAL STATUS</b>	<b>n</b>	<b>%</b>	
Single	13	35%	
Married	3	8%	
Common-law	13	35%	
Separated/Divorced	7	19%	
Widowed	1	3%	
<b>WOMEN'S DEPENDENCE ON WELFARE</b>	<b>n</b>	<b>%</b>	
Yes	28	90%	
No	3	10%	

**TABLE 2 CONTINUED**

<b>WOMEN'S TYPES OF EMPLOYMENT</b>		
Labourer (farm, construction)		
Waitress/hostess		
Domestic work (chambermaid, childcare, house cleaner, housekeeping)		
Outreach worker		
Cook/dishwasher		
Factory work		
Clerical		
Cashier		
Telemarketing		
Hairdresser		
Health care worker (respite)		
<b>FINANCIAL SITUATION OF FAMILY GROWING UP</b>		
	<b>n</b>	<b>%</b>
Very poor/poor	18	55%
Working poor	3	9%
Middle class (lower)	6	18%
Middle class (middle)	6	18%
<b>PLACE GREW UP</b>		
	<b>n</b>	<b>%</b>
City		
Manitoba	12	33%
Prairie	1	3%
Other	6	17%
Town		
Manitoba	9	25%
Prairie	2	6%
Other	1	3%
Reserve		
Manitoba	2	6%
Prairie	1	3%
Other	0	0%
Other country	2	6%
<b>FAMILY RECEIVED SOCIAL ASSISTANCE</b>		
	<b>n</b>	<b>%</b>
Yes	20	57%
No	15	43%
<b>COMPOSITION FAMILY GROWING UP</b>		
Average Number Children	4	

\* Totals may not add to 100 due to rounding.

**(B) Contact with the criminal justice system**

The women’s most recent charges were largely violent offences, including aggravated assault, assault, robbery, and manslaughter. The next most common charge was property offences, such as shoplifting and fraud. Drug offences was the third most frequent category (See Table 3). This profile is inconsistent with women’s typical crime patterns due to the inclusion of federally sentenced females in our sample. The women’s offence histories - most recent prior charges - are not consistent with this profile. There is a considerable increase in property offences and a decrease in violent crimes which is a more accurate representation of the Prairie regional profile of women’s involvement in crime.

Sixty-five percent of the women had been incarcerated in a provincial institution (See Table 4) and 38% in a federal institution (See Table 5). Some women also served part of their sentences in community facilities (i.e., substance abuse treatment centres). The majority of the women’s youth charges were also for violent and property offences. The women were incarcerated in a wide range of youth facilities (See Table 6). It is important to note that many of the women were also placed in various group and foster homes as youth.

**TABLE 3: WOMEN’S CONTACT WITH THE CRIMINAL JUSTICE SYSTEM**

<b>PROVINCIAL LEVEL INCARCERATION</b>	<b>n</b>	<b>%</b>
Yes	26	65%
No	14	35%
<b>FEDERAL LEVEL INCARCERATION</b>	<b>n</b>	<b>%</b>
Yes	15	38%
No	25	62%
<b>MOST RECENT ADULT CHARGES*</b>	<b>n</b>	<b>%</b>
Violent	24	60
Property	7	18
Drug	5	13
Prostitution	2	5%
Auto	2	5%
Breaches	0	0%

<b>SECOND MOST RECENT ADULT CHARGES*</b>	<b>n</b>	<b>%</b>
Violent	14	35%
Property	12	30%
Drugs	1	3%
Prostitution	6	15%
Auto	1	3%
Breaches	6	15%
<b>CRIMES COMMITTED AS A YOUTH*</b>	<b>n</b>	<b>%</b>
Violent	16	31%
Property	16	31%
Drugs	3	6%
Prostitution/Immorality	6	12%
Drinking under age	4	8%
Auto	2	4%
Breaches	1	2%
Mischief	2	4%
Arsen	2	4%

\* Note: Women may have identified in more than one category.

**TABLE 4: PROVINCIAL INSTITUTIONS**

➤ British Columbia Remand Centre	➤ Pensicola
➤ Brandon Correctional Institution	➤ Pine Grove Correctional Centre
➤ Burnaby Correctional Centre for Women	➤ Portage Correctional Centre for Women
➤ Edmonton Remand Centre	➤ Toronto West Detention Centre
	➤ Winnipeg Remand Centre

**TABLE 5: FEDERAL INSTITUTIONS**

➤ Burnaby Correctional Centre for Women	➤ Regional Psychiatric Centre
➤ Edmonton Institution for Women	➤ Saskatchewan Penitentiary

**TABLE 6: YOUTH FACILITIES**

➤ Edmonton Young Offender Centre	➤ Kenora Jail
➤ Boot Camp	➤ Knowles Centre
➤ Brandon Adolescent Treatment Centre	➤ Manitoba Youth Centre
➤ Brandon Mental Institution	➤ Marymound Inc.
➤ Calgary Young Offender Centre	➤ Seven Oaks Youth Facility
➤ Fort Smith	➤ Thunder Bay Jail

**(C) Antecedents/origins of self-harm**

This section addresses the relationship between the societal context in which women self-harm and their individual life experiences. Information was gathered on women's childhood and adult experiences. By examining the special needs of girls before their adult years, it is possible to identify earlier points of intervention. This is particularly important since the onset of self-harm often occurs before adulthood. An analysis of the women's narratives of critical life events and their experiences of self-harm permitted the identification of the antecedents and functions of self-harm.

In order to link our definition and Holistic Model of Self-Harm to the literature, we expanded our definition to include the antecedents/origins and functions of self-harm. This theoretical definition recognizes that self-harm is a way of coping and surviving emotional pain and distress. It further locates the antecedents/origins of self-harm within the context of childhood abuse and adult domestic violence in the family.

### **SELF-HARM**

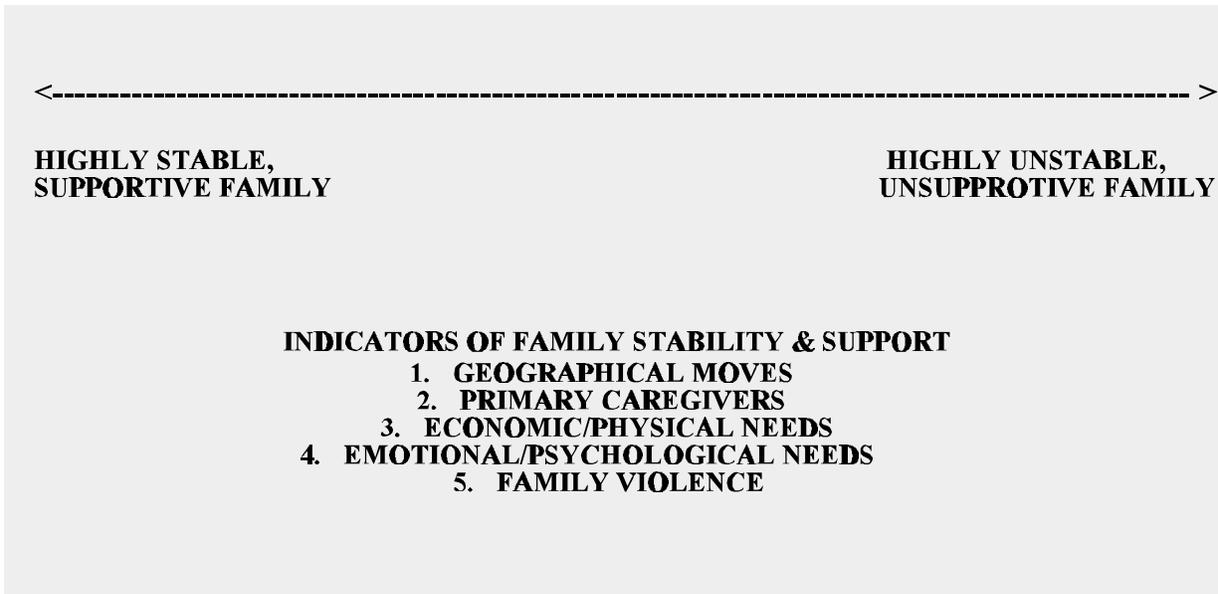
Any behaviour, be it physical, emotional, or social, that a woman commits with the intention to cause herself harm.

### **SELF-HARM**

Any behaviour, be it physical, emotional, social or spiritual, that a woman commits with the intention to cause herself harm. It is a way of coping and surviving emotional pain and distress which is rooted in traumatic childhood and adult experiences of abuse and violence. It is a meaningful action which fulfills a variety of functions for women in their struggle for survival.

Family is defined on a continuum from a stable, supportive family to an unstable, unsupportive family. Women have the greatest likelihood of self-harm in highly unstable, unsupportive families. Several indicators were used to measure the degree of family stability and support. (See Figure 2). Our theoretical definition of self-harm emphasizes the role of abusive and violent childhood experiences within the family. This corroborates with the literature which identifies a strong link between childhood abuse and self-harm (Babiker and Arnold 1997; Van der Kolk et al. 1991; Green 1987). Our definition also emphasizes the role of abusive and violent adult experiences. Few researchers have included a focus on significant adult life experiences and self-harm (Greenspan and Samuel 1987). The examination of both childhood and adult life experiences is an important contribution of this research.

**FIGURE 2: CONTINUUM OF FAMILY STABILITY AND SUPPORT**



**(i) Indicators of Family Stability and Support**

**Childhood**

The majority of women's childhood and adolescent years were characterized by frequent moving. Approximately 1/3 of the women experienced frequent moving with their immediate family in and out of the same geographical area. One-third of the women experienced separation from their immediate families and placement in foster and group homes. And one-third of the women experienced constant shifting between their immediate families and outside placements. Most women experienced their first placement at the age of 12. As a result, the women were raised by several primary caretakers, such as step-parents and relatives, in group/foster homes, youth residential facilities and Aboriginal residential schools. Some women felt that they had basically raised themselves, often on the streets. The impact of the moves for the women was feeling of having no home, of not belonging, feeling no sense of childhood, and of chaos. Emotions most commonly expressed included loneliness, anger and sadness.

A striking similarity revealed in the women's narratives was an absent, weak or traumatic bond with their parent(s) or primary caretaker(s). This was expressed by the women as particularly

traumatic when it involved the mother. Some of the major reasons for lack of bonding with the mother included the mother's substance abuse, her involvement in criminal activity, and neglect by and loss of the mother (e.g., through death, divorce). Traumatic bonding with the father followed a similar pattern with the addition of childhood sexual abuse which figured prominently in the lives of many of the women.

Sixty percent of the women felt that their economic and physical needs were met while they were growing up. It is important to note that the women defined economic and physical needs as the very basic necessities - food, clothing and shelter. Their identified means of coping with harsh economic conditions included getting involved in criminal activity to make money (i.e., prostitution and stealing), alcohol and drug abuse, and running away - often to destructive relationships on the streets.

Only eleven percent of the women felt that their emotional and psychological needs were met while growing up. Their ways of coping and surviving included fighting back (verbally and physically), running away, getting into trouble at school and with the law, abusing alcohol/drugs, emotional withdrawal, suicidal thoughts, and physical self-injury.

Almost all of the women (92%) had experienced childhood violence. This included all forms of abuse – physical, emotional, sexual and neglect - and was almost equally distributed among the women. A much smaller percentage of the women (7%) identified harsh corporal punishment. Many of the women linked their past experiences of childhood abuse to their current use of violence and difficulty in controlling their anger, feelings of loneliness/isolation, depression and sadness, inability to express their feelings, low self-esteem and self-hatred, and physical self-harm.

## **Adulthood**

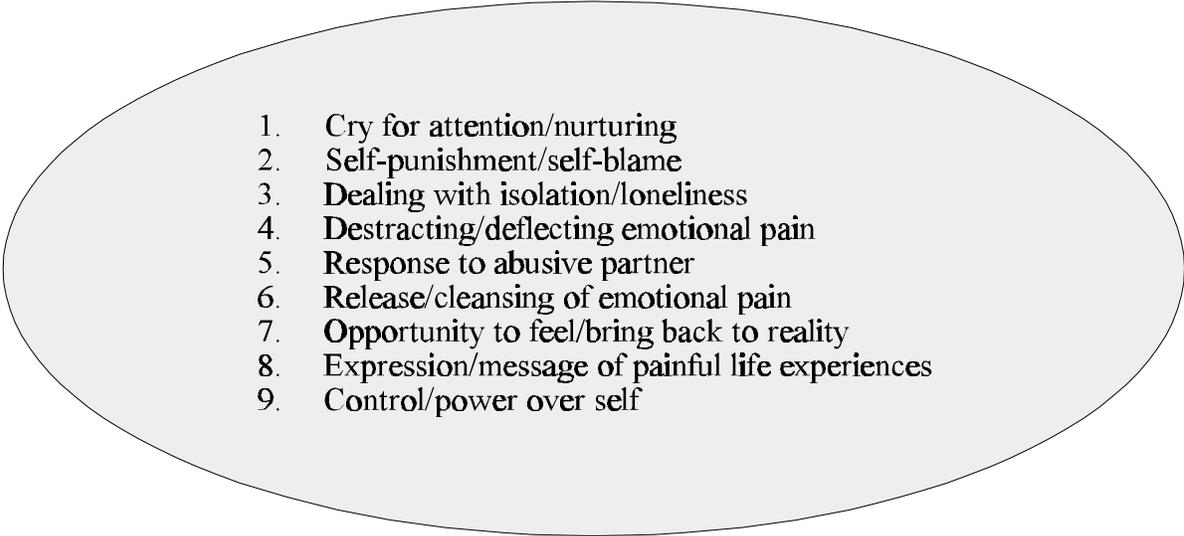
All but one woman identified having experienced violence and/or abuse as an adult (primarily by a partner). This was predominantly physical abuse, followed closely by emotional and sexual abuse. Many of the women linked their experiences of violence in their adult lives to their present use of violence in personal relationships, such as lashing out, aggressiveness and difficulty in controlling their anger. They also identified an inability to handle and express their emotions and feelings, low self-esteem and depression, loss of trust in others, substance abuse, suicidal thoughts and attempts, physical self-injury, and normalizing violence and abuse in their own personal relationships.

A related and important finding was the extent to which women used violence in their own lives. Ninety-one percent of the women stated that they had used violence. Of particular importance was that the women's use of violence (all but one woman) was in response to the abuse of others, such as partner abuse, violence involved in prostitution, and street life. The women's forms of violent conduct ranged from pushing and shoving to spousal homicide.

## **(D) Functions of Self-Harm**

On the basis of the women's stories, nine functions of self-harm were identified and classified into categories. Each function reveals the ways in which the women coped with and survived their emotional pain and distress. The functions are inter-related and hierarchially ranked in order of greatest importance in Table 7.

**TABLE 7: COPING AND SURVIVAL FUNCTIONS OF SELF-HARM**

- 
1. Cry for attention/nurturing
  2. Self-punishment/self-blame
  3. Dealing with isolation/loneliness
  4. Distracting/deflecting emotional pain
  5. Response to abusive partner
  6. Release/cleansing of emotional pain
  7. Opportunity to feel/bring back to reality
  8. Expression/message of painful life experiences
  9. Control/power over self

### **(i) Cry for attention/nurturing**

The women most commonly identified self-harm as an expression of the need for attention, nurturing, and care in their lives. For some women, self-harming provided an opportunity to receive such care and attention. Many women verbalized this as a “cry for help”.

*“What used to trigger it (self-harm) lots for me was I used to crave love and like somebody there for me, like you know. Craved to be cared for and stuff like that. Anger is a big one too. Helplessness.” (Norma-Jean)*

*“There were lots of times when I felt so horrible that I wouldn't put makeup on for days and days and days. I'd feel so ugly. You just want to hurt yourself to get some attention. Somebody look at me, help me.” (Denise)*

*“They figure if they hurt themselves, maybe that’s their way of dealing with it, you know...To see if they could get the attention from their arms, you know. If they go see someone like a walk-in clinic or whatever. This way they can, you know, “Well, how did this happen.” (Irene)*

*“She had a knife there. “I’ll do it”. And he goes “Let me help you cut your arm”. And she slashed it. Vein, artery. Squirting blood all over the place. Self-mutilation with a little bit of a helping hand. It’s like crying out for help, but who’s there to hear you?” (Cynthia)*

## **(ii) Self-punishment/self-blame**

The majority of women perceived themselves in negative terms, expressing feelings of low self-esteem, self-hatred, and of being bad and undeserving.

*“I inflict harm onto myself rather than onto others. Like when I was gang raped, I went on a week bender just because I was gang raped.... I took it upon myself to punish myself by getting myself high.” (Sheri)*

*“...I just kept thinking I was bad. The pain. Maybe it’s cause when we’re little, when I was little, I associated bad things with pain. Like I’d get smacked or mentally abused, being called this, that and the other. So there was pain whether physical or mental, associated with it. So, maybe I was thinking mentally, I was bad. And I always associated being bad with pain. I mean, mentally, it can be painful, too, when somebody’s calling you names and stuff like that.” (Denise)*

*“Self-injury means to me like trying to hurt yourself or something that is affecting you. It would be like putting it all on yourself. I’ve done this, and it’s all me. Self-blame that takes you to self-injury.” (Dorothy)*

## **(iii) Dealing with isolation/loneliness**

Many of the women expressed profound feelings of isolation, loneliness, and mistrust of others. With no one to turn to, these women self-harmed to deal with unbearable feelings of loneliness and despair.

*“Alone. Nobody, nobody knew I was there or alive. They just didn’t care about my feelings.” (Hope)*

*“I didn’t want to feel the loneliness so I took my pills.” (Amber)*

*“But, you know, I just didn’t trust nobody, couldn’t talk to nobody. Cause this isn’t something you talked about (sexual abuse). And for me, when I did tell that is what happened, they did, they shipped me away from my mother. And to me that was at that time, that was important to me. And again, I remembered this is what happens when I say something.” (Caroline)*

**(iv) Distracting/deflecting emotional pain**

Some women identified self-harm as a way of blocking out or deflecting attention away from intense and unmanageable emotional pain and distress. This was sometimes described as “numbing my feelings”. For a short time, self-harm takes the women’s attention away from their emotional pain and focuses it on a more manageable level, such as the exigency of dressing a wound.

*“I don’t know how to control my emotions anymore, and I’m still really fucked up emotionally. Because of all the emotional abuse that I’ve had, and that. It’s just that I don’t know how to deal with emotions, so most of the time I just cut myself off from them, you know.” (Sheri)*

*“Instead of dealing with their real issue, they can concentrate on their scars on their arms.” (Irene)*

*“Violence, like really going to places and starting, starting trouble, I guess. Then again, going out on the streets, that’s a risk itself. Shooting up massive quantities of drugs knowing I could probably OD.” (Caroline)*

**(v) Response to abusive partner**

Another function of self-harm was the release of tension-building in the anticipation of partner abuse. One woman described it as “hurting myself so no one else can”.

*“And his cycle of violence, and, of course, the cycle that I followed, coinciding, coterminous with his cycle, uh, where I had the self-loathing, and the no value, the no self-esteem, my cycle just complemented his. You know, so my suicidal ideations would just go right along with his cycle of violence. Um, the violence began as verbal, like us, as verbal abuse. And then it escalated to emotional abuse. By the time it hit physical abuse, I had no self-esteem left, period.” (Anne)*

*“And, uh, I guess I told him I’d prove him my loving him by like, just....Took a razor blade, and slashed. Um, probably to stop him from beating me.” (Shirley)*

#### **(vi) Release/cleansing of emotional pain**

Some women expressed the release of emotional pain as a feeling of being cleansed - which functioned as “bringing the internal pain to the outside”. Others perceived it as a release of emotional pain which brought about a period of relaxation.

*“You cut yourself and you see that blood and stuff. It’s just like everything that you have been holding in there is draining out, you know. (Released) through your cut.” (Norma-Jean)*

*“Yeah, there’s been a few (slashings), you know. I can’t even remember them all. But it’s just my way of releasing pain. Like, when I’m hurting, I just hurt myself.” (Monique)*

*“It’s a, well, I noticed when I did, but with the razor blade, it felt like such an amazing release, and relief. Energy, it drained me, like um a big release of energy left.” (Shirley)*

*“Rage and hurt. It’s like all your emotions just one...psst...you know. You just can’t handle it any more. Cutting yourself feels good, you know. You got your arms all bandaged up. It hurts after though but it feels good at the time. You’re relaxed.” (Norma-Jean)*

#### **(vii) Opportunity to feel/bring back to reality**

Some women explained that self-harm helped them regain a sense of reality. It was a way of reawakening their feelings. They felt more alive and aware of their existence.

*“Well, it was like a relief. It was like uh, you... I felt numb, and then when I slashed the pain brought me back into reality.” (Shirley).*

*“It made me real again.” (Nicky)*

#### **(viii) Expression/message of painful life experiences**

Some of the women explained the role of self-harm as communicating a message both to themselves and others about their painful life experiences. For some women, it was a reminder to themselves of their emotional hurts. For others, the message was more political and expressed considerable frustration with past injustices.

*“I just wanted them to see. I didn’t do enough, like I did it upwards which you’re supposed to do and across. I didn’t do it deep enough to really kill myself, but enough to give them a message. To hurt myself enough to just give them a message that I had had enough. I had enough. I’m fed up. That was the message.” (Tanya)*

**(ix) Control/power over self**

Some of the women stated that self-harm was a way to regain a sense of control over their lives.

*“...Everybody was slashing up because they’d been told what to do and where to go for so many years. They come here, and its too much freedom. They didn’t have any life skills to cope with this place.” (Sue)*

*“All I needed was some control....some kinda control in my life. Slashing provided this.” (Nicky)*

Although a question was not asked directly of the women about self-harm during their childhood and adolescent years, many revealed information on these earlier periods. The main function of self-harm for both periods was a cry for attention and nurturing. The women, however, also identified specific situational influences as youth that shaped their decision to self-harm. These factors included peer pressure to conform and the desire for acceptance.

*“We used to in (youth facility) we’d play chicken with razor blades and cigarettes. Just see how long you could hold this cigarette on you. You do it to – the other person go like this with the razor blade.” (Margaurite)*

*“Yeah, we used to do that quite a bit. See who could last the longest. Self-suffocation, I guess you could say.” (Heather)*

*“When I was 14... ‘Cause my friends were doing it, and they thought I was a chicken. And so I didn’t want to be called a chicken.” (Sarah)*

## **2. STAFF PERCEPTIONS AND ACCOUNTS OF WOMEN'S SELF-HARM**

### **(A) Staff Profile**

Sixty-nine percent of the staff members were female and 31% male. Ninety-two percent were Caucasian and 8% reported their ethnicity as Aboriginal. Seventy-seven percent had a university degree, 15% a college diploma and 8% a high school degree. Sixty-nine percent of the respondents were employed in the corrections field and 31% in a community agency providing services to women. The average length of current employment was 9 years for correctional staff and 3 years for community staff. The average length of experience in total in the corrections field was 14 years and the average length of time working with women in community agencies was 11 years. Eighty-nine percent of the correctional employees were front-line workers and 11% supervisors, while in the community 50% were community workers and 50% supervisors or managers. (See Table 8). Although our staff sample is limited in size, it does reflect an abundance of staff experience in working with women in conflict with the law and women who self-harm.

**TABLE 8: STAFF: PROFILE**

<b>GENDER</b>	<b>N</b>	<b>%</b>
Female	9	69%
Male	4	31%
<b>RACE/ETHNICITY</b>	<b>N</b>	<b>%</b>
Caucasian	12	92%
Aboriginal - Status	1	8%
<b>EDUCATION</b>	<b>N</b>	<b>%</b>
High school	1	8%
College	2	15%
University	10	77%
<b>EMPLOYMENT</b>	<b>N</b>	<b>%</b>
Corrections	9	69%
Community agency	4	31%
<b>AVERAGE LENGTH OF CURRENT EMPLOYMENT (YEARS)</b>		
Corrections	9	
Community agency	3	
<b>AVERAGE LENGTH OF TOTAL EXPERIENCE (YEARS)</b>		
Corrections	14	
Community	11	
<b>CURRENT EMPLOYMENT POSITION</b>	<b>N</b>	<b>%</b>
Corrections		
Front-line	8	89%
Supervisor	1	11%
Community agency		
Front-line	2	50%
Supervisor	2	50%

**(B) Antecedents/origins of self-harm**

Similar to the findings derived from the women’s narratives, the staff identified the antecedents/origins of self-harm within the family, with the greatest likelihood of self-harm occurring in highly unstable, unsupportive families characterized by childhood abuse (83%) and adulthood violence (58%).

*“Well, probably, ok, it all starts with your family. Was it abusive? Was it sexually abusive? That is usually kept inside and they’re dealing with that. Later on it’s a boyfriend problem. And usually the people that they’re picking are abusers themselves so the cycle continues.” (Ken)*

*“Yeah. There’s streams of it in everybody. Maybe even 100%. Everybody that comes across my desk is somebody wounded. Totally wounded and totally hurt at some level, whether they’re hurting themselves or somebody’s hurt them. And chances are they continue to hurt themselves because that’s the pattern they were used to as a child, and that’s what’s comfortable.” (Gail)*

*“Loss of a job, or not ever having one. Or loss of a person in their life, or loss of a relationship. After sexual assault or sexual abuse, often there is a loss of a relationship...and a, well, just anything that reminds her of the abuse or what she sees as her weakness that contributed to it. Because likely there’s going to be self-blame at the bottom of it...she’s going to be saying to herself “I deserve this.” (Rob)*

Staff also identified a similar pattern of an unstable and unsupportive family in the backgrounds of the women who self-harm. Family factors covered a broad spectrum, including significant loss/instability such as death of a parent, frequent moving, feelings of rejection by a parent, experiences of childhood neglect, lack of supervision by a parent, a child assuming adult responsibilities (such as a 7 year old caring for a newborn on her own), and drug and/or alcohol abuse by the primary caregiver.

It is important to note that the majority of staff identified a desire to learn more about self-harm - its forms, antecedents/origins, functions and helpful responses. Only 45% of staff believed that, generally speaking, staff in either their correctional institution or community agency had the necessary skills and training to deal with women who self-harm in an effective manner. Their current knowledge of self-harm was gained through on-the-job experience and first-aid training, counseling, and various agency workshops on related issues (i.e., suicide prevention).

### **(C) Functions of Self-Harm**

Most of the functions of self-harm identified by the staff correspond closely with those identified by the women. The main difference is the degree of importance assigned to some functions. Key departures from the women’s perceptions are: (1) minimalization of the need for attention/nurturing, (2) expanded interpretation of control to include women influencing others to take control for them, (3) considerably lower ranking of the function to deal with isolation/loneliness, (4) lack of identification of self-harm as a means of expression/message of painful life experiences, and (5) the inclusion of self-harm as a form of manipulation. (See Table 9).

**TABLE 9: COPING AND SURVIVAL FUNCTIONS OF SELF-HARM:  
A COMPARISON OF THE WOMEN AND STAFF**

WOMEN	STAFF
<ol style="list-style-type: none"> <li>1. Cry for attention/nurturing</li> <li>2. Self-punishment/self-blame</li> <li>3. <i>Dealing with isolation/loneliness</i></li> <li>4. Distracting/deflecting emotional pain</li> <li>5. Response to abusive partner</li> <li>6. Release/cleansing of emotional pain</li> <li>7. Opportunity to feel/bring back to reality</li> <li>8. <b>Expression/message of painful life experiences</b></li> <li>9. Control/power over self</li> </ol>	<ol style="list-style-type: none"> <li>1. Cry for attention/nurturing (<b>minimalized</b>)</li> <li>2. Self-punishment/self-blame</li> <li>3. Distracting/deflecting emotional pain</li> <li>4. Response to abusive partner</li> <li>5. Release/cleansing of emotional pain</li> <li>6. Opportunity to feel/bring back to reality</li> <li>7. <i>Dealing with isolation/loneliness</i></li> <li>8. Control/power over self/<b>influencing others to take control over self</b></li> <li>9. <b>Manipulation</b></li> </ol>

**(i) Cry for attention/nurturing**

An important difference between the staff and the women’s views was that some staff minimalized the women’s genuine need for caring attention and nurturing and tended to view their self-harm as “acting out”.

*“It tended to be almost a competition between them for attention. If one felt the other was getting more attention, then she would start to act out....There was always the threat that she would try to injure herself and that was usually the way she would do it.” (Irwin)*

**(ii) Self-punishment/self-blame**

The staff also recognized that self-harm was associated with feelings of low self-esteem and lack of self-worth.

*“Just feeling not worthwhile as a person. Not feeling good about themselves, and you know, the lower down that they feel, the more they’re likely to (self-injure), whether it be attempts at suicide but not really wanting to die, so will try other forms of self-injury.” (Gail)*

**(iii) Distracting/deflecting emotional pain**

The staff similarly identified the role of self-harm in blocking out or deflecting attention away from acute and distressing emotional pain.

*“Most of them they’re doing (self-injury) in order to, uuhhmm, either numb out the pain or in order to feel the pain, one or the other.” (Roger)*

**(iv) Response to abusive partner**

The staff supported the notion that there is a link between domestic violence and self-harm. By precipitating an altercation, some women would gain a sense of relief from the release of tension. Unlike the women, the staff did not report self-harm as a protective response to ward off an incidence of battery.

*“With partner abuse, you could go as far as saying it is self-injurious behaviour. When a woman is walking on the egg shells sort of scenarios and waiting for her partner to physically abuse her. And then she might do something to set it off, whether just, “hit me already and get it over with”. So, women have been known to, and I hate using the word provoke, but just to, you know, get the fight over with. Because they just can’t stand the tension anymore. Which could be the same as sexual abuse, and it’s the tension release...it’s almost crazy making in your head, and there’s no outlet for the pain that they’re experiencing.” (Gail)*

**(v) Release/cleansing of emotional pain**

The staff also recognized the tension release and cathartic function of self-harm.

*“Oh. Say for example, there’s somebody feeling so much pain in their body, and the tension, the emotional pain. And there’s just no outlet for the pain. Their body’s fine, they’re not hurt anywhere. So they would find like slashing or hurting oneself, that would almost be a release. “OK, now it’s real. Now I can see the injury. Now there’s something to release my pain. Something real has happened”. And then it’s almost like an emotional release for that. And then it goes down to more of a calm.” (Gail)*

*“Well, in my experience, most of the people that I meet, you self-injure as a way of coping with a lot of pain. Emotional pain. A lot of people describe it as a release for them, some people describe it like a punishment, but most people describe it as an emotional release for them.” (Tanya)*

#### **(vi) Opportunity to feel/bring back to reality**

Similar to the women, the staff felt that for some self-harm functioned to bring the women back to the present and to help them connect more fully with their feelings.

*“Sometimes to feel something, just to feel alive again. Just to feel like there’s something to live for, laugh about, or whatever.” (Rob)*

*“But it does help you cope. It does help bring you back to the present, here and now.” (Jennifer)*

#### **(vii) Dealing with isolation/loneliness**

The staff identified the relationship between self-harm and women’s deep feelings or estrangement and isolation from others. They suggested feelings of hopelessness and powerlessness led some women to self-harm to deal with unbearable feelings of loneliness.

*“Some are genuinely so depressed, so fed up with their life that they’re leading and not seeing a way out. No seeing supports either within their family or within their community. And I think they are really sincerely depressed and feeling suicidal and wanting out because they don’t see the hope. They have no reason for the future.” (Irwin)*

*“They’re very, as I said before too, they’re very isolated. Loneliness is big. It plays into it as well, you know.” (Tanya)*

**(viii) Control/power over self/influencing others to take control over self**

The staff similarly viewed self-harm as a means of the women exerting some measure of control over their lives.

*“I think there may be a range of situations that could come up. It could be that she’s feeling trapped so unable to act or decide something. Or having a situation taken out of her hands, that she then decides to self-injure because that at least it is something she has control over.” (Rob)*

The staff expanded this function of self-harm further to include the notion that women wanted to influence others to take control for them since they felt too disempowered to do so. The staff felt that their “taking charge” gave some women a feeling of safety and relief since it served as a distraction from unbearable emotional pain. For other women, “forcing” staff to take extreme and “punishing” measures may reflect their feelings of being bad and undeserving.

*“But sometimes I thought, she would keep doing things until she was put in the chair. That was her end goal....to feel that somebody else had control over her, or the power over her....See, she would attack staff as well (as self-injure), but sometimes I wondered if it wasn’t so they would show that force, and you know, hold her down or put her in the chair. Or sometimes wanting to be hurt because you’re hurting inside. Cause a lot of times she’d say, “I’m hurting so much inside. All I can think about is all these things in the past and they’re not going away. I’ve seen so many people to try to get rid of it, and it doesn’t go away. How do I keep going? I can’t keep going with all these thoughts and memories.” (Roger)*

**(ix) Manipulation**

Another departure from the women’s expressions of self-harm was that it was used as a means to obtain some desired end, in short, a form of manipulation.

*“I would say that 50% if not more of the women that have self-injured did it to manipulate the system. Others did it out of frustration, lack of trust, and not knowing how to deal with their emotions.” (Ken)*

*“I have seen people use self-injury as a form of manipulation to get what they want (i.e., a phone call, attention from someone they care for). I feel these women do not wish often to use the formal steps in place for them and will not deal with their issues openly.” (Roger)*

*“It was very difficult in the beginning when we had her because she would pick and choose (staff members)...very manipulative, so we had to be very careful with that. We had to make sure that we were all on the same page.” (Ken)*

*“And then there’s others that are sometimes manipulative, for whatever reason, whether it is placement within the institution or attention seeking.” (Roger)*

### **XIII. NEEDS, RISK FACTORS AND RESPONSES TO WOMEN'S SELF-HARM**

This section begins by first summarizing the women's perceptions of their needs and self-harm. Second, community and institutional risk factors of self-harm identified by the women and staff are outlined. Third, a comparison is made between the women's and staff's understandings. Finally, helpful and not helpful responses to women's self-harm are discussed.

#### **1. NEEDS OF WOMEN WHO SELF-HARM**

The women identified four primary areas of need in dealing with their self-harm. (See Table 10). These needs are reflected in our holistic theoretical definition of self-harm, which accounts for the antecedents/origins (traumatic childhood and adult experiences) and functions (coping and survival) of self-harm. The needs are substantiated by a review of the current inter-disciplinary literature on self-harm (Babiker and Arnold 1997; Bristol Crisis Centre for Women 1997; Wiederman et al. 1999).

**TABLE 10: NEEDS OF WOMEN WHO SELF-HARM**

(a) Communication
(b) Sense of control/empowerment
(c) Attention to abuse issues
(d) Alternative coping and survival behaviours and healing

##### **(i) Communication**

The first need that the women identified was an avenue to express their emotional pain and distress. The women recognized the importance of being able to verbally communicate their emotional pain and distress to a sensitive listener (counselor or friend). Effective communication decreased feelings of isolation and loneliness, enabled them to confront the sources of their pain, and to gain a stronger sense of self through the expression of their emotions. This fostered their feelings of being cared for and nurtured. The women also identified the importance of communicating with women who shared similar experiences, such as other women who have self-harmed and may have experienced childhood abuse and adult violence.

*“What I think I probably would have needed was like, someone to look at me and say, “OK, like you’re not the same. You were always smiling before. That’s not happening.” I needed somebody to look at me and just say, “Hey, is there something bothering you?”. Well, at first I might have said, “Not really.” And I think all I needed was a little tugging, not pushing. Some tugging. “Well, I think there might be something, but if you’re not ready to talk to me, then just know that I am here. Cause I care enough that I wouldn’t want you to do something stupid.” (Doris)*

*“She (counselor) worked more on the positive things, the hope of getting better, that you can. There’s more than being stuck in negativity all the time. She had a way of bringing your story out of you.... She was very so, very gentle. She was just a terrific person. And she showed you how to watch your body language, how to listen to yourself. When things are happening to you, how to recognize your feelings – your anger, your sadness...she was just so so understanding.” (Corry)*

*“Cause one of my other friends self-harms as well, and we kind of rely on each other for support. We know what each other’s going through, why each other does what we do.” (Shirley)*

## **(ii) Sense of control/empowerment**

The second need that the women identified was the need to have a sense of control in their lives. Rooted in their experiences of neglect, abandonment and abuse, many women suffered feelings of low self-worth and self-blame. They spoke of the need to (re)gain a sense of power and control over their lives.

*“Not being able to have any control over yourself. People telling you where to go, what to do, when to sleep, when to wipe your ass. (I needed the control).” (Heather)*

*“I remember all these workers get together and have meetings, five, seven of them. And where would the kid be? Sitting outside the room. Like I’d be one of those kids. And they’d talk about what is best for this individual. Well, why don’t you ask this person, you know, about some of their needs?” (Caroline)*

## **(iii) Attention to abuse issues**

The third need that the women identified was the need to address childhood abuse, in particular sexual abuse, and adult partner abuse and violence to deal with their self-harming behaviour.

*“Well, I used to say, “I took over where my dad left off” except he was a lot easier on me than I am on myself.” (Tara)*

*“...a lot of times self-harm comes from the lack of self-esteem and stuff that was a result as part of the abuse. A lot of the people just, they can’t handle it. They don’t know how to deal with it.” (Tara)*

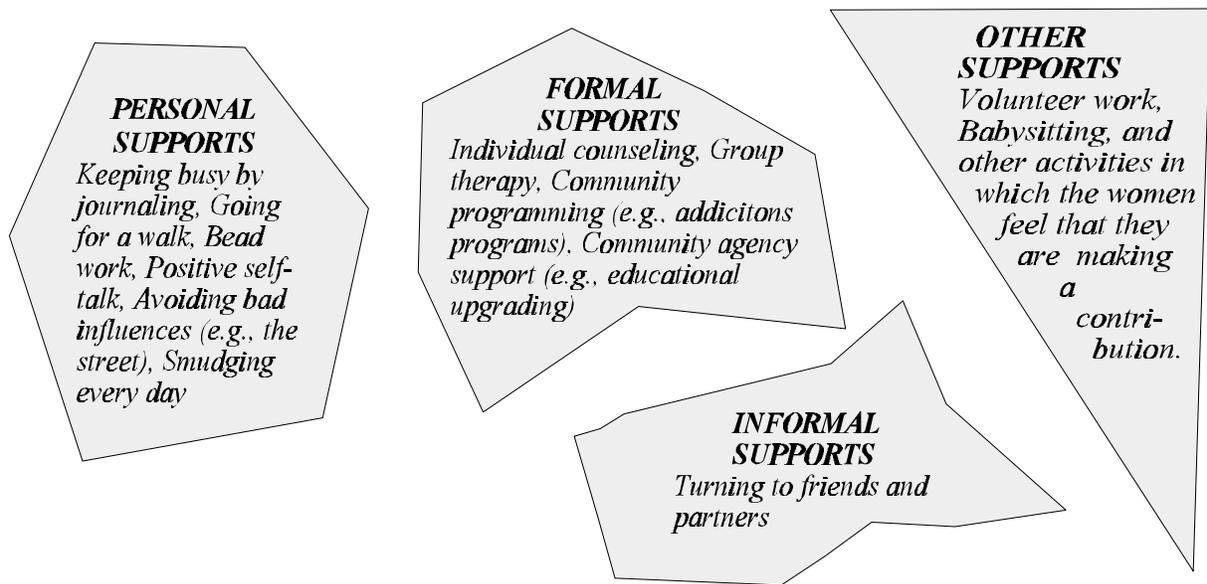
**(iv) Alternative coping and surviving behaviours and healing**

The fourth need women identified was the need to gain greater understanding about their self-harm and alternative safe and healthy ways to cope with their emotional pain and distress. They also identified the need for healing to be part of this, highlighting the role of Aboriginal culture.

*“My ex-partner was Aboriginal who wanted to be white. He was ashamed of it, ashamed of being Aboriginal. I wasn’t permitted to be, well I wasn’t permitted to be. I wasn’t allowed any of my own identity, any of my own worth of values, morals, standards. None of it was allowed, you know. So regaining me, just meant starting to put me back together. And I’m, there are four parts of me you know. And just reconnecting those 4 parts, the spiritual, the emotional, the physical, and the intellectual. The four components of the medicine wheel, bring that back.” (Anne)*

*“And I’ve got a lot of healing yet to do. And starting with the Native Healing Circle to help bring up a little bit more.” (Tara)*

While we have been focusing on women’s perceived needs, that is not to diminish some of the creative ways of coping and surviving that the women developed in order to deal with their emotional pain and distress. Their stories documented the incredible strength and courage that it takes to break through the shield of secrecy and shame in order to reach out for help. Some of the women’s strategies included:



## 2. RISK FACTOR'S FOR WOMEN'S SELF-HARM

The women and staff identified several risk factors for self-harm in both the community and institutional settings. In comparing these responses it is important to note that there is steady consistency in the women's perceptions of risk factors in the community and institutional settings. This finding also held for the staff's perceptions of risk factors.

### (a) Institutional risk factors

Risk factors for self-harm identified by the women and correctional staff are ranked hierarchally. in Table 11). There is considerable similarity between the two assessments of risk-factors for self-harm. However, within the sets of risk factors there are differences in their rankings. In general, the women's main identified risk factors highlighted childhood trauma and loss followed by institutional conditions. The staff's risk factors were more situational and related to the conditions of incarceration, such as influences and relationships with other incarcerated women and the lack of outlets to communicate their emotional pain and distress.

**TABLE 11: INSTITUTIONAL RISK FACTORS**

WOMEN	STAFF
▶ Loss/separation from children	▶ Influence of other inmates
▶ Loss in life (e.g., death of parent)	▶ Lack of outlets/confidentiality to release emotional pain and distress
▶ Flashbacks to childhood abuse	▶ Troubled relationships with inmates
▶ Institutional - transfer, parole denied, conditions, segregation, staff treatment	▶ Time spent in isolation/segregation
▶ Family problems (e.g., concern about children)	▶ Concern about children
▶ Lack of support	▶ Changes in rules or policies
▶ Emotional pain/sadness/depression	▶ Loss of relationship
▶ Isolation/loneliness	▶ Medical/psychiatric conditions
	▶ Concern over court outcomes
	▶ Experiences of incarceration (e.g., overcrowding, no programs, confinement, boredom)

**(b) Community**

The risk factors for self-harm identified by the women and community staff are ranked hierarchally in Table 12. Once again, there is much similarity between the two assessments of risk-factors for self-harm with some differences in rankings. Lack of support, alcohol and drug abuse, unemployment and poverty figured highly in the staff's views. The women identified foremost partner abuse, personal losses, and isolation/loneliness compounded by a lack of support networks. Similar to their assessment of institutional risks, the women emphasized personal factors whereas the staff identified more external factors. The prominent role of partner abuse in the women's self-identified risks by contrast to institutional and community staff is an important finding.

**TABLE 12: COMMUNITY RISK FACTORS**

WOMEN	STAFF
<ul style="list-style-type: none"> <li>▶ Partner abuse</li> <li>▶ Loss in life - children, partner, friends</li> <li>▶ Isolation/loneliness</li> <li>▶ Flashbacks to abuse and traumatic experiences</li> <li>▶ Emotional pain/sadness</li> <li>▶ Feelings of rejection</li> <li>▶ Poverty</li> <li>▶ Family problems (i.e., relationships)</li> <li>▶ Alcohol/drug abuse &amp; addictions</li> <li>▶ Criminal justice system contact (e.g., prospect of facing charges in court)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Lack of support</li> <li>▶ Alcohol/drug abuse</li> <li>▶ Unemployment</li> <li>▶ Poverty</li> <li>▶ Feelings of rejection/abandonment</li> <li>▶ Traumatic flashbacks</li> <li>▶ Loss of control</li> <li>▶ Isolation</li> </ul>

**3. RESPONSES TO WOMEN’S SELF-HARM**

This section identifies common responses to women’s self-harm in the community and correctional settings. It is important to note that the responses represent a wide range of correctional institutions, hospitals, treatment centres and community agencies across the Prairie region of Canada. Both helpful and not helpful responses are outlined. (See Table 13).

In Part A of this section, four primary needs identified by the women to deal with their self-harm were outlined: communication, sense of control/empowerment, attention to abuse issues, and alternative coping and surviving behaviours and healing. These needs are recognized in differing degrees in the helpful responses to the women’s self-harm described in this section. A summary of staff views of helpful responses to self-harm are provided as well as insights from the women regarding responses that they did not consider helpful.

**TABLE 13: HELPFUL AND NOT HELPFUL RESPONSES TO WOMEN’S SELF-HARM**

<b>HELPFUL</b>
1. Harm reduction and protection planning
2. Staff support, empathy and listening
3. Empowerment
4. Staff follow-through
5. Working with families of women who self-harm
6. Aboriginal healing approach, programming and supports (e.g., Elders)
<b>NOT HELPFUL</b>
1. Punitive approach
(a) Physical restraints
(b) Segregation
2. Staff stress
3. Lack of respect and avoidance
4. Lack of awareness about policy/guidelines

**A. Helpful**

**(i) Harm reduction and protection planning**

Some staff identified a Harm Reduction and Protection Planning Model. This model is based on the premise that it is inappropriate to completely remove a woman’s sole means of coping with emotional pain and distress. Research indicates that some women may inflict more serious harm to themselves when they are left without any alternatives (Babiker and Arnold 1997). This model encourages women to be active participants in their treatment plans, exploring the meaning of their self-harm in order to gain an understanding of how they can choose healthier ways of coping. Foremost, it encourages the women to consider and plan ways to increase their safety. The woman is an active and central agent who is empowered in this approach.

*“Our general overall outlook is harm reduction. So if we’re looking at somebody who, for example, shoots up cocaine to cope...Rather than telling them not to do that or advising them not to do that, we would advise them on ways to do that with decreased risk...In addition to the support if they ever choose to stop using (cocaine), we would certainly offer them treatment options. So that’s our first to everything, including self-injury. It’s not to tell people what they can or can’t do, or shouldn’t or shouldn’t do. I don’t like the word “should” when you’re working with adult you know, who are making choices.” (Roger)*

*“Uuuhhmm, typically what I do, is I normalize it. I let them know because of the shame factor that a lot of women do in fact use this as a way of coping. I get them to explore it, what it’s about. Get them to sorta start to look at it as something they are choosing to do. And why are they choosing this. What does it give to them.... So then, we look at other things they can do instead and do some safety planning.” (Ken)*

*“Yeah. Kind of like a harm reduction, I guess. Trying to reduce harm and what ways can that person cope with what they’re feeling in less harmful ways that would actually really self-injure. Just little self-injury stuff instead of the big self-injury stuff.” (Irwin)*

Related to the Harm Reduction and Protection Planning Model is a Case Management Plan based on the principles of behavioural modification. This management plan includes the following features: (a) a comprehensive profile of the woman, (b) a detailed and daily observational record of the woman’s behaviours, emotions, feelings and demeanor, (c) analysis of daily observations to identify trigger points, (d) construction of a graph of incidents of self-harm, (e) regular communication among primary case workers and supervisor, and (f) regular and appropriate modification of the management plan by the supervisor. This method proved invaluable to demonstrate in charting whether staff interventions decreased the incidence of self-harm. A point of departure from the previous model is less active involvement of the woman in designing her plan.

*“Anytime she had visit with family, we’d always have to make sure a staff member interviewed her after she came back. Usually she was very upset. If staff had the time to sit down and talk to her, you could tend to talk her down where she was not as emotionally upset as she was when she first came back from her visit.” (Irwin)*

## **(ii) Staff support, empathy and listening**

The staff identified the importance of the need for women to express their feelings and concerns about their self-harm.

*“Once it’s already been done, then just talk about their feelings and how they’re feeling. And like, don’t dwell on the cut arm or whatever. They know that they cut their arm. It’s not a big issue for them. But the feelings are. And getting them to talk and feeling comfortable with talking. You have to care, and I think you have to put yourself in their place....I like to treat people as I’m hoping that they are going to treat me, you know, just with some self-respect.” (Ken)*

*“I just try...to keep her safe, to provide support, moral support.” (Roger)*

### **(iii) Empowerment**

Staff emphasized the importance of empowering women who self-harm by encouraging them to identify their own feelings about self-harm, make informed choices, and initiate changes in their lives. As emphasized earlier, the women have been deeply disempowered through their experiences of neglect, abandonment and abuse.

*“I think helping her see that this is something that’s going on inside of her that she has control over. And part of it is really helping to establish a sense of control over this. That this is something that you can change.” (Ken)*

### **(iv) Staff follow-through**

The staff highlighted the importance of on-going and long-term support for women who self-harm. They also emphasized that counselors need to be sensitive and realistic about the complex and long-term needs of women who self-harm, especially for women who disclose childhood abuse and adult violence.

*“I wanted a support worker that was going to be with her daily. I wanted a friend type of thing cause she has nobody....I wanted her to get into some sort of work experience program, or if she could volunteer someplace. I wanted her doing something each day.” (Roger)*

### **(v) Working with families of women who self-harm**

Staff recognized the importance of working with family members (including close friends), where feasible, in order to broaden the women’s base of support. Since there is some shame and stigma associated with self-harm, it is critical to assist women in strengthening their family/friends and community support networks.

*“(Staff Member) really worked with her a lot, and got her boyfriend involved with her handling. And got her visits going. And then I think she was given some help, too, in getting hold of welfare. So they got her a place together...” (Tanya)*

**(vi) Aboriginal healing approach, programming, and supports**

Seventy-seven percent of staff felt that culturally sensitive programs/supports/services should be available for Aboriginal and non-Aboriginal women. Comments included “Culturally sensitive supports should always be available”, and “A holistic approach is very important, very important”. It was also expressed that “Not all Aboriginal persons want traditional forms of help”. Similarly, it was stated that “We already have enough programs in place that take into account everyone’s heritage - not just Aboriginal”.

Aboriginal programming was identified by staff as important for both Aboriginal and non-Aboriginal women who self-harm. They highlighted the value of traditional teachings for self-understanding and self-healing, such as the medicine wheel and involvement in pow wows, sharing circles, sweats, smudging, sisterhood, and feasts and contact with Elders. Traditional cultural activities and Aboriginal programs also were identified as a peaceful and meaningful approach to self-recovery. The women expressed such favorable outcomes as feeling cleansed, comforted, and safe as well as a sense of belonging.

*“Well, if they didn’t have culturally appropriate services then we may as well pack it up and go home. We need to have that and the clients need to have that. And culturally appropriate isn’t just one thing, it isn’t just one person’s vision of what the traditions are. It can be adapted and has been adapted by a number of people from various cultures.” (Rob)*

*“Oh, I would like to see the Native Elder coming up to the floor. I’d like to see this happening every single day where they have a ceremony, where they’re having their smudges....cause I think it’s great. And its very soothing and very calming, and that’s a very nice way to discuss any problems they (the women) might have.” (Ken)*

**B. Not Helpful**

**(i) Punitive approach**

A punitive response to self-harm was a fairly common experience among the women. The women reported that such a response accentuated their feelings of low self-worth, abuse, abandonment and isolation.

**(a) Physical Restraints**

In a few very serious cases physical restraints were used to prevent the women from self-harming. It is important to note that these women's social and medical histories were particularly complex.

*“Oh, she would defecate and smear it all over her body, all over herself. Wouldn't eat. Ah, she would hit herself, do silly things like stand on the sink and try to jump down and hurt herself that way. Uuhhmm, we ended up having to put her in the shackles, so she only had limited movement. It was her feet so she couldn't get up on the sink or toilet and jump off because that was a very big concern.” (Roger)*

**(b) Segregation**

Based on the women's histories of incarceration, segregation was not an uncommon response to self-harm.

*“They just woke me up. They said, “If you don't want to go out now, we aren't taking you out at all”. “I'm going, gee”. I swore. I said “I'm going fuck”. She stomped away and said “I'm not taking this” ....And then they came...and told me no, and I just got really mad and upset. I lit a smoke and just burning myself really bad. And they just run away. They just left me there.” (Norma-Jean)*

*“...Personally I am not going to go up to staff and say, “Hey I feel like slashing” and sit there and talk about it. Well, for one thing, it's just, I wouldn't do it, because I know for a fact that I'd be sitting either in seg(regation) or the medical cell for a couple of days with no one to talk to.” (Rose)*

The women also reported being placed in segregation-like conditions in youth facilities.

*“When they locked me up in those rooms, I'd pound my head. I just wanted to knock myself out because I hate being in those rooms. Cause you just want to talk. You don't want to be locked in a room. You just need help.” (Norma-Jean)*

**(ii) Staff stress**

A significant finding was the impact on staff personally when a punitive approach was used in response to a woman's self-harm. Seventy-five percent of the staff reported increased feelings of tension and stress when women self-harmed. Two main contributing factors were a feeling of emotional discomfort when implementing physical measures and the added strain of an increased work-load.

*“Like I think that's, emotionally, that's very hard on staff to get to the point where they*

*have to forcibly put somebody in the restraint chair. For the most part, I think we're decent human beings here, and we do have feelings and don't like to do things to people....The staff would say to me, you know, I felt like such shit. Had to push her in the chair, had to pull the mask over her face because she was spitting at me. You know, that's not the way we should treat people. She sat in that for two days, or she sat in that for a night. They, they (staff) go home, and can't sleep good because of that. You can't if you're a human." (Roger)*

*"It's tough on the staff just due to the fact that when you're only dealing with a small group that you have to spend a lot of time with, it doesn't allow you time to deal with the bigger group." (Irwin)*

*"I don't like speaking of it (the restraint chair). It's kinda horrible. A horrible situation to be put in. But, uuhhmm, I would think that it would be even more horrendous to have something pulled over your face, and its dark, you know. There was a screen on the front so they can see, but to me, that's horrible to do to somebody. Like, just all the other abuses that somebody has suffered, and then on top of it, you're going to tie them down and put a hood on them.... That's kinda the last, the end (option)." (Roger)*

*"I would feel major stress thinking about what she would do over the weekend." (Roger)*

### **(iii) Lack of respect and avoidance**

Some staff observed that sometimes women were not always treated in a respectful and courteous manner when they self-harmed. This corroborated with the women's experiences. Staff recognized the importance of the initial contact with a health care professional, noting that it was imperative that the women received unconditional acceptance and support at this time.

*"And that's a message these doctors are giving all the time. When she had slit her wrists (name)...and the hospital phoned me and said "Can you find her because she ran away from our emerg(ency)", I'm thinking, why would she run away from the emergency. Well, the messages she was getting from the Doctors were that, "You just lie there. You did this, so you just lie there". So for 5 hours or something, she'd been lying in the hospital where nobody had attended to her wounds...she was like a little girl in the waiting room. She was like this, all white and shaky, lying on my shoulder. And I said "That's not handled properly. She should have never been allowed to sit for 5 hours to punish her for the fact that she did this." (Jane)*

*"...she (psychiatrist) insulted me too, she took me out for lunch once and she said to me,*

*just as I was about to eat, she said, “Don’t you loose your appetite when you think about where your future is going?” If she was trying to build my self-esteem, wasn’t working.” (Shirley)*

*“...They didn’t tell me to do anything, they just sent me home (hospital) and gave me some nerve pills. That was it.” (Doris)*

**(iv) Lack of staff awareness about policy/guidelines**

Staff revealed uncertainty and ambiguity about self-harm policy in both community and institutional settings. Sixty-seven percent of the staff were unaware if a policy on self-harm existed at their place of employment. There was also uncertainty expressed about the appropriateness of the Suicide-Risk Model as the standard response to self-harm.

*“Well, I’m just kinda flying by the seat of my pants when I’m dealing with somebody that self-injures. And I would like to have some more specific training on that, and how to go about (policy)...there’s usually some key phrases, or the proper way to be acting and talking to somebody that has just hurt themselves.” (Ken)*

*“No. We don’t really. We don’t really have sorta guidelines for counseling or anything like this.” (Tanya)*

*“To me, I often wonder, are we doing the right things here. You know, we’re taking somebody that is really upset, really depressed, and we’re taking everything from them, and we’re making them wear some ugly (suicide) smock, you know, with no underwear.” (Roger)*

#### **XIV. RECOMMENDATIONS FOR WORKING WITH WOMEN WHO SELF-HARM**

Based on the information generated from the women and staff in correctional institutions and the community, 13 recommendations are made for working with women who self-harm. (See Table 14). They are stated broadly which will permit some generalizability across various settings and contexts. These general recommendations are also the basis of our suggestions for policy and guidelines (see Section XV). The following 13 recommendations are informed by our holistic and theoretical definition of self-harm, which took account of the wide range and diverse forms of self-harm as well as a dual focus on both the antecedents and functions of self-harm. The recommendations also highlight the findings of this research regarding the needs, supports, and services of women who self-harm, community and institutional risk factors, and helpful and not helpful responses. A number of the recommendations are supported in the self-harm literature.

**TABLE 14: RECOMMENDATIONS**

- |  |
|--|
| <ol style="list-style-type: none"><li>1. Policy and guideline construction and increased staff awareness</li><li>2. Adoption of an integrated approach to self-harm: Toward harm reduction, protection planning, empowerment and woman-centredness</li><li>3. Non-punitive approach</li><li>4. Education and training</li><li>5. Staff support</li><li>6. Counseling</li><li>7. Peer support</li><li>8. Healing activities</li><li>9. Aboriginal programming</li><li>10. Awareness of self-harm/Preventative strategies</li><li>11. Pre-release planning, preparation, and follow-through in the community</li><li>12. Increased availability of “safe houses” and services</li><li>13. Address larger social issues</li></ol> |
|--|

##### **1. Policy and guideline construction and increased staff awareness**

There is a need for staff to have an opportunity to be made knowledgeable about, review, and discuss existing policy and guidelines on self-harm. We found that 67% of staff were unaware if policy on self-harm existed at their work place. Where such policy and guidelines do not exist, they should be constructed. Regarding existing policy, an evaluation and revision of current practices should be considered. Policy and guidelines on self-harm should include a holistic self-harm assessment tool, care planning, and measures for reduction and prevention.

## **2. Adoption of an integrated approach to self-harm: Toward harm reduction, protection planning, empowerment and woman-centredness**

As discussed earlier (see Section XII:3:A:i), it may be more damaging to try to prevent women from self-harming if they do not have other ways of coping and surviving. An alternative approach is to adopt a plan that focuses on harm reduction and protection planning. In this approach the women are encouraged to take an active and empowered role in their healing. Having a sense of control and power was a main need and function of self-harm identified by the women and staff. Staff should also have an integral although facilitating role in assisting women to devise and implement their healing plans. As stated earlier, this approach foremost encourages women to consider and plan ways to increase their safety.

This approach differs in several respects to some current practices which are grounded in Dialectical Behaviour Therapy (DBT) (Linehan 1993). DBT was developed for people who suffer from Borderline Personality Disorder (BPD). BPD is defined as “Individuals who have unstable relationships, erratic emotions, poor self-image, and who engage in impulsive acts such as eating sprees, stealing, gambling, sex, and/or self-harming behaviour” (Smith et al. 1998:29). It is described as a biosocial approach based on both a possible biological disposition to difficulty in managing one’s emotions and a traumatic past (Babiker and Arnold 1997; Smith et al. 1998). The primary focus of DBT is for women to cease their self-harming behaviour. Although the approach has numerous merits (primacy of validating women’s experiences, women’s empowerment, adopting alternative approaches to dealing with moments of emotional crisis, encouraging a strong positive interpersonal relationship with a counselor), one contradiction to the findings of this study is DBT’s emphasis on the necessity of ceasing self-harm. By focusing on the unacceptability and necessity to cease self-harm, the women’s self-assurance is diminished leaving her less able to take control (Babiker and Arnold 1997; Smith et al. 1998). Since Dialectical Behaviour Therapy was developed for men and women who have Borderline Personality Disorder, its applicability is questioned in dealing with self-harm which is primarily a woman’s coping response. A woman-centred approach is critical to dealing with women who self-harm. Finally, women who self-harm do not necessarily have Borderline Personality Disorder. This pathologizes and psychologizes women’s self-harming behaviour. Rather than a reductionist approach, we propose an integrated and comprehensive model.

## **3. Non-punitive approach**

Punitive approaches and responses to self-harm can exacerbate women’s emotional distress. The women in this study expressed that punitive measures are intrusive, dehumanizing, demeaning, isolating, and pejorative. For women who have experienced childhood or adult abuse and violence, a punitive response may be reminiscent of past and/or present abuses. This is especially important to consider since the women identified partner abuse as their primary risk factor to self-harm in the community. The women as well as some staff recognize that women need supportive and stimulating environments. This may include the presence of staff, other women, and family members to decrease feelings of isolation and vulnerability to self-harm.

*“Well, I think there should be some more talking. Some more, instead of just locking somebody up, which is very easy to do you know. Talk to the person. “Why are you doing this? Is there anything (I can do)?” And sometimes they don’t want to talk, and they just want to be left alone. That’s fine, but we’re here if you want to talk. I personally, locking somebody up in a room all by themselves is not going to do any good. I would prefer to see them out, still on the range, where I could keep an eye on them. They’ve got some of their peer group to talk with, and there’s some other stimulation. Like, there should be a counselor coming down, staff talking with this individual. I don’t like that, just locking somebody up and putting them in a gown and forgetting about them.” (Ken)*

*“They were pretty mean to her (my friend). They locked her in the hole (institution) like for, like, months. So she slept like with all these bugs...She was pretty bad in there, but it was only because she needed somebody to talk to....It’s the wrong way to go (segregation).” (Violet)*

#### **4. Education and training**

Most institutional and community staff have received little specific education on self-harm and expressed an interest in learning more about it. Essential educational components include information about a holistic definition, forms, antecedents/origins, coping and survival functions, and helpful and not helpful responses. Many staff reported that they did receive education on suicide prevention but it did not cover self-harm.

It is also important that staff perceptions are consistent with the women’s understandings of their self-harm because these differ in some respects. We found, for example, that the functions of self-harm identified by the women and staff were not always the same. Differences included staff views of self-harm as a form of manipulation and the minimalization of women’s needs for attention, nurturing and care. Similarly, risk factors for self-harm identified by the community and institutional women and staff differed. The women emphasized personal factors (e.g., loss of children, childhood trauma) whereas the staff emphasized more situational and interpersonal factors (e.g., troubled relationships with inmates).

*“Need for specific training in that regard (self-harm) would be accepted (among the staff), I’m sure.” (Irwin)*

*“Oh, sure. I think any sort of information that would help you better work with your clients...yeah, so any type of education on that would be great.” (Gail)*

*“I wouldn’t say that we have specific training in dealing with them. They’re not treated any different than any other high needs, male inmates.” (Irwin)*

*“I mean, there’s always going to be a certain group of staff who, “I don’t want that.*

*They're just causing attention." Like ignorance on their own part. Or maybe not a desire to have knowledge or learn or have an understanding of people's situations. Because sometimes when you're on one side and you're looking, we don't have bars.... But when you're looking through the bars on the other side, sometimes you develop perceptions of people that aren't true. And I don't think we're any holier than thou, or whatever. It's a very fine line, and any one of us could cross it and be on the other side."* (Roger)

## **5. Support for staff**

There is a need for opportunities for staff to discuss their feelings and concerns about working with women who self-harm and its impact on their personal and work lives. We found that staff experienced emotional discomfort in implementing punitive measures to women who self-harm (e.g., restraints, segregation). Staff also require recognition and appreciation for the stress involved in working with women who self-harm. Further, staff require concrete support with the work itself, such as shared work loads and increased personnel.

*"I would like to see more support for staff because those kinds of conditions are difficult to work under...And I would like to see more support for staff on how to approach women because they are different types of prisoners, and they have different issues. Or more of specialized education in relating to female prisoners about what some of their issues are."* (Jane)

*"...staff aren't as compassionate as they could be. Sometimes for good reason cause when you're getting called names and run down for most of the day, it kind of takes any bit of caring that you have out of you. So I understand that, 'cause I've been there, and I know what it's like. But then being on this side and trying to encourage change and hope, and that can be ripped away so quickly. It's really frustrating."* (Ken)

## **6. Counseling**

Our findings underline the importance of the availability of consistent, confidential and non-judgmental counseling. This is particularly important considering the central role of childhood and/or adult abuse and violence in many women's lives who self-harm. Counseling on issues of abuse and violence require on-going services. Other areas of counseling include drug and alcohol addiction, grief counseling (specifically loss of children), and anger management and employment counseling issues related to women's contact with the criminal justice system.

*“We found in our first few workshops that we would do the abuse and we would do the cycle of abuse and sexual abuse and stuff like that, and three days was just, you know, it would just open a huge can of worms. And these women...would be all in crisis because we wouldn't be able to find them referrals fast enough, or counseling, and hook them up with that. So we sort of changed the format of our abuse workshop and turned it into more of a coping skills workshop. What you did to survive, what kind of coping skills you do now, and what are some healthy things you do to cope with your past. And try to keep the lid on things until people are ready to deal with them. Because if you open them up and people just aren't in a supportive relationship or don't have the supports in their life, they're not able to deal with the history that they've had, the harmful histories, and abuse and that. It's trying to keep a lid on it, and dealing with the everyday crisis stuff in their lives....before sort of opening this big Pandora's Box.” (Gail)*

*“Well, feelings of low self-esteem. Any kind of loss in my life. To loose a job, to, you know, when my kids were taken. I lost my kids. To loose respect, say, from a best friend. Someone I've put years into that friendship and then having them turn their back on me.” (Tara)*

## **7. Peer support**

There is need for peer support for women who self-harm to share their experiences and support one another in a trusting and accepting environment. An important finding of this research is that women readily identify with other women who self-harm. Further, it was found that staff differ from the women in some of their views on self-harm such as how important it is to reduce feeling of isolation and loneliness to prevent self-harm. It is also meaningful that one of the creative ways women identified as coping and surviving their desire and need to self-harm was relying on friends for support.

The effects on the women in this study when another woman self-injured included empathy and self-identification. The drawback of this, however, was that some of the women found it difficult to provide support because it triggered flashbacks and negative emotions regarding their own self-harm.

The value and success of peer support is evident in the Peer Support Program at the federal female institutional level. Research suggests that the women trained as peer counselors and the women receiving that support benefit immensely from the peer counseling relationship (i.e., increased self-esteem) (Blanchette and Eljdupovic-Guzina 1998; Pollack 1991). It is also effective at the community level. The S.A.F.E. program in Canada, which works with people who self harm, identifies one of its key successes as its group therapy in which one co-facilitator is a specially trained, peer support worker who has been successful in overcoming their own self-abuse.

*“I can do all the reading and trying to understand why people do that....it’s almost like trying to tell somebody what having a baby is like if they haven’t had a baby....I think its definitely good...for the person that’s doing the peer counseling to have supports in place too because you never know when something’s going to trigger something.” (Irwin)*

*“...I remember her telling me that peer support was really rewarding for her. And I know it has been for me, too. I mean, it builds your self-esteem up and your self-confidence a lot to know that you can help other women. And that other women feel comfortable with telling you their stories and their issues.” (Corry)*

*“And we most definitely try to always have a First Nation’s person on our (peer support) team, so that if anybody wants to call on them, that they’re available there. And we do have access to the spirituality room also, if that woman would like to sweat or whatever.” (Jackie)*

*“Even my Pastor from my church said, “You know, this program sounds excellent.” And he wants me to kinda continue and build up some kind of program for the church out in the community. And it does, it makes a lot of sense. If people don’t feel comfortable with professional help, or feel that they can’t get that far and ask for that kind of help, so you associate with people on your own level.” (Corry)*

## **8. Healing Activities**

Healing activities can address a wide range of needs for women who self-harm. Some activities heighten self-esteem and self-expression and promote a positive feeling about women’s bodies and sense of self. Women also can find nurturing and care in certain activities. Furthermore, activities can provide women with opportunities to learn new life skills, interpersonal skills and gain a sense of accomplishment. The women found the following activities healing and therapeutic in reducing their self-harm: painting, art therapy, music, dance, drama, drawing, writing, pet-facilitated therapy, craft work, sculpting, beadwork, and cooking.

*“I’d like to see a whole bunch of different things here...But I’d like to see some more, even arts and crafts, anything like that. ...clay working, that’s another good thing. Being able to use your hands when you’re molding. Painting, drawing, beadwork, stained glass, cooking. They’re learning something, they’re working together.” (Ken)*

*“I, UHHMM, in the (institution) we had dog training. Where we got, we had 10 kennels, and we got them from the SPCA. And we trained them for the mentally challenged and handicapped. And I am, I think that helped. Kinda get you away from the (institution). Well, you were still in the jail but you didn’t feel like you were. It was fun for the animals and the inmates.” (Cynthia)*

A community based art collaboration between women is an example of melding women's self-expression through the art making process and communication with an audience. The potential for women to learn how to communicate their feelings and have them reciprocated is described in the following way:

*Art that is rooted in a "listening" self, that cultivates intertwining of self and Other, suggests a flow-through experience which is not delimited by the self but extends into the community through modes of reciprocal empathy. Because this art is listener-centred rather than vision-oriented it cannot be fully realized through the mode of self-expression; it can only come into its own dialogue, as open conversation, in which one listens to and includes other voices - Suzi Gablik (Regier 1999).*

## **9. Aboriginal programming**

Most of the women and staff identified the vital need for Aboriginal programs, supports and services. It is noteworthy that both Aboriginal and non-Aboriginal women benefitted and requested an Aboriginal healing approach.

### **Women**

*"Sharing circle, yes...made me feel a lot more better about myself. Clear, my mind was clear." (Hope)*

*"There are a couple of places...There were a few of them that I got really close to it. It was a more traditional group home. It's a safe house. Like every night we had a sharing circle and talked and stuff. We did things there like go to the beach. And it was fun there. I liked it there." (Norma-Jean)*

*"...Uuhhmm, to me, the culture, the spiritual part of it is beautiful. I learn a lot about my culture and Aboriginal culture as well. It interests me. I have my Aboriginal spiritual name, I have my clan. So I strongly believe in the Aboriginal ways." (Heather)*

*"It's very, very powerful. You can just feel, like it's a cleansing process. And you can just feel that process that's happening. And I think with my spiritual beliefs myself, it just enhanced the whole thing." (Jackie)*

*"Uuhhmm, the people that I turn to as Elders are highly recognized in the community as people that you can trust, that you can go to, that will be there for you." (Anne)*

*“We, uuhhmm, well, it was for Native women and also if non-Aboriginal women wanted to do it. We would, uuhhmm, we had an Elder come in, and we would do smudges and have sharing circles. And, ah, we went to, ah, we made our own sweat lodge, on the...grounds and we did sweats. I liked it. I, uuhhmm, I go to sweats now and I smudge when I haven’t been smoking pot. It makes sense to me, and I enjoy it. They’ve got seven teachings with respect, love, caring, sharing, humility, wisdom and I can’t remember. That six, and there’s seven teachings. Well...it’s very spiritual.” (Corry)*

## **Staff**

*“It’s funny because I think anybody who’s working has to have an awareness of Aboriginal issues. And not just an awareness, you have to.... be comfortable talking about those things....because if you don’t know what you’re talking about, but you just have this Aboriginal awareness, you’re of no help to these women. I’m not saying that you have to be specifically an Aboriginal worker working with Aboriginal women. And I don’t think you have to. But you can’t be so white that you don’t know what’s important to an Aboriginal person.” (Gary)*

*“All those things are important (Elders, spirituality, identity)...even for non-Aboriginal women, but especially for Aboriginal women. You know, just the body, mind, spirit thing. You’ve got to address everything. You can’t just fix the financial aspect of somebody’s situation and expect everything to fall in place....It’s got to be a holistic thing. And through some of these ceremonies, and sweats and things, I think those women can benefit.” (Roger)*

## **10. Awareness of self-harm/Preventative strategies**

Raising awareness of self-harm as an important women’s health issue among all sectors of the community is necessary in order to put appropriate programs, supports and services in place. In addition to the community, families, friends, and workers of women who self-harm need to be involved. Our findings revealed appreciable variation in understanding self-harm among the staff and women as well as the responses to it - from an empowering, woman-centred approach to a punitive and demeaning one. Awareness and understanding of self-harm is necessary for appropriate measures to reduce self-harm and strategies to prevent self-harm in the first place.

*“But what I think, what really needs to be there, is more preventative stuff. Like maybe more courses for adults who have difficulties with relationships. Like a support network, maybe upgrading with a lot of support.” (Irene)*

*“I think, you know, I’m sure everybody out there has somebody they can talk to, whether it’s the peer support team, or just a friend. You gotta have, you gotta educate the women on the signs too. If you’re walking by someone who feel’s they’re gonna do it, and you don’t know the signs of it (self-injury), you might not even see them, and they’re all slashed up. I think it’s, I think it would be a good idea to educate everybody, including staff, in the signs. But here, like psychology or psychiatry, or whatever, they are so quick to put you on medication. Well, okay, they put you on medication, how are you going to learn to deal with all this?.” (Amber)*

*“Uuhhmm, well, I think as far as preventing it, like I said, I think a lot of women start in their late teen, early 20s, to self-injure. And so I think if you were looking at prevention, it would be to target younger populations, and I think you need to be looking at talking about it. This is not something that really gets talked about. You know talking about the fact that some women do turn towards this. And talking about other options. And I think really, you know again, I think when it comes to prevention, it’s about having people realize that there’s something behind the self-injury and that in order to prevent the self-injury, you’re going to need to decide to take a look at that stuff.” (Denise)*

## **11. Pre-release planning, preparation and follow-through in the community**

Our findings suggest that a helpful response to women’s self-harm involves careful follow-through with clients. This includes on-going and long-term support, specifically for women who disclose childhood abuse and adult violence. Continuity and consistency are important for women who self-harm because their childhood and adult lives are often characterized by instability and lack of structure.

Follow-through is also important for women who self-harm and are being released into the community from a correctional institution. As stated earlier, the institutional system is frequently a “revolving door” for women with histories of adult and youth trouble with the law. There is a need for pre-release planning in order that meaningful supports and services are in place when a woman is released. Supports and services are also needed for women who self-harm in the community. An effective and successful community plan is reflected in the following narrative:

*“There needs to be better connecting pieces from being released into the community from the institution. So there has to be somebody who....But you do that follow-up when you’re the one who takes the woman out of the institution, and you bring her back into the community, but you’ve also got everything in place. Good example, (name) was in and out. She was a simple kind of woman, mentally disordered, low intelligence...But she’s a real, she has a lot of specialties and this is what she’s going to need. So the jail was very helpful. I went and did an initial interview, found out what the jail thought she needed, and then put everything in place. Mental health in place, got her a place, got welfare appointments set up for that day. Went and got her right from the bus depot.*

*Every aspect. Picked her up from the bus depot, brought her straight to the welfare office. They put everything in place and told her what she would be getting. So we had an interview right there, showed her her new suite, whatever. Then opportunities for independents were kicked in through the mental institution system, and then they started to have a support worker, or a couple of support workers working with her daily. And I was just coming weekly. You know she's not been re-involved, and it's coming up to her second year. If you put the pieces in place...." (Jane)*

*"Nothing. And I never got TAs. I never got anything. They threw me out to the half-way house. It's just culture shock. I was still lost in life...." (Norma-Jean)*

*"I've met a woman in prison that I'm quite close to and she's being released....today.... Now, if she would have, if there would be a peer support kind of out in the community that she could associate with and know that if she gets scared one night....it would be nice for her to be able to know that somebody is there, you know. You might not have to call them, but just a little bit of comfort to know that somebody is there." (Jane)*

## **12. Increased availability of "safe houses" and services**

There is a need for a drop-in centre and services where women can access support 24 hours a day, 7 days a week. This would provide women who self-harm with a safe and accessible refuge where someone will listen to them and show them care, a highly identified need in their lives.

*"They need more (crisis) lines because most of the time you phone it's busy." (Shirley)*

*"I guess there has to be a comfortable point for our support system because our office is 8:30 to 4:30...where should they have to go? You have to make sure they're comfortable with an after hours emergency person somewhere that they know they can contact." (Joanne)*

*"Auuuhmm, well, she's (mental health counselor) very hard to get a hold of during the days. I usually leave a message, and she gets back to you at the end of the day....She's a very busy woman." (Noel)*

## **13. Address larger social issues**

It is essential that larger social issues which raise a woman's level of stress are addressed. A first step is finding affordable and safe housing and ensuring that the woman has the means to provide for the basic necessities, ranging from food to child-care support. Secondly, assessment of the woman's ongoing needs and ability to become economically self-sufficient is required. Some women have taken educational upgrading programs specifically geared to "beat the street" and

have secured more stable employment. That this need is paramount is apparent in our finding that a large percentage of the women came from impoverished backgrounds and have moved in and out of such circumstances all their lives.

*“That’s something you definitely need, or the girls need when they get out, is to have that initial sum of money to secure a place, get your groceries, get you through those first two months. And then possibly they got a chance. But, you stick women out on the street or in the half-way house, that have lived on the street all their lives, well, of course they’re going to go back to what they know how to do. Selling drugs or prostituting, that’s a fast, quick buck...When you start slipping into debt, and you don’t know where your next buck is coming from, or whatever, they’re going to go back to what they know, and they’re darn good at it. A lot of the women....are very good at making a living because they’ve had to. That’s the way they survived out there all those years.” (Corry)*

*“Having this job has been the biggest...been a better rush than getting high.” (Mary)*

*“We need daycare attach(ed) (to the agency) so women can’t use that excuse. Because everybody backs away from fixing themselves up cause they’re scared, cause they don’t know what it’s about. But they use childcare as a big one, and a lot of times it is a big one, because of poverty and not having anybody safe to take care of their kids. And bus fare, and we need food, and we need food and we need diapers. And we need everything that can help women into staying with us because we have something to offer them materialistically at first.” (Gary)*

*“Oh, well we have clients coming out of a variety of institutions all the time. It might be prison, or it might be a treatment centre, or it might be a mental health institution or whatever. And they are always kinda coming and going through those revolving doors. Basically, they need shelter, food, and support. And we do try to work with that to get as much of that going as possible.” (Rob)*

#### **XIV. SUGGESTIONS FOR POLICY AND GUIDELINES**

As stated at the outset of this project, there is a scarcity of Canadian research on women who self-harm in general, and in particular, those who come into conflict with the law, especially Aboriginal women. Self-harm is a serious women's health issue which needs to be recognized and addressed in both institutional and community settings. Our research findings suggest a particular direction for policy. This is an important contribution of this research, as we were able to make some policy recommendations and guidelines for women who self-harm in both correctional institutions and the community.

The research findings show that the essential needs, supports, and services of women who self-harm are similar in many respects in the correctional and community settings. Our suggestions for policy and guidelines draw upon the women's stories of self-harm and their experiences in the institutions and community, and staff and community workers perspectives and accounts. Many of the proposals were corroborated in the inter-disciplinary review of the literature. The women's insightful reflections about self-harm as well as the staff's professional experiences primarily informed these suggestions. They account for the antecedents/origins and functions of self-harm, as well as the risk factors and responses to self-harming behaviour. A central underlying theme of our eight policy and guideline suggestions is the empowerment of women. (See Table 15).

**TABLE 15: SUGGESTIONS FOR POLICY & GUIDELINES**

1. Broader Definition of Self-Harm
2. Account for Origins of Self-Harm in Education and Training
3. Identify Self-Harm as a Coping and Survival Function
4. Acknowledge the Social Portrait of Women Who Self-Harm
5. Helpful Responses to Women Who Self-Harm
6. Rectifying Not Helpful Responses to Women Who Self-Harm
7. Staff Supports
8. Aboriginal Cultural Support

## **1. Broader Definition of Self-Harm**

### ***Finding***

- ▶ The need to move away from a narrow and limiting definition of self-injury to a holistic definition which accounts for the women's stories and staff perceptions and accounts and the interconnectedness of the antecedents/origins and functions of self-harm. This definition was supported in part by the existing literature (Babiker and Arnold 1997). In other respects, new dimensions were added (e.g., spousal abuse and self-harm).

### ***What does this mean for policy?***

- ▶ We suggest that policy account for a holistic definition of self-harm and recognize its physical, emotional, social, and spiritual aspects. While our Holistic Model of Self-Harm includes suicidal thoughts and actions, this does not imply that a policy on suicide should be applied to all women who self-harm. As well, we are not suggesting that all women who self-harm should be treated the same, but rather that their individual needs be assessed, identified and responded to accordingly. It must also be recognized that there are some women with a history of serious self-harming behaviour. These women who have particularly complex mental health needs, would likely be most appropriately treated at a special mental health facility.

## **2. Account for Origins of Self-Harm in Education and Training**

### ***Finding***

- ▶ The need for understanding and recognizing that women's self-harm is often rooted in past traumatic childhood experiences of abuse, especially sexual, and adult experiences of domestic abuse and violence (past and present).

### ***What does this mean for policy?***

- ▶ We suggest establishing training and educational workshops on childhood violence (specifically sexual), domestic abuse, and self-harm for all correctional institutions and community workers. We also suggest increasing awareness of self-harm as a serious women's health issue in these settings and in the community.

### **3. Identify Self-Harm as a Coping and Survival Function**

#### ***Finding***

- ▶ Self-harm is a way of coping and serves a survival function for women.

#### ***What does this mean for policy?***

- ▶ We suggest adopting a harm-reduction and protection-planning approach that encourages women to address the origins of their self-harm and empowers them to explore healthier alternatives to deal with their emotional pain and distress. We support a woman-centred approach to healing.

### **4. Acknowledge the Social Portrait of Women Who Self-Harm**

#### ***Finding***

- ▶ The majority of women who self-harmed in this study faced poverty, deprivation, discrimination and sexism on a daily basis.

#### ***What does this mean for policy?***

- ▶ We suggest contextualizing women's self-harm in a broader social framework that recognizes poverty, racism, sexism, and discrimination. It is imperative to determine if women's basic needs (food, shelter, clothing) are being met. This is particularly important for women being released into the community from correctional institutions. Community workers must also assess whether their clients' basic needs are being met. Both the social context and the individual women's understanding of self-harm are important considerations in a woman's healing process.

### **5. Helpful Responses to Women Who Self-Harm**

#### ***Finding***

- ▶ A number of helpful responses to women who self-harm were identified: harm reduction and safety-protection planning, empathetic and non-judgmental counseling, empowerment, staff follow-through, working with families, and Aboriginal programming.

#### ***What does this mean for policy?***

- ▶ We suggest promoting and maintaining the continuity between the institutions and community regarding an effective and consistent plan based on the proposed responses to women who self-harm. We suggest establishing further ongoing systems of personal (peers), informal (drop-in centre), and formal (counseling) support for the women. We support a multi-disciplinary approach to women's healing and to address the complex needs of women who self-harm.

### **6. Rectifying Not Helpful Responses to Women Who Self-Harm**

### ***Finding***

- ▶ Punitive responses to women who self-harm generally had a negative impact. They increased the women's feelings of isolation, lowered their self-esteem, and disempowered them. They felt re-traumatized which heightened their risk for further self-harm.

### ***What does this mean for policy?***

- ▶ We suggest that service-providers, where possible, place women who self-harm in a socially stimulating and supportive environment. It is important to normalize the situation as much as possible. This may entail providing a wide range of supports, from peer support counseling to healing activities.

## **7. Staff Supports**

### ***Finding***

- ▶ Incidents of women's self-harm increased stress and tension among staff.

### ***What does this mean for policy?***

- ▶ We suggest that staff have tangible and intangible systems of support. This includes the opportunity to openly discuss their feelings about working with women who self-harm and any impact this has on their personal and work lives. It also includes regular (and perhaps more frequent) shift breaks, staff rotation and, is necessary, additional personnel.

## **8. Aboriginal Cultural Supports**

### ***Finding***

- ▶ Aboriginal and non-Aboriginal women both expressed the importance of an Aboriginal approach to healing in addressing their self-harm.

### ***What does this mean for policy?***

- ▶ Greater access to a wide range of Aboriginal programs, supports and services for all women, especially in correctional institutions.

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