



LifeSIGNS

Self Injury Guidance & Network Support

Registered Charity No. 1114661

www.lifesigns.org.uk

info@lifesigns.org.uk

Healthcare Professionals
Factsheet 2007 V2

A Definition of Self-Injury:

LifeSIGNS sees self-injury as any deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress – essentially it is a coping mechanism. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings and can be 'seen'. Injuries can prove to an individual that their emotional pain is real and valid.

Self-injury may calm or awaken a person. However, it only provides temporary relief and does not deal with the underlying issues. Self-injury can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity. LifeSIGNS recognises that self-injury is a way of coping with distressing experiences and difficult emotions; we also appreciate how bewildering self-injurious behaviour may seem to other people. We encourage people to explore alternatives to self-injury and to come to understand what drives them to hurt themselves, but we never judge a person or tell them what to do.

There is still a lack of understanding of self-injury, which can prevent appropriate treatment and leaves such people without the support they need.

Types of Self-Injury:

There are various ways in which people injure themselves. Research indicates that the two most common forms of self-injury are **cutting** and **self-poisoning (without suicidal intent)**, but self-injury can be inflicted in many ways.

Self-injury can also be known as self-harm. Self-harm might include other behaviours such as eating disorders and alcohol abuse, whereas self-injury usually refers to specifically injurious behaviour such as self-cutting.

Remember that self-injury can affect anyone, regardless of age, gender, race, sexuality and religion.

Treatment:

There is currently no clear evidence base for the treatment of self-injury. This could be due to the fact that many people who self-injure rarely seek medical attention for the self-injury itself so are unlikely to be part of studies or trials of various treatments. It is also difficult to measure an outcome as the behaviour is not clearly defined. Self-injury can be part of a diagnosable mental health problem such as depression. In which case the depression might be treated with medication, talking therapies, or a combination of both (a combination is usually seen as most effective).

It appears that talking therapies (particularly Dialectical Behavioural Therapy) may be of most benefit in self-injury, where the individuals are able to learn to express themselves and recognise what it is that causes them to self-injure. However, each episode of self-injury can be triggered by something different, and every personal experience will vary. The majority of injuries will not require hospital attention, thus the behaviour can continue for many years before being picked up by a professional. The acts may be sporadic or they may occur on a daily basis, and vary in severity.

The LifeSIGNS Self-Injury Awareness booklet has a chapter specifically for healthcare professional and includes a wealth of information. Please visit www.lifesigns.org.uk to download the free booklet or purchase a hard copy. LifeSIGNS offers training for health professionals and is often used by the NHS. Please read more about our training seminars on our website.

Here are a few things to bear in mind:

- A person who self-injures is trying to cope with something – find out what this is.
- Self-injury can develop due to a lack of ability in expressing oneself, thus the person may have difficulty in responding to your questions.
- Do not dismiss the behaviour as attention seeking or unimportant, especially if the wounds appear to be superficial. The size of the wound frequently bears no relation to the amount of emotional distress. However, self-injury often escalates in frequency and severity.
- Confidentiality is a key concern for people who self-injure, particularly for those under 16. Gillick competence can be useful in the treatment of self-injury.
- While self-injury might be part of a wider mental health problem, it might not be a sign of a diagnosable mental health disorder. Take every case on an individual basis and try not to make generalisations.
- Do not ask the person to stop self-injuring. Such a request can do more harm than good and also disregards the fact that the coping strategy will need to be replaced with something healthier before the person will be able to move on.
- Recognise your own limitations, and when you need help in dealing with a patient.
- Remain objective - don't show disgust or frustration.

The state of mind that immediately precedes an act of self-injury is likely to fit one of two descriptions:

Hyperstress – the individual can feel under incredible pressure, with a racing mind and an urge to 'just get out of their skin'. It is often borne out of feelings of frustration that build up over some period of time. Self-injury can release this tension and bring a sense of calm.

Dissociation - the individual may feel completely numb and unable to wake up or feel anything. At an extreme it can be a totally dissociated state where the person may self-injure and not be able to remember doing it. Thus self-injury can act to 'wake' the person up.

LifeSIGNS (Self-Injury Guidance & Network Support) is a UK registered charity (no. 1114661), run by the volunteer directors who personal experiences with self-injury.

LifeSIGNS aims to support all people who are affected in any way by self-injury in the UK and beyond - including those who self-injure, their family and friends, healthcare professionals, schools and teachers, and anyone with an interest in self-injury.