# Self-harm in children and young people

## Prevalence

Rates of reported self-harm have increased in the UK over the last decade and are among the highest in Europe. However, self-harm may be higher than these official figures as it is often under-reported, as young people may not present to services. Community based studies estimate that 10% of children and young people have self-harmed.[[1]](#footnote-1)

Hospital based statistics show that children and young people are most likely to demonstrate self-harming behaviour between the ages of 15-24 years old, with females presenting more frequently than males.[[2]](#footnote-2) Self-harming behaviour is more prevalent among children living in one parent households and this may be explained by a one parent household being more likely to be below the poverty line, which has its own links with self-harm and poor mental health.[[3]](#footnote-3)

## Risk factors

There are many risk factors associated with self-harm and these include;

* mental health issues,
* depression and anxiety,
* personality disorders,
* eating disorders,
* childhood emotional, physical or sexual abuse,
* alcohol and substance misuse,
* living in deprived areas.[[4]](#footnote-4)

Mental health is one of the most pervasive factors for suicidal tendencies and self-harm, with both depression and anxiety having an association. Self-harm is strongly associated with emotional distress and is often accompanied by a complex set of negative feelings such as self-loathing, disgust and shame.[[5]](#footnote-5) Children whose parents have mental health disorders are more likely to go on and develop a disorder themselves and this could lead to deliberate self-harm. Children who are exposed to a parental suicide in early childhood are at a higher risk of being admitted to hospital for self-harm compared to those who experienced parental suicide in adolescence or at an older age.[[6]](#footnote-6)

Stressful events or trauma during childhood are linked to self-harm and child sexual abuse has been recognised as a major self-harm and suicide predictor.[[7]](#footnote-7) When a child is no longer cared for by their parents and are looked after by the local authority, they are at an increased risk of hurting themselves as they have adverse backgrounds and continuing stress. Not only are children in care more likely to self-harm, they are also at a greater risk of attempting or dying by suicide than their peers.[[8]](#footnote-8)

Children who have difficult family relationships are at a higher risk of self-harming. The Health Behaviours in School-Aged Children survey (2014) (HBSC) found that young people who self-harmed were;

* more likely to report difficulties with communicating with their mother and father,
* less likely to say they had someone in their family they could share their problems with,
* less likely to trust their teachers, feel safe and feel like they belong in their school,
* more likely to hold negative opinions about how supportive and safe they perceived their community to be,
* more likely to have been bullied, with 49% reported to have experienced traditional forms of bullying and 32% reported to have experienced cyberbullying.[[9]](#footnote-9)

## Reasons behind self-harming

There are many reasons why a child or young person may feel the need to self-harm and it is often used as a coping mechanism to deal with distressing thoughts and emotions. Young people may resort to self-harm as they feel there is no alternative and they feel overwhelmed, stressed, anxious or angry. In these situations self-harm can lead to feelings of relief, calmness and being in control.[[10]](#footnote-10) Unbearable feelings or an unbearable state of mind are often reported as motives for self-harm.[[11]](#footnote-11) Children and young people who self-harm find it very difficult to talk about their self-harm and suicidal feelings and do not feel as though they are listened to when they do talk to someone. Feeling listened to was seen as particularly important to females.[[12]](#footnote-12)

Children and young people may self-harm as a way of expressing their distress non-verbally. Self-harm should not be seen as attention seeking behaviour, but rather that something is wrong and needs to be taken seriously. Some children and young people self-harm as they struggle with feeling numb, isolated and disconnected and in these situations the physical pain can provide some relief in the short term and make the emotional pain easier to bear. Some evidence suggests that when the body experiences injury, a group of neurochemicals may lead to a feeling of calm and wellbeing.[[13]](#footnote-13)

For many children and young people who self-harm, it is a strategy to help them continue their life not end it; however, there is a strong correlation between self-harm and suicide. Children and young people who talk about their self-harm or suicidal feelings can initially feel as though their situation has become worse. By telling someone about the self-harm the individual may worry about the reaction they will receive from their family, friends and professionals and this can prevent the individual from seeking help. Other reasons for not seeking help may be the fear of being labelled an attention seeker, placing burdens on others or the fear of their concerns being dismissed.[[14]](#footnote-14)

## Future risks

Self-harm is not always a one-time occurrence and around half of young people who have been to hospital because of self-harm will have a history of prior harm and 18% will repeat the behaviour within a year.[[15]](#footnote-15) The risk of repeated self-harm is highest for 15-19 year old females and 20-24 year old males. 20-24 year old males who had been admitted to a general ward following an occurrence of self-harm were found to be at a lower risk for repetition than those who left without being seen.[[16]](#footnote-16)

Children and young people who engage in self-harm have an increased risk of future suicide, this is particularly stark for adolescent males. People who self-harm are between 50 and 100 times more likely to die by suicide within a year than people who do not self-harm.[[17]](#footnote-17) Longitudinal studies have found that self-cutting was the method with the highest risk of self-harm repetition and is a significant risk factor for dying by suicide in children and young people.[[18]](#footnote-18)

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