

## Written evidence submitted by Dr. Chris Millard (CJB01)

### Summary:

- The Criminal Justice Bill extends provisions in the Suicide Act which have themselves been problematic and controversial, and this should be avoided.
- The Bill also does not sufficiently protect and exclude supportive communities from criminalisation, and it does not recognise the huge emotional difference between self-harm and suicide for many self-harmers.
- The Bill amounts to a further criminalisation of coping in its current form.

### Evidence:

- 1.1 I am a historian of self-harm, attempted suicide and suicide in modern Britain, and I have also researched child abuse and illness-faking, including in online environments. I am currently Senior Lecturer in the History of Medicine and Medical Humanities at the University of Sheffield.
- 1.2 The Criminal Justice Bill clearly seeks to protect vulnerable people from harmful content, but it becomes immensely troubling when it seeks to widen the criminalisation of behaviour around self-harm and suicide.
- 1.3 The extension of criminal sanctions in section 2 of the Suicide Act (1961) is misguided. The law against ‘aiding and abetting’ suicide is itself incoherent, as I detailed in 2012,<sup>1</sup> because it criminalises behaviour that encourages an act that is no longer an offence (suicide). The ‘aiding and abetting’ was conceived in a context of concern over ‘suicide pacts’ (which were a concern in debates around the Homicide Act 1957), where one party survived; whether the pact was genuine on the part of the survivor was thought to be hard to prove.
  - 1.3.1 The way that this law now criminalises assisted dying for terminally ill patients and their carers is instructive. Whatever one may think of the morality of assisted dying, the law as it stands was passed in a very different context, with very different concerns. It shows how the law can have unintended consequences if not properly specific.
- 1.4 This lack of specificity with the Criminal Justice Bill will have serious consequences, because it potentially criminalises any support and resources for people dealing with ‘self-harm’. Whilst the government is keen to target ‘abhorrent trolls’, and to extend this targeting into the offline world, there is no guard against supportive communities (on or offline) that offer advice (from first aid, to psychological tips, to keeping blades clean to prevent infection) from being swept up in a tide of unintended criminalisation.
- 1.5 There is a statistical link between self-harm and suicide (those with a history of self-harm are statistically more likely to end their lives by suicide<sup>2</sup>). However, most of these studies are based on populations a majority of the take overdoses (classed as self-harm at hospitals), rather than those who self-harm by cutting and burning – which is the dominant meaning of ‘self-harm’ in community-based studies.
- 1.6 In addition, this link obscures huge amounts of ongoing work done since the 1950s and 1960s that *differentiates* the practices of self-harm (both cutting and overdosing) and those of suicide.<sup>3</sup> Whether talking to people with lived experience of self-harm, or clinicians of all stripes (including psychiatrists), self-harm and suicide are often spoken of in contrasting terms.

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<sup>1</sup> Chris Millard ‘Why is British law on assisted suicide “inadequate and incoherent”?’ QMUL History of Emotions Blog online at: <https://emotionsblog.history.qmul.ac.uk/2012/01/why-is-british-law-on-assisted-suicide-%E2%80%98inadequate-and-incoherent%E2%80%99/>

<sup>2</sup> Fazel S, Vazquez-Montes MDLA, Molero Y, et al Risk of death by suicide following self-harm presentations to healthcare: development and validation of a multivariable clinical prediction rule (OxSATS) *BMJ Ment Health* 2023;26:e300673.

- 1.7 The fact that there is some overlap between populations should not obscure this difference. *Often self-harm is described as helping people cope, to stay alive, to release intolerable emotional pressure.* This is contrasted with suicide, which is when all hope is lost. To criminalise communities that help to support people who are self-harming and sharing their stories (or practical tips to do with safety or support) is a retrograde step that will do more harm – a criminalisation of coping – which could lead to *more* completed suicide rather than less.
- 1.8 If a person is encouraging self-harm with ‘malicious intent’ that is one thing, but there are huge numbers of *other* kinds of sharing of self-harm stories, content, and context that help build strong peer-support networks. These enable people to practice their coping strategies in a safer and more supportive way. Whilst it is never ideal for someone to be cutting, burning, hitting or poisoning themselves, to potentially criminalise avenues for support and sharing is the *opposite* direction to the one in which we should be heading.
  - 1.8.1 Indeed – when someone is self-harming, this is almost never *simply* because they have heard about it, or been told about it. There will be other issues that need help and support. Criminalising someone sharing their stories with a distressed person who might self-harm is not the right response.
- 1.9 It has been well-known for over a century that supportive sharing of distressing experiences can have a therapeutic effect. Everything from classical psychoanalysis, to modern group therapy,<sup>4</sup> to service-user peer support<sup>5</sup> backs this up. To potentially gather this up in criminalisation when the intent is to target ‘malicious trolls’ or other kinds of bullying, would be astonishingly harmful. If there are not serious protections that differentiate support and encouragement from malicious provocation and bullying, this Bill will do more harm than good.

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<sup>3</sup> Stengel, E., Cook, N. G., & Kreeger, R. I. (1958). *Attempted suicide: Its social significance and effects* Maudsley Monograph No. 4. Chapman and Hall, London; Hawton, K., & Catalan, J. (1987). *Attempted suicide: A practical guide to its nature and management*. Oxford University Press.

<sup>4</sup> Weinberg, H. (2020). Online group psychotherapy: Challenges and possibilities during COVID-19—A practice review. *Group Dynamics: Theory, Research, and Practice*, 24(3), 201.

<sup>5</sup> Abou Seif, N., John-Baptiste Bastien, R., Wang, B., Davies, J., Isaken, M., Ball, E., . . . Rowe, S. (2022). Effectiveness, acceptability and potential harms of peer support for self-harm in non-clinical settings: Systematic review. *BJPsych Open*, 8(1), E28. doi:10.1192/bjo.2021.1081