

# ACORN EDUCATION AND CARE

## Understanding and Supporting Young People who Self-harm

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### Introduction

The term self-harm has been described by NICE (2013) as any act of self-injury or self-poisoning carried out by a person, regardless of their motivation. There are various forms of self-harm, common types include cutting, burning, head banging and ingesting.

The meaning or function of self-harm varies from person to person. Equally, the motivation behind self-harm may not be the same on each occasion. Self-harm behaviours are not always linked to a person's desire to take their own life, although this may occur by accident or cause the young person to become close to death. Being able to make sense of these functions is key to be able to respond to and support the young person in a helpful way and reduce the risk of future self-harm.

The life time prevalence of reported self-harm is estimated to be 16.9%, with some evidence suggesting self-harm to be more common in females. The risk of engaging in self-harm behaviours increases during adolescence (Gillies et al., 2018) and looked after children are at a higher risk of both self-harm and suicide than those not in care (Piggot et al, 2004).

### What makes a young person vulnerable to self-harm?

There are individual, family and social factors that can make a young person vulnerable to self-harm.

#### Individual Factors may include:

- Depression
- Anxiety
- Low self-esteem
- Poor problem solving or communication skills
- Hopelessness
- Impulsivity
- Bullying
- Drugs and alcohol

#### Family Factors may include:

- Mental Health difficulties within the family
- Strained parental relationships and conflict
- Neglect or abuse (sexual, emotional or physical)
- Self-harm or suicide within the family
- Unreasonable expectations
- Excessive punishments or restrictions

### Social Factors may include:

- Difficulties in peer relationships/feelings of loneliness
- Bullying or peer rejection
- Availability of methods of self-harm
- Other peers self-harming (known as a 'contagion effect')
- Media and internet influences

There is a strong association between maltreatment and abuse in childhood and self-injury (Lang & Komal Sharma-Patel, 2011). Young people who have experienced trauma, or looked after children, have experienced a number of adverse childhood experiences (ACEs). This means they are more likely to be exposed to a number of the vulnerability factors outlined above.

There are a number of recognised protective factors, which help reduce the risk of self-harm.

### Protective factors may include:

- Having an intact family
- Good parent-child connection/secure early attachments
- Having friends
- Sense of belonging, with peers and community
- Cultural/religious values and beliefs
- Good sense of humour
- Positive self-esteem
- Some capacity for emotional expression
- Successful coping strategies
- A felt sense of safety

### Why do people self-harm?

In summary, self-harm is related to both emotional dysregulation difficulties and deficits in interpersonal skills Yates et al. (2008). Actions of self-harm stem from our held beliefs and emotions. In the case of children or young people who have experienced trauma, they may have internalised that they are for example, unlovable and unworthy of care for example. Self-harm may also be a physical demonstration of their relationship with their body or self (Gurung, 2018). Self-harm can be categorised into two overall functions: intrapersonal and interpersonal, which will be considered in more detail below.

### Intrapersonal Function of Self-Harm:

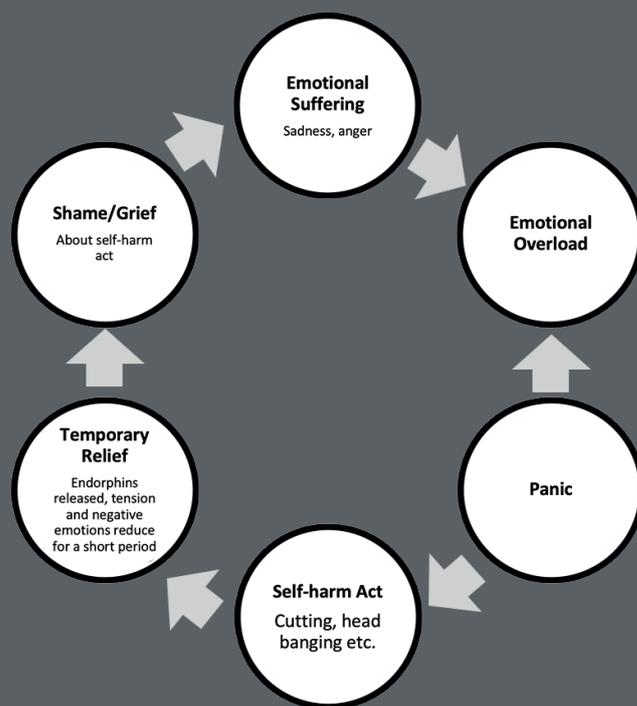
Intrapersonal correlates of self-harm include emotional reactivity, intense aversive emotions and poor distress tolerance skills. Often in this instance, self-harm is private and hidden from others and occurs as a coping strategy to change or control the self or to silently express frustration. Young people who experience trauma, may have had limited opportunity to experience soothing and emotional co-regulation from their caregiver and may have developed strategies to manage their emotions on their own, which were adaptive in that environment.

### Interpersonal Function of Self-Harm:

Interpersonal functions of self-harm are linked to limited adaptive communication and problem-solving skills. The person may be attempting to regulate elements of their interpersonal environment in order to get their needs met. For example, by evoking anger or empathy from someone. This can often be interpreted as manipulative or attention seeking, but it is important to note that self-harm in this context comes from a deep seated need to receive nurture, and the term "attachment seeking" if therefore more appropriate and preferred. It is likely that young people have not experienced attuned and consistent caregiving and have learned that others cannot meet their needs. Often, they do not know how to ask for help in a more adaptive way.

There are a number of possible triggers to an incident of self-harm, these include:

- Experience of trauma or trauma triggers
- Conflict or relationship difficulties with families or peers – which may trigger shame
- Feeling bullied
- Other people around them self-harming
- Feeling under pressure
- During times of change or uncertainty



### The cycle of self-harm – how it becomes reinforced

When self-harm occurs, it causes pain, which the body responds to by releasing endorphins. Endorphins are released by the body to reduce pain, providing temporary relief and a sense of relaxation from distress. This feeling can be addictive, making it difficult to stop self-harming. Whilst the young person will still feel physical pain, it is often easier to tolerate than the emotional distress that led them to self-harm. Some people can report feeling numb, self-harm can be a way of allowing them to feel something in their body.

It is vital to support traumatised young people who self-harm well and it is important to note that self-harm can trigger feelings of guilt and shame. The person may find

accepting help and nurture difficult and be ashamed to seek support. Due to their needs not being met in their early life, they may anticipate responses such as punishment, ridicule or a lack of care, therefore, the way we respond is important and will shape how young people ask for help in the future.

#### In responding to self-harm, it is important to:

- Be non-judgemental in your response
- Be matter of fact, sensitive and empathic – 'let's get you cleaned up' (not to shame, but also not to reinforce it).
- Validate the emotions that were difficult to cope with
- Try not to show shock, panic or disgust or let their anxiety trigger your own
- Don't argue with the person
- Don't respond with rewards or punishments or make them promise not to do it again
- Don't make yourself responsible for their self-harm
- When the young person is regulated it is helpful to be curious about their thoughts, feelings and behaviours at the time, to help them to make sense of their self-harm and start to develop alternative ways to cope.

#### Creating a Sense of Safety and Supportive Environment

- Traumatic and adverse experiences are known to significantly impact upon a child's development. Children have not experienced their needs for safety being met by their caregiver/s and in turn have learned to survive alone. This need for survival has meant they have had to function primarily within their Primitive Brain, enabling them to develop strategies such as 'Fight/Flight/Freeze' in order to defend from real or perceived danger (Perry & Hambrick, 2008). It is vital that these young people are supported to feel emotionally and physically safe in their environment, in order to access higher level functioning parts of the brain (the limbic and cortical brain) to develop emotional regulation skills and build trusting relationships. Young people who do not feel safe will not be able to regulate their emotions.
- There are many ways to establish a sense of safety, including providing consistent, reliable and attuned care. Please see "The Importance of Feeling Safe" Helpsheet about creating a safe environment - [www.acorneducationandcare.co.uk/resources](http://www.acorneducationandcare.co.uk/resources)

#### Opportunities for Nurture

- Providing opportunities for nurture can help the young person to feel loved and cared for and gain a sense that you are available. Warmth and nurture will help to shift some of the beliefs young people hold about themselves and reinforce the message that adults will meet their needs.

#### Engagement in Therapy

- This should be considered to help young people with the underlying emotions and beliefs that can lead to self-harm when they are ready to engage in therapy.
- Therapeutic parenting approaches, such as Playfulness, Acceptance, Curiosity and Empathy (PACE) will support you to emotionally engage with the person you are caring for.

#### Build on Self-Esteem and Resilience

- This can be achieved in many ways, for example through praise, positive affirmations and building mastery.
- Increasing the young person's problem solving, and communication skills will build their resilience and self-efficacy.
- Support them to develop their self-care skills and self-compassion.

#### Support the Development and Maintenance of Peer Relationships

- Help the young person make appropriate relationships, e.g. at school or at an appropriate club where they can share interests.

#### Coping Skills

- The young person needs to have some motivation to want to stop self-harming before alternative coping strategies can be explored. It is important that young people have developed alternative coping strategies before they attempt to stop self-harming.
- Displacement – examples include drawing on yourself in red marker, snapping an elastic band on your wrist, squeezing ice cubes
- Reinforcement – focusing on what motivates you not to self-harm or delaying self-harm can help to manage urges until they pass
- Physical – punching a punching bag or pillow, exercise, popping balloons, playing with a stress ball, shouting and screaming
- Creative – writing stories, singing, playing music or song writing, drawing
- Soothing – having a bath, drinking a hot chocolate, having a massage
- Distracting with others – spending time with a friend, phoning someone you trust
- Constructive – writing a to do list, carrying out a chore
- Make an emotional regulation box with helpful resources with the young person e.g. sensory items, such as play-dough or scented hand cream, a snack, a stress ball, expressive writing tools and positive affirmations.

#### Collaboratively Develop a Safety or Crisis Plan:

- Completing this with the young person will give them a sense of ownership, responsibility and support
- Helps the young person to identify triggers to their self-harm and emotional dysregulation, what can staff can do to support them and what they can do themselves?
- Plans can also signpost the young person to other services, such as telephone or text services.
- The young person can review their plan and add further information as they start to make sense of the nature of their self-harm.

#### Looking After Yourself

We carry our own beliefs about self-harm, for example that it is disturbing, disgusting and inappropriate (Gurung, 2018). It is important to understand the reasons why someone might self-harm and to acknowledge that at a point in time, this behaviour served a purpose and is commonly a symptom of something much greater. It can be helpful to make sense of this with someone you trust.

Witnessing self-harm can be traumatic in itself and can lead you to feel powerless. Therefore, it is important to have a supportive network around you and to regularly practice self-care. Taking care of yourself will also help you in being able to continue to provide support to the young person.

### Useful Services

- National Self-Harm Network – UK charity offering support, advice and advocacy services to people affected by self-harm directly or caring for someone who is.
- Self-Harm UK – A service dedicated to supporting young people impacted by self-harm, which provides a safe space to talk
- The Samaritans – Offer a 24-hour service offering confidential emotional support to anyone who is in crisis. Helpline 116123; e-mail: [jo@samaritans.org](mailto:jo@samaritans.org)
- YoungMinds – Provides information and advice on child mental health issues and offers a Parents' Helpline: 0800 802 5544.

### References

- Bruce, P. D. & Hambrick, E. P. The Neurosequential Model of Therapeutics. *The Journal of Strengths-Based Intervention*, 17(3).
- NICE. (2013, June 28.) Nice Guideline, Child Abuse and Neglect. <https://www.nice.org.uk/guidance/ng76>
- Piggot, J., Williams, C., McLeod, S. et al. (2004) A qualitative study of support for young people who self-harm in residential care in Glasgow, *Scottish Journal of Residential Child Care*, 3 (2), 45-54
- Gillies, D., Christou, M. A., Dixon, A C., et al. Prevalence and Characteristics of Self-Harm in Adolescents: Meta-Analyses of Community-Based Studies 1990-2015. *J Am Acad Child Adolesc Psychiatry*. 2018;57(10):733-741. doi:10.1016/j.jaac.2018.06.018

### Spread the word...

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[www.acorneducationandcare.co.uk/resources](http://www.acorneducationandcare.co.uk/resources)

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