

Self Harm

What is self-harm?

The phrase 'self-harm' is used to describe a wide range of behaviours, the most common of which are cutting, scratching, bruising, burning or overdosing oneself, or intentionally putting oneself in risky situations. Self-harm also includes behaviour that is quite common such as abusing alcohol and drugs or having an eating disorder. The phrase is used when a person injures or harms themselves on purpose rather than accidentally. Self-harm can be understood as a physical response to emotional distress and it can be very addictive. Once a young person starts self-harming it can become a compulsion and that's why it's important to notice it as soon as possible and do everything you can to help. Self-harm is always a sign that something is seriously wrong.

How many young people self-harm?

It is very difficult to say how many young people are self-harming because young people, typically don't talk about it. Statistics based on disclosures to GPs and hospital staff indicate that between 1 in 10 and 1 in 13 young people self-harm at some point between the ages of 11 and 16, but the real figure may be much higher.(1) Studies have consistently shown that girls are much more likely than boys to self-harm. It would appear that the rate of self-harm is on the increase.

Our experience on the Thirtyone:eight Helpline is that the number of calls we get on self-harm has increased significantly over the past 5 years. The Girls Attitude Survey 2015 by Girlguiding(2) highlighted self-harm as the number one concern of girls with 75% of girls expressing worries about self-harm. Whereas traditional 'risky behaviours' for young people, such as drinking, smoking, taking drugs and criminal behaviour, are on the decline, self-harm, social isolation, loneliness, anxiety and body appearance issues are growing threats, as are emerging risk behaviours associated with the rising use of digital media, such as premature sexualisation, cyberbullying and violent computer games.(3)

Why do young people self-harm?

Young people harm themselves for all sorts of reasons but the need to self-harm usually comes from strong emotions that have become difficult to manage. Young people who self-harm give different reasons for why they do it. Self-harming behaviour is often associated with feelings of anger. Some young people who self-harm say that they feel desperate about a problem and they don't know what to do or who to turn to. Self-harm makes them feel more in control. For some young people who are experiencing unbearable feelings of shame, self-harm is a way of punishing themselves. Some young people who have experienced trauma or abuse cope with this by dissociation (that is they cut themselves off mentally from their experiences and become emotionally numb) and so, for these young people, inflicting pain on themselves is a way of making themselves feel more connected and alive. Self-harm is not usually a suicide attempt or a cry for help.

The majority of self-harm happens within the community and doesn't reach the attention of mental health services but a small proportion (usually overdosing) results in a hospital admission. Paracetamol is the most common medicine taken as an overdose and this can cause serious liver damage; even small overdoses can sometimes be fatal. Individuals who have self-harmed are at higher risk of suicide than other young people, but the risk is still low. Young people who harm themselves with a wish to commit suicide usually also have mental health problems or other serious issues in their lives. It's more helpful to see self-harm for most young people as their way of coping,

a survival strategy in the face of emotional distress. There are, however, always risks with self-harm and it should never be ignored.

What makes a young person vulnerable to self-harm?

Self-harm can affect any young person, regardless of their circumstances, but researchers from Oxford University have found that there are a number of factors, in combination, that may make a young person particularly vulnerable.(4) These factors are clustered into three categories: individual factors, family factors and social factors. Among the individual factors are: depression, anxiety, low self-esteem, hopelessness, poor problem-solving, impulsivity and drug or alcohol abuse, converting emotional pain into physical pain to feel in control.

Family factors include mental health difficulties within the family, poor parental relationships, drug/alcohol misuse within the family, unreasonable expectations, excessive punishments or restrictions, abuse and neglect, the conflict between young person and parents, family history of self-harm, family breakdowns such as divorce or separation. Social factors shown by the research to increase vulnerability are difficulties in peer relationships, bullying, peer rejection, abuse, friends who self-harm, availability of methods of self-harm, media and internet influences. Self-harm is particularly common among young people with learning difficulties and it is thought that around 20-30% of young people with Autistic Spectrum Disorders will self-harm in some way (5). Self-harm that is associated with a person with learning difficulties is often referred to by the term 'self-injurious behaviour' or SIB.

Assessing risk

Decisions about what to do next can be based on the level of risk involved in the self-harm. There is generally a scale of risk when looking at self-harm behaviour.

Low risk:

Individuals whose self-harm results in superficial tissue damage, who have some positive coping skills, and external support are those whose behaviour poses less of a risk. Parents may or may not need to be notified in this case depending on your confidence that the self-harm is transient and not likely to cause unintended injury. Mentoring or befriending a young person in these circumstances can be helpful, whilst also encouraging them to use safer coping strategies to help release their feelings, such as writing, drawing, physical exercise. It is important to remember that self-harm usually stems from a sense of internal or external stress, it is therefore helpful to encourage the individual who is self-harming to seek a trusted adult to talk to when they feel like they may be at risk of self-harm or other unhealthy behaviours. This could be a youth worker, relative, school nurse, or a counsellor.

Higher risk:

If a young person is frequently reporting self-injury practices or is using high-risk methods, ie. deep cutting, ingesting caustic substances. If this is coupled with experiencing severe internal and external stress with few positive support or coping skills, they are likely to require more intense intervention, such as GP, and/or Child and Adolescent Mental Health Services (CAMHS) Higher risk self-harmers usually have a more established self-harm routine, report a degree of dependence, often hurt themselves more than intended, and report life interference as a result of their self-injury. Where under 18, parental involvement is likely to be advised in such cases. It is important to note that the young person should be respectfully and actively involved even where there is resistance. Ideally, the young person should be encouraged to speak to their parent/s about the harming, however, if

reluctant, a responsible adult may need to alert parents that their child may be in danger of harming him or herself in the future.

Helpful responses

Notice when the young person seems upset, withdrawn or irritable. Self-injury is often kept secret but there may be clues, such as refusing to wear short sleeves or to take off clothing for sports. Encourage them to talk about their worries and take them seriously. Show them you care by listening, offer sympathy and understanding, and help them to solve any problems. Buy blister packs of medicine in small amounts. This helps prevent impulsive overdoses. Getting pills out of a blister pack takes longer than swallowing them straight from a bottle. It may be long enough to make someone stop and think about what they are doing. Keep medicines locked away. Get help if family problems or arguments keep upsetting you or the young person. If a young person has injured themselves, you can help practically by checking to see if injuries (cuts or burns for example) need hospital treatment and if not, by providing them with clean dressings to cover their wounds.

As a parent, it's really hard to cope with a child/young person with self-harming behaviour or who attempts suicide. It's natural to feel angry, frightened or guilty. It may also be difficult to take it seriously or know what to do for the best. Try to keep calm and caring, even if you feel cross or frightened; this will help your child/young person know you can manage their distress and they can come to you for help and support. This may be difficult if there are a lot of problems or arguments at home. Or, you may simply feel too upset, angry or overwhelmed to effectively help your child/young person. If so, you should seek advice from your GP. As a teacher/minister/youth worker, it is important to encourage young people to let you know if one of their friends is in trouble, upset or shows signs of harming themselves. Friends often worry about betraying a confidence and you may need to explain that self-harm is very serious and can be life-threatening. For this reason, it should never be kept secret.

Useful Contacts

[Childline](#)

[Mental health access pack](#)

[Selfharm UK](#)

[NHS Direct](#)

[The Samaritans](#)

[Think Twice](#)

[YoungMinds](#)

References

www.selfharm.co.uk/professionals/info/the-facts/self-harm-statistics

www.gov.uk/government/uploads/system/uploads/attachment_data/file/452059/Risk_behaviours_article.pdf

<https://www.selfharm.co.uk/get-information/the-facts/autism-and-self-harm>

