



## Imminent Risk & Emergency Situations

While most self-harm does not rise to the level of imminent risk or an emergency, it has the potential to become lethal. Signs of imminent risk or an emergency include physical signs of poisoning or intoxication, bleeding from self-inflicted wounds, extreme lethargy, or expressing active suicidal ideation. In these situations, please follow your organization's protocol for emergency situations. Additional guidance on how to handle these situations include:

- DO NOT leave the individual alone.
- Call 911/emergency services or your local emergency room if medical attention is needed.
- Remove any means of self-harm.
- Bring the individual to a private, safe, and supportive area, if possible. Otherwise, ask others to clear the area.
- If available and appropriate, include trusted supports of the individual if possible.
- Consult with and involve a supervisor or a mental health professional or specialist as soon as possible during the situation so that a risk assessment and safety planning can be conducted.

If you suspect self-harm, approach the client by broadly sharing your concerns about their well-being and encourage them to open up, without bringing up self-harm. For example, "I've noticed that [state the changes you have observed in their behavior] that you have been withdrawn and very quiet lately. I am wondering if maybe things are difficult for you at the moment?" Ease into any specific concerns related to self-harm and allow the client the space to share.

The stigma and shame associated with self-harm prevent many from seeking support. Because individuals who self-harm may be particularly vulnerable to perceived criticism, shocked or punitive reactions from others may reinforce self-harming behaviors and underlying causes. Questions or comments about injuries, scars, or markings on the body should be non-threatening and emotionally neutral.

Social connections and support networks are extremely important in preventing and treating self-harm.

- Create space to talk about what support looks like to the client.
- Provide psychoeducation about the benefits of safe, social supports for well-being and effectively coping during times of adversity.
- If needed, let the individual know that it is normal to sometimes not have the energy or motivation to connect with others, especially when feeling down.

Because self-harm is a complex mental health issue that requires confidential, professional, and ongoing treatment and support, recommend local professional resources. A mental health professional will develop a plan to reduce harm, identify triggers and cues, & identify & practice positive coping skills & strategies to reduce urges to self-harm.

If you are in a crisis or need support, please text "HOME" to 741741 to connect with a compassionate volunteer crisis counselor at the [Crisis Text Line](#). If you or someone you know may be experiencing a mental health crisis or contemplating suicide, please call the 24/7 [National Suicide Prevention Lifeline](#) at 988. In emergencies, call 911, or seek care from a local hospital emergency room or mental health provider.

References  
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# Self-Harm Among Migrants & Refugees

By: Rosalind G. Rogers, PhD, MLHC

## What is Self-Harm?

Commonly referred to as *self-injurious behavior* and clinically referred to as *non-suicidal self-injury (NSSI)*, self-harm is any form of self-destructive, non-suicidal, private behavior that deliberately inflicts physical harm, pain, or damage to one's body.

- Self-harm exists in almost all countries and cultures and across all age groups and demographics.
- Self-harm is not an illness, but it may be a symptom of or a way of coping with an underlying mental health issue.
- Self-harm is not attention-seeking behavior nor does not involve the conscious intent to die by suicide, but it is a significant risk factors for suicidal ideation and suicide.
- Self-harm can become a habit because it provides an outlet and temporary relief when other attempts at coping or tolerating distress have failed.

## Why Do People Self-Harm?

Self-harm can be understood as a way to communicate or expel what cannot be spoken, expressed, or shared. When words fail and experiences are not fully capturable or identifiable, it naturally falls upon the body to become the site of action. Some common reasons for engaging in self-harm include:

- To express negative & overwhelming thoughts and feelings that cannot be put into words.
- To regulate, cope with, release, or calm overwhelming or unmanageable emotions.
- As a distraction from emotional pain.
- As a form of self-punishment for perceived failures, expression of self-hate, or extreme shame or humiliation.
- To replace emotional numbness with physical pain.
- An attempt to gain control when feeling extreme helplessness or powerlessness.
- To influence or punish others, prove how strongly one feels, or protest unjust circumstances.
- To cope with symptoms of trauma/posttraumatic stress disorder (PTSD).
- An attempt at seeking social support; to get others to recognize and share pain and distress; a resilient attempt to overcome invisibility (Theisen-Womersley, 2021).
- To express one's own pain in solidarity with others who are traumatized, oppressed, or marginalized.

## What are the Warning Signs of Self-Harm?

Self-harming behaviors are largely done in private, kept hidden from others, and done in a similar & controlled manner each time. Self-harm can take many forms, including cutting, picking, burning, pinching, biting, bruising, scratching, pulling hair, skin carving, ingesting harmful substances, head banging, striking one's head or other body part against a wall or floor, or banging or punching objects with the intention of hurting oneself. The most frequently targeted parts of the body are the arms, legs, chest, and stomach. The severity of the act varies from superficial wounds to those resulting in lasting disfigurement. Warning signs of self-harm include but are not limited to:

- Arms, fists, and forearms opposite the dominant hand are common areas for injury.
- Fresh cuts, scratches, bruises, bite marks, or other wounds.
- Scars, often in patterns.
- Keeping sharp objects or other items used for self-harm on hand or nearby.
- Wearing long sleeves or long pants/skirts/dresses to hide injuries, even in hot weather.
- Constant use of wrist bands/coverings or frequent bandages.
- Frequent reports of accidental injury.
- Behaviors and emotions that change quickly and are impulsive, intense, and unexpected.
- Expressions of helplessness, hopelessness, or worthlessness.

- Blood stains on clothing, towels, or bedding; blood-soaked tissues.
- Needing to be alone for long periods of time in a locked bathroom or bedroom.
- Unexplained and excessive absences from school, work, or other important obligations.

Because self-harm can look so much like a suicidal gesture or a sign of abuse victimization, early detection and intervention are important. More importantly, each act of self-harm has the potential to be lethal due to accidents.

### Risk Factors of Self-Harm

It is important to take account of the risk factors present in a person's life across various contexts in order to better understand their level of vulnerability and guide prevention and intervention strategies. General risk factors below may also be present among youth and migrant and refugee populations.

General Risk Factors	Risk Factors for Youth
<ul style="list-style-type: none"> <li>• Trauma-related symptoms, PTSD</li> <li>• Mental health issues, including depression, anxiety, and substance abuse</li> <li>• Isolation, lack of social support, feelings of invisibility</li> <li>• History of physical, sexual, or emotional abuse during childhood</li> <li>• Hopelessness and loss of future aspirations</li> <li>• High levels of shame, humiliation</li> <li>• Low socioeconomic status</li> <li>• Unemployment or job losses</li> <li>• Disability</li> <li>• Marital status (single, divorced, forced marriage)</li> <li>• Major physical illness, especially chronic pain</li> <li>• Chronic stress</li> <li>• Stigma associated with help-seeking</li> <li>• Being a member of LGBTQ+ community</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health issues, including adjustment, substance use, and conduct disorders</li> <li>• Difficulties in emotion regulation &amp; impulsivity</li> <li>• Family history of mental health issues, including addiction/substance abuse</li> <li>• Family conflict, adverse family experiences, domestic violence</li> <li>• Poor parent-child attachment</li> <li>• Childhood physical, sexual, and/or emotional abuse or neglect</li> <li>• Ineffective coping strategies</li> <li>• Problems with peers, developing relationships/friendships</li> <li>• Being bullied or bullying others</li> <li>• Low self-esteem</li> <li>• Excessively high parental expectations</li> <li>• Perfectionism</li> <li>• School-related stress</li> <li>• Female adolescent</li> <li>• Exposure to self-harm behavior in others or online</li> </ul>
Risk Factors for Migrants & Refugees	
<ul style="list-style-type: none"> <li>• Pre-migration traumatic experiences of war, violence, loss, persecution, torture, or oppression</li> <li>• Peri-migration trauma, such as family separation, detention, and other dangerous situations</li> <li>• Post-migration &amp; resettlement stressors: language difficulties, loss of social support, problems of acculturation, unemployment, lack of access to resources &amp; services, financial stress, inadequate housing</li> <li>• Experiences of racism, xenophobia, discrimination, social exclusion in host country</li> </ul>	<ul style="list-style-type: none"> <li>• Prolonged asylum &amp; refugee determination process, visa uncertainty</li> <li>• Changes in social roles</li> <li>• Ethnic status/minority group member</li> <li>• Intersectional minority identities (i.e., woman + refugee status + Muslim)</li> <li>• Fear of stigmatization</li> <li>• Marital status (single, divorced, forced marriage)</li> <li>• Excessive shame related to cultural norms (i.e., loss of face, dishonor to family name, etc.)</li> <li>• Conflict between identities</li> <li>• Intergenerational conflicts due to cultural &amp; religious differences (youth risk factor)</li> <li>• Unaccompanied minor (youth risk factor)</li> </ul>

Methods, functions, and contributing factors for self-harm vary across cultures. For migrants & refugees from Afghanistan, other Muslim-majority countries, & parts of Southeast Asia, commonly reported methods of self-harm include head banging, self-hitting, striking of the head against furniture or a wall, hairpulling, & self-immolation (setting oneself on fire). Commonly reported contributing factors include restrictive weight control behaviors, poor perceived body image, loss of face/bringing dishonor or shame to oneself and family, marital disharmony, & stigma associated with mental health issues and self-harm. Women in developing countries, including Afghanistan, have been known to engage in self-immolation as a form of protest against strict gender norms, oppression, discrimination, and abuse (Chen et al., 2021; Mannekote Thippaiah et al., 2021; Nisavic et al., 2017).

### Protective Factors

Protective factors can give migrants and refugees hope, add meaning to their lives, and provide them with support. Explore available protective factors and identify those that are important & supportive in the lives of migrants & refugees to decrease their risk and identify how best to intervene & provide support. General risk factors below may apply to migrants & refugees, as well as youth.

General Protective Factors	Protective Factors for Youth
<ul style="list-style-type: none"> <li>• Social connections &amp; support network</li> <li>• Sense of belonging</li> <li>• Confidence in problem-solving &amp; conflict resolution</li> <li>• Adaptive coping skills</li> <li>• Activities that give a sense of meaning &amp; purpose</li> <li>• Employment</li> <li>• Good physical &amp; mental health</li> <li>• Positive self-image &amp; self-worth</li> <li>• Ability &amp; willingness to seek help when needed</li> <li>• Ability to regulate emotions &amp; openly share</li> <li>• Strong ethnic/racial/cultural identity</li> <li>• Religiosity as a source of meaning, support, &amp; coping with adversity</li> <li>• Maintenance of connections to culture &amp; language</li> <li>• Welcoming host country environment</li> <li>• Knowledge of &amp; access to quality resources that support successful integration into host culture</li> <li>• Hope for a better future &amp; for children's future</li> </ul>	<ul style="list-style-type: none"> <li>• Family connectedness, support, and cohesion</li> <li>• Healthy parent-child attachment &amp; communication</li> <li>• Positive marital relations between parents</li> <li>• High self-esteem</li> <li>• Relationships with caring and supportive adults</li> <li>• Cultural or religious beliefs that encourage connecting and help-seeking</li> <li>• Environmental safety and stability</li> <li>• School connectedness and academic engagement</li> <li>• Ability to regulate emotions and impulses</li> <li>• Positive peer relationships</li> <li>• Participation in extracurricular and physical activities</li> </ul>

### How to Respond to Self-Harm

Noticing signs of self-harm can be distressing, but it is important not to ignore them. Not knowing how to broach the subject often prevents caring individuals from expressing concern. However, expressing concern for a client's well-being is often what they most need, and persistent but neutral questions & comments may eventually elicit an honest response. Moreover, listening is the only way to discover what self-harm means for a client, which is an avenue into finding safer alternatives to self-harm for the client and the person helping.

Use basic helping skills:

- Emphasize confidentiality, learn more about their situation, and build trust.
- Listen empathetically and non-judgmentally, use active listening skills, and validate the client's experience.
- Encourage the client to use their voice, rather than their body, as a means of self-expression.
- Communicate concern, normalize the client's thoughts, feelings, and circumstances causing distress.