

Self-Harm Among Teens and Young People

A guide for those who work with youth — sensitivity, noticing, support

Sensitivity in a shared space

Someone who harms themselves is often right there with us every day — in a group, at a training, in a shared space. The signs are often in plain sight, but we look away: it feels awkward, anxious, “not my business.”

Attentiveness is already support. To notice, to not be frightened, and to stay present sometimes matters more than the “right” words.

The essentials

Self-harm is any intentional self-injury or self-poisoning. Most often it is a **way to cope with unbearable emotions** — not “manipulation” or “attention-seeking.” It is usually **not the same as a suicide attempt**, but it raises the risk — so suicidal thoughts are always checked separately. Prevalence: at least one in ten teens has harmed themselves at least once; the peak is ages 12–14, and at younger ages it is more common among girls.

Notice: what to watch for

Unexplained cuts, burns, or bruises; long sleeves in warm weather, avoiding changing clothes around others.

Non-specific: isolation, a drop in mood and activity, irritability/aggression, excessive self-blame. *The same signs can point to abuse — don't rule that out.*

How to start the conversation (specific phrases)

One-on-one, calmly, without shock or lecturing. Ask directly and kindly:

“It seems like things are really hard for you right now. What hurts?”

“I want to understand what makes you want to hurt yourself?”

“Sometimes people do this to cope with very strong feelings. Could that be true for you too?”

Acknowledge the function (“I understand this helps you cope right now”), but don't promise full confidentiality.

Assess the level of concern — and check suicide risk

4 questions: 1) thoughts of suicide? 2) a plan? 3) access to means? 4) previous attempts?

Self-harm without suicidal thoughts — **low/medium** level (support on the spot). Suicidal thoughts or intent — **high:** act as in a suicidal crisis (see the gatekeeper guide); if there is acute danger — 103/102.

What to do / what NOT to do

Do: listen and validate emotions; involve a psychologist; for a wound or suspected overdose — first aid and 103; work on the principle of limited confidentiality and involve parents/guardians where it is appropriate and safe; help reduce access to dangerous means.

Don't: don't panic or shame; don't demand “promise you'll never do it again”; don't set ultimatums; don't dismiss or ignore; don't disclose the situation in front of the group.

Safer ways to cope (updated)

No longer recommended: pain/shock “alternatives” — ice, a rubber band on the wrist, hot wax, hitting: evidence reviews have not confirmed their effectiveness, and they are often the same self-harm in another form.

Instead: delay the urge (wait 10 minutes, then another 10); name the emotion; 5-4-3-2-1 grounding; slow breathing with a longer exhale; movement / a walk / sport; time with a pet; creativity (drawing, writing); a warm bath, music; reach out to someone you trust.

Where to refer

People in Need — 0 800 210 160 (24/7, anonymous). **For teens:** La Strada 116 111, Teenergizer (teenergizer.org/consultations), the “Ne Dribnytsi” bot (t.me/no_trivia_bot). Acute danger or suspected overdose — 103. The full list is in the “Support Resources” section.

Lifeline Ukraine (7333) is the dedicated suicide-prevention hotline, but its operation is temporarily paused (26 June 2026); check lifelineukraine.com.

Based on the self-harm prevention training (Akershus University Hospital (Ahus) / Centre for Mental Health at NaUKMA / NGO “Words Help”, 2024), incorporating updates from evidence-based guidance (NICE NG225, 2022). Contacts verified on 26 June 2026; hotline schedules should be checked before publication.