Kids Helpline defines self-injury as a deliberate attempt to harm or disfigure one’s self in a socially unacceptable manner, without any intention to die.

While these behaviours are deliberately intended to cause physical harm, it is important to highlight that the intention is non-suicidal. Though definitions can vary, harmful behaviours such as substance abuse, eating disorders, or risk-taking are not usually considered a form of self-injury. It is also important to consider cultural norms and the culture-specific meanings attached to behaviours when dealing with the issue of self-injury.

Demographic profile of self-injurers

Australian data indicates while people of all ages engage in self-injury, young people have the highest rates. Those aged 18 to 24 years have the highest 12 month prevalence (about 7%) and 20% of this age group reported committing at least one instance of self-injury at some time in their life. Young females in particular have higher rates of self-injury than males. Similar studies from around the world have found high rates of self-injury among adolescents (about 15%) and even higher rates from tertiary students (up to 35%). Young people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) have also reported higher rates of deliberate self-injury, compared with heterosexual young people. Additionally, Indigenous Australians have significantly higher lifetime prevalence rates of self-injury compared with those who are non-Indigenous.

Research shows an increased prevalence of mental health issues among those who engage in self-injury. Some of the most common mental health issues include depressive disorders, dissociative disorders, eating disorders, borderline personality disorder, and alcohol dependence. Childhood abuse and domestic violence, are more common in young people who self-injure, particularly those who self-injure frequently.

Why do some young people self-injure?

Young people self-injure for a variety of reasons. For many, the injurious behaviour is followed by an alleviation of negative affect or emotion and is often done spontaneously. Research on self-injury suggests that emotional regulation and impulse control may be key factors behind the behaviour. While some people self-injure once in their life, many frequently harm themselves.

The intentions behind self-injury and suicide are quite different. In contrast to suicidal desires to want to die, self-injury is often used as a method to deal with difficult emotions and to regain a feeling of control over life.

In western culture, self-injury has a stigma due to a perception it is done to gain attention. However, it is often private behaviour and many young people attempt to conceal their wounds. Although it is sometimes done in more visible ways, research suggests this is not a means of ‘showing off’. Rather, it is often an attempt to seek help.
Leibenluft and colleagues (1987) explain ongoing self-injury as a perpetual cycle. Following a negative event, the level of distress gradually increases despite measures taken to reduce it. When a person feels overwhelmed by their emotions they feel an urge to injure themselves as a means to reduce their distress, a technique that has worked for them previously. Afterwards, they are released from their distress for a while but start to feel guilt and shame for harming themselves. The level of distress starts to increase creating the urge to self-injure again in order to get relief.

This explanation is supported by other research, which suggests for some young people, self-injury primarily serves as a coping mechanism for dealing with distress. This strategy may also serve as an alternative to suicide in those who are experiencing suicidal ideation. There is some evidence that self-injury serves a number of other functions, such as a punishment or to enable a person to feel something.

**Consequences of self-injury**

Young people who engage in self-injury often experience a range of negative outcomes. These can be physical and psychological in nature. For some, the level of injury requires medical care. This can also be the case where they have accidentally harmed themselves more than intended. One study found about one sixth of participants required medical attention following an act of self-injury, with some needing to attend an emergency department or be admitted to hospital.

Although not intending to suicide, young people can die due to their injuries. Self-injury is also a risk factor for later suicide, as the behaviour to relieve high levels of distress may only be effective in the short-term.

Many young self-injurers do not seek professional help. If they do, it is more likely to be from informal sources such as a friend than a professional. As a result, the injurious behaviour essentially remains a private matter that may continue over time. This low rate of help-seeking may prevent more effective coping strategies from being developed and increase the risk of physical and psychological harm. As self-injury is a symptom and not a cause of mental health issues, without more effective help-seeking strategies other symptomatic issues such as substance use or risk-taking behaviours may develop.

**Treating self-injury**

Self-injuring is a reinforcing cycle of behaviour maintained by a lack of alternatives in dealing with distress. Young people who engage in self-injury need help to develop alternative coping strategies. Given the high proportion of psychological difficulties in these young people, they may need to be assessed for underlying mental health issues. Promoting help-seeking behaviours and social connectedness have been effective in helping young people find alternatives to dealing with emotional distress.

Counselling is a useful tool for teaching alternative coping skills to those who self-injure over the longer term. Young people also benefit from the safety net of 24 hour crisis support in between routine counselling sessions from services such as Kids Helpline - the only 24 hour, seven day a week counselling service in Australia for children and young people aged to 25 years. Kids Helpline counsellors can provide support to young people struggling with the urge to self-injure and, where necessary, enact duty of care obligations if a young person is at imminent risk of serious harm.
The Kids Helpline experience

Kids Helpline collects a variety of data relating to the issues of children and young people who seek counselling and helps give a voice to their concerns. The data includes all contacts where the client reported engaging in self-injury, regardless of the reason for which they sought counselling.

Kids Helpline has seen a significant increase in the presentations of self-injury since 2010. Between January 2006 and September 2011, Kids Helpline engaged in 53,674 self-injury related counselling sessions. In 2010, just under one-fifth of all counselling sessions involved a disclosure of self-injury, accounting for 11,072 sessions and this is expected to increase by the end of 2011.

Figure 1: Rates of self injury presentation during counselling, 2006-2010.

<table>
<thead>
<tr>
<th>Year</th>
<th>Proportion</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>14.9%</td>
<td>8,472</td>
</tr>
<tr>
<td>2007</td>
<td>16.0%</td>
<td>8,498</td>
</tr>
<tr>
<td>2008</td>
<td>15.1%</td>
<td>7,710</td>
</tr>
<tr>
<td>2009</td>
<td>15.4%</td>
<td>8,166</td>
</tr>
<tr>
<td>2010</td>
<td>17.7%</td>
<td>11,072</td>
</tr>
<tr>
<td>Jan-Sep 2011*</td>
<td>26.6%</td>
<td>9,756</td>
</tr>
</tbody>
</table>

*Data does not represent full 12 month period and is an indication only.

Age and gender

In 2010, the majority of counselling sessions were with females (81%). Females also accounted for an even larger proportion of counselling sessions where self-injury was an issue (95%). This over-representation of counselling sessions with self-injuring females reflects the higher rate of female self-injurers in the Australian population.

Young adults made up the majority of counselling sessions where self-injury was disclosed, with 85% aged between 15 and 25 compared with 72% across all counselling sessions for this age group. This data is shown in the graph below. The high rate of self-injuring contacts from the older age group reflects similar findings in other Australian research studies.

Cultural background

In 2010, children and young people from Indigenous backgrounds made up 2% of all counselling sessions. However, in sessions reporting self-injury, Indigenous young people comprised 3%, reflecting the results of other studies showing higher rates of self-injury among Indigenous youth. In contrast, children and young people from a Culturally and Linguistically Diverse (CALD) background had lower rates of reporting self-injury (13%) compared with the overall rate across all counselling sessions (20%).

Figure 2 Age group distribution of self injury contacts versus all contacts.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Proportion</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 9</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>10 to 14</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>15 to 18</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>19 to 25</td>
<td>40%</td>
<td>28%</td>
</tr>
</tbody>
</table>

*Name changed for privacy reasons.
Mode of Contact

Kids Helpline offers children and young people the opportunity to connect via telephone, email and real-time web counselling. While telephone was the most common method of counselling in 2010, 37% of counselling sessions involving self-injury were online (email or web) compared with 33% of online sessions across all counselling concerns. Research shows young people who self-injure find the internet to be an anonymous place for them to get information and share stories. However, it can also provide access to pro self-injury or other negative material, which highlights the importance of counselling services like Kids Helpline being available online.

Mobile phones are an important tool for children and young people to access counselling where the issue requires an immediate response and where a suitable landline phone is unavailable. Given that the urge to self-injure can be spontaneous, a mobile phone can be a useful tool for young people trying to resist these urges. Counselling sessions with children and young people who contact the service via telephone were more likely to use a mobile if self-injury was an issue for them (61%) than those who reported no self-injury (51%).

Type of Support

Young people engage with Kids Helpline on a voluntary basis. Those involved in self-injury are encouraged to contact Kids Helpline for ongoing support. Kids Helpline is available 24 hours, seven days a week and is often used by these vulnerable young people as a safety net between midnight and dawn when other support is unavailable. Kids Helpline counsellors are generally successful in engaging young people who self-harm on an ongoing basis.

Kids Helpline data shows that 27% of all counselling sessions involved ongoing support, while a further 14% included a case management plan. In 2010, counselling where self-injury was an issue was much more likely to involve ongoing support (41%) or a case management plan (34%). This data is in line with other literature demonstrating the high-level support needs of those engaging in self-injury. The breakdown of this data is shown in Figure 3.

Related issues

Children and young people engaging in self-injury seek counselling for a wide range of concerns. For each counselling session, Kids Helpline counsellors record a primary issue of concern in addition to whether or not the client has been self-injuring.

Young people who engage in self-injury are much more likely to have mental health issues compared with those who do not. They are also likely to have difficulties regulating emotions and can experience suicidal ideation. These research findings are consistent with the experience of Kids Helpline. In 2010, the most common reasons self-injurers sought counselling were mental health issues (diagnosed or undiagnosed), management of emotions and/or behaviours and suicide-related issues (as a primary concern). Each of these three issues are related to emotional and psychological wellbeing and highlight the level of distress experienced by those engaging in self-injury.

The primary issues of concern for those who self-injure are displayed in the graph below with a comparison to the rates of presentation across all counselling sessions.
Counsellors record whether a young person who self-injures also experienced suicidal ideation at the time of counselling. Suicide-related issues are a primary concern in some counselling sessions. In others, clients may report suicidal ideation during the counselling session.

In line with the concerns presented in Figure 4, qualitative analysis of case notes* revealed mental health issues were frequently discussed by those engaging in self-injury. Kids Helpline was often used as a tool for managing the distress that was causing young people to feel the need to self-injure. In some cases, counselling occurred while the young person was residing in a mental health facility and was in need of help to manage their urge to self-injure.

Other common concerns included family conflict or difficulties, relationship concerns and various forms of abuse, rape and/or assault. When young people were seeking help to refrain from self-injury, counsellors were able to assist the young person to develop coping skills or, if the young person was a case managed client, review their safety plan.

Some young people contacted Kids Helpline after engaging in an act of self-injury and needed advice on whether their injury warranted medical attention.

While suicide and self-injury are distinctly separate phenomenon*, research has highlighted the increased risk of suicidal behaviour among those engaging in self-injury. In line with these findings, 35% of counselling sessions with those engaging in self-injury also included help-seeking for suicide-related issues or reported suicidal ideation. This rate is much higher than the suicidality rate across all counselling sessions (12%). Qualitative analysis of case note data also revealed that suicidal ideation and behaviours were common for those engaging in self-injury. This finding supports contemporary literature concerned with the links between self-injury and suicidal ideation.

*names changed for privacy reasons

* A sample of 701 detailed case records completed by counsellors during 2010 were qualitatively analysed for the identification of themes and trends.
**BoysTown’s response to self-injury**

Kids Helpline plays an active role in providing assistance and support to children and young people who engage in self-injury. This includes ongoing counselling to help clients manage emotional difficulties and develop alternative coping strategies so they can resist the urge to self-injure. Counsellors also support the client in relation to any issues that may be triggering the urge to self-injure.

Kids Helpline counsellors sometimes offer referrals if there is a need for the young person to receive support from an external service. This could be a referral to an organisation that provides face-to-face help or to more generic services such as general practitioners. About one-fifth of counselling sessions with children and young people who self-injure resulted in a referral. Most of these young people were given a referral to a specific service (15% of sessions) while 4% were referred to a general service. The remaining counselling sessions did not require a referral to any service or were unable to be given a referral because no appropriate service was available or the client did not want a referral.

In addition to the counselling and referrals provided through Kids Helpline, BoysTown addresses self-injury by raising community awareness about the issue and how young people can be supported. BoysTown has prepared and submitted a number of papers to recent government inquiries related to mental health, suicide and substance use. BoysTown also highlights the issue of self-injury through media releases outlining the impacts on children and young people, the support that is available to them and how parents and carers can help young people to reduce or stop their self-injurious behaviours. BoysTown will release a newsletter for teachers, youth workers and other professionals featuring an article on the issue of self-injury providing an evidence-based discussion and some practical ways for those who work with young self-injurers in schools to provide support.

**Helpful links / resources**

- ASHIC: American Self-Harm Information Clearinghouse
- Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults
- Self Injury Foundation
- Kids Helpline Self-Injury/Self-Harm Hot Topic

**Suggested citation**

References:


