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Self-harming behaviours continue to be a major issue in Canada. This is especially true for young people, whose self-harm rates far outnumber those for adults. Self-harm can sometimes be associated with increased suicidality.

Self-harm has been defined as “a preoccupation with deliberately hurting oneself without conscious suicidal intent, often resulting in damage to body tissue” (Muehlenkamp, 2005, p.324).

Self-harm does not include tattooing or piercing, or indirect injury such as substance abuse or eating disorders (Self-Injury Outreach and Support (SIOS), n.d.).
Self-harm and attempted suicide

Self-harm is also commonly known as self-injurious behaviour (SIB), self-mutilation, non-suicidal self-injury (NSSI), parasuicide, deliberate self-harm (DSH), self-abuse, and self-inflicted violence (Klonsky, 2011).

As one would expect, having multiple terms for self-harm creates misunderstanding and confusion both in academic research and in clinical settings.

Self-harm and suicide attempts can also seem very similar. Sometimes this can result in incorrect treatment assessments (Gratz, 2001).

Some researchers classify all forms of self-injury on a suicidal continuum (preceding suicidal ideation), regardless of the victim’s intent. Others emphasize the marked differences between self-harm and attempted suicide, and believe they should be separate areas.

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SELF-HARM</th>
<th>SUICIDE ATTEMPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incidents are very frequent</td>
<td>Attempts happen less frequently</td>
</tr>
<tr>
<td>METHODS</td>
<td>Cutting, burning, self-hitting</td>
<td>Self-poisoning</td>
</tr>
<tr>
<td>SEVERITY</td>
<td>Less severe</td>
<td>Much more severe, sometimes lethal</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>Done to avoid suicidal impulses</td>
<td>Done with an intent to die</td>
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(Klonsky, May, & Glenn, 2014)
Self-harm is not suicide, but it may become suicide

The majority of those who self-injure do not have suicidal thoughts when self-injuring.

Although self-harm is not the same as suicide, self-harm can escalate into suicidal behaviours. The intent to die can change over time. One study found that almost half of people who self-harm reported at least one suicide attempt (Klonsky, 2011).

Self-harm can also lead to suicide when:

- Self-harm is no longer an effective coping method. It ceases to offset the feelings caused by stress or trauma (Whitlock & Knox, 2007).
- In a crisis situation, self-harmers who have become desensitized and habituated to pain through repeat harming episodes may view a suicide attempt as less frightening (Stewart, 2014).

Because self-harm can become suicide, it is highly recommended that every patient who self-harms be assessed for suicide risk (SIOS, n.d.).

Most common methods of self-harm

(CSP, 2014; Klonsky, 2011)
Statistics and facts

5% of the general adult population have self-harmed and 15% of youth.

Most self-harming begins between the ages of 12 to 15.

Girls aged 14-17 are hospitalized for self-harm 4x more often than boys.

Caucasian people have higher rates of self-harm than non-Caucasians.

Females adopt cutting most often, while males are more likely to burn or hit themselves.

2,500 youth (ages 10-17) were hospitalized for self-harm in Canada between 2013 and 2014.

(CIHI, 2014; Klonsky, et al., 2011)
Why do people self-harm?

People are more likely to be at risk for self-harming behaviours if certain factors are present, such as:

- loss of a parent;
- childhood illness or surgery;
- childhood sexual or physical abuse;
- family substance abuse;
- negative body image perceptions;
- lack of impulse control;
- childhood trauma;
- neglect;
- lack of strong family attachments (Briere & Gil, 1998; CSP, 2014).

These risk factors may cause someone to adopt self-harm as a learned coping behaviour to satisfy unmet needs. These behaviours are attempts to compensate for the lack of healthy fulfillment in their lives (CSP, 2014).

People self-harm for a number of reasons, including:

**TO FEEL BETTER** Self-harm can release pent-up feelings such as anger and anxiety, or, people who feel numb use self-harm as a way to feel “something.”

**TO COMMUNICATE THEIR EMOTIONAL PAIN** Those who self-harm for this reason will obviously display their wounds as a way of reaching out for help.

**TO FEEL A SENSE OF CONTROL** People who self-harm may feel powerless and lack self-esteem. Self-harm may be used as a way to regain control. This is particularly common for those who have suffered abuse. There is often a pronounced feeling of powerlessness, self-loathing, and an absence of self-esteem.

**TO PUNISH THEMSELVES** People who self-harm may lack self-esteem and think they are at fault for the way they feel (CSP, 2014; Klonsky & Muehlenkamp, 2007; Hasking, 2010).
Warning signs

How can you tell if someone is self-harming? People who self-harm may:

• appear withdrawn, or more quiet or reserved than usual;
• stop participating in their regular activities;
• have rapid mood changes;
• get angry or upset easily;
• have had a significant event in their lives, e.g. a breakup with a significant other;
• suffer poor academic/school performance when they usually do very well;
• exhibit unexplained cuts or scratches;
• wear clothes that are inappropriate for the weather, e.g. wearing long sleeves on a hot day.

(Hasking, 2010; SIOS, n.d.)

What to say and what to do if someone you know is self-harming:

• Ask how they are feeling.
• Do not be judgmental.
• Be supportive without reinforcing their behaviour.
• Educate yourself about self-harm.
• Acknowledge their pain.
• Do not promise confidentiality.
• Do not avoid the subject.
• Do not focus on the behaviour itself.
• Encourage them to seek professional help.

(Hasking, 2010; CSP, 2014)
Self-harm is treatable. Here are some of the more effective treatments:

**COGNITIVE BEHAVIOUR THERAPY (CBT)** is a psychological therapy that aims to address issues such as anxiety and depression, as well as a range of other mental health concerns. It helps someone become aware of inaccurate or negative thinking, so challenging situations can be seen more clearly and responded to more effectively.

**DIALECTICAL BEHAVIOUR THERAPY (DBT)** is a variation of CBT treatment designed for individuals with self-harming behaviours, such as self-cutting, suicidal thoughts, and suicide attempts (Sanderson, 2008). The focus of DBT is to help a person change behaviours that may be self-destructive – such as self-harm – and work toward a more fulfilling life.

**PROBLEM SOLVING THERAPY (PST)** is a brief psychological intervention that focuses on identifying the specific problems that an individual is facing and generating alternative solutions to these problems. Individuals learn to clearly define a problem that they face, brainstorm multiple solutions, and decide on the best course of action (Hasking, 2010; CIHI, 2014; Sanderson, 2008).
Resources

S.A.F.E (Self Abuse Finally Ends) Alternatives
A U.S. based treatment approach, professional network, and educational resource base which is committed to helping to achieve an end to self-injurious behaviours.

SELFINJURY.COM

Self-Injury Outreach and Support (SIOS)
SIOS is a non-profit outreach initiative providing information and resources about self-injury to those who self-injure, those who have recovered, and those who want to help.

SIOUTREACH.ORG
REFERENCES


Centre for Suicide Prevention. (2014). The 5 things we wish all teachers knew about: Self-harm and suicide. Retrieved from https://connect.srv.ualberta.ca/p5rd64xyc0t/?launcher=false&fcsContent=true&pbMode=normal


We are the Centre for Suicide Prevention, a branch of the Canadian Mental Health Association. For 35+ years we have been equipping Canadians with knowledge and skills to respond to people at risk of suicide.

We educate for life.