

# Daphne

An EU response to combat violence towards children, young people and women

Illustrative Case # 22

European Commission

Directorate General  
Justice and Home Affairs



## When harm is self-inflicted

***Young people who are emotionally disturbed or suffer from specific behaviour disorders, as well as others without evident conditions, sometimes resort to deliberately wounding or injuring themselves. It is a sign of distress or illness that is particularly hard for those around them to accept or come to terms with.***

Self-harm occurs when an individual acts deliberately to cause physical – but not fatal – damage to him or herself. It can take many forms, including overdosing on pills or chemicals, burning, jumping from high places, crashing vehicles or cutting parts of the body. Self-injurious behaviour may derive from specific conditions such as habitual behaviour disorders or Cornelia de Lange syndrome, a rare genetic illness that delays physical development and causes mild to severe learning difficulties. It can also arise as a ‘warning signal’ when young people are suffering severe stress or disturbance, for example when they are being bullied at school or abused.

### International problem-solving

Children and teenagers are a major risk group for self-harm. In 1997, the Daphne Initiative funded the first stage of the CASE (Child and Adolescent Self-harm in Europe) study. This project, coordinated by the National Children’s Bureau in the UK, was designed to investigate the extent of the problem across Europe among children and young people below the age of 20 through the collaboration of an international network of experts.

The project set out to gather collaborators from at least three countries, but it was so successful that experts from ten nations joined in. Early meetings discussed the need for much better information on young people who harm themselves and drew up plans for a multi-centre comparative study to provide this.

### Getting the study underway

Recognising the importance of building on this work and taking the initiative forward, Daphne awarded further funding in 1999 for a pilot study. At this stage there were still ten European partners in the project, from Belgium, Denmark, Germany, Ireland, Italy, the Netherlands, the UK, Hungary, Norway and Austria, plus participation from Australia.

This second phase of the project focused on further development of the research methodology, as well as piloting schedules and questionnaires and collecting and analysing data. Ongoing Daphne support for a further two years, until the end of 2002, has consolidated all the earlier work in enabling the main survey to be conducted. The CASE study is unique in collecting information simultaneously, and in several countries, on self-harm that leads to a hospital visit as well as self-harm that is reported anonymously by 15 and 16 year-olds in schools. Comparing findings in these two settings should give some picture of how much self-harm remains undetected in the community.

The ability to examine similarities and differences among countries will give added value to the international aspect of the study. The use of an agreed research approach with the same research tools is the essential ingredient of the CASE study that allows meaningful international comparisons to be drawn. As well as the use of standard questionnaires (translated where necessary), detailed protocols have been developed to guide every aspect of the research. Protecting the interests of young people participating in the study is a major priority and has led to discussion and the drafting of guidelines on how to present the school questionnaire and how to follow it up. All pupils are given details of people and organisations they can, if they wish, get in touch with afterwards.

By examining preventive measures and support services already available to young people who self-harm in the participating countries, and asking young people themselves to describe their experiences, the study should lead to recommendations for policy and practice in this area. The findings from the study will also have very practical implications for the work of welfare groups like the Samaritans, who provide services for distressed and suicidal people and are working alongside the UK team.

### Breaking new ground

In most of the participating countries this is groundbreaking research. Although schoolchildren in some states, such as the Netherlands and Denmark, have already taken part in studies on self-harm and suicide, nowhere has such an extensive and far-reaching survey been carried out. This has been recognised by project participants, who have had to obtain the support of government authorities, ethical committees, health workers, teachers and students in their own countries.

The project realised that many initiatives in this field were taking place in isolation, and launched an international website on self-harm among young people ([www.ncb.org.uk/projects/selfharm.htm](http://www.ncb.org.uk/projects/selfharm.htm)) with the aim of facilitating the exchange of information.

This has proved an important outcome of the CASE study, and the website now lists some 100 entries received from around the world: from Finland to Malta, from New Zealand to Bosnia Herzegovina, from Israel to Canada. These relate to research, information, intervention and support, and policy and training – and some are from young people themselves who have experience of self-harm.

### **Project title: Child and adolescent self-harm in Europe**

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