

SELF-HARM

What is it?

First and foremost, self-harm is an indication of deep suffering in a person's life. It is also important to differentiate it from suicidality. The two are, however, related and the incidence of one increases the likelihood of the other. Self-harm should be defined primarily as a coping strategy to carry on living, rather than an attempt to end life. The intention of the self-harmer is one of survival – “I *will* manage this” as distinct from the “I must end this” stance of suicidal intent (Calof, 1995). This is an important distinction to make because identifying the difference between self-harm and suicidality is a vital part of responding usefully to young women, not the least because of our duty of care as support workers/counselors.

Self-harm can be defined as any form of deliberate, self-inflicted harm against one's own body. Strategies used for self-harming include three main types of behaviors – self-injury, drug and alcohol abuse and eating issues.

- ♀ Self-injurious behavior can include (but may not be limited to) cutting, scratching or burning the skin, pulling hair from the roots, picking at wounds and loose skin, excessive nail biting, inserting or ingesting dangerous or sharp objects, and the deliberate breaking of bones. (*Note: For the purposes of this resource we exclude from this definition those cultural practices used around the world as rites of passage and statements of cultural identity, such as Maori facial tattoos, or body piercings in the West*)
- ♀ Substance abuse can include the excessive and/or dangerous use of chemical and naturally occurring drugs including tobacco, alcohol, cannabis, amphetamines and metamphetamines, benzodiazepines – legally prescribed or other, MDMA, LSD and other hallucinogens, heroine, cocaine and inhalants such as paint and petrol.
- ♀ Eating issues as self-harm including those commonly identified as compulsive over-eating, bulimia and anorexia nervosa.

What are the reasons for self-harm?

Our own experience in working with young women, as well as readily available research findings and information resources suggest that the primary causal factors of self-harm among young women are abuse and violence, marginalisation and oppression.

Being affected by ‘abuse and violence’ can mean a number of different things. It can include the experience of physical, sexual, emotional, verbal, psychological or spiritual abuse or a combination of these, perpetrated directly against one's own self. Within the context of this Resource we widen the definition to include

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extreme physical or emotional neglect, and being witness to extreme forms of violence against others. Research findings and other literature that discuss the causal links between abuse and self-harming behaviors are readily available on the internet, in practice journals and in bookshops.

'Marginalisation and oppression' are forms of trauma that include abuses of power and violations of the human rights of individuals and communities. The terms refer to all forms of discrimination, and the subsequent implications such as exclusion from aspects of public life (e.g. employment, political participation), targeted abuse, stereotypical community attitudes and prejudices, and a diminished capacity to speak out about such discrimination. In some cases, as in the experience of many refugees in Australia, oppression is marked by the instigation of many of the forms of violent abuse listed above, both within their country of origin and during their experiences within refugee camps and detention centres.

While there has been very little research done internationally into the causal links between racist oppression and self-harming behaviors some of the important preventative factors often cited for suicide and self-harm include validating cultural environments and a high sense of self worth. Both of which are clearly compromised by racism (Office for Youth Affairs, 2000). There has however, been considerable research into, and discussion about, the links between self-harm and suicide and homophobia and heterosexism. A discussion paper released by the Office for Youth Affairs (2000) cites research that found one in three young lesbians between the age of 14 and 18 years had attempted suicide because of their sexuality; and other literature that states that high rates of suicide and self-harm among LGBT (Lesbian, Gay, Bisexual & Transgendered) young people may be linked to the stress and guilt related to the 'coming out' process in a highly homophobic society. Other specialist services for Indigenous women, women from culturally diverse backgrounds and women with disabilities also identify discrimination and ignorance as compounding factors for young women already at risk of self-harming behaviors due to experiences of sexual violence.

Mental health is consistently cited in literature as a causal factor in self-harm among young women. Certainly workers in the community will agree that mental health issues such as depression and anxiety are contributing factors. Going on what young women themselves have said, it would be appropriate to add post-traumatic stress and dissociation to this list also. It is our perspective that to understand mental health issues as the problem rather than as possible symptoms is short-sighted at best, counter-productive at worst. It is a matter of concern that the emotional, psychological and social experiences of young women should be defined as medical problems, rather than the symptoms of difficult/traumatic life experiences and/or profound isolation from community and social supports. As one young woman at Zig Zag commented "I was in and out of psychiatric wards for years and never once did anyone ask me *why are you self-harming?*". Given the potential role of drug abuse in self-harm, the use of

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anti-depressant and benzodiazepine medication without prescribing complementary and/or holistic support strategies is disturbing indeed.

Along with mental health issues, social factors are very often cited as causal factors for self-harm and suicide. The National Advisory Council for Youth Suicide Prevention (1998) suggests that Australian research has shown that social circumstances such as low income, early school leaving, homelessness, unemployment and involvement in the criminal justice system increases a young persons risk of suicide and self-harming behaviors. As abuse and/or racism could also be seen to be correlated with these factors, it may be pertinent to suggest that as with mental health issues, these factors are co-existing symptoms, rather than the problems themselves.

The table below illuminates some causal links between abuse, violence and oppression and self-harming behaviors, as communicated in other readily available information resources and by young women.

<p><i>Some of the effects and impacts of</i></p> <ul style="list-style-type: none"> • <i>abuse and violence in childhood (or young adulthood)</i> • <i>marginalisation and oppression</i> 	<p><i>What the literature and our experience with young women tell us about why they self-harm</i></p>
Violation of bodily and/or psychological integrity	<ul style="list-style-type: none"> • Gaining a level of control over their body through severe limitations on when and what they eat • Restricting food intake in hope of becoming more like socially accepted norm – alleviating feelings of ‘difference’ to everyone else
Loss of control over environment	<ul style="list-style-type: none"> • Gaining a level of control of at least one aspect of their own life through self-harming strategies
Internalised blame for abuse/oppression	<ul style="list-style-type: none"> • Self-harm as a way of punishing self • Self-harm as a way of abusing the physical body that ‘caused’ the violence
Feelings of worthlessness and profound rejection; self-hatred	<ul style="list-style-type: none"> • Self-injury as way of expressing intensely uncomfortable emotions • Self-injury as a way of relieving intensity of emotions • Excessive substance use as a way of numbing their body and mind to painful emotions
Emotional isolation	<ul style="list-style-type: none"> • Self-harm as a way of releasing emotional pain that they have no freedom to express and which must otherwise be hidden for safety (theirs or others), cultural or social reasons • Self-injury as an outward indication of the level of inner pain
Social isolation; silencing of painful secrets	<ul style="list-style-type: none"> • A way of communicating to self and the world the level of inner pain that is experienced
Reliving memories of abuse, violence and hatred	<ul style="list-style-type: none"> • Self-injury as a way of distracting selves from memories • Excessive substance use as a way of forgetting painful memories

	<ul style="list-style-type: none">• Vomiting as a physical metaphor for the rejection of 'foreign objects' from the body
Feelings of fear and hyper-vigilance	<ul style="list-style-type: none">• Substance use as a way of relaxing from acute tension and anxiety• Self-injury as a way of causing harm to self before anyone else can
Dissociation and depersonalisation	<ul style="list-style-type: none">• Making self bleed as a way of proving that they are alive and 'real'• Feeling physical pain as a way of grounding themselves or 're-associating'

The box provided above may not be a comprehensive portrait of the links between self-harm and abuse, violence, marginalization and oppression but it does reflect some of the common reasons why young women report engaging in self-harming behavior. As one analogy explains it, self-harm is the internalization of the violence and hatred of the external world to the point where an internal war develops. Study has been undertaken into the capacity of self-harming to express difficult emotions and to self-soothe. Some clinical studies undertaken into those who self-harm have found that prior to an act of self-injury (cutting and burning in particular), the person experiences extremely high levels of physiological arousal which diminish almost back to base line after the act of self-harm. It is important to understand then, that self-harm can have immediate and positive effects on the physical and emotional state of a young woman managing difficult and overwhelming emotions.

References for this exert from “Working with Young Women who Self-harm – A Resource for Workers”

Calof, D (1995). Chronic Self-Injury in Adult Survivors of Childhood Abuse, Treating Abuse Today, 5 (3): 11 - 17.

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