Socio-Demographic Factors and Abuse in Attempted Suicide and Deliberate Self-Harm

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Abstract

Objective: The objective of this study was to find out the socio-demographic factors and causes of Deliberate Self-Harm and suicide attempt.

Method: Cross-Sectional research design and purposive sampling was used to collect data from Department of Emergency and Department of Psychiatry, Services Hospital, Lahore. Data was comprised of 100 patients with suicidal attempt, with age-range of 13 to 65 years (M = 25.65, SD = 11.15). A semi-structured interview was conducted with the participants and Traumatic Experience Checklist (Nijenhuis, Van der, Kruger, 2002) was administered to determine the occurrence, and impact of any trauma experienced by them.

Results: The data was analyzed through descriptive statistics, and frequency and percentages of age, gender, educational status, and professional status, causes and ways of Deliberate Self-Harm, history of psychological illness, family history of Deliberate Self-Harm and psychological illness, and scores of participants on Traumatic Experience Checklist were determined. The results of study showed that medicine intake (43%), acid intake (22%) and cuts and injuries (25%) were the most common ways of Deliberate Self-Harm and family conflicts (56%) and psychological illness (28%) were the commonest causes of Deliberate Self-Harm.

Conclusion: It can be concluded from the findings of the study that experiencing one or more trauma, family conflicts and psychological illness are some of the major causes of Deliberate Self-Harm in patients with suicide attempt.

Keywords: Deliberate self-harm, suicide, trauma, abuse.

How to cite: *Bokhari SQ, Alam RS, Bokhari Q, Majeed R, Butt A. Socio-Demographic Factors and Abuse in Attempted Suicide and Deliberate Self-Harm. Esculapio - JSIMS 2022;18(03):315-319*

DOI: https://doi.org/10.51273/esc22.2518315

Introduction

One of the serious mental health problems are suicidal behaviors and deliberate self-harm.[1,2] In every country, including Pakistan, fatal attempts of suicide is positioned among top ten reasons of death in all age group. It is one of the three major causes of death in the age group 15-35.[1] According to the World Health Organization report (2001) about 10 to 20 million people attempted to commit suicide, and about one million became successful in their attempt of suicide. Moreover, the prevalence rate for suicide over the world ranges from 5 to 30 lakhs population per year. Suicide is described as a multidimensional and multifactorial sickness and dissatisfaction.[3] The acts of suicide are recognized as the social problems, and therefore, mental health conditions are given equivalent conceptual status with conflicts in family, maladjustment in social settings etc. For about 43% of the suicide cases, the cause is unknown.[4] The survey of World Health Organization reported that the complex interaction between biological, psychological, social and situational factors result in suicide. Similarly different medical, social and psycho-

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Submission Date: 14-06-2022
1st Revision Date: 27-06-2022
Acceptance Date: 24-07-2022

logical conditions, along with early age of 15 to 24 years, female gender, lack of education, unavailability of employment opportunities, loneliness and history of socio-economic deprivation were reported to be the potential risk factors of suicide.[5] In addition to suicide, Deliberate self-harm (DSH) is defined as the intentional injuring to one's own body. It could be with or without apparent intention of suicide.[6] Currently DSH is one of the major community health problems in Pakistan, as the estimated figures of intentional harm to self were reported to be more than 100000 per year.[7] Therefore it is essential to deal with the increasing cases of DSH, as its number is 10 to 20 times higher than completed suicides.[8] Thompson and Kaslow (2002) attempted to study the risk factors of suicidal attempts in African American women who were experiencing recent intimate partner violence (IPV). The results of the study showed that participants with suicidal attempt were more likely to have hopelessness, higher levels of depressive symptomatology, abuse of drugs, and history of childhood abuse and neglect during childhood, as compared to those who did not report any suicidal attempt.[9] Devries, et al., (2013) found that in women with IPV, IPV was associated with the occurrence of depressive symptoms. Similarly IPV was also related with the incidents of suicidal attempts.[10] Moreover Lauw, How and Loh (2015) identified that adolescents who were at the risk of harming self intentionally are likely to experience common stressful events which included problems in friendship or relationship issues, study related stress, bereavement, physical or psychological abuse.[11]

Spokas, Wenzel, Stirman, Brown, Beck (2009) studied the role of childhood sexual abuse (CSA) as a risk factor for suicidal behavior among participants with recent suicidal ideation. The study showed that men who recently attempted suicide, had a history of CSA, and had higher scores on hopelessness and suicidal ideation than men without a CSA history. Men with a CSA history were also more likely to have made multiple suicide attempts.[12]

In addition to this Hunuscin, et al., (2018) conducted another study to identify the ways of self-inflicted harm in US population. The study showed that firearm usage, cutting/piercing, jumping from high places, anoxic injuries and poisoning were the most common ways of inflicting harm to self.[13] Moreover another study was conducted by Bazargan, et al., (2017) identified that participants who were involved in deliberate self-harm were more likely to be suffering from substance abuse and various mental health problems i.e., episodic mood disorders (49.3%), depressive disorders (19.2%), anxiety disorders (11.2%) and schizophrenia (10.8%).[14] Similarly Hawton (2002) also concluded that people with deliberate self-harm tend to have a history of recent attempt of self-harm done by friends or family members, abuse of drugs, depressive symptoms, anxiety, lack of impulse control, and self-esteem issues.[15]

A review of currently available indigenous literature on DSH reported the prevalence rates of attempted self-harm from private and public sector hospitals[16], however the results of these studies could not be reported due to the differences in research design, time frame of research, size of sample, age of participants etc. Therefore, the current study was designed to determine the socio-demographics characteristics of participants with attempted suicide /DSH, and the causes and ways of Deliberate Self-Harm in patients who presented to the Emergency and Psychiatry Department Services hospital Lahore.

Material and Methods

The data was collected from 100 patients with attempted suicide, Deliberate Self-Harm, from the Emergency department and Department of Psychiatry in Services Hospital Lahore, Pakistan. The data was collected in duration of 6 to 12 months. Patients with age-range of 13 to 65 years were included in this study with the history of attempted suicide, deliberate self-harm. Patients with critical condition and who were unable to talk about their deliberate self-harm were not included in this study. The data was collected through Purposive Sampling and cross-sectional research design was used. 100 patients with attempted suicide, DSH, were taken from the emergency department and department of Psychiatry. Informed consent was taken in writing from the participants as part of the ethical consideration for guidance on human subject research as specified in the Helsinki Declaration. To collect study-related information from research participants, a demographic information questionnaire was designed by the researcher. The questionnaire was comprised of information regarding age, gender, educational and professional status, marital status, ways of attempted suicides, causes of attempted suicides, DSH. Moreover, Traumatic Experience Checklist (Nijenhuis, Van der, Kruger, 2002) was also administered to determine the occurrence and impact of any traumatic event experienced by the

research participants. Traumatic Experience Checklist (TEC) (Nijenhuis et al., 2002) is a self-report measure assessing possibly traumatizing events.[17] Scores for emotional, physical and sexual abuse was calculated by summation of item scores. For the current research, translated version of the checklist was used which was translated by Yaqoob and Sitwat (2015).

Results

Our results showed that ways of attempted suicide/ Delibrate Self-Harm in research participants were medicine intake (43%), acid / poison intake (22%), cuts and injuries (25%), jumped over a roof (4%), setting self on fire (2%) and hanging self (4%). While the causes of Self-Harm include academic problems (3%), family conflicts (financial problems and relationship problems) (56%), psychological issues (Anger 6%) and psychiatric illnesses (28%), and unknown reason (7%). It was also evident from the results that 60% of the participants had a previous history of Self-Harm, and 42% of the participants had a history of psychological issues and psychiatric illnesses, which consisted of anger issues (6%), bi-polar disorder (4%), conversion disorder (2%), depression (19%), obsessive compulsive disorder (4%), psychosis (3%), and unknown (4%). It was also identified from the descriptive statistics that 14% of the research participants had a family history of psychiatric

Table 1: *Shows the descriptive statistics for the socio-demographic characteristics of participants*

Demographic Characteristics	Frequency	Percentages
1. Gender		
Men	27	27
Women	73	73
2. Education		
Un-Educated	14	14
Primary	16	16
Middle	11	11
Secondary	26	26
Intermediate	13	13
Graduation	14	14
Other	6	6
3. Profession		
Un-Employed	12	12
Student	13	13
Housewife	34	34
Labourer	8	8
Government Employee	3	3
Private Job	30	30
4. Marital Status		
Married	49	49
Un-Married	49	49
Divorced	2	2
5. SES		
Lower	37	37
Lower Middle	2	2
Middle	60	60
Upper	1	1
6. Religion		
Islam	94	94
Christianity	6	6

Table 2: *Shows the descriptive statistics of Deliberate Self-Harm related variables in participants*

1. Ways of DSH	Frequency	Percentages
Medicine Intake	43	43
Acid/Poison Intake	22	22
Cuts & Injuries	25	25
Jumped over a Roof	4	4
Fire-Setting	2	2
Hanging Self	4	4
2. Causes of DSH		
Academic Problems	3	3
Anger Issues	6	6
Family Conflicts (Financial Problems & Relationship Problems)	56	56
Psychiatric Illnesses	28	28
Reason Unknown	7	7
3. History of DSH in Past		
Yes	60	60
No	40	40
4. History of Psychological issues and psychiatric Illnesses		
Yes	42	42
No	58	58
5. Type of Psychological/psychiatric Illness		
Anger Issues	6	6
Bi-Polar Disorder	4	4
Conversion Disorder	2	2
Depression	19	19
OCD	4	4
Psychosis	3	3
Not Known	4	4
6. Psychiatric Illness in Family		
Yes	14	14
No	86	86
7. History of DSH in Family		
Yes	9	9
No	91	91

illness, and 9% of them had a family history of Self-Harm. The scores of participants on Traumatic Experience Checklist (TEC) showed that all the research participants have experienced traumatic events in different numbers as evident by Table-1

The participants of current research experienced the emotional abuse in their life, as evident by the descriptive statistics, as 30 participants have experienced it once in their life, 20 participants have experienced it twice in their life and only 6 participants have experienced it three times in their lifetime. However, the prevalence of physical abuse was comparatively less than emotional abuse, as evident by Table-2. It was revealed from the research statistics that there were 24 participants who have experienced physical abuse once in their life, and only 5 and 1 participants had experienced it two and three times, respectively.

Moreover, the scores of participants on Traumatic Experience Checklist also showed that 7 of the research participants have experienced sexual abuse once in their life, while 1 of them have experienced twice and three of the research participants have experienced it thrice in their life. Table-3

Table 3: *Shows the descriptive statistics of Traumatic Experience Checklist for Emotional, Physical and Sexual Abuse*

Number of Emotional Abuse	Frequency	Percentages
0	44	44
1	30	30
2	20	20
3	6	6
Number of Physical Abuse		
0	70	70
1	24	24
2	5	5
3	1	1
Number of Sexual Abuse		
0	91	91
1	7	7
2	1	1
3	1	1

Discussion

The results of the current study showed that the significant ways of self-harm in research participants were medicine intake, acid / poisonous substance intake and cuts and injuries. These findings can be significantly supported by the study of Hanuscin, et al[13]., and Shekhani, et al[18]. who revealed that patients who were involved in self-harm tend to use firearms, cutting/piercing, jumping from high places, anoxic injuries and poisoning as ways of causing harm to self. However, in the current study firearm usage was not reported to be a way of causing self-harm which may be due to the unavailability of firearms easily.

The current study also revealed that the causes of Self-Harm include academic problems (3%), family conflicts (financial problems and relationship problems) (56%), psychological illness (34%), and unknown reason (7%). These results of current study can be significantly explained by the study of Thompson and Kaslow[9], Devries[10] and Lauw, How and Loh[11]. These studies showed that people who attempted suicide and deliberate self-harm were more likely to have high levels of depression, drug use, psychological/ psychiatric illness, relationship problems, academic stress and physical or psychological abuse. In addition to this, deliberate self-Harm can also be caused by the previous history of deliberate self-harm, and family history of psychological/psychiatric illness and deliberate self-harm, as evident by the results of current study. These findings are also in line with the results of Hawton[15], who claimed that participants who reported to commit intentional self-harm tend to have a history of recent self-harm by friends, family members, misuse of drugs, symptoms of depression, anxiety, impulse control problem and low self-esteem issues.

For the current study Traumatic Experience Checklist[16] was also administered to determine the number of various traumas and their impact on the research participants with deliberate self-harm. The results showed that 93% of the participants had experienced any traumatic event in their life one or more time in their life. These results can further be strengthen by the findings of Devries, et al.[10] Lauw, How and Loh[11] and Spokas, et al.[12], who concluded that participants with intimate partner violence, physical or psychological abuse, and childhood sexual abuse were at higher risk of doing deliberate self-harm and multiple suicidal attempts.

It can be concluded from the results of current study that there are number of causes and associated factors that lead to suicide and eventually death, as deliberate self-harm can be severely life-threatening and can cause life-time injuries and damage. Therefore, while treating patients with deliberate self-harm or suicide attempt it is necessary to rule out the underline causes of deliberate self-harm so that patient's quality of life can be improved, and future self-harm can be prevented .[19]

Limitations of the Study

The age-band of participants for the current study was too broad therefore it was recommended to study the identified factors and associated causes of DSH and attempted suicide for specific age group. Moreover, it was also recommended to study the personality correlates of people with DSH and attempted suicide.

Conflict of Interest *None*

Source of Funding *None*

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Authors Contribution

SB: Conceptualization of Project
RM, QB: Data Collection
RA, QB: Literature Search
RM : Statistical Analysis
AB, SB : Drafting, Revision
RM, RA: Writing of Manuscript