

Self harm

What do we mean by self harm?

“Repetitive Self Harm is any purposeful act or omission that results in harm to the person but is without any direct intent to end life and occurs more than once over time” Smith (2003).

Psychiatry in DSM IV (TR) defines self injury as **“The deliberate damaging of body tissue without the intent to end life”**.

Clearly, therefore, self harm includes self injury but is a more expansive term.

Self harm and suicide therefore are different things, the key difference being intent. Statistically people who harm themselves are more likely to go on and end their life by suicide but that does not indicate any direct or positive link, especially if you control for life events. We know that for most people separating their motivations to hurt themselves from any possible motivations to die can be a broadly helpful part of building their future resilience and making choices.

We believe that self harm is a survival strategy that helps the person to make sense of the world and to survive today, therefore we never hope or ask that people will stop unless they feel it is right to do so at this point in their life

When training workers to build their helpfulness we often start with the following tips

Tips for workers to consider

- **First separate self harm from suicide, when they co exist treat them as co-morbid**
- **Self harm is never the problem so don't focus on it when working**
- **Self harm is a messenger that there is a problem elsewhere, help the person listen to, understand and heed the message**
- **Don't aim for the self harm to stop, aim for the person to have more control or to make choices– and oddly enough it often stops**
- **Recovery from the problem is natural and we know how long it takes even if we do nothing so workers should be kind human and hopeful.**
- **Self harm is not simply about getting your attention, don't over emphasise your importance in your clients lives**
- **One of the biggest obstacles to overcome is workers and others hopelessness, it is hard for a person to find their hope when they feel desperate, workers must be the holders of hope. When workers are hopeless it is hard to raise your own expectations from being a “cutter” to being a person.**
- **Help the person to make sense of what is happening and to make choices**
- **Ownership of the experience is important, workers do not own clients experiences or the recovery process.**

Why do people hurt themselves?

Recent studies have suggested some alarming links between life events and the development of self harm in later life, many of these links in the research made by the person who harms themselves. Importantly adults who harm themselves mostly (85%) start to self harm during adolescence and an added problem when it comes to building resilience and finding their future again therefore is time and history.

In their study Diclemente et al (1991) for instance, found that amongst adolescents in a psychiatric service who reported sexual abuse, 83% cut themselves. This mental distress is believed to be a common factor which may manifest itself in many ways. The commonest of these ways is in some form of self harm.

Defending oneself against owning the abuse and surviving through transferring the pain onto the body – the effect of which blocks intense feelings of emotional pain that would otherwise be un-survivable”. This is the symbolic language of self harm. “It is another way of expressing the unspeakable”. What words could describe the feelings that go far beyond our understanding of them, but whose power urges their release through the most guttural forms of physical expression as in self injury?

Some of the many reasons why a person may self harm

- To survive
- To communicate
- To cope
- To feel better
- To get help
- Transfer emotional pain to physical
- To show I am different
- To belong
- To heal
- To see blood
- To check I'm alive
- To feel something
- I deserve it/punish self
- To punish others
- To dissociate
- To control something
- Or our own favourite---Its complex!! Workers and others need to stop trying to find simple solutions to complex problems.

How many people self harm?

- 1.4% lifetime incidence
- 1,400 per 100,000 population
- It is however far higher in some populations like Psychiatric services, prisons, Professionally looked after children

- 12% of students in Further education in the UK (16-18) self harm
- Gender 80:20 Female:Male !!! But figures are contestable
- Age of onset is a mean of 14 yrs and falling

Separating self harm from suicide

Self harm is about staying alive and feeling better however:-

- Self harm is not associated with direct suicidal intent
- People who self harm are at risk of accidental death
- People who self harm are more likely to also become suicidal and to complete suicide Royal College Psychiatrist Report June 2003
- Some forms of self harm are more likely to be lethal by accident, recklessness or carelessness, this in itself leads one logically to harm reduction as a way of surviving today whilst one builds your resilience.

Assessing risk

- We have developed a risk assessment tool for workers and people who self harm to consider the both the risks and the safety factors together which is called SHARS (Self Harm Assessment of Risk & Safety) which is available free from this site, It does not pretend to predict risk, rather it balances the opinions of workers, carers and the focal person and leads to a strategy by which the focal person can manage their own safety. It is based in a consideration of what we see as the 5 domains of self harm
 - Directness,
 - Intent,
 - Potential Lethality/Damage
 - Repetitiveness.
 - Control and current distress

Self Harm and children

The biggest problem when trying to help children is proximity to life events that are the root of the self harm, vulnerability of the person and control of events. Separating self harm from suicide can also be a little more effort with younger people but the recent research of Hawton & Rodham in the UK has been very helpful in developing more understanding about self harm and children.

- Self-harm is a typically a very private act and young people rarely disclose their behaviour to an adult, or seek psychological help or medical attention.
- Self-harm is most common in children over the age of 11 and increases in frequency with age. It is uncommon in very young children although there is evidence of children as young as five trying to harm themselves.

- A national survey of children and adolescents carried out in the community found that 5 per cent of boys and 8 per cent of girls aged 13-15 said that they had, at some time, tried to harm, hurt or kill themselves.
- In the same national survey, rates of self-harm reported by parents were much lower than the rates of self-harm reported by children. This suggests that many parents are unaware that their children are self-harming.
- Self-harm may be the only way the young person can
 - communicate their plight to other people
 - to try and get the attention, care and comfort they need

Contact us by email for further information or watch this space as we add more!

STAGES OF SURVIVING

- Begins with a decision to heal
- The emergency stage (Beginning to deal with memories and suppressed feelings)
- Remembering
- Believing it happened
- Breaking the silence
- Understanding That It Wasn't Your Fault
- Making contact with the child inside (Many survivors have lost touch with their own vulnerability. Getting in touch with the child within can help you feel compassion for yourself, more anger at your abuser and greater intimacy with others.)
- Trusting yourself (The best guide for healing is your own inner voice. Learning to trust your own perceptions, feelings and intuitions forms a new basis for action in the world.)
- Growing and mourning (As children being abused, later as adults struggling to survive, most survivors haven't felt their losses. Grieving is a way to honour your pain, let go, and move into the present.)
- Anger can be the backbone of healing, a powerful and liberating force.
- Directing your rage at your abuser and at those who didn't protect you, is pivotal to healing.)
- Disclosure and Confrontations
- Resolution and Moving On

What helps?

- ❖ Assisting the person to take ownership of their self-harm
- ❖ Hope & optimism
- ❖ Working through the links between self-harm and past experiences

- ❖ Working through contributory factors – feelings around self-harm are there differing parts of oneself, voice hearing, positive/negative relationships etc
- ❖ Talking therapy in a group or one to one
- ❖ Cognitive or psychological therapies
- ❖ Distraction techniques
- ❖ Finding a safe place e.g. could be a restful room, garden or under the bed
- ❖ Drawing on events that give the self-harmer a sense of power
- ❖ Developing alliances and agreements to work together (focussing on the self-harmers experiences and goals)
- ❖ Being non judgmental and supportive
- ❖ Positive relationships
- ❖ Acceptance of the person behind the self-harm.
- ❖ Making sense, identifying patterns, owning the experience, understanding the context and links to your life story
- ❖ Making choices, building resilience and finding your future

What is unhelpful?

- ❖ Complying with labelling process
- ❖ Contracts that state help will be withdrawn if the self-harm continues
- ❖ Fighting to make the self-harm stop
- ❖ Being angry or telling the self-harmer off
- ❖ Making the self-harmer feel bad, insecure or naughty
- ❖ Giving the self-harmer a guilt trip
- ❖ Telling the self-harmer they are silly, stupid etc
- ❖ Stereotypical responses

Building resilience