

# [International therefore, previous literature has considered all severities](https://assignbuster.com/international-therefore-previous-literature-has-considered-all-severities/)

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Internationalrates of self-harm (SH) are extremely high in prison settings, in comparisonto, the general population (Marzano, Ciclitira & Alder, 2016). Furthermore, the rate of SH in male prison inmates increased by 45% between 2004 to 2010.

However, there is great difficulty indefining SH due to the variety of cases presented in prisons. These cases vary significantlyfrom amputation to wrist slashing; all of which are dangerous acts and are sometimeslethal (Sakelliadis et al., 2009). Therefore, previous literature has considered all severitiesof SH as equal in determining the predictors of SH in an aim to aid preventionand intervention. Previous literature has identified an extensive array offactors related to the engagement of SH including, childhood adversity, use ofSH as a coping strategy, substance misuse and psychiatric illness as the most commonpredictors of SH in male prison inmates. Past research will be reviewedfrom a variety of studies that provide explanations behind these prominentpredictors of SH in male prison inmates including the application of the Cry ofPain (CoP) model.

The CoP model was firstintroduced by Williams, (1997, as cited in, Allely, 2015) as a psychologicalmodel to explain suicidal behaviour and SH within the general population. TheCoP model perceives suicidal acts and deliberate self-harm (DSH) as a responseto an overwhelming or stressful situation. Arguably three components will eitherinteract with each other or become overpowering and as a result, increase the riskof self-harming behaviours. These include; (1) the presence of defeat, (2) noescape or entrapment, and (3) no rescue. This model describes a process that couldbenefit others to understand why individual’s SH as a possible escapemechanism’. It is argued that SH should be considered a cry of pain, as opposedto a cry for help. This is because once individuals feel pain they no longerfeel trapped (Slade et al. 2014).

Overall, the concept of the CoP model recognises that not all depressive and destructiveindividuals want to end their life by method of SH, but, are searching for anescape from debilitating feelings of defeat and hopelessness. For this reason, the CoP model will be applied to the predictors of SH in male prison inmates toprovide greater understanding. Family hardship, childhood neglect and abuse have been found to be one of themost prominent factors associated with SH in male prison inmates. Tas? o? ren etal. (2017), reviewed literature on the relationship between traumatic childhoodabuse and SH among male prisoners. Childhood adversities included emotional, physicaland sexual abuse and also domestic violence and parental separation or divorce(Sakelliadis, Papadodima, Sergentanis, Giotakos & Spiliopoulou, 2009).  Former research conducted on childhoodadversity as a predictor of incarcerated males also found that 80% had ahistory of physical and orsexual abuse during childhood and 90% reported a lengthy past of severeneglect. Age was also found to play a crucial role in the severity of one’sself-destruction.

The younger the individual was when the abuse started the moresevere ones SH became. Furthermore, self-injurious behaviour and also suicideattempts were found to correlate strongly with abuse and severe neglect duringearly childhood. (Van der Kolk & Fisler, 1991). Moreover, it is argued that destructive SH behaviour continues through to adulthood dueto prolonged periods of separation from primary caregivers, guardians andfriends. Male prisoners report to have never felt loved, emanating fromchildhood. This remains prevalent in male prisoners’ everyday life due to alack of visits and phone calls from home (Van der Kolk & Fisler, 1991). Asa result, it was concluded thatthere is strong evidence to support a link between these factors in providingexplanation as to why one may SH due to harrowing childhood experiences.

Theseresults were especially profound when traumatic events occurred prior to theage of 18 (Gunter, Chibnall, Antoniak, Philibert, & Hollenbeck, 2011, ascited in, Tas? o? ren et al., 2017). Moreover, it was found that as the number of traumatic experiencesincreased, the risk of engaging in SH increased simultaneously. Furthermore, previous literature has demonstrated that SH has been used as a method toprocess early traumatic incidents; allowing incarcerated males to view suchdisturbing events passively (Vander Kolk & Fisler, 1991). Previous literature has also demonstrated that parentalpsychiatric diagnosis during childhood was also associated with SH in male prisoninmates.  This was particularly prevalentwhen one parent suffered from alcoholism (Fulwiler et al., 1997).

Moreover, lessviolent forms of child neglect such as, feeling ignored or unappreciated have also shown to alsohave an impact on male prison inmate’s engagement in self-injurious behaviour. Therefore, it is argued that individuals may use SH as a method of communicating withothers to regulate their own feelings; proceeding into their adult life(Sakelliadis, Papadodima, Sergentanis, Giotakos & Spiliopoulou, 2009). Thisis highly prevalent in a prison setting as male individuals often injurethemselves to relieve feeling ‘ unheard’ and ‘ isolated’ also due to a lack ofprison visits (Baron et al., 2014). Childhood adversities link to the CoP model as they are consideredsignificantly overwhelming events. According to the CoP model the extreme lackof support from family members and also continuous exposure to trauma serves asone of the prominent factors and predictors of SH; no rescue.

Therefore, thismodel provides sound evidence for childhood adversities to be a key predictorof SH in male inmates. In addition, to traumatic childhood experiences, many male inmates report isolation of prisonto be a trigger for self-injurious behaviour (Tas? o? ren et al., 2017). Asexpected, incarcerated individuals experience overwhelming feelings ofentrapment. Furthermore, many male inmates admit to intense feelings of lack ofcontrol and as a result, use self-harm to reduce negative internal thoughts (Briere& Gil, 1998) and gain more control over their environment and as a means ofescape (Marzano, Ciclitira & Adler, 2016).

However, this is not the onlymethod male prisoners use to gain escapism. Substance misuse is another methodused by inmates to seek escape, hide or numb pain. Substance abuse (SA) is alsoa common predictor of SH within this population. This is because individualswith substance use disorders (SUD) experience a higher volume of faulty thinkingand suicidal ideation (Ireland, 2000). Inmates report that when under theinfluence of a substance, they feel a sense of relief and happiness, in comparison, to extreme depressive thoughts. However, when withdrawal from a substanceoccurs, feelings of euphoria crash and most commonly lead to a deeplydepressive state often resulting in the engagement of SH. Alternatively, prisonersunder the influence of drug, Amphetamine have been found to engage in extremelysevere cases of SH including amputation of limbs and castration.

Furthermore, Amphetamine alone hasalso been found to be a key predictor of SH with those without self-destructivetendencies in the past. The reaction the drug has on the body reduces an individual’ssense of pain, judgment and reaction times, resulting in near-lethal SHcases (Gates et al., 2017).

The co-morbidity of substance misuse and SH isextremely high and a theme that should be observed in correctional settings asa key predictor (Tas? o? ren et al., 2017). The CoP model also argues that aprominent factor that predicts SH is the feeling of ‘ no escape’ and feelingdefeated. This is supported by previous research that indicated, SH is reportedby many male inmates as a desperate and expressive coping strategy, in dealingwith overwhelming feelings of anger and stress; to obtain emotional release(Snow, 2002).

Therefore, individuals try to re-establish methods of escapism togain greater control over their current state of mind and in an effort torectify intense unpleasant feelings. Once an affect regulation strategy is foundwith SH it is often employed as a method of coping and regaining emotionalcontrol (Smith, 2015). Another central predictor of SHin male prisoners is the diagnosis of psychiatric illness. There is a strongassociation between prisoners mental wellbeing and self-injurious behaviourespecially individuals suffering from personality disorders, depression andanxiety (Gates et al., 2017). Furthermore, many inmates whom interact inself-injurious behaviour are also found to be diagnosed with personality disorders including, antisocialpersonality disorder and Borderline Personality Disorder (BPD) (Fulwiler et al.

1997). Additionally, many of these individuals were diagnosed during childhood; experiencing symptoms such as hyperactivity, impulsiveness, anger and anxietyto a greater scale, in contrast to other children. Moreover, 23% ofincarcerated males who engaged in SH had also received treatment from amental health service, either prior to or during their sentence in prison(McKenzie & Cross, 2014).

The third factor found to be astrong predictor of SH within the CoP model is the ‘ presence of defeat’. Inaddition to the harrowing conditions prisoners have to tolerate, unstablemental health can encourage individuals to use SH as a strategy of successfullyreducing excruciating feelings of defeat (Slade et al., 2014). Althoughprevalence of SH is high among a range of psychiatric illness, it has beenargued that those suffering from BPD experience severe emotional dysregulationand that serves as a powerful predictor for self-injurious behaviours (Gardner, Dodsworth & Selby, 2014).

Additionally, BPD sufferers in prisons also experience overwhelming feelings ofguilt to a greater extent than normal. Therefore, individuals can SH as an approachto punish one-self in an attempt to release intense feelings of guilt. This hasalso been found to link with childhood abuse and related feelings of shame. Overall, individuals suffering from psychiatric illness tend to experience a highervolume of defeat than those who are not diagnosed with a mental health condition.

Therefore, psychiatric wellbeing is considered a significant predictor of SH inmale inmates. In summary, although many predictors were found inrelation to SH in male prisoners, nearly every theme was found to link back tochildhood abuse. This can be explained by previous literature that has foundoffending behaviour to also be linked to childhood adversity. Furthermore, individuals who offend are also found to be extreme attention seekers due tothe level of neglect suffered throughout childhood. Moreover, research hasdemonstrated that offending behaviours are used as an emotion-regulation copingstrategy. This is because childhood experiences led them to believe, acts ofcruelty such as abuse in psychical, verbal and or sexual ways is deemed a ‘ normal’method of coping.

Similarly, the same strategy is employed once offenders areincarcerated also as a way of coping. In relation to the CoP model, predictorsof SH found to be prevalent in male prisoners were supported by the three mainfactors; (1) the presence of defeat,(2) no escape or entrapment, and (3) no rescue. There was limited research inareas discussing SA and psychiatric illness in relation to male prisoners’engagement in SH. Therefore, like childhood adversity, further research isrequired to establish a strong argument in attaching these themes to the CoP factors,’no escape’ and ‘ presence of defeat’.