Women's Health Victoria
healthy empowered equal

Women's Health Victoria Reg. No A0029795W ABN 33365284944
Level 8, 255 Bourke Street, Melbourne VIC Australia 3000
T (03) 9664 9300 **F** (03) 9663 7955 **E** whv@whv.org.au **W** www.whv.org.au
Postal Address GPO Box 1160, Melbourne VIC Australia 3001

Rita Butera
Executive Director
Women's Health Victoria
Email: whv@whv.org.au

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National Children's Commissioner
Australian Human Rights Commission

RE: NATIONAL CHILDREN'S COMMISSIONER EXAMINES INTENTIONAL SELF-HARM AND SUICIDAL BEHAVIOUR IN CHILDREN

Women's Health Victoria is a not-for-profit, state-wide women's health promotion, information and advocacy service, focused on improving the lives of Victorian women. Women's Health Victoria's vision is *Women living well – healthy, empowered, equal.* Our mission is to improve health and reduce gender inequity for women in Victoria by supporting, partnering, influencing and innovating. Women's Health Victoria acknowledges the support of the Victorian Government.

We work collaboratively with health professionals, policy makers and community organisations to influence and inform health policy and service delivery for women. Our work is underpinned by a social model of health and a commitment to reducing inequities in health which arise from social, economic and environmental determinants. By incorporating a gendered approach to health promotion we aim to reduce inequality and improve health outcomes for women.

Women's Health Victoria welcomes the opportunity to contribute to the National Children's Commissioner's 2014 Statutory Report to Parliament. Women's Health Victoria commends the National Children's Commission for recognising and acting on this serious health issue for children and young people. Our submission highlights how the experience of young women and men is different, and that data collection, research and program delivery should reflect this gendered experience.

Yours sincerely,

Rita Butera

Women's Health Victoria submission to the National Children's Commissioner

Question 1. Why children and young people engage in intentional self-harm and suicidal behaviour

Introduction

Self-harm and suicidal behaviour are complex issues. A key factor that influences self-harm and suicide is gender[1, 2]. Gender influences the contexts of young people's lives, including their peer groups and the ways young people express themselves, along with social expectations and opportunities offered to them[3]. Not all girls and all boys are the same: factors such as sexual orientation, Indigenous status, socio-economic status and cultural and linguistic diversity can result in varying mental health outcomes among young people.

Suicide

Women engage in more suicide behaviours – a term which encompasses completed suicide, suicide attempts and suicidal ideation – than men[4]. However, women are less visible in discussions of suicide prevention.

Within the adult population, the male suicide rate is reported between three and four times higher than the female rate[5]. However, this trend is not evident in younger cohorts. For those aged 15-19 years, the suicide rate was 9.3 per 100,000 for males and 8.3 per 100,000 for females[5]. Suicide accounted for 32.6 per cent of female deaths and 21.9 per cent of male deaths in this age group[5].

Suicide attempts occur most frequently among young women, with up to 40 attempts resulting in hospitalisation for every completed suicide among young women, compared to six attempts resulting in hospitalisation for every completed suicide among young men[6]. Attempted and completed suicide are therefore urgent issues for young women and men in Australia.

Self-harm

Self-harm refers to an act of deliberately inflicting physical harm on oneself, usually in secret[7]. Like suicide attempts, self-harm is more common among women than men[8]. Women make up approximately 62 per cent of reported cases of self-harm in Australia[9]. Although Australian women of all ages self-harm, women aged 15-24 years account for 31 per cent of hospitalisations for self-harm[9]. When considering that most self-harm does not result in hospitalisations, it is likely that the real figure could be significantly higher than what is recorded. Self-harm is not always associated with suicide attempt, rather it is a behaviour that exhibits a coping mechanism for managing difficult or painful feelings[10, 11].

Link between suicide and self-harm

There is a complex relationship between self-harm and suicide. Self-harm differs from suicide attempts in its intention. Self-harm is used as a coping mechanism to alleviate

emotional pain, while those who attempt suicide aim to end their life[12, 13]. At the same time, self-harm and suicide attempts share a commonality in that they are manifestations of a chronic sense of hopelessness[13]. People with a history of self-harm are therefore shown to have an elevated risk of suicide[10, 14].

Risk factors for suicide and self-harm

Risk factors for suicide and self-harm differ for young women and men. Gender is a determinant of young people's self-harm and suicide behaviours, and therefore it is important to explore risk factors that are particularly relevant to young women. For example, experience of an eating disorder – which is more common in young women than young men – is a risk factor for depression, self-harm, and suicide[15]. Other risk factors are explored in further detail below.

Sexual violence and intimate partner violence

Experiences of sexual abuse and assault are linked to suicide and suicide attempts[6, 16, 17]. Similarly, intimate partner violence is a risk factor for suicide[4, 18, 19]. This is a major concern for young women as 24 per cent of Australian women aged 18 to 24 have experienced violence at the hands of their partner[20]. Evidence also shows a correlation between experiences of dating violence and suicidal thoughts in young women[21]. A survey of adolescents found that girls who had been victims of sexual coercion were twice as likely to have considered suicide compared to other girls[22]. Young people who have had sex before the age of 13, even if they did not feel 'forced' into it, are also more likely to have considered suicide[22].

Bullying

Bullying involves wilful and repeated abuse which occurs in many forms including inflicting physical injuries, name-calling, slander, social exclusion, and cyberbullying[23]. Cyberbullying occurs frequently among adolescent girls, with 67 per cent of female teenagers reporting that they have been bullied online[24].

School bullying is an important predictor of increased suicidal ideation well into adulthood[25]. Bullying negatively impacts both victims and perpetrators, and both are at an elevated risk of suicidal thoughts, attempts, and completed suicide[26, 27]. Bullying is also linked to a range of emotional and psychological problems[22, 23]. These include low self-esteem, clinical depression, and a lack of support structures, which can culminate in suicide[23]. Victims of bullying have been found to experience feelings of shame, social isolation, depression and hopelessness, and have also been found to engage in self-harm and suicidal behaviours[27]. Girls who have been bullied experience these feelings 4.2 times more often than girls that do not experience bullying[23]. Girls who bully others are often depressed themselves and have been found to experience suicidal thoughts eight times more often than non-bullying girls[23]. Young women who are victims of bullying are at higher risk of attempting suicide[28].

Discrimination

Discrimination has a strong correlation with suicidality. Young women who face discrimination include women with disabilities, Indigenous women and same-sex attracted young women[29, 30]. These groups of women report higher suicidal tendencies than other women. For example:

- Suicidal rates among Aboriginal and Torres Strait Islander women under 25 years of age are five times higher than for non-Aboriginal and Torres Strait Islander women[31]; Moreover, 20 per cent of young Aboriginal and Torres Strait Islander women aged 12 to 17 years report having seriously considered ways to end their life[32];
- Having a sexual or gender identity that does not conform to heterosexual norms has been identified as a significant risk factor for suicide for lesbian, gay, bisexual and transgender young people[27].

Recommendation 1: It is recommended that gender is recognised as a determinant of young people's self-harm and suicide behaviour.

Recommendation 2: It is recommended that research investigating the risk factors for suicide and self-harm in young people should consider gender.

Recommendation 3: It is recommended that research investigating the risk factors for suicide and self-harm in young women should consider sexual and intimate partner violence, eating disorders, bullying and discrimination.

Question 3. The barriers which prevent children and young people from seeking help.

Stigma and misconceptions about self-harm and suicide attempts prevent young women from seeking help and can impede access to services and assistance for those young women that do seek it.

There is stigma attached to suicide for both women and men. However, the way that women who attempt suicide are viewed is different[33]. Women who attempt suicide are often described as 'attention-seeking', aiming to manipulate their loved ones into feeling guilty or responsible[33]. This portrayal is entrenched and can influence the way suicide attempts are understood by families, the community and service providers[33].

Women who self-harm may also face social stigma stemming from the belief that these acts are a form of attention-seeking. Attitudes that self-harm is attention-seeking are unhelpful and trivialise the distress the person is feeling[11]. The lack of social understanding and compassion resulting from these stereotypes of self-harm and suicide can hinder women's disclosure and help seeking behaviours. As a result, many cases may go undetected unless hospitalisation is required due to injuries.

Negative attitudes are highly visible and problematic in medical settings. There is still a misconception among some medical staff that suicide attempts and self-harm are attention-seeking. Some women who have been hospitalised for self-harm also report feeling dissatisfied with emergency and psychiatric services due to the negative attitudes directed towards them[34]. This compromises the quality of care provided to women[35].

Recommendation 4: It is recommended that barriers preventing young women from seeking help for suicide and self-harm are explored further with research.

Recommendation 5: It is recommended that interventions are trialled to support both health professionals and the broader community to overcome stigma and misconceptions associated with suicide and self-harm, and improve access to support and services for young people.

Question 5. The impediments to the accurate identification and recording of intentional self-harm and suicide in children and young people, the consequences of this, and suggestions for reform.

Suicide, suicide attempts and self-harm are under-reported[36]. This results from a number of factors including ambiguity of intent, secrecy, and inaccurate recording[37]. For example:

- Depending on the method of suicide, it can be difficult to determine cause of death[4]. There may be insufficient evidence to verify suicidal intent unless the suicide method is indisputable or suicide notes are present;
- Data on suicide attempts and self-harm is collected primarily through hospital and coroner records[38]. It can be difficult to distinguish between suicide attempts and self-harm because their presentation is similar[13];
- Self-harm is likely to be conducted in secret and often does not result in hospitalisation[27, 36].

Recommendation 6: It is recommended that hospital settings and coroner's offices are supported with tools to better identify suicide attempts and self-harm.

Recommendation 7: It is recommended that all data collection and reporting on suicide, suicide attempts and self-harm includes age- and sex-disaggregated data. This will facilitate the identification of the needs of both young women and men, and inform the development of gender-sensitive strategies for prevention.

Question 8. The feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of children who engage in intentional self-harm and suicidal behaviour.

The seriousness and complexity of suicide and self-harm among young people requires a targeted, gender-sensitive approach that recognises and addresses the protective and risk factors associated with these behaviours. All aspects of the youth suicide prevention and intervention process- including gathering evidence and research, developing policy and program content, service delivery and evaluation- should acknowledge the importance of gender.

Gender sensitive programs take gender into account, acknowledging the different experiences, expectations, pressures, inequalities and needs of women and men[39]. Most youth mental health promotion activities are not gender sensitive and those that are tend to target men and boys. Health promotion messages and activities should consider the needs of young women by targeting risk factors and enhancing protective factors. For example, mental health literacy and health promotion programs addressing positive body image, sensible drinking, physical activity, and social connectedness could contribute to suicide prevention in women.

Recommendation 8: It is recommended that a gender-sensitive approach is adopted to all aspects of the young suicide prevention and intervention process.

Recommendation 9: It is recommended that health promotion messages and activities should target risk factors and enhance protective factors associated with young women's suicide.

Summary of recommendations

Recommendation 1: It is recommended that gender is recognised as a determinant of young people's self-harm and suicide behaviour.

Recommendation 2: It is recommended that research investigating the risk factors for suicide and self-harm in young people should consider gender.

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References

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