Submission to the National Children's Commissioner

Intentional self-harm and suicidal behaviour in children

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There is a growing body of literature in regard to intentional self-harm and suicidal behaviour in children. Although there are links between the two behaviours, it is important that they are not viewed on a linear scale

Intentional self-harm is deliberate injury of body tissue without suicidal intent. While there has been significant literature in regard to risk factors for self-harming (e.g. Gratz, 2003; Skegg, 2005), less has been said about their function and the consequent barriers to help-seeking. This understanding, in turn, will inform interventions (Klonsky, 2007).

There is evidence of self-harm in clinical (particularly those with borderline personality disorder/history of childhood maltreatment/neglect) and non-clinical populations. In fact, it is a pervasive and elusive phenomenon that resists simplistic explanation and lists of risk factors.

Klonsky (2007) describes seven functions of self-harm and indicators of associated pathways.

	Function	**Explanation**
1	Affect-regulation	To alleviate negative affect / arousal
2	Anti-dissociation	To end (to 'ground') the experience of dissociation
3	Anti-suicide	To replace, compromise, avoid the impulse to suicide
4	Interpersonal-influence	To seek help from or manipulate others
5	Interpersonal boundaries	To assert autonomy
6	Self-punishment	To derogate or express anger towards oneself
7	Sensation-seeking	To generate exhilaration or excitement

Table 1: Functions of deliberate self-hard (from Klonsky, 2007)

Explanations

1. Affect-regulation

This is a strategy employed to alleviate affective arousal. When someone is emotionally distressed, a range of strategies are available, some functional, some dysfunctional. Those who have learned poor coping skills, or who are less able to manage their affect, may turn to self-harm as a strategy to *stop the bad feelings*. It is a dysfunctional, but effective, affect-regulation strategy. The emotional pain, the distressing images or memories, and the internal hyperactivity is often overwhelming (Ewing, 2014). The mechanisms are not clear but some have hypothesised that it offers psychological respite (e.g. Brown, Comtois, & Linehan, 2002) and also biological release (Bell & McBride, 2010).

- **Barriers to help seeking:** Affect regulation is probably the most pervasive functional driver for deliberate self-harm. Most self-harming individuals report that they (a) do so to reduce

negative affect, (b) feel better afterwards, and (c) are unlikely to (but could) use proxies (safer alternatives) to reduce the negative affect. A barrier remains that, in the absence of a more functional alternative, removing an effective (albeit dysfunctional) behaviour leaves the individual vulnerable to the initially intolerable affect. The loss of the strategy is more frightening than the harm done. Offering safer alternatives must be part of a help-seeking strategy, rather than the arbitrary removal of the self-harming behaviour.

- **Promising interventions:** Evidence indicates that effective interventions are associated with the development of the necessary social and emotional skills for optimal affect regulation. This can be delivered through a range of programs that demonstrate positive interactions and communications. Positive interactions, the experience of success and modelled behaviours can be effective but require contributions from the various domains of influence in the child's life (home, school, and living environment). This kind of intervention builds the social and emotional skills for effective affect regulation. It is most likely a public health challenge and positive early intervention can potentially break the intergenerational cycle of risk taking behaviour. Cognitive Behaviour Therapy has been effective, especially in regard to promoting alternatives to achieve the goals associated with the affect regulation. The transition is a process from external regulation to internal regulation, and then to *better strategies.*

2. Anti-dissociation

When someone dissociates they move away from the personalised connection to self. Again it is a (sometimes) dysfunctional coping strategy when the disconnection is prolonged. The intensity of the emotional burden may trigger dissociation as an episodic response (Gunderson, 1984). The *numbed-out* state is both psychological and physiological and to *break out* of this condition requires an interruption (Ewing, 2014). Self-harm, in this context, is a way to interrupt the dissociation (to *ground* the individual back in the present), and regain a sense of self (to *feel alive again*) (Klonsky, 2007).

- **Barriers to help seeking:** Dissociation is a barrier in and of itself. The compartmentalising of emotional responses to distress effectively moves the person away from a personal connection. Precipitators to dissociation (e.g. abuse or trauma) raise issues of broken trust, negative reinforcement and breaches of confidentiality: often in the context of failed family relationships.

- **Promising interventions:** As a mental mechanism, dissociation is a facilitator of self-harm. The implications are that trauma, childhood abuse and the like, will have an impact on the ability to integrate experiences. In this context it is important to assist the individual to stabilize the situation through control and mastery of the traumatic memories. The therapeutic alliance is very important in this context (i.e. building trust). There has been some effectiveness described in Dialectical Behaviour Therapy (DBT) to focus on the reduction of the dissociation rather than the origins of the trauma (Low, Jones, A., Power, & Duggan, 2000). DBT is a therapy designed assist individuals move away from dysfunctional coping. It focuses on emotional and cognitive regulation, by recognising triggers and

assessment of coping strategies that lead to the undesired behaviour (Neacsiu, Ward-Ciesielski, & Linehan, 2012).

3. Anti-suicide

Urges to suicide are transient (linked to situations), and best understood as a multi-dimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution (Shneidman, 1993). In this context, self-harm can be seen as a compromise with the desire to suicide.

- **Barriers to help seeking:** Suicide prevention is a factor of well-being. It is always contextual and it is always personal. Sadly, it is more easily identified and labelled as suicide prevention when a crisis occurs and urgent intervention is required. By then intervention is more difficult, the burden more severe and the responsibility more acute.
  Research demonstrates that a large proportion of the population remain poorly informed in regard to suicide risk. They are unable to talk about suicide or suicidality and cannot *read-the-signs* of someone who is suicidal and trying to communicate their sense of hopelessness. It is no surprise that help-seeking is a vague and stigmatised process.
  Stigma surrounding suicide and help-seeking remains a pervasive barrier. There is a need for broader discussion of the trajectories towards suicide and self-harm. Solutions will flow from a wider acceptance of mental health as a community responsibility.

- **Promising interventions:** The causes of suicide are complex and vary among individuals and across age, cultural, racial and ethnic groups. The complexity remains for those who self-harm as a compromise activity and the risk of suicide completion looms large. Risk is influenced by an array of factors – sociological, psychological, environmental, cultural and biological. Nonetheless, this complexity masks the reality that almost all people who attempt or complete suicide had one or many more warnings signs before their death.
  The Conversations for Life training program provides an excellent introduction to the issues surrounding poor mental health and suicide and awareness of individual and general community attitudes. It provides resources to identify suicide risk, and communication skills for crucial conversations. It informs community resources and networks, and enables better support for people who may be experiencing a personal crisis.

4. Interpersonal-influence

Self-harm is often described in the popular media as a *cry for help* or as *attention seeking.* The manipulation of others in the environment is sometimes a functional component of self-harm. It may serve as a way of eliciting affection (when it is absent), or attention (when the absence of attention is intolerable). It is a dysfunctional but effective means of discharging the emotional pain. Those who self-harm may or may not be aware of the reinforcement of the behaviour provided by those who respond.

- **Barriers to help seeking:** Help-seeking in this context is problematic with those needing the most support expected to be the least likely to seek support. Logically there is a need to de-

stigmatise help-seeking and increase awareness amongst all professionals who work with young adolescents about self-harm (Stallard, Spears, Montgomery, Phillips, & Sayal, 2013).

- **Promising interventions:** Getting others to *act differently or change* is the goal of this behaviour but it might also be interpreted as *trying to make others care.* Typically these are reasoned by *I just wanted everyone else to see how desperate I was.* These behaviours often occur in the context of insecure peer relationships (e.g. bullying, low mood episodes and isolation) and a perception that no-one is noticing their internal distress. Interventions that emphasise community *membership* (e.g. strong school connections) and peer relationships are effective.

5. Interpersonal boundaries

Attachment theory (e.g. Bowlby, 1988) describes an individual's need for secure links to a significant other in their lives in order that they individuate successfully (to assert their own identity). Those that lack a normal sense of self may self-harm to affirm the distinction between themselves and others and their (constructed) identity.

- **Barriers to help seeking:** The barriers to help-seeking here are self-evident, as the affirmation of the constructed identity works against the acceptance of support. Researchers agree that a strong self-concept is important to behaviour, and cognitive and emotional outcomes. It becomes more complicated when cultural factors are involved and when *mixed messages* exist in regard to belonging, and to cultural norms. This confusion may frustrate help-seeking behaviour.

- **Promising interventions:** Programs that provide strong connections to significant others, to culture and place may provide anchoring points from which progress can be made. Creative arts programs (e.g. The Song Room) http://www.songroom.org.au provide links to protective factors through music and cooperative learning. Through creative programming in schools they lift the academic performance, school attendance, social-emotional wellbeing and community involvement of school children. This is a high-quality, early intervention.

6. Self-punishment

The self-loathing experienced by some individuals is expressed through self-harm. This self-directed anger has the impact of assuaging the unbearable pain of self-derogation and can be comforting. (Klonsky, 2007). Self-hatred and the *internal rules* that have been constructed around the coping behaviour often lead to self-punishment; a reminder of their *weakness* and the need to be stronger or more vigilant and the defensive avoidance that has served them as a strategy (Ewing, 2014).

- **Barriers to help seeking:** One of the most pervasive barriers to help-seeking is an individual's (false) perception that they are coping and don't need help (ambivalence). Further, any suggestion that they are not coping is resented. Fierce independence, forged from the dysfunctional (albeit effective) coping activities. Fears that *others* would not take them seriously or would fail to understand why they were self-harming, contribute to this reluctance to seek out assistance.

- **Promising interventions:** Specific interventions will address the misperceptions and build a better understanding of the *self.* Previously mentioned Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) have much to contribute.

7. Sensation-seeking

The adrenalin rush of a thrill-seeking activity is addictive, in the sense that many 'chase the rush'. For some individuals, the generation of excitement or exhilaration can be derived from self-harming behaviour. It is habitual dysfunction and edgy, but represents a significant functional driver (Nixon, Cloutier, & Aggarwal, 2002). This can become 'contagious' amongst adolescents seeking to be part of the group, but persistent self-harm often reflects the deep insecurities and distress discussed above.

- **Barriers to help seeking:** The underlying causes are often overlooked when sensation-seeking is identified as the driver. Media focus (often misinformed) may contribute to this perception and reduce the likelihood of individuals seeking help. The normalising of self-harming behaviours within peer groups is another barrier (whether as *peer pressure* or the *pressure to belong*) (Baumeister & Heatherton, 1996).

- **Promising interventions:** School based health and wellbeing programs such as Mind Matters http://www.mindmatters.edu.au/ provides excellent information that contribute to a better understanding of pressures and positive pathways.

Conclusion

Appreciation of the barriers and promising interventions for self-harm and suicidal behaviour in children requires an understanding of the complexity of the trajectories of risk. Positive programs will promote a sense of self (improved self-esteem, more secure identity), a sense of purpose (motivated, purposeful, meaningful), emotional stability (empathy, humor and trust), problem solving (planning, help-seeking and critical thinking), social skills (communication, flexibility and compassion), and general health.

Structured interventions using Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Therapy (DBT) are respected and effective. Arts programs such as The Song Room, and school based programs such as Mind Matters have much to contribute.

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