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Dual Harm

Working with those who harm
both themselves and others



Caveat: Small numbers...

- This presentation is based upon a focus on small groups of high-risk prisoners – and as such, numbers are small in some places.
- However, details from three studies will be presented to provide an overall picture for further discussion and debate.

There are initial results only in places and will be flagged.

Dual Harm

Harm to self and others

The link between violence and self-harm or suicidal behaviour



Community Violence

- Exposure to violence increases risk of SH and suicide ideation (Vermeiren, et al. 2002)
- Systematic review ‘Evidence suggests that aggression and SH frequently co-occur’ with most patients who engaged in self-harm engaged in aggression (74%), whereas most patients who engaged in aggression did not engage in self-harm (20%) (O’Donnell, House and Waterman, 2015).
- ‘Violent offences have consistently been the most serious offence associated with the deceased person’s detention (53%)’ (Australian Government, 2015)
- BUT **conducting** repeated violence is a stronger risk of suicidal behaviour (Jordan & Samuelson, 2015)

Prison Violence

- Relationship between violence and SH in prisoners has, so far, largely been correlating SH with violent convictions (Static) with few institutional studies.
- Those who engage in institutional physical violence has been demonstrated to be linked with suicide and self-harm behaviour (e.g. lifetime link: Mann et al., 1999)
- USA study (Young et al, 2006) suggested that prisoners in healthcare units who self-harmed were 8 times more likely to assault a staff member.
- USA: Lanes (2011) demonstrated that prisoners who self-harm were more likely to be violent and be in segregation.

Service issue: Underlying Assumptions and Response

**Zero Tolerance
Punishment**



Individualised Supportive Care



Segregation or Care Suite?



Aims

Between none, sole self-harm, sole assault and dual harm prisoners:

- To consider demographic or offence differences
- To review differences in incident rates and types
- To review any differences in segregation experience
- To consider whether prisoners who self-harm close to segregation are self-harm only or dual harm prisoners.
- To consider differences in lethality between sole self-harm and dual harm prisoners.



Exploring Sole and Dual Harm

Locations

Prison A: Medium (Cat B) Remand + Low/Med (Cat C) Resettlement:

Study 1 Sample: 1 or more harmful incident at the prison

Prison B: Medium (Cat B) Long-term (4+ years violent offenders):

Study 2 sample: ALL ASSAULTERS AT THE PRISON

Study 3 sample: RANDOM SAMPLE

Grouped based on in-prison incidents:

- **Sole Assault** (physical assault)
- **Sole Self-harm** (physical harm to self)
- **Dual Harm**: Both assault and self-harm
- *Prison B Study 2 only* : **No incidents** & **'No harm'** (incident but not physical harm)

Method

Data: Routinely gathered detailed incident, location and demographic data from PNOMIS system

Each participant had demographic, current offence, segregation dates, incident dates and incident types recorded

Limitation: The reason for segregation was NOT recorded.

Samples

	Study 1: Prison A N (%)	Study 2: Prison B N (%)	Study 3: Prison B N (%)
Self-Harm Only	65 (36)	<i>n/a</i>	9 (9.2)
Dual Harm	48 (27)	42 (29.6)	15 (15.3)
Assault Only	65 (36)	100 (70.4)	22 (22.4)
No Harm	<i>n/a</i>	<i>n/a</i>	24 (25.5)
No Incidents	<i>n/a</i>	<i>n/a</i>	27 (27.6)
Total	178	142	98

Prison A: 1 or more incidents: Local – Resettlement

Prison B Study 1: Assaulters only: Cat B Trainer

Prison B Study 2: All incidents: Cat B Trainer

Summary of Dual Harm Risk

Amongst the full (violent) offender population: Dual Harm \approx 15%

Amongst an in-prison assault population: 30-40% also have a self-harm incident in prison

Amongst an in-prison self-harm population: 40-60% also have an assault in prison.

This is a similar pattern to that reported in the systematic review of O'Donnell, House and Waterman, 2015

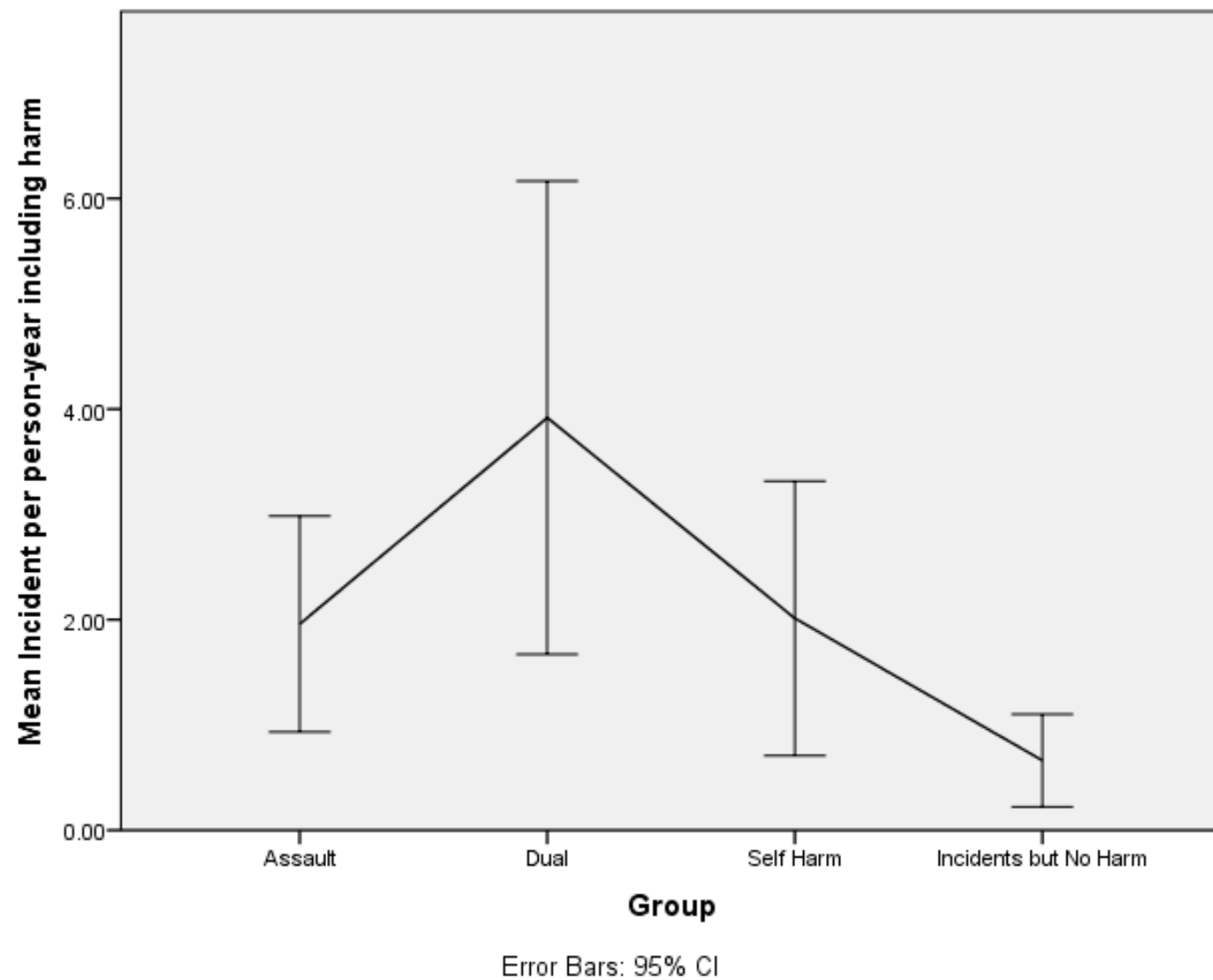
Practice implications

- Dual harm is prevalent amongst offenders
- When managing one risk, there is a high probability that you will be managing both.
- How often are you checking in about both risks?



Wider Incidents

Incidents per
person-year



Number of incidents Study 3

Incident Type	Sole SH	Dual Harm	Sole Assault	No Harm	
Self-harm	5.8 (9.32)	9.54 (12.45)			ns
Assault		4.46 (3.15)	3.14 (2.55)		ns
Total Incidents (without SH or assault)	4.4 (4.97)	6.46 (8.83)	3.54 (4.5)	1.69 (1.4)	Significant DH vs SA DH vs NH
Total Incidents (without SH or assault) by person/year	2.01 (1.82)	3.89 (4.05)	1.96 (2.25)	0.66 (.69)	Significant DH vs NH

Summary: Dual Harm prisoners have higher incident rate (i.e. per year) and overall number

Incident types

Incident types (Presence within prison history)

	Prison A	Prison B (Study 2)	Prison B (Study 3)	Prison B (Study 2)	Prison B (Study 3)	Prison A
	Fire			Damage to property		
Sole Assault	4	0	5	18	5 (21.7)	8 (12.5)
Sole Self-Harm	5	0	n/a	n/a	2 (20)	8 (12.5)
Dual Harm	11	5 (38.5)	13 (30.2)	21	5 (38.5)	18 (37.5)
Incidents but no harm	n/a	0	n/a	n/a	1 (4)	n/a
P-value (Fishers Exact Test)	.013	<.0001	<.001	<.001	.002	.001

Summary: Around 30-39% of Dual harm prisoners will have a Fire or Damage incident in their history. Out of all set fires in Study 3, Dual harm prisoners account for 72% of them.

Practice implications

- Dual harm offenders will be resource intensive
- You will be managing not just two, but maybe a range of risks at once.
- How often do you check in on multiple risks (especially firesetting) which have not yet emerged?
- How would you approach managing multiple risks?



The impact of segregation

The good news

Research has repeatedly shown that segregation, per se, is not detrimental to mental health (e.g. O'Keefe et al., 2013) and those with mental disorder are not more likely to experience segregation after adjudication (e.g. Coid et al., 2003)

The not-so-good news

Suicidal ideation and behaviour is more prevalent in segregation

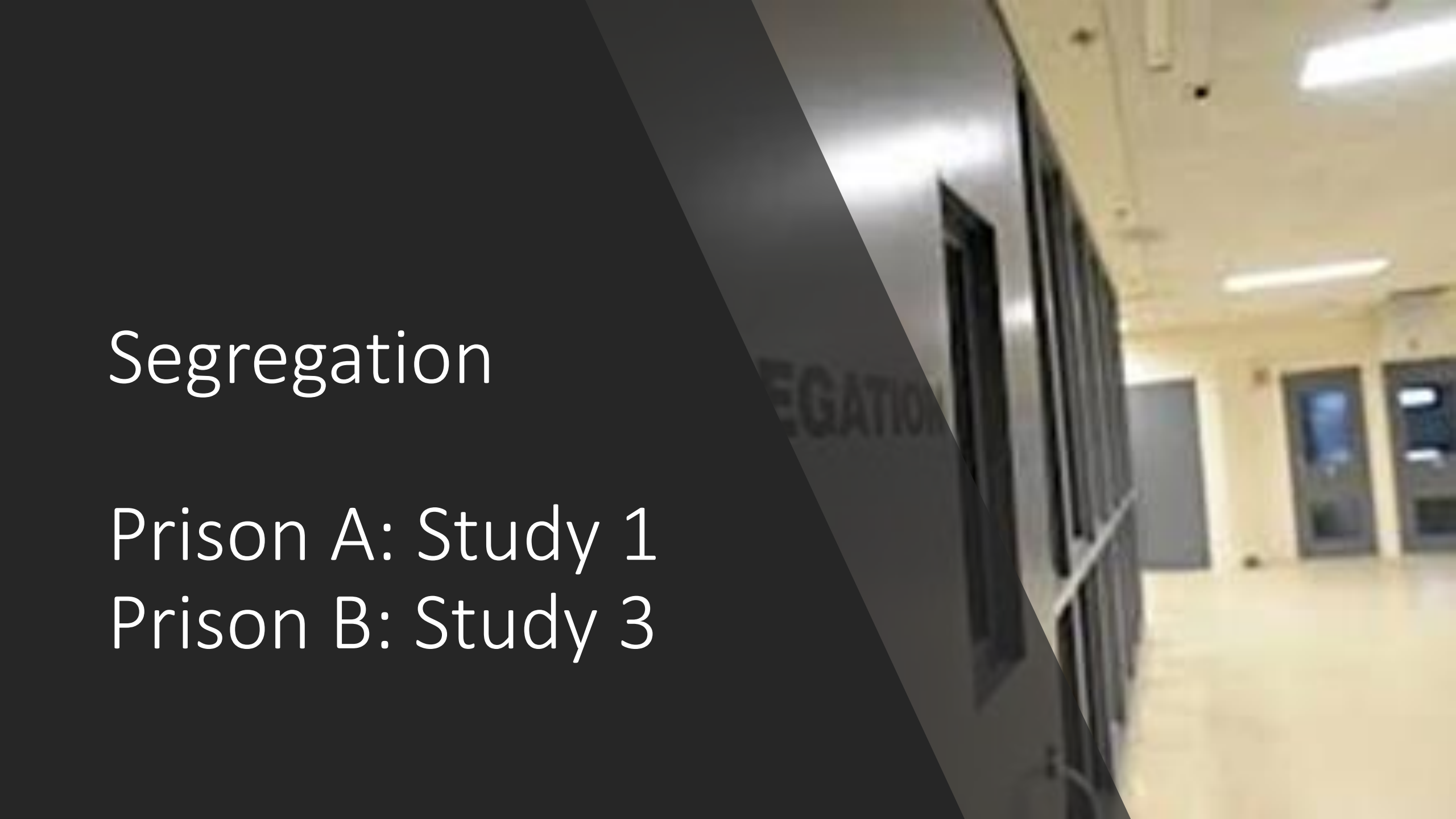
Those who have suicide ideation and anticipated stress in segregation are: more likely to have mental health issues, historical suicidal behaviour and current hopelessness (Bonner, 2006)

Segregation

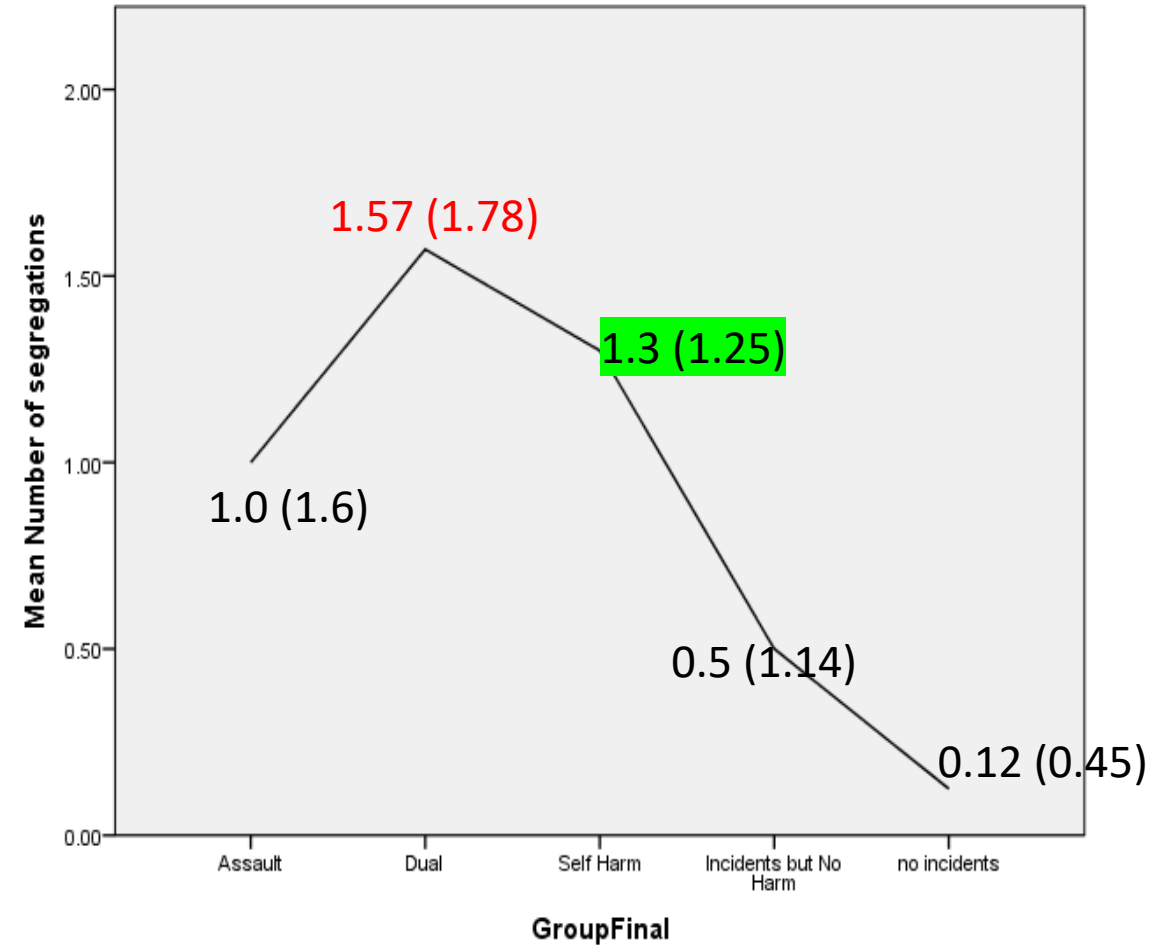
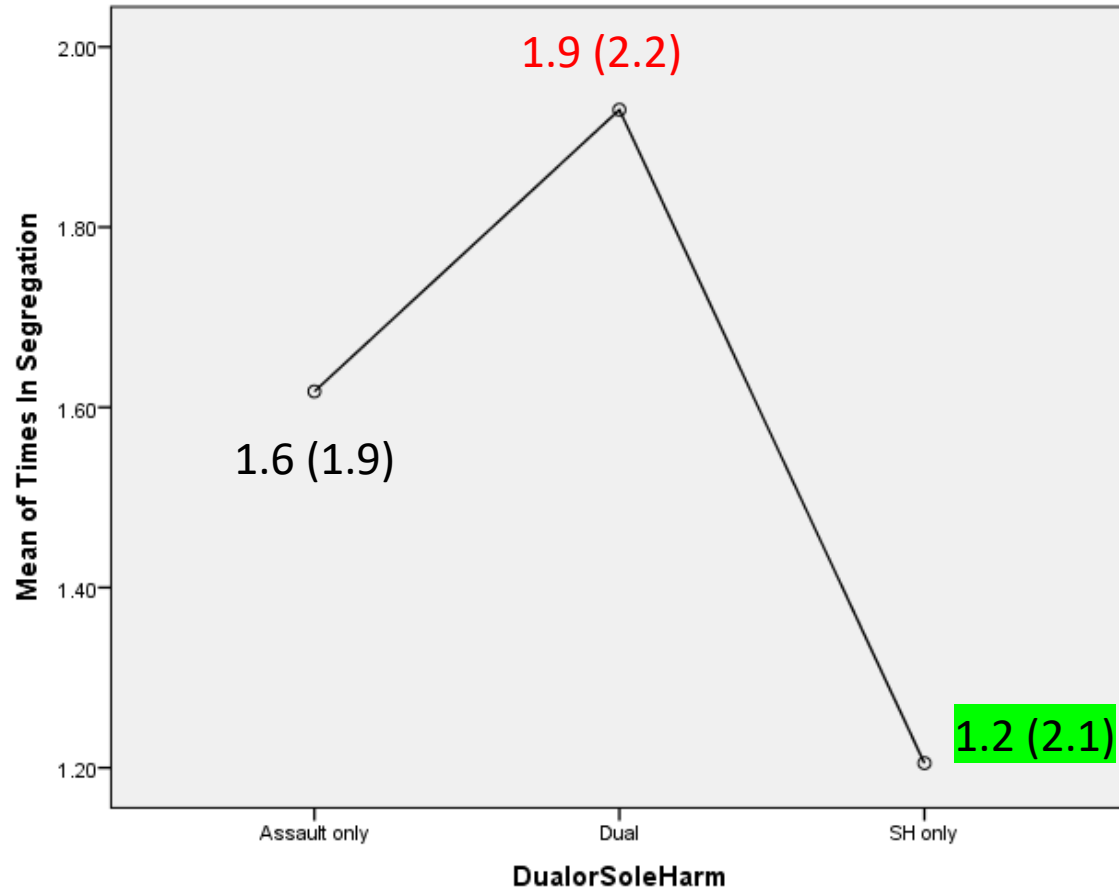
Prison A: Study 1

Prison B: Study 3

SEGREGATION

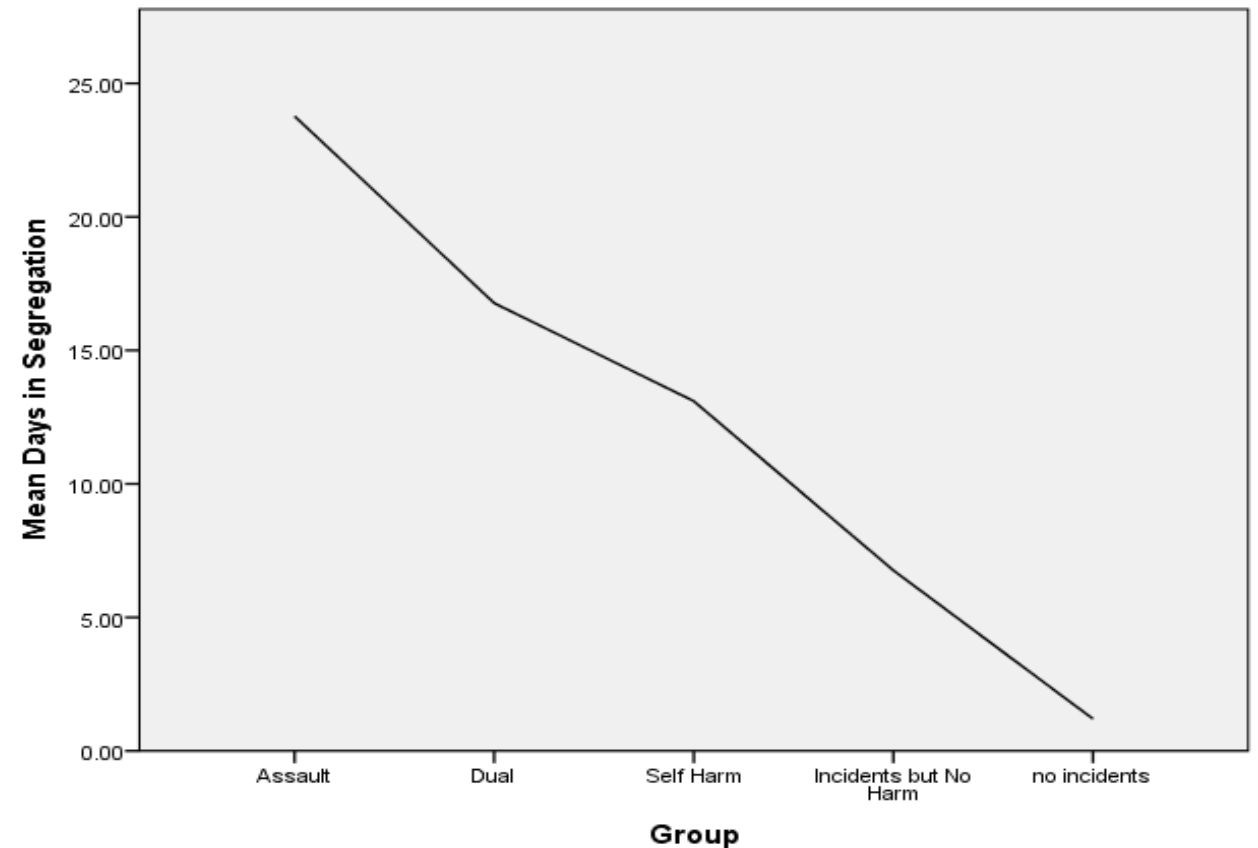
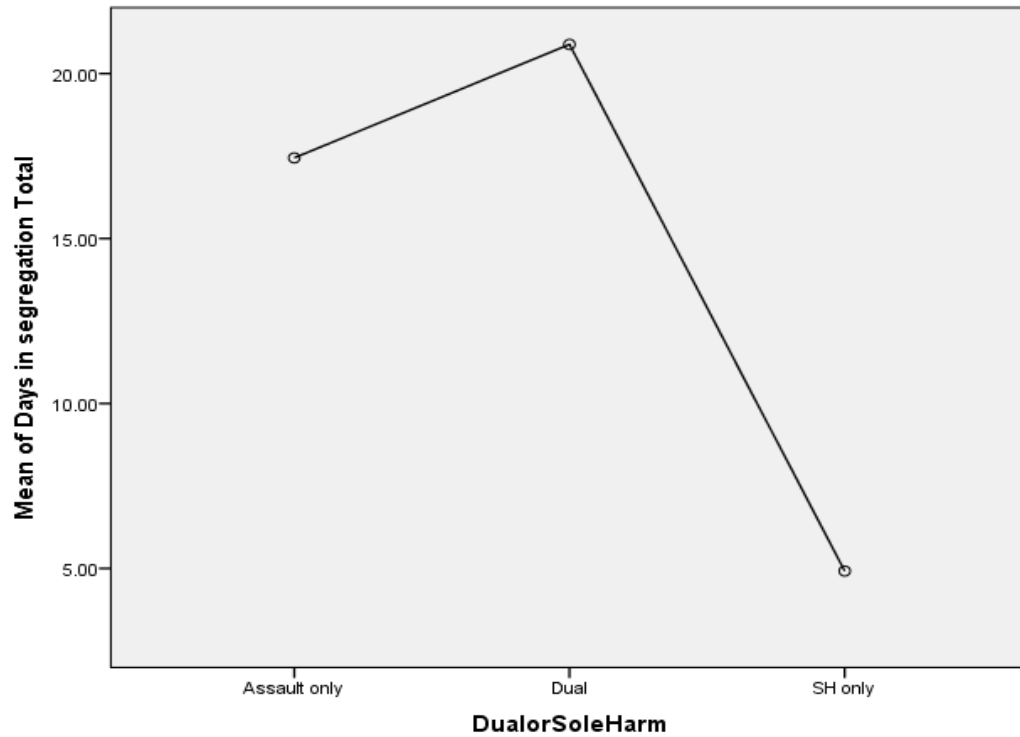


Number of times in segregation



Days in segregation

Group	Prison A: M (SD)	Prison B: M (SD)
Sole Assault	17.4 (41.8)	23.77 (59.19)
Dual	20.8 (32.7)	16.77 (27.6)
Sole SH	4.9 (14.4)	13.1 (14.7)
Incidents but no harm	<i>n/a</i>	6.76 (22.8)
No Incidents	<i>n/a</i>	1.2 (5.79)



Segregation experience



Group	Study 3 segregation experience N (%)	Study 1 Segregation Experience N (%)
SH Only	6 (67%)	18 (46%)
Dual Harm	10 (67%)	28 (65%)
Assault Only	10 (46%)	23 (64%)
No Harm	6 (25%)	
No Incidents	2 (8%)	
Total	34 (35%)	69 (58%)

Summary: Around 66% of Dual prisoners will have experience of segregation (46-67% of Sole SH although for a far shorter time)



Good news and not so good news

Good news

Although many prisoners who self-harm experience segregation, 'sole self-harm' are not repeatedly being held there nor for extended periods relative to violence only or dual harm prisoners.

The not-so-good news

Prisoners who dual harm (and therefore at higher risk of self-harm) consistently experience segregation at least much as violence only prisoners.

Self-harming prisoners are more likely to experience segregation than prisoners with other incident types

Segregation and Self-Harm



Group	Study 1 1 st SH in or >1 month of segregation (N = 9)	Study 3 SH in or > 1 month of segregation (N = 4)	Combined Group
Self-harm only	1 (3%)	0	1/ 43 (2%)
Dual harm	8 (16.6%)	4 (28.5%)	12/62 =19.4%

Summary: 19.4% of the Dual Harm group compared with 2% of Sole SH group will harm in or closely after segregation

Self-harm within 4 weeks post-segregation

Post segregation self-harm

Study (9 cases)

Study 3 (4 cases)

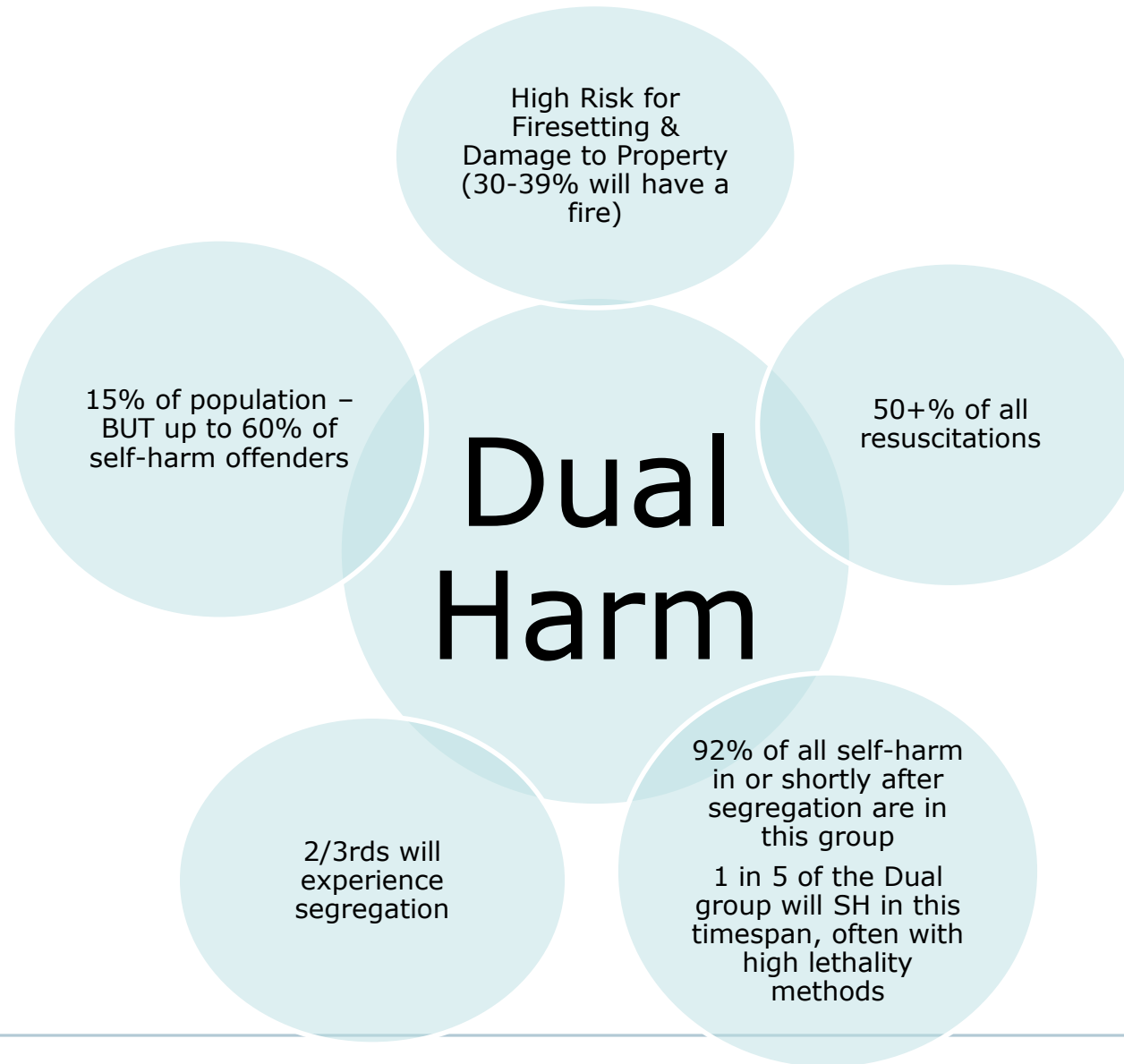
Methods

64% with ligatures (compared with 15% generally)
2 classed as 'near miss' and required resuscitation
Accounted for 50% of resuscitations (4) amongst 262 incidents

1 x cutting, 1 x hanging, 1 x bag over head and 1 x self-strangulation

100% of those whose 1st self-harm occurred within 1 month then every other self-harm related to a (subsequent) segregation

All 4 (100%) had attempted hanging, self-strangulation or suffocation, with 2 having engaging in 'near-miss' Again, accounted for 50% of the sample (4 resus) out of 190 incidents



Dual Harm

Function and its possible relationship with suicidal behaviours



Why do offenders harm in prison?

- Reviewed 49 ACCT interviews and documents to identify what the prisoners said, at the time, about their self-harm behaviour
- Reviewed prison documents (some included interviews) regarding 79 assaults.
- To capture the reasons 'in the moment'
- To consider the interaction between individual factors and the prison environment
- To identify any differences for those reporting those who dual harm and/or reporting self-harm with clear suicide ideation.

Functions of self-harm or violence

Coded into 13 overarching themes (only 3 for assault):

- Frustration/Anger
 - Anxiety or concern
 - Blocking out or releasing emotions
 - Escape (with a clear item for suicide intent)
 - Loss (item, self or person)
 - Pervasive difficult thoughts
 - Substitution
 - Psychological wellbeing and mental health
 - **Punishment (within 24 hours)**
 - **Conflict**
 - **Instrumental (incl asking for help)**
 - Compromised Safety
 - Feeling neglected or ignored
-

Reasons for any self-harm

Mental Health / Psychological or emotional wellbeing

- **65% Issues with Psych Wellbeing (e.g. low mood, paranoia, flashbacks) or evidence of MH history (52%)** (Only 3 in sample had PD history recorded)
- **57% Anxiety or panic**
- **47% Wish to escape – largely suicidal intent or ambivalence**
- 41% Frustration/Anger
- 37% Loss (of something of value, bereavement, self)
- 16% block out/release emotions
- 14% Pervasive thoughts
- 14% Substitution (SH instead of violence, physical or emotional pain)

Interpersonal & Prison Environment

- 41% Instrumental: largely asking for help (35%)
- 37% Immediately following punishment from the prison or courts
- 31% Feeling neglected or ignored by the 'system'
- 22% Feelings of compromised safety
- 8.2% In the context of conflict with others

Dual harm: Differences



Self-harm

Only difference was in the reporting of **Suicide Intent** to their self-harm behaviour
13/48 incidents of SH specifically state suicide intent (4 was their only recorded SH).
12 were by Dual Harm (41%) vs 1 by a Sole SH (5%)

Assault

Of the 3 types, only difference was that greater **Conflict** was reported
39/79 assaults were related to conflict
30 were dual harm (65%); 9 were sole assault prisoners (27%).

Univariate regression analysis notes a significant difference ($p = .02$ and $.001$ respectively) but then I imagine you can see that without the stats!

Dual harm: Similarities

No greater reporting around SH due to:

- Very recent punishment
- Instrumental reasons (wanting or asking for something)
- Emotional response or management
- Loss
- Pervasive thoughts
- Psychological wellbeing including mental health or PD



Dual Harm: SH vs violence

Question: Does their self-harm behaviour have a relationship with their violent behaviour?

- Answer: Yes and No

When comparing their assaults with their SH:

Instrumental reasons (specifically 'asking for help') and Punishments (sentencing, adjudication, Basic, UoF) are significantly over-represented in their SH but under represented in their assaults. Opposite is true for Conflict.

Dual harm prisoners (disproportionality) engage in self-harm as a means to ask for help and as a response to punishment; but use assault to respond to conflict.

Doesn't appear to serve the same function, but complementary ones perhaps.



There were 13 SH incidents where clear suicide intent was recorded (SHSI); across 10 prisoners. Caveat: small number...

Of these 10...

80% were dual harmers

80% had 1-4 incidents of SH

70% had experience of segregation although no difference in the time spent there.

40% of SHSI group had set a fire in prison; with 80% of all recorded fires being set by the SHSI group.

What comes with SH with SI compared with non-suicidal SH?

	% of the SI group	p
Emotions		
Frustration/Anger	46.2%	.006
Anxiety/Concern	46.2%	.016
External/social		
Punishment	53.8%	.005
Wish to be left alone	30.8%	.004
Loss	38.5%	.01
<i>Conflict</i>	7.7% ↓	.05
Psychological Wellbeing		
Low Mood	23.1%	.034
Mental Health (not PD)	53.8%	.009

What does not distinguish?

- Sense of compromised safety
- Feeling neglected or ignored
- Wanting or asking for something (instrumental reasons)
- Pervasive or difficult thoughts
- Personality Disorder recorded

Tentative Conclusions

- Dual harm offenders may be more likely to engage in suicidal behaviours than sole self-harm offenders.
- Dual harmers are at higher risk of firesetting than all other groups (or vice versa); and firesetters are more likely to SH with suicide intent.
- Those who SH shortly after segregation are most likely to be dual harm prisoners; and to use more lethal methods.
- Suicidal behaviours may have links with very recent punishments (usually within a day or two), loss, frustrations (usually being unable to solve a problem) but also long-term anxieties. They also report a historical or current mental health concern.
- Dual harmers may be more prone to using SH as a response to punishments and as a means to ask for help; and prone to assault as a response to interpersonal conflict.

What can we do?



- We can remain mindful that risk of violence is related to risk of serious harm to self, especially suicidal behaviours & together there is a link to firesetting.

We should provide additional assessment and support when:

- long-term anxieties persist
- Intractable problems (esp 'the system') are frustrating the person
- When punishments are awarded & also when returning to 'normal' locations
- Loss occurs (of liberty, sense of self, bereavements)
- Expressed concerns over mental health

Paper

Slade, K. (in press) Dual Harm: An exploration of the presence and characteristics for dual violence and self-harm behaviour in prison. *Journal of Criminal Psychology*

Please contact me if you'd like the slides, papers or interested in research avenues: karen.slade@ntu.ac.uk