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NOTTINGHAM  
TRENT UNIVERSITY

# Dual harm: The relevance to forensic practice of people displaying both harm to self and others

Prof Karen Slade



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## DUAL HARM

“Persons displaying both harm  
to self and harm to others”

(Slade, 2018)



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## AIMS OF THIS TALK

To develop awareness of the links between self-harm and violence

To review what we know of the characteristics, risks, behaviours and experience of those who dual harm

To consider emerging evidence on the development of the duality of harm behaviours

To aid reflection on current practice to incorporate dual harm into our risk management approaches.

This talk will not provide all the answers but may help us to ask the right questions.

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FIRST THOUGHTS

WHAT DO YOU PICTURE  
WHEN YOU THINK OF  
'DUAL HARM'?



# A FEW ASSUMPTIONS

When people hear 'dual harm' sometimes...

- We talk about 'violence and self-harm' but do we consider the interlinked nature of those behaviours?
- There is an assumption that this a small, chaotic, probably 'PD' or mental health-related group.
- They are all known to services already because they are extreme in their behaviour
- In many settings the 'other' risk becomes problematic – mental health services excluding violent people; segregating someone at risk of suicide?

# SERVICE ISSUE: UNDERLYING ASSUMPTIONS AND RESPONSE

Zero Tolerance  
Punishment



Individualised Supportive Care





# DUAL HARM RISK

2/25/2022

# VIOLENCE TO SELF-HARM RISK

Exposure to violence increases the risk of self-harm and thoughts of suicide

(Viermeren et al, 2002)

Perpetrating violence increases the risk further

The greatest risk for suicidal behaviours is from those conducting repeated violent acts

(Jordan & Samuelson, 2015).

Around 20-30% of various populations (including community samples) who engage in violence will also self-harm

(O'Donnell, et al. 2015.



# SELF-HARM TO VIOLENCE RISK

- The relationship appears strongest in this direction
- In the community, up to 50% of persons who self-harm will be aggressive (O'Donnell et al, 2015).
- A population study in Sweden (Hanna et al, 2017) showed that those who requires medical treatment for self-harm were **5-times** more likely to be convicted of a violence crime were still **twice** as likely even when controlled for psychiatric disorders and socio-economic factors
- In USA showed (in community) that SH was related to a range of violent behaviours including IPV, weapon use, cruelty to animals and robbery (Vaughn et al, 2015)
- Men in healthcare units in US prison who self-harmed were 8 times more likely to assault a staff member (Young et al, 2006) and male prisoners who self-harm were more likely to be violent and be in segregation (Lanes, 2011)

“There is no evidence that self-harm **CAUSES** violence but most likely they are a “manifestation of a common underlying vulnerability”

■ (Hanna et al., 2017)





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# CHARACTERISTICS OF THOSE WHO DUAL HARM

IN THIS SECTION WE WILL EXPLORE THE CHARACTERISTICS OF THOSE WHO DUAL HARM.

IN GENERAL, STUDIES HAVE BEEN DRAWN UPON WHICH SPECIFICALLY LOOK AT DUAL HARM.

## RESEARCH FINDINGS FOR COMMUNITY SAMPLES

Surprisingly little is clear as few have ever looked directly at this sub-group. Very recently, there has been some developments in the community literature:

- Far greater experience of **physical violence** and at a younger age (Richmond-Rakerd et al, 2019)
- **Antisocial personality disorder (ASPD) appears over-represented** amongst dual harm populations (Richmond-Rakerd et al., 2019; Harford et al., 2018)
- **Trait impulsivity** increases risk in those diagnosed with BPD (Terzi et al, 2017)
- The presence of **early substance dependence** (Richmond-Rakerd et al, 2019; Harford et al., 2012)
- Emerging evidence amongst adolescents suggests dual harm having **early contact with the criminal justice system and a higher rate of psychotic symptoms** (Richmond-Rakerd et al, 2019; Webb et al., 2012).

# POPULATIONS

## UK:

- Cat B Local/Reception prisons
- Cat B HSLs for 4+ year sentenced
- Female closed prison

## US:

- State wide population (males and females)

For all studies, these are based on routinely gathered detailed incident, and demographic data from prison electronic database systems

All times in prison were included: looking least 3 years and up to 7 years.

## HOW MANY PEOPLE IN PRISON DUAL HARM?

This has been difficult to confirm as the 'overlap' is not often reported in official figures.

Prison type	UK Local (last 7 years)	UK Cat B Long-stay (last 5 years)	UK Women Closed (last 3 years)	US (full state M & F) (10 years)
Dual Harm %	11%	16%	2.6% within that prison (lifetime still unknown)	1% (but SH is extremely under-reported)
% of those who SH who are also violent	40-60	66	40	31
Violence to self-harm risk	32	40	33	5

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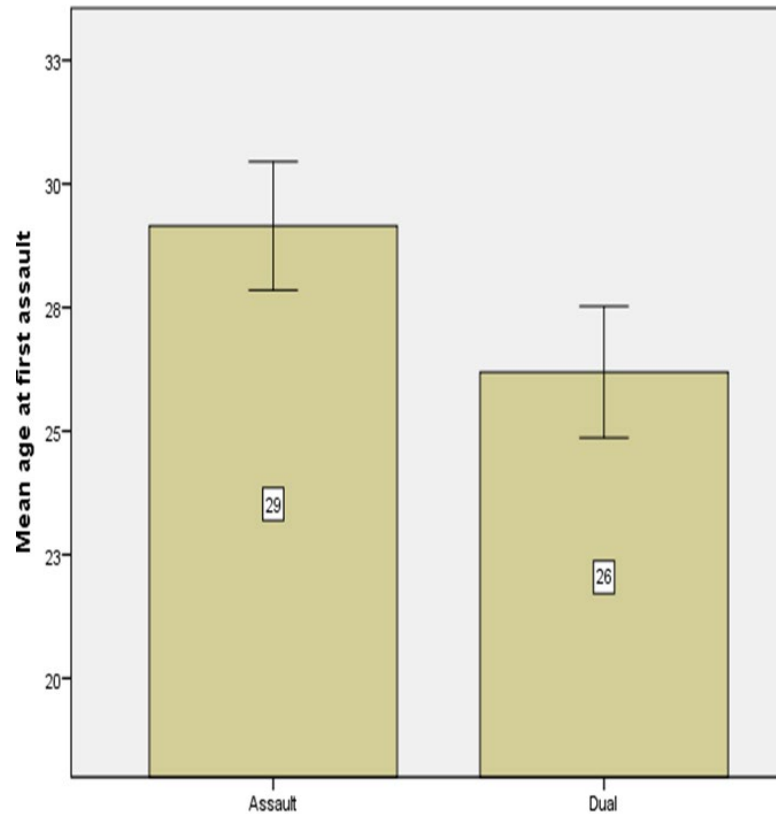
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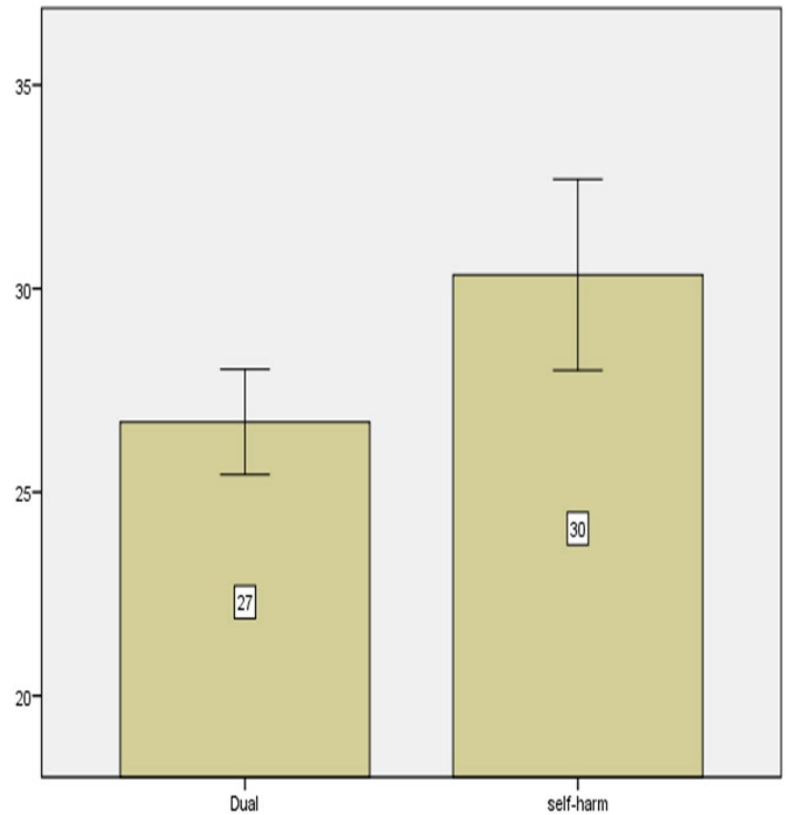
# AGE OF FIRST SELF-HARM OR ASSAULT IN PRISON

The first recorded incident of either assault or self-harm occurs 3 years earlier for those who dual harm.



Dual or Assault

Error Bars: 95% CI



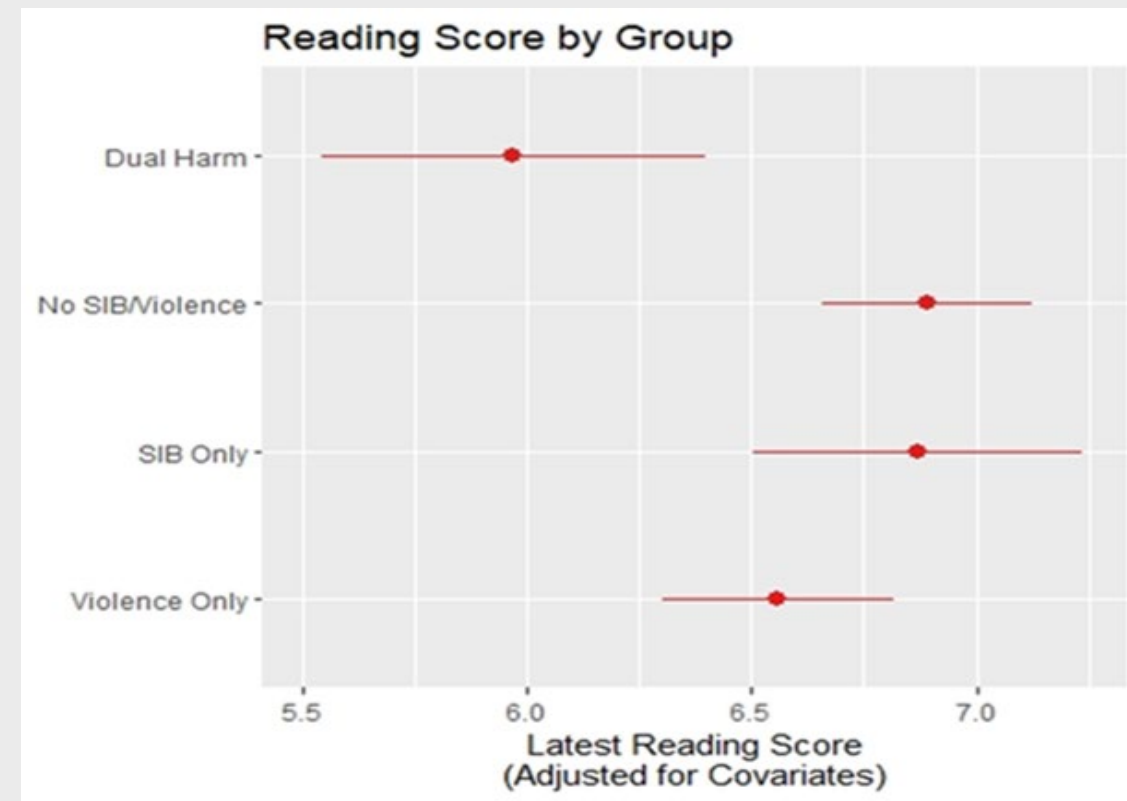
Dual or SH

Error Bars: 95% CI



# EDUCATIONAL ACHIEVEMENT

Variable	No Harm	SHO	VO	Dual Harm
<b>Reading Score (Admission), M (SD)</b>	8.25 (3.94)	8.00 (3.93)	7.76 (3.78)	7.10 (3.86)
<b>High School Diploma (%)</b>	41.8	30.15	29.99	22.96



# MENTAL HEALTH AND SUBSTANCE USE

- Although those who dual harm in the community experience a higher rate of psychotic symptoms there is no difference in their contact with mental health services.
  - This suggests a lower accessing of services in the community.
- Alexithymia is predictive of suicide ideation but **not** for violence or dual harm for men in prison (Hemming et al, 2021)
- No UK studies as yet, but US studies suggest **greater % have mental health issues (unspecified)**
- The presence of **early substance dependence** reported in community studies but UK or US studies do **NOT find drug use in prison** as a factor.

US Study reported:

Variable	No SH/Violence	Violence Only	SH Only	Dual Harm
Drug Dependent (%)	42.04	39.52	43.69	41.33
Mental Illness (%)***	9.48	14.82	39.38	57.14

# DUAL HARM AND INDEX OFFENCE



Analysis showed **NO DIFFERENCE** in rates of main index offences:

- **Violent**
- **Sexual**
- **Acquisitive (theft etc.)**
- **Drugs**
- **Arson**

Only exception was a small lower drug supply amongst long stay prisoners.

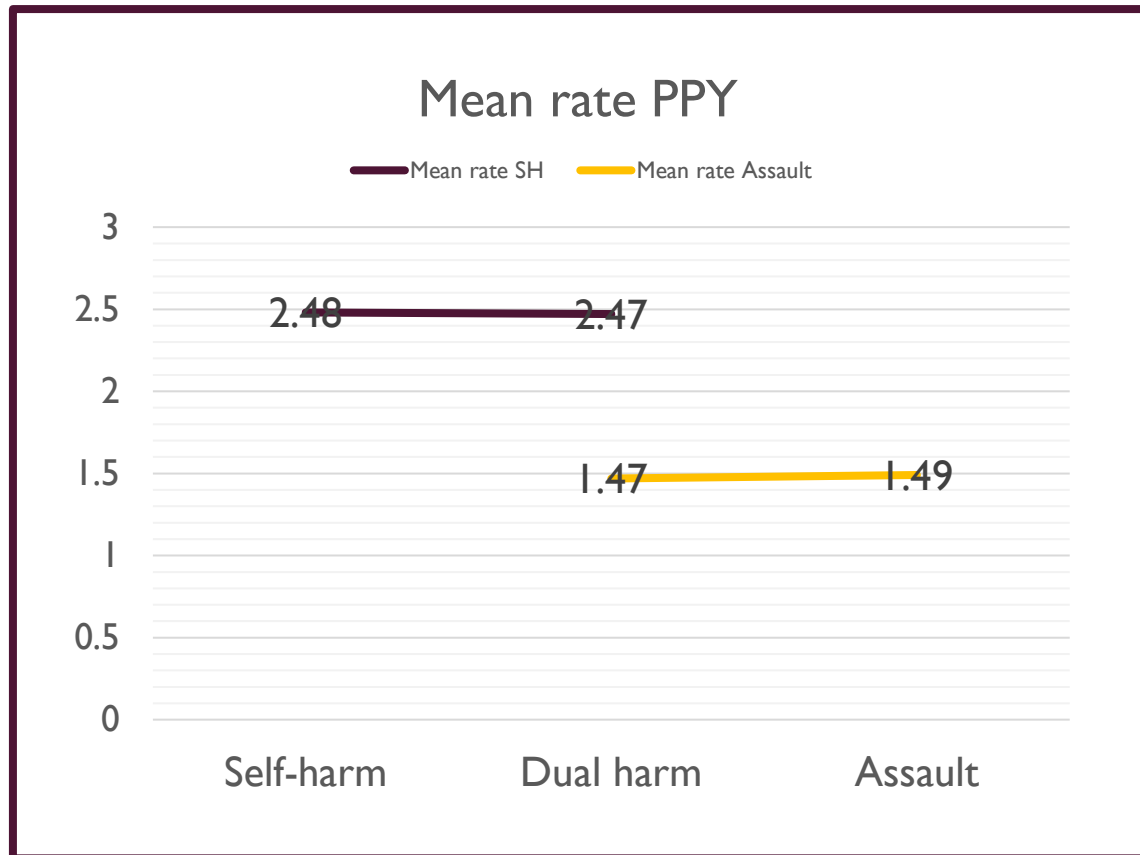
**We can't make risk assumptions based on their index offences.**



# IN-PRISON BEHAVIOUR

## RATE OF SELF-HARM OR ASSAULT

(PPY: LOCAL FULL SAMPLE)



*Same findings across UK and US data;  $p > .05$*

**There is no difference in rates of self-harm or assault between dual and sole harm groups.**

**We cannot identify based on frequency**

## FREQUENCY OF OTHER INCIDENTS

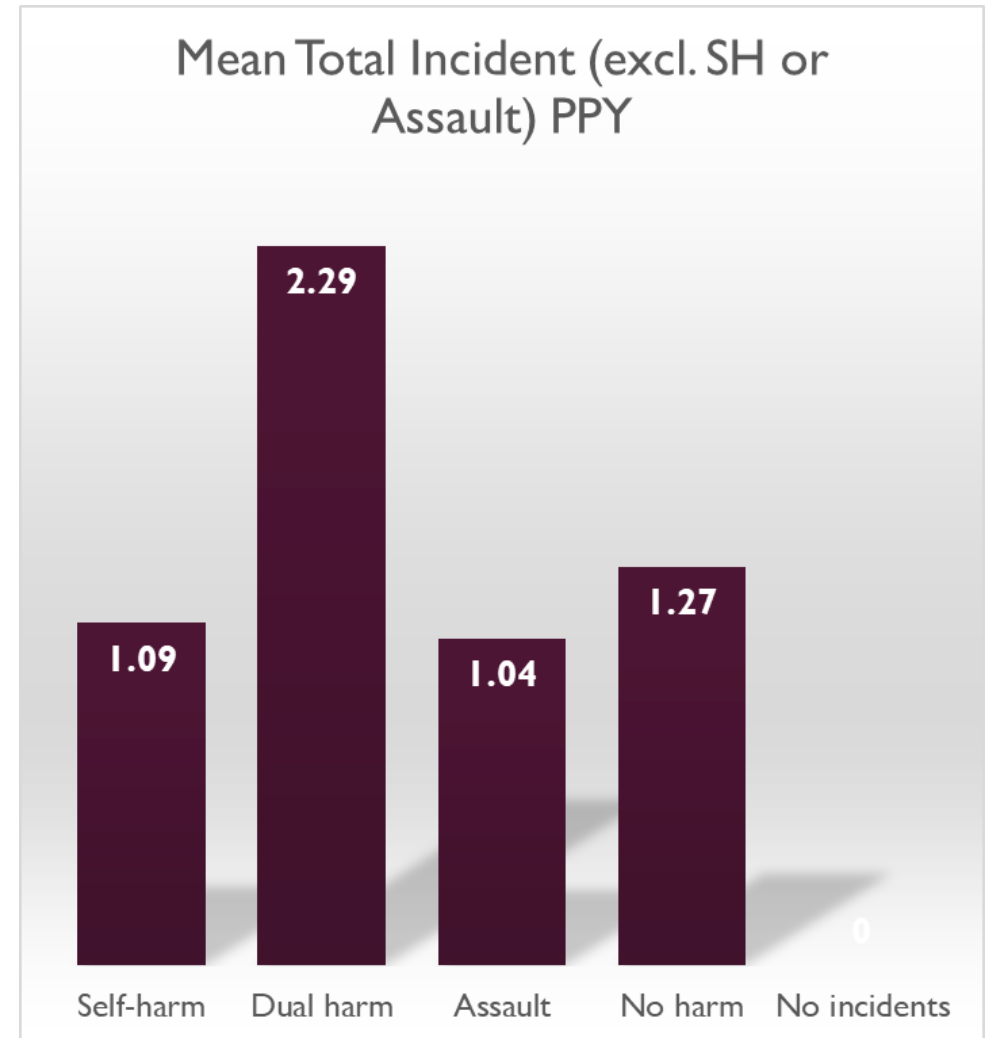
This is for all types of incidents - *not including* self-harm or assault- per person year.

Dual harm has significantly higher overall rate than all other groups – over twice as many per year

Across the Local male full-prison sample (n = 965), over 4000 incidents recorded.

**The 11% of men who dual harm accounted for the majority (56%) of these events.**

**Those who dual harm (both male and female) engage in twice as many other incidents per year & account for a large % of overall disruption**





## PROPERTY DAMAGE, DISORDER & FIRESETTING

### Property damage and Disorder

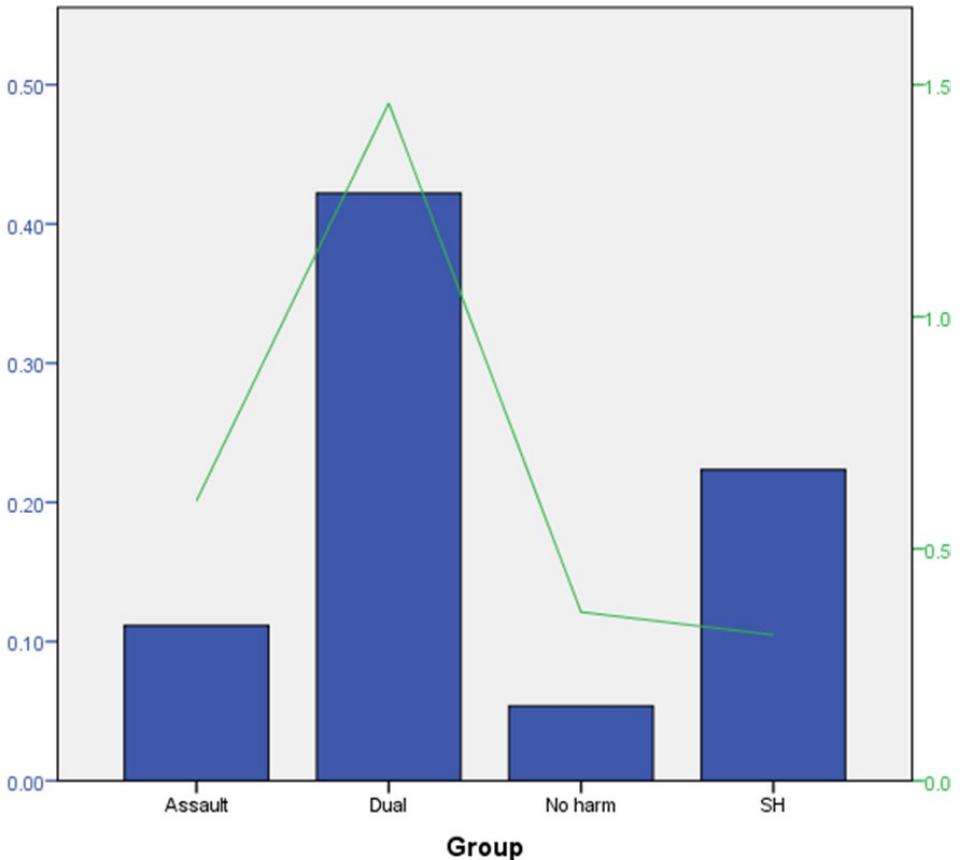
Research in both UK and USA revealed that Dual harm have a significantly greater rate of damage and disorder incidents than all other groups

**Dual harm have at least twice the rate of these two behaviours**

### Firesetting

Local prison full sample, dual harm accounted for 50% of fire-setters in prison (the rate-per-year is too low to be practical)

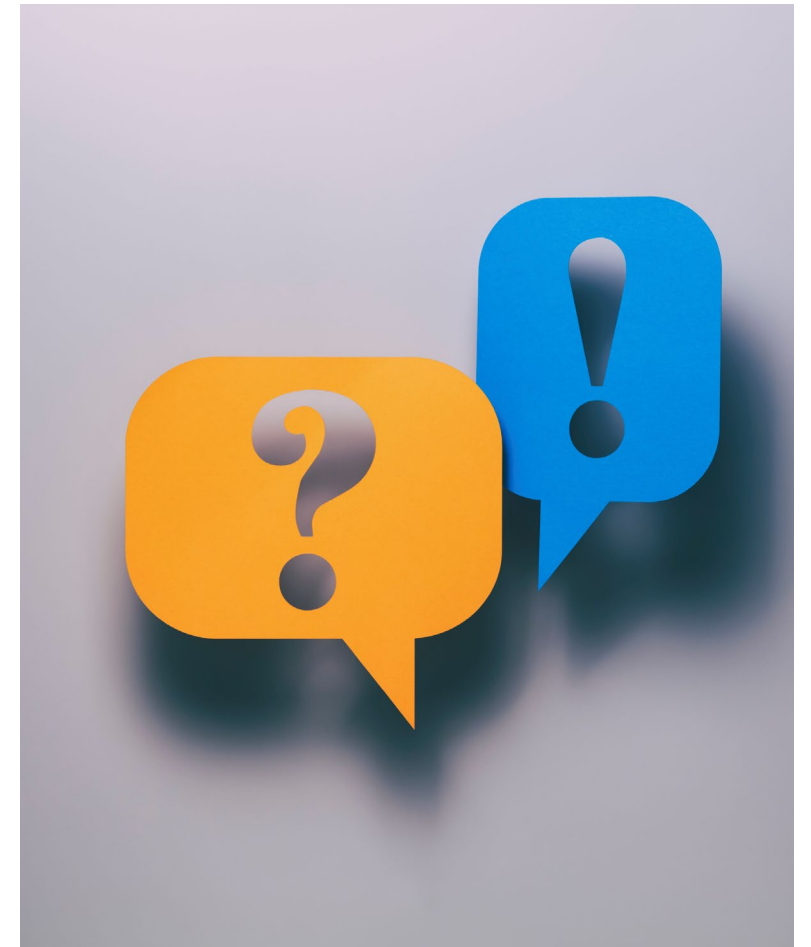
**Research has consistently shown that dual harm have far greater number of fire incidents than any other group (3-5 times more likely than sole harm groups)**



# WHAT DOES THIS MEAN?

- Dual harm is relevant when managing either risk or behaviour
- Dual harm are NOT exceptionally violent nor self-harm but have a higher overall rate of varied and reactive behaviour
  - In prison: Damaging property, disorder incidents (e.g. netting) or setting fire
  - In the community: IPV, weapon use, animal cruelty and robbery.
- Dual harm are NOT more involved in drug use or organised criminal culture (unlike violent-only prisoners)
- Less likely to have accessed/completed education before prison or progress whilst in prison
- Some evidence of greater mental health issues both in community and prison – but disproportionately low access to MH services

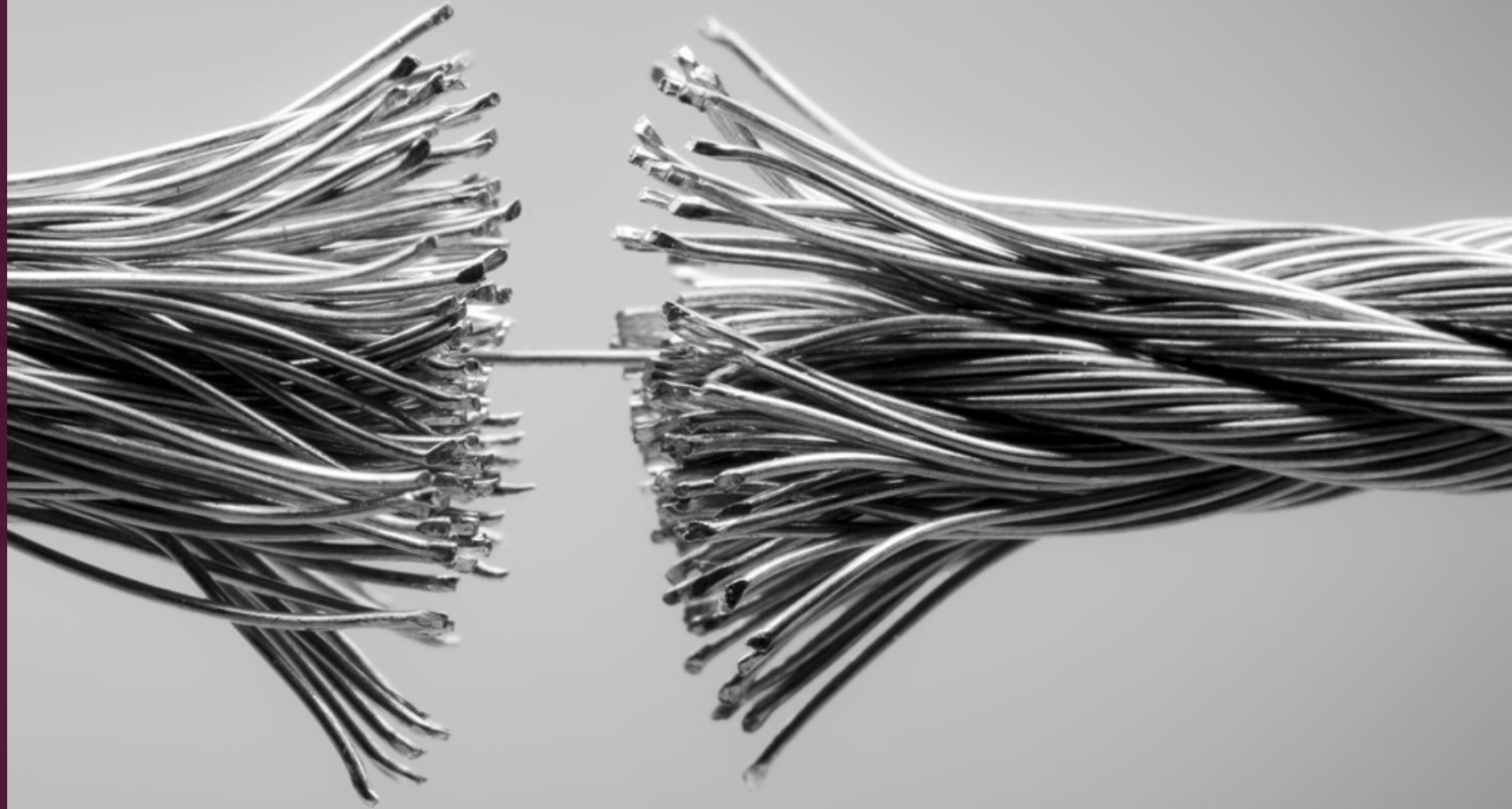
**Are those who dual harm being ‘held back’ from access?**





# DUAL HARM

SELF-HARM METHOD



<b>Type of self-harm</b>	<b>Self-harm % (n = 70)</b>	<b>Dual % (n = 105)</b>	<b>p</b>	<b>OR (95% CI)</b>
<b>Ligature/Self-strangulation</b>	28.6	45.7	.024	2.1 (1.1 – 4.1)
<b>Cuts</b>	71.4	73.3	.782	1.1 (.56 – 2.16)
<b>Overdose</b>	14.3	27.6	.041	2.29 (1.03 – 5.07)
<b>Headbanging</b>	7.1	4.8	.509	.65 (.18 – 2.33)
<b>Punched wall or self</b>	2.9	10.5	.079	3.98 (.85 – 18.53)
<b>Swallowed item</b>	4.3	10.5	.152	2.61 (.70 – 9.73)

## SELF HARM METHODS

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## NUMBER OF SH METHODS (MAX 7)

Dual Harm use a significantly greater range of methods of SH than sole self-harm

They are more versatile in their choices and more often include lethal methods.

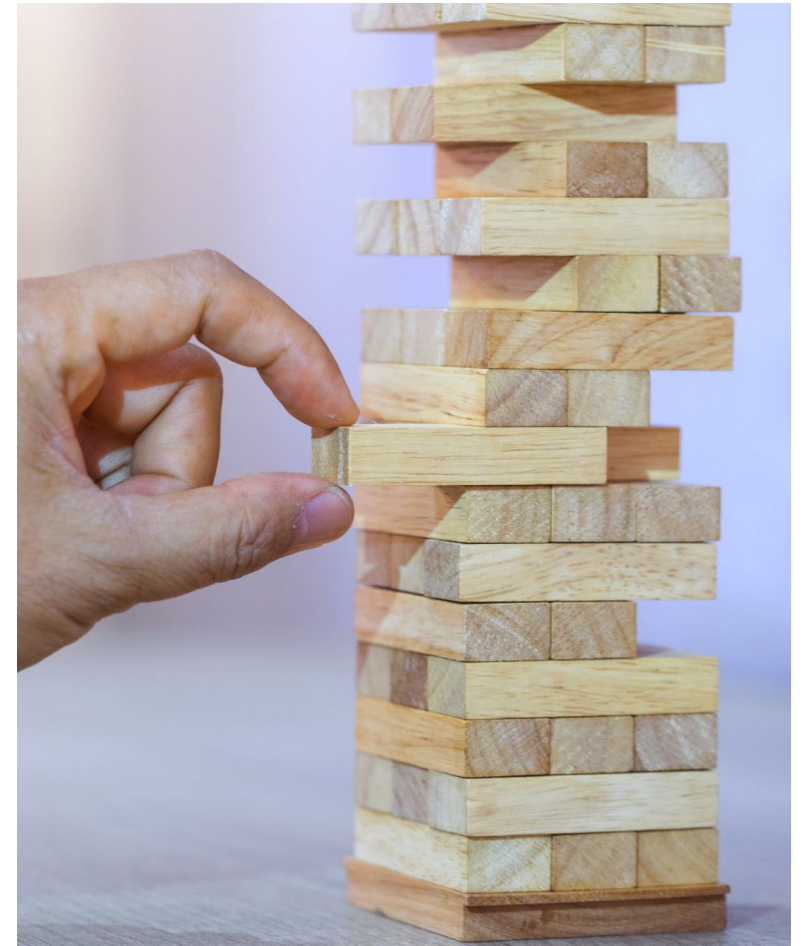
<b>#Methods</b>	<b>Dual %</b>	<b>Self-harm %</b>
1	55	79
2	24	14
3	11	4
4	8	1
5	2	1
6	1	0

# LETHALITY: WHOSE AT RISK?

Those who dual harm are **twice as likely** to use a lethal method (ligature or overdose) in their self-harm

They are also far more likely to **use multiple methods**,

This means restriction of method may be less effective and need to be careful of what is removed \*e.g. removing low lethal methods





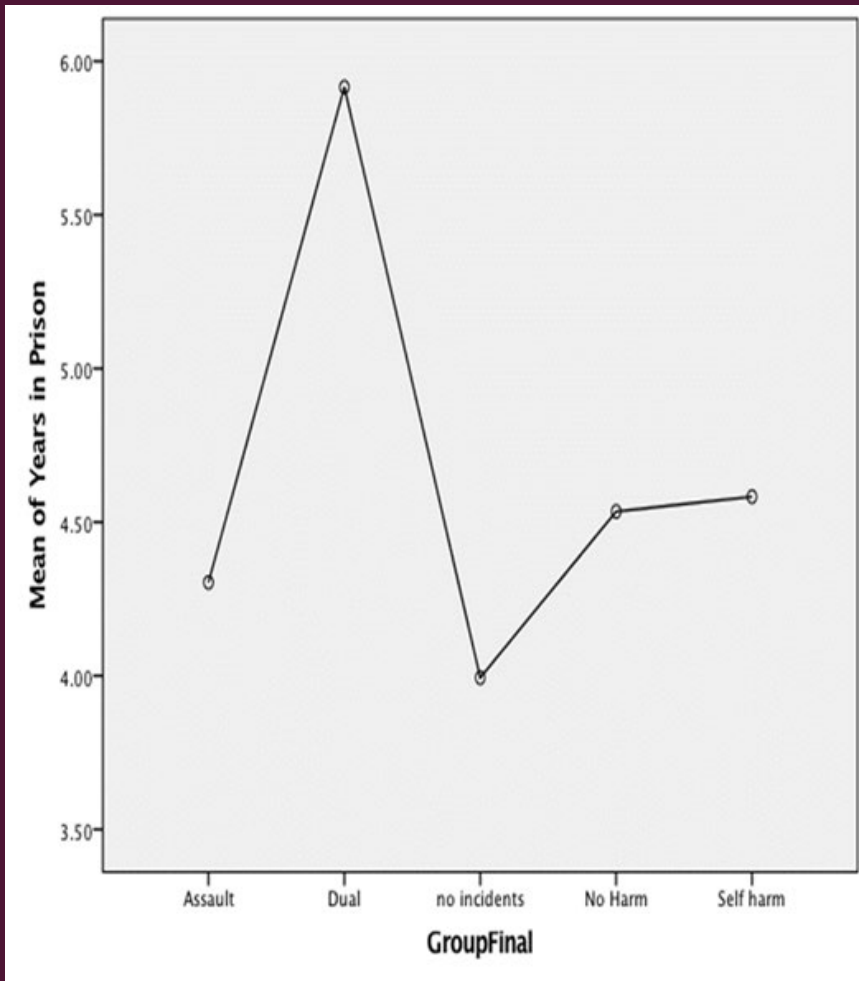
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## SEEING IN INDIVIDUAL IN CONTEXT

- So far, we have explored the individual characteristics
- But no-one operates in a vacuum, they are responding to their environment, interpersonal and external events and this interaction must be understood.
- The need to belong, societal roles, power structures and group processes all contribute to shaping behaviour.
- People will adapt to their environment and this adaptation can take many forms.



**RESTRICTION  
& PUNISHMENT**



## TIME IN PRISON

- Significant difference in time in prison. Dual harm prisoners spent, on average, 50% longer in prison.
- This is from b Cat B Local & HSLs prisons

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# BASIC REGIME AND SEGREGATION

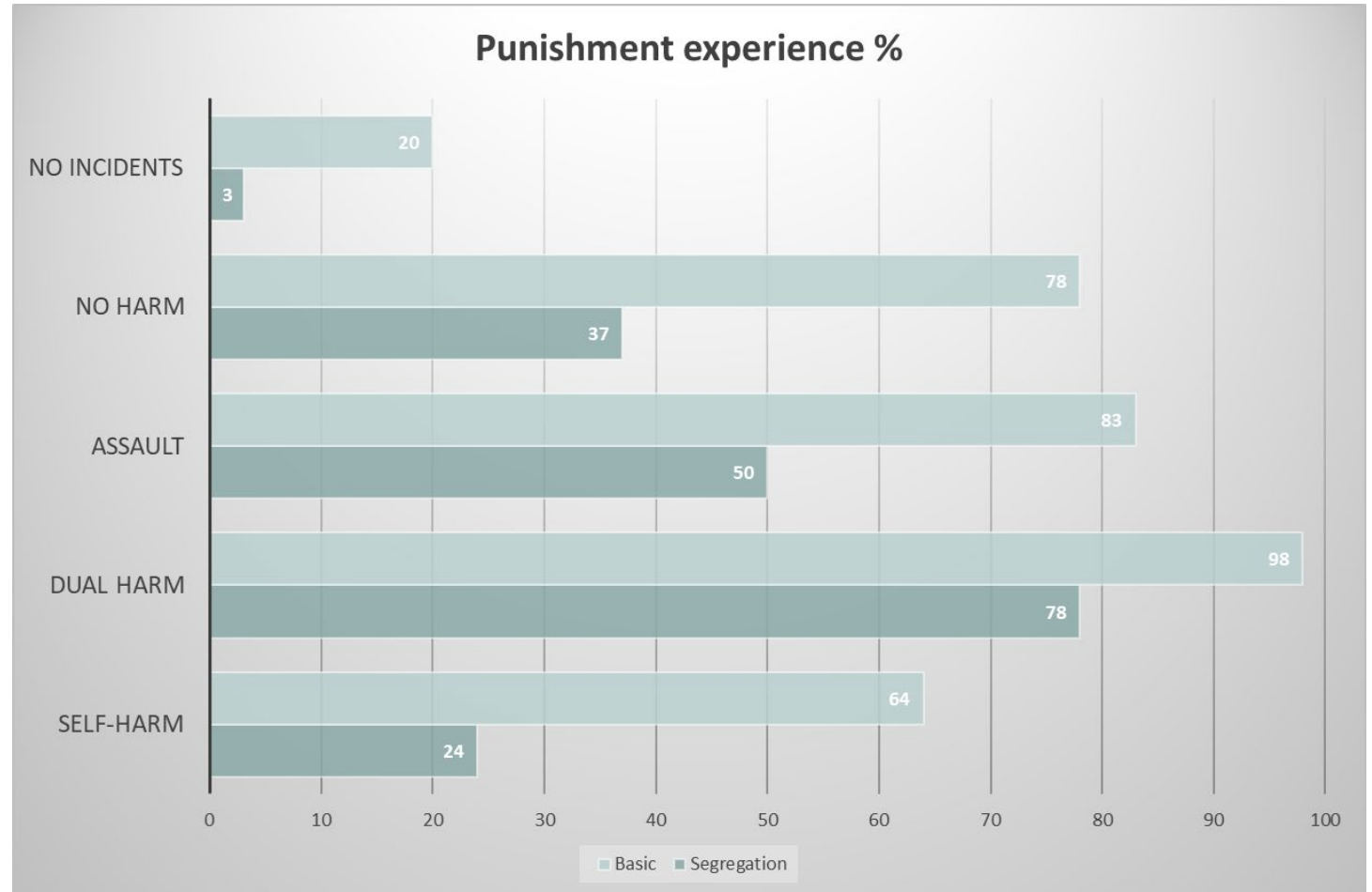


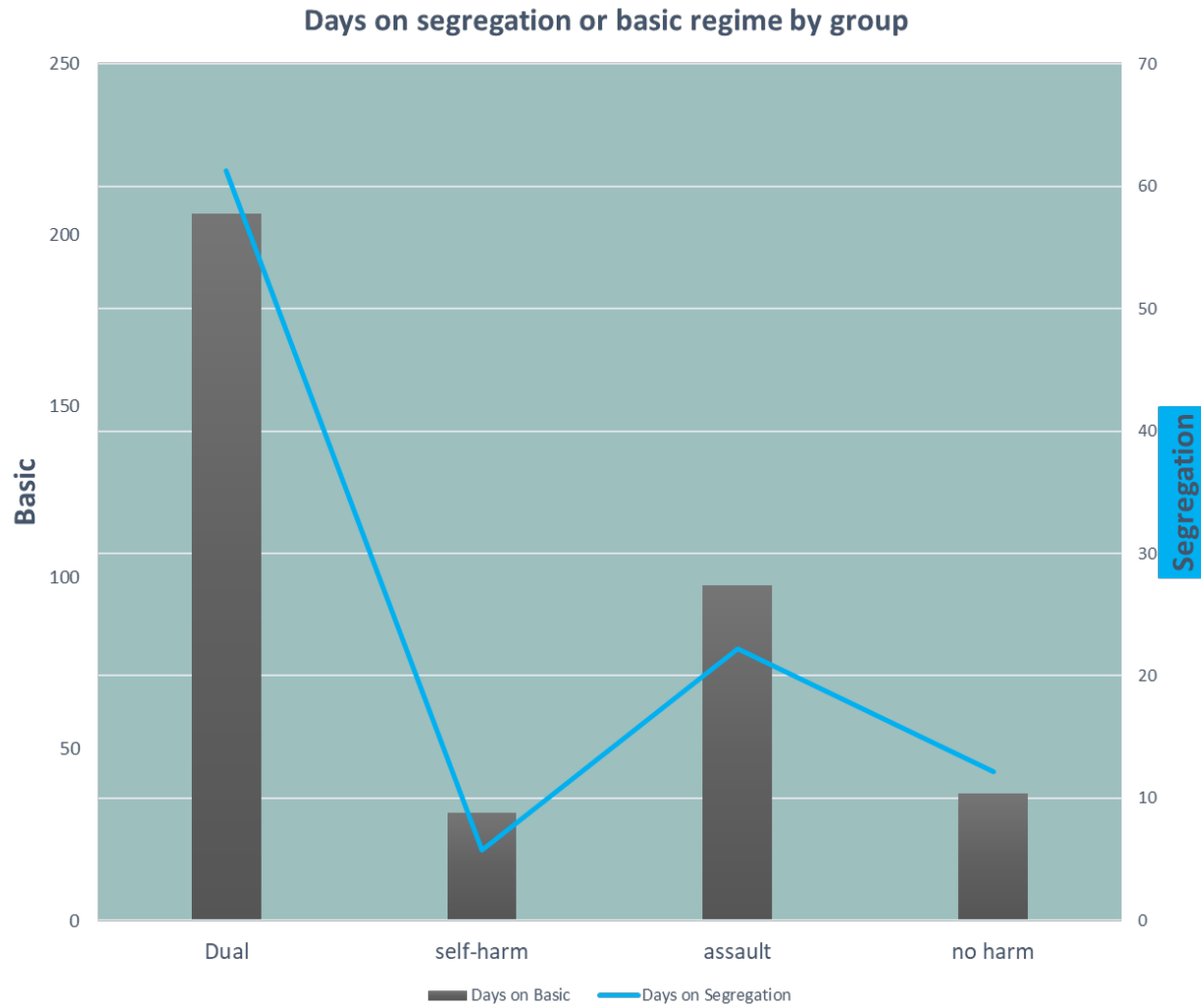


## LENGTH OF PUNISHMENT EXPERIENCE

Nearly 100% of dual harm have been on Basic & 78% in segregation.

This is up to 50% more in segregation than if violent without SH.





**FURTHERMORE**

**THEY SPEND 2-3 TIMES LONGER UNDER RESTRICTION**

# WHAT DOES THIS MEAN?

- Those who dual harm in prison have the highest rate of overall incidents
- This may reflect why they have more than twice the amount of experience of both segregation and Basic than violent prisoners, with an average of 1/6 of their time in prison spent on it.
- In general, those who Dual harm spent 8-9 months under either basic or segregation in over their prison 'lifetime' compared with <4 months for violent prisoners (within a 7 year max time in the study).
- **This could suggest that restriction has little effect on behaviour or rate of incident in this group & is it contributing to a lack of progress?**
- **What effect is this having on rehabilitation?**





# REFLECTING ON THE NARRATIVES

PICKERING, A., BLAGDEN, N AND SLADE, K (2022) "YOU CAN HAVE A BIT OF MY PAIN, SEE HOW IT FEELS" UNDERSTANDING MALE PRISONERS WHO ENGAGE IN DUAL HARM BEHAVIOURS, *PSYCHOLOGY, CRIME AND LAW*. (ONLINE)

THURSTON, L, BLAGDEN, N., BAGULEY, T AND SLADE, K (2021) EXPLORING DUAL HARM THROUGH THE LIFE STORIES OF YOUNG ADULT MALES IN PRISON. *DFP ANNUAL CONFERENCE [PRESENTATION]*

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A dark silhouette of a person's head and hand holding a mobile phone to their ear, set against a dark blue background. The person is facing right.

# CONTENT WARNING

*PLEASE BE AWARE THAT THE FOLLOWING SLIDES HAVE THE MEN TALKING ABOUT THEIR EXPERIENCE OF SELF-HARM AND OF VIOLENCE (BOTH AS PERPETRATOR AND VICTIM)*

*DO PLEASE LOOK AFTER YOURSELVES AND IF AFFECTED, SEEK APPROPRIATE SUPPORT.*

# ADVERSE CHILDHOOD EXPERIENCE: EXTREME PHYSICAL VIOLENCE

## Lack of communion; no safe place

- *“Before I got put in care my dad and my auntie both abused me and my sister, I got stabbed by my mother, I got my bedroom set on fire by my other auntie, when I was still in the bed obviously... but you know, roll with the punches”*

## Violence develops a Protector identity

- *“It was always my job to protect mum, it’s who I am ... Telling my dad to not hit my mum... seeing my mum cry, screaming and that to then like, telling my dad to get of her and that.”*

## Self-protection through showcasing strength

- *“He [stepfather] tried to grab me by like my neck and he’s like pinning me down on the sofa ... at the back of the sofa I had these like carbon gloves like motorbike gloves and I just remember I put them on and hit him twice and I just remember him like falling onto the sofa... So, in the whole, wider situation, like when he’d rag me about, I just felt like I won.”*

# THE PRESENT IS EMBEDDED IN THE PAST

“Participants are trapped by connecting their adverse past experiences to their present situations. Their interpretations of their present were thoroughly anchored in their past and this past-present relationship heavily contributed to their lived state and dual harm.” (Pickering et al., 2022).

*“And my violence just got worser and worser. But I think that’s because at that time, I felt, I felt a lot better, having more power and control over another person. Ummm, to me growing up, I was weak, ummmmm, for allowing it to happen to me. But as an adult, I could put that weakness to the side and become a lot stronger and put, put the violence to use on other people...to gain what I wanted.”*

*“Ummmm, it makes me happy [self-harm] because my mind is taken off it because if I’m concentrating on the pain on my own body...it does try makes it a little bit worse because I’m doing to my own body what somebody else has already done. (Sniffs). So even though I’m having flashbacks of my childhood abuse, it’s still having an effect on me physically because I can, by doing that, its bringing it all back again.”*

# GROUNDING IN RELATIONSHIPS WITH OTHERS

## Linked to violence & harming the self instead of others

- *“You know if a screw pisses me off and they’re at my door, I’ll whack my door towards them, ... because if I don’t hit my door, I’ll hit them ... Coz if I hit a person then I’m gonna get into trouble but if I hit a door then I’m not.”*
- *“I no take that anger out on someone, on one person I just decide to take that anger out on things and smash things and self-harm.”*

## Idealised vs reality

- A desperate wish to communion and togetherness but could become overwhelming or toxic – leading to violence or serious self-harm.
- *“...when I put someone on a pedestal and obviously when that pedestal crumbles and the person turns out to be not the person I thought he was, it’s (pause) it’s like going back to old things that you know, like you know when you have an old chair... You go and sit in that chair coz you know it’s comfortable you know it’s, it’s what you know.”*

## The influence of peers

- *“I was kinda at an Emo stage with two of my mates... everyone seemed to be doing it really, just like cutting wrists and that, nothing particularly bad, it just looked cool, but I thought I’d take it one further, so I just fully stuck a kitchen blade into my arm.”*



# INTERCONNECTED IDENTITIES

## Managing multiple 'selves' was often central to maintenance of the duality of harm

There was dissonance in how they wanted the world to see them; and how they thought the world saw them (or they saw themselves).

Each person held a personal identity which is how they wanted to be seen e.g. as 'good' or 'strong'...However, they often expressed being conceptualised by others as weak, unimportant, violent, or not worthy of being listened to or heard - and the prison environment continued to reinforce this

To resolve the dissonance between these identities, participants either resisted / fought against the undesirable identity, sometimes literally, or succumbed to their externally reflected identity.

*"..feel vulnerable, I feel unsafe, so then I have to put that overcoat [of violence] back on."*

# OVERWHELMING EMOTION AND PAIN

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## Relief and calm

*I was hanging out, looking for a fight and obviously I couldn't find one so I, I cut myself and I remember standing there on a bridge I think and it wouldn't be that hard to jump ... I must have sat there for about, and I was just looking straight down with my arm bleeding urmmm and just like that, I seemed to calm myself down. (P5)*

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## Self-punishment, guilt and anger

*"...and once I'd self-harmed, it was like all the anger, all the guilt, all the violent, not so much guilt, all the violent, the upsetting remarks, the, they would all coming flow out within in all that blood, they would come out. It'd be like (pause) it'd be like crucifying myself." (P4)*

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## Sharing or transferring the pain

Some of the men shared how they had wanted to share the pain with others or that it helped to transfer the pain from them to another.

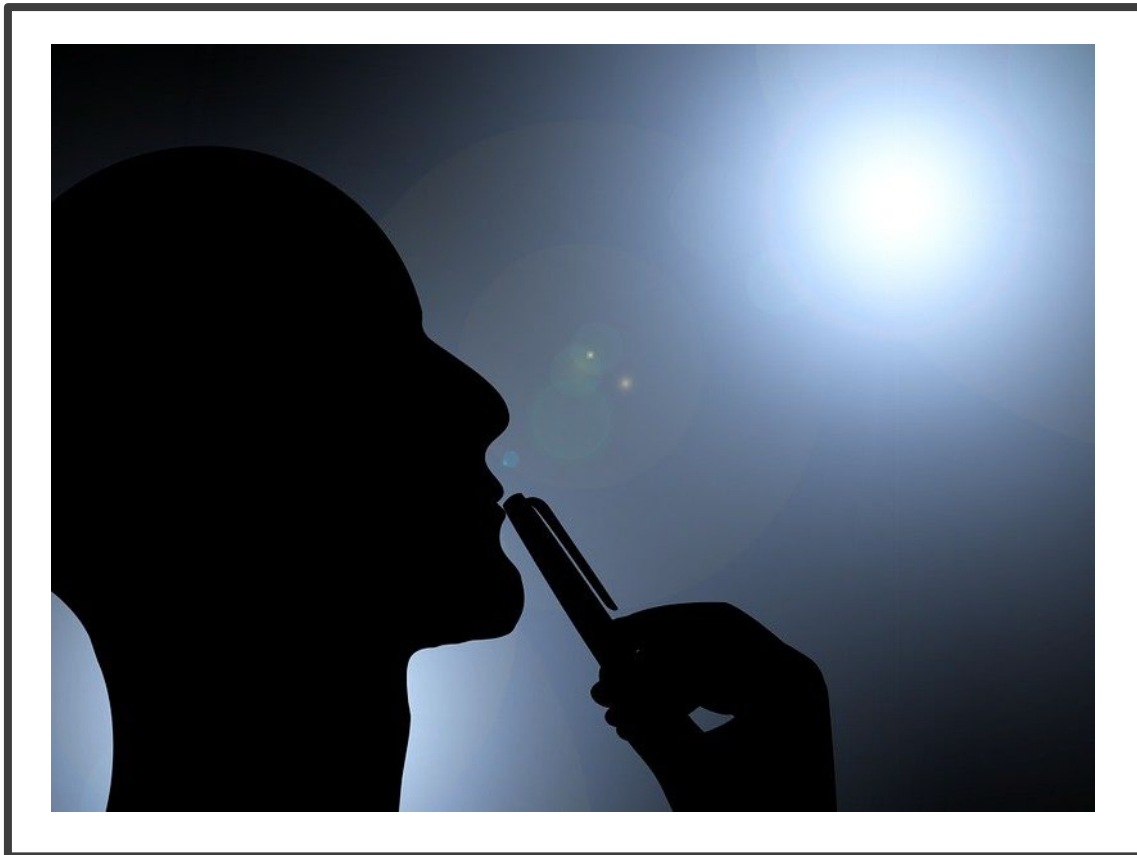
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*"But obviously with self-harm it just involves you. With the violence, it can involve somebody else in it. Obviously trying well I guess in some weird way share your pain ... Because its, really I can't see any other way really obviously or trying to get rid of your pain by hitting so"*

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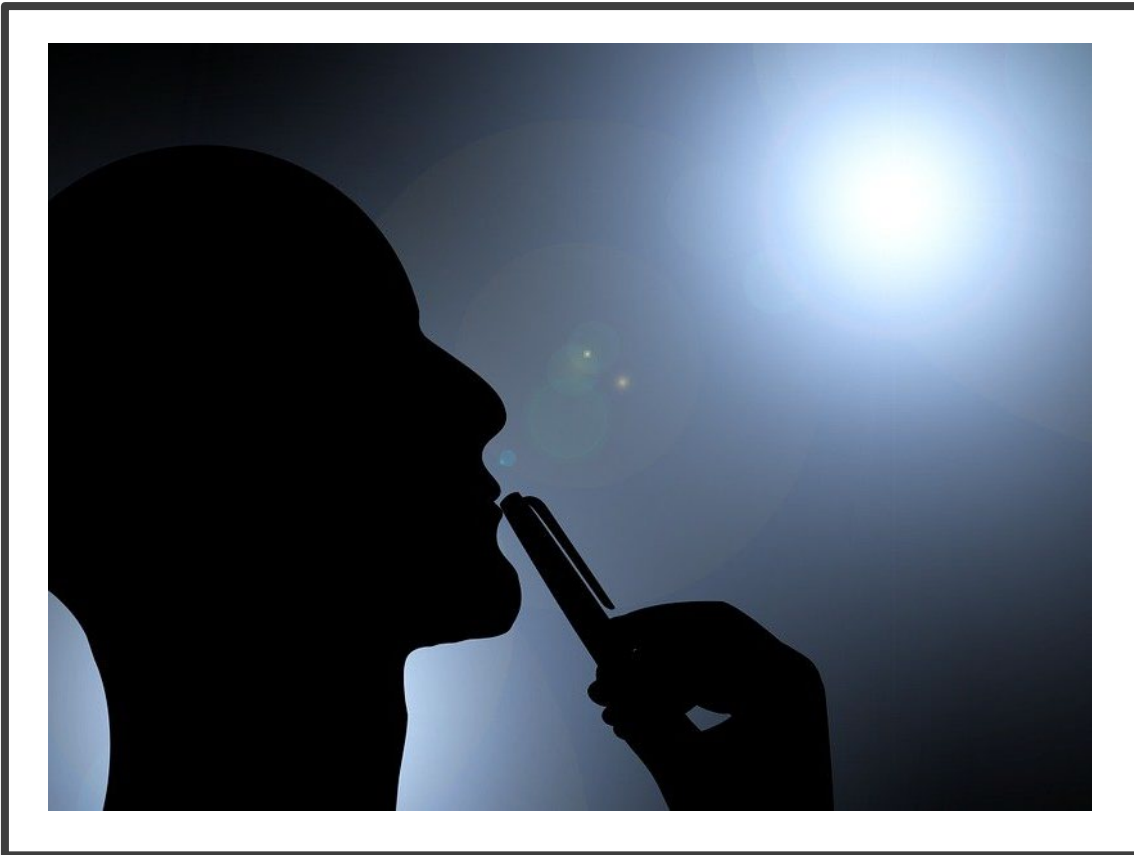


# REFLECTIONS ON THE INDIVIDUAL



- Hearing their voice suggest formulations should consider the inter-connected meanings of the behaviours
- There are ongoing impacts of early trauma
- Undertaking work around the management of contradictory perceived identities and the 'looking-glass self'; relationships, emotional management and communication may be a productive focus.
- Environment and relationship dynamics and communication style could make a difference

# REFLECTIONS ON THE ENVIRONMENT



- Restrictive regimes are heavily used even though not more violent and high overall rates continue- question the expected outcomes & promote alternative options.
- They have vulnerabilities (to serious harm as well as potentially MH and educational) and greater safeguards, esp. Basic Regime, are recommended.
- Variability of behaviours and their meanings suggest adaptable, trying to self-manage and want to be seen positively – how can we play on their strengths? - it questions effectiveness of method restriction & external controls.
- Managing one risk at a time appears limited & could be counter-productive = Single case management across services.
- Reducing (a lifetime) of disrupted access to services & emphasising rehabilitative & trauma-informed response may be beneficial.

# DUAL HARM IN PRISON REFERENCES



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Thurston, L, Blagden, N., Baguley, T and Slade, K (2021) Exploring Dual Harm Through the Life Stories of Young Adult Males in Prison. DFP Annual Conference [presentation]

All my published papers and some presentations have a copy available here:

[Research publications for Karen Slade - Nottingham Trent University](#)



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**THANK YOU FOR LISTENING**

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