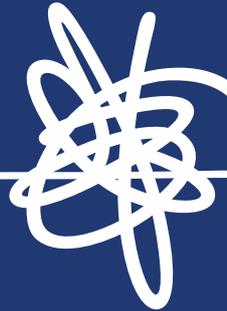


UNDERSTANDING SELF HARM



Fact sheet for Parents and/or Carers.



What is self-harm?

The terms self-harm, deliberate self-harm and self-injury are often used and sometimes can add to our confusion when discussing and understanding self-harm. Within a broader context, self-harm can include smoking, alcohol, that glass of wine to take the edge off of the day because it helps with the stress, repetitive cleaning, working late or taking work home frequently, driving too fast... all can be deemed to be self-harming behaviours. This fact sheet uses the term self-harm to include self-poisoning and self-injury but does not include alcohol and drug use nor eating disorders.

Self-harm/self-injury is essentially a coping mechanism that enables a person to deal with very difficult feelings, painful memories or as a way to deal with overwhelming experiences, and the associated intense emotional distress.

Self-injury as defined by Sutton and Martinson (2003) is seen as

“ an expression of acute psychological distress. It is an act done to oneself, by oneself with the intention of helping oneself rather than killing oneself. Paradoxically, damage is done to the body in an attempt to preserve the integrity of the mind.”

Self harm can provide a calming sensation, provide ‘instant relief’ and it may also be used to ‘ground’ a person who is feeling numb or dissociated. Self-injury can also be used as a method of self-punishment or self-control. Whilst self-injury can provide instant relief the ‘relief’ can be temporary. As the underlying emotional issues are not being addressed the need to self-injure may increase. This increase could be either in frequency or severity or both. Self-harm can be compulsive or impulsive and at times and for some it can be both. Self-harm is a coping mechanism.

Who self-harms?

So who self-harms? Males, females, young, old, employed, unemployed. Gay, lesbian, straight. Rich, poor. Strong, intelligent. Self-harming behaviours as a means of coping do not discriminate.

Forms of self-harm

People who self-harm utilise a number of methods and this can include:

- Cutting
- Burning
- Poisoning
- Self-punching, hitting, slapping or bruising
- Scratching and hair pulling

However some may use more than one method and this can depend on the intention and the emotions that are associated with the behaviour.

Washington Mind

Washington Mind provide services for those aged 11 years and upwards. We work with young people, young adults and adults who self-harm now and those who have self-harmed in the past. We view self-harming behaviours as a coping mechanism. We provide support that allows the individual to explore and understand their self-harm with the aim of identifying alternative and healthier options and choices to assist them with dealing with their emotional distress. If your child/a child you care for would like to access to support at this time, Washington Mind can be contacted on 0191 417 8043. The child/young person can contact us directly or we can take information from a parent, carer, guardian or professional on behalf of the child/young person with their permission.

Someone close to you self-harms?

Finding out that your child or a child you care for is self-harming can be a mixture of emotions. Fear, anger, shock, guilt and worry, to name a few are normal and understandable emotional responses. Whilst having these feelings it is helpful to remember that self-harm does not usually mean suicidal intent. Self-harm is a behaviour that helps your child or a child you care for cope with the difficulties of life. This could be exam stress, relationship issues, fitting in, or not fitting in, loss and change or many other issues that young people today face.

Responding

Increasing your knowledge can help you to increase your understanding of self-harm. Your initial reaction to either the behaviour or the disclosure of this behaviour will impact on the child or young person. Allowing the child/young person to know you are there for them is important, as is the child/young person feeling that they are not being judged. If you wish to understand and support your child/young person to access the appropriate support for them, listening to them and allowing them the freedom to talk about their self-harm will enable them to trust you. Your child or the child you care for may at first be overwhelmed that you now know about their self-harm and may need time before they are ready to talk to you about this.

Self-harm is essentially a coping strategy, and although it can be scary and difficult to understand, the child/young person needs to be in control of the decisions surrounding the support they need. Do not ask the child/young person to simply stop harming themselves, it is not that easy and do not remove the 'tools' they use. As this may lead to them becoming more secretive or using other 'tools' that may increase any risk of infection. With the right support your child or a child you care for can find healthier alternative coping strategies. These new methods for coping must be found before the child/

young person can move away from the self-harming behaviours. You could offer to go with your child/a child you care for to see the GP or a counsellor for example but it may be that your child or the child you care for wishes to attend these appointments on their own and be able to speak in private and in confidence with someone about their emotional issues.

Your child/child you care for is experiencing emotional distress and the way the disclosure of their self-harm is dealt with is important. It is best if you can talk about the emotional issues rather than the self-harming behaviour. Asking to see the injuries can increase the emotional distress. In the main self-harming injuries are dealt with by the person as they 'self-comfort' and take personal care of their injuries. If there is any concern surrounding the injury or if an overdose has been taken medical attention should be sought. If there is any doubt contact 111 (NHS local support).

It has been identified that although self-harm is a coping strategy and not a suicide attempt for those experiencing emotional distress there can be an increased risk of suicidal thoughts. If you feel that there is risk of suicide seek urgent medical assistance.

Recovery

Recovery from emotional distress and self-harm is possible. This journey of recovery can be a long one so be prepared and remember to look after yourself. It is difficult to both understand and cope with knowing that your child/ a child you care for self-harms and you may wish to access support for yourself. You may begin to blame yourself, feel angry or other strong emotions. It may help to remember that your child/the child you care for is looking at the world through their eyes. It is their own personal view of how things are, for them.

Talking through your feelings with someone who can offer you support surrounding this is equally important. It may be that you have other children and they may also need support to understand and cope.

By increasing your understanding of self-harm you can help yourself and your child/the child you care for. This fact sheet and other information is available at www.washingtonmind.org.uk or visit www.mind.org.uk and download the information booklet 'Understanding Self-Harm'.

With thanks to Washington Mind's Young Peoples Steering Group for sharing your encouraging personal stories and for your time and support in developing this information fact sheet.

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