



Self-harm is the act of deliberately hurting one's own body, and includes cutting, biting, burning, poisoning and scratching. Women are more likely to self-harm than men and are at risk of starting to self-harm from early adolescence. They are more likely to hide their self-harming behaviour and injure themselves in places on their body that can be easily covered.

The Australian Longitudinal Study on Women's Health found that 45% of Australian women aged 18-23 years reported ever self-harming.⁴ Young women make up a significant proportion of self-harm-related hospitalisations.⁵ Aboriginal and Torres Strait Islander women are hospitalised for self-harm at twice the rate of non-Aboriginal women and hospitalisation rates generally increase with level of disadvantage and degree of remoteness.⁵ Self-harm rates are high for young women with a mental illness² including depression, anxiety, post-traumatic stress disorder, and eating disorders.² It is a diagnostic feature of borderline personality disorder.² Trans youth also have high rates of self-harm.⁷ Though incidents of self-harm often cease in early adulthood, a recent Australian study found that 2.5% of women aged between 25-30 years reported self-harming.⁹

Though previous research on self-harm and suicidal behaviours in women has focused on individual or clinical factors predicting self-harm, recent qualitative research has highlighted the role of interpersonal and social factors in precipitating self-harm. These factors can include: socio-economic disadvantage, a history of sexual and physical abuse, issues at home (sense of disconnect from family, dysfunctional family), social isolation or problematic friendships. Self-harm in adult women specifically is associated with experiencing depression, dieting behaviours, tiredness of life, stress, and physical and sexual abuse. Cessation is linked to improved ability to regulate emotion, increased self-awareness and support and developing positive coping abilities.

Reasons for self-harm are diverse. The behaviour can be a coping mechanism in response to intense emotional pain and psychological distress,² a way to gain control over one's body,¹⁰ a form of self-punishment or a means to release tension.³ As women are socialised to conceal anger, self-harming may also be a way of turning that anger and stress inwards.³

The relationship between self-harm and suicidal intent is overlapping and complex. Self-harm is sometimes, but not always, accompanied by suicidal thoughts and/or intention, and suicidal intent can also be ambivalent.² Those who self-harm are at an increased risk of suicide.²

Due to the stigma associated with self-harm, many women do not seek treatment.² Suicidal behaviour and self-harm in women can be viewed by family, health professionals and the community as attention-seeking, manipulative and non-serious, which can negatively influence how young women are treated.¹¹ In Australia and internationally¹², self-harm in young women is on the rise, highlighting the need for widely available, gender-sensitive treatment which addresses coping behaviours as well as the reasons women turn to self-harm. With effective treatment, and if the underlying distress is managed, it is anticipated that self-harming behaviours will likely remit.



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Overview

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Supports and resources

headspace National Youth Mental Health Foundation

eheadspace Online support for young people and their families

<u>Lifeline</u> 13 11 14 – 24/7 crisis support

Beyond Blue 1300 22 4636 Kids Helpline 1800 55 1800

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