**Adolescents’ experiences of having a friend who self-harms: What does this mean for friendship, the peer group and well-being?**

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| **Declaration and signature of candidate** |
| I confirm that the thesis submitted is the outcome of work that I have undertaken during my programme of study, and except where explicitly stated, it is all my own work.  I confirm that the decision to submit this thesis is my own.  I confirm that except where explicitly stated, the work has not been submitted for another academic award.  I confirm that the work has been conducted ethically and that I have maintained the anonymity of research participants at all times within the thesis.  Signed: Date: 26th April 2019 |

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**Thesis Abstract**

This thesis evaluates and synthesises the current knowledge on the role of friendship in adolescent self-harm and directly explores the experiences of adolescents who have a friend who self-harms.

Chapter one is a literature review, critically appraising what is known about the role of friendship in adolescent self-harm. Friendship was found to be both a supportive factor and a risk factor in relation to self-harm in adolescence. These effects were found to be particularly prominent for females. Limited qualitative research has been conducted in this area and nothing has been carried out in the UK. Therefore it was recommended that further exploratory research in the UK would be of benefit.

Chapter two is an empirical paper designed to explore adolescents’ experiences of what it is like to have a friend who self-harms by cutting and what this means for friendship, the wider peer group and psychological well-being. Eight female adolescents living in England were recruited. They completed semi-structured interviews and Interpretative Phenomenological Analysis was used to analyse the data. Four superordinate themes emerged: drive to understand, I’ll be there at all costs, too hot to handle and identification. The results highlight that friends have an important role in supporting adolescents who self-harm but need greater support in relation to managing this role, the concerns it comes with and the effects on psychological well-being. The implications for schools/colleges and young peoples’ services are discussed.

Chapter three includes two executive summaries of the empirical paper. The first is written for young people and the second, for parents, schools/colleges, mental health and other frontline professionals working in young people’s services. The aims of these are to make the research outcomes more accessible.

**Chapter One: Literature Review**

**What is known about the role of friendship in adolescent self-harm?**

**A review of the literature.**

**Sarah Hall**

**Target journal: Journal of Adolescence**

**Word count: 7605**

***This paper has been written in accordance with the author guidelines for the Journal of Adolescence (see Appendix E), with the exception of the word limit.***

**Abstract**

**Introduction:** This paper reviews and synthesises the evidence to find out what is known about the role of friendship in adolescent self-harm to date. **Methods:** A systematic search across seven healthcare databases was conducted to identify relevant articles which included adolescents aged between 10 and 19 years. **Results:** Nine articles, comprising of ten studies, were identified as eligible for inclusion in the review. The overall quality of the studies was good, however the majority were quantitative and none were from the UK. They demonstrate friendship is both a supportive factor and a risk factor in relation to self-harm in adolescence. Friends have an important role in supporting adolescents who self-harm, however this often comes with a cost to themselves and self-harm is also subject to influence from peers. These effects are particularly prominent for females. **Conclusions:** Peers and friends of individuals who self-harm are an at-risk population who need support and schools, families and frontline professionals need education and direction about how they can help. Future research should take place in the UK and use qualitative methods to add depth and richness to the current knowledge in this area.

*Keywords:* Friendship; Self-harm; Adolescence

**Introduction**

Self-harm has been conceptualised as behaviours that represent unmet needs and a way to deal with emotional pain (Wood, 2009). Thus, adverse life events, such as childhood abuse, increase the risk of self-harm (Nock, 2009b). Self-harm is termed in many different ways in the literature, including ‘deliberate self-harm’ (DSH), ‘non-suicidal self-injury’ (NSSI) and ‘direct self-injurious behaviours’ (D-SIB). For the purpose of this review, self-harm is defined as the deliberate destruction of one’s own body tissue without suicidal intent (Nock, 2009a). It was deemed important to highlight the difference between self-harm and suicidal behaviours in terms of their motivations and intended outcomes, as evidence has shown that adolescents who self-harm have a more positive attitude towards life compared to those who attempt suicide (Muehlenkamp and Gutierrez, 2004). Furthermore, in 2013 a new diagnostic category of NSSI was created in the Diagnostic and Statistical Manual, Fifth Edition (DSM-V); the United States (US) classification system for mental disorders; distinguishing it from suicide attempts (American Psychiatric Association, 2013).

Although it is acknowledged that self-harm is the strongest predictor of suicide (Sakinofsky, 2000), motivations for the behaviour seem to differ depending on the method used. For example, the intention for cutting has been found to be more associated with punishing oneself or relieving tension rather than suicidal intent, which is more often indicated in overdosing (Rodham, Hawton and Evans, 2004). Furthermore, across a number of countries cutting has been found to be the most common form of self-harm amongst adolescents in the community (Madge et al., 2008), resulting in less presentation to hospital than overdosing (Hawton, Rodham, Evans and Weatherall, 2002) and usually involving less premeditation (Hawton, Harriss and Rodham, 2010). This suggests the motivation for self-harm in community samples may differ to that of clinical samples.

**Prevalence of Self-harm**

Self-harm usually begins during adolescence and is a significant public health concern among this age group (Lewis and Heath, 2015). In an anonymous self-report survey completed in 2016 by 2000 adolescents, the median age of onset was 13 years (Morey, Mellon, Dailami, Verne and Tapp, 2016). In Europe, the overall lifetime prevalence of self-harm in adolescents has been found to be 27.6% (ranging from 17.1% to 38.6% across countries) with 7.8% reporting repetitive self-harm (Brunner et al., 2014). It has also been found to be more prevalent in adolescent females than adolescent males (Hawton et al., 2002; Madge et al., 2008). In the Truth Hurts report (Mental Health Foundation, 2006), self-harm included the following methods: cutting, burning, scalding, banging or scratching one’s own body, breaking bones, hair pulling and ingesting toxic substances. Self-harm is often a hidden behaviour as few young people who self-harm disclose it (Whitlock, Eckenrode and Silverman, 2006). Evidence suggests some of the barriers to disclosure include fear of being stigmatised and of confidentiality being breached (Fortune, Sinclair and Hawton, 2008a) and fear of being labelled as attention-seeking by others (Heath, Toste, Sornberger and Wagner, 2011). Of those that do disclose, it has been found that the majority confide in friends as opposed to other sources of support (Fortune, Sinclair and Hawton, 2008b).

**Importance of Friendship during Adolescence**

Adolescence is a developmental period between childhood and adulthood and for the purpose of this review, the definition opted for is that by the World Health Organisation (WHO), as anyone between the ages of 10 and 19 (WHO, 2018). This was chosen as adolescence is now being conceptualised as starting earlier, as the onset of puberty is beginning earlier and extending later (Sawyer, Azzopardi, Wickremarathne and Patton, 2018). During adolescence there are significant increases in peer contact linked to decreases in parental monitoring as individuals become more autonomous from parents during this period (Brown, 1990). Adolescents begin to look to friends for companionship, intimacy and emotional support, rather than to parents (Bukowski, Newcomb and Hartup, 1998), suggesting friends are likely to be a key source of support in times of distress. Although sharing problems with a friend has been found to have positive effects on friendship, it has been highlighted this may be at the expense of one’s own emotional well-being (Smith, 2015). Despite this, research emphasises the importance of friendship, as it has been found that children and adolescents without a reciprocal friendship experience greater levels of loneliness and depressive symptoms than those with (Nangle, Erdley, Newman, Mason and Carpenter, 2003).

However, it seems to be the quality of friendship that is particularly important. For example, Waldrip, Malcolm and Jensen-Campbell (2008) found that those with high quality friendships showed better adjustment; that is, were less likely to display behavioural, emotional and social problems, than adolescents with friendships lower in quality, based on adolescents own ratings of the quality of their relationship with a reciprocal other. This suggests that friends may act as a protective factor in times of difficulty. However, it should be noted that the direction of this effect is unclear as it may be that adolescents with pre-existing behavioural, emotional and social problems have a more limited choice of friends or self-select peers with similar difficulties.

**Influence of Friends on Behaviour**

Erikson (1968) proposed that adolescence is a key time for identity development and as many adolescents base their own self-worth on approval from their peers (Harter, Stocker and Robinson, 1996), friends may have a significant impact upon an individual’s identity formation. Furthermore, it has been argued that peers are an important source of socialisation at both the friendship and larger peer group level (Harris, 1995). As adolescence is often a time for experimentation with risk-taking behaviours, engagement in these types of behaviours might be influenced by socialisation with peers and be a way that adolescents look for approval from them. For example, Urberg, Degirmencioglu and Pilgrim (1997) found that having a close friend who engaged in drinking alcohol predicted adolescents’ own alcohol use over time. Thus, self-harm may also be influenced by socialisation with peers and Hawton et al. (2002) found an association between reports of adolescent females’ own self-harm and recent self-harm by friends.

Furthermore, the perceived social norms of a given behaviour have been shown to influence other people’s engagement in that behaviour and people often believe others behave in more harmful ways than reported norms would suggest; for example, in relation to sexual activity (Lynch, Mowrey, Nesbitt and O’Neill, 2004) and alcohol consumption (Borsari and Carey, 2001). Therefore, adolescents may be more likely to engage in self-harm if they perceive that lots of others are doing so, in order to conform to a desired group and therefore achieve a favourable sense of self (Heilbron and Prinstein, 2008).

In addition to identity-based theories, Nock (2009b) suggests engagement in self-harm is influenced by observing the behaviour of others and through vicarious reinforcement, based on social learning theory (Bandura, 1977). The idea that social reinforcement may influence and maintain self-harming behaviour is supported by research; for example, a small percentage of college students declared that their reasons for initially self-harming, or for continuing to do so, were related to social acceptance or wanting to shock others (Muehlenkamp, Brausch, Quigley and Whitlock, 2013). Furthermore, Snir et al. (2018) found that following self-harm, adolescents experienced increases in the quality of their relationships with peers. Evidence of contagion of self-harm has also been found in settings such as inpatient units (Taiminen, Kallio-Soukainen, Nokso-Koivisto, Kaljonen and Kelenius, 1998), indicating that some self-harm may be a way of managing the social environment (Nock and Prinstein, 2005). Thus, it appears that in addition to having an emotional regulation function, self-harm may be socially motivated.

**Rationale for Review**

Adolescents that self-harm most commonly confide in friends (Fortune et al., 2008b) and research suggests self-harm may have a social function, yet little is known about how friends respond to this, the impact of being confided in on the friend and whether this influences their own behaviour. Thus, this review aims to appraise the current literature to answer the question: What is known about the role of friendship in adolescent self-harm? This is important to ascertain because findings could guide future research in this area and may have implications for self-harm prevention and intervention programmes at both the school and community levels. For example, intervention with teachers and other frontline professionals, such as youth workers. The important role of schools and colleges in supporting young peoples’ mental wellbeing was highlighted in the most recent Green Paper (Department of Health and Department for Education, 2017) and Future in Mind (Department of Health, 2015) also highlighted significant gaps in appropriate support and early interventions for self-harm.

**Method**

**Search Strategy**

A preliminary scoping search was undertaken of the International Prospective Register of Systematic Reviews (PROSPERO) database to determine whether any reviews had already been published in this area, which yielded no results. Therefore, between the 7th May and the 8th June 2018, PsycInfo, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Embase, Medline, Cochrane library, British Library EThOS and Web of Science were searched for articles with titles or abstracts containing the terms (adolescent\* or adolescence or teen\* or teenager\* or “young person” or “young people” or youth\* or juvenile\*) and (friend\* or friendship\* or “social relationship\*” or peer\* or "peer group") and (“self harm\*” or “self injurious” or “self injury” or “self injuries” or “self mutilate” or “self mutilation” or “self poison” or “self poisoning” or cutting or “self inflicted wound\*”) and (role or impact\* or influence\* or effect\* or response\* or reaction\* or experience\* or support or communication or dynamic\* or “social model#ing” or contagion or exposure or coping or resilience or process\*). Search terms were determined by examining definitions used in existing literature and through discussion with the research supervisor. An English-language limiter was applied; however no date limiters or limiters for peer-reviewed papers were applied to the search.

**Eligibility Criteria**

Studies were included if they examined friendship in relation to adolescents that self-harm. Articles that focused on suicidality rather than self-harm were excluded, given the former evidence suggesting the behaviours may be two different phenomena. For the same reason, articles which looked at suicidality as well as self-harm were excluded. Articles where significant relationships in addition to friendship were explored, such as parents, were excluded, with the exception of Yip, Ngan and Lam (2002) where the dominant focus was on peer responses. Only empirical and peer-reviewed studies were included so theoretical papers, book chapters and dissertations were excluded. Figure 1 illustrates the search process and how the final nine articles (ten studies) were selected for inclusion in the review.

Search terms, no limiters

HDAS (PsycInfo, CINAHL, Embase, Medline), Cochrane library, British Library EThOS, Web of Science

1597 results:

PsycInfo (n = 295)   
CINAHL (n = 99)   
EMBASE (n = 251)  
MEDLINE (n = 189)   
Cochrane library (n = 20)  
British Library EThOS (n = 278)  
Web of Science (n = 465)

Papers excluded by limiters:

English language (n = 18)  
Total left (n = 1579)

393 duplicates removed

1141 articles excluded

1186 articles screened by title

45 articles screened by abstract

37 articles excluded:

Focus not friendship (n = 19)   
Focus on suicidality (n = 4)   
Friendship not dominant focus (n = 5)  
Not solely self-harm (n = 6)  
Participants not adolescents (n = 2)  
Not empirical study (n = 1)

Total left (n = 8)

Reference lists screened:  
  
Further possible eligible articles   
(n = 4)

3 articles excluded:

Friendship not dominant focus (n = 1)  
Not empirical study (n = 1)  
Participants not adolescents (n = 1)

12 full articles screened

9 articles (total 10 studies) selected

Figure 1

*Flow diagram of search process and selection*

**Publication Bias**

As only peer reviewed articles are included in this review, unpublished studies and those that did not find positive results could have been missed and consequently omitted findings relevant to the review question. One grey literature source (British Library EThOS) was searched which yielded only one relevant dissertation about understanding the impact of self-harm on friendship (Heath, 2016). Although this paper would have been excluded for not being peer-reviewed, it did not meet other eligibility criteria as the participants were not adolescents.

**Data Synthesis**

To synthesise the results from all the studies, a thematic synthesis was conducted using the guidelines by Thomas and Harden (2008). Although this method is primarily for qualitative research, qualitative and quantitative findings can be combined and synthesised together (The Joanna Briggs Institute, 2014). Furthermore, this method was developed to answer review questions about need (Ring, Ritchie, Mandava and Jepson, 2010) and was therefore deemed appropriate for this review. Thematic synthesis aims to identify recurring themes in the literature through a process of descriptive synthesis and development of analytical themes, from which conclusions can be drawn in relation to a review question (Ring et al., 2010). Therefore, the findings of each study were initially coded based on descriptions to generate ‘descriptive’ themes, which were integrated to produce sub-themes. Emerging patterns were then looked for, which generated ‘analytical’ themes (main themes). Main themes were determined if they were supported by at least three studies.

**Results**

**Overview of Included Studies**

The nine identified articles described a total of ten studies as one paper encompassed two separate studies (Prinstein et al., 2010). Although no date limiters were applied to the search, most of the studies were fairly recent, with dates ranging from 2002-2017. A summary of the main characteristics of studies is shown in Table 1 (see Appendix A).

**Study design.**

The articles consisted of two qualitative studies (Yip et al., 2002; Fisher, Fitzgerald and Tuffin, 2017), one mixed methods study (Berger, Hasking and Martin, 2017) and seven quantitative studies (Prinstein et al. (study 1), 2010; Prinstein et al. (study 2), 2010; Claes, Houben, Vandereycken. Bijttebier and Muehlenkamp, 2010; Hasking, Andrews and Martin, 2013; You, Lin, Fu and Leung, 2013; Giletta, Burk, Scholte, Engels and Prinstein, 2013; You, Zheng, Lin and Leung, 2016), six of which were longitudinal. Follow-up periods ranged from six to 18 months. The qualitative studies conducted interviews whereas the mixed-method and quantitative studies used self-report measures. Seven studies included designs where data was gathered from friends themselves (Yip et al., 2002; Prinstein et al. (study 1), 2010; You et al., 2013; Giletta et al., 2013; You et al., 2016; Berger et al., 2017; Fisher et al., 2017), whereas three studies relied on adolescents’ own perceptions of their friends and their behaviours (Prinstein et al. (study 2), 2010; Claes, et al., 2010; Hasking et al., 2013).

**Sample characteristics.**

Sample sizes ranged from three (Yip et al., 2002) to five (Fisher et al., 2017) in qualitative studies and 140 (Prinstein et al. (study 2), 2010) to 5787 (You et al., 2013) in studies that employed quantitative methods of data collection. There were no studies from the United Kingdom (UK); three derived from China (Yip et al., 2002; You et al., 2013; You et al., 2016), three from the United States of America (USA; Prinstein et al. (study 1), 2010; Prinstein et al. (study 2), 2010; Giletta et al., 2013), one from Belgium (Claes et al, 2010), two from Australia (Hasking et al., 2013; Berger et al., 2017) and one from New Zealand (Fisher et al., 2017). The age of participants ranged from 11-19 years and the number of female participants was higher in all except one study (Prinstein et al. (study 1), 2010), in which the gender split was equal. All studies recruited from schools with the exception of one, which used a psychiatric inpatient facility (Prinstein et al. (study 2), 2010).

**Data analysis.**

The qualitative approaches to analyses that were applied included grounded theory (Yip et el., 2002), thematic analysis (Berger et al., 2017) and Interpretative Phenomenological Analysis (IPA; Fisher et al., 2017). The quantitative analytical approaches applied included social network analysis (You et al., 2013; You et al., 2016), t-tests (Prinstein et al. (study 2), 2010; Hasking et al., 2013; You et al., 2013; You et al., 2016), chi-square (Prinstein et al. (study 2), 2010; Claes et al., 2010; Hasking et al., 2013; You et al., 2013; Giletta et al., 2013; You et al., 2016; Berger et al., 2017), ANOVA (You et al., 2013), ANCOVA (You et al., 2013), MANOVA (Prinstein et al. (study 1), 2010; Claes et al., 2010), correlation (Prinstein et al. (study 1), 2010; Prinstein et al. (study 2), 2010; Claes et al., 2010; You et al., 2013; You et al., 2016), regression (Prinstein et al. (study 1), 2010; Hasking et al., 2013; You et al., 2013; You et al., 2016), path analysis (Prinstein et al. (study 2), 2010) and stochastic actor-based modelling (Giletta et al., 2013). In studies using regression or modelling analyses, the purpose was to identify variables that predicted adolescents’ engagement in self-harm.

**Outcomes.**

Talking and listening to adolescents who self-harm was the most common view about how friends could help (Berger et al., 2017). Friends provided stability, however they were also a risk factor (Yip et al., 2002) and the supportive role was found to have negative consequences as well as positive (Fisher et al., 2017). In addition, variables related to friendship that were found to predict or influence adolescents’ engagement in self-harm included friends’ actual or perceived engagement in this behaviour (Prinstein et al. (study 1), 2010; Prinstein et al. (study 2), 2010; Claes et al., 2010; Hasking et al., 2013; You et al., 2013), friends’ depressive symptoms (Giletta et al., 2013) and impulsivity in friendship groups (You et al., 2016). Factors found to mediate the influence for risk of self-harm amongst peers included adverse life events (Hasking et al., 2013), negative self-concept (Claes et al., 2010), age, gender and the quality of the relationship (Prinstein et al., (study 1), 2010).

**Quality Appraisal**

Three quality appraisal tools were used to evaluate the studies based on the three different types of study design. Qualitative studies were appraised with the Critical Appraisal Skills Programme (CASP, 2018) checklist for qualitative research and quantitative studies with the Downs and Black (1998) checklist; chosen as they are both recommended by NICE for developing their guidelines (NICE, 2015). The mixed-method study was appraised with the Evaluative Tool for Mixed Method Studies (Long, 2005); this was chosen as it was developed based on already established checklists for quantitative research (Long, Godfrey, Randall, Brettle and Grant, 2002) and qualitative research literature (Long and Godfrey, 2004). Each study was scored by following a scoring system in order to arrive at an overall Quality Rating (QR); for full details about scoring and the scores of all articles, see Appendices B-D. Six of the studies were rated as ‘good’ (Prinstein et al. (study 2), 2010; Claes et al., 2013; Hasking et al., 2013; You et al., 2013; You et al., 2016; Berger et al., 2017), three were rated ‘very good’ (Fisher et al., 2017; Prinstein et al. (study 1), 2010; Giletta et al., 2013) and one was rated ‘below average’ (Yip et al., 2002). A summary and critique of studies according to their methodological design is provided below, after which a synthesis of findings is presented.

**Qualitative studies.**

Two qualitative studies used interviews to explore peer responses to adolescent self-harm and qualitative methodology seemed appropriate for their aims. However, Yip et al.’s (2002) choice of grounded theory did not seem suitable, as the authors had pre-determined ideas and a pre-determined sample prior to conducting the research, which does not fit with the main aim of the approach, to generate theory from the data (Glaser and Strauss, 1967). In comparison, the sample used by Fisher et al. (2017) was appropriate to IPA methodology. Both studies encountered difficulties in conducting research of this nature in schools, which meant participation was limited to certain schools (Yip et al., 2002) and to certain pupils (Fisher et al., 2017). Reflexivity in relation to this bias was demonstrated in one study by the main author (Fisher et al., 2017); however, in the other study there was no evidence of any reflexivity (Yip et al., 2002). Furthermore, one study appropriately addressed all ethical issues (Fisher et al., 2017), whereas the other made minimal reference to ethics, with no mention of ethical approval or consideration of risk and harm (Yip et al., 2002). This was particularly concerning given that abuse was uncovered in the research in relation to one participant, with no mention to if and how this was addressed. Both studies included quotations to support findings and used measures to ensure credibility, including triangulation (Yip et al., 2002; Fisher et al., 2017) and respondent validation (Yip et al., 2002).

**Mixed-methods study.**

The mixed-methods study used self-report measures to identify views about how friends can help adolescents who self-harm. The aims were clearly stated and data analysis methods seemed appropriate. Furthermore, ethical issues were appropriately addressed. However, similar to the qualitative studies discussed above (Yip et al., 2002; Fisher et al., 2017), concerns regarding the nature of the research meant that government schools did not take part. Therefore, although the sample was large, it was not representative of the population; a limitation which was highlighted by the authors themselves. Seven strategies were identified, with quotations included to support them. These included: talking and listening, telling an adult, referring to formal organisations, forming positive peer relationships, increasing community awareness, reducing stigma and ensuring confidentiality, and doing nothing. Credibility checks, including triangulation, were undertaken to ensure reliability of the findings.

**Quantitative studies.**

***Aims and sample.***

All studies included a clear aim and used self-report measures to investigate peer influence effects in relation to adolescent self-harm. Basic details of the population recruited from were described in all studies; however, four studies did not report the exact proportion of the population who actually took part (Claes et al., 2010; You et al., 2013; Giletta et al., 2013; You et al., 2016). In one study the authors openly stated that the sample was not representative of the population due to females being over-represented and the reason for this was reported (Hasking et al., 2013). In three other studies it could not be determined whether or not the people prepared to participate were representative of the population (Claes et al., 2010; You et al., 2013; You et al., 2016). Claes et al. (2010) claimed the sample selected was representative of the student body; however as this was selected by the school principal there may have been some bias. Furthermore, in studies conducted by You et al. (2013) and You et al. (2016), recruitment was from eight secondary schools in Hong Kong but it was not clear if these were representative of the population and whether or not the same eight schools were used in both studies. If this was the case, there may have been some bias in the later study based on the results of the first and some of the same participants used in both.

***Measures.***

All studies clearly described the self-report measures used and provided internal consistency scores for standardised questionnaires. The majority of these scores ranged from acceptable to excellent; however, three of the measures included some questionable scores (SDQ-III, Claes et al., 2010; Impulsivity Section of DIB-R, You et al., 2013; PBI, Prinstein et al. (study 2), 2010). In one study measures were read aloud to participants and the reasons for this were stated, however the authors did not refer back to this process in relation to whether this influenced the findings (Prinstein et al. (study 2), 2010).

***Follow-up.***

All longitudinal studies included sufficient follow-up periods and reported reasons for attrition, with the exception of one which only gave a couple of example reasons rather than reporting them fully (Prinstein et al. (study 2), 2010). This study also used money as incentives for completion of follow-up assessments, which may have skewed the final sample. In another study the retention rate between time points was reported as a range, rather than reporting exact rates between each time point (Giletta et al., 2013).

***Data analysis.***

All studies used appropriate statistical tests. However, one study’s chosen method to assess the data (stochastic actor-based modelling) meant there was low statistical power, given the percentage of participants in the sample who engaged in self-harm (Giletta et al., 2013). However, a sound rationale was given for the use of this methodology and the authors highlighted this limitation themselves. None of the other studies mentioned power and there were no power calculations, though the authors of one study highlighted that the effect sizes were small (Prinstein et al. (study 1), 2010). Despite this limitation, the majority of studies used methods to ensure credibility of the findings; one study employed an alpha level of 0.001 for all correlation coefficients (You et al., 2013) and other studies carried out further analyses in relation to data redundancy (Prinstein et al. (study 1), 2010) and missing data (Prinstein et al. (study 2), 2010). In the study by Giletta et al. (2013), the authors openly stated that the statistical analyses showed missing data was not missing completely at random, meaning the results could be biased. However, the authors justified the inclusion of this data through the normed chi-squared result (Bollen, 1989) and referred to methods used to treat the missing data (Huisman and Steglich, 2008; Huisman and Snijders, 2003).

**Synthesis of Findings**

The thematic synthesis of results identified two main themes, with two sub-themes in each. The first: friendship as a supportive factor, with sub-themes: friends as emotional support and friends as vehicles for ending self-harm and disclosure to adults. The second: friendship as a risk factor, with sub-themes: emotional impact on friends and effects of peer influence. They are discussed below.

**Friendship as a supportive factor.**

Three studies found that friendship is a supportive factor in relation to adolescent self-harm (Yip et al., 2002; Fisher et al., 2017; Berger et al., 2017). In line with previous research (Fortune et al., 2008b), friends were found to be the primary and most commonly disclosed to source of support by adolescents engaging in self-harm (Yip et al., 2002; Berger et al., 2017). Furthermore, forming positive peer relationships was a key idea adolescents suggested as a way to help young people who self-harm (Berger et al., 2017) and was something which adolescents encouraged their friends to do with others (Yip et al., 2002), indicating adolescents believe that having good relationships with peers may act as a protective factor against self-harm.

***Friends as emotional support.***

Friends of adolescents who self-harmed provided emotional support (Yip et al., 2002), physical comfort and reassurance (Fisher et al., 2017). Furthermore, they talked and listened to them (Yip et al., 2002; Fisher et al., 2017), which was also the most common idea adolescents had for how peers and online friends could help young people who self-harm, particularly by females (Berger et al., 2017), suggesting friends give the support they perceive to be the most helpful. For example, friends asked their peers if they were ok and discussed problems with them using various means of communication (Yip et al., 2002; Fisher et al., 2017).

“I tried every means to get her to share her negative feelings. I told her if she had any frustration, share it with me. I tried my best to comfort her… Sometimes, we had a long chat at school, sometimes by phone, and sometimes even by letters.” (Yip et al., 2002, p.393)

***Friends as vehicles for ending self-harm and disclosure to adults.***

Supportive peers played an important role in helping their friends to resolve self-harming behaviours by attempting to persuade them not to continue engaging in the behaviour (Yip et al., 2002; Fisher et al., 2017).

“I told her if you continuously cut yourself, I would not be your friend.” (Yip et al., 2002, p.393)

“Oh I would be like why are you cutting are you okay or something or I’d be like don’t do that you know…” (Fisher et al., 2017, p.149)

Friends also aided disclosure to adults (Yip et al., 2002; Fisher et al., 2017), which was also one of the most common views people had about how peers and online friends could help young people who self-harm (Berger et al., 2017). They were a source of communication between their friend and their parents, teachers and other peers (Yip et al., 2002).

“Very often, the schoolteachers approached me and asked whether I had seen A cutting herself. I knew that they were reluctant to ask A for she was impulsive and rude.” (Yip et al., 2002, p.394)

“Tell a trustworthy adult.” (Berger et al., 2017, p.11)

However, friends often felt in a dilemma about this and worried about the impact it could have on their friendship (Fisher et al., 2017).

“…you’re put in the most difficult spot because you don’t want to break that person’s trust or you don’t want to make them feel like they couldn’t tell you things because at the end of the day you want to be trusted, you want people to be able to tell you things…” (Fisher et al., 2017, p.149)

**Friendship as a risk factor.**

The theme of friendship as a risk factor was present in all studies except for that by Berger et al. (2017). The supportive role of friends had some negative consequences associated with it (Fisher et al., 2017) and friends own behaviours were found to influence adolescents’ engagement in self-harm (Yip et a., 2002; Prinstein et al. (study 1), 2010; Prinstein et al. (study 2), 2010; Claes et al., 2010; Hasking et al., 2013; You et al., 2013; Giletta et al., 2013; You et al., 2016).

***Emotional impact on friends.***

Responsibility and distress were some of the negative consequences of the supportive role friends took and their own needs became less important as a result (Fisher et al., 2017).

“…it made my whole life just kind of intoxicated with this kind of worry about this person” (Fisher et al., 2017, p.150)

“I kind of forgot about what was going on in my life and made them [friends self-harming] more important because I felt like that my problems were slim to nil to what their big problems were” (Fisher et al., 2017, p.151)

Despite this, there were some benefits of this role for the supporters, including providing a social connection, a sense of satisfaction and a way to avoid one’s own difficulties (Fisher et al., 2017).

“I’ve always been a fixer… I don’t like people being uncomfortable around me and I think that is me running away from [my] own problems probably… like having to fix everyone else’s” (Fisher et al., 2017, p.149)

***Effects of peer influence.***

Peer influence effects were the focus of most of the studies and Yip et al. (2002) found that interpersonal difficulties provoked self-cutting.

“I feel extremely frustrated when my friends and my teachers blame me… I feel really frustrated inside and I need to do something, like self-cutting to release that sense of emptiness.” (Yip et al., 2002, p.391)

One person even referred to the fact that following a peer conflict, their reason for engaging in self-harm was to do with getting revenge and trying to gain care from that person.

“Self-cutting was a way to express my feelings, especially in front of my boyfriend… Let my boyfriend feel guilty. Let him suffer my pain…” (Yip et al., 2002, p.391)

Individuals who self-harmed were more likely to know others who engaged in this behaviour than those who did not (Claes et al., 2010), supporting the further findings that individuals whose friendship group self-harmed were more likely to engage in this behaviour themselves (You et al., 2013). However, those who self-harmed also had a more negative self-concept (Claes et al., 2010) and in other studies this effect was only found for individuals who had experienced more adverse life events (Hasking et al., 2013), for those whose friends had more depressive symptoms (Giletta et al., 2013) and for younger females in relation to their best friends’ self-harming behaviour (Prinstein et al., (study 1), 2010). This suggests that beliefs held about one’s self, environmental influences, mood, age, gender and the quality of the friendship are important factors which moderate this effect.

Another factor which may be important was impulsivity, as one study found impulsive friendship groups predicted individuals’ engagement in self-harm (You et al., 2016) and another study found friends’ impulsivity predicted self-harm for males; though not for females (Giletta et al., 2013). The most significant factor may be the quality of the relationship, as You et al. (2013) found that even after controlling for the effects of depressive symptoms and impulsivity, an individual’s engagement in self-harm was predicted by their best friends’ engagement in this behaviour. Furthermore, Prinstein et al. (study 1; 2010) found similar results for younger females and Yip et al. (2002) found that the stronger the emotional ties between friends, the greater the peer impact.

In addition to individuals’ friends’ actual self-harming behaviours, adolescent females’ perceptions of these behaviours; that is, holding the belief that their friend was self-harming; were found to influence their own engagement in this behaviour (Prinstein et al., (study 2), 2010). However, this finding should be treated with caution because this study included suicidality as part of friends’ self-harming behaviours, so may relate more to that than solely self-harm. However, two other studies, which were of good quality, also relied on adolescents’ perceptions of their friends’ self-harming behaviours and found that individuals who self-harmed were more likely to report that others did (Claes et al., 2010; Hasking et al., 2013).

The research showed mixed results in terms of the impact of gender in relation to peer influence, as two studies were supportive of this being important (Prinstein et al., (study 1), 2010; Prinstein et al., (study 2), 2010), whereas another study was not (You et al., 2013) and one study had mixed results (Giletta et al., 2013). Effects were only found for females in relation to their best friend’s engagement in self-harm (Prinstein et al., (study 1), 2010) and in relation to their perceptions of friends’ self-harming behaviours (Prinstein et al., (study 2), 2010). However, in contrast, You et el. (2013) found no difference between males and females in relation to adolescents’ best friends’ engagement in self-harm. Furthermore, Giletta et al. (2013) found no gender difference in relation to friends’ depressive symptoms as a predictor for self-harm, yet found friends’ impulsivity predicted self-harm for males only.

Other effects of peer influence found were that individuals who self-harmed tended to join peer groups who also engaged in this behaviour (You et al., 2013) and one individual reported joining friends to cut together (Yip et al., 2002).

“At school sometimes, I cut with my schoolmates.” (Yip et al., 2002, p.391)

Friends of self-harming adolescents in the study by Fisher et al. (2017) also referred to their own struggles and this included historical self-harm, though it was not clear if this was known to their friends, making it difficult to determine whether or not this had any influence on friendship selection or their friends’ behaviour. Figure 2 illustrates the findings including the main themes, sub-themes and moderating factors.

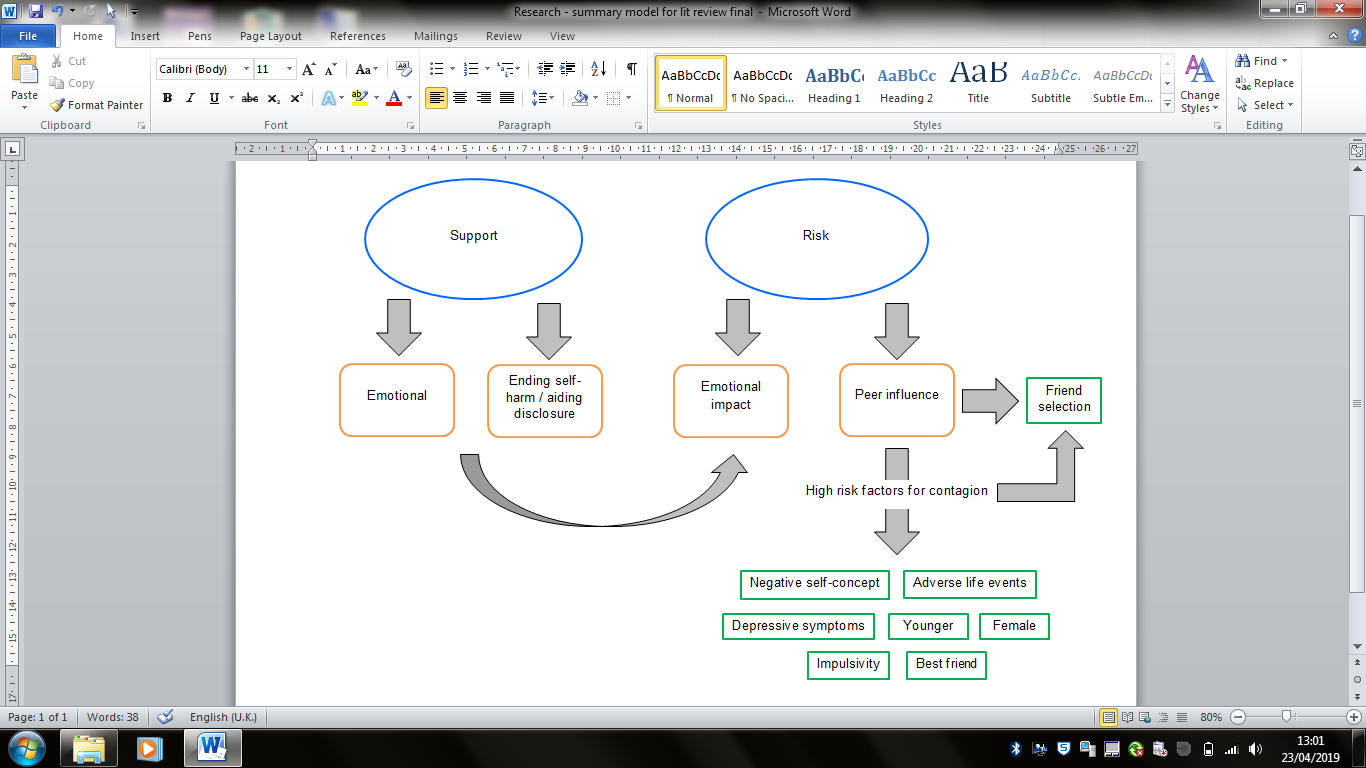


Figure 2

*Summary model of findings*

**Discussion**

The purpose of this review was to examine what is currently known about the role of friendship in adolescent self-harm. A review of the literature was conducted identifying nine articles, comprising of ten studies, which met inclusion criteria. A rating was given to included studies based on their strengths and weaknesses. A thematic synthesis revealed that friends are both a supportive factor and a risk factor in relation to adolescent self-harm. Overall the majority of studies were of a good quality.

Although the two main themes were separate, the supportive role of friends was shown to sometimes be a risk itself, due to the emotional impact of this role. Similar impacts have been found before on friends (Heath, 2016) and on parents (Kelada, Whitlock, Hasking and Melvin, 2016) of adolescents who self-harm. The distress experienced by friends, including feelings of being overwhelmed and exhausted (Fisher et al., 2017), has been termed as ‘empathetic distress’ in the literature (Smith and Rose, 2011) and is similar to compassion fatigue, or secondary traumatic stress (Figley, 1995); something that often affects mental health professionals and other frontline professionals, such as social workers (Kanno and Giddings, 2017). However, there were also some positive impacts of the support role and for the person self-harming friends were an important protective factor; they provided emotional support, encouragement for ceasing the behaviour and aided further help-seeking through disclosure to adults.

The second main theme also included effects of peer influence on self-harming behaviours and both direct and indirect effects were found which related to individual friends as well as friendship groups. The direct effects found support the social learning hypothesis that engagement in self-harm is influenced through observing the behaviour of others (Nock, 2009b). However, other effects, such as those found in studies which relied on adolescents’ perceptions of their friends’ behaviours, support the idea that self-harm may also be influenced by the desire to follow perceived social norms, rather than just directly observing the behaviour of others. This is based on the theory that an individual’s behaviour is influenced by incorrect perceptions of the behaviour of their peers (Berkowitz, 2005), meaning the individual conforms to what they believe to be the social norm even though they may not actually agree with it; a phenomenon known as ‘pluralistic ignorance’ (Miller and McFarland, 1987). Additionally, the finding that adolescents who self-harm may select and form friendships with others who also engage in this behaviour is consistent with ‘assortative relating’; the idea that people select and form friendships on the basis of shared similarities and vulnerabilities (Joiner, 1999). Although the study by Yip et al. (2002) was of poor quality, the study by You et al. (2013) was of good quality and evidence of selection effects has been found before; for example, in relation to suicidality among college roommates (Joiner, 2003).

A number of potential moderating factors of peer influence effects were identified, such as depressive symptoms. Research has shown that individuals displaying signs of depression tend to interact with others in more unhelpful ways, for example, through co-rumination (Rose, 2002). Therefore it could be that adolescents with depressed friends use self-harm as a way of coping with the stress this creates in the relationship. However it was the quality of the relationship between friends which stood out as being the most important factor after controlling for the effects of others. Given that friendship quality has been found to be positively associated with empathetic distress (Smith and Rose, 2011), it may be the impact of the sharing of problems, that takes place in good quality friendships, that predicts self-harm.

Furthermore, there were some notable gender differences found. For example, females were more likely to suggest talking and listening to adolescents who self-harm than males (Berger et al., 2017), which is not surprising given that girls’ relational style has been found to be characterised by stronger interpersonal engagement and more disclosure than that of boys (Rose and Rudolph, 2006). Furthermore, the dilemma about whether or not to disclose to an adult was experienced by females (Fisher et al., 2017), and as research has shown that girls are more likely to worry about abandonment (Blatt, Hart, Quinlan, Leadbeater and Auerbach, 1993) this may be why they were worried disclosure would mean compromising the friendship. As a result of this, girls may try to manage disclosures of self-harm by themselves for a period of time before disclosing to an adult, possibly at a cost to themselves; which fits with the negative impacts of the support role experienced by the participants in the study by Fisher et al. (2017). However, girls have also been found to experience more empathetic distress than boys (Smith and Rose, 2011), which could also account for these impacts. Another notable gender difference was in relation to peer influence, as some effects were only found for females. This is supported by other research, as Hawton, Harriss and Rodham (2010) found the association between engagement in one’s own self-harm and exposure to peer self-harm was largely confined to girls who cut themselves.

**Clinical Implications**

The results of this review have implications for prevention and intervention programmes for self-harm for schools, families, mental health services and other frontline professionals. Schools, families and frontline professionals, such as youth workers, should be educated so they understand the supportive role of friends in relation to self-harm, the negative impacts of this role and the risks associated with friendship in this context. There is a clear need for appropriate access to support for the friends of adolescents who self-harm; they should be offered containment and guidance and school staff and frontline professionals need clear guidelines in relation to this. Young people would also benefit from education on self-harm and suicide prevention, in order to give them greater confidence in knowing how best to support friends with this, enabling better problem-solving and coping skills and possibly reducing the emotional toll on them. A school-based intervention such as Youth Aware of Mental Health (YAM) could be offered, as it aims to improve young people’s knowledge and skills in relation to mental health.

Furthermore, schools should try to promote environments which promote talking about mental health openly to encourage help-seeking among students and de-stigmatise self-harm. Whole school structures that have embedded pastoral systems which value relationships have been found to be the most effective ways of developing pupils’ well-being (McLaughlin, 2015). Educational programmes on mental health in schools could address the role of friends more directly in order to encourage open discussion, which may help to address the reluctance of some young people to disclose their friend’s self-harm, for fear of breaking their trust.

Mental-health professionals need to consider the role of friendship in the assessment and formulation of a young person’s self-harming behaviour and the types of interventions that are offered as a result. For example, group work involving the friends of young people who self-harm may be useful if they are a key support. Factors that appear to moderate the effects of peer influence suggest that young people who self-harm may be more vulnerable more generally and therefore interventions such as mentoring from pro-social peers and providing opportunities for engagement in positive activities, which build young peoples’ self-esteem and offer a more positive identity, may also be helpful. In the UK there has been a shift away from primary mental health work for children and adolescents more recently, with the majority of NHS mental health spending going towards those with the most severe needs (Children’s Commissioner, 2017). However, in relation to self-harm in adolescence actually re-energising this focus into Tier 1 universal services could be beneficial.

**Limitations and Future Directions**

The majority of the studies included in this review relied solely on self-reported measures. This captures personal data but nonetheless, is subject to bias and therefore limits the validity and reliability of the findings. In the studies that used peer nomination procedures, adolescents had to choose their friends from a list of classmates so, although this meant that their friends were included in the same dataset, it may not reflect all adolescents’ main friendships. In all of the studies it was not clear how students themselves defined ‘friend’ which may have also had an influence on findings, as this may have different meanings for different people and in one study adolescents were asked about ‘acquaintances’ as opposed to ‘friends’ (Claes et al., 2010). Furthermore, individuals may consider what constitutes a ‘friend’ different to a ‘peer’, which may have influenced findings given that both were included as search terms and definitions may vary across the literature. As no studies were from the UK it is not clear how generalisable the results of this review are to this country. Although the majority of the studies were rated as being of high quality, it should be noted that there were no randomised controlled trials, which are classed as being higher in quality due to their rigorous design. Another limitation of this review is that bias cannot be fully eliminated as there was no check of the search strategy or quality appraisal completed by a second person, which could have improved the reliability of the results.

This review has highlighted that to date, the role of friendship in adolescent self-harm is an area in which very little research has been undertaken and so far nothing has been carried out in the UK. The majority of the research has used quantitative methodology and therefore not explored this topic in any great depth. Therefore it is proposed that future research using qualitative approaches would be helpful and should be carried out in the UK to see whether this produces similar findings to those found in other countries.

**Conclusions**

To conclude, the purpose of this review was to find out about the role of friendship in adolescent self-harm. From the evidence examined, it has been established that friends are a key source of support for adolescents who self-harm, however they are also a risk factor. The supportive role of friends often comes with an emotional cost and self-harm is also subject to influence from peers. Although the evidence was generally good, there are several limitations in this review which have been discussed. Findings from this study highlight that the friends of adolescents who self-harm are an at-risk population, particularly females. Families, schools and frontline professionals need education and direction about how they can support these individuals, as there is a need for containment and guidance to be offered. Future research should take place in the UK and use qualitative methods to add depth and richness to the current knowledge in this area.

**References**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5.* Washington DC: American Psychiatric Association.

Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B. & Monteiro, M. G. (2001). *The alcohol use disorders identification test: Guidelines for use in primary care.* Geneva: World Health Organisation.

Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, N.J.: Prentice-Hall.

Berger, E., Hasking, P. & Martin, G. (2017). Adolescents’ perspectives of youth non-suicidal self-injury prevention. *Youth and Society*, 49 (1), 3-22.

Berkowitz, A. D. (2005). An overview of the social norms approach. In L. Lederman & L. Stewart (Eds.), *Challenging the culture of college drinking: A socially situated health communication campaign* (pp. 193-214). New York, NY: Hampton Press.

Blatt, S. J., Hart, B., Quinlan, D. M., Leadbeater, B. & Auerbach, J. (1993). Interpersonal and self-critical dysphoria and behaviour problems in adolescents. *Journal of Youth and Adolescence*, 22, 253–269.

Bollen, K. (1989). *Structural equations with latent variables.* New York: Wiley.

Borsari, B. & Carey, K. (2001). Peer influences on college drinking: A review of the research. *Journal of Substance Abuse*, 13, 391–424.

Brown, B. B. (1990). Peer groups and peer cultures. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 171–196). Cambridge, MA, US: Harvard University Press.

Brunner, R., Kaess, M., Parzer, P., Fischer, G., Carli, V., Hoven, C.W., … Wasserman, D. (2014). Life-time prevalence and psychosocial correlates of adolescent direct self-injurious behaviour: A comparative study of findings in 11 European countries. *Journal of Child Psychology and Psychiatry*, 55 (4), 337-348.

Bukowski, W. M., Newcomb, A. F. & Hartup, W. W. (1998). *The company they keep: Friendships in childhood and adolescence.* New York: Cambridge University Press.

Children’s Commissioner (2017). Briefing: Children’s Mental Healthcare in England. Retrieved August 16, 2018 from: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf>

Claes, L., Houben, A., Vandereycken, W., Bijttebier, P. & Muehlenkamp, J. (2010). Brief report: The association between non-suicidal self-injury, self-concept and acquaintance with self-injurious peers in a sample of adolescents. *Journal of Adolescence*, 33, 775-778.

Costello, E. J. & Angold, A. (1988). Scales to assess child and adolescent depression: Checklists, screens and nets. *Journal of the American Academy of Child and Adolescent Psychiatry*, 27, 726-737.

Critical Appraisal Skills Programme [CASP] (2018). *CASP (Qualitative) Checklist*. Retrieved May 28, 2018 from: <https://casp-uk.net/casp-tools-checklists/>

Department of Health (2015). *Future in mind: Promoting, protecting and improving our children and young people’s mental health and well-being.* London: Department of Health.

Department of Health & Department for Education (2017). *Transforming children and young people’s mental health provision: A green paper*. London: Department of Health and Department for Education.

Downs, S. H. & Black, N. (1998). The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non-randomised studies of health care interventions. *Journal of Epidemiological Community Health*, 52, 377-384.

Erikson, E. H. (1968). *Identity: Youth and crisis*. New York: Norton.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised* (pp.1-20). New York, NY: Brunner-Routledge.

Fisher, K., Fitzgerald, J. & Tuffin, K. (2017). Peer responses to non-suicidal self-injury: Young women speak about the complexity of the support-provider role. *New Zealand Journal of Psychology*, 46 (3), 146-155.

Fortune, S., Sinclair, J. & Hawton, K. (2008a). Adolescents’ views on preventing self-harm: A large community study. *Social Psychiatry and Psychiatric Epidemiology*, 43 (2), 96-104.

Fortune, S., Sinclair, J. & Hawton, K. (2008b). Help-seeking before and after episodes of self-harm: A descriptive study in school pupils in England. *BMC Public Health*, 8, 369.

[Giletta, M., Burk, W. J., Scholte, R. H. J., Engels, R. C. M. E. & Prinstein, M. J. (2013). Direct and indirect peer socialization of adolescent nonsuicidal self-injury.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/26412955) *Journal of Research on Adolescence*, 23 (3), 450-463.

Glaser, B. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New York: Aldine de Gruyter.

Goldberg, D. & Williams, P. (1988). *A user’s guide to the general health questionnaire*. Windsor, UK: NFER-Nelson.

Gutierrez, P. M., Osman, A., Barrios, F. X. & Kopper, B. A. (2001). Development and initial validation of the self-harm behaviour questionnaire. *Journal of Personality Assessment*, 77, 475-490.

Harris, J. R. (1995). Where is the child’s environment? A group socialisation theory of development. *Psychological Review*, 102, 458–489.

Harter, S., Stocker, C., & Robinson, N. S. (1996). The perceived directionality of the link between approval and self-worth: The liabilities of a looking glass self-orientation among young adolescents. *Journal of* *Research on Adolescence, 6,* 285–308.

[Hasking, P., Andrews, T. & Martin, G. (2013). The role of exposure to self-injury among peers in predicting later self-injury.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/23435860) *Journal of Youth and Adolescence*, 42 (10), 1543-1556.

Hasking, P., Rees, C. S., Martin, G. & Quigley, J. (2015). What happens when you tell someone you self-injure? The effects of disclosing NSSI to adults and peers. *BMC Public Health*, 15, 1039.

Hawton, K., Harriss, L. & Rodham, K. (2010). How adolescents who cut themselves differ from those who take overdoses. *European Child and Adolescent Psychiatry*, 19, 513-523.

Hawton, K. & Rodham, K. (2006). *By their own young hand. Deliberate self-harm and suicidal ideas in adolescents.* London: Jessica Kingsley.

Hawton, K., Rodham, K., Evans, E. & Weatherall, R. (2002). Deliberate self-harm in adolescents: Self-report survey in schools in England. *British Medical Journal*, 325, 1207-1211.

Hawton, K., Saunders, K. E.A. & O’Connor, R.C. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379, 2373-2382.

Heath, H. (2016). *Understanding the impact of self-harm on friendship: A qualitative approach* (unpublished doctoral dissertation). University of Bath, UK.

Heath, N. L., Toste, J. R., Sornberger, M. J. & Wagner, C. (2011). Teachers’ perceptions of non-suicidal self-injury in the schools. *School Mental Health*, 3 (1), 35-43.

Heilbron, N. & Prinstein, M. J. (2008). Peer influence and adolescent nonsuicidal self-injury: A theoretical review of mechanisms and moderators. *Applied and Preventative Psychology*, 12, 169-177.

Husiman, M. & Snijders, T. A. B. (2003). Statistical analysis of longitudinal network data with changing composition. *Sociological Methods and Research*, 32, 253-287.

Husiman, M. & Steglich, C. (2008). Treatment of no-response in longitudinal network studies. *Social Networks*, 30, 297-308.

Joiner, T. E. (1999). The clustering and contagion of suicide. *Current Directions in Psychological Science,* 8 (3), 89-92.

Joiner, T. (2003). Contagion of suicidal symptoms as a function of assortative relating and shared relationship stress in college roommates. *Journal of Adolescence*, 26, 495–504.

Kanno, H. & Giddings, M. M. (2017). Hidden trauma victims: Understanding and preventing traumatic stress in **mental health professionals. *Social Work in Mental Health*, 15 (3), 331-353.**

Kelada, L., Whitlock, J., Hasking, P. & Melvin, G. (2016). Parents’ experiences of nonsuicidal self-injury among adolescents and young adults. *Journal of Child and Family Studies*, 25, 3403-3416.

Kovacs, M. (1992). *Children’s Depression Inventory manual.* New York: Multi-health systems.

Lewis, S. P. & Heath, N. L. (2015). Non-suicidal self-injury among youth. *The Journal of Paediatrics*, 166 (3), 526-530.

Long, A. F., Godfrey, M., Randall, T., Brettle, A. J. & Grant, M. J. (2002). *Developing evidence based social care policy and practice: Feasibility of undertaking systematic reviews in social care.* Leeds: Nuffield Institute for Health.

Long, A.F. & Godfrey, M. (2004). An evaluation tool to assess the quality of qualitative research studies. *International Journal of Social Research Methodology*, 7 (2), 181-196.

Long, A. (2005). *Evaluative tool for mixed method studies*. School of Healthcare: University of Leeds.

Lynch, J. F., Mowrey, R. J., Nesbitt, G. M. & O’Neill, D. F. (2004). Risky business: Misperceived norms of sexual behaviour among college students. *Journal of Student Affairs Research and Practice,* 42, 21–35.

Madge, N., Hewitt, A., Hawton, K., de Wilde, E.J., Corcoran, P., Fekete, S., … Ystgaard, M. (2008). Deliberate self-harm within an international community sample of young people: Comparative findings from the Child & Adolescent Self-harm in Europe (CASE) study*. Journal of Child Psychology and Psychiatry*, 49 (6), 667-677.

Marsh, H. W. (1989). *The self-description questionnaire (SDQ-III): A theoretical and empirical basis for measurement of multiple dimensions of late adolescent self-concept.* An interim test manual and a research monograph. Sydney: Macarthur University of Western Sydney.

McLaughlin, C. (2015). *The connected school: A design for well-being*. London: Pearson.

Mental Health Foundation (2006). *Truth hurts: Report of the national inquiry into self-harm among young people: Fact or fiction?* London: Mental Health Foundation.

Miller, D. T., & McFarland, C. (1987). Pluralistic ignorance: When similarity is interpreted as dissimilarity. *Journal of Personality and Social Psychology*, 53 (2), 298-305.

Morey, Y., Mellon, D., Dailami, N., Verne, J. & Tapp, A. (2016). Adolescent self-harm in the community: An update on prevalence using a self-report survey of adolescents aged 13 to 18 in England. Journal of Public Health, 39 (1), 58-64.

Muehlenkamp, J., Brausch, A., Quigley, K. & Whitlock, J. (2013). Interpersonal features and functions of nonsuicidal self-injury. *Suicide and Life-Threatening Behaviour*, 43 (1), 67-80.

Muehlenkamp, J. J. & Gutierrez, P.M. (2004). An investigation of differences between self-injurious behaviour and suicide attempts in a sample of adolescents. *Suicide and Life Threatening Behaviour,* 34, 12-23.

Nangle, D. W., Erdley, C. A., Newman, J. E., Mason, C. A. & Carpenter, E. M. (2003). Popularity, friendship quantity, and friendship quality: Interactive influences on children’s loneliness and depression. *Journal of Clinical Child and Adolescent Psychology*, 32 (4), 546–555.

National Institute for Health and Care Excellence [NICE] (2015). *Developing NICE guidelines: The manual appendix H*. Retrieved August 3, 2018 from: <https://www.nice.org.uk/process/pmg20/resources/developing-nice-guidelines-the-manual-appendix-h-2549711485>

Nock, M. K. (2009a). *Understanding nonsuicidal self-injury: Origins, assessment and treatment*. Washington DC: American Psychological Association.

Nock, M. K. (2009b). Why do people hurt themselves? New insights into the nature and functions of self-injury. *Current Directions in Psychological Science,* 18 (2), 78-83.

Nock, M. K. & Prinstein, M. J. (2005). Contextual features and behavioural functions of self-mutilation among adolescents. *Journal of Abnormal Psychology*, 114, 140-146.

Parker, J. G. & Asher, S. R. (1993). Friendship and friendship quality in middle childhood: Links with peer group acceptance and feelings of loneliness and social dissatisfaction. *Developmental Psychology,* 29, 611-621.

Patton, J. H., Stanford, M. S. & Barratt, E. S. (1995). Factor structure of the Barratt Impulsiveness Scale. *Journal of Clinical Psychology*, 51, 768-774.

Prinstein, M. J., Boergers, J. & Spirito, A. (2001). Adolescents’ and their friends’ health-risk behaviour: Factors that alter or add to peer influence. *Journal of Paediatric Psychology*, 26, 287-298.

Prinstein, M. J., Heilbron, N., Guerry, J. D., Franklin, J. C., Rancourt, D., Simon, V. & Spirito, A. (2010). [Peer influence and nonsuicidal self injury: Longitudinal results in community and clinically-referred adolescent samples.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/20437255) *Journal of Abnormal Child Psychology*, 38 (5), 669-682.

Reichardt, J. (2016). Exploring school experiences of young people who have self-harmed: How can schools help? *Educational and Child Psychology*, 33 (4), 28-39.

Ring, N., Ritchie, K., Mandava, L. & Jepson, R. (2010). *A guide to synthesising qualitative research for researchers undertaking health technology assessments and systematic reviews.* Retrieved April 18, 2019 from: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.470.3693&rep=rep1&type=pdf>

Rodham, K., Hawton, K. & Evans, E. (2004). Reasons for deliberate self-harm: Comparison of self-poisoners and self-cutters in a community sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 80-87.

Rose, A. J. (2002). Co-rumination in the friendships of girls and boys. *Child Development*, 73, 1830-1843.

Rose, A. J. & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioural development of girls and boys. *Psychological Bulletin,* 132, 89-131.

Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M. & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review. *The Australia and New Zealand Journal of Psychiatry*, 48 (12), 1083-1095.

Sakinofsky, I. (2000). Repetition of suicidal behaviour. In K. Hawton & K. Van Heeringen (Eds.), *The international handbook of suicide and attempted suicide*. (pp. 385-404). Chichester: John Wiley & Sons.

Sansone, R. A., Songer, D. A. & Sellborn, M. (2006). The relationship between suicide attempts and low-lethal self-harm behaviour among psychiatric inpatients. *Journal of Psychiatric Practice*, 12, 148-152.

Sansone, R. A., Wiederman, M. W., & Sansone, L. A. (1998). The self-harm inventory (SHI): Development of a scale for identifying self-destructive behaviours and borderline personality disorder. *Journal of Clinical Psychology*, 54, 973-983.

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D. & Patton, G. C. (2018). The age of adolescence. *The Lancet* *Child and Adolescent Health,* 2 (3), 223-228.

Simons, J. & Simons, J. (2002). Construction of a shortened questionnaire to evaluate the self-concept of Flemish adolescents. *Diagnostiek – Wijzer*, 5, 62-71.

Smith, R. L. (2015). Adolescents' emotional engagement in friends' problems and joys: Associations of empathetic **distress** and empathetic joy with **friendship** quality, depression, and anxiety. *Journal of Adolescence*, 45, 103-111.

Smith, R. L. & Rose, A. J. (2011). The “cost of caring” in youths’ friendships: Considering associations among social perspective taking, co-rumination, and empathetic distress. *Developmental Psychology*, 47 (6), 1792-1803.

Snir, A., Apter, A., Barzilay, S., Feldman, D., Rafaeli, E., Caril, V., … Wasserman, D. (2018). Explicit motives, antecedents and consequences of direct self-injurious behaviours: A longitudinal study in a community sample of adolescents. *Crisis*, 39 (4), 255-266.

Taiminen, T. J., Kallio-Soukainen, K., Nokso-Koivisto, H., Kaljonen, A. & Kelenius, H. (1998). Contagion of deliberate self-harm among adolescent inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 211-217.

Taouk, M., Lovibond, P. F. and Laube, R. (2001). *Psychometric properties of a Chinese version of the short Depression Anxiety Stress Scale (DASS21).* Sydney: New South Wales Transcultural Mental Health Centre, Cumberland Hospital.

The Joanna Briggs Institute. (2014). *Joanna Briggs Institute reviewers’ manual: Methodology for JBI mixed-method systematic reviews*. Retrieved April 18, 2019 from: <http://joannabriggs.org/assets/docs/sumari/ReviewersManual_Mixed-Methods-Review-Methods-2014-ch1.pdf>

Thomas, J. & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BioMed Central Medical Research Methodology*, 8 (45), 11-17.

Urberg, K. A., Degirmencioglu, S. M. and Pilgrim, C. (1997). Close friend and group influence on adolescent cigarette smoking and alcohol use. *Developmental Psychology*, 33, 834-844.

Waldrip, A. M., Malcolm, K. T. & Jensen-Campbell, L. (2008). [With a little help from your friends: The Importance of high-**quality** friendships on early adolescent adjustment.](http://web.b.ebscohost.com/ehost/viewarticle/render?data=dGJyMPPp44rp2%2fdV0%2bnjisfk5Ie45PFIr6euSLek63nn5Kx95uXxjL6rrUmxpbBIr66eTrins1Kxrp5Zy5zyit%2fk8Xnh6ueH7N%2fiVauns0iup7NQsa%2bzPurX7H%2b72%2bw%2b4ti7iODepIzf3btZzJzfhrupsk%2bwrrBPtpzkh%2fDj34y73POE6urjkPIA&vid=7&sid=2c486b12-38dd-4c0c-9dbe-a7b2ac069b8b@pdc-v-sessmgr01) *Social Development,* 17 (4), 832-852.

Whiteside, S. P. & Lynam, D. R. (2001). The five factor model and impulsivity: Using a structural model of personality to understand impulsivity. *Personality and Individual Differences*, 30 (4), 669-689.

Wood, A. (2009). Self-harm in adolescents. *Advances in Psychiatric Treatment*, 15, 434-441.

World Health Organization [WHO] (2018). *Adolescent health.* Retrieved July 28, 2018 from: <http://www.who.int/topics/adolescent_health/en/>

Yip, K. S., Ngan, M. Y. & Lam, I. (2002). [An exploration study of peer influence and response to adolescent self-cutting behavior in Hong Kong.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/2002-17918-003) *Smith College Studies in Social Work*, 72 (3), 379-401.

You, J. & Lin, M.-P. (2015). Predicting suicide attempts by time-varying frequency of nonsuicidal self-injury among Chinese community adolescents. *Journal of Consulting and Clinical Psychology*, 83 (3), 524-533.

You, J., Lin, M.-P., Fu, K. & Leung, F. (2013). T[he best friend and friendship group influence on adolescent nonsuicidal self-injury. Journal of Abnormal Child Psychology, 41 (6), 993-1004.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/23474798)

You, J., Zheng, C., Lin, M.-P. & Leung, F. (2016). [Peer group impulsivity moderated the individual-level relationship between depressive symptoms and adolescent nonsuicidal self-injury.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/2016-09082-010) *Journal of Adolescence*, 47, 90-99.

Zanarini, M. C., Gunderson, J. G., Frankenburg, F. R. & Chauncey, D. L. (1989). The revised diagnostic interview for borderlines: Discriminating BPD from other Axis II disorders. *Journal of Personality Disorders*, 3, 10-18.

**Chapter Two: Empirical Paper**

**Adolescents’ experiences of having a friend who self-harms: What does this mean for friendship, the peer group and well-being?**

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***This paper has been written in accordance with the author guidelines for School Mental Health: A Multidisciplinary Research and Practice Journal (see Appendix T).***

**Abstract**

Self-harm usually begins during adolescence and adolescents that self-harm most commonly confide in friends, yet to date, there is little research from the friend’s perspective. This qualitative study explores adolescents’ experiences of what it is like to have a friend who self-harms by cutting and what this experience means for friendship, the wider peer group and psychological well-being. Semi-structured interviews were conducted face-to-face with a community sample of eight females aged between 13 and 18 years, living in England. Interpretative Phenomenological Analysis was used to analyse the data. Four superordinate themes emerged: desperately searching for meaning, I’ll be there at all costs, too hot to handle and identification. Adolescents were concerned about escalations in their friends’ behaviours and felt a sense of duty to help, but the majority experienced a dilemma as to whether to disclose to others and all reported some form of distress. The results highlight the important, yet complex nature of friendship in this context. Friends play a key role in supporting adolescents who self-harm but need greater support managing this role and the effects. Schools/colleges should educate young people about self-harm to increase their knowledge and skills in relation to supporting a friend with this issue. Furthermore, they should promote environments for talking about mental health openly to give young people increased opportunities for help-seeking.

*Keywords:* Self-harm; Adolescence; Friendship; Peers; Qualitative; Cutting

**Introduction**

Young peoples’ mental health is high on the UK public agenda and self-harm in particular is said to be on the rise, with a recent study finding a 68% increase in the incidence rate among girls aged 13-16 years between 2011 and 2014 (Morgan et al., 2017). However it appears to be a behaviour that remains largely hidden from services, as very few episodes of self-harm result in hospital presentation (Madge et al., 2008), especially if the method used is cutting (Hawton, Rodham, Evans and Weatherall, 2002). A recent systematic review concluded that up to half of adolescents who self-harm do not seek help and of those that do, they prefer to seek support from friends rather than from professionals (Rowe et al., 2014). This is not necessarily surprising given that adolescence is a time when peer relationships become particularly important for companionship, intimacy and emotional support (Bukowski, Newcomb and Hartup, 1998). Despite this, little is known about the friend’s experience of being the confidant, which may be important given that friends of those who self-harm have been identified as being vital for providing support and aiding contact with professional help (Idenfors, Kullgren and Renberg, 2015).

**Self-harm and Adolescence**

Self-harm has been defined as the deliberate destruction or alteration of one’s own bodily tissue without suicidal intent (Nock, 2009a). Although found to be the strongest predictor of suicide (Sakinofsky, 2000), empirical evidence suggests the main function of self-harm is to regulate emotions (Klonsky, 2007). However, it appears that different methods may have different motivations as Rodham, Hawton and Evans (2004) found that more individuals who took overdoses indicated they wanted to die than those who cut themselves. Methods include cutting, burning and head-banging (Klonsky and Olino, 2008), with cutting deemed as the most common form of self-harm (Rowe et al., 2014), particularly in community samples (Madge et al., 2008).

The World Health Organisation (WHO) defines an adolescent as anyone between the ages of 10 and 19 (WHO, 2018) and self-harm usually begins during this period. It has been found to have a prevalence rate of 17.2% among adolescents (Swannell, Martin, Page, Hasking and St John, 2014), with 7.8% of young people across Europe reporting repetitive self-harm (Brunner et al., 2014). However, these figures may be under reported given that few young people who self-harm actually disclose it (Whitlock, Eckenrode and Silverman, 2006). Furthermore, those who do most commonly turn to their friends for support (Rowe et al., 2014), so it may remain protected within friendships whilst unknown to services and significant others, such as family and school. Most research indicates self-harm is more prevalent in adolescent females than males (Madge et al., 2008).

**Disclosure of Self-harm to Friends**

Many adolescents do not seek help for self-harm for fear of being stigmatised (Fortune, Sinclair and Hawton, 2008a) or considered attention-seekers by others (Heath, Toste, Sornberger and Wagner, 2011). However, research suggests that disclosure can be positive as concealing a stigmatising characteristic or behaviour from family and friends is associated with damaging consequences for the individual, including negative views about oneself (Pachankis, 2007). Among university students, friendship quality has been found to be positively associated with disclosure of self-harm (Armiento, Hamza and Willoughby, 2014).

However, Smith (2015) found that discussing problems with a friend may be to the detriment of the recipient’s own emotional well-being. Co-rumination, described as an excessive discussion of problems within a relationship (Rose, 2002), may explain this. Rose, Carlson and Waller (2007) found that for females, co-rumination led to increases in symptoms of depression and anxiety, although they also experienced increases in closeness and friendship quality. In relation to self-harm, Reichardt (2016) found that young people who disclosed to a friend experienced comforting feelings through mutual understanding; however this was sometimes associated with negative experiences for the friend, such as feeling responsible for their peer’s self-harming behaviours. Although this study was limited by its small sample size, Hasking, Rees, Martin and Quigley (2015) also found negative outcomes associated with disclosures to peers. These included using more avoidance strategies, such as ignoring the problem or blaming themselves, compared to those who disclosed to adults, and encouragement of self-harm in others.

The idea that disclosure of self-harm may encourage it in others is supported by other research; for example, Hawton, Rodham and Evans (2006) found an association between awareness of a friend’s self-harm in the previous year and higher rates of self-harm in peers. In addition, Claes, Houben, Vandereycken, Bijttebier and Muehlenkamp (2010) found those who engaged in self-harming behaviours also had more friends who did the same and there is evidence that those who self-harm are more likely to seek help from others who do (Fortune, Sinclair and Hawton, 2008b). However, it is not clear whether those who self-harm are drawn to others doing the same or whether they are more likely to learn to do it as a coping strategy through exposure. Furthermore, it could be that having an awareness of someone else’s self-harm means one is more likely to seek support from them due to thinking they may be more empathic, or to achieve a sense of belonging within their peer group.

**Rationale for Study**

Existing research regarding self-harm amongst friends in adolescence is largely quantitative and tends to focus on factors that influence or predict self-harm amongst peers, such as an individual’s own engagement in this behaviour (Prinstein et al. (study 1), 2010; You, Lin, Fu and Leung, 2013). The views and experiences of friends are largely overlooked, as only a small number of studies have sought this through qualitative interviews. These studies (Yip, Ngan and Lam, 2002; Fisher, Fitzgerald and Tuffin, 2017) found some similarities in relation to the support role of the friend; for example, both found friends provide emotional support to peers. However, samples were limited by size (Yip et al., 2002), age range and to those who had sought help (Fisher et al., 2017) and neither study was conducted in the UK. Therefore, there is a need for a better understanding of UK adolescents’ experiences of having a friend who self-harms and what this means for their friendship, wider peer group and well-being. This is important as findings may inform future practice in relation to prevention and intervention for self-harm at the community level.

**Research Aims**

The aims of this study were to:

* Explore the experiences of adolescents who have a friend who self-harms.
* Understand what self-harm means for the young person, their friendship experiences and wider peer group.

**Research Questions**

1. How do adolescents make sense of having a friend who self-harms?
2. What does self-harm mean for their friendship, wider peer group and own well-being?

**Method**

**Research Design**

A qualitative design was employed using semi-structured individual interviews and Interpretative Phenomenological Analysis (IPA). IPA was chosen because it fitted well with the aims of the study; it involves detailed exploration of an individual’s personal lived experience of a particular phenomenon, which takes priority over theoretical preconceptions (Smith and Osborn, 2015). Thus, reflexivity and attention to personal biases and assumptions are vital so that the researcher can remain faithful to participants’ lived experience. IPA is also suitable for researching certain topics that are complex, ambiguous and emotionally laden (Smith and Osborn, 2015), so very relevant to self-harm.

**Ethical Considerations**

Ethical approval was obtained from Staffordshire University Ethics Committee (Appendix F). As participants were between 13-18 years of age, a letter was provided to parents with children aged under 16 years, informing them about the study and giving them the choice to opt out their child from taking part (Appendix G), in addition to obtaining informed consent from all participants (Appendix K). To ensure the well-being of participants, several measures were taken. These included giving as much information as possible about the research and interview process (Appendix I), offering choice about where the interview took place and informing participants of their right to withdraw if they became too distressed at any point. Furthermore, at the end of the interview the researcher asked some questions about the nature and severity of their friend’s self-harm in order to gauge risk (Appendix L), participants were debriefed and signposted to sources of support (Appendix J).

Prior to the commencement of the interview participants were told that if they disclosed any serious concerns about risk to life or harm from others, confidentiality would be broken and concerns passed on to the safeguarding lead in the establishment they were recruited from and any health services involved, if this information was known. This was in relation to themselves or their friend, if they were willing to pass on their friend’s details. All participants were given a pseudonym to preserve anonymity.

**Recruitment**

Schools, colleges and young people’s services across the North West of England, including emotional well-being services and youth clubs, were contacted about the research and the researcher met with those that were interested to discuss the study and to address any concerns about an adolescent population talking about self-harm. Several schools replied expressing they did not wish to take part, either due to these concerns or because they feared parents may worry that self-harm was a problem at their school. The researcher initially met with three schools who agreed to support the research, however two disengaged following this; for one this was due to concerns about young people talking about self-harm, however for the other the reason was unclear. Therefore, at a later date the researcher recruited one additional school and a charity, which supports the emotional health of young people through a variety of activities and therapies.

Once the opt out letters had been sent, staff at the establishments promoted the research to young people using a poster (Appendix H) and information sheet (Appendix I). At one school, staff spoke directly to young people they knew were eligible. Interested young people were given the option to either contact the researcher directly or to contact a member of staff at their establishment, who communicated on their behalf. Those who responded were offered the opportunity to meet the researcher informally to discuss the research and ask any questions, before agreeing to take part.

Samples for IPA should be homogeneous (Smith and Osborn, 2008) so participants were sought through purposive sampling. To be eligible for the study, participants needed to be between 13-18 years of age, have a friend who currently, or within the last six months, self-harmed by cutting and were able to speak English well enough to take part in an interview. Although the WHO’s definition (WHO, 2018) of an adolescent spans a larger age range, it was decided this study would target 13-18-year olds because in a survey completed in 2016 involving 2000 adolescents in England, the mean age of onset for self-harm was found to be 13 years for females and 13.5 years for males (Morey, Mellon, Dailami, Verne and Tapp, 2016). Furthermore, although adolescence is a time of increased autonomy (Brown, 1990), it is also a time when individuals are still reliant upon adult support for guidance; hence the age range selected also, given most would still be living at home and in some form of education or training.

One method of self-harm was chosen in order that the sample was homogeneous. Cutting was selected as it is the most common form of self-harm in the community (Madge et al., 2008) and thus, seemed most relevant to the sample being targeted for this study. A timeframe of six months was decided so the phenomenon of interest (having a friend who self-harms) could be meaningfully explored with reasonable recall and due to the often fluctuating nature of friendships during adolescence. Fluent English competency was required due to the lack of resource for an interpreter. Recruitment took place between September 2018 and February 2019.

**Participants**

Eight participants took part in this study, recruited from two high schools and one young people’s service. Two additional young people agreed to take part but did not attend the interview; upon follow up one gave no reason, the other was absent due to family difficulties and unable to re-arrange. Smith and Osborn (2008) state there is no right answer regarding sample size when using IPA, but note that breadth is sacrificed for depth. According to Turpin et al. (1997), clinical psychology doctoral courses in Britain recommend 6-8 participants is appropriate for an IPA study, so this number was deemed adequate. Participants were all female and aged between 13 and 18 years, with a mean age of 15.5 years. Participant demographic information is shown in Table 1

Table1

*Participant demographic information*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pseudonym** | **Gender** | **Ethnicity** | **Age** | **Gender of friend** | **Age of friend** | **Ethnicity of friend** |
| Christine | Female | White British | 14 | Female | 14 | White British |
| Ann | Female | White British | 15 | Female | 15 | White British |
| Jodie | Female | Mixed race | 13 | Female | 14 | White British |
| Alex | Female | White British | 13 | Male | 12 | White British |
| Cara | Female | White British | 16 | Female | 15 | Mixed race |
| Amy | Female | White British | 18 | Female | 18 | White British |
| Sally | Female | White British | 18 | Female | 18 | White British |
| Rachel | Female | White British | 17 | Female | 17 | White British |

Five of the participants became friends with the person they spoke about at high school; one at college and two at primary school. All described their friendship as ‘close’ or ‘strong’ before finding out about their friends’ self-harm and had been friends for a year or more.

**Procedure**

Data was gathered through individual semi-structured interviews conducted face-to-face. An interview schedule was used (Appendix L) consisting of 8 questions, informed by the aims of the study. The researcher developed the schedule through discussion with the research supervisor, a Clinical Psychologist with knowledge and expertise in working with young people who self-harm. Dates, times and locations for interviews were mutually agreed with participants and at all locations (a school, local youth club and a young people’s service), the researcher ensured there was another adult present in the building who was aware of the interview and its context.

Prior to commencement of the interview, all participants provided verbal and written informed consent and some brief demographic information was gathered. Interviews were audio-recorded and transcribed verbatim by the researcher. All transcripts were anonymised and participants given a pseudonym, which they could choose if they wished. Interviews lasted between 16 and 30 minutes, excluding the additional questions at the end related to risk. All participants were given an additional information sheet with sources of support (Appendix J) in case of any distress and to signpost their friend, if necessary.

**Analysis**

Due to its idiographic focus, IPA requires a detailed examination of every case. Firstly, the researcher read the transcripts several times in order to immerse themselves in the data. Whilst doing this they noted their initial thoughts, known as exploratory comments, which include descriptive comments about content, linguistic comments about language and conceptual comments, which are more interpretative (Smith, Flowers and Larkin, 2009). Next, the researcher focused on distinct chunks of the transcripts to identify emerging themes within the data by analysing the exploratory comments (Appendix M). Transcripts were then re-read to ensure the identified themes reflected a participant’s words and thoughts as well as the researcher’s interpretation.

All the identified themes were typed into a list in chronological order (Appendix N) and entered into a spreadsheet on the computer in order to map out themes (Appendix O). Following this, the researcher looked for patterns within participants and began to cluster related themes together using colour coding (Appendix P). Once all transcripts had been analysed in the same way, the researcher looked for patterns across participants (Appendix Q), producing emerging superordinate and subordinate themes, eventually typed into a list (Appendix R). From this the master table of themes was produced (Appendix S), which mostly included those that were well supported by the data (present for half or more of the participants). However, given the idiographic focus of IPA, one additional theme was included as it stood out as being of particular importance to an individual; she continually referred to it and it heavily related to how she made sense of her friend’s self-harm.

**Analysis Credibility**

In qualitative research reflexivity and reflection on the researcher’s position and research process are important (Yardley, 2000). I took a social constructionist position which proposes that there is not one truth or a single reality; a person’s reality is co-constructed through social processes that take place in historical and cultural contexts (Berger and Luckmann, 1996). Thus, there are multiple ways of seeing the world and understanding an experience.

IPA involves a process known as a double hermeneutic, that is, the researcher tries to interpret the participant’s interpretation of their experiences (Smith and Osborn, 2008). Therefore, it is important for researchers to reflect on their own biases and understandings to allow participants’ own experiences to emerge. I have worked with young people in school, community and health settings, both individually and systemically, alerting me to the potential implications for this population of having a friend who self-harms. For example, I was mindful of my preconception that friends of young people who self-harm may find themselves in a position of trust which could lead to difficulties within the friendship. For instance, not knowing how to help their friend for fear of being disloyal. Furthermore, as a female who strongly values friendship; which is partly what drew me to undertaking the research in the first place; I was aware this may influence how I viewed any female participants’ relationships, as I may assume that they too, strongly value friendship. Although biases such as this cannot be eliminated, it has been proposed that researchers can bracket them in order to maintain objectivity (Koch and Harrington, 1998). However, there is an argument that one can never truly be separated from their ongoing experiences and understanding a phenomenon is only possible because of pre-understandings, not in spite of them (Rabinow and Sullivan, 1987); hence why the double hermeneutic is central to IPA (Smith and Osborn, 2008).

However, to make the research process more rigorous, several measures were taken. A data trail was kept of how emerging themes were established from transcripts, ensuring transparency and enhancing the reliability and validity of the analysis. A reflective diary was used which included notes about decisions regarding the research process and about interpretations, to consider when they may have been influenced by my own biases and experiences. On occasion, this led to a change in interpretation and re-analysis of the data, allowing me to stay true to participants’ lived experiences. For example, the subordinate theme ‘feeling invalidated’ was initially interpreted as ‘we’re alike’; changed because I became aware this was influenced by a preconception about friends, rather than truly reflecting the data. Furthermore, upon re-analysis I recognised that there was also a deeper level of meaning. Cross-validation of interpretations was also undertaken by presenting excerpts of transcripts to peers at a specialist IPA group, allowing for further consideration of any bias. However, it is acknowledged that in IPA the purpose is to offer one of many possible interpretations and therefore the aim of this validity check was to ensure credibility of the final account, rather than to prescribe a ‘singular, true account’ (Osborn and Smith, 1998).

**Results**

The aim of the analysis was to offer insights into participants’ experiences of having a friend who self-harms. Table 2 shows the four superordinate and eight subordinate themes identified within the data.

Table 2

*Table of themes*

|  |  |  |
| --- | --- | --- |
| **Superordinate theme** | **Subordinate theme** | **Present in participant(s)** |
| 1. Desperately Searching for Meaning |  | 1, 2, 3, 5, 6, 7, 8 |
| 1. I’ll be there at All Costs | 1. I’m not guna quit 2. It buried up inside me | 1, 2, 3, 4, 5, 6, 8  All |
| 1. Too Hot to Handle | 1. This is not guna end well | 1, 2, 4, 6, 7, 8 |
|  | 1. I won’t say nothing to anyone unless I need to | 2, 3, 4, 5, 6, 7, 8 |
|  | 1. Stop please | 3, 4, 5, 6, 7, 8 |
| 1. Identification | 1. Not the person I knew 2. I know exactly where you’re coming from | 1, 3, 4, 6, 7, 8  4, 6, 7, 8 |
|  | 1. Feeling invalidated | 7 |

Themes are described below with supporting quotations from transcripts.

**Superordinate Theme 1: Desperately Searching for Meaning**

Nearly all participants desperately wanted to make sense of their friend’s self-harm; there was a sense that they needed it to be clear in their minds.

*“Well self-harm I thought it was like, obviously it is something that can kill you, erm, but like there’s, I just thought like, why is it in this world, like why does it have to be here, why do people do this…” (Christine, lines 152-156)*

Christine’s repetition of the word ‘why’ indicates she was wrestling with the concept of self-harm, searching for meaning about something that seems senseless. She was struggling to reconcile the need for something so destructive to exist.

Jodie thought that her friend was compelled to do it, perhaps because it made it easier to accept.

*“She knew not to do it again but she like, she couldn’t help doing it again, she had to do it again, if you know what I mean.” (Jodie, lines 222-224)*

Rachel initially battled with the intent behind it, but after more exposure she had a clearer picture.

*“The first time it happened it was kind of like, it was a way of causing pain but not dying, like wanting to die but not wanting to leave life behind… When it started happening kind of more often, I just saw it was a coping mechanism.” (Rachel, lines 222-227)*

Most of the young people realised other issues were underlying their friend’s self-harm; however Sally’s experience was quite different as over time she became annoyed with her friend, believing her self-harm was disingenuous.

*“As time went on it just felt more and more like she was just attention seeking and then doing it because I was doing it…” (Sally, lines 259-261)*

**Superordinate Theme 2: I’ll be there at All Costs**

There was a strong sense these young people would do anything for their friend. This included suppressing their own feelings in order to regulate their friends’, meaning all experienced their own distress.

**I’m not guna quit.**

Nearly all participants took it on as their duty to be there for their friend, providing continuous support such as talking and listening. They dismissed their own feelings because it was more important for them not to give up on their friend.

*“You've sort of just got to not be there constantly, but you've always got to be a shoulder…” (Amy, lines 275-276)*

*“She needs support and you know like, a calming friend who she can turn to normally… I’m always there to support her when she needs me and whenever she doesn’t want me, I’ll still support her through it.” (Ann, lines 370-376)*

Ann’s reference that she would support her friend even when she may reject her emphasises the lengths participants were willing to go to.

For Alex, she needed to ‘watch over’ her friend, illustrating that she saw it as her duty to prevent anything bad from happening to him. This meant she was in a state of high alert whenever they were together.

*“It makes me feel like I need to watch over him when we’re all hanging out cuz I’m the only one who knows about it.” (Alex, lines 335-337)*

In three cases where the wider friendship group were aware, the responsibility extended to them. They held a united front against self-harm.

*“You can tell us what’s gone on instead of self-harming…” (Cara, lines 186-187)*

**It buried up inside me.**

All participants were weighed down by their friend’s self-harm, leading to their own anguish. Feelings included upset, worry, stress and anger and sometimes they felt unable to cope.

*“I think I could take it all but then there were times when it would sort of play a toll on me… it’s just so much that I shouldn’t have to deal with…” (Amy, lines 363-370)*

Amy’s reference to it playing ‘a toll’ suggests the weight of it was damaging to her at times. Her comment that it was ‘so much that I shouldn’t have to deal with’ illustrates a feeling of unfairness that she was left burdened with it.

Rachel was reaching a point where she could no longer handle it and individuals in Cara’s wider friendship group suffered a powerful emotional impact.

*“Sometimes I couldn't cope one day with it and it was getting a bit too much…” (Rachel, lines 333-334)*

*“Yeah, one of the friends she told, she used to go home and like cry cuz it’s hurt her.” (Cara, lines 232-233)*

**Superordinate Theme 3: Too Hot to Handle**

This theme reflects that participants sensed they were dealing with something risky, so wanted their friend’s self-harm to end. Nearly all struggled with whether or not they should tell others, presenting a dilemma about whether to seek help.

**This is not guna end well.**

The majority of participants carried a heavy worry that their friend’s behaviour might escalate to something more serious, including ending their life.

*“I just didn’t want it to go too far cause I know sometimes people cut too deep and go to hospital.” (Amy, lines 231-233)*

*“If someone is doing it then they need to go and get help, because it could lead them to something bigger and they could end up in hospital if something bad happens.” (Alex, lines 238-242)*

Amy’s quotation highlights her need to intervene before it went ‘too far’. Alex’s use of the words, ‘something bigger’ and ‘something bad’, indicates she knew it could result in an escalation of physical harm, but she simply could not bring herself to say it out loud. Her comment that ‘they need to go and get help’ suggests she wanted to be rid of the responsibility.

Rachel worried that it would get ‘worse and worse’, conveying her dread in terms of what could happen next.

*“I was kind of worried that it would get worse and worse and I’d end up losing her because that’s just automatic where my mind went. At that point all I thought was like, self-harm, self-harm, suicide...” (Rachel, lines 91-95)*

Sally wanted to talk to her friend about her concerns but was terrified this in itself might cause her friend to do something ‘ridiculous’; she couldn’t bear being blamed.

*“Yeah so obviously like me being me, I can’t ever say anything, like any of this to her because like thing is, she might take that as a ‘oh my god…’ and then go and do something ridiculous… and then I’d be like, that was my fault.” (Sally, lines 291-296)*

**I won’t say nothing to anyone unless I need to.**

Participants grappled with whether or not to break their friend’s trust and tell someone about their self-harm. They were stuck in a dilemma, wanting to stay loyal yet also wanting support for their friend and themselves.

For Ann and Amy, loyalty initially took president over telling others.

*“I have to keep it, you know, don’t stress anybody out cuz they might not come to me anymore and I’m like in the dark, you know like, in the shadows.” (Ann, lines 215-219)*

*“I didn’t feel like I should tell anyone else due to confidentiality, just because again, we did not have many friends and I didn’t want to sort of just spread it around… no one else knew, it was just between us.” (Amy, lines 383-388)*

Ann’s reference to being ‘in the shadows’ if her friend chose not to confide in her anymore suggests she wanted to be in the know, perhaps so that she could still be there to provide support, but also because she felt a sense of importance that she was the chosen confidant. This worry highlights that this dilemma could lead to the loss of a protective factor for some individuals. Amy’s quotation also indicates a sense of importance; her reference to keeping her friend’s self-harm ‘just between us’ indicates their relationship was now bound by a special bond.

Cara conveys just how tricky the dilemma was, requiring her to tread carefully.

*“Some of it, erm, she’s told me not to like, tell the teacher or anything, so I just told things that she’s not told me to not tell.” (Cara, lines 107-111)*

Jodie, like many others, could only deal with knowing so much before reaching a point of needing to tell someone. She shows awareness of her limitations.

*“I did tell her that obviously she’d have to tell someone in her family, like not just keep telling me because the more she tells me, the more like, the more it’s guna make me like need to tell someone.” (Jodie, lines 420-424)*

Over time all except for Amy broke their friend’s trust. When participants were able to do so, it meant further support was gained for their friend and themselves.

*“I told the teacher and she said she’s guna help her to stop doing it and stuff.” (Cara, lines 88-89)*

*“My mate knew that I was doing this but I would kind of start talking to my mum or my brother or my brother’s girlfriend, because she went through self-harm…” (Rachel, lines 336-339)*

**Stop please.**

Participants desperately wanted their friends to stop self-harming and for some, this meant giving their undivided attention.

*“Well we did FaceTime a lot, so like her phone’s constantly moving so I could see the full thing so she couldn’t cut or nothing…” (Jodie, lines 241-243)*

*“Whilst I’m there if he does something it’ll be, it’ll be like I haven’t done anything to stop it. So I feel like I have to, I want, I want to be like making sure that he’s not doing anything so I don’t have anything to feel bad about.” (Alex, lines 340-345)*

Jodie’s quotation shows the level of vigilance participants thought they needed to adopt. Alex’s change in words from ‘I have to’ to ‘I want to’ suggests she was trying to convince herself that she was happy to help her friend but really underneath, she felt obliged. She believed she would be to blame if he did anything whilst she was with him.

For Rachel, there was a sense that she didn’t want her friend to be associated with something like self-harm, so she acted by trying to build up her self-esteem as a way to persuade her not to do it.

*“If she was like, ‘I want to self-harm’, I’d try and talk her out of it, I’d be like, ‘you know you’re better than this’, and all that lot…” (Rachel, lines 267-269)*

**Superordinate Theme 4: Identification**

For some participants, self-harming behaviours pushed them further apart whereas for others, they felt more connected to their friend.

**Not the person I knew.**

After discovering their friend’s self-harm, many participants re-evaluated their friendship, feeling disconnected from the friend they thought they knew and unable to identify with them.

*“The first time they surprised me cuz they didn’t seem like that person to do such a thing…” (Jodie, lines 160-162)*

*“I was so shocked when I found out, cuz I thought X would never do that, I didn’t think he was that type of person.” (Alex, lines 153-155)*

*“She wasn't one to show off, she wasn't one of these people that like, did it for attention.” (Amy, lines 84-86)*

These quotations indicate some participants had a stereotyped view of someone who self-harms, highlighting the stigma that still surrounds the behaviour.

For some, the sense of disconnect drove them apart.

*“That would drive a wedge between us quite a lot of the time…” (Sally, lines 197-198)*

**I know exactly where you’re coming from.**

For other young people, they felt a greater connection with their friend through being able to relate to their situation and subsequently, most became closer.

*“I know what it's like to not have a good family life at times…” (Amy, lines 115-116)*

*“Eight all became a lot closer because we, we’d understand kind of people’s backgrounds and stuff.” (Rachel, lines 312-313)*

Rachel’s quotation highlights this connection was felt throughout her whole friendship group.

For Alex, she found her own comfort through being able to identify with her friend’s experience, relieved she was no longer on her own with self-harm after years of keeping it to herself.

*“I related to… I mean of course, I wasn’t fifteen, I was only ten but erm, I felt like I wasn’t the only person, like I wasn’t alone in it…” (Alex, lines 363-366)*

Although this provided her with some comfort, it also took her back to a painful time in her own life. This spurred her on to help her friend, so that he would not have to go through what she experienced.

*“I used to do it in year five, so I know how he feels… I honestly had the worst time of my life and I didn’t want anyone else feeling like that…” (Alex, lines 155-159)*

**Feeling invalidated.**

For one young person, her friend’s self-harm was so different to her own that it invalidated her experience of the behaviour. She strongly believed her friend started self-harming because she was doing it, which frustrated her because she thought her friend had no real grounds for the behaviour, whereas she depended on it.

*“Like, obviously she was able to switch on and off this when she decided to be like, depressed, type thing, and when she would self-harm, whereas I was relying on it weekly, like daily.” (Sally, lines 340-344)*

*“She'd never do it, like she’d never cut so that it left a scar, it would always be like the tiniest, like, miniscule thing…” (Sally, lines 383-386)*

*“Then it turned into my friend being like, ‘oh, she's the one who self-harms’, because I wasn't there… so it was kinda like she was trying to fill a position.” (Sally, lines 553-556)*

Sally’s reference to her friend switching her self-harm ‘on and off’ compared to her reliance suggests she didn’t believe it was legitimate. Her comment that her friend would ‘never cut so that it left a scar’ indicates a sense that her friend could not match the extent of her self-harm. Her reference to her friend trying to ‘fill a position’ conveys the level of threat the behaviour presented to her own sense of self. In order to cope, and perhaps in an attempt to categorise herself differently, she would self-harm more. Although Sally was the only person with this experience, one other participant mentioned that she had previously self-harmed (Alex) and others (Ann, Jodie, Rachel) mentioned that people in their friendship group were also self-harming.

**Discussion**

The aims of this study were to explore the experiences of adolescents who have a friend who self-harms and to understand what this means for friendship, the wider peer group and psychological well-being. Four superordinate themes were identified: desperately searching for meaning, I’ll be there at all costs, too hot to handle and identification. These summarise how adolescents make sense of their experience; the lengths they are willing to go to for their friend; the dilemma they face in relation to managing risk and help-seeking and the effects of self-harm on them and their relationship. Previous research relating to this area has largely been quantitative so, to date, there is very little literature which has sought to explore the friend’s experience. Therefore this study contributes to and increases the existing knowledge in this area.

As humans, we have a need to understand what is going on because it provides us with a sense of control (Grawe, 2007), which may explain why young people were desperately trying to find meaning for their friend’s behaviour. Initially some participants struggled with this, which could be due to self-harm still being a taboo subject, meaning young people may be naive to self-harm until faced with it because it is seen as something that should not be talked about. This was also apparent in the subordinate theme ‘not the person I knew’, which showed that some participants had a stereotyped view of people who self-harm. Given the response from schools contacted to take part in this research, it is likely that adults are indirectly reinforcing this stigma to young people, highlighting a much wider systemic issue.

The theme ‘I’ll be there at all costs’ reflects the overwhelming sense of duty participants felt which took president over everything else and echoes previous research findings (Reichardt, 2016). Participants thought they had no choice but to take on this responsibility, possibly because during adolescence friends become more important for emotional support than parents (Bukowski et al., 1998), so young people may see it as their role to be there for their friend in times of need. Taking on this role could also have been driven by ‘empathic concern’; the need to relieve another person’s suffering; considered to be important in close friendships (Bukowski et al., 1998,), which all participants described prior to finding out about their friend’s self-harm. However, this appeared to develop into ‘empathetic distress’, when individuals are unable to detach from another person’s suffering (Smith and Rose, 2011). This has been found to be something which females experience in particular (Kessler and McLeod, 1984), likely because female friendships involve more disclosure, support and closeness (Rose and Rudolph, 2006), supporting the findings of this study and those found by Fisher et al. (2017). Participants experienced this distress in the form of upset, worry, stress and anger, mirroring emotions parents have experienced upon finding out about their child’s self-harm (Ferrey et al., 2016). Furthermore, the suppression of these feelings reflects the avoidance professionals often engage in when experiencing compassion fatigue (Figley, 1995).

Self-harm was ‘too hot to handle’ for the majority of these young people. The concern that their friend’s behaviour might escalate compounded their distress and eventually this worry, combined with the weight of being the confidant, became too much to bear for almost all. This ultimately led to gaining vital support for their friend, reflecting previous research that friends have an important supportive role (Idenfors et al., 2015). However, some participants felt special that they were the chosen confidant, so initially, tended not to gain additional support. Therefore, young people may be less likely to seek support for their friend if they could lose not only what they consider to be an important friendship, but also their own sense of importance.

Within the theme of ‘identification’, some young people felt a greater connection to their friend and consequently became closer following the disclosure, which fits with existing research that following self-harm, adolescents experience better relationships with their peers (Snir et al., 2018). However, others felt an initial disconnect and one participant had quite a different experience to everyone else, which was reflected in the researcher’s own feelings after the interview. This participant saw her friend’s self-harm differently in comparison to her own, as superficial and minimal. Research suggests that young women engaging in superficial self-harm need a non-judgemental relationship as part of their recovery (Ryan, Heath, Fischer and Young, 2008), so her response may have influenced her friend’s on-going behaviour. The researcher reflected that one of their own beliefs about self-harm is the importance of not minimising the behaviour no matter what the severity; a different perspective, showing how the participant’s own experience was able to emerge.

Although it is not clear whether or not her friend’s self-harm was a direct result of her own, this finding is consistent with other research (Hawton et al., 2006; Prinstein et al. (study 1), 2010; You et al., 2013). Furthermore, there were reports from other participants that individuals in their friendship groups were self-harming, indicating that some self-harm may be influenced by observing the behaviour of others (Nock, 2009b) and could be socially motivated, or initiated based on the perceived benefits of its use as a coping strategy in times of distress. This emphasises the risks to peers exposed to a friendship of this nature and how young people may try to achieve a sense of belonging within their peer group. It may be the quality of the relationship that increases the risk for engagement in self-harm, based on previous research that has found for adolescents, a best friend’s engagement in self-harm is the strongest predictor of their own (You et al., 2013). However, this was unclear.

**Clinical Implications**

As this study is of a small-scale, caution needs to be applied when offering changes to practice. However, the results have implications for self-harm interventions for young people, families, schools/colleges, mental health staff and other frontline professionals working in young people’s services. Young people would benefit from education on self-harm including spotting early warning signs and recognising signs of when it may be escalating. For example, increasing awareness of the risk and protective factors associated with suicide so that young people know how to respond in a crisis. This could be achieved through something like the Youth Aware of Mental Health (YAM) programme; a school-based intervention recently commissioned by the Department for Education for year 9 pupils in the UK, which aims to raise awareness of mental health whilst increasing young people’s knowledge and skills. It has a particular emphasis on empathy towards others and has been found to improve young people’s confidence in supporting a friend in need (Wasserman et al., 2018).

Young people who find themselves supporting peers with self-harm would benefit from being educated on the effects of this role on friendship, the wider peer group and psychological well-being. Parents, schools/colleges, mental health professionals and other frontline staff would also benefit from this and should be given guidance about how best to support these individuals including using approaches such as non-judgemental listening and helping them to manage risk. Something such as Youth Mental Health First Aid training could be offered; it aims to teach adults skills to support adolescent mental health and initial evaluation of the programme suggests it improves knowledge, attitudes and helping behaviour (Kelly et al., 2011).

Schools and colleges should promote and model talking about mental health openly in order that young people feel able to do the same, which may lead to further opportunities for disclosures and help seeking. Although it is recommended that all schools should establish an environment which promotes young people’s well-being (Children’s Commissioner, 2017), given the response from some schools in relation to taking part in this research, it is apparent that there is still a long way to go. If schools have a culture of not talking about mental health difficulties such as self-harm, perceiving it to be shameful, this may reinforce a young person’s view that it is not ok to talk about and perpetuate the sense of shame they may feel. This may shut down any opportunities for the young person to gain support and reinforce to the school that support is not needed. Figure 1 illustrates this through a circular feedback loop.

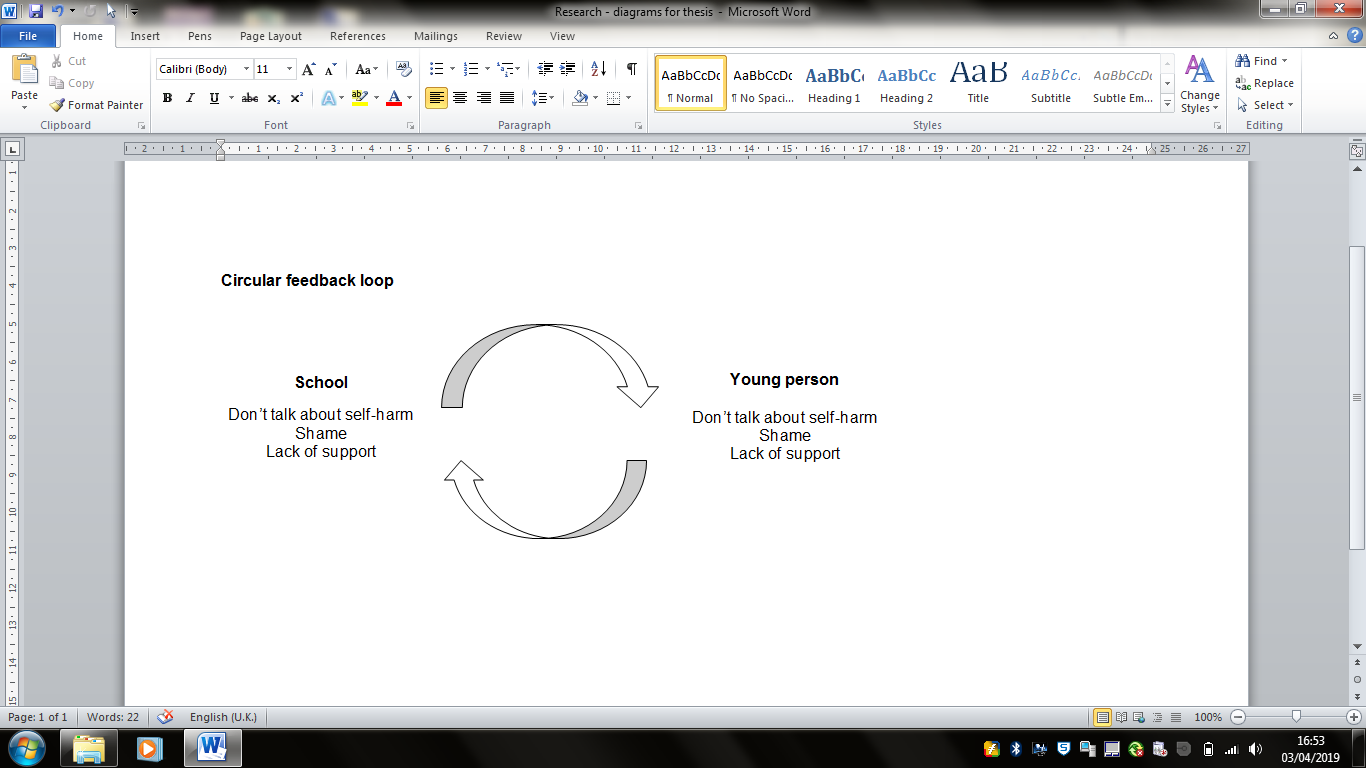


Figure 1

*Possible circular feedback loop for maintaining a culture of silence*

If the most recent Green Paper (Department of Health and Department for Education, 2017) achieves its aim to have a designated mental health lead in every school and college by 2025, this could lead to positive change.

Interventions offered to young people supporting a friend with self-harm could include developing skills in self-care and signposting them to other available support, such as online forums or telephone helplines, if they felt unable to break their friend’s trust and seek help from those around them. This could also help to prevent them from engaging in self-harm themselves. Mental health professionals need awareness of the role of peers in relation to young people they may be working with who self-harm and consider what other interventions could be offered to both that young person and to their friend; one possibility could be group work. More recently in the UK there has been a focus on the majority of NHS mental health spending going towards those with the most severe needs (Children’s Commissioner, 2017); however the results of this study highlight that putting more emphasis on primary mental health work for adolescents would be of great benefit.

**Limitations and Future Research**

In IPA studies only a small sample of participants is required as breadth is sacrificed for depth (Smith and Osborn, 2008). Although the research generated rich data, it was noted the interviews were all quite short in length. While this may reflect the stigma still surrounding self-harm, it could have affected the level of depth the researcher was able to achieve. Furthermore, although only a small sample was needed, the participants in this study were all from the North West of England, all female and all white except one, so a more representative sample would have been preferable. However, it is acknowledged that female relational style encompasses more disclosure and a stronger interpersonal engagement than that of male (Rose and Rudolph, 2006) and therefore it is perhaps not surprising that all were female. Furthermore, all except one spoke about a female friend and it has been found that girls often show a preference for same-sex friendships (Bukowski, Sippola and Hoza, 1999).

In one of the schools, recruitment was aided by staff speaking directly to students they knew were eligible, so it is possible that there was some selection bias. This may mean some participants were more willing to talk about their experiences and therefore, more likely to have sought help for their friend from others, possibly influencing some of the results. Future research could include adolescents from a wider area of the UK with more diversity in terms of gender and cultural background, to determine whether there are any gender or cultural differences with regard to a friendship of this nature. Additionally, as friendship quality may be the biggest risk for a friend’s engagement in self-harm (You et al., 2013), further exploration of what it is about closeness in the relationship that may particularly increase the risk is warranted.

**Conclusions**

To conclude, this study explored how adolescents who have a friend who self-harms made sense of this experience. Eight adolescents were interviewed and their data was analysed using IPA. Four superordinate themes were identified: desperately searching for meaning, I’ll be there at all costs, too hot to handle and identification. These results highlight the important role of the friend in supporting adolescents who self-harm but also the need for greater support for these individuals, particularly psychological support and guidance on managing this role. It is crucial to educate parents, schools/colleges and frontline professionals about how they can help. Future research could include a more diverse sample of adolescents from a larger area of the UK.

**References**

Armiento, J. S., Hamza, C. A. & Willoughby, T. (2014). An examination of disclosure of non-suicidal self-injury among university students*. Journal of Community & Applied Social Psychology,* 24, 518-533.

Berger, E., Hasking, P. & Martin, G. (2017). Adolescents’ perspectives of youth non-suicidal self-injury prevention. *Youth and Society*, 49 (1), 3-22.

Berger, P. L. & Luckmann, T. (1996). *The social construction of reality: A treatise in the sociology of knowledge.* Hamondsworth, Middlesex: Penguin Education.

Brown, B. B. (1990). Peer groups and peer cultures. In S. S. Feldman & G. R. Elliott (Eds.), *At the threshold: The developing adolescent* (pp. 171–196). Cambridge, MA, US: Harvard University Press.

Brunner, R., Kaess, M., Parzer, P., Fischer, G., Carli, V., Hoven, C.W., … Wasserman, D. (2014). Life-time prevalence and psychosocial correlates of adolescent direct self-injurious behaviour: A comparative study of findings in 11 European countries. *Journal of Child Psychology and Psychiatry*, 55 (4), 337-348.

Bukowski, W. M., Newcomb, A. F. & Hartup, W. W. (1998). *The company they keep: Friendships in childhood and adolescence.* New York: Cambridge University Press.

Bukowski, W. M., Sippola, L. K. & Hoza, B. (1999). Same and other: Interdependency between participation in same and other sex friendships. *Journal of Youth and Adolescence*, 28 (4), 439–459.

Children’s Commissioner (2017). Briefing: Children’s Mental Healthcare in England. Retrieved March 7, 2019 from: <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf>

Claes, L., Houben, A., Vandereycken, W., Bijttebier, P. & Muehlenkamp, J. (2010). Brief report: The association between non-suicidal self-injury, self-concept and acquaintance with self-injurious peers in a sample of adolescents. *Journal of Adolescence*, 33, 775-778.

Department of Health & Department for Education (2017). *Transforming children and young people’s mental health provision: A green paper*. London: Department of Health and Department for Education.

Ferrey, A. E., Hughes, N. D., Simkin, S., Locock, L., Stewart, A., Kapur, N., … Hawton, K. (2016). The impact of self-harm by young people on parents and families: A qualitative study. *British Medical Journal*, 6 (1), 1-7.

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatised* (pp.1-20). New York, NY: Brunner-Routledge.

Fisher, K., Fitzgerald, J. & Tuffin, K. (2017). Peer responses to non-suicidal self-injury: Young women speak about the complexity of the support-provider role. *New Zealand Journal of Psychology*, 46 (3), 146-155.

Fortune, S., Sinclair, J. & Hawton, K. (2008a). Adolescents’ views on preventing self-harm: A large community study. *Social Psychiatry and Psychiatric Epidemiology*, 43 (2), 96-104.

Fortune, S., Sinclair, J. & Hawton, K. (2008b). Help-seeking before and after episodes of self-harm: A descriptive study in school pupils in England. *BMC Public Health*, 8, 369.

[Grawe](https://www.thescienceofpsychotherapy.com/glossary/grawe-klaus/), K. (2007). [*Neuropsychotherapy*](https://www.thescienceofpsychotherapy.com/glossary/neuropsychotherapy/)*: How the neurosciences inform effective psychotherapy*. New York: Routledge.

Hasking, P., Rees, C. S., Martin, G. & Quigley, J. (2015). What happens when you tell someone you self-injure? The effects of disclosing NSSI to adults and peers. *BMC Public Health*, 15, 1039.

Hawton, K., Rodham, K. & Evans, E. (2006). *By their own young hand. Deliberate self-harm and suicidal ideas*. London: Jessica Kingsley.

Hawton, K., Rodham, K., Evans, E. & Weatherall, R. (2002). Deliberate self-harm in adolescents: Self-report survey in schools in England. *British Medical Journal*, 325, 1207-1211.

Heath, N. L., Toste, J. R., Sornberger, M. J. & Wagner, C. (2011). Teachers’ perceptions of non-suicidal self-injury in the schools. *School Mental Health*, 3 (1), 35-43.

Idenfors, H., Kullgren, G. & Renberg, E. (2015). Professional care as an option prior to self-harm: A qualitative study exploring young people's experiences. *Crisis,* 36 (3), 179-186.

Kelly, C. M., Mithen, J. M., Fischer, J. A., Kitchener, B. A., Jorm, A. F., Lowe, A. & Scanlan, C. (2011). Youth mental health first aid: A description of the program and an initial evaluation. *International Journal of Mental Health Systems,* 5 (4), 1-9.

Kessler, R. C. & McLeod, J. D. (1984). Sex differences in vulnerability to undesirable life events. *American Psychological Review*, 49, 620–631.

Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27 (2), 226–239.

Klonsky, E. & Olino, T. M. (2008). Identifying clinically distinct sub-groups of self-injurers among young adults: A latent class analysis. *Journal of Consulting and Clinical Psychology*, 76 (1), 22-27.

Koch, T. & Harrington, A. (1998). Reconceptualizing rigour: The case for reflexivity. *Journal of Advanced Nursing*, 28 (4), 882–890.

Madge, N., Hewitt, A., Hawton, K., de Wilde, E.J., Corcoran, P., Fekete, S., … Ystgaard, M. (2008). Deliberate self-harm within an international community sample of young people: comparative findings from the Child & Adolescent Self-harm in Europe (CASE) Study*. Journal of Child Psychology and Psychiatry*, 49 (6), 667-677.

Morey, Y., Mellon, D., Dailami, N., Verne, J. & Tapp, A. (2016). Adolescent self-harm in the community: An update on prevalence using a self-report survey of adolescents aged 13 to 18 in England. Journal of Public Health, 39 (1), 58-64.

Morgan, C., Webb, R. T., Carr, M. J., Kontopantelis, E., Green, J., Chew-Graham, C. A., … Ashcroft, D. M. (2017). Incidence, clinical management, and mortality risk following self-harm among children and adolescents: Cohort study in primary care. *British Medical Journal,* 359, 4351.

Nock, M. K. (2009a). *Understanding nonsuicidal self-injury: Origins, assessment and treatment*. Washington DC: American Psychological Association.

Nock, M. K. (2009b). Why do people hurt themselves? New insights into the nature and functions of self-injury. *Current Directions in Psychological Science,* 18 (2), 78-83.

Osborn, M. & Smith, J. A. (1998). The personal experience of chronic benign lower back pain: An interpretative phenomenological analysis. *British Journal of Health Psychology*, 3, 65-83.

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioural model. *Psychological Bulletin*, 133 (2), 328.

Prinstein, M. J., Heilbron, N., Guerry, J. D., Franklin, J. C., Rancourt, D., Simon, V. & Spirito, A. (2010). [Peer influence and nonsuicidal self injury: Longitudinal results in community and clinically-referred adolescent samples.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/20437255) *Journal of Abnormal Child Psychology*, 38 (5), 669-682.

Rabinow P. & Sullivan W. (1987). *Interpretive Social Science. A second Look.* University of California: Berkeley.

Reichardt, J. (2016). Exploring school experiences of young people who have self-harmed: How can schools help? *Educational and Child Psychology*, 33 (4), 28-39.

Rodham, K., Hawton, K. & Evans, E. (2004). Reasons for deliberate self-harm: Comparison of self-poisoners and self-cutters in a community sample of adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 80-87.

Rose, A. J. (2002). Co-rumination in the friendships of girls and boys. *Child Development*, 73, 1830-1843.

Rose, A. J. & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioural development of girls and boys. *Psychological Bulletin*, 132, 89-131.

Rose, A. J., Carlson, W. & Waller, E. M. (2007). Prospective associations of co-rumination with friendship and emotional adjustment: Considering the socioemotional trade-offs of co-rumination. *Developmental Psychology*, 43, 1019-1031.

Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M. & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review. *The Australia and New Zealand Journal of Psychiatry*, 48 (12), 1083-1095.

Ryan, K., Heath, M. A., Fischer, L. & Young, E. L. (2008). Superficial self-harm: Perceptions of young women who hurt themselves. *Journal of Mental Health Counselling,* 30 (3), 237-254.

Sakinofsky, I. (2000). Repetition of suicidal behaviour. In K. Hawton & K. Van Heeringen (Eds.), *The international handbook of suicide and attempted suicide*. (pp. 385-404). Chichester: John Wiley & Sons.

Smith, R. L. (2015). Adolescents' emotional engagement in friends' problems and joys: Associations of empathetic **distress** and empathetic joy with **friendship** quality, depression, and anxiety. *Journal of Adolescence*, 45, 103-111.

Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage.

Smith, J. A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed.). London: Sage.

Smith, J. A. & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of Pain,* 9 (1), 41–42.

Smith, R. L. & Rose, A. J. (2011). The “cost of caring” in youths’ friendships: Considering associations among social perspective taking, co-rumination, and empathetic distress. *Developmental Psychology*, 47 (6), 1792-1803.

Snir, A., Apter, A., Barzilay, S., Feldman, D., Rafaeli, E., Caril, V., … Wasserman, D. (2018). Explicit motives, antecedents and consequences of direct self-injurious behaviours: A longitudinal study in a community sample of adolescents. *Crisis*, 39 (4), 255-266.

Swannell, S., Martin, G., Page, A., Hasking, P. & St John, N. (2014). Prevalence of non-suicidal self-injury (NSSI) in non-clinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behaviour*, 44, 273-303.

Turpin, G., Barley, V., Beail, N., Scaife, J., Slade, P., Smith, J. A. & Walsh, S. (1997). Standards for research projects and theses involving qualitative methods: Suggested guidelines for trainees and courses. *Clinical Psychology Forum*, 108, 3-7.

Wasserman, C., Postuvan, V., Herta, D., Losue, M., Värnik, P. & Carli, V. (2018). Interactions between youth and mental health professionals: The Youth Aware of Mental health (YAM) program experience*. PLOS ONE,* 13 (2), 1-33.

Whitlock, J., Eckenrode, J. & Silverman, D. (2006). Self-injurious behaviours in a college population. *Paediatrics*, 117, 1939-1948.

World Health Organization [WHO] (2018). *Adolescent health.* Retrieved December 28, 2018 from: <http://www.who.int/topics/adolescent_health/en/>

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health,* 15 (2), 215–228.

Yip, K. S., Ngan, M. Y. & Lam, I. (2002). [An exploration study of peer influence and response to adolescent self-cutting behaviour in Hong Kong.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/2002-17918-003) *Smith College Studies in Social Work*, 72 (3), 379-401.

You, J., Lin, M.-P., Fu, K. & Leung, F. (2013). T[he best friend and friendship group influence on adolescent nonsuicidal self-injury. Journal of Abnormal Child Psychology, 41 (6), 993-1004.](https://hdas.nice.org.uk/strategy/395114/saved/PsycINFO/23474798)

**Chapter Three: Executive Summaries of the Empirical Paper**

**What’s it like to be a teenager with a friend who self-harms?**

**Sarah Hall**

**Word count: 1540**

***Executive Summary One has been written for young people.***

***Executive Summary Two has been written for parents, schools/colleges and professionals.***

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**What’s it like to be a teenager with a friend who self-harms?  
  
For young people**

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiYnpvEyJXWAhXECcAKHUrZC4EQjRwIBw&url=https://www.pinterest.com/pin/578994095813554752/&psig=AFQjCNF9-1xSWqtcoYs3xOgJtDUJUS1W3g&ust=1504959263262245)

**Some research was carried out with young people to find out what it’s like to have a friend who self-harms. Here’s what was done and what was found…**

[](https://www.google.co.uk/imgres?imgurl=http://www.westonlaneandharefieldsurgeries.co.uk/website/J82187/files/PPG_logo2.jpg&imgrefurl=http://www.westonlaneandharefieldsurgeries.co.uk/ppg.aspx&docid=OfFliX0kEYMx3M&tbnid=L3bc3ROWoAlBNM:&vet=10ahUKEwjQhLDhsM_VAhWJJsAKHUNjAvMQMwiqASgaMBo..i&w=470&h=255&bih=622&biw=1366&q=participation&ved=0ahUKEwjQhLDhsM_VAhWJJsAKHUNjAvMQMwiqASgaMBo&iact=mrc&uact=8)

**What were the aims of the research?**

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The study aimed to answer two questions:

* How do adolescents make sense of having a friend who self-harms?
* What does self-harm mean for their friendship, wider peer group and own well-being?

**What’s this research all about and why is it important?**

We know that young people who self-harm often tell their friends about it, rather than professionals (Rowe et al., 2014). However there is little research that has asked the friends of those individuals about what it’s like for them. Seeking their views may help us to better understand the effects of having a friend who self-harms and what support they may need.

**What is self-harm?**

Self-harm is when an individual hurts themselves on purpose, by damaging or injuring their body. It is usually a way of coping with, or expressing emotional distress. It is common amongst teenagers and has been found to be on the rise amongst teenage girls in the UK (Morgan et al., 2017). There are various ways that young people self-harm but cutting is the most common method (Rowe et al., 2014).



**Who took part?**

8 young people took part who all had a friend who self-harmed by cutting. They were all female and aged between 13-18 years. They were recruited from two high schools and one young people’s service in the North West of England.

*“The first time it happened it was kind of like, it was a way of causing pain but not dying.” (Rachel)*

***“I was kind of worried that it would get worse and worse and I’d end up losing her because that’s just automatic where my mind went.” (Rachel)***

**What was found?**

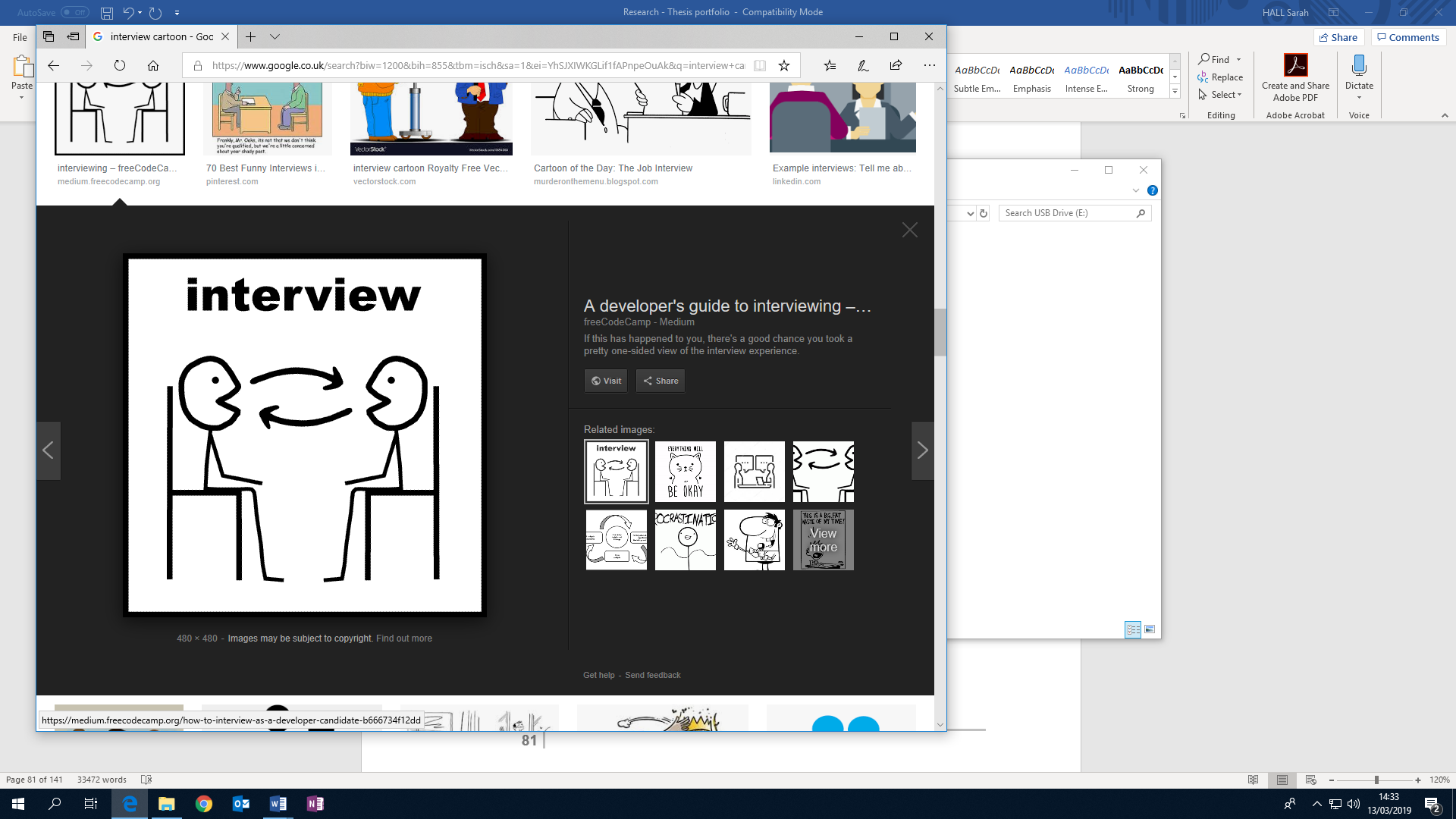
The researcher looked for patterns in the interviews and came up with 4 main ‘themes’ to describe what the young people talked about:

**Theme 1: Desperately Searching for Meaning**

* Most of the young people were determined to make sense of their friend’s self-harm, needing to know why it was happening and what was motivating the behaviour.

**Theme 2: I’ll be there at All Costs**

* Young people were willing to do anything for their friend, seeing it as their responsibility to keep them safe. They often dismissed their own feelings in order to be there for them, meaning all of them experienced their own distress.

**How was it done?**  

The young people were interviewed face-to-face by the researcher, who used a list of questions to find out about their experience of having a friend who self-harms. The interviews were audio-recorded so that they could be looked at in detail afterwards. They remained confidential unless the young person disclosed any serious concerns about risk or harm to them or their friend.

*“The first time they surprised me cuz they didn’t seem like that person to do such a thing.” (Jodie)*

*“I had to go and do what had to be done, so I had to take him to someone.” (Alex)*

*“I was just thinking I have to stay strong. I like, I can’t, I have to support her, I can’t be sad in front of her.” (Christine)*

***“Some of it, erm, she’s told me not to like, tell the teacher or anything, so I just told things that she’s not told me to not tell.” (Cara)***

***“…it buried up inside me but then I was just like, I was just thinking I have to stay strong. I like, I can’t, I have to support her, I can’t be sad in front of her.” (Christine)***

**Theme 3: Too Hot to Handle**

* Young people sensed they were dealing with something extremely dangerous and many worried that the behaviour might escalate, so were holding a lot of risk. However, they struggled with whether or not they should tell others but most were desperate for their friend to stop self-harming.

**Theme 4: Identification**

* For some young people, self-harming behaviours pushed them further apart whereas for others, they felt a greater connection with their friend.

**References**

Department of Health & Department for Education (2017). *Transforming children and young people’s mental health provision: A green paper*. London: Department of Health and Department for Education.  
Morgan, C., Webb, R. T., Carr, M. J., Kontopantelis, E., Green, J., Chew-Graham, C. A., … Ashcroft, D. M. (2017). Incidence, clinical management, and mortality risk following self-harm among children and adolescents: Cohort study in primary care. *British Medical Journal,* 359, 4351.   
Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M. & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review. *The Australia and New Zealand Journal of Psychiatry*, 48 (12), 1083-1095.

**What about future research?**

* Could include adolescents from a wider area of the UK with more diversity, for example, in terms of gender.
* Could explore what it is about closeness in friendships that seems to particularly increase the risk of friends also engaging in self-harm.

**What does this mean for young people?**

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwip2tzin8rhAhVPz4UKHY0jDhYQjRx6BAgBEAU&url=https://www.laurelzevitz.com/recommendations&psig=AOvVaw2FTWHwugwAio_2VqhxfNJ4&ust=1555147903914506)

* Young people should be educated on self-harm, including how to spot the early warning signs and signs of when the behaviour may be escalating. This could be done through a school-based intervention.
* Young people should be educated on the effects of supporting a friend who is self-harming and what this means for friendship, the wider peer group and psychological well-being. Interventions should be offered to develop their self-care skills and to signpost them to other available support, such as online forums or telephone helplines.
* Parents, schools/college staff and professionals should be educated about the effects on young people supporting a friend with self-harm and how best to support them. This could include developing non-judgemental listening skills and skills for managing risk.
* Schools/colleges should promote young people’s well-being by modelling talking openly about mental health to encourage young people to do the same. They should also have a nominated person leading on mental health to develop well-being programmes (Department of Health and Department for Education, 2017).

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**What’s it like to be a teenager with a friend who self-harms?  
  
For parents, schools/colleges and professionals**

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiYnpvEyJXWAhXECcAKHUrZC4EQjRwIBw&url=https://www.pinterest.com/pin/578994095813554752/&psig=AFQjCNF9-1xSWqtcoYs3xOgJtDUJUS1W3g&ust=1504959263262245)

**Recently, a research project was carried out with young people in the community to find out what it’s like for them to have a friend who self-harms. The next few pages summarise what was done and what was found…**

**The research project and why it’s important**

Self-harm is largely a hidden behaviour because few young people actually disclose it (Whitlock, Eckenrode and Silverman, 2006). However those that do mostly turn to their friends for support, rather than to professionals (Rowe et al., 2014). Despite this, there is little research that has sought views and experiences from the friend’s perspective, so little is known about what it’s like for them to be the confidant. Furthermore, to date there is no exploratory research on this that has been carried out in the UK. Therefore there is a need to seek the views of these young people to gain a better understanding of the effects of having a friend who self-harms and what support young people may need, to inform future practice.

**The aims of the research**

The study aimed to answer the following two research questions:

* How do adolescents make sense of having a friend who self-harms?
* What does self-harm mean for their friendship, wider peer group and own well-being?

**What is self-harm?**

Self-harm is when an individual deliberately hurts themselves, by damaging or injuring their body. It is a significant public health concern among young people (Lewis and Heath, 2015) and is said to be on the increase in the UK, with a 68% rise in the incident rate for teenage girls found between 2011 and 2014 (Morgan et al., 2017). Research suggests the main reason individuals self-harm is to regulate their emotions (Klonsky, 2007). There are various ways that young people self-harm; however cutting is the most common method (Rowe et al., 2014).

**Participants**

Eight young people, with friends who self-harmed by cutting, took part in the study. They were all female and aged between 13-18 years. They were recruited from two high schools and one young people’s service in the North West of England.



**The findings**

Many schools were reluctant to take part in this research due to the topic area, highlighting the need for a greater position of openness to acknowledging and talking about mental health without stigma.

The researcher produced four main ‘themes’ which summarised the young peoples’ experiences:

**Who approved this project?**

This research project was reviewed and approved by Staffordshire University Research Ethics Committee. Therefore the project adhered to ethical standards and various measures were taken to ensure the safety, rights and well-being of participants.

**How was the research carried out?**

The young people took part in a face-to-face, semi-structured interview with the researcher, who used a list of questions to guide the interview. They lasted between 16 and 30 minutes. The interviews were audio-recorded so that they could be transcribed and analysed in detail afterwards. Interpretative Phenomenological Analysis (IPA) was used to analyse the interview data.

*“The first time they surprised me cuz they didn’t seem like that person to do such a thing.” (Jodie)*

*“I had to go and do what had to be done, so I had to take him to someone.” (Alex)*

*“I was just thinking I have to stay strong. I like, I can’t, I have to support her, I can’t be sad in front of her.” (Christine)*

*“The first time it happened it was kind of like, it was a way of causing pain but not dying.” (Rachel)*

***“Some of it, erm, she’s told me not to like, tell the teacher or anything, so I just told things that she’s not told me to not tell.” (Cara)***

***“…it buried up inside me but then I was just like, I was just thinking I have to stay strong. I like, I can’t, I have to support her, I can’t be sad in front of her.” (Christine)***

**Theme 1: Desperately Searching for Meaning**

* Most of the young people were determined to make sense of their friend’s self-harm, needing to know what was motivating it.

**Theme 2: I’ll be there at All Costs**

* Young people were willing to do anything for their friend, often seeing it as their responsibility to keep them safe. They dismissed their own feelings in order to be there for them, meaning all of them experienced their own distress.

**Theme 3: Too Hot to Handle**

* Young people sensed they were dealing with something extremely dangerous and many worried that the behaviour might escalate, so were dealing with a great deal of risk. However, they struggled with whether or not they should tell others but most were desperate for their friend to stop self-harming.

**Theme 4: Identification**

* For some young people, self-harming behaviours pushed them further apart whereas for others, they felt a greater connection with their friend.

***“I was kind of worried that it would get worse and worse and I’d end up losing her because that’s just automatic where my mind went.” (Rachel)***

**References**

Department of Health & Department for Education (2017). *Transforming children and young people’s mental health provision: A green paper*. London: Department of Health and Department for Education.  
Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27 (2), 226–239.  
Lewis, S. P. & Heath, N. L. (2015). Non-suicidal self-injury among youth. *The Journal of Paediatrics*, 166 (3), 526-530.   
Morgan, C., Webb, R. T., Carr, M. J., Kontopantelis, E., Green, J., Chew-Graham, C. A., … Ashcroft, D. M. (2017). Incidence, clinical management, and mortality risk following self-harm among children and adolescents: Cohort study in primary care. *British Medical Journal,* 359, 4351.   
Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M. & Moran, P. (2014). Help-seeking behaviour and adolescent self-harm: A systematic review. *The Australia and New Zealand Journal of Psychiatry*, 48 (12), 1083-1095.   
Whitlock, J., Eckenrode, J. & Silverman, D. (2006). Self-injurious behaviours in a college population. *Paediatrics*, 117, 1939-1948.

**Recommendations for future research**

* Include adolescents from a wider area of the UK with more diversity, for example, in terms of gender.
* Exploration of what it is about intimacy in friendships that seems to particularly increase the risk of friends also engaging in self-harm.

**Implications of the research**

* Young people should be educated on self-harm, including how to spot the early warning signs and signs of when the behaviour may be escalating. This could be done through a school-based intervention like Youth Aware of Mental Health.
* Young people should be educated on the effects of supporting a friend who is self-harming and what this means for friendship, the wider peer group and psychological well-being. They should be offered interventions to develop their self-care skills and to signpost them to other available support, such as online forums.
* Parents, school/college staff and professionals should be educated about the effects on young people supporting a friend with self-harm and how best to support them. They could be offered something such as Youth Mental Health First Aid training.
* Schools/colleges should promote young people’s well-being by modelling talking openly about mental health to encourage young people to do the same, reducing stigma. They should also have a designated mental health lead to implement well-being initiatives (Department of Health and Department for Education, 2017).

**Appendices**

**Appendix A**

Table 1 *Summary of included studies*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| Yip et al. (2002). | To explore peers influences on, and response to, adolescents’ self-cutting behaviour. | n = 3 students aged 14-16 years from three schools in China. | Qualitative.  Semi-structured interviews. | Grounded Theory (GT). | Peers can be both a stabilising and a risk factor in relation to self-cutting. | Evidence of positive and negative peer influence effects on self-cutting behaviours, e.g. peers a source of communication but also a source of frustration. | - Method of analysis not appropriate (pre-determined ideas and no evidence of theoretical sampling/data saturation).  - Very small sample size.  - Lack of reflexivity.  QR = below average. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| Prinstein et al. (Study 1, 2010). | To examine whether adolescents’ own engagement in self-harm would be associated with their friends’ engagement in self-harm over time. | n = 377 students aged 11-15 years from one school in the USA. | Quantitative and longitudinal (two time points with a one year interval).  Peer nomination procedure (Parker & Asher, 1993);  NSSI rating scale;  Children’s Depression Inventory (CDI; Kovacs, 1992). | MANOVA;  Correlation;  Hierarchical multiple regression. | Best friends’ engagement in self-harm at baseline was a significant predictor of adolescents’ own self-harm one year later, for females and younger students. | Females and younger adolescents more susceptible to the influence of their best friends’ engagement in self-harm. | - Small effect sizes.  QR = very good. |
| Prinstein et al. (Study 2, 2010). | To examine whether adolescents’ perceptions of their friends’ depressive and self-injurious thoughts and behaviours would be associated with their own engagement in self-harm over time. | n = 140 psychiatric inpatients aged 12-15 years from one facility in the USA. | Quantitative and longitudinal (three time points with nine month intervals).  NSSI rating scale;  Peer Behaviour Inventory (PBI; Prinstein et al., 2001);  Children’s Depression Inventory (CDI; Kovacs, 1992). | Correlation;  T-tests;  Chi square;  Path analysis. | Significant, reciprocal, longitudinal associations between perceptions of friends’ depressive and self-injurious thoughts and behaviours and adolescents’ own engagement in self-harm, for females. | Peer selection and socialisation effects in relation to self-harm for females. | - Sample possibly biased.  - Not all reasons given for attrition.  QR =good. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| Claes et al. (2010). | To investigate the association between self-harm, self-concept and acquaintance with self-harming peers. | n = 150 students (mean age 15.56 years) from one school in Belgium. | Quantitative.  NSSI Subscale (Sansone, Songer & Sellborn, 2006) of Dutch version of Self-Harm Inventory (SHI; Sansone, Wiederman & Sansone, 1998);  Self-Description Questionnaire-III (SDQ-III; Marsh, 1989: Short Dutch version; Simons & Simons, 2002);  Questions about friends. | MANOVA;  Chi square;  Correlation. | Self-harming students were more likely to know others who self-harmed and students who knew more peers who self-harmed had lower self-esteem and a more negative self-concept (for non-academic areas). | Relationship between peer exposure and own self-harming behaviour, related to having a negative self-concept. | - Sample possibly biased.  - Not longitudinal.  - Participants asked about ‘acquaintances’ as opposed to ‘friends’.  QR = good. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| Hasking et al. (2013). | To explore the role of peer exposure to self-harm in predicting self-harm one year later and to explore the moderating roles of adverse life events, substance use and previous suicidal behaviour in this relationship. | n = 1973 students aged 12-18 years from 40 schools in Australia. | Quantitative and longitudinal (two time points with a one year interval).  Self-Harm Behaviour Questionnaire (SHBQ; Gutierrez, Osman, Barrios & Kopper, 2001);  General Health Questionnaire (GHQ-12; Goldberg & Williams, 1988);  Adolescent Life Events Scale (Hawton & Rodham, 2006);  Consumption Subscale of Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders & Monteiro, 2001);  Questions about friends;  Questions about substance misuse. | T-tests;  Chi square;  Logistic and multiple regression. | Knowing someone who self-harmed only increased the likelihood of reporting self-harm at follow-up among those with more adverse life events. | Combination of adverse life events and peer exposure to NSSI may encourage this behaviour in others. | - Proportion of population who took part not stated.  - Sample not representative.  QR = good. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| You et al. (2013). | To examine the associations of peer selection and socialisation with adolescent self-harm over time, using the best friend and the friendship group as predictors. | n = 5787 students aged 12-18 years from eight high schools in China. | Quantitative and longitudinal (two time points with a six month interval).  NSSI rating scale;  Impulsivity Section of Revised Diagnostic Interview for Borderlines (DIB-R; Zanarini et al., 1989);  Depression Subscale of Short Depression Anxiety Stress Scale (DASS21; Taouk, Lovibond & Laube, 2001);  Peer nomination procedure. | Social network analysis;  T-tests;  Chi square;  ANOVA;  Correlation;  Logistic and multiple regression;  ANCOVA. | After controlling for effects of depressive symptoms and maladaptive impulsive behaviours, adolescents’ best friends’ engagement in self-harm predicted adolescents’ own engagement in self-harm over time.  Adolescents’ friendship group self-harm status predicted their own self-harm frequency. | Evidence of peer socialisation and selection effects and influence of a best friend on self-harm, regardless of depressive symptoms and impulsivity. | - Proportion of population who took part not stated.  - Participants may overlap with You et al. (2016).  QR = good. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| Giletta et al. (2013). | To examine whether adolescents’ self-harm may be predicted by friends’ impulsivity and depressive symptoms within friendship networks. | n= 348 students aged 14-18 years from three schools in the USA. | Quantitative and longitudinal (four time points with six month intervals).  Peer nomination procedure;  NSSI rating scale;  Mood and Feeling Questionnaire (Costello & Angold, 1988);  Barratt Impulsiveness Scale (BIS-11; Patton, Stanford & Barratt, 1995). | Chi square;  Stochastic actor-based modelling. | After accounting for individual effects, friends’ depressive symptoms predicted adolescents’ self-harm over time.  Friends’ impulsivity predicted adolescents’ self-harm for males. | Evidence of indirect peer influence within friendship networks with higher depressive symptoms and influence of impulsivity for males. | - Proportion of population who took part not stated.  - Low statistical power.  QR = very good. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| You et al. (2016). | To examine the indirect peer influence effects of friendship group impulsivity on adolescents’ self-harm and the moderating effects of friendship group impulsivity on the relationship between depression and self-harm. | n = 1701 students aged 12-18 years from eight schools in China. | Quantitative and longitudinal (two time points with a six month interval).  NSSI rating scale;  Depression Subscale of Short Depression Anxiety Stress Scale (DASS21; Taouk, Lovibond & Laube, 2001);  Negative Urgency and Premeditation Subscales of the UPPS Impulsive Behaviour Scale (Whiteside & Lynam, 2001);  Peer nomination procedure. | Social network analysis;  T-tests;  Correlation;  Hierarchical linear modelling analyses;  Chi square. | Friendship group impulsivity predicted adolescents’ self-harm over time and strengthened the relationship between adolescents’ depression and later self-harm. | Impulsive friendship groups have greater peer influence effects on adolescent self-harm. | - Proportion of population who took part not stated.  - Participants may overlap with You et al. (2013).  QR = good. |
| **Study** | **Aims** | **Sample** | **Methodology** | **Analysis** | **Key findings** | **Relevance** | **Limitations and quality score** |
| Berger et al. (2017). | To identify adolescents’ views of how peers and online friends can help young people who self-injure and examine differences according to age, gender and exposure to self-harm. | n = 2637 students aged 12-18 years from 41 schools in Australia. | Mixed methods.  Part A of Self-Harm Behaviour Questionnaire (Gutierrez, Osman & Barrios & Kopper, 2001);  Questions about friends. | Chi square;  Thematic Analysis (TA). | Seven themes identified. Younger participants were more likely to suggest talk and listen; females were more likely to have a friend who self-injured and to suggest friends talk and listen. | Friends are a key source of support for adolescents who self-harm and communication considered as the primary role. | - Sample not representative.  QR = good. |
| Fisher et al. (2017). | To explore how adolescent females respond to and support a friend engaging in self-harm, the impact of this on their well-being and friendship and what support they need. | n = 5 students aged 15 years from one school in New Zealand. | Qualitative.  Semi-structured interviews. | Interpretative Phenomenological Analysis (IPA). | Four themes identified. Supporters experienced various levels of distress. For some the support role formed an important component of their identity. | Support role can have positive and negative consequences for the friends of adolescents who self-harm, e.g. role provided a sense of satisfaction but also led to worry and distress. | - Lack of reflexivity from additional authors.  QR = very good. |

**Appendix B**

**Quality scores and scoring system for qualitative studies**

|  |  |  |
| --- | --- | --- |
| CASP (2018) qualitative checklist | Study and scores |  |
|  | Yip et al. (2002) | Fisher et al. (2017) |
| Q1. Clear aims? | 2 | 2 |
| Q2. Qualitative methodology appropriate? | 1 | 2 |
| Q3. Research design appropriate? | 0 | 1 |
| Q4. Recruitment strategy appropriate? | 1 | 2 |
| Q5. Data collection appropriate? | 1 | 2 |
| Q6. Relationship between researcher and participants considered? | 0 | 1 |
| Q7. Ethical issues considered? | 1 | 2 |
| Q8. Data analysis rigorous? | 1 | 1 |
| Q9. Clear statement of findings? | 1 | 2 |
| Q10. Value of research? | 1 | 2 |
| Total score | 9/20 | 17/20 |
| Quality rating (QR) | Below average | Very good |

\*Articles were scored out of 20 points as they were awarded 2 points if a criterion was fully met, 1 point if a criterion was partially met or 0 points if a criterion was not met or ‘can’t tell’. Articles scoring 10 points or below were rated as below average; those scoring 11-15 points were rated good and those scoring 16-20 were rated very good.

**Appendix C**

**Quality scores and scoring system for mixed-method study**

|  |  |
| --- | --- |
| Evaluative Tool for Mixed-Method Studies (Long, 2005) | Study and Scores |
|  | Berger et al. (2017) |
| Area 1. Study evaluative overview (aims? key findings?) | 2 |
| Area 2. Study and context (setting? sample? outcome measurement?) | 1 |
| Area 3. Ethics (approval? issues addressed?) | 2 |
| Area 4. Group comparability (control group? confounding variables?) | 1 |
| Area 5. Qualitative data collection and analysis (methods? analysis? bias?) | 1 |
| Area 6. Policy and practice implications (findings generalisable? implications?) | 1 |
| Area 7. Other comments (references? reviewer?) | 2 |
| Total score | 10/14 |
| Quality rating (QR) | Good |

\*As there were seven areas, the article was scored out of 14 points as it was awarded 2 points if a criterion was fully met, 1 point if a criterion was partially met or 0 points if a criterion was not met or ‘can’t tell’. Scores below 7 points would be rated as below average; scores of 7-10 points would be rated good and scores of 11-14 points would be rated very good.

**Appendix D**

**Quality scores, question inclusion and scoring system for quantitative studies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Downs and Black (1998) checklist | Study and Scores |  |  |  |  |  |  |
|  | Prinstein et al. (Study 1; 2010) | Prinstein et al. (Study 2; 2010) | Claes et al. (2010) | Hasking et al. (2013) | You et al. (2013) | Giletta et al. (2013) | You et al. (2016) |
| Q1. Clear aim? | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Q2. Outcomes to be measured clear? | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Q3. Characteristics of subjects described? | 2 | 2 | 1 | 2 | 1 | 2 | 1 |
| Q6. Main findings described? | 1 | 2 | 2 | 2 | 2 | 2 | 2 |
| Q7. Variability in data provided? | 1 | 1 | 2 | 2 | 2 | 2 | 2 |
| Q9. Characteristics of those lost to follow-up described? | 2 | 2 | N/A | 2 | 2 | 2 | 2 |
| Q10. Actual probability values reported? | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Q11. Subjects asked representative? | 2 | 1 | 0 | 0 | 1 | 2 | 0 |
| Q12. Subjects prepared to participate representative? | 1 | 1 | 0 | 0 | 0 | 2 | 0 |
| Q13. Staff and places for intervention representative? | 2 | 1 | 2 | 2 | 2 | 2 | 2 |
| Q16. Any data dredging made clear? | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Q17. Follow-up time? | 2 | 2 | N/A | 2 | 2 | 2 | 2 |
| Downs and Black (1998) checklist | Study and Scores |  |  |  |  |  |  |
|  | Prinstein et al. (Study 1; 2010) | Prinstein et al. (Study 2; 2010) | Claes et al. (2010) | Hasking et al. (2013) | You et al. (2013) | Giletta et al. (2013) | You et al. (2016) |
| Q18. Statistical tests appropriate? | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Q20. Outcome measures valid and reliable? | 2 | 1 | 1 | 2 | 1 | 2 | 2 |
| Q21. Subjects recruited from same population? | 2 | 0 | 0 | 0 | 2 | 2 | 2 |
| Q22. Recruitment of subjects same time? | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| Q25. Adjustment for confounding? | 1 | 2 | 1 | 1 | 2 | 2 | 2 |
| Q26. Those lost to follow-up accounted for? | 2 | 2 | N/A | 2 | 2 | 1 | 2 |
| Q27. Sufficient power? | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total score | 29/38 | 27/38 | 17/32 | 26/38 | 27/38 | 31/38 | 27/38 |
| Percentage | 76% | 71% | 53% | 68% | 71% | 82% | 71% |
| Quality Rating (QR) | Very good | Good | Good | Good | Good | Very good | Good |

\* Only questions deemed relevant to the observational studies included in this review were used from the checklist.

**\*** Studies were awarded 2 points if a criterion was fully met, 1 point if a criterion was partially met or 0 points if a criterion was not met or ‘unable to determine’. The six longitudinal studies were scored out of 38 points and the other observational study that was not longitudinal was scored out of 32 points. Study scores were converted into percentages for comparison and those scoring 50% or below were rated as below average; those scoring 51-75% were rated good and those scoring 76-100% were rated very good.

**Appendix E**

**Author guidelines for Journal of Adolescence**

*Introduction*

The Journal is an international, broadly based, cross-disciplinary, peer-reviewed journal addressing issues of professional and academic importance to people interested in adolescent development.

The Journal aims to enhance theory, research and clinical practice in adolescence through the publication of papers concerned with the nature of adolescence, interventions to promote successful functioning during adolescence, and the management and treatment of disorders occurring during adolescence. We welcome relevant contributions from all disciplinary areas.

For the purpose of the Journal, adolescence is considered to be the developmental period between childhood and the attainment of adult status within a person's community and culture. As a practical matter, published articles typically focus on youth between the ages of 10 and 25. However, it is important to note that JoA focuses on adolescence as a *developmental period*, and this criterion is more important than age per se in determining whether the subject population or article is appropriate for publication.

The Journal publishes both qualitative and quantitative research. While the majority of the articles published in the Journal are reports of empirical research studies, the Journal also publishes reviews of the literature, when such reviews are strongly empirically based and provide the basis for extending knowledge in the field. Authors are encouraged to read recent issues of the Journal to get a clear understanding of style and topic range.

*Types of contributions*

**Specific instructions for different manuscript types**

**Full research articles**: The majority of the articles carried in the Journal are full research articles of up to 5000 words long, reporting the results of research (including evaluations of interventions). The word count relates to the body of the article. The abstract, references, tables, figures and appendices are not included in the count. Authors are encouraged to consult back issues of the Journal to get a sense of coverage and style, but should not necessarily feel confined by this. Articles should clearly make a new contribution to the existing literature and advance our understanding of adolescent development.

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• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.

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• Use a logical naming convention for your artwork files.

• Provide captions to illustrations separately.

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TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

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TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

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Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

***References***

*Citation in text*

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

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*Examples:*

Reference to a journal publication: Van der Geer, J., Hanraads, J. A. J., & Lupton, R. A. (2010). The art of writing a scientific article.

*Journal of Scientific Communications, 163*, 51–59.

Reference to a book: Strunk, W., Jr., & White, E. B. (2000). *The elements of style.* (4th ed.). New York: Longman, (Chapter 4).

Reference to a chapter in an edited book: Mettam, G. R., & Adams, L. B. (2009). How to prepare an electronic version of your article. In B. S. Jones, & R. Z. Smith (Eds.), *Introduction to the electronic age* (pp. 281–304). New York: E-Publishing Inc.

Reference to a website: Cancer Research UK. Cancer statistics reports for the UK. (2003). http://www.cancerresearchuk.org/

aboutcancer/statistics/cancerstatsreport/ Accessed 13 March 2003.

Reference to a dataset: [dataset] Oguro, M., Imahiro, S., Saito, S., Nakashizuka, T. (2015). *Mortality data for Japanese* *oak wilt disease and surrounding forest compositions*. Mendeley Data, v1. <https://doi.org/10.17632/> xwj98nb39r.1.

Reference to a conference paper or poster presentation: Engle, E.K., Cash, T.F., & Jarry, J.L. (2009, November). The Body Image Behaviours Inventory-3: Development and validation of the Body Image Compulsive Actions and Body Image Avoidance Scales. Poster session presentation at the meeting of the Association for Behavioural and Cognitive Therapies, New York, NY.

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**Appendix F**

**Ethical approval**





**Appendix G**

**Opt out letter for parents**

Dear Parent/Guardian/Carer,

I am writing to inform you that we are one of a number of schools/colleges/services who have decided to support a small research study exploring what it is like to be a teenager who has a friend that self-harms. This is being undertaken by Sarah Hall (a Trainee Clinical Psychologist) at Staffordshire University and we have decided to support this study to help further understanding about what support young people might need for positive mental well-being. We have included all the details of the study below but recognise that the study may not be relevant to your child.

**Details of study**

*What’s this all about and why is it important?*

Self-harming behaviours are common among young people but a lot of self-harm remains hidden. Evidence shows that friends are the biggest source of support for young people who self-harm but there is little research from the friend's perspective. Sarah therefore hopes to recruit a small number (6-8) of 13-18 year olds who have a friend who self-harms by cutting (or has within the last 6 months) and to interview them about this experience. There is currently little known about this area so the aim is to seek young people’s views to better understand the impacts and what support young people might need. The interview would be a one-off and would likely take place in school or if not, another suitable venue where another adult would be present in the building who would know the context of the interview.

*What are the benefits and the risks of taking part?*

We understand that self-harm is a sensitive subject matter, however, the interview may give young people a platform in which they feel safe enough to talk, which could be particularly helpful if they are the only person who knows about their friend’s self-harm and may encourage further help-seeking. For some young people it may be upsetting to talk about their friend’s self-harm; however, details of local and national support services will be provided, along with support services within school/college/the service, including a named person and their contact details, should there be any adverse effect.

Evidence suggests that young peoples’ motivation for self-harm is to manage overwhelming feelings rather than suicidal intent. Obviously this study is focusing on *friends* of young people who self-harm. However there will be safeguarding measures in place should a concern arise during the course of the research that a young person (either the participant, or their friend – if details about them are disclosed) is at serious risk of harm. Confidentiality would be broken and concerns passed to the safeguarding lead. The young people would be made aware of this prior to consenting to taking part. Interviews would be audio-recorded and the results of this study may be used for publication, presented at workshops/ conferences, however all data will be anonymised and stored securely for 10 years before being destroyed. Young people will have the right to withdraw from the study at any time and can withdraw their data up to 2 weeks after the interview. They also would not have to answer any question they did not want to.

*What do I need to do now?*

This study may or may not be relevant to your child and your child may or may not be interested in taking part. If you are supportive of your child potentially taking part in this research, you do not need to do anything. However if you would like to opt your child out of taking part, please let us know by completing the form attached to this letter and returning it to us within 2 weeks of the date of this letter, or by speaking face to face with a member of staff.

If you would like to know more about self-harm or where to find support, details of national organisations are given below:

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiuxKuUkdTUAhVBoBQKHQWVB3cQjRwIBw&url=https://wincandy.wordpress.com/2016/04/18/self-harm-uk-training-southampton-16th-june-2016/&psig=AFQjCNHMcvf84NvhwQ4kMDWXZJzlIGZ2cg&ust=1498312990542053) [](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjJo7WojdTUAhUBMBQKHSd0B3AQjRwIBw&url=http://wandsworth.childrensservicedirectory.org.uk/kb5/wandsworth/fsd/service.page?id%3DfE3YOGV0F3U%26familychannel%3D1&psig=AFQjCNH-jWOf7fRUnE39ppfRS877OJdFdg&ust=1498311976843017)

Information, stories and advice Online support forum

[www.selfharm.co.uk](http://www.selfharm.co.uk) [www.nshn.co.uk](http://www.nshn.co.uk)

Yours Sincerely

*(School/College/Service)*

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I ……………………………………………(name) have read the information above and decided that I would like to opt out my child ………………………………………(child’s name) from the above study. Signed: …………………………………Date:………………

**Appendix H**

**Poster**

**Do you have a friend who self-harms?**

Hi, I am a Trainee Clinical Psychologist at Staffordshire University undertaking a Professional Doctorate in Clinical Psychology. For my research project I am interested in exploring self-harm among young people from the perspective of friends. Much self-harm remains hidden but evidence shows friends are the biggest support for those who self-harm. Despite this, there is little existing research from the friend’s perspective.

If you are aged **13-18** and have a **friend** who **self-harms** by **cutting** (or has within the **last** **6 months**), I am interested in hearing your views. Would you be willing to take part in an **interview**?

Please take a look at my information about participating containing all the details.



**Please get in touch (with your contact number) if you would like to have a chat about taking part, or alternatively contact … and they will get in touch with me.**

Name: …  
Email: …

[Image result for picture of contact info](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwj0xf725NzXAhVhKcAKHQlcCbcQjRwIBw&url=http://emss.org.uk/jobsite-contact-info-page/&psig=AOvVaw1z5ZIs7dRSzb2P-BUjdQr5&ust=1511804514254640)

**Appendix I**

**Participant information sheet**

[](https://www.google.co.uk/imgres?imgurl=http://www.westonlaneandharefieldsurgeries.co.uk/website/J82187/files/PPG_logo2.jpg&imgrefurl=http://www.westonlaneandharefieldsurgeries.co.uk/ppg.aspx&docid=OfFliX0kEYMx3M&tbnid=L3bc3ROWoAlBNM:&vet=10ahUKEwjQhLDhsM_VAhWJJsAKHUNjAvMQMwiqASgaMBo..i&w=470&h=255&bih=622&biw=1366&q=participation&ved=0ahUKEwjQhLDhsM_VAhWJJsAKHUNjAvMQMwiqASgaMBo&iact=mrc&uact=8)

**Information about Participating**

**Study title:**

**What are the experiences of individuals who have friends that self-harm?**

[](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiYnpvEyJXWAhXECcAKHUrZC4EQjRwIBw&url=https://www.pinterest.com/pin/578994095813554752/&psig=AFQjCNF9-1xSWqtcoYs3xOgJtDUJUS1W3g&ust=1504959263262245)

**Name of Researcher: Sarah Hall (Trainee Clinical Psychologist)**

**Brief overview:**

I’m a Trainee Clinical Psychologist at Staffordshire University undertaking a Professional Doctorate in Clinical Psychology. For my research project I’m interested in exploring young people’s experiences of having a friend who self-harms. Self-harming behaviours are common among young people, particularly cutting, but a lot of self-harm remains hidden. Evidence shows that friends are the biggest support for young people who self-harm, but there is little research about it from the perspective of friends.

**What’s the point of the study?**

The aim of this study is to find out what it’s like to have a friend who self-harms by talking to young people to understand their experiences. There is currently little known about this area so seeking young people’s views may better help us to understand the impact of having a friend who self-harms and what support young people might need.

**What would taking part involve?**

To be involved in this study, you need to have a friend who is currently self-harming by cutting, or has done within the last 6 months. You also need to be aged between 13-18 years old and be able to speak English well enough to take part in an interview. If you wish to take part you can contact me for an informal chat. Following this if you are happy to take part in the interview I will arrange to meet you at a suitable date, time and location for you. The interview will last approximately 1 hour and will be audio-recorded. Unfortunately travel costs cannot be paid. No one you know will be told you are taking part; however there will be another adult present in close vicinity of where the interview is taking place and they will be aware of its context.

At the interview you will be asked to sign a consent form agreeing to take part and will be asked to give some background information (such as your age). In the interview you will be asked questions about your experience of having a friend who self-harms and at the end you will be asked some further, brief questions about your friend’s self-harm. You don’t have to answer any question you don’t want to.

**What’s good about taking part?**

It is hoped that this research will further understanding of the views and experiences of young people with friends who self-harm. The outcomes may highlight ways in which young people can be better supported. If you are currently the only person who knows about your friend’s self-harm you may find it helpful to talk about.

**What could be difficult about taking part?**

For some young people, taking part in this study may cause emotional distress and anxiety, as it may be upsetting to talk about your friend’s self-harm. However if at any point you find taking part too distressing, you have the right to withdraw and the interview can be ended. Details of support websites and services will also be provided in an additional information sheet, for further support or in case of any adverse effect on your wellbeing as a result of taking part in this study. This will include contact details for support available within school/the service.

The interview will be confidential; however confidentiality may be broken and concerns passed on to the safeguarding lead at your school or college and/or any health services involved, if there is a serious risk to your friend’s life or if you tell the researcher that they are being harmed by someone else (if you are willing to pass on their details). Confidentiality will also be broken if there is a serious risk to your own life or if you tell the researcher that someone else is harming you. These are the only circumstances in which confidentiality would be broken.

**Further information**

If you agree to take part in the study, I will check you have understood the information in this form before gaining written consent from you. All data collected from the interviews will be anonymised and stored securely for 10 years before being destroyed. The results of this study may be used for publication, presented at workshops/conferences or used for teaching purposes, however all data will be anonymised. You have the right to withdraw from the study at any time and can withdraw your data up to 2 weeks after the interview.

If you have any further questions or concerns regarding this research or would like to take part, please email me using the details below. If you leave your contact number I will give you a call for a chat about it. Alternatively, contact … and they will get in touch with me.

**Name: Sarah Hall  
Email address:** [**…**](mailto:h025074g@student.staffs.ac.uk)

[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwj0xf725NzXAhVhKcAKHQlcCbcQjRwIBw&url=http://emss.org.uk/jobsite-contact-info-page/&psig=AOvVaw1z5ZIs7dRSzb2P-BUjdQr5&ust=1511804514254640)

**Appendix J**

**Additional information sheets**

**Details of National and Local Organisations and School Support for … High School Pupils:**

|  |  |
| --- | --- |
| [Image result for national self-harm network](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjJo7WojdTUAhUBMBQKHSd0B3AQjRwIBw&url=http://wandsworth.childrensservicedirectory.org.uk/kb5/wandsworth/fsd/service.page?id%3DfE3YOGV0F3U%26familychannel%3D1&psig=AFQjCNH-jWOf7fRUnE39ppfRS877OJdFdg&ust=1498311976843017) | National Self Harm Network Online support forum [www.nshn.co.uk](http://www.nshn.co.uk) |
|  | Samaritans Listening & support helpline for people in a crisis Telephone: 116123 (24 hours, free phone) [www.samaritans.org](http://www.samaritans.org) |
| [Image result for self harm uk](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiuxKuUkdTUAhVBoBQKHQWVB3cQjRwIBw&url=https://wincandy.wordpress.com/2016/04/18/self-harm-uk-training-southampton-16th-june-2016/&psig=AFQjCNHMcvf84NvhwQ4kMDWXZJzlIGZ2cg&ust=1498312990542053) | Self-harm UK Information, stories & advice [www.selfharm.co.uk](http://www.selfharm.co.uk) |
| [Image result for young minds](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwinoqLlkdTUAhXG6RQKHQd3C1sQjRwIBw&url=http://www.nspa.org.uk/directories/young-minds/&psig=AFQjCNE2BH09IWcGwefB73GDXg4DMZGmDA&ust=1498313180104926) | Young Minds Information & resources Telephone: 0207 0895050 [www.youngminds.org.uk](http://www.youngminds.org.uk) |
|  | Visyon (Local service) Emotional health support for young people and families Therapies, mentoring, creative activities, parental support Telephone: 01260 290000 [www.visyon.org.uk](http://www.visyon.org.uk) |
| [Image result for 42nd street org](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwjL_Pipl9TUAhWLQBQKHW6zA4kQjRwIBw&url=http://42ndstreet.org.uk/&psig=AFQjCNF89pu-CZuQVP4i0TxfDcz9hdBoiA&ust=1498314646819642) | 42nd Street (Local service)  Support for 11-25’s Self-refer: counselling / CBT / support / advocacy Telephone: 0161 2287321  [www.42ndstreet.org.uk](http://www.42ndstreet.org.uk) |
| … High School | … High School Contact: … Location in school: … Telephone: … Email: […](mailto:reception@wilmslowhigh.cheshire.sch.uk) |

**Details of National and Local Organisations and School Support for … High School Pupils:**

|  |  |  |
| --- | --- | --- |
| [Image result for national self-harm network](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjJo7WojdTUAhUBMBQKHSd0B3AQjRwIBw&url=http://wandsworth.childrensservicedirectory.org.uk/kb5/wandsworth/fsd/service.page?id%3DfE3YOGV0F3U%26familychannel%3D1&psig=AFQjCNH-jWOf7fRUnE39ppfRS877OJdFdg&ust=1498311976843017) | | National Self Harm Network Online support forum [www.nshn.co.uk](http://www.nshn.co.uk) |
| [Image result for self harm uk](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiuxKuUkdTUAhVBoBQKHQWVB3cQjRwIBw&url=https://wincandy.wordpress.com/2016/04/18/self-harm-uk-training-southampton-16th-june-2016/&psig=AFQjCNHMcvf84NvhwQ4kMDWXZJzlIGZ2cg&ust=1498312990542053) | | Samaritans Listening & support helpline for people in a crisis Telephone: 116123 (24 hours, free phone) [www.samaritans.org](http://www.samaritans.org)  Self-harm UK Information, stories & advice [www.selfharm.co.uk](http://www.selfharm.co.uk) |
| [Image result for young minds](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwinoqLlkdTUAhXG6RQKHQd3C1sQjRwIBw&url=http://www.nspa.org.uk/directories/young-minds/&psig=AFQjCNE2BH09IWcGwefB73GDXg4DMZGmDA&ust=1498313180104926) | | Young Minds Information & resources Telephone: 0207 0895050 [www.youngminds.org.uk](http://www.youngminds.org.uk) |
| BOSS Logo  Minds Matter Logo | | Barnardo’s BOSS website Confidential well-being support for 11-19’s  Self-help, live chat, online counselling [www.boss-sthelens.co.uk](http://www.boss-sthelens.co.uk)  Minds Matter (Local service)  Support for 16+  Promote Increasing Access to Psychological Therapies (IAPT)  Self-refer for talking therapy Telephone: 01744 647100 [www.lancashirecare.nhs.uk/Mindsmatter](http://www.lancashirecare.nhs.uk/Mindsmatter) |
| … High School | … High School Contact: … Location in school: … Telephone: … Email: […](mailto:tracey.hunt1@stcuthberts.com) |

**Details of National and Local Organisations and Service Support for young people that attend … Service:**

|  |  |
| --- | --- |
|  |  |
| [Image result for national self-harm network](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjJo7WojdTUAhUBMBQKHSd0B3AQjRwIBw&url=http://wandsworth.childrensservicedirectory.org.uk/kb5/wandsworth/fsd/service.page?id%3DfE3YOGV0F3U%26familychannel%3D1&psig=AFQjCNH-jWOf7fRUnE39ppfRS877OJdFdg&ust=1498311976843017) | National Self Harm Network Online support forum [www.nshn.co.uk](http://www.nshn.co.uk)  Samaritans Listening & support helpline for people in a crisis Telephone: 116123 (24 hours, free phone) [www.samaritans.org](http://www.samaritans.org) |
| [Image result for self harm uk](https://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwiuxKuUkdTUAhVBoBQKHQWVB3cQjRwIBw&url=https://wincandy.wordpress.com/2016/04/18/self-harm-uk-training-southampton-16th-june-2016/&psig=AFQjCNHMcvf84NvhwQ4kMDWXZJzlIGZ2cg&ust=1498312990542053) | Self-harm UK Information, stories & advice [www.selfharm.co.uk](http://www.selfharm.co.uk) |
| [Image result for young minds](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwinoqLlkdTUAhXG6RQKHQd3C1sQjRwIBw&url=http://www.nspa.org.uk/directories/young-minds/&psig=AFQjCNE2BH09IWcGwefB73GDXg4DMZGmDA&ust=1498313180104926)  [Just Drop-In](http://www.justdropin.co.uk/) | Young Minds Information & resources Telephone: 0207 0895050 [www.youngminds.org.uk](http://www.youngminds.org.uk)  Just Drop In (Local Service) Drop-in sessions, living well sessions & counselling Telephone: **01625 665079** [www.justdropin.co.uk](http://www.justdropin.co.uk) |
| [Logo](http://www.startingwell.org.uk/) | Starting Well (website for young people in Cheshire) Information about health and wellbeing for 0-19’s Online chat service  [www.startingwell.org.uk](http://www.startingwell.org.uk) |
| … Service | … Service Contact: Your Keyworker … Telephone: … Email: […](mailto:sam.ruck@visyon.org.uk) |

**Appendix K**

**Consent form**

IRAS ID: Centre Number: Study Number: Participant ID No. for this trial:

**RESEARCH PROJECT CONSENT FORM**

Title: **What are the experiences of individuals who have friends that self-harm?**

Name of Researcher: **Sarah Hall (Please initial box)**

1. I have read and understood the information sheet and I have had the opportunity to consider the information, ask questions and I am happy with the answers.
2. I understand that my participation is voluntary and that I can withdraw at any

time without giving any reason.

1. I understand that the interview will be audio-recorded.
2. I understand that all data will be sorted safely on a password-protected computer and memory stick (electronic data) or locked away securely (hard copies of data) for 10 years before being destroyed.
3. I consent that data collected could be used for publication, presented at workshops/conferences or used for teaching purposes and I understand that all data will be presented anonymously.
4. I understand that I can withdraw my data from the project up to 2 weeks after the interview, without having to give an explanation.
5. I understand that my confidentiality will only be broken if I disclose serious risk to my own life or that I am being harmed by someone else, or if I disclose serious risk to my friend’s life or that they are being harmed by someone else (if I am willing to pass on my friend’s details).
6. I agree to take part in the above study.

Name of Participant Date Signature

Name of Person Date Signaturetaking consent

**Appendix L**

**Interview schedule**

**Background information gathering:**Gender? (You and your friend)........................................................................  
Age? (You and your friend).............................................................................  
Ethnicity? (You and your friend)…………………………………………………………………….  
School/College/Service? (You and your friend)………………………………………………..

**State at start:**

* You may choose to use your friend’s name or you may not want to (your choice).
* At the end I may ask a few more questions about your friend’s self-harm, you do not have to answer these if you don’t want to. The reason is to offer some support (if it’s needed) through signposting.

**Interview questions:  
Friendship**

1. Can you start by telling me a bit about your friendship with (your friend)?

(How did you meet?)

(How long have you been friends for?)

(What is the nature of your friendship?)

1. Can you describe yours and your friends’ wider friendship group?

(What is the nature of your friendship group?)

(How do you see the roles within your friendship group?)

**Perceptions of self-harm and disclosure**

1. Can you tell me how you first found out about your friend’s self-harm?

(What was that like for you?)

(How did you feel?)

(What did you do?)

(How did you make sense of it?)

1. Looking back, what did ‘self-harm’ mean to you then?  
   (How would you define ‘self-harm’ then?)   
   (What were your views of self-harm?)
2. What does self-harm mean to you now?

(How would you define ‘self-harm’ now?)

(What are your views of self-harm?)

**Impact on friendship dynamics and peer group**

1. Could you describe the nature of your friendship after your friend told you about their self-harm?

(Did it change in any way? How?)

(Differences between first finding out and after some time had passed?)

1. Could you describe the nature of your wider peer group after your friend told you about their self-harm?

(Did others know? How?)

(What happened in terms of friendships in your wider peer group?)

(Did they change in any way? How?)

**Impact on psychological well-being**

1. How have you coped with having a friend who self-harms/was self-harming?

(Emotionally, physically and/or mentally?)

(What did you do?)

**Questions to gauge risk:**Please describe your friend’s self-harm.  
What is the most serious incident of self-harm that your friend has told you about?   
How long ago did this happen to your knowledge?  
Do you know if your friend is receiving any help from services currently or if anyone else knows about their self-harm?  
What’s your understanding of why your friend is self-harming?  
Has your friend ever expressed any thoughts about wanting to die?

**Follow-up questions if a young person discloses their own self-harm:**Please describe your self-harm.What is the most serious incident of self-harm that you have tried? How long ago did this happen?Are you receiving any help from services currently or does anyone else know about your self-harm?What’s your understanding of why you are self-harming?Have you ever expressed any thoughts about wanting to die?

**Appendix M**

**Example of transcript analysis (Christine)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subtheme** | **Person** | **Transcript** | **Comments** |
|  | **I:** | Ok. Erm, and in terms of how you’ve coped, erm, what’s it been like for you in terms of coping with having a friend who self-harms, or was self-harming? |  |
| Distressing. | **P:** | Well, I did feel like crying because, like it was just weird seeing her like do, like the thing that she’s done. | *Self-harm is distressing and strange to see.* |
|  | **I:** | Umm. |  |
| Distressing/  Duty to be there for them. | **P:** | And then it was like, it was, I was like, it buried up inside me but then I was just like, I was just thinking I have to stay strong. I like, I can’t, I have to support her, I can’t be sad in front of her. | *Repetition - struggling to say? Not able to express own feelings outwardly, trying to stay strong.* |
|  | **I:** | Ok. |  |
| Worries about losing friendship. | **P:** | And then, then I was thinking like if I was I might like lose her as a friend. | *Worrying about potential consequences.* |
|  | **I:** | If you were sad in front of her? |  |
|  | **P:** | For not supporting her. |  |
|  | **I:** | Oh if you weren’t supporting her? |  |
|  | **P:** | Yeah. And then like, I was just like, I just don’t wanna lose her. |  |
|  | **I:** | Ok, so it sounds like she was really important to you. |  |
|  | **P:** | Yeah. |  |
|  | **I:** | Erm, and what about your own sort of emotional well-being, so, cause you were saying things like you were really sad but you felt like you couldn’t be sad around her. |  |
|  | **P:** | Yeah. |  |
|  | **I:** | What did you do to manage? |  |
| My feelings don’t matter. | **P:** | Well, I just like, like just kept it all in. | *Keeping own feelings to self.* |
|  | **I:** | Ok. |  |
| My feelings don’t matter. | **P:** | And like, tried not to like let it out, because like, my mum knew. | *Trying to hide own feelings.* |
|  | **I:** | About your friend? |  |
|  | **P:** | Yeah. And then my mum and her mum are close and my mum absolutely loves X to bits and her mum loves me to bits, it’s just like, one of them things but, like. |  |
|  | **I:** | Ok, yeah. |  |
| Distressing. | **P:** | But like,I was just, like trying not to cry because my mum knew why. | *Unable to express upset.* |
|  | **I:** | Ok. |  |
|  | **P:** | But like I just like, kept it in. |  |
|  | **I:** | Ok. What was that like keeping it in? |  |
| Distressing. | **P:** | It was a bit hard because I wanted to let it all out. |  |
|  | **I:** | Yeah. |  |
| Duty to be there for them. | **P:** | But then I was just like, I have to do this for X. | *Putting friend’s needs first.* |
|  | **I:** | Was there anybody that you could let it out with? Cause obviously you said your mum knew, did you feel like you could with your mum? |  |
| Duty to be there for them.  They’re more important than me.  My feelings don’t matter. | **P:** | Well, no not really. I just kept it all in, I didn’t. She just knew about it and then I just told her like, I feel like crying and she was like, oh you just need to stay strong and stuff and you need to support her and be brave for her, like she’s done these things and she needs you… I was like yeah I know, that’s why I’ve kept it all in. And then she was like, oh you should just keep it in and then you’ll be fine. | *Her mum saw her friend’s needs as being more important than how she was feeling about it.* |
|  | **I:** | Ok. |  |

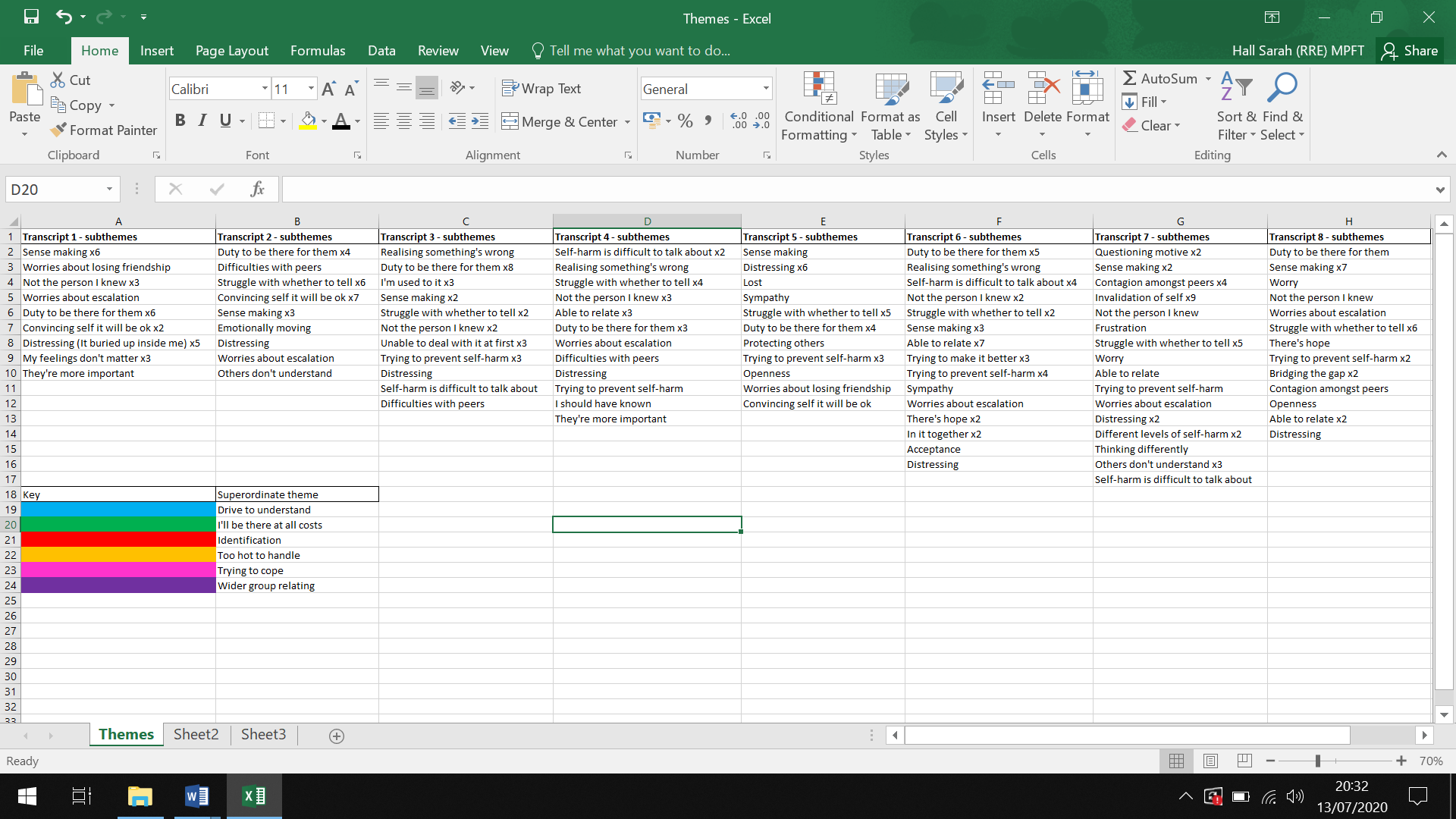
**Appendix N**

**Example of chronological list of identified themes (Amy)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant no.** | **Page no.** | **Line no.** | **Quotation** | **Subtheme** |
| 6 | 1 | 33 | “We were always like there for each other. Obviously if she reached out like I’d always say to her like… ‘you know I’m here for you if need me’, just because I knew she was going through things…” | Duty to be there for them |
| 6 | 2 | 74 | “It was mainly because I realised she was sort of down… she got progressively more and more upset, sad, as time went on…” | Realising something’s wrong |
| 6 | 2 | 79 | “I started asking questions and sort of getting involved and she wouldn't really, you know, there was a wall…” | Self-harm is difficult to talk about |
| 6 | 2 | 84 | “She wasn't one to show off, she wasn't one of these people that like did it for attention…” | Not the person I knew |
| 6 | 3 | 92 | “Erm she sort of just covered them back up, she was like, ‘it’s nothing’…” | Self-harm is difficult to talk about |
| 6 | 3 | 93 | “I was like ‘It's clearly something, you know.’” | Struggle with whether to tell |
| 6 | 3 | 102 | “She just told me, you know, she’s been doing it because she’s been feeling upset and aggravated. Um, you know, family life wasn’t the greatest at the time…” | Sense making |
| 6 | 3 | 108 | “Responsible, but not in the way of like, it was my fault… responsible in the way of, I'm responsible for maybe helping her feel better…” | Duty to be there for them |
| 6 | 3 | 115 | “I know what it's like to not have a good family life at times…” | Able to relate |
| 6 | 3 | 120 | “I can see how easily it can be done and I understand…” | Able to relate |
| 6 | 4 | 126 | “I sort of felt like, I've been through this and I've come out stronger… we’re both going through the same thing here, you know…” | Able to relate |
| 6 | 4 | 130 | “Sort of tell her… you know, ‘I’m fine, you’re guna be fine’, type thing.” | Convincing self it will be ok |
| 6 | 4 | 141 | “I know that the whole LGBTQ thing really can beat people down with the whole, people not accepting it.” | Sense making |
| 6 | 4 | 143 | “I didn't want to see her go down this dark path…” | Trying to prevent self-harm |
| 6 | 5 | 171 | “I sort of said, ‘shall we do something, shall we go out, shall we…?’ You know, just sort of take her out of that, space.” | Convincing self it will be ok |
| 6 | 5 | 198 | “…we just always tried to do things together.” | Convincing self it will be ok |
| 6 | 5 | 205 | “I felt sorry for her going through it all…” | Sympathy |
| 6 | 5 | 217 | “I could see how it was sort of the opposite way around, of how it could have happened for me…” | Able to relate |
| 6 | 6 | 222 | “Just because you’re sort of, especially if you've been through the pain, I think it helps…” | Able to relate |
| 6 | 6 | 228 | “I know people who have the scars, they, it makes them stronger, they don't want to go back to that place. But I didn't want her to create the scars in the first place.” | Trying to prevent self-harm |
| 6 | 6 | 232 | “I just didn’t want it to go too far cause I know sometimes people cut too deep and go to hospital…” | Worries about escalation |
| 6 | 6 | 233 | “…I just wanted to stop it just before that happened.” | Trying to prevent self-harm |
| 6 | 6 | 242 | “I would say…it still means that, you know, something harrowing’s happening mentally…” | Sense making |
| 6 | 6 | 247 | “Knowing that she pulled through, pulled through it… it's not, you know, this is it, there's always some way to come back from it…” | Convincing self it will be ok |
| 6 | 7 | 262 | “I ever do meet someone else outside of this… I will be like, ‘you need to…. I've dealt with this and you need to just understand me a second’.” | Able to relate |
| 6 | 7 | 268 | “You do sort of, go through it with them when you’re like helping them, so it's sort of like first-hand experience as opposed to like sitting in the back…” | In it together |
| 6 | 7 | 275 | “You've sort of just got to not be there constantly, but you've always got to be a shoulder…” | Duty to be there for them |
| 6 | 7 | 277 | “It is just like going through it really, it’s just without the scars, or physically.” | In it together |
| 6 | 8 | 295 | “I think erm, we didn’t joke less, but it was definitely treading on eggshells in certain topics, I’d try and avoid…” | Self-harm is difficult to talk about |
| 6 | 8 | 312 | “I’d noticed when we were going down like a certain, sort of like, say if we were having a conversation and it was going down a certain path, I’d sort of just via and just change topic…” | Self-harm is difficult to talk about |
| 6 | 8 | 319 | “Our friendship’s still pretty close knit. It was maybe closer because you know, we were going, well she was going through this and I was helping her through it…” | Duty to be there for them |
| 6 | 8 | 332 | “I finally did start to accept it in the end.” | Acceptance |
| 6 | 9 | 333 | “At first, I think it was mainly the shock…” | Not the person I knew |
| 6 | 9 | 347 | “She slowly sort of repaired mentally…” | Convincing self it will be ok |
| 6 | 9 | 365 | “I think I could take it all but then there were times when it would sort of play a toll on me, if you know what I mean… it’s just so much that I shouldn’t have to deal with…” | Distressing |
| 6 | 9 | 373 | “…but I'm not guna quit… there’d been nights where I thought no, this is my friend, I need to just sort of suck it up, you know.” | Duty to be there for them *(I’m not guna quit)* |
| 6 | 10 | 383 | “I didn’t feel like I should tell anyone else due to confidentiality, just because again, we did not have many friends and I didn’t want to sort of just spread it around… no one else knew, it was just between us.” | Struggle with whether to tell |

**Appendix O**

**Spreadsheet of identified themes for participants**



**Appendix P**

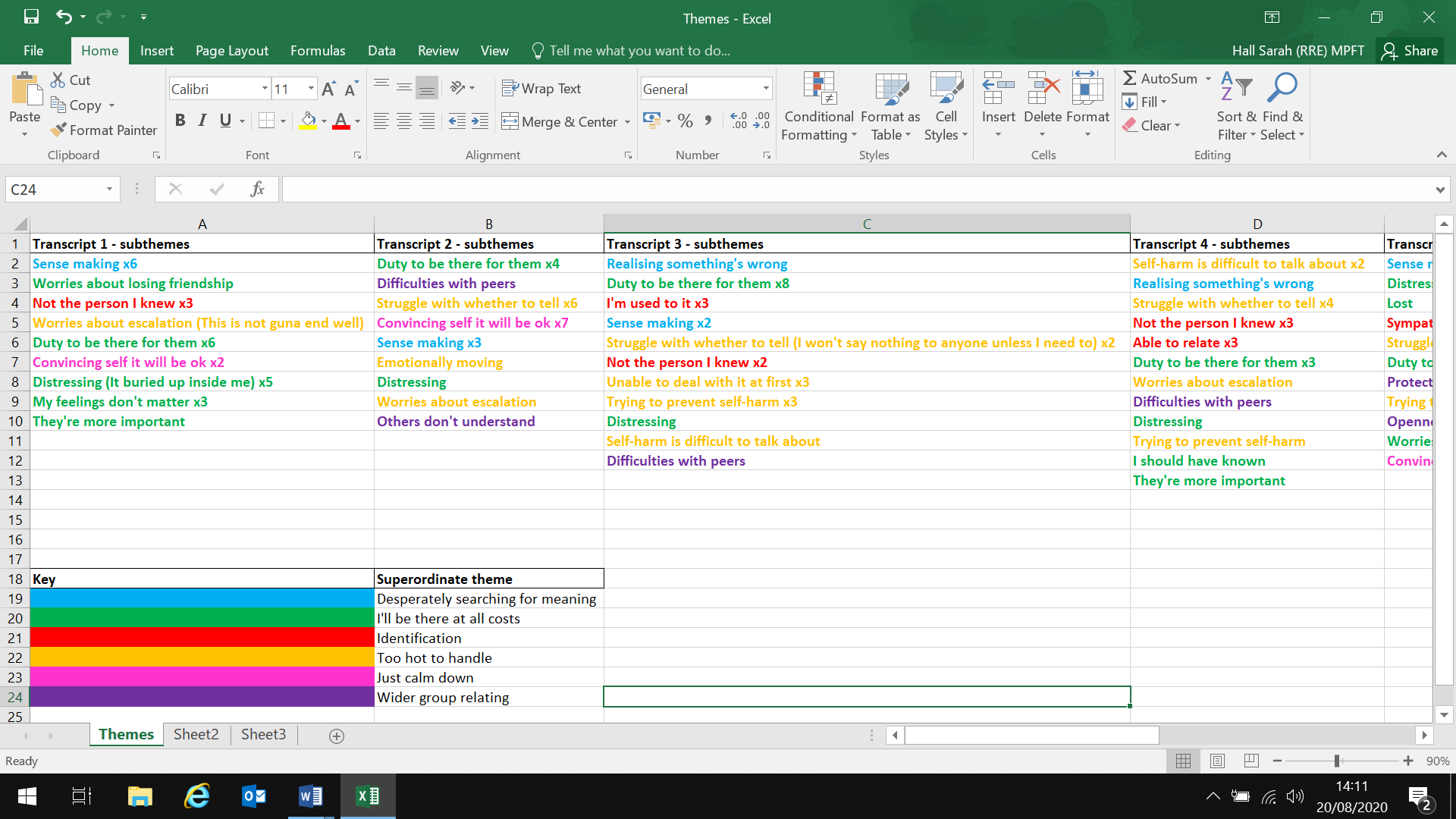
**Example of clusters of emerging themes (Rachel)**

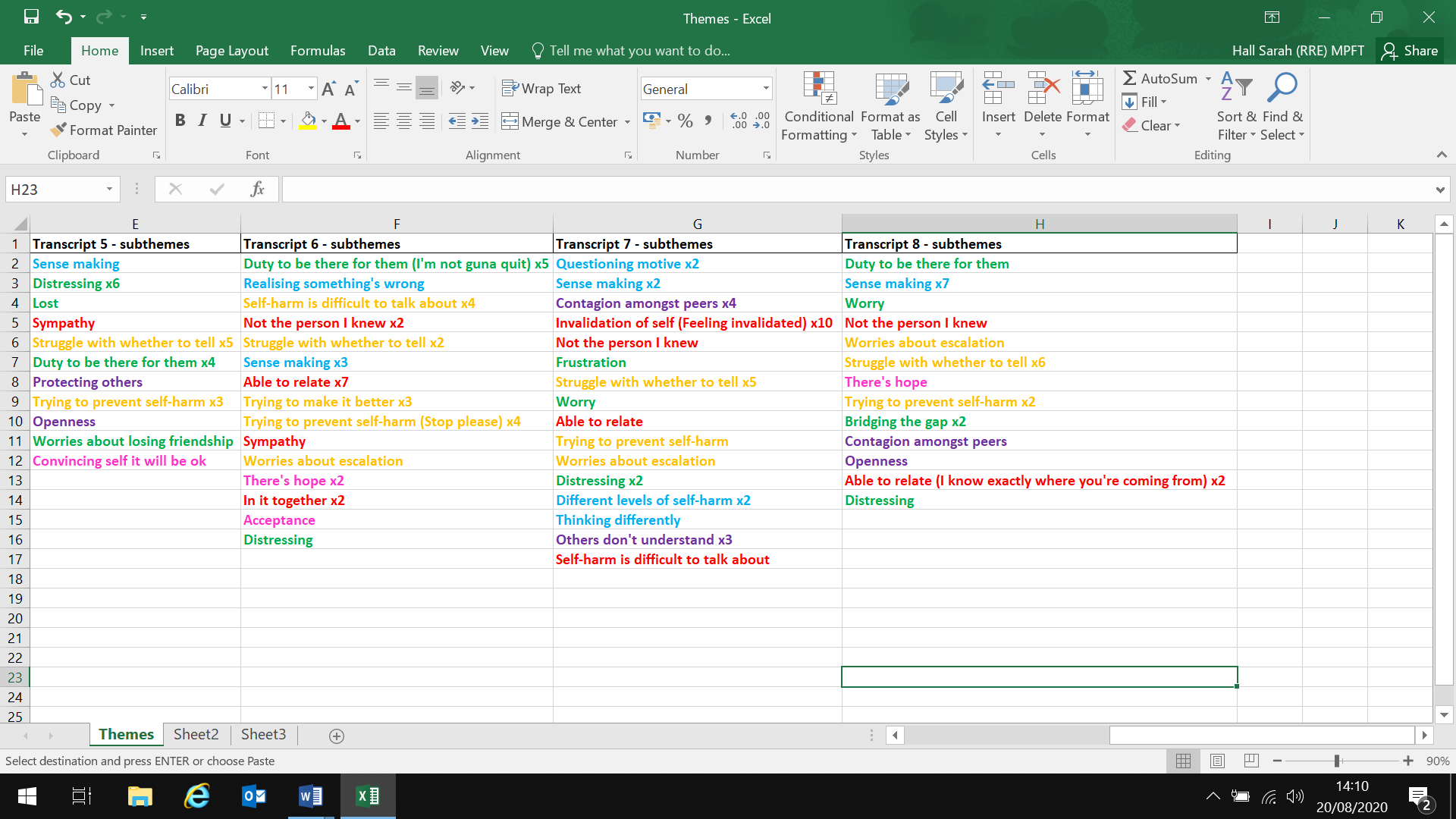
|  |
| --- |
| **Transcript 8 - subthemes** |
| **Duty to be there for them** |
| **Sense making x7** |
| **Worry** |
| **Not the person I knew** |
| **Worries about escalation** |
| **Struggle with whether to tell x6** |
| **There's hope** |
| **Trying to prevent self-harm x2** |
| **Bridging the gap x2** |
| **Contagion amongst peers** |
| **Openness** |
| **Able to relate (I know exactly where you're coming from) x2** |
| **Distressing** |

|  |  |
| --- | --- |
| **Key** | **Superordinate theme** |
|  | Desperately searching for meaning |
|  | I'll be there at all costs |
|  | Identification |
|  | Too hot to handle |
|  | Just calm down |
|  | Wider group relating |

**Appendix Q**

**Clusters of emerging themes across all participants**





|  |  |
| --- | --- |
| **Key** | **Superordinate theme** |
|  | Desperately searching for meaning |
|  | I'll be there at all costs |
|  | Identification |
|  | Too hot to handle |
|  | Just calm down |
|  | Wider group relating |

**Appendix R**

|  |  |  |
| --- | --- | --- |
| **Superordinate theme** | **Subordinate themes** | **Present in participant(s)** |
| 1. Desperately searching for meaning | Sense making  Realising something’s wrong  Questioning motive  Different levels of self-harm  Thinking differently | 1, 2, 3, 5, 6, 7, 8  3, 4, 6  7  7  7 |
| 1. I’ll be there at all costs | Worries about losing friendship  Duty to be there for them *(I’m not guna quit)*  Distressing *(It buried up inside me)*  My feelings don’t matter  They’re more important  I should have known  Lost  Bridging the gap | 1, 5  1, 2, 3, 4, 5, 6, 8  All  1  1, 4  4  5  8 |
| 1. Too hot to handle | Worries about escalation (*This is not guna end well)* | 1, 2, 4, 6, 7, 8 |
|  | Struggle with whether to tell *(I won’t say nothing to anyone unless I need to)*  Emotionally moving | 2, 3, 4, 5, 5, 7, 8  2 |
|  | Unable to deal with it at first  Trying to prevent self-harm *(Stop please)*  Self-harm is difficult to talk about | 3  3, 4, 5, 6, 7, 8  3, 4, 6 |
|  | Trying to make it better | 6 |
| 1. Identification | Not the person I knew | 1, 3, 4, 6, 7, 8 |
|  | I’m used to it | 3 |
|  | Able to relate *(I know exactly where you’re coming from)* | 4, 6, 7, 8 |
|  | Sympathy | 5, 6 |
|  | In it together  Invalidation of self *(Feeling invalidated)* | 6  7 |
| 1. Just calm down | Convincing self it will be ok | 1, 2, 5 |
|  | There’s hope | 6, 8 |
|  | Acceptance | 6 |
| 1. Wider group relating | Difficulties with peers  Others don’t understand  Protecting others  Openness  Contagion amongst peers | 2, 3, 4  2, 7  5  5, 8  7 |

**List of emerging superordinate and subordinate themes**

**Appendix S**

**Master table of themes**

|  |  |
| --- | --- |
| **Theme** | **Quotations** |
| Desperately Searching for Meaning | “It was someone that made her feel like this because, erm, they were like bullying her and stuff…” (Christine, lines 69-71)  “Well she like, just like made like a lot of drama with her and like called her names and stuff…” (Christine, lines 134-135)  “Well self-harm I thought it was like, obviously it is something that can kill you, erm, but like there’s, I just thought like, why is it in this world, like why does it have to be here, why do people do this…” (Christine, lines 152-156)  “It’s just bad hearing how like 14, 15 year olds have like, or like 13 year olds have like died by self-harm and stuff, on the news and stuff, you’re just like, they shouldn’t have really like done that.” (Christine, 172-176)  “Because she had family issues. I got roughly down to that cuz she told me…” (Ann, 160-161)  “I think she actually clings on to self-harming, like, cause of family issues she probably feels alone and desperate for help or if she wants pain, you know, like stress relieving basically.” (Ann, lines 315-318)  “Cuz she has family issues and I don’t have social media anymore so she can’t contact me, so I think she holds onto it until school…” (Ann, lines 324-326)  “She knew not to do it again but she like, she couldn’t help doing it again, she had to do it again, if you know what I mean.” (Jodie, lines 222-224)  “It did make sense because she said to me like erm, yeah like inside she feels pain but when she cuts it like, it heals the pain for a bit, but then she needs to do it again, when she like, feels the pain again.” (Jodie, lines 227-231)  “I knew you get like a blade or something and you cut your wrists, so I knew some of it but I didn’t know what the meaning, the actual meaning of it.” (Cara, lines 118-121)  “She just told me, you know, she’s been doing it because she’s been feeling upset and aggravated. Um, you know, family life wasn’t the greatest at the time…” (Amy, lines 102-105)  “I know that the whole LGBTQ thing really can beat people down with the whole, people not accepting it.” (Amy, lines 137-139)  “I would say…it still means that, you know, something harrowing’s happening mentally…” (Amy, lines 242-245)  “It was like she was crying for help, but at the same time, not…” (Sally, lines 178-179)  “As time went on it just felt more and more like she was just attention seeking and then doing it because I was doing it…” (Sally, lines 259-261)  “…and then kind of asked her why and she said, ‘I don’t know, just everything felt like it got on top of me’, and it kind of developed from there.” (Rachel, lines 69-71)  “I just had that statement in my head because that's the statement I was brought with, that it’s something you did before you killed yourself. But obviously I know now that it is just mainly used as a coping mechanism for her. (Rachel, lines 102-106) |
|  | “The reason was, her dad was sexually assaulting her…” (Rachel, lines 112-113)  “I just thought it was general depression and anxiety… not something that was brought on by an event...” (Rachel, lines 145-149)  “But it brought up a lot of PTSD for her, so it brought the self-harm or suicidal thoughts to her…” (Rachel, lines 169-170)  “The first time it happened it was kind of like, it was a way of causing pain but not dying, like wanting to die but not wanting to leave life behind… When it started happening kind of more often, I just saw it was a coping mechanism, an unhealthy coping mechanism, but a coping mechanism for her.” (Rachel, lines 222-229)  “It can be a coping mechanism or if like, you’re feeling suicidal but you don't want that permanent decision, it can be that, or if you feel numb, it helps you just to feel something because some people get to that point where they just want to feel anything, even if it is pain.” (Rachel, lines 239-245) |
| I’ll be there at All Costs  *I’m not guna quit* | “I didn’t want to cry in front of her cause I wanted to be brave and let her know that I was here for her…” (Christine, lines 114-117)  “When I talked to her about it she seemed happier…” (Christine, lines 215-216)  “I was just like, I was just thinking I have to stay strong. I like, I can’t, I have to support her, I can’t be sad in front of her.” (Christine, lines 270-272)  “But then I was just like, I have to do this for X.” (Christine, line 307)  “I just told her… and she was like, ‘oh you just need to stay strong and stuff and you need to support her and be brave for her, like she’s done these things and she needs you’…” (Christine, lines 315-320)  “It helped because if I cried I think it would make me seem like, like not as strong as I wanted.” (Christine, lines 324-326)  “She understands how I try to help her she just, she’s easily comforted basically…” (Ann, lines 30-32)  “I always tell her that she can always come to me if she needs helping or anything… We normally talk in form time, you know cuz we have a little bit of time… so we normally talk about it then.” (Ann, lines 102-107)  “I was understandable towards X, to make her comfortable.” (Ann, lines 179-180)  “She needs support and you know like, a calming friend who she can turn to normally… I’m always there to support her when she needs me and whenever she doesn’t want me, I’ll still support her through it.” (Ann, lines 370-376)  “If me other mate gets upset then so I’ve gotta like, I sit there and talk to them…” (Jodie, lines 86-88)  “Obviously I had to sit there and talk to her…” (Jodie, line 221)  “I had to go round and like see her every day…” (Jodie, line 288)  “Like, we’d always talk to her and like we always told her that if she needs someone to talk to, like we’d always be there for her…” (Jodie, lines 373-375)  “I had to be strong because like, she’s one of me best mates, so.” (Jodie, lines 459-461)  “Erm, I just pulled myself together and realised I had to be responsible.” (Alex, lines 214-215)  “We got even closer cuz he felt like he could tell me anything now, once he got it out.” (Alex, lines 292-293)  “It makes me feel like I need to watch over him when we’re all hanging out cuz I’m the only one who knows about it.” (Alex, lines 335-337)  “I just got on with it and I’ve been strong since.” (Cara, 113-114)  “We normally ask each other are we both ok and stuff…” (Cara, lines 266-267)  “We were always like there for each other. Obviously if she reached out like I’d always say to her like… ‘you know I’m here for you if need me’, just because I knew she was going through things…” (Amy, lines 33-38)  “Responsible, but not in the way of like, it was my fault… responsible in the way of, I'm responsible for maybe helping her feel better…” (Amy, 108-111)  “You've sort of just got to not be there constantly, but you've always got to be a shoulder…” (Amy, lines 275-276)  “Our friendship’s still pretty close knit. It was maybe closer because you know, we were going, well she was going through this and I was helping her through it…” (Amy, lines 318-321)  “…but I'm not guna quit… there’d been nights where I thought no, this is my friend, I need to just sort of suck it up, you know.” (Amy, lines 373-377)  “We kind of all supported each other…almost like a camp, like a X group, but without the counsellors.” (Rachel, lines 300-305) |
| *It buried up inside me* | “...it just went straight through me.” (Christine, line 96)  “Well, I did feel like crying because, like it was just weird seeing her like do, like the thing that she’s done.” (Christine, lines 266-268) “It buried up inside me…” (Christine, lines 269-270)  “I was just, like trying not to cry.” (Christine, line 300)  “It was a bit hard because I wanted to let it all out.” (Christine, line 305)  “Erm… it’s a little bit, um, uneasy.” (Ann, lines 252-253)  “I didn’t really like it, I don’t really like it now cause it’s not a nice thing to do…” (Jodie, lines 263-264)  “It’s been quite hard hitting…” (Alex, line 333)  “…and that’s made me a bit upset…” (Cara, lines 64-65)  “She’s realised how she’s hurt some of her friends’ feelings and stuff.” (Cara, lines 227-228)  “Yeah, one of the friends she told, she used to go home and like cry cuz it’s hurt her...” (Cara, lines 232-233)  “I was a bit upset…” (Cara, line 251)  “…kind of like, I’m guna cry too…” (Cara, line 257)  “Erm, it’s been difficult because, erm, sometimes it just makes me upset and stuff.” (Cara, lines 274-275)  “I think I could take it all but then there were times when it would sort of play a toll on me… it’s just so much that I shouldn’t have to deal with…” (Amy, lines 363-370)  “I was like, I can't deal with this anymore…” (Sally, lines 301-302)  “…that really stressed me out, so then, when I went home to my parents they’d be like, ‘why are you so angry, why are you so annoyed, why are you so stressed?’…” (Sally, lines 619-623)  “Sometimes I couldn't cope one day with it and it was getting a bit too much…” (Rachel, lines 333-334) |
| Too hot to handle  *This is not guna end well*  *I won’t say nothing to anyone unless I need to*  *Stop please* | “I was just like, this is not guna end well…” (Christine, lines 96-97)  “Like… she does it round her neck instead.” (Ann, line 260)  “If someone is doing it then they need to go and get help, because it could lead them to something bigger and they could end up in hospital if something bad happens.” (Alex, lines 238-242)  “I just didn’t want it to go too far cause I know sometimes people cut too deep and go to hospital…” (Amy, lines 231-233)  “Yeah so obviously like me being me, I can’t ever say anything, like any of this to her because like thing is, she might take that as a ‘oh my god…’ and then go and do something ridiculous… and then I’d be like, that was my fault.” (Sally, lines 291-296)  “I was kind of worried that it would get worse and worse and I’d end up losing her because that’s just automatic where my mind went. At that point all I thought was like, self-harm, self-harm, suicide...” (Rachel, lines 91-95)  “I was like… written it all down in a book and give it to Miss X…” (Ann, lines 120-121) “I was like alright, I need to tell Miss X and Miss X about this, I can’t just keep it to myself because it’s very dangerous. Erm, I should not say to my friends cuz she might want her privacy between me, Miss X and Miss X.” (Ann, lines 127-131)  “I have to keep it, you know, don’t stress anybody out cuz they might not come to me anymore and I’m like in the dark, you know like, in the shadows.” (Ann, lines 215-219)  “I always do, I can’t keep those things to myself cuz it’s not my place to keep it to myself…” (Ann, lines 278-279)  “I have to tell other teachers about it, so they can either watch over her…” (Ann, lines 280-282)  “I’ve spoke to Miss X about it…” (Ann, line 309)  “They open up like, cuz I won’t say nothing to anyone unless I need to, so they open up to me…” (Jodie, lines 156-159)  “…until she like, got her courage back to like, tell people like her close friends and her family what she’d done, so then people could help her…” (Jodie, lines 289-291)  “I did tell her that obviously she’d have to tell someone in her family, like not just keep telling me because the more she tells me, the more like, the more it’s guna make me like need to tell someone...” (Jodie, lines 420-424)  “It was a struggle at first because I was the only person that knew…” (Jodie, lines 429-430)  “Obviously, like I told her mum like, something was wrong but I didn’t tell her what was wrong with her, and obviously when I told her mum that she like finally told her mum what was going on.” (Jodie, lines 432-436)  “…he asked if he could trust me and I said yes…” (Alex, lines 108-110)  “...and then we went back out and joined the group and continued the normal conversations, cuz he didn’t want anyone else to know apart from me…” (Alex, lines 125-128)  “I brought him to X, where Miss X works, and that’s where we go if like, there’s any issues.” (Alex, lines 128-130)  “I had to go and do what had to be done, so I had to take him to someone” (Alex, lines 215-217*)*  “I told the teacher and she said she’s guna help her to stop doing it and stuff.” (Cara, lines 88-89)  “Some of it, erm, she’s told me not to like, tell the teacher or anything, so I just told things that she’s not told me to not tell.” (Cara, lines 107-111)  “Every time she normally put in a book, like, that she wants to kill herself and stuff, so I’d gone to the teacher and told them.” (Cara, lines 124-127)  “…so they’ve done exactly the same what I did, to tell the teacher.” (Cara, lines 181-182)  “When I’m in school it’s teachers that, erm, I like to talk to.” (Cara, lines 284-285)  “I was like ‘It's clearly something, you know.’” (Amy, lines 95-96)  “I didn’t feel like I should tell anyone else due to confidentiality, just because again, we did not have many friends and I didn’t want to sort of just spread it around… no one else knew, it was just between us.” (Amy, lines 383-388)  “I was like, oh I need to help her… I need to get her to talk to someone, but at the same time I knew how frustrating it was when other people got into your business and then went and told other people, so I was like at a loss of whether I should have told someone.” (Sally, lines 219-226)  “…then it was like, ‘oh don't tell my mum…’” (Sally, line 292)  “I told her mum in the end… (Sally, line 300)“So I talked to her and she was like, ‘when, whenever she's next alone I’ll just have a chat with her’…” (Sally, lines 319-321)  “So then I had to tell the teacher and I felt really guilty cuz I told the teacher and then teacher called her mum.” (Sally, lines 323-326)  “…and that person said, ‘I can’t hide that...’” (Rachel, lines 160-161)  “Cuz at the time she didn't want to worry her parents so I was like, ‘right, it's a one off, it might just have been kind of’… but after like the second and third times I was like, ‘you bit more actively know what you're doing’…” (Rachel, lines 187-193)  “I did tell her parents… well, her mum, cuz I was kind of close to her mum as well…” (Rachel, lines 198-200)  “…so we went to the school counsellor and she had weekly appointments with them…” (Rachel, lines 212-213)  “My mate knew that I was doing this but I would kind of start talking to my mum or my brother or my brother’s girlfriend, because she went through self-harm…” (Rachel, lines 336-339)  “If like there was no one to talk to I’d just write it out and then kind of give that letter to my brother or someone, when they had a bit more time… and I'd give that letter to my mum and then she'd kind of help me through it as soon as she could…” (Rachel, lines 355-361)  “I was constantly like, on call to her… just so she wouldn’t do anything else.” (Jodie, lines 200-203)  “I can sort of like talk her out of doing it…” (Jodie, lines 212-213)  “Well we did FaceTime a lot, so like her phone’s constantly moving so I could see the full thing so she couldn’t cut or nothing…” (Jodie, lines 241-243)  “Whilst I’m there if he does something it’ll be, it’ll be like I haven’t done anything to stop it. So I feel like I have to, I want, I want to be like making sure that he’s not doing anything so I don’t have anything to feel bad about.” (Alex, lines 340-345)  “Yeah, we told her not to like do it because there’s no point in doing it…” (Cara, lines 184-185)  “…you can tell us what’s gone on instead of self-harming…” (Cara, lines 186-187)  “I said to her, erm, ‘if you do it you’ll; it’s pointless because erm, you’ll have scars for life and stuff’, and then I said to her, erm, ‘what if your mum saw your arm, what would she think?’, and all her family and friends think it’s her fault.” (Cara, lines 193-198)  “I didn't want to see her go down this dark path…” (Amy, lines 143-144)  “I just felt like, you know, like, stop please.” (Amy, line 224)  “I know people who have the scars, they, it makes them stronger, they don't want to go back to that place. But I didn't want her to create the scars in the first place.” (Amy, lines 225-229)  “…I just wanted to stop it just before that happened.” (Amy, 233-234)  “…the more that happened, the more I was like, ‘oh my God, just stop’…” (Sally, lines 275-276)  “I'm like, ‘well you need to find something different…’” (Rachel, lines 236-237)  “If she was like, ‘I want to self-harm’, I’d try and talk her out of it, I’d be like, ‘you know you’re better than this’, and all that lot…” (Rachel, lines 267-269) |
| Identification  Not the person I knew  *I know exactly where you’re coming from*  *Feeling invalidated* | “When she told me I felt, I was just like, honestly like so shocked…” (Christine, lines 94-95)  “It just didn’t seem like the X that I knew.” (Christine, lines 224-225)  “The first time they surprised me cuz they didn’t seem like that person to do such a thing…” (Jodie, lines 160-162)  “Quite surprising cuz I was just like, didn’t really know what to do…” (Jodie, lines 190-191)  “I was shocked because I thought that X was sort of like, really happy and bouncing around and everything, so I never expected him to be doing something like that.” (Alex, lines 146-149)  “I was so shocked when I found out, cuz I thought X would never do that, I didn’t think he was that type of person.” (Alex, lines 153-155)  “Yeah I was shocked…” (Alex, line 180)  “She wasn't one to show off, she wasn't one of these people that like, did it for attention…” (Amy, lines 84-86)  “At first, I think it was mainly the shock…” (Amy, lines 333-334)  “That would drive a wedge between us quite a lot of the time…” (Sally, lines 197-198)  “It kind of came to a shock because I didn't know what was going on…” (Rachel, lines 83-85)  “I used to do it in year five, so I know how he feels… I honestly had the worst time of my life and I didn’t want anyone else feeling like that…” (Alex, lines 155-159)  “I kind of had like a flashback…” (Alex, line 173)  “I related to… I mean of course, I wasn’t fifteen, I was only ten but erm, I felt like I wasn’t the only person, like I wasn’t alone in it…” (Alex, lines 363-366)  “I know what it's like to not have a good family life at times…” (Amy, lines 115-116)  “I can see how easily it can be done and I understand…” (Amy, lines 120-121)  “I was probably like the best person because I've been in that situation sort of a little bit.” (Amy, lines 122-123)  “I sort of felt like, I've been through this and I've come out stronger… we’re both going through the same thing here, you know…” (Amy, lines 126-130)  “I could see how it was sort of the opposite way around, of how it could have happened for me…” (Amy, lines 217-219)  “Just because you’re sort of, especially if you've been through the pain, I think it helps…” (Amy, lines 222-223)  “I ever do meet someone else outside of this… I will be like, ‘you need to…. I've dealt with this and you need to just understand me a second’.” (Amy, lines 262-267)  “Obviously I knew what it was like to get to that point where you thought like it’s the only solution to get any sort of like, feeling or recognition for your feelings type thing, or justification for them or whatever…” (Sally, lines 253-257)  “Eight all became a lot closer because we, we'd all understand kind of people's backgrounds and stuff…” (Rachel, lines 312-313)  “…cuz people were like, ‘oh I know exactly where you’re coming from, I’m in the same position as you’…” (Rachel, lines 319-321)  “She’d be like, oh, erm, ‘show me yours’, and then it would be like she was trying to have a competition of like, whose was worse.” (Sally, lines 193-196)  “She would then send me these pictures and be like, ‘oh, I'm so sad’, this that and the other… and I'd be like, that's not really helpful to me, without sounding selfish.” (Sally, lines 204-207)  “She was like, ‘oh, look, look what I’ve done’, and then she'd be like rolling her sleeves up… and then she was constantly asking me to see mine. I’d be like, well, mine aren’t for show.” (Sally, lines 238-243)  “Like, obviously she was able to switch on and off this when she decided to be like, depressed, type thing, and when she would self-harm, whereas I was relying on it weekly, like daily...” (Sally, lines 340-344)  “Whereas she was like, the only form of self-harm that she knew… was cutting.” (Sally, lines 348-350)  “There was just part of me that was like… surely there'd be other like ways in which you’d try and do it, so things like burning myself… she would never dream of doing it.” (Sally, lines 354-357)  “Her idea of self-harm was just that one idea of cutting and that was because she'd see me doing it… none of the others she was like, willing to go to, like, so like, the burning and stuff, she wasn't willing to like, go that far.” (Sally, lines 377-381)  “She'd never do it, like she’d never cut so that it left a scar, it would always be like the tiniest, like, miniscule thing…” (Sally, 383-386)  “Then it turned into my friend being like, ‘oh, she's the one who self-harms’, because I wasn't there…so it was kinda like she was trying to fill a position.” (Sally, lines 553-556)  “To this day she’s never been diagnosed with anything and she’s not done it since high school… so like, more of it reinforces in my brain that it was like, because I was doing it. So she was trying to like, match me.” (Sally, lines 558-563) |

**Appendix T**

**Author guidelines for School Mental Health: A multidisciplinary research and practice journal**

Instructions for Authors

APA Style

Please follow the 6th Edition of the APA Style Guide.

Text must be double-spaced, 12-point Times New Roman with standard 1-inch borders around the margins.

Page Length: 35 pages.

Manuscript Submission

Manuscript Submission

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

Permissions

Authors wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for both the print and online format and to include evidence that such permission has been granted when submitting their papers. Any material received without such evidence will be assumed to originate from the authors.

Online Submission

Please follow the hyperlink “Submit online” on the right and upload all of your manuscript files following the instructions given on the screen.

Please note that we require all relevant editable source files to be uploaded from the first revision onward. Failing to submit these source files will cause unnecessary delays in the review and production process.

Title page

Title Page

The title page should include:

* The name(s) of the author(s)
* A concise and informative title
* The affiliation(s) and address(es) of the author(s)
* The e-mail address, and telephone number(s) of the corresponding author
* If available, the 16-digit ORCID of the author(s)

Abstract

Please provide an abstract of 150 to 250 words. The abstract should not contain any undefined abbreviations or unspecified references.

Keywords

Please provide 4 to 6 keywords which can be used for indexing purposes.

Text

Text Formatting

Manuscripts should be submitted in Word.

* Use a normal, plain font (e.g., 10-point Times Roman) for text.
* Use italics for emphasis.
* Use the automatic page numbering function to number the pages.
* Do not use field functions.
* Use tab stops or other commands for indents, not the space bar.
* Use the table function, not spreadsheets, to make tables.
* Use the equation editor or MathType for equations.
* Save your file in docx format (Word 2007 or higher) or doc format (older Word versions).

Manuscripts with mathematical content can also be submitted in LaTeX.

* [LaTeX macro package (zip, 182 kB)](http://static.springer.com/sgw/documents/468198/application/zip/LaTeX_DL_468198_220518.zip)

Headings

Please use no more than three levels of displayed headings.

Abbreviations

Abbreviations should be defined at first mention and used consistently thereafter.

Footnotes

Footnotes can be used to give additional information, which may include the citation of a reference included in the reference list. They should not consist solely of a reference citation, and they should never include the bibliographic details of a reference. They should also not contain any figures or tables.

Footnotes to the text are numbered consecutively; those to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data). Footnotes to the title or the authors of the article are not given reference symbols.

Always use footnotes instead of endnotes.

Acknowledgments

Acknowledgments of people, grants, funds, etc. should be placed in a separate section on the title page. The names of funding organizations should be written in full.

References

Citation

Cite references in the text by name and year in parentheses. Some examples:

* Negotiation research spans many disciplines (Thompson 1990).
* This result was later contradicted by Becker and Seligman (1996).
* This effect has been widely studied (Abbott 1991; Barakat et al. 1995; Kelso and Smith 1998; Medvec et al. 1999).

Reference list

The list of references should only include works that are cited in the text and that have been published or accepted for publication. Personal communications and unpublished works should only be mentioned in the text. Do not use footnotes or endnotes as a substitute for a reference list.

Reference list entries should be alphabetized by the last names of the first author of each work.

* Journal article

Harris, M., Karper, E., Stacks, G., Hoffman, D., DeNiro, R., Cruz, P., et al. (2001). Writing labs and the Hollywood connection. Journal of Film Writing, 44(3), 213–245.

* Article by DOI

Slifka, M. K., & Whitton, J. L. (2000) Clinical implications of dysregulated cytokine production. Journal of Molecular Medicine, https://doi.org/10.1007/s001090000086

* Book

Calfee, R. C., & Valencia, R. R. (1991). APA guide to preparing manuscripts for journal publication. Washington, DC: American Psychological Association.

* Book chapter

O’Neil, J. M., & Egan, J. (1992). Men’s and women’s gender role journeys: Metaphor for healing, transition, and transformation. In B. R. Wainrib (Ed.), Gender issues across the life cycle (pp. 107–123). New York: Springer.

* Online document

Abou-Allaban, Y., Dell, M. L., Greenberg, W., Lomax, J., Peteet, J., Torres, M., & Cowell, V. (2006). Religious/spiritual commitments and psychiatric practice. Resource document. American Psychiatric Association. http://www.psych.org/edu/other\_res/lib\_archives/archives/200604.pdf. Accessed 25 June 2007.

Journal names and book titles should be italicized.

For authors using EndNote, Springer provides an output style that supports the formatting of in-text citations and reference list.

* [EndNote style (zip, 3 kB)](http://static.springer.com/sgw/documents/944737/application/zip/SpringerSocPsychAuthorDate.zip)

Tables

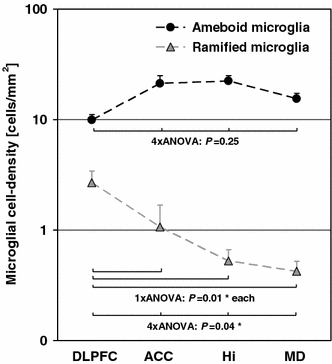
* All tables are to be numbered using Arabic numerals.
* Tables should always be cited in text in consecutive numerical order.
* For each table, please supply a table caption (title) explaining the components of the table.
* Identify any previously published material by giving the original source in the form of a reference at the end of the table caption.
* Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body.

Artwork and Illustrations Guidelines

Electronic Figure Submission

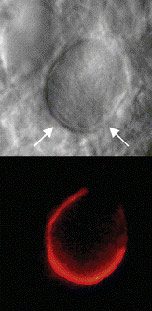
* Supply all figures electronically.
* Indicate what graphics program was used to create the artwork.
* For vector graphics, the preferred format is EPS; for halftones, please use TIFF format. MSOffice files are also acceptable.
* Vector graphics containing fonts must have the fonts embedded in the files.
* Name your figure files with "Fig" and the figure number, e.g., Fig1.eps.

Line Art



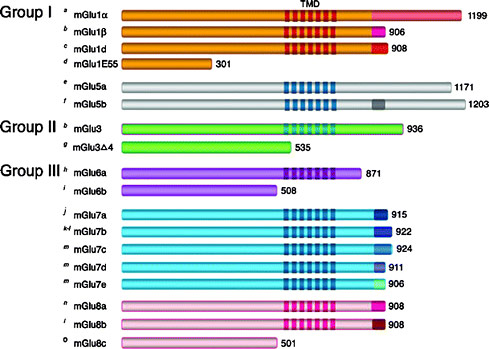
* Definition: Black and white graphic with no shading.
* Do not use faint lines and/or lettering and check that all lines and lettering within the figures are legible at final size.
* All lines should be at least 0.1 mm (0.3 pt) wide.
* Scanned line drawings and line drawings in bitmap format should have a minimum resolution of 1200 dpi.
* Vector graphics containing fonts must have the fonts embedded in the files.

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