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International rates of self-harm (SH) are extremely high in prison settings, in comparison to, 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 in defining SH due to the variety of cases presented in prisons. These cases vary significantly from amputation to wrist slashing; all of which are dangerous acts and are sometimes lethal (Sakelliadis et al., 2009). Therefore, previous literature has considered all severities of SH as equal in determining the predictors of SH in an aim to aid prevention and intervention. Previous literature has identified an extensive array of factors related to the engagement of SH including, childhood adversity, use of SH as a coping strategy, substance misuse and psychiatric illness as the most common predictors of SH in male prison inmates. Past research will be reviewed from a variety of studies that provide explanations behind these prominent predictors of SH in male prison inmates including the application of the Cry of Pain (CoP) model.

The CoP model was first introduced by Williams, (1997, as cited in, Allely, 2015) as a psychological model to explain suicidal behaviour and SH within the general population. The CoP model perceives suicidal acts and deliberate self-harm (DSH) as a response to an overwhelming or stressful situation. Arguably three components will either interact with each other or become overpowering and as a result, increase the risk of self-harming behaviours. These include; (1) the presence of defeat, (2) no escape or entrapment, and (3) no rescue. This model describes a process that could benefit 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 due to prolonged periods of separation from primary caregivers, guardians and friends. Male prisoners report to have never felt loved, emanating from childhood. This remains prevalent in male prisoners' everyday life due to a lack of visits and phone calls from home (Van der Kolk & Fisler, 1991). As a result, it was concluded that there is strong evidence to support a link between these factors in providing explanation as to why one may SH due to harrowing childhood experiences.

These results were especially profound when traumatic events occurred prior to the age of 18 (Gunter, Chibnall, Antoniak, Philibert, & Hollenbeck, 2011, as cited in, Tas? o? ren et al., 2017). Moreover, it was found that as the number of traumatic experiences increased, the risk of engaging in SH increased simultaneously. Furthermore, previous literature has demonstrated that SH has been used as a method to process early traumatic incidents; allowing incarcerated males to view such disturbing events passively (Vander Kolk & Fisler, 1991). Previous literature has also demonstrated that parental psychiatric diagnosis during childhood was also associated with SH in male prison inmates. This was particularly prevalent when one parent suffered from alcoholism (Fulwiler et al., 1997).

Moreover, less violent forms of child neglect such as, feeling ignored or unappreciated have also shown to also have 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 with others to regulate their own feelings; proceeding into their adult life (Sakelliadis,

Papadodima, Sergentanis, Giotakos & Spiliopoulou, 2009). This is highly prevalent in a prison setting as male individuals often injure themselves to relieve feeling 'unheard' and 'isolated' also due to a lack of prison visits (Baron et al., 2014). Childhood adversities link to the CoP model as they are considered significantly overwhelming events. According to the CoP model the extreme lack of support from family members and also continuous exposure to trauma serves as one of the prominent factors and predictors of SH; no rescue.

Therefore, this model provides sound evidence for childhood adversities to be a key predictor of SH in male inmates. In addition, to traumatic childhood experiences, many male inmates report isolation of prison to be a trigger for self-injurious behaviour (Tas? o? ren et al., 2017). As expected, incarcerated individuals experience overwhelming feelings of entrapment. Furthermore, many male inmates admit to intense feelings of lack of control 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 of escape (Marzano, Ciclitira & Adler, 2016).

However, this is not the only method male prisoners use to gain escapism. Substance misuse is another method used by inmates to seek escape, hide or numb pain. Substance abuse (SA) is also a common predictor of SH within this population. This is because individuals with substance use disorders (SUD) experience a higher volume of faulty thinking and suicidal ideation (Ireland, 2000). Inmates report that when under the influence of a substance, they feel a sense of relief and happiness, in comparison, to extreme

depressive thoughts. However, when withdrawal from a substance occurs, feelings of euphoria crash and most commonly lead to a deeply depressive state often resulting in the engagement of SH. Alternatively, prisoners under the influence of drug, Amphetamine have been found to engage in extremely severe cases of SH including amputation of limbs and castration.

Furthermore, Amphetamine alone has also been found to be a key predictor of SH with those without self-destructive tendencies in the past. The reaction the drug has on the body reduces an individual's sense of pain, judgment and reaction times, resulting in near-lethal SH cases (Gates et al., 2017).

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

Therefore, individuals try to re-establish methods of escapism to gain greater control over their current state of mind and in an effort to rectify intense unpleasant feelings. Once an affect regulation strategy is found with SH it is often employed as a method of coping and regaining emotional control (Smith, 2015). Another central predictor of SH in male prisoners is the diagnosis of psychiatric illness. There is a strong association between

prisoners mental wellbeing and self-injurious behaviours especially individuals suffering from personality disorders, depression and anxiety (Gates et al., 2017). Furthermore, many inmates whom interact in self-injurious behaviour are also found to be diagnosed with personality disorders including, antisocial personality 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 anxiety to a greater scale, in contrast to other children. Moreover, 23% of incarcerated males who engaged in SH had also received treatment from a mental health service, either prior to or during their sentence in prison (McKenzie & Cross, 2014).

The third factor found to be a strong predictor of SH within the CoP model is the 'presence of defeat'. In addition to the harrowing conditions prisoners have to tolerate, unstable mental health can encourage individuals to use SH as a strategy of successfully reducing excruciating feelings of defeat (Slade et al., 2014). Although prevalence of SH is high among a range of psychiatric illness, it has been argued that those suffering from BPD experience severe emotional dysregulation and that serves as a powerful predictor for self-injurious behaviours (Gardner, Dodsworth & Selby, 2014).

Additionally, BPD sufferers in prisons also experience overwhelming feelings of guilt to a greater extent than normal. Therefore, individuals can SH as an approach to punish one-self in an attempt to release intense feelings of guilt.

This has also been found to link with childhood abuse and related feelings of shame. Overall, individuals suffering from psychiatric illness tend to experience a high volume of defeat than those who are not diagnosed with a mental health condition.

Therefore, psychiatric wellbeing is considered a significant predictor of SH in male inmates. In summary, although many predictors were found in relation to SH in male prisoners, nearly every theme was found to link back to childhood abuse. This can be explained by previous literature that has found offending behaviour to also be linked to childhood adversity.

Furthermore, individuals who offend are also found to be extreme attention seekers due to the level of neglect suffered throughout childhood. Moreover, research has demonstrated that offending behaviours are used as an emotion-regulation coping strategy. This is because childhood experiences led them to believe, acts of cruelty such as abuse in physical, verbal and or sexual ways is deemed a 'normal' method of coping.

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