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ARTICLE

Investigating dual harm and misconduct in Northern Ireland: A 1-year follow-up

Michelle Butler¹  | Dominic Kelly² | Catherine B. McNamee¹

¹School of Social Sciences, Education and Social Work, Queen's University Belfast, Belfast, UK

²Psychology Services, Northern Ireland Prison Service, Belfast, UK

Correspondence

Michelle Butler, School of Social Sciences, Education and Social Work, Queen's University Belfast, 6 College Park, Belfast, BT7 1NN, UK.
Email: michelle.butler@qub.ac.uk

Abstract

Purpose: This study investigates whether men who engage in dual harm while imprisoned are disproportionately involved in committing misconduct during a 1-year follow-up period. It also examines whether dual harm is significantly associated with future involvement in misconduct, when other known risk factors for misconduct are considered, and whether this relationship varies depending on the type of misconduct examined.

Methods: Drawing on the administrative records of 430 men who were imprisoned during the 1-year follow-up period, a combination of descriptive statistics and negative binomial regressions was used to analyse the data.

Results: Roughly one-in-four men engaged in dual harm while imprisoned and were responsible for over half of all misconduct incidents recorded during the follow-up period. A significant relationship between dual harm, as well as violence-only harm compared to no harm, and future involvement in misconduct was also observed even when other known risk factors for misconduct were considered but only for violent and disorder-related misconduct, demonstrating this relationship varied by harm history and type of misconduct examined.

Conclusion: These findings address previous gaps in knowledge, advancing our understanding of the relationship between dual harm and misconduct. Possible explanations for why, compared to no-harm history, dual harm as well as violence-only harm was only related to violent and disorder-related misconduct are offered, alongside possible implications of this research for policy and practice.

KEYWORDS

corrections, dual harm, misconduct, Northern Ireland, prison

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INTRODUCTION

Orderly and safe prisons play a key role in influencing the experience of imprisonment and the well-being of those detained or working there (Liebling, 2004; Muirhead et al., 2023; Palmén et al., 2022; Sparks et al., 1996; Sykes, 1958). Institutions experiencing higher levels of misconduct can feel less safe, less secure, and more harmful, as well as raise concerns about the potential to encourage desistance from crime (Bottoms, 1999; Edgar et al., 2003; HM Chief Inspector of Prisons for England and Wales, 2022; Maruna & Toch, 2005; Sparks et al., 1996; Sykes, 1958). Misconduct is behaviour that violates prison rules and frequently involves violent, disorderly, or drug-related conduct (DeLisi, 2003; Steiner & Wooldredge, 2014; Trulson et al., 2010). Emerging studies suggest that people who engage in dual harm may be disproportionately involved in misconduct and contribute 'greatly to the instability of the custodial setting' (Slade et al., 2020, p. 193). Dual harm involves a history of both self-harm and violence towards others (Slade, 2018, 2019; Slade et al., 2020). Yet, few studies have examined the potential relationship between dual harm in prison and misconduct, while those that do frequently use retrospective or cross-sectional data, limiting the conclusions that can be drawn about the temporal relationships involved (Butler et al., 2023a; Slade, 2018; Slade et al., 2020). Additionally, those prior studies are often restricted in their ability to consider other known risk factors for misconduct (Butler et al., 2023a; Slade, 2018; Slade et al., 2020).

This explorative study enhances our understanding of the potential relationship between dual harm and misconduct in three ways. Firstly, it examines whether those who engage in dual harm in prison are disproportionately involved in misconduct during a 1-year follow-up period. Secondly, it investigates whether involvement in dual harm can predict future involvement in misconduct when other known risk factors for misconduct are considered. Thirdly, it assesses whether the possible relationship between dual harm and misconduct varies depending on the type of misconduct examined. By addressing these gaps, this paper advances our understanding of the relationship between dual harm and misconduct, as well as whether targeted services and supports addressing dual harm may help lessen misconduct and improve feelings of safety and order in prison.

Dual harm and misconduct

Research indicates that while most people will engage in misconduct during their imprisonment, relatively few are involved in multiple incidents of misconduct (Butler et al., 2023b; DeLisi, 2003; Trulson et al., 2010). Explanations for involvement in misconduct vary but commonly focus on the prison environment, characteristics, and experiences people import into prison and how people respond to the strains associated with imprisonment (Blevins et al., 2010; Irwin & Cressey, 1962; Sykes, 1958). Research exists to support all three explanations. Past research has found a link between prison environments that are perceived as oppressive or procedurally unjust with increased misconduct (Beijersbergen et al., 2015; Bieri, 2013; Bosma et al., 2020; Day et al., 2015; Reisig & Mesko, 2009; Steiner et al., 2014). Similarly, the characteristics, beliefs, and experiences people import into prison with them (e.g. age, mental health, substance misuse, neighbourhood deprivation, and individual variations in past offending behaviour) can influence involvement in misconduct (Cunningham & Sorensen, 2007; Drury & DeLisi, 2011; Kuanliang et al., 2008; Schenk & Fremouw, 2012; Steiner et al., 2014; Steiner & Wooldredge, 2009). Indeed, past studies have not only demonstrated an empirical association between past offending and misconduct but also evidenced how involvement in misconduct can link to reoffending, re-arrest, and compliance with supervision orders on release from prison (Cochran et al., 2014; DeLisi et al., 2020; Mooney & Daffern, 2015; Trulson et al., 2011).

Strain theory proposes that the prison environment can act as a source of strain, with the individual factors people import into prison shaping how they respond to this strain and the coping strategies adopted (Blevins et al., 2010; Morris et al., 2012; Wooldredge, 2020). A wealth of studies exist supporting these different perspectives and how individual, environmental, and coping strategies are known

risk factors for misconduct (e.g. Bosma et al., 2020; Dâmboeanu & Nieuwebeerta, 2016; Drury & DeLisi, 2011; Lahm, 2009; Steiner et al., 2014; Steiner & Wooldredge, 2009). Interestingly, recent research also indicates that the extent to which different risk factors influence misconduct may vary depending on the type of misconduct examined (Butler et al., 2022). For instance, imported individual factors may influence violence-related misconduct, while environmental factors and coping strategies may influence drug- and disorder-related misconduct (Butler et al., 2022).

Of course, it should be noted that official measures of offending and misconduct can underestimate the true prevalence of offending behaviour due to under-reporting, biases, and differences in surveillance, recording, and reporting practices, while self-report measures can underestimate prevalence due to recollection errors or social desirability biases (Bosma et al., 2020; Bottoms, 1999; Jones et al., 2023; Steiner & Wooldredge, 2014). Research comparing the use of self-report versus official measures of misconduct concludes there are 'many more similarities than differences in the direction and magnitude of effects estimated with self-report vs. official data' (Steiner & Wooldredge, 2014, p. 1097).

Those who dual harm have been identified as being disproportionately involved in misconduct due to their particular needs (Butler et al., 2023a; Slade, 2018; Slade et al., 2020). As previously stated, dual harm involves a coexisting history of violence towards others and self-harm (Slade, 2018, 2019; Slade et al., 2020). Research in England and Wales found that 11% of imprisoned males had engaged in dual harm and were responsible for 56% of misconduct incidents (Slade et al., 2020). In Northern Ireland (NI), 20.3% of imprisoned men engaged in dual harm but accounted for 72% of the non-violent misconduct incidents (Butler et al., 2023a). Slade et al. (2020) suggest that people who dual harm have difficulty self-regulating their reactive emotions towards distressing situations, contributing to their disproportionate involvement in misconduct. Studies indicate that people who dual harm have poor self-control, report impulsivity, and experience difficulties regulating emotions and behaviours (Durham, 2021; Richmond-Rakerd et al., 2019; Spaan et al., 2022; Wang et al., 2022). Sahlin et al. (2017) propose violence towards the self or others can serve a short-term emotional-regulative function for these individuals by reducing unwanted experiences that may arise from internal or external threats (e.g. negative emotions or interpersonal threats).

The present study

This research addresses the limitations of existing studies by employing a prospective longitudinal design to explore the relationship between dual harm and misconduct, when controlling for other known risk factors for misconduct. More specifically, it contributes to new knowledge by answering the following research questions:

Research Question 1: Are those who engage in dual harm in prison disproportionately involved in committing misconduct during a 1-year follow-up period?

Research Question 2: Is there a relationship between dual harm and future involvement in misconduct when other known risk factors for misconduct are considered?

Research Question 3: Does the possible relationship between dual harm and misconduct vary depending on the type of misconduct examined?

METHODS

Data

This research uses administrative data comprising of routinely collected information by the Northern Ireland Prison Service (NIPS). There are only two adult male prisons within NI; this sample came from the largest prison, containing remand and sentenced men from across all security categories. All

imprisoned men present in that prison on 22 November 2017 (time 1) were included in the sample. Follow-up data were collected on those who remained incarcerated in NIPS 1 year later on 22 November 2018 (time 2), including those transferred to the other NI adult male prison and those that left NIPS but were re-incarcerated by the follow-up date. The final sample contained 430 men incarcerated at both time 1 and time 2.

To maintain the highest data protection standards, Queen's University Belfast (QUB) researchers worked with NIPS staff to limit data sharing to key information needed for analysis and to protect the anonymity of the men. The QUB researchers examined what type of information NIPS collected and informed NIPS staff of requested variables, whereupon NIPS staff created an Excel data set with only the requested variables anonymized and grouped by agreed categories. The QUB researchers could also go back to NIPS staff to clarify or update specification of variables as needed. The data collected at time 1 included measures of the men's behaviour throughout their time in all NI prisons up until 22 November 2017. The data collected at time 2 included measures of the men's time spent imprisoned and involvement in misconduct throughout all NI prisons during the 1-year follow-up period. These data were captured in an Excel data set, which was transferred into Stata version 17 for analysis.

While it was not possible to obtain direct consent from the men without compromising their anonymity, they were informed by way of a privacy notice on committal that their information may be shared for statistical and research purposes, and ethical approval to conduct the study was given by QUB.

Measures

The four dependent variables consisted of the number of accumulated incidences of misconduct occurring during the 1-year follow-up period by type, specifically: (1) violent, (2) drug-related, (3) disorder-related, and (4) total misconduct. Violent misconduct consisted of assault and behaviours which endangered others, such as wrestling, fighting, or piercing someone with a needle/other implements. Drug-related misconduct involved possession, buying, using, manufacturing, or selling illegal/intoxicating items. Disorder-related misconduct included being disrespectful/insulting, intentionally obstructing an officer in their duty, failing to comply, disobeying a lawful order, attempting to escape, committing an indecent/obscene act, or attempting to incite/assist another in any of these behaviours. Only these categories were used as the men only engaged in violent, drug-related, and disorder-related misconduct during the follow-up period. Of the sample, 41.9% were convicted of at least one incidence of misconduct during the 1-year follow-up. This ranged from 0 to 30 for total misconduct, 0 to 12 for violent misconduct, and 0 to 17 for both drug-related and disorder-related misconduct.

Harm history was based on recorded history of harm up to time 1 and drew on Supporting Prisoners at Risk (SPAR) referrals (to indicate serious self-harm incidents), and violent misconduct as amassed by time 1 (to indicate violence), and was used to group the sample into four categories: 'no harm', 'self-harm only', 'violence only', and 'dual harm'. A person is referred under SPAR if they attempt to take their own life, engage in serious self-harm, or staff believe serious self-harm is likely because of disclosures that have been made (Sudgen, 2016). This means that SPAR referrals may underestimate the true occurrence of self-harm by omitting acts of self-harm perceived to be more minor in nature.

Demographic, medical histories, past convictions, and in-prison experiences as at time 1 were also captured and included in the analysis due to being identified as known risk factors for misconduct (e.g. Bosma et al., 2020; Butler et al., 2023b; Dâmboeanu & Nieuwbeerta, 2016; Drury & DeLisi, 2011; Lahm, 2009; Steiner et al., 2014; Steiner & Wooldredge, 2009). Demographic characteristics included age, a dummy variable indicating if the men were from a minority ethnic background, a categorical measure of nationality comprising of four groups (Northern Irish, Irish, British, and other), and a categorical measure of religion collapsed into three groups (Catholic, Protestant, and other religion). The neighbourhood deprivation men experienced before being imprisoned was measured as a continuous variable using postcodes linked to a NI Census deprivation ranking, which was reversed coded (1

indicating least deprived to 890 indicating most deprived). Where neighbourhood deprivation could not be determined due to no postcode (reported as no fixed abode or address unknown) or residing outside of NI, the average ranking was imputed and a separate variable used to flag these cases.

Medical histories were self-reported by the men, with non-mutually exclusive dummy variables indicating if they had a history of experiencing head injury/epilepsy, impairments (including hearing, vision, speech, or communication), and addiction (e.g. to drugs, alcohol, and gambling). Non-mutually exclusive dummy variables were also used to record past convictions, with convictions grouped into four broad categories comprising: violence, property, drug-related, and other crimes.

Six measures of in-prison experiences at time 1 were also captured including the following: prison complaints, number of visits received while imprisoned (visitation), proportion of prison drug tests passed, number of times imprisoned, past involvement in non-violent misconduct, and days spent imprisoned. As days spent imprisoned ranged from 3 days to 43 years, this was used to convert the measures of prison complaints, visitation, and past involvement in non-violent misconduct into rates to indicate occurrences per day to allow for more accurate comparisons across men with varying lengths of time spent in prison. Involvement in violent misconduct was not included as it was used to classify harm history. As a small number of men (4.0%) had not taken a prison drug test either due to not been imprisoned for more than 30 continuous days or refusing to participate, these cases were imputed as 1 (indicating 100% passed), as this was the most common mode by a notable amount (33.2% compared to only 2.6% with 0 passed). A missing flag variable was included to identify these cases.

Lastly, days spent imprisoned during the follow-up period were also controlled for. While 77.2% were imprisoned throughout the follow-up, 22.8% were released and re-imprisoned, making it necessary to account for these variations.

Analytical strategy

Descriptive statistics and four negative binomial regressions were run to determine whether there was a relationship between harm history at time 1 and future involvement in misconduct, when considering other known risk factors for misconduct, and whether this relationship varied by type of misconduct examined. The binomial regressions used the Stata exposure command to control for variations in the length of time spent imprisoned during the follow-up period (see Long & Freese, 2006). The command holds days incarcerated constant at 1 and is therefore not included in the tables as a variable. Furthermore, predicted probabilities were run for each regression to better illustrate differences in accruing misconduct during the follow-up period by type of harm history.

FINDINGS

Table 1 displays the descriptive statistics for the sample. In terms of harm history, 31.6% had 'no-harm' history, 31.9% had a history of 'self-harm only', 10.2% 'violence only', and 26.3% 'dual harm'. The average age was 35.56 years ($SD=10.71$), and 5.1% were from minority ethnic backgrounds. The majority of men identified as Northern Irish (68.1%) with 10.2% identifying as Irish, 14.5% as British, and the rest a different nationality. Slightly over half identified as Catholic (50.9%), 38.1% as Protestant, and 11.0% as other religion. Neighbourhood deprivation ranged from 7 to 888, with a mean of 610.99 ($SD=226.14$) suggesting a higher representation of those coming from deprived areas. Although 82.6% had a NI postcode, 10.5% were recorded as no fixed abode, 3.9% as address not known, and the remaining 3.0% had postcodes outside of NI. Over half (51.9%) reported a history of addiction, 15.3% head injury/epilepsy, and 9.5% impairments. The vast majority (90.9%) had a previous conviction for violence, 54.4% for property-related crime, 28.1% for drug-related crime, and 34% for other-related crime. The rate of complaints per day ranged from 0 to 0.68, with a mean of 0.02 ($SD=0.07$). The rate of visitation per day ranged from 0 to 1.52, with a mean of 0.07 ($SD=0.10$). On average, the men passed 78% of their

TABLE 1 Sample descriptives *n* = 430.

	%	Mean	(SD)	Min	Max
Dependent variables					
Total misconduct		1.67	(3.45)	0	30
Violent		0.31	(1.04)	0	12
Drug-related		0.71	(1.56)	0	17
Disorder-related		0.67	(1.59)	0	17
Individual characteristics					
Harm history					
No harm	31.6				
Self-harm only	31.9				
Violence only	10.2				
Dual harm	26.3				
Age		35.56	(10.71)	21	89
Minority ethnic background	5.1				
Nationality					
Northern Irish	68.1				
Irish	10.2				
British	14.5				
Other	7.2				
Religion					
Catholic	50.9				
Protestant	38.1				
Other religion	11.0				
Neighbourhood deprivation		610.99	(226.14)	7	888
Deprivation missing					
Had a NI postcode	82.6				
No fixed abode	10.5				
Address not known	3.9				
Address outside of NI	3.0				
Medical history					
Head injury/epilepsy	15.3				
Impairments	9.5				
Addiction	51.9				
Convictions					
Violence	90.9				
Property	54.4				
Drugs	28.1				
Other	34.4				
Prison complaint rate		0.02	(0.07)	0	0.68
Prison visitation rate		0.07	(0.10)	0	1.52
Proportion of prison drug tests passed		0.78	(0.25)	0	1
No prison drug tests	4.0				
Number of times imprisoned		5.59	(5.58)	1	44
Non-violent misconduct rate		0.01	(0.01)	0	0.11
Days spent imprisoned		338.24	(64.70)	35	365

drug tests ($SD=0.25$); however, 4.0% had not yet taken a test. Number of times in custody ranged from 1 to 44, with an average of 5.59 ($SD=5.58$). The rate of non-violent misconduct per day up to time 1 ranged from 0 to 0.11, with a mean of 0.01 ($SD=0.01$). Also, the average number of days spent in prison during the follow-up period ranged from 35 to 365, with a mean of 338.24 ($SD=64.70$). For an additional breakdown of the descriptive statistics via harm history group, please see the [Supporting Information S1](#).

On average, the men were found guilty of 1.64 misconduct charges ($SD=3.45$) during the 1-year follow-up, with a mean of 0.31 ($SD=1.04$) for violent misconduct, 0.71 ($SD=1.56$) for drug-related misconduct, and 0.67 ($SD=1.59$) for disorder-related misconduct. In addressing the first research question, the 'dual-harm' group was disproportionately involved in misconduct during the follow-up period, accounting for 55.6% of the total misconduct incidents occurring during this time while representing 26.3% of the sample (see [Figure 1](#)). In contrast, the 'no-harm' and 'self-harm only' groups amassed less misconduct compared to their prevalence in the sample (31.6% and 31.9%, respectively, in the sample compared to 12.4% and 22.3% total misconduct amassed during the follow-up period), while the 'violence-only' group's total misconduct was comparable to their presence in the sample (10.2% in the sample compared to 9.7% of total misconduct).

To address the second and third research questions exploring whether there was a relationship between dual harm and future involvement in misconduct, when considering other known risk factors, and if this varied by type, [Table 2](#) displays the negative binomial regression for misconduct amassed during the follow-up period broken down by type. Variations emerge when examining the likeliness of accumulating different types of misconduct by harm history. Having a history of 'violence only' and 'dual harm' was significantly related to the outcomes: violent misconduct and disorder-related misconduct. Specifically, the 'violence-only' group had an almost four times higher incidence of violent misconduct ($IRR=3.927$) and over twice ($IRR=2.411$) the incidence of disorder-related misconduct compared to the 'no-harm' group. The 'dual-harm' group had over three times the incidence of violent misconduct ($IRR=3.267$) and almost twice the incidence of disorder-related misconduct compared to the 'no-harm' group ($IRR=1.914$). No statistically significant differences were found for drug-related misconduct or total misconduct. These results indicate a significant relationship between dual harm and misconduct, when other known risk factors are considered, and that it varies by type. Supplementary analysis was undertaken to examine whether a statistically significant difference was evident between the harm history groups depending on which group was used as the referent. However, the only significant differences found were between

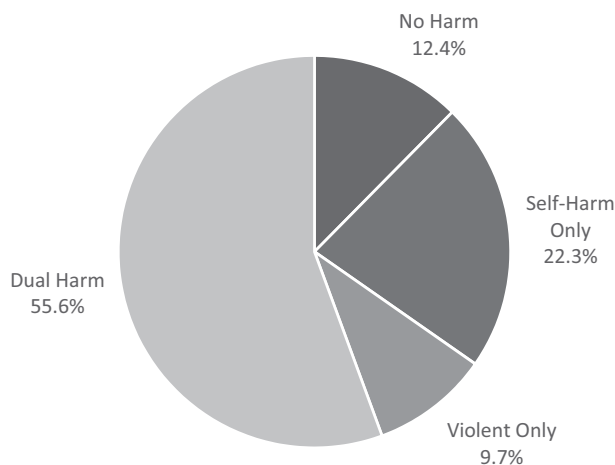


FIGURE 1 Follow-up involvement in misconduct by harm history.

TABLE 2 Negative binominal regression for misconduct during the 1-year follow-up $n = 430$.

	Violent			Drug-related			Disorder-related			Total misconduct		
	Coef.	SE	IRR	Coef.	SE	IRR	Coef.	SE	IRR	Coef.	SE	IRR
Harm history (ref=no harm)												
Self-harm only	1.025	0.561	2.788	0.235	0.245	1.265	0.514	0.302	1.672	0.333	0.220	1.395
Violence only	1.368*	0.656	3.927	0.247	0.311	1.280	0.880*	0.358	2.411	0.499	0.279	1.648
Dual harm	1.184*	0.574	3.267	0.021	0.259	1.021	0.649*	0.323	1.914	0.376	0.239	1.457
Age	-0.004	0.018	0.996	-0.031**	0.011	0.970	-0.017	0.012	0.983	-0.023*	0.009	0.978
Minority ethnic background (ref=No)	0.041	0.820	1.042	-0.441	0.468	0.643	-0.114	0.470	0.892	-0.498	0.415	0.608
Nationality (ref=Northern Ireland)												
Irish	0.893*	0.420	2.442	0.170	0.269	1.185	-0.120	0.333	0.887	0.256	0.257	1.291
British	0.655	0.454	1.926	-0.482	0.303	0.618	0.035	0.317	1.035	-0.226	0.250	0.798
Other	-13.762	733.81	0.000	-1.619	1.042	0.198	0.322	0.496	1.380	-0.228	0.445	0.796
Religion (ref=Catholic)												
Protestant	-0.483	0.405	0.617	-0.043	0.203	0.958	-0.485*	0.242	0.615	-0.218	0.186	0.804
Other religion	-0.961	0.649	0.382	-0.919*	0.392	0.399	-0.734	0.385	0.480	-0.637*	0.310	0.529
Neighbourhood Deprivation	-0.002**	0.001	0.998	0.000	0.000	1.000	-7E-04	0.000	0.999	-0.001	0.000	0.999
Deprivation missing (ref=has postcode)												
No fixed abode	-1.380*	0.548	0.252	-0.504	0.275	0.604	-0.174	0.321	0.840	-0.414	0.257	0.661
Address not known	-1.193	0.765	0.303	-0.655	0.488	0.520	0.139	0.433	1.149	-0.250	0.406	0.779
Address outside of NI	-0.116	1.428	0.890	0.591	0.584	1.805	-0.264	0.854	0.768	0.178	0.584	1.194
Medical conditions (ref=does not report this condition) ^a												
Head injury or epilepsy	0.455	0.306	1.577	0.094	0.193	1.099	-0.074	0.242	0.928	0.036	0.195	1.037
Impairments	0.516	0.410	1.676	0.355	0.250	1.426	0.373	0.296	1.451	0.531*	0.242	1.700
Addiction	-1.346***	0.371	0.260	-0.058	0.195	0.943	-0.237	0.235	0.789	-0.280	0.180	0.756

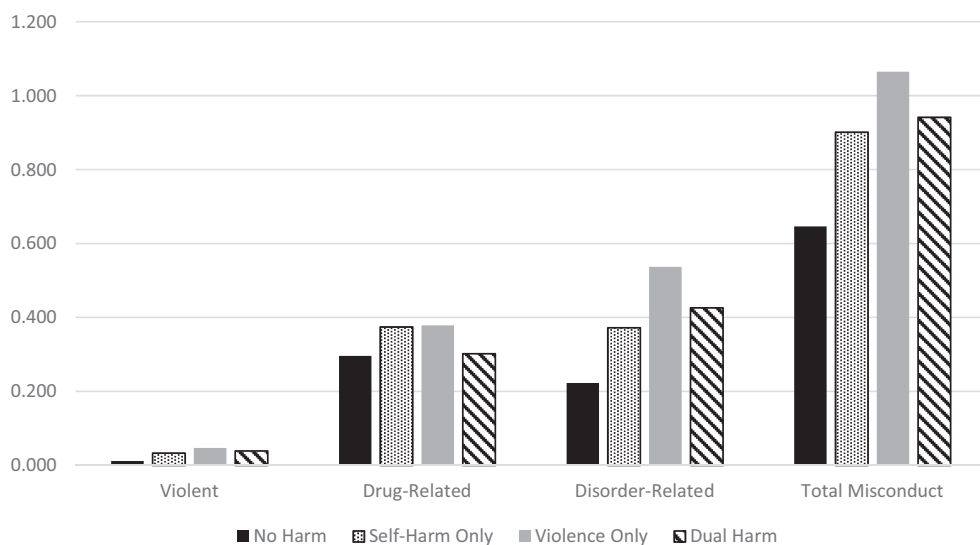


FIGURE 2 Predicted number of misconduct incidents amassed by harm history and misconduct type (setting controls at means).

comparing ‘no-harm’ group with ‘violence-only’ and ‘dual-harm’ groups on violent and disorder-related misconduct detailed above.

To illustrate this relationship, marginal command was executed in Stata to show the predicted number of misconduct incidents amassed by harm history, when holding the other control variables constant at their mean (see [Figure 2](#)). The ‘no-harm’ group had lower levels predicted for all types of misconduct but, as reflected in [Table 2](#), the degree of differences was more pronounced for violent and disorder-related misconduct. For example, although violent misconduct is the least common type for all groups, an average of 0.011 violent misconduct incidents was predicted during the year follow-up for the ‘no-harm’ group compared to 0.033 for ‘self-harm only’, 0.046 for ‘violence only’, and 0.038 for ‘dual-harm’ groups, over four times higher for ‘violence-only’ group and three times higher for ‘dual-harm’ group.¹ Similarly, an average of 0.22 incidents of disorder-related misconduct was predicted for the ‘no-harm’ group compared to 0.37 for ‘self-harm only’, 0.54 for ‘violence only’, and 0.43 for ‘dual-harm’ groups, nearly 2.5 times as high for the ‘violence-only’ group and almost twice as high for the ‘dual-harm’ group.

[Table 2](#) also reveals the relationship between other known risk factors for misconduct on the different types of misconduct examined. Age was negatively associated with drug-related misconduct (IRR=0.970) and total misconduct (IRR=0.978). In other words, older men were less likely to accumulate drug-related misconduct incidents and less total incidents of misconduct during the follow-up period. Those identifying as Irish were significantly more likely to amass violent misconduct incidents (IRR=2.442) compared to those identifying as Northern Irish. In contrast, those identifying as Protestant were less likely to amass disorder-related misconduct incidents (IRR=0.615) compared to Catholics. Furthermore, those identifying as other religion were significantly less likely to amass drug-related misconduct incidents (IRR=0.399) and less total incidents of misconduct (IRR=0.529) during the follow-up period compared to Catholics. Residing in areas with higher levels of neighbourhood deprivation prior to imprisonment was significantly related to lower levels of violent misconduct (IRR=0.998), as was those reported as having no fixed abode (IRR=0.252). Additionally, a history of experiencing impairments was associated with a higher likelihood of amassing misconduct incidents compared to those without impairments (IRR=1.700), while a history of

¹While not indicated in [Table 2](#), ‘self-harm only’ was found to be marginal when examining violent misconduct with $p=.06$.

addiction was associated with a reduced likelihood of amassing violent misconduct incidents ($IRR = 0.260$) compared to those without a history of addiction.

Those convicted of property-related crimes were more likely to amass misconduct during the follow-up period compared to those without a property-related conviction ($IRR = 1.682$). Higher rates of visitation were also negatively associated with violent, disorder-related, and total misconduct, meaning those who were visited more often were less likely to amass violent misconduct ($IRR = 0.001$), disorder-related misconduct ($IRR = 0.004$), and total incidents of misconduct ($IRR = 0.033$). Similarly, those who passed a higher proportion of their prison drug tests were less likely to accrue drug-related misconduct ($IRR = 0.193$) and total incidents of misconduct ($IRR = 0.301$) during the follow-up period. In contrast, those who had not yet taken a prison drugs test were found to be more likely to amass violent misconduct ($IRR = 16.493$), disorder-related misconduct ($IRR = 9.833$), and total incidents of misconduct ($IRR = 7.873$). Number of times imprisoned was also positively associated with violence, drug-related, and total misconduct; the more times someone was imprisoned, the more likely they were to amass violent misconduct ($IRR = 1.145$), drug-related misconduct ($IRR = 1.047$), and total incidents of misconduct ($IRR = 1.056$) during the follow-up period. Finally, the previous rate in which the men had been involved in non-violent misconduct up to time 1 was found to be positively associated with future involvement in misconduct, such that the greater past involvement in non-violent misconduct, the more likely they were to amass violent misconduct ($IRR = 4.48E + 29$), drug-related misconduct ($IRR = 4.5E + 14$), disorder-related misconduct ($IRR = 2.5E + 17$), and total incidents of misconduct ($IRR = 9E + 18$).

DISCUSSION

In answer to the first research question, those engaged in dual harm (26.3%) were disproportionately involved in committing misconduct, accounting for 55.6% of total misconduct incidents amassed during the 1-year follow-up period. In addressing the second and third research questions, a statistically significant relationship was observed between dual harm and future misconduct, when considering other known risk factors for misconduct, but this relationship varied by type and was only significant for violent and disorder-related misconduct. Consequently, when controlling for other known risk factors for misconduct, dual harm was not associated with a significantly increased likelihood of amassing total misconduct or drug-related misconduct during the follow-up period. These findings confirm previous studies identifying a relationship between dual harm and misconduct (see Butler et al., 2023a; Slade, 2018; Slade et al., 2020). However, they advance our knowledge by demonstrating that dual harm can predict future involvement in misconduct, even when considering other known risk factors for misconduct, but only for violent and disorder-related misconduct, demonstrating that this relationship varies by type.

Similar to 'dual harm', the findings also revealed that a harm history of 'violence only' was significantly associated with future involvement in violent and disorder-related misconduct, when other known risk factors for misconduct were considered. Interestingly, the 'violence-only' group had a slightly higher likelihood of accruing violent and disorder-related misconduct during the follow-up than those in the 'dual-harm' group. While further research is needed to explore the reasons for this finding, it is possible that both groups struggled to regulate their emotions and behaviours in situations which involved threatening, confrontational, or challenging situations.

It is noteworthy that 'dual-harm' and 'violence-only' harm histories were only related to violent and disorder-related misconduct, which usually involve an interaction with another person often experienced as confrontational, challenging, distressing, and/or threatening (see Edgar et al. (2003) for qualitative accounts of prison violence and Sparks et al. (1996) for prison disorder). In contrast, prison drug use is often attributed to a desire to 'escape' the monotony of prison conditions by relieving boredom, occupying time, and giving people something to do (Wakeling & Lynch, 2020). In these confrontational, challenging, distressing, and/or threatening interactions, it may not be surprising for people

who dual harm to experience difficulties regulating their responses to such encounters, given past research indicating they report poorer self-control, greater levels of impulsivity, and more emotional and behavioural dysregulation (Durham, 2021; Richmond-Rakerd et al., 2019; Spaan et al., 2022; Wang et al., 2022). Similarly, a history of aggression and violence has been associated with maladaptive emotional regulation and poor response inhibition (Hosie et al., 2022; Robertson et al., 2014). Indeed, Garofalo and Velotti (2017, p. 472) propose that aggression and violence can be used to 'externalize unwanted emotions, in the absence of adaptive ways to deal with them'. Consequently, problems regulating and controlling emotions and behaviours may be negatively impacting on their ability to cope and respond to interactions perceived as confrontational, challenging, distressing, and/or threatening in a way that avoids being charged with misconduct.

The findings also support past studies highlighting how individual factors and the coping strategies people employ to cope with the strains of imprisonment influence misconduct (e.g. Bosma et al., 2020; Dâmboeanu & Nieuwbeerta, 2016; Drury & DeLisi, 2011; Lahm, 2009; Steiner et al., 2014; Steiner & Wooldredge, 2009). Individual factors, such as age, previous convictions, number of times imprisoned, and past involvement in misconduct were related to misconduct, as expected (e.g. Butler et al., 2023b; Cunningham & Sorensen, 2007; Drury & DeLisi, 2011; Steiner et al., 2014). Similarly, the extent to which people used drugs to cope with the strains of imprisonment or received social support through visitation was linked to misconduct, as expected (Butler et al., 2023b; Cochran, 2012; Steiner et al., 2014). Yet, novel findings were also observed. Neighbourhood deprivation was negatively associated with misconduct, which contrasts to previous research (see Mears et al., 2013). This may reflect those coming from less-deprived neighbourhoods in NI being more likely to be convicted for sexual and other crimes, and having less networks in prison, potentially increasing their risk of being targeted for violence. The negative association between a history of addiction and violent misconduct also contrasted with past cross-sectional research linking violent misconduct to substance misuse (Kuanliang & Sorensen, 2008). Moreover, the emergence of nationality and religion as predictors of misconduct was novel, potentially reflecting the unique socio-political context of NI. However, further research is needed to investigate the reasons for these findings.

Thinking about service design and delivery, people who dual harm and engage in violence may need extra help to learn alternative ways of coping and responding to confrontational, challenging, distressing, and/or threatening interactions, if they are to avoid further involvement in misconduct. Efforts to reduce misconduct often prioritize deterrence, relying on rational calculations, and an ability to restrain behaviour (Butler et al., 2023b; Fitzalan Howard & Wakeling, 2020). This may prove difficult for people who dual harm and engage in violence given the challenges they can experience with self-control, impulsivity, and emotional and behavioural self-regulation. Moreover, violence and self-harm in prison tended to be responded to differently using separate processes and systems, limiting the potential to adopt a more holistic approach to people's behaviour (Slade, 2018, 2019; Slade et al., 2020). For instance, people who engage in violence in prison may be segregated but segregation can often increase self-harm (Kaba et al., 2014; Lanes, 2009). Accordingly, people may be caught in a cycle of harm and misconduct, which existing services are ill-suited to address due to their tendency to respond separately to such behaviours. If people who dual harm engage in self-harm or violence towards others 'interchangeably to serve the same purpose' depending on context, past experiences, and beliefs, as proposed by Shafti et al. (2021, p. 11), adopting a more holistic approach may better meet their needs and reduce these behaviours. Those who dual harm and engage in violence may, therefore, benefit from programmes aimed at enhancing interpersonal and coping skills but be deemed ineligible due to treatment-interfering responsivity issues, such as their mental health and emotional dysregulation.

As this research is unable to identify what purposes these behaviours serve, future research should explore this issue. Other limitations include only examining adult men in NI, limiting its generalizability to other cultural contexts and groups. Official measures were used but are known to underestimate the true occurrence of misconduct, violence, and self-harm, as well as be influenced

by staff discretion and differential recording, reporting, and surveillance practices (Borschmann et al., 2017; Jones et al., 2023; Steiner & Wooldredge, 2014). The omission of minor acts of self-harm from the SPAR measure may also have contributed to an underestimation of those involved in self-harming behaviour, affecting the reliability of the results. Further, involvement in dual harm was measured by lifetime participation in violent misconduct and SPAR referrals which may differ from other time frames. Moreover, it would have been desirable to include additional environmental and coping measures that are believed to be risk factors for misconduct. The non-significant differences between harm histories might also be due to sample sizes and degree of differences between the harm history groups. Additionally, the research was unable to examine the extent to which involvement in self-harm or violence may be in response to the sanctions imposed for misconduct. Future research should seek to explore these issues further.

Despite these limitations, the study has a number of strengths including its use of a prospective longitudinal design, the inclusion of several risk factors for misconduct which had not previously been examined in past studies, and the inclusion of remand and sentenced men drawn from across the different security categories in NI. More importantly, the research advances our knowledge by showing that dual harm and involvement in violence can predict future involvement in misconduct when known risk factors for misconduct are accounted for and by demonstrating that this relationship only existed for violent and disorder-related misconduct rather than all types of misconduct, such as drug-related misconduct.

AUTHOR CONTRIBUTIONS

Michelle Butler: Conceptualization; writing – original draft; methodology; formal analysis; writing – review and editing. **Dominic Kelly:** Data curation; writing – review and editing; methodology. **Catherine B. McNamee:** Formal analysis; visualization; writing – review and editing; methodology.

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CONFLICT OF INTEREST STATEMENT

All authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared.

ORCID

Michelle Butler  <https://orcid.org/0000-0002-6983-6215>

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

Tables S1–S4

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