兒童及青少年之自傷與自殺

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自我傷害

「自我傷害」係指一個人「有意地」使自己的身心受到傷害。

- **廣義的定義**：廣義的自我傷害包括**自殺**、以及用任何方式傷害自己身心健康的行為
- **狹義的定義**：狹義的自我傷害僅指**自殘行為**：以任何方式傷害自己身心健康，但**沒有結束自己生命的清楚意圖**，例如重覆地拔自己的頭髮，以頭撞牆或割傷自己等行為

自殺≠自傷

- 明知後果
- 直接或間接的採取消極或積極的行為
- 導致死亡

- 故意、直接傷害自己的身體
- 無死亡的意願
- 以身體的疼痛，轉移心理創傷

常見的自傷行為

割腕（劃破皮膚、流血）、咬手指、拔頭髮、徒手搥牆壁、撞牆、從事危險動作而導致意外

以上資料摘錄自『臺北時友善校園宣導列車-憂鬱自傷』

(一)廣義的自我傷害行為

1. 有情緒困擾，如憂鬱。
2. 有生理疾病、容易生病或請假次數過多。
3. 採攻擊行為。
4. 容易發生意外事件或違紀、曠課次數較多。
5. 曾企圖自殘、自殺。

(二)狹義的自我傷害行為

1. 割腕（畫破皮膚、流血）
2. 咬手指
3. 拔頭髮
4. 徒手捶牆壁、撞牆
5. 從事危險動作而導致意外

流行病學

- The first study on the prevalence of NSSI in a school sample of adolescents was published in 2002, which found a prevalence of "self-mutilation" of around 14%.
- The aggregate lifetime and 12-month prevalence of NSSI was 22.1% and 19.5% respectively.
  - –A meta-analysis (1989-2018)
  - –full-time school attendance, non-Western countries, low and middle-income countries, and geographical locations (Australia 30.9%, Asia 25.7%, North America 18.7%, Europe 18.4%)

- NSSI not only can occur in the broad context of psychiatric disorders (affective disorders, BPD, substance abuse, anxiety disorder, posttraumatic stress disorders) but can also occur without comorbid psychiatric diagnosis.
- A systematic review on longitudinal studies on NSSI showed that prevalence rates of NSSI peak around mid-adolescence (around 15–16 years) and decline towards late adolescence (around 18 years).

- Although NSSI decreases significantly in late adolescence, adolescents with repetitive NSSI seem to be at high risk to be continuing dysfunctional emotion regulation strategies, even after cessation of NSSI.
  - –high levels of substance misuse
  - –an association of earlier age of onset with an increased risk of developing BPD later on in life
- NSSI is a significant risk factor for suicide attempts and suicides.

自我傷害行為的分類

- 根據Simeon&Hollander(2001)整理Fravazza & Simeon(1995)對自我傷害的現象類別，自我傷害行為可根據以下六個向度分成四大類，而在校園間常見的自傷行為類型，多屬於第四類衝動性自傷行為，如皮膚的切割、煙頭燒燙傷、干預傷口癒合等(黃雅羚，2002)

病因與危險因子

- In a recent meta-analysis on risk factors of NSSI, overall risk factors with the strongest effects (OR > 3.0) included
  - –a former history of NSSI
  - –cluster B personality disorders
  - –hopelessness
- Associations for an OR > 2 were found for
  - –prior suicidal thought/behaviors
  - –exposure to peer NSSI
  - –patient prediction (self-reported likelihood of engaging in NSSI in the future)
  - –abuse

人口學因素

- As described above, NSSI most commonly occurs in early to mid-adolescence and commonly ceases in young adulthood.
  - –Adolescence is a vulnerable phase for developing NSSI, as elevated levels of impulsivity and emotional reactivity are present due to brain developmental processes.

- Female gender has been identified as a risk factor for NSSI.
  - –Female adolescents and adults were more likely to engage in NSSI than males.
  - –This difference was larger in clinical populations as compared to studies conducted in the general population.
  - –Cutting to be the most common method for girls and hitting against a wall to be the most common method for boys.

- Regarding cognitive factors, in a study including 4810 adolescents aged 16 to 17 years, higher IQ was associated with a higher risk of engaging in NSSI.

社會因素

- A prospective longitudinal study across 2.5 years showed dysfunctional relationships to be a significant risk factors for NSSI.

- In the same line, bullying has been shown to be a risk factor for the development of NSSI repeatedly.
  - –being bullied by peers in childhood and early adolescence to be a greater risk for self-harm in adulthood than being maltreated by parents
  - –a large European study (N= 12,068 adolescents from 11 countries) found bullying to be highly associated with engaging in self-harming behaviors

媒體效應

- It has been shown that NSSI-related search terms were sought 42 million times per year on Google.
- The top 100 YouTube videos with an NSSI content were viewed over two million times, with 90% of non-character videos showing NSSI photographs and 28% of character videos showing NSSI action.

- The online activity regarding NSSI can be viewed as
  - –beneficial (e.g., decreasing social isolation, receiving encouragement for recovery, reducing urges to self-injure)
  - –potentially harmful (e.g., triggering urges to self-injure, social reinforcement of NSSI).

負向童年經歷

- The risk for engaging in NSSI seems to be elevated by the experience of adverse childhood events like parental neglect, abuse, or deprivation.
  - –In a study, only child emotional abuse remained significantly associated with NSSI, when different types of adverse childhood experiences were analyzed simultaneously.

- In another study, only indirect childhood maltreatment (i.e., witnessing domestic violence) was significantly associated with NSSI, and direct forms of maltreatment (physical or sexual abuse) were not.
- A strong association of increased parental critique or parental apathy has been shown repeatedly.

神經生理因素

- As NSSI is often associated with stressful events or situations, and the hypothalamic-pituitary adrenocortical (HPA) axis is involved in coping with stressful situations, studies testing a relationship between NSSI and the HPA axis have been conducted, all showing an altered pattern of HPA axis regulation.
  - –One study found decreased levels of cortisol in adolescents with NSSI in response to the Trier social stress test, which could point towards a hypo-responsiveness of the HPA axis in adolescents with NSSI in acutely stressful situations.

- Regarding the perception and processing of physical pain, results from adolescent samples have so far shown rather inconsistent results.
  - –One study in adolescents with BPD showed elevated pain thresholds.
  - –In another study in youth (aged 16–24) with comparable rates of BPD in both the NSSI and the clinical control group, no differentiation with regard to pain threshold or processing of physical pain was shown.

非自殺性自傷行為之功能

- Klonsky et al. proposed functional theories that explain the reasons for non-suicidal self-injury in young people.
  - –alleviation of negative emotion
  - –self-punishment
  - –self-directed anger
  - –expression of distress
- Klonsky et al. highlighted the misconception that non-suicidal self-injury is always a symptom of borderline personality disorder.

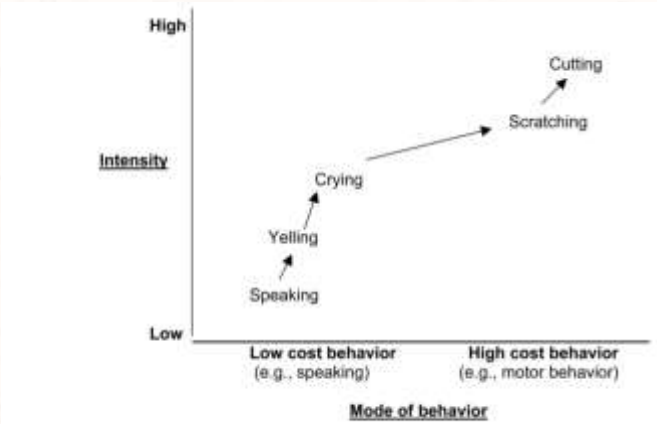
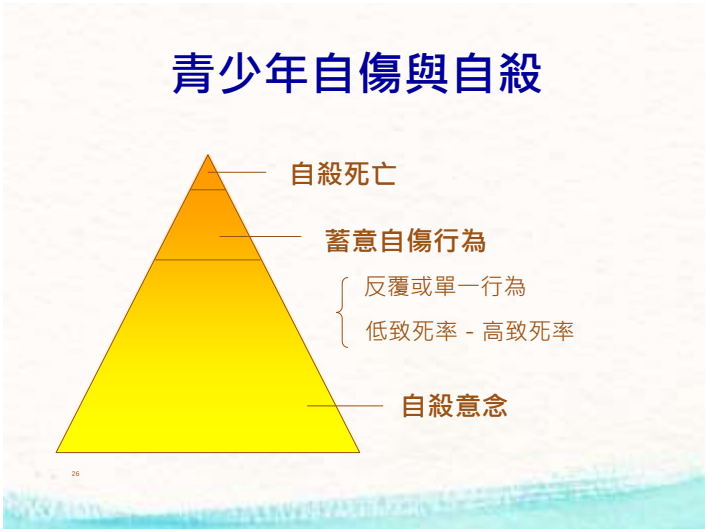


Figure 1. Schematic of how communication intensity and mode can escalate to NSSI



青少年自殺 - 流行病學

- 青少年自殺較常發生在近期人際關係上的壓力，造成不快樂、無望、憤怒、挫折，不像成人多為憂鬱自殺，但仍有三成有精神疾病。
- 各種精神疾病自殺的終生機率：
  - 情感性疾患：6-15%
  - 酒精濫用：7-15%
  - 精神分裂症：4-10%
- 高自殺危險性：情感性疾患、精神分裂症、藥物成癮、人格障礙、焦慮症、創傷後壓 力症候群

常見的自殺迷思

- 談論自殺會讓本來不想自殺的人，變得有想自殺的念頭。
- 會說想要自殺的人，不一定真的會自殺。
- 具高度自殺危險性的人是抱持著必死的決心。
- 具高度自殺危險性的人一定是有特定的原因才會想自殺。
- 自殺乃是突然發生，不可能提早預防。
- 想自殺的人並不會尋求幫助。

- 當高度自殺危險性的人在心情變好之後，就表示自殺危機已經解除了。
- 會跟別人說想自殺的人，其實只是想得到別人的注意。
- 想自殺的人都是瘋子。
- 想自殺的人都有心理疾病。
- 有憂鬱症的人一定會自殺。
- 一個人一旦想要自殺，他就一輩子都有會自殺的危險。
- 兒童不會知道任何自殺方法。
- 沒有留下遺書的人其實不是真正想自殺的人。

自殺之危險因子

- 父母精神疾病與自殺史
- 罹患精神疾病、藥物濫用
- 人際困難：被羞辱、貶抑、排擠、凌虐(校園暴力)
- 遭受長期性侵或溝通不良
- 性取向
- 人格特質：衝動、悲觀、要求完美、敏感
- 因應能力弱
- 家庭或社會資源不足

憂鬱症與自殺

- 憂鬱症是青少年自殺意念及自殺行為首要病因
- 並非所有的自殺個案均有憂鬱症
- 8成 憂鬱青少年自殺身亡

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自殺青少年常見的臨床心理特質

- 情感上：自覺有強烈的痛苦，缺乏安全感與成就感，感到無助與無望。
- 氣質上：個性衝動、易怒、追求完美、人際退縮。
- 認知上：常以極端的二分法看事情、矛盾的心態、錯誤的觀念。
- 不良的解決問題能力：不成熟的方式逃避 、壓抑、取代或否認。

青少年自殺行為的特性

- 少有強烈的自殺意圖與計畫，多半是衝動的行為(有50%從意念到實行不到15分鐘)
- 青少年自殺未遂的主因，以**情感、人際因素**占首位(6成)，第二位則為**精神疾病及物質濫用**，第三名則為**工作、經濟**。(衛福部,2013)
- 青少年男性自殺率高於女性，但兒少成功執行自殺的能力有限，最常見發洩壓力的自傷方式是割腕。(衛福部,2013)
- 青少年自殺前多會有**警訊**，包含成績退步、常請假、社交畏縮、被人欺負嘲笑、家庭發生重大事件、手臂有割痕等自殺痕跡、或在言語及文字透露自殺訊息等。(衛福部,2013)
- 對自殺聚集性（時空聚集性）的研究顯示自殺有傳染性。此現象存在於青少年及青年初期(Gould, 1994)，而少見於24歲以上的人(Gould, 1990)。

青少年自殺 - 介入

- 評估自殺危險性
- 確立精神疾病診斷
- 心理－社會評估
- 評估可用資源
- 治療：
  - 治療精神疾病
  - 個別／團體／家庭心理治療
  - 整合資源，包括學校及家庭的支持

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