

PSYCHOLOGICAL TRAUMA SYMPTOMS AMONG INMATES OF CORRECTIONAL FACILITIES IN PLATEAU STATE: THE GENDER FACTOR

DASHIT SAMSON ISHAYA

Department of Psychology Plateau State University Bokkos

Email; samihaya2003@yahoo.com

ABSTRACT

The experiences of inmates and their present situation of being incarcerated was what precipitated these research on their mental health. Trauma symptom checklist-40(TSCL-40) was the instrument used with 120 participants (77 males and 43 females) purposefully selected among the inmates with the mean age of 33.28 while six hypotheses were tested using independent T-test. Findings of the study showed that compared with females, male participants did not significantly have a higher mean score on dissociation [t (118) = 1.346, p = 0.182], anxiety [t (118) = -0.305, p = 0.761], depression [t (118) = -0.078, p = 0.938], sexual abuse trauma index [t (118)= 0.374, p = 0.709],sleep disturbance [t (118)= 0.780, p = 0.437],and sexual problems [t (118) = 0.271, p = -0.893].In conclusion, there is a need for more studies on mental health in other correctional facilities and the establishment of correctional clinical interventions which could assist in the management and treatment of such traumatic symptoms was recommended.

Keywords: Psychological Trauma Symptoms, Mental Health, Inmates, Correctional Facilities, Plateau State.

Introduction

Trauma, which is derived from the Greek word 'troma' meaning 'wound', also covers the domain of emotional trauma, which also describes the damage to the individual psyche resultant from a traumatic or stressful experiences or certain life events (Psychological care & Healing, 2015). Events that are very terrifying, upsetting or stressful may be cause for a psychological trauma experience by an individual, which may put a strain on normal functioning (Australian Psychological Social, 2015). Undeniably, the perception, experience and ultimate reaction to a distressing event is personal to the individual, as such, the individual determines whether an such event turns out to be traumatic or not (Giller, 1999). Consequently, a traumatic event is defined by the DSM-IV-TR criterion as the evaluation of an event as personally threatening to an individual (Engelbrecht, 2009). This means that the reactions following such appraisal by the individuals are usually influenced by the identity, developmental history, emotional background, the prevailing state of psychological wellbeing, and the unconscious or conscious perception of the information as threatening (Psychological care & Healing, 2015). While trauma can manifest days, months or even years after the actual event (Dashit, Ibrahim&Dabit, 2020).

Prevailing cases of trauma caused by humans that are detrimental to the individual, have consequential effects on the self-concept of the victim. According to Freud (1965), suffering and traumatic events perpetrated by other people on individuals leave very powerful and painful traumatic imprint. A victims' significant relationship with other is a framework for

progressive level that trauma ensues, and is a vital factor in causing psychopathology outcomes (Luxenberg, Spinazzola & Van der Kolk, 2001). Also, Scaer (2005) indicated that Post-traumatic Stress Disorder (PTSD) is related with complex trauma among victims who were exposed to many incidents of traumatic events; more so, complex trauma is caused by numerous traumatic experiences in childhood; with related syndromes such as: Somatisation, conversion, borderline, dissociation, and narcissistic personality disorders.

Trauma among persons incarcerated in correctional facilities and jails are issues of growing concern across many nations. Torrey, Kennard, Eslinger, Lamb, and Pavle (2010), exposed a stark reality evinced in data from a 2004–2005 survey, noting that more than thrice of seriously mentally ill persons are in prison compared with those in hospitals. Based on empirical studies, Torrey et al. (2014) concluded that the number of mentally ill incarcerated persons is continuing to climb, and the severity of their illnesses is also increasing. While, AbuDagga, Wolfe, Carome, Phatdouang and Torrey (2016) in a nationwide survey of county jails, reported that over 95% of inmates were having mental illness, and that a third of jails reported substantial staff involvement in managing incarcerated persons with serious mental illness, despite having limited training.

In 2015, Mental Health America released a position statement underscoring the necessity of vigorously defending the rights of prisoners with mental health conditions; the statement included a call to action and specifically stated the need for staff training on mental health of prisoners (MHA,2015). Practitioners have called for innovations in training on prisoner mental health, including material suitable for delivery in in-services by persons working or training in corrections settings (Cornelius, 2017). While there is literature on the prevalence of psychological trauma symptoms in Nigeria, but there is a dearth in literature on psychological trauma symptoms among inmates in correctional facilities in Nigeria and the need for this study in filling the gap in literature.

Aim and Objective of the Study

The study is aimed at assessing the gender difference in psychological trauma symptoms among inmates of correctional facilities in Plateau State. Specific objectives include the following:

- i. To determine gender difference in mean score on the dissociation sub-scale of psychological trauma symptoms among inmates.
- ii. To examine the gender difference in mean score on the anxiety sub-scale of psychological trauma symptoms among inmates.
- iii. To find out the gender difference in mean score on the depression sub-scale of psychological trauma symptoms among inmates.
- iv. To investigate gender difference in mean score on the sexual trauma sub-scale of psychological trauma among inmates.
- v. To determine the gender difference in mean score on the sleep disturbance sub-scale of psychological trauma among inmates.
- vi. To examine gender difference in mean score on the sexual problems sub-scale of psychological trauma among inmates.

Hypotheses

The following hypotheses were tested in the study:

1. Male inmates will significantly have a higher mean score on the dissociation sub-scale of psychological trauma than their female counterpart.
2. Male inmates will significantly have a higher mean score on the anxiety subscale of psychological trauma than their female counterpart.
3. Male inmates will significantly have a higher mean score on the depression sub-scale of psychological trauma than their female counterpart.
4. Male inmates will significantly have a higher mean score on the sexual trauma sub-scale of psychological trauma than their female counterpart.
5. Male inmates will significantly have a higher mean score on the sleep disturbance sub-scale of psychological trauma than their female counterpart.
6. Male inmates will significantly have a higher mean score on the sexual problems sub-scale of psychological trauma than their female counterpart.

Method

Design

The study adopted a descriptive survey design. This is appropriate as the descriptive research is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, correlations, and categories of a parameter or variable within a population. Furthermore, when much is unknown, understanding the how, when, and where happens is pertinent.

Participants

Participants in this study are inmates of some correctional facilities (Jos North and Pankshin Local government areas) within Plateau state. A total number of 150 participants were selected purposefully for this study. A total of 120 participants participated in this study with 77(64.2%) males, and 43(35.8%) females with an age range of 19 and 69 respectively with mean age of 33.28. Majority 76(63.3%) were Christians and 44(36.7%) were Muslims. While 46(38.3%) were married, 36(30.0%) divorced, 24(20.0%) singles and 14(11.7%) widowed.

Instrument

The questionnaire had two sections: Section 'A' assesses the socio-demographic characteristics of participants (age, gender, marital status); while section 'B' assessed psychological trauma symptoms using psychological trauma symptom checklist – 40 (TSC-40) developed by Briere and Runtz (1989). This is a 40-item self-report scale that assesses symptomatic distress that results from traumatic experiences in childhood or adulthood. It further measures symptoms of PTSD as well as those found in individuals that have traumatic experiences. The measure is rated on four-point Likert (0 = never to 3 = often) regarding how often a symptom have been experienced within the last two months. Six subscales are assessed by the TSC-40, and include; depression, anxiety, dissociation, sexual abuse trauma index (SATI), sexual problems, and sleep disturbances. These subscales yield a range of scores 0-120 with higher score representing severity of trauma. The sexual problems subscale displays reasonable reliability (alpha = .73); the sleep disturbance subscale (alpha = .77); the reliability for the SATI is alpha = .62; and the total TSC40 score is highly reliable (alpha= .90).

Procedure

Participants that participated in this study were purposefully drawn from some correctional facilities in plateau state Jos North and Pankshin Local government areas of Plateau. Research assistant were recruited and participants that consent to participate were administered questionnaires. 120 inmates participated in the research and questionnaire were administered and collected before analysis of data collected.

Method of Data Analysis

The independent T-test statistical tool was used to test for proportions of psychological trauma symptoms. The independent T-test was appropriate as it tests for mean difference, and as such tests for differences in proportion among parameters. The 0.05 alpha level was used as the study significance level.

Result

Descriptive Result

Table 1 shows the mean scores of psychological trauma symptoms of inmates across gender. The table revealed that male inmates had higher mean score on dissociation (9.16), sexual abuse trauma index (9.95), sleep disturbance (8.71), and sexual problems (11.79). while female inmates had higher mean scores on anxiety (13.70), and depression (12.95).

Table 1: Sub-scale mean scores across gender of inmates

Sub-scales	Mean scores
Dissociation	
Male	9.16
Female	8.58
Anxiety	
Male	13.53
Female	13.70
Depression	
Male	12.91
Female	12.95
Sexual abuse trauma Index	
Male	9.95
Female	9.74
Sleep disturbance	
Male	8.71
Female	8.37
Sexual problems	
Male	11.79
Female	11.65

Hypothesis one

Male inmates will significantly have higher mean score on dissociation sub-scale of psychological trauma than their female counterpart.

Table 1: Independent t-test for dissociation between males and females

Gender	Mean	Standard deviation	t	df	p-value
Male	9.16	2.323	1.346	118	0.182
Female	8.58	2.196			

Result of hypothesis one (table 1) revealed that males did not significantly have higher mean score on dissociation subscale of psychological trauma than their female counterparts $t(118) = 1.346, p = 0.182 (p > 0.05)$; with dissociation mean scores of 9.16 for males and 8.58 for females.

Hypothesis two

Male will score significantly high on anxiety sub-scale of psychological trauma than their female counterpart.

Table 2: Independent t-test for anxiety between males and females

Gender	Mean	Standard deviation	t	df	p-value
Male	13.53	2.836	-0.305	118	0.761
Female	13.70	2.850			

Result of hypothesis two (table 2) revealed that males did not significantly have higher mean score on anxiety subscale of psychological trauma than their female counterparts $t(118) = -0.305, p = 0.761 (p > 0.05)$ with anxiety mean scores of 13.53 for males and 13.70 for females.

Hypothesis three

Male inmates will significantly have higher mean score on depression sub-scale of psychological trauma than their female counterpart.

Table 3: Independent t-test for depression between males and females

Gender	Mean	Standard deviation	t	df	p-value
Male	12.91	2.930	-0.078	118	0.938
Female	12.95	3.008			

The result of hypothesis three (table 3) revealed that males did not significantly have higher mean score on the depression subscale of psychological trauma than their female counterparts $t(118) = -0.078, p = 0.938 (p > 0.05)$; with depression mean scores of 12.91 for males and 12.95 for females.

Hypothesis four

Male inmates will significantly have higher mean score on sexual trauma sub-scale of psychological trauma than their female counterpart.

Table 4: Independent t-test for sexual trauma between males and females

Gender	Mean	Standard deviation	t	df	p-value
Male	9.95	2.870	0.374	118	0.709
Female	9.74	2.854			

Result of hypothesis four (table 4) revealed that males did not significantly have higher mean score on sexual trauma subscale of psychological trauma than their female counterparts, $t(118) = 0.374, p = 0.709 (p > 0.05)$; with sexual trauma mean scores of 9.95 for males and 9.74 for females.

Hypothesis five

Male inmates will significantly have higher mean score on sleep disturbance sub-scale of psychological trauma than their female counterpart

Table 5: Independent t-test for sleep disturbance between males and females

Gender	Mean	Standard deviation	t	df	p-value
Male	8.71	2.405	0.780	118	0.437
Female	8.37	2.47			

Result of hypothesis five (table 5) revealed that males did not significantly have higher mean score on sleep disturbance subscale of psychological trauma than their female counterparts, $t(118) = 0.780, p = 0.437 (p > 0.05)$; with sleep disturbance mean scores of 8.71 for males and 8.37 for females.

Hypothesis six

Male inmates will significantly have higher mean score on sexual problems sub-scale of psychological trauma than their female counterparts

Table 6: Independent t-test for sexual problems between males and females

Gender	Mean	Standard deviation	t	df	p-value
Male	11.79	2.797	0.271	118	-0.893
Female	11.65	2.698			

Result of hypothesis six (Table 6) revealed that males did not significantly have higher mean score on sexual problems subscale of psychological trauma than their female counterparts, $t = 0.271, df = 118, p = -0.893 (p > 0.05)$; with sexual problems mean score of 11.79 for males and 11.65 females.

Discussion

Findings from this study aimed at assessing the prevalence of trauma symptoms among inmates of some correctional facilities in Plateau State Nigeria. Result of the first hypothesis revealed that males did not significantly have higher mean score on dissociation subscale of

psychological trauma than their female counterparts. This contrast with the findings of Christiansen and Elklit, (2008) which showed that dissociation was a better predictor for post-traumatic stress disorder (PTSD) in women than in men.

The result of hypothesis two revealed that males did not significantly have higher mean on anxiety subscale of psychological trauma than their female counterparts. The findings of hypothesis two contrasts with the findings of Punamaki, Komproe, Quota, Elmasri and de Jong (2005) who reported that exposure to lifetime trauma was associated with anxiety among women only. Although, Christiansen and Elklit, (2008) discovered that anxiety predicted PTSD in men.

Furthermore, the findings of hypothesis three revealed that males did not significantly have higher mean score on depression subscale of psychological trauma than their female counterparts. This contrasts with the findings of Christiansen and Elklit (2008) which revealed that depression predict PTSD in women compared with men; and Tang and Freyd (2012) findings showed that women reported higher rates of depression and re-experiencing symptoms of PTSD compared with men.

Result of hypothesis four revealed that males did not significantly have higher mean score on sexual trauma subscale of psychological trauma than their female counterparts. This finding is in contrast to the findings of Herman (1992) who reported, that immediate distress among women victimized in adulthood may include shock, fear, anxiety, confusion and social withdrawal.

The outcome of hypothesis five revealed that males did not significantly have higher mean score on sleep disturbance subscale of psychological trauma than their female counterparts. This is in agreement with the findings of Kobayashi, Cowdin and Mellman (2012) on PTSD, reported that reduced deep sleep is found not only in men. However, considering that more males are at the front line in terms of conflicts may explain why more males significantly have sleep disturbance compared to females in some studies.

The result of hypothesis six revealed that males did not significantly have higher mean score on sexual problems subscale of psychological trauma than their female counterparts. This is in contrast to Yuan, Koss and Stone (2006) findings which reported that women survivors of childhood and adulthood sexual violence experience severe and chronic psychological symptoms

Conclusion

The study had carried out an assessment of the prevalence of psychological trauma symptoms among inmates of correctional facilities in Plateau state Nigeria, and found no significant prevalence rate on dissociation, anxiety, depression, sleep deprivation, sexual trauma index and further findings across gender had supported the hypothesis postulated. Psychological trauma during and after incarceration has a negative impact on the mental state of mind of our research populace and could also be highly associated with lack of individual and group exposure to stress management skills, training, and psychological therapy. Clearly, enlighten and training is needed to prepare correctional staff to assist in addressing and referring

incarcerated persons with mental disorders at the earliest possible point using evidence-based and collaborative models; this can help improve correctional safety and prevent incarcerated persons with mental illness from suffering deleterious effects of untreated disorders and/or becoming further enmeshed in the justice system.

Recommendations

There should be an increase in population size and number of correctional facilities. While future research should compare inmates from different correctional facilities across the country have an equal representation across gender and religious affiliation.

The government and non-governmental organizations should consider conducting studies, training and workshops to improve coping strategies and resilience among inmates. Finally, individuals and groups should be exposed to stress management skills, training, and psychological therapy.

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