

TYPES OF SELF-INJURIOUS BEHAVIOURS

Deliberate behaviours for which the end goal is to inflict harm to oneself

NON SUICIDAL SELF-INJURIOUS BEHAVIOURS

with no intent to die

SUICIDAL SELF-INJURIOUS BEHAVIOURS

with intent to die

SUICIDE

SUICIDE ATTEMPT

INTERRUPTED ATTEMPT

ABORTED ATTEMPT

PREPARATORY ACTS

MILD

SUPERFICIAL INJURIES OR BEHAVIOURS WITHOUT VISIBLE INJURY

Self-poisoning

- Overdose (Ingesting a substance in excess than generally prescribed or considered therapeutic)
- Recreational drug ingestion
- Swallowing chemicals

Self-punishment

- Exercising to hurt oneself
- Stopping medication or starving

Excluded

Behaviours that have the potential for injury, though self-injury may not be the primary intent

Thrill seeking behaviours

- High-risk driving
- Adventure sports such as skydiving
- Deliberate recklessness

Substance abuse

MODERATE

SELF-INJURY WITH TISSUE DAMAGE THAT MAY REQUIRE TREATMENT

- Self-biting
- Scratching
- Pinching
- Burning
- Carving into skin
- Cutting
- Sticking needles or pins into skin
- Interfering with wound healing

Excluded

Culturally or socially sanctioned forms of self-injury that are regarded as expressions of individuality, cultural identity, and creativity

- Tattooing
- Scarification
- Body piercing
- Body modification
- Self-flagellation

SEVERE

SERIOUS BODY MUTILATION OR INJURY REQUIRING INTENSIVE MEDICAL MANAGEMENT

- Head banging
- Eye gouging
- Tooth extraction
- Joint dislocation
- Self-castration
- Limb amputation

Excluded

Highly lethal behaviours with strong intent to die

Traditional methods of suicide such as

- Hanging
- Shooting
- Jumping from a high place
- Poisoning (eg, carbon monoxide)
- Stabbing
- Electrocution
- Drowning

Note: Various terms are used to refer to self-injurious behaviours (SIBs) such as non-suicidal self-injury, deliberate self-harm, self-directed violence, and self-mutilation, regardless of intent. Although the crucial distinction between suicidal and non-suicidal SIB hinges upon intent to die, Nock (2014) argues that issues in classifying intent itself may further pose difficulties in developing a widely accepted classification system. Therefore, such ambiguities in the conceptualization of the phenomenon lead to difficulty separating self-injury from culturally nuanced definitions of interrelated topics such as substance abuse, mental illness, and suicide (Khan & Ungar, in press).

Severity classification has been recognized as critical for surveillance, epidemiological investigations and evaluations of programs and policies aimed at mitigating the impact of injury at both the individual and societal levels (Crosby et al., 2011). This infographic categorizes SIB based on injury severity which according to Crosby et al., (2011) is defined as the impact of an injury in terms of the extent of tissue damage and/or the physiologic response of the body to that damage.

References

- Crosby, A., Ortega, L., & Melanson, C. (2011). Self-directed violence surveillance; uniform definitions and recommended data elements. Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention for Injury Prevention and Control. <https://stacks.cdc.gov/view/cdc/11997>
- Khan, A., & Ungar, M. (in press). Resilience to self-harm: A scoping review of protective factors that aid in recovery among marginalized young people. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*
- Matthew K. Nock. (2014). *The Oxford Handbook of Suicide and Self-Injury*. Oxford University Press.
- Skegg, K. (2005). Self-harm. *The Lancet*, 366(9495), 1471-1483.