



## Getting away from the hurt?

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### Background

Large-scale survey data on the prevalence of self-injury among young people and their attitudes to self-harm and suicide has been available in England (Hawton, 2006) and Scotland (O'Connor et al., 2009), but not in Northern Ireland. With a grant from the Nuffield Foundation, the 2008 Young Life and Times (YLT) survey set out to fill this gap and to feed into policy-making and formulation in the area of mental health provision for young people.

Prior to undertaking a survey with such a sensitive content, the project was ethically approved and consultations took place with counselling providers working in the area of self-harm to inform the questionnaire design. The YLT survey was undertaken in December 2008. Every 16-year old living in Northern Ireland who was born in February and March and registered to receive Child Benefit was invited to take part in the survey. 941 respondents completed the YLT survey.



### Prevalence of self-injury

Respondents were initially asked three questions in relation to their mental and emotional wellbeing and self-harm, namely:

- Whether they had at some point in the past suffered from serious personal, emotional, behavioural or mental health problems for which they felt they needed professional help;
- Whether in the past they had seriously thought

about taking an overdose or harming themselves; and

- Whether they had actually done so.

As Table 1 shows, three quarters of respondents reported that they had not had problems for which they thought they needed professional help. This means that one in four 16-year olds (25%) had experienced serious personal, emotional or mental health problems, but as the Table shows, only nine percent of respondents

had sought professional help for these problems.

Fourteen percent of respondents said they had in the past seriously thought about taking an overdose or harming themselves, and ten percent of YLT respondents said that they had actually taken an overdose or tried to harm themselves – half of those had done so once and half more than once (5% of YLT sample each).

As Table 1 shows, prevalence of reported mental and emotional health problems was significantly higher among females than males (71% and 80% respectively saying they had no such problems). Females were also about two and a half times more likely than males to say that they had thought about self-harm (18% and 7% respectively) and to have actually self-harmed (13% and 5% respectively).

There was no statistically significant difference between respondents living in rural or urban areas, nor between respondents who said they belonged to a minority ethnic group and those who did not. However some other associations were statistically significant and are noteworthy.

As Figure 1 shows, respondents from financially not-well off family backgrounds were significantly more likely than their better-off counterparts to report personal, emotional or mental health problems. They were also more likely to have thought about self-harm and twice as likely to have taken an overdose or tried to harm

Table 1: Prevalence of serious emotional and mental health problems, ideation and experience of self-harm, by gender

	Male	% Female	All
Have you in the past year had any serious personal, emotional, behavioural or mental health problem for which you felt you needed professional help?			
Yes, but I did not try to get professional help	7	12	10
Yes, and I did ask for professional help	8	10	9
No, I have had few or no problems	80	71	75
I have had, or now have, serious problems, but have never felt the need for professional help	5	7	6
Have you during the past month or past year seriously thought about taking an overdose or trying to harm yourself, but not actually done so?			
No	93	82	86
Yes, the last time was in the past month	3	5	4
Yes, the last time was over a month ago, but less than a year ago.	4	13	10
Have you ever deliberately taken an overdose? (For example of pills or other medication, or tried to harm yourself in some other way, such as cut yourself)			
No	95	87	90
Yes, once	3	6	5
Yes, more than once	2	7	5

themselves as respondents who came from well-off backgrounds (16% and 8% respectively).

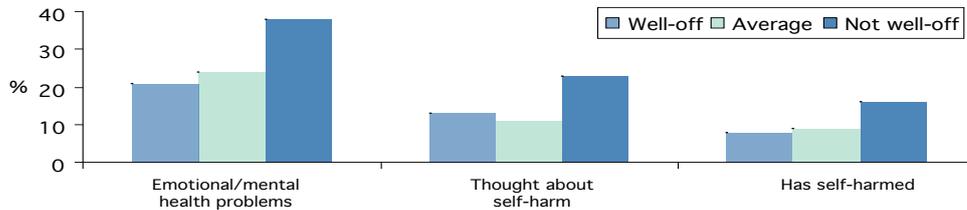
Females from not-well off backgrounds were particularly affected by emotional and mental health problems. Over four in ten (42%) of these females said that they had suffered from emotional and mental health problems for which they thought they needed professional help. This compares with just 19 percent of males from well-off backgrounds who were the group least likely to report such problems. Nearly one in five females from not well-off backgrounds (18%) had tried to harm themselves, six times the proportion of well-off males (3%).

Other interesting findings were that respondents who lived with both

of their parents were significantly less likely to report mental or emotional health problems than respondents who lived with their mother only (22% and 39% respectively). Respondents living only with their father, or some time with their father and some time with their mother, were even less likely or equally likely (18% and 22% respectively) to report emotional or mental health problems as respondents living with both parents.

With regard to respondents' school background, there was no statistically significant difference between respondents attending different school types in relation to considered self-injury and actual self-injury. In terms of the religious background of respondents, Protestants (7%) and

Figure 1: Prevalence of serious emotional and mental health problems, ideation and experience of self-injury, by family financial wellbeing



Catholics (10%) were less likely to say that they had tried to harm themselves or took an overdose than respondents with no religion (15%). However, with regard to the reporting of mental health problems and thoughts about self-injury, respondents did not differ by religion.

Overdosing by tablets – typically Paracetamol – and cutting were the two main means of self-injury reported by respondents. Figure 2 shows that the most likely reason why 16-year olds said they harmed themselves was that they wanted to punish themselves (55%). This was followed by the wish to die (51%) and the desire to show how desperate they were feeling (31%). The results demonstrate that there is little evidence that self-injury is an outward-looking mechanism for attention-seeking. Rather it is a way of individually coping with stress and pressures. The following quotes exemplify this:

*'I used to cut myself regularly. I saw professional help and am happier now and don't do it anymore. I used razorblades to cut my legs where no one could see. It wasn't about attention or anything, it was because it was the only thing I could control.'*

*'[...] Self-harm is just a way I finish myself and I only done it because times were hard and I could not talk about it to anyone as I thought no one would understand [...].'*

### Self-injury, stress and social pressures

As could be expected, emotional and mental health problems, as well as self-injury, were associated with high levels of reported stress, experience of school bullying and experienced social pressures. The high levels of stress reported by respondents who are affected by mental and emotional health problems are remarkable. As Table 2 shows, 60 percent of those who said they had recently suffered from emotional and mental health problems reported high stress levels. Furthermore, seven in ten 16-year olds who thought about self-harm and two thirds of respondents who had self-harmed also reported high or very high stress levels.

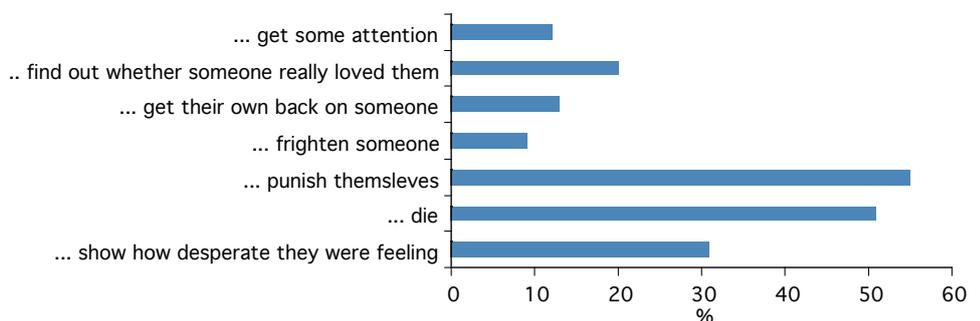
The workload in school was the by far the most often named stressor for YLT respondents and many of their comments associated academic pressure and stress to poor mental and emotional health, as the following two examples show.

*'People keep raising the standards that they want young people to achieve, we're only human. My school expects five hours extra study per subject each week on top of homework, giving me four or five hours sleep a night this [is] affecting performance in school. My friends are just as stressed.'*

*'I feel young people are put under to[o] much pressure at school and therefore get stressed. I think we are made do to[o] many exams at too young of an age.'*

Table 3 shows that self-harm was also strongly related to social pressures and behaviour related to these social pressures. Respondents who had self-harmed were over three times more likely than respondents who had not self-harmed to say that they felt pressurised to take illegal drugs (26% and 8%) and to have sexual intercourse (31% and 9%). Respondents who had reported emotional and mental health problems and episodes of self-harm were also much less likely to have abstained from health-adverse behaviour (such as drinking alcohol, smoking, taking illegal drugs) as the second half of Table 3 shows.

Figure 2: Respondents who self-injured saying that they wanted to...



Mental and emotional health problems were also associated with school bullying. One third (33%) of respondents who did not report mental and emotional health problems had been bullied in school compared with half (50%) of respondents who did. Nearly two thirds (65%) of 16-year olds who had self-harmed had also been bullied in school (Figure 3).

Some respondents commented that they self-injured because they were bullied.

*'I only cut my wrist because I was bullied all the time. I don't do this anymore, I am happy.'*

*'A lot of young people who selfharm do it because they are down, depressed or are being bullied. This can make them mentally feel worthless and feel that there is no other way out. So, I think that there should be more done in school to show young people that there is a way out and that there are people to talk to.'*

### Coping mechanisms and seeking help

Respondents were asked what strategies they applied when they were worried or upset. Table 4 gives evidence that 16-year olds with mental and emotional health problems use more destructive and non-communicative coping mechanisms in such situations. For example, respondents who had thought about harming themselves, or had done so, were twice as likely as their counterparts to say that they 'often blamed themselves' or 'stayed in their room'. They were more than three times as likely to 'often have an alcoholic drink' and they were significantly more likely to say that they often 'get angry'. On the other hand, they were

much less likely to say that they 'talked to someone', or tried to 'sort things out'.

Friends were the most likely source of support for respondents when they were worried or upset, however, those with emotional and mental health problems were less likely to say they could talk to their friends than their counterparts (86% and 91%). Similarly, 63 percent of respondents with mental and emotional health problems said they could talk to their mother, compared to 83 percent of respondents who did not report any mental or emotional health problems.

Sixty percent of respondents who had considered taking an overdose or trying to harm themselves said they had tried to get help from their friends. This was by far the most likely source of support they would turn to. One third (34%) said they had sought support from their boyfriend or girlfriend, followed by 22 percent who sought help from their mother. The same proportion said they had sought help from a psychologist or psychiatrist. Interestingly, fathers were the least likely source of support with only five percent of respondents saying they would seek support from their father.

16-year olds who had reported episodes of self-harm sought support from the same sources. Nearly two thirds (64%) of these respondents said they tried to get help from their friends before they injured themselves. Again, boyfriends and girlfriends were the second most likely source from which they sought support (27%), followed by their mother (19%) and a psychologist/psychiatrist (15%).

Overall, the YLT survey shows that respondents with mental and emotional health problems were much less resourceful in dealing with worry or stress. YLT identified four main barriers in seeking support:

1. Some 16-year olds affected by self-injury didn't feel they needed support in this situation and wanted to sort out the problems themselves.
2. Some respondents said they were too embarrassed, ashamed or afraid to talk about this.
3. Some 16-year olds said they were afraid that people would think they were attention seeking, or they did not want to burden others with their problems.

Table 2: Respondents' stress levels by reported emotional and mental health problems and reported self-injury

	Emotional and mental health problems		% Ever thought about self harming, but not done?		Ever self-harmed?	
	No	Yes	No	Yes	No	Yes
<b>Respondents saying they get stressed:</b>						
Very often or often	31	60	33	70	35	66
Sometimes	39	29	38	23	37	29
Rarely or never	30	10	28	7	28	5

4. Some respondents said they were unable to discuss these problems with others.

The following reasons given by respondents why they had not tried to seek help exemplify these four views:

*‘Couldn’t bring myself to discuss it.’*

*‘I thought it was stupid & was embarrassed to tell people in case they thought I was attention seeking.’*

*‘I like to look after myself.’*

*‘Scared of what might have happened/ of what they would do.’*

### Attitudes to self-injury

If and how 16-year olds affected by self-injury seek support is, to a significant degree, related to the attitudes that they believe people in their social environment hold about those that self-harm. More negative attitudes and a stigmatisation of mental ill-health, including self-harm are likely to increase young people’s resistance to seek help and support, in particular professional support. YLT therefore asked a range of questions in relation to self-injury to elicit 16-year olds’ attitudes to self-injury – see Table 5.

The Table shows that whilst nearly two thirds of respondents (63%) agreed that most young people who harm themselves are lonely and depressed, fewer than one in five respondents (19%) felt that people who self-injure are mentally ill. There was a strong sense that self-injury could be prevented (64% agreeing), but an even stronger sense that people who harm themselves feel hurt

	Emotional and mental health problems		% Ever thought about self harming, but not done?		Ever self-harmed?	
	No	Yes	No	Yes	No	Yes
<b>Respondents who felt pressurised to do the following:</b>						
Take illegal drugs	8	16	7	28	8	26
Smoke tobacco	20	34	20	46	21	46
Drink alcohol	30	41	29	53	30	52
Use solvents	3	12	3	19	4	20
Have sexual intercourse	8	19	8	27	9	31
Lose weight	25	38	26	44	26	45
<b>Respondents who have NEVER done the following</b>						
Used illegal drugs	89	74	87	71	87	66
Smoked tobacco	67	42	65	34	64	30
Drunk alcohol	28	12	26	12	26	5
Used solvents	98	89	97	85	97	81
Had sexual intercourse	83	62	82	49	81	42
Stopped eating to lose weight	75	48	74	33	72	29

Table 3: Social pressures and health-adverse behaviour of YLT respondents by emotional and mental health problems and reported self-injury

inside (83%). It was interesting to see that this feeling of ‘hurt’ indeed occurred frequently in the comments of those describing the reasons why they self-injured:

*‘Self-harm was the only way I could get away from all the hurt I was feeling.’*

*‘I self-harm because of the depression and cutting myself makes me feel good. It’s a relief to do it. I always feel better afterwards even though I know doing it is wrong.’*

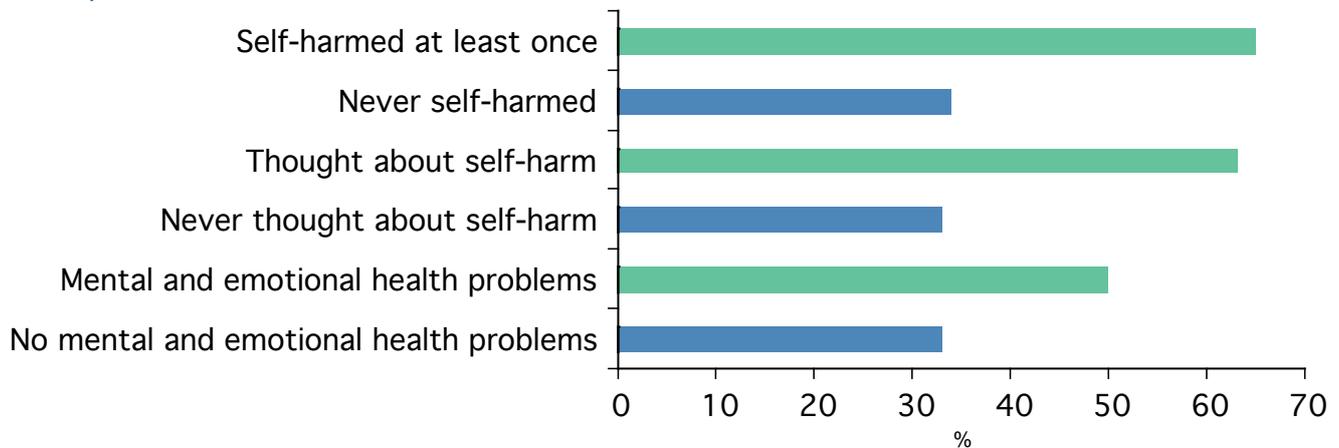
A sizable minority of respondents (39%) agreed that young people who self-harm try to get attention. In their comments, some YLT respondents referred to the ‘emo culture’ which, in their views, made self-harm ‘a fashion’. However, many comments also illustrated that many disagreed with this

notion of attention-seeking and argued that self-injury is a coping mechanism for more serious problems.

*‘I know some people who have used self-harm thinking it will get rid of their problem. I feel that most people do this because they are verbally bullied for no reason. Some do it because of family life and the family environment in which they have to live. I strongly disagree that they do it for attention as no one knows how they are really feeling inside [...]’*

Whilst some respondents commented that self-harm was a ‘cry for help’, the predominant tenor of the comments received from 16-year olds was that young people are under a lot of pressure and stress and that adults underestimate or fail to understand this - even contribute to a stigmatisation of the subject:

Figure 3: Proportion of respondents who experienced school bullying, by reported emotional and mental health problems and self-harm



*'I don't think that it is made that clear to teenagers who to turn to and how to help those in need. I also think that adults underestimate how much teenagers have to go through these days.'*

*'To me it seems like there is a bit of a taboo about self-harm and I think this only makes matters worse. If we talked about issue like this more in schools or with our parents, I think young people would be able to resolve their problems without having to self-harm.'*

These comments from YLT respondents gave a strong sense that 16-year olds see the need for better mental health services that address the issue of self-injury:

*'I believe self-harm is an increasing problem in the UK and is causing a rising rate in suicides. A lot of people find it hard dealing with stress and self-harm seems an easy way out of problems. To some people the pain from self-harm is almost relieving and healing from stress. I think people should do more to help young people nationwide and get them talking over problems. Young people should have someone to turn to and relate to in stressful times. Let teenagers know that they are not alone and help is out there.'*

Many respondents commented that self-injury and depression could be prevented through support in schools, for example by training teachers, but also by training students themselves in recognising signs of depression. One 16-year old said:

*'Depression, especially in young people, is not dealt with or picked up on quickly and efficiently enough. The government should invest more money in counselling in schools etc to help young people particularly bereaved young people to cope with whatever they're going through.'*

Others felt that the families of young people who harm themselves also need support:

*'Families of people who self-harm or suffer from depression need help also. In some cases, the reluctance of the family to tell professionals, perhaps at the request of the sufferer, means they are left unaided.'*

However, some respondents also expressed concerns about the trustworthiness of counsellors and their ability to keep the information they receive confidential.

### Conclusion

It is clear from these findings that the issue of self-injury is complex. Those who have serious mental and emotional health problems and who have thought about self-injury, or indeed have attempted to harm themselves, suffer from high level of stress, are exposed to social pressures and are much less resourceful in dealing with worries and stress. The YLT survey found no evidence that self-injury occurs for attention-seeking, however about four in ten 16-year olds hold the view that it does. At the same time, many comments revealed young people's insight that more sources of support and information are required – both to deal with the actual mental and emotional health problems as well as the preconceptions held by both adults and students about people who self-harm. The pressure to perform well and live up to social expectations, both in school and outside it, was the dominant theme in the comments from YLT respondents. Numerous respondents saw this as the main reason for mental and emotional stress. As one 16-year old said:

*'Adults don't understand that people in our age bracket have a lot of things to*

Table 4: When you are worried or upset how often do you do any of the following things?

		%					
		Emotional and mental health problems?		Ever thought about self injury but not done?		Ever self-harmed?	
		Yes	No	No	Yes	No	Yes
Talk to someone	Never	12	6	7	13	7	10
	Sometimes	63	53	54	66	54	66
	Often	25	41	40	21	39	25
Blame myself for getting into the mess	Never	9	19	18	4	18	5
	Sometimes	53	60	60	48	60	47
	Often	37	21	21	48	22	47
Get angry	Never	7	12	12	3	11	6
	Sometimes	41	54	53	36	53	37
	Often	52	34	35	61	36	57
Stay in my room	Never	20	38	37	10	35	13
	Sometimes	40	42	42	42	41	43
	Often	40	20	22	47	23	44
Think about how I have dealt with similar situations	Never	25	22	21	30	22	30
	Sometimes	55	58	58	54	58	55
	Often	19	20	21	15	20	15
Have an alcoholic drink	Never	60	78	77	51	76	54
	Sometimes	29	18	18	37	20	33
	Often	11	3	4	12	4	13
Try not to think about what is worrying me	Never	24	17	16	34	17	34
	Sometimes	56	62	63	46	62	51
	Often	21	21	21	19	22	15
Try to sort things out	Never	3	1	1	3	2	1
	Sometimes	50	30	31	62	32	65
	Often	47	69	68	35	67	34

worry about or feel miserable for. For example exams, future, pregnancy, teachers, boys/girls, friends, school life, a sick parent or relative and the list goes on. It isn't because people are mentally ill that they would want to self harm. It's a permanent fix for a temporary problem to some a moment of madness. Thinking about and doing it are very different.'

The YLT survey shows that young people who don't have any channels to address their stress and desperation are especially

vulnerable and may see self-injury as a solution or at least a way to deal with their problems. Females and those from less well-off backgrounds are most likely to resort to self-injury and are likely to blame themselves for the problems they encounter. The concluding quote is for this desperation, but also evidence for the difference an appropriate support network can make.

*'For me, I find self-harm to be a way of fair punishment for everything I do*

*wrong. Blaming myself is the easiest way and it stops arguments coming from it. Depression is now a part of everyone's life. Some don't understand what it really is and slag people off for showing their emotions through a blade, knife, rope etc. What happens in my life is my fault. I cause the events to occur therefore I take responsibility. Without help I would not be here today, dying was my only way out but someone, my counsellor, my friends, my family, gave me a reason to live!'*

Table 5: Proportion of respondents agreeing with the following statements

	I agree	I don't know	I disagree
Most young people who harm themselves are lonely and depressed	63	20	16
Most young people who harm themselves do it on the spur of the moment.	31	37	32
Most young people who harm themselves are feeling suicidal.	34	32	34
Most young people who harm themselves are trying to get attention	39	31	30
Most young people who harm themselves could have been prevented from doing so.	64	26	10
Most young people who harm themselves are mentally ill.	19	29	52
Most young people who harm themselves feel hurt inside	83	14	3

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This project has been funded by Nuffield Foundation. The Nuffield Foundation is a charitable trust established by Lord Nuffield. Its widest charitable object is 'the advancement of social well-being'. The Foundation has long had an interest in social welfare and has supported this project to stimulate public discussion and policy development. The views expressed are however those of the authors and not necessarily those of the Foundation.

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