SELF-MUTILATION

at the

PENITENTIARY

and

POWHATAN

DEPARTMENT OF CORRECTIONS

RESEARCH AND REPORTING UNIT
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Questions concerning this report should be addressed to Mr. Thomas R. Foster, Manager, Research and Reporting Unit.

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Introduction

This report is designed to shed some light on the problem of self-mutilation in the Virginia Department of Corrections. The information contained here is by no means complete, since all possible data sources have not been examined. Rather, the report presents some observations regarding the frequency and nature of self-mutilation incidents. The report includes only those incidents which occurred at the Penitentiary and Powhatan Correctional Center between July 1, 1977 and June 30, 1978.

The report is divided into six basic parts. The first part discusses the rate of self-mutilations in the two institutions under consideration, and tries to provide some perspective regarding the extent of the problem. The second part describes the nature of the incidents themselves, in order to provide some understanding of what is happening and how it is happening.

The third section examines certain demographic characteristics of the inmates who injure themselves. The variables discussed were easily accessible through computerized files, and were chosen for that reason, as well as their relevance to the issue of self-mutilation.

The fourth part compares inmates who injured themselves only once during the 12 months under consideration to those who injured themselves two or more times during this period. Comparisons are made on the same demographic variables (race, age, offense, length of sentence) used to compare the entire mutilation group to the confined felon population.

Section five compares some of the findings discussed in the previous four sections with the results of some of the published research reports in this area, which are referenced at the end of this report, and with the reports of some of the states of their self-mutilation incidents as provided directly in response to a request for such information.

Finally, the Appendix to the report provides the responses to the request for information which had been received at the time this report was written (as of September 1, 1978). The Appendix also discusses some of the procedures, reported by other states, designed to handle self-mutilators.

A brief summary of the major findings of the report appears on pages 26-28.

Self-mutilation Incidents: FY 1978

Adult Services figures show a total of 118 incidents of self-mutilation in fiscal year 1978. Of these, 86 (73%) took place at the Penitentiary and 13 (11%) at Powhatan.

The data used in the analyses presented here show a total of 93 incidents at the Penitentiary and 12 at Powhatan. The difference between the Adult Services figures and these figures is not considered significant. However, for purposes of analysis, it will be necessary to assume that the latter total of 105 incidents at the Penitentiary and Powhatan is correct.

Only incidents at the Penitentiary and Powhatan are discussed in this report; in some analyses, the 12 Powhatan incidents are not included. It should be noted, however, that these two institutions accounted for about 84% of the self-mutilation incidents which occurred in FY 1978.

The 105 self-mutilation incidents under consideration here involved 47 individuals, or about 3% of the total number of felons confined in these two institutions. This represents an average of 2.2 incidents per inmate.

Out of these 47 individuals, 18 injured themselves more than once. The 18 inmates account for 72% (76) of all self-mutilation incidents at the Penitentiary and Powhatan. For these 18 inmates, the average number of incidents per person is 4.2.

Out of the 18 inmates who cut themselves more than once, 13 cut themselves more than twice. These 13 inmates account for 63% (66) of all incidents at the Penitentiary and Powhatan. For these 13 inmates, the average number of incidents per person is 5.3.

Out of the 13 inmates who cut themselves more than two times, 7 cut themselves more than three times. These 7 inmates account for 46% (48) of all incidents at the Penitentiary and Powhatan. For these 7 inmates, the average number of incidents per person is 6.9.

Table 1 provides a distribution of the frequency of self-mutilation incidents for FY 1978. As the table shows, one inmate cut himself 11 times (resulting, of course, in 11 separate incident reports) during the year, while another inmate cut himself 8 times. These two alone account for 18% of the total number of self-mutilation incidents for the year.

To summarize, at the Penitentiary and Powhatan during fiscal year 1978:

- -7 inmates (about 4/10 of 1% of the inmates confined) accounted for 46% of the self-mutilation incidents.
- -13 inmates (about 8/10 of 1% of the inmates confined) accounted for 63% of the self-mutilation incidents.
- -18 inmates (about 1% of the inmates confined) accounted for 72% of the self-mutilation incidents.
- -47 inmates (about 3% of the inmates confined) accounted for 100% of the self-mutilation incidents.

Table 1
Self-Mutilation Incidents: FY 1978

No. of Self-Mutilation incidents	No. of Inmates	Cumulative % of Incidents Accounted for
1	29	28%
2	5	37%
3	6	54%
5	1	59%
6	4	82%
8	1	90%
11	1	100%
	47	

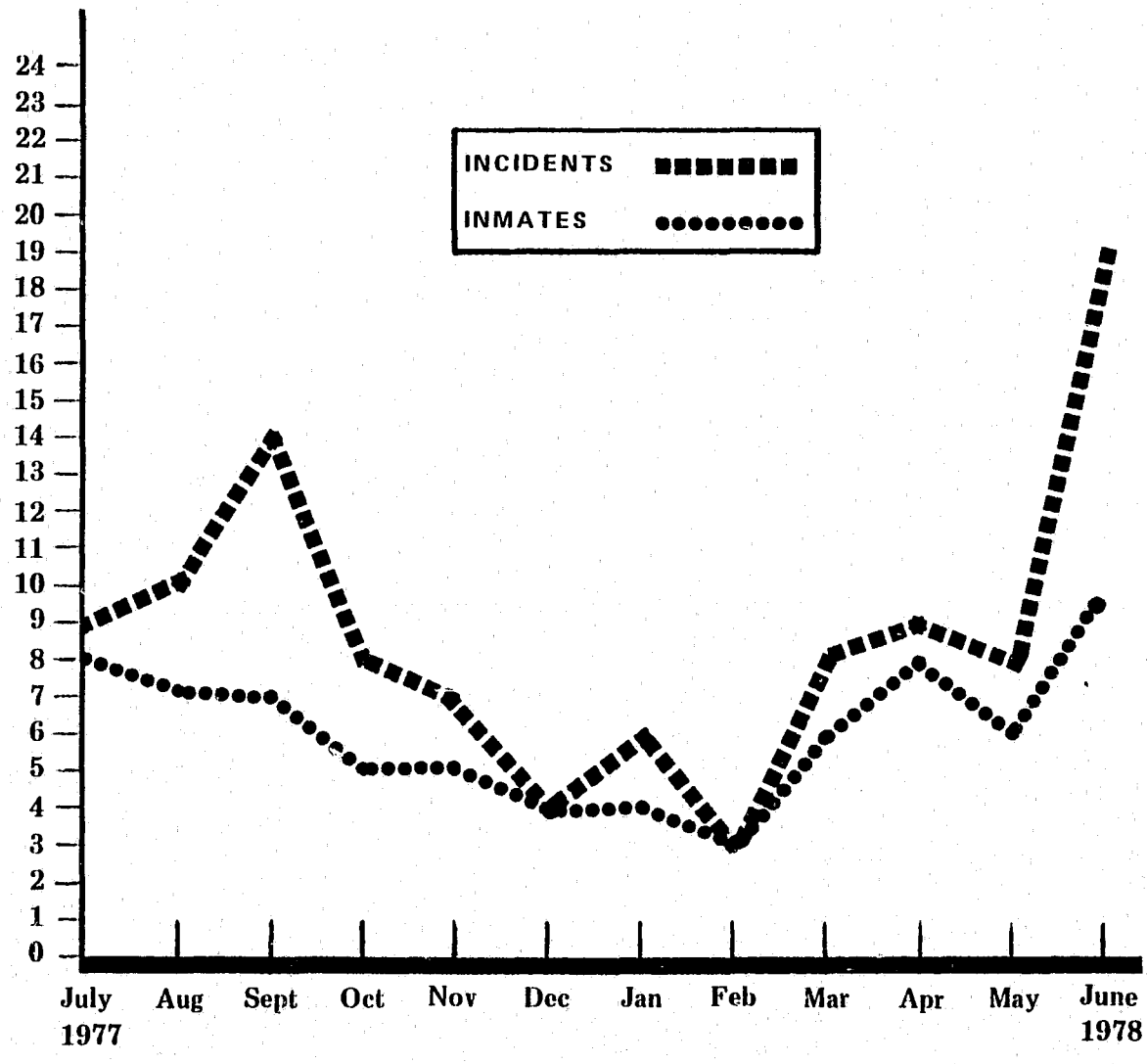
Since the Penitentiary and Powhatan house less than 20% of all inmates confined in the Virginia correctional system (but account for 84% of all self-mutilation incidents), and since these two institutions (especially the Penitentiary) often receive self-mutilators from other institutions and the field units, the complete figures would undoubtedly show an even smaller proportion of all inmates accounting for all self-mutilation incidents.

Finally, it should be noted that fully 62% of all inmates who injure themselves one time will not do it again (at least in the same 12 month period). However, 72% of all inmates who injure themselves twice will also injure themselves a third, fourth, or fifth time.

The relationship between the number of incidents and number of inmates is shown graphically in Figure 1. The graph of inmates involved each month is not nearly as peaked as the graph of number of incidents per month. This is especially true for

FIGURE 1

MONTHLY FREQUENCIES OF SELF–MUTILATIONS
AND NUMBER OF INMATES INVOLVED



the two highest points on the incidents curve, which occurred in September, 1977 and June 1978. This suggests that when the number of incidents increases, it is due to multiple self-mutilators (inmates who injure themselves more than once).

Tables 2 and 3 provide some idea of the patterning of repeated self-mutilation incidents. Table 2 shows the number of incidents which occurred in the same month for the 18 multiple self-mutilators, who are grouped according to the number of times they injured themselves during the year. Thus, the table shows that one of the 5 inmates who injured themselves twice during the year inflicted both of his injuries during the same month. The other 4 inmates injured themselves in two different months. Looking at the row totals, it can be seen that there were 9 occurrences of an inmate cutting himself twice in the same month, 7 occurrences of an inmate cutting himself 3 times during one month, and one occurrence of an inmate cutting himself 4 times during the same month. One inmate cut himself 6 times during the same month. These six incidents occurred at the Penitentiary in June: this one inmate alone accounted for 33% of all of the June incidents at the Penitentiary.[1]

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[1] The numbers in Tables 2 and 3 refer to incidents, not inmates. Thus, looking at the 4 inmates who injured themselves 6 times during the year (Table 2), there were 3 occasions on which one inmate injured himself twice in the same month. However, this may mean that one inmate injured himself twice in two different months or even in three different months. The numbers thus represent occurrences, not inmates.

Table 2

Frequency of Multiple Self-Injuries Within Same Month

No. of Incidents Within Same Month	Number of Incidents in FY 1978						Row Totals
	2 (N=5)	3 (N=6)	5 (N=1)	6 (N=4)	8 (N=1)	11 (N=1)	
2	1	3	-	3	1	1	9
3	-	1	1	2	1	2	7
4	-	-	-	1	-	-	1
5	-	-	-	-	-	-	0
6	-	-	-	1	-	-	1

Table 3

Frequency of Multiple Self-Injuries on Same or Consecutive Days

No. of Incidents on Same or Consecutive Days	Number of Incidents for FY 1978						Row Totals
	2 (N=5)	3 (N=6)	5 (N=1)	6 (N=4)	8 (N=1)	11 (N=1)	
2	1	1	1	5	2	1	11
3	-	1	-	-	-	-	1
4	-	-	-	-	-	-	-

Similarly, Table 3 shows the number of times that inmates injured themselves more than once on the same or on consecutive days. The table shows that there were 11 instances of inmates cutting themselves twice on the same or on consecutive days. In addition, one inmate cut himself three times in two days.

To summarize, the inmates who cut themselves more than once during the year tended to inflict their injuries in "spurts". Of the 76 incidents accounted for by these 18 multiple self-mutilators, 49 (64%) involved an inmate cutting himself two or more times during the same month. Of these 49, 25 (51%) involved inmates cutting themselves more than once on the same or on consecutive days (that is, of the 76 incidents involving multiple self-mutilators, 33% can be attributed to inmates injuring themselves more than once on the same, or on consecutive, days).

Characteristics of Self-Mutilation Incidents

Tables 4 through 8 provide information regarding the specific nature of the self-mutilation incidents.

Tables 4 shows the type of injury inflicted. The vast majority (84%) of all the incidents at the Penitentiary involved inmates cutting themselves.[2] Most predominant here was cutting of the arms (usually along the length of the arm, so

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[2] This is the main reason that the terms "self-mutilation," "self-injury" and "self-cutting" are used interchangeably in the present report.

Table 4

Type of Injury (Penitentiary Only)

Type	No.	%
Cut arm(s)	54	58%
Cut wrist(s)	9	10%
Cut hand(s)	2	2%
Cut neck/face	4	4%
Cut leg(s)	4	4%
Cut foot	1	1%
Cut (unspecified)	5	5%
Total cuttings	79	84%
Opened stitches from prior injury	3	3%
Imbedded foreign object in body [1]	6	6%
Head banging	1	1%
Unknown	4	4%
Total	93	98%

[1] The same individual accounted for all 6 of these injuries.

as to avoid cutting an artery), wrists and hands. Other types of injuries were relatively rare with those which did occur usually representing a "favored style" of one particular inmate.

Table 5 shows the type of instrument used to inflict injuries involving cuts. This information must be considered tentative, since fully 34% of the incidents have no instrument specified for them. Of the remaining 66%, the majority of cut wounds were inflicted using a razor blade. When more unusual methods were used, it was usually one inmate who used the method several times. Despite the low frequency of these other methods, they do illustrate the lengths to which some inmates will go to cut themselves.

While it is not possible to gauge the severity of the injuries, it is possible to infer this information from the records of how the injuries were handled. Table 6 shows where the injuries inflicted by the Penitentiary inmates were treated. Fully 78% of all injuries were treated at the Penitentiary, either in the hospital (77%) or in the inmate's cell (1%). On the other hand, 20 injuries (22%) were judged to be serious enough to warrant treatment at the Medical College of Virginia Hospital. These 20 incidents involved 15 inmates (three inmates injured themselves badly enough to be sent to MCV on two separate occasions, and a fourth inmate was sent to MCV three times for his injuries). Of these, 7 (47%) were one-time mutilators,

Table 5

Type of Instrument Used to Inflict Cuts (Penitentiary Only)

Instrument	No.	%
Razor blade	37	47%
Metal from shirt snap[1]	5	6%
Chipped paint from cell wall	3	4%
Wire[1]	2	2%
Broken window glass	2	2%
Broken light bulb	1	1%
Plastic knife	1	1%
Other	1	1%
Unknown	27	34%
	79	

[1] All incidents in this category involved the same individual.

Table 6

Treatment Location (Penitentiary Only)

Location	No.	%
Penitentiary Hospital	72	77%
MCV	20	22%
Cell	1	1%
	93	

while 8 (53%) injured themselves more than once. Since 62% of all self-mutilators were "one-timers" while 38% injured themselves more than once, it would seem that multiple self-mutilators are over-represented in the group of inmates who seriously injure themselves (seriousness again being defined as needing treatment which could not be provided at the Penitentiary).[3]

Finally, Table 7 shows the location of the inmate at the time of the incident (for the Penitentiary), and Table 8 shows the time of day during which the incident occurred. The majority of the incidents (63%) occurred in the segregation unit (C-cell), with a small percentage occurring in the general population (A-building). Regarding time of day, most of the incidents took place between 4 P.M. and midnight (65%), with very few (10%) occurring between midnight and 8 A.M.

To summarize, most of the self-mutilations involve cuts to the arms, wrists and hands, and are inflicted using razor blades. The majority occur in segregation between 4 P.M. and midnight, and are treated at the Penitentiary hospital.

Selected Characteristics of Self-Mutilators

This section will examine four variables: race, age, offense,

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[3] It should be note that this "over-representation" of multiple self-mutilators may merely be a chance factor, in that the more often you injure yourself, the more likely you are to injure yourself seriously.

Table 7

Location at Time of Incident
(Penitentiary Only)

Location	No.	%
"A" building	5	5%
"B" building	8	9%
"C" building (segregation)	59	63%
Hospital	9	10%
Unknown	12	13%
	93	

Table 8

Time of Day of Incident
(Penitentiary and Powhatan)

Time	No.	%
8 A.M. - 4 P.M.	26	25%
4 P.M. - Midnight	68	65%
Midnight - 8 A.M.	11	10%

and length of sentence. In all cases, the 47 self-mutilators are compared to the entire felon population confined on June 30, 1977 and June 30, 1978. The latter data is drawn from the computerized inmate files; data as of June 30, 1977 may be found in the Annual Report of Felons and Misdemeanants Committed to the Virginia State Correctional System During the Year Ended June 30, 1977, and Felons Confined in the Correctional System on June 30, 1977 Including Felon Recidivists Committed and Confined, published by the Research and Reporting Unit.

Race. Table 9 shows the racial breakdown of the 47 self-mutilators, comparing them with the felons confined. Although whites represent only 39% of the felon population, they make up 70% of the self-mutilators.

Offense. Table 10 shows the offenses of the self-mutilators compared to all felons confined. A slightly higher proportion of the self-mutilators were committed for burglary, murder, rape larceny and assault, while a slightly lower proportion were committed for robbery, forgery, and drug offenses. The self-mutilators have generally been committed for more serious crimes than the felon population as a whole. For example, the crimes of robbery, burglary, murder and rape account for 74% of the crimes of self-mutilators,

but only 62% of the felons confined on 6/30/77, and 64% of the felons confined on 6/30/78.

Length of Sentence. Table 11 compares the sentence lengths of self-mutilators with those of felons confined. As the table shows, the self-mutilators are in general serving longer sentences than the general felon group (mean

Table 9

Racial Breakdown: Self-Mutilators vs. Felons Confined

	Self Mutilators		Felons Confined	
	No.	%	6/30/77	6/30/78
White	33	70%	39%	39%
Black	13	28%	61%	61%
Unknown	1	2%	-	-
Total	47		(N=6,721)	(N=7,338)

Table 10

Offenses: Self-Mutilators vs. Felons Confined

	Self Mutilators		Felons Confined	
	No.	%	6/30/77	6/30/78
Robbery	11	23%	25%	24%
Burglary	9	19%	15%	18%
Murder	9	19%	15%	15%
Rape	6	13%	7%	7%
Larceny	5	11%	8%	8%
Assault	3	6%	4%	3%
Forgery	1	2%	3%	3%
Extortion	1	2%	.001%	.001%
Drug offenses	1	2%	8%	7%
Use of auto without authority	1	2%	1%	.7%
Other	0	0	13%	14%

Table 11

Sentence Length: Self-Mutilators vs. Felons Confined

	Self-Mutilators		Felons Confined	
	No.	%	6/30/78	6/30/78
Life	7	15%	6%	6%
50 yrs. or more	4	8%	4%	4%
40-49 yrs.	2	4%	3%	4%
30-39 yrs.	3	6%	5%	5%
20-29 yrs.	8	17%	13%	13%
15-19 yrs.	4	8%	8%	9%
10-14 yrs.	6	13%	17%	16%
5-9 yrs.	6	13%	27%	27%
2-4 yrs.	4	8%	16%	16%
1 yr. or less[1]	3	6%	-	-
Mean sentence length (excluding life sentences and misdemeanants)	22.3 years (N=37)		14.8 years (N=6,318)	14.8 years (N=6,898)

[1] These three individuals were misdemeanants who had been in local jails immediately prior to their cutting themselves at the Penitentiary.

sentence length for self-mutilators = 22.3 years, while mean sentence length for felons confined = 14.8 years). Moreover, 15% of the self-mutilators were serving life sentences, while only 6% of all felons confined were serving life sentences.

Age. Table 12 shows the comparison between self-mutilators and felons confined on the age variable. Both groups are similar with regard to age, with self-mutilators being slightly older (mean age = 30.5 years) than the felons confined (mean age = 28.3 years). The main difference can be seen in the youngest age groups. Inmates 24 years or younger comprise 38-40% of the general felon population, but only 25% of the self-mutilators.

As will be discussed later, the greater age of the self-mutilators is contrary to previous findings. Johnson (1969), for example, examined all recorded self-mutilation incidents in the North Carolina Department of Corrections between 1958 and May of 1966. Table 13 compares his findings with those here in Virginia.

Since his was a retrospective approach, Johnson compared self-mutilators' ages at commitment with those of all felons confined on July 1, 1965. Since age at commitment data for confined felons was not readily available, Table 13 compares Virginia self-mutilators with felons committed during fiscal year 1977 and 1978.

Table 12

Age: Self-Mutilators vs. Felons Confined

	Self-Mutilators		Felons Confined	
	No.	%	6/30/77	6/30/78
less than 21	2	4%	13%	12%
21-24	10	21%	27%	26%
25-29	13	28%	26%	26%
30-34	8	17%	14%	15%
35-39	8	17%	7%	8%
40-44	2	4%	5%	5%
45-49	3	6%	3%	3%
older than 49	1	2%	4%	5%
mean age [1]	30.5 years		28.3 years	
age range	19-50 years		15-77 years	

[1] Not available for 6/30/78.

Table 13

Age at Commitment: Virginia and North Carolina Self-Mutilators [1]

	Virginia			North Carolina	
	Self-Mutilators (N=46)	Felons Committed, FY 1977 (N=3,385)	Felons Committed, FY 1978 (N=2637)	Self-Mutilators (1958 - May 1966)	Felons Confined (7/1/65)
less than 18	2%	3%	4%	14%	10%
18-20	17%	23%	22%	33%	19%
21-24	30%	29%	29%	27%	19%
25-29	13%	22%	20%	15%	16%
30-34	22%	10%	11%	6%	12%
35 and older	15%	14%	14%	5%	24%
Mean age	27.0	26.4	26.3	21.9	29.3

[1] North Carolina figures are from E. Johnson, Felon Self-Mutilation: Correlate of Stress in Prison, 1969.

[2] The 2,637 figure for felons committed during FY 1978 represents approximately 90% of the total felon commitments for that year. This is the most complete information available at the present time.

As Table 13 shows, Virginia self-mutilators were just slightly older when committed than the felons committed in fiscal years 1977 and 1978. This however was not the case in North Carolina, where the self-mutilators were much younger than the confined felon population. Moreover, comparing the two sets of figures from the two states it can be seen that while the group of felons committed in Virginia is younger than the North Carolina group, the North Carolina self-mutilators are much younger than the Virginia self-mutilators. For example, 47% of all North Carolina self-mutilators were under 21 years of age, compared with only 19% of Virginia self-mutilators. These findings may be the result of differential treatment of offenders in this age bracket between the two states at the points in time under consideration.

Single vs. Multiple Self-Mutilators

The impact of inmates who injure themselves more than once on the total incidence rates of self-mutilation has previously been discussed. It may be useful to compare single vs. multiple self-mutilators to see if differences between the two groups do in fact exist.

Race. Table 14 presents the racial breakdown of the two groups of self-mutilators. As the table shows, there are no differences between single and multiple self-mutilators, with blacks comprising 28% of both groups.

Table 14

Race: Single vs. Multiple Self-Mutilators

Race	Single		Multiple	
	No.	%	No.	%
White	20	69%	13	72%
Black	8	28%	5	28%
Unknown	1	3%	0	0
Total	29		18	

Table 15

Offense: Single vs. Multiple Self- Mutilators

Offense	Single		Multiple	
	No.	%	No.	%
Robbery	7	24%	4	22%
Burglary	6	21%	3	17%
Murder	6	21%	3	17%
Rape	4	14%	2	11%
Larceny	3	10%	2	11%
Assault	2	7%	1	6%
Other	1	3%	3	17%

Offense. Table 15 compares the offenses of the single vs. multiple self-mutilators. There is a slight tendency for single self-mutilators to be incarcerated for the more serious crimes. Robbery, burglary, murder and rape are the offenses of 80% of the single self-mutilators but only 67% of the mutiple self-mutilators.

Sentence Length. Table 16 shows the sentence lengths of single vs. multiple self-mutilators. While the mean sentence length is longer for multiple than for single self-mutilators, it is interesting that all seven of the self-mutilators serving life sentences are single self-mutilators. It thus seems doubtful that these two groups can be differentiated on the basis of this variable.

Age. Table 17 shows the age comparison between the two groups of mutilators. Multiple self-mutilators are younger as a group than the single mutilators are. Fully 39% of the the multiple self-mutilators are less than 25 years old, while only 17% of the single self-mutilators are less than 25 years old.

To summarize, there appear to be no major differences between single and multiple self-mutilators in terms of race, offense and sentence length. There are age differences however, with multiple self-mutilators being younger than single self-mutilators.

Table 16

Sentence Length: Single vs. Multiple Self-Mutilators

	Single		Multiple	
	No.	%	No.	%
Life	7	24%	0	0
50 yrs. or more	1	3%	3	17%
40-49 yrs.	2	7%	0	0
30-39 yrs.	2	7%	1	6%
20-29 yrs.	3	10%	5	28%
15-19 yrs.	2	7%	2	11%
10-14 yrs.	6	21%	0	0
5-9 yrs.	3	10%	3	17%
2-4 yrs.	1	3%	3	17%
1 yr. or less	2	2%	1	6%
Mean sentence length	19.2 years (N=22)		22.6 years (N=18)	

Table 17

Age: Single vs. Multiple Self- Mutilators

	Single		Multiple	
	No.	%	No.	%
less than 21	0	0	2	11%
21-24	5	17%	5	28%
25-29	8	28%	5	28%
30-34	6	21%	2	11%
35-39	6	21%	2	11%
40-44	1	3%	1	6%
45-49	3	10%	0	0
older than 49	0	0	1	6%
mean age	31.7 years		28.6 years	
age range	22-48 years		19-50 years	

Virginia vs. Other States

This section attempts to contrast the findings discussed in previous sections with the results of other research studies and the incident rates of other states. The former are few in number, and are referenced at the end of this report. In addition to these published sources, letters were sent to all 49 states requesting information about self-mutilation incident rates in their institutions. At the time of this writing, replies had been received from 21 states. Of these, only four could report the number of incidents, and two of these indicated that at least part of the data provided were estimates or approximations. In addition, two other states offered "estimates" or "educated guesses" concerning the number of self-mutilations which occured during 1977. Of the six replies received, three reported incident rates of just the State Penitentiary (see Appendix for a listing of the 21 states and their responses).

Table 18 shows the comparison between self-mutilation rates for Virginia and the other six states which provided such information. It must be cautioned that this is the most tenuous of data, based on estimates of confined population and self-mutilation incidents.

As the table shows, Virginia has the highest rate of the seven states at its Penitentiary, with 12.3 incidents per 100 inmates (note that the actual confined population was higher then the 758 reported, which would reduce the

Table 18

Incidence of Self-Mutilation:
Virginia Vs. Selected Other States

	State Penitentiary Only			Entire Correctional System		
State	No. of Incidents	Confined Population [1]	Incidents Per 100 Inmates	No. of Incidents	Confined Population [1]	Incidents Per 100 Inmates
Virginia	93	758	12.3	118	6,721	1.76
Okalahoma	40	1,416	2.8	71	3,872	1.83
Iowa	10	900 (1975)	1.1	18	1,924 (1975)	0.93
New Hampshire	17	263 (1976)	6.5	-	-	-
Maine	17	401	4.2	23	552	4.17
New Mexico*	12	1,264 (1976)	0.9	-	-	-
North Dakota*	6	185 (1976)	3.2	-	-	-

[1] Confined population for 1977, unless otherwise indicated.

Note. Data on felons confined are taken from Juvenile and Adult Correctional Departments, Institutions, Agencies, and Paroling Authorities: United States and Canada. American Correctional Association, 1978. Data on self-mutilation incidents come from personal communications from the following individuals:

L. Howell, Planner, Oklahoma Department of Corrections
P. K. Carroll, Bureau Representative, Iowa Division of Adult Corrections
J. Xiggoros,Research/Planner, New Hampshire State Prison
G. F. Samson, Correctional Plans Coordinator, Maine Bureau of Corrections
M. E. Gonzales, Infirmary Administrator, The Penitentiary of New Mexico
C. F. Enders, Director of Programs, North Dakota State Penitentiary

*Figures are estimates or "best guesses" supplied by state.

12.3 figure. However, it is necessary to use the same data source for all states, so as to systematize to some extent the bias inherent in the data). In terms of the entire system, Virginia fares better, with 1.76 incidents per 100 inmates, suggesting that incidents are more concentrated at Virginia's Penitentiary than at Penitentiaries of other states.

The tentative nature of this data has already been noted. Despite this warning, several additional aspects of Table 18 deserve mention. First, it can be seen that in the three other states for which information is available, the majority of incidents take place at the State Penitentiary, as is the case in Virginia. In Virginia, 79% of the incidents occurred at the Penitentiary, while this percentage was 56% in Oklahoma, 56% in Iowa, and 74% in Maine. However, the difference is most severe in Virginia.

Finally, it should be noted that to compare incident rates between states without comparing the incident rate of each state to some meaningful criterion (such as number of felons confined) is a fruitless and misleading endeavor. Smaller states will naturally have fewer total incidents but, as Table 18 shows, will not necessarily have lower incident rates.

Characteristics of Incidents. Table 4 presented the type of injury inflicted at the Penitentiary. The majority of the injuries were cuts to the arms, wrists and hands. This finding has been confirmed in the North Carolina System (Johnson, 1969, 1973) and at the Tennessee State Penitentiary (Jones, 1976). The nature of multiple self-mutilations as revealed in Table 2 and 3 is confirmed by Jones (1976), who also reports cases more extreme than those shown in Table 1 (for example, an inmate who injured himself, on the average, once a month for over five years). Finally, the finding that the majority of self-mutilation incidents occur in segregation is confirmed by Johnson (1969).

Characteristics of Self-Mutilators. The over-representation of whites in the self-mutilator category (see Table 9) is a finding which has been routinely confirmed in Tennessee (Jones, 1976), North Carolina (Johnson, 1969, 1973), and New York (Johnson, 1976; Toch, 1975). The latter study also found an over-representation of Latin Americans in the self-mutilator group, which is confirmed by a study done in the Texas system (Beto & Claghorn, 1968).

The disparity between Johnson's (1969) North Carolina study and the present findings with regard to age differences between self-mutilators and felons confined has already been noted (see Table 13). Beto and Claghorn (1968) failed to find significant age differences between these two groups in Texas. On the other hand, Johnson (1976) reports an over-representation of adolescents

(under 21 years old) in his self-mutilator group. In his New York study, 39% of the self-mutilators were under 21, compared with 47% in North Carolina and only 19% in Virginia. In all of these studies, of course, the inmates who mutilate themselves are, by most standards, young. The question of whether or not they are as a group younger than other inmates, however, has yet to be clearly answered, although in Virginia in 1977, the answer seems to be that they are not younger (Table 12).

Other Variables

The four studies on self-mutilation cited here provide futher information on other variables, not examined here, which may be relevant. Beto and Claghorn (1968) found that self-mutilators tended to come from larger families and had poorer occupational adjustment than a matched control group of non-mutilators. Johnson (1969) finds that self-mutilators are less educated, more likely to be unmarried, have had more previous sentences, and have more violations and escapes. Differences between the groups on many of these variables are confirmed by Johnson (1976).

Summary

The basic findings of interest in the present report may be summarized as follows:

(1) A relatively small number of individuals account for the majority of self-mutilation incidents.

The 105 incidents which occurred at the Penitentiary and Powhatan during FY 1978 involved only 47 inmates, or roughly 3% of the combined population of these two institutions. Due to multiple instances of self-mutilation, 72% of the 105 incidents are accounted for by only 18 inmates. The same individual will often injure himself more than once on the same or consecutive days.

(2) Cutting injuries, inflicted to arms, hands and wrists with razors, are the most prevalent.

Most of the injuries inflicted do not seem to be too severe. Only 22% of the injuries inflicted by inmates at the Penitentiary were serious enough to warrant treatment at MCV. When other methods of self-mutilation were employed, it was usually repeated occurrences by the same individual.

(3) The majority of incidents occur in segregation, between 4:00 P.M. and midnight.

(4) The typical self-mutilator is likely to be white, confined for robbery, burglary or rape, serving an average sentence of 22 years, and about 30 years old.

Differences between self-mutilators and felons confined exist for two of these variables, race and sentence length. Despite some contradictory findings in previous studies in

other states, self-mutilators are not significantly younger than the general felon population, nor were they younger when committed than the felons committed in fiscal years 1977 and 1978. Men who mutilate themselves more than once were younger than those who mutilated themselves only once.

(5) <u>These findings are typical of other states, and incidence rates in Virginia are comparable to those of some other states for which information is available.</u>

References Cited

Beto, D. R., & Claghorn, J. L. Factors associated with self-mutilation within the Texas Department of Corrections. American Journal of Corrections, 1968, 30, 25 - 27.

Johnson, E. H. Felon self-mutilation: Correlate of stress in prison. (NIMH Grant No. MH 12032-01). Center for the Study of Crime, Delinquency and Corrections, Southern Illinois University, 1969.

Johnson, E. H. Felon self-mutilation: Correlate of stress in prison. In B. L. Danto (Ed.), Jailhouse blues: Studies of suicidal behavior in jails and prisons. Orchard Lake, MI: Epic Publication, 1973.

Johnson, R. Culture and crisis in confinement. Lexington: D. C. Heath, 1976.

Jones, D. A. The health risks of imprisonment. Lexington: D. C. Heath, 1976.

Toch, H. Men in Crisis: Human breakdowns in prison. Chicago: Aldine Publishing Co., 1975.

Appendix

On July 27, 1978, a letter was sent to all state correctional agencies, as well as the Federal Bureau of Prisons, requesting information regarding self-mutilation. The letter asked about 5 specific points:

(1) Has your Department done any research or other types of reports on self-mutilation?

(2) Have any of the institutions in your state developed a standard procedure for dealing with self-cutters? If not, what is the usual procedure followed?

(3) Have attempts been made to reduce the incidence of self-mutilations?

(4) Is self-mutilation considered a serious problem for your Department?

(5) Can you provide a count of the number of self-mutilations which occurred during the last year?

Of the 21 states which had responded to the letter at the time this report was written, 18 specifically addressed the five points detailed above. Table A presents the response of these 18 states.

With regard to research, the table shows that none of the 18 states responding reported carrying out any research. New Hampshire indicated a research project on self-mutilation, but one

Table A
States' Responses to
Information Request

State	Research Conducted	Standard Procedure	Incidence Reduced	Serious Problem	Statistics Kept
District of Columbia	No	No	No	No	No
Idaho	No	Yes	Yes	?	?
Illinois	No	No	No	No	just started
Iowa	No	Yes	Yes	No	Yes
Louisiana	No	No	No	Yes	No
Maine	No	No	No	Yes	Yes
Minnesota	No	No	?	No	No
Mississippi	No	No	No	No	No
Nevada	No	No	?	Yes	No
New Hampshire	?	No	No	No	Yes
New Jersey	No	No	?	?	No
New Mexico	No	Yes	No	No	No
North Dakota	No	No	No	Yes	No
Ohio	No	No	?	No	No
Oklahoma	No	No	No	No	Yes
Oregon	No	No	No	No	No
Pennsylvania	No	No	No	No	No
Washington	No	No	No	No	No
Bureau of Prisons	Yes	No	No	No	No

which was being carried out independently and for all of the New England states.[1] Also, the Bureau of Prisons stated that although no system-wide research efforts had been undertaken, one study at one institution had been conducted.

Skipping to the last question regarding statistics kept only 4 states were able to provide statistics on the number of self-mutilators. These rates have already been discussed.

Responses to question 4 proved to be interesting. Of the 16 states which specifically responded to this question, only 4 indicated that self-mutilation was considered a serious problem. In addition, the Bureau of Prisons indicated that self-mutilation was not considered a serious problem in the Federal system.

Finally, the second question was concerned with whether or not a standard procedure for handling self-mutilators had been developed. Implicit in this question were several hidden definitions which some, but not all, respondents seemed to recognize. As used in the questions, the term "standard procedure" refers to a written plan for dealing with such inmates on both a short-term (medical treatment) and long-term (counseling and prevention) basis. Using these criteria, only 4 states were able to report such procedures. In response to the second half of the question, however, most all of the states did indicate the manner in which

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[1] North Carolina, which is not included in Table A, has conducted some research and did forward a copy of the study. Responses to the particular questions posed, however, were not received at the time of writing.

such inmates were dealt with. While individual responses differed, several general themes emerged. For example, what is perhaps the most obvious and certainly the procedure most often mentioned is medical attention followed by some contact with either a counselor, a staff psychologist, or a psychiatrist. About 7-8 states indicated this general pattern. However, the purpose of the psychological contact varied, with New Jersey indicating that the purpose was psychological evaluation, Mississippi indicating that the purpose was a determination of whether or not the injury was of a manipulative nature, and the other states (Ohio, Illinois, Oklahoma and Minnesota) indicating a counseling function. Oregon provides a psychologist only if the incident is seen as being non-manipulative (i.e., not for purposes of attention-getting) in nature. In addition, other thoughts were expressed by the respondents. Several states (Minnesota, Mississippi, Oregon) mentioned the importance of not providing positive reinforcements for the self-mutilation behavior, that is, not reinforcing such behavior with transfers, changes in custody status, and so on. New Jersey and New Mexico took this a step further, perhaps, in indicating that self-mutilation was considered a violation of rules and could result in some disciplinary action (for New Mexico, this would occur only if the incident was judged to be manipulative in nature).

Thus, despite the small number of responses and the non-systematic nature of the data gathering technique used, some fundamental differences in philosophy and reaction (treatment) to self-mutilation incidents between states are revealed. Unfortunately, none of the states is in a position to truly judge the effectiveness of its own particular procedures.

Before turning to the few states which have more rigorously defined procedures, the response from the state of Maine should be noted. In their reply, Maine refers to their "non-written standard procedure for dealing with self-cutters," which involves any of several options (depending on the individual case). The inmate might be referred to the staff psychologist or to a para-professional who stays with the inmate and perhaps provides some counseling. In some cases, the inmate is put under special supervision, all potentially destructive instruments are taken from him, and he is checked every 15 minutes. Finally, in special cases, an officer is assigned to supervise the inmate until he can be transferred to a mental health institution.

The three states identified as having a standard procedure in Table A are New Mexico, Iowa and Idaho. New Mexico's procedure is a fairly simple one, with self-mutilators being first provided medical treatment. They are then isolated in strip cells, and receive psychological attention

as soon as possible. If it is determined that the mutilation was done to manipulate, disciplinary action is taken.

The Iowa Bureau of Correctional Institutions had formulated a policy on suicides and attempted suicides, which is also adhered to in self-mutilation cases. The policy is a proactive one, with the emphasis on prevention. In the event that a staff member learns, either through direct observation of behavior or from another inmate or staff member, of the possibility that a self-destructive act is about to occur, he is responsible for contacting the counselor or a member of the "team" assigned to the inmate (it is not clear from the policy as written who the team is or what its functions is). This person (counselor or team member) makes immediate contact with the inmate and attempts to assess the situtation. In this assessment, the counselor may need to contact others, such as the psychiatrist, psychologist, nurses, and work supervisor, who have close contact with the inmate. Security and management personnel are involved in defining a course of action to take with regard to the inmate, and all personnel who must come into contact with the inmate are notified as to what action is to be taken. Special housing, supervision or psychiatric intervention may also be ordered. According to their reply, Iowa believes that the institution of this policy has reduced the number of self-mutilation incidents.

Finally, the procedure reported by Idaho is an interesting one, and one which, according to their response, has had "very good success" in controlling self-destructive acts.

The Idaho procedure is to set up a hierachy of items (privileges) which will reinforce 24-hour periods during which no self-destructive behavior occurs. Self-mutilators are first placed in maximum security, where their access to potential weapons is restricted. If they continue self-destructive behavior in maximum security, the above-mentioned reward system is begun.

A hierarchical list of items is composed by the officer in charge of the segregation unit, the case manager and a psychologist. The inmate receives a copy of the list and the contingencies are explained to him. The first item on the list is given to the individual if self-destructive behavior stops for a period of 24 hours. If no other self-destructive behaviors occurs in the next 24 hours, the second item on the list is provided. If no self-destructive behavior occurs, the remaining items on the list are provided at 24-hour intervals. If, however, the inmate does engage in a self-destructive act, the last item provided is withdrawn, and a new 24-hour period is begun from the time of the incident. If another incident occurs within 24 hours, another item is taken away. Items are provided or withdrawn one at a time, and the procedure must be rigidly adhered to.

END