

Self-harm

Self-harm, sometimes referred to as self-injury, is the act of somebody deliberately harming themselves. There are many different ways in which someone can self-harm, including cutting, burning and hitting themselves. People may use more than one way to harm themselves, and self-harm can occur at all ages.

One in ten children and young people self-harm. Often they do this in secret and feel very ashamed. It is important to try and talk about self-injury openly and honestly, and without judgment, if they feel able to.

There is a lot of stigma around self-harm, with the most common stereotype being that the person is attention-seeking or is trying to be manipulative. This is not the case and every incident should be treated seriously. Self-harm can often be a very personal and private act. Making negative judgments about the behaviour is unhelpful, as it can stop a child or young person seeking the help and support they need in order to improve their resilience and address their underlying mental health or situation needs.

Although many people are quick to associate self-harm with suicide attempts or suicidal thoughts, this is rarely the case. Self-harm, for the majority of children and young people, is a coping mechanism - a way of regaining control or relieving tension and staying alive.

Children and young people who are self-harming are likely to be feeling desperately unhappy, trapped and alone. This can lead to a child or young person using self-harm as a way of coping with these overwhelming negative feelings. Self-harm may act as self-punishment in response to feelings of 'being a bad person', or feelings of guilt and shame. Children and young people can also feel detached from their lives or reality and feel like they have no control over things. They may find that self-harm can help them to reconnect or make them feel 'real' or 'alive'.

The Pan Sussex Child Protection and Safeguarding Procedures Guidance makes the following recommendations for children and young people presenting as self-harming:

- **In most cases of deliberate self-harm the child or young person should be seen as a Child in Need and offered help via the school counselling service, the GP, Child and Adolescent Mental Health Service (CAMHS) or other therapeutic services e.g. paediatric or psychiatric services.**
- **The possibility that self-harm, including a serious eating disorder, has been caused or triggered by any form of abuse or chronic neglect should not be overlooked.**
- **The above possibility may justify a referral to Children's Social Care using the Making a Referral Procedure for consideration and assessment of whether the child is in need of services and/or protection.**
- **Consideration must also be given to protect children who engage in high risk behaviour which may cause serious self-injury, such as drug or substance misuse, running away, partaking in daring behaviour i.e. running in front of cars etc. All of which may indicate underlying behavioural or emotional difficulties or abuse.**
- **It is good practice, whenever a child or young person is known to have either made a suicide attempt or been involved in self-harming behaviour, to undertake a multi-disciplinary risk assessment, along with an assessment of need.**

Child or young person presenting at school

- All school personnel who come into contact with a child or young person who is self-harming should inform the school's designated member of staff.
- Information should also be passed to the school nurse who can liaise with the child's GP where necessary.
- The school should make arrangements to interview the child/young person and ascertain whether the difficulties presented can be resolved with the individual and their parents within the school environment, or whether outside help from other professionals is required.

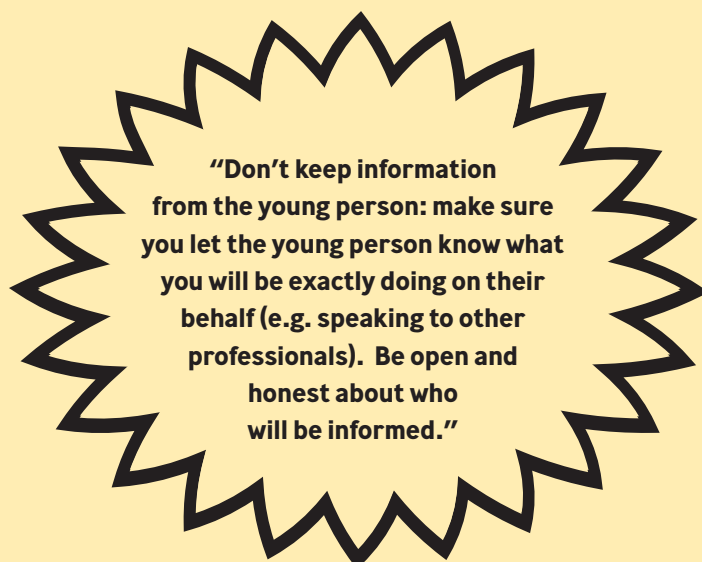


Table 6 below also provides some more practical examples of ways to support children and young people who are self-harming, using the Resilience Framework.

How to support children and young people who are self-harming

Challenge	How to help them through it
<p>A child or young person shares with you that they feel they have to be the best at everything they do and if they don't do their best they feel like a failure and this can make them want to self-harm</p>	<ul style="list-style-type: none"> • Explore with them where the pressure is coming from. Is there pressure elsewhere? (Core Self) • What do they mean by “doing their best”? Are their expectations realistic? Are they trying to be perfect? • What does failure really look like to them? Do they feel at all that they may be being harsh on themselves? • How does harming themselves leave them feeling? Does it invite further judgment from themselves? • An assessment of how the school praises and supports children and young people to do well may be important. Is the school an environment that perpetuates the pressure? A school survey with all children and young people could explore these issues. (Learning) • Understanding how they receive praise and support at home and whether it is beneficial to involve the parents. (Learning) • Provide support in developing strategies to manage disappointment and problem-solving skills. (Coping) • Work with them to explore and practice coping skills to manage difficult feelings. (Coping) • See The Centre for Clinical Interventions and modules focusing on Perfectionism in Perspective, these can be found at http://www.cci.health.wa.gov.au/resources/minipax.cfm?mini_ID=27

Challenge	How to help them through it
<p>You have noticed a child or young person has scars on their arms and you don't know what this is and why they are doing it</p>	<p>One in ten children and young people self-harm. Often they do this in secret and feel very ashamed. It is important to try and talk about self-injury openly and honestly, and without judgment, if they feel able to.</p> <ul style="list-style-type: none"> • Choose the time and place to talk to them carefully. As a result of the shame they may incur through speaking, a confidential space is important. (Belonging) • Let them know that you understand that it is an expression that they are struggling and you are there to help. (Belonging) • It's okay to be honest, for example if it upsets you to see someone's scars, not because you are judging, yet because you care, this is what they need to hear. (Acceptance) • As difficult as it may be, try and ascertain the severity of the scars and the frequency of "hurting" that the child or young person is inflicting on themselves, as this will guide you to understanding the risk (See Appendix 3 for Risk Assessment) If you believe the harming is severe and the young person at risk, Speak to your DSL • Self-harm is a way of expressing and conveying difficult emotions. Therefore, support the child or young person to explore other ways of managing their feelings that help them rather than hurt them. (Coping) • Support them to develop problem-solving skills for when things go wrong in their lives. (Coping) • Create a safety plan with them for when they feel at risk and consider a range of responses appropriate to assessed levels of risk. (Appendix 3) • It's important to remember that a child or young person will struggle to just "stop" self-harming, as it is a complex coping mechanism. • Create peer mentors in the school who are there to support other children and young people when they are struggling. (Learning and Coping) • Create a system in the school whereby staff are aware of "vulnerable" children and young people in the school and can check in with them when they are struggling, so that they know they are cared for. (Belonging)
<p>You feel like a child or young person in your tutor group is self-harming just to seek attention</p>	<p>In this situation it is very important to remember that:</p> <ul style="list-style-type: none"> • When someone self-harms it is attention-needing, not attention-seeking. • Often when someone is self-harming they feel isolated, scared and lonely. • Try some of the suggestions above

Table 6: Ways to support a child or young person who is self-harming.

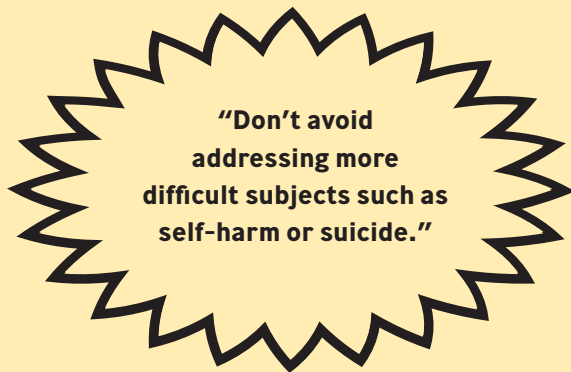
Talking about Self-Harm

Self-harm can be a hard conversation to broach with children and young people, for the following reasons:

- Fear of saying 'the wrong thing' and making the situation worse
- It is considered too serious an issue to broach – it needs a 'professional'
- It is considered too trivial an issue to broach – 'it's just attention seeking behaviour'
- It can be difficult to understand and empathise with children and young people who self-harm
- Uncertainty over how to start the conversation or what language to use

Children and young people report they want the following when discussing their experience of self-harm with professionals:

- Show you understand
- Talk it over
- Discover the triggers
- Build their confidence
- Choose carefully who you tell
- Help them to find new ways to cope



The following questions may be useful in terms of starting and progressing your conversations:

- I notice those scratches on your arm; I wondered if that was something we could talk about, as I would like to understand what you are going through?

- I notice that you always have your arms covered up, even when it's hot. It got me wondering whether there was something you felt you needed to hide?

- Other children or young people I know/I have learned that children/young people who have self-harmed have felt that it relieves tensions; or that they feel more alive and real when they do it. What does self-harming do for you?

- If your cutting could tell us how you are feeling, what would it say?

- What have you noticed makes you want to hurt yourself?

Harm minimisation

Sometimes it can be necessary to talk with children and young people about 'harm minimisation', supporting the child or young person to remain as safe as possible whilst they continue to self-harm. This might be the case if they do not want to stop self-harming, or are really struggling to reduce their self-harm, or whilst they are finding an alternative that works for them. This might include talking with them about what type of self-harm is least harmful, the implements that they are using, wound care and encouraging them to tell someone if they need help, for example if the wound does not stop bleeding.

A powerful support intervention could be to help them source the first aid resources they need to support themselves. Naturally, this will feel uncomfortable, yet feedback from children and young people is that it communicates a powerful message of acknowledging how they feel AND at the same time a message of care around their safety.

Exploring risk and the need for ongoing support

Appendix 3 provides some guidance on assessing risk. The important thing is not to panic but talk calmly to the child or young person. Always refer to the LSCB safeguarding advice as soon as possible.

Recommended further reading about self-harm

Pooky Knightsmith (2015) *Self-harm and eating disorders in schools: A guide to whole school support and practical strategies*. London: Jessica Kingsley Publishers.

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

Carol Fitzpatrick (2012) *A short introduction to understanding and supporting children and young people who self-harm*. London: Jessica Kingsley Publishers.

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: <http://www.nshn.co.uk/downloads.html>

It is vital that the young person retains as much control as possible of their situation, is fully aware of who needs to be informed and why, is consulted on their views, is allowed wherever possible to set the pace and make choices. To do otherwise could result in a worsening of the self-harm.

Remember that self-harm is often a way of coping, so stopping the self-harm is not always the best thing to aim for immediately. Safety and understanding are more important in the short term. There is no quick fix.