Repetitive In-Prison Violence and Self-Harm

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Background

• Little is known about the differences between those who commit single or repetitive incidents of violence in prison

 Although well known in community that violence and self-harm appear linked, and many health services already routinely assess for both behaviours but not common practice in prison practice.



Aims:

- To identify if there are demographic, incident style & post-incident management differences between prisoners who engage in single or repetitive incidents of:
- Violence (physical harm to another or 'assault')
- Self-harm (physical harm to self)
- Both violence and self-harm

Method

Participants

- To include all perpetrators of at least 2 (repetitive) violence and/or selfharm whilst at study prison between 2010-2014 (n = 117).
- 111 had 1+ assault incident
- ♦ 107 had 1+ self-harm incident

 Prison in London as both Cat B Local (April 2010- May 2012) & Cat C Resettlement (May 2012- Dec 2014).

Comparison group: Single incidents of violence or self-harm at study prison but also had no other assault/SH incident at ANY stage of prison sentence recorded on PNOMIS (n = 61).

Method (cont)

- Demographic and offence/sentencing details as recorded by PNOMIS since 2010.
- Review all incident details as recorded by PNOMIS at ANY stage of prison since 2010.
- Adjudications (any stage since 2010)

Lots of other data....(not to be talked through today)



Is violence or self-harm most likely in repeated in-prison perpetrators?

- Repetitive assaults only: **29%**
- Repetitive self-harm only: 30%
- Both violence and self-harm: 41%

• So, for the mathematicians amongst you, if repeat one behaviour there may be around 60% likelihood will (at some point) engage in the other in prison.

Number of Incidents x Time In Prison (repeated only)

Туре	Ν	No. incidents	Days	
		Mean (SD)	Mean	(SD)
DSH only	33	6.5 (11.8)	601.6	(478.3)
Assault only	36	3.6 (1.8)	668.6	(503.8)
Both	48	Ass: 2.7 (2.7); DSH 5.5 (7.9)	869.2	(656.1)*

- Significant difference in time only between DSH only & Both (ANOVA p=.041)
- For single category groups: No sig correlation between number of assaults or self-harm and time in prison
 - For Both group: Positive sig correlation between no. of incidents (assault .3; self-harm .46) and time in prison.

Assault: single vs repeated

Chi-Square

Current Offence

No sig difference in current offence type between single and repeated assaults (all DSH only removed) which included at least 1 assault except:

Repeated assaults: sig less theft/burglary (p=.038)

Violence, weapon offences etc. not sig.

In prison behaviour:

Repeated assaulters sig more incidents overall (p = .02) plus specific incidents of:

- **DSH** (number and presence)
- **Damage to property** (number and presence)
- Miscellanious (number and presence)
- Barricades (presence but not number)

No relationship with weapons, drugs, mobiles amongst others

Assault only vs both Assault and DSH

Chi-Square & ANOVA

No differences in: whether staff or prisoner assault first; current offence differences nor security category but...

In prison behaviour

'Both' Group have sig. more incidents classed as:

- Damage to property
- Fire
- Incidents at height
- Drug

Management of Behaviour

Significantly more charges, verdicts and sanctions against the BOTH group.

e.g. Charges: Assault Only: **6.7** (8.9) Both: **16.8** (20.2) Very similar numbers for sanctions

Conclusions

When working with one type of risk:

- Consider assessing for both types of behaviour
- General rule-breaking in—prison behaviour may indicate raised risk for both self-harm and assaults.
- The longer that someone is in prison the more likely they are to 'cross-over' to the other behaviour.
- Recent community violent offending is not a good factor to distinguish single from repeat violence likelihood in prison.
- Consider impact of sanctions on risk of engaging in a different behaviour
- Engagement in both assaults and self-harm may indicate a general maladjustment to prison.
 - Consider a single case management approach to manage both risks.

Next steps

Analysis of:

- Further demographic data
- Assault and DSH content and post-incident management
- Temporal analysis
- Interaction effects
- Repetitive DSH vs Both

Research being repeated in another (very different) establishment.

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