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Review

The co-occurrence of aggression and self-harm: Systematic literature review

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ABSTRACT

Background: Epidemiological research supports an association between aggression and self-harm through data on the frequency with which individuals exhibit both behaviours. Unbiased evidence, however, is needed to draw conclusions about the nature and extent of co-occurrence.

Method: Systematic review of published studies was undertaken to evaluate whether or not the frequency with which aggression and self-harm co-occur is beyond that which would be expected by chance. Outcome measures included: (a) between-group differences on a standardised aggression/self-harm measure – the groups defined by scores on a measure of the other behaviour; (b) correlations between the two behaviours; (c) co-occurrence rates in populations defined by the presence of either behaviour; (d) co-occurrence rates in populations not defined by either behaviour. Odds ratios were calculated for studies presenting complete frequency data.

Results: 123 studies, some yielding more than one type of result, met the inclusion criteria. Most case-control studies found elevated levels of aggression in self-harming populations (or self-harm in aggressive populations) compared to controls. The majority of correlational, co-occurrence rate, and odds ratio data found aggression and self-harm to be associated.

Limitations: Results were subject to descriptive synthesis only and thus, unable to report an overall effect size.

Conclusions: Evidence suggests that aggression and self-harm frequently co-occur. Such evidence necessitates more theoretical discussion and associated research on the source and nature of co-occurrence. Nonetheless, individuals who present with one behaviour may be considered an 'at-risk' group in terms of exhibiting the other. Such evidence holds implications for practice (e.g. risk assessment).

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1. Introduction

1.1. Aggression and self-harm in the UK

Aggression and self-harm are important public health issues. While violent crime rates have fallen in recent years (ONS, 2013a), it remains a significant problem – incurring substantial costs to individuals and society (see Dubourg and Hamed, 2005 on economic and social costs). The Crime Survey for England and Wales (CSEW) estimates that around 1.9 million violent incidents towards adults occurred during 2012/2013 (ONS, 2013a). Police-recorded statistics for 'violence against the person' are significantly lower (approximately .6 million) – the discrepancy due to factors such as victims' unwillingness to report offences and recent Home Office re-classification of crimes historically categorised as violent (ONS, 2013a). Annual rates of CSEW-reported violent incidents and police-recorded 'violence against the person' have therefore been estimated, respectively, at 42 per 1000 and 11 per 1000 (ONS, 2013a). While incidences of homicide in England and Wales in 2012/2013 were comparatively rare ($n=552$: ONS, 2013a), minor assaults remain frequent – especially when no physical injury was involved (e.g. 'assault without injury', 'aggressive behaviour'); CSEW (ONS, 2013a) reporting 103,000 such incidences against children aged 10–15 and 830,000 against adults aged 16 and over.

Epidemiological data on incidence of self-harm is harder to obtain for a number of reasons. No national statistics exist and regional statistics are often narrow in scope, with focus on, for example, only certain types of self-harm (e.g. self-poisoning) or certain age-groups (e.g. youths). While there are other possible sources for rates of self-harm, the most commonly cited is hospital attendance. The NHS recorded 110,960 hospital admissions following episodes of self-harm for the year ending August 2012 – nearly 90% being cases of self-poisoning (HSCIC, 2013). Hospital presentations that do not lead to admittance are more frequent, with regional estimates suggesting a figure of 170,000 episodes of self-poisoning and a further 30,000 episodes of self-injury per annum (Horrocks et al., 2003; Kapur, 2009). Given that many episodes of self-harm do not lead to healthcare presentation, these figures are likely to be underestimates (Kapur et al., 1998; Hawton et al., 2002; Rodham et al., 2005; Taylor and Cameron, 1998). Suicide statistics, however, are more reliable, with the ONS reporting that 6045 people died by suicide in 2011 – the estimated rate of deaths from suicide estimated at 11.8 per 100,000 (ONS: Office for National Statistics, 2013b). The World Health Organization (2009) estimates that for every person who dies by suicide, there are at least 20 suicide attempts, with Kapur (2009) suggesting that over half of those who die by suicide will have a history of self-harm. Epidemiology aside, self-harm as an important public health issue is perhaps most aptly emphasised under consideration of the distressing consequences to patients, victims, and their families, and the eventual costs to society (see Currier et al., 2006; Kapur et al., 2001, 2002; Kennelly, 2007; Knapp et al., 2011 on costs and consequences).

1.2. Theoretical and empirical links

While seemingly different, even opposing behaviours, it has long been theorised that aggression and self-harm are linked. From a psychodynamic perspective, Freud (1905/1953, 1917/1953) viewed suicide as aggression turned inward and proposed that aggression underlies both suicidal and violent behaviours. More recently, Plutchik and colleagues (e.g. Plutchik, 1994; Plutchik et al., 1989a; Plutchik and van Praag, 1990a) regard evidence of their association as a marker for a shared aggressive impulse to act violently towards the self and others. Even the use of legal and psychological terminology over the years such as '*self-murder*' (e.g. see Gates, 1980 on '*felo-de-se*'), '*self and other-directed violence*' (e.g. Myers and Dunner, 1984), '*outward and inward-directed aggressiveness*' (e.g. Plutchik, 1994), or '*self-directed and other-directed aggression*' (e.g. Hillbrand, 2001) has often implied a conceptual link. While the two behaviours may have different clinical and forensic implications, it is therefore surprising that aggression and self-harm research emerged historically as two separate fields (Lubell and Vetter, 2006). This empirical separation did not last long though. Over the years, many researchers began to find evidence that supported the theoretically proposed link between aggression and self-harm.

A striking evidentiary feature is the notable overlap in risk factors associated with each behaviour. Plutchik and colleagues (e.g. Plutchik, 1994; Plutchik et al., 1989a; Plutchik and van Praag,

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