



FirstSigns Self-Injury Factsheet for Healthcare Workers

What is Self-Injury?

Self-injury is any deliberate, non-suicidal behaviour that inflicts physical injury to a person's own body. Self-injury is essentially a coping mechanism that enables a person to deal with intense emotional distress, creating a calming sensation. It may also be used to 'awaken' a person who is feeling numb or dissociated.

The injuries themselves can validate a person's feelings, creating a 'real' pain that is easier to cope with than the hidden emotional pain.

Self-injury has an immediate effect, creating instant relief, but it is only temporary; the underlying emotional issues still remain. In time, self-injury can become a person's automatic response to the ordinary strains of everyday life, and both frequency and severity of self-injury may increase.

At FirstSigns we recognise that self-injury is a coping mechanism, and we never judge a person or tell them stop. Instead, we encourage them to make positive changes in their lives and in their behaviour, and enable them to find healthier coping mechanisms in order that they may choose to move away from self-injury.

Who Self-Injures

Self-injury affects people from all walks of life, irrespective of age, gender, sexual orientation, ethnicity or personal strength.

Types of Self-Injury

The most common forms of self-injury are scratching, cutting, burning and non-suicidal overdosing (chronic self-medication). However there are many other forms, including hair pulling, banging and bone breaking.

Self-injury falls within the self-harm spectrum which also includes other behaviours and syndromes, such as eating disorders, drug and alcohol abuse and risk taking behaviour.



Treatment for Self-Injury

Treatment for self-injurious behaviour can be difficult as self-injury is often kept secret and hospital treatment frequently avoided. In order to help someone move away from self-injury, treatment and help with the underlying emotional distress is the key; consider problem solving skills-training available within counselling / talking therapy.

When self-injury is part of a diagnosed mental illness, such as depression or anxiety, then it is found that talking therapies such as Dialectical Behavioural Therapy (or Cognitive Behavioural Therapy) can be of most benefit.

If you are considering psychotherapy, different coping strategies to deal with emotional stress must be in place prior to therapy starting to avoid a potential increase in frequency and severity of self-injury.

FirstSigns offers some ideas you can use with your clients: www.FirstSigns.org.uk/help/

Please remember:

- self-injury is a symptom of underlying emotional distress and a coping mechanism;
- severity of self-injury is not an indication of the level of emotional distress being suffered;
- people who self-injure often do so because they feel unheard, or have difficulty communicating effectively. They may therefore find it difficult to answer your questions;

- many young people, especially those under 16, are concerned about confidentiality - ensure you explain your confidentiality duties at the appropriate time. Gillick competence guidelines should be made use of;
- asking a person who self-injures to just stop is in effect removing what may well be their only coping mechanism. Instead, encourage the person to find healthier ways of dealing with their distress before expecting them to move away from self-injury;
- remain non-judgemental and always treat a person who is self-injuring with care and respect. They don't hurt themselves to waste your time, they are merely coping the best they can;
- accept that your clients may self-injure for many months, even during successful treatment; self-injury can be a long-term matter;
- self-injurious behaviour may increase during psychotherapy, as the coping strategy is relied upon during times of intense stress;
- take care of your own emotional wellbeing and recognise when you need some extra support in dealing with someone who self-injures.

Self-injury is often a difficult subject to comprehend for people with no personal experience, and at FirstSigns we understand the frustration that can often be felt by professionals who are dealing with it on a regular basis, especially when time and resources are so precious.

You may feel that a person who regularly presents with obvious self-injury, especially if it appears superficial, may be seeking attention. We suggest that it's not 'attention seeking', it is in fact 'attention needing'. It could be that nobody in their lives notices their distress; you can make a real difference to their life by the approach you take.