

Self-Harm among Women Prisoners of Pakistan

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The increase in the rates of self-harming among women prisoners has been catching the attention of researchers. This study aimed to estimate the prevalence of self-harm among Pakistani women prisoners before and during their imprisonment. It also aimed to estimate the reasons for self-harm among women prisoners. The study sample comprised 38 women prisoners. A Structured Interview Performa and Deliberate Self-Harm Inventory was used to assess self-harm, its types, and reasons. Results showed that majority ($f = 25$) of women prisoners had the history of self-harm before their imprisonment. Majority ($f = 27$) of women prisoners had mental distress which served as an antecedent for their self-harming behavior. Before imprisonment, majority ($f = 20$) of women prisoners harm themselves by banging their heads and prevent their wounds from healing. During imprisonment, ways of self-harm mostly include punching oneself, stopping to eat, and hitting hands badly on floor. The results highlight the importance of forensic psychologist and psychological intervention in prison setting for reducing the incidence of self-harm among women prisoners.

Keywords: Self-harm, women prisoners, Pakistan.

Literature indicates that the occurrence of self-harm in prison setting has underlying psychological reasons and lack of material resources (Penn et al., 2003; Thomas et al., 2006). The phenomenon of self-harm was highlighted during mid-1990s for the public awareness (Adler & Adler, 2005). The underlying causes of criminal behavior, addiction, and destructive behaviors among women offenders were the histories of sexual and physical abuse (Pollock, 1998). In Pakistan, the risk factors of self-harm included those women less than 35 years who were housewives from a lower socioeconomic status (Shahid & Hyder, 2008).

Self-harm is defined as an act which causes psychological or physical harm to oneself without the conscious intentions of dying. Self-harm may include overdose of medication. Self-injury is the subcategory of self-harm (Bunclark & Adcock, 1996). Self-injury includes skin cutting, burning, scalding, insertion of objects in the body and in some extreme cases, breast and genitalia self-injury (Middleton & Butler, 1998).

Most people use more than one method of self-injury (Gratz, 2001). For understanding of the exact definition of self-harm, one must consider

the cultural values where the phenomenon will be explored by the researcher.

According to Mental Health Foundation (1997), self-harm in general population was not reported due to avoiding the social stigmatization. As a result, the exact prevalence of self-harm in general population was not identified. Most studies indicated that the self-harming behavior initiated in early adolescence continues for more than 10 years (Favazza, 1996; Muehlenkamp, 2005). Pakistan is a Muslim country where Islam is practiced by the majority of the population. Suicide is prohibited in Islam and hence, this act is considered as a criminal offence in Pakistan. The records of suicide and self-harm cases were not present in Pakistan (Khan, Islam, & Kundi, 1996). In South Asian women the rates of self-harm increased due to large number of precipitating factors (Bhugra & Desai, 2002).

The individuals involved in self-harming behavior had 18 times more chances of committing suicide in his/ her life time (Ryan et al., 1997). More often in literature, both terms—attempt to suicide and self-harm were used interchangeably (Shaw, 2002).

Self-harm has many underlying reasons according to different evidences. Mostly, it is the expression of self-punishment, expression of self-reluctance, emotional ventilation by inflicting body injury, regulation of mental disturbance, blocking of harsh memories/flashbacks, mean of communicating pain, desire of having caring and sympathetic response from others (Crowe & Bunclark, 2000; Favazza, 1996; Linehan, 1993; Miller, 1994).

In 1977, Cookson conducted a study in Holloway prison of England. He also indicated that reasons behind the act of self-harm were mostly those events which also cause depression, feeling of helplessness, and self-punishment for gaining control over the existing environment. According to the evidences, mostly, self-cutting, burning and abrasion are frequently occurring forms of self-harm in correctional setting (Crighton & Towl, 2000; Lieblich & Krarup, 1993).

In prison, self-harm by the female prisoners may be due to several reasons i.e., depression, anxiety, manipulation of environment, emotional regulation, and psychotic phenomena (Jeglic, Vanderhoff, & Donovan, 2005). The interaction between prison staff and prisoner also plays an important role. Through keen observation and by spending time with prisoners, the staff can identify change in the prisoner's behavior which may lead to the act of self-harm. As a result, the crisis can be managed in a better way (Rowan, 1994). Mental health staff encountered many barriers while providing their services in prison setting to imprisoned self-harmer. It was found that during imprisonment 53 % of mentally disordered prisoners committed self-harm (Gray et al., 2003).

Literature review indicated that limited research work has been done in Pakistan on self-harm in women prisoners. The current study aimed to estimate the prevalence of self-harm among Pakistani women prisoners before and during their imprisonment. It also aimed to estimate the reasons of self-harm in women prisoners. The current study aimed to highlight the importance of forensic psychologist in Pakistan prison setting. This study also highlight the importance of psychological intervention specific for reducing the incidence of self-harm among women prisoners in prison setting.

Method

Sample:

Purposive sampling technique was used in this study. The inclusion criteria for research participants was as follows; (1) women prisoners who have committed self-harm during their imprisonment (2) falling in the age range of 18 to 70 years (3) both under-trial and convicted women prisoners were included. The participants who had any kind of neurological deficits, psychiatric illness in the past as well as suicidal ideation without the history of self-harm were excluded from the study. No records of women prisoners were available to cross check their reporting related to exclusion criteria for the research. Sample size was calculated with the help of G-Power. The sample size was calculated to be 111 with 90% power at 0.05 alpha level and medium effect size. Assessment was conducted on 115 women prisoners. Only 38 women prisoners fulfilled the inclusion criteria of the research so other women prisoners were excluded.

Measures:

Structured Interview. A performat of structured interview was devised by the researcher to assess self-harm and its related information. The interview covered areas i.e., demographic information, reasons of self-harm, age at the time of first time doing the self-harming behavior, antecedents of self-harm and other possible variables related to self-harm among women prisoners. Each question provided set of specific options. For example, (1) Did you harm yourself before imprisonment? Yes/No (2) Have you ever seen anyone at home during their self-harming behavior? Yes/No. Before conducting an interview all questions were reviewed by three experts.

Deliberate Self-Harm Inventor (DSHI), (Gartz, 2001) was used to assess different types of self-harming behaviors among women prisoners. Formal permission was taken from authors for using Urdu translated and adapted version of this scale in the current study. Deliberate Self-Harm Inventory (DSHI) is a self-report questionnaire which consists of 17 items. It assesses the frequency, severity, and duration of different types of self-harm. DSHI

has high internal consistency ($\alpha = .82$) and also has adequate test-retest reliability ($\varphi = .68$, $p < .001$) which indicates that it is a highly reliable tool for assessing self-harming behavior.

Procedure :

Formal permission was taken from Deputy Inspector General, Lahore for conducting research in Kot Lakhpat Central Jail, Lahore, Pakistan. The data was collected from women section. For testing the logistics of the study and assessment tools to be used in this study, a pilot study was conducted. Participants were informed about the nature and purpose of this research by considering the research ethics. Confidentiality was ensured but due to some restrictions from the administration only verbal informed consent was taken from the research participants. Structured Interviews and Deliberate Self-Harm Inventory were conducted in both Punjabi and Urdu language according to the participant convenience. All interviews were completed in two months from March 2013 to May 2013.

Results

This research was conducted for getting empirical evidences related to the self-harm in Pakistani women prisoners. Reasons behind their act of self-harm before and during imprisonment were investigated through this study. The study was also aimed at identifying most prevalent type of self-harm in women prisoners before and during their imprisonment. Different types of self-harm in women prisoners were assessed by using Deliberate Self-Harm Inventory (DSHI). Results indicated that 66% ($f = 25$) of women prisoners had a history of self-harm before imprisonment and continued their acts of self-harm in prison. Only 34% ($f = 13$) of women prisoners initiated self-harm during imprisonment without any history of self-harming behaviors. Result showed that the onset age of self-harm in women prisoners before imprisonment was $M = 15.96$, $SD = 5.21$ whereas the onset age of self-harm in women prisoners during imprisonment was $M = 35.65$, $SD = 10.25$. Seventy one percent ($f = 27$) women prisoners reported mental distress due to several reasons as antecedents of their acts of self-harm. Sixty three percent ($f = 24$) of women prisoners reported more than

one reason behind their act of self-harm which mainly included frustration due to present living conditions and also showing their anger towards other person (Table1)

Table 1. Frequencies and Percentages of Self-Harm (N=38)

Variables	f	%
History of Self-Harm Before Imprisonment	25	65.8
Self- Harm During Imprisonment	38	100
Antecedents of Self-Harm		
Quarrelling	4	10.5
Physical abuse	7	18.4
Mental distress for several reasons	27	71
Reasons of Self-Harm	4	10.5
Revenge from self	4	10.5
Show anger to others	6	15.8
Frustration due to present living conditions	24	63.2
More than one reason from mentioned above		

Results indicated that before imprisonment 53 % ($f = 20$) women prisoners used head banging against something so that bruise occurred as a way of self-harm. The second most prevalent type of self-harm which women prisoners used before their imprisonment was preventing their wounds from healing ($f = 9$). On the other hand during imprisonment 89 % ($f = 34$) women prisoners used ways of self-harm which were less harmful due to limited and restricted access in prison setting. These ways included: beating herself, stop eating, pull their hairs badly, hit their hands, and feet badly on the floor of prison. Forty seven percent ($f = 18$) of women prisoners also used punching herself as a form of self-harm during imprisonment

Discussion

Limited research work has been conducted in Pakistan on prison population, especially on women prisoners which cover their mental health (Zadeh & Ahmad, 2012). In Pakistan, forensic psychiatry was nonexistent and prisoners mental health was not focused (Abbasi & Khan, 2009).

The current study was conducted to estimate the prevalence of self-harm among Pakistani women prisoners before and during their imprisonment by using Deliberate Self-Harm Inventory. This study was also aimed to estimate the reasons of self-harm among women prisoners by implying structured interview.

The current study results indicated that 66 % women prisoners had the history of self-harm before their imprisonment and continued self-harm during imprisonment. Only 34 % women prisoners initiated self-harm during their imprisonment. Several previous researches support current findings that prisoners who commit self-harm during their imprisonment have the history of self-harm before their imprisonment (Leibling, 1991; Wilkins & Coid, 1991). Among prison population, in 2005, 56% self-harm incidents occurred in female prison (Corston Report, 2007). During the current study it was also found that in prison setting there was no record of self-harm among women prisoners. In Pakistan the incidents of self-harm in general population were also not recorded. Due to this reason the exact prevalence of self-harm both inside and outside the prison setting was not estimated accurately. According to Mental Health Foundation (1997), self-harm in general population was not reported due to avoiding the social stigmatization so the exact prevalence of self-harm in general population was not identified.

The current study results also suggest that the women prisoners' mean age of self-harm was 16 years before their imprisonment. However, 35 years was the mean age of self-harm during their imprisonment. These current findings are consistent with the previous literature which revealed that self-harming behavior initiated in early adolescence and continue for more than 10 years (Favazza, 1998; Muehlenkamp, 2005). Fliege, Lee, Grimm, and Klapp (2009) also indicated that deliberate self-harm can occur at any age but it is more prevalent among adolescence and young adulthood. Our current results are also supported by other researches that self-harm is more seen among young prisoners than the older prisoners while the association between age and occurrence of

self-harm by prisoners are still unclear (Crighton & Towl, 2000; Liebling, 1994; Livingston, 1997).

It is also notable in current study results that majority (53%) of women prisoners before their imprisonment did self-harm in the form of head banging against something so that bruises occurred and 24% women prisoners prevented wounds from healing. However, 89 % of women prisoners did self-harm during imprisonment in the form of beating themselves, stopping eating, pulling their hair badly, hitting their hands, feet badly, and the prevalence of punching herself was 47 %. Women prisoners used multiple forms of self-harm. These findings are consistent with existing research evidences. Gratz (2001) supported that most of the people use more than one method of self-injury. Current findings supported by the previous research evidence that 29 % deliberate self-harm was found in incarcerated women. Most common types of self-harm in Karachi Central Jail were cutting and burning hands on stove (Riaz & Agha, 2012). Other studies conducted in different countries correctional settings that mostly self-cutting, burning, and abrasion are frequently occurring forms of self-harm in correctional setting (Crighton & Towl, 2000; Liebling & Krarup, 1993). In the current research conducted prison setting it was ensured that women prisoners had least access towards any life threatening material. Mental health professional suggested that even milder form of self-harm would be taken with caution (Taiminen et al., 1998). Researches also indicate that individual who did self-harm increase 18 times chances of committing suicide in his/her life span. Self-harm serves as strong predictors of suicide (Cooper et al. 2008; Ryan et al., 1997).

The current study results indicated that 71% women prisoners reported mental distress as an antecedent of self-harm. The majority (63%) of women prisoners reported that more than one reasons were behind their act of self-harm. Anger and frustration due to their living conditions were the reasons behind their self-harming behaviors. Current findings are supported by existing research evidences. Riaz and Agha (2012) supported that anger and inner tension were common reasons of self-harm. Current

study results are also consistent with previous research literature that self-harm was due to the adjustment problems, poor mental health, away from children, domestic violence, reject, and less control over self-regulation (Kenning et al., 2010; Wichmann, Serin, & Abracen, 2002). The current study highlights the importance of forensic psychologist in Pakistan prison setting. Gender sensitive training should be provided to prison staff for reducing the incidence of self-harm among women prisoners in prison setting.

Conclusion

The current study highlights the importance of psychological help for the betterment of women prisoners' mental health. It is very important in Pakistan that gender sensitive training should be given to the prison staff for handling any critical situation effectively and will ensure the reduction in the rates in self-harming behaviors among women prisoners during their imprisonment.

Several limitations and difficulties were seen during conducting the research in prison setting. The sample size of the current study was small so the generalization of results is compromised. Due to the security reasons one matron was always present in the room during an interview process. Her presence may affect the results of this study. For getting detail information and views about self-harm among women prisoners, it is suggested that qualitative research would provide in-depth information which open new ventures in this area.

This research revealed that majority of women prisoners had the history of self-harm before their imprisonment and continued their self-harming behavior during imprisonment. Adolescence was the mean age of self-harm before imprisonment whereas early adulthood was the mean age of self-harm during imprisonment. These current findings call psychologists and psychiatrists attention to play a significant role for improving women prisoners' mental health status in prison settings.

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Altruism as a Function of Age and Deprivation: An Interactional Study

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The research was planned to investigate the independent as well as interactional effects of age and deprivation on altruism. For this, a 3 × 3 bivariate classification of the sample was made. The ages of the participants was divided into young (over 20 – 40 years), middle (over 40 – 60 years) and old (over 60 – 80 years). Deprivation was categorized on the basis of the scores of the subjects on Deprivation Scale into three–high deprived (HD), medium deprived (MD) and low deprived (LD), and accordingly in each of nine subgroups 40 male urban employees (working/retired) of government or semi government organizations were selected. All the selected subjects were individually interviewed with Altruism Scale. A bivariate analysis of the data revealed that as age and deprivation increase altruism also increases. However, interaction of age X deprivation does not make any significant difference in altruism.

Keywords: Altruism, age, deprivation.

August Comte, a French philosopher and sociologist, first introduced the term, 'altruism'. Probably, he came to adopt the term from the Italian word, 'altrui'. For Comte, altruism meant an unselfish regard for the welfare of others. According to Bryan and London (1970), altruistic behaviour refers to those behaviours which are intended to benefit another but which appears to have a high cost to the actor with little possibility of material or social reward. Altruism is generally defined as any form of voluntary act intended to favour another without expectations of rewards (Smith & Mackie, 2000). It refers to a kind of selfless help, which is based on pure desire to help others (Aranson, Wilson, Akert & Fehr, 2004). Examples of altruistic behaviour cover a wide range including expression of support and sympathy, doing special favours to others, acts of generosity, active defence of the rights of deprived, engagement in voluntary activities for the mentally and physically handicapped and martyrdom. It is a desire to help others which expresses itself in many ways through sympathy, philanthropy, etc. A person with strong altruistic want has affection and concern for others and is usually contrasted with the selfish person. According to Hamilton (1978), altruistic behaviour which helps only the recipient can be

distinguished from other types of intra specific social interactions, for example, cooperative behaviour which helps both parties, selfish behaviour which helps the donor only, and spiteful behaviour in which both parties lose. Altruistic behaviour involves helping, sometimes, even taking great risks even though the act is not likely to be rewarded, recognized or even appreciated. Thus, an altruistic act is selfless. The same has been stressed by Walster and Piliavin (1972) who say that "altruism is [a] very special form of helping behaviour that is voluntary, costly to the altruist and motivated by something other than the expected one of material or social reward". Altruism then is selfless rather than selfish. Yarrow Scott and Walter (1973) point out that altruism is not a specific form of behaviour rather it includes a diversity of responses such as helping, sharing, rescuing, sympathizing and undoubtedly more.

The term, deprivation, has stemmed from the verb, 'to deprive', which means to dispossess or strip off an individual from certain things. It, thus, implies a felt loss. It indicates a state of certain deficiencies experienced by the individual which relates to certain features of the environment that are absent or inadequate in certain degree which cause an impact on the functioning of the