

# PREVENTING SELF-HARM 101

Trigger Warning:  
Talk of Suicide  
and Self Harm





# DISCLAIMER

**The Preventing Self-Harm 101 guide has been designed to provide information. It has been heavily researched by Team SPIF and medically verified by our expert reviewers. However, no part of this guide should be interpreted as medical advice. This resource is not meant to be a substitute for professional medical help.**



**SPIF is not responsible for any harm arising from the wrongful following of recommendations in this guide.**

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# WHAT IS SELF-HARM?



Self-Harm is when you hurt yourself as a way of dealing with **very difficult feelings, painful memories, or overwhelming situations and experiences**. It has a non-fatal outcome but causes harm to the person when there is no intervention. Often people who self-harm won't tell their family or friends and will harm themselves when nobody is around. It is also important to note that for some people, the act of self-harm occurs out of the person's control or even awareness and hence may not be directly "deliberate".



## Why Do People Self-Harm?

- The process of self-harming may be an attempt to **reach out** to others and communicate their needs and hence seek help or care from others to deal with their overwhelming emotional situation. It is thus paradoxically an attempt to save themselves.
- It is a way for them to express something **hard for them to verbalize**. They thus use their bodies as a way to express their thoughts and feelings that they can't say aloud.
- Sometimes, people self-harm to **reduce negative feelings** like guilt, shame, and loneliness because it helps them escape their emotions and feel numb.

## Methods of Self-Harm

- **Self-Poisoning** ->
  - Take an overdose of prescribed or over-the-counter medication
- **Self-Injury** ->
  - cutting, scratching, pinching, choking, stabbing, swallowing objects, shooting, jumping from heights or in front of vehicles



## STATISTICS

- About 17% of all people will self-harm during their lifetime
- The average age of the first incident of self-harm is 13
- 45% of people use cutting as their method of self-injury
- About 50% of people seek help for their self-harm but only from friends instead of professionals
- Suicidal ideation and attempts were significantly higher in adolescents who self-harmed, but this was higher with more frequent self-harm.



## Groups at Higher Risk

- The rate of self-harm is relatively low in early childhood but increases rapidly with the **onset of adolescence** which may be a marker of the presence of other problems like substance use, poor school performance, bullying, and child sexual abuse.
- A survey reported that **gay men, lesbians, and bisexuals** may have an increased rate of self-harm which has some linkages to their sexual orientation, although it could also be because these groups are bullied and victimized more often.
- The prevalence of self-harming acts like 'head banging' and 'nail biting' is around 20% in **people with learning disabilities** and is more common in women and girls, with very low IQs, with communication difficulties, and with certain genetic disorders
- Self-harm is very common among **prisoners**, with at least 50% of women and 25% of men having self-harmed at some time in their lives. Also, as many as 10% of prisoners will self-harm during their term with the percentage increasing with the length of time in custody. Factors responsible for this could include the prevalence of mental disorders like substance abuse, neurotic disorders, and psychosis in prisoners. Cutting or scratching is the most common method of self-harm in prison.

# **Behaviors to Look Out for When Someone is Self-Harming and What to Do When You Spot Them?**



# Behavioral Cues

- Withdrawing from those around them
- Not enjoying once-enjoyed activities
- Excessive consumption of substances
- Wearing long-sleeved clothing, despite the weather
- Engaging in impulsive/risky behaviors
- Spotting unexplained injuries on the person (these are usually brushed off by the person as an accident)
- Problems within their interpersonal relationships

# Emotional Cues

- Depression
- Anxiety
- Guilt and shame
- Hopelessness and/or helplessness
- Mood swings
- Low self-esteem



## What Can You Do When You Spot These Signs?

- 1 **Talk with the person** about your concerns in a private setting so they feel safe and comfortable enough to talk freely
- 2 Show them **unconditional positive regard** - listen and respond to what they tell you without any judgment
- 3 You may be quite worried about the individual and scared for their safety. It's okay to express these concerns with them but make sure you're **putting them first** and **staying calm** throughout
- 4 **Validate their feelings.** Acknowledging the fact that they are feeling great emotional pain and understanding that this is something that helps them cope is important
- 5 Offer to **support and help them** in any way you can. This includes offering to help them access professional support
- 6 **Don't make them feel guilty** about their behaviour or make the situation about you/others in an attempt to get them to stop engaging in self-harm behaviour. This will only increase their distress
- 7 Encourage them to **explore other, safer options** to relieve their emotional pain (look at our post on harm reduction)

# How Do You Go About This?

- 1** **Be direct and honest.** Say “I notice that you have wounds or scars on your arms and know that this can be a sign of self-injury/cutting. Are you injuring yourself?” If the individual indicates that they are, assess whether they have and use resources (“Are you talking with someone about your self-injury?”) and help them find resources if they are not in the state to find resources for themselves.
- 2** If the individual says that they are not self-injuring or evades the question, **do not push:** It is important to respect privacy, unless, of course, you’re worried about their life being in danger. If they deny self-injuring, just keep the door open: “If you ever want to talk about anything, I am available.” It is essential to stay connected and to look for further opportunities to ask - particularly if there is continuing evidence that your suspicion is correct. It is also important to alert their friends or family if you think that they are in a position wherein they might injure themselves to a greater extent.
- 3** It is important to remember to **respond with calm concern**, rather than with shock or emotional displays. Another way to engage the person is through “**respectful curiosity**”—asking simple questions that allow you to garner important information and provide an opening for sharing. Examples of “respectfully curiosity” questions include:
  - “Where on your body do you tend to injure yourself?”
  - “Do you find yourself in certain moods when you injure yourself?”
  - “Are there certain things that make you want to injure yourself?”
- 4** Some strategies you can suggest to the person for immediate relief include snapping a rubber band on their wrists, taking an ice cube and holding on to it, dunking their head in ice cold water, holding an ice cube on their neck, and putting their hand on their chest and deep breathing.
- 5** It is also important to **educate yourself.** Understanding signs, and symptoms, respectful response strategies, and local resources are helpful. Encountering self-injury can be uncomfortable. It is often helpful to talk about your reactions and feelings with someone you trust. It’s important to remember that no one can “fix” another person. Our main contribution to someone who self-injures may be to provide support and a space for vulnerability.

# **HARM REDUCTION APPROACH TO SELF-HARM**



**Harm reduction is an approach to self-harm aimed at keeping long-term damage and frequency of injury to a minimum, rather than at stopping immediately or completely.**

## **1 USE THE BUDDY SYSTEM**

When you are engaging in self-harming behaviour, it is important that you let someone else know so that they are aware if you have lost too much blood, gone into shock, etc. Ensure that your buddy (a friend, acquaintance, or a close family member) is aware of the symptoms of shock (which include rapid, shallow breathing, skin discoloration, confusion, and disorientation) and discuss with you when the trip to the emergency room should be made.

## **2 CREATE A SAFE SPACE IN ADVANCE**

When you are distressed or are trying to deal with self-harm urges, it can be difficult to think clearly. Hence, it could be helpful to create a 'safe space' from before. It could be a specific corner of the room, a specific chair, inside a cupboard, under a table, or anywhere you can stay until you feel less unsafe. You can go to this space as soon as you start feeling the urge to self-harm. You could also put activities there that you know will help to distract you.

## **3 REPLACEMENT METHODS**

Certain activities can be done like holding ice cubes in your hand, putting your hands under hot water or cold water, wearing elastic bands and snapping them when needed on the area you feel like self-harming, putting your face in a bowl full of ice-cold water and writing on oneself.

## 4 BE AWARE OF YOUR TRIGGERS

It could be helpful to recognize the possible triggers which make you start thinking of self-harm such as certain times of the day, month, or year, seeing certain people or going to certain places, specific sounds, smells, tastes, or any other sensory experiences, etc. If you are aware of these triggers, you can use that awareness to notice your feelings earlier and slow down the process which could aggravate your urges to self-harm. You could also remove yourself from the situation or do some good distracting activities like dancing, screaming aloud, exercising, etc.

## 5 SURF THE URGE

Once you start noticing the urge, you can tell yourself that you will wait a short time which you could choose in advance. It could range from 30 seconds to 5 minutes but choose something you can manage. At this time, do an activity that will distract you and is easily accessible. If you make it to the end of this time period without self-harming and you think you can wait longer, you can repeat the time period again and you may be able to extend this time eventually and get rid of the urge. If you feel the urge to harm yourself at the end of this time, you can try the replacement activities stated below.







# **ALTERNATIVES TO SELF-HARM BEHAVIOURS**

**Some of these techniques may help some more than others. Not every suggestion will be right for you, but here's a list of options to choose from based on what you need at that moment.**

## **DISTRACTION**

As the urge to self-harm can be curbed by delaying the behaviour for as long as possible, it may help to engage in activities that distract from the thought of self-harming. For example, you can:

- Play your favourite songs out loud - sing at the top of your lungs, dance like crazy - whatever helps
- Call a friend/family member/partner to talk about something else and distract from the situation completely
- Focus on a task that requires your concentration - like playing sudoku or any other logic-based game, doing research on a topic you've always wanted to know more about, or reading a book
- Get creative - bake your favourite treats, paint, write poetry
- Watch a comfortable TV show or movie

## SELF-SOOTHE

If you feel quite anxious as a result of feeling the urge to self-harm, it may be helpful to engage in behaviors that soothe your emotions until the urge passes. For example,

- Listen to calming music - instrumentals work wonders
- Take a nice long shower
- Play with your pet or hug a loved one
- Read a letter/nice message that you've received in the past
- Try guided meditation or muscle relaxation exercises (yoga could also help)
- Make a list of self-care activities that you can engage in when the urge to self-harm appears

## EXPRESS YOUR FEELINGS

It may be overwhelming to feel so many powerful and painful emotions at once. Being able to express them, in whatever form works best for you, can help you identify them and better understand what may be bringing them on.

- Write out everything you're feeling
- Scribble/doodle on a piece of paper
- Express your pain through art - music, dance, poetry, sketches
- Allow yourself to cry it out

## RELEASE TENSION

The urge to self-harm can bring about feelings of anger and frustration and you may feel as if the only outlet for these feelings is to take it out on yourself. You can instead try to release tension by:

- Engaging in any form of exercise - going to the gym, taking a walk, riding your bike - especially if this is something that has helped you in the past
- Play with a stress ball or clay that you can squeeze as hard as you need to
- Rip up some paper. You can even right down your feelings first before you rip them to shreds
- If you have one accessible to you, take out all your anger on a punching bag. You can even punch a pillow
- Bang pots and pans against each other
- Throw ice cubes at a wall and watch them shatter

## HARM MINIMIZATION

We recognize that it may be hard to curb the urge to self-harm as our above suggestions don't address and replace the sensation you may receive from self-harming. Here are some substitutes to provide immediate relief if all else fails, in a safer more controlled way:

- Gently snap a rubber band on your wrist
- Hold an ice cube or rub it against your skin
- Use a red marker to draw on the places you may typically self-harm
- Take a brief cold shower
- As suggested by the Cornell Research Program for Self-Injury and Recovery, use a small warmed-up bottle of liquid food colouring and press the tip against your skin in the places you would typically self-harm while squeezing slightly

## GET EXTERNAL HELP

If you're having trouble curbing the behaviour yourself, it may be time to speak with a professional. This doesn't mean that you're not strong enough to help yourself alone, but in fact, means you're strong enough to reach out and seek the right kind of help for you.

- Talk with a friend/family member about your concerns and seek their support through this difficult process
- Get in contact with a trauma-informed therapist to help you discover ways in which you can cope using the inner strength you may not have been aware that you possess
- If at any point you feel like your self-harming behaviour is making you feel unsafe, please contact your nearest emergency medical care centre





# How to Support Someone if they are engaging in Self-Harm Behaviours



## PRACTICE UNCONDITIONAL POSITIVE REGARD

It's important to accept them exactly as they are and remember that they are doing the best they can with the tools they have. We don't want to pass any judgments as this can add to their existing distress, embarrassment, and stigma that they may already face daily. Reminding them that **they are not doing anything wrong** and have nothing to be apologetic about is an important part of helping them heal.

## STAY CALM AND VALIDATE THEIR FEELINGS

You may feel a series of emotions - from anger to sadness to disappointment and helplessness. It's important to stay calm during this situation and make sure you're not projecting your fears onto the other person. It's most important to show them kindness and understanding that this behavior is a way they use to cope with emotional pain. You may be worried whether you're able to say the right thing or have all the answers, but at the end of the day what matters most is **reminding them that you're there for them** regardless of the situation.

Example:

I am here for you.

I can try to understand how difficult this situation must be for you.

It's okay not to feel okay sometimes. You have my support, nonetheless.

## USE HONEST AND EMPATHETIC COMMUNICATION

Do your best to actively listen to them and understand why they engage in this behaviour and how it helps them. Reassure them that recovery is possible and that they can take it at their own pace in the way that works best for them. Depending on the severity of their self-harm behaviour, it's understandable that you may be quite scared for their safety. When addressing their safety concerns, **don't blame them** for the negative emotions that you might be experiencing (such as fear). Rather take responsibility for your feelings.

## FOCUS ON THEIR NEEDS AT THE MOMENT

It's important to offer them support in the way they need it. Understand that their healing may be a long and hard journey and emphasise that **they are the ones in control** of the situation. Don't take away their sense of control by asking them to make promises to stop self-harming or force them towards getting help if they are not ready (unless they are at a high risk of seriously harming themselves and may be in need of medical help).

Learn more about the risk factors and warning signs of suicide in the Suicide Prevention 101 Handbook.



## ENCOURAGE OTHER SUPPORT STRATEGIES THAT THEY CAN USE AS WELL

Focusing on things that have helped the person cope in the past - whether that be friends/family, healthy distractions, or other self-help strategies - can be beneficial to remind them about other sources through which they can receive comfort. Additionally, educating them about **safer alternatives** to self-harm behaviour as a form of harm reduction can help keep them safe while still allowing them to cope in the way that helps them the most at that moment.

## ENCOURAGE HELP-SEEKING FROM APPROPRIATE PROFESSIONALS

As those who self-harm are doing so to cope with emotional pain, it may indicate that there are underlying issues that may need to be addressed first to help them safely cope. If they agree to get help, you can support them by making an appointment, taking them to the said appointment, and following up to understand how you can support them going forward. It's also important to **respect their decision** on how they want to proceed with treatment and continue to show empathy and support them regardless of their decision.

## NEVER MAKE THEM FEEL GUILTY

Don't shift the focus off them and their feelings onto other people's needs and feelings. Don't add to their distress by making them take responsibility for other people's feelings about their behaviour. Remind them that they're doing their best to cope with their emotional pain and you're here for them and willing to help them find a healthier way to cope when they are ready.

# What Appropriate Care for NSSI Look Like?





# PSYCHIATRIC CARE

A comprehensive diagnostic evaluation should be carried out which should include the:

- Medical history of the person
- Identification of **comorbid psychiatric illnesses** such as Borderline Personality Disorder (BPD) eating disorders, Obsessive Compulsive Disorder (OCD), Depression, Anxiety, and so on.
- **Psychosocial assessments:** A person may engage in NSSI without having suicidal intent, yet they may also have a history of attempted suicide and are likely to be having thoughts and feelings of suicide. Using risk assessments to detect the future risk of suicide and self-harm may not help with clinical decision-making and treatment planning. Inaccurate detection may lead to unnecessary hospitalization that can put the person at repeated risk of self-harm and distress. Psychosocial assessment should be used to identify patients' immediate needs and how they can be kept safe in long term. Assessments can provide further information on what are a person's values, wishes, and what matters to them, their treatment preferences, reasons for self-harm, and whether they would like family members to be involved in their treatment and care or not.
- **Evaluation of risk factors and social support:** Risk formulation\* can be conducted as part of psychosocial assessment. This helps the clinician understand the patient's current risks and difficulties and their strength and resources by taking their present situation and historical experiences into consideration.

\*Risk formulation is conducted as part of the psychosocial assessment of clients engaging in self-harm. This involves an assessment of the risk factors that make a client vulnerable to engaging in self-harm behaviors and co-morbid mental health conditions including neurodevelopmental disorders.

# PSYCHIATRIC CARE

Once this evaluation is carried out, a therapeutic alliance should be established and interventions should be implemented. These interventions are Safety Planning, Psychoeducation, and Psychotherapy.

- **Safety Planning:** A collaborative single-session exercise that can be conducted with the patient to help them figure out alternative coping strategies that cause minimum or no harm. It also involves:
  - Identification and removal of means or dangerous objects that can be used to harm oneself.
  - Identify friends or family members who can be part of the patient's support circle.
  - Preparation of Hope Box
  - Provision of information on mental health or crisis intervention helplines and other such out-of-clinic services.
- **Psychoeducation:** If the patient consents to involve friends or family members in their treatment and care, then psychoeducation can be provided to help them understand self-harm and how they can support the patient in the best possible manner. Topics such as caregiver burnout and self-care (for caregivers) should also be addressed.
- **Therapies** like Dialectical Behavioural Therapy, Emotional Regulation Group Therapy, and Motivational Interviewing can go a long way in helping with intervention. If required, medications are also provided for underlying or comorbid psychiatric illnesses.

# PSYCHOSOCIAL CARE

- A strong **social support system** should be built around them and communication should be encouraged. They should be encouraged to talk about their issues with their family, friends, a therapist, or even a support hotline. If you suspect such behaviour in them, do not be afraid to open up to them about your concern. Listen to and validate their issues. They might be hostile in their response but you need to remain calm.
- If you see blood or any other concerning symptoms, take them to the nearest medical facility for **professional help**. Remember, if a person's self-harming behaviours are escalating and have become life-threatening, supporting them at home isn't enough.
- Help them **replace self-harming behaviours** with physically healthy behaviours, such as a brisk run or an intense 20-minute workout. Please encourage them to practice self-care, such as taking a bath, when the urge to self-harm rears up. Even sticking your face in a bowl of ice water can shock the impulse part of the brain and stop the momentary desire to self-harm. The idea is to take the focus off of self-harm long enough for the intense urge to self-harm to diminish.
- **Foster a supportive environment** at home which includes improving the emotional literacy of the family which would involve modulating the family's reactions to the person's emotions, modelling healthy ways to manage stress and conflict, and making a "help card" which could contain easy-to-access coping strategies and contact information for immediate support.



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