Self-directed violence: Suicide and Self-harm

Lecture 5

Susantha Rasnayake

Brainstorming questions

- Have you ever felt that life is not worth living?
- Have you ever met a person with a suicidal mind?
- If yes, what was your response?
- ‘‘All healthy men have thought of their suicide’’(Camus, 1955, p.5)
- Approximately 70% of people with suicidal ideation do not convert thoughts into suicide attempts.
- At the same time, some people suffer from suicidal ideation throughout their life

Related terms

- Suicide
- Suicidality
- Suicidal ideation
- Suicidal behaviour
- Suicide attempt
- Deliberate self-harm
- Suicidal threats
- Suicidal gestures

Historical accounts

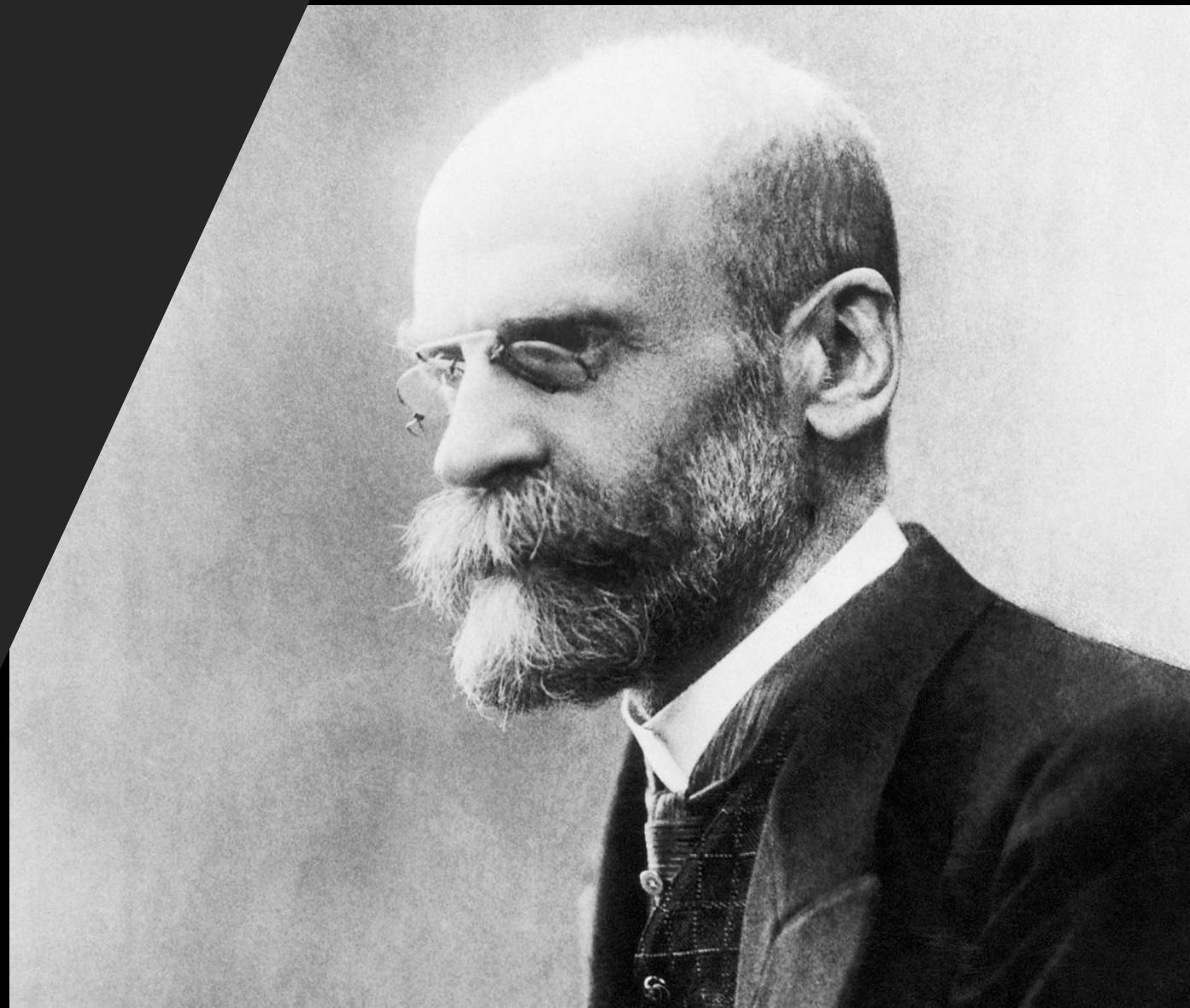
- Historically suicide has been condemned by various human societies except for a few occasions.
- For instance, *Sati puja* (India), *Hara-kiri* (Japan), as a way of saving one's honour
- Ancient Greece allowed convicted criminals to take their own lives
- Many religions including Islam, Judaism, Christianity, and Buddhism condemned suicide
- Many societies interpreted suicide as a punishable offence

Today

- Committing suicide is not socially and morally approved in human society
- Except for euthanasia for the terminally ill in some societies.
- However, suicide is a major global public health issue
- Over one million commit suicide annually.
- According to WHO (2019) records, over the last 45 years, suicide rates have surprisingly increased by 60% across the world.
- Suicide is more central in Asia, reporting 60% of death by suicide (Beautrais et al., 2006)

Definitions

- “the act of intentionally taking own life” or “killing oneself”.
- Emil Durkheim’s definition, provided in his remarkable work on suicide (1857, 1951)
- Durkheim’s classification of suicide
  - Egoistic
  - Altruistic
  - Anomic
  - Fatalistic

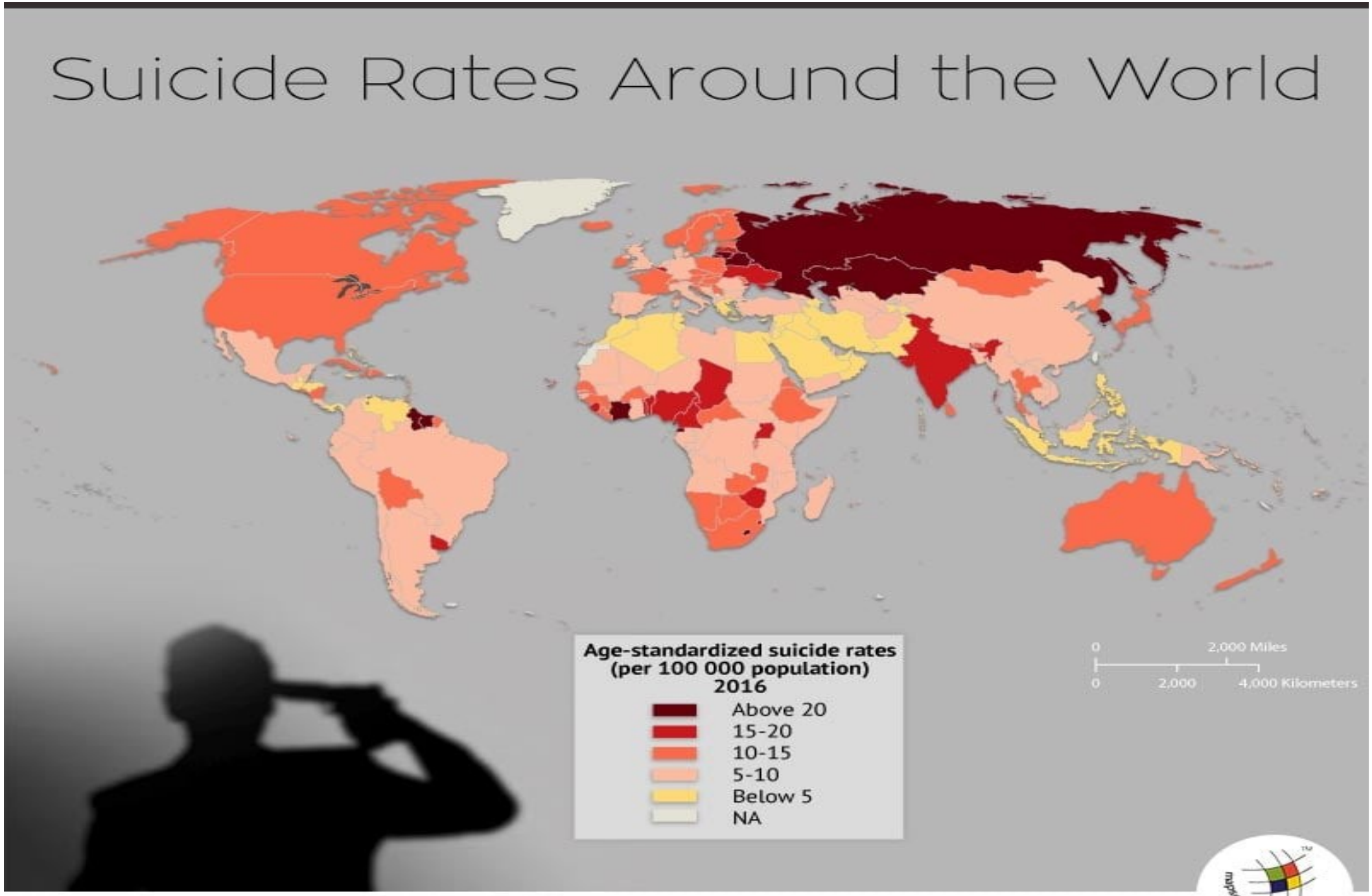


Most risk groups

- More frequent in older age
- But it is the second cause of death in late childhood and adolescence (15–29) along with road injury and interpersonal violence,
- Statistical evidence indicates an elderly person commits suicide every 1 hour 37 minutes, and a young person commits suicide every 2 hours and 7 minutes (Barker, 2011, p.613).
- Deaths by suicide contribute to 8.5% of all deaths worldwide among adolescents and young adults (15–29 years) (WHO, 2017).
- Why do youth become risk
- biological, psychological, and social changes that take place during this period

Where is the risk mostly available?

- Out of the total, 73% is reported from developing countries
- WHO (2015), out of 800,000 global deaths by suicide, 78% of all completed suicides occurred in low and middle-income countries
- But in the recent past, youth suicide rates have increased unexpectedly in developed countries For example, in the United States, between 2007 and 2017, the suicide rate aged 10-24 group increased by 56%.
- Finland, New Zealand, Lithuania, Japan, and Latvia are the other countries that report the highest youth suicide rate (Standley, 2020).
- Therefore, some research recognizes youth suicide epidemiology as a problem in economically more advanced societies (Cha et al., 2018; Doran & Kinchin; 2020).


Suicide Rates Around the World
Age-standardized suicide rates
(per 100 000 population)
2016
Above 20
15-20
10-15
5-10
Below 5
NA
0
2,000 Miles
0
2,000
4,000 Kilometers
© 2018 MapsofWorld.com

Youth Suicide rate per 100,000 persons in selected countries by age

Country	Year	5-14 years	15-19 years
Lithuania	2015	1.3	24.3
New Zealand	2012	1.4	20.7
Finland	2014	0.2	17.7
Japan	2014	0.8	15.8
Latvia	2014	0.3	14.5
Uzbekistan	2014	2.8	13.3
Sweden	2015	0.8	13.1
Iceland	2015	-	13.0
United States of America	2014	1.0	13.0
Ireland	2013	0.3	12.9
Republic of Korea	2013	0.8	12.7
Trinidad and Tobago	2010	1.1	12.6
Mauritius	2014	1.6	12.4
Belgium	2013	0.4	12.6
Estonia	2014	1.5	11.3
Canada	2012	0.8	10.3
Chile	2014	1.1	10.2
Australia	2014	0.7	9.6
Colombia	2013	1.1	9.3
Costa Rica	2014	1.0	9.2
Austria	2014	0.4	9.2
Norway	2014	0.3	9.0
Hungary	2014	0.2	9.0
Czech Republic	2015	0.7	8.8
Slovenia	2015	0.5	8.6
Switzerland	2013	0.4	8.1
Republic of Moldova	2015	0.7	7.6
Romania	2015	0.7	7.6
The Netherlands	2015	0.4	7.3
Slovakia	2014	0.1	7.2
Kyrgyzstan	2015	2.3	7.2
Mexico	2014	0.9	7.1
Croatia	2015	0.7	6.9
Germany	2014	0.3	6.7
Cuba	2014	0.8	6.1
United Kingdom	2014	0.2	6.0
St Vincent & the Grenadines	2014	1.2	4.9
Denmark	2015	0.2	4.8
Israel	2014	0.4	4.3
Italy	2012	0.1	3.8
Luxembourg	2014	0.8	3.8
Spain	2014	0.2	3.8
Sri Lanka*	2018	-	11.6
Macedonia	2013	0.3	3.6
Malta	2014	1.7	3.2
Brunei Darussalam	2014	-	1.7
Bahamas	2013	-	1.6

Gender Paradox of Youth Suicidality

- Suicide is considered a more male-focused problem
- in 2016, the global age-standardized suicide rate was 13.7 per 100 000 for males while it was 7.5 per 100 000 for females.
- At the same time, in the highest suicide-rated countries, the male suicide rate was 45 per 100 000 and the rate for females was 30 per 100, 000 (WHO, 2019)
- Why do more men commit suicide than women?
- this gender difference is influenced by multiple risk factors including biological, psychological, and socio-cultural

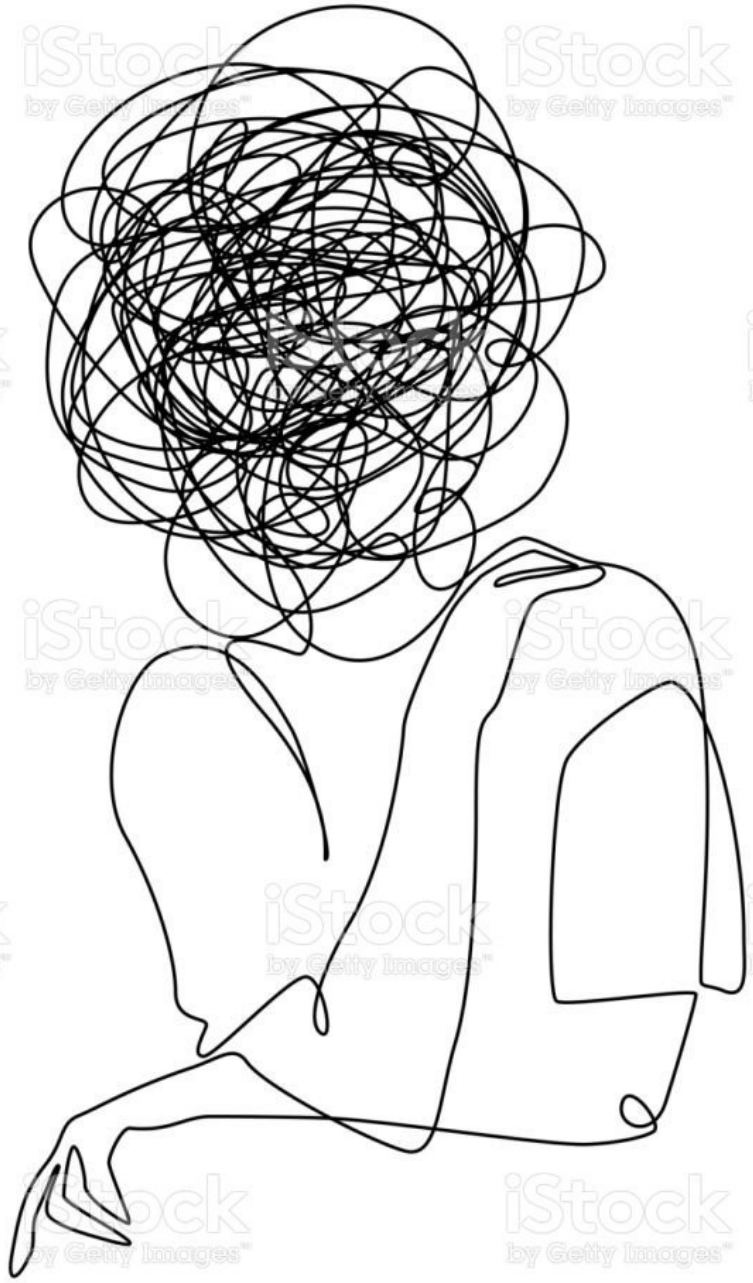
Why gender paradox???

- Masculine values influence male suicide
- Independence, aggressiveness, risk-taking behaviour, the pursuit of power, and dominance are used to describe male gender role
- Female gender role is described by opposite meanings of these characteristics
- At the same time anxiety or depression come out through various life stressors is not acknowledged by the male gender role
- Men – committing suicide as a way of showing the braveness of their personality
- Females use less lethal or soft methods while males use more lethal methods in suicide
- Help-seeking behaviours is low among male than female

Risk factors of Suicide

- Psychological theories - mental disorders
- Sociological theories- social factors
- Bio-psycho-social model- combination of biological, individual, social and environmental

- Individual level
  - Previous suicide attempt
  - Mental illness, such as depression
  - Social isolation
  - Criminal problems
  - Financial problems
  - Impulsive or aggressive tendencies
  - Job problems or loss
  - Serious illness
  - Substance use disorder



Relationship Level

- Adverse childhood experiences such as child abuse and neglect
- Bullying _____
- Family history of suicide
- Relationship problems such as a break-up, violence, or loss
- Sexual violence

Community level

- Barriers to healthcare
  - Lack of mental healthcare facilities
  - Social stigma associated with mental disorders including suicidality
- Cultural and religious beliefs such as a belief that suicide is a noble resolution of a personal problem
- Suicide cluster in the community
- Violence culture

Table 01: Profile of study participants

Case	Gender	Age	Education	Civil status	Method used	Reason for suicide attempt	Availability of clinical records of depression
1	FM	19	Up to A/L	Unmarried	drug overdose	Breaking love afire	no
2	M	24	Up to O/L	Married	hanging	Breaking love afire	yes
3	FM	20	Undergraduate	Unmarried	insecticide	Conflict with mother	no
4	M	21	Up to O/L	Unmarried	drinking acid	Pre-martial pregnancy	no
5	FM	26	Up to O/L	Married	drug overdose	Conflict with husband	no
6	FM	23	Up to A/L	Unmarried	Self-burning	Breaking love afire	no
7	M	19	Up to O/L	Unmarried	hanging	Breaking love afire	yes
8	FM	22	Up to A/L	Unmarried	Jumping to a deep water body	Conflict with father	no
9	FM	17	Up to O/L	Unmarried	insecticide	Breaking love afire	no
10	M	20	Up to O/L	Unmarried	use of sharp force	Conflict with father	
11	M	19	Up to O/L	Unmarried	hanging	Breaking love afire	no
12	FM	23	Up to A/L	Unmarried	hanging	Sexual harassment	no
13	FM	25	Up to O/L	married	drug overdose	Conflict with husband	no
14	M	24	Up to grade 10	Married	hanging	Unemployment/disability	no
15	M	24	Up to O/L	Unmarried	Insecticide	Conflict with girlfriend	no
16	FM	21	Up to A/L	Unmarried	self-burning	Conflict with brother	no
17	FM	18	Up to O/L	Unmarried	drug overdose	Breaking love afire	no
18	FM	17	A/L student	Unmarried	drug overdose	Publishing modified photos on Facebook	no

Activity
Identify individual, relationship-level and community-level risk factors

Protective Factors

- Coping and problem-solving skills
- Promotion of cultural and religious beliefs that discourage suicide
- ‘Befriending’-Connections to friends, family, and community support
- Supportive relationships with care providers (help-seeking)
- Availability of physical and mental health care
- Limit access to lethal means among people at risk
- Identification of early warning signs

Activity:

1. Read the following two suicide narratives and identify early warnings

2. What are the clues that indicate low supportive response of family members

- *We did not expect that he would make this type of decision. Usually, he is a very aggressive person. Since aggressiveness is natural in old age, we did not worry about such behaviors. A few days before his death, he quarreled with my elder son and me. At that time, he aggressively told us that he no longer wanted to live. But now we understand that perhaps we could have saved his life if we had referred him to a doctor* (interview data)

- *We noticed that my mother's behavior had changed from earlier. But we never thought that she would commit suicide. Religiously, she was a devotee. Usually, she likes to stay alone and speaks very little. Two to three months before the incident, she often worried about her physical difficulties and dependence on someone else. She thought she had become a burden to everyone and said that further living was meaningless. But we thought she was just saying these types of things* (interview data).

“People who commit suicide don’t want to die but to end their pain,” says Rainey (2020).

THANK YOU