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Scars on the Inside



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Deliberate Self Injury Information

**In an emergency:
Ring 000 (Ambulance)
Or, go to the Emergency Department
at your local hospital**

**Telephone counselling services:
Lifeline 131114
Kids Helpline 1800 55 1800**

Mental Health Services:

The Sutherland Division of Mental Health provides a comprehensive range of mental health services. These include responsive, acute services for when a person is in crisis through to specific interventions for mental disorders such as depression and anxiety.

Clients are encouraged to seek assistance from their GP in the first instance, particularly if it is a non-urgent situation. The GP can easily access the appropriate mental health team to suit each client's needs.

If the problem is urgent, contact ACCT (Acute Community Treatment Team) through the Sutherland Hospital switch on 95407111.

For non-urgent issues requiring advice or assessment, contact the Access team during 9-5, Monday - Friday on 95407474.

Website Information/Links:

www.scw.org.au
www.palace.net/~llama/psych/injury.html

Building a support network with people who are aware of your self injury and are supportive of you in building a more constructive lifestyle.

Literature/internet can help inform you or those around you in more detail. Some material that has been published can be triggering, so discretion is advised in order to protect and keep you safe.

Important Legal Notice

Southern Community Welfare has produced this booklet to enhance public access to information about self-injury in general. Our goal is to keep this information timely and accurate. If errors are brought to our attention, we will try to correct them. However, Southern Community Welfare accepts no responsibility or liability whatsoever with regard to the information in this brochure.

This information is:

- of a general nature only and is not intended to address the specific circumstances of any particular individual or entity;
- not necessarily comprehensive, complete, accurate or up to date;
- not professional or legal advice (if you need specific advice, you should always consult a suitably qualified professional).

The most important part of asking a question is listening openly and non-judgementally to the answer.

Because it is difficult for some people to ask for help, it may be necessary to establish how you will communicate in times of need. For example: A person who self injures might say 'I'm having a bad time', when they really mean that they are struggling with thoughts of self injury. It is important to establish the language a person uses at these times of need.

How can I get help?

There are many and varied resources available to help someone who self injures. These may include the following:

A medical professional (eg GP) will be helpful with general health, well being, injury care and medication that may assist with anxiety and depression. You need to visit a general practitioner before being referred to a specialist or psychiatrist.

Psychologist/counsellor may be helpful in dealing with some of the underlying issues and providing options for more constructive ways of coping. Someone who has an understanding of Dialectical Behaviour Therapy (DBT) would be suitable.

Support Groups dealing with issues like depression may be helpful in exploring new ways of living.

Contents

In an emergency	1
What is self injury?	3
Why would someone self injure?	4
Myths about Self Injury	5
Who is involved in self-injury?	7
When would someone self injure?	9
The Cycle of Self Injury	10
Telling Significant People About Your Self Injury	11
How can I help?	12
How can I get help?	13
Important Legal Notice	14

What is self injury?

Self injury (also referred to as self harm, self mutilation, self abuse, self inflicted violence, self injurious behaviour etc) is the deliberate damaging of body tissue by cutting, burning, bashing, or other means, without the intent to commit suicide.

Important points for clarification:

- Self injurious behaviour mirrors suicidal behaviour and therefore is understood as “at risk” behaviour that could result in death.
- People who self injure often report thinking about suicide.
- It cannot be assumed that someone who self injures may not at some point attempt suicide.

How can I help?

Understandably, finding out that someone you care about is self-injuring can cause strong emotional reactions. It is important to accept that self-injury is an intensely personal behaviour. For a person to continue trusting you with their experience of self-injury, they need to feel safe. This means open (sincere & approachable), considerate, honest and non-judgemental communication within the relationship. Strong emotional responses (hostility, blaming, hysteria, withdrawal) may impact the level of safety and trust a person who self injures requires to openly communicate with you.

Once initial reactions are overcome, honest, open communication may lead to the possibility of exploring the underlying issues contributing to the self-injurious behaviour. If this was to occur it would be helpful to offer your support and encourage professional help. Whilst your support will be invaluable, it is important to understand this cannot replace a professional relationship if the issues associated with this behaviour are to be properly addressed. Receiving some professional support or guidance for you may also be helpful at this time.

Some key suggestions and questions for carers:

- ‘Can you help me understand how this helps you?’
- ‘What do you need from me to help you?’
- Offer reassurance about being trustworthy, supportive, appreciative, non-judgemental etc.
- ‘Would it be ok for us to talk about this again?’

Telling Significant People About Your Self Injury

Telling someone that you self injure can be an incredibly difficult and anxious time. Often leading up to revealing this information, a person who self injures will fear that the way they are perceived will alter dramatically and greatly disrupt their relationships.

Discussing this issue for the first time may naturally cause a level of awkwardness (in the person you are telling), due to the following factors.

People may:

- Fear that the behaviour was a suicide attempt, especially if they are unaware of the issue of deliberate self-injury.
- Experience strong feelings of guilt because they didn't know about the behaviour or feel somehow implicated in it.
- Feel frightened to learn of this behaviour for the first time, so a most obvious and natural reaction from an onlooker is the desire for the behaviour to stop or a desire to rescue the self-injurer from their behaviour.
- Find this behaviour very confronting and may respond angrily, perceive that they are to blame or simply attempt to avoid the issue altogether. They may use labels like 'crazy', 'just a phase', 'attention seeking' or generally seem irritated with any discussion surrounding this issue.
- Feel embarrassed or shamed that someone they care about is self-injuring.

The following section suggests some responses that may be helpful for carers.

Why would someone self injure?

Self injury is a physical communication or expression of a person's internal experience. It can be used to relieve, express or control emotional and psychological distress.

Some of these stressors may include:

- Being overwhelmed or anxious
- Despair
- Wanting to punish themselves
- Feeling disappointed
- Depression
- Having thoughts of suicide
- Not feeling real or alive
- Needing to control their bodies
- Intense pain needing to be released

Each person who self injures has a unique story and reasons for why they may choose this behaviour.

Some common themes are:

- Exposure to physical, mental, emotional or sexual abuse
- Domestic violence
- Abuse of alcohol & others drugs within the family
- Ritual abuse
- Traumatic experiences
- Significant grief and loss
- Mental health diagnosis

Myths about Self Injury

There is a lot of misunderstanding surrounding self-injury. Being an extremely private issue, self injury is not discussed publicly very often and therefore many people have drawn their own conclusions or made assumptions about what self injury may mean.

Some of the more common myths are:

It is an attempt at suicide (see definition)

Those who deliberately self injure are often afraid of death. They report taking care to ensure they do not endanger their lives. For example; they may not cut near critical arteries. Refer to the 'Why' section for the definition to understand what this behaviour is more likely to be about.

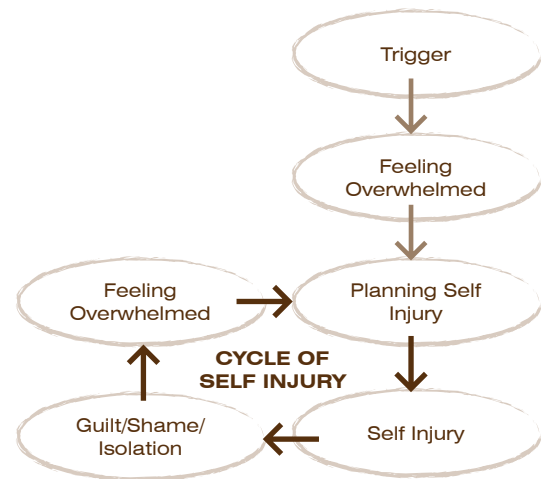
People who self injure are "attention seekers"

People involved in self injury are intensely private about their behaviour. Strong feelings of shame, fear (of how they will be viewed by others) and believing they are alone in this behaviour, leads them to ensure no attention is brought to this activity. If the injury is visible, this may have more to do with an attempt to communicate their pain than to draw direct attention.

The Cycle of Self Injury

People who self injure may have strong feelings of shame and guilt about their behaviour. Though these are 'secondary' feelings (ie: they are a result of the self injury), they can make a person feel worse and may trigger further episodes of self injury.

The example below is how some people experience the cycle of self injury:



When would someone self injure?

Incidents of deliberate self-injury generally occur when something 'triggers' this behaviour. These triggers may include:

- Persisting strong negative emotions (eg: depression, sadness, rejection, alienation, frustration, anxiety, loneliness)
- Relationship difficulties/insecurity
- Feeling out of control
- Self loathing
- Anxiety (eg: exams, job interviews, public speaking)
- Numbness; many people report feeling numb and "dead" prior to harming themselves, they often claim not to experience pain during self injury and report a sense of feeling more alive afterwards (van der Kolk, 1996).
- Traumatic memories
- Financial problems
- High stress situations
- Exposure to graphic material of a violent nature eg: photos, movies.

See our section on *Why would someone self injure* for more reasons or triggers.

They are 'crazy'

Though clearly a dangerous behaviour, self injury is an attempt to remain in control emotionally and mentally. Many who self injure are highly motivated and high achieving individuals. They often report that self injury has prevented them from more serious behaviours such as suicide.

They are a danger to others

As discussed in the 'Who self injures' section, internal issues of self hatred, extremely high expectations and other stressors orientated on themselves are key to this behaviour. People who self injure are often very protective of others, taking responsibility for issues in relationships that are not their responsibility. They maintain an evaluation of themselves as much lower than others in their life. Endangering others, therefore, is often furthest from their minds.

They don't feel pain

Though numbness or a sense of un-reality often accompanies this behaviour, pain remains a very real part of the injuries incurred. Physical pain can become a more real alternative to the illusive/intangible pain experienced within. Caring for wounds must involve the utmost care as would be given to treatment of any injury of that nature.

Who is involved in self-injury?

It is difficult to say there is a typical profile of someone who self injures, however there may be some common factors and characteristics.

People who self injure often report the following:

- Having high expectations of themselves and others
- Believing others to have high expectations of them
- Finding it difficult to say 'no'
- Difficulty in managing strong emotions
- Feeling isolated
- Placing other people's needs or emotions as more important than their own
- Finding it difficult to work out what they feel or need
- Finding it difficult to let people know what they feel or need
- Feeling mentally overwhelmed or chaotic
- Experiencing rapid mood swings

Other characteristics may include:

- A strong dislike of self
- Regular undermining of their own thoughts and feelings, both positive and negative
- Perfectionism
- Impulsiveness
- Poor self awareness
- Heavy reliance on using forms of communication other than words (withdrawal/moodiness)
- Disassociation; people report being able to separate themselves from their experiences by "stepping outside" and/or "numbing" themselves.

Self-injury occurs across the full span of socio-economic status. It is most commonly reported amongst 13-30 year olds. Women represent a significant proportion of those who self injure. Whilst research suggests that self injury is a predominantly female problem, some males experience similar results or effects through fighting and anti-social behaviour. Some men do self inflict harm, but, the majority appear to have a different outlet or behaviour which achieves the same result - relief of emotional distress.

Those diagnosed with Borderline Personality Disorder (BPD) report self injury as a common behaviour. Self Injury may also be closely associated with eating disorders, mental health diagnosis, substance abuse, depression and anxiety.