

The Psychological Motives of Self-Harm Behavior among Inmates at the Correctional and Rehabilitation Centers in Jordan

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Abstract: The aim of this study was to investigate the psychological motives of self-harm behavior among inmates in the correctional and rehabilitation centers of Jordan. The sample consisted of (136) male and female inmates who met all criteria established for this study. For answering the research questions, the researcher developed the Motives of Self-Harm Behavior Inventory. To test the reliability of this instrument, the researcher administered this instrument to 40, male and female inmates outside the sample of the study.

The internal consistency was (0.95) as measured by Cranach's alpha, which is an indicator of reliability. The feedback of specialized professors regarding the validity of the instrument provided the face validity. The results indicated that self-harm behavior associated with stressful life events such as mental illness, dealing with prison environment, and lack of family support or bonding. No significant differences were found between inmates regarding their motives for intentional self-harm due to gender, age, and length of sentence, marital status, and convicted or waiting trials. The prevalence of self-harm behavior among male inmates was 2% and 8.5 % for females. Mental illness was the most influential and leading factor for intentional self-harm behavior especially among female inmates. (**Keywords:** self-harm psychology, factors, mental, motives, inventory, prison, environment, rehabilitation, and correction).

Introduction

The intentional self-harm behavior (ISHB) is a growing concern among incarcerated inmates, parents, administrators, counselors and other medical staff. The psychological phenomenon of ISHB is still not clear as to the causes, and the proper treatment for those who are at risk of harming themselves especially among incarcerated Jordanian inmates. Incarcerated inmates are more likely to harm themselves and often lack stable home, suitable residence, and supportive caregivers. The high rate of abuse, rejecting parents, and lack of empathy by caregivers may cause the incarcerated inmates not to trust others and may not ask for help

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الدوافع النفسية لإيذاء الذات لدى نزلاء مراكز الإصلاح و التأهيل في الأردن

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ملخص: هدفت هذه الدراسة إلى الكشف عن الدوافع النفسية لظاهرة إيذاء الذات المتعمد عند عينة مؤلفة من (136) نزيلا، ذكورا و إناثا في مراكز الإصلاح و التأهيل في الأردن. وللإجابة عن أسئلة الدراسة فقد تم تطوير أداة قياس لدوافع إيذاء الذات العمد. و للتحقق من ثبات الأداة فقد تم تطبيقها على 40 نزيلا من الذكور و الإناث من خارج عينة الدراسة. وقد بلغ معامل الاتساق الداخلي 0.95. من خلال استخدام معادلة كرونباخ ألفا، كما تم التحقق من صدق الأداة من خلال التغذية الراجعة من الأساتذة المتخصصين في مدى مناسبة هذا المقياس لما وضع لقياسه. كشفت نتائج الدراسة أن عوامل الضغوطات النفسية، وعدم التكيف مع بيئة السجن، و ضعف الترابط الأسري هي من الدوافع الكامنة لإيذاء الذات للنزلاء في مراكز الإصلاح و التأهيل في الأردن. و أشارت النتائج إلى انه لا توجد فروق ذات دلالة إحصائية بين النزلاء تعزى لمتغير الجنس والفئة العمرية ، أو مدة المحكومية ، أو الحالة الاجتماعية، أو الصفة القضائية للنزيل. وأشارت النتائج إلى أن العامل النفسي هو أهم العوامل المسببة لإيذاء الذات خاصة بين أوساط النزليات الإناث كما أشارت النتائج إلى أن نسبة إيذاء الذات بين النزلاء الذكور كانت 2 % في حين كانت 8.5 % بين الإناث و هي نسبة اقل من النسبة العالمية لإيذاء الذات. (الكلمات المفتاحية: اختبار، دوافع، إيذاء الذات، عوامل نفسية، بيئة، تأهيل، السجن).

especially in the rehabilitation and correctional centers of Jordan. Surviving in the prison environment, having mental, physical problems or other maltreatment are expected to be among the leading factors for many inmates to harm themselves. It is the researcher's intention to find support for such speculations.

There is no single definition of self-harm behavior. Self-harm is also called self-mutilation, self-injury, and self-abuse. The behavior of self-harm is defined as the deliberate, impulsive, repetitive, and non-lethal self-harm without suicidal intention (Whitlock, Powers, Eckenrolde, 2006; Adams, Rodham, & Gavin, 2005; Favazza, 1996; Briere & Gil, 1998). Many individuals who harm themselves describe feelings of overpowering and overwhelming frustration, depression, rejection, tension, restlessness, and reported a feeling of depersonalization and are confused about what is self and what is not self (Zila & Kiselica, 2001).

According to Crowe and Bunclark (2000), during the act of self-harm, self-harmers often do not experience physical pain and may not even be aware

that the act is actually occurring. It is the pain after the act that makes them experience the feelings of calmness, or the feelings of guilt which is associated with self-harm that can last as long as 24 hours after the act.

The function of ISHB is to release emotional pain, anxiety, anger, to rebel against authority, and to feel in control. The behavior should not be a part of religious practice, custom or a form of art, and should not be socially acceptable or appropriate (Adams et al., 2005).

Some individuals who look for fights are looking for getting hurt. Other individuals' drives recklessly are also looking for getting hurt. Some researchers indicate that substance abuse and sexual risk taking are considered as self-harm behaviors (Adams et al., 2005; Ullman & Brecklin, 2003).

The act of self-harm behavior may include intentional cutting of the skin, burning of the skin, pulling hair, swallowing toxic substance, and breaking bones. Tattoos and social body piercing are not included as self-harm behaviors (Whitlock et al., 2006).

Cutting of the body (wrist, hand, stomach and thigh) is the most common and well-documented form of self-harm among young adults (Laye-Gindhu, & Schonert-Reichl, 2005; Whitlock et al., 2006).

People who engage in ISHB often keep their action secret and hidden, and they never seek treatment. Self-harm as a maladaptive behavior is a mysterious and misunderstood phenomenon. This type of behavior is usually conducted in a private and secret way. This triggers the feeling of isolation, alienation and shame. Self-harmers do not seek treatment usually causing the behavior to go unreported (Adermen, 1997).

Self-harmers are often seen by others as manipulative, and viewed as attempting to get their needs met (Klonsky, 2007). No one knows exactly when self-harm behavior started in life or knows how long it lasts. However, some studies indicate that self-harm started early in life and it lasted weeks or years (Laye-Gindhu & Schonert-Richi, 2005; Borrill, Snow, Medlicott, Teers & Paton, 2005).

The onset of ISHB usually occurs in adolescence and is often associated with childhood abuse, sexual abuse, physical abuse, emotional neglect, and bullying or violence (Laye-Gindhu & Schonert-Richi, 2005; Borrill et al, 2005).

The relationship between self-harm behavior and suicidal ideation is not clear. Many studies support the belief that self-harm behaviors are a means to avoid suicide or to cry for help (Klonsky, 2007; Muehlenkamp & Gutierrez, 2004).

The common motives for people who engage in ISHB include expression of distress, control of emotions or feelings, control of needs, reducing tension, and response to peer or social reinforcement (Suyemoto, 1998). However, some other study indicated that some individuals harm themselves not for suicidal intention but rather for self-soothing, to feel the pain on the outside instead of the inside, to cope with negative

feelings, to express anger, to feel alive and real (Klonsky, 2007).

Most self-harmers favor to injure areas of the body that cannot be observed by others, due to the shame or the stigma that is associated with the self-harm behavior. The ISHB may also progress to more severe methods over time in order to maintain the same level of relief as their pain tolerance increases overtime. Other self-harmers act randomly when the impulses to injure themselves are elevated (Clarke & Whittaker, 1998).

Multiple studies support the assumption that females are more likely to engage in self-harm behavior more than males (Laye-Gindhu & Schonert-Richi, 2005; Whitlock et al., 2006; Borrill et al, 2005). Women in general are not socialized to express violence externally toward others. When women are confronted with negative feelings such as negative thoughts, and rage, they tend to vent or act internally toward themselves by harming their own body. Men are generally brought up to act out and hold their emotion, while females on the other hand are socially allowed to express feelings (Ross, & Heath, 2002).

Women often engage in ISHB as they experience family disruption and trauma in their lives such as, loss of parents, financial instability and dysfunctional family relationships, which may explain the higher rate of ISHB among females (Gladstone, Parker, Mitchell, Malhi, Wilhelm, & Austin, 2004).

Women in general and especially in correctional institutions are more likely to engage in ISHB more than men. For incarcerated women, the pain of imprisonment, fear of losing child custody, segregation, stressful living conditions and rigid rules enforcement are considered as leading factors to the ISHB (Dear, Thomson & Howell, 2001; Kilty, 2006; Borrill et al., 2005).

Criminalized women are typically poor, young, uneducated, unemployed, involved with unstable relationship with peers or staff, and have a history of childhood abuse or violence. Material and social deprivation such as poor housing, poor nutrition, and lack of good childcare are common problems in the lives of criminalized women (Kilty, 2006; Dear et al., 2001).

Some other studies indicate that males and females are equally engaged in self-harm behavior, and no significant difference was found due to gender regarding ISHB (Garrison, Addy, Mckeown & Cuffe, 1993; Gratz, 2001; Klonsky, Oltmanns & Turkeimer, 2003; Muehlenkamp & Gutierrez, 2004).

The prevalence of self-harm behavior in prison or at the general population level may be difficult to estimate due to the stigma and shame that is associated with the act. In addition, the act of self-harm often occurs in privacy and secrecy, which makes it difficult to identify how common it is among people (Kilty, 2006; Dear et al., 2001).

People use self-harm as a way to communicate or to express some negative feelings or thoughts that they

cannot talk about to others or deal with it effectively (Whitlock & Knox, 2007). Some researchers indicated that the common reason behind ISHB is to get other people react to their action, to get people to care for them, to make other people feel guilty, to drive people away, to get away from stress and responsibility, to manipulate situations or people and to avoid suicide (Klonsky, 2007; Whitlock & Knox, 2007).

Self-harm behavior has been associated with stressful life events. Medications are prescribed for people who are engaging in self-harm behavior for the aim of treating the associated symptoms. Antidepressant medications are widely used for the treatment of depression, mood swings, and for decreasing the amount of obsessive thoughts. For those individuals who harm themselves and exhibit psychotic thinking or features, antipsychotic medications are prescribed to weaken the ability to self-harm and decrease anxiety according to Crow, & Buncker (2000).

Literature Review

The onset of self-harm behavior usually occurs during adolescence and peaks between the ages of 16 to 25; the behavior stops at the age of 30 without treatment or intervention according to Aderman (1997) and Favazza (1996).

Many studies support the idea that adolescents and young adults are the most common group of people who engage in self-harm behavior and the act is often linked with childhood abuse, including emotional, physical, sexual abuse, bullying, neglect and violence (Borrill et al. 2005; Briere & Gil, 1998; Favazza, 1996; Gratz, Sheree & Roemer, 2002; Muehlenkamp & Gutierrez, 2004).

The prevalence of ISHB in the general population on non-clinical samples reported to be 4% (Briere, & Gil, 1998; Klonsky et al., 2003). ISHB among college students ranges from 12% to 17%, and the onset of ISHB occurs between the age of 17 and 22 (Whitlock et al., 2006). According to Diclemente, Ponton, and Hartley (1991) the rate of ISHB in institutional settings is estimated to be in the range of 40% to 61 %.

The psychopathological way is not the only leading factor of ISHB in prison; the social structures and the prison environment can be other leading factor to self-harm. The ISHB is viewed as a means of gaining control over the unpredictable environment of prison that emphasizes rules and regulations (Kilty, 2006; Dear et al., 2001).

Many Staffs do not view self-mutilations as a suicidal intention. Staffs in prison perceive the function of ISHB by inmates as a non-verbal communications with others (Pannell, Howells & Day, 2003). Triggering events whether recent or past can be a good cause for ISHB. Being rejected by someone who is important to them, feeling wrong or at fault in some way, being blamed for something that they had no control over; being physically or sexually abused, being bullied or

intimidated by others are only examples of such a cause (Borrill et al., 2005; Laye-Gindhu & Schonert, 2005).

Inmates who previously had a job before incarceration, according to Stevenson & Skett (1995), were found more likely to engage in ISHB more than other inmates who did not have a job before incarceration.

Many inmates who are incarcerated for offences such as homicide and sexual offences are more likely to engage in ISHB. Sex offenders are more likely to face considerable violence from their fellow inmates, which in return lead to ISHB (Flemming, McDonald & Biles, 1992).

Most suicide attempts and ISHB among inmates occur, between one week and less than a month in custody or imprisonment. Twenty percent of inmates who engaged in ISHB had experienced previous imprisonment (Dear et al., 2001).

Most suicide attempts and ISHB incidents occur in a special observation, segregation, and isolation single cell (Dear et al., 2001; Flemming et al., 1992). Moreover, some studies link suicide to self-harm behavior. Individuals with a history of ISHB were found to be nine times more likely to attempt suicide, and seven times to report suicidal thoughts and six times to report suicidal plans more than people who did not engage in ISHB (Whitlock & Knox, 2007).

The methods of suicide or ISHB for inmates in prison are limited. However, the most common and frequently reported methods of suicide attempts have been hanging for suicide and cutting for the people who self-harm. The act of self-harm behavior occurs equally during the night or day, and increases during the lock up time in the facilities (Dear et al., 2001; Eyland, Corben & Barton, 1997).

Stressful imprisonment events such as bullying, intimidation or general victimization, and sexual assault are among the leading causes for inmates to harm themselves (Dear, et al., 2001; Borrill, et al., 2005). The inmates who engaged in ISHB after spending six months in custody were found to be 23% males and 32 % females who recently moved to new correctional facilities within two weeks (Eyland et al., 1997).

Escaping or evading victimization among young inmates is one of the most common factors for engaging in ISHB. However, bullying among adult inmates tend to be more direct to physical aggression (Livingston, 1997). The review of related literature indicated a strong link between the ISHB and the history of sexual abuse as a child or as an adult among inmates in custody (Dear et al., 2001; Tyler, Whitbeck, Hoyet & Johanson, 2003; Gladstone et al., 2004).

Bullying in prison appears to be widespread and involves a variety of activities such as, sexual assault, physical assault, demanding money or goods according to Liebling (1994). The rates of sexual assault in prison are unknown and have not been adequately investigated. Conflict, threat, bullying, and poor relationships with other inmates or staff are linked to ISHB among

prisoners, according to Dear et al. (2001) and Livingston (1997).

Major ISHB can be life-threatening and result in a serious danger to the body. This behavior is often associated with symptoms of psychotic disorders such as hallucinations and delusion (Dear et al., 2001). Major ISHB can be associated with intoxications, depression, personality disorders, and among transsexuals, and the behavior occurs in isolation (Simeon & Favazza, 2001).

Stereotypical ISHB that is often less likely to be life threatening consists of head banging and biting, as the most common acts. It is usually repetitive in nature and occurs in the presence of other people for attention seeking (Stein & Niehaus, 2001). Stereotypical ISHB is often associated with individuals who have mental retardation, autism, and other developmental disorders. The impulsive ISHB, considered the most common form of self-harm. It includes the act of skin cutting, burning, bone breaking and needle sticking, and interfering with wound healing (Favazza, 1996; Simeon & Favazza, 2001).

The impulsive ISHB is associated with a variety of psychological disorders including, dissociative disorder, posttraumatic disorder, depression, personality disorder and substance abuse (Zalotonic, Mattia & Zimmerman, 1996; Klonsky et al., 2003). Many people who engage in the ISHB report no pain during the process of injury. However, some others reported pain after the act of ISHB (Nock, & Prinstein, 2005).

The common motivation for people who engage in ISHB are expression of distress, control of emotions or feelings, control of needs, reducing tension, and response to peer or social reinforcement (Suyemoto, 1998).

The review of related literature indicate the following reasons and explanations for self-harm behaviors: preventing suicide or crying for help; diverting attention from internal negative feelings; continuing abusive patterns; preventing something worse from happening, and possible manipulation (Klonsky, 2007).

According to Deiter, Nicholls, and Pearlman (2000), self-capacity can be helpful to individuals in crisis. Individuals who self-harm themselves usually have not developed the sense of self-capacity such as the ability to tolerate bad feelings, the ability to maintain a sense of self-worth, and the ability to connect and communicate with others.

Individuals tend to harm themselves when they experience unacceptable shame and are not allowed the feeling, especially when their existence and accomplishment is usually met with silence or abuse (Deiter, Nicholls, and Pearlman, 2000). Related literature indicates that people who self-harm tend to experience depressed and irritable feelings, high levels of tensions, and feelings of rejection. The painful feelings become overwhelming.

The function of self-harm becomes a form of relief from the high levels of irritability and sensitivity to

rejection. Self-harm may be used as a coping mechanism because it dramatically calms the body (Klonsky, 2007; Borrill et al., 2005; Nock & Prinstein, 2004; Adams et al., 2005). People who self-harm reported more avoidance and not facing reality, or problems as a coping strategy. They perceive themselves to have lack of control over problem solving (Hains, & Williams, 1997).

Eating disorders are often associated and co-occurring with self-harm behavior. The prevalence of eating disorders among individuals with ISHB ranges from 54% to 61% according to Svirko, & Hawton, (2007). Peer conflict, problems with intimacy, negative body images and body alienation are found to be strong predictors of ISHB (Darche, 1990).

Individuals tend to harm-themselves when they experience the feeling of depersonalization lack of distinguishing between self and others, which lead to an overwhelming feeling of losing one's identity. The ISHB becomes an act of testing reality and ending the dissociate state. The act of self-harm behavior usually experienced by self-harmers without pain and its function is to relief tension, return to a normal feeling state or proof feeling of existence according to Suyemoto (1998).

The homeless and sexually abused adolescence is found to be significantly vulnerable and more likely to engage in ISHB. Many homeless and runaway youth have experienced some form of maltreatment and neglect, which led to ISHB (Tyler et al., 2003). The ISHB is viewed as an act of adaptation and therapy for stressful events in order to reduce physical and psychological pain. In other words, ISHB is the outcome of the negative feelings and stressful events (Zila & Kiselica, 2001; Ross & Health, 2002).

The reasons for ISHB include depression, frustration, tension relief, feeling of emptiness, self-punishment, release of anger and knowing that one is one is alive by seeing his own blood (Suyemoto, 1998). Self-harm and suicide attempts have different intention and deferent methods. The ISHB is less lethal, more repetitive and often regarded as more chronic problem than suicide attempts. Suicidal act are internally oriented toward ending pain and suffering through the ending of life, while ISHB is viewed as a method of coping and dealing with environmental stressors (Borrill et al., 2005). Both ISHB and suicidal attempts can unintentionally result in death. Some criminalized women have been identified ISHB as an antecedent or installment plan for suicide according to Borrill et al., (2005).

The Diagnostic and Statistical Manual of Mental Disorders lists the ISHB as a symptom of borderline personality disorder, depressive and impulse control disorder (DSM-IV, 2000).

Brain chemistry may play an important role in determining who self-harm and who does not self-harm. People who self-harm tend to be extremely angry, impulsive, anxious, and aggressive. Some of these traits

are linked to deficits in the brain's Serotonin level system (Simeon, Stanley, Frances, Mann, Winchel, & Stanley, 1992).

Some studies indicate that ISHB could be contagious especially in institutional settings such as jail and hospitals. When one individual harms himself, the other individuals are more likely to engage in the same behavior (Taiminen et al., 1998). Adolescents are more likely to engage in the act of contagious ISHB for the purpose of peer modeling, to influence others, to prove that they are serious mutilators and not seeking attentions (Crouch & Wright, 2004).

Psychiatric inpatients and institutionalized people are more vulnerable to engage in contagious ISHB. The ISHB is seen as a communication pattern that an individual is unable to express verbally, an attempt to change other people behaviors, and a means for manipulation (Nock, & Prinstein, 2005; Crouch & Wright, 2004).

Peer influence and peer hierarchies to signify group membership or initiation can be another reason for ISHB. Gaining the attention of others, especially staff members and responses to conflict, anger or distress are also other reasons for ISHB (Nock & Prinstein 2005; Crouch & Wright, 2004).

Related literature indicate a strong relationship between ISHB and mental illness. Inmates who have been engaged in ISHB were found to have a history of mental illness, reported disturbing psychological problems such as psychosis, traumatic memories and drug withdrawal symptoms. Poor family functioning including domestic violence, physical and sexual violence, divorce and separation of parents is found to be highly related to ISHB (Gladstone et al., 2004; Tyler et al., 2003; Dear et al., 2001; Livingston, 1997).

After reviewing the related literature, the researcher found no research study in Arabic that dealt with the psychological motives of self-harm behavior among inmates in the rehabilitation and correctional centers of Jordan, which is the aim and the focus of this study.

Research Questions

The present study answers the following questions regarding the inmates' motives for intentional self-harm behavior in the rehabilitation and correctional centers of Jordan:

1. What are the most influential factors of intentional self-harm behavior between inmates?
2. Is there a significant difference between inmates regarding their motives for self-harm behavior due to their gender, drug abuse, work status inside prison, age, educational level, marital status, living arrangement inside prison, and being convicted or waiting trial?
3. Is there a significant difference between stereotypical self-harm inmates (inmates who intended to hide their self-harm from others), and impulsive self-harm inmates (those who harm themselves for attention seeking)?
4. Is there a significant difference between inmates regarding their intentional self-harm behavior due to their length of sentence, type of offense, and their geographical residence before incarceration (city, village, camp)?
5. Is there a significant difference between inmates regarding their ISHB due to their living arrangement before incarceration, their employment status before incarceration, and their nationalities?
6. Is there a significant difference between inmates who only harm themselves and inmates who also wish to harm others when harming themselves?

Significance and Limitations:

For many people who are outside the field of counseling and psychology, the act of self-harm is puzzling and provokes fear and misunderstanding of such act. It is the researcher intention to clarify this misunderstanding and attempt to answer many questions about the motives and the reason behind the ISHB among inmates in the correctional and rehabilitation centers of Jordan.

The justification behind this study is to increase knowledge, awareness about the motives behind the self-harm behavior and to provide a guideline for possible preventions and treatment for those inmates who harm themselves. The motives behind the ISHB in the rehabilitation and correctional centers of Jordan are not fully investigated which gives good reason for doing this research.

The following are some of the limitations of this study:

First, for security reasons the researcher was unable to interview some of the inmates, so that they read the questions on their own or security staff read the questions for them. In order to protect inmates' privacy and the privacy of their families, female inmates were interviewed by female security staff and not by the researcher. So the results of this study are limited to respondents' self-reports. The Arabic traditions and the prison system practice prevent male investigator from interviewing female inmates in custody.

Second: The sample of female inmates was too small (26 inmates) which limits the generalizability of the findings among female inmates.

Moreover, the number of the non-Jordanian inmates was so small that generalization regarding the nationality differences from this research study is limited. The research dealt with already existing variables or groups. The researcher in this study can only describe the existing groups or inmates in the rehabilitation and correctional facilities in Jordan.

Population and Sample:

The target population of this study consisted of the total number of all the inmates (7505) in the rehabilitation and correctional facilities in Jordan for the month of May 2009 according to the records provided by the security staff. The rehabilitation and correctional facilities in Jordan consist of ten facilities distributed all

over the country. Nine facilities housed male inmates, and one facility housed female inmates. The nine males' facilities housed 7200 inmates. The only facility for females housed 305 inmates. All facilities housed inmates who were either convicted or waiting trial. Their sentence ranged between a few months and life sentence.

Out of the nine facilities that housed male inmates, only 148 inmates reported behavior of self-harm outside prison or inside the prison system. Regarding the female facility, only 26 females reported behavior of self-harm out of the 305 inmates.

The sample in this study included 174 inmates from 10 different facilities in Jordan. Thirty-eight male inmates from the total sample of 174 became ineligible for participation. They failed to complete the instrument or appeared to answer randomly or carelessly. Inmates interviewed when possible in a multipurpose room or in the inmate single cell. The data was analyzed for a sample of 136 inmates which consisted of 110 males and 26 females who met all criteria established for this study.

Instrument and Data Collection Procedures:

The researcher obtained written informed consents from the head of the Department of the Rehabilitation and Correction Centers of Jordan. The manager of each facility gave their consent based on the consent from the head of the Department of the Rehabilitation and Correctional Centers.

The researcher followed all the necessary means to insure the confidentiality of the information gathered about the inmates and their facilities. Inmates' and facilities' names were not required to insure the confidentiality and the privacy of the subjects and their facilities. The inmates were asked to read and answer each statement or item as it applied to him/her.

As for the inmates who cannot read, or have difficulty reading, the researcher or a security staff member read the items aloud to them. The researcher with the assistance of a security staff member tried to minimize the rate of non-responses by asking inmates to recheck and answer each item. All inmates had the choice to participate in this research study. Inmates were interviewed in a multipurpose room or in their single cell.

For the purposes of answering the research questions in this study, the researcher developed an instrument to investigate the motives of ISHB in the rehabilitation and correctional centers of Jordan (see appendix A).

The researcher did not use the test-retest reliability for this assessment due to security reasons and the constant movements of inmates from one facility to another which made it very difficult to re-administer the instrument on two different occasions.

In order to determine the reliability and validity of the instrument, the researcher administered it to 40 inmates, males and females outside the sample of the

study. The reliability of the instrument established through the overall measure of the internal consistency, which was obtained by Cronbach alpha 0.95.

The first draft of this instrument went through several revisions. However, the suggestions of 10 professors from the department of psychology and counseling who gave their feed back regarding the length of the instrument, the suitable language of the items, and whether the items measure what they were supposed to measure provided the validity for this instrument. The instrument was considered reliable and valid after all the modifications suggested by the specialized professors. The final instrument consisted of 65 items (see appendix A).

The researcher benefited from the related literature in the field of ISHB among inmates. The researcher also benefited from his previous work in the field of clinical psychology in the prison system.

The researcher is aware of one instrument developed by Gratz, (2001) to measure ISHB. Gratz's instrument consisted of 17 questions that ask about a number of different things that people sometimes do to hurt themselves. The instrument contained important elements that were included in the assessment structure of the instrument in the present study. The instrument in this study included two demographical pages asking inmates about information such as the type of self-injury, age of onset, duration, frequency, the use of tools and drug abuse (see appendix A).

The researcher is not aware of any other publication that discusses the motives of self-harm behavior in the rehabilitation and correctional centers in Jordan. The researcher translated the instrument into Arabic (see appendix B). The researcher or the security staff can read the items or questions in the cases when inmates could not read.

The instrument consisted of four sections each dealing with one of the following factors regarding the motives of self-harm behavior: the first factor is mental illness (Items 1-27); the second factor is the control of feeling and emotions (Items 28-36); the third factor deals with prison environment (Items 37-57); the fourth factor is the lack of family support or bonding (Items 58-65).

The function for self-harm behavior for each item was classified into two sections: The first section is the reason for self-harm behavior = (R), and the second section is the intention for self-harm behavior = (I). The inmates responded to each item on a five-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree". They were scored as follows: Strongly Agree was given five; Agree is four, Neither Agree or Disagree three, Disagree two, and Strongly Disagree one.

Results and Examination of the Research Questions):

Q1: What are the most influential factors of intentional

self-harm behavior?

The most influential motives of self-harm behavior were mental illness (R), with a mean of 3.08 and mental illness (I) with a mean=3.03. The second most influential motives were the factor of control feelings and emotions (I) with a mean of 2.95 and the control of feelings and emotions (R) with a mean of 2.86 (see Table 1). The third leading factors of self-harm behavior were those of prison environment (R) with a mean of 2.84 and prison environment (I) with a mean of 2.56.

The most influential factor leading to self-harm behavior was the mental illness factor. This finding is inconsistent with studies conducted by Kilty, (2006) and

Dear et al., (2001). Their studies indicated that psychopathology was not the only leading factor of ISHB in prison; the social structures and the prison environment can be other leading factors as well. The second leading factor of self-harm behavior was the coping mechanism (to control feeling and emotions). Self-harm can be viewed as a means of gaining control over the unpredictable environment that emphasized on rules and regulations. The third leading factor for self-harm was the lack of family support or bonding. Dealing with prison environment was the fourth leading factor for self-harm behavior (see Table 1).

Table 1: Means and standard deviations of the factors of self-harm behavior by the reason (R) or intention (I) behind self-harm behavior.

Factors of self-harm by the classification of Reason (R) and Intention (I)	M	Sd
Mental Illness (R)	3.08	.82
Mental Illness (I)	3.03	1.14
Control of Feeling and Emotions (I)	2.95	1.08
Lack of Family Support and Bonding. To Control Feeling and Emotions (R)	2.87	1.05
Prison Environment and Adjustment (R)	2.84	.83
Environment and Adjustment (I)	2.56	1.01
Total	2.93	.75
N =136		

Q2: Is there a statistically significant difference between inmates regarding their motives for ISHB due to their gender?

The mean for all items of males was 2.89, with a SD of 0.71 and the mean for all items of female inmates was 3.13 with a SD of .87 (see Table 2 below). Since $t = -1.44$, p value ($=0.15$), which is greater than .05 for the all items, the result indicated no significant differences between inmates regarding their motives for self-harm behavior due to their gender. This result is consistent with the findings of many other studies (Garrison et al., 1993; Gratz, 2001; Klonsky et al., 2003; Muehlenkamp & Gutierrez, 2004).

However, the mean of females on the factor of mental illness (I) and mental illness (R) separately (I =3.72, R= 3.37) were significantly higher than the mean

of males (I=2.88, R=3.01) for the same factor since the p values for the factor of mental illness (I) and mental illness (R) were $=.01, .05$ respectively which is less than or equals .05.

The results indicated a significant difference between male and female inmates regarding their motives for self-harm behaviors. Females appeared to harm themselves for the reason of mental illness more than male inmates. The factor of mental illness for female inmates is a better predictor of self-harm behavior than it was of male inmates.

Table 2: Means and SD and t- test for factors of ISHB between male & females Inmates.

Factors	Sex	n	M	Sd	t	df	Sig
Mental Illness (I)	Male	112	2.88	1.07	-3.37	134	.01
	Female	24	3.72	1.23			
Mental Illness (R)	Male	112	3.01	.77	-1.97	134	.05
	Female	24	3.37	.97			
Control of Feeling (I)	Male	112	2.87	1.05	-1.80	134	.07
	Female	24	3.30	1.17			
Control of Feeling (R)	Male	112	2.82	1.08	-.87	134	.39
	Female	24	3.04	1.32			
Prison Environment (I)	Male	112	2.57	1.00	-.19	134	.85
	Female	24	2.53	1.09			
Prison Environment (R)	Male	112	2.86	.81	-.40	134	.59
	Female	24	2.78	.95			
Family Support and Bonding	Male	112	2.79	1.01	-1.16	134	.11
	Female	24	3.19	1.13			
Total	Male	112	2.89	.71	-1.44	134	.15
	Female	24	3.13	.87			

Q3: Is there a statistical significant difference between inmates who use drugs and those who do not use drugs regarding their self-harm behavior?

The mean for inmates who do not use drugs was 2.88 with (SD =.81)and the mean for inmates who use drugs was 2.98 (SD =. 69)(see Table 3). The results

indicated no significant difference between inmates whether they were drug users or not. This results indicated that drug abuse alone is not a good predictor of self-harm behavior among inmates.

Table 3: Means and the SD and t- tests of inmates who use drugs and those who do not use drugs

Are you usually under the influence of drugs when harming yourself?	n	Mean	Sd	t	df	Sig
No	60	2.88	.81	-.71	126	.48
Yes(so called Saliba)	68	2.98	.69			

Q4: Is there a statistically significance difference between inmates regarding self-harm behavior due to their work status inside prison?

The mean for inmates who have a job inside prison was 2.82 with a SD of. 65 and the mean for inmates who do not have a job inside prison was 2.95 with (SD =. 77). Table (4)shows no significant difference

between inmates due to whether they have a job or not inside prison. Work status inside prison alone is not a good predictor of self-harm behavior among inmates.

Table 4: The mean and the standard deviation of the work status inside prison and t- test

Work status inside prison	n	Mean	Sd	t	df	Sig
I have a job	25	2.82	.65	-.80	134	.42
I do not have a job	111	2.95	.77			

Q5: Is there a statistically significant difference between inmates regarding their motives for ISHB due to their age?

The percentage of 18-25 year-old inmates who harmed themselves was 36.8% and 63.2 % of inmates were older than 26. The mean of the former group was 2.92 and the mean of the latter group was 2.93. The *t* value = -.09 and the *p* value (=93)(see Table 5). The

results indicated no significant difference between inmates regarding their motives for ISHB due to their age. The results revealed that age alone was not a good predictor of ISHB among inmates.

Table 5: The mean and the SD between the age groups and t- test.

Age groups	n	Mean	Sd	t	df	Sig
18-25	50	2.92	.68	-.09	134	.93
26 & above	86	2.93				

Q6: Is there a statistically significant difference between inmates regarding their ISHB due to their educational level?

The percentage of inmates who graduated from college was 8.1% and 39% of inmates graduated from high school, 34% of inmates only had elementary education, and 18.5% of inmates were illiterate. The mean of inmates who graduated from college was 2.87 and the mean of inmates who graduated from high

school was 2.99. The mean of those who only had elementary education was 2.84, and the mean of inmates who were illiterate was 2.97. Table (6) shows no significant differences between inmates regarding their motives for intentional self-harm behavior due to their educational level.

Table 6: Means and the standard deviation and ANOVA of self-harm behavior in light of educational levels.

Educational Level	n	Mean	Sd	Source	Sum of Squares	df	Mean Squares	F	Sig
College	11	2.87	.50	Between G	.63	3	.21	.37	.77
Secondary	53	2.99	.80	Within G	74.56	131	.57		
Elementary	46	2.84	.77	Total		134			
Illiterate	25	2.97	.71						
Total	135	2.93	.75						

Q7: Is there statistically significant difference between inmates regarding their ISHB due to their marital status?

The percentage of inmates who were married was 23.7%, and those who were single 65.9 % while 8.1% of the inmates were divorced. The mean of self-harm behavior among those who were married was 3.07, those who were single 2.87, and those who were divorced 2.82. The *F* value = .97 and the *P* value

(=.41)(see Table 7). The result indicated no significant difference between inmates regarding their motives for ISHB due to their marital status. The result indicated that a marital status was not a good predictor of self-harm behavior among inmates.

Table 7: Mean and the SD and ANOVA between inmates according to their marital status.

Marital Status	n	Mean	Sd	Source	Sum of squares	df	Mean squares	F	Sig
Married	32	3.07	.84	Between G	1.64	2	.55	.97	.41
Single	89	2.87	.72	Within G	73.54	129	.56		
Divorced	11	2.82	.72	Total	75.18	131			
Total	132	2.92	.75						

Q8: Is there a statistically significant difference between inmates regarding their ISHB due to their living arrangement inside prison?

The percentage of inmates living in a single cell was 13.4%, those living with roommates was 11.9%, and 74.6% of inmates were living in dorms. The mean of inmates who were living in a single cell was 2.85, of those, living with roommates was 3.18, and those living in dorms 2.90.

The results revealed that living arrangement was not a good predictor of self-harm behavior among inmates. Inmates who were housed in a single cell have the lowest mean which is contradictory to the beliefs that inmates who are housed in a single cell are more likely to harm themselves than inmates who are housed with other inmates due to the feeling of loneliness. The possible explanation for the lower mean for inmates who live in a single cell in this study is that inmates may feel safer being housed in a single cell and less harassed by other inmates.

Table 8: Means, the SD, and the ANOVA of self-harm due to living arrangements inside prison.

Living Arrangement	n	Mean	Sd	Source	Sum of Squares	df	Mean Squares	F	Sign
Single cell	18	2.85	.83	Between G	1.17	2	.59	1.4	.36
With - Roommate	16	3.18	.92	Within G	73.99	131	.57		
In dorm	100	2.90	.71	Total	75.16				
Total	134	2.93	.75						

Q9: Is there a statistically significant difference between inmates regarding their ISHB due to conviction?

The percentage of inmates who were convicted was 41.8% and those who were waiting trial 58.2%. The mean for inmates who were convicted was 2.85, and for inmates who were waiting trial 2.98. The result

supported that no significant difference was found between inmates regarding their intentional motives for self-harm behavior due to being convicted or waiting trial. see (see Table 9).

Table 9: Means, SD, and the t- test of self-harm behavior between the convicted and those waiting trial.

Verdict	n	Mean	Sd	t	df	Sig
Convicted	56	2.85	.79	-.95	132	.34
Waiting trial	78	2.98	.72			

Q10: Is there a statistically significant difference between Impulsive Self-Harm (inmates who intended to hide their self-harm from others), and Stereotypical Self-Harm inmates (those who harm themselves for attention seeking)?

The percentage of inmates who wished to hide their self-harm behavior from others was 87.4%; the inmates who were attention seekers were 12.6 %. The mean of inmates who hide their self-harm was 2.92; the mean for inmates who were attention seekers was 3.07. Results as shown in table (10)revealed no significant

difference between impulsive self-harmer inmates and the stereotypical self-harmer inmates regarding their motives for self-harm behavior. This finding indicated that inmates harm themselves both in secrecy, and for attention seeking.

Table 10: Means, SD and t- test of attention seekers and those who harm themselves in secret.

Do you try to hide your self- harm from been seen by others?	n	Mean	Sd	t	df	Sig
Yes (I do want to hide my self-harm from others	118	2.92	.72	-.75	133	.46
No (I want others to watch me when I harm myself)	17	3.07	.86			

Q11: Is there a statistically significant difference between inmates regarding their ISHB due to their length of sentence?

The mean of inmates who received a sentence of one month to 11 months was 3.03; the mean of those who received a sentence of 12 months to 60 months was 2.81, and for those who received a sentence of 61 months or more the mean was 2.49.

The results in Table (11)show no significant difference between inmates regarding their motives for self-harm behavior due to their length of sentence. However, the mean of inmates who serve a short sentence (one month to 11months)is greater than the mean of inmates who serve longer sentences.

Table 11: Means and SD and ANOVA according to the length of sentence by months.

Sentence length by Months	n	Mean	Sd	Source	Sum of Squares	df	Mean Squares	F	Sign
1- 11	35	3.03	.75	Between G	2.24	2	1.12	2.16	.12
12- 60	68	2.81	.64	Within Group	35.18	68	.52		
61 & Over	27	2.49	.88	Total	37.42				
Missing	6								
Total	136	2.79	.73						

Q12: Is there a statistically significant difference between inmates regarding their ISHB due to their type of offense?

The mean for inmates who were serving a sentence for moral reasons was 3.28; the mean for inmates sentenced for physical fights was 2.86; and the mean for inmates sentenced for stealing was 2.89. Table(12)shows that there was no significant difference

between inmates regarding their motives for self-harm behavior due to their type of offense. The results revealed that the type of offense is not a good predictor of self-harm behavior.

Table 12 : Means and the SD and ANOVA of the inmates according to their type of offense.

Type of offense	n	Mean	Sd	Source	Sum of squares	df	Mean Squares	F	Sign
Morale	13	3.28	.45	Between G	1.79	3	.60	1.08	.36
Fights	26	2.86	.52	Within Group	73.40	132	.56		
Stealing	29	2.89	.67	Total	75.20				
Other	68	2.90	.88						
Total	136	2.93	.75						

Q13: Is there a statistically significant difference between inmates regarding ISHB due to their geographical residence before incarceration (city, village, camp)?

The mean for inmates who lived in a city was 2.92, the mean for inmates who lived in a village was 2.74, and the mean for inmates who lived in camps was 3.11. The result revealed no significant difference between

inmates regarding their motives for self-harm behavior due to their geographical residence before incarceration. (see Table 13). The result revealed that the geographical residence before incarceration was not a good predictor of self-harm behavior among inmates.

Table13: Means and the SD and ANOVA of inmates according to their geographical residence before incarceration.

Residence	n	Mean	Sd	Source	Sum of Squares	df	Mean Squares	F	Sign
City	89	2.92	.76	Between G	1.56	2	.51	1.35	.26
Village	20	2.74	.78	Within Group	73.63	129	.56		
Camp	23	3.11	.72	Total	75.18	131			
Total	132								

Q14: Is there a statistically significant difference between inmates regarding their ISHB due to their living arrangement before incarceration?

The mean for inmates who lived with parents was 2.82; those who lived with a spouse and children 3.18; and those inmates who lived alone 3.10. The results in Table (14) showed a significant difference between inmates regarding their motives for self-harm behavior due to their living arrangement before incarceration. Inmates who lived single or with their spouse before

incarceration engaged in self-harm behavior more than inmates who lived with parents. The possible explanation for this finding may be that single inmates may lack family support, and inmates who used to live with their spouse may experience a greater loss after incarceration.

Table14: Means and the SD and ANOVA of inmates according to their living arrangement before incarceration.

Living Arrangement	n	Mean	Sd	Source	Sum of Squares	df	Mean Squares	F	Sig
With parent	90	2.82	.69	Between	3.18	2	1.59	2.94	.05
With spouse	23	3.18	.81	Within G	72.02	133	.54		
Single	23	3.10	.80	Total	75.19	135			
Total	136	2.93	.75						

Q 15: Is there a statistically significant difference between inmates regarding their ISHB, due to their employment status before incarceration?

The mean for inmates who had a job before incarceration was 2.87 and the mean for inmates who did not have a job was 3.01. The results in Table (15) show no significant difference between inmates regarding their motives for self-harm behavior due to their work status before incarceration. This finding contradicts Stevenson, and Skett, (1995). Their study

indicated that, inmates who previously had a job before incarceration were more likely to engage in ISHB than other inmates who did not have a job before incarceration. The result of the present study revealed that employment status before incarceration was not a good predictor of self-harm behavior among inmates.

Table 15: Means and SD and t-test of inmates according to their work status before incarceration.

Work status	n	Mean	Sd	t	df	Sig
I had a job	93	2.87	.78	-1.05	133	.30
I had no job	42	3.01	.59			
Total	136	2.91	.73			

Q16: Is there a statistically significant difference between inmates regarding the ISHB due to their nationality?

The mean for Jordanian inmates was 2.93, and the mean for other Arabic inmates was 3.04. The results showed no significant difference between inmates regarding their motives for self-harm behavior due to their nationality. (see table 16). The results revealed that the nationality of inmates was not a good predictor of

self-harm behavior among inmates. However, the number of non-Jordanian inmates was so small that generalization from this research study is limited. The researcher in this study can only describe the existing groups or inmates in the rehabilitation and correctional centers of Jordan.

Table 16: Means and the SD and t- test of inmates according to their Nationality.

Nationality	n	Mean	Sd	t	df	sig
Jordanian	129	2.93	.76	-.35	133	.53
Non- Jordanian	6	3.04	.37			
Total	135	2.93	.75			

Q17: Was there a significant difference between the mean of inmates who only harm themselves and the mean of inmates who also wish to harm others when harming themselves?

Only 24% of inmates, wish to harm others when harming themselves, where as 75% of inmates want to harm themselves only and do not wish to harm others when harming themselves. The mean of inmates who only harm themselves and do not wish to harm others

was 2.93, and the mean of inmates who wish to harm others when harming on themselves was 2.96. The results showed no significant difference between inmates regarding their intention to harm others or only to harm themselves.

Table 17: Means, the SD, and the t-test for those who wish to harm others and those who wish to harm themselves only.

When harming yourself do you wish also to harm others?	n	Mean	Sd	t	df	sig
No (I harm myself only)	102	2.93	.77	-.17	133	.86
Yes (I wish to harm others)	33	2.96	..64			

Razor blade and any sharp objects such as glass or a knife were the most common tools used by inmates to harm themselves (see Table 18).

Table 18: Frequency and the percentage of the tools used by inmates to harm their body.

Tools used for self-harm	frequency	percent %
Razor blade	104	76
Glass	36	26
Knife	34	25
Other sharp object	14	10

The result also indicated that hands, stomach, thighs, and feet are the most effected body parts by inmates when harming themselves. The face is the least likely body part targeted by inmates (see Table 19). The possible explanation is that one's face is visible to others and many inmates wish to hide their self-harm from others. This result is inconsistent with many other studies (Adams & Gavin, 2005; Favazza, 1996; Briere & Gil, 1998; Laye-Gindhu & Schonert-Reichl, 2005; Whitlock et al., 2006).

Table 19: Frequency and the percentage of body parts targeted by inmates for harming themselves

The body parts effected by self -harm	frequency	% percent
Hand	83	61
Stomach	80	59
Thighs	72	53
Feet	66	49
Other Places (private parts)	43	32
Face	19	14

The most used methods by inmates for harming themselves before or after incarceration in order are demonstrated in Table (20). The result is inconsistent with many other studies, who indicated that, the act of skin cutting, burning, needle sticking, and interfering with wound healing were the most common forms of self-harm behavior among self-harmers. (Adams & Gavin, 2005; Favazza, 1996; Briere & Gil, 1998; Laye-Gindhu & Schonert-Reichl, 2005; Whitlock et al., 2006).

Table 20: Frequency and the percentage of the methods used by inmates to harm self.

Methods of self-harm	frequency	% percent
I cut myself with sharp object.	113	85
I drank harmful liquid.	27	20
I refused needed treatment for myself.	23	17
I burned myself	8	6
I jump in front of moving traffic.	8	6
I broke my own bones.	3	2.3

Inmates appeared to harm themselves almost equally between daytime and night-time. (See Table 21). The result is inconsistent with the finding by Dear et al., (2001) who indicated that self-harm occur about equally during the night-time or daytime.

Table 21: The frequency and the percentage of the time of the day that inmates usually harm themselves.

Self-harm by time of the day	Frequency	Percent %
During daytime	65	47.8
During the night	61	44.9
Missing items	10	7.3
Total	129	100

The results indicated that 65% of inmates who harm themselves did that before incarceration, and only 29% of inmates harmed themselves after incarceration. (See Table 22). This result indicated the motives for self-harm behavior among inmates existed before incarceration. The incarceration and dealing with prison environment just adds more reason for inmates to harm themselves.

Table 22: The frequency and the percentage of the inmates according to the onset of self-harm (before incarceration or after incarceration).

When did you harm yourself (Before or after incarceration)?	Frequency	Percent %
Before incarceration	89	65
After incarceration	40	29
Total	129	95

Out of the nine facilities that house male inmates, only 148 inmates reported behavior of self-harm which is only about 2% of the total rate of self-harm for male inmates. From the female facility, only 26 females reported behavior of self-harm, out of the 305 female inmates, which is about 8.5 % of the total of female inmates. This finding indicated that the prevalence of self-harm behavior among Jordanian inmates is much lower than the international rate.

The rate of ISHB in institutional setting is estimated to be in the range of 40% to 61% according to Diclemente et al. (1991). The finding from the current study indicated that 42% of inmates who harm themselves did that before the age of 18, and 46 % of inmates who harm themselves did that after adulthood of age 18. (See Table 23).

Table 23: How old were you when you harm yourself the first time?

How old were you when you harm yourself the first time?	Frequency	Percent %
Younger than 18	57	41.9
18 and above	63	46.3
Total	120	88.2
Missing items	16	11.8
N	136	100.0

The following items had the highest means. (See Table 24). The first and the highest-ranking item was "I harm myself when I am treated unfairly"; the second highest item was "when I feel my integrity being weakened"; the third ranking item was "when I feel depressed", and "when I could not overcome my difficulties"; the fifth ranking item was, " when I feel abandoned by others", and "when I feel hopeless". The seventh ranking item was "when I feel no justice for all", and "when I feel that I am engaging in dangerous activities". Moreover, the following items have the lowest ranking means (2.37 and lower), "when I do not know who my parents are", "to get other people's attention", and "when I feel shy, embarrassed or ashamed".

Table 24: Mean and the standard deviation for each item in the scale.

#	Items	Mean	Sd
1.	To reduce the psychological anxiety.	3.28	1.57
2.	After thinking of a trauma that happened to me.	3.25	1.49
3.	After changes that occurred in my life.	3.30	1.43
4.	when I can't handle my personal problems.	3.25	1.46
5.	To end my life (suicidal intention).	2.62	1.65
6.	When I could not overcome my difficulties.	3.60	1.46
7.	When I feel, depressed.	3.60	1.30
8.	When I feel, lonely.	3.23	1.55
9.	When I hear voices or internal thoughts.	2.74	1.67
10.	When I feel that my own body is not mine.	2.48	1.54
11.	When I feel hopeless.	3.45	1.47
12.	When I like to be someone else's	3.16	1.63
13.	When I feel my emotions are not stable.	3.23	1.52
14.	When I feel abandoned by others.	3.49	1.48
15.	When I feel sorry about my actions.	3.27	1.48
16.	When I feel that I am not the center of attention.	2.74	1.55
17.	When I am engaging in dangerous activities.	3.39	1.44
18.	When I don't like my physical appearance.	2.49	1.58
19.	When someone criticized me.	2.66	1.48
20.	When I lose the approval of others.	2.96	1.56
21.	When I feel rejected by others.	2.82	1.50
22.	When my loyalty being questioned by others.	2.69	1.61
23.	When I feel shy, embarrassed or ashamed.	2.37	1.60
24.	When I feel inferior to others.	2.94	1.56
25.	When I feel that I am not important.	2.96	1.54
26.	When I feel guilty.	3.12	1.56
27.	When I feel my integrity being weakened.	3.82	1.36
28.	When I lose my time daydreaming.	2.79	1.56
29.	When I am not fulfilling my religious obligation.	2.65	1.54
30.	To manipulate others to get what I want.	2.60	1.58
31.	When things around me are not under control..	3.11	1.42
32.	When I face difficulty dealing with others.	2.84	1.45
33.	Because I do not feel pain after harming myself.	2.90	1.53
34.	To feel in control and relief of my tension	3.20	1.48
35.	To relax and to get to psychological balance.	3.17	1.51
36.	To feel less guilty and have more forgiveness.	2.86	1.49
37.	To belong to a certain group in the prison system.	2.46	1.46
38.	When I feel no justice for all.	3.39	1.52

#	Items	Mean	Sd
39.	When I am treated unfairly.	3.90	1.39
40.	When others make fun of me.	2.77	1.56
41.	When others force me to carry contraband.	2.47	1.58
42.	When I have a poor relationship with staff..	2.75	1.55
43.	When I have a poor relationship with inmates.	2.75	1.59
44.	To avoid my social obligations to others.	2.61	1.52
45.	To avoid my financial obligation to others.	2.39	1.44
46.	Due to my drug addiction.	2.62	1.50
47.	When I am housed in segregation / single cell.	3.21	1.53
48.	When other make fun of my family.	2.68	1.56
49.	When others want to take my properties.	2.59	1.47
50.	When others discriminate against me.	2.86	1.51
51.	When someone threat me sexually.	2.84	1.62
52.	When someone threat me physically.	2.69	1.57
53.	To get what I want.	2.99	1.49
54.	When someone lied at me or about me.	2.52	1.51
55.	When someone called me names.	2.55	1.45
56.	To get the attention of others.	2.27	1.34
57.	If I know that I will be transferred to another unit.	2.81	1.59
58.	When my family limits my freedom.	2.85	1.54
59.	I don't have a family who will give me support.	3.09	1.50
60.	When my family wants to control my life.	2.81	1.55
61.	When my family makes me feel unwanted.	2.97	1.46
62.	When my family does not support me.	3.00	1.55
63.	When I feel my family invading my privacy.	2.93	1.47
64.	When my family members do not love me.	3.01	1.56
65.	Because I do not know who are my parents.	2.24	1.57

Summary of Results:

- 1- The factor of mental illness is a better predictor of self-harm behavior among female inmates than among male inmates.
- 2- Drug abuse alone is not a good predictor of self-harm behavior among inmates.
- 3 -The results revealed that work status inside prison alone is not a good predictor of self-harm behavior among inmates.
- 4 - Age and marital status alone are not good predictors of self-harm behavior among inmates.
- 5- No significant difference was found between inmates regarding their motives for self-harm behavior due to their conviction (convicted or waiting trials).
- 6- No significant difference was found between impulsive self-harm inmates (who intended to hide their self-harm from others), and stereotypical self-harm inmates (those who harm themselves for attention seeking) regarding their motives of self-harm behavior.
- 7- No significant difference was found between inmates regarding their motives for self-harms behavior due to their length of sentence.
- 8- No significant difference was found between inmates regarding their motives for self-harm behavior due to their type of offense.
- 9- Geographical residence before incarceration was not a good predictor of self-harm behavior among inmates.
- 10- There was a significant difference between inmates regarding their motives for self-harm behavior due to their living arrangement before incarceration. Inmates who lived single or with their spouse

before incarceration engaged in self-harm behavior more than inmates who lived with their parents.

- 11- No significant difference was found between inmates regarding their motives for self-harm behavior due to their work status before incarceration.
- 12- The results showed no significant difference between inmates regarding their motives for self-harm behavior due to their nationality.
- 13- Razor blades or any other sharp objects such as glass or a knife were the most common tools used by inmates to harm themselves. Moreover, hands, stomach, thighs and feet are the most effected body parts by inmates when harming themselves.
- 14- Inmates appeared to harm themselves almost equally between daytime and night-time.
- 15- The results of this study indicated that 69% of inmates who harm themselves did that before incarceration.
- 16- The prevalence of self-harm behavior among Jordanian inmates is much lower than the international rate. The rate of ISHB in institutional setting is estimated to be in the range of 40% to 61% according to Diclemente et al. (1991).
- 17- The current study indicated that 47.5% of inmates who harm themselves did that before the age of 18, and 52.5 % of inmates who harm themselves did that after the age 18.
- 18- About 75% of inmates wanted to harm themselves only, and did not wish to harm others when harming themselves.

Recommendation

Based on the findings of this study, the following are some of the recommendations that can be helpful in reducing the self-harm behavior among inmates:

First- Inmates should be trained to take responsibility for their own action including self-harm behavior by developing a plan of action in dealing with self-harm behavior.

Second -Shocks and shaming responses are to be avoided. Shameful feelings associated with self-harm behavior may prevent many inmates from seeking treatment.

Third- Listening to inmates who engage in self-harm behavior may prevent the behavior of self-harm.

Fourth- Prison staff should be aware of the environmental stressors that inmates face in the prison environment.

Fifth- Enhancing social interaction based on respect can help inmates in dealing with prison environment, loneliness, peers pressure, bullying and victimization.

Sixth- Prison staff who work with inmates should be equipped with the appropriate knowledge and understanding to recognize distress, the signs of self-harm behaviors, and protocols for appropriate referral for possible treatment should be established.

Seventh – All staff and social agencies should work together to create a safer and a more caring prison environment for inmates to minimize or reduce distress. Inmates, who are distressed or need of help, should be able to ask for help or get it.

Eighth - To prevent or reduce self-harm behavior, we should listen to the inmates who are at risk or already engaging in self-harm behavior.

We should help inmates to engage in ways to reduce their problems or concerns, which, build up their own sources of support, and thus help them to choose life free of self-harm.

Not all causes or forms of self-harm behavior are included in this study, such as eating disorders, body chemistry and reckless driving or sexual risk taking behavior. It is possible that future research can investigate these variables for more comprehensive and meaningful findings.

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Appendix A: The demographical variable.

Instructions: Please answer the following demographic information about yourself to the best of your knowledge. Please read each question carefully and respond honestly.

You have my consent to participate in this research study a- yes b- no

1-	Ageyear
2-	Gender	a- male b- female
3-	Nationality	a- Jordanian b- Arabic other than Jordanian c- foreigner
4-	Educational Level	a-collage b- secondary c- elementary d- illiterate
5-	Place of resident	a- city b- village
6-	Martial statues	a- married b-single c- divorce d- widow
7-	Estimated monthly incomeJD = \$
8-	Living place inside prison	a- single cell b- with roommate c- in dorm
9-	Living place outside prison	a- with parents b- with wife/husband and children c- single d- other place. Please name it.....
10-	Work statues outside prison	a- I had a job b- I did not have a job
11-	Work statues inside prison	a- I have a job b- I do not have a job
12-	Court judgment	a- convicted b- waiting trial
13-	How many months or year is your sentence?yearmonths
14-	The reason for imprisonment	a- morale reason b- fights c- stealing d- other reason. Please name it.

1-	-Have you ever harm yourself on purpose without the intention to kill yourself?	a- Yes many times b- Only one time c- <u>No</u> (I never harm myself on purpose)
2-	When harming yourself do you wish also to harm others?	a- <u>No</u> (I harm only myself) b- <u>Yes</u> (I wish to harm others too)
3-	What time of the day do you usually harm yourself?	a- Morning b- During day time c- During the night
4-	How old were you when you harm yourself the first time?year old
5-	When did you harm yourself?	a- Before incarceration b- After incarceration
6-	Do you try to hide your self- harm from been seen by others?	a- Yes (I do not want other to know that I harm myself) b- No (I want others to watch me when I harm myself)
7-	What kind of tools do you like to use when harming yourself?	a- Razor blade b- glass c- knife d- any sharp object e- Other tools please name it.....
8-	Place of harming on your body.	a- Face b- Hand c- Stomach d- Feet e- Thighs f- Other places. Please name it.....
9-	How did you harm yourself intentionally?	a- Cut yourself with sharp object b- Burned yourself. c- Broken your own bones. d- Jump in front of moving traffic. e- I refused needed treatment for myself.

		f- I drank harmful liquid. g- Other ways please name it not including (tattoos, ear- piercing, or needles used for drug use)- -----
10-	Are you usually under influence of drug when harming yourself?	a- No b- Yes (so called SALIBA Pills) c- Yes other kind of drugs please name it.....

The Motives of Intentional Self-Harm Behavior Inventory in the Prison Environment.

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Irbid - Jordan. 2009.

For each of the following statements, circle the number of the 5-point scale (1= strongly disagree, 5= strongly agree) that best describes how each statements applies to you regarding your reason for self-harm behavior. There are no right or wrong answers, so please do not spend a lot of time on any item. We are looking for your own reason for self-harm behavior regarding each statement. Please be sure not to omit any items.

1=Strongly Disagree.2=Disagree.3= Neither Agree Nor Disagree.4= Agree.5= Strongly agree.

First factor	Mental Illness: <i>I harm myself for the following reasons or intentions:</i>	
1.	To reduce the psychological anxiety. (I)	1 2 3 4 5
2.	After thinking of a trauma that happened to me. (R).	1 2 3 4 5
3.	After changes that occurred in my life. (R).	1 2 3 4 5
4	when I can't handle my personal problems effectively. (R)	1 2 3 4 5
5	To end my life (suicidal intention). (I)	1 2 3 4 5
6	When I could not overcome my difficulties. (R)	1 2 3 4 5
7	When I feel, depressed. (R)	1 2 3 4 5
8	When I feel, lonely. (R)	1 2 3 4 5
9	When I hear voices or thoughts. (R)	1 2 3 4 5
10	When I feel that my own body is not mine. (R)	1 2 3 4 5
11	When I feel hopeless. (R)	1 2 3 4 5
12	When I like to be someone else's (I)	1 2 3 4 5
13	When I feel my emotions are not stable. (R)	1 2 3 4 5
14	When I feel abandoned by other. (R)	1 2 3 4 5
15	When I feel sorry about my actions. (R)	1 2 3 4 5
16	When I feel that I am not the center of attention. (R)	1 2 3 4 5
17	When I am engaging in dangerous activities. (R)	1 2 3 4 5
18	When I don't like my physical appearance. (R)	1 2 3 4 5
19	When someone criticized me. (R)	1 2 3 4 5
20	When I lose the approval of others. (R)	1 2 3 4 5
21	When I feel rejected by others. (R)	1 2 3 4 5
22	When my loyalty being questioned by others. (R)	1 2 3 4 5
23	When I feel shy, embarrassed or ashamed. (R)	1 2 3 4 5
24	When I feel inferior to others. R	1 2 3 4 5
25	When I feel that I am not important. R	1 2 3 4 5
26	When I feel guilty. R	1 2 3 4 5
27	When I feel my integrity being weakened. (R)	1 2 3 4 5
Second factor	To control feeling and emotions: <i>I harm myself for the following reasons or intentions:</i>	
28	When I lose my time daydreaming. (R)	1 2 3 4 5
29	When I am not fulfilling my religious obligation. (R)	1 2 3 4 5
30	To manipulate others to get what I want. (I)	1 2 3 4 5
31	When things around me are not under control. (R).	1 2 3 4 5
32	When I face difficulty dealing with others. (R)	1 2 3 4 5
33	Because I do not feel pain after harming myself. (I)	1 2 3 4 5

34	To feel in control and relief of my tension (I)	1 2 3 4 5
35	To relax and to get to psychological balance. (I)	1 2 3 4 5
36	To feel less guilty and have more forgiveness. (I)	1 2 3 4 5
Third factor	Dealing With Prison Environment and Adjustment. <i>I harm myself for the following reasons or intentions:</i>	
37	To belong to a certain group in the prison system. (I)	1 2 3 4 5
38	When I feel no justice for all. (R)	1 2 3 4 5
39	When I am treated unfairly. (R)	1 2 3 4 5
40	When others make fun of me. (R)	1 2 3 4 5
41	When others force me to carry contraband. (R)	1 2 3 4 5
42	When I have a poor relationship with staff. (R)	1 2 3 4 5
43	When I have a poor relationship with inmates. (R)	1 2 3 4 5
44	To avoid my social obligations to others. (I)	1 2 3 4 5
45	To avoid my financial obligation to others. (I)	1 2 3 4 5
46	Due to my drug addiction. (R)	1 2 3 4 5
47	When I am housed in segregation / single cell. (R)	1 2 3 4 5
48	When other make fun of my family. (R)	1 2 3 4 5
49	When others want to take my properties. (R)	1 2 3 4 5
50	When others discriminate against me. (R)	1 2 3 4 5
51	When someone threat me sexually. (R)	1 2 3 4 5
52	When someone threat me physically. (R)	1 2 3 4 5
53	To get what I want. (I)	1 2 3 4 5
54	When someone lied at me or about me. (R)	1 2 3 4 5
55	When someone called me names. (R)	1 2 3 4 5
56	To get the attention of others. (I)	1 2 3 4 5
57	If I know that, I will be transferred to other unit. (R)	1 2 3 4 5
Forth factor	Lack of Family Support and Bonding: <i>I harm myself for the following reasons or intentions:</i>	
58	My family limits my freedom. (R)	1 2 3 4 5
59	I do not have a family who will give me support. (R)	1 2 3 4 5
60	When my family wants to control my life. R	1 2 3 4 5
61	When my family makes me feel unwanted. R	1 2 3 4 5
62	When my family does not support me. (R)	1 2 3 4 5
63	When I feel my family invading my privacy. (R)	1 2 3 4 5
64	When my family members do not love me. (R)	1 2 3 4 5
65	Because I do not know who are my parents. (R)	1 2 3 4 5

Note: R= Reason for self- harm behavior. I= Intention for self-harm behavior

Appendix B: The Arabic version of the Motives of Intentional Self-Harm Inventory in the Prison Environment.

بسم الله الرحمن الرحيم

معلومات عامة/ شخصية:

أرجو تعبئة البيانات التالية من خلال إملء الفراغ أو وضع دائرة حول رمز الإجابة التي تناسبك

ارغب المشاركة في هذه الدراسة. أ- نعم ب- لا

1-	العمر:سنة
2-	الجنس:	أ- ذكر ب- أنثى
3-	الجنسية:	أ- أردني ب- عربي ج- أجنبي
4-	المستوى التعليمي:	أ- جامعي ب- ثانوي ج- أساسي د- أمي
5-	مكان الإقامة خارج مركز الإصلاح	أ- مدينة ب- قرية ج- بادية د- مخيم
6-	الحالة الاجتماعية:	أ- متزوج ب- أعزب ج- مطلق د- أرمل
7-	الدخل الشهري:دينار أردني
8-	مكان السكن داخل مركز الإصلاح	أ- منفرد / انفرادي ب- مع شخص آخر ج- مع أكثر من شخص
9-	مكان السكن خارج مركز الإصلاح	أ- مع الوالدين ب- مع الزوج و الأبناء ج- مكان آخر اذكره.....
10-	العمل خارج مركز الإصلاح.	أ- كنت أعمل ب- كنت بلا عمل
11-	أعمل داخل مركز الإصلاح.	أ- أعمل ب- لا أعمل
12-	هل صدر بحقك حكم قضائي ؟	أ- نعم محكوم (صدر الحكم النهائي بحقي) ب- لا موقوف (لم يصدر بحقي حكم قضائي حتى الآن)
13-	كم هي مدة المحكوميته ؟سنة.....شهر
14-	ما هي القضية التي من اجلها دخلت مركز الإصلاح ؟	أ- قضية أخلاقية ب- قضية اعتداء ج- قضية سرقة د- قضية أخرى اذكرها.....

مقياس إيذاء الذات العمد (القصدي) في مراكز الإصلاح و التأهيل

ضع دائرة حول رمز الإجابة التي تناسبك:

ارغب أن أشارك في هذه الدراسة: أ- نعم ب- لا

1	هل تسببت بإيذاء نفسك عن قصد؟	أ- نعم أكثر من مره	ب- نعم مره واحدة	ج- لا (لم أتسبب بإيذاء نفسي عن قصد)
2	عندما تؤذي نفسك ، هل تنتابك الرغبة بإيذاء الآخرين؟	أ- لا (أؤدي نفسي فقط)	ب- نعم (اشعر بالرغبة في إيذاء الآخرين).	
3	ما هي الأوقات التي تؤذي	أ- في الصباح	ب- خلال النهار	ج- خلال الليل

			بها نفسك ؟	
4		(.....)سنة/ سنوات	كم كان عمرك عندما آذيت نفسك أول مرة ؟	
5	ب- بعد دخول مركز الإصلاح	أ- قبل دخول مركز الإصلاح	متى تسببت بإيذاء نفسك عن عمد ؟	
6	ب- لا دائما ارغب في أن يشاهدني الآخرون.	أ- نعم أحاول إخفاء جروحي أو كدماتي عن الآخرين.	هل تحاول أن تخفي مظاهر إيذائك لنفسك من جروح أو كدمات ؟	
7	ج- زجاج و- أداة أخرى اذكرها.....	ب- نعارة ه- بومة	أ- شفرة د- موس	ما نوع الأداة التي تستخدمها لإيذاء نفسك ؟
8	ج- بطن و- مواقع أخرى اذكرها.....	ب- يد ه- فخذ	أ- وجه د- قدم	موقع الإيذاء من الجسد.
9			أ- جرحت أو ضربت نفسي حتى نزف دمي أو ظهرت كدمات على جسدي. ب- حرقت جسدي. ج- كسرت بعض من عظامي. د- قفزت أمام السيارات المتحركة. ه- رفضت العلاج لنفسي مع أنني بحاجة إليه. و- شربت مواد ضاره في الجسم (أو سامه). ز- طريقة أخرى هي:.....	كيف آذيت نفسك عن قصد ؟
10	ج- نعم (حبوب أخرى اذكرها.....)	ب- نعم (حبوب صليبية)	أ- لا	عندما تؤذي نفسك هل تكون متناول لحبوب معينة ؟

بسم الله الرحمن الرحيم

مقياس الدوافع لإيذاء الذات العمد في مراكز الإصلاح و التأهيل

د. عمر الشواشره (الباحث)

جامعة اليرموك / قسم علم النفس الإرشادي و التربوي.

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معرض بشدة (1)، معارض (2)، محايد (3)، موافق (4)، موافق بشدة (5).
يرجى العلم أن المعلومات ستستخدم لأغراض البحث العلمي فقط، وأنها ستعامل بسريته تامة، و لذا لم يطلب منكم كتابة الاسم. لا توجد إجابة صحيحة وأخرى غير صحيحة و إنما هي تعبيرات عن آرائك الشخصية كما تراها أو تشعر بها. مع جزيل شكري و تقديري لتعاونكم.

الرقم	الفقرات	الملائمة
	أولاً: (بعد الصحة النفسية) أوذني نفسي بسبب أو لهدف:	
1	ألتخفيف من القلق النفسي الذي يواجهني. (ه)	5 4 3 2 1
2	بعد تذكري صدمات الماضي التي حدثت لي. (س)	5 4 3 2 1
3	لعدم التكيف مع التغيرات التي طرأت على حياتي. (س)	5 4 3 2 1
4	عندما أعجز عن حل مشكلاتي. (س)	5 4 3 2 1
5	بقصد الانتحار. (ه)	5 4 3 2 1
6	عندما تتراكم علي الهموم و المشكلات. (س)	5 4 3 2 1
7	عندما اشعر بالاكئاب. (س)	5 4 3 2 1
8	عندما اشعر بالوحدة. (س)	5 4 3 2 1
9	لأنني أسمع أصوات وهواجس داخلية تأمرني بإيذاء نفسي. (س)	5 4 3 2 1
10	عندما أشعر بان جسدي ليس مني أو غريب عني. (س)	5 4 3 2 1
11	عندما أشعر بفقدان الأمل. (س)	5 4 3 2 1
12	لأنني أرغب في أن أكون شخصا آخر. (ه)	5 4 3 2 1
13	عندما اشعر بتقلب مزاجي و عواظفي. (س)	5 4 3 2 1
14	إذا شعرت أن الآخرين تخلوا عني و تركت وحدي في مواجهة الحياة اليومية. (س)	5 4 3 2 1
15	عندما أشعر بالأسف من أعمالي. (س)	5 4 3 2 1
16	إذا لم اشعر أنني محط أنظار الآخرين واهتمامهم. (س)	5 4 3 2 1
17	عندما أكون متهور (أقوم بأعمال ذات خطورة عالية). (س)	5 4 3 2 1
18	لأنني لست راض عن مظهر جسدي. (س)	5 4 3 2 1
19	عندما ينتقدني الآخرون. (س)	5 4 3 2 1
20	إذا فقدت مساعدة ورضا الآخرين. (س)	5 4 3 2 1
21	إذا شعرت بالرفض وعدم القبول من الآخرين. (س)	5 4 3 2 1
22	إذا لم يقتنع الآخرون بعظمتي، شجاعتي أو إخلاصي. (س)	5 4 3 2 1
23	عندما اشعر بالخجل. (س)	5 4 3 2 1
24	عند شعوري بالدونية (النقص). (س)	5 4 3 2 1
25	عند شعوري بعدم الأهمية. (س)	5 4 3 2 1
26	عندما شعوري بالذنب. (س)	5 4 3 2 1
27	عندما تجرح مشاعري (كرامتي). (س)	5 4 3 2 1
	ثانياً (بعد السيطرة على العواطف و الشعور) أوذني نفسي بسبب أو لهدف:	
28	عندما أهدر وقتي في أحلام اليقظة. (س)	5 4 3 2 1
29	لأنني غير ملتزم بالقيم الدينية. (س)	5 4 3 2 1
30	بههدف الحصول على العطف من الآخرين. (ه)	5 4 3 2 1
31	عندما أرى أن الأمور من حولي تسير بعشوائية و غير منضبطة. (س)	5 4 3 2 1
32	عندما أواجه يوم صعب في التعامل مع الآخرين. (س)	5 4 3 2 1
33	لأنني لا اشعر بالألم (كأني مخدر) بعد إيذاء نفسي. (ه)	5 4 3 2 1

5 4 3 2 1	لضبط همومي ولأشعر بالارتياح. (ه)	34
5 4 3 2 1	لأعود إلى حالة الاتزان النفسي (الراحة). (ه)	35
5 4 3 2 1	لأنني أكون أكثر تسامحا مع نفسي ومع الآخرين بعد إيذاء نفسي مباشرة (ه)	36
	(بعد التكيف مع بيئة السجن) أؤدي نفسي بسبب أو لهدف:	ثالثا
5 4 3 2 1	لأصبح عضوا منتميا لأحدى الجماعات. (ه)	37
5 4 3 2 1	عندما اشعر بان العدالة لم تتحقق للجميع. (س)	38
5 4 3 2 1	عندما اشعر بالظلم (القهر)(س)	39
5 4 3 2 1	عندما يسخر الآخرون مني. (س)	40
5 4 3 2 1	عندما يجبرني الآخرون على حمل الممنوعات. (س)	41
5 4 3 2 1	عندما تكون علاقتي مع الموظفين سيئة. (س)	42
5 4 3 2 1	عندما تكون علاقتي مع النزلاء سيئة. (س)	43
5 4 3 2 1	لأتجنب دفع التزاماتي الإجتماعية للآخرين. (ه)	44
5 4 3 2 1	لتجنب دفع التزاماتي المالية للآخرين. (ه)	45
5 4 3 2 1	لكوني مدمن على المخدرات. (س)	46
5 4 3 2 1	عندما يتم وضعي في غرفه انفرادية وحدي. (س)	47
5 4 3 2 1	عندما يسخر الآخرون بأسرتي. (س)	48
5 4 3 2 1	إذا حاول الآخرون اخذ أغراضني الشخصية. (س)	49
5 4 3 2 1	عندما اشعر أن الآخرين يتأمرون علي. (س)	50
5 4 3 2 1	أؤدي نفسي إذا شعرت بالتهديد أو العنف الجنسي. (س)	51
5 4 3 2 1	في حال هددني الآخرون جسديا. (س)	52
5 4 3 2 1	من اجل الحصول على ما أريد (لتحقيق أهداف في نفسي). (س)	53
5 4 3 2 1	عندما يكذب علي الآخرون. (س)	54
5 4 3 2 1	في حال شتمني الآخرون. (س)	55
5 4 3 2 1	لجلب انتباه الآخرين(ه)	56
5 4 3 2 1	إذا علمت أنني سوف انقل من مركز إصلاح إلى مركز آخر. (س)	57
	(بعد الدعم و الترابط الأسري) أؤدي نفسي بسبب أو لهدف:	رابعا
5 4 3 2 1	لأن أسرتي أغضبتني وقيدت حريتي. (س)	58
5 4 3 2 1	لغياب أسرته تساعدني. (س)	59
5 4 3 2 1	لأن أسرتي تريد السيطرة على حياتي. (س)	60
5 4 3 2 1	عندما أشعر بأني شخص غير مرغوب فيه من قبل أسرتي. (س)	61
5 4 3 2 1	لعدم مساعدة أسرتي لي. (س)	62
5 4 3 2 1	عندما اشعر أن أفراد أسرتي لا يحترمون خصوصياتي. (س)	63
5 4 3 2 1	لأن أفراد أسرتي لا يعاملونني بحنان. (س)	64
5 4 3 2 1	لأنني أجهل نسبي (لا اعرف منهم أهلي)(س)	65

ملاحظة: س = سبب إيذاء الذات ه = الهدف من إيذاء الذات