Self-Injury Awareness Booklet

Information for Health Care Workers, Family, Friends and Teachers of People Who Harm Themselves

Foreword by Dr. Neil Burley

By Dr Neil Burley, MB ChB, Psychiatrist

As a person, I am well aware of stigma, prejudice, stereotyping, media sensationalism, miscommunication and misunderstandings. As a psychiatrist, I am well aware of how these things cause mental health issues to become taboo subjects – something that is gradually changing for the better.

This revised booklet tackles all the above – broaching arguably the last taboo subject in mental health and well-being, that of deliberate self-injury. This is, in my opinion, an unnecessarily hidden condition, misunderstood by those unfamiliar with it, condemned by some dealing with the aftermath and inappropriately medicalised by others.

At the heart of self-injury is a hurting individual. This booklet gives that individual some guidance on minimising risks to themselves, useful advice about managing their lifestyle, where to seek help and how to start breaking the stigma associated with this way of coping with stresses in their lives.
The testimonials from individuals who self-injure offer a valuable insight to those of us who do not, and the feeling that you're not on your own to those who do.
This booklet does not promote or glorify self-injury, but offers hope and a way through for those that would wish to cope in new and different ways.

My association with LifeSIGNS began when I looked for someone to educate medical students about self-injury to start changing the culture that surrounds self-injury, and those that self-injure, in medicine. This work is continuing to challenge and open up attitudes amongst students, and has been extended to qualified doctors as part of their postgraduate training. It is exciting to see LifeSIGNS involvement in these sessions having an obvious impact, one which I hope will be positive and improve the care self-injurers receive from the medical profession. My hope is that this revised and extended booklet and the annual Self-Injury Awareness Day will be the start points for changing society's perception and acceptance of self-injury and self-injurers for the better.

March 2005

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Introduction

Self-injury Awareness Day is the 1st of March, it is a point of focus for organisations and communities that come across self-injury, and it's a date that can be used to raise awareness in the media.

The SIA Booklet

This booklet has been produced in the hope that you will make use of the information, refer to it as a handy resource, use it to raise awareness of self-injury, and we hope it will help you while you support people affected by self-injury. It is possible that you will be the first person that someone who self injures turns to; your reaction to their self-injury could be of vital importance. With compassion, patience and warmth, you may have a great influence on someone's life.

This booklet is free for you to copy and re-distribute, providing that the contents are unedited and attributed to LifeSIGNS at www.lifesigns.org.uk

SI – Self-injury

Self-injury is recognised by many people in the health care professions, and in caring professions generally, but there is a significant lack of understanding still; the media often misrepresents self-injury. People who self injure often feel trapped and alone with their self-injury, afraid to ask for support for fear of being seen as crazy.

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

We would like to thank you for giving this information your attention, and if there is ever anything further we can provide you, please email us without hesitation.

On behalf of the LifeSIGNS Directors

LifeSIGNS
Self-injury Guidance & Network Support

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Self-injury Facts

Self-injury is any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behaviour may calm or awaken a person. Yet, self-injury only provides temporary relief; it 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.

Self-injury may be inflicted upon the self in many ways, such as cutting oneself, banging limbs, burning / branding oneself, overdosing on medication, and other methods.

Medical Diagnosis

Self-injury is not a distinct syndrome according to current diagnostic criteria, it is often a behaviour associated with syndromes such as Personality Disorders, Anxiety Disorders, Compulsive Disorders, Post Traumatic Stress Disorder, Dissociative Disorders, Eating Disorders, Impulse Control Disorders and forms of Depression.

People who self injure may not have a diagnosed disorder; in fact, they may be mentally healthy, and even outwardly happy. There is a strong link between low self esteem and self-injury.

Self-injury is a maladaptive coping mechanism, and health care workers may offer to teach new coping strategies to people relying on self-injury.

Incidence

A recent study by the Samaritans states that 1 in 10 teenagers have self injured. Self-injury is the 'hidden affliction' though; estimates of incidence can not be relied upon, as self-injury is private and secret.

In the 1990's it was assumed that more females (teenage to 30 years of age) self injured than males, however, more recent studies and anecdotal information shows that the incidence is similar in males. It could be that males are less likely to seek support and so remain hidden.

Age of onset ranges from pre-teen to teenage, and many self injurers find that they lose the urge to harm themselves around their early thirties. There are a growing number of older self injurers seeking support as they gain confidence with the medical establishments' acceptance of self-injury.

What Self-injury Is Not

It is sad to think that people suffering trauma, anxiety and depression can be told that they are using their self injurious behaviour to manipulate people, or just as a 'cry for attention'.

Self-injury *may* be used to garner attention, but this is not the focus of chronic, repetitive self-injury. The fact is that people who self injure make a great effort to hide their bruises and scars, and are loath to discuss their inner or outer pain. People who hurt themselves rarely seek medical attention for their wounds, and are wary of seeking support from the mental health services. Self-injury is private and personal, it is hidden from family and friends.

Self-injury Is Not:

- ∇ Attention Seeking;
- ∇ Manipulation;
- ∇ For Pleasure;
- ∇ A Group Activity;
- ∇ Cool, a trend;
- ∇ An Adrenaline Rush;
- ∇ Tattooing, Body Piercing or part of BDSM sexual activities;
- ∇ A failed Suicide Attempt.

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

LifeSIGNS at www.lifesigns.org.uk

Suicide

While it is true that people who consider suicide and take their own life may also be involved with self-injury; it is commonly accepted that self-injury is **not** about dying.

People who self-injure may be desperate to end the distress that they are suffering, but self-injury can be thought of as a **survival strategy**. People may feel that their use of self-injury keeps them alive.

People who self injure generally do not fantasise about death, and they may be positive about their futures and their future happiness. It is depression and other mental health issues that lead to suicide ideation and acute self-hatred.

When talking to a person who self injures, it may be necessary to address concerns about suicide, but assumptions should not be made.

Words

Self-injury may be referred in many ways, if a self injurer labels their behaviour in a different way to your expectations, do not correct their terminology, instead, adapt your own.

Self-injury (SI); Self-harm (SH); Self Inflicted Violence (SIV); Self Injurious Behaviour (SIB); Self Mutilation (SM); Cutting; Burning; Branding; Over Dosing (OD).

Wikipedia Information

Here we present broader information from the Wikepedia, please note, this is not written by LifeSIGNS nor does it entirely represent LifeSIGNS' view of self-injury.

Self-harm

From Wikipedia, the free encyclopaedia

Self-harm (SH) is deliberate injury to one's own body. This injury may be aimed at relieving otherwise unbearable emotions, sensations of unreality and numbness, or for other reasons. Self-harm is generally a social taboo. It is often (but not always) associated with mental illnesses such as Borderline Personality Disorder, with a history of trauma and abuse; and with mental traits such as perfectionism.

Self-harm is also known as self-injury (SI), self-inflicted violence (SIV), self-injurious behaviour (SIB), and self-mutilation1, although this last term has connotations that some people find perturbing. When discussing self-harm with someone who engages in it, it is suggested to use the same terms and words that that person uses rather than insisting on labelling it "self-harm".

A common form of self-injury is shallow cuts to the skin of the arms or legs, or less frequently to other parts of the body, including the breasts and sexual organs. Since this is the most well-known, it is casually referred to as "cutting", though it may also involve punching, slapping, or burning oneself as well. People who engage in self-harm are not usually attempting suicide, but are trying to relieve an unbearable emotional pressure they are feeling. However, self-injury is a strong predictor for future suicide or suicide attempts. A self-injurer is significantly more likely than people of other diagnoses to attempt or complete suicide in the year after an incident of self-injury. Self-harm is seen by some as attention seeking behaviour, though many self-injurers are ashamed and embarrassed, going to some lengths to conceal their behaviour from others.

Strictly, self-harm is a general term for self-damaging activities (which could include alcohol abuse, bulimia etc.); self-injury refers to the more specific practice of cutting, bruising, self poisoning, over-dosing (without suicidal intent) burning or otherwise directly injuring the body. In the past this term has also been used to refer to masturbation, although it is now generally accepted that this practice is not harmful.

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Demographics

The average European rate of self-harm and attempted suicide for persons over 15 years is 0.14% for males and 0.193% for females. For each age group the female rate exceeds that of the males, with the highest rate among females in the 15-24 age group and the highest rate among males in the 12-34 age group. Recently, however, it has been found that the female to male ratio, previously thought to be around 2:1, is diminishing – in Ireland it has been close to parity for a number of years.2 It has also been speculated that there is a significant amount of unrecorded cases among men, which never surface because males tend to feel more guilty and ashamed of showing signs of "weakness".

More females are hospitalised for intentional self-harm than males. Females more commonly choose methods such as self-poisoning that generally are not fatal, but still serious enough to require hospitalisation.3

Psychology

One theory states that self-injury is a way to "go away" or disassociate, separating the mind from the feelings that are causing the anguish. This is done by tricking the mind into believing the pain felt at the time is caused by self-injury instead of the issues they were facing before. The physical pain may also act as a distraction from emotional pain, similar to the way a hot water bottle reduces the pain of a stomach ache.

Alternatively self-injury may be a means of feeling something, even if the sensation is unpleasant. Those who self-injure sometimes describe feelings of emptiness or numbness, and physical pain may be a relief from these feelings. Self-harm may also give a feeling of being in control of one's own body, which could be especially important for victims of sexual abuse.

Self-injury may also be a means of communicating distress. This motivation is sometimes dismissed as "attention seeking" and has often been seen as

the primary motivation. However, for many, the act of self-harm fulfils a purpose in itself and is not a means of communicating with or influencing others. Many who self-injure keep their injuries secret, while those who do disclose their injuries may be embarrassed and ashamed of their actions.

They are a paradox: wanting to say something through their scars yet fearing the repercussions of their behaviour being evident. However, there are those who cut themselves and then photograph their injuries and post them on the internet and these people may be said to be attention seeking.

Those who engage in self-harm face the contradicting reality of harming themselves while at the same time feeling a relief from this act. This feeling of relief comes from the beta endorphins released in the brain (the same chemicals responsible for the "runner's high"). These act to reduce tension and emotional distress and may lead to a feeling of calm.

As a coping mechanism, self-injury can become mentally addictive because, to the self-injurer, it works; it enables him/her to deal with intense stress in the current moment. Therapy for self-harmers only works when it is focused on finding alternative coping methods before the person is encouraged to give up the self-harm behaviour. Instead of tackling the behaviour itself, therapy and treatment concentrate on the underlying causes of the stress that is provoking the need for release.

External links

- ∇ Secret Shame
- ∇ American Self-Harm Information Clearinghouse
- ∇ Bodies Under Siege
- ∇ SAFE
- ∇ Self-Injury Support
- ∇ LifeSIGNS Self-injury Guidance & Network Support
- ∇ 'Self-Mutilation' on ERICDIGESTS.ORG
- ∇ Samaritans
- ∇ Bill of Rights for People who Self-Harm
- ∇ Self-Injury Support Site

Further reading

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2. World Health Organisation Europe Multicentre Study of Suicide, retrieved Jul. 20, 2004 from Women and Parasuicide: a Literature Review, Women's Health Council (http://www.whc.ie/publications/reports_parasuicide.html)
3. Retrieved Jul. 20, 2004 from Hospitalisation for intentional self-harm, New Zealand Health Information Service

Wikepedia section end.

Why Self-injury Helps People

When a person hurts himself or herself, it is because they are undergoing immense emotional distress, and their everyday ability to cope and function has failed. They may feel distressed, upset, uncomfortable, claustrophobic, anxious, depressed, helpless, powerless, out of control, or worthless. When under such pressure, any task, even simple tasks are impossible to perform; so, to regain their composure, and to find some small area of control, they hurt themselves.

It is not always the pain that is sought; physical pain is easier to deal with than the emotional pain being experienced. The physical pain may not even be fully felt, as some people disassociate from the pain and even from their bodies, and it takes self-injury for them to 'wake up'.

Self-injury provides a very real focus; it quietens the mind, creates space to think clearly, and is a small area of life that can be controlled.

Many people who self injure feel that their life is not under their control, there are 'powerful others' with authority over them.

People who are constantly invalidated by people in positions of respect or authority lose their self-esteem. People who self-injure often have to deal with being chronically ignored or being made to feel inadequate. Self-injury provides a release for pent up frustrations; it takes the emotional hurt inflicted upon them and transforms it into something 'real'.

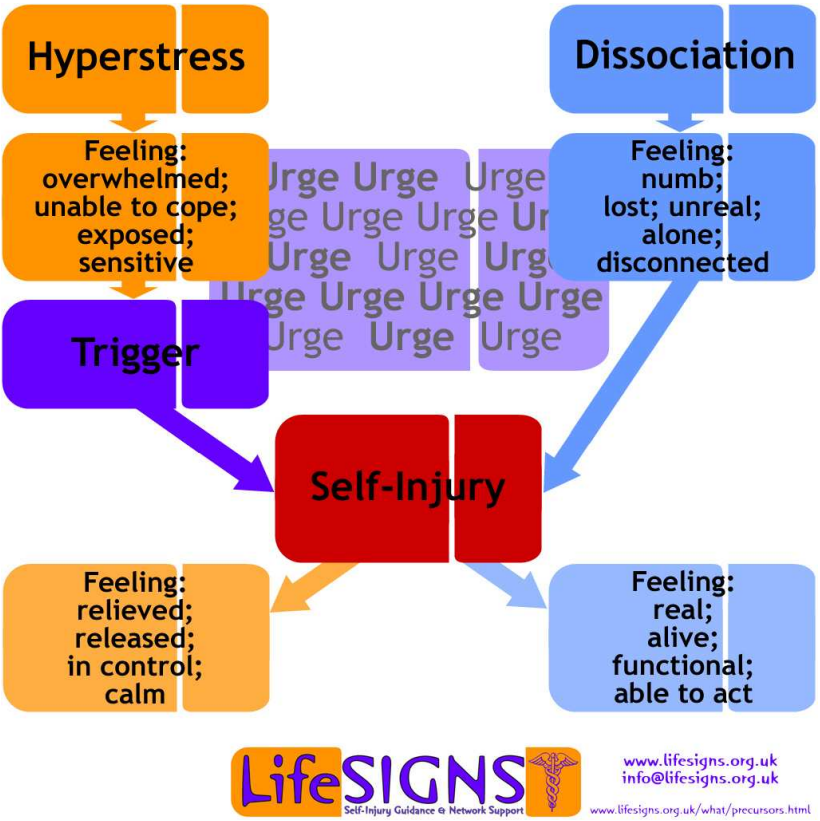
Self-injury may protect a person from thoughts of suicide; it may reduce anxiety, relieve distress, awaken a person from sloth or depression, or reduce the hearing of hallucinogenic voices. Self-injury is a personal coping mechanism, relied upon for often personal reasons.

Invalidation

When a person or a person's emotional expressions (wishes, preferences, desires etc.) are ignored or prohibited, that person can be said to be experiencing invalidation; they are made to feel invalid and unimportant.

Precursors to Self-injury

This working theory attempts to describe the feelings and processes a person may go though before resorting to self-injury / self-harm.



You may download this document from
www.lifesigns.org.uk/what/precursors.html

Explanation and Discussion

LifeSIGNS considers self-injury to be a learned behaviour in response to overwhelming feelings and distress; LifeSIGNS does not consider self-injury to be a physical addiction.
Hyperstress is thought to affect more people than dissociation in regard to self-injury.

Hyperstress: (Left side of the flowchart)

A person may be hyper-sensitive and overwhelmed; a great many thoughts may be revolving within their mind, becoming confused and entangled. They may be upset and tearful, or angry and destructive; they may well experience physical symptoms such as nausea or a racing heart, akin to panic†. They may either become triggered or could make a decision to stop the overwhelming feelings by resorting to self-injuring.

A trigger is an event that upsets and disturbs a person; it could be an internal event within the mind, or an external event that affects the person. Triggers can make a person feel a great deal worse and there is a feeling of panic and a need to directly, and immediately, end the distress.

Self-injury can have an immediate calming effect‡, slowing the mind, calming the breathing and heart rate and enabling the person to cope, regain control and get on with things.

Dissociation: (Right side of the flowchart)

A person may be detached from life, detached from their emotions, from their body; numb and unfeeling. They may feel separate from 'reality', and may behave without conscious awareness.

People suffering trauma or abuse may learn to dissociate themselves from what is happening. They may find that dissociation becomes an automatic response to stressful situations.

It's possible that turning to self-injury when in a dissociated frame of mind does not require a trigger. They may recognise the need to regain control, or have a desire to feel real again, and they act so as to create sensation and 'wake up'.

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

LifeSIGNS short definition of self-injury – www.lifesigns.org.uk

† Psychobiologists may wish to consider Adrenaline, Dopamine and Serotonin.

‡ Psychobiologists may wish to consider Noradrenaline, Dopamine, Serotonin and Endorphins.

Treatments

Self-injury is not treated as a separate syndrome, and so there are few specific ways of reducing self-injury. Treatments tend to focus on the whole person, and on the underlying causes of stress and anxiety.

Diagnosed mental disorders will be treated in traditional ways, and a reduction in self-injury is often expected, perhaps without real investigation.

Counselling and Talking Therapies

Developing a relationship with a Counsellor can be of enormous benefit to a person who feels misunderstood, or recognises they have feelings of low self worth.

There are many Counsellors and care establishments that impose a "Don't Injure' mandate upon their clients, if they are to receive treatment. This is counter productive, and illogical, one can not remove a coping mechanism without replacing it with something more adaptive.

Psycho-Dynamic Therapy

The original psychotherapy based around Sigmund Freud's ideas about the Ego, Id, and Super Ego. PDT focuses on the history of the person, and relates present feelings to past experiences. Sexual and Familial experiences are heavily investigated. PDT is analytical, introspective, and directive.

Cognitive Behavioural Therapy

(Also Rational Emotional Behavioural Therapy)

The Counsellor aims to lead the client into changing their behaviour, therapy consists of discussing recent behaviors that trouble the client. CBT aims to allow the client to see the many choices they have, and empower the client with new ways of behaving. CBT is analytical, observational and directive.

Person Centred Therapy

The third approach is based around Carl Rogers' work, and assumes that the client is the best person to solve their own problems. PCT gives a person the space, and the permission to explore their own feelings. Being accepted as a valid and important human being can be a powerful experience for a person who has been chronically invalidated. PCT is perception based, introspective and non-directive.

Drug Therapies

Self-injury is not treated by drugs *per se*, however, if a diagnosis of a recognised mental disorder is made, drugs may be prescribed.

Modern drugs may treat depression, anxiety and compulsive behaviours all at once.

Mood stabilising drugs may also be used in some cases, often with good effect

Group Therapy, Self Help and Empowerment

It would be unwise to neglect what people may do for themselves.

Therapy does not have to finish at the end of an hour's counselling, or after 6 months of medication. Many people who self-injure have concerns around the theme of **control**, and it is important to allow and encourage self injurers to seek their own relief, and to learn more about their feelings and behaviours.

Who To Turn To

It's not easy to decide who to go to once a distressed person decides to seek help and support. If you are the first person that a self injurer has turned to, you may wish to consider accompanying them to their Doctors' clinic, or to a 'Crisis Clinic' within your local hospitals Mental Health Unit.

If you are considering seeking help and support for self-injury yourself, you may find that the company you work for offers an onsite Counsellor, or help line. Speak to your line manager or HR department, you don't have to mention self-injury, your request will be treated in confidence without deep questioning.

If at school, college or university, you may find that there is a campus counsellor, or Guidance Counsellor. It is their job to help you, and to 'sign-post' you to other resources available to you.

Further information is available at www.lifesigns.org.uk : Helping You

Getting Help

If you are a person who self-harms, or wish to help a loved one who does, consider the guidance in this section as a primer for visiting the Doctor.

Your Doctor may not be a psychologist, or a psychiatrist, but they do have the power and knowledge to refer you directly specialists to help you with your self-injury and the associated feelings.

It can feel like a big step, talking to your Doctor. It does take a certain amount of courage to discuss your feelings with anyone. The good news is that you do not have to go into detail about your mental or physical condition with your Doctor.

If you have a good relationship with your Doctor, then you may feel comfortable coming straight out with it and explaining that you suffer from Self Injurious Behaviour, but if you don't feel confident enough to discuss your SI, then you don't have to.

Planning

Before you visit your Doctor, it's a good idea to have a plan on what it is you wish to achieve and get out of the visit.
Consider:

- ∇ Would you accept Counselling from a trained professional?
- ∇ Would you accept drug therapy, such as anti-depressants or anti-anxiety drugs?
- ∇ Would you accept time off from School or Work on Doctor's Orders?
- ∇ Would you accept becoming an Out Patient of Clinic? (supported by regular, though sometimes infrequent, brief visits to see the specialist who will review your progress with you.)
- ∇ Would you accept home visits from a Counsellor, or Nurse? (a CPN)
- ∇ Would you accept becoming an In Patient for a set period of time? (i.e. you stay and sleep on the Ward.)
- ∇ Day Hospital (i.e. you sleep at home and visit the centre frequently.)
- ∇ Would you accept your Parents getting involved?

Once you have an idea of what you wish to get from your Doctor, it is time to make an appointment, or simply drop in and sit in the waiting room. **You do not have to discuss why you are seeing the Doctor with any Reception Staff**.

Visiting your Doctor

When you see the Doctor remember that they are professionals performing their job to the best of their abilities; but that they are still human beings. They are not in control of you nor are they your 'last hope to get help'. Be polite and yet be honest and clear as to your reasons for coming. Perhaps you could tell them how nervous you feel, and how difficult it is for you to be here at all today.

You may wish to explain that you use Self-injury as a Coping Mechanism to help you deal with life and to help you get through your turbulent emotions. However, you may not wish to discuss Self-injury at all; you could choose to explain that you are feeling:

- Depressed;
- Anxious, fearful;
- Confused;
- Despair;
- Lost;
- Overwhelmed.

The Three Questions

Your Doctor will then need to ask you three set questions that all Doctors in the UK have to ask as part of their normal risk assessment. These questions include:

1. Are you having suicidal thoughts? Have you ever considered suicide?
2. Are you harming yourself in anyway? Have you hurt yourself recently?
3. Do you have the intention to hurt yourself in the future?

It is clear to see that the second two questions refer to Self-injury specifically.

As a person who self Injures, you have to be honest about your history of self-harm, and you should tell your Doctor that you have self injured in the past, and if you deem it likely that you will self injure again in the future. It may be sensible to go on to explain that you do not feel a danger to yourself, that you use self-injury as a tool, as a form of expression that lets you deal with the thoughts and feelings that overwhelm you.

Your Doctor is not a self-injury expert; it is your responsibility to express yourself clearly without shame.

Your Doctor may ask to see your Scars.
You could choose to show your scars, or you could ask "Why is that necessary please?"

It is never necessary to show your scars to receive psychological support. Anyone who insists that they need to see your scars is doing so out of their own ignorance and lack of experience, it is wholly unnecessary to submit to Body Checks or to have your Privacy invaded to receive treatments, other than physical attention, such as bandaging and stitching etc.
A professional may need to see recent wounds to asses them for infection.

Once you have expressed you wish for help, and your Doctor has gone through the three questions, you may be referred to a Specialist. The specialist will be a professional and trained Psychiatrist (a Medical Doctor who works in the Psychology field) or a Psychologist (A Doctor of Psychology is not a Medical Doctor and can not prescribe drugs), or a Counsellor (a person qualified to talk through things with you).

Next Steps

You may be offered Crisis Counselling, which is a short course of counselling sessions that might start as soon as you leave the Doctor's surgery.
You may be given an appointment at the Hospital, to see a Psychiatrist or Psychologist, which may take days or weeks to come.

When you see the Specialist, you will have the opportunity to fully explain and express yourself. You do not have to go into detail with your GP Doctor, unless you have a good relationship with them and feel comfortable.

Sectioning

Nothing is more worrying to a person seeking aid than the threat of being sectioned.

Sectioning is a legal arrangement whereby Doctors have a duty to ensure people are not a danger to themselves or to others.

It is possible for the syndrome of self-injury to be perceived as a danger to yourself, especially if the harm inflicted is greater than 'superficial'.

However, chronic, repetitive self-injury can also be seen as a life-affirming coping action, and these perceptions may need to be discussed with your Doctor.

Sectioning can mean that a person is immediately taken into care, to protect themselves or others from further harm.

Sectioning is not used as a 'threat to make you take drugs', it is simply a legal obligation to keep a person from serious harm and death.

Under the terms of the current Mental Health Act, you have the right to appeal against your involuntary admission if sectioned, and will have these rights explained to you, usually by the social worker or nurse, at the time of your admission. If you are not informed of these rights, ask any of the ward staff to explain them to you.

For further information on Sectioning and the Mental Health Act 1983, see: http://news.bbc.co.uk/1/hi/health/2204983.stm

Self Help

You may find the following ideas useful when talking to a person who self injures. Encouraging a person to understand their use of self-injury can be empowering. Each person who turns to self-injury should be aware that they have choices, and sometimes they choose to harm themselves, and other times they may choose other activities. A non-judgmental approach to choices can inspire a person to feel responsible for the choices they make.

How You Can Help Yourself

1. Write a list of things that you have achieved or are proud of. This can include anything from good exam / subject grades to how you might have handled personal issues such as difficulties with relationships. Aim to write down at least ten - fifteen items. Keep this list close to hand and read it when you are feeling low or you have the desire to hurt yourself. This can help you to remember you are a special person who should care for yourself.

2. Set yourself achievable goals. You may wish to set a goal to reduce the frequency or the harm of self-injury, or it may be to find ways to improve your self esteem. Write your goals down.

3. Keep an Emotional Diary; write out all your feelings and experiences. If you find that this causes you to dwell on things in an overly negative way, then try an alternative option.

4. Look after yourself; a healthy body promotes a healthy mind.

5. Consider interacting with people more. You can find groups on the Internet that are interested in similar hobbies, or your local library has information on local groups, activities and societies.

6. Treat yourself by doing something that you really enjoy, create time for you and your interests.

7. Many people find that regular exercise in moderation can be beneficial.

8. Use the **15 Minute Rule** [next page] or find other coping strategies to use.

Your feelings are valid and should be respected, even when you are feeling low. No one expects you to be enthusiastic and perky at all times, it is important to respect your limits and your energy reserves.

The 15 Minute Rule

When the urge to self injure comes upon you, check the time, and tell yourself that you have felt the urge, but you are going to choose to hold off on any self-harming behaviour for 15 minutes; if after this period of 15 minutes, you still feel like self injuring, then you can.

For the duration of this 15 minute 'waiting period' try and keep yourself occupied, go for a walk, flick through the TV without watching anything, or write down the cause of your distress, write a letter to yourself about your feelings.

After 15 minutes, you can check how you feel, and how you feel about the urge. You could choose to hurt yourself now, or you could choose to wait another 15 minutes. You can keep playing this 15 minute game, and maybe the urge will pass, maybe not, but it's your choice at every 15 minute step. If you get through the urge and manage not to hurt yourself, perhaps you can tell someone about your achievement.

Congratulate yourself, you made it!

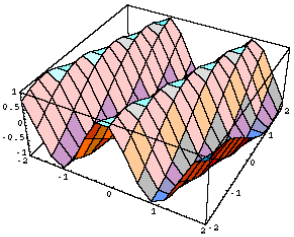
If you are advising someone to try a 'harm reduction technique' such as the '15 Minute Rule', you should be aware that no technique is right for everyone. Such techniques may be useful for a period of time, but should not be considered a cure or full replacement.

Self-injury is a complex syndrome; techniques can only work so far.

Surfing the Urge

It can be said, that an Urge to self-harm builds up over a period of time, short or long.

It builds up and up and crashes upon the person, Urging them to seek relief.



Like any 'wave' of emotion, the Urge has a peak time, and then it declines.
It may be useful to think of the Urge as a wave, and acknowledge that it will diminish, just as it built up.

Surfing that wave, waiting it out, observing it splash over and through you, could be a useful visualisation, or meditation for when the Urge is upon you.

Next time you experience the Urge, observe it build, clear time and space for yourself to deal with it, and wait it out, noticing how it reaches the peak, and then experiencing it diminish and fade away.

First Aid for External Injuries

Recommended First Aid Kit

- ∇ Surgical Tape
- ∇ Bandages
- ∇ Scissors
- ∇ Saline Water
- ∇ Antiseptic
- ∇ Painkillers

Cutting

When you need to SI please find a safe place where you will not be disturbed and that you feel calm in, always use new blades where you can and have your first aid kit ready to hand. LifeSIGNS does not encourage the use of self-injury; we simply accept that self-injury is a coping method for some people at this time.

The main points when considering first aid after cutting is that you must control the bleeding and prevent any possible infection.

If you lose a great deal of blood, you can go into shock. This can get pretty serious as the brain and heart can be deprived of much needed blood.

Once the urge to cut yourself has passed and you can concentrate on treating your injuries you need to be sure to:

- ∇ Assess the damage. If blood is pumping out from the injured area, in time to your heartbeat then this means you have cut through an artery as blood is under high pressure when pumped from the heart.
    - o Apply direct pressure to the area for a minimum of five minutes, and seek medical attention as soon as possible if the blood loss is significant. Do not check to see if you are still bleeding before the five minutes of pressure is up as bleeding may start again. If after five minutes there is still pulsatile bleeding, you must seek medical attention at your nearest A&E department, calling for an ambulance if necessary.
- ∇ When the area of the wound is particularly large then try and press the edges together to prevent further damage.

- ∇ The bleeding needs to be controlled to make sure blood loss is minimal. Cover the wound with a clean dressing and apply direct pressure to prevent bleeding.
- ∇ When blood trickles or oozes out of a wound then it is a minor injury as it means that only blood capillaries have been broken.
- ∇ If the area of injury is on a limb then raise the limb to reduce blood flow to the area, reducing blood loss and allowing time for blood to clot.

Using indirect pressure through use of a tourniquet above the wound can reduce bleeding; this needs to be firm enough to prevent bleeding but not tight enough to prevent circulation. The way to test this is to check for a pulse, or if the injury is on a limb; press the nail of a finger or toe; this should make it go white. Once you remove pressure, the nail should return to a pinkish colour. If not and it remains white or blue, the bandage is too tight.

Use of a tourniquet is potentially damaging – usage should be limited to ten minutes.

When To Seek Medical Attention

- ∇ If the wound continues to bleed heavily once you have carried out the above steps, including bandaging
- ∇ If the cut is deep and has exposed underlying muscle, this is dark red in colour and may look like a slab of meat.
- ∇ If you have lost sensation in the area of injury, or more widespread; you may have cut a nerve.
- ∇ If after a few hours or several days you can see the wound is infected; it could be red, sore, swollen or weeping.

Burning

If your method of SI is burning by scalding or using a heated object then the most important thing you can do is lower the temperature of the affected area. The tissue damage that has been caused can progress very rapidly so you must rinse the area in cold water for at least **10 minutes**.

If there is any clothing surrounding the burn please remove this by either taking it off or cutting it away; this also applies to removing constricting objects such as rings, watches, and bracelets; just take it off. This is done because once tissue has been burned or damaged swelling of the area will follow; also the tissue can become sticky and attach to clothes or other things. **IMPORTANT** If there is anything that is already stuck to the burn, **DO NOT** remove it, this could make the situation worse.

The skin can also be burned when it is exposed to certain chemicals. If the chemical you have used is liquid, wash this off with lukewarm water for at least **30 minutes.** If the chemical is dry, then brush the chemical off before rinsing the area in water. Please do not try and neutralise the chemical; if you have used an acid **DO NOT** try and reverse it by adding an alkali.

All chemical burns should be referred to a Doctor.

References and Further Reading

Colins Gem: First Aid; Dr. R.M. Youngeon
Cutting the Risk; Self-harm Network
http://www.bbc.co.uk/health/firstaid.shtml

Scars

Self-injury can result in scarring. Scars may fade within the first two years, but scars are permanent.

Scar Biology

The skin is made up of two layers, the upper (epidermis) and the lower (dermis) on top of the subcutaneous [under-skin] fat. When we damage the dermis, scar tissue is formed from collagen. Depending on the severity / depth etc. of the damage, and the subsequent treatment received in the critical 3 week healing window, the scar will be minor or hypertrophic.

It has been observed that deep cuts often cause raised, hard, itchy hypertrophic scars; often as wide as the cut was deep.

Scar Treatments

If you do have a fresh wound, do consider hygiene; an infected wound has a higher chance of greater scarring.

Clean the wound as First Aid information suggests, and bandage or use a plaster.

For wounds that you do not expect to 'close' on their own, we highly recommend 'skin closure' plasters, such as can be purchased from chemists in the highstreet, or from their websites. See this Skin Closure page at www.lifesigns.org.uk : Scars, for details.

For fresh scars or even older scars you may find that Scar Reduction Patches from a chemist help reduce the scar. They can be expensive and may require a month of treatment or more.

Scar reducing creams may be sought from your Doctor.

Make up may also be used to hide scars. Specially designed make up is available.

Further Reading

The Biology of Scar Formation: http://www.sumeria.net/oxy/scars.html

If you are reading the print edition of this booklet, you may wish to view the online electronic edition at www.lifesigns.org.uk : SIA

Living with SI

This section is for people who self injure.

SCARS - Often people will ask quite innocently 'what happened to your arm?' This may immediately put you on the defensive, as it is difficult to answer, and you may feel that it isn't anyone else's business. These questions will generally be asked out of innocent curiosity, we suggest you only show your cuts / scars if you feel comfortable answering questions about them.

You could say a variety of things from 'It's a long story' or 'I don't want to discuss it right now' or simply be honest and direct before changing the subject 'I did it' 'I hurt myself'. If they persist you can always go on to say 'I don't want to talk about it'. Be polite but firm, it **is** a personal question, so don't feel you have to explain yourself or be over-polite.

CLOTHING – Cuts / scars on wrists can be covered by wrist /bracelets or bangles/watches Cuts and scars on arms - Long sleeves may seem like the only option and in winter this can be absolutely fine. In summer you may struggle more and it can be often quite depressing (not to mention hot!) when you want to wear sleeveless tops etc. Well, you have two choices either show your arms or don't. If you decide to then just be aware of any questions you may be faced (but try not to dwell on these!) if you decide against it, then try wearing thin cotton long-sleeved tops and shirts, you could try wearing a vest top with an open shirt so that your arms are still covered, this normally works quite well. For cuts/scars on legs - trousers/long skirts/tights can all work quite well. See the Scars Page [above] for further ideas.

Remember, sometimes showing your scars can actually make you feel stronger and freer than constantly hiding them away. Choose your attitude - and how important are scars anyway? Sure, they tell a story but they do not define who you are, just a part of your life that you have dealt with or are dealing with. Be strong, be you.

Fresh scars need to be kept clean and bandaged, as per First Aid procedures.

WORK - may be one of the most difficult places to be an SI-er as there is a certain amount of pressure on you in any job and you are expected to act in a particular way. It is rarely appropriate to show much emotion while you are working and there is an expectation that your job will not be affected by your personal life. Overall, it may not seem appropriate to be an SI-er when it comes to work. Some people may find this suits them - they can become someone else, it may be easier to fit in.

SCHOOL – being at school or college can be stressful, not only are there pressures to get good grades, but you may feel lonely, highlighted by the very social surroundings. You may also feel forced to show your scars and body during Physical Education. It's best to talk to the P.E. teacher about uniforms if you can. Investigate what resources are available to you, such as Nurses and Guidance Counsellors.

SOCIALISING – this depends on who with, but this can often be difficult, with regards to body image and clothing choices. Choose the clothing you feel comfortable in and consider where you may go while out.

LIVING WITH OTHERS - this quite often depends on whether they know about your SI or not. If so it can make life more bearable in that you can be relaxed about bumping in to your housemate while you're on your way to the shower in just a towel. Of course the converse side of this is that you may feel like they are watching your every move to make sure you don't SI.

Coming 'Out'

Telling people about your SI is a big decision. This can be in conversation / writing / showing someone your scars or cuts. Be prepared for any reaction - they may feel a mix of anger, guilt, hurt, shame, confusion, and misunderstanding. Make it clear how hard it is for you, and that you are telling them because you love and trust them. Stay calm and don't blame anyone at this time, particularly as the person you are telling may be experiencing some guilt already. If you have a friend who already knows and understands it may help you feel stronger by having them there, they may also help to keep the conversation neutral and presumably can understand the situation better from both sides.

There may be questions you are faced with - the most likely one being 'why?', try to think about this before you tell anyone as you want to be able to answer as concisely as possible to get your point / feelings across. Do not go into graphic detail the first time you tell someone as this is unfair; they are likely to be shocked by your admission. Give them time to digest what you say - it is not easy to hear that someone you love deliberately hurts themselves. On this note, give them time to go away and think and then talk to you again when they have had time to ponder what you have said.

Telling Your Friends and Family

Choosing to talk to a person about SI is a scary thing to do, but it's also very validating, and can lead to feelings of relief and can develop into help and support. There are many reasons to talk about SI, perhaps part of the reason is that SI is such a secret affliction, and it's so very hard to keep everything bottled up, only ever releasing the pain by inflicting hurt… Sometimes talking about our feelings, or learning to talk about our feelings can lead us to feel better, thus reducing our need to self injure.

Coming Out isn't about getting attention; it should be about trusting some relationships and allowing a trusted friend or relative to know us better. It could be the start of reducing our SI, or getting therapy, or seeing the doctor about our depression or anxiety. It really could be the first step on the long road to becoming a happier person.

Will writes about coming out to his sister:

"She didn't understand how I could be doing these things to my self, how I could cut, or purge, or take pills. I wished so badly that she would just be my big sister, hug me and tell me it was ok. But it wasn't. It was like she was a stranger. I could see how badly I had hurt her, but she couldn't see I was crumbling and hurting so badly."

Some Guides for Coming Out

1. Plan who you are going to tell, don't make it a general coming out session until you are confident.
2. Tell them when you both have time to sit down, talk and think. This is not a thing to rush.
3. Allow them time to respond, or to think; you don't have to keep talking the whole time.
4. Allow them to ask any question, even if it sounds silly to you.
5. Accept that this news may upset them today; don't allow yourself to get disappointed this first time.
6. Make sure that they understand that you've put a lot of faith in them by telling them; ask that they do not speak of this to anyone else.
7. Let them know that you are getting help / considering getting help.
8. Let them know that Self-injury is a recognised syndrome, and that you understand that it is linked to your Self Esteem / Mental Health.
9. Explain that you are not asking for them to 'stop you', but that you trust that they will support you emotionally.
10. Explain that this is not their fault or responsibility.
11. It may not be a good idea to show your scars at this stage, it won't add value to the conversation.
12. Try to keep the conversation 'informative' and not 'manipulative'. You are informing them of something important, that is all.
13. Don't talk all night! Keep the first conversation short; you both need time to think.
14. Don't tell them details of how and where you 'do it'. You're discussing your feelings today; that is all.
15. Don't ever tell anyone when angry at them.
16. Don't tell them when you're upset.
17. Don't tell a group, always speak to individuals.

These are only general guidelines, every individual case and situation is different.

Testimonials – Real Experiences

Please respect the words that follow, they are written by people who are currently self injuring and are their truth as they experience their life.

Do not quote or use the names of the people whose words follow.

Becky - 24 years old

I have been injuring myself for about ten years now. I have found that over the years my encounters with various people who have tried to help me have not always been the most pleasant.

There are therapists who have made me sign contracts stating that I will no longer hurt myself, not understanding that signing a piece of paper does not take away the underlying cause of the self-injuring behaviour.

There have been friends who threatened to hurt themselves twice as badly as I hurt myself, in hopes that this will make me want to stop. It makes me want to stop confiding in them.

Please don't get me wrong. I understand that the people I have mentioned were trying to help. They, just like I have been doing for the past years, were grasping at straws because they did not have an adequate understanding of this issue.

There is hope; I recently spoke with a new therapist who is not going to let me play games. I know he is going to push me to 'get to the bottom' of my issues.

There are people who understand what someone like me is going through. There are people who can help rather than hinder. It is just a matter of knowing what you need and being ready to take that first step.

--

Ruth

I began to S.I when I was a teen, but I never realised that's what I was doing. It started with little things such as giving myself bruises or using needles to prick myself. I found it comforting. The behaviours increased when I was at university, it was an easy way to bring on a rush of adrenaline, then things would calm and slow down in my head and life could run on.

After university I suffered very severe depression. Cutting was my lifeline. That old familiar rush and sudden slowing down, relaxing and being able to control at least one thing in my life.

I stopped two years ago this week and I have not done it since. The urge hasn't gone away and it's a daily struggle, that instant impulse whenever stress, or a black day hits me but so far so good. I'm now a secondary school teacher, which is probably the biggest testimony if ever there was one to how I've learned new coping skills.

--

Kristin - 29 years old

I am a married mother of two and I started SI-ing when I was approximately 12 years old.

The thing I remember most about my first SI experience is when my mom saw the cuts on my arm while we were at the grocery store. She kind of freaked out a little and demanded that I 'NOT DO THAT AGAIN!' Of course I said I wouldn't but I really just learned that I would have to hide the injuries better.
I eventually told my husband that I injure myself to make me feel better. Luckily, he has been very compassionate and non-judgemental about it.

I went to a doctor and have been on anti-depressants for nearly a year now. It seems to have helped although I continue to think of SI-ing on a regular basis. **It was also at this time that I found the LifeSIGNS website. I really could not believe there were so many people out there doing the same thing that I have been doing. I finally felt like I was not some kind of freak.**

--

Jen - 40 years old

I've been injuring myself for around a year now. I'm a 40-year-old woman, happily married with 2 wonderful sons who I'm very proud of. So why do I SI? It started when my younger son was suffering particularly badly from Separation Anxiety. It was an incredibly stressful time for me and I went into a deep depression. I found that injuring myself was the only way I could cope.

I've never felt ashamed of harming myself. I've always viewed it as a way of keeping myself alive in times when I could easily have not. I'm not ashamed of my scars either and have never tried to hide them except at work. I can't possibly hide them completely though so answer questions as simply as possible without going into detail.

I haven't harmed for 7 weeks now, which is a huge achievement for me. I'm proud of that. I still get very strong urges but so far I've found distractions like phoning friends who talk me round, or phoning my CPN. But I don't feel I can say I'm over it yet. It's still there in the background. The only thing stopping me now is that I decided I don't want to do it anymore. One day I hope to be able to say I *used* to SI.

--

Cat - 19 years old

There are different reasons that I self-harm. Sometimes I feel like I'm going crazy, I feel like I've lost control over my life and myself and the only way I can make it all make sense again is to self-harm. Other times I just feel numb and I self-harm to wake myself up again. Or its because I can't take what I've become and I feel like I can't breathe and self-harm is the only way I can calm down. When I'm self-harming sometimes I want to feel physical pain so I burn myself, I focus on the pain and it consumes me and I can forget about everything else for that time.

--

D.G. - In her 40s

I started self-injuring myself when I started dealing with sexual abuse issues (by my father) when I was 40.

At first I had eating disorders. I lost 60 pounds by not eating or when I did eat I would make myself purge (throw up). Then that wasn't getting rid of the emotional pain enough so I started burning myself by putting a metal bar in the oven and getting it hot and putting it on my sides so it wouldn't show. The physical pain punished me and took away the feelings of anger or being overwhelmed or depression. I burned for several years. I haven't burned since March 2004; I haven't cut in 2 months since Jan. 2005 (the last time I cut was because I was angry that my husband of 25 years had developed melanoma skin cancer).

I'm getting tired of inflicting more scars on myself, and having people asking what they are. I don't want my children to use self-harm as a method of dealing with problems.

--

Helen

Rather than taking my anger out in another form such as shouting at the person causing my anger I blamed myself and took it out on myself. I blamed myself for everything and felt guilty about everything.

I've seen many doctors. Some have been brilliant in guiding me in my thoughts to making myself stop. I know that above all, nobody can make you stop or magic the hurt away. I'm not happy with myself, I hate the fact that I cut but know that with support along the way I can stop myself someday.

LifeSIGNS has given me another outlet to put my thoughts on paper rather than taking them out on myself. Without LifeSIGNS I would feel very alone. There are so many other people going through the same hurt and turmoil. I'm not going to lie, I've had negative experiences with professionals and acquaintances over my self-harm but I know that that was just unfortunate.

--

Jamie - 36 years old

I am a 36-year-old man, living in the U.S.A. I have self-injured since I was twelve years old, when my mother left us. Life with my father was one horrifying incident after the other. I started cutting myself because in doing so I had some control over the pain. I could decide when, where, and how much. It was really the only form of control I had until I left for college.

It may sound strange, but in part I am decreasing my self-injurious behaviour by accepting it. I have tried many times to stop. I am on medication for bi-polar disorder and have been in therapy for 18 years now, so it isn't as if I have tried to do it on my own. I eventually came to the conclusion that attempting to quit was adding to the stress in my life. I decided to concentrate on minimizing the damage rather than stopping. At first the incidents and yes, even the severity of my self-injury increased dramatically. I was worried that one day I would accidentally take it too far. But as time went on, I noticed that I was feeling the need to self-injure less and less often, and the severity was generally decreasing.

I don't recommend this for everyone, quitting should probably be everyone's ultimate goal. But this is where I am right now, and by accepting that, I am making progress on a daily basis.

--

Lucy - 18 years old

I've been dealing with self-injury for about the past 3 and a bit years. I cut, scratch and burn. It's not as bad as it used to, I used to be cutting nearly everyday, I hate summer as it means people can see my cuts and my scars as I tend to cut on my arms also the tops of my legs. I feel much more comfortable when I can wear big baggy long sleeved jumpers so it hides my arms.

I'm not cutting as much as I used to but I still have the urges to do it quite a lot. The reason its not so bad is that I got help I talked to a teacher I trusted and he got me an appointment with my school counsellor who I've been seeing for a while now and that's really helped although I don't talk to that teacher any more there is another one that I've confided in which has really helped.

Also my counsellor got me to go see my doctor and he prescribed me with some antidepressants which helped me with the physical symptoms meaning I could deal with the things contributing to my self-harm.

It does take time to recover and there will be relapses but just don't be afraid to ask for help its something you cant do alone.

--

Danae

I started self-harming when I was in secondary school, though I didn't know what it was at the time. I started getting depressed when my Gran died when I was 12. I became distant at school and got bullied which developed several disorders in me.

When I was about 16 onwards, I started cutting myself. It was the quickest way to relieve stress. In a few seconds, I could eradicate all the worries in the world, and everything would go blank. Of course, this was not a good long-term solution, but it got me through the tough times.

I told my friends, at first they were supportive, but then the guilt trips would come. I cause them too much pain, and they'd tell me to stop it and become a happy person. But, this caused guilt and stress, which made me cut more and eventually led to a breakdown. I stopped cutting when my family found out, over a year ago (wow... a year...) because I didn't want them to see any new marks.

By this time I was on medication, and gradually, things just became better, I can't explain it. I suppose when I was depressed, happiness just seemed so ridiculous because I couldn't imagine being happy with the thoughts that go through my mind, like death. But the fact is, you don't become truly happy. You do still think these things, you do still get tired. But I am happy now. Life is hard, of course, and I still get urges to cut now. But the thought of the state I was in for so many years stops me.

--

Rosalyn - 18 years old

I thought that my self-injuring was just something I could do occasionally, without any major consequences. Unfortunately, I was dreadfully wrong. As the months went by, I became addicted to the sensation that my self-injury gave me. I began to collect scars on my arms, legs, ankles, thighs, hips and anywhere I could find.

I secretly enjoyed the scars and would sometimes spend hours just looking at them from different angles. It is so contradictory; because I was ashamed to let anyone else see them.

The day I knew I had to get help was about a year and a half into myself-injury. I knew I was severely depressed and couldn't help myself no matter how much I wanted to. I am a very independent person, so asking for help was one of the hardest things I have ever had to do in my life.

I have been seeing a Psychologist for the past year now. He cares deeply about me and goes up and beyond his call of duty to make sure I stay safe and stable. I am in a group at the Personality Disorder Clinic that teaches me how to try and regulate powerful emotions.

I want to believe that I will get through this trial in my life. I want to believe that I will recover from self-injuring. I still struggle every single day of my life, but in the end it will be worth it. I will one day be able to look at my scars and be proud that I pulled myself through the hardest addiction in my world.

--

Kelly – 31 years old

I've used SI as a way to cope with unwanted and unwelcome emotions that I did not know how to handle. Guilt, sadness, frustration, anger whatever negative emotion I had. SI was my way of expressing physically that which I could not express vocally.

I've started to be open about my SI with people in hope that they can better understand the behaviour. It has been difficult because of the reactions I get but it also is helping me because I feel that the less I hide it the stronger it makes me as a person and better able to cope with situations.

Kathryn - 16 years old

I've been cutting for about a year and a half now, and most people still don't know. The few that did find out mostly think I don't do it any more. I tried to open up to a number of people at first but none of them really helped me, most of them simply told me to stop, or ignored it.

The LifeSIGNS website and the newsletters have helped me understand what I was doing, why I was doing it, and comprehend that I was not alone.

'Imperfectsecret' - 25 years old

I started self-injuring about 12 years ago, when I decided to end it all at the tender age of 13. I ended up cutting and found that it was a great relief for me.

It wasn't until I was 15 that I realised I wasn't the only one who hurt myself. Not many people know about my self-injury, I work as a nurse in the psychiatric field and find that I would probably be scorned. Unfortunately in my work I have found that self-injury is very misunderstood and taken as only "attention-seeking". I have never self-injured for attention, it's only been about me. I did it to calm down, to punish myself, to express what I was feeling inside that I had no words for, to prevent myself from exploding.

I have been injury free for almost a year. I still have urges to hurt myself and sometimes get close to acting on them, but have found other ways to deal with the feelings.

--

Annie - 34 years old

I have self injured for the past three years although I have been in recovery for nearly 9 months. Self-injury effects many age groups and at age 30 I considered myself to be a 'late starter' and I was very embarrassed by the pattern of self-injury that occurred, consequently it took me a while to seek help and support with it.

I found S/I to be a valuable tool of self expression for me after a close family member committed suicide. The sudden and tragic death opened up many secretive and childhood traumas that centred around physical, mental and emotional abuse and these deep-rooted memories had been left unacknowledged by me for all of my child and most of my adult life. Also, around the time of the suicide I had just terminated an unwanted pregnancy and had many mixed feelings of guilt and shame surrounding this and nowhere safe to explore them. I was physically, mentally and emotionally traumatised by both events occurring at the same time.

Although the act of self-injury allowed me to release many fears and anxieties that had built up within me it rapidly spiraled out of control and became somewhat an addiction / compulsion that I needed to do regularly. I stopped being able to control the self injuring behaviour it controlled me, and also had a paralysing effect on my family, my job and my relationships so that was when I felt the need for professional help.

Now, after being on a three year road to recovery I still require ongoing support so that I can successfully and positively move forward with my life, live in peace with the permanent scarring and re establish a strong sense of self esteem that will help me to deal with future anxieties and crisis without resorting to the self defeating cycle of self-injury.

--

Megan – 20 years old

My self-injury began an 8 months after the death of my father, when I was 16. I am second year college student, and I still struggle with this issue. It is often hard to fess up to what I am hiding under my sleeves or pant-legs, but with understanding friends, my path has been eased.

They understand I suffer from dysthymia, a long, chronic form of depression that has been going on since I was 13. They understand it is not my fault I cannot always live up to what they consider par, without treatment. It is only to my closest friends I show the marks I cannot erase because I had a bad night, and we talk about it, what caused that, and what my options are instead.

--

Stacy – 20 years old

When I first started to SI I told myself I could stop at any time and that I wouldn't let it get to the point where I couldn't stop. I was 14 at the time and I'm now 20. I had no idea that it would be so hard to give up. I have been trying to stop ever since my parents found out that I hurt myself. They made me promise that I wouldn't do it anymore and for a while I didn't, but stress and depression started to build up and I couldn't take it anymore. I felt so guilty for breaking there promise and felt so alone because I had no one to confide in. I became more secretive and cut in places that could easily be hidden.

--

'Mermaid' – in her 20s

I have been self-harming since I was of 10. It began in the privacy of my bedroom and although the forms my self-harm has taken have altered over the years, it has been my main coping mechanism for feelings of overwhelming rage, depression, frustration and loneliness. Although the self-harm is deliberate, it is not suicidal; it is the opposite - self-harm has kept me alive this far.

I have also began visiting websites and chatrooms and have met many incredibly supportive people who know what I am going through and have reached out to me in ways I could not have hoped for from family and friends.

The combination of therapy and support has helped me return to university and has helped me dramatically reduce self-harming although I am not yet able to completely stop. However, the difference between compulsion and choice does not seem so far away and I feel I have more freedom in my life and the ability to accept and withstand emotions that I could only deal with by self-harming.

--

Cath – 25 years old

I've been self-harming for seven years and have seen a lot of changes in the way it is perceived by the medical profession and the public. There is a lot more help available now and I have found it becomes easier when there are people to talk to and you know you don't suffer alone. The most important thing for me is to feel in control of my life which I so often lack.

I've had set-backs and felt very alone at times but I feel like I've now got a good support network of people and the website which gives me great support.

--

Raspbabyripple – 18 years old

I have been self-harming for about 3 years, it's all due to my past. For me self-harm is my control, but when I try to stop, I look at my scars and see red, and I end up doing it again as I feel that I am weak!

I find it really difficult to express my feelings in a 'normal' way, I am slowly becoming less dependant on it to sort myself out.

Bill of Rights for People Who Self Injure

Please note that the 'Bill of Rights' is American in origin, and is not a LifeSIGNS document, but rather, a famous and well supported set of ideas.

Because of the stigma and lack of readily available information about self-harm, people who resort to this method of coping often receive treatment from physicians (particularly in emergency rooms) and mental-health professionals that can actually make their lives worse instead of better. Based on hundreds of negative experiences reported by people who self-harm, the following Bill of Rights is an attempt to provide information to medical and mental-health personnel.

Deb Martinson

1. The right to caring, humane medical treatment.

Self-injurers should receive the same level and quality of care that a person presenting with an identical but accidental injury would receive. Procedures should be done as gently as they would be for others. If stitches are required, local anesthesia should be used. Treatment of accidental injury and self-inflicted injury should be identical.

2. The right to participate fully in decisions about emergency psychiatric treatment (so long as no one's life is in immediate danger).

When a person presents at the emergency room with a self-inflicted injury, his or her opinion about the need for a psychological assessment should be considered. If the person is not in obvious distress and is not suicidal, he or she should not be subjected to an arduous psych evaluation. Doctors should be trained to assess suicidality / homicidality and should realize that although referral for outpatient follow-up may be advisable, hospitalization for self-injurious behavior alone is rarely warranted.

3. The right to body privacy.

Visual examinations to determine the extent and frequency of self-inflicted injury should be performed only when absolutely necessary and done in a way that maintains the patient's dignity. Many who SI have been abused; the humiliation of a strip-search is likely to increase the amount and intensity of future self-injury while making the person subject to the searches look for better ways to hide the marks.

4. The right to have the feelings behind the SI validated.

Self-injury doesn't occur in a vacuum. The person who self-injures usually does so in response to distressing feelings, and those feelings should be recognized and validated. Although the care provider might not understand why a particular situation is extremely upsetting, she or he can at least understand that it *is* distressing and respect the self-injurer's right to be upset about it.

5. The right to disclose to whom they choose only what they choose.

No care provider should disclose to others that injuries are self-inflicted without obtaining the permission of the person involved. Exceptions can be made in the case of team-based hospital treatment or other medical care providers when the information that the injuries were self-inflicted is essential knowledge for proper medical care. Patients should be notified when others are told about their SI and as always, gossiping about any patient is unprofessional.

6. The right to choose what coping mechanisms they will use.

No person should be forced to choose between self-injury and treatment. Outpatient therapists should never demand that clients sign a no-harm contract; instead, client and provider should develop a plan for dealing with self-injurious impulses and acts during the treatment. No client should feel they must lie about SI or be kicked out of outpatient therapy. Exceptions to this may be made in hospital or ER treatment, when a contract may be required by hospital legal policies.

7. The right to have care providers who do not allow their feelings about SI to distort the therapy.

Those who work with clients who self-injure should keep their own fear, revulsion, anger, and anxiety out of the therapeutic setting. This is crucial for basic medical care of self-inflicted wounds but holds for therapists as well. A person who is struggling with self-injury has enough baggage without taking on the prejudices and biases of their care providers.

8. The right to have the role SI has played as a coping mechanism validated.

No one should be shamed, admonished, or chastised for having self-injured. Self-injury works as a coping mechanism, sometimes for people who have no other way to cope. They may use SI as a last-ditch effort to avoid suicide. The self-injurer should be taught to honor the positive things that self-injury has done for him/her as well as to recognize that the negatives of SI far outweigh those positives and that it is possible to learn methods of coping that aren't as destructive and life-interfering.

9. The right not to be automatically considered a dangerous person simply because of self-inflicted injury.

No one should be put in restraints or locked in a treatment room in an emergency room solely because his or her injuries are self-inflicted. No one should ever be involuntarily committed simply because of SI; physicians should make the decision to commit based on the presence of psychosis, suicidality, or homicidality.

10. The right to have self-injury regarded as an attempt to communicate, not manipulate.

Most people who hurt themselves are trying to express things they can say in no other way. Although sometimes these attempts to communicate seem manipulative, treating them as manipulation only makes the situation worse. Providers should respect the communicative function of SI and assume it is not manipulative behavior until there is clear evidence to the contrary.

About LifeSIGNS

LifeSIGNS (Self-injury Guidance & Network Support) is an Unincorporated Voluntary Organisation, run by directors who volunteer their time, and are responsible for their own individual actions.

We aim to support all people who are affected in anyway by self-injury within the United Kingdom and beyond. We support people using self-injury, and we support people who know self injurers and people (including Health Care Workers) who are interested in self-injury.

We focus on the UK, as we are aware of the laws and medical practices in the UK, but we are happy for people outside of the UK to interact with LifeSIGNS.

LifeSIGNS is membership based; if you sign up for the Newsletter you are classed as a member. (Membership and the Newsletters are free.)

No one has to be a member; we offer our services to everyone.

Services

Website: - www.lifesigns.org.uk central to the LifeSIGNS organisation.

Message Board: - a Moderated Message Board, a safe place on the web to converse with other members.

Leaflets: - available to download from the website, a growing number of SI related leaflets.

Training: - LifeSIGNS is available to speak or lead a seminar for your class / organisation.

WAP Site: http://wappy.to/lifesigns on a WAP enabled mobile phone.

Newsletter: - monthly & free; emailed to Members; positive, pertinent articles.

See our Services page for more details

The Directors

LifeSIGNS is directed by 9 people, some of whom self injure, some of whom used to, and some of whom have never self injured. This Booklet could not have been produced without the hard work of: Alison, Annie, Cel, Danny, Kirstine, Laura, Sarah, Wedge and Zoe.

Sources of Information and Support

Phone Lines

Samaritans	08457 909090	24hrs, 365 days of the year. www.samaritans.org.uk
Saneline	0845 767 8000	12noon to 2am. www.sane.org.uk
Childline	0800 1111	24 hours, 365 days a year. www.childline.org.uk
Careline	0208 514 1177	Mon - Fri 10am - 4pm & 7pm - 10pm
MIND	08457 660 163	General information line, open 9.15am-5.15pm Mon-Fri. www.mind.org.uk
Bristol Crisis Service	0117 925 1119	Fri & Sat 9pm – 12:30am Sun 6-9pm For women.www.users.zetnet.co.uk/bcsw
CALM	0800 58 58 58	Free helpline open 5pm-3am, every day. For men. www.thecalmzone.net
Parentline	0808 800 2222	Helpline for anyone in a parenting role. www.parentlineplus.org.uk
NHS Direct	0845 4647	24 hrs. NOT a listening service but practical advise with regard to First Aid. www.nhsdirect.nhs.uk

Email Support

Samaritans jo@samaritans.org

Websites

In addition to those listed above

- ∇ www.lifesigns.org.uk
- ∇ www.siari.co.uk
- ∇ www.nshn.co.uk
- ∇ www.ncb.org.uk/selfharm
- ∇ www.ru-ok.com
- ∇ www.mentalhealth.org.uk
- ∇ www.depressionalliance.org
- ∇ www.no-panic.co.uk
- ∇ www.bbc.co.uk/health/mental
- ∇ www.youngminds.org.uk

Postal

Basement Project : PO Box 5, Abergavenny NP7 5XW
http://freespace.virgin.net/basement.project/default.htm

Survivors Speak Out : 34 Osnaburgh Street, London, NW1 3ND
Provide 'Crisis cards' for Self Injurers

SASH : 20 Lackmore Road, Enfield, Middlesex, EN1 4PB
Pen-Friends Network

Books – Non Fiction

- A Bright Red Scream by Marillee Strong
- The Language of Injury: Comprehending self mutilation by Gloria Babiker
- Making Sense of Self-harm by Lois Arnold
- Healing the Hurt Within by Jan Sutton
- Coping with Self Mutilation by Jordan Lee
- Bodies Under Siege by Armando R. Favazza
- Cutting by Steven Levenkron
- The Scarred Soul by Tracy Alderman
- Bodily Harm by Karen Conterio
- Cry of Pain by Mark Williams
- Skin Game by Caroline Kettlewell

Books – fiction and Personal Accounts

- Cut by Patricia McCormick
- Prozac Nation by Elizabeth Wurtzel
- Girl, Interrupted by Susanna Kaysen

Sponsor's Message

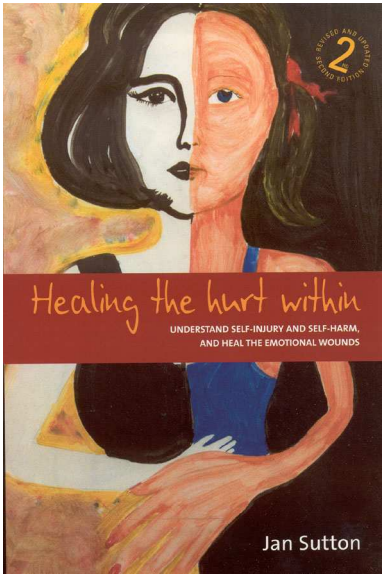
Healing the Hurt Within

Understand self-injury and self-harm and heal the emotional wounds

2nd edition – Revised, expanded and updated

Due out mid-2005

Publishers: **How To Books** Oxford



It's a perplexing phenomenon with many names – self-injury, self-harm, self-mutilation, self-inflicted violence, self-cutting, and self-abuse to name some. Those who come across it – family members, friends, supporters – even many professionals – struggle to understand why people do it, and find the behaviour disturbing and puzzling. Recent reports imply that it is reaching 'epidemic proportions,' particularly among young people. Furthermore, research suggests that it is a frequent companion to eating disorders, alcohol and drug abuse, depression, posttraumatic stress disorder, borderline personality disorder, and dissociative disorders. Those caught in its clutches claim that it is difficult to stop due to its highly addictive nature, or say they are reluctant to try because it helps them 'feel better,' 'more in control,' 'more real,' or simply 'it keeps them alive.'

In this revised, expanded, and compelling second edition, the author steps beyond the wounds and scars of self-injury to listen to the words of women and men who engage in the practice. She draws on personal testimonies and creative works of individuals trapped in the self-injury and food misuse cycle, those who support them, and people who have stopped self-injuring – as well as on research data and the latest developments in the field.

Author: Jan Sutton

Founder of SIARI

(Self-injury and related issues)

http://www.siari.co.uk

It is a book of hope, healing, courage, and enlightenment – not just for those who self-injure or self-harm and their supporters, it is a must-read for everyone concerned with the growing issue of self-injury – *that should be all of us.*

Jan Sutton is an experienced counsellor, trainer, and author of several books covering self-harm, counselling skills, and stress management. Passionate about the subject of self-injury, she has devoted many years to studying the phenomenon.

Acknowledgements

SIARI

We thank Jan Sutton for her dedication to understanding self-injury, and creating the largest(?) directory of related information.

Secret Shame

We thank Deb Martinson for her dedicated contribution to raising awareness and inspiring so many of us.

LifeSIGNS Members

Our members ensure LifeSIGNS exists, they give their time, their stories and their financial support, and make LifeSIGNS what it is. Special thanks to those who bravely submitted their 'Testimonial'.

Disclaimer

Full Terms and Conditions are available from

www.lifesigns.org.uk : Terms & Conditions

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Glossary

Trigger

An event, situation or thought that causes a person to feel the need to self injure immediately.

The Urge, Urging

The constant feeling that the act of self-injury is a possibility.

A person who self injures may feel that they are constantly 'living with the Urge' to self-harm. The Urge is often resisted, but a Trigger event can push a person to self injure.

Clean

A period of time without self-injury.

A person may count the hours / days / weeks that they have not self injured, e.g. "I'm 12 days SI clean."

Free

No longer self injuring.

A person may define themselves as "SI free" after a period of time without self injuring.

Chronic Invalidation

Long-term invalidation.

Invalidation

When a person or a person's emotional expressions (wishes, preferences, desires etc.) are ignored or prohibited, that person can be said to be experiencing invalidation; they are made to feel invalid and unimportant.

Hypertrophic Scar

A deep cut causes collagen to be used in the healing process, and this causes a raised, hard and shiny scar tissue to be formed.

Keloid Scar

These scars are almost identical to hypertrophic scars but are less treatable. They tend to grow at the edges of scars and continue to grow beyond the scar edges.

Notes

SIA Booklet, 2nd Edition, Revised

This booklet is written for people who are just beginning to come in to contact with people who hurt themselves, and will also be of use to anyone who self injures and needs support in 'coming out' to other people.

Self-injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

LifeSIGNS at www.lifesigns.org.uk

Self-injury Guidance & Network Support