Children who self-harm

Nearly eight percent of children in the late-primary years will self-harm. Dr Sarah Swannell, Psychologist with the University of Queensland, talks about self-harming behaviour in childhood and offers preventative strategies to reduce the risk.

What is self-harm?

‘Self-harm’ is an umbrella term for any deliberate behaviour which results in damage to the body. Self-harm can be direct (e.g. cutting or burning the skin) or indirect (e.g. binge-drinking or using drugs). Direct self-harm is technically called ‘nonsuicidal self-injury’. The term ‘self-harm’ includes both suicidal and nonsuicidal behaviour and these two categories differ only in their intent. It is also common for people to report ambiguous intent, that is, during an episode of self-harm they are not sure whether they are suicidal or not.

What is the prevalence of self-harm in primary school children? Why are we now alert to it?

In Australia, self-harm occurs in almost eight percent of 10-12 year olds. There is no published data about self-harm prevalence among younger children, but anecdotal evidence shows that it does occur. Kids Helpline has reported increasing rates of self-injury between 2006 and 2011 and, in 10-14 year olds, 15 per cent of counselling calls were related to self-harm.

It is unclear whether self-harm has increased over time among primary school children or whether it was already occurring but went unnoticed or unreported. Certainly, the increased visibility of self-harm among adolescents may lead their younger peers to imitate this behaviour; self-harm has a strong contagion effect. Another reason for our increased alertness may be our increased knowledge about the strong link between nonsuicidal self-harm and suicide - so teachers and other school staff may be more vigilant when confronted with behaviours that look like self-harm.

What is the body’s chemical response to self-harming behaviours?

Recent research has shown that people who engage in nonsuicidal self-injury are more sensitive to opioid-medicated reward due to low resting levels of beta-endorphin and enkephalins. Self-injury releases beta-endorphin and enkephalins that increases binding at mu and delta-opioid receptors, which leads to a reduction in negative effect and, possibly, an increase in positive effect. This means that some people are more likely to get pleasure out of nonsuicidal self-injury, much like how a drug addict gets pleasure out of using, or a person with a gambling addiction gets pleasure from gambling.

Why are primary-age children more prone to scratching, head-banging and hitting behaviours and not the cutting and burning seen in adolescents?

The difference is probably associated with cognitive maturity, as cutting and burning require more planning and thought because tools are required, while scratching, head-banging and hitting do not. In addition, cutting and burning create greater levels of pain, which a person can habituate to via utilising less severe methods first. Research has shown that people who self-harm generally begin by hurting themselves in a superficial way and progress to more dangerous methods.
Self-harm is the biggest risk factor for suicide. How does this relate specifically to children?

Although it is very rare, some children are at risk of suicide, so identifying and responding to self-harm among children is critical in order to assess suicide risk. Identifying and responding appropriately to self-harming behaviour early can reduce suicide risk later on in life. Any child who is found to be self-harming requires a thorough psychological assessment and subsequent treatment depending upon the outcome of the assessment.

What are some good self-harm preventative strategies for children?

The primary motivation for self-harm is emotion regulation, suggesting that people who engage in self-harm have difficulty in this area. Therefore, teaching children to identify, label and express their emotions in an appropriate way is critical to preventing self-harming behaviours. In addition, children need to be taught to accept negative emotions as a normal part of life experience rather than seeing them as experiences that must be stopped or blocked. These lessons are especially important for children born with an innate emotional sensitivity - a biological predisposition to experiencing emotions more intensely and for longer compared to others. If these children are unable to understand and accept their own experience, they are at risk of using unhealthy strategies to cope with these emotions. In addition to improving emotion regulation, children should be taught to reach out to appropriate adults for help when needed. For some children, this lesson will be difficult to get across if they come from families where help-seeking leads to disapproval, rejection or punishment. Therefore, it will benefit all children to receive consistent, regular messaging at school about the importance of asking for help when they need it.

See Dr Sarah Swannell in the KidsMatter self-harm video resource for primary schools.