



For clinical and non-clinical professionals who work with young people

Working with young people

Exploring reasons for self-harm

Self-harm is when someone intentionally hurts or damages their body. In some instances, self-harm is accompanied by suicidal thoughts and an intent to die, and in other cases not. For some young people, intent can fluctuate and change over time. Selfharm is a behaviour that can occur in a whole range of disorders, including depression, Borderline Personality Disorder (BPD), psychosis, eating disorders, anxiety, and/or substance use. Some people self-harm once, whereas for others it can be a repeated behaviour. This factsheet explores reasons for self-harm in young people to help us understand and respond appropriately, drawing on the latest evidence from research.

Why do young people self-harm?

The significant stigma associated with self-harm perpetuates unhelpful ideas that young people who self-harm are 'attention seeking' or 'fitting into a trend'.³ These common misconceptions about self-harm may also influence the way in which family, friends and young people understand the reasons for self-harm. Sometimes it can be difficult for a person to put their reasons for self-harming into words, while others may identify multiple reasons when asked 'why?' they self-harm.⁴ It is important to understand that reasons for self-harm are personal to each individual, can vary widely and can change over time.

Self-harm as a way to respond to or manage distress

Many young people use self-harm as a coping mechanism for managing overwhelming negative emotions and distress. Self-harm may offer temporary relief from emotional pain, and help to release strong emotions. However it is not an effective strategy for dealing with strong feelings in the longer term.

Facts about self-harm

- Self-harm most commonly starts in adolescence, with approximately 1 in 10 young Australians engaging in self-harm over a 12 month period.¹
- The number of young people being hospitalised as a result of self-harm is increasing.²
- Many young people who engage in self-harm will conceal their behaviours, making it difficult to accurately estimate the true number of young people who self-harm.
- Not all people who self-harm are suicidal, but it can be a sign that they are thinking about suicide.



Self-harm and changing sensations

Self-harm can be used as a way to create alternative feelings and sensations. Some young people feel that self-harm allows them to create feelings of exhilaration or excitement. On the other hand, self-harm can also provide a feeling of relief and calm.

Self-harm and dissociation

In some cases the experience of self-harm can induce a dissociative state, because it generates feelings of numbness or disconnection from reality, and provides an escape from a current situation or mental state. Conversely, some young people engage in self-harm to end feelings of emotional numbness. In this way, self-harm may be used to increase or decrease feelings of dissociation.

Self-harm and managing suicidal thoughts

Young people who engage in self-harm are at higher risk of suicide than those who do not ⁵, and some young people will engage in self-harm with suicidal intent. However the majority of young people who self-harm *do not* want to end their life. When experiencing suicidal thoughts some young people use self-harm to reduce or manage these feelings⁶. Even when suicidal intent is absent, self-harm can still be dangerous as the young person may inadvertently place themselves in a life-threatening situation.

Self-harm as a form of self-punishment

Some young people can be highly critical of themselves and experience feelings of intense self-loathing. Engaging in self-harm can be a form of self-punishment in order to help them manage these feelings.

Communicating emotional distress to others via self-harm

In some cases, young people may use self-harm as a way of reaching out to others and communicating their emotional distress.⁷ For some young people, self-harm might be a way (and for some the only way) for them to elicit a response, and seek support from others without having to verbally express their emotions, which they may find difficult.

Other reasons for self-harm that have received much less attention but are important to consider

Recent research has begun to uncover some other reasons why people report engaging in self-harm⁶. People have identified self-harm as:

- a way to define themselves, gain a sense of control/command over their own body and a sense of greater strength through suffering.
- a gratifying experience. Some young people report gaining satisfaction from self-harm and use it as a way of exploring personal boundaries or experimenting.
- a way to protect oneself from unwanted advances, by making the body 'less desirable'.
- a way to prevent harm to others, by reducing feelings of anger or violent thoughts.

Difficulties in identifying reasons for self-harm in young people

Often a young person may not be able to identify the reasons that they self-harm, and this may contribute to conflict and misunderstanding with others who are aware of the behaviours (e.g. parents, friends). Asking 'why?' will not always evoke a straight forward answer, but it can start the conversation and encourage young people to try and understand their reasons and emotions in relation to self-harm, assisting the young person to work through feelings of guilt and shame if they are present, as well as assist in ongoing treatment planning.

Why can exploring the reasons for self-harm be helpful?

It is important to identify the reasons for self-harm when assessing the risk of mental ill-health and/or risk of suicide⁸ because:

- it allows clinicians to create personalised treatment plans aimed at finding alternative coping strategies, specific to each young person's needs.⁴
- it helps clinicians better understand areas in the young person's life that need development or improvement.
- it supports and empowers a young person to be able to put some words to the complex feelings and reasons that may lie behind their self-harming behaviour. This may reduce conflict with concerned others and distress in their support network.

Take home messages

- Do not make assumptions about the reasons a young person is engaging in self-harm.
- Reasons for self-harm vary widely and may change over time.
- Common reasons for self-harm include:
 - managing or responding to distress
 - changing sensations
 - managing dissociation
 - managing suicidal thoughts
 - self-punishment
 - communicating distress to others.
- Emerging research suggests other reasons for self-harm include:
 - defining oneself
 - gaining command over one's own body
 - protecting oneself
 - preventing harm to others.
- Identifying reasons for self-harm is paramount to informing treatment and enhancing engagement.
- While not all young people who self-harm are suicidal, they are at an increased risk of suicide so their risk should be monitored and managed.
- A young person may not be able to put into words why they are self-harming. This is not a sign that they are withholding information or 'being difficult'. Identifying the reasons that a particular young person is self-harming at a particular time can be complex and take time.
- Clinicians can greatly assist young people
 who are self-harming by countering unhelpful
 misconceptions about self-harm and providing
 accurate information about the reasons behind
 self-harm to others involved in their care
 (see related resources).

Related resources

Self-harm + Young People-Orygen Sorting fact from fiction on self-harm: Mythbuster-Orygen.

These resources are designed to be read by young people and families.

Further information

For further youth-specific information regarding self-harm and mental health, or for information in other languages, visit:

Orygen, The National Centre of Excellence in Youth Mental Health

Orygen Youth Health

headspace

ReachOut

youthbeyondblue

Mental Health First Aid Non-Suicidal Self-Injury First Aid Guidelines



References

- Zubrick SR, Hafekost J, Johnson SE, Lawrence D, Saw S, Sawyer M, et al. 2016. Self-harm: Prevalence estimates from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. The Australian and New Zealand Journal of Psychiatry. 50(9):911-21.
- Harrison JE, Henley G. 2014. Suicide and hospitalised self-harm in
 Australia: trends and analysis. *Injury research and statistics series no.* 93. Cat. no. INJCAT 169. Canberra: Australian Institute of Health and Welfare.
- Bromphy M, Holmstrom R, Flynn, K. 2006. Truth Hurts: Report of the national inquiry into self-harm among young people. London: Mental Health Foundation
- 4. Klonsky ED, Muehlenkamp JJ. 2007. Self-injury: a research review for the practitioner. *Journal of Clinical Psychology*. 63(11):1045-56.
- Hawton K, Saunders KE, O'Connor RC. 2012. Self-harm and suicide in adolescents. Lancet (London, England). 379(9834):2373-82.
- Edmondson AJ, Brennan CA, House AO. 2016. Non-suicidal reasons for self-harm: a systematic review of self-reported accounts. *Journal of Affective Disorders*. 191:109-17.
- Lloyd-Richardson EE, Perrine N, Dierker L, Kelly ML. 2007. Characteristics and functions of non-suicidal self-injury in a community sample of adolescents. Psychological Medicine. 37.
- 8. Walsh B. 2007. Clinical assessment of self-injury: a practical guide. *Journal of Clinical Psychology*. 63(11):1057-68.

Disclaimer This information is provided for general educational and information purposes only. It is current as at the date of publication and is intended to be relevant for all Australian states and territories (unless stated otherwise) and may not be applicable in other jurisdictions. Any diagnosis and/or treatment decisions in respect of an individual patient should be made based on your professional investigations and opinions in the context of the clinical circumstances of the patient. To the extent permitted by law, Orygen, The National Centre of Excellence in Youth Mental Health will not be liable for any loss or damage arising from your use of or reliance on this information. You rely on your own professional skill and judgement in conducting your own health care practice. Orygen, The National Centre of Excellence in Youth Mental Health does not endorse or recommend any products, treatments or services referred to in this information.

Factsheet Writers

Dr Georgina Cox, Research Fellow Anna Farrelly-Rosch, Research Assistant

Clinical Consultants

Senior Clinical Psychologist

Dr Faye Scanlan,
Psychologist and Clinical Educator
Dr Shona Francey,
Clinical Psychologist and Clinical Educator
Dr Elon Gersh,
Clinical Psychologist and Clinical Educator
Dr Louise McCutcheon,
Senior Program Manager and Clinical Psychologist
Dr Reem Ramadan,





Orygen, The National Centre of Excellence in Youth Mental Health 1300 679 436 info@orygen.org.au