



SELF-HARM

Self-harm can be a sensitive subject for discussion for anyone at risk of self-harm behaviours. Reading about the subject, and especially the methods used, can be a trigger for self-harm behaviours. We appreciate that this brochure may have a number of triggers for those who are suffering, and whilst we want people to read this brochure to improve their understanding, we do not want to put anybody's well-being at risk. Therefore, if you are feeling highly emotional, or think that you may be at risk from self-harm, we advise that you read this brochure at a later date, when you are feeling less vulnerable. If you feel any aspect of this brochure has negatively affected your mental wellbeing, then we encourage you to follow up with your regular healthcare provider as soon as possible.

What is self-harm?

As the name would suggest, self-harm is the act of intentionally causing damage or harm to oneself without the intention of ending one's own life. This may only occur on one or two occasions, or it may be an ongoing problem. Whilst often discussed in the field of mental health problems, self-harm is not a mental health diagnosis itself, but is classified more as an emotional difficulty. If you have previously read literature on self-harm you may have come across terms such as deliberate self-harm or para-suicide to reference self-harm behaviours. But these terms are now being phased out as they suggest information that is not accurate.

Below we will discuss some of the reasons why people self-harm, and how they go about doing it. We will also look into who is likely to suffer with self-harm, what you can do if you are suffering, and what you can do if you know somebody who is suffering. It is important to remember that self-harm inherently carries physical risks and can become a long-term condition, with you being more at risk if you use a dangerous method of self-harm, or if you self-harm regularly.

Why do people self-harm?

Unfortunately there is an unfounded belief that the majority of people who self-harm are doing it for attention and this is often viewed in a negative light. It should be remembered that wanting attention and help is not something to be ashamed of, and people should not be demeaned for the way they feel able to reach out. However, this is also an unfounded belief as most people conceal their self-harming habits and hide them from those closest to them.



Ultimately, there is no fixed answer as to why people self-harm, it is a different experience for every individual and in some cases, the individuals themselves may not know why they self-harm. However, research and data collection has highlighted a number of risk factors of self-harming behaviours and the reasons that people have highlighted for self-harming. It should be noted that the compiled lists below are a snapshot of factors and explanations and are in no way all encompassing. You may be self-harming for reasons not listed here. We should also mention that, seeing risk factors that apply to you does not automatically mean you will suffer with self-harm.

Risk Factors

Social pressures – The breakdown of relationships, financial problems, trouble at work, or schooling problems such as bullying are all social pressures that can lead to an increased risk of self-harm.

Mental health conditions – Conditions such as anxiety and depression have been known to increase the risk of self-harm. In the case of other disorders, such as eating disorders and Borderline Personality Disorder, self-harm is often a direct symptom of the disorder.

Alcohol and substance use – Substance abuse is often considered in the same capacity as some other mental health conditions and is itself a form of self-harm. However, everyday substance and alcohol use can be a risk factor for those who are already at risk of self-harming or have a history of self-harm as substance and alcohol use often lowers inhibitions.

Physical or sexual assault – Unfortunately a history of abuse, either physical or sexual, leads a person to be at a greatly increased risk of self-harm. Estimates suggest that nearly 50% of those who engage in self-harm behaviours have a history of sexual assault.



Explanations of self-harm

An expression of difficult emotions – For many people, intense emotions or complex thoughts can be difficult to put into words to explain to somebody. This can lead some people to use self-harm as a way of expressing these feelings.

Changing an emotional pain to a physical pain – An emotional pain can be harder to explain and quantify compared to physical pain, as there is nothing visibly wrong. Therefore, some people use self-harm as a way to move an emotional pain to a physical one.

Control – Everybody has felt situations where they feel helpless and without control. For those who self-harm, the act of self-harm can be one way of taking back control or of feeling a sense of control.

Punishment – For some, self-harm is used as a punishment for feelings or experiences that they may have had. This may be they have had a good time that they don't feel they deserve, or they've done something they deem as bad.

An expression of suicidal feelings – Whilst for most people who self-harm the intention is not to commit suicide, for some the act of self-harm can be a way of expressing to others that they may be feeling suicidal or having thoughts about suicide. Others may on some level feel that they intend to die. It is especially important to monitor the association between suicide and self-harm as over half of people who die by suicide have a history of self-harm.

How do some people self-harm?

As we have stated, reading about self-harm can be especially difficult for those who are currently fighting the urge to undertake self-harming behaviours. Reading about how others self-harm may be a strong trigger for others to self-harm, therefore if you are struggling we would advise that you skip this section. We do not encourage any of the behaviours in this section and this is not intended to give people ideas. Instead the intention of this section is to show how people may hurt themselves, so others can be mindful of the behaviours they may observe.

Some common ways people self-harm are:

- Cutting themselves
- Overdosing on medications
- Ingesting things not for human consumption
- Over or under eating
- Biting themselves
- Scratching the skin past the point of drawing blood
- Burning themselves
- Inserting objects into their bodies

This is just a selection of the types of behaviours a person may engage in, or see a loved one engage in. Sometimes the ways people harm themselves is less obvious and is instead through drug use or partaking in risky activities such as unsafe sex. As you can see from the list, there is a vast range of ways that people engage in self-harm. Some people will use the same method whenever the urge to self-harm takes a hold, whilst others will engage in a variety of self-harming behaviours.



When looking at this list and thinking about self-harm there is often the idea that people do these activities in a planned way but this is often not the case, with actions being undertaken when a person is highly emotional and lashing out at themselves. This can be especially problematic as an emotional outburst is likely to be less controlled and more likely to result in permanent injuries like tendon damage from cutting. Permanent injury may also result from repeated self-harm behaviours, especially relating to overdosing. A person may have been able to survive an overdose in the past but their body will become compromised and as such, future overdoses are likely to be more dangerous and potentially fatal. This is problematic as studies have found that overdosing is one of the main reasons for hospitalisation in self-harm cases, with cutting and burning thought to be the most common methods of self-harm overall.



How common is self-harm?

Unfortunately, research is showing that self-harm is not an uncommon problem, affecting many more people than public perception would suggest. As with many mental health conditions, self-harm often comes with a great deal of secrecy and so it is thought that any estimates of self-harm, especially those in the community, are thought to be unrepresentative of the real number. Whilst self-harm is not limited to one age group, gender or culture, much research has focused on the youth and adolescent populations where incidences appear to be higher.

- In the UK, 6 in 100 people will self-harm in their lifetime (Iob et al., 2020).
- The lifetime prevalence for adolescent self-harm is between 15% and 20%, therefore affecting approximately 1 in 5 adolescents (Klonsky et al., 2014).
- Approximately 13 in 100 (13.4%) young adults will self-harm in their lifetime (Burke et al., 2019).
- People who have a sexual minority identity are twice as likely to self-harm as heterosexual individuals (Butler et al., 2019; Peters et al., 2020).
- Self-harm is also more common in women than men. Approximately 1 in 4 women ages 16-24 (25.7%) and 1 in 10 men ages 16-24 (9.7%) report having self-harmed at some point in their lifetime (NICE, 2020).

It does therefore appear that young females may have an increased risk of self-harm behaviours, although this may be due to reporting bias. There are unfortunately other groups that may be at greater risk of self-harm than the general population. Students and victims of bullying have both been shown to be at a greater risk than the general population, with some studies finding that those who are bullied are three times more likely to self-harm than their counterparts. We do acknowledge that here there is overlap with the previously reported youth statistics but we mention it in the hopes that people become more vigilant to the needs of those who have been victimised. Those who identify LGBT+ have also been shown to be at an increased risk of self-harm with some studies suggesting that half of those interviewed had engaged in self-harm behaviours. Whilst a lot of LGBT+ research focuses on youth samples, so again, there is an overlap here, it does highlight another vulnerable group that needs support.

What to do if you are self-harming

Suffering from self-harm can be a very scary experience and can leave you feeling isolated and in some cases ashamed. It is important in these times to remember that you are not alone and you have nothing to be ashamed of. Unfortunately, many people who do feel ashamed of their self-harm hide their condition which delays getting the help they need.

Whilst it may sound like a daunting task, our first piece of advice if you are suffering from self-harm is to tell somebody. This may be a close relative, a friend or a health care professional, whomever you feel most comfortable opening up to. Even though it may feel very difficult, there are two main reasons why we encourage you to open up:



Firstly, sharing your problem with somebody is the first step towards recovery for most people – the person you tell can not only offer you emotional support, they can help you look into your condition and the treatments available. Opening up to somebody also alleviates a great deal of the stress a person may be feeling as their problem is now shared.

Secondly, we advise that you confide in somebody on the grounds of safety. Whilst you may not intend to seriously injure yourself, accidents happen and so it is useful if somebody knows that you are self-harming so that they can assist you if something goes wrong.

Opening up to somebody may be difficult not only for the sufferer but also for the person who is being confided in, and as such, this can unfortunately lead to an experience that is less than ideal for the sufferer. Whilst you may be offended by the response you get, we hope that this does not deter you from future disclosures and from seeking help. In order to minimise a poor disclosure experience we suggest that you choose a person you really trust, and choose a time to tell them where you both have time to put forward your thoughts without being interrupted. You may benefit from writing down what you want to say in advance, and from letting the other person know what you intend to get out of telling them, for example support and guidance. If you think you will struggle with a face-to-face conversation then you may feel best disclosing your self-harm behaviours over the phone, or via another medium.

If you are self-harming, you may benefit from talking to a medical professional regarding harm minimisation. Some people think that this goes on encouraging self-harm behaviours, but many others recognise that self-harm behaviours are not something that disappear overnight. As such, a person needs to know how to treat their wounds and behave safely. We fall into this second category, and whilst we do not encourage self-harm behaviours in any way, we understand the process of recovery is a journey. The harm minimisation you can employ will depend entirely on your method of self-harm, but some examples are to ensure that instruments used in the process, (e.g. blades) are always clean and sterilised, and never shared. You will also need to look into first aid treatments for cuts and burns to ensure they do not become infected and life threatening. As mentioned we will not go into detail here, and this is a conversation that is best had with



your medical professional. We would also suggest you also become familiar with the symptoms of shock as this can be a serious condition that requires immediate care. Regardless of how long you have been self-harming you may become affected by symptoms of shock including feeling dizzy, weak and cold, potentially with a change in breathing pattern. If you experience any of these symptoms, then medical attention should be sought immediately.

Whilst the above may be useful for dealing with self-harm behaviour we do ultimately want people to seek treatment for these behaviours and to eventually stop them altogether. It is possible for everybody to become free of self-harm behaviours, but for some people the journey to recovery will be longer.

It is possible for everybody to become free of self-harm behaviours

We encourage people to seek out these treatments as soon as possible, as the longer a person suffers, the harder it is for treatment to break self-harm patterns. These treatments will not only engage the self-harm behaviours but will focus more on the root of the problem. For some this will mean undertaking treatment for a condition that results in the self-harm, and other treatments will look at emotional factors.

When seeking treatment for self-harm you should always expect to be treated with respect. You will likely be offered psychological therapies such as Cognitive Behavioural Therapy (CBT) to treat self-harm behaviours. CBT has shown some success in treating self-harm and will look to change the negative thought patterns a person is experiencing. Tasks such as diary keeping may be employed to help you understand your own condition as well as the triggers that affect your self-harm. This will also help highlight the urges you experience and importantly, may show what distraction methods are useful in delaying or replacing your self-harm. Commonly people may use an elastic band on the skin in place of cutting. Medication such as anti-anxiety or anti-depressant medication may also be offered. In some cases of self-harm, there is an immediate risk of danger to the sufferer's life and so a short hospital stay may be required, but in most cases treatment can be provided on an outpatient basis.

What to do if you know somebody who is self-harming

There are two main roles a person will take if they believe somebody is self-harming; somebody who is looking at warning signs and somebody who is supporting recovery. The first of these roles decreases in importance when you know somebody is self-harming and increases when there is a suspicion, although the same principles will apply when looking at potential relapses.

A person often keeps self-harm secretive so it can be up to you as a friend or relative to spot these warning signs and reach out. It is important to remain compassionate throughout the process, without ever being accusatory. A person may not want to discuss their problem with you right away and they will not react positively to being berated or pursued. Whilst it can be upsetting for you to think they are suffering, remain compassionate and try to focus on how they are feeling. Here we provide some warning signs to be aware of. We must highlight here that if a person is exhibiting these behaviours, it does not mean that they are definitely self-harming. In fact there can be a great deal of reasons for a person to behave in these ways. Instead you will need to use these as a guideline and use all the information you know about the person to come to your own conclusion. Then you will need to compassionately try to talk to them about the behaviours you are seeing. You must also be open to alternative explanations to self-harm. Some risk signs to look for include:

- **Unexplained cuts, bruises or burns**
- **Concealing clothing being worn in warmer weather**
- **Signs of depression, low mood or lack of motivation**
- **Expressing a wish to punish themselves**
- **Sounding suicidal**
- **Alcohol or drug misuse**
- **Drastic weight changes**

If a person does choose to confide in you then you may feel a little overwhelmed and lost. This is a completely normal reaction to have, but it is important to remain compassionate. It is usually fine to have questions but these should be asked in respect of a person's boundaries and, if required, you can research certain questions on your own at another time.

Whilst it may be startling to have somebody tell you about their self-harm, it is important to remember this is a positive step as it means they are reaching out for help and support. You are not expected to be a doctor, or to understand anything medical. Instead the best thing you can do for the sufferer is to

be patient and listen. It may be tempting to make ultimatums and demand promises of no further self-harm, but this is counter-productive and will slow recovery. Remaining compassionate is key. If you are feeling overwhelmed by the whole situation then remember it is ok for you to ask for help or support for yourself too. However, it is important to ensure this is done in a way that respects the privacy of the sufferer. For example, seeking advice from your doctor is great, but seeking help from a mutual friend will cross the privacy line and will cause unnecessary emotional stress for the sufferer.

References (APA, 6th Edition.)

Burke, T. A., Piccirillo, M. L., Moore-Berg, S. L., Alloy, L. B., & Heimberg, R. G. (2019). The stigmatization of nonsuicidal self-injury. *Journal of clinical psychology, 75*(3), 481–498. doi: <https://doi.org/10.1002/jclp.22713>

Butler, C., Joiner, R., Bradley, R., Bowles, M., Bowes, A., Russell, C., & Roberts, V. (2019). Self-harm prevalence and ideation in a community sample of cis, trans and other youth. *The international journal of transgenderism, 20*(4), 447–458. doi: <https://doi.org/10.1080/15532739.2019.1614130>

Iob, E., Steptoe, A., & Fancourt, D. (2020). Abuse, self-harm and suicidal ideation in the UK during the COVID-19 pandemic. *The British journal of psychiatry : the journal of mental science, 217*(4), 543–546. doi: <https://doi.org/10.1192/bjp.2020.130>

Klonsky, E. D., Victor, S. E., & Saffer, B. Y. (2014). Nonsuicidal self-injury: what we know, and what we need to know. *Canadian journal of psychiatry. Revue canadienne de psychiatrie, 59*(11), 565–568. doi: <https://doi.org/10.1177/070674371405901101>

National Institute for Health and Care Excellence (2020). Self-harm: What are the risk factors? Retrieved from: <https://cks.nice.org.uk/topics/self-harm/background-information/risk-factors/>

Peters, J. R., Mereish, E. H., Krek, M. A., Chuong, A., Ranney, M. L., Solomon, J., Spirito, A., & Yen, S. (2020). Sexual orientation differences in non-suicidal self-injury, suicidality, and psychosocial factors among an inpatient psychiatric sample of adolescents. *Psychiatry research, 284*, 112664. doi: <https://doi.org/10.1016/j.psychres.2019.112664>

**If you would like more tips about living with
mental illness then please visit our website:
www.shawmind.org**



Suite 4, Navigation House,
48 Millgate, Newark, Nottinghamshire
NG24 4TS, United Kingdom

contact@shawmind.org

www.shawmind.org

Follow the conversation:

