

# INTRODUCTION

Self-harm is the act of inflicting sometimes intricate but rarely dangerous injuries to oneself (Strong 1998). Research on individuals in the open community suggests this behaviour is a coping mechanism that relieves intense emotional and psychological pain or turmoil. Utilised largely by persons less than 40 years of age (Meltzer *et al* 2002), self-injury is distinct from suicide or attempted suicide, as the intent to die is absent (Shneidman 1992). However, researchers still attempt to understand self-harm in order to comprehend suicide and other self-destructive behaviours (Maris 1992a).

Sociologists and psychologists have claimed to understand self-injury through theories of suicide that have been current since Durkheim developed his suicide typologies at the close of the nineteenth century (Durkheim 1951). Theories with sociological bases have continued to draw heavily from Durkheim's concepts of social integration and regulation that portray society's role in directing individual behaviour. Social influences may be evident through the pressure to succeed and conform to accepted lifestyles and the consequences of being alienated from or lacking integration with social institutions.

Psychologists, on the other hand, focus on the behavioural, cognitive and emotional aspects of interpersonal functioning and self-directed pressures and expectations (Hassan 1995). One of the most relevant theories in this area

being learning theory, where the individual has learned that using self-harm brings about certain social and personal rewards and avoidance mechanisms (Bureau of Management Consulting 1981). Age distributions of individuals engaging in self-harm seem to support this theory, with the behaviour becoming less common in older persons (Meltzer *et al* 2002).

While theories can be compared and contrasted to determine potential pathways to self-injury or suicide, few empirical studies have attempted to test the applicability of these theories (e.g. Liebling 1992). The segregation of theoretical and empirical thinking on the topic of self-destructive behaviours has compounded confusion in the research and the frustration of those attempting to gain treatment or manage impulses to self-harm. Understanding *why* an individual engages in self-injurious behaviours has traditionally originated from interpretations by external observers without taking into consideration the social and physical environment. The current study aims to examine this methodology by collecting information from the individuals themselves, as well as observers.

Suicide and self-injury occur at higher rates in the forensic population than the open community and this has directed the focus of the current study (e.g. Beikoff 2000). Research in this area has concentrated largely on modifications of physical and interpersonal environments to provide prisoners with fewer opportunities to engage in self-harm or attempts at suicide (Liebling 1992). Unfortunately, very few studies have examined prisoner's

reasons for self-injury, which could inform treatment and prevention initiatives. Findings from studies that do use interviews of those engaging in self-harm can be generalised to the open community, as the behaviours use the same methodology and apparently the same reasons.

Despite the fact that very little research has concentrated on self-harm specifically in police custody (e.g. Fleming *et al* 1990), it is apparent that the methods of self-injury engaged in this environment are distinct from the open community, and even prison custody (Sallybanks 2003). Thus, generalising across the open community and the prison population to the police custody environment has little advantage in preventing self-injury. The current study will attempt to determine *why* NSW Police detainees injure themselves in custody in order to ascertain the extent to which this behaviour is situation-specific. The findings of this study will be important in guiding NSW Police custody practices, and understanding individual responses to stress, particularly that imposed by societal sanctions.

However, it is evident that not all detainees respond to being taken into police custody with self-injurious behaviours. Unavailability of data on behavioural characteristics of the general police detainee population has limited the completeness of understanding on this topic, and the relevance of preventative screening techniques employed by police officers. It is recommended that further research attempt to establish such a baseline.

In the first chapter of this study, the topic of self-injury is introduced with a description of how it relates (or does not) to completed and attempted suicide, including characteristics of behaviours and individuals. Research in the open community is examined, discussing methodological considerations and the prevalence of self-injury and suicide in this environment. Reasons for self-injury provided by individuals who engage in this behaviour, along with sociological, psychological and hybrid theories relating to suicide and self-harm, are also studied. The prison environment is briefly described, and the literature on suicide and self-harm on incarcerated inmates is debated from theoretical and practical perspectives. This treatment identifies further limitations and strengths of the theoretical and empirical literature on the open community population.

Police custody presents different circumstances and requires specific preventative mechanisms for the individual who self-harms compared to prison custody and so it is discussed separately in the second chapter (Hayes 1994; Hayes & Blaauw 1997; Ingram & Johnson 1998; Leigh, Ingram & Johnson 1998). As the focus of the current study is on detainees in NSW Police custody, literature and procedures relevant to this environment are discussed in more depth. This chapter details the processes that lead to detention, providing a greater understanding of the potential emotional and psychological effects of police custody on an individual who may be in a vulnerable state. The few studies that have investigated self-injury in police custody are also examined

in this chapter, and highlight difficulties in comparisons across studies due to definitions and methodological concerns.

The third chapter briefly overviews the strengths and limitations of previous research, and the influence this has had on the design and focus of the current study in ensuring the definition of self-harm is consistent and sampling bias is reduced. The initial research design is discussed along with the ethical and practical concerns that led to the current study methodology. Research design is described in detail including a basic comparison of the two data sources used to determine implications for the analysis. This chapter also outlines the expected findings from the data analyses relating to whether self-injury in police custody differs in behavioural characteristics and/or motivators from that in prisons and the open community. Data collection also permits examination of the reliability of external observer interpretations of self-harm in understanding this behaviour.

Data analyses in the fourth chapter describe the information collected in the study in relation to characteristics of the detainees and incidents they were involved in. Significant findings in the data have then been further detailed, to provide a basis for practical, theoretical and empirical discussions in chapter five. Answers to research questions raised in the first three chapters are considered in identifying interactions between both data sources.

The fifth chapter discusses the theoretical and practical implications of the findings from the data analysis. This relates to the personal and

behavioural characteristics of the incidents of self-injury, but more importantly to the explanations provided. Contrasts are conducted between the explanations provided by the individuals involved, and external observers. Implications are discussed for the current understanding of self-injury, and even attempted suicide, research and theory, as well as the management of self-harming individuals in police custody.

Theoretical and empirical findings and implications are summed up in the final chapter in relation to the expected findings outlined in chapter three. The conclusions detail the insights and inroads made by this study into comprehending the impact of police custody on the individual, and their responses to this stressor through the use of self-harm.

# 1. LITERATURE REVIEW

In this chapter the topic of self-injury and how it relates (or does not) to completed and attempted suicide will be presented. The first section discusses research in the open community, including limitations to research and the prevalence of self-injury and suicide in this environment. This section also describes individuals who engage in self-harm in the open community.

The second section examines reasons for self-injury, including those provided by individuals in the open community who engage in this behaviour, as well as sociological, psychological and hybrid theories relating to suicide and self-harm. This examination further identifies limitations and strengths of the theoretical and empirical literature on the open community population.

Overlapping characteristics of individuals engaging in self-injury in the open community with those in the forensic population raised in the second section will be examined in the third. The prison environment is briefly described, and the literature on suicide and self-harm in this environment examined from theoretical and practical perspectives.

## Introduction

Since the 1960's, social scientists have attempted to comprehend that an individual would inflict sometimes extremely intricate and dangerous injuries upon themselves in a manner that does not threaten their life (Strong 1998).

Studies aimed at finding patterns in the people who engage in this self-harm behaviour, and the acts themselves, have been inconclusive (e.g. Hassan 1995). However, when defined in this way, it has been determined that this behaviour differs from self-inflicted injuries that do, or are intended to, result in death (i.e. suicide and attempted suicide). Much behaviour can bring harm to oneself, such as the recreational use of licit and illicit drugs, tattooing, and dangerous driving practices (Hayes & Blaauw 1997; Prison Reform Trust 1997). Self-harm in this study will relate only to those behaviours where the *primary* intention was specifically to cause *injury* to oneself, and not death.

The terms 'self-harm' and 'self-injury' will be used interchangeably to indicate actions in accordance with this definition. Some research (e.g., Power & Spencer 1987) examines behaviour more accurately described as 'attempted suicide' and this term will be employed where relevant in detailing those studies. The latter term carries with it the implication that this behaviour was a failed effort to occasion death. The importance of this distinction will become clear below.

This thesis will examine the prevalence, types, reasons for, and individuals who engage in self-injurious behaviours in the open community and forensic populations. Overlaps become apparent with individuals and precipitants commonly found in the forensic population, and self-harm has been found at significantly higher levels in persons in this environment.

## **The Open Community**

For the purposes of this study, the 'open community' will refer to an unrestricted potential sample of individuals in free society. Referred to as the 'general population' by demographers, this has sociological implications that it is hoped the chosen terminology will avoid. It is also intended to indicate a population separate from that in forensic custody. Studies using random samples from this environment can be used to establish 'baseline' levels of phenomena in society. For this reason, the examination of self-injurious behaviours will begin with studies conducted using samples from outside of the forensic population.

## **Research Considerations**

Definitions are extremely important when conducting studies of self-injurious behaviour to avoid imposing biases that are not appropriate for the actions captured in the sample. The definition used will also impact upon the sample selection and vice versa. For example, studies using random samples of the open community provide an opportunity for individuals to anonymously self-identify as a 'self-harmer' regardless of whether they have received any treatment (e.g. Meltzer *et al* 2002). This establishes comparative baselines for prevalence and characteristics, which can then be used to determine whether particular groups, such as those in some form of custody, are more prone to this behaviour than others. Gaining an unbiased and more detailed picture

including potential precipitants can assist in treatment, management and prevention.

At the basis of difficulties in obtaining a clear picture of self-harm are the two schools of thought that direct research. The *continuum* approach conceptualises self-destructive behaviour on a continuum of suicidal intent with minor self-injury at one end and successful suicide at the other (Morgan 1990 cited in Howard League 1999). This implies that some form of intention to end life accompanies all self-inflicted damage to the individual. The *coping mechanism* approach considers self-harm to be separate to suicide in that, although maladaptive, it acts as a relief from intense psychological and emotional turmoil, and contains no intention to die. Those who engage in self-injury also share this view, and some even report that relief gained actually keeps them from wanting to suicide (e.g. Liebling 1992).

Researchers using the continuum approach combine self-harm and suicide attempts in analysis, suggesting that there is no particular difference between the two behaviours (e.g. Routley & Ozanne-Smith 1992). However, findings indicate that basic characteristics such as age and gender, and particularly methodology, differ between those who engage in attempts at or completed suicide and those who self-harm. For example, suicides by males are usually completed by violent methods such as hanging and carbon monoxide poisoning, while females commonly use hanging and drug ingestion (Healey 2002). Attempted overdoses by females are also more likely

to be a failed suicide (Routley & Ozanne-Smith 1992). On the other hand, when self-harm and attempted suicide are separated, it becomes evident that the large majority of reported self-injuries involve lacerations of the arms and wrists (Howard League 1999). Thus, applying findings from these studies following a continuum definition to self-injury can create confusion in the management and prevention of this behaviour.

Using methods with relatively low lethality (such as cutting), self-injury is quite often perceived by outside observers as a 'cry for help' or, more likely, a plea for attention (Howard League 1999). External perceptions of the behaviour accord with continuum theory where the individual is in emotional pain that they would like to end, and that without help they will complete suicide. In fact, the self-injurer may actually be achieving desired objectives with a non-fatal act that produces physical pain and reduces the experience of their emotional upset. Relying solely on the opinions of others when attempting to identify motivations in self-destructive behaviours is unreliable and should not be attempted, and it is recommended that judgement be reserved on the type of behaviour until the individual can be interviewed. An aim of this study will be to examine both individual's reasons as well as those supposed by outside observers to further illustrate this, and assign terminology once motivations have been ascertained.

A further complication to research on self-harm is that this behaviour is usually conducted in relative secrecy and rarely requires medical attention,

making identification of this group difficult for researchers (Morgan 1990 cited in Howard League 1999). The use of random community samples is useful in detecting these individuals, however studies that survey patients at accident and emergency departments will presumably include near-fatal injuries, and caution should be used in the generalisation of such findings.

For example, Routley & Ozanne-Smith (1992) examined cases of intentional injury presenting to Melbourne hospitals between 1986 and 1991. The definition included cases occurring through intentional violence such as fights, child abuse, assault, and self-harm. Of children 14 years and under, one quarter of incidents were self-inflicted, with drug ingestion using sedatives and analgesics the most common method (87%). Just under one third (30%) of intentional injuries to adults were self-inflicted, also mostly (83%) accounted for by poisoning using sedatives. Three quarters of self-inflicted injuries to adults were considered attempts at suicide. This accords with findings that this method is commonly used in completed suicides.

Similarly, a UK study of over 60 000 people aged 12-24 reporting to accident and emergency departments in 1996/7 for self-inflicted injuries found that more than 80% of cases involved overdoses (Thomas Coram Research Unit 1998). These studies and others (McIntosh 1992) report a high prevalence of drug ingestion in self-injuries and suicide attempts, a behaviour that is likely to require medical attention.

In contrast, research based on the coping mechanism approach, and using random open community samples has found other methods more prevalent. A study (Hawton *et al* 2002) of more than 5 000 15-16 year old school children in the UK found that 13% of those surveyed had ever self-harmed, and 9% had done so in the past year. Cutting was the most prevalent method of self-harm (65%) followed by poisoning (31%), with more than half (55%) engaging in multiple methods. The low proportion of hospital presentations (13%), considered with the high proportion of incidents using cutting, support this method as the most prevalent in self-injurious behaviour, and that it rarely requires medical treatment. Studies in Australia also support this (Dear, Thomson, Hall & Howells 1998; Eyland, Corben & Barton 1997).

Another study of the open community in Great Britain found that 15% of 16-74 year olds had considered suicide, 4% had attempted suicide, and 2% had deliberately harmed themselves without suicidal intent (Meltzer, Lader, Corbin, Singleton, Jenkins & Brugha 2002). Methods used for self-harm, indicated that 63% used cutting, 14% swallowed an object, 6% burned themselves and 32% used other methods.

The two examples of studies conducted according to continuum theory (i.e. Routley & Ozanne-Smith 1992 and Thomas Coram Research Unit 1998) were based on patients seeking medical attention, and found a high incidence of injury inflicted through drug ingestion. In contrast, the Hawton *et al* (2002), and Meltzer *et al* (2002), studies used random open community samples and

found cutting to be the most prevalent method of self-injury, and that it rarely required medical attention. The differences between the findings in these studies can largely be explained by theoretical persuasions and sampling methods. Indeed, it would appear that two separate behaviours are being studied. Arguments exist for and against each theoretical approach, however, in this study the aim will be to find reasons behind certain behaviours and determine their intention within the police custody environment. With a finite detainee population, it is possible to use all cases of self-injury available, thereby removing potential sampling biases.

### **Prevalence**

Despite the differences between suicide (or attempted suicide) and self-harm described above, some clues as to prevalence of self-injury are evident if suicide and self-harm indicators across the open community are carefully merged. The proximity of suicidal behaviour to self-injury in theory dictates that it must be examined to determine similarities and differences that are relevant in prevention, management and treatment, as well as comprehending the phenomenon of self-harm.

In 1998, 2 683 suicides were registered in Australia (Steenkamp & Harrison 2000), accounting for 2% of all deaths, and 34% of all deaths by external causes. The crude annual suicide rate in Australia in this year was 14.3 per 100 000 population.

The Australian Hospital Statistics database maintained by the Australian Institute of Health and Welfare (AIHW) recorded 25 120 episodes of hospitalised self-harm in the 1997/8 financial year (Steenkamp & Harrison 2000). This translated to a crude annual rate of 134.9 per 100 000 population, and accounted for 0.5% of all hospital separations in this period. Concerns raised above in the use of hospital statistics to measure self-harm defined as an action to cause injury and not death should be kept in mind when considering this data.

Given the numbers from AIHW data (Steenkamp & Harrison 2000), it can be surmised that for every suicide, approximately 10 people require hospital treatment for a self-inflicted injury. E.g.

$$\frac{2683}{25120} = \frac{1}{10.7}$$

The Hawton *et al* study (2002) found that of those who had self-injured in the past year, only 13% resulted in a hospital visit, suggesting that hospital presentations may indicate approximately one tenth of actual prevalence. The above statement that for every suicide, around 10 people require hospital treatment for a self-injury may then be further expanded to include that around one in ten self-injuries require hospital treatment. Thus, for every suicide, it is estimated that 100 people self-injure with 10 of those requiring medical treatment. Which proportion of these are an attempt at suicide cannot be determined without interviewing the individuals involved.

## **Individuals Engaging in Self-Harm**

One of the first major studies into self-harm in Australia produced findings and recommendations that have been consistently replicated in this field, yet the prevalence of suicide and self-injury has continued to rise. The high number of suicides in Brisbane in 1965 (n=162) prompted investigation, as the rate of 23.9 per 100 000 population exceeded the state rate of 18.8 per 100 000, and the national rate of 15 per 100 000 (in 1964) (Edwards & Whitlock 1968a; Edwards & Whitlock 1968b). Concurrently, although suicides had remained relatively stable for a number of years, attempted suicides (as measured by hospital presentations) had increased by 70% in Melbourne between 1959 and 1964, and 41% nationally in this period.

Over the one-year Brisbane survey, 680 cases of attempted suicide were presented to hospital or private practice with a male-female ratio of 1:2.5, compared to 1:0.9 for completed suicides. More than 30 years later, 1998 data (see Table 1.1) indicates that proportionately more males presented for attempted suicide (e.g. 0.7:1), and far more also completed suicide (e.g. 4:1). Three quarters of attempted suicide patients in 1965 were less than 40 years of age and almost the same amount of those completing suicide were over 40 years old. In the 1998 data below (see Table 1.1), it is evident that this age pattern has changed with significantly more persons under 40 completing suicide. This has also been supported in other studies (Hassan 1995).

**Table 1.1 Counts (percentages) of individuals presenting to hospital for self-inflicted injury<sup>1</sup>, and suicide**

	SUICIDE (1998)			SELF-INJURY <sup>1</sup> (1997/8)		
	Male	Female	Total	Male	Female	Total
<b>10-19</b>	122 (6)	36 (7)	158 (6)	1056 (10)	2459 (17)	3515 (14)
<b>20-24</b>	248 (12)	47 (9)	295 (11)	1559 (15)	2110 (15)	3669 (15)
<b>25-29</b>	314 (15)	56 (11)	370 (14)	1684 (16)	2050 (14)	3734 (15)
<b>30-34</b>	277 (13)	53 (10)	330 (12)	1646 (15)	1731 (12)	3377 (13)
<b>35-39</b>	273 (13)	77 (14)	350 (13)	1354 (13)	1881 (13)	3235 (13)
<b>40-44</b>	206 (10)	58 (11)	264 (10)	1123 (10)	1526 (11)	2649 (11)
<b>45-49</b>	167 (8)	33 (6)	200 (7)	804 (8)	1009 (7)	1813 (7)
<b>50-54</b>	147 (7)	39 (7)	186 (7)	508 (5)	649 (5)	1157 (5)
<b>55+</b>	396 (18)	133 (25)	529 (20)	964 (9)	987 (7)	1951 (8)
<b>Total</b>	2150 (100)	533 <sup>2</sup> (100)	2683	10698 (100)	14402 (100)	25120 <sup>3</sup>

Source: Steenkamp & Harrison 2000. Notes: <sup>1</sup> as defined by AIHW as hospital separations for self-inflicted injuries in accordance with the continuum approach; <sup>2</sup> includes one case where age was not identified; <sup>3</sup> includes 19 cases involving persons under 10 years of age and 1 case where age or gender were not available.

While self-injury (as defined by the AIHW) is more common in females (see Table 1.1), Australian (Routley & Ozanne-Smith 1992; Steenkamp & Harrison 2000) and UK (Hawton *et al* 2002; Thomas Coram Research Unit 1998) research has found that the proportion of males engaging in the behaviour increases with age. As seen in Table 1.1, female self-injury largely concentrates in the 10-29 year age groups, while for males the behaviour peaks at 20-34 (Steenkamp & Harrison 2000).

The age/gender interaction is further supported by evidence from the UK where the open community were surveyed in relation to self-destructive behaviours (i.e. suicidal thoughts, suicide attempts and self-harm) (Meltzer *et al* 2002). The following (see Table 1.2) proportional differences were found

between the three groups, and their 'non-self-destructive' counterparts (i.e. 'no' columns):

**Table 1.2 Characteristics of individuals reporting self-destructive behaviours (%)**

	SUICIDAL THOUGHTS		SUICIDE ATTEMPTS		SELF-HARM <sup>1</sup>	
	Yes	No	Yes	No	Yes	No
<b>Male</b>	43	51	40	50	43	50
<b>Female</b>	57	49	60	50	57	50
<b>16-24</b>	17	14	17	15	33	14
<b>25-34</b>	25	20	28	20	34	20
<b>35-44</b>	24	20	24	21	20	21
<b>45-54</b>	18	18	18	18	7	18
<b>55-64</b>	11	15	9	14	5	14
<b>65-74</b>	4	13	4	12	1	12

Source: Meltzer *et al* 2002. Notes: <sup>1</sup> Definition follows coping mechanism approach, i.e. a self-inflicted injury not causing death or requiring medical treatment.

The gender ratio evident in Table 1.2 is generally the same across the self-destructive group (i.e., 'yes' columns), although again some differences are evident in the age distribution. Increasingly younger age groups reported being less likely to engage in active self-destructive behaviours. For example, fewer 65-74 year olds reported suicidal thoughts, fewer 55-74 year olds reported suicide attempts, and fewer 45-74 year olds reported self-harm. Interestingly, there were also some differences in age distribution between the self-destructive groups. Approximately half of the suicidal thoughts (49%) and suicide attempts (52%) groups were 25-44 years old. On the other hand, two-thirds of the self-harmers (67%) were 16-34.

Younger persons are consistently more likely to engage in self-harm (or attempted suicide), and this has a number of possible explanations. Self-harm

maybe something that is 'grown out of' as more adaptive coping strategies are learned in adulthood (Howard League 1999). Adolescents may first use self-harm as a method to draw attention to themselves that they have learned from the media, family or peers. As they mature and gain more experience in managing stressors and obtaining support, the individual may begin to use more conventional coping strategies.

Another explanation for the age distribution is that younger persons may progress from attempts to successful suicide (Morgan 1990 cited in Howard League 1999). For example, in the Thomas Coram Research Unit (1998) study, almost 60% of the 20-24 year olds had previously harmed themselves, while only 20% of 12-15 year olds had done so. This raises concerns that 80% of 12-15 year olds who injure themselves do so seriously enough to require hospital treatment on their first attempt, highlighting the dangers of this behaviour. Rising suicide rates in young persons in the last ten years (Steenkamp & Harrison 2000) may provide further evidence for this proposition.

Young people are generally more impulsive than adults (Morgan 1990 cited in Howard League 1999), permitting greater suggestibility of behaviours to occur. For example, the Hawton *et al* (2002) study found that awareness of peers who had recently self-harmed was the strongest binary factor in own self-harm. The media and particularly stories of celebrities who engage in self-

injury, or in suicide, also has been shown to influence 'fads' or clustering of this behaviour (Auseinetter 2002).

Other gender and age differences in relation to suicide and self-harm will become apparent in an examination of the theories, precipitants and causes of these behaviours. Due to difficulties in identifying individuals who engage in self-harm, no longitudinal studies have yet been undertaken to determine sociological and psychological indicators and predictors. However, studies have found higher than expected reports of drug and alcohol use, mental and physical illness and social disadvantage such as unemployment, poor social support and living in local authority care in individuals presenting with suicide attempts (Edwards & Whitlock 1968a; Edwards & Whitlock 1968b; Hassan 1995; Routley & Ozanne-Smith 1992; Steenkamp & Harrison 2000; Thomas Coram Research Unit 1998). Further research is also required to determine if self-injurious behaviour is more prevalent after social disruptions, such as economic depressions or upturns, and particularly given the current international political environment.

### **Reasons for Self-Injury**

Two distinct doctrines have attempted to explain suicide or self-destructive behaviour since the beginning of the twentieth century, with the main debate centring on whether the cause is located in social or individual pathology (Leenaars 2003). As such, sociological and psychological perspectives have

created typologies of completed suicides based on perceived motivators and precipitants (e.g. Durkheim 1951). However, these have rarely been supported in any practical sense and subtypes are often cited which detail a combination of the original typology. This may partly be due to researchers studying non-fatal self-destructive behaviour and claiming to understand completed suicide (Maris 1992a).

Similarly, the majority of empirical research in the field of suicide and self-harm has been insulated from theoretical implications, focusing instead on prevalence, prevention and management (e.g. Liebling 1992). Most studies have attempted to determine a predictive profile of individuals prone to self-destructive behaviours based on personal characteristics and social conditions. This has not yet been accomplished and is slowly being abandoned by researchers.

Despite obvious differences between suicidal behaviour and self-injury, including those described above, it is necessary to understand the theoretical and empirical research and thought on suicide. This provides insight into social and psychological impacts on individual experience and behaviour.

### **The Sociology of Suicide**

Numerous theories exist within the sociological doctrine, all of which provide variations on the social elements that lead to suicide. In particular, Lester (1992) identifies:

- *Culture Deviance theory.* Subcultures exist within societies that have different attitudes and values that may condone suicide. For example, suicide rates are higher both in Hungary, and also in Hungarian immigrants to other countries. This suggests that a subculture may exist in which suicide is more accepted.
- *Strain theories.* Some individuals have difficulty meeting culturally approved goals using socially acceptable means, producing negative emotions. The frustration, anger and despair commonly experienced by this group of individuals is common also to those who contemplate suicide.
- *Social Reaction theory.* When individuals are labelled by society, they are able to react by either rejecting or accepting the role. It is claimed that by educating or treating individuals who are suicidal, they may actually learn how to proceed with their actions.
- *Social Conflict theory.* Where one social group oppresses another, suicide can result. Power balances in relationships are claimed to lead some dominated social groups to be more likely to suicide. However, gender biases in society would suggest that females are more likely to suicide, and this has not been found.

While the theories listed above considered suicide, Emile Durkheim specifically addressed the topic from within his theoretical perspective. Beginning from a belief in *causal social theory*, Durkheim claimed that the moral state of society was evident in the actions of the individual (Durkheim 1951; Hassan 1995; Lester 1992; Lester & Danto 1993; Liebling & Ward 1994; Maris 1992a; Maris 1992b). This suggested that changes in permissions and taboos endorsed by society would be identifiable in the behaviours of individuals and societal reactions to those behaviours. Durkheim acknowledged that individual psychological causes such as melancholy, weariness, apathy and anger were relevant in completed suicides (Maris 1992a; Maris 1992b). However, he claimed that it was only the sociological factors that could explain the variations both in and within suicide due to 'clustering' observed in locales and certain junctures. This may, perhaps, be one of the biggest limitations to the early theorists who did not look to a range of individual and environmental factors combining to lead to suicidal behaviour. Such singular theorising has led to the imprecise and somewhat muddled categorisations of suicides (Hassan 1995).

Durkheim proposed that individuals completed suicide due to extreme levels of social integration and social regulation (Durkheim 1951). Debate still continues as to the definition and interpretation of these two concepts, however, social integration is generally accepted as referring to the stability of social relations within a society, and the strength of the individual's ties to that

society (Durkheim 1951; Hassan 1995). Social regulation is the availability of norms and social rules and the enforcement of these through social ties and formal institutions to control the individual's desires. Integration provides social, or horizontal, restraint, while regulation provides vertical, or normative, restraint on the individual to act in socially acceptable ways (Durkheim 1951; Maris 1992b).

For example, geographical analysis of the Edwards & Whitlock (1968a, 1968b) study showed that an area with high social organization and low social isolation had no attempted suicides. This area provided services and resources that acted as an outlet for frustrations and gave support to socially isolated, vulnerable individuals. These vertical and horizontal restraints available to individuals directly support Durkheim's theory. However, his more specific suicide types are not so easily supported.

Durkheim proposed four 'pure' or 'ideal' types of suicide: egoistic, altruistic, anomic and fatalistic (Durkheim 1951; Hassan 1995; Maris 1992a; Maris 1992b). Egoistic and altruistic suicides are strongly related to social integration, with the former occurring when the individual becomes isolated and experiences weak social assimilation. This is predicted within families, religions and politics where the individual is left to exist using their own resources and becomes apathetic. An altruistic suicide, on the other hand, results when the individual becomes so socially integrated that they lose any autonomous existence and actively end their life. This type of suicide is

thought to occur among soldiers in combat situations and religious/political martyrs where the basis for existence is thought to be beyond life.

Anomic and fatalistic suicides relate to social regulation at extreme levels (Durkheim 1951; Hassan 1995; Maris 1992b). Sudden change where society is incapable of providing restraint over an individual's desires is claimed to lead to anomic suicide. Anomie literally means 'without norms' and this situation can arise after major economic or social disruption, or even more individual circumstances such as divorce or death of a spouse. Fatalistic suicide can occur where there is excessive regulation that prevents the individual from having or exercising personal freedom or control. This type of suicide is more common among slaves, married women without children, very young husbands and prisoners. As these 'pure' types of suicide are very rare, six subtypes were also developed that pair the four main types with each other.

Henry and Short developed *social control theory*, which held that the amount of constraint or restraint a society places upon a person's behaviour will determine causes for suicide (Lester 1992; Lester & Danto 1993). For example, having external sources of control to blame for negative circumstances can lead to outwardly expressed emotions, perhaps ending in violence to others. The opposite would occur when the sources of negative circumstances were internal, for example, when the restraint on behaviour comes from the individual rather than society. In almost direct contrast,

*containment theory* actually looks at psychological inhibitors of suicidal behaviour, sometimes called 'protective factors' (Lester 1992). These are internal to the individual and include a positive self-image, high frustration tolerance, strong ego strength, low impulsivity and an internal locus of control.

### **The Psychology of Suicide**

Psychological theories of suicide reinforce the complexity of determinants within and between individuals for this behaviour (Hassan 1995). However, a common point for all of these theories is the assumption that the individual is resolving emotional suffering by choosing to suicide (Crighton 1997). Most psychologists support variations on a theme of individuals experiencing mental pain seeking to solve their problems by ceasing consciousness. Often after frustration of needs, the individual becomes help- or hopeless and develops a constricted view of the solution to their difficulties. The actual choice of suicide is a result of long-term patterns of coping mechanisms commonly involving aggression toward others (Crighton 1997).

This pathway can occur as a response to any of the needs described in Maslow's hierarchy being thwarted (Cloninger 1996). Maslow claimed that from the base levels there are physiological needs such as nourishment, sex and sleep; safety needs including physical and emotional safety, largely increased through familiarity. Love and belongingness needs derive from

interpersonal relationships and social ties, and esteem needs come from the individual earning and maintaining the respect of others through their own abilities and achievements. The highest need for the individual is self-actualisation, which is the fulfilment of potential. Should any of these needs be unmet, the individual would experience psychological pain. Despite this understanding of suicide in relation to mechanisms, motives and intentions, accurate and universal predictors are still elusive.

A French social philosopher, Jean Baechler began to focus on the personality in his analysis of suicide and suicide attempts in the 1970s (Hassan 1995; Maris 1992b). His argument was that suicide provided a rational solution to existential problems and other particular situations involving psychological pain. To this end, Baechler proposed 11 types of suicide that could fit into four broad categories (Hassan 1995; Maris 1992a; Maris 1992b):

- Escapist
  - Flight
  - Grief
  - Punishment
- Oblative
  - Sacrifice
  - Transfiguration
- Aggressive
  - Vengeance
  - Crime
  - Blackmail
  - Appeal
- Ludic
  - Ordeal
  - Game

A study by Maris (1981 in Maris 1992b) found that almost three quarters of suicides in his sample accorded with the escapist category. This included escape from physical illness or ailment, failure, shame, pain, loss and so forth.

These suicides generally allow the individual to take leave from an intolerable situation possibly involving grief or guilt. This type of suicide may be more relevant to older persons, who made up the majority of suicides in the Australian studies cited previously (Edwards & Whitlock 1968a; Edwards & Whitlock 1968b; Steenkamp & Harrison 2000). Also, research has shown that older people who suicide are more likely to be angry or dissatisfied with life than specific people, and be reacting to physical problems and work-related issues (Maris 1992a; Maris 1992c). These findings suggest that the age at which a person completes suicide does not preclude certain needs within Maslow's hierarchy, as they derive from the lowest and highest levels (Cloninger 1996).

Aggressive suicides, found to occur around one-fifth of the time (Maris 1992a; Maris 1992c), usually involve an interpersonal relationship. This type is motivated by such emotions as retribution, manipulation and anger, and is directed at another person(s). Those who complete aggressive suicides are generally younger, complementing evidence that interpersonal and emotional factors are more relevant for this group, who are more likely to be exhibiting anger about a relationship or other person. This underlines claims regarding the thwarting of psychological needs for social support and acceptance according to Maslow's hierarchy (Cloninger 1996).

Oblative suicides are usually motivated by a wish to achieve a value that is greater than the individual's physical life, or a heightened state such as religious martyrdom (Hassan 1995; Maris 1992a). Those who engage in ludic

suicide generally have a desire to 'live life to the fullest' even at risk of death or a shorter life expectancy. These individuals are sensation seekers who are apathetic toward endangering their own lives. For these types, it may be the need for self-actualisation that drives the behaviour leading to suicide (Cloninger 1996).

As a psychoanalyst, Menninger's theories draw strongly from Freud (Bureau of Management Consulting 1981; Hassan 1995; Maris 1992a; Maris 1992b). Menninger claims that suicides are motivated by three emotions, or some combination of them. The first dimension is hate or revenge, otherwise termed a "wish to kill". This emotion is originally directed at another person and then becomes retroflected in the second dimension. Menninger called this "murder in the 180<sup>th</sup> degree" where, through guilt, the individual regresses and feels the need to be punished for harbouring murderous thoughts about loved ones (i.e. a "wish to be killed"). When the ego has been destroyed by guilt and self-hatred, the third dimension of depression or melancholia results. As the individual becomes cognitively restricted and hopeless, they develop a "wish to die."

This paradigm draws heavily on the frustration and anger that can result from interpersonal relationships when needs for safety, love and belongingness, and esteem are not met (Cloninger 1996). Menninger's theory can also be applied to non-fatal suicide attempts, self-mutilation and even ideation (Bureau of Management Consulting 1981; Hassan 1995; Maris 1992a;

Maris 1992b). In this explanation, a part is used as a substitute for the entire body. This was even termed 'focal suicide' as the suicidal impulse has been re-directed, supporting the notion that a 'continuum' of self-destructive behaviour exists.

The father of personal construct theory, Kelly proposed that each individual has their own personal understanding of reality and the world around them (Bureau of Management Consulting 1981; Shneidman 1992). The individual then engages in validating this construct throughout their life. When Kelly addressed suicide he explained it as occurring under either of two conditions. The first being realism. In this case, the individual is placed in a position where the outcome is predictable according to their construct of the world; the individual then chooses not to wait for the inevitable result. In the second condition, indeterminacy, the individual is unable to foresee the outcome based on their personal construct. The individual is then left with overwhelming unpredictability about their future and abandons the effort to survive or cope.

Most psychological theories draw in some way from the thwarting of needs, resulting in emotional pain that must be resolved (e.g. Cloninger 1996). Suicide then becomes a mechanism for coping with this turmoil for any of the reasons discussed above, such as escape, retribution or guilt.

## Hybrid Theories

While early sociologists and psychologists were reluctant to consider a mixture of disciplines, more recent thinking has embraced the combination of individual and social elements in understanding suicide. An American suicidologist, Shneidman was the first theorist to consider sociological *and* psychological elements. He believed that fundamental to the comprehension of suicide was that the individual was acting to stop an intolerable level of psychological pain (Hassan 1995; Shneidman 1992).

Supporting theories that self-harm is an alternative behaviour to suicide, the majority of youth in Hawton *et al's* (2002, see also Samaritans 2003) study reported that they were trying to relieve intense emotional pain, or were 'screaming without words.' They did not report wanting to suicide, suggesting they had chosen an alternative behaviour to reach the same end. This may be explained as an absence of all six elements that combine to result in suicide according to Shneidman (1992:51-2):

- "A sense of unbearable psychological *pain*, which is directly related to thwarted psychological *needs*.
- Traumatizing *self-denigration*- a self-image that will not include tolerating intense psychological pain.

- A marked *constriction* of the mind and an unrealistic narrowing of life's actions.
- A sense of *isolation*- a feeling of desertion and the loss of support of a significant other.
- An overwhelmingly desperate feeling of *hopelessness*- a sense that nothing effective can be done.
- A conscious decision that *egression*- leaving, exiting, or stopping life- is the *only* (or at least the best possible) solution to the problem of unbearable pain."

It is this sixth element that sets self-injury apart from attempts at suicide (successful or not). This suggests that the individual perceives no mechanism less dramatic than stopping life as being effective in resolving their pain and turmoil. In contrast, individuals who self-harm have repeatedly reported using this behaviour to relieve emotional pain, indicating that this is a coping mechanism available to them that does not require the finality of suicide (e.g. Liebling 1992).

In regard to completed suicides, Shneidman claimed there were three types: 'egotic', 'dyadic' and 'ageneratic' (Hassan 1995; Shneidman 1992). The first is considered a more 'psychological' type of suicide where the individual engages in an intrapsychic debate characterised by a self-denigrating

depression, and a complete focus upon the desolation of oneself. There is no consideration for the welfare of others, and the individual is narrowly focused on themselves and their situation.

Those who complete 'dyadic' suicide are reacting to the emotions or problems between themselves and their significant other (Hassan 1995; Shneidman 1992). While these feelings and situations will vary, this type of suicide can always be considered a statement such as "If only he/she would\_\_\_\_\_". This, along with 'ageneratic' suicide, is a social phenomenon, rather than psychological. In the 'ageneratic' type, the individual is at odds with significant others, and also the rest of society as a group. They are isolated from generations and ancestors, being truly alone in a sociological sense. The importance of generational societies is seen in migrants who maintain their traditional culture and behavioural patterns, and have been found less suicide prone than those who do not (Hassan 1995).

The stress-coping paradigm recognises psychological, sociocultural and biological vulnerabilities experienced by an individual that may ultimately culminate in suicide (Bonner 1992). These factors interact in an extremely complex manner that varies across time, life conditions and individuals. In this paradigm, suicide is not just the act of self-inflicted death; it is the process where maladaptive vulnerabilities interact with environmental conditions and stresses. The individual, unable to cope with certain life events and stressors, over time will reach a psychological 'breaking point'. Once they reach this

point, the individual feels hopeless and is unable to generate or utilise alternative coping mechanisms. The prospect of being unable to cope with and/or resolve stressful situations causes the individual to become desperate and suicide is perceived of as the only option.

Lending support to this theory is the high incidence of mental illness and drug and alcohol dependence in those who attempt suicide, implying that these individuals have an amount of personality and character vulnerability (Edwards & Whitlock 1968a; Edwards & Whitlock 1968b). These weaknesses would make the individual less able to cope with precipitating crises.

In studying the stress-coping paradigm, Lazarus and Folkman (1984 cited in Bonner 1992) have found that social support creates an important 'buffer' to negative life stresses. Receiving social information, emotional support and feedback enables the individual to better cope and problem solve in stressful situations. Without social support, lonely and isolated individuals are more apt to reach psychological breaking point and become suicidal. Indeed, participants in Hawton *et al's* (2002) study who self-harmed reported a smaller perceived support network in comparison to their classmates who did not engage in this behaviour.

Farber (Hassan 1995) further supports this in claiming that when an individual with a psychologically damaged personality faces social privation they are more likely to complete suicide. The interaction of psychological vulnerability and social contingencies are thought to create a level of hope for

survival that, when lower than necessary to cope with stress, can lead to feelings of desperation and hopelessness that will end in suicide without intervention.

While psychological and sociological theories suggest possible causes and pathways to suicide, 'hybrid theories' also consider the point at which the decision is made to suicide. The importance of this factor is shown in 68% of attempts in the Edwards & Whitlock (1968a, 1968b) study being impulsive acts occurring at a point of emotional crisis. Typological theories detailed above can explain potential influences, however, it is the stress-coping paradigm that attempts to describe the specific scenario that stimulates the action. Merging disciplines and empirical research can describe the eventual situation that precipitates suicide, as well as the pathway through which this behaviour becomes an option for some individuals.

### **Theories of Self-Harm**

While the act of suicide has been noted and studied for more than a century, it was not until the 1960s that self-injury received any consistent examination (Strong 1998). An increase in the number of patients presenting to mental health facilities in the US at this time helped psychiatrists realise that this was a different behaviour to suicide attempts. Defining self-injury as the deliberate, direct alteration or destruction of one's own body tissue without intent to die, it can be divided into three main types:

- *Major*. This is usually rare and involves acts such as castration, amputation of limbs, and eye enucleation. Individuals engaging in this level of self-mutilation are more likely to be experiencing psychosis (often drug or alcohol induced) and explain their behaviour in sexual and/or religious themes.
- *Stereotypic*. This form of self-mutilation is generally repetitive, monotonous and often rhythmic. Determining thought content or symbolic meaning in these acts of hitting, self-biting and head banging is all but impossible.
- *Superficial/moderate*. The most common form, this can be further broken down into three subtypes:
  - *Compulsive*. Beginning generally in early adolescence, these acts include scratching the skin, hair pulling and nail biting.
  - *Episodic* and *Repetitive*. Both these types use such acts as burning, carving, piercing and cutting of the skin, interfering with the healing of wounds and breaking bones. As suggested by the names of these subtypes, the difference is in the frequency at which these acts are initiated.

Episodic burning and cutting are the most common of self-injurious behaviours, generally precipitated by real or perceived abandonment or loss (Bureau of Management Consulting 1981; Strong 1998). This behaviour is related to various personality, dissociative, stress and eating disorders, and researchers have also noted poor self-concept and efficacy (Bureau of Management Consulting 1981). Some researchers believe that self-injury is a form of 'self-help' in which the individual receives relief from racing thoughts, increasing anxiety, fluctuating emotions and feelings of depersonalisation (Bureau of Management Consulting 1981; Strong 1998). Some individuals have even reported pleasurable feelings including euphoria after engaging in this behaviour (eg. Strong 1998).

This is supported by behaviourists and learning theorists who see self-injury as a learned behaviour that removes and introduces social or psychological reinforcers such as abuse and upset or attention (Bonner 1992; Bureau of Management Consulting 1981; Lester 1992; Maris 1992c). This behaviour works on positive reinforcement such as affection and support in response to self-injury, and/or negative reinforcement (or 'avoidance'), where the individual avoids further adverse consequences due to the self-harm (eg. Bonner 1992).

Studies showing differences in the age at which individuals engage in self-harm (as defined by this study; e.g. Meltzer *et al* 2002) indicated that the majority was by younger persons. Suicide attempts and completed suicides

were more common among older persons, suggesting that what may begin as a learned behaviour in adolescence may progress to more serious or desperate actions as the individual ages. This supports theories of reward tolerance where stimulation must increase to continue to have the same effect (e.g. Gardner & Lowinson 1991).

Psychoanalytic theory also addresses the purpose of physical stimulation, proposing that the individual regresses to a more primitive level where this is the primary method of satisfaction (Bureau of Management Consulting 1981). This allusion to childlike behaviour corresponds with the idea that the individual is unable to communicate their distress verbally. The self-stimulation hypothesis has a slightly different explanation, claiming that organisms need particular levels of stimulation to function normally (Bureau of Management Consulting 1981; Lester 1992). These two theories are complementary, suggesting that physical stimulation needs may reduce with age, but when the individual is faced with certain stressors they regress to a stage where more physical stimulation is required for emotional stability.

Also from a psychoanalytic viewpoint, the act of self-injury sacrifices a part of the body in order to preserve the whole (Bureau of Management Consulting 1981). Comparisons are drawn with entrapped animals that chew off a limb in order to escape. A slight variation on this theory exists in religious and secular traditions where the individual is seen only as the custodian of

their body. In these episodes of self-injury, the sacrifice of body parts aims to achieve a greater good.

Depersonalisation theory describes situations where the individual is unable to distinguish between themselves and their environment- they have lost their identity (Bureau of Management Consulting 1981; Lester 1992). Thus, some (such as Kafka [Bureau of Management Consulting 1981]) claim that self-injury is an existential statement, and that being able to feel pain reassures the individual that they are a separate entity. However, many 'cutters' report not feeling any pain when they self-harm. It is assumed that the depersonalised individual experiences an altered state of consciousness that includes an amount of anaesthesia. A second conceptual approach to this theory involves the reduction of moral constraints, as the individual sees themselves as an anonymous entity, allowing them to engage in irrational and/or destructive behaviour (Lester 1992).

The reduction of inhibitions may also allow the individual to adopt a 'sick role'. However, this has possible negative consequences where a stigma is attached to the behaviour, and recovery to a healthy identity is made much more difficult. Alternatively, Klapp (1969 cited in Lester 1992) introduced the term "ego screaming" whereby the uninhibited individual attempts to draw attention to themselves. This is generally accomplished by engaging in self-destructive behaviours in public places and/or involving other people.

One of the most consistently supported facets in suicide and particularly self-harm research is the presence of negative experiences in the individual's development (Hawton *et al* 2002; Meltzer *et al* 2002; Routley & Ozanne-Smith 1992; Steenkamp & Harrison 2000; Strong 1998; Thomas Coram Research Unit 1998). For example, studies have found individuals who self-harm have a higher prevalence of:

- Substance abuse
- Interpersonal difficulties including being bullied
- Physical and sexual abuse
- Witnessing destructive and impulsive behaviour in the home (i.e. domestic violence, alcoholism)
- Living with only one parent
- Concerns about sexual orientation
- Physical and/or mental illness

Negative self-perceptions and emotional vulnerabilities can precipitate (and perpetuate) an inability to meet societal and individual expectations or demands, creating conflict (Lester 1992). Similar to the strain theories, this conflict then manifests as anxiety that the individual has less capacity to cope with. Self-mutilation may then be used to communicate distress and receive support. Table 1.3 shows the prevalence of recent difficulties and historical victimisation found in the Meltzer *et al* (2002) study:

**Table 1.3 Characteristics of individuals reporting self-destructive behaviours (%)**

	SUICIDAL THOUGHTS		SUICIDE ATTEMPTS		SELF-HARM	
	Yes	No	Yes	No	Yes	No
<b>Recent difficulties:</b>						
Financial crisis	22	9	25	11	23	11
Police/ court appearance	16	8	25	8	19	9
Seek work >1 month	36	21	44	22	40	23
<b>Historical victimisation:</b>						
Been homeless	12	2	11	4	8	4
Ran away from home	16	3	31	4	30	5
Violence at home	20	4	34	6	29	6
Been expelled from school	5	1	7	2	10	2
Been sexually abused	12	2	20	3	21	3
Been bullied	34	15	40	17	46	17
Relationship problems/ illness/ grief	95	90	98	90	98	91
<b>Mental illness and substance use:</b>						
Neurotic disorder	44	12	56	15	57	16
Psychosis	2	0	6	0	6	0
Alcohol dependence	14	6	16	7	24	7
Drug dependence	10	3	13	3	16	4
<b>Other:</b>						
Severe lack of perceived social support	14	7	19	7	22	8
Sought help afterwards	n.a.	n.a.	52	n.a.	50	n.a.

Source: Meltzer *et al* 2002

Table 1.3 shows substantial differences between those who reported self-destructive behaviour and those who did not (i.e., 'no' columns) on all measures of recent difficulties and most historical victimisation. Recent difficulties were more prevalent among those who had attempted suicide than the other self-destructive groups. Historical victimisation, on the other hand, was more common in the self-harm group. Mental illness and substance use

were also reported more often by those in the self-destructive behaviour group, and particularly those who had self-harmed.

Long patterns of negative experiences may cause the individual to be more psychologically vulnerable and more easily reach emotional 'breaking point', as suggested in the stress-coping paradigm (Bonner 1992). Combined with the information that those who self-harm are usually in a younger age group (Meltzer *et al* 2002), this may suggest that adaptive coping strategies had not been developed at the first stressful event. Hawton *et al's* (2002) study found that 15-16 year olds who self-harmed experienced more life events and problems than other teenagers, and were more likely to use negative coping strategies such as getting angry, isolating and blaming themselves, or using alcohol.

The research and theory suggests, in accordance with learning theory, self-injury may become a known mechanism to help the vulnerable individual cope with stressors (e.g. Bonner 1992). However, in the face of further difficulties as an adult, more dangerous action may be required to receive the same response from others, perceived as suicide attempts. Alternatively, self-injury may cease to become effective as a strategy for coping with continued stress and suicide is considered. This supports claims detailed earlier that suicide and self-harm may actually present different options for the vulnerable individual faced with long patterns of stress.

Table 1.3 above, Australian and other UK research (e.g. Beikoff 2000; Waller 1993) indicate that a large number of individuals engaging in self-destructive behaviours will have had some contact with police or legal authorities. Examining other characteristics of this group show some unmistakable overlaps:

- Mental illness
- Low socio-economic status
- Low social support
- Low education level
- Alcohol/drug use
- Abusive/violent background

An examination of suicides in the general community in the late 1980s showed that those at greatest risk were also at greatest risk of imprisonment (Liebling 1992). The criminal justice system incarcerated those with the least chance of 'succeeding' and living law-abiding lives, thereby increasingly placing the most vulnerable individuals in the same physical space.

## **The Forensic Population**

While acknowledging the higher rates of suicide in the custodial environment, researchers have pointed out the fewer opportunities to disguise self-inflicted deaths in prison (Burtch & Ericson 1979). For example, motor vehicle accidents

and overdoses classified as accidents in the open community may actually be suicides. Inmates do not have access to these methods and so may be forced to use less ambiguous ways to end their life, thereby inflating suicide rates.

The restrictions on suicide methods and materials, such as firearms and motor vehicles in prison actually create protective factors that do not exist in the open community (Biles 1994; Bonner 1992). Other protective factors in prison are the almost constant monitoring and supervision by staff and other inmates, and the social support from the inmate subculture.

Risk factors specific to the custody environment are also created when the individual enters prison. The inmate experiences an extreme loss of autonomy, they are often unsure of their future and are isolated from family and significant others. The combination of these risk and protective factors in custody with the perceived secrecy of what occurs within it, can leave officials open to blame through 'lack of care' coroner verdicts when a death occurs (Biles 1994; Bonner 1992; Liebling & Ward 1994). In such a highly regulated environment outside observers, such as the public, consider all potentially dangerous behaviours to be preventable.

In an autobiography, a retired prison warden presented his theory of motivations for suicide in prisons in the early 1900s (Esparza 1972). He believed it was related to craving curiosity, an attempt to gain sympathy for favours, instinctual imitation, a wicked desire to alarm others, and a level of abnormality brought about through destructive actions. Widespread attitudes

such as this one suggesting the behaviour is the action of a manipulative individual, may explain why prison suicide received minimal attention in the United States, where the majority of research was only conducted on small samples in the 1970s. On the other hand, extensive research into suicide and self-harm in custodial environments has occurred in the United Kingdom (e.g. Liebling 1992; Liebling & Krarup 1993; Tumim 1990). Australian research has looked at this topic intermittently, but concentrated in the late 1980s and early 1990s in response to the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) (e.g. Biles 1994; Victorian Correctional Services Task Force 1999; Waller 1993).

While the problem of deaths in custody, particularly by suicide, was recognised in Australia since the early 1980s, it was not until the situation became acute that greater scrutiny was applied (Biles 1994). Pressure was applied from 1983 onwards for the Royal Commission as it was claimed that Aboriginals were dying in custody disproportionate to their incarceration rate. (Grabosky, Scandia, Hazlehurst & Wilson 1988). The high media profile given to these claims helped lead to the Royal Commission. The RCIADIC investigated the deaths of 99 persons in prison and police custody between 1980 and April 1988. The findings were that while Indigenous Australians made up 1.5% of the national population in 1986, this subgroup accounted for 15% of the incarcerated population in 1987 and 24% of deaths in custody in the study period. Aboriginals made up an even greater proportion of police

detainees and the majority of their deaths occurred in police custody (77% of deaths in 1987). Thus, the death rate in custody did not exceed that of non-Aboriginals due to this baseline overrepresentation, especially for minor offences.

Almost all of the 339 recommendations coming out of the Royal Commission were adopted, making Australia the country to have implemented the most changes to prevent custodial suicides in the world (Harding 1992). These changes have included the provision of more alternatives to taking individuals into custody, a review of the architecture of holding areas and specialist training of 'custody officers'. The enduring impact of the RCIADIC has been the continued focus by researchers and prison services on suicide and self-injuries in prison. Monitoring of suicide in custody indicates a reduction of incidents, suggesting that changes made after the Royal Commission have been effective (McCall 2004). Determining whether self-harm or failed suicides (i.e. suicide attempts) have subsequently increased is difficult due to poor measurement prior to 1987.

The following section will investigate the prison environment and characteristics of inmates who suicide or self-harm, and their behaviour. Police custody will be discussed in the next chapter.

## **The Prison Environment**

Induction into prison brings with it social and personal deprivations in addition to those intended by the justice system (Bonner 1992; Bureau of Management Consulting 1981; Liebling & Ward 1994). Apart from the expected loss of liberty and goods and services, prisoners are deprived of autonomy and, somewhat paradoxically, physical and emotional security (Bureau of Management Consulting 1981). Added to this is the loss of individual control over the environment and outcomes, leading to an undermining of self-image and self-efficacy.

Prisoners may also be experiencing guilt and embarrassment, have lost support from familial and social networks, and fear the unknown as they enter a stark and uninviting physical environment (Bonner 1992). Once inside, additional pressures arise, including conflicts with other inmates, legal issues, victimisation, and emotional and physical breakdown. This may be helped or exacerbated by the inmate subculture, depending on social acceptance by other prisoners (Livingston & Beck 1997). If included, the inmate receives support and protection, however exclusion can lead to harsh treatment and victimisation. However, acceptance into the subculture has its dangers where the inmate may experience further integration through the 'us and them' mentality, which prevents a vulnerable individual from seeking help from custodial staff.

Research has shown that the prison population is more likely to experience (Bonner 1992):

- Substance abuse problems
- A history of suicidal behaviour
- Psychiatric illness
- Marital difficulties, and
- Reduced problem solving ability

These factors automatically create a level of vulnerability greater than that found in the average person in the open community. The hostile prison environment then provides further stressors on an individual already having difficulty coping.

### **Suicide in Prison**

Long ago Durkheim vaguely outlined the effects of prison and the inmate subculture on the eventuation of suicide with his concepts of social regulation and integration (Durkheim 1951). Prison provides a fertile environment for the more rare types of Durkheimian suicide: altruistic and fatalistic, with high social integration and regulation within the prison. Although the inmate is isolated from society as a whole, they are integrated into the prison population. The prisoner ceases to be an individual in their environment and their identity is lost.

Few theoretical studies have been completed on prison suicides, however two major directions have developed from sociology in the debate over its causes, prevention and management in custodial environments (Hassan 1995).

*Deprivation theory* states that the experience and structure of the custodial environment triggers suicide regardless of the risk factors an individual enters the system with.

For example, prompted by a spate of suicides in a Scottish young offender institution in the early 1980s, departmental investigations focused on the procedures and physical environment inherent in the prison system (e.g., Bonner 1992; Hennessy 1984; Prison Reform Trust 1997; Tumim 1990). As a result, administrative and management procedures were improved, staff training in the identification and prevention of suicidal behaviour was increased, and more clearly defined processes were outlined in the treatment of prisoners, their relatives and custodial staff. More broadly, a culture change was effected in the care and treatment of all prisoners, encouraging better interpersonal relationships between staff and inmates (Inch, Rowlands & Soliman 1995; Shaw & Coles 1998; Tumim 1990). This attempted to reduce the harsh impact of the prison environment, which would hopefully decrease suicide rates. No attention was paid to the vulnerabilities or concerns of inmates as the responsibility for the deaths was considered to be the deprivations enacted through the process of incarceration.

These studies discussed above have consistently found individuals in the forensic population to be among the most vulnerable in society. Research on suicides in custody began by looking at records of individuals who had completed suicide in prison so as to develop a profile based on physical and social characteristics (e.g. Tumim 1990). Although this approach was almost immediately determined irrelevant in these circumstances, authors continued to try and find the single indicator, or set of indicators, that would identify those at greatest risk of suicide (e.g. Liebling 1992). The most conclusive findings of these studies were that, based on baseline socio-demographic and mental health factors in community studies, all inmates were at risk of suicide. This finding accords with *importation theory*, that claims individuals are already vulnerable to suicide in the wider community and the prison experience has little impact on their risk levels (Hassan 1995). However, it should be recalled that the use of administrative files is fraught with difficulty due to varying quantities and quality of information, there being few opportunities to perceive individual differences in the prison experience.

A literature review in Canada suggested that all institutional settings (including university dormitories and old age homes) had higher incidences of suicide and self-inflicted injury (Bureau of Management Consulting 1981). This suggested that it is not specifically the prison experience, but forced social integration that may have the largest impact. The studies approached the behaviours from psychological theories suggesting internally sourced and

individual-based conflicts, and also from behavioural perspectives, citing reinforcement and learning as perpetuating factors. Yet, interestingly, when addressing these behaviours in the penal setting, the authors sought answers in administrative and procedural responses. More individualistic and supportive procedures were ignored due to the theoretical underpinnings of prisons as places of punishment above all else.

Despite the claims of deprivation and importation theories, separating the effects of the prison environment and pre-existing vulnerabilities is not possible either theoretically or practically. As made clear by Kelly, an individual's personal construct of the world will influence how they experience and respond to different environments (Bureau of Management Consulting 1981). Importation and deprivation theories are ultimately asking the researcher or theorist to separate individual factors from the environment and this cannot be accomplished.

Sattar's (2001) study partly addresses this issue; where an ex-prisoner cohort was followed to assess likelihood of suicide following a return to the open community. This study demonstrated that although lower than for inmates, ex-prisoners had a suicide rate higher than the open community. This still remains inconclusive as to whether vulnerabilities developed through the life path of individuals will cause them to be more prone to suicide in prison, or whether being placed in prison would increase the risk of suicide for anyone, regardless of their resilience. Or indeed, whether these vulnerabilities

make individuals more likely to be sent to prison through their maladaptive behaviours bringing attention to them.

More recent theories and research on suicide in custody have recognised the interaction effect of certain personal vulnerabilities and the custodial environment (e.g. Bogue & Power 1995; Bonner 1992; Crighton & Towl 1997; Sattar 2001). These initial studies attempted to provide a profile of at-risk inmates focusing on socio-demographic and criminal history variables as well as prison-specific factors such as time served, sentence length, time of incident and methodology.

For example, in the 1970s, there were relatively few suicides in NSW correctional centres. However a sudden jump to 9 suicides in 1983/4 was soon followed by the advent of 10 more deaths by suicide in 1987/8 (Waller 1993). This coincided with an increase in prison suicides being experienced by the international community (e.g. Kleinjan & de Smidt 1992). In 1993, Waller analysed information for 22 suicides in NSW correctional centres from 1990 to June 1993.

The findings led Waller to present a profile of prisoners most at risk of suicide (Waller 1993:19):

Male

On remand

Has been in custody for less than 3 months

First time in custody

Is facing a transfer

In a single cell

In segregation

Has a history of psychiatric treatment

Has threatened or attempted suicide in the past

Has a record for escaping from custody

Has a drug and/or alcohol problem

Most studies support these findings (e.g. Danto 1971; Esparza 1972; Victorian Correctional Services Task Force 1999), however, these factors apply to the majority of the prison population at least once during their incarceration. The factors in these studies that relate to proneness to suicide are all indicators of social isolation, a direct implication of custodial sentences (Danto 1971; Esparza 1972; Fawcett & Marrs 1973). As detailed by Lazarus and Folkman (1984 cited in Bonner 1992), and Farber (Hassan 1995), lack of social supports can cause inmates to be more susceptible to the 'contagion' effects of self-destructive behaviours. Again the prison subculture can have a positive or negative effect on inmate coping skills where normal social networks from outside are not available.

Research using analyses such as these have not been able to predict or prevent deaths occurring. It has been suggested that constant monitoring of

individuals throughout their custodial sentence by staff and other inmates may be helpful in prevention and intervention (e.g. Liebling 1992). As for predicting which individuals will suicide, this does not appear to be possible among a group with such similar socio-demographic, psychological and emotional make-up.

Research looking at inmates as individuals in need of support rather than punishment found two types of suicide-risk inmates: the young, impulsive inmate whose denial defence has been challenged by the actuality of confinement, and; the depressed, older inmate with strong ties to people on the outside (Fawcett & Marrs 1973). This study recommended more involvement by custodial staff to address the emotional needs of these inmates. Changing from a punitive to a more humane system has been supported by a number of reviews (e.g. Burtch & Ericson 1979; Victorian Correctional Services Task Force 1999) that agree a multidisciplinary approach is required.

One of the most recent studies investigating suicide in prison (Shaw, Appleby & Baker 2003) identified the usual 'profile' characteristics of 172 inmate suicides, but concentrated on procedural and environmental preventive techniques. These included the provision of a less 'suicide-friendly' physical environment, and a focus on 'critical periods' of incarceration, as opposed to 'critical characteristics' of individual prisoners. It would appear that the academic study of this behaviour is shifting away from a focus on

identifying individuals to identifying the combination of factors that can lead to self-destructive behaviour in an already vulnerable population.

The experience of incarceration differs for each inmate due to events occurring both internal and external to the custody environment. A 'process' or 'pathway' exists that may lead an inmate to successful completion of a custodial sentence, emerging rehabilitated or not, or the inmate may engage in self-destructive behaviours including suicide (Lester 1992). It is this pathway that can be identified for an inmate through observation and interaction, and researchers seem to be gradually moving in this direction.

### **Self-Injury in Prison**

Soon after the number of prison suicides began to increase and gain media attention in the late 1980s, researchers turned to look at the phenomenon of self-injurious behaviour that was not fatal (Strong 1998). The belief being that all such behaviour was a pre-cursor to or failed suicide, and that by investigating the incidents, motivating factors would be identified through interview and survey and aid in prevention. However, differences observed between the two behaviours, and the individuals who engaged in them, in the community were proven and then ignored (Power & Spencer 1987; Wool & Dooley 1987).

Difficulties arise in separating attempted suicide and self-harm in the prison environment before ascertaining intentions as both behaviours must be

treated in the same way. All inmates at risk of inflicting any damage to themselves must be moved to either the prison hospital or some other wing specifically designed to provide protection (e.g. Victorian Corrective Services Taskforce 1999). These inmates receive increased supervision and have all materials that could be used to inflict an injury removed. However, there are also many instances of inmates feigning suicidal intent in order to be moved and thereby escape bullying or harassment by other inmates (Bureau of Management Consulting 1981; Liebling 1992; Livingston & Beck 1997; Power & Spencer 1987). Thus for some inmates, learning theory strongly applies where a negative situation is avoided by engaging in self-destructive behaviour.

For these reasons, self-harm and attempted suicide will be treated as identical until intention is ascertained from the individual when discussing the research in this section. Self-harm and attempted suicide in prison are precipitated or motivated by both prison-specific and personal factors (Dear *et al* 1998; Griffiths 1990; Inch, Rowland & Soliman 1995; Liebling 1992; Liebling & Krarup 1993; Livingston & Beck 1997; Loucks & Spencer 1997; Power & Spencer 1987; Rieger 1971; Wool & Dooley 1987):

PRISON-SPECIFIC	PERSONAL
A demand was denied	Anger/ guilt
Being locked in a cell	Boredom
Difficulty coping with custody	Childhood adversity
Difficulties with inmates/ staff	Death of a relative
Drug and alcohol withdrawal	Depression
Further legal difficulties	Difficulty coping with stress
Lack of control	Mental health
Lack of outside contacts	Psychological relief
To be moved to a preferred location	Relationship/ family problems

Females were found to be more likely to engage in self-harm in the open community and this has been replicated in the custodial environment (e.g. Waller 1993). In both UK and Australian research, women account for larger proportions of self-injuries and self-injurers, i.e. not only are females more prevalent, but they are also more likely to engage in higher numbers of incidents (McCarthy 2002; Waller 1993). Other commonalities exist with those who self-injure or attempt suicide in custody, although they do not differ largely from other inmates, with regard to prevalence of mental illness, incidence of previous convictions or self-harm. Most prisoners also share background deprivation such as family violence, abuse, low education, alcohol and other drug problems-family and own.

Despite many failed attempts to find the specific factors that will trigger suicide in custody, and in the open community, the self-harm literature continues to attempt replication (Power & Spencer 1987). Not only do studies in this field attempt to discover individuals most at risk of self-harm, this group is then further analysed to try and develop a profile of those more likely

to go on to complete suicide. The obvious answer to this being those who use the most lethal and unpredictable methods, such as hanging and cell arson.

The literature has consistently found no significant difference between those who self-injure and those who do not on either prison experience or background variables. This supports findings from the suicide literature that one-off screenings are inadequate; monitoring of inmates across situational changes is necessary (Dear *et al* 1998; Inch, Rowlands & Solimon 1995). Having removed all of these variables from speculation only the manner in which the inmate copes with their situation remains. Studies have illustrated this as the most salient factor in identifying individuals most likely to self-harm (Dear *et al* 1998; Inch, Rowlands & Solimon 1995; Liebling 1992; Liebling & Krarup 1993). These inmates are less likely to use adaptive coping strategies such as problem solving and cognitive restructuring, and will instead opt for catastrophising and escape-avoidance mechanisms (Dear *et al* 1998; Livingston & Beck 1997).

Inch, Rowlands and Solimon (1995) found a latent factor of self-harm that indicated a desperate attempt to escape an intolerable situation that had exceeded the coping mechanisms of the individual. Open community research has found self-harm is a means of emotional escape (e.g. Biekoff 2000; Healey 2002; Howard League 1999; Waller 1993; Woodbridge 2002), and this is evident in the prison environment, with the added reinforcer of physical escape as described above. Non-acceptance into the inmate subculture also

leaves inmates more vulnerable to maladaptive coping mechanisms in order to survive their imprisonment (Loucks & Spencer 1997).

The study by Inch *et al* (1995) found significantly higher results on the General Health Questionnaire (Goldberg, 1972) for those who self-injured. This screening instrument for psychiatric illness indicated an increased level of subjective distress at the imprisonment experience that manifested as depressive and anxiety symptoms. The reactive, fluctuating and situational nature of the symptoms suggests that they do not imply mental illness, although they are indicative of adjustment disorders. The impulsive nature of these behaviours indicates an already established, poor method of coping with distress. This information, coupled with an extensive criminal history, indicates an individual who is unable to cope with the outside world in a socially acceptable manner and is reacting to being confronted with the restrictive consequences of their actions (Biegel & Russell 1972).

## **Conclusion and Outline**

Particular attention must be paid to the methodologies and theoretical persuasions that direct studies into suicide, attempted suicide and self-harm in all environments. While theories should be examined to determine potential pathways to these types of behaviour, it should be remembered that few empirical studies have attempted to test the applicability of these theories (e.g. Liebling 1992). The segregation of theoretical and empirical thinking on this

topic has perhaps compounded the confusion in the research and the frustration of those attempting to gain treatment or manage self-destructive behaviours.

Police custody presents different circumstances for the individual than prison custody (Hayes 1994; Hayes & Blaauw 1997; Ingram & Johnson 1998; Leigh, Ingram & Johnson 1998). For example, due to relatively short stays in police custody, inmate subcultures are not usually available to help support the detainee. A guide published by the Home Office for police custody staff (Ingram & Johnson 1998) also recognises the limitations of prison data for predicting and preventing self-injurious behaviours in police detainees. Not only do police have insufficient resources to conduct in-depth assessments for every detainee, they have a different clientele. The Police Service must rely on procedures to prevent self-injury such as more intense and frequent observation, and information sharing both internally and with other agencies.

The current study will examine incidents of self-injury by NSW Police detainees to determine reasons for their behaviour. It is hoped that this approach may shed some light on the causes for self-injury in this seldom-studied area, which may then be generalised to other jurisdictions. The next chapter will examine the police custody environment and detainees, and review studies of self-injury in police custody areas.

## 2. POLICE CUSTODY

### Introduction

As police detainees make up the main focus of this thesis, studies in this environment have been separated from the main literature review in order to be examined in more depth. The first section of this chapter will detail the incidents that cause an individual to come to the attention of police, and also the processes that lead to detention. This will provide a greater understanding of the potential emotional and psychological effects of police detention on an individual who may be in a vulnerable state. The second section will examine the small amount of literature that has investigated suicides in police custody. The majority of these studies acknowledge that preventative procedures used in prison are not applicable to the police custody environment.

The third section in this chapter closely examines the few studies that have investigated self-injury in police custody. Difficulties in comparing across studies due to definitions and methodological concerns are highlighted. This section will also discuss a study that compares self-injury incidents in prison with those in police custody, restating the importance of acknowledging the specificity of this behaviour to the environment.

## The Custody Process

Police officers are expected to take into custody individuals they believe to have broken the law or who require protection from danger, and to shelter those detainees for their own safety (Deehan, Marshall & Saville 2002). This means that not every person in contact with police is engaged in criminal activities, or has been taken into custody for punitive reasons. According to definitions arising from the RCIADIC, a person is considered 'in custody' if they are detained, in the process of being detained by police or prison officers, or they are attempting to escape that custody (McCall 2004).

When an individual comes to the notice of police they may be at any location in the community, including their own residence, workplace or public space (NSW Police 2002). They may be interrupted at any stage of intention or actual commission of a crime, or a period of time may have elapsed since a crime was committed. They may also be experiencing some form of psychological distress, particularly in cases where police have attended due to a concern for welfare or for mental health assistance. The individual may be under the influence of drugs and/or alcohol (Ingram & Johnson 1998), and, regardless of reasons for police attendance, may also experience symptoms of distress at the presence of uniformed law enforcement.

After agreeing to accompany police or being arrested the person is transported in a police sedan or caged utility (NSW Police 2002). An individual under arrest may attempt to resist this process and be experiencing

fear, guilt, anger, shock and/or shame, commonly described as 'post-arrest trauma'. From this point the individual has lost control over their physical person, and may also be unsure of future consequences for their actions. It is possible that this is the individual's first time in a custodial environment. In the case of mental health patients, or where police have attended due to a concern for welfare, the individual may merely be transported to a safe location, but still experience similar emotional responses.

On arriving at the police station, the arrestee is introduced to the custody manager in the charge room (NSW Police 2002). At this time, any records of previous custody are checked to determine if the detainee is at risk of self-harm, escape or other conditions requiring special attention or management. The charging process begins and the custody manager will determine whether the detainee is to be released on bail or remain in custody. Arresting police also complete an assessment of the detainee for current psychological or medical states that may require attention, and conduct a clothing search where possible. If the detainee's behaviour suggests potential risk for injury to themselves or others, a search will not be conducted until any actual or threatened aggression abates. Also, only an officer of the same gender may search detainees, and this procedure can often be delayed while waiting for a female officer to arrive or be available.

While these processes occur the individual either remains in the charge room or is placed in the observation cell or dock (NSW Police 2002). Placement

into this very small area depends largely on the detainee's behaviour and their potential danger to themselves or others. For minority groups such as females, juveniles and Indigenous persons, alternative arrangements such as placement in the interview room may be used if the dock is already occupied.

A police cell is used if the individual's behaviour suggests further distress will occur through use of the dock, or when the custody manager has decided not to grant bail (NSW Police 2002). Some detainees enter police custody straight from a detention centre or prison pending a court appearance. Others may be awaiting transfer to gaol as an outcome of sentencing hearings. These individuals are also placed in a cell where possible. Detainees may be required to share a cell when custody areas are busy, or to prevent self-destructive behaviour by persons identified as being at risk.

The act of taking a person into custody necessarily requires that person to be confronted with consequences of their actions, which will undoubtedly be negative. For someone who considers themselves to be 'outside' of society, this may be a brazen reminder that they are still subject to the rules and conventions of society. Custody, essentially, demands that the individual take responsibility for their behaviour, and the implications of loss of freedom. Commonly described as post-arrest trauma (NSW Police 2002), the individual may also be experiencing shame or indignity at their arrest, particularly when personal effects are removed. This may be accompanied by fears about the repercussions of their situation on employment and other social factors, as

well as the legal processes they will face. The physical custody environment is also of concern for some detainees, where they will be placed in confined spaces.

A recent UK study examined the circumstances in which intoxicated persons were taken into custody (Deehan, Marshall & Saville 2002). The research detailed 169 detainees brought into custody between 10.30 pm and 3.30am during the study period. Of these, 100 were assessed as intoxicated, with 80% being male. However, 70% of females taken into custody at this time were intoxicated, compared to only 58% of males. Almost half of this group (49%) showed some form of non-compliance with police and 42% were aggressive; levels approximately five times higher than non-intoxicated detainees. These findings indicate the extra attention and resources intoxicated detainees consume, and their prevalence at particular times. Arrestees in this study appeared to be continuing the public order and assault offences they had already committed.

Hoff describes individuals who engage in criminal behaviour as 'asocial psychopaths' (Bureau of Management Consulting 1981). This profile includes an inability to form or maintain meaningful inter-personal relationships, an immature personality, and a purely pleasure-seeking perspective that is separate from social realities. The emotional vulnerabilities of these individuals cause them to be less able to cope with displeasurable or stressful situations such as detention, resulting in aggression. It is this type of

individual who is predicted to cause difficulties for custodial staff with maladaptive behaviours such as violence toward themselves or others. In other words, those most likely to engage in criminal behaviour are also the ones most likely to react with self-destructive behaviours when faced with the consequences of their actions.

This theory would suggest that every person taken into custody for criminal behaviour (and only those taken into custody for punitive reasons) would be likely to react in this aggressive and probably self-destructive manner. Yet research has shown that although this population is at greater risk, not *all* police detainees attempt to harm themselves (e.g. Fleming *et al* 1990). The current study will attempt to examine this issue by analysing explanations given by detainees for their self-injurious behaviour while in custody. It is hoped that this information will shed light on motivations for this behaviour, perhaps indicating causes and precipitants for the use of this particular coping strategy. Previous research and unavailability of comparative data has directed that detainees in the current sample will not be contrasted with the general detainee population on other variables.

### **Suicide in Police Custody**

While deaths in prisons have been of interest for more than a century, it is only since the 1980s that deaths in police custody have been studied in any great depth (Biles 1994; Liebling & Ward 1994). Highly publicised cases of deaths in

police custody in the late 1970s led to concerns that police in London were careless in their use of force and other coercive measures. Release of statistics on this issue prompted investigations, however disquiet was still being expressed by Police organizations in the UK in the early 1990s about the consistently high number of deaths in custody. More deaths occur in prison than police custody, largely due to higher numbers of inmates in the former, however almost half (46%) of deaths have consistently been attributed to suicide in each environment (Biles 1994).

In each custodial environment, most suicides are completed by hanging (Biles 1994), however there have been some differences noted. In prison custody, inmates are more likely to leave suicide notes, give away personal possessions, and experience calm after making the decision to end their life. This is called *depressive hanging* and has a strong parallel with adults experiencing mood disorders in the open community who suicide. *Aggressive hanging* is especially common in police custody where the detainee is more interested in causing trouble for authorities than ending their life. These cases usually involve drugs and/or alcohol, and a note is never left.

Studies on suicide in police custody are unanimous in recommending fewer individuals be taken into custody, particularly for protective reasons such as mental health or drunkenness (Hayes 1994; Ingram & Johnson 1998; Ingram & Johnson 1997; Leigh, Johnson & Ingram 1998). The majority of deaths in police custody occur between 11pm and 5am, coinciding with large

numbers of intoxicated persons entering the custody area. These individuals are generally released from any charges due to time already served, as they are typically held for minor offences (Leigh, Johnson & Ingram 1998; Liebling & Ward 1994).

A UK study of deaths in police custody between 1990 and 1996 found that 63% of the 277 cases were the result of the deceased's own actions (Leigh, Johnson & Ingram 1998). Just over half of these were classified as deliberate self-harm (DSH), as compared to drug overdose or accidental death. The definition of DSH included cases where the individual had deliberately harmed themselves and died as a result, regardless of their intentions. All but three of the in-custody DSH deaths used hanging, and 18% of DSH deaths involved an action taken before being placed in police custody. The majority of these were drug overdoses where the effects were not obvious until the individual was in custody.

Ingram and Johnson (1997) further investigated 225 deaths in police custody in the UK between 1990 and 1994, identifying 52 as resulting from DSH. The authors examined all files of these individuals including any prison records. The aim appears to have been to conduct an audit of information-sharing procedures and potentially reduce the occurrence of self-inflicted deaths in custody. Of the cases investigated, 85% had been detained after an initial arrest, and 46% were identified as intoxicated with alcohol. A further 23% were under the influence of drugs, however it is not possible to determine

if these cases overlap. More than half (61%) of deaths occurred within the first six hours of custody, which corresponds with only 24% of all detainees being in custody for longer than that time. Interestingly, while only 1% of detainees are in custody for more than 24 hours, 23% of deaths occurred in that time period.

The studies discussed above recommend that police custody staff:

- Continue with health and behaviour checks;
- Enhance their completion of official records to assist in information sharing;
- Communicate more thoroughly within the department and also with other services about at risk detainees; and
- Utilise specially staffed 'drying out' and detoxification centres for arrestees under the influence of drugs and alcohol where practical.

Police forces in Australia have utilised either external drug and alcohol facilities, or designated certain cells for the management of intoxicated detainees for various periods throughout the last two decades (Victorian Correctional Services Taskforce 1999; McMahon 2004, pers. comm.). The intention of these 'drying out' shelters is to reduce the number of intoxicated persons being taken into protective custody to allow police to concentrate on

law enforcement matters, and also to minimise the distress to detainees. These locations provide a safe place where individuals can be given time and resources to 'sober up' in the care of specially trained professionals. However, funding and resources have limited the widespread adoption of these facilities and police are largely held responsible for managing intoxicated persons who require protection. Studies of self-injury and suicide in police custody continue to recommend the utilisation of these practices (e.g. Ingram and Johnson 1997; Victorian Correctional Services Taskforce 1999).

Research arising from the RCIADIC reviewed the circumstances leading up to the deaths of 527 persons while in custody between 1980 and May 1989 (Thomson & McDonald 1992). Of these deaths, 193 (37%) occurred in police custody, and 42% of those were self-inflicted. This is comparative with the whole sample, where 44% of deaths were classified as self-inflicted other than by drug overdose. One of the recommendations from the RCIADIC was that deaths in custody continue to be monitored to assess trends and provide policy directions.

The National Deaths in Custody Program (NDICP), administered by the Australian Institute of Criminology (AIC), provides information annually on numbers and types of death in prison and police custody, and custody-related police operations (McCall 2004). The latest report indicates that between 1990 and 2003, 1 158 deaths have occurred in custody, 414 of these in police custody and custody-related operations. Trend data shows a fairly

steady decline until 2000 with a peak of 35 each in 2001 and 2002, followed by a decrease in 2003 to 29. However, this number will continue to be revised with the completion of investigations and availability of coroner's verdicts. The majority of deaths in police custody in 2003 were due to accidents (11), or were self-inflicted (9); however, without further definition of these deaths comparison is difficult.

Research into suicides in police custody has been extremely limited in relation to understanding and theoretical implications. The majority of investigations suggest administrative and physical adjustments to the custody environment and assume changes in prevalence will be due to those reasons. Given the short periods of time that persons are in custody it is difficult to conduct any in-depth research, however, many issues such as post-arrest trauma are acknowledged but poorly understood. Comprehension of the cognitive and emotional processes a detainee engages in may give police far better tools to identify and prevent self-injury and suicide than further screening and assessments.

### **Self-Injury in Police Custody**

Investigation of self-injuries in police custody has been largely neglected both internationally and locally, with any research that has been conducted arising in response to increasing numbers of deaths in police custody. Being so isolated from theoretical understanding, these studies have looked at this

behaviour in an attempt to prevent suicides in custody (e.g. Fleming *et al* 1990).

Police manuals and instructions identify 'warning signs' for detainees engaging in self-harm (e.g. Ingram & Johnson 1998; NSW Police 2002), however it is not clear where this information comes from, or indeed if it is particular to this subgroup of detainees. Risk indicators include (NSW Police 2002):

- Direct and indirect statements of intent made to relatives, friends, police or other people in the vicinity
- Medical conditions
- Severe agitation or aggression
- Drug and/or alcohol intoxication or withdrawal
- Feelings of guilt or extreme despondence
- Evidence of neck or wrist scars indicating previous self-injuries
- Threats to inflict self-injury
- Mental illness or irrational behaviour
- History of suicidal or self-harm behaviour
- Arrested and/or detained for the first time
- Experienced a recent significant emotional loss
- Limited social support from family or friends
- Interpersonal and relationship rejections or breakdowns

- A friend or family member who has attempted or completed suicide
- Major concerns other than the arrest
- Expression of helplessness, worthlessness or loneliness
- Holds a position of respect within the community
- Potential public outcry at the alleged offence
- Crying
- Fear
- Wringing of hands
- Screaming and appearing out of control emotionally
- Excessive shame or embarrassment
- Staring off into space

Further research is required to determine the relevance of this extensive list of indicators specifically to those detainees who self-injure, or engage in other responses to post-arrest trauma. If these risk factors are reliable, prevalence rates of self-injury would be expected to decrease, and successful interventions preventing injury would increase. However, lack of data on these factors prevents evaluation of the usefulness of this list to police officers. For this reason, central recording practices might usefully be initiated in police services to monitor and prevent this behaviour in detainees.

While recognising that self-injuries will occur in any location in the custody environment, Ingram and Johnson (1998) make note that the more

determined detainees may request to be moved to an isolated location because they would prefer not to self-harm in public. Interestingly, most studies that support increased supervision and monitoring of detainees in custody suggest that this is aimed solely at better access to intervene, while these authors indicate that this practice may actually prevent opportunities for self-harm attempts. This adds further impetus to the use of personal observation in custody environments, perhaps instead of the video monitoring that is frequently relied upon by busy custody managers.

Ingram and Johnson (1998) also suggest that detainees may not reveal their intentions or concerns to custody staff due to beliefs that they will be treated unsympathetically, poorly, or not at all. Detainees may also be embarrassed about their behaviour and have concerns about being stigmatised or having their confidence breached if they confide their feelings in police.

It has not been determined whether these concerns have come from inference by police officers or interviews with detainees who have self-injured in custody. However, this information does provide some insight into both the emotional and cognitive state of the individual in custody, and also the police-detainee relationship within the custody environment. There is an evident lack of trust from detainees in police ability or willingness to help them in their distress. The use of 'lay visitor schemes' similar to those used in the UK may provide detainees with support and reduce their self-injury and distress (e.g. Ingram & Johnson 1997). This scheme involves volunteers from the

community being present in custody areas to provide distressed detainees with someone to talk to and answer procedural questions. This also supplies another person to observe detainees for signs of self-injury or distress.

In an attempt to find ways to predict and prevent deaths in custody, a second component in the Ingram and Johnson (1997) study involved a survey being completed by custody staff for incidents of non-fatal deliberate self-harm. The authors acknowledged that reports were not completed for every incident, and recommend that their numbers should be considered a conservative estimate. Over six months in 1996, 47 incidents were identified by the Lancashire police force, representing 0.1% of the total persons arrested in that time period. The total was extrapolated to suggest that an estimated 1 131 incidents would have occurred across England and Wales during the six months (approximately twenty times the number of DSH deaths).

Interestingly, only 4% of those who harmed themselves were arrested for drunkenness compared with 10% of those who died from DSH (Ingram & Johnson 1997). Of those who self-injured, the majority (23% each) were arrested for acquisitive crimes and breaching the peace. More than half (57%) were intoxicated with alcohol, and 28% with drugs. In contrast to deaths (13%), 45% of DSH injuries occurred in the first hour of custody. Although not the most prevalent method (14 injuries used hanging or strangulation and 11 were slashing), incidents using head banging (11) were assumed to be an attempt to gain attention either from police or medical personnel. The small

sample size dictates that these findings should be used with caution, however they indicate behaviours that are markedly different to self-inflicted deaths in the same environment.

In 2001 NSW Police approached the Australian Institute of Criminology (AIC) to monitor and analyse incidents of self-injury in custody in an attempt to be advise current procedures (Sallybanks 2003). It was intended that studying these injuries would inform police officers on methods to prevent and predict injuries to detainees. The study was based on 1 066 incidents involving 260 detainees extracted from the Computerised Operational Policing System (COPS) between November 2001 and June 2003. This is a system in which incidents are entered in narratives with varying levels of detail provided by police officers. Incidents included in the study were injuries inflicted on and by both detainees and police officers such as assault, accidents, deliberate self-injury, threats of injury, displays of aggressiveness and results of actions taken in the process of restraint.

Of these incidents, 564 (53%) were categorised as deliberate actions and included injury to self or others, or intentional actions that resulted in injury (Sallybanks 2003). Although the majority of these (81%) did not involve anyone other than the detainee and 16% were not self-inflicted, this classification makes comparisons on self-injury difficult. However the study gives a broad understanding of the methods of injury that occur in the restraint and detention of individuals.

It is evident that the majority of self-injuries were inflicted by hitting a blunt object (37%), and that 75% of those detainees were under the influence of alcohol at the time (Sallybanks 2003). Male detainees head butting, punching and kicking the walls and doors of the police dock largely made up this group. Females were more likely to attempt hanging or strangulation using their clothing. They were also considerably likely (78%) to be intoxicated with alcohol. One tenth (11%) of incidents involved the use of a sharp object and there was no gender difference or indication of alcohol as a factor in these cases. What was interesting though, was that the majority of implements used were carried on the person, suggesting some amount of premeditation for self-injury. However it is not possible to determine whether this was intended only in the instance of being taken into custody.

The largest impediment to this study was that the incidents supplied to the researcher were not an exhaustive sample. The injuries incurred by the detainees in this study were relatively minor in nature, suggesting that either no serious injuries occur, or that they are recorded elsewhere (or not at all). Although the presentation of the data makes extracting information about self-injuries as defined by the Sallybanks (2003) study problematic, it does show some interesting indications. For instance, it would appear that hitting body parts against blunt objects is a more common form of self-injury in custody than open community, or even prison, studies would suggest.

The studies discussed above, combined with the conditions of police custody described, suggest that certain types of self-injurious behaviours may be specific to this environment. It is not possible to state this conclusively, however, without some understanding of the motivations and precipitants of these actions. For example, whether self-harm is a coping strategy that is employed by individuals experiencing post-arrest trauma, or as a situation-specific reaction to the immediate environment. Open community studies have found that self-injury is commonly used to provide relief from emotional turmoil, and a response to the physical and social environment would conflict with this. The current study aims to address the issue of motivations for self-harm, and determine the relevance of study in other environments to the incidence of self-injury in police custody.

### **A Comparative Study**

As part of the RCIADIC, a study by Fleming, McDonald and Biles (1990) was the first comparative investigation in Australia to produce a detailed description of reported self-inflicted injury incidents in two custody environments. The study covered a six-month period in 1989 and reports on 375 cases nationally, 152 in police custody and 223 in prisons. The findings in this study parallel those of suicides in that Aboriginals were more likely to injure themselves in police custody (61% of Aboriginal incidents), while non-Aboriginals were more likely to injure themselves in prison custody (65% of

non-Aboriginal incidents). Table 2.1 shows the differences between self-inflicted injuries in the two custodial environments.

**Table 2.1 Characteristics of self-injury incidents in prison and police custody**

POLICE CUSTODY	PRISON CUSTODY
32% Aboriginal, 14% female	14% Aboriginal, 23% female
More self-injury incidents by Aboriginal females (27%) than non-Aboriginal females (9%)	More self-injury incidents by non-Aboriginal females (23%) than Aboriginal females (19%)
Proportion of Aboriginal self-injury incidents slightly higher than proportion of Aboriginal detainees	Proportion of Aboriginal self-injury incidents almost equal to proportion of Aboriginal inmates
Mean age of those who self-injured 27.4 years, 73% aged under 30	Mean age of those who self-injured 26 years, 77% aged under 30
Wednesday and Thursday had most self-injury incidents, Sunday had least	Wednesday and Thursday had most self-injury incidents, Sunday had least
73% within 3 hours of custody, 80% of hangings within first 3 hours, 52% of lacerations after 24 hours	28% within 1-3 months of custody, 23% of hangings within 1 month, 10% of lacerations within 1 month
More apparent in evening (e.g. 77% 1500-0159), probably due to alcohol intoxication	More incidents in the day time (e.g. 66% 0800-1959)
21% in custody for drunkenness (11% Aboriginal, 21% non-Aboriginal), highest for both races	18% non-Aboriginal in custody for theft, 27% (each) Aboriginal in custody for break and enter, assault and sex offences
Hanging in 70% of all cases (88% Aboriginal, 61% non-Aboriginal) 16% laceration (2% Aboriginal, 23% non-Aboriginal)	Laceration in 68% of all cases (71% Aboriginal, 67% non-Aboriginal), 18% hanging (13% Aboriginal, 18% non-Aboriginal)
63% of hangings used clothing, 31% used bedding	47% of hangings used bedding, 42% used clothing

Source: Fleming *et al* 1990

Table 2.1 shows that there are definite differences in the race and gender of inmates most likely to self-harm in either custody environment (Fleming *et al* 1990). Those who self-injured in police custody would appear to

be a little older than those in prison; this is expected as the prison population is younger, on average, than the general community (Sattar 2001). Understandably, self-injuries occur sooner into the custody period with police than in prison, as the length of detention in the former is shorter (Fleming *et al* 1990). While there is no difference according to the day of the week, there is a difference in the times that the two environments are most likely to experience self-injuries.

Interestingly, prisoners are more likely to self-injure during the daytime when there are more staff around (Fleming *et al* 1990), this is in direct contrast to previous research suggesting prisoners are more likely to self-injure at night (e.g. Dear *et al* 1998; Liebling 1992). However this may be an artefact of the study methodology where the availability of more staff to witness incidents generated more reports. Police detainees, on the other hand, are more likely to injure themselves in the evening, and the increased number of arrests involving alcohol intoxication at that time explains this (Fleming *et al* 1990). Intoxication at the time of the incident was collected in the study; however, large amounts of missing information make comparison across the custody environments difficult.

Method used to inflict self-injury also shows significant differences across the custodial environments, and this is further made evident by race involvement (see Table 2.1). While hanging is more prevalent in police custody, it is also more common among Aboriginal detainees; lacerations are

less common, especially among Aboriginals. The opposite trend appears in the prison environment.

The differences highlighted in this study further support the importance of examining self-harm in specific environments, rather than generalising across custody types. However, methodological difficulties recommend that this study be replicated to confirm the findings.

## **Conclusion**

The procedure of being taken into police custody can be traumatic for individuals regardless of whether it is for protective or punitive reasons (NSW Police 2002). However, it is evident that not all detainees respond in the same manner, i.e. with self-destructive behaviours. Previous studies do not detail common reactions to being taken into custody, limiting comparability of those who engage in self-harm with those who do not (e.g. Sallybanks 2003). Study methodologies with strong bias and inconsistent definitions have also hampered comprehension of self-injury in police custody. Despite this, it would appear that self-harm, as used by detainees in police custody, employs specific methods that have not been found in open community or prison research (Sallybanks 2003).

The current study will attempt to address some of the methodological issues evident in previous research such as bias and definitions, and investigate reasons for detainee self-harm in order to gain a better

understanding of this behaviour. It is expected that an investigation of the incidents, combined with detainee-supplied explanations, will identify behaviours that are specific to police custody, and provide some insight into management and prevention. The next chapter will detail the methodology employed to facilitate the collection of this information.

# 3. METHODOLOGY

## Introduction

In the first section of this chapter the strengths and limitations of previous research and its influence on the design and focus of the current study will be discussed. Although research is sparse in the police custody environment, some significant findings have come out of the studies that have been completed, which should be replicated here.

The second section discusses the initially intended research design that would have involved directly surveying police detainees. Ethical and practical concerns are described to illustrate decision-making processes that led to the current study methodology. The third section then describes the methodology to be used in the current study including data sourcing and collection practices from NSW Police complaint files and police officer surveys. Basic comparisons of the data from the files and surveys are completed in the fourth section to determine implications for the analysis.

## Previous Research

Research on the topic of self-injury in the open community and the forensic populations has been limited by definitions and methodology. Some have assumed that self-harm incidents are failed attempts at suicide based on the lethality of the method, seriousness of the injury, or on comment from observers (e.g. Routley & Ozanne-Smith 1992; Ingram & Johnson 1997). These researchers have not considered evidence from self-harmers that the

behaviour can actually prevent them from wanting to suicide (Liebling 1992). Studies depending on external observers for reasons, motivators and precipitants for self-destructive behaviour also have limited usefulness in providing information that can assist in prevention, management and treatment.

The major hindrance to studies of these behaviours has been small sample sizes. Dear *et al* (1998), for instance, reported on 108 incidents completed by 91 prisoners. Fleming *et al* (1990) drew conclusions from a sample of 152 incidents in police custody and 223 in prison custody. The Sallybanks (2003) report based on Computerised Operational Policing System (COPS) data from NSW Police also only worked from 260 detainees involved in 1 066 incidents (564 of which were deliberate acts resulting in injury). While the number of incidents in the latter study is considerable, definitions and variable coding limits analysis of the data.

Liebling's studies (e.g. Liebling 1992; Liebling & Krarup 1993), and also Dear *et al* (1998), have provided information about prisoners and their reasons and precipitants for self-harm behaviour. However, the reasons given and the types of behaviours used closely parallel those reported by individuals in the open community who engage in self-injury. The few studies of individuals in police custody show some differences in the methods and types of behaviour that detainees use to inflict injury upon themselves (e.g. Fleming *et al* 1990; Sallybanks 2003). For this reason, the current study will further investigate self-injurious behaviour in police

custody, and more particularly explanations for this behaviour from detainees. It is intended to determine whether the self-injuries inflicted by detainees indicate a separate behaviour driven by motivations distinct from those cited in the open community, or even prisoners.

Differences exist in the environment, conditions and social implications of prison and police custody. The most obvious of these are the amount of time spent in custody, the presence of post arrest trauma, and the effects of drugs and alcohol (e.g. Deehan, Marshall & Saville 2002). While having limitations in definitions and methodology, the existing police custody studies (e.g. Fleming *et al* 1990; Sallybanks 2003) have also all concentrated on procedural and practical implications for prevention. This can only be successful to a certain extent if the reasons behind self-injury in custody are not sufficiently understood.

Sallybanks (2003) attempted to consider this element but large amounts of missing data prevented this from being conclusive. However, her findings suggested that some behaviours were aimed at suicide, and yet others were an attempt to cause trouble for custodial staff. The current study will provide some parallel in variables and analysis to Fleming *et al* (1990) and Sallybanks (2003); however, more emphasis will be placed on the reasons for self-injury in police custody. The implications will then also be related to custody procedures, but more to an understanding of the psychological and emotional motivators for self-injurious behaviour by persons in police custody.

## Initial Intentions

In its initial stages, this research project intended to survey individuals who had harmed themselves while in NSW Police custody. This original instrument was closely modelled on that used by Dear *et al* (1998) to draw information from prisoner interviews. Given the geographical extent of NSW Police jurisdiction and other commitments by the researcher, it was decided that a survey would be the most appropriate method to collect this information. Police custody also has a much more 'fluid' population than prisons, whose inmates can be accessed relatively easily by researchers.

This survey asked detainees to respond to questions regarding:

- Any reasons they could provide for their self-injurious behaviour;
- What they believed would occur as a result of their behaviour;
- What did occur as a result of their behaviour; and,
- Their intention to die.

The information from these questions would have allowed the study to determine whether the self-injuries were related to the custody condition or external motivators. It would also have provided insight into the extent that self-harm was used by detainees to manipulate their situation, and how successful it was in achieving that aim. The survey was to be distributed by custody officers to detainees upon release with a pre-paid envelope to return the information to the author.

On consideration, this methodology was expected to provide very few responses as it was assumed that detainees would be unwilling to respond to a request from police after their release. Literacy and language difficulties preventing understanding of a written document, and detainee concerns about repercussions for their behaviour were also considered in the revision of the study design. Detainees would also have recently been involved in a distressful situation in which they had felt the need to harm themselves in order to have that tension relieved. It was doubtful that completing a survey would either be fair to, or well received, by them. Additional motivation would also have been required for a detainee to take the questionnaire away and fill it in later, and there would be no advantage in it for them. Relying on already time-poor police officers to administer the survey was also a concern.

The UNE Ethics Committee raised concerns about approaching individuals while they were at the police station, and its implications for the person's privacy. It was also deemed that the administration of the survey by persons in a position of authority (i.e. police officers) would potentially provide a coercive influence on individuals to participate in the research. Having NSW Police responsible for then returning completed surveys to the author was also problematic, where anonymity may be compromised if persons other than the researcher were privy to the responses.

Expectations of very small response rates from detainees, and ethical concerns raised by the Committee encouraged the adaptation of the study methodology to that outlined below. Indeed, extra components could be considered, such as police attitudes toward detainees who self-injured in custody. The revised strategy received Ethics approval.

## **The Current Study**

Given the considerations above, information for this project was drawn from three sources:

- A review of suicide and self-harm theoretical and empirical research in the open community, the prison environment, and the police custody environment;
- Information from NSW Police complaint systems detailing incidents involving a self-inflicted injury by a detainee in custody, including explanations for their behaviour where available; and
- A survey of NSW police officers attending the Safe Custody Course that asked them to respond with information about their own interpretation of self-harm in custody and explanations given by detainees (see Appendix A).

## The Literature Review

The information in the literature review was drawn from extensive database searches, especially the JV Barry library at the Australian Institute of Criminology. International evidence was also sourced from research organizations, government departments and universities. The intention of this section was to develop an understanding of empirical and theoretical thought on suicide and self-harm in the open community to form a 'baseline' for prevalence and typology. The most challenging component in this endeavour was separating studies and theories based on behavioural definitions and methodologies to allow comparisons and understanding to emerge.

Once a broad picture had been established, the unique environment and stressors that accompany imprisonment were added. While still limited, a considerable amount of research has been conducted on this group, and it provided an understanding of the forensic population. Searches confirmed that little research has focused on self-harm in the police custody environment, or on understanding the motivations for this behaviour once an individual has been detained. Methodological and definitional limitations located in the literature have informed the structure and variable analyses adopted in the current study.

## NSW Police Complaint Data

Consultation with NSW Police identified the complaint databases in Special Command and Internal Affairs (SCIA) branch as being the most useful for the current study (McMahon 2002, pers. comm.). This branch is responsible for investigating complaints made against police officers, either internally or by external members of the public. The Complaints Information System (CIS) has been used throughout the NSW Police force since 1992 to hold information on complaints received under part 8A or Section 122(2) of the Police Service Act. These sections of the Act relate primarily to conduct, presentation and responsiveness (McCarthy 2004, pers. comm.). The Customer Assistance Tracking System- Intranet (C@TSI) database gradually replaced CIS between December 2001 and June 2003.

The files in these databases contain an investigation of 'critical incidents' defined as (NSW Police 2003):

- Homicide of a police officer
- Any death or injury resulting from the discharge of a police firearm
- Death or serious injury resulting from the use of police issue appointments
- Death or serious injury to any person in custody
- Death or serious injury arising from a police operation
- Death or serious injury arising from a police vehicle pursuit.

As the branch responsible for maintaining and reviewing complaint data, SCIA were approached and consented to provide information after removing individual names to comply with the Privacy Act. Records in CIS and C@TSI were extracted by searching for incidents where the nature of the complaint was 'custody.' This was then further refined to the specific types of 'failure to provide medical treatment', and 'injury in custody, suicide/self-harm.' This produced 1 037 records, which were sent in electronic form to the researcher in November 2003. Information in the file was then vetted, where enough data existed, according to the following inclusion/exclusion rules:

- The self-inflicted injury occurred in police custody as defined by the RCIADIC (detailed in the previous chapter);
- The individual deliberately harmed themselves in order to cause an injury (e.g. cutting), whether a physical injury eventuated or not;
- The individual engaged in deliberate behaviour that they would believably be aware would cause themselves to be injured (e.g. head butting), whether a physical injury eventuated or not;
- The injury was not caused by another person, or while struggling with police during arrest;

- The injury was not accidental, including as a result of the detainee attempting to escape;
- The injury was not caused by the individual tripping or falling due to their intoxication, and;
- The injury did not result in death.

All records relevant for this study were found in CIS and the resulting 795 records of interest were then sent to SCIA where hard copy files were extracted from the registry. Attending SCIA headquarters in the Sydney CBD, the author spent seven days confirming inclusion and extracting much data not available in the electronic records. This exercise produced 685 records involving 686 individuals and 963 incidents of self-harm. Information was collected from transcripts and/or notes of police inquiries into the self-injury incidents, and included:

- Date and time of injury
- Local Area Command and Police Region in which incident occurred
- Number and rank of police officers involved
- Gender of detainee
- Indigenous status of detainee
- Juvenile/adult status of detainee
- Method of injury, tool used and fixture where applicable

- Body part injured and type of injury
- Exact location where injury occurred
- Emotional state when entering and once in custody
- Reason for being taken into custody
- Number of self-injury incidents
- Explanation(s) specifically reported by detainee for self-injury

In most cases the records included an interview with the detainee regarding the reasons for their behaviour. This provides an extension on the data in the Sallybanks (2003) report, as officers generally only enter basic incident details in COPS when an injury occurs in custody. However, there may be some overlapping records where incidents have been entered into both systems. The CIS files allow greater understanding of a self-injury incident, including details of the injury, as well as the detainee's emotional and psychological reactions before and after the incident. Most importantly, the detainee is asked to provide an explanation for their behaviour.

No record in the CIS data contained more than three incidents that intended to cause an injury. In Sallybanks (2003), displays of aggression or abusiveness and threats were considered incidents; in the current study this information was collected but not as an incident. Some individuals recurred in a number of records, however confidentiality restraints prevented this from being registered. Hence, as a group, this data should be considered as 'incidents of custody' rather than individual detainees.

Once collected, this information was manually entered into the existing electronic file, creating additional variables where required. This source information was held in Microsoft Excel in keeping with the original file sent from NSW Police. The data was then migrated to SPSS v12.0.1 for further coding and creation of variables. This software was used due to the author's familiarity with it, and its ability to facilitate data manipulation and analysis. All string (i.e. alphanumeric) data was coded normatively to extract the maximum information possible.

In some cases, further coding of information was required to ensure that variable sizes would not be too small to analyse. The groups employed were designed to make analyses meaningful to the study. For example implements used to self-injure were so numerous that they were grouped into six categories (for coding decisions see Table C.1 in Appendix C):

- Clothing
- Material found in immediate area
- Material supplied by Police
- Material carried on person
- Jewellery/accessory
- Body part

The Australian Standard Offence Classification ([ASOC] Australian Bureau of Statistics [ABS] 1997) was used to code the reasons for which an individual was taken into custody for questioning or under arrest for an

offence. Broadly, the ASOC divisions were coded, as set out below in Table 3.1, however more detailed information is available in Table C.2 in Appendix C.

**Table 3.1 Offence descriptions based on ASOC Divisions**

OFFENCE DESCRIPTION	ASOC DIVISION
Person	01-06
Property	07, 08, 12
Deception	09
Drug	10
Weapons	11
Public Order	13
Traffic	14
Justice	15

Explanations were only used where it was stated in interview data that the detainee had supplied the reason, subjective assumptions by police officers were not recorded. Qualitative information detailing explanations given for self-injury, was quantitatively coded for analysis (for a complete listing of coding decisions see Table C.3 in Appendix C). Although a subjective process, it is believed that the groupings given would be replicated in further studies. Where an individual gave a reason that would fit across two groupings, both were endorsed. Again, the intention of this process was to create groups that were statistically and theoretically meaningful for analysis. Some groups could probably have been collapsed further, however it was intended not to attempt this until after chi-square and Spearman's rho analyses had been completed. In this way, any pairings would be empirically based, and less susceptible to bias.

## Police Officer Survey Data

All NSW Police officers who are likely to come into contact with detainees are required to undertake the Safe Custody Course (McMahon 2002, pers. comm.). This teaches safe practices for physical altercations with detainees, identification of risk factors for violent and self-destructive behaviour, and the procedures to be used when a member of the public is brought into custody. This course developed out of the RCIADIC recommendations that Custody Managers be employed to oversee detainees throughout their time in Police custody (Harding 1992).

Having removed detainees as a source of information from the project, a short survey was constructed for administration to participants in the NSW Police Safe Custody Course (see Appendix A). The survey asked police officers to nominate reasons they believed prompted detainees to harm themselves, and also explanations detainees had given for self-harm in custody. Between August 2003 and March 2004 course participants were given the opportunity to complete the survey and return it in class. This yielded an 80% response rate.

The 96 completed surveys were mailed to the author for data entry into Microsoft Excel. These were then coded and exported into SPSS v12.0.1 for analysis. A series of non-parametric data analyses were then completed to extract any significant relationships that occurred within the results, also known as data mining. Questions asking respondents about reasons for self-injury were presented in open-ended format. The same process was

used as in the SCIA data to code this information quantitatively in accordance with Table C.4 in Appendix C.

This survey served a number of purposes including:

- Ascertaining the number (and prevalence) of police officers who had been involved in an incident where a detainee had injured themselves;
- Gaining insight into police understanding of self-injury by detainees;
- Determining explanations given to police officers by detainees who had self-injured; and,
- Examining the relationship between police-attributed reasons and detainee-attributed reasons for this behaviour, even when they are written on the same survey.

When interpreting the results of these questionnaires, some consideration must be given to the possibility of recall bias affecting responses. Recall bias is the cognitive error that may occur in which a person cannot remember if an event actually happened, or if it happened in the way they now recall it. In this case, it would suggest that the responses to the questions about reasons for self-injury might be biased by the police officer's own perceptions and beliefs.

Although it is not within the scope of this study, the cognitive implications for any differences in responses to the last two survey questions relating to reasons for self-injury is extremely interesting, particularly in relation to the potential for recall bias. It would suggest that police officers are able to maintain their own perceptions of the behaviour while reporting information that contrasts with those beliefs. Although the sample size for this survey is small, it does provide some answers to the questions it set out to examine. This survey also allows investigation into findings from previous research that sourcing information about motivations for self-harm from external observers is unreliable.

### **Comparability of the Datasets**

In order to determine whether the police officers surveyed (and therefore their responses) were representative of the NSW Police Service, and particularly those who had been involved in a self-injury incident, two comparisons were made. The two sets of data (i.e. survey responses and SCIA records) were analysed to determine the proportions of officers by rank, and Local Area Command (LAC).

Including only those officers who responded positively to having previously experienced a self-injury incident, comparison by rank of the police officers involved in the two data sets are shown in Table 3.2 below:

**Table 3.2 Proportion of cases by NSW Police rank**

RANK	OFFICER SURVEYS	SCIA RECORDS
Senior sergeant	-	0.7%
Sergeant	17%	14%
Senior constable	55%	38%
Leading senior constable	4%	0.1%
Constable 1 <sup>st</sup> class	-	18%
Constable	24%	24%
Probationary constable	-	6%

The table shows that, although the data sets are considerably different in size, the distribution of proportions, by rank, of police officers responding to the survey are similar to those involved in the self-harm incidents. However, there are three ranks who were either not present at Safe Custody training, did not respond to the survey, or had never been involved in an incident.

Only LAC was identified in the survey of police officers, however this was converted to region data using information from SCIA files. NSW Police regions were re-organised in mid- 2002 providing five larger regions instead of the 11 smaller areas previously existing. Due to the timing of the data extraction from SCIA and the survey administration, only the new regions are used. A comparison was completed to determine the relevance of officer comments to the cases in the complaint data. Table 3.3 again shows only the region of officers who reported having been directly involved in a self-injury incident.

**Table 3.3 Proportion of cases by NSW Police region**

REGION	OFFICER SURVEYS	SCIA RECORDS
Greater Metropolitan	33%	30%
Inner Metropolitan	1%	17%
Northern	36%	22%
Southern	12%	15%
Western	22%	17%

With the exception of the Northern and Inner Metropolitan regions the samples are reasonably similar in distribution. The size of the region may play a part in the proportion of incidents from SCIA data, however LAC representation in the survey respondents may be a factor of training schedules.

The National Police Custody Survey (NPCS) is conducted every three years and collects information on incidents of custody throughout Australia (Carcach & McDonald 1997). The latest published report details the number of incidents occurring during the month of August in 1995. A custody incident is defined as the placement of a person in a police cell, however it is unclear if this would extend to the more frequently used dock as well (a police dock is a small perspex area which is usually in full view of the custody manager, and is used while bail decisions are being made). This information will be used in the analysis of the current study to determine, where possible, whether the individuals who self-injure are indicative of the general detainee population.

The data for the current study spans a 10-year period, and thus proportions of total custody incidents cannot be meaningfully calculated using the data from the NPCS. However, it is evident that 87% of custody

incidents involved males, and females were over represented among Indigenous persons (Carcach & McDonald 1997).

More than one third of persons (34%) were detained because they were intoxicated in a public place or were arrested for public drunkenness, in states where that is a criminal offence (Carcach & McDonald 1997). The most serious offence for a further 16% was acquisitive crimes, 10% were justice offences, 8% were assault, 7% were good order offences other than public drunkenness and 6% were drink driving. Thus, for approximately 40% of custody incidents, alcohol was a contributing factor (i.e. public drunkenness/ intoxication and drink driving). This is further supported by slightly more persons being taken into custody (29%) between 6pm and midnight, a period when alcohol is more readily available. Slightly fewer persons were taken into custody (20%) between midnight and 6am.

Findings relating to the condition of detainees taken into custody while under the influence of drugs and/or alcohol in Deehan, Marshall and Saville (2002) appear to apply to the Australian police custody population (Carcach & MacDonald 1997). For this reason, alcohol and/or drug intoxication information was collected, and will be considered in the analysis. Other variables such as socio demographics, circumstances of custody and self-injury incidents will also be considered in the analyses in later chapters.

## Conclusion and Research Questions

Previous research has directed the methodology used in this study to ensure that the definition of self-harm is consistent and sampling bias is reduced. The study design was also dictated by the availability of detainees and ethical considerations in collecting and reporting data. This resulted in data collection methods that did not involve contact with NSW Police detainees, but utilised interviews with individuals who had self-harmed while in custody, and police officers most likely to be in a position of responsibility in the custody environment.

Indications from previous research suggest that methods of self-harm engaged in by police detainees are distinct from those used in other environments. The current study will extend these findings to investigate whether reasons for self-injury differ also, and if this can give some indication of emotional and cognitive processes that occur during the arrest process.

In light of factors driving the research methodology and focus, this study will aim to answer the following questions:

- Are self-injurious behaviours occurring in police custody different to those in other environments?
- Is self-injury engaged in for distinct reasons in police custody compared to other environments?

- Do police attitudes to self-injuries correlate with explanations given by detainees? and
- Can explanations given by detainees for their self-injury provide any insight into the emotional impacts of police custody?

## 4. DATA ANALYSIS

The first section of this chapter describes the data set using frequencies of the elements measured in the study. They include:

- Detainee characteristics
- Incident characteristics
- Condition of detainee at entry into custody
- Reason for detention
- Location during self-injury
- Method of self-injury
- Body part injured
- Implement used to self-injure
- Type of injury inflicted
- Emotional state while in custody, and
- Explanations provided for self-injury

Any significant relationships within the element are based on chi-square tests of independence, and are identified where relevant.

The second section discusses the results of a correlation matrix using Spearman's rho (Gravetter & Wallnau 1992). As the data set has been coded nominally, a factor analysis was not possible. The correlation matrix has been used to assess groupings, based largely on the method used to self-inflict

injury. These variables (the methods used) were the most strongly related throughout the groupings.

The third section describes the data extracted from the questionnaire administered to police officers undertaking the Safe Custody Course. It details:

- Respondent characteristics
- Respondent experience with detainee self-injury incidents
- Police-attributed explanations for self-injury, and
- Detainee-attributed explanations for self-injury.

A fourth section identifies interactions between variables within the questionnaire data. Comparisons between the questionnaire and incident data sets appear in the fifth section.

## **NSW Police Complaint Data**

The data from NSW Police Special Command and Internal Affairs (SCIA) resulted in 686 cases with 963 incidents of self-injury between November 1992 and July 2002. Each incident involved an active attempt to inflict an injury or death, however no cases resulting in death were used in this study.

### **Detainee characteristics**

Detainee characteristics were extracted from incident narratives and offender descriptions. A mental illness was only recorded for an individual if it was stated that a medical professional had diagnosed a disorder (see Table 4.1).

The majority of disorders among this group were schizophrenias, depression and phobias.

Gender was available for all detainees, juvenile/adult status for 98%, and Indigenous status for 91%.

**Table 4.1 Detainee characteristics**

	PROPORTION
Male	85%
Juvenile	8%
Indigenous	21%
Mental illness	10%

Females were significantly more likely to be Indigenous (31%;  $\chi^2=7.586$ ,  $p=0.006$ ) than males (19%). Females were also significantly more likely to have a diagnosed mental illness (26%;  $\chi^2=39.649$ ,  $p=0.000$ ). There were no significant gender differences in the juveniles in the sample. However, juveniles were significantly more likely to be Indigenous (34%;  $\chi^2=5.956$ ,  $p=0.015$ ).

### **Incident characteristics**

An incident was recorded for an individual when the location, method, body part and implement remained unchanged. For example, a case in which a detainee continually head-butted the caged truck would be recorded as one incident. If they began to also punch the caged truck or continued to head butt

the dock on arrival at the police station, these would be recorded as separate incidents (see Table 4.2).

Only one time was recorded for each individual, and this was taken as the time of the first incident. A time was available for 95% of cases.

**Table 4.2 Incident characteristics**

	PROPORTION <sup>1</sup>
1 incident	68%
2 incidents	24%
3 incidents	9%
Midnight to 6am	28%
6am to midday	12%
Midday to 6pm	23%
6pm to midnight	38%

Note: <sup>1</sup> Proportions for number of incidents and time periods do not sum to 100% due to rounding.

The majority of detainees (68%) engaged in only one attempt at self-injury while in custody, with 66% attempting to injure themselves between 6pm and 6am. No direct significant relationships exist between the number of incidents a detainee engaged in and the time they engaged in this behaviour.

Although not shown here, injuries occurring on a Saturday or Sunday were significantly more likely to occur between midnight and 6am. Other relationships and differences regarding the time of an incident and the number of injuries attempted will be discussed in the next section.

Time of entry into custody was not reliably available within the data. As such, it was not possible to determine how long after detention the injury was attempted.

### Condition of detainee at entry into custody

Information on a detainee's condition at entry into custody was extracted from incident narratives. Intoxication was only recorded where it was specifically stated that the individual was evidently under the influence, or admitted to being under the influence. Information on intoxication was missing in 32% of cases (see Table 4.3).

Behavioural descriptors of detainees were also taken from police incident narratives and were available in 91% of cases.

**Table 4.3 Condition of detainee at entry into custody**

	PROPORTION
Under the influence of alcohol	63%
Under the influence of drugs	15%
Not under the influence	13%
Under the influence of drugs and alcohol	10%
Physically aggressive	57%
Verbally abusive	46%
Calm/ quiet	22%
Agitated	13%
Difficult	11%
Emotional	6%

Detainees who were under the influence of alcohol only at entry into custody were significantly more likely to be physically aggressive (72%;  $\chi^2=21.707$ ,  $p=0.000$ ) and verbally abusive (64%;  $\chi^2=34.059$ ,  $p=0.000$ ). Those under the influence of drugs were significantly more likely to be calm/quiet (41%;  $\chi^2=23.805$ ,  $p=0.000$ ), or difficult at entry into custody (21%;  $\chi^2=5.277$ ,  $p=0.022$ ).

Those who were either not intoxicated or were intoxicated by drugs and alcohol at their arrest did not show any direct significant relationships with behavioural indicators. However, some indirect relationships do exist and will be detailed in the next section.

### **Reasons for detention**

Information was collected from incident narratives as to the reason individuals came to police attention. The reason they were detained was also recorded where possible (data was unavailable in 4% of cases, see Table 4.4). In some cases the reason for police attention and the reason for detention was the same, in others there were multiple reasons (e.g. someone who voluntarily attended the police station and was arrested in relation to an outstanding warrant).

Offence information was then compared with an average of NSW Police recorded offence data that coincided with the period of incidents studied (NSW Bureau of Crime Statistics and Research [BOCSAR] 1997; 2000; 2002).

**Table 4.4 Reasons for detention**

	PROPORTION
Offence related	87%
Concern for welfare	22%
Domestic related	18%
Court appearance	14%
Awaiting transfer to gaol	12%
Domestic incident	9%
Voluntary attendance	8%
Intoxicated person	6%
Siege/ noise complaint	4%

The majority of detainees in this group were in custody for an offence-related reason (87%). Those who were awaiting a gaol transfer (71%;  $\chi^2=15.340$ ,  $p=0.000$ ), had voluntarily attended the police station (67%;  $\chi^2=7.486$ ,  $p=0.006$ ), or were in custody for a court appearance (53%;  $\chi^2=6.430$ ,  $p=0.011$ ), were significantly more likely to be associated with an offence. Other reasons for custody did not necessarily result in the individual being charged.

Further information on those arrested for an offence is available in Table 4.5 below. The data in this table is based on *offenders* and indicates only that the individual was charged with an offence of a particular type.

**Table 4.5 Offences detainees were arrested for**

	PROPORTION
Justice offence(s) <sup>1</sup>	39%
Property offence(s)	36%
Person offence(s)	32%
Public order offence(s)	22%
Traffic offence(s)	9%
Drug offence(s)	5%
Weapons offence(s)	4%
Deception offence(s)	2%
Miscellaneous offence(s)	2%

<sup>1</sup>For a list of offences included in 'justice' see Table B.2 in Appendix B.

Those arrested for property offences were significantly less likely to also be charged with justice offences (28%;  $\chi^2=14.149$ ,  $p=0.000$ ), person offences (25%;  $\chi^2=6.888$ ,  $p=0.009$ ), public order offences (15%;  $\chi^2=9.786$ ,  $p=0.002$ ), and traffic offences (3%;  $\chi^2=15.340$ ,  $p=0.000$ ).

Detainees arrested for person offences were significantly less likely to also be charged with traffic offences (3%;  $\chi^2=11.689$ ,  $p=0.001$ ), but were more likely to be charged with weapons offences (7%;  $\chi^2=5.220$ ,  $p=0.022$ ).

Those arrested for traffic offences were significantly less likely to also be charged with justice offences (13%;  $\chi^2=15.816$ ,  $p=0.000$ ).

Published crime data for NSW is only available as recorded offences (NSW BOCSAR 1997; 2000; 2002). In order to determine the representativeness of the current sample a comparison was calculated based on an average of recorded crime in NSW between 1994 and 1999. These years were chosen as a period within which the incidents occurred, but that is comparable. Changes

to reporting in early 1994 and late 2000 made averaging across the entire period of the incidents unreliable.

Table 4.6 below displays *offences*, with proportions based on the number and type of offence individuals who self-harmed were charged with.

**Table 4.6 Detention by offence type, incident data compared to NSW Police average (1994-2000)<sup>1</sup>**

	SCIA RECORDS	NSW POLICE AVERAGE
Justice offence(s)	30%	3%
Person offence(s)	23%	10%
Property offence(s)	21%	67%
Public order offence(s)	11%	2%
Traffic offence(s)	7%	8%
Drug offence(s)	3%	3%
Weapons offence(s)	2%	1%
Deception offence(s)	1%	3%
Miscellaneous offence(s)	1%	-
Other offence(s)	-	4%

<sup>1</sup> source: NSW BOCSAR 1997; 2000; 2002.

The NSW Police average data included a group of offences labelled only 'other offences' and were kept separate, as they did not appear to affect the proportions significantly. Detail in this data was not sufficiently specific to code any offences into the ASOC grouping for Miscellaneous offences used in the incident data.

When looking at the number of offences, as opposed to the number of individuals detained for a type of offence, a change is evident in the SCIA records data set. While a slightly higher proportion of this group were arrested

for property offences (36%), more person offences were committed by this group (23%).

A large difference is evident between the SCIA records and NSW Police average datasets, particularly for property and justice offences. The table indicates that arrests for justice, person and public order offences are over represented among those who self-injure in custody. Further implications of this will become evident in the next chapter.

### **Location during self-injury**

Location during self-injury was extracted from incident narratives. This information is relevant for determining the individual's progress through custody procedures at the time of their injury. For example, an injury inflicted in a public place or residence would suggest that the individual was not completely under the control of police at the time, while an injury inflicted in the police station indicates the opposite. Location of injury can also indicate motivations behind the injury that will be discussed in later sections.

**Table 4.7 Location during self-injury**

	PROPORTION
Dock	42%
Cell	26%
Caged truck	14%
Other location <sup>1</sup>	6%
Interview room	4%
Residence	3%
Charge room	2%
Public place <sup>2</sup>	2%

Notes: <sup>1</sup> detailed in Table B.5 in Appendix B; <sup>2</sup> includes: parks, public spaces, streets/ roads, shopping areas.

Those who injured themselves in the dock were significantly less likely to also attempt injury in the caged truck (8%;  $\chi^2=32.124$ ,  $p=0.000$ ), in the cell (6%;  $\chi^2=138.421$ ,  $p=0.000$ ), or in other locations (3%;  $\chi^2=18.252$ ,  $p=0.000$ ). This may have more to do with management of the individual while in custody than detainee behavioural patterns. However, further elaboration will be provided in the next section.

### Method of self-injury

Methods of inflicting self-injury were extracted from the incident narratives and were available in 99% of incidents (see Table 4.8). Distinction was made between hanging, which involves securing material to a fixture and using body weight to cause suffocation, and strangulation, whereby physical strength is used such as by holding or pulling material wrapped around the neck.

**Table 4.8 Method of self-injury**

	PROPORTION
Hitting	49%
Cutting	17%
Hanging	15%
Strangulation	12%
Ingestion	3%
Other methods <sup>1</sup>	3%

Notes: <sup>1</sup> detailed in Table B.6 in Appendix B.

Those who engaged in hitting were significantly less likely to also cut themselves (8%;  $\chi^2=72.056$ ,  $p=0.000$ ), strangle themselves (8%;  $\chi^2=23.302$ ,  $p=0.000$ ), attempt to hang themselves (7%;  $\chi^2=77.363$ ,  $p=0.000$ ), or use other methods (2%;  $\chi^2=12.621$ ,  $p=0.000$ ).

Those who engaged in cutting were significantly unlikely to also attempt to hang themselves (0%;  $\chi^2=45.601$ ,  $p=0.000$ ). Interestingly, those who engaged in hanging were significantly less likely to attempt strangulation (5%;  $\chi^2=12.303$ ,  $p=0.000$ ).

On the whole, detainees were more likely to engage in only one method of self-injury.

### **Body part injured**

The body part upon which an injury was attempted was extracted from the incident narratives, and was available in 95% of incidents.

**Table 4.9 Body part injured**

	PROPORTION
Head <sup>1</sup>	33%
Neck	30%
Hand	13%
Wrist	9%
Arm	4%
Foot	4%
Other body part <sup>2</sup>	3%
Forearm	2%
Stomach	2%

Notes: <sup>1</sup> defined by terminology used in narratives; <sup>2</sup> detailed in Table B.7 in Appendix B.

Results in this table support those outlined in Table 4.8 above showing differences between the methods used. For example, those who injured their head were significantly less likely to attempt to injure their neck (6%;  $\chi^2=118.527$ ,  $p=0.000$ ). This supports findings that those who injured themselves through hitting were less likely to attempt hanging or strangulation.

Similarly, those who injured their neck (i.e. through hanging or strangulation) were significantly less likely to attempt to also injure their arm (22%;  $\chi^2=3.984$ ,  $p=0.046$ ), or their hand (3%;  $\chi^2=52.198$ ,  $p=0.000$ ) and were significantly unlikely to attempt to injure their wrist (0%;  $\chi^2=40.757$ ,  $p=0.000$ ).

Those who injured their hand were significantly more likely to also attempt to injure their foot (11%;  $\chi^2=11.479$ ,  $p=0.001$ ).

### Implement used to self-injure

The grouping of implements used is provided in Table B.1 of Appendix B. Information was extracted from incident narratives, and then grouped according to the source of the implement. An object was identified in 98% of incidents (see Table 4.10).

The type of implement used by the detainee was collected to give some indication of their history in custody, as a self-injurer and of criminal activity. For example, some of the implements carried on the person, such as razor blades, would suggest that the individual had at least cut themselves on prior occasions, either in or out of custody. The other types of implement would appear to allow for 'opportunistic' self-injury.

**Table 4.10 Implement used to self-injure**

	PROPORTION
Found in immediate area	55%
Clothing	23%
Carried on person	11%
Supplied by police	7%
Body part	3%
Jewellery or accessory	1%

Those who used implements found in the immediate area were significantly less likely to use clothing (13%;  $\chi^2=114.130$ ,  $p=0.000$ ), material supplied by police (3%;  $\chi^2=40.899$ ,  $p=0.000$ ), or implements carried on their person (3%;  $\chi^2=88.692$ ,  $p=0.000$ ), or a body part (2%;  $\chi^2=9.806$ ,  $p=0.002$ ).

Those who used implements supplied by police were significantly unlikely to also use implements carried on their person (0%;  $\chi^2=10.773$ ,  $p=0.001$ ).

### Type of injury inflicted

The type of injury inflicted was extracted from the incident narrative, and was available for 98% of incidents. It should be recalled that individuals may have been included within this data source due to the seriousness of their injury attempt. Information on whether the individual accepted or refused medical attention was not reliably available and so was not recorded in this dataset.

**Table 4.11 Type of injury inflicted**

	PROPORTION
No injury	49%
Minor injury	31%
Laceration	13%
Serious injury	2%
Soft tissue injury	2%
Bruise or abrasion	2%
Break/ fracture a bone	1%

Proportions are based on incidents, rather than individual detainees. For example, detainees who engaged in two incidents may have received a minor injury in the first incident, and a laceration in the second.

Those who inflicted no injury to themselves were also significantly less likely to inflict a minor injury (17%;  $\chi^2=137.321$ ,  $p=0.000$ ), or a laceration (7%;  $\chi^2=52.575$ ,  $p=0.000$ ).

### Emotional state while in custody

Information extracted from incident narratives indicated that 27% of detainees identified an emotion they were experiencing while in custody.

**Table 4.12 Emotional state while in custody**

	PROPORTION <sup>1</sup>
Suicidal	23%
Depressed	18%
Angry/ frustrated	17%
Vengeful	13%
Upset	12%
Scared	10%
Confused/ guilty/ out of control	8%

Note: <sup>1</sup>Totals do not sum exactly to 100% due to rounding

Only one emotion was attributed to each detainee and all are mutually exclusive. Important implications of these findings in determining pathways of self-destructive behaviour will be expanded upon in the next chapter.

### Explanations provided for self-injury

Explanations provided for self-injury were extracted from incident narratives and were only recorded where a direct quote was obtained from the individual, or where police related a statement made by the individual. In some cases an interview after the incident provided further insight into the detainee's reasons for their behaviour.

**Table 4.13 Explanations provided for self-injury**

	PROPORTION
No reason given/ available	49%
Wanted to die	24%
Gain release from custody	19%
Cause trouble for police	16%
Emotional and personal issues	16%
Fear of going to gaol	15%
Alcohol and/or drug intoxication	11%
Frustration/ anger/ guilt at arrest/ offence	9%
Anger	7%
Other reasons <sup>1</sup>	7%
Didn't understand reason for detention	6%
Manipulate custody arrangements	6%
Mental illness	6%
Attention/ sympathy from police	5%
Didn't recall incident	5%
Not serious	5%
Prefer hospital to police cells, and increase chances of escape by transfer to hospital	5%
Demand refused	4%
Wanted a cigarette	4%

Notes: <sup>1</sup> detailed in Table B.3 in Appendix B

The explanations for self-injury in the above table are largely mutually exclusive. One exception is that those who reported that their behaviour was a result of their fear of going or returning to gaol were significantly more likely to also report emotional and personal issues (37%;  $\chi^2=7.222$ ,  $p=0.007$ ) as reasons for their behaviour.

Those who reported that their behaviour was due to anger, or a wish to die were significantly more likely to not give any other responses.

## NSW Police Complaint Data Interactions

Using a correlation matrix, it was possible to find some groups within the data that describe the individual and the reasons given for their behaviour based on the method and type of injury. Significant correlations (i.e.  $p \leq 0.05$ ) using Spearman's rho have identified the following groupings:

### Hitting

Generally male, this group were more likely to be intoxicated with alcohol at the time of their arrest. They were physically and verbally aggressive after being arrested, often for a public order offence, and injured themselves between midnight and 6am. While in custody this group were mostly angry and frustrated, with some claiming not to understand the reason for their detention. Others were confused, feeling guilty about their offence, or were feeling out of control. Attempting two or three incidents, this group were more likely to inflict bruises, soft tissue damage and minor injuries, lacerations and to break or fracture bones to the head, hand, foot and arm. Injuries were usually attempted while the detainees were in the dock and they used the walls, floor, roof and door to harm themselves. This group were more likely to not have a reason available for their injuries, or to claim they did it to gain release from custody, to be given a cigarette, because they were angry, or to cause trouble for police.

Interestingly, those for whom no reason was available were also more likely to be Indigenous, intoxicated by alcohol, physically and verbally aggressive, and to punch the immediate areas of the dock twice. Those who intended to blame or 'cause trouble' for police were more likely to injure themselves by hitting the caged truck during transport. They were also more vengeful throughout their custody period.

### **Cutting**

Significantly female, this group were more likely to be intoxicated by drugs and alcohol at their arrest for property offences. Most of this group were calm at their induction to custody, and had an identified mental illness. Those just arrested were more likely to injure themselves in other places, or in the interview room in three incidents. Others who used this method were more likely to injure themselves in the cell while awaiting a transfer to gaol. Most injuries caused lacerations to the wrist, arm and forearm. Detainees used implements either carried on their person at arrest, or supplied by police, namely plastic cutlery given with meals. Detainees using this method were significantly more likely to state that they either preferred hospital to police cells, or that they were attempting to increase their chances of escape by going to hospital.

A group using this method also were Indigenous persons under the influence of drugs and alcohol. They were likely to be verbally abusive at

entry into custody and lacerated their arm in three incidents. This group were more likely to blame their behaviour on their intoxication at the time.

### **Strangulation**

Female juveniles generally used this method over three incidents in the cell resulting in no injuries. Clothing was most often used and the intention was to manipulate custody arrangements. While this method was used in 12% of incidents, there are few significant relationships with other elements in the study. It may be the high proportion of juveniles in this grouping that is affecting other relationships. Juvenile detainees were a relatively small and heterogenous group, not showing any particular characteristics in either their behaviour or other elements in the study.

### **Ingestion**

Again more likely to be female, this group were under the influence of drugs and were difficult, although calm on their induction to custody. Most ingestions took place in the interview room, charge room or other places. Using substances carried on their person at detention, the detainees caused either no injury or serious internal injuries to themselves depending on the substance and quantity taken. These detainees claimed to be suicidal while in custody and stated that their behaviour was aimed to attract attention and/or sympathy from police officers.

## **Hanging**

This group of detainees generally came to the attention of police through a domestic-related incident. A single incident using clothing in the caged truck generally resulted in no injury to the individuals. When questioned, this group were more likely to cite emotional and personal issues for their behaviour.

A second group attempting hanging were awaiting a court appearance and cited a fear of going to gaol for their behaviour, and emotional and personal issues. They were more likely to be depressed, upset and scared while in custody.

## **Other methods**

This includes: biting, suffocation, chewing, shooting, stabbing, drowning, burning, squashing and re-opening wounds.

Females with an identified mental illness were more likely to use these methods and were generally taken into custody through a concern for their welfare. Emotional and suicidal while in custody, most injuries occurred at the person's residence. Serious injuries were inflicted through implements carried on their person, or body parts. These individuals reported that they injured themselves because they wanted to die.

Table 4.14 shows this information based only on significant relationships (i.e.  $p \leq 0.05$ ) in a tabular format.

**Table 4.14 Groupings by method based on positive correlations (p<=0.05)**

	<b>Hitting</b>	<b>Cutting</b>	<b>Strangulation</b>	<b>Ingestion</b>	<b>Hanging</b>	<b>Other Methods</b>
<b>Physical characteristics</b>	Male	Female, mental illness	Female, juvenile	Female		Female, mental illness
<b>Condition at entry</b>	Physical, verbal, alcohol	Drugs and alcohol, calm		Difficult, drugs, calm		Emotional
<b>Condition in custody</b>	Angry, frustrated, confused			Suicidal		Suicidal
<b>Incident characteristics</b>	0000-0559, 2 and 3 incidents	3 incidents	3 incidents		1 incident	
<b>Reason for custody</b>	Offence, public order offences	Gaol transfer, property offences		Court appearance	Domestic related	Concern for welfare
<b>Location of injury</b>	Dock	Residence, cell, other location, interview room	Cell	Charge room, interview room, other location	Cell, caged truck	Residence
<b>Body part injured</b>	Head, hand, foot, arm	Forearm, arm, wrist	Arm, neck	Arm, internal injuries	Neck	
<b>Type of injury</b>	Break/fracture bone, bruise, laceration, minor injury, soft tissue injuries	Laceration, minor injury	No injury	No injury, serious injury	No injury	Serious injury
<b>Implement Used</b>	Immediate area	Carried on person, supplied by police, jewellery/ accessory	Clothing	Carried on person, jewellery/ accessory	Clothing	Body part, carried on person
<b>Explanations for injury</b>	Angry, no reason given, cause trouble for Police, gain release, wanted a cigarette	Go to hospital and increase chances of escape	Manipulate custody arrangements	Attention and sympathy from police	Emotional and personal issues	Wanted to die

Interestingly, the six methods above fall roughly into two groups: the first three in Table 4.14 (namely hitting, cutting and strangulation) can be seen as attempts by the individual to reassert control over themselves and their situation. The second three methods (i.e. ingestion, hanging and other methods) are related more strongly to emotional issues that have more likely pre-existed the custody period.

**Table 4.15 Two groups of self-injurers**

	PROPORTION
Reasserting control	76%
Pre-existing issues	29%

These two groups were significantly negatively related ( $\rho=-34.724$ ,  $p=0.000$ ) to each other. Suggesting that they are distinct groups ( $\chi^2=437.706$ ,  $p=0.000$ ). Anecdotal information from police officers supports this finding (McMahon 2004, pers. comm.).

## Questionnaire Data

Of the 120 surveys distributed to police officers undertaking the Safe Custody course, 96 responded, yielding a response rate of 80%. This course is aimed at improving the procedures used in taking a member of the public into custody to ensure the safety of the detainee and police officers. These officers are the most likely to come into contact with members of the public for legal reasons, and also to be responsible for managing the custody environment.

### Respondent characteristics

Responses to the questionnaire (see Appendix B) gave information on the individual's rank, gender and region in which they were currently serving. Comparative information was extracted from NSW Police Annual Reports (NSW Police Department 2003).

Information was available on all respondents for gender and rank.

**Table 4.16 Questionnaire respondent characteristics, compared to NSW Police force characteristics (2003)**

	PROPORTION	NSW POLICE <sup>1</sup>
Sergeant	16%	15% <sup>2</sup>
Senior Constable	57%	80% <sup>3</sup>
Constable	27%	
Male	78%	n.a.
Female	22%	n.a.

Notes: <sup>1</sup> As at 30 June 2003; <sup>2</sup> Includes Senior Sergeant and Sergeant ranks; <sup>3</sup> Includes Senior Constable, Constable and Probationary Constable ranks.

Information from the NSW Police Annual Report indicates that the ranks sampled are representative of the total force (NSW Police Department 2003). Information is not presented in this report as to the gender of police officers, and so the representativeness of the sample cannot be completely guaranteed.

There was no significant difference in gender between the ranks among those surveyed.

### **Respondent experience**

Participants were asked to indicate if they had ever been involved in an incident where a detainee had injured himself or herself in custody, and if so, how many such incidents they had been involved in.

**Table 4.17 Respondent experience with self-injury incidents**

	PROPORTION
Ever been involved in an incident	85%
Involved in up to 10 incidents	60%
Involved in 11-100 incidents	29%
Involved in more than 100 incidents	12%

This is a mutually exclusive coding and no significant relationships were expected. Those involved in more than 100 incidents would be expected to have served as a police officer for a longer period of time and thus be at a higher rank. The smaller proportion of Sergeants suggests that this may be the case.

### **Police-attributed explanations for self-harm behaviour**

Proportions in Table 4.18 below were calculated from the frequency of an explanation being mentioned (see Appendix A). The information in this table ignored the order in which responses were given and instead summed their prevalence.

**Table 4.18 Police-attributed explanations for self-harm behaviour**

	PROPORTION
Alcohol and/or drug intoxication	50%
Attention from police	49%
Mental illness	34%
Cause trouble for police	26%
Depressed/ wanted to die/ self-hatred	26%
Gain release from custody	24%
Frustration/ anger/ guilt at arrest/ offence	24%
Other <sup>1</sup>	11%
Manipulate custody arrangements/ demand refused	10%
Fear of gaol/ scared/ don't understand their situation	9%
Low socio-economic status/ lack of social support	6%
Emotional and personal issues	4%
Self- expression/ to hurt themself	3%

Notes: <sup>1</sup> see Table B.4 in Appendix B.

Respondents were asked to place their responses in order of *prevalence*.

Table 4.19 below shows the most common explanations in each position within the five responses requested from the participant.

**Table 4.19 Police-attributed explanations for self-harm behaviour in order of prevalence**

POSITION	EXPLANATION	PROPORTION
1 (n=80)	Alcohol and/or drug intoxication	25%
	Attention from police	23%
	Cause trouble for police	13%
2 (n=69)	Alcohol and/or drug intoxication	19%
	Attention from police	15%
	Mental illness	15%
3 (n=55)	Attention from police	16%
	Frustration/ anger/ guilt at arrest/ offence	16%
	Alcohol and/or drug intoxication	11%
4 (n=27)	Depressed/ wanted to die/ self-hatred	19%
	Attention from police	15%
	Cause trouble for police	15%
5 (n=16)	Alcohol and/or drug intoxication	19%
	Cause trouble for police	13%
	Mental illness	13%
	Self- expression/ to hurt themselves	13%

The majority of these police-attributed explanations relate to alcohol and drug intoxication, and also to interactions with police, as opposed to personal and emotional issues that may have existed prior to incarceration. This is evident both in the frequency with which the reason was mentioned and also in the order of prevalence.

#### **Detainee-attributed explanations for self-harm behaviour**

Respondents were also asked to provide explanations detainees had stated for their behaviour in order of the prevalence in which they experienced it. Proportions in Table 4.20 below were calculated from the frequency of an

explanation being mentioned. The information in this table ignored the order in which responses were given and instead summed their prevalence.

**Table 4.20 Detainee-attributed explanations for self-harm behaviour**

	PROPORTION
Depressed/ wanted to die	35%
Alcohol and/or drug intoxication	33%
Frustration/ anger/ guilt at arrest/ offence	33%
Cause trouble for police	32%
Gain release from custody	28%
No reason given	20%
Mental illness	18%
Fear of going to gaol	15%
Personal problems	12%
Other	11%
Manipulate custody arrangements	9%
Attention from police	7%
Self-harm history, i.e. 'normal' behaviour	4%

Note: <sup>1</sup> See Table B.4 in Appendix B.

Overall, detainee explanations were similar to those used by police to explain this behaviour. However, differences exist in the distribution of the reasons. For example, while half of the police respondents attributed self-harm behaviour to the detainee being intoxicated, this reason was only cited by one-third (33%) of detainees.

Respondents were also asked to list explanations given by detainees in order of *prevalence*. The results are shown in Table 4.21 below.

**Table 4.21 Detainee-attributed explanations for self-harm behaviour in order of prevalence**

POSITION	EXPLANATION	PROPORTION
1 (n=82)	No reason given	16%
	Cause trouble for police	15%
	Gain release from custody	15%
2 (n=68)	Frustration/ anger/ guilt at arrest/ offence	21%
	Depressed/ wanted to die	19%
	Alcohol and/or drug intoxication	13%
3 (n=48)	Alcohol and/or drug intoxication	17%
	Gain release from custody	17%
	Depressed/ wanted to die	17%
4 (n=26)	Cause trouble for police	23%
	Frustration/ anger/ guilt at arrest/ offence	15%
	Mental illness	12%
	Gain release from custody	12%
5 (n=17)	Frustration/ anger/ guilt at arrest/ offence	18%
	Alcohol and/or drug intoxication	12%
	Cause trouble for police	12%
	Depressed/ wanted to die	12%
	Mental illness	12%
	Personal problems	12%

Again these positions show a large concentration on alcohol and/or drug intoxication, and also custody-related explanations.

Despite the similarities between the police-attributed and detainee-attributed responses, only frustration/anger/guilt at arrest/offence ( $\chi^2=10.365$ ,  $p=0.001$ ) and emotional/ personal issues ( $\chi^2=9.438$ ,  $p=0.002$ ) were significantly related. This suggests that police respondents were able to distinguish between their own perceptions and detainee statements in answering the questionnaire. A further implication is that although a detainee may give an explanation for their

self-injurious behaviour, police may not necessarily concur with their statements and perceive ulterior motives for their actions.

## Questionnaire Data Interactions

Police officers who stated that detainee-attributed explanations were related to a wish to be released from custody were significantly more likely to be male (96%;  $\chi^2=6.362$ ,  $p=0.012$ ). Female police officers, on the other hand, were significantly more likely to attribute depression and a wish to die for detainee behaviour (44%;  $\chi^2=3.972$ ,  $p=0.046$ ).

Respondents who had been involved in 10 or fewer incidents were significantly less likely to cite detainee-attributed explanations of causing trouble for police (22%;  $\chi^2=4.012$ ,  $p=0.045$ ), while those who had been involved in more than 10 but fewer than 100 incidents were significantly more likely to cite this (48%;  $\chi^2=4.142$ ,  $p=0.042$ ).

Police officers involved in 10 or fewer incidents were also significantly less likely to cite detainee-attributed explanations of frustration/anger/guilt at arrest/offence (22%;  $\chi^2=4.012$ ,  $p=0.045$ ). Respondents who had been involved in more than 10 but fewer than 100 incidents were also significantly more likely to suggest mental illness as a police-attributed explanation (55%;  $\chi^2=4.054$ ,  $p=0.044$ ).

There were no significant interactions between rank and number of incidents respondents had been involved in.

### **NSW Police Complaint and Questionnaire Data Comparisons**

Due to the vast differences in sample sizes, it was not possible to assess correlations between the two data sets directly. However, by using Table 4.22 below it is possible to visually assess points of similarity and departure in the explanations provided. Shaded cells indicate the three most prevalent reasons in the column.

**Table 4.22 Prevalence of explanations for self-injurious behaviour from two data sets**

	SCIA RECORDS	POLICE EXPL'TNS	DETAINEE EXPL'TNS
Anger	7%	-	-
Attention/ sympathy from police	5%	49%	7%
Cause trouble for police	16%	26%	32%
Demand refused	4%	-	-
Didn't recall incident	5%	-	-
Didn't understand reason for detention	6%	-	-
Emotional and personal issues	16%	4%	12%
Fear of going to gaol	15%	9%	15%
Frustration/ anger/ guilt at arrest/ offence	9%	24%	33%
Gain release from custody	19%	24%	28%
Alcohol and/or drug intoxication	11%	50%	33%
Low SES/ social support	-	6%	-
Manipulate custody arrangements	6%	10%	9%
Mental illness	6%	34%	18%
No reason given/ available	49%	-	20%
Not serious	5%	-	-
Other reasons	7%	11%	11%
Prefer hospital/ attempt escape	5%	-	-
Self-expression/ hurt self	-	3%	-
Self-harm history	-	-	4%
Wanted a cigarette	4%	-	-
Wanted to die	24%	26%	35%

This table shows few similarities between the two data sets in the explanations given for self-injurious behaviour. However, all three columns place 'cause trouble for police' as the fourth most frequently mentioned reason for self-injurious behaviour.

Information from the complaint data and detainee-attributed explanations also have 'other reasons' and 'manipulate custody arrangements' in the same order by prevalence.

The small number of similarities by prevalence in this table may be an artefact of the sample sizes involved, or the source of the information (i.e. directly from detainees in the incident data, versus from police in the questionnaire data). However, there is considerable crossover in the types of explanations given for self-injurious behaviour by detainees in custody. This is seen in the consistency of the groupings of reasons both in Table 4.22 and illustrated in more detail in Table B.4 in Appendix B.

## Conclusion

The findings from the data analyses have shown support for previous research both in detainee characteristics, and also in the behaviours in which they engage. However, the groupings and relationships identified in Table 4.14 are novel findings that provide greater illumination of self-injury in police custody, and the reasons for that behaviour. The implications of these groupings will be further discussed in the next chapter.

Analysis of the questionnaire responses has shown particular differences between the explanations attributed by police officers, and those that were detainee-attributed. This finding supports claims that relying on external observers to understand self-injury is unreliable. The analysis also showed an interesting phenomenon in that police were able to hold their own opinions and give contrasting explanations as supplied by detainees. This is

outside the scope of the current study, however, other points of interest will be discussed in the next chapter.

## **5. DISCUSSION OF FINDINGS**

In this chapter the practical, theoretical and empirical implications of the findings detailed in the data analyses will be discussed. The first section debates in greater depth the literature on self-injury in relation to each of the elements collected in the data. The three most significant findings of the study are examined in the second section, drawing together theory and statistical findings from the current research. Implications for police procedures and further research are discussed in the third and fourth sections, respectively. These final sections allow the findings of the study to focus on practical issues for prevention, management and treatment of individuals under extreme stress engaging in self-harm in police custody.

This study examined 963 incidents of self-inflicted injury by 686 NSW Police detainees between 1992 and 2002 in order to better comprehend this behaviour. Characteristics of each detainee, and the incidents in which they were involved, were scrutinized and relationships were found between these elements and the insight detainees provided for their behaviour while in custody. Although explanations were only available in 51% of cases, the indications are sufficiently significant to have practical and theoretical implications for the management and treatment of individuals prone to this type of behaviour while in highly stressful situations such as police custody.

In order to determine the relevance of the findings from this study the sample will be compared with the open community, the general police custody population and Australian studies examining self-injurious behaviour in prison and police custody. Significant findings will then be explored for their generalisability to all police custody incidents and to the understanding of the behaviour in the open community. This chapter will also place the findings from the current study into the theoretical and practical understanding of self-harm in the literature.

### **The Current Sample**

In comparing the current study it must be remembered that the size of the sample can make a large difference in the probability of obtaining statistically significant results, and it also has implications for the generalisability of findings. For example, while the study by Fleming *et al.* (1990) was based on 152 incidents in police custody, the Dear *et al.* (1998) study concluded results on 108 incidents that involved 91 prisoners. The Sallybanks (2003) study used 1 066 incidents involving 260 detainees, although only 564 incidents were considered deliberate attempts at injury. Thus the current study is the largest to have been carried out to date on individuals who self-injure, and particularly on these individuals in the forensic population.

### Sample Characteristics

Gender and Indigenous status distributions in the current study are comparable with the general police detainee population (Carcach & McDonald 1997), the Fleming *et al.* (1990) study of police detainees who self-injured, and Dear *et al's* (1998) study of prisoners. All sources, with the exception of the prisoners, supported the overrepresentation of females among Indigenous detainees found in the current study. Interestingly, the Sallybanks (2003) study of NSW Police detainees showed a higher proportion (22%) of females involved in deliberate acts of self-inflicted injury. It is unclear why this study differs from the rest of the research, however methodology is expected to play a large part.

Comparisons of the actual proportions of females involved in self-injury in the current sample with those in the open community would not be helpful, as baseline gender distributions differ between the two groups (Liebling 1992). However, strong over representation of females among those who self-harm in both the open community (e.g. Meltzer *et al* 2002) and the forensic setting suggest that this characteristic is not particular to the latter environment.

It is difficult to determine whether the prevalence of detainees with mental illness makes the current sample unique. Comparisons are not made with the open community, as the prevalence of mental illness in the forensic population has already been shown as higher (Liebling 1992). Dear *et al* (1998) indicated that 21% of prisoners had a history of mental illness, however the

parameters for measuring this are unclear. It is not possible to tell whether these individuals had merely received psychiatric treatment or had actually been diagnosed with a mental illness. The proportion of this characteristic is double in the prisoners compared with the current study.

Based on detainee characteristics, the current sample does not appear to be particular either among police detainees, known self-injurers in the forensic population, or known self-injurers in the open community. This concurs with other research (e.g. Liebling 1992) that individual characteristics are not effective in screening and preventing self-injurious behaviours, particularly in the custodial environment. It also suggests that any significant findings in the current study cannot be accounted for by characteristics of the detainee sample.

Police officers surveyed while undertaking the Safe Custody course appear to be generally representative of NSW Police personnel. These officers are also the most likely to come into contact with detainees both in public and within the custody area. It would be prudent to recall, however, that responses to this survey will, like those in Fleming *et al* (1990), depend on police officer interpretations of what they consider a self-injury incident.

Survey responses indicated that officers had experienced numerous incidents in which detainees self-injured. This gives some sign of the prevalence of this behaviour, and also reinforces that the incidents reported

through the CIS are not all that occur. Indeed, the Sallybanks (2003) study on incidents extracted from a different system within NSW Police indicates that there is no central location in which all incidents are recorded. Having a central record of injuries to detainees would provide more accurate information on prevalence, methods for prevention, and indicators of potential self-harm behaviour. The current study should be considered in the light of these incidents being among the more serious that occur.

### **Incident Characteristics**

Although the 1995 National Police Custody Survey ([NPCS] Carcach & McDonald 1997) indicates that custody incidents are distributed quite evenly throughout the day, a slightly higher proportion is evident in the period between 6pm and midnight (29%). This pattern concurs with both the current study where 38% of self-injuries occurred in this time period, and the Dear *et al* (1998) study (45% of self-injuries were inflicted between 7.30pm and midnight). However, the reasons for the two studies coming to the same conclusion may differ. In a prison environment, the period between the evening meal and morning muster has the least number of staff and also considerably less monitoring and supervision of prisoner behaviour due to 'lights out'. Yet for police, not only are a large number of persons brought into custody many are experiencing the effects of drugs and/or alcohol in this time period. Deehan *et al* (2002) has shown that intoxicated detainees are less

manageable and more likely to exhibit aggressive behaviour. As the current study was unable to capture the time a detainee was taken into custody, substituting in the NPCCS data suggests that most injuries occur within a short space of time after entry into custody, and that alcohol and drug intoxication is a strong contributing factor.

When the custody area is more heavily occupied (such as between 6pm and midnight), the detainee will receive less individual attention and supervision, giving them more opportunity to injure themselves, or more reason to wish to draw attention to themselves. Charging processes also take longer, meaning that detention periods would be of greater duration, and individuals intending to injure themselves would be more likely to do so while still in custody, instead of after their release. Symptoms of post-arrest trauma may also be exacerbated by delays and extended periods of detention (NSW Police 2002). Detainees taken into custody in this busy period, therefore, may be attempting to encourage police to process their release sooner by engaging in extreme behaviours, facilitated by alcohol and drug intoxication. This may indicate that their behaviour has some differences from self-injury inflicted at other times, due to different stressors, motivations and levels of substance intoxication.

For example, considerably fewer injuries occurred in the 6am to midday time period (12%) than were taken into custody according to the NPCCS (25%; Carcach & McDonald 1997). This is generally the period in which persons are

taken into custody for court appearances, suggesting that detainee distress may be due to the impending sentencing for their crime. Also, individuals may be attempting to delay their court appearance, or to have their apparent suffering (displayed through their willingness to hurt themselves) taken into account in terms of the severity of the sentence imposed (Bureau of Management Consulting 1981).

Considering the differing circumstances of detainees in custody in the daytime and those entering during the night provides some insight into potential precipitants for self-harm behaviours. However, the higher proportion of injuries occurring in time periods where individuals are more likely to have been brought into custody directly after their offence lends support to the idea that post-arrest trauma may have a considerable effect on the behaviour detainees will engage in while in custody.

Useful information unavailable in this study is the time the detainee was taken into custody. This would allow examination of the length of time before an injury occurred, perhaps indicating 'critical periods' for police detainees in line with Shaw, Appleby and Baker (2003). It may also expand on implications that self-injuries inflicted at different times of the day have different motivations, and therefore will require different strategies for prevention and management.

### Condition of Detainee on Entry into Custody

The vast majority (87%) of individuals who injured themselves in the current study were recorded as being under the influence of some substance, suggesting that it is a significant factor in the behaviour of these police detainees. Substance use is commonly associated with a lowering of inhibitions (Sattar 2001), and may indicate that these individuals are acting in a manner they would not when sober. In Fleming *et al* (1990), around 59% of those detainees who injured themselves were identified as being under the influence of alcohol at the time. This is comparable to the proportion found in the current study at 63%. Significant interactions of this variable and being physically aggressive and verbally abusive are evident in the groups outlined in the previous chapter (see Table 4.14 on pg 125), and supported by UK research (Deehan, Marshall & Saville 2002). Thus, physical and verbal aggression may be a less-inhibited behavioural reaction to environmental restrictions, fuelled by alcohol intoxication.

When faced with a stressful situation, the natural reaction of all animals is known as 'fight or flight' (Carson, Butcher & Mineka 1996). This involves the most fundamental physiological responses aiming to ensure the organism's survival by either defeating or avoiding the stressor. In a captive situation, such as police custody, the individual makes a choice of either fighting (i.e. physical and/or verbal aggression) or avoidance (i.e. emotional and/or physical escape) and is still faced with the stressor. In this situation, self-injury

may form the original response (in the case of hitting walls), or a continuation of the detainee attempting to fight or avoid the still present stressor of custody. For example, the detainee who is calm, difficult, or even relatively compliant may have initially chosen an emotional 'flight' option. When the stressor remains, a more extreme response may be required in which self-harm is employed, perhaps to bring about physical 'flight'. Interestingly, individuals displaying behavioural pathways such as this were more likely to be under the influence of drugs: a well-recognised strategy for emotional 'flight' (Carson, Butcher & Mineka 1996), suggesting that this is an established coping mechanism.

Depersonalisation theory (e.g. Bureau of Management Consulting 1981) describes a situation in which an individual sees themselves as anonymous, and they experience a reduction in moral constraints, permitting irrational or destructive behaviours. Yet, gender differences in the condition of detainees in such a situation as entering police custody retain evidence of socialised coping strategy development. For example, males are generally considered (and accepted to be) more violent than females (Carson, Butcher & Mineka 1996), and are more likely to respond to threat by 'fighting' (e.g. physical aggression). Females, on the other hand, are more submissive on entry into custody and if not depressed and actually wishing to die (i.e. emotional 'flight'), may strategise their situation in order to provide the most favourable conditions for themselves in the circumstances (i.e. physical 'flight').

It would appear that despite lowering of inhibitions, either through depersonalisation or substance use, socially endorsed methods for responding to stressors are attempted initially, and when unsuccessful more extreme behaviour (i.e. self-harm) is used. Further study is required to confirm these impacts of post-arrest trauma on detainee behaviour. However, social conditioning may have a far larger impact on understanding of stress responses and self-injury than previously acknowledged. Examination is also required into the prevalence of aggression and/or intoxication in the general detainee population to determine whether a particular state at entry is more likely to be followed by a self-injury.

Self-injury history outside of police custody, particularly while intoxicated, would also be useful in determining the role of police intervention in the use of self-injury. While police detention will always be distressing, this environment provides a unique opportunity to understand human reactions to stress, and also self-harm behaviour.

### **Reasons for Detention**

A considerable number of detainees (28%) were in police custody for protective and/or mental health reasons when they injured themselves. Police assist in the transportation of mental health patients when required, and also return patients who have absconded from secure facilities. A large number of these individuals are receiving treatment for suicidal behaviour at the time

that they come into police custody and so the number of them in this data set is not surprising. However, it does support concerns of police officers that they are not the most appropriate persons for undertaking these duties. Also while public drunkenness is not a criminal offence in NSW, police officers are required to take intoxicated persons into custody for their own protection. This is another role which police are not equipped to take on, but with the lack of support for 'drying out' shelters discussed earlier, they have little choice.

Perhaps one of the more interesting contrasts between this study and the existing data is that of the offences for which the detainees (other than those being protected) were taken into custody. This information can give an indication of an individual's emotional state prior to being taken into custody. For example, person (or 'violent') offences (considered among the most serious by the justice system) would indicate that a significant amount of physical, and probably emotional, turmoil has preceded the custody period. This is played out in the reactions to being arrested shown in the previous chapter such as those arrested for public order offences (see Table 4.14). This group were more likely to be under the influence of alcohol, be aggressive and abusive, and hit themselves on their immediate surroundings. This is probably similar to the type of behaviour that incurred police attention, and where an arrest is often made to prevent more serious offences occurring.

In comparison with the NSW Police average figures (see Table 4.6 on pg 112), the current sample was:

- Ten times more likely to have been arrested for a justice offence,
- Twice as likely to have been arrested for a person offence,
- Five times more likely to have been arrested for a public order offence, and
- Three times less likely to have been arrested for a property offence.

This suggests the current sample contains persons arrested for a mixture of serious and less serious crimes, but also a significantly higher proportion of persons who have an obvious criminal history (i.e. those arrested for justice offences are in breach of court orders, bail, and outstanding warrants). This group would also have previously been in police custody and will be aware of the processes involved and, therefore, how to manipulate them. This was an observation made by police officers, and related to detainees attempting to regain control over their situation (see Table 4.18 on pg 129). Further study identifying prior experience in custody would provide clarity on this issue and support the learning theory perspective, where the individual has learned through experience that self-harm will bring about reinforcement for their actions. In the case of police custody this may be release from custody, or attention in distress.

Also not able to be determined by this study, is the potentially different treatment that repeat detainees may experience from police officers. Where an individual repeatedly inflicts minor injuries on themselves while in custody,

police reactions may change over time. Indeed, the expectation of self-harm by both police officers and detainees may create a deviant culture where extreme behaviour is more acceptable, increasing the frequency.

On the other hand, some detainees will be experiencing custody for the first time, and yet others would be expecting a custodial sentence of varying duration. This range of experiences and concerns dictates that understanding and management of self-injury behaviour should not be generalised, even when the physical environment is held constant.

### **Location During Self-Injury**

While the location in which an individual self-harmed may give an indication of how long they have been in custody, the physical characteristics of the surroundings must also be considered. For example, the dock (where the majority of injuries in this study occurred) is a very small booth that provides the detainee with little more than room to sit down. Depending on the detainee's overt distress levels at the time, the door may be left open, however, this remains an extremely confined space, potentially adding to post-arrest trauma. The additional restrictions of this small space would reinforce all psychological, physical and emotional implications of incarceration for the newly detained individual. As the smallest space in which an individual would ever be held, the dock may also exacerbate fears of future confinement. Findings that those who injured themselves in the dock did not usually

continue to do so when in other locations, suggests that this space particularly increases detainee distress.

The location can also suggest the immediate concerns, motivations and coping strategies of the detainee. For example, placement in the dock indicates that police are engaged in processing charge details and are making a decision in regard to releasing the person on bail. Thus, up to and including this point, the individual still has some hope of imminent release and through concern about their immediate future may be attempting to influence police in order to be released from custody. After the decision has been made to keep the individual in custody, they are moved to a cell. At this time, the individual may begin thinking about the long-term consequences of their actions such as a potential custodial sentence.

In this way, the physical location can prompt a detainee to switch from attempting to influence their externally imposed situation (i.e. police custody) to reacting more to the immediate and obvious consequences of their own actions (i.e. sentencing and incarceration). This was supported by the findings detailed in Table 4.14 (see pg 125) where hitting was significantly related to the dock, and strangulation and hanging were significantly more likely to occur when the detainee was in the cell, the latter both far more potentially lethal behaviours. The reasons for engaging in self-harm also changed in line with the location in which the detainee was placed. In line with Maslow's hierarchy of needs (Cloninger 1996), it may be that the individual has re-established base

physiological requirements, and be experiencing distress at the unavailability of other desires.

The location in which injuries occurred in the Fleming *et al* (1990) study compared with the current sample show significant differences. This may be due to architectural changes in custody areas, which occurred in line with recommendations from the Royal Commission into Aboriginal Deaths in Custody (RCIADIC) being implemented in the time between the two studies. For example, the current study shows significantly fewer incidents occurring in cells where 'hanging points' have been removed and more in police vehicles where they are still available.

The police custody area is furnished in such a manner as to facilitate cleaning on a regular basis. This includes all surfaces having the ability to be washed down with a hose, and a drain in the central charge room to permit removal of waste. Behaviours described by Sallybanks (2003) indicate that detainees often use bodily fluids to cause difficulties for police officers while in custody. The remodelling of the custody area may have inadvertently provided cues that this behaviour is more manageable and therefore acceptable. Thus, the environment may be indicating a deviant subculture to the detainee, where these extreme behaviours receive enhanced 'permissiveness' in the custody area.

The physical location in which an incident occurred can give indications of potential motivators for self-harm behaviour. It can also provide detainees

with cues for how, if and why they may engage in extreme behaviours. This can be a potentially crucial factor in understanding self-injury as a physical manifestation of the distress detainees are experiencing in police custody.

### **Method of Self-Injury**

The most interesting finding in the current study is the significant relationships between method used and other characteristics of the individual and the incident. These relationships have formed the basis of the groupings in Table 4.14, and are discussed below. Further study in other police jurisdictions would confirm these findings.

The current study applied a consistent definition of a self-inflicted injury to all incidents recorded by police, in order to reduce bias. This contrasts with Fleming *et al's* (1990) study for example, which is open to prejudice as incident reports are dependent upon police interpretation of a deliberate attempt at self-injury. This causes difficulties in determining whether differences in methods used between that study and the current one can be accounted for solely by study methodology and/or the implementation of RCIADIC recommendations mentioned earlier.

For example, the majority of incidents in Fleming *et al* (1990) use hanging (70%), indicating that at the time of this study changes had not yet been made to the architecture within custody areas that removed hanging points, or that police interpretation lead to more reports of this method of self-

injury. However, evidence that the proportion of incidents using cutting in Fleming *et al* (1990; 16%) accords with the current study indicates that it may be the opportunities available to detainees that direct their method of injuring themselves. In this case, hanging may have been exchanged for hitting in the current study due to lack of fixtures available, but no change has been made to opportunities for cutting, explaining the replication of similar prevalence rates. However, there are limitations in drawing these conclusions such as media coverage of the RCIADIC and its potential for influencing behaviour in custody. Unfortunately it is not possible to determine whether motivations have changed over time in line with methodologies.

Dear *et al* (1998) show a significantly higher proportion of inmates injuring themselves through cutting (81%), particularly in comparison to the current study. While head injury is mentioned among prisoners, it is engaged in by a very small minority (1%). This difference may be a factor of supervisory practices in police and prison custody. For example, head injury may be the type of self-injury that is only undertaken when manipulation is the aim, requiring a witness to have the desired effect. On the other hand, due to the lower likelihood of inflicting an injury, it may be that observation must occur in order for the incident to have been reported to officials. Regardless of the reason, this method of injury denotes a departure from the existing literature in both the open community and prison environments. Replication

of the current study is required to determine whether it is the methodology or timing of the study that has made it unique in relation to injury methods used.

The majority of incidents in the current sample used methods that were rarely fatal, such as hitting and cutting. Given that the individual has not had sufficient time to make any significant life choices, such as attempting suicide, it can be assumed that their behaviour is largely a reaction to the immediate situation. Biles' (1994) description of the 'aggressive hanging' that causes many deaths in police custody further supports this by suggesting that some deaths may be accidental. The detainee may actually expect police to intervene and act to relieve their distress. Between-incident consistency in methods used by detainees also parallels research in the open community (Martinson 2002) indicating that an individual who self-harms will choose a different method if they decide to attempt suicide- suggesting that self-harm is not intended to be fatal.

The method used to inflict injury marks the first and most obvious point of departure of self-harm in police custody from other environments. The more extensive implications of this will be discussed in more detail later in relation to the behavioural groupings discovered in the current study.

### **Injury, Implements and Consequences**

The implement used to self-injure is reasonably intuitive when considering the method used, particularly the use of clothing for hanging and strangulation.

Those who hit themselves were most likely to use their immediate area, and groups who cut themselves or ingested substances were likely to use implements that they were carrying or wearing on their person.

Carrying an implement on the person, may suggest that these individuals have a history of self-harm in custody and/or the community. Indeed, of the implements making up this group, 52% were razors, knives, and pieces of glass, supporting conclusions that they are not 'opportunistic' implements such as hair accessories or spectacles. For example, the carriage of razor blades on one's person was particularly common among females in the sample, and may indicate some form of premeditation for self-injury. Whether that was to occur only in the event of custody, however, is not clear.

Incidents where the detainee used an implement they were carrying on their person would suggest lapses in the procedures for searching persons taken into custody. However, some of these implements were not discovered prior to the injury due to the detainee's aggressive and/or violent behaviour making a search dangerous. Females in custody cannot be searched by a male police officer and searches are often delayed until a female officer can arrive, giving detainees time to injure themselves before potential implements can be removed. Detainees also secreted implements in places not normally searched such as their hair or body orifices.

This may also explain gender differences in the implement used, e.g. males used walls etc. while females may have had greater access to

implements carried on their person. Further information on time in custody before an injury would provide more evidence, but this may give an alternative to the 'fight' or 'flight' suppositions based on condition at entry. Similar to findings from comparisons of methodology, it may be opportunity that directs when, if and how an injury will be inflicted. Longitudinal studies would be useful in determining this possibility. However, it would also suggest that engaging in self-injury is random in this population and that no screening instrument will ever provide enough information to predict the behaviour every time.

Implements supplied by police, largely used for cutting, were quite often plastic cutlery which is provided with a meal when an individual was detained for longer periods of time (see Table C.1 in Appendix C). The implications of this for police may be that foodstuffs not requiring cutlery, such as sandwiches, may be more appropriate for detainees, particularly those with a known history of self-harm.

Record of physical injury is based on the detainee describing pain, or police and/or medical personnel identifying an injury. Most incidents at least caused some minor form of redness, although this was not considered to be an injury. Almost half of all incidents resulted in no injury to the detainee, and this was largely due to police intervention in removing objects and providing counsel to detainees in order to calm them.

### **Emotional State While in Custody**

Identification of a detainee's emotional state is dependent upon them actually expressing their feelings to police, and this may go some way to explaining why this variable was available for less than one third of detainees. The majority of emotions identified related to feelings of depression and suicidality, and found a strong correlation with the reasons given and the groupings identified in the study. It may be, though, that those who expressed an emotion were also more likely to provide an explanation for their behaviour.

Despite these concerns, this variable is relevant in assessing the individual's pathway to self-injurious behaviour. For example, those in the hitting group were expressing anger, frustration and confusion throughout their custody period, suggesting their actions were not a sudden, or even gradual, eruption. These individuals claimed to have inflicted their injuries in order to cause trouble for police or gain release from custody. When their emotional state is combined with the multiple number of incidents the individual engaged in, it could be assumed that these detainees were likely to continue in this manner until their outcome was achieved. For this group the outcome may have been to: inflict an injury requiring medical attention that would hopefully get police in trouble; obtain bail; or exert control over police behaviour and reactions.

Where an emotional state was not available and the individual's actions were a sudden eruption, their injury may be more serious due to prior rumination of options remaining in the coping strategy repertoire. This is sharply indicated by the 'other methods' group where the individual was described as emotional prior to the incident (see Table 4.14 on pg 125). This group were significantly more likely to inflict a serious injury such as stab or gunshot wounds, or be taken to hospital in an unconscious or critical condition.

Shneidman's (1992) concept that all suicides, attempts at suicide and incidents of self-injury involve the individual acting to relieve some form of psychological pain does not seem evident in many cases in this study without extensive supposition. The majority of examples given by Shneidman and other researchers (e.g. Dear *et al* 1998) when detailing this psychological pain relate to emotional turmoil manifesting in racing thoughts, upset and distress. In contrast, the majority of individuals in this study are exhibiting anger and frustration. While this can be interpreted as psychological pain, it would be a considerable stretch to apply this interpretation, as the individual themselves would undoubtedly not perceive their emotional state in that manner.

For those feeling suicidal while in custody, some form of regular social interaction may be beneficial. As Lazarus and Folkman (1984, cited in Bonner 1992) discovered, where appropriate social feedback is available, a 'buffer' is created preventing self-destructive behaviour. Following the RCIADIC,

processes were implemented to provide detainees with a support person from the community, or place them in a shared space where possible (Harding 1992). Further investigations of the occurrence of self-injuries when the detainee was alone and not could confirm Lazarus and Folkman's finding and determine its relevance in the police custody environment.

It may be that this practice is under utilised in police custody, or that it is impractical given the short periods of time for which individuals are detained. Injuries may also be occurring in the time between entry into custody and a support person being contacted and arriving, particularly in busy periods where phone calls may be delayed. If this is the case, alternatives may be required, such as establishing links with community groups to provide assistance in busier periods in custody areas, such as the lay visitors scheme discussed earlier.

Using evidence from Shneidman (1992) and Dear *et al* (1998) regarding the relief of psychological pain, the emotional and psychological precursors to the most prevalent form of self-harm found in the current study are distinct from that described in the open community or the prison population. This finding indicates the considerable influence of police custody on behaviour choices and reactions, including shorter time spans and less opportunity for considering coping options. The lack of detainees in this study describing self-injury as a method to relieve psychological pain marks the second major point of departure from existing studies.

### **Explanations Provided for Self-Injury**

No pattern is immediately apparent when looking at the prevalence of explanations provided for self-injury in the current study (see Table 4.13 on pg 120). Instead, a mixture of reasons pertaining to the immediate situation or environment and pre-existing issues is evident.

In the Dear *et al* (1998) study, 59% of those interviewed reported that the main precipitating factor in their actions was directly related to their imprisonment. This was followed in prevalence by prisoners reporting that the main function of their behaviour was to obtain psychological relief, to die or escape their problems, to gain attention, force a change in their circumstances, and a small group were unsure as to why they had self-injured. The major difference in the reasons given by this group from the current study is the large proportion that cited psychological relief as an aim of their behaviour. This is a reason given by many who self-harm in the open community, and yet was not mentioned among those who gave an explanation in the current study. This suggests a marked difference in the pathway to this behaviour in the police custody environment as discussed in relation to emotional states in custody.

Deprivation and Importation theories accord with differences in focus between the immediate external environment and internal emotional turmoil. As indicated by the findings from this study, those reacting solely to the deprivation of their autonomy and freedom may choose to attempt to reassert

control over police behaviours (e.g. gain more individual attention, earlier release), their physical environment (e.g. obtain better conditions, allay claustrophobic feelings in the dock), or their person (e.g. taking control of the amount or type of [dis]comfort they will experience). The extreme behaviours may be intended to either restore their freedom; or perhaps, they may be invoking Menninger's "wish to kill" (Maris 1992a) where the detainee inflicts injuries on themselves that they would like to inflict on others.

Also relevant for the 'deprived' police detainee is Durkheim's Fatalistic suicide type (Durkheim 1951). The excessive social regulation placed on the person by the legal process can undermine their self-image and self-efficacy, causing them to feel hopeless and resort to extreme behaviours in order to restore a positive self-concept. This is again evident in those attempting to assert control in their situation. Durkheim's interpretation accords with information (Bureau of Management Consulting 1981) that any institution implicitly requiring social regulation (such as university dormitories) will increase rates of self-harm. Thus it may be that this is the most important concept in the 'Deprivation' that influences behaviour. The high proportion of detainees acting to reassert control supports this (76%, see Table 4.15 on pg 126), indicating that it may be power over anonymity or depersonalisation being sought.

In support of Importation theory, on the other hand, are those citing a wish to die, or hurt themselves in response to emotional, personal and

financial issues. The experiences of these individuals would more closely accord with Shneidman's (1992) six elements that lead to suicide and his Egotic type where the individual is completely focused upon themselves and their desolation. Interestingly, these detainees are also opting for a 'flight' response to their personal situation, suggesting a parallel to individuals in the open community.

Importation and Deprivation theories, as stated earlier, attempt to separate the individual from the environment in attributing causes for behaviour. However, other sociological theories have long acknowledged the impracticality of this. For example, where a detainee has claimed to feel remorse at 'letting people down' or that 'no-one cares about them' this could be construed as an explanation given regardless of legal detention, and therefore in support of Importation theory. The person may have engaged in the same self-harm behaviour even if their offence had remained concealed. However, applying Durkheim's concept of social integration, and particularly Egoistic suicide type, although it is the ineffective social ties that have brought about their desolation, it could be argued that being taken into police custody may magnify, or concentrate, these feelings. Thus, police custody may exacerbate underlying vulnerabilities and distress.

Implications of the reasons given for self-harm behaviour became clearer when correlations were made with other characteristics of injury incidents. These were then further divided into those indicating that the

detainee's behaviour was in response to emotional and/or personal issues, and those that indicated the primary motive was to reassert control. However, this is not to claim that these individuals do not injure themselves when outside of custody for the reasons given by open community studies.

### **Police-Attributed Explanations for Self-Injury**

Intoxication with alcohol and/or drugs plays a large part in police officer-attributed explanations for detainee self-injury while in custody. This interpretation may be correct given the high proportion of intoxication among detainees in the current study. However, using this explanation to understand detainee behaviour has the additional limitation of drawing attention away from the role of police officers in this situation. It infers that the individual is problematic, rather than considering the social and interpersonal factors that are influencing the detainee's behaviour.

Of almost equal importance in police-attributed reasons is the belief that detainees are merely attempting to obtain attention from police officers. This may derive from interpretations of one of two possible scenarios (as identified in the data): the detainee may be attempting to have their actions direct police behaviour in order to regain some control over their situation, or; they may be seeking help in their distress.

Police provided no further explanation to indicate what form of attention the detainee was seeking (e.g. sympathy or empathy).

Understandably, in order to maintain authority, police are loath to have their actions manipulated by detainees. However, some further investigation of reasons for self-injurious behaviour by police officers may be warranted instead of relying on the assumptions identified in this survey. As seen in the behaviour groupings identified in the data, those who are suicidal in custody inflict the most serious injuries. Like theorists, police appear to be focussing on the end result of the behaviour instead of the pathway that motivates self-injury.

### **Detainee-Attributed Explanations for Self-Injury**

Detainee-attributed explanations as reported by police are nowhere near as conclusive as police interpretations. For example, while the top two police-attributed reasons each occurred in half of all responses, the top four detainee-attributed reasons each occurred in one third of all responses. This is supported by the distribution of reasons given in the complaint data (see Table 4.13 on pg 120). It also highlights the differences in focus between the pathway and the end result of the behaviour. An outside observer is not always privy to the details of behaviour motivators.

While alcohol and/or drug intoxication was still prevalent in the reasons given to police by detainees, it's meaning may be different to that used by police when attributing this behaviour to that cause. Some difference is evident looking at Table B.4 in Appendix B. Police-attributed reasons appear

to be related more closely to the effects of alcohol and/or drug use on the detainee's behaviour, while detainees are more likely to blame the substance itself. This is indicative of the two perspectives of police and detainees on this issue, one as the external observer and the other internally experiencing the effects and having prior knowledge of their behaviour and attitude without the substance.

Interestingly, gaining attention from police was one of the least often cited detainee-attributed explanations for self-injury. Mental illness, which was the third most common reason suggested by police, was also less common among detainees. Causing trouble for police, however, was relatively similar in proportion across both detainee and police attributed explanations.

Internal emotions such as wanting to die, being frustrated or angry at being arrested or committing the offence showed considerable difference in proportion between the police-attributed and detainee-attributed explanations given. This lends support to the finding in previous research (e.g. Liebling 1992) that external observations of behaviour and interpretations of motivations are not reliable. External understanding of an individual's behaviour is influenced by the observer's own prejudices and comprehension of the situation. Thus, media, cultural issues, own experience and police culture and familiarity may influence police understanding of reasons for this behaviour. This casts doubt on the basis of traditional theories where research

was conducted using file information and opinions of others to form conclusions.

### **Comparability Across Datasets**

No obvious similarities exist between the explanations given in the complaint data, detainee-attributed reasons, or police-attributed reasons. A considerable effect on this may be the small sample size in the survey data. Also, the 49% of cases in the incident data where no reason was available or given may have effected the true proportions of reasons for this behaviour.

It would be tempting to suggest that the detainee-attributed explanations may be effected by police officer interpretations and thus do not equate with those provided in the complaint data. However, it was established above that the difference between detainee-attributed and police-attributed reasons are sufficiently different to conclude that any potential bias did not considerably affect the detainee-attributed explanations.

### **Significant Findings**

Data analyses and theoretical consideration of the findings in this study have uncovered three significant points:

- *The prevalence of drug and/or alcohol intoxication amongst those inflicting self-injuries.*

This study found that 87% of self-injury cases involved alcohol and/or drugs (distinction was not made between those experiencing intoxication and those withdrawing from a substance). The strength of this finding was supported in the parallel between the time period in which a large proportion of injuries occurred and that in which detainees under the influence of alcohol and/or drugs commonly enter custody (Deehan, Marshall & Saville 2002). Further research is needed however, on the proportion of persons brought into custody while intoxicated who do not go on to self-injure. At present, drug and/or alcohol intoxication can only be taken as an indication of increased risk for self-harm.

Correlations were found between time periods in which injuries occurred and the type of substance a detainee was affected by. For example, those injuring themselves between 6pm and 6am were significantly more likely to be under the influence of alcohol only. Detainees injuring themselves between 6am and 6pm were significantly more likely to be brought into custody while under the influence of drugs, and those who injured themselves between midday and 6pm were significantly more likely to be under the influence of both drugs and alcohol.

A large impact on these time differences would be the increased availability of alcohol after midday, and possibly the higher rates of property

crime occurring in daylight hours, often linked with drug use (Makkai & Payne 2003). A significant relationship was found in the current study between those under the influence of drugs on entry to custody, and those in custody for a property offence, offering more support to this temporal pattern.

Research in the open community has shown that alcohol use is often related to self-injurious behaviour (Hawton *et al* 2002). It is not possible to determine whether alcohol is an alternative coping strategy used by these individuals to manage emotional turmoil, or if the use of substances decreases inhibitions against inflicting an injury on oneself. This indicates that particular care should be taken with individuals who are under the influence of a substance, raising the question of whether police custody is the most appropriate place to detain these people. 'Drying out shelters' have been used in other jurisdictions with some success; however, their capacity and funding is limited (Victorian Correctional Services Taskforce 1999). Thus, police officers must still take care of these individuals either for offences, or for their own protection as discussed earlier, despite recommendations that this practice be reviewed. Police in the Australian Capital Territory have recently begun to utilise community alcohol and drug treatment facilities for this purpose. Results of evaluations may support expansion of this resource to other jurisdictions.

- *In-depth examination of detainee explanations for self-injury in the police custody environment.*

Findings from this study, discussed in more detail above, have shown some differences in explanations depending on the source of information. Some of these contrasts may be the result of the method through which data was compiled, i.e. questionnaires relying on memory, and extraction directly from transcripts. Also, the large proportion of missing data from the complaint-based incidents on reasons given may have inherent bias from a willingness of detainees to provide information to police officers regarding their behaviour. There may also be some prejudice in the information recorded in these files, and also in whether information was recorded at all. The need for central and consistent recording procedures has been discussed previously.

The decisive responses given by police officers in answer to their understanding of why detainees engage in self-harm illustrate the effects of prejudice quite poignantly. Questionnaire responses have shown that police maintain their own perceptions of self-harm behaviour while still reporting conflicting information that has been given by detainees. This indicates that survey questions need to be worded very carefully when asking respondents to interpret the behaviour of persons in their care.

The present study calls into question the current comprehension of self-destructive behaviours in the majority of literature and also the doctrines that

have largely remained empirically untested. The few studies that have ventured to understand the motivations and precipitants of self-injury and/or suicide in the open community, and particularly the forensic population, have relied heavily on the perceptions and interpretations of others (e.g. Wool & Dooley 1987). These studies have formed the basis for much of the theorising that occurs in the understanding, identification, treatment and management of individuals who self-harm. In turn, these findings are then applied to suicidal behaviour in an attempt to predict and understand that action, thereby extending the implications for the use of this skewed information.

Explanations given by police detainees for their self-harm behaviours in this study suggest that they are responding predominantly to the immediate situation that has revoked their freedom and autonomy. This differs from police-attributed reasons that focussed mainly on the defects in the individual detainee. While some evidence exists for lay opinions that this behaviour is aimed at manipulating situations and people, the majority appear to be reactions using what few physical and emotional resources remain in the face of extreme stress. It is not evident what coping strategies other detainees use when taken into custody and faced with the same stressor. However, when combined with other elements, findings indicate it is possible to state that those citing a wish to die (i.e. that are attempting suicide) are a separate subgroup in the current sample of detainees who self-injure.

It is evident from the higher prevalence of self-injury amongst the forensic population, and indeed police detainees, that this behaviour, and others, may be more acceptable in this environment. Culture deviance theory may be applicable to the police custody environment where usually socially abnormal behaviours are condoned. Indeed, it may be a mimic of the inmate subculture found within prisons. Police detainees are not in custody for substantial periods that would allow a formal subculture to develop, however a 'psychological' subculture may exist for unacceptable behaviours. This would extend beyond self-harm to behaviours such as those detailed in Sallybanks (2003) where detainees use bodily fluids and waste to (possibly) the same end, i.e. encourage police to grant bail.

An interesting paradox appears to arise when considering the 'fight or flight' response is aimed at helping the organism survive, and yet they attempt to inflict damage on themselves. However, Menninger describes this as 'focal suicide' where a part of the body is sacrificed to maintain the integrity of the whole. This suggests that self-harm exists on a continuum with suicide and suicide attempts. Yet the current study indicates that it may be that reactions to stressors form a cluster of potential coping strategies and self-harm and suicide are options in that group, along with more adaptive behaviours.

Understanding why an individual will cause injury to himself or herself can assist in management and treatment of these people while in the care of police. For instance, some detainees may benefit from having a family member

present, or a counsellor of some description made available to them. On the other hand, alternatives to physical confinement may be required where psychological indications of 'custody' are less dramatic when detainees are showing poorer coping capabilities. As described earlier, the physical location while in police custody may give the detainee psychological cues about their future, and provide subsequent relief of stressors.

- *Behaviour and explanation interactions form groupings that suggest some self-injuries in police custody are a different action from that in other environments.*

Correlations of detainee and incident characteristics resulted in the groupings detailed in the previous chapter (see Table 4.14 on pg 125). The majority of incidents in the study involved males entering custody under the influence of alcohol, displaying physical and verbal aggressiveness, and engaging in hitting body parts against their immediate area between midnight and 6am. A range of injuries were incurred through this behaviour, which was aimed at causing trouble for police, expressing anger and gaining release or having a demand met. This grouping was supported by the Sallybanks (2003) study.

The underlying 'fight' response to stress in this grouping is paralleled by studies of overt aggressiveness and violence being more common in males

(Carson, Butcher & Mineka 1996). Research on completed suicide particularly supports this finding where males frequently utilise more violent methods (probably explaining why they are more likely to 'succeed') (Steenkamp & Harrison 2000). However, evidence and even definitions of self-harm behaviours (e.g. Strong 1998) rarely include hitting body parts against hard surfaces, suggesting that it is specific to the police custody environment.

This behaviour is noisy and disruptive to the custody area, and is logically related to the motivations behind it, as well as being effective in causing an injury. Further study on the success of detainees in this grouping in achieving their aims by investigating bail decisions and continued incidents in subsequent detentions would confirm whether it may have become a learned behaviour, particularly with the support of a cultural deviance (or psychological subculture) interpretation.

As the most common self-harm method in the open community and prison (Hawton *et al* 2002; Meltzer *et al* 2002; Dear *et al* 1998), cutting occurred in far fewer incidents than was expected in the detainees studied. The most significant reason given by the group engaging in this behaviour was also distinct from that found in the research. Instead of an emotional 'flight' from psychological turmoil, this grouping expressed a desire to be sent to hospital and increase their chances of escape (i.e. physical 'flight'). While those in the open community using cutting rarely require medical attention for their injuries (or physical escape), it may be mental health attention that is sought

by detainees in this instance. If the detainee is assessed as requiring placement in a mental health unit, they are easily able to leave. Access to implements may also be a consideration in the lower than expected prevalence of this method of self-injury. These issues again suggest a distinct difference in self-harm behaviour probably attributable to the specific circumstances of being in police custody.

The grouping based on strangulation shows another variation from self-harm in the open community. Hanging was a widely publicised method of death in police custody throughout the RCIADIC (Harding 1992), and its modification of strangulation can plausibly be understood as a method developed to influence custody arrangements. The RCIADIC also revealed to detainees that extra care must be taken of individuals with the means and intent to inflict death. As removal of clothing is considered an extreme step in the custody process (especially for females and juveniles), detainees are equipped with an action they know will be reacted to by police, learned through either personal experience or media coverage. This method is extremely rare in self-injury (interpreted as a coping mechanism), and its motivations here declare it as yet another deviation from the self-harming population in the open community.

While self-harm is acknowledged as a coping strategy for individuals under stress throughout the literature (e.g. Strong 1998), in the police custody environment, the greatest immediate stressor is understandably the act of

confinement. It is therefore comprehensible that the majority of detainees would be reacting to this component of their current situation; making physical freedom the most pertinent need in re-establishing emotional stability. This is illustrated in the majority of detainees (e.g. the hitting, cutting and strangulation groupings make up 76% of incidents) acting to ensure their release from custody in a manner of forms, and to reassert control over their physical environment, i.e. the 'fight or flight' response. It may be culture deviance or the concept of depersonalisation discussed above that explains the extreme forms of behaviour that the individual will engage in to meet their needs.

These three behavioural groupings illustrate some similarities with studies of self-harm in the open community (e.g. Meltzer *et al* 2002), but particularly the points of departure that can be assumed specific to police custody. This predominantly focuses on the difference between escaping and 'fighting' physical versus emotional stressors. The essential underlying difference between the open community and police custody is the amount of physical and psychological control an individual has. In the latter environment, they lose autonomy and any command of their future and their physical and social environment.

Reinforcing the concept that self-harm is an alternative behaviour to suicide (or attempted suicide) Baechler's suicidal types of Escapist and Aggressive are relevant to the findings in the current study. The Escapist type

details an attempt to escape shame and guilt, perhaps related to the offence, but this would also include a physical escape from an aversive situation. Thus explaining the use of self-harm to gain release from custody, for removal to a hospital to enhance opportunities for escape, or to manipulate custody conditions, instead of escaping life in the case of suicide. The Aggressive type would be more strongly related to the hitting group where their behaviour is motivated by retribution, manipulation and anger, and these emotions are also more commonly directed at another person(s).

Perhaps, the most relevant sociological theory to the current findings is that of social control theory. This identifies the person's perception of social control as resulting from either external or internal sources. Where the source for the individual's immediate situation or distress is perceived to be from external entities, they may be more likely to respond with violence directed at others, where they will attempt to blame police for their current situation. This group of individuals would be closely aligned with the hitting group who are physically aggressive and verbally abusive at entry into custody. Those perceiving their social control to be coming from internal sources, would be more indicative of the three groupings of the study that relate to ingestion, hanging and other methods. These behaviours were more significantly associated with the individual reacting to personal issues, and feeling suicidal. Their actions are directed at distress in their self-created situation, rather than perceiving it as a situation imposed on them by others.

An alternative interpretation is Shneidman's Ageneratic self-destructive type (Shneidman 1992). Here the individual is claimed to be acting in response to their isolation from the rest of society. This has already occurred for the individual in their engagement in criminal behaviour, however, being taken into custody may act as further evidence of their seclusion. While the individual may attempt to ignore their isolation from society by forming ties with other criminals, the action of being taken into custody would serve as a reminder that they are, indeed, a social misfit, and the judgement of the greater society is that they must be punished. Cognitive processes such as these may go some way to explaining the aggressive reactions of many individuals to being taken into custody and reacting through a 'fight' response. This would then progress as violence toward themselves as others become physically unavailable through placement in the dock. Those seeking 'flight' may do so physically (e.g. the cutting or strangulation groupings) or emotionally (e.g. the ingestion, hanging or other methods groupings).

Theories of self-harm in the open community suggest that this behaviour is used to communicate distress and receive support when the individual's other resources are not adequate to do this, i.e. 'screaming without words'. Although the groups using hitting and cutting may not strictly be adhering to this theory given their reasons for self-injury, they are still using the behaviour to achieve an end (i.e. 'screaming') without direct communication of that purpose. This accords with learning theory where the

individual has developed this behaviour through experience as it usually generates the response they desire. The negative reinforcement of being released from custody, or from the police cells, ensures that this behaviour will continue to occur when the individual is next brought into custody. Thus experience in the custody environment and “knowing the system” enables the individual to confirm their belief that this behaviour will allow them to achieve some aim.

While these groupings should not form a definitive management tool for police, they do have significant impact on theory and understanding of self-harm. This finding indicates the importance of obtaining explanations for self-injury from the person involved, instead of external observers. It also suggests that police custody induces specific reactions to its particular conditions in what may be a more ‘permissive’ environment. Thus, while the purpose of self-injury corresponds to that in the open community and prison research (i.e. ‘screaming without words’), it is more often engaged in for different reasons, and using different methods.

### **Implications for Police Procedures**

The findings from the current study have several implications for the management of police detainees. However, solutions are not always available, and those plausible in theory may not prove to be so in practical terms.

Despite these concerns the implications discussed in this chapter can be summarised as follows:

- A single system be created to hold consistent information on incidents of self-injury in NSW Police custody.
- Individuals most likely to self-harm in custody cannot be determined by standard screening techniques, but that particular attention should be paid to individuals with a known history of self-injury, and/or who are intoxicated.
- External social support is sought where possible for individuals showing signs of inadequate coping resources.
- Meals be provided to detainees that do not require cutlery, such as sandwiches (this is a practice that has recently been introduced in air travel to prevent the use of cutlery as a weapon).
- Alternatives be made available for charging individuals with extreme reactions to the physical restrictions of custody.

- A secure facility away from walls is made available while charging physically aggressive individuals to prevent injuries occurring.

The implications would be susceptible to funding and practicality of changes to architecture. Research continues in international police forces to prevent self-harm and suicide in custody and these advances should be monitored by all Australian police services.

## **Future Research**

Throughout the empirical and theoretical literature, and the findings of this study, questions have arisen that require further investigation in order to fully understand the phenomenon of self-injury and the impacts of police custody on vulnerable individuals. These have included:

- Whether self-injury is more prevalent after social disruptions, i.e., terrorism attacks and economic downturns
- Longitudinal studies to determine sociological and psychological predictors and preventions for self-injury

- Relevance of certain factors in predicting individuals who will self-injure, and particularly those who will self-injure in police custody
- Longitudinal follow-up of responses to self-injury while in police custody, including outcomes relating to bail or other concessions during the custody period
- Whether those who self-harm in custody also engage in this behaviour in the community
- Replication of this study in other police jurisdictions
- The proportion of detainees who are brought into custody under the influence of alcohol and do not self-injure
- The definition and implications of post-arrest trauma on individuals with and without various vulnerabilities including substance use, mental illness and poor social support
- Whether individuals who have been in custody before have used self-injury (including similarities in methodology) on previous

occasions: that is, that they have learned and received reinforcement for their behaviour

- Whether self-injury only occurs in front of others; suggesting that it is for attention or to manipulate police rather than being the secretive behaviour it is reported to be in the community

## **Conclusion**

The current research has been limited by the lack of comparative information for the entire detainee population on the variables measured in this study. This has made claims that characteristics are specific to detainees who self-injure problematic. Added to this is the lack of consistency in record keeping on self-injuries in NSW Police computer systems. While incidents in the current study can be loosely considered the more serious, Sallybanks (2003) illustrates that they are certainly not all of them.

Confidentiality concerns limited the recording of detainees who repeatedly self-injure while in custody. Future research may attempt to conduct longitudinal follow-up including responses to self-injury such as granting of bail, and also determine whether these detainees self-injure in the open community. Replication of the current study in other police jurisdictions is also required to confirm the behavioural groupings found here.

Study of the phenomenon of post-arrest trauma has not yet been conducted in the literature, although it is recognised to occur. Examination of this would provide further insight into the cognitive and emotional effects of being taken into police custody, whether immediately following an offence, or after a delay. This information may also provide further understanding of whether extreme behaviours aim particularly to gain release from custody, or from a charge being laid.

## 6. CONCLUSION

Self-harm and suicide are linked in the literature as two self-destructive behaviours used by individuals who do not have more adaptive coping mechanisms available to them. This limited repertoire of strategies may be due to, and perpetuated by, various factors such as (e.g. Liebling 1992):

- Poor developmental role models who resort to violence and substance use in times of stress;
- Modelling of peer behaviours using self-harm, and;
- Learning through positive and negative reinforcement that most stressors can be reduced through the use of self-harm.

Empirical research has largely been independent of sociological and psychological theories of suicide and self-harm. As a result, discovering pathways that develop the behaviour and that precipitate an incident has been hampered (e.g. Liebling 1992). Self-injurious behaviour has been found in elevated levels in the forensic population, and particularly in remand prisoners. While some research has been conducted on prisoners in general, and some has even looked at motivators and precipitants of self-harm (e.g. Dear *et al* 1998), the findings have been specific to the prison environment.

They have included elements and consequences of the prison subculture and regime, and necessary social isolation enforced by the environment.

Self-injury is also more prevalent in the police custody environment than the open community and this has received far less attention, particularly in relation to precursors (Sallybanks 2003). The aim of incarceration of any type is to isolate the individual from the rest of society where they have proven they cannot interact in an acceptable manner. When an individual enters a forensic institution they almost immediately lose their autonomy, and control over themselves and their environment. They become unsure of their future, and must adapt to stringent social regulation with severely restricted support to assist them in coping with their changed status. This loss of control over the environment and outcomes undermines the individual's self-image and damages their feelings of self-efficacy. Thus the already vulnerable individual is subjected to intense levels of stress that they are generally not prepared to cope with.

As outlined previously in Chapter 3, this study aimed to determine whether:

- *Self-injurious behaviours occurring in police custody are different to those in other environments*

Cutting the skin is the most common form of self-injury both in the open community and prison environment (Strong 1998). This injury method still occurs in police custody; however three studies including the current one (i.e. Fleming *et al* 1990; Sallybanks 2003) indicate that it is at a far lower proportion. Study timing and methodology have impacted on the methods of behaviour used in this environment to inflict self-injury, yet Sallybanks (2003) and the current study have found a large number of incidents involving hitting the body, and particularly the head, against hard surfaces.

The 'hitting' grouping in the current study, standing alone, suggests a very distinct behaviour that is specific to police custody as opposed to prison. This method of self-harm is not considered in other studies of the behaviour, and nor does it enter operational definitions (Strong 1998). Many psychological and sociological theories can attempt to explain this particular reaction, however their accuracy would be difficult to determine, as it has not previously been identified. Further study is required to determine whether these individuals would engage in self-harm when stressors are internally-sourced, i.e. outside of police custody.

Other methodologies found in the current study are supportive of research on self-harm and attempted suicide behaviours in other

environments. However, this most predominant methodology indicates a behaviour that is specific to individuals in police custody.

- *Self-injury is engaged in for distinct reasons in police custody compared to other environments*

Open community and prison studies have found that a large proportion of individuals engage in self-injury to relieve internally-sourced emotional and psychological upset (e.g. Dear *et al* 1998). Police custody, on the other hand, involves the imposition of an externally- sourced physical and psychological stressor on an individual. The current study has found that detainees described emotional precursors and explained their behaviour as being directly in response to this situation. However, instead of acting to relieve the situation, detainees used their behaviour to reassert control over the physical environment, the behaviour of others (i.e. police officers), and themselves.

This may be related to the fact that the detainee has concluded that escape is not possible and, instead, regaining control is the only other option to cope with the stressor. Self-harm is seen as an effective way to achieve this, however, further study and understanding of pathways is required to draw any definitive conclusions on this point. Explanations from detainees for their self-injury focus on external persons and procedures that are specific to the police custody environment. Similarities between precipitants for self-harm in

the open community and prison environments that have not been replicated in the current study (e.g. Dear *et al* 1998), further support that these findings are not particular to the forensic population as a whole. It would appear that detainees who self-harm are 'screaming without words,' however their reasons and methods differ from individuals in other environments.

- *Police attitudes to self-injuries correlate with explanations given by detainees*

Using two methods of collecting information on reasons for detainee self-harm has highlighted the limitations of theories of self-destructive behaviours that are based on interpretations by external observers. Police officers have returned responses to explanations for detainee self-harm that are indicative of an anticipated personal bias. Yet when these officers were asked to provide reasons given by detainees for their behaviour, they differed significantly. Thus, in the same questionnaire, police officers have illustrated the ability to hold their own views while they are in conflict with those they answered as provided by the detainees themselves. This finding has called into doubt existing theories on self-destructive behaviours, which have predominantly been based on interpretations from external observers (e.g. Wool & Dooley 1987).

In the explanations provided, detainees are privy to, and describe, their pathway to self-harm. Police officers, on the other hand, have illustrated a

focus on the end result of the self-injury. This has been the limitation of the majority of theorising to date in the literature. Only recently have some theorists applied a more holistic view of self-harm (Shaw, Appleby & Baker 2003), and pathways have begun to emerge that give more potential for understanding, treating and managing this behaviour. The current study has captured this phenomenon, and indicated cognitive processes displayed by police officers that, while interesting, remain outside the scope of this research.

- *Explanations given by detainees for their self-injury can provide insight into the emotional impacts of police custody*

Explanations extracted from the complaint data indicate that while many detainees wish to die, a large majority also want to react against their confinement. It would appear, then, that individuals have two options in their response to being taken into custody. Firstly, they may become depressed when confronted with the consequences of their actions and ruminate on personal failings and failures. The other option available would be resistance to the situation, with displays of anger and frustration that are sometimes aimed at impacting on others (i.e. explanations of attempting to cause trouble for police) or themselves.

It is evident from the current study that this group of detainees are showing particular signs of post-arrest trauma. However, it would be of interest to determine reactions to this distress by other detainees who do not

engage in self-harm. As with any stressor, reactions will be specific to prior experiences and vulnerabilities of the individual. This may suggest that aiming to predict self-injury in detainees would not be as useful as attempting to reduce the amount of distress police custody creates. However, balancing this with the core intentions of incarceration and detention would be difficult.

The current study has concluded that while the majority of self-injurious behaviours engaged in by police detainees display evidence of 'screaming without words,' reasons and methods are distinct from open community and prison study evidence. Further research and an understanding of the psychological, emotional and social effects of arrest and detention are required in order to completely comprehend and manage this behaviour.

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## **APPENDIX A**

# **POLICE OFFICER QUESTIONNAIRE**

# School of Social Science

Armidale NSW 2351 Australia  
Telephone (02) 6773 2300/2439 Fax (02) 6773 3748

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Dr John Scott, Lecturer  
Telephone (02) 6773 2116 Email [jscott6@metz.une.edu.au](mailto:jscott6@metz.une.edu.au)

You have been asked to fill out this short (15 minute) questionnaire as you are involved in the custody of detainees. We would like to find out a little more about why detainees want to hurt themselves while in police custody. This research is being undertaken as part of a Master of Arts (Honours) degree in Criminology at the University of New England.

This study asks you to provide information about your gender, rank and Local Area Command. This means that you may be identifiable through the data collected. However, once collected, data will be aggregated and anonymised to prevent further identification. When you have finished answering the questions, please place the page into the envelope provided hand it to the questionnaire administrator. It will not be possible to match your answers with any other information.

You are not required to answer all or any questions if you don't want to, if you cannot answer all of the questions, or would prefer to leave some answers blank. If you would like to answer these questions but not at this time, or you have difficulty understanding or answering the questions on paper, please include a telephone number on the page with a contact name that you will recognise and a researcher will contact you. Also, if you would like any further information about your participation in this study, please place a contact phone number on this page and return it to the questionnaire administrator.

Return of your questionnaire will signify your consent to take part in this project. Hard copy data print outs will be kept in a locked filing cabinet and electronic information will be kept on password protected files. After 7 years, this information will be destroyed. Results will be presented in a thesis by December 2004. If you are interested in the outcome of the research project you may wish to contact the researcher.

If, as a result of your participation in this project you become upset or distressed, you may wish to contact your local Community Health Centre (contact details are located in your local telephone directory) or you may wish to contact LifeLine on 131114 or another telephone counselling service.

Should you have any enquiries please do not hesitate to contact Leesa Morris on (02) 6260 9230 or email [leesa.morris@aic.gov.au](mailto:leesa.morris@aic.gov.au), or Dr John Scott (Supervisor) on (02) 6773 2116 or email [jscott6@metz.une.edu.au](mailto:jscott6@metz.une.edu.au).

Thank you for your participation.

This project has been approved by the Human Research Ethics Committee of the University of New England (Approval No. HE02/204, Valid to 31/01/04)

Should you have any complaints concerning the manner in which this research is conducted, please contact the Research Ethics Officer at the following address:

Research Services  
University of New England  
Armidale, NSW 2351.  
Telephone: (02) 6773 3449 Facsimile (02) 6773 3543  
Email: [Ethics@metz.une.edu.au](mailto:Ethics@metz.une.edu.au)

Police Officer Questionnaire

Are you (please circle):    Male            Female

Rank    (please circle):    Const            Sen/ Cst    Sgt    S/Sgt    Insp

Local Area Command    .....

Have you ever been involved in an incident where a detainee attempted to harm him or herself (please circle)?

    No (if no, please return this form to the administrator)

    Yes (if yes, please continue)

How many such incidents have you been involved in? \_\_\_\_\_

What reasons have detainees given to you for their behaviour?  
(in order of frequency)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Why do you think these detainees have engaged in self-injurious behaviour?  
(in order of frequency)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## **APPENDIX B**

### **CODING TABLES**

## B. CODING TABLES

Table B.1 Coding of Implements Used to Inflict Self-Injury

IMPLEMENT		TOOL
<b>Body Part</b>	Fingernails	Hand
	Hair	Teeth
<b>Carried on Person</b>	Bandage	Metal
	Bandage fastener	Metal disc
	Bread tie	Nail
	Cigarette lighter	Nail file
	Coin	Prescription drugs
	Glass	Razor
	Gun	Rope
	Herbicide	Scalpel
	Key case	Scissors
	Keys	Syringe
Knife	Ventolin lid	
<b>Clothing</b>	Belt	Shirt
	Bra	Shoelace
	Button	Singlet
	Clothing- not specified	Socks
	Drawstring	Stockings
	Jacket	Tie
	Jumper	Underpants
	Overalls	Zipper
	Pants	
<b>Found in immediate area</b>	Aluminium can	Paper clip
	Bars	Pen
	Bed	Pin
	Blind cords	Plastic
	Bolts	Police vehicle
	Broken light tube	Railing
	Cabinet	Razor
	Cage	Roof
	Ceramic piece	Scissors
	Coffee cup	Seat
	Counter	Staple
	Door	Street pole

	Electrical wiring	String
	Erisp tape	Table
	Fence	Telephone cable
	Ground	Thermometer
	Height board	Toilet
	Hibicol antiseptic	Wall
	Knife	Waste pipe
	Light cavity	Water
	Metal burr	Window
<b>Jewellery/ Accessory</b>	Bracelet	Sunglasses
	Hair accessory	Watch
	Necklace	Wedding ring
	Spectacle frame	
<b>Supplied by Police</b>	Aluminium can	Plastic cup
	Blanket	Plastic cutlery
	Chicken bone	Polystyrene cup
	Foil container	Razor
	Handcuffs	Toilet paper
	Mattress canvas	Towel

**Table B.2 Classification of Offences**

<b>OFFENCE DESCRIPTION</b>	<b>ASOC DIVISION</b>
<b>Person</b>	Abduction/Kidnapping Aggravated/ sexual assault Aggravated/ Robbery Armed hold up/robbery Assault Assault occasioning actual bodily harm Assault occasioning grievous bodily harm Assault Police Attempted forcible abduction Attempted murder Child molestation Demand money with menaces Drive in a manner dangerous Drive while under the influence False imprisonment Indictable assault Malicious wounding Maliciously inflict grievous bodily harm Murder Negligent driving Serious assault
<b>Property</b>	Arson Attempted/ break and enter Attempted motor vehicle theft Attempted theft from motor vehicle Break and enter and commit felony Break, enter and steal/ with intent Enter enclosed lands Enter land with intent Goods in custody Larceny Malicious damage Malicious damage to property by fire Maliciously destroy Maliciously set fire Motor vehicle theft Property damage Receiving stolen goods Shop lifting

	<ul style="list-style-type: none"> <li>Stealing</li> <li>Theft</li> <li>Theft from person</li> <li>Trespass with intent</li> <li>Unlawful entry</li> </ul>
<b>Deception</b>	<ul style="list-style-type: none"> <li>Embezzlement</li> <li>Evade/ fail to pay taxi fare</li> <li>Fraud</li> <li>Obtain valuable thing by deception</li> </ul>
<b>Traffic</b>	<ul style="list-style-type: none"> <li>Disobey a direction to stop</li> <li>Drive an uninsured vehicle</li> <li>Drive an unregistered vehicle</li> <li>Drive while licence is cancelled</li> <li>Drive while disqualified</li> <li>Drive without a license</li> <li>Give false name</li> <li>High range prescribed content of alcohol</li> <li>Mid range prescribed content of alcohol</li> <li>Plates calculated to deceive</li> <li>Traffic matters/offences nfd*</li> </ul>
<b>Public order</b>	<ul style="list-style-type: none"> <li>Acts of indecency</li> <li>Behaviour offences nfd*</li> <li>Criminal intent</li> <li>Drunk on rail property</li> <li>Fail to leave licensed premises</li> <li>Intent to commit indictable offence</li> <li>Obscene exposure</li> <li>Offensive behaviour</li> <li>Offensive conduct</li> <li>Offensive language</li> <li>Possess alcohol in a designated area</li> <li>Possess house breaking implements</li> <li>Possess motor vehicle theft implements</li> <li>Prostitution</li> <li>Public Mischief</li> <li>Street offences nfd*</li> <li>Trespass</li> </ul>
<b>Weapons</b>	<ul style="list-style-type: none"> <li>Armed with intent</li> <li>Carry cutting weapon</li> <li>Custody of malicious/ offensive implement</li> <li>Possess firearm</li> <li>Possess knife in public place</li> </ul>

	Possess prohibited article/ weapon Possess shortened firearm Possess unlicensed firearm Use corrosive fluid with intent Use firearm to endanger life Use weapon to avoid apprehension/ investigation
<b>Drug</b>	Administer prohibited drug Cultivate prohibited plant Drug offences nfd* Possess prohibited plant Possess prohibited substance/ drugs Possess proscribed restricted substance Supply restricted substance/ drugs Supply heroin to undercover officer Trafficking
<b>Justice</b>	Apprehension warrant Attempt to/ escape lawful custody Bench warrant Breach advo/ dvo Breach bail Breach community service order Breach court order Breach personal detention order Breach recognizance Commitment warrant Extradition warrant Fail to appear Fail to comply with bail First instance warrant Hinder Police Remand warrant Resist arrest/ Police Revocation of parole
<b>Miscellaneous</b>	Express malice Intimidation Stalking

\* Not Further Defined.

**Table B.3 Coding of Explanations for Self-Injury from NSW Police Complaint Data<sup>1</sup>**

<b>GROUP</b>	<b>EXPLANATION PROVIDED</b>
<b>Alcohol/ drug intoxication</b>	Alcohol psychosis Alcohol takes over emotions 'Bad trip' 'Beer and rum make me violent' Carrying on because drunk Claustrophobic when drinking Didn't know what arrested for because drunk Drug intoxication Drug withdrawal Drug/alcohol induced Drunk Normal behaviour when intoxicated Normal reaction with alcohol Too much alcohol Upset due to intoxication Wanted to get high
<b>Angry</b>	Anger Anger at relationship break up Anger at self Angered by visitor Frustration Upset/angry by detective visit (informant for sentence)
<b>Attention/ sympathy</b>	Could hear girlfriend crying in cell Gain attention Gain sympathy Get attention to finalise matter and leave as soon as possible Wanted to talk to someone 'You left me and didn't want to talk to me'- Police left for 30 secs
<b>Cause trouble for Police</b>	Accuse Police of framing Blame Police Blame Police for assault Blame Police for leaving sharp object Blame Police for locking up Blame Police for not searching Blame Police- 'I'm your responsibility' Blame Police, threatened 'next black death in custody'

	<p>Cause trouble for Police  Embarrass Police  Get Police in trouble  Get Police into trouble after rude remark by officer  Make Police sorry  'Piss everybody off'  Police ruined life  Provoke Police into physical confrontation  Retaliation for police harassment  Upset at treatment by Police  Want to die in front of Police  Wanted Police to feel sorry for arrest  Was going to blame Police</p>
<b>Demand refused</b>	<p>Demand not met  Phone call to 3 month old son refused  Police disallowed access to valium  Threatened suicide when phone calls were unsuccessful  Upset couldn't see daughter  Wanted to contact girlfriend  Wanted to see wife</p>
<b>Didn't understand reason for custody</b>	<p>Believed was innocent  Claimed false arrest  Claimed unfairly accused  Didn't know what arrested for  Didn't understand why in custody  'Done nothing wrong'  Shouldn't be in police custody as was a witness  'What am I doing here?' 'I am not an animal'</p>
<b>Emotional/personal issues</b>	<p>Broke 'trust bond' with work experience employer  Death anniversaries  Death of brother  Depressed  Depressed about losing girlfriend and job  Depressed family member wouldn't pay fines  Depressed over domestic issues  Disappointed with self due to school suspension and offence  Emotional problems  Everyday pressures  Family/emotional pressures  Felt sorry for himself, family wouldn't visit  Grief</p>

	<p>Job in jeopardy with charge  Let everyone down  'Lots of problems lately'  'No-one cares'  Personal problems  Recent family death  Recent suicide by girlfriend  Relationship problems  'Serious personal problems'  Sick of life direction  'Tired of putting parents through this'  Upset  Worried about daughter while locked up  Wouldn't see family if locked up</p>
<b>Fear etc of going/ returning to gaol</b>	<p>After sentenced to gaol  Attempt/ avoid gaol/ prison  Could not cope with life in gaol  Delay transfer to gaol  Depressed/ despondent/ scared of going/ returning to gaol  Didn't want to face court because expected gaol time  Didn't want to go/ return to gaol/ detention centre/ secure facility  Fear of being in gaol on Xmas day  Had enough of gaol  In and out of gaol  Just released from gaol, 'can't stand' to go back  Knew would be sent to gaol  Nothing to live for if locked away  On hearing going to detention centre as no-one would accept custody  Prefer death over gaol  Threatened suicide if given gaol term  Worried about gaol</p>
<b>Frustration/ anger/ guilt at arrest/ offence</b>	<p>Agitated at self for drink driving  Anger/ frustration at arrest  Angry at self for arrest  Because being charged  Being deported  Cultural custom to inflict pain after crime as punishment  Frustrated with self for offence  Frustration at charge- believed it was a domestic issue</p>

	<p>Frustration at losing licence  Frustration, angry about offences  Guilt over damage to girlfriend  Knew Police would not shoot to kill and relieve guilt  Loneliness/despair/shame at offence  Upset at charge  Upset over arrest  Was trying to do right thing by seeing about warrants when arrested</p>
<b>Hospital/escape</b>	<p>Attempt escape  Draw blood to be sent to hospital and increase chances of escape  Get to psychiatric hospital  Go to hospital  Prefer hospital to gaol  Prefer hospital to Police cell, worked previously  Prefer hospital to Police custody  Seek attention to get to hospital and escape</p>
<b>Manipulate custody arrangements</b>	<p>Avoid court  Avoid court and remain in Police custody  Be moved to watch television  Be put back on protection in gaol  Didn't want to face court because expected gaol time  Force transfer to Long Bay gaol  Get out of cells  Go and get money for bail  Go to cell and sleep and not be charged  Said would rather die if not allowed to go home to see mother  Said would suicide before court appearance  To be sent to gaol</p>
<b>Mental illness</b>	<p>Alcohol psychosis  Being irrational  Brain injury  Claustrophobia  Depression induced  Getting rid of rats breeding inside her  Mental illness  Police called due to suicide attempt  Self-injurer</p>

<b>Not serious</b>	<p>'A joke'</p> <p>Apologised for being an 'idiot' later</p> <p>'Being silly'</p> <p>'Being stupid'</p> <p>Laughed at police reactions</p> <p>Laughed when untied</p> <p>'Mucking around'</p> <p>Not serious</p> <p>Stupidity</p>
<b>Other reasons</b>	<p>Blame victim for injuries</p> <p>'Bored'</p> <p>Calm self down to answer questions</p> <p>Didn't like handcuffs</p> <p>'Felt like it'</p> <p>'Going crazy'</p> <p>'I wanted to'</p> <p>'Just snapped'</p> <p>Pass the time while locked up</p> <p>Recognised officer as one who took child away last week</p> <p>Said happened during fight with wife</p> <p>'Stressed'</p> <p>To spit blood at Police (normal behaviour in custody)</p> <p>To stop headache pain</p> <p>Upset because payment for release was not forthcoming</p>
<b>Release from custody</b>	<p>Afraid of going into cells</p> <p>After court appearance refused bail</p> <p>Agitated about being in custody</p> <p>Angry at bail decision</p> <p>Avoid custody</p> <p>Avoid custody in Police cell</p> <p>Avoid custody/ charge</p> <p>Bail just refused</p> <p>Bail refused</p> <p>Calm until bail decision</p> <p>Copied brother as knew it would result in release</p> <p>Depressed couldn't make bail</p> <p>Didn't want to be in cell</p> <p>Didn't want to be in Police custody</p> <p>Family member wouldn't pay fines for release</p> <p>Finalise matter and leave as soon as possible</p> <p>Get out of custody</p>

	<p>Insecure/intimidated in cell- wanted to be let out  Parents refused to assist with bail  Release from custody  Resented detention  'This will be good for my bail application'  Threatened to harm self if not bailed  Threatened to kill self if not given bail  To get bail  Wanted removal from Police cells  Wanted to get out of cell</p>
<b>Wanted a cigarette</b>	<p>Co-offender left without leaving cigarettes  Request for cigarette refused  Wanted a cigarette</p>
<b>Wanted to die</b>	<p>Didn't want to live if not given bail  On day release from hospital for suicide treatment  Pact with other prisoner (friend) to kill themselves  'Sick of things', 'now you can do what you want',  immediately after taking overdose  Suicidal  Threatened to jump off building roof to avoid arrest  Wanted to die  Wanted to kill self due to fear after dobbing in associates  Was carrying a rope to hang self with and stated intent</p>

Notes: <sup>1</sup> Where a reason has been given two codes it is listed under both groups.

**Table B.4 Coding of Reasons for Self-Injury from Questionnaire Responses**

	<b>POLICE-ATTRIBUTED</b>	<b>DETAINEE-ATTRIBUTED</b>
<b>Alcohol and/or drug intoxication</b>	Affected by drugs &/or alcohol Alcohol induced aggression Alcohol main factor Amphetamines Drug &/or alcohol withdrawal Drug use related mental illness Drunk and obnoxious Intoxicated Irrational due to intoxication	Alcohol &/or drugs Alcohol induced aggression Can't comprehend due to drugs Drug &/or alcohol withdrawal "I want my methadone" Intoxicated No access to heroin
<b>Attention from Police</b>	Attention- half baked attempts Attention seeking Attention- know Police have duty of care Seeking attention from Police Self lashing- attention Showing off to get attention So Police must take them to hospital (attention) Stupidity- seeking attention	Attention seeking "Because I can" Get a response from police
<b>Cause trouble for Police</b>	Aggression towards Police Angry at Police for custody Antagonise Police Blame police Cause Police to be investigated Get a response from police Get at officers detaining them Get Police into trouble Get Police to do something Hate Police Intimidate Police Know Police have a duty of care Make job of Police harder	Annoy police Be spiteful Blame/say it was the police Dislike of police Dislike you personally Get police into trouble Hate being detained Hate police "I'm going to smash you" Intimidation (head butting dock) Just being a nuisance Make life hard for the police Revenge- teach Police a lesson

	<p>Reflect badly on Police involved</p> <p>Show tougher than Police</p> <p>Spite</p> <p>Were not searched properly</p>	<p>Show how tough they are</p> <p>"This is your fault"</p> <p>"You are going to get fried if I kill myself"</p>
<b>Depressed/ wanted to die</b>	<p>Depression</p> <p>Feeling of worthlessness</p> <p>Low self esteem</p> <p>Low self worth</p> <p>No concept of self worth</p> <p>Really want to die</p> <p>Self hatred</p> <p>Sick of life</p> <p>Unhappy with life in general</p>	<p>Depression</p> <p>Despondent with life situation</p> <p>Didn't want to live anymore</p> <p>Don't care</p> <p>Feeling used up</p> <p>Have no life</p> <p>"I want to die, let me die"</p> <p>"I'll kill myself to death"</p> <p>Life worthless</p> <p>Life's not worth living</p> <p>Low self esteem</p> <p>Nobody cares</p> <p>Nothing to live for</p> <p>Self hatred</p> <p>Suicide attempt prior to custody</p> <p>Thought life was useless</p> <p>To injure/ kill themselves</p> <p>Total helplessness</p> <p>Unable to foresee a good future</p> <p>Want to die</p>
<b>Emotional/ personal issues</b>	<p>Family issues</p> <p>Financial commitments</p>	<p>Childhood</p> <p>Circumstances leading to arrest i.e. domestic</p> <p>Concerns re: losing children</p> <p>Family issues</p> <p>Girlfriends</p> <p>Hatred by family</p> <p>Personal crises with their life status</p> <p>Relationship break up</p>
<b>Frustration/ anger/ guilt at arrest/</b>	<p>Aggressive behaviour</p> <p>Anger at arrest/ detention</p> <p>Anger problems</p>	<p>Agitated during/ prior to arrest</p> <p>Anger</p>

<b>offence</b>	<p>Angry          Angry/frustrated-          predicament or behaviour          Embarrassed/worthless in          eyes of family etc          Frustration          Insecurities- failed family          Regret for the offence          Remorse</p>	<p>Anger- bail was refused          Angry at arrest/charge          Angry at Police/situation          Angry because locked up          Being charged (end of world)          Circumstances leading to          arrest          "Didn't do it" (offence)          Feel they are being          victimised          Frustrated          Frustration at Police/ judicial          system          Get crazy and aggressive          "I didn't do it" (not guilty)          "I've done nothing"          Not treated fairly          Regret for the offence          Remorse          Shame- embarrassed          Unlawful arrest          Unwillingness to be arrested          Very aggressive</p>
<b>Fear etc of going/ returning to gaol</b>	<p>Fear          Fear of returning to full time          custody          Scared          Scared to go to prison</p>	<p>Depressed at going to gaol          "Don't want to go to/back to          gaol"          Fear of going/returning to          gaol          "I'm not going back inside"          Life not worth living if going          to gaol          No bail          Scared</p>
<b>Low socio- economic status/ social support</b>	<p>Lack of support          Lower social standing of          society          No support person in their          life          Stability in external outlets          i.e. family, money,          employment</p>	

<b>Manipulate custody arrangements</b>	<p>Affect bailing procedures          Can't get their own way          Delay proceedings against them          Know Police must get them mentally assessed if signs of self harm: mitigate charge process          Loss of power/ control- attempt to regain control          Manipulate outcome of charges          Shift attention away from why they are there          Unable to do what they wanted (i.e. phone calls to victim)</p>	<p>Delay proceedings against them          Demands not met          Escape attempt          Hurt themselves so they have to go to hospital, gets them out of returning (going to prison)          "I wanted my methadone/ cigarette etc"          Length of time detained (custody and charge process)          Not getting what requested          Threaten harm to get what they want          Try and get taken to hospital</p>
<b>Mental illness</b>	<p>Anxiety          Claim for mental health issues          Know Police must get them mentally assessed if signs of self harm: mitigate charge process          Mad          Mental health issues          Mental health refused to take them (bad not mad)          Mental illness (depression etc)          Mental instability          Mental problems          Mental state          Mental health issues in relation to current drug use          Psych problems</p>	<p>Depression prior to custody          Going nuts          Just because they are nutters          Mad/mental issues          Mental health issues          Mental illness          Mental instabilities          Scared of confined spaces</p>
<b>No reason given/ available</b>		<p>Don't know wouldn't tell us          Don't remember          Most refuse these questions          Most won't suggest/ freely say</p>

		<p>Never given a reason  Never give a reason they just get crazy and aggressive  "No reason" given  Reluctant to talk to police</p>
<b>Other reasons</b>	<p>Aboriginal/Islander  Bloody idiots  Boredom  Escape/ attempt  Just a total dickhead  Lack of self control  Low IQ  Normal behaviour of some  Not thinking straight  Selfish  Sexual deviate  Tantrum throwing  Transfer to hospital and attempt escape  Unable to control aggression/ anger</p>	<p>Aboriginal  Accidental  Auto eroticism  Ignorant desperate people pushed to extremes will often do anything to survive situations they perceive  "I'm going to kill them" (assault other involved party)  Lack of knowledge as to what happens in the charge process  Loss of power  Wanted a smoke  Unable to comprehend what is happening  Victim's fault</p>
<b>Release from custody</b>	<p>Aggression at being confined and restricted  Avoid bail refusal  Avoid further investigation  Being confined in a small place  Being locked up  Bail/ charge outcomes  Does not like to be detained  Frequently arrested persons are aware of how custody works, and attempt to harm themselves to get out of custody/ hospitalisation etc  Get out of the dock/cell  Get release from custody  Loss of freedom  Think if they self harm they will get out</p>	<p>Afraid they wouldn't be released  Anger- bail was refused  Being in custody/ cells/ dock  Did not want to be locked up  Don't want to be there  Get out of custody  "I want to get out, let me out"  Make police give them bail  Restriction of movement  Sick of being in a cell  Think if they self harm they will get out</p>

<b>Self-harmer</b>	<p>Claimed was a self mutilator          Stated often self harms when agitated          Want to hurt themselves          To injure themselves</p>
<b>Want to hurt themselves</b>	<p>No other way to express themselves          Want to hurt themselves</p>

**Table B.5 Other Detainee Locations While Injury was Inflicted**

BAS room
Beat office
Correctional centre
Court house
Exercise yard
Hospital
Juvenile shelter
Muster room
Passageway
Police sedan
Police station-not specified
Police vehicle
Railway station
Reception area
Toilet

**Table B.6 Other Methods Used to Inflict Self-Injury**

Bite
Burn
Chew
Drown
Open wound
Shoot
Squash
Stab
Suffocation

**Table B.7 Other Body Parts Injured**

Back
Body
Chest
Ear
Elbow
Face
Finger
Leg
Mouth
Respiration
Shoulder
Thigh
Tongue