

Facts about Non-suicidal Self-Harm

What is non-suicidal self-harm?

Non-suicidal self-harm is defined as an injury deliberately done to one's own body, but without the intention to die. This includes cutting, burning, overdosing, poisoning, and more. Those who self-harm may use one or many methods, and the medical hazard levels varies from very low to life-threatening harm.

Why do some people engage in non-suicidal self-harm?

There are many reasons why some people self-harm. Very often people who engage in non-suicidal self-harm have difficulties regulating overwhelming and unpleasant emotions such as severe anxiety, sadness, or numbness. Many report that self-harm provides relief from such intense emotions. Self-harm releases neurotransmitters in the brain that can partially explain this phenomenon. Other self-harmers feel that self-harm helps them regain or maintain control over their body, over thoughts, and over feelings. Self-harm can also be a way of expressing feelings and communicating with others about one's state of mind. Independently of what reasons are given for non-suicidal self-harm, it is often best understood as a method of coping that can be effective in the short term, but that will create a host of problems in the long term.

Prevalence of self-harm

An average of 18 % (international numbers vary between 13 % and 23 %) of adolescents in the ages 12-18, and 4 % of adults, report that they have injured themselves on purpose. The estimates vary between surveys and from country to country, and the highest estimates are results from studies with very detailed questions on self-harm. Both men and women self-harm, but the occurrence is highest among young women in their teens. Self-harm most often begins between ages 12 and 15, and it can be either short-lasting or long-term. Prevalence estimates of self-harm do not allow us to determine whether there has been a real increase in prevalence rates or whether increased figures often recorded are results of more awareness of the phenomenon, or more research and better registration methods. The number of incidents has remained stable during the past five years.

Risk factors for non-suicidal self-harm

When a person engages in non-suicidal self-harm, clearly something is wrong, but what specific factors that have caused this problem vary greatly from case to case. Often, self-harm occurs when people find themselves in difficult life circumstances. Many self-harmers have had traumatic experiences as children or adolescents. Non-suicidal self-harm is often a sign of underlying mental disorders – people with self-harm have, more often than others, depression, anxiety disorders, substance abuse, eating disorders, psychotic disorders, or borderline personality disorder.

Is self-harm a suicidal act?

Non-suicidal self-harm differs from suicide attempts in that it is done without the intention to die, which is the case in suicide attempts. At the same time, we know that about one third of those who have a pattern of non-suicidal self-harm also have had one or more suicide attempts. Some individuals may have had many episodes of self-harm without any wish to die, while others have had several suicide attempts or they had been unclear about the intention.

Is self-harm contagious?

Self-harm can be socially transmittable in some cases. Hearing about or seeing others self-harm may serve as a trigger for repeated self-harm in people who have previously self-harmed and it may make people who have not tried it before, try. This has particularly been observed in psychiatric treatment units and among adolescents in a school setting or in other youth environments. When self-harm is portrayed in the media or in popular culture in a romanticizing manner, or when detailed descriptions of self-harming methods are given, contagion may be the result. There is no documented contagion, however, when self-harm is presented in a responsible and matter-of-fact way through psychoeducational programs, skills training programs, or other educational programs where self-harm is described as a problem instead of a solution.



If you have self-harmed - what can you do to stop self-harming?

Deciding to quit can be the biggest and most difficult decision. Trying other activities that can contribute to regulating emotions or that will help tolerating distress is an important strategy when terminating self-harming behaviour. Listening to or watching something that serves to distract (music, TV-shows etc), painting with cold water on the wrists, holding ice cubes in your hands, adopting breathing techniques, or spending time with others. For some of these activities, it can be useful to seek help getting started. All behavioral change is easier working towards when others get involved. It may also be necessary to seek help for working with the underlying problems, as well as for keeping up the motivation. Therapists are experts at this.

How can professionals help?

School health services, child protection services, and specialist health services will have special training in uncovering and responding to signs of self-harming behavior. Depending on roles and training, these agencies may provide:

- emotional support and practical guidance for coping with challenges and situations that increase the risk for self-harm in individual cases,
- assessing whether mental disorders are the underlying cause of self-harm, and referring those who need it to an appropriate treatment.

There are treatments with documented effects for people with repeated self-harm and emotion regulation difficulties, such as Dialectical Behavior Therapy. Psychotherapy programmes such as Cognitive Behavioral Therapy and Mentalization-Based Treatment are also relevant. The school health services as well as general practitioners will be able to offer information about available treatments suited for different needs.

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