

St Vincent de Paul
Aged Care & Community Services

young people who self-injure.



Executive Summary

The Young People Who Self-Injure (YPSI) project grew in recognition of difficulties identified in the housing support services sector in addressing the needs of homeless youth that self-injure. Funding for the project was provided by the Victorian Department of Human Services, through the Office of Housing Youth Homeless Action Plan (YHAP).

This project identifies that deliberate self-injury is a complex behaviour that is symptomatic of greater core issues such as childhood abuse, trauma, and depression, and may be accompanied by a constellation of other problem behaviours and mental health diagnoses. The precipitating and maintaining factors for repetitive self-injury may be especially concentrated among homeless youth and the effective management of self-injury in this population is particularly challenging.

This finding is especially relevant to service providers in the homelessness sector who may be ill equipped to manage the behaviour and to address its underlying drivers.

The project's evaluation of current services for YPSI in the Northern Region Youth Homeless Network (NRYHN) suggests that the greatest barrier to effective service provision is that of accommodation resources. That is, the lack of longer term specific housing options with links to specialised support services that would offer YPSI a chance of addressing the issues underlying their behaviour.

This basic requirement subsumed a broad range of related issues around inadequate referral opportunities, safety concerns, shared housing, impact on other clients, workers skills and time restraints, and access to secondary consults.

The project also found a need among housing workers for information and training around self injury, along with provision of easily accessible strategies and basic management tools. Section 2 of the present project (Infokit for Workers) may help to meet some of these needs. The lack of established policies and protocols within the NRYHN was also identified as a key limitation to how to best manage YPSI. However, such policies must take into account availability of appropriate resources.

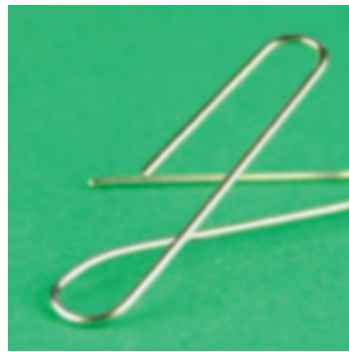
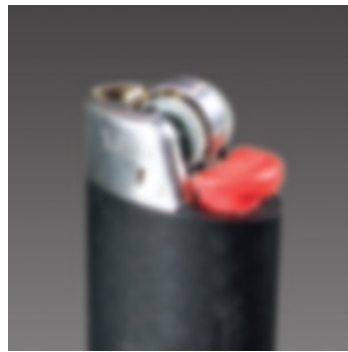
Despite limitations identified above, all services within the NRYHN supported the needs of YPSI. Services were also guided by a caring and accepting philosophy towards self injuring behaviours. This was corroborated by reports from the client group that SI was acknowledged and that some support was available. One of the main strengths of the NRYHN is that youth workers were accepting, supportive, and helpful to YPSI despite the identified restrictions in, protocols, resources and training.

While the literature regarding best practice for the management and treatment of self injury is limited, there is converging evidence to support a recommendation of medium to long term (e.g., minimum 6 month) group based management of YPSI. One way of capturing most of the ideas consistent with this recommendation in the homelessness sector may be to follow a model in which YPSI are housed together in a cluster of dedicated accommodation, including trained staff with close links to other health care services.

Introduction

Funding for this project was provided by the Department of Human Services, through the Office of Housing Youth Homeless Action Plan (YHAP). As part of the YHAP, in May of 2003 the Victorian Government provided \$4.8 million dollars over four years to facilitate the development of independent living skills programs among the homeless. A proportion of these funds were allocated to improve outcomes for young people with significant and complex needs that present challenges to service delivery in the homelessness sector. Information from the Support and Accommodation Rights Service presented in the YHAP First Stage Report shows that young women, in particular, who display challenging self-injurious behaviours are often being denied access to, or are evicted from, a support program and/or safe accommodation. Consequently, this project grew in recognition of difficulties identified in the housing support services sector in addressing the needs of homeless youth that self-injure.

People self-injure for many different reasons. The origins of SI often lie in distressing experiences and circumstances which the person has suffered in the past. These experiences may include physical, sexual, or emotional abuse, or physical or emotional neglect and deprivation.



Aims of the report

The primary aims of this project are to (a) evaluate current responses in the Northern Region Youth Homeless Network (NRYHN) to young people who display self-injurious behaviours and to (b) develop recommendations for a consistent, theoretically sound approach to working with these clients. The Young People Who Self-Injure Project will also result in an Information Kit designed to contribute to the development of practical skills and strategies among workers in the housing support services sector to better meet the needs of young people who deliberately self-injure.

Secondary aims are to raise awareness of self-injury and contribute to a more accurate understanding of the nature and extent of this behaviour among homeless youth. This project should result in improved engagement levels of young people with self-injuring behaviours in the homeless sector and provide recommendations for models of care that are readily transferable to other Supported Accommodation Assistance Program (SAAP) services regions in Victoria.

The Northern Region Youth Homelessness Network (NRYHN)

The NRYHN comprises a group of youth housing, crisis accommodation and support services in the Northern geographic Department of Human Services (DHS) metropolitan region. This region constitutes part of the North and West DHS regions covering approximately one third of metropolitan Melbourne. The NRYHN was conceived to offer a more coordinated and collaborative response to the issues confronting homeless young people in the region. The Northern region covers seven local government areas of Yarra, Darebin, Moreland, Hume, Banyule, Whittlesea and Nillumbik and comprises the following youth homelessness services:

Youth crisis accommodation & support services:

- Berkana Youth Refuge,
- Catchment Youth Refuge Inc.
- Counterpoint Young Women's Refuge
- Hope St. Youth and Family Services Inc,
- Stop Over Youth Refuge
- Tranmere St. Youth Refuge

Youth housing support programs:

- Youth Support Services
- Hume Accommodation Support Program
- TYSS Program- Berry Street
- Whittlesea Youth Housing Program
- Women's Information Support and Housing in the North Service Inc.
- Stop Over

Specialist youth referral, support & accommodation services:

- Sandridge Program
- Melbourne Youth Support Service Young Women's Crisis Support Outreach Program

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Section 1.0

Self-Injury and the NRYHN

1.1 Introduction

This section of the report outlines the likely incidence of SI in the NRYHN and then provides a description of service providers' and client group accounts and perceptions of the effectiveness of the NRYHN response to self-injury in the homelessness sector. This information is then used to inform a brief overview of the strengths and weaknesses of current responses to YPSI in the NRYHN. Where common gaps in service delivery are identified, service providers put forward several recommendations for improvement of services and these are described and discussed in relation to what is known about best practice for management of YPSI.

IT IS ESTIMATED THAT THE NORTHERN METROPOLITAN REGION OF MELBOURNE HOSTS AROUND 3,433 HOMELESS PEOPLE MAKING UP 24-25% OF THE TOTAL METROPOLITAN HOMELESS POPULATION.

1.2 Deliberate Self-Injury and Demand for NRYHN Services

1.2.1 Numbers of homeless

There is limited recent literature available focussing on numbers of homeless youth in Victoria and none that specifically addresses the incidence of self-injury in this population.

1.2.1 Numbers of homeless

The most recent figures on homelessness can be drawn from the Counting the Homeless Report (2001) and the SAAP National Data Collection Annual Report for Victoria 2003-2004 (Australian Institute of Health and Welfare; AIHW). Based on these reports, it is estimated that the Northern Metropolitan region of Melbourne hosts around 3,433 homeless people making up 24-25% of the total metropolitan homeless population. Of these, approximately 790 are young people aged 12 to 18 years, while another 412 are aged 19 to 24 years. Taken together, young people aged 12 to 24 years comprise about 36% (1,201) of the total number of homeless in the Northern region. Given that 14 (27%) of the 52 homelessness support services in the region are dedicated to young people, a high demand exists for NRYHN services.

1.2.2 Incidence of self-injury in the NRYHN

To estimate the percentage of homeless young people that may be engaging in self-injury in the NRYHN is difficult. However, some gauge of the incidence rate may be sought through comparisons with data collected in epidemiological studies. Unfortunately, only one study to our knowledge has reported rates of self-injury among homeless youth and this was undertaken across four large Midwestern cities in the United States (Tyler, et al., 2003). In this study, 428 homeless young people (aged 16 to 19 years) living in crisis accommodation shelters, transitional housing services and on the street were contacted by youth workers. Ninety-five percent of the sample reported a history of physical and/or sexual abuse or neglect, 30% met criteria for major depression and 36% met criteria for post traumatic stress disorder. Overall, 69% of the participants reported engaging in self-injury, however there was no measure of the frequency or severity of

the act. Importantly, only 12% of the young people reported ever having received medical attention as a result of their self-injuring behaviour. This finding supports previous studies suggesting that the greater proportion of self-injury among homeless youth goes unreported.

Although the study described above was undertaken in the United States, it is likely that a similar scenario would be found in other Western metropolitan settings such as urban Australia. Using these findings as a guide, it is possible that from the 790 homeless young people aged 12 to 18 years in the Northern region, around 400 (60%) may have engaged in self-injury, but that a much smaller percentage of these young people are known to the service providers. It is also likely (although not always the case) that those known to the NRYHN workers represent the chronic end of the self-injury spectrum and may present with a number of other complex issues. At any rate, there is almost certain to be a greater number of acts of self-injury than service workers are aware of and the challenges in managing young people with these complex problems puts considerable strain on workers that cannot meet current demand for services at the population level.

1.3 Service Responses to YPSI within the NRYHN: Service Providers Perceptions

1.3.1 Respondents

Formative qualitative research including questionnaires, telephone and/or face to face interviews with service providers was conducted within the NRYHN. Eleven (78%) of the 14 services listed in the NRYHN budget submission to the Victorian Government responded to interviews or questionnaires. Respondents included



A COMMONLY CITED CHALLENGE TO SERVICE PROVISION WAS A PERCEIVED LACK OF EXPERTISE AND TRAINING AMONG YOUTH WORKERS REGARDING THE MOST EFFECTIVE WAYS TO MANAGE HOMELESS YPSI.

team leaders and youth workers from transitional housing services and youth refuges, information and referral workers, an administrator for housing support, a case manager, a youth counsellor, and service management staff. A copy of the service providers' questionnaire can be seen in Appendix B.

1.3.2 Challenges and difficulties in provision of effective services for YPSI

As might be expected, there was a considerable number and variety of responses to questions about the issues, challenges and difficulties involved in accommodating and working with YPSI in the homelessness sector. There were some generic issues mentioned by most respondents, and also different themes that arose in responses according to the type of service (referral, housing, refuge) respondents worked in. Perceptions of common challenges to effective service provision are given first, followed by a breakdown of responses by service type.

1.3.2.1 Accommodation resource challenges

Most respondents raised points of concern about a lack of general services and resources across the homelessness sector, and more specifically about appropriate support services for YPSI. An overriding theme among respondents was that the needs of YPSI are in conflict with housing options that are short-term and shared. Service providers noted that YPSI usually require ongoing counselling and therapy and may present with concurrent mental health issues. Current housing options are therefore an obstacle to the stability required for therapeutic relationships to build and youth workers don't have the time to effectively manage SI. Overall, respondents identified that the biggest challenge to effective service was the lack of specific housing options with specialised supported

services attached that would offer YPSI a chance of addressing the issues driving their SI.

1.3.2.2 Management of SI

A commonly cited challenge to service provision was a perceived lack of expertise and training among youth workers regarding the most effective ways to manage homeless YPSI. Many respondents reported the need for a resource base of easily accessible therapeutic tools and materials for working with YPSI, while others thought a lack of a full understanding of SI behaviours was limiting their service effectiveness.

1.3.2.3 Safety issues

A number of different issues relating to the safety of clients and workers were also raised. These challenges to managing YPSI included (a) difficulties around responsibility for ensuring the safety of clients living independently while working with them on the issue of their SI; (b) concerns about whether the client could become aggressive towards their worker or flatmates; (c) worker's safety in terms of increased risk of blood borne infectious diseases (in the case of cutting or other blood letting); and (d) ensuring a safe environment for clients (e.g., no sharp implements left around). All of these issues may contribute to raised levels of anxiety in workers and other clients.

1.3.3 Difficulties by service type

1.3.3.1 Referral services

A key challenge for referral services was finding suitable supported accommodation for YPSI. These workers perceived that YPSI are seen as being higher-risk clients with complex mental health needs and are "harder to place in a refuge and placing them in unsupported accommodation doesn't seem appropriate".



1.3.3.2 Refuge services

The main difficulties outlined by refuge services were limitations on time and resources to effectively manage SI in supported accommodation and difficulties in moving YPSI on due to a lack of appropriate options for accommodation (as for Referral services). Because SI incidents often occur at night when staff work alone, workers in a sleepover model have to stay awake at night to manage a situation or need to seek after-hours medical attention and leave other residents unattended. Other issues raised include the impact of SI on other residents (as for Housing services), impact on staff stress levels, risk of accidental suicide, and issues around safe first aid management of injury.

1.3.3.3 Housing services

Among housing services, finding suitable and appropriate 'matches' with other young people in the program was a common challenge. Workers were concerned about the impact of YPSI on other tenants in shared housing. "People who self-injure often scare neighbours especially if the injuries are visible". Other young people often find YPSI confronting and are hesitant to share with these young people, may feel unsafe, or may feel responsible for the YPSI.

1.3.4 Current effectiveness of NRYHN in managing YPSI

Despite the issues raised in the previous Section, service providers perceived that YPSI who accessed NRYHN services had, on the whole, a good experience of service provision. Ratings ranged from average to excellent, while no respondents thought that YPSI had poor responses. It appeared that this rating of service provision was largely drawn from the ability of youth workers to be accepting, supportive, and helpful to YPSI despite the limitations outlined in Section 3.2.2. Another common response was to make a rating of "good" dependent on certain situations or co-occurrences. These included an appropriate match in a shared housing program, low severity of SI, and accessibility of a nearby health service or a secondary consult mental health professional.

All respondents agreed that they acknowledged and supported the needs of YPSI often or always, and experience in working with YPSI was high, with only one respondent indicating that they had not yet done so. While the majority of service providers reported that they felt comfortable dealing with YPSI in their service, they also stated that this comfort level was gained over time and experience, or was dependent on links to mental health services that complemented their own support efforts. A smaller but significant number of respondents felt uncomfortable with YPSI and this discomfort

was related to a perceived lack of understanding of SI issues that led to uncertainty about best responses. All agreed that SI is a sensitive issue that can be confronting and difficult on an emotional level.

1.3.5 Existing policies or protocols for homeless YPSI

Most services in the NRYHN do not report having any consistent policy or set of protocols for YPSI and there is no standard policy for SI across NRHYN services. Many services comment that establishing policies for managing YPSI across NRHYN services is limited by availability of resources and referral opportunities. It is no good developing policies of say, a referral process to mental health services, if such services do not exist, are not available, or are not accessible to the young person. One service has adopted a policy of screening for YPSI followed by the negotiation of ongoing contracts to abstain from SI. Most other services base their responses to SI on a loose set of protocols or are guided by an accepted philosophy towards SI behaviour. Responses can be modified on an individual basis and may depend, for example, on the availability of help within a referral network.

1.3.6 Training and assistance to improve responses to YPSI

Almost all respondents perceived a need for further training and expertise in managing YPSI with only one respondent indicating that they were not interested in further training on this issue. Two main areas for further training were identified by respondents; (A) information that increased workers understanding of SI behaviours (e.g., the aetiology of SI, cognitive processes and issues associated with SI, dispelling myths around SI), and (B) accessible strategies and tools for working with YPSI (e.g., detecting early warning signs of imminent SI, increased awareness of support services available to YPSI, making initial approaches and appropriate responses to YPSI).

A second key theme referred to by respondents in terms of response improvement was around the introduction of policies, protocols and management processes for YPSI. Many workers cited the need for clear processes of referral, action plans, or practical flow charts of response that could be easily accessed and followed when working with YPSI.

1.4 Service Responses to YPSI within the NRYHN: Client Group Perceptions

Some difficulties were encountered in accessing the YPSI client group for the present research. However, this might be expected among clients who may be reticent about sharing

Section 1.0

Self-Injury and the NRYHN

their experiences and may be mistrustful of the intent of the researcher. Although clients were offered AUD \$20.00 as incentive to attend interviews, attendance overall was low. However, some interviews were successfully completed and it may be reasonable to extrapolate general findings from these. Nonetheless, it must be remembered that the formulations put forward in this report are representative of a small proportion of YPSI, and non-attendees at interviews may represent a subgroup of YPSI that are at odds with present conclusions. A copy of the base interview questions can be found in Appendix C.

1.4.1 Client responders

There were four respondents who had a mean age of 19 years and had accessed homelessness services for the past 3.5 years. No respondents had children in their care. All respondents reported that they were made to leave their home because of various family problems and issues and most identified some form of abuse or neglect in their home environment. All client respondents had experienced depression and had received antidepressant medications. One client reported being prescribed an antipsychotic medication. Other issues reported included experience of acute anxiety or panic symptoms, and feelings of dependence on, or feelings of being out of control on, alcohol or other drugs. One respondent reported using deviant strategies such as shoplifting and stealing food to survive while homeless.

The number of homelessness accommodation services each client reported accessing ranged from 1 service to more than 10 services over a period of 3 - 4 years. The most common NRYHN services that YPSI used were refuges and transitional housing. Most respondents said that they would need to live on the street if homelessness services were not available. All clients stated they would access homelessness services again if they became homeless, mostly because they had no other options.

1.4.2 SI behaviours

On average, respondents had begun deliberate self-injury at around age 12-13 and reported engaging in a number of types of SI over time. These included cutting or carving of skin, hitting themselves, burning their skin, and scratching or scraping skin to draw blood. Other forms of SI mentioned by YPSI clients were injecting various drugs (e.g., heroin, amphetamines) and excessive use of marijuana. All clients reported engaging in SI while staying in supported accommodation and frequency of SI behaviours ranged from once every 3 months to twice a month.

1.4.3 Experience and perceptions of NRYHN service provision

Overall, clients rated their experience in terms of general service provision and treatment by workers in the NRYHN as “good” and felt safe staying in service accommodation. One client reported an occurrence of being exited from NRYHN accommodation because of their SI behaviours and another occurrence of being refused accommodation because of their SI behaviours. No other clients had experienced either of these events. One client reported a sense of alienation and felt that workers did not want them to be around other clients that did not SI. Another client reported being exited on the basis of accusations of harm towards others but stated that these claims were not validated.

While clients did not disclose their SI behaviour, their SI was subsequently discovered or “found out about” by workers. A common response to questions about support being offered for YPSI was that clients did not want to initially discuss their SI behaviours with workers, but did want help and support around other issues such as depression and drug use. However, all clients reported that they were aware that services offered help for YPSI and some clients had received useful referrals.

All clients reported that a service that offered longer term accommodation would be helpful for YPSI. Some based this on the notion that many problems and issues stemmed simply from a lack of long term accommodation, while others thought that it would be beneficial to be able to relate with other YPSI rather than workers who do not really understand what YPSI were going through. One respondent reported resistance to this idea because they did not want to be labelled as a self-harmer. However, the same respondent thought that a self-help group might be useful in helping to get through bad times without SI.

1.5 Summary of Strengths and Weaknesses of the NRYHN Response to Self-Injury

Based on responses to interviews and questionnaires outlined above, common service strengths and gaps in service delivery for YPSI in the NRYHN are summarised as follows.

1.5.1 Service strengths

All services supported the needs of YPSI and experience in working with YPSI was generally high. Services were also guided by a caring and accepting philosophy towards SI behaviour. This was corroborated by reports from the client group that SI was acknowledged and that support was available. The majority of service providers also reported that



they felt comfortable in working with YPSI in their service. One of the main strengths of the NRYHN is that youth workers were accepting, supportive, and helpful to YPSI despite limitations in the range of resources available. This relates to clients' rating of service provision in the NRYHN as generally good.

1.5.2 Service weaknesses

The greatest weakness to effective service provision identified by both service providers and clients was that of accommodation resources. That is, the lack of longer term specific housing options with links to specialised support services that would offer YPSI a chance of addressing the issues driving their SI. This basic requirement subsumed a broad range of related issues around inadequate referral opportunities, safety concerns, shared housing, impact on other clients, workers skills and time restraints, and access to secondary consults.

Other main weaknesses were a need for information and training around SI and provision of easily accessible strategies and basic management tools for workers. The lack of established policies and protocols within the NRYHN was also identified as a key limitation to how to best manage YPSI. However, such policies must take into account availability of appropriate resources.

1.6 Recommendations for Improvements to Service Provision

1.6.1 Service providers' recommendations

Some different ideas for improving services to YPSI in the NRYHN at the organisational and structural level were offered by respondents and these recommendations included the following models.

1.6.1.1 Client contracting

In this model, clients are screened for SI behaviours at intake and contracts for abstaining from SI behaviour are negotiated. A negotiation around setting-up the contract is designed to hand over responsibility and control for their SI behaviour to the client. Support is provided for the client to maintain the contract, by giving clear boundaries and offering alternative behaviour checklists. Contracts must be regularly followed-up and this requires some extra work load. One problem raised around short-term contracts was that they may appear to be unfair or discriminatory in regard to other clients. Other concerns were that in the longer term, contracts may not address the core issues that drive SI behaviour and clients may also lie about or cover up their SI behaviours at intake.

1.6.1.2 Secondary consults team

This model appears to be currently operating to some extent for some services within the NRYHN. That is, some services report having good access to advice or services regarding YPSI from a mental health professional. However, the recommendation is for a region-wide dedicated secondary consult service that will respond with specialised expertise across the NRYHN when needed. This type of service could follow existing models such as the women's health consultancy and would help to relocate expertise around YPSI back into the NRYHN workers. Criticisms of this approach were that it failed to solve the issue of providing longer term accommodation for YPSI so that recommended strategies could be effective, and did not address the need for round-the-clock support.

1.6.1.3 Pool of temporary stand-up staff

This approach comprises formation of a pool of funding that supports extra stand up staff for NRYHN services at strategic times. For example, access to extra stand up staff at night could cover crisis situations and allow regular staff to develop relationships with YPSI and focus on the core issues of SI. This approach might then work in conjunction with a secondary consult team.

1.6.1.4 Specialist supported housing model

Many respondents suggested that a specialist service that accepts young people with complex needs into medium term accommodation with 24 hour support staff was critical to effective service for YPSI. A number cited the Sandridge program as an example of such a model that needs to be replicated in the NRYHN. Briefly, in this model, young people who are identified as having complex needs are offered longer term placement in a small cluster of dedicated accommodation that has trained support staff and close links with related health services. This model solves issues associated with longer time periods needed for effective therapy for SI and could also act as a secondary consult provider. Criticisms were that such a model might only offer restricted access and would require significant funding. Other respondents suggested that such a model could be set up via a reorganisation of current resources that could operate within present funding limitations.



Section 2.0

Understanding deliberate self-injury:
A review of the literature.

2.1 Key Point Overview

Deliberate self-injury (SI) is a complex behaviour that is symptomatic of greater core issues such as abuse or ill-treatment, neglect, loss and bereavement, depression, and family problems. Self-injury may also be accompanied by a constellation of other issues such as drug abuse and mental health diagnoses.

IN MOST CASES THERE IS GUILT AND SELF-BLAME,
AND INDIVIDUALS WILL USUALLY ALSO EXPERIENCE
LOW SELF-ESTEEM.



Although several explanations exist for SI, the overwhelming opinion in the literature is that SI among young people is a maladaptive form of coping. In other words, SI may be understood as an attempted (albeit dysfunctional) solution to a crisis situation that is perceived as being beyond the young person's control (see Section 3.2 for a more detailed discussion).

2.1 Key Point Overview

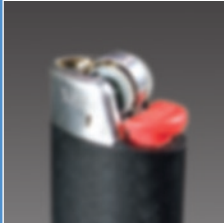
- Due to trauma of abuse, lack of support, isolation, loneliness, neglect or any combination of these experiences the young person has not had the opportunity to develop the inner resources to deal with their feelings and experiences. When unbearable or painful emotional states threaten to overwhelm them, SI provides rapid but temporary relief from these symptoms by releasing tension, stopping depersonalisation (a feeling of numbness or unreality), giving a sense of control and uniqueness, and relieving feelings of depression and loneliness. Such relief may last from several hours to several weeks and varies according to individual and environmental factors.
- While underlying reasons exist for the use of SI as a coping mechanism, events and circumstances also play a role in triggering SI. Often, decisions to self injure may increase during vulnerable periods such as during difficult times of the year or around anniversaries of painful events. Times of change and stress due to poor health or a lack of support are also likely to increase SI. Self-injury can also be precipitated by particular events such as interpersonal crises or conflicts that result in distressing symptoms such as mounting anxiety, depression, anger, racing thoughts, depersonalisation, and rapidly fluctuating emotions.
- While deliberate self-injury may be related to suicidal behaviour it is a distinctly different behaviour that may actually work to prevent or avert suicide. However, a diminishing sense of worth may culminate in a suicide attempt as its ultimate expression, and those who self-injure are at a statistically greater risk of going on to become suicidal.
- Although the precipitating and maintaining factors for repetitive self-injury are evident in the general population of young people, they may be especially concentrated among homeless youth. It is estimated that up to 60% of homeless youth may be engaging in some form of SI behaviour.

- Little literature exists regarding best practice for management and treatment of SI. However, there is converging evidence that short term individual therapy and support using a range of approaches (e.g., brief cognitive behavioural therapy, aftercare outreach; on-call therapist, follow-up problem solving) does not reduce repetitions of SI in young people. Only relatively longer term (e.g., minimum 6mth) group approaches have shown some promise in reducing later SI. In accord with this finding, recent research also suggests that SI in young people should be viewed from a developmental perspective. This is consistent with a group approach to therapy aimed at giving YPSI access to a range of choices for coping with their feelings that empowers them to managing their own self-injury behaviours.

2.2 Definition of Terms

Deliberate self-injury (SI) is a term used to describe part of a range of behaviours that involve deliberately initiated acts of self-harm. The word deliberate distinguishes it from an accidental act, during which people who self-harm feel as much pain and discomfort as anyone else (Favazza, 1998). There is some confusion in the literature regarding functional definitions of deliberate self-harm behaviours and until quite recently, most acts of deliberate self-harm have fallen into categories of suicidal or parasuicidal (i.e., all self-harm behaviours with a non-fatal outcome) and no consensus has been reached on terminology (Harris, 2000).

One approach is to class all self-harming behaviours in a single category of deliberate self-harm. However, recent research suggests that a distinction between self-injury (sometimes called self-mutilation) and suicidal behaviour is required on the basis that these behaviours may serve different functions. Emerging studies indicate that three criteria may be important in capturing this distinction. The first of these is the lethality of the act (i.e., self-hanging or gassing in one's car is more likely to be lethal than taking six Panadol or scratching one's wrist).



RESULTS FROM A NATIONAL BRITISH SURVEY SHOW THAT 6.8% OF YOUNG WOMEN AND 3.8% OF YOUNG MEN AGED 16-24 REPORTED DELIBERATE SELF-INJURY IN THE WEEK PRIOR TO RESPONDING.

Next, intent to suicide is an important consideration (i.e., an overdose that is not intended to be lethal could fall into the category of self-injurious behaviour) and finally, repetition of the act may guide categorisation (Favazza, 1998; Kumar, Pepe, & Steer, 2004).

According to the approach above, self-injury as opposed to suicidal behaviour usually entails repetitive, low lethality acts performed by individuals without conscious suicidal intent. For the purposes of this project, we define the target behaviour as deliberate self-injury. This terminology best reflects the nature of the behaviours that are reported in the homeless service sector and removes some of the sensationalism that may surround terms such as self-mutilation.

2.3 Prevalence

There are limited data on the prevalence of deliberate self-injury in young Australians. One Office of National Statistics study of 10,000 parental reports of adolescent mental health in Australia found that by age 15 years, 2-3% of adolescents have self-injured. The same report shows rates of self-injury rising to 9.4% in anxious young people and 18.8% in those with depression. Reports of prevalence from other western nations show considerable variability. For example, in Oxford, England the rate of DSI for 15-24-year-olds was approximately 400 per 100,000 (taken from hospital presentations; Hawton, Fagg, Simkin, Bale, & Bond 1997), while more recently the estimated rate for 12-24-year-olds was 800 per 100,000, based on a case note audit of 18 hospitals in England (Hurry & Storey, 1998). Estimates of annual rates of deliberate self-injury in adolescents derived from community studies in the UK are much higher, ranging from 2.4 to 20% (Diekstra, Keinhorst, & Hc De Wilde, 1995). Results from a national British survey show that 6.8% of young women and 3.8% of young men aged 16-24 reported deliberate self-injury in the week prior to responding.

Studies from the USA suggest a prevalence of at least 1,000 per 100,000 population per year. In one survey of undergraduate students, 12% admitted to having deliberately injured themselves by cutting, burning, or carving at least once (Favazza, DeRosear, & Conterio, 1989). There have also been reports of childhood dare games that include skin cutting (Lena & Bijoor, 1990). It seems likely that the prevalence of self-injury and cutting will be particularly under-estimated in studies that use hospital records because such self-injuries often do not receive medical attention.

2.4 Aetiology

The causes of deliberate self-injury may be divided into predisposing, precipitating and maintaining factors. In most cases there is guilt and self-blame, and individuals will usually also experience low self-esteem. In some young people suffering from mental illness there are command hallucinations, and in others there are delusions as part of the syndrome (Favazza, 1996). However, in most cases, young people who self-injure are disarmingly lucid.

2.4.1 Predisposing factors

2.4.1.1 Childhood abuse

There is a high prevalence of reported childhood abuse (sexual and physical) among young people who self-injure. Some studies have reported up to 80% (e.g., Tantam & Whittaker, 1992) while others report 60% (e.g. Crowe, 1997). In one major study of repetitive self-cutters, 62% of participants reported a history of childhood sexual and/or physical abuse (Favazza & Conterio, 1989). In another study, sexual abuse was the trauma most strongly related to all forms of self-destructive behaviour (van der Kolk, Perry, & Herman 1991). These authors also found that those abused at an earlier age were more likely to display present cutting behaviour. A related study of 252 women who self-injured found that severity of childhood abuse was associated with greater self-injurious behaviour



(Romans et al., 1995). The authors noted that on-going dissociation was associated with cutting and that dissociative experiences correlated highly with childhood trauma and neglect. They concluded that the immaturity of the central nervous system of children might make them vulnerable to flawed biological self-regulation as a consequence of trauma and neglect.

Sexual and physical abuse may also be conceptualised as a past traumatic stress, a result of which can be the development of symptoms of post-traumatic stress disorder such as flashbacks and nightmares, as well as avoiding situations (such as current sexual relationships) which bring to mind the previous trauma. In other cases, young people may seek out abusive relationships in the present, as if to use these as a further form of injury to the self. However, childhood abuse may not necessarily be the sole cause of deliberate self-injury because many other adverse childhood factors (such as time spent in institutional care) may also be present in those with an abuse history. Clearly, further research is needed to better establish the risk and protective factors associated with later self-injury, especially among those who have experienced childhood abuse.

2.4.1.2 Depression

Although the act of deliberate self-injury is often impulsive and precipitated by interpersonal crisis, the evidence for clear links between depression and self-injury risk is well-documented (Kerfoot & Huxley, 1995; Hurry & Storey, 2000). For example, in a series of 40 adolescents aged between 11 and 16 years (mean age 15 years) who attended casualty following self-injury, 67% were diagnosed as having a major depressive disorder, rising to 75% when other psychiatric disorders were included (Kerfoot, Dyer, Harrington, Woodham, & Harrington 1996). It has also been found that where depression and deliberate self-injury occur together, the risks of a repetition or completed suicide are greater than for either factor alone (Hawton & Fagg, 1988).

2.4.1.3 Family problems

For young people (12-18 years old) who self-injure, significant proportions are likely to have difficulties within the family. The frequent experience of broken homes through divorce, separation or death in these young people is well established (Kerfoot, 1988). These children are about 20 times more likely to be living in foster or institutional care at the time of their deliberate self-injury than their peers (Hurry & Storey, 1998). They are also likely to have poor relationships with non-supportive parents (Kerfoot, 1988). Often there is continuing conflict between parent and child associated with disciplinary crises that fail to be resolved. Where these family difficulties

are severe, or coincide with an adolescent's inability to cope with the stress involved, some kind of family support or therapy is in order.

2.4.2 Precipitating factors

In many cases, decisions to deliberately self-injure are initiated by some clear and present precipitant. Adolescents under the age of 16 frequently cite arguments with parents as the precipitating factor (in about 50-75% of cases (Brent et al., 1994; Kerfoot et al., 1996). These young people often experience ongoing problems in their home life. In this age group problems in school or with peers may also act as a trigger. For young people aged 15 to 24 years, fights with girlfriend/boyfriend become an important precipitant, especially for young women (Hawton, 1986; Hurry & Storey, 1998). However, in perhaps a third of cases there is no such precipitant and Hawton suggests that in its absence, depression is the most common.

2.4.3 Maintaining factors

Maintaining factors include the relief of tension, stopping of unbearable feelings or escape from painful emotional states, the shedding of blood, the pain experienced, the need for punishment and in some cases the response of others. One of the most striking aspects of repeated self-injury is the apparently addictive quality of the behaviour, and this goes together with the frequent coexistence of self-injury with other impulsive behaviours such as drug addiction or alcohol abuse (Lacey & Evans, 1986; Heath, 2002). The overall course of self-injurious behaviour shows that the majority begin in their teens, and that the repetition of self-injury is associated with a forensic history, living alone, regular abuse of alcohol or drugs and being out of contact with parents.

2.4.4 The special case of homeless youth

Although there is limited literature focusing on self-injury among homeless youth, a better understanding of deliberate self-injury among this group is important for several reasons. First, because research finds that early child abuse trauma is associated with self-injury and that the majority of homeless youth have experienced some form of maltreatment (Janus, Archambault, Brown, & Welsh, 1995; Tyler, Hoyt, & Whitbeck, 2000), it would be expected that such youth would have high rates of self-injury. To illustrate, one study that reported rates of self-injury among homeless youth in the United States (Tyler, Whitbeck, Hoyt, & Johnson, 2003) showed that among 428 homeless young people aged 16 to 19 years, fully 69% had engaged in self-injury. Of those who reported self-injury, 54% used three or fewer different types of self-injury, while only 12% reported they had received any medical attention.

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Homeless youth may be particularly at risk because they lack a stable residence and supportive others (Whitbeck & Hoyt, 1999), and therefore have fewer people to turn to when episodes of self-injury are imminent (Suyemoto, 1998). Additionally, these youth may experience many transitions, moving back and forth between shelters and group care settings. Because of their often dysfunctional family history (i.e., high rates of abuse, rejecting parents, lower parental warmth; Whitbeck & Hoyt, 1999), homeless youth may not trust service workers and therefore may be less likely to ask for or accept help. Finally, they are a group with lots of daily stressors and mental health problems, some resulting from childhood maltreatment (Whitbeck, Hoyt, & Bao, 2000), and mental health problems are linked to self-injury.

2.5 Self-Reported Explanations for Deliberate Self-Injury

Young people themselves most frequently explain their self-injury behaviours in terms of wanting to stop unbearable feelings or escape from painful emotional states, which suggests that deliberate self-injury is also associated with maladaptive coping skills (Diekstra, Keinhorst, & De Wilde, 1995; Crouch & Wright, 2004). In other words, the self-injury behaviours may be understood as an attempted (albeit dysfunctional) solution to a crisis situation that is perceived as being beyond the young persons control (Souter & Kraemer, 2004). Often, it may be difficult to ascertain young people's intentions, as they can be obscure and complex. Given that deliberate self-injury during adolescence is usually carried out at the height of an interpersonal crisis by an individual feeling desperate and confused, such obscurity of intent is not surprising. One qualitative study that investigated the experience of young people who self-injure found that many adolescents experienced a sense of calmness, release, or a "buzz" following self-injury. There were also central conflicts and paradoxes involved in their self-injurious behaviour. Some common themes were "needing help vs. not needing help" and "needing to disclose vs. not needing to disclose" (Spandler, 1996).

A more recent qualitative study has further elaborated on the role of adolescent developmental theory in deliberate self-injury (Crouch & Wright, 2004). In this study, self-injurers from a 12-bed adolescent accommodation unit were interviewed individually over an eight week period along with process recordings from the unit's daily community meetings. Data from audiotapes were transcribed and analysed using interpretative phenomenological analysis (IPA; Smith, 1996). Several key themes were identified and are summarised below regarding the precipitating and maintaining factors of self-injury on the unit.

2.5.1 Precipitants

Conflicts with family members and peers and strong affective states of anger, anxiety or distress were thought by participants to cause themselves and others to self-injure.

2.5.2 Effects

The effects of self-injury were uniformly well-known and accepted by the adolescents as bringing about a sense of calm and avoidance of facing painful emotional states. Deliberate self-injury is used to "get unwanted emotions out" and this effect meshes well with the idea that self-injury can be seen as a maladaptive method of coping. There was also an understanding within the group that those who don't self-injure cannot understand those who do.

2.5.3 Copying

In this sample, copying of self-injury was thought to be widespread. It appeared to be associated with elements of competition and those who were thought to copy were ridiculed and derided for doing it. As the authors note, this moves self-injury from a simple cause and effect model to a more social phenomenon.

2.5.4 Group identity

Further issues of group identity began to emerge in the way that the adolescents viewed self-injurers as being either "genuine" or "attention seeking". The mark of a genuine self-injurer was secrecy and the participants despised non-secret self-injury. Participants explicitly categorised those who self-injured for "release" and those who self-injured for "attention", further highlighting the definition and differences between these two groups. The idea that adolescents might self-injure for attention was a difficult one for clients to accept, although self-injury is by its nature an attention seeking act. Another behaviour defining entry into the "genuine" group was attaining a certain level of seriousness of self-injury that gave rise to a sense of competition to be the most genuine self-injurer. Overall, there was an expressed anger toward the "attention seekers" as being 'stupid' and that self-injuring for attention only lessened the importance of self-injury to the "genuine" group.

2.5.5 Group processes and conflict

Group formation during adolescence and early adulthood has been found to develop from a mutual preference for activities and characteristics (Coleman & Hendry, 1999). Because being popular is important during these times, it would be difficult for an adolescent who self-injures to resist the need to see



himself or herself as part of one of the two groups outlined above. Indeed, there was clear and consistent evidence of competition among clients for who was categorised as genuine or attention seeking. To avoid falling into the unpopular “attention seekers” group, a client may be motivated to confirm their membership of the genuine group by engaging in more secret and more damaging self-injury (Crouch & Wright, 2004). The authors suggest that the struggle to be considered part of the genuine group may also explain in part, contagion effects among certain populations. The effects of this group behaviour also led to conflict in the views about self-injury and attention seeking among the clients. While clients did not want to be identified as an attention seeker, receiving therapy to help stop the behaviour required the acceptance of help and therefore attention. Receiving this help was then in conflict with the “genuine” group identity and created conflict with loyalty to the members of the group, and was therefore difficult.

2.5.6 Summary and Integration

The study described above firmly places deliberate self-injury in young people within a developmental context; an approach that offers insights into the complex and often conflicting issues around the behaviour itself, and the desire for help to manage it. Crouch & Wright (2004) suggest that these understandings point to the need for dealing with deliberate self-injury among young people at a group therapy level. This notion will be addressed in more detail in a later Section of this report.

2.6 A Brief Historical Perspective

Deliberate self-injury is not new. Reports from early Greek history (Herodotus; 5th century BC) describe how a Spartan leader, Cleomenes would “mutilate himself, beginning on his shins. He sliced his flesh into strips, working upwards to his thighs, hips and sides”. In addition, many ancient rituals (formal activities consistently repeated over at least several generations) involve fairly extensive destruction or alteration of body tissue and, thus, fall within the category of self-injury (Favazza, 1996). It is appropriate to use “self” because the person who undergoes these procedures does so voluntarily. Body modification rituals inform us about basic elements of social life because of the deep meaning attributed to them by societies. Many of them serve the purpose of correcting or preventing conditions that threaten the stability of a community. The rituals work by promoting healing, spirituality, and social order. An important example of a ritual that maintains social order is adolescent initiation. The purpose of these rites of passage is the acquisition by adolescents of new

social roles and status that preserve communal life.

The body modifications that adolescent initiates voluntarily endure are painful and often brutal. Teeth may be knocked loose, the genitals cut or modified and large areas of skin may be scarified.

They heighten the drama and significance of the ritual and allow the adolescents to demonstrate their inner strength. To gain acceptance into the orderly adult world, adolescents must surrender part of their autonomy as symbolised by body modification. By voluntarily participating in the process, adolescents give visible notice of relinquishing childish ways. It is the price that must be paid to partake of adult communal life.

Unlike rituals, cultural practices imply activities that usually have little underlying deep significance. Tattooing and earlobe piercing are examples of practices in which body tissue is altered or destroyed. From a cultural perspective, having one's ears pierced for the purpose of inserting jewellery is a benign form of deliberate self-injury. Elaborate tattoos, branding, and piercing of varied body parts - eyebrows, tongues, nipples, navels, genitalia - have become quite popular recently in Western society. The overwhelming majority of persons who engage in these practices do so to appear attractive, to gain attention, and to be provocative.

2.6.1 Deliberate self-injury as psychopathology

Self-injury has only recently become the object of focused psychiatric scrutiny. In the 1960s, psychiatric interest turned to self-injury with a particular focus on wrist cutting (Asch, 1971; Grunebaum & Klerman, 1967). The typical wrist slasher was portrayed as “an attractive, intelligent, unmarried young woman, who is either promiscuous or overtly afraid of sex, easily addicted and unable to relate to others (incidentally, these descriptions may also be good clinical indicators of childhood abuse or borderline personality disorder). She slashes her wrists indiscriminately and repeatedly at the slightest provocation, but she does not commit suicide. She feels relief with the commission of her act”.

Most of the clients in these early studies also cut other parts of their bodies; traumatised fresh bone fractures, scratched and gouged their faces; and rubbed glass fragments into their skin. The participants described feelings of numbness, unreality, or emptiness immediately before their acts of self-injury. During and after the acts they reported feeling satisfied, relieved, or happy and fascinated at the sight and warmth of their blood. The authors of these seminal papers recognised that self-injury terminated depersonalisation, and was “a primitive way of combating the feelings of unreality and emptiness” (Graff & Mallin, 1967).

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2.6.2 A current mental health perspective

Despite these early observations, it was not until 1990 that Favazza and Rosenthal first constructed a widely accepted classification of deliberate self-injury behaviours. This classification was further modified by Favazza and Simeon (1995) and most recently presented in the second edition of "Bodies Under Siege" (Favazza, 1996). In this classification, pathological self-injury is divided into three observable categories based on degree of tissue destruction and the rate and pattern of behaviour. Favazza's organisation is simple and phenomenological. It disregards aetiology and is subject to change with increased knowledge, especially of biological mechanisms and markers. Its main advantages are that it is comprehensive and clinically useful. The categories of self-injury are major, stereotypic, and superficial/moderate. The last category has three subtypes: compulsive, episodic, and repetitive.

Briefly, major self-injury refers to infrequent acts such as eye enucleation, castration, and limb amputation. These acts are very rare and tend to occur suddenly with a great deal of tissue damage and bleeding. Acts of major self-injury may appear most commonly as associated features of psychosis (e.g., acute psychotic episodes, schizophrenia, mania, depression) and acute intoxications. The calmness exhibited by many people after their self-injury act suggests that the behaviour may pacify unconscious conflicts. In many such cases, explanations with religious and/or sexual themes such as atonement, spiritual purification and/or punishment for sins, demonic influences, and responses to heavenly commands and visions are offered.

Stereotypic self-injury refers to acts such as head banging and hitting, orifice digging, arm hitting, throat and eye gouging, self-biting, tooth extraction, and joint dislocation. These acts tend to be monotonously repetitive and occasionally rhythmic. Such behaviours are highly prevalent in institutionalised mentally retarded persons. The behaviours may be present as a symptom or associated feature in cases of acute psychosis, schizophrenia, autism, Lesch-Nyhan syndrome, de Lange syndrome, Retts' disorder, neuroacanthosis, and Tourette syndrome (Robertson, Trimbale, & Lees, 1989).

Superficial/moderate self-injury refers to acts such as trichotillomania (i.e., hair pulling), nail biting, and skin picking and scratching, which comprise the compulsive type, and to skin cutting, carving, and burning, needle sticking, bone breaking, and interference with wound healing, which comprise the episodic and repetitive types. Superficial/

moderate is the most common form of self-injury (see Section 5.0) and skin cutting and burning is the most common episodic superficial/moderate self-injury. They occur every so often as a symptom or associated feature in a number of personality disorders such as borderline (Schaffer, Carroll, & Abramowitz, 1982), histrionic (Pfohl, 1991), and antisocial personality disorders (Virkkunen, 1976). Other comorbid diagnoses may include posttraumatic stress disorder (Greenspan & Samuel, 1989; Pitman, 1990), dissociative disorders (Coons & Milstein, 1990; Miller & Bashkin, 1974), and eating disorders (Favazza, et al., 1989; Parkin & Eagles, 1993).

As a morbid form of self-help these behaviours often provide rapid but temporary relief from distressing symptoms such as mounting anxiety, depersonalisation, racing thoughts, and rapidly fluctuating emotions. Among the effects of the behaviour are tension release, termination of depersonalisation, euphoria, decreased troublesome or enhanced positive sexual feelings, release of anger, satisfaction from self-punishment, a sense of security, control, uniqueness, and relief from feelings of depression, loneliness, loss, and alienation (Favazza, 1989). Two thirds of clients report a significant improvement in symptoms enduring for several hours; only a third of this group report relief that endures for several days, and a third of this group go on to report relief that endures for several weeks (Favazza & Conterio, 1989).

Episodic self-injury becomes repetitive self-injury when the self-injurious behaviours become an overwhelming preoccupation. Repetitive self-injurers may adopt an identity as a "cutter" or "burner" (although multiple methods are the norm) and describe themselves as addicted to their self-injury, which seems to assume an autonomous course. The essential feature of the syndrome is a recurrent failure to resist impulses to injure one's body physically and directly without conscious suicidal intent. Repetitive self-injurers may brood about harming themselves for hours and even days and may engage in a ritualistic sequence of behaviours, such as tracing areas of their skin and compulsively arranging their self-harm paraphernalia. Areas most often selected for self-injury are the arms and frontal body from the shoulders to the knees. Self-injurious acts may escalate in frequency and intensity as the disorder progresses, leading to demoralisation over physical disfigurement and an inability to control the behaviour.

At this stage bona fide suicide attempts, usually by overdoses,



2.7 Differential Diagnosis

Many debates continue in the mental health literature regarding the correct classification of self-injury, especially repetitive self-injury. Many critics of the deliberate self-injury syndrome note that impulsivity and self-injury are key elements of borderline personality disorder. However, one psychometric and biological study of self-injurers found that only 48% met the criteria for BPD and if the criterion of deliberate self-injury was excluded then only 28% could be diagnosed as borderline (Herpertz, Sass, & Favazza, 1997). In a study of people with personality disorders, Simeon et al. (1992) found that although all had above normal impulsivity; those who self-injured also had greater aggression. The authors concluded that self-injury may indicate severe borderline pathology or an impulse control disorder. Both conclusions may be correct.

Most repetitive self-injurers have problems with other forms of impulsivity (Lacy & Evans, 1986). In a study of alcoholic women, 25% cut themselves deliberately, 16% had an eating disorder, 50% described impulsive physical violence, and 50% acknowledged a period of promiscuity (Evans & Lacey, 1992). Fichter, Quadflieg, and Rief (1994) reported on 32 "multi-impulsive bulimics"; among their impulsive behaviours were self-injury (75%), shoplifting (78%), alcohol dependence (34%), drug abuse (22%), and sexual promiscuity (53%). These findings are consistent with those of Favazza and Conterio (1989) that about half of repetitive self-injurers develop or have a history of eating disorders while at least 20% develop or have a history of episodic alcohol or substance abuse and kleptomania. The sequence of these behaviours may vary although more than one may be present at the same time.

2.8 Integration and Summary

Deliberate self-injury is a complex behaviour that is symptomatic of greater core issues such as childhood abuse and depression, and may be accompanied by a constellation of other behaviours and mental health diagnoses. The overwhelming opinion in the literature is that deliberate self-injury among young people is a maladaptive form of coping that can be seen as a dysfunctional survival mechanism. Recent studies suggest that self-injury in this population should also be viewed from a developmental perspective. This perspective advocates group treatment approaches where young people are encouraged to see the range and complexity of feelings and issues behind their own and each other's self-injury.

While the precipitating and maintaining factors for repetitive self-injury are evident in the general population, they may be especially concentrated among homeless youth. Taken in conjunction with the life issues that face most young people, effective management of self-injury in homeless youth (who often present with co-morbid mental health diagnoses) is particularly challenging. If this is the case for mental health care professionals, it is especially relevant to service providers in the homelessness sector who may be ill equipped to effectively manage the behaviour and to address its underlying drivers.

2.9 Best Practice in Service Responses for Young People who Self-Injure

2.9.1 Introduction

The evidence base for the effectiveness of management and therapy protocols for those who self-injure is very limited and this is especially the case concerning the younger age groups. In addition, what little information exists is mostly drawn from mental health/therapeutic settings and does not always translate well to management of self-injury in transitional housing and support services programs. However, there is growing evidence in the self-injury literature currently emanating from the UK that group processes can be effective in helping young people who self-injure.

2.9.2 Review of studies

To identify the most effective approaches to helping YPSI, a review of available studies of clinical interventions and management programs designed to reduce repetition of SI in young people was undertaken. It was found that another recent review conducted by a group of Australian academics and clinicians (i.e., Burns, Dudley, Hazell, & Patton, 2005), contained all existing studies. Thus, this report will summarize relevant evidence presented in Burns et al's paper.

Burns et al. (2005) identified three randomized controlled trials, four clinical control trials and three quasi-experimental studies of interventions for deliberate SI in young people. These interventions comprised: (a) one trial of problem-solving therapy, a form of cognitive therapy in which adolescents and their families learn a specific sequence of steps involving problem definition and brainstorming of alternative solutions (Donaldson, Spirito, Arrigan, & Aspel, 1997); (b) four trials of intense management with outreach. In intensive management, sometimes known as assertive outreach, various strategies are employed, such as regular telephone contact and home visiting, to increase engagement and/or reduce self-injury (e.g., Huey, et al., 2004); (c) one trial of readmission to health services on demand that used an emergency ('green

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card') providing the YPSI with guaranteed access to 24-hour clinical follow-up on demand. The rationale was that the vulnerable individual would contact emergency services for help in preference to engaging in further deliberate SI (Cotgrove, Zirinsky, Black, & Weston, 1995); (d) two trials of family intervention, which may not be as relevant in a homelessness setting; and (e) one trial of group therapy. The group therapy drew on techniques from a variety of therapies including problem solving, cognitive-behavioral therapy and dialectical behavior therapy (Wood, Trainor, Rothwell, Moore, & Harrington, 2001).

2.9.3 Findings

The review found that only one treatment program, group therapy, offered any advantage in reducing repetition of SI in young people. In this trial, participants were 63 young people aged 12–16 referred to mental health services following an incident of self-harm, who had a history of at least one other incident of self-harm in the previous 12 months. Participants were randomised to standard aftercare or standard aftercare plus group therapy. Compared with the control group, significantly fewer adolescents from the experimental group engaged in two or more episodes of self-harm within a 7-month follow-up period. Burns et al. (2005) concluded that the demonstration of a treatment effect in reducing repetitions of SI is a clinically significant result. The authors go on to state that this finding should provide reassurance to clinicians and other services who may have felt reluctant to offer group treatment to YPSI for fear of fostering contagion. It appears that either there is no contagion effect, or the contagion may work positively against self-harming behavior.

2.10 Best practice recommendations for management of YPSI

2.10.1 Group approach to YPSI

Although the research base is limited, there is emerging evidence supporting a best practice recommendation of a group approach to management of YPSI. Perhaps one way of capturing most of the ideas consistent with this recommendation in the homelessness sector may be to follow a model in which young people with complex needs are housed together in a cluster of dedicated accommodation, including trained staff and close links to other health care services.

2.10.2 A best practice model

To help conceptualise how such a model might work, the following outline of protocols reported by Crowe and Bunclark (2000) for management of YPSI at the Bethlem Maudsley hospital in Britain is given. Although Bethlem Maudsley is a dedicated self-injury unit, and some of the descriptions below may not be achievable in the current context of the NRYHN, many of them may be directly applicable and all are offered here for consideration.

2.10.2.1 Client profile

The Bethlem Maudsley program is mainly for those who repeatedly cut or burn themselves, but also for those who repeatedly take non-lethal overdoses or use blood-letting as their form of self-injury. Most clients in this study suffer from comorbid diagnoses of drug or alcohol abuse, depression, eating disorders or past involvement in abusive relationships. To enter the program as residents, clients need to do so informally and from choice. One important protocol is that all intake is planned to last six months (including any periods spent at general hospitals for physical treatment). It is felt that six months is the minimum time needed to undertake the work. Each of the clients is seen as special, special in unhelpability, damage and being misunderstood.

2.10.2.2 Therapeutic aim

Self-injury, as was learned from experience during the early months of the unit's existence, is impossible to extinguish by the traditional methods of close supervision and prevention or restriction. The most that can be achieved is to reduce either the frequency or the severity, since clients continue to harm themselves secretly or in subtle ways, and also revert immediately to full SI as soon as restrictions are removed. It has been made clear on many occasions that in most cases self-injury is not about death, but rather a means of continuing to live.

The model of multidisciplinary working that has been developed is based on the understanding of SI as being symptomatic of some greater distress. Consequently, the therapeutic aim is to enable individuals to develop alternative, healthier ways of coping and of gaining a better understanding of themselves.

Two therapeutic strategies are central to the process of self-understanding. The first is retention of responsibility. In order for individuals to make the choice between further acts of SI or developing alternatives, the choice needs to remain open. If staff ensure complete safety in the short term, as was attempted when the unit was first opened, this choice is removed, and in our experience this makes progress difficult.



The acceptance of responsibility by the resident helps staff to be clear about who owns the problem. The second is a level of therapeutic risk-taking. In the short term this can lead to an escalation of SI as residents become accustomed to a degree of responsibility that may be unfamiliar.

2.10.2.3 Management processes

Referred individuals attend for an assessment of their level of risk, willingness to contemplate change and psychological ability to engage in therapy. The majority of the residents have one or more of a range of other damaging behaviours such as drug or alcohol use, eating disorders or involvement in abusive relationships. The unit's environment was created to allow specialised management for self-harming individuals, but also attempts to reflect the outside world. The unit's work has elements of a psychosocial model, in an attempt to view the residents holistically, looking at and addressing interpersonal, group, familial, and social levels of being. Medication is used as necessary, prescribed in consultation with health service physicians and the residents, who are asked to share responsibility for accepting it, and may often request a particular drug. The medication is mainly in the form of antidepressants, mood stabilizers and, where appropriate, small doses of antipsychotics. Attention is also given to the many physical symptoms experienced by this group of young people, including those that result from the self-injury.

The structure of the day is of a diverse program of events, with boundaries of strict timing. This adherence to time provides limits and safety and helps create a focus on what is occurring. The social environment is constructed to echo the external world, with a 9 to 5 working day, and social activities outside these times. However, all parts of the day are 'work' and are used towards residents gaining understanding of themselves, for growth, change and reflection.

The work undertaken is a mixture of individual and group. There is a daily (Monday to Friday) community group that is attended by all residents and available staff. Residents each come to the group with their own history of difficulties within relationships and difficulties in tolerating themselves, and this is frequently mirrored in their relationships within their peer group and with staff. Hence relationships are the major focus of the group. There is also a weekly coping skills group aimed at distress tolerance, improvement in assertiveness, changing restrictive patterns of thinking and learning interactive skills.

Many self-injuring individuals find verbal communication difficult and consequently use their bodies. A range of alternative means of expression is provided which individuals have the opportunity to attempt during their stay. These include creative writing, creative art, drama therapy and

projective art. This variety enables different individuals to find different alternative means of expression.

The unit enables individuals to undertake the work themselves, rather than providing care. Staff members maintain the milieu and act as containers of anxiety. Residents negotiate their own needs, learn to anticipate difficult situations and tolerate the fact that others have needs too. Each evening, workers and residents engage in leisure activities. Rivalrous feelings, difficulty in having fun, winning or losing all emerge. An attempt is made to reflect the external world and enable individuals to encounter difficulties. The tools of therapeutic engagement are limit setting and confrontation, but also nurturing and stimulation.

The advantage of a collaborative approach is that staff are not constantly reconfirmed as 'omnipotent', nor are clients seen as passive recipients or exploited victims. Similarly, residents offer support to each other, which additionally gives them an insight into how it feels to witness someone else's distress, and confirms that self-help is possible.

Once a week a resident group is held in which past residents can also participate. A period each evening is spent evaluating the work of the day. This enables staff to give feedback not only to each other but also to residents. Open communication about achievements, frustration and disappointments are thus modelled and differences addressed. Family therapy is offered to most residents in the later stages of their stay, aimed at improving understanding and communication within the family, such that relevant support may be available after discharge. It is systemic in approach, and in some cases might not actually include the family if they are unable or unwilling to participate.

2.10.2.4 Harm minimisation and tolerance of SI

The approach is based on harm minimisation rather than abstinence. In practice this translates into a tolerance of SI, within limits, whilst enabling residents to find alternative, healthier, means to communicate and cope. Often self-injury is a 'knee-jerk' reaction to distressing thoughts and feelings. The initial step is for the individual to tolerate some time between the impulse to harm and inflicting the injury. This allows opportunity for the emotion to be recognised and tolerated and the individual to make a conscious choice whether to harm him/herself or not. In successful cases this interval is gradually increased, and residents are assisted also to find alternatives, which may include alternative means of expression, (e.g. talking about feelings or 'painting' them), postponement tactics, (e.g. going for a walk), making difficulties for themselves, (e.g. handing blades in to staff), the use of the 'healthier' part of the individual to give wiser

Section 2.0

Understanding deliberate self-injury: A review of the literature.

counsel (e.g. by pre-recorded tapes).

No alternative is always successful; however many individuals have had no previous experience of resisting the impulse or sense that they have a choice whether to SI. When SI occurs, workers take a mid-line approach, being neither disappointed or punitive nor excessively comforting or alarmed. Residents are assisted to care for their own injuries as far as possible. All self-injury has to be reported and vital treatment accepted.

2.10.2.4.1 Limits to tolerance.

There are however limits to the ability to tolerate some forms of SI and the accompanying anxiety. These limits are clearly stated in the form of protocols known to the residents. Burning with naked flames, non-reporting of overdoses, excessive weight loss, severe substance abuse and excessive blood loss are some examples. These boundaries are clearly addressed with residents but are nevertheless occasionally broken. Experience has shown that the use of close supervision by staff has limited helpfulness, unless there is an immediate threat to life or health. In such an eventuality the supervision is usually the prelude to return to a hospital setting. Staff supervision or detention at the housing group put the individual into a state in which they have no responsibility for themselves and compete with workers about who has control. The other clients too may be unable to tolerate their feelings that someone else is receiving more care, and their SI and limit testing can increase such that they too need to have full "parental" care.

In these circumstances when such boundaries are broken, the individual can be suspended from the housing group by being hospitalised for a prescribed period of time. The suspension may feel like the rejection they have been anticipating, but the relationship with the housing group is not completely broken and reparation is possible. Some behaviour however, such as interpersonal violence, may result in immediate removal, since there must be some boundaries in a housing group which depends so completely on residents' co-operation.

2.10.2.5 Staff supervision and debriefing

Staff members are assisted to understand their own expectations of the work. Do they wish to be helpful parents who repair situations or relationships, raising client expectations of the parental role, or are they so appeasing that little change can be achieved? Staff members need to be sufficiently 'attached' but not overwhelmed by the clients' neediness. Residents' previous abusive/harmful experiences can lead them to the belief that there are only two roles on offer: the abused or the abuser. Staff may also be experienced as abusive or may be abused. Supervision and debriefing helps

staff to avoid re-enacting the chaotic, critical, divided and abusive families that many clients have come from.

Such supervision and support are vital. Menzies Lyth (1970) points out that 'unless anxieties can be identified, addressed and contained within the system, it is likely that the system itself will produce defences that actively hinder rather than help therapeutic intervention'. External psychotherapists are employed to assist with this on a weekly basis. Staff supervision and reflection, in which different perceptions of the same resident's problems are analysed, help workers to understand the problems more clearly and to feel more confident in dealing with difficult behaviour.

2.10.2.6 Conclusions

The approach outlined above tolerates disturbance within limits, but also educates, seeks for alternatives and attempts to offer encounters with staff and other residents in which reparative work can be undertaken. Throughout their stay the residents are asked to take responsibility for both their feelings and their behaviour. Support and help is available, but more in the interests of encouraging self-help than in taking responsibility away from the resident. With good general management and the minimum of stigmatization it is possible to help even the most entrenched and self-destructive clients towards rehabilitation, and it is to be hoped that in future a more humane and less punitive attitude will emerge towards this disadvantaged group of young people. Instead, group treatment approaches are indicated where young people are encouraged to see the range and complexity of feelings and issues behind their own and each other's self injury. Additionally, creating a cohesive group identity should be undertaken using challenging whole group activities and projects.



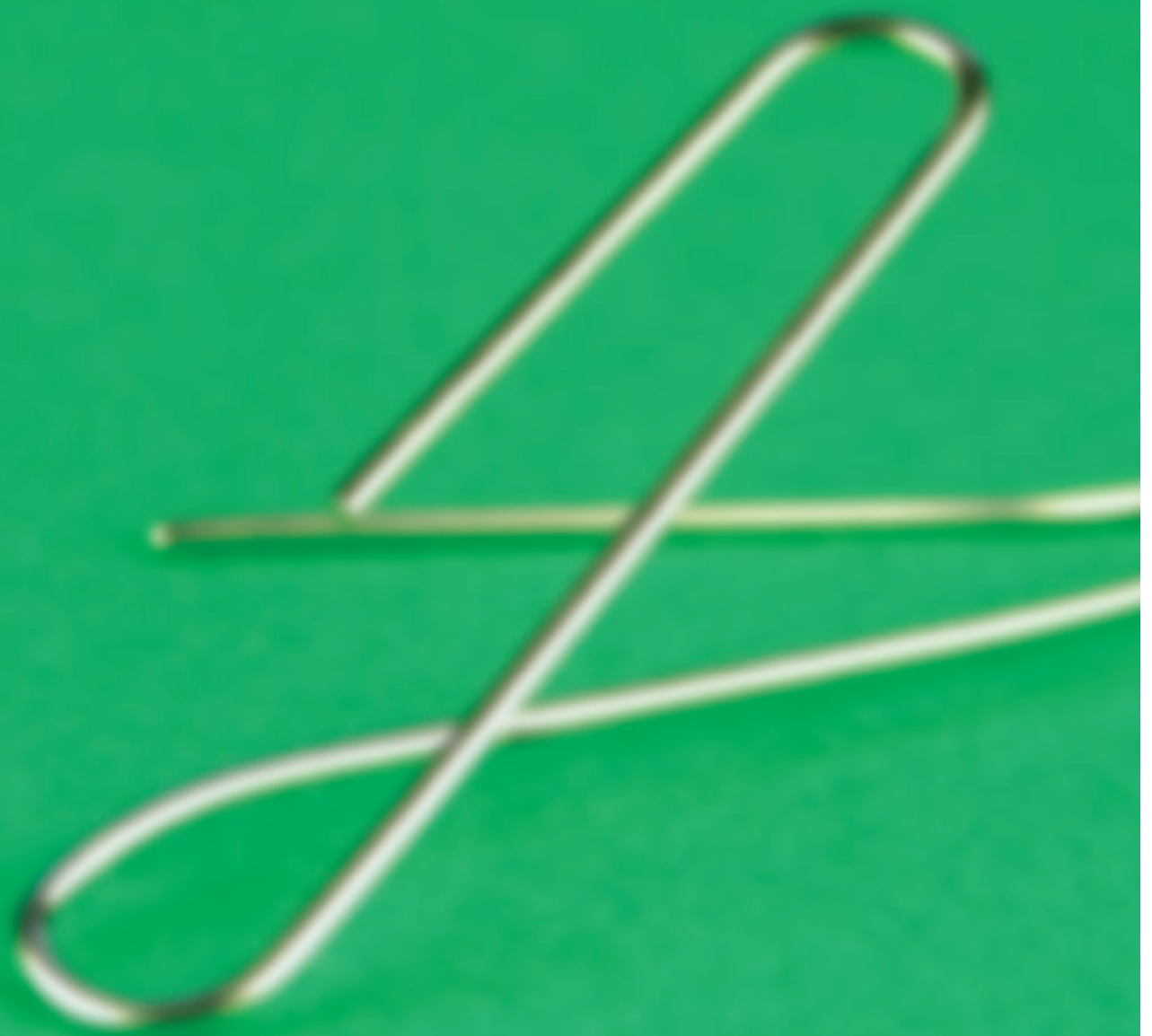
Section 3.0

Infokit for Workers

3.1 Introduction

The following is a collection of information and resource tools that may be useful to youth workers who are required to manage self-injury behaviour in NRYHN clients.

SI IS OFTEN A WAY OF LETTING OUT SOME OF THE PAINFUL FEELINGS THAT HAVE BUILT UP INSIDE. IT CAN ALSO HELP TO EXPRESS A FEELING OF EXPLODING WITH ANGER ABOUT PAST OR CURRENT EVENTS.



3.2 Why Do Young People Self-Injure?

People self-injure for many different reasons. The origins of SI often lie in distressing experiences and circumstances which the person has suffered in the past. These experiences may include physical, sexual, or emotional abuse, or physical or emotional neglect and deprivation.

3.2 Why Do Young People Self-Injure?

These experiences may range from physical violence to excessive ridicule or criticism as a child. Other young people may have experienced loss and bereavement of someone important to them and not had adequate comfort or support and been overwhelmed with grief. Others may have suffered from isolation and lack of communication and support within their family or in the community in which they live and may not be able to share feelings and problems with others. This can be a result of racism, homophobia or other forms of discrimination and families may be isolated by the effects of alcoholism or illness etc.

These sorts of experiences can be terrifying, traumatic and confusing and may leave the young person with a legacy of pain, emptiness, guilt, and lack of confidence. Often these people were made to feel to blame for the terrible events going on around them and were powerless to overcome them. The person has not had the opportunity to develop the inner resources to deal with their feelings and experiences and usually has difficulty in communicating. The result is a build up of terrible feelings which have no outlet. SI then becomes the only way that these young people can express their suffering, escape their anguish and cope with feelings which threaten to overwhelm them. Self-injury may be the least possible amount of damage and can represent great restraint by the client.

3.2.1 How self-injury “works” to help young people cope

It has been shown that SI is a way of coping with overwhelming feelings that result from a range of awful experiences. But how does it achieve this? There are a number of ways that SI works and they can be different for different people or at different times.

Expressing feelings

SI is often a way of letting out some of the painful feelings that have built up inside. It can also help to express a feeling of exploding with anger about past or current events. Acknowledging inner pain and putting it on the outside where it can be more bearable. It can provide a visible sign of the YPSI grief and anguish.

Distracting from feelings

Having an injury to concentrate on may take a young person's mind off unbearable inner feelings. Others may use drugs to be “out of it” for a while.

Self-punishment of guilt and shame

YPSI may also feel guilt, shame and self-hatred about the things that have happened to them (even though they did nothing wrong and were not to blame). This results in SI as self-punishment in an attempt to relieve these bad feelings for a while.

Taking some control

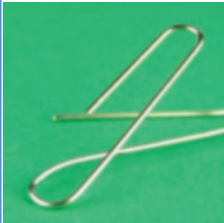
SI may feel like the only control a young person has in their lives. They can have some control over their own body and make some attempt at influencing what is happening in their lives.

Depersonalisation (not feeling “real”)

SI may help to “bring oneself back” from frightening panic or the numbness of depression. The SI may act as a jolt to help feel more real and in touch.

Trying to communicate (sending a message)

When young people can't communicate their feelings or problems and words seem useless then SI may be a way of letting others know how they feel and how bad things are.



THESE SORTS OF EXPERIENCES CAN BE TERRIFYING, TRAUMATIC AND CONFUSING AND MAY LEAVE THE YOUNG PERSON WITH A LEGACY OF PAIN, EMPTINESS, GUILT, AND LACK OF CONFIDENCE.

A chance for comfort

SI may be the only way that a young person can say “this is me” and try to fill the emptiness inside. The young person may be in need of caring and comfort and only feel they deserve caring when they have injured themselves.

3.3 Early Warning Signs for SI

In many cases there are obvious signs in the form of scars on the arms or legs, or a pattern of unusual abrasions but equally often the signs are scarce or more subtle. Many individuals who self-injure do so in private, and their secrecy may be one of the most obvious markers. The young person seems physically or emotionally absent; she or he may seem distracted, preoccupied or distant and may disappear frequently, retreating to a private space to SI.

Among more overt warnings, someone who is engaging in repetitive SI may offer flimsy or repetitive excuses for the appearance of wounds. The person may wear long sleeves and long pants to cover scarring. More obvious still is the discovery of implements that could be used to SI like bent paper clips, pieces of glass, and razor blades.

Whether or not overt signs are present, workers may notice other behaviour that usually accompanies SI: Social withdrawal, sensitivity to rejection, difficulty handling anger. The client may make disparaging comments about themselves, or show feelings of shame, worthlessness or self-loathing. Naturally, these behaviours may signal problems other than SI. Other issues that may accompany SI include eating disorders, alcohol or drug abuse, kleptomania, and problems of compulsion.

3.4 Responding to YPSI

Workers may be concerned about saying the wrong thing to YPSI and might not be sure about how to broach the issue. Be assured that it is not really that difficult. Treat the YPSI with respect, sensitivity and compassion. Be kind and gentle and understand that the YPSI is going through a difficult time. Below are some useful guidelines to what people find helpful and unhelpful. Following this is a range of comments or questions that may be used by workers to help with discussing SI.

3.4.1 What is helpful?

- Recognising how hard it may be to talk about. YPSI may have particular difficulty talking about SI and their feelings. Gentle patient encouragement can help
- Listening and caring. This is probably the most important help you can give. Showing that you want to know and understand can be very helpful.
- Seeing the person behind the SI. Focus on the whole person who is in pain rather than dwelling on the SI.
- Understand that SI helps them cope. Show that you understand that SI works for the person where nothing else can. SI makes them feel better and more able to cope.
- Accept the mixed feelings. YPSI may hate their SI behaviour even though they need it. It helps if you accept all these conflicting feelings.
- Offer the support that you can give. Be aware of your limitations and do not offer more than you can cope with.
- Help to find further support in addition to what you can offer
- Show concern for the injury itself. Offer the same compassion and respect you would show for any injury. This helps to show the YPSI that their body is worth caring about.



- Deal with the current injuries. Offer appropriate help as for any other accidental injury. Do not overreact because it is SI. Work out together, with the client, a way of taking care of their health and safety.

3.4.2 What is unhelpful?

- Telling the young person off or punishing them in any way. This can make the person feel even worse and could lead to further SI.
- Blame the YPSI for your shock, anxiety, or upset. Workers have a right to feel these strong reactions to SI but must refrain from making the client feel guilty about it.
- Don't assume you know why. Different people have different reasons for SI. Let them tell you why they do it.
- Not talking about it. This will not make the SI go away but will leave the YPSI feeling alone and unsupported.
- Trying to stop the SI. Hiding cutting objects and constant surveillance doesn't work and can lead to more secretive SI.
- Asking them to promise not to SI. This puts a lot of emotional pressure on the person and may set them up to fail and feel guilty.
- Treating the YPSI as incapable or crazy. This removes self respect and ignores the person's strengths that could be used to help with SI.
- Panicking and overreacting. This can be very frightening for the client. Try to stay calm and take time to discuss with them what should be done next.

3.4.3 Broaching the issue: Comments and questions when talking with a client about their self-injury

These questions are intended to act as a guideline and should not be taken as a protocol or read directly from the sheet, as this could intimidate or alienate the young person. However, they do provide a useful framework for broaching this difficult issue with a client you may believe is self-injuring. It is recommended that workers look over the questions and choose a few that are appropriate to their particular situation.

Comments or questions that communicate interest

I am glad you told me about what you do to your body.
Are you feeling OK about having told me?

Thanks for telling me. I am glad I know.

Thanks for telling me. I am glad I know.
How are you feeling right now, having told me about this?

I noticed the scars on your arm. I hope its OK to say that. *I am interested in knowing about them if you want to tell me.*

I'm wondering if you have ever hurt yourself intentionally. *I thought maybe that's what you meant when you said "___".*

Can you tell me about the times when you hurt yourself?

Sometimes people cut or hit or bite themselves.
I wonder if that's something you've done in the past or even more recently.

I am so glad you told me that. *If you want to tell me more, or feel like saying more sometime in the future, I am interested in hearing about it.*

Questions that invite the young person to decide if and to what extent they want to explore their self-injury

Does it feel like it would be helpful to talk more about your cutting?

Would you like to talk more about this with me?
I'm willing to hear, if you want to tell me more.

Do you think it would be useful to learn more about your self-harm? *Sometimes people find it helps them sort things out when they talk about it.*

We can explore some alternatives to your self-harm if you want to. *Do you think that would be helpful?*

Do you have a sense of how your self-harm works for you? *Would it help to learn more about it?*

Sometimes talking about how you hurt yourself can be useful. *What do you think?*

Would it help to have more information about self-harm in general?

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Infokit for Workers

Questions that can help elicit information about the patterns associated with self-injury

Do you know when you are most likely to injure yourself?

Do you know how often you hurt yourself?

Does it happen at any particular time of the day?

Are there particular situations or events that trigger your self-harm?

Is it connected with certain feelings?

Do you know what it feels like right before you cut/burn yourself?

Do you know what you feel while you are hurting yourself?

Do you tend to self-harm at certain times of the year? *(If yes:) Do you know what that is connected to?*

Do you know what you feel like after you self-harm?

Do you experience pain when you do that? *Some people do & some people don't.*

What do you notice about when & how you hurt yourself?

What do you use when you cut yourself?

Are there times when you want to self-harm but somehow don't? *(If yes:) How does that happen? What makes those times different from the times you hurt yourself?*

Questions that can help identify the function(s) of self-injury

How do you think your self-harm helps you?

Do you know why self-harming is important to you?

I think most people hurt themselves because it helps in some way. *Does that make sense? Do you know how it helps you?*

Do you have any idea why or how self-harm helps you cope?

Does self-harm have a particular meaning for you?

Often, self-harm serves some function – or even more than one. *Do you have any ideas about what function it serves for you?*

I think you did this because you needed some relief or some kind of help. *Is that right? How did it help?*

What changed or became different as a result of self-harming?

Questions that can help identify alternatives & other resources

Would you like to talk about what else might work kind of like the way self-harm works?

Do you think it would be useful to find some other ways to cope with feeling so mad & hopeless, along with cutting?

You could add some other ways to cope, along with hurting yourself. Would that feel useful?

What else might work, do you think?

If hurting yourself relieves tension & helps with the pain inside, what else do you think might be useful in those moments? What else could you do?

What could be an alternative to self-harming?

What else can you do? Let's make a list of possibilities.

In the times when you want to self-harm but you don't, what helps in those moments?

The above was adapted from Connors (2000).

3.5 Self-Help Exercises for YPSI

These exercises were adapted from The Self Harm Help Book (Arnold & Magill, 2004). The ideas for these exercises came from people who self-injure and wanted to give themselves and others more choices in how to cope with their lives and feelings. The exercises comprise three sections.

- Section 1 is designed to help young people explore the reasons why they self-injure.
- Section 2 looks at the ways that SI may help young people to cope. This is followed by suggestions for new ways in which YPSI can express themselves and meet their needs.
- Section 3 is about building up better feelings about self and body and getting further support.

It is important to note that the exercises are not about trying to stop young people from self-injuring, as some young people may not want to give up SI. They are satisfied with SI as a way of getting by. However, many young people may wish to learn other ways of coping and the infokit is designed to contain helpful exercises that offer choices to YPSI in how to cope with the feelings that cause their SI behaviours.

The exercises may be completed as self-help for clients or in conjunction with supportive workers and are designed to assist YPSI to manage their own self-injuring behaviours. The exercises can be used in any way the client wants to. The exercises involve things like writing or drawing. Odd words or stick figures can do the job just as well as elaborate pictures.



There are quotes, poems and drawings from other people who have worked on their SI and feelings and it is hoped that these will encourage clients. A copy of the exercises can be seen in Appendix C.

3.6 Statewide and 24 Hour Resources for Young People

Emergency

In case of an emergency dial 000 to access emergency services (Police, Fire and Ambulance) anywhere in Australia. When calling 000 from a fixed phone line (not your mobile), the emergency communications centre is automatically provided with the billing address of that telephone. Therefore, emergency services can respond even if the caller cannot give accurate location details.
Phone: 000 or 112 from a mobile phone

Poisons Information Centre

The Poisons Information Centre provides an Australia wide telephone advice and information service. It operates 24 hours a day, 7 days a week. **Phone: 13 11 26**

Kids Help Line

Kids Help Line is a 24-hour national counselling service for young people aged 5 to 18 years. It is free, anonymous and confidential. You can chat to a counsellor over the Internet online or call us. **Phone: 1800 55 1800**
<http://www.kidshelp.com.au/>

LifeLine

Lifeline is an anonymous and confidential 24-hour telephone counselling, information and referral service. If Lifeline can't help you, they can refer to the appropriate organisation, service or individual that can. **Phone: 13 11 14**
<http://www.lifeline.org.au/>

Parentline Information and Advice for Parents

Parentline is a 24-hour telephone counselling, information and referral service for parents of children from birth to 18 years of age. Parentline is a confidential and anonymous service.
Phone: 13 22 89 www.parentline.vic.gov.au

Care Ring

Care ring is a 24-hour crisis telephone counselling service.
Phone: 13 61 69
<http://www.carering.org.au/home.html#contact>

Centre Against Sexual Assault (CASA)

CASA provides 24-hour crisis care and counselling telephone services offering support, information and advice to adult victim/survivors of sexual assault. **Crisis Line: 9344 2210**
Counselling Line: 9349 1766
Toll Free Counselling Line: 1800 806 392
<http://www.casahouse.casa.org.au/>

Gay and Lesbian Switchboard (Victoria)

The Gay and Lesbian Switchboard is a telephone counselling, information and referral service, operating from 6 - 10pm every day (except Wednesday when counsellors are available from 2 - 10pm). **Phone: 9827 8544**
Toll Free: 1800 184 527 (Country Victoria)
<http://home.vicnet.net.au/~glswitch/index.htm>

Griefline

Griefline is a telephone counselling and support service. It operates 15 hours per day, 7 days a week from 12 noon to 3am. **Phone: 9596 7799**
<http://www.bethlehem.org.au/main.htm>

Suicide Helpline Victoria

A 24-hour crisis counselling and referral telephone service coordinated by Lifeline and Care Ring. **Phone: 1300 651 251**
<http://www.infoxchange.net.au/suicidehelpline/index.html>

YSASline

YSASline 24-hour telephone service provides information, counselling and referral to YSAS services and youth-specific alcohol and drug services throughout Victoria. Call YSASline to access YSAS outreach teams, home-based withdrawal and residential services. YSASline is open to young people, their families, and the community. **Phone: (03) 9418 1020**
Freecall: 1800 014 446 <http://www.ysas.org.au>

Crisis Assessment and Treatment Services (CATS)

North Eastern CAT Service P.O. Box 464 Heidelberg VIC 3084
Phone: (03) 9450 9000 **Fax: (03) 9450 9020**
After Hours (03) 9450 9090 or 9496 5000 (4.45pm 8.30am)

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Department of Human Services: Child Protection

48-56 Mary Street, Preston VIC 3072 Phone: (03) 9479 6222
Victoria: 131 278 (24 hours) <http://www.dhs.vic.gov.au>

Eating Disorders Foundation of Victoria (EDFV)

The Eating Disorders Foundation of Victoria is a non-profit organisation which aims to support those whose lives are affected by eating disorders, and to better inform the community about these disorders. The EDFV offers Support groups for people with an eating disorder and for families & friends; Education; and Referral. They also have a Telephone support, referral and information line which operates Monday to Friday, 9.30am-5.00pm.

1513 High Street, Glen Iris VIC 3146

Phone: (03) 9885 0318 Non-metro Victoria: 1300 550 236

Fax: (03) 9885 1153 Email: edfv@eatingdisorders.org.au

Web site: <http://www.eatingdisorders.org.au>

3.7 Self-Injury Websites

The Internet hosts a vast array of websites dedicated specifically to deliberate self-injury. Workers should be discerning when viewing material posted on the Internet and it is always wise to remember that such information is not necessarily correct or endorsed by the proper authorities. This is a list of sites that may prove helpful.

Self-Injury and Related Issues (SIARI)

An informative U.K. self-harm website compiled by Jan Sutton, author of *Healing the Hurt Within: Understand and Relieve the Suffering Behind Self-destructive Behaviour*. It offers support for individuals who self-harm and those who support them; in the form of message boards, articles, fact sheets, books and an online support group for helpers. It also has an extensive list of links and resources on self-injury and related issues.

www.siari.co.uk/

Self-Injury Awareness Movement (SIAM)

A non-profit U.K. organisation established to raise awareness of self-injury. It provides a list of useful links, coping tips, a poem of the month page and suggests books for further reading. There are also products you can buy (SIAM ribbons and bracelets) to show your support for SIAM and those who self-harm. Offers information and suggestions for involvement in Self-Injury Awareness Day on 1st March.

<http://www.si-am.info/>

National Self-Harm Network (NSHN)

A U.K. focused survivor led organisation committed to supporting those who self-harm and their family and friends. This site has a message board, resources and fact sheets.

<http://www.nshn.co.uk/>

HealthyPlace.com

A comprehensive U.S. mental health site offering information and support on psychological disorders and psychiatric medications. It hosts a self-injury community with scheduled self-harm discussion groups and live chat, message boards, conference transcripts, self-injury journals, disorder definitions, medications and personal homepages.

http://www.healthyplace.com/Communities/Self_Injury/Site/index.htm

Samaritans

A website established by the UK and Irish charity organisation, The Samaritans. They provide fact sheets about self-injury, links to other self-injury web sites, and a report summary of recent research they commissioned into self-harm, entitled *Youth and Self-Harm: Perspectives*. Other documents of interest are *Youth Matters 2000: A Cry for Help* and the *Youth Pack*. The latter is a practical resource for teachers or those working with young people, offering a section on self-injury.

<http://www.samaritans.org/know/selfharm/aboutselfharm.shtm>

Secret Shame

Deb Martinson's website containing a wide variety of information for individuals engaging in self-injury and their family and friends. Information includes: what, why, who, causes, diagnoses, therapy, self-help, first aid, living with self-injury, and help for family and friends. It offers quotes from personal stories, references, offline resources and links.

This site also has several interactive features, such as live chat (IRC via Java), a web board, a self-assessment questionnaire to assess your immediate need to self-harm and an Internet self-injury questionnaire.

<http://crystal.palace.net/~llama/selfinjury/>



Australian Self-Injury Network (A.S.I.N)

One of very few Australian web sites, it aims to provide medical professionals with an understanding of self-harm in order to facilitate an appropriate response. It provides information on physical treatment, empathy, harm minimisation, duty of care, links to other sites and personal experiences.

<http://www.geocities.com/Athens/Troy/8295/links.htm>

Self-Injury Support

A UK website offering support and information for young people who are currently self-injurers or for others wanting to learn more about self-injury. It has first-aid advice, resources, books, links, a message board, and a support list where individuals who self-harm have posted their email addresses to offer support for other self-harmers.

<http://www.self-harm.co.uk/index2.html>

Young People and Self-Harm

A UK web site maintained by the National Children's Bureau. Whilst this web site does not supply any general information relating to self-harm, it has established an excellent initiatives database. The Initiatives Database is an international listing of contacts who deal with self-harm in children and adolescents. It includes individuals, groups, organisations and charities running workshops, conducting therapeutic interventions or undertaking research in relation to deliberate self-injury. An online questionnaire is provided for submission to the database. <http://www.selfharm.org.uk/index.htm>

Self-Harm Alliance

This site is maintained by a survivor led voluntary group, which offers support for those affected by self-injury in the form of a helpline, newsletters, email and postal support. There is information on self-harm, personal stories, information for family and friends, resources for professionals, books and an international list of supports (including Australia).

<http://www.selfharmalliance.org/>

Mind

A website maintained by Mind, one of the leading mental health charities in England and Wales. Below is a direct link to their booklet entitled Understanding Self-Harm. It contains personal anecdotes and information organised under the following headings:

Why do people injure themselves?

What's the difference between self-harm and suicide?

Is there a connection between self-harm and abuse?

How can I get help?

What can I do to help myself?

How can friends and family help?

http://www.mind.org.uk/Information/Booklets/Understanding/Understanding+self-harm.htm?wbc_purpose=Basic&WBCMODE=PresentationUnpublished

NCH

This site is managed by NCH, a prominent children's charity in the UK. There are three documents that can be downloaded free of charge from this site:

Self-Harm or Self-Injury: Your Questions Answered:

A 2 page leaflet on self-harm (PDF 196k).

Look Beyond The Scars Understanding and Responding to Self-Harm: A Summary: A 10 page summary of the report listed below (PDF 317k).

Look Beyond The Scars Understanding and Responding to Self-Harm: The full 49 page report (PDF 826k).

<http://www.nch.org.uk/selfharm/>

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Appendices

Appendix A Young Person's Survey

Young People who Self Injure (YPSI) Project.

Appendix B Worker's Survey

Young People who Self Injure (YPSI) Project.

Appendix C Self Help Exercises

WE HAVE SEEN THAT SELF-HARM IS A WAY OF COPING WITH OVERWHELMING FEELINGS THAT RESULT FROM AWFUL EXPERIENCES. BUT HOW DOES IT ACHIEVE THIS?



Appendix A Young Person's Survey

Young People who Self Injure (YPSI) Project.

1 Are you male female

2 Do you have any children in your care? yes no
How many?

3 Have you ever engaged in self injury? Eg:
Cut or carved your skin on purpose yes no
Hit yourself on purpose yes no
Burned your skin (cigarette, lighter, spray can, etc) on purpose yes no
Picked, scratched, scraped or rubbed your skin to draw blood on purpose yes no
Pulled your hair on purpose yes no
Other self injury Please put here:

4 What is your age currently?
AND your age when you first self injured?
AND your age when you first accessed a homelessness agency?

5 When you left home, did you choose to leave made to leave

6. What were the reasons you left home? (Eg: abuse or neglect at home)?

7 Did you have family members or friends who offered to help? yes no

8 What other issues or problems have you experienced?
Eg: Feeling low and depressed, feeling out of control on alcohol or other drugs, unwanted or unprotected sex, stealing or shoplifting to survive.

9 Did you at any stage while you were homeless access a homelessness agency? yes no

a If no, what were the reasons that prevented you from getting their help?

b If yes, how did you know about the agency(s) you approached?

10 How many accommodation places or services have you stayed in / used?

a What type of agency/service were they (if you know)?
 a refuge
 transitional housing manger
 transitional support agency
 referral agency
 outreach program
other (please specify)

11 Have you ever been exited from accommodation because of your self-injury? yes no

a If yes, about how many times has this occurred?

12 Do you feel that you ever been refused accommodation based on your history of self injury? yes no

a If yes, about how many times has this occurred?

b Were there any other reasons for leaving any of the services you stayed in / used?

Appendix A

Young Person's Survey

13 What do you do and where do you go when you have been refused accommodation or been exited from a service?

14 Have you ever self injured while staying in supported accommodation? yes no

a If yes, did you disclose to workers when you had self-injured? yes no

b If yes, what was the response from the worker(s) you told?

Positive aspects

Negative aspects

What could they have done better to help you?

15 Was your self injury only found out about later? yes no

a If so, what was the response from the worker(s)?

Positive aspects

Negative aspects

What could they have done better to help you?

16 Did you want support around your self injury? yes no

a Did you need support for other issues you have had? yes no

17 Did workers provide you with any referrals that were useful? i.e. Self Injury support groups/services etc. yes no

a If so what were they?

18 Did workers provide you with any other general referrals? yes no

19 Did the agency/service have posters, pamphlets or anything else that showed they had a commitment to helping young people who self injure? yes no

20 What was your overall experience of the agency/service in regards to the workers and your general treatment?

excellent good
 average poor
 bad

21 What could the worker(s) / agency have done to make you feel safe about discussing your self-injury (if they didn't already)?

22 Did you feel safe staying in the service's accommodation? yes no
Please explain

23 Would you access homelessness services again if you were homeless? yes no
Why or why not?

24 Do you think there is a need for a specific accommodation service that provides longer term help for YPSI?
Please give any other comments or suggestions?

Thankyou for taking the time to complete this survey

Please forward your response to:

Cam Lieng (Young People who Self Injure Project)
Youth Support Service, Quin House, St Vincent de Paul
36 Brunswick Street, Fitzroy, 3065
Phone: 9411- 4727

Appendix B Worker's Survey

Young People who Self Injure (YPSI) Project.

1 What type of service provider do you work for?
(e.g. Youth refuge, crisis accommodation, etc)

2 What is your role / position at your organisation?

3 In your experience, what are the challenges, and what appear to be the main issues and fears in housing and working with YPSI at your organisation?

4 How would you rate the experience of YPSI who have accessed your service? i.e. did they experience any difficulties because of their self-injury from other clients or staff?

excellent good average poor bad

Please comment

6 Does your service acknowledge and support the needs and experiences of YPSI?

always often
 sometimes rarely
 never don't know

7 Have you personally worked with YPSI? yes no

If yes, did they disclose their self-injury to you? yes no

OR did you bring the topic up following evidence of self-injury (please tick)

8 Do you feel comfortable in dealing with YPSI? yes no

Why?

9 Please expand on the aspects of YPSI that makes housing and working with these clients difficult for you (eg. Impact on staff-client relationships; nature of the injury itself).

10 What would assist you as a worker to more effectively respond to self-injury?

11 Would you be interested in attending training related to this project? yes no

a What are the areas that you feel you could learn more about?

12 From your experience what are the greatest gaps in service delivery to YPSI experiencing homelessness? AND how do you think these gaps could be best addressed?

13 Other comments or suggestions?

Appendix C Self Help Exercises

Self Help Exercises

These exercises were adapted from *The Self Harm Help Book* (Arnold & Magill, 2004). The ideas for these exercises came from people who self-injure and wanted to give themselves and others more choices in how to cope with their lives and feelings. The exercises comprise three sections.

- Section 1 is designed to help young people explore the reasons why they self-injure.
- Section 2 looks at the ways that SI may help young people to cope. This is followed by suggestions for new ways in which YPSI can express themselves and meet their needs.
- Section 3 is about building up better feelings about self and body and getting further support.

The exercises are not about trying to stop young people from self-injuring, as some young people may not want to give up SI. They are satisfied with SI as a way of getting by. However, many young people may wish to learn other ways of coping and the infokit is designed to contain helpful exercises that offer choices to YPSI in how to cope with the feelings that cause their SI behaviours.

The exercises may be completed as self-help for clients or in conjunction with supportive workers and are designed to assist YPSI to manage their own self-injuring behaviours. The exercises can be used in any way the client wants to. The exercises involve things like writing or drawing or saying things on to a tape recorder. Odd words or stick figures can do the job just as well as elaborate pictures. There are quotes, poems and drawings from other people who have worked on their SI and feelings and it is hoped that these will encourage clients.

How self-harm helps people cope

We have seen that self-harm is a way of coping with overwhelming feelings that result from awful experiences. But how does it achieve this? There are lots of ways self-harm seems to 'work' and it can be different for different people or at different times. Here are some of them. We will be looking at these in greater detail in the section on finding other ways.

Feeling anguish and pain

acknowledging, expressing or distracting oneself from painful feelings

Needing to take some control

giving a sense of control over something in one's life

Exploding with anger

expressing or defusing angry feelings

Feeling guilt and shame

dealing with feelings of guilt, shame and self-hatred

Feeling empty and needy

trying to fill the emptiness inside and gain some comfort

It's who you are

a way of saying 'this is me'

Feeling unreal or panicky

a way of 'bringing oneself back' from frightening panic or numbness

Sending a message

letting others know how you feel when words seem useless

You may recognise that self-harm works in some of these ways for you. It is great that you have found some way of coping. Self-harm may even have saved your life in the past. You may feel that self-harm has been a necessary friend to you. But you may also feel it has become a tyrant which you cannot do without even if you would like to. The important point here is that the things you get from self-harm are things that you need and are entitled to. How you get them is down to you, but what the rest of this book aims to do is to offer you a wider choice of ways to express yourself and meet your needs.

My old friend

*Pain overwhelms
and possesses my body
my heart freezes up
with fear and despair.
My voice is locked in
and my hands are shaking
I cannot let out
my torment here.
When I get home
I'll turn to my old friend
hoping the blade
will release me from pain.
But my shame and disgust
will exact retribution
for seeking this comfort
again and again.*

Kim.

Exploring your own self-harm

The reasons why you self-harm are special and unique to you. They may include some of those mentioned in the last section, but this does not include everything that can lead someone to self-harm. You might not be sure why you self-harm or you may already be aware of some of the reasons but want to explore it further.

What self-harm is about for me

Get a large piece of paper and some coloured pencils or pens. In the middle of the page write the words 'SELF-HARM' (or whatever words you prefer, like 'cutting-up' or 'over-dosing').

Around this write any words that come to mind which seem to be associated with it. They could be words about feelings, about your life and the things that have happened to you, people in your life past or present – anything that to you seems to be associated with self-harm. Choose colours that seem right for the words or draw pictures if you like.

When you've run out of ideas sit back and look at what you have written. (Or you could come back to it later.) Are there any surprises? What does it tell you about things from the past that may still be affecting how you feel? What does it tell you about things in your life now which may be causing you distress? Can you see what sorts of feelings drive you to self-harm?

Exploring the past

It can be helpful to explore for yourself what particular things in your life in the past have caused you pain and perhaps led you to self-harm. You don't have to do this all at once – only as much as you want, at your own pace.

Telling your life story

One good way of exploring and recording things about your life is in the form of a scrap book (or you could use a loose-leaf file). Into this you put things like photographs, letters, school reports, drawings, certificates, and mementoes of any sort. You also include anything you would like to write about the past. (If you prefer to talk, rather than write, you could record yourself talking about things onto a tape.)

It can be helpful to start by doing a quick time-line or list, showing what things have happened to you and when. This will help you identify important things you want to explore in depth, when you are ready to.

The sorts of things to write, talk or draw about are events, situations, people, etc. which seem significant to you. Just pick one thing at a time that you feel you'd like to explore, and tell the story of it, including your feelings – then and now. You could include something about when you started to self-harm, and how that developed. What you say can be long or short – whatever conveys your experience. You don't have to talk about things in the right order - later you can organise your scrap book or file to tell your story in a particular order, if you want.

Appendix C Self Help Exercises

This exercise is something you can keep doing over time, adding to your scrap book whenever you want. You can look back over it to help you see your own suffering and understand your own difficulties better. It could also be good to show what you have done to someone else who is interested and supportive.

Whatever your experiences, it is possible for you to get over the pain of the past and its effects on you. This needs to happen in its own time, in ways that are right for you. Often part of the process involves talking with other people about your experiences and feelings, when you are ready to. This can include friends and partners, support groups, a counselor or therapist – people who take you seriously and support you in exploring your needs and feelings.

There are also things you can do on your own, and books can help. The 'Telling Your Story' exercise above and some other ideas in this book are designed to help you to understand the pain you feel and how it may relate to the past. There are also ideas for things to do to help you deal with the difficult feelings the past has left you with, which is in itself an important part of resolving painful past experiences. A lot of what this book is about is helping you to change some of the ways in which the past may have affected you in your life now. We hope some of the ideas will help you to feel better about yourself and happier with who you are.

Exploring your current life

There may be things in your life now that underlie your self-harm. This may be on top of things in your past, or your self-harm may be all to do with your life now. It can be hard to look at your life now in an objective way because you are right in the middle of it. But there are ways of gaining some distance in order to see what is going on.

Me and my life

Collect together a lot of small items that you are familiar with. These can be anything, such as keys, pens, rings, small ornaments, etc. Go through your pockets or bag or look round the room and see what you come up with.

Now choose one of them to represent yourself and place it in front of you. You can use a table or the floor. One by one choose other items to represent people and things in your life, and place them where you think they should go in relation to you. Keep shifting things around until you have your current life represented in front of you.

When you are satisfied with it look to see which things you have placed close and which further away. How does it feel?

Do you like how things are? Is there anything about it that is uncomfortable or upsetting?

When you feel you have learnt all you can from this representation, try moving things around to positions which feel better. You can remove some items altogether if you wish, or add new ones. Keep going until you are satisfied this is how you would like your life to be.

This exercise can tell you a lot about what is right and what is wrong in your life. It can also help you to see what changes you might need to make, or at least aim for.

Sometimes someone can be very unhappy, but not ready to change big things in their life. Even thinking about change can be scary. It is helpful to say to yourself "I don't have to change anything". You can think about what is wrong in your life, and know that when you are ready, you will be able to make it different. In the meantime, you could do some very small, safe things to make your daily life a bit better.

Vulnerable times

Whatever the underlying reasons for self-harm, at certain times you can be particularly vulnerable. You may feel more distressed and less able to cope without hurting yourself. At the time, though, you may not realise why you are feeling quite so fragile, and may give yourself a hard time about it. Vulnerable times can include:

- When you are tired, hungry, stressed or not very well. Being physically under par makes it harder to support yourself emotionally.
- Certain times of day – perhaps evenings or night times – that are particularly hard for you.
- Certain times of the week – often weekends are hard.
- Before or during a menstrual period.
- At difficult times of year (such as Christmas), or around anniversaries of painful or significant events.
- At times of change, such as moving home, changing job, leaving school or college, etc.
- When you are away from your usual supports – people, familiar things; even when you're on holiday.

It can be very useful to keep a diary or chart showing your feelings, events in your life, and times when you self-harm. Over time this can help you see when you are most vulnerable. At those times you need to make allowances for yourself and take extra care of yourself. You might also need to get some extra support to help you cope.

Finding other ways

When you don't know why

In this book we talk a lot about understanding why you self-harm. However, the reality is that often people simply feel a compelling urge to hurt themselves. They don't know why. They just know that they feel awful and that somehow harming themselves will help. In this section we will look at some things you can do when you feel like self-harming, don't really know why, but don't know what else to do. This has two purposes. First, to help you understand yourself and your self-harm more. Second, to give you some more options about what to do, should you want them.

This is what i'm saying

For many people it seems like self-harm is a kind of 'language', in which they express important things. One thing which can help you to understand your self-harm and have more choices about it is to try to work out what you might be 'saying' when you hurt yourself.

You can do this on your own or with someone else. It's a good idea to record your ideas on paper or on a cassette tape, so you've got them later to remind you. What you do, is to ask yourself the question:

If I self-harmed now, what might I be saying?

Then write down or say out loud anything which comes into your mind. Don't 'censor' it. Don't think you've got to get one 'right' answer. There are probably lots of answers.

The last exercise might give you some ideas about things you need, or feelings that need expressing, changes you might want to make in your life, and so on. You can do the exercise at any time, if you want to try to understand yourself and your self-harm better, as well as at particular moments when you have the urge to self-harm.

A wound on paper

If what you want to do is injure yourself in some way, a good idea is to get some paper and draw on that the marks or wounds you want to make. You can draw the wound, or draw your body (or part of it) with the injuries you feel like making shown on it. It can be good to draw or paint it big, in colour.

Next, write down any words that feel right, alongside the injuries you have drawn. Just write what comes, odd words and phrases, it doesn't have to make sense. You might feel like drawing some other things too. Use any colours that you want. Just keep going until you feel you've run out of things to put.

Now sit back and look at what you have drawn and written. Notice what messages there are in what you have written. It might be sad or shocking, but also quite satisfying to look at. You may be upset, and it's important to take care of yourself – say some comforting things to yourself. Perhaps you'll find that you don't need to actually hurt yourself any longer, having drawn and understood what you felt like doing to yourself.

You could also show what you have drawn to someone else who will understand and take it seriously.

Things to remind yourself of

If I feel like self-harming, it's because there is something wrong which deserves attention.

It's okay to be confused. It's all right not to know why. I can take my time to gradually understand myself more.

My feelings, whatever they are, are real and important.

Feeling anguish and pain

For many people, self-harm is first and foremost a way in which they try to deal with the terrible feelings of hurt, pain, grief and despair which overwhelm them. Sometimes it seems like doing harm to oneself is the only way of acknowledging just how much hurt and sorrow you carry inside. Hurting oneself can be a way of expressing the pain – some people have called self-harm ‘a silent scream’. Sometimes hurting yourself, taking tablets, etc., is a way of trying to get away from the awful feelings. In this section we will look in turn at ways of doing these important things: acknowledging the hurts inside, expressing feelings, soothing, and giving yourself some respite from the pain.

Acknowledging the feelings

One of the hardest things about emotional injuries and pain is that they are invisible. It can be hard to take your own pain and suffering seriously, or to communicate to others how much you’re hurting inside. The pain doesn’t show and those around you may not even know that anything is wrong. Hurting your body may be a way of saying “this is how much I hurt” or “something’s wrong, please help me”.

What self-harm seems to have particular power to do is to show on our bodies that we are hurt. The wound, mark (or perhaps thinness or illness) can seem to stand for the emotional hurts inside. If you are suffering, you need acknowledgement of your feelings from yourself and others. You might be able to find new ways of getting that.

An ‘image’ of suffering

One powerful thing to do is to make an image of your body, and show on it the injuries and damage which you feel you have suffered. You could do this as a picture or a model.

If you prefer to draw or paint, get some of the right sort of paper for your image – big or small, white, black, red, and so on. Have some different coloured pens/crayons/paints handy so you can use whatever seems right as you go on. You don’t have to draw yourself your real colour. Green, purple, etc. might seem more like your image of pain. You could make a figure with something like coloured plasticine or modelling dough. Clay can be painted when it’s dry. Get together some things you can use to mark the model.

Draw or make a simple outline of your body as you feel it to be. If you feel very young, you can draw or make a child or baby figure. If your experiences have made you feel really old and frail, show that. If you feel deprived and starved, you could draw or model yourself very thin. If you feel broken or tortured

and twisted out of shape by what has happened to you, make your image like that. Next mark on the figure any wounds you feel are needed to show what has happened to you and the pain you feel.

Try to look with respect and compassion at what you have made or drawn. Be kind to yourself if you feel upset to see your pain shown in this way. Decide what to do next with your image – to put it away gently in a safe place, to show it to someone who cares, or to change it in some way. You could also do something like lighting a candle for the hurt self you have shown.

I hurt

Write down all the things your self-harm might be telling someone who could help. They might be things about how you are feeling, or things about what has happened to you. They might just be words, like ‘help’ or ‘stop’. You might want to show (or send) what you have written to someone who will understand or be able to help you.

Another thing you might do is to say the words aloud when you are alone. Just to say “I hurt”, “I’m desperate”, or whatever it is you need to say can be a relief.

Expressing the feelings

Pain and grief need expression. You might not be able to change what has happened in your life to hurt you. But letting out the awful anguish that you feel can help to ease the pain and relieve despair. Putting it on the outside can make it more bearable. Often people who self-harm say they find it difficult to cry, or to say in words to others what they feel. Sometimes the blood from cutting themselves seems to represent the tears they cannot shed. Perhaps the wound is like a ‘mouth’ which can ‘speak’ for them.

We can express and honour our pain in many, many ways. Even if it’s hard to cry, you can do things to recognise your feelings and give them the expression they need and deserve. You could explore some new ways which suit you. Take it slowly, just letting yourself feel and express what you can manage at any time. With all of the ideas which follow, remember to comfort yourself for your pain.

Screaming the pain

Sometimes the pain can feel like a scream inside you. Letting out a scream can be very difficult (especially when you have neighbours). You could try playing some loud music while you do it. Screaming into a cushion might help.

Try at first just to make any sound, then again and again, working it up into a scream. Imagine all the pain and anguish pouring out with the scream. You may find you end up crying. Let the pain flow out through the tears too

I'm going to SCREAM

I'm going to SCREAM

But who gives a shit?

You say that you care

But that's about it.

How can things be right

When everything's wrong?

You say that I'll cope

But I'm not that strong.

You say you can help

You say you will stay

You say I'll be fine

But I can't live this way.

I need you to be there

For me all the time

Not just when I'm normal

Is that such a crime?

I need you to tell me

That I'm not that bad

I need you to tell me

I'm not going mad

I need you to tell me

That you will be strong

I need you beside me

When it all goes so wrong.

I'm going to SCREAM

But who gives a shit?

You all say that you care

But that's about it.

by C.

Drawing the pain

Imagine your pain as a colour. What would it be? Try using that colour and draw a shape that feels like the shape of your pain. You can keep on using colours and shapes to add all the different bits of pain you may feel. Or you might want to draw things or people associated with your pain.

The ways you express feelings need to fit in with your personality, things you like to do and feel comfortable with.

Many ways of expressing feelings

If you like writing, you could write a journal, poetry or letter about how you feel. Or you could write words and phrases about your feelings in big letters and stick it on your wall.

You could sometimes choose what you wear to express how you are feeling; e.g. you could honour your grief by wearing the colours of mourning – black, purple etc.

You could do things at home or in your garden which express important things for you, like planting something in remembrance of your sadness, or putting up pictures or photos which seem to 'speak' for your feelings.

Explore music that seems to express some of your feelings. Blues; soul; piano, violin or guitar music; songs; water, wale and dolphin sounds-it's what suits you that matters.

Talking to someone else who cares is very important. We need others to know how we feel, how bad things are. If you can't tell anyone you know, ring a helpline. Try not to be alone with your pain and despair any longer.

Soothing the pain

When we feel emotional pain, we usually experience it somewhere inside our bodies. Some of the places people mention when they talk about the hurts inside them include their heart, their chest, their tummy and their throat. It's a very individual thing. Ways people describe feeling inside include aching, sore, cold, wounded, broken.... It can be many things. However you experience your pain in your body, it can help to try to soothe the hurt.

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The places that hurt

Try to identify where inside of you feels hurt or wounded. This just means sitting and paying attention to your body, and how it feels. Don't forget to breathe.

Ask yourself where inside you feels hurt in any way. Don't push yourself too much. Just taking a moment to notice one place inside where you hurt is a good start. Perhaps lay your hand on it. If you like, you could draw the outline of your body on a piece of paper and show where it hurts.

The 'wounds' or hurts inside you need soothing and helping to heal up. There are lots of ways you can do this, like:

Holding a pillow, cushion, hot water bottle or other 'comforter' against the place where you feel hurt. Or wrap a scarf or blanket (like a big bandage) round you.

Having a cry for the hurt parts of you and then saying gentle, comforting things to yourself, like "it's okay now..."

A soothing drink, like warm milk, hot chocolate, tea or herb tea, water with Rescue Remedy in (whatever is comforting).

Getting a break from feelings

Sometimes you don't want to think about what's going on inside you. You just want to escape from all the thinking and feeling. Self-harm might be your way of doing this, taking you away from the awful feelings.

Distracting yourself

You could try distracting yourself in other ways. One way could be to let something else express the feelings for you, such as loud music. Imagine the person singing has the feelings and is screaming them out.

Or you could imagine parcelling up the feelings and putting them somewhere safe until you are ready to face them.

When I just couldn't face any more pain I would imagine taking a black dustbin bag and, one by one, place all the horrible feelings in it. When it was full I would imagine tying up the top and sending it off through space.

Sometimes I would send it off as far as I could but other times I would send it somewhere specific, like to the room where my group used to meet. I knew it would be safe there and I could open it later with people around me who would understand and help me deal with it all.

(L.C.)

Things to do when feelings are too much

You could work out for yourself a list of things you can do when you need to get away from unbearable feelings for a while. Big or small things; things which suit you. The sorts of things which could help include:

Physical things like walking, running, swimming, cycling, going to the gym (or get yourself some cheap weights and something like a bouncy 'jogger' to use at home).

Things that occupy your mind, like reading, TV, playing computer games, or games like chess or 'patience', doing some work or study, sewing, drawing, woodwork.

Some people find doing something domestic is good, like cleaning, baking, home decorating or gardening.

Things that bring you into contact with other people, or perhaps animals (walking someone's dog?).

Things to remind yourself of

The things which have hurt me in my life are real and important, even if they don't show.

My feelings are valid and justified. They deserve to be recognised.

Sometimes I may need a break from the pain; to postpone my feelings until I have someone to help me with them.

If I let myself really have my feelings and get support for them they will pass. The pain won't go on for ever.

Needing to take some control

You may have experienced very little control over your life and the things that have happened to you. Other people may have had a lot of control over you. This can lead to feelings of utter helplessness. Self-harm may be the only thing in your life that gives you a sense of control. You may be harming your body, but at least it's your decision to harm it and not someone else's.

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Taking control in small ways

Taking control over other things in your life can lessen that awful feeling of helplessness. You could start with small things, like deciding when and what you will eat. Just for a change think about what you would like.

You could also think about other small, everyday things you can have more choice and control in, like:

going to bed, getting up, having a bath etc. when you want wearing what you fancy, not what other expect; looking how you feel like looking

choosing TV programmes, books, music etc. you like

taking time away for yourself for your own private thoughts

"Once I decided to have ice cream for breakfast. It seemed a very daring thing to do. My mother would have had a fit! I really enjoyed it and for the rest of the day I felt a mixture of excitement and being in charge of myself. It was great."

When you are feeling that you have no control over your life, or some aspects of it, all sorts of other feelings arise. You can feel powerless, angry despairing, frustrated, 'crazy', depressed, diminished or humiliated – different things at different times. Perhaps you turn these feelings in on yourself. Finding a way of protesting about your lack of control (now or in the past) can help you feel more powerful and less overwhelmed by awful feelings.

Making your protest

You may feel able to protest directly to people who have had control over you, and that could help you take back some power and feel better. But this may not be possible. Throughout history, people who have had their power taken away from them – like prisoners of war – have survived by recording their protest in some way, if only for themselves. One way has been to write graffiti on their prison walls.

You could have your own graffiti 'wall', using a roll of paper, and write words or statements or draw pictures or cartoons expressing your protest. You can show your anger and pain, or make fun of those who have had power over you. You could show yourself as strong and powerful.

If you like, you could also do other things like write poetry or songs of protest about your experience.

Things to remind yourself of

I have the right to control in my own life

I can take back control in small ways (and big!).

I have the right to be angry and to protest.

The yellow file

Not another one!

Go away and give me a break,

You posh, clean, protected person.

Who are you anyway?

You don't even let me smoke,

Yet you cut me up inside and take out my heart

And I desperately allow you to,

Hoping you will save me.

Well, go to your next guinea pig

And leave me alone.

I'll go to the tramp under the bridge,

He'll offer me a butt end, not a yellow file.

Don't mess around with me any more.

I ain't buying your hypocrisy no more.

And by the way!! Just for the record –

I don't see no file with your name in it!!!

Karen

Writing an angry letter

Write or dictate a letter saying all your angry feelings to the person or people concerned. Don't hold back – be as furious as you want, even if it seems unreasonable. No-one has to see or hear this. If you want, you can write about what nasty things you'd like to do to the person, or wish would happen to them.

Later on you can decide whether you want to actually say or send any of what you have said in the letter to the people involved. You might want to write another, more measured letter which you do send. (Be a bit careful what you write down to send – if you put threats in a letter the person could take it to the police.) Or you might just want to keep the letter somewhere private, or stick it up on your wall and enjoy looking at it!

Sometimes you can't do anything directly about the hurts and injustices you have suffered. But your anger is still important and needs to be expressed. Otherwise it sits inside you, making you tense, miserable and self-hating.

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People can feel like they don't want to let go of their anger, unless they can show it directly to those they are angry with. Self-harm can feel like the only way to do justice to their outrage. If you feel like this, you are right not to want your anger trivialised. But why should you be hurt further? It's better to find other powerful ways of expressing your anger. In this way you acknowledge and honour your feelings, and do justice to yourself.

Many ways of expressing anger

Drawing: perhaps a picture of the person you are angry with, showing on it what you want to do to them, scribbling on the picture, tearing it, jumping on it, even spitting at it!

Writing – a few words, big, in thick marker pen – like a shout on the paper. Or you could write about the experiences you are angry about, perhaps for a newsletter.

Throwing things or hitting something. Throwing cutlery on the floor makes a satisfying noise. Hurling bottles into the bottle bank is good too. A dartboard is great, (you can imagine aiming darts at people you are angry with). You can whack the bed with a tennis racket, or use a big cushion (or home-made punchbag) to punch or kick. (Don't hurt yourself, or smash things which are precious to you.)

Some sorts of physical exercise are really helpful, like table tennis or squash, football, self-defence.... Fast digging or hoovering could also help you let off steam. So can tearing up newspapers or phone books.

Making figures and objects out of plasticine, play-dough or clay which represent something you are angry about, and then doing something appropriate with them – like smashing them, burying them, flattening them.... Clay (or mud) is also great to throw at a wall – perhaps out in the garden!

Things to remind yourself of

Anger is natural and healthy. I'm not bad for being angry.

I have a right to protest about being treated badly.

I can let out my anger for my own relief and satisfaction.

Feeling guilt and shame

Many people who harm themselves do so at least partly in order to punish themselves, and try to rid themselves of feelings of guilt, shame, 'badness' and 'dirtiness'. Often they have done nothing to deserve to feel so bad.

We all do things at times in our lives about which we feel justly ashamed or remorseful. Then we need to think about whether there is any way we can put right the situation – perhaps by apologising and allowing the person we have hurt to tell us how they feel. However, most of the time people who self-harm feel shame and guilt unjustly, because of things which have been done to them.

It is terrible to carry around the burden of guilt or shame. Guilt can make you so miserable that it's impossible to enjoy anything, as though there were permanently dark clouds across the sun. Shame can make you feel so bad that it seems unbearable to be yourself. At the same time it can make you afraid to be with others, in case they see how 'awful', 'dirty', or 'ugly' you are (or so you believe).

What can you do about such feelings? The first thing is to realise that feeling bad or dirty does not mean you actually are those things. If you feel guilty or ashamed, this is how you have been made to feel by things in your life.

Imagine a beautiful new baby, or a young child. You were once like that. To a child, the adults around act like mirrors. If they love and are delighted by their baby, the baby comes to feel himself to be loveable and delightful. If they are interested in and proud of their child, the child feels herself to be interested and worthwhile.

If, on the other hand, the adults around a child ridicule and criticise her, the child feels bad, useless and ridiculous. If they treat her abusively, as though she is just something to use or vent their anger and self-hatred on, the child comes to feel worthless and hateful.

Where guilt and shame come from

Think of the things (big or small) which have happened in your life which have left you feeling bad, ashamed, dirty, wrong, etc. Recall any situations now in your life which tend to leave you feeling horrible about yourself. Write them in a list on paper or say them on to tape.

Looking at the list, can you see how your guilt and shame are feelings which have been caused by what has happened to you? It is not your shame or guilt you feel, these feelings have been dumped upon you. It's time to dump them back where they came from.

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If you are someone who tends to suffer horrible feelings of self-hatred, guilt and shame, you will know how hard it is to change them. They can't easily be just argued away. In fact, feelings of shame and guilt need to be explored and expressed. Easing them is a gradual process, which starts with just becoming more aware of the feelings and of the pain they cause you. It's very helpful if you can talk about the feelings with someone who will understand and care and support you. It's also good to write about what you feel, as well as to express it through drawing.

Shame

*The same I bear
because you touched me for your pleasure
I carry the blame
The word 'abused' branded across my forehead
Which has melted into my identity
Stealing my sexuality.*

*Because you could not control you lust I suffer
My face on the floor with embarrassment
Hair across my eyes
THE SHAME I HAVE BECAUSE YOU ABUSED ME.
My head bowed low in disgrace
Because of a childhood dishonoured.*

Rebecca

Depicting shame and guilt

Draw a simple picture of yourself (a stick or blob figure will do fine). On the same piece of paper, try to show your shame, guilt, 'badness', 'dirtiness', or whatever. Draw it in a way which shows how it makes you feel. Show it in whatever way seems right – say as a big weight on top of you, as a smear or blotch, as a 'hook' on which you hang.... Then look at the picture. How does it make you feel? Seeing the awfulness and injustice of the shame or guilt there, you may feel sad or angry.

The next stage is to change the picture. (If you feel you want to keep this picture as it is, then take some more paper and do a new picture on that.) Now draw what you would like to happen to the shame and guilt. Would you like to destroy them, rub them out, or give them to someone else? Show yourself how you would like things to be – free of the burden of horrible feelings that have been forced upon you. Show yourself as you are – beautiful and good.

Sometimes it's very hard to feel better about ourselves. The bad, self-hating feelings are so strong, that they can just drown out any attempts to tell ourselves that they are not justified. One helpful thing to do can be to give voice to the hateful feelings and thoughts, rather than to just have them raging inside and driving you to self-harm. Then you can really look at what you are saying to yourself and decide what you think about it. Having voiced these negative thoughts, sometimes you can find a kinder, more positive voice inside yourself.

What do i say to myself?

This exercise has two parts. It is important to do both.

1 Write down or say onto tape the negative things that you are saying to yourself inside. Say them in the form of 'you' statements – "you are bad, horrible, dirty," or whatever. Keep going until you have run out of things to say.

2 Now think over the things you have said or written. What do you think about them? Are they really fair? Try to find inside yourself the voice which wants to protest about what you have told yourself. (It's there somewhere, but may usually be silenced.) Write down or say aloud whatever this part of you wants to say to defend you. Or think of someone else who supports you and things well of you (a friend, counsellor, etc.). Imagine them sticking up for you, and say aloud or write what they might say.

Negative Voices

As far back as I can remember I have always had negative voices in my head – forever telling me that I was stupid, a fat bitch, a pathetic idiot, etc. Somewhere very, very deep inside me, on rare occasions, I did feel that I wasn't these things. My head said I was. But in fact deep inside I believed I was beautiful inside and outside. But the negative voices were always the most powerful – they always won.

On many occasions I would be criticising myself so much that I would often impulsively punch myself in the face or plan to hurt myself in some way when I was alone. I desperately felt I had to punish myself for being so stupid and pathetic!

Once this had been achieved I felt better knowing that I had yet again punished myself for being me.

That was all in the past.

Today my life is changing so much, I do still have lots of negative messages in my head but the miracle is, I'm now opening my ears more and hearing that beautiful little me deep inside. I have conversations with my little voice inside, we have become friends. I am in touch with her at long last. She tells me I am okay, she tells me it wasn't my fault, she

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encourages me to hold my head up high to the sun, she tells me my body is mine and that my body is beautiful. She is becoming the friend I have always wanted.

I do feel so sad, that she was there all the time but the negative voices kept us so far apart. But we are together now and we are getting stronger and stronger each day. I really feel that what's helped me learn to forgive myself and accept myself is the unconditional kindness and respect I have received from the people I know in my life today. I decided that I no longer would have people in my life who shame me or don't accept me for who I am.

Karen

Things to remind yourself of

I am not bad, dirty, or horrible. I have been made to feel like that by things that have happened. But it's not true.

I don't have to keep believing horrible things about myself. I can chuck them out, and start seeing the good in me. Sometimes I hate myself instead of hating someone else. I can turn my anger back onto those who deserve it.

Feeling empty and needy

Sometimes self-harm is about trying to deal with desperate feelings of emptiness, neediness and lack of comfort. For some people it can be very comforting when they look after an injury they have made, or when someone else treats it for them. It's as though, in a way, the bathing and bandaging help soothe and treat not just that injury, but the wounds and pain they feel inside. Other people sometimes swallow tablets or other things to try to quieten and ease the terrible emotional pain they feel inside themselves.

If you are someone who does this, then you are already trying to do something really important: to soothe the hurts that your life has caused you. It's sad that your efforts to do this good thing for yourself cause you more pain, hurt and danger. What you can try to do is to find ways of soothing the inner wounds you carry, without having to harm yourself.

It might be easy to say "take care of yourself", but often it is not so easy to do. Several things can happen when you think about comforting yourself. You may want to, but not know how. You might be angry, feeling "No-one has ever cared about me or comforted me, why should I have to do it for myself?". You're right to feel angry and resentful if you haven't had the loving and caring you have needed. And you do still

need support and comfort from others, but it does help to give some to yourself too.

You might think that it's 'stupid' to need comfort, let alone to give it to yourself. Perhaps the whole thing sounds like a load of rubbish. Sometimes saying something is 'stupid' is less painful. But if you are someone who self-harms, you probably do need some comfort and caring. You could give the ideas that follow a try anyway.

Words of comfort

One good thing you can do if you feel empty or needy and desperate for comfort is to ask yourself: "what would I like someone to say to me right now?"

The 'someone' needs to be somebody caring and loving. It could be a real person you know, or you could visualise in your imagination a person who you would like to really care for you. Then you think about what lovely, comforting, caring things you'd like them to say to you. You could write them down. This would be very individual, but could be something like "I know you're in awful pain", "You're not on your own, I'll help you", "It's all right, I'll look after you" – anything which would feel comforting and helpful to you.

What you do next is to say those same comforting things to yourself. Sometimes you can be the comforting figure you need, for the part of yourself which is deprived and needy. You can say those gentle, loving things to yourself. You could also think if there's someone in your life who would give you a bit of the same comfort – now or later.

If you feel like harming yourself, it's often a signal that there is something you need. Part of you (usually a part that doesn't get heard enough!) is desperately trying to communicate that need. Often the part that is so needy and desperate feels very young. It can be hard to know exactly what it is that you actually need.

Something i need

Start with the assumption that there is something which you need, and that this is important. Take a few minutes to explore possibilities and listen to yourself. Either write down or say (out loud or to yourself): "I need..."

Take notice of what thoughts follow. Write or say as many things as you can, big or small. It's fine if they're contradictory. If you find yourself too uptight about getting it right, change the statement to "maybe I need". Or it might be easier to say "she needs" or "he needs", about yourself.

Once you've got some ideas about things you might need, you can think about ways of getting them. Try to take seriously

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what you have said about what you need. You've had more than enough of being dismissed and ignored. See what things on your list are possible, and what you could give yourself or ask for from others.

*Strong, safe arms to enfold me
Soft, kind voice to comfort me
Open mind to believe me
Warm heart to accept me
Strength to have faith in me
Patience to wait for me.*

Pip

Things that have helped me

*Touching my cat's
velvet paw, music, sunshine,
spiders' webs, acorns, conkers, leaves,
saving frogs, ants, wind, rain,
cutting, loving being heard, loved, cared for,
appreciated, respected. Equality. I also enjoy
swimming like a dolphin in the sea,
being with safe people,
good friends, my school teacher.
Tea, coffee, ginger biscuits,
rum truffles, looking at the stars,
lighting a candle, having a hot bath at night,
watching 'Prisoner Cell Block H'.
Getting back into bed. Having a good sesh with
friends, reading 'Andy Capp' and 'The Beano'.
Writing poems. Keeping my power, and getting
a good bargain from the charity shop.
Curly Wurlies, wine gums, and peace of mind
would be nice also.*

Karen

Things to remind yourself of

It's okay to feel needy. Everyone does sometimes (even if they don't admit it). I don't deserve to be punished for it.

It can be very painful to let yourself feel your needs. I can take it slowly and be kind to myself.

I can have some comfort. I can take care of myself and ask others for some of what I need.

It's who you are

Self-harm can feel so much part of you that you cannot imagine who you would be without it. This may be because you have grown up with very little sense of who you are and maybe haven't had much chance to discover who you might be. It can be very hard to think about who you are. Sometimes it can feel like there is nothing there – that you don't exist. Self-harm can fill that emptiness, can make you feel 'this is who I am'.

Finding out about me

Trying to find out who you are or might be can feel very scary. But you don't have to do it all at once. You could start by making a list of things that you like. It could be colours you like, particular foods or flowers, or even the time of year you like best. Anything at all that you like or prefer. When you have written some things you could read it to yourself saying, 'I like..... and I like' I am a person who likes"

This is only a small part of who you are but it's a start. Another time you could make a list of things you can do. These could include skills such as driving, cooking, DIY, sewing, decorating, or anything else, no matter how small.

When you are feeling like going a bit further you could list all the good qualities you have, like being a good listener, having a sense of humour or anything else you value in other people.

Although finding out who you are can be a frightening idea it can also be the beginning of an adventure. Just imagine meeting a good friend who you haven't seen for years – maybe not since childhood. You would have so much you wanted to know about her. Even though the things you find out wouldn't change her they would help you to feel closer to her. It's just like that discovering yourself. There's a whole, wonderful person there waiting to be found.

A Chance

*I need a chance, to be just me,
To show what I can really be.
I need a chance, to be just me,
Maybe so you can see
Not half, but all of me.
I need a chance, can't you see
That I want to be just me!*

Shaz.

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Often we hide and deny some parts or aspects of ourselves. Sometimes self-harm expresses (in a 'coded' way) parts of ourselves we think are unacceptable or shameful. For example, if someone has grown up being taught that they must always be 'nice' and sweet and quiet, injuring themselves may be a way they express the part of themselves that doesn't feel 'nice', that wants to be loud and rebellious. Or if someone has been made to feel that they must always be 'strong' and uncomplaining, the wounds they cause themselves may be a way of showing that they are vulnerable and can be hurt.

Making my mark

When people write graffiti on walls it often stems from a need to make their mark and express something of themselves. Graffiti can be anything – words, pictures, poems, slogans... Cover part of your wall with paper. Then do graffiti on it to say anything you want about yourself and what you think and believe in. It could be about you, or important things you'd like to say to the world. You can keep adding more graffiti over time as you think of new things you want to say.

You could also draw an outline of your body on a big sheet of paper, and write 'messages' on that – things about yourself which maybe you don't usually show. You could add other things to the picture – facial expressions, hair, wings, things which express something important for you.

People in some countries do elaborate paintings on their bodies, which express powerful things. You could use face paints to write or draw your 'message' on your own skin.

Things to remind yourself of

I don't have to invent a self – it's already there just waiting to be discovered.

I can take my time about discovering myself, starting with really small things.

There are many aspects to me, and they are all valid parts of the whole me. It's okay to be me.

Feeling unreal or panicky

Sometimes people self-harm as a way of helping themselves feel more 'real' at a time when they are feeling 'unreal', numb' or 'distant. People may also use hurting themselves to help them to come back down to earth when they are feeling panicky or frantic with anxiety.

Feeling unreal or very panicky can be frightening, horrible and confusing. It can make you feel as though you are going mad, as though something terrible is going to happen, as though you are going to die.

It can seem like the feelings have just come from nowhere, and taken you over. In fact, numbness and panic are both responses to overwhelming experiences and feelings, which may have begun long in the past. The trouble is, that for some people the unrealness and panic keep coming back later, when the original trauma or distress is over. But people can find ways to take control of these feelings.

Often, feelings of unrealness or panic come back when someone is anxious or under some stress. This might be because of something which would generally be acknowledged as stressful, such as pressure at work, exams, moving house, bereavement, having an accident, and so on. Or it might be because of some situation which is stressful to the individual concerned (however apparently small or easy to others), perhaps because of their past experiences. Most people are also more vulnerable to feeling unreal or getting panicky when they are tired or hungry.

What makes me feel panicky or unreal?

One helpful thing to do is to become more familiar with what happens to you, when and why. Some ways to do this are:

Keep a diary of feelings and things that happen. Try to write something brief several times a day. Over time this will help you to see patterns: - when the unreal or panicky feelings seem to start, and what seems to set them off.

When you start to feel unreal or panicky (or afterwards), think about the particular situation you are (or were) in at that moment, and about your life generally. Is there anything, however apparently small, which feels stressful, worrying, upsetting or too much for you?

Ask yourself the question: "What would I be feeling if I wasn't feeling unreal/panicky?" The answer might give you clues about feelings which are hard for you to bear (such as sadness or anger). You may be protecting yourself from these feelings by going numb or panicky. Or it might tell you that you are hungry, or tired, or fed-up....

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When you understand more about the circumstances and feelings which trigger feelings of unreality or panic for you, you can think about things you could change in your life to reduce the stress on you. Or you might need to get more support for feelings which are hard for you to bear.

There are also ways to stop feeling unreal or panicky, when it happens.

Dealing with feelings of unreality or panic

1 Don't make the situation any worse by worrying or feeling bad about it. Don't pretend it's not happening. Just notice and accept what's going on. You could say something to yourself like "Oh, I'm getting those feelings again. It's okay, I'm alright. It will pass".

2 Make sure you are breathing properly. Holding or restricting your breath, or breathing too fast can make you panic and feel very unreal. Try to let yourself breathe slowly and easily, really letting your breath out. You could put your hand on your tummy and feel yourself breathing.

3 You might be scrunching yourself up in your body, which stops the blood flowing easily and can make you feel unreal or anxious. Get yourself comfortable, sitting or standing up with your body supported. Relax your body.

4 Feel your body and what it is touching. Make sure your feet are touching the ground, perhaps rub them on the floor a bit to really feel them. Feel your hands, rubbing your fingers together. Run your hands over your body or face and see how that feels. You could put your hand on your heart and feel your heartbeat. You could hug yourself too.

5 When you feel like it, have a look around you at the place you are in and the things nearby. Focus on one or two things around, and notice what they really look like. Don't worry about the world beyond that. If you can, touch the things and feel your skin in contact with them. Listen to the sounds you can hear around you.

Another good thing to do for yourself is to have a list of things which help you feel more calm or real. Here is a list of things that other people find helpful. You might find other things that work for you, too.

Quick ways of feeling calmer and more real

Having a drink of water or juice; putting some ice cubes in it to crunch can be good. Herb teas can help.

Doing something physical but calm, like walking (be sure you go somewhere you feel safe).

If you are feeling 'numb' or 'out of it', cold water can help – splashing yourself, or if you feel safe enough, swimming.

Putting yourself to bed or wrapped up on the sofa.

Listening to calm music, letting yourself focus and relax.

Looking at photos or things which are precious to you.

Telling someone you trust what you are feeling. Holding their hand if you want to.

Things to remind yourself of

It's horrible to feel panicky or unreal, but nothing terrible is going to happen.

The feelings will pass if I take care of myself.

It's okay to want help from someone else, too.

Sending a message

Sometimes people self-harm to try to send a message to someone else. They may be trying to communicate their feelings, or to get something they need. Or they may be expressing their distress about some way the other person behaves. With self-harm, the communication is indirect, and the hope is that the 'message' will be received and understood. Unfortunately, the message may be unclear, or may be misunderstood or not heard.

We all need to find ways to communicate important things to other people, and this can be very hard. Sometimes others don't want to hear. But we need to give ourselves and other people a chance to get things across.

Appendix C Self Help Exercises

Getting the message

The first thing to do is be clear for yourself what 'message' you need to send, and who to. Get a sheet of paper and cut it into strips. Write on each strip some sort of short message. You don't have to get it right straight away, try out lots of different things you could be needing to say. Then look through the strips. From amongst them, which ones seem to be the messages you need to send at this particular time? Who would you want to receive them? Would it be a particular person, or the world at large?

The next step is to think about how you could communicate your message. You could say it in words. You could show them the slips of paper, or write them out big and stick on the wall. Maybe you need to write something longer in a letter, or send a card.

Sometimes it isn't possible for you to communicate your message directly to the person it is aimed at. At those times, you could show it to someone else instead, and explain how you would like to say these things to the person concerned. Someone supportive, like a friend or a counsellor would understand.

You might also need to express your anger and frustration about not being able to give your messages to the person who needs to hear them.

Building your strengths

Reclaiming your body

Self-harm is about something you do to your body. Many people who self-harm have very difficult and unhappy feelings about their own bodies. This is usually because things have happened to them which have made them feel bad or uncomfortable about their bodies.

Some people hate their body, telling themselves horrible things about it, or about particular parts of it. Sometimes their body has come to feel like an 'enemy'. They hate it for being vulnerable, for having needs, for being hurt.

With self-harm, sometimes it seems like people are trying to 'punish' or reject their own body. Perhaps it feels like their body is to blame for bad things that have happened. Of course, it's never the person's own fault if others have hurt them. No-one's body deserves to be abused or exploited. But it's not surprising that people who have been treated badly find it hard to love their own bodies. How can you possibly feel good about your body (or yourself) if you have been treated as though you and your body don't matter, and have no rights or feelings?

People in this painful situation have the task of trying to 'forgive' their bodies for the crimes which others have done to them. From such difficult beginnings, they need to create some good feelings about their bodies. If you hate your body, you can learn to feel better about it, to begin to see it as tender and precious, rather than as a horrible thing to be punished. It's hard. But it can be done.

Things i like about my body

Even when you hate your body it can be possible to find some things you like, or some things your body is capable of that please you. It can be good to make a picture of these things, but instead of drawing it you could look through old magazines to find images you can relate to.

You may find images relating to strength or softness. If you are big you may find positive images of people or things that are big. Or if you are small you could look for positive images of smallness. If you like a particular part of your body look for good pictures that represent that part, or what that part does. It might seem hard but once you start looking at images you will find you connect with some of them. You might even find yourself connecting with some surprising images.

When you are satisfied with your selection you can paste them on to a large sheet of paper. You can have fun arranging them. You could put the picture on a wall and each time you look at it you can remind yourself that there are things you do like about your body.

Some people feel like their body doesn't really belong to them. Maybe it feels like other people have taken over or 'stolen' their body from them. Sometimes people can feel like they don't want much to do with their own bodies. Perhaps it just feels too painful to even have a body. People also cut off from physical feelings, to stop themselves feeling unbearable emotional pain. They might feel numb or very separate from their own body.

Someone may also self-harm to claim back their body, to say "this is mine, this is me". Or if their body feels numb or strange to them, they might hurt it to try to feel something, to find some way of relating to it. If self-harm has these powerful meanings for you, it can help to find some other ways of reclaiming your body.

Claiming back your body

You could try out some ways of connecting with your body and claiming it for yourself. There's bound to be something that suits you. Take it slowly and only do what feels safe and comfortable. Here are some things other people who have struggled with this issue have found helpful:

Starting to try to pay more attention to your body and how it feels at different times. Noticing things like feeling cold or uncomfortable or hungry or tired and responding to them.

Getting to know how your body looks, from the mirror and photos – old and recent. Don't compare yourself with pictures of supermodels (if you want to see what 'real people' look like, go to the swimming pool or beach!). You can get to know how your body feels, too, with your hands.

Physical activities like walking, swimming, dancing, rock-climbing, running, yoga, learning self-defence, etc.

Doing nice things for your body, like putting on body lotion, stroking yourself, relaxing by the fire, a Jacuzzi!....

Getting other people to do nice things for your body, like rubbing your feet, a shiatsu massage, aromatherapy, healing. Only do this when you feel safe and ready.

Feeling good about yourself

It's hard to feel good about yourself when you have been treated badly. You grow up with messages in your head about how useless, stupid, no good and awful you are. When things like this have been said to you, or you have been treated as if you are these things, then you begin to believe them. Even when no-one else is saying them you can find yourself saying them.

It is important to build up new messages to yourself about how worthwhile and important you are. It will be difficult at first and you may not believe them but if you persevere you can change how you feel in the end.

Good things about me

You could write a list of all the good things about you. You could start with how resourceful you are to have discovered self-harm as a way of surviving. Even if you don't want to go on using this method it was amazing that you found it when you did. You could think about all the things that are difficult for you at the moment and at the end of every day write a list of what you have achieved. This might include things like getting out of bed and facing the day (or deciding that the best thing for you was to stay in bed), good things you have managed to say to yourself like 'I'm a nice person', or anything else no matter how small.

Doing something nice for yourself can help you feel worthwhile. It's easy to get into a vicious circle where you won't do anything nice for yourself because you feel you don't deserve it and end up feeling even worse about yourself. Yet doing things for yourself can help you to like yourself more. You could try breaking through this circle by taking yourself to a different place – this can be a real place, or it can be changing your mood.

Lifting the spirit

You could go to a lovely place. If you live in the countryside or by the sea this won't be too difficult. If you live in a city then perhaps a park or by a river.

Try to notice everything around you - the different colours and shapes of things growing, the smells and sounds. Look at the sky and notice the shapes of the clouds and how they move. Try to think of nothing else but these things – let them become part of you. Breathe them in. Allow yourself to take in all the good feelings of your surroundings and you will feel your spirit lift.

Creating good feelings can help you to like yourself. You can also do this indoors by playing some beautiful music.

Listening to music

First make sure you are comfortable. Are you warm enough? Do you need a blanket? Do you want to lie down or would you prefer a comfortable chair?

Choose some music you really like. Let yourself enter into the music and feel it enter you. Imagine you are the music, floating, flying – however it takes you. Leave everything else behind. When the music finishes you could play it again if you like. When you have finished listening try to keep hold of the good feelings it evoked in you. Cuddle up to yourself, holding the feelings inside you.

Appendix C Self Help Exercises

How do I look after myself?

One of the biggest changes that's happened in my life is to stop running. Run, run, run, that's all I seem to have done in my life. Then suddenly I couldn't do it anymore. I was completely exhausted and I just could not find the physical and emotional energy to carry on. For a long time I betrayed myself for this – messages 'get out of there, enjoy life, pick yourself up, dust yourself down' etc., hammered in my head – but only seemed to cause me mental anguish and reinforced the stuckness I felt.

In stopping running, gradually I've been able to stop and look back over my life and accept the knowledge I was abused by my father, and that's painful. And yet in stopping chasing love, I've found I'm beginning to enjoy me/my life on a much deeper level.

I have started getting loads of pleasure from nature, particularly birds at the moment. When I was small and I got scared my family would say the birds would look after me – and somehow, despite the abuse, that has definitely survived. By hearing birds sing I know I am in touch with nature – and something bigger than me, life giving. I've started feeding them daily and somehow it makes me feed myself daily too, which I've always found difficult. It's like if I can feed the birds I have compassion and love enough to feed myself.

I've also begun identifying birds and their songs – previously something I relied up on others to do for me. It's like coming home, owning my own vulnerabilities and pleasures.

Robyn Dylan-Eil Don

How you feel about yourself can be reflected in your environment. But it works the other way round too. Making your environment beautiful can help you to feel beautiful and deserving. It can be hard to allow yourself to have nice things but you deserve them. If you haven't much money it can seem not worth trying but there is lots you can do that won't cost much. You can collect beautiful things from nature and display them in your home, like fir cones, shells, pretty stones, etc. You can decorate your walls with things you write or draw.

Things to remind yourself of

I am worth caring about and doing nice things for.

I am a worthwhile person with lots to offer

I matter and my life matters

Relationships with other people

As you begin to care for yourself more you may become more aware of how other people treat you. You may become dissatisfied with things you accepted in the past. If other people don't treat you well it can undermine all the good feelings you have been building up.

It can be very scary to question relationships you depend on, but you can take this slowly. You may find that some people don't want you to change. It may be that they find change unsettling, or that they are getting something out of you staying the same. They may feel that if you don't need them in the same way then you won't want them in your life.

It is important for you to find out what you want from others, and what you like and don't like about your relationships.

What I want from other people

Take a piece of paper and draw a line down the middle. On one side list "What I would like to get from friends". (This includes how you want to be treated.) On the other side list: "What I get from friends". When you have finished compare the two lists. Ask yourself "Am I getting what I want from my friends?" "What is missing?" "What isn't okay?" "What would I like to change?"

You can do this about friendships or other relationships generally, or about a particular relationship.

When you feel clearer about what you want and don't want from people the next step may be to tell them. This can feel terrifying. But remember you don't have to do it all at once. Choose one thing you want to change or ask for, and try saying something. Try saying it out loud to yourself first. It may be something like "When you do/say I feel put down. Could you try not to do/say that." Or something you need, like "I've had an awful day, can I tell you about it?"

Sometimes we don't feel able to tell someone directly about something we feel unhappy about in a relationship. Or we might try, but it doesn't seem to make any difference. What you can do then is to try to change the way you are with the other person. You could see a relationship like a dance where each person does particular steps. If you change some of your 'steps', the 'dance' (or relationship) will change. Say,

for example, you feel that you do all the listening, giving and supporting in a relationship. You could decide to stop being quite so available and sympathetic all the time and to make deliberate attempts to talk about your life more.

You may feel that some relationships are beyond salvation! They are too destructive to you, and the other people are not open to change. If so, then you may need to end the relationship. It can be hard to let go of unsatisfactory relationship, if you haven't got many friends or people you feel close to. So take your time. As you change and your self-esteem grows, you will find yourself making new sorts of friends.

Where you are unsafe in a relationship, the need to get away may be more urgent. You might need to get some support to help you break away from people who are harmful to you.

Getting support

Support is something which everybody in the world needs. By 'support' we mean having contact with people who care about you, who take you seriously, who will help you at hard times. We need different people, to give us different sorts of things. Support can also mean things other than people, like decent place to live, things you do to relax, animals, - things which 'feed' you and help you to feel okay. Here we are mainly talking about the sorts of support we get from other people. All human beings need this, although they may not all recognise or admit it!

As children we needed to be supported, and not to have to support the adults around us. As well as being taken care of physically, we needed to be helped to understand, express and manage our feelings and needs, to make relationships, to explore and express ourselves.

If things go okay when we are children, then as we grow up we are able to give support to others, as well as to receive it. We become interdependent, or mutually supportive with others. But if we didn't get the support we needed as children, we might need extra support for a while as adults. This is especially the case when you are dealing with painful feelings and experiences.

People often feel ashamed of their need for support. They think they should be able to manage on their own, that there's something 'wrong' with them for needing to turn to others. It's horrid to feel like that. But there is nothing shameful about reaching out for support when you need it. It's actually part of being responsible and supporting yourself.

My support systems

This exercise is to help you identify where you get support from and what may be missing or a bit thin. You can do it on paper (drawing or writing), or using a set of little objects.

Put yourself in the middle of the paper (or table/floor if you're using objects). Then put in around you any people or things in your life which support you. Think about anything or anybody which helps you keep going or helps you feel good in any way. Show people or things that feel very supportive close, and others further away.

When you have finished, look at what you have shown. Does it feel to you like there is enough there to support you, or do you wish there was more? Where are the gaps? Are there people you wish were closer (more present in your life or more supportive)? Do you need more people around, or different things from people? Do you need other things, like places to go out to, or a nicer environment?

If you identify that you need more of some sorts of support, you might feel upset. It is painful to feel what we need, but don't have. Sometimes it can feel like your needs are enormous. Perhaps it feels impossible or too scary to try to get the support you need.

When you are thinking about trying to get more support, it can be best to do it a small step at a time. Instead of thinking "I need more friends – oh, that's impossible!" you could think about how you could increase your support by one tiny bit. For example, can you think of one person you know and would like to try being a bit closer to? If so, could you decide to take a small risk about contacting them more often or sharing a little bit more about yourself with them?

Reaching out

If you need to reach out to new people, but are scared, again just try to do one very small thing at a time. This could be something like:

- Subscribe to a newsletter for people with your sorts of experiences or interests (see Resources at back).
- Find the number of a helpline, and give it a try.
- Find out about support groups – your local Mind organization or Health Information service should be able to help.
- Get a penpal (perhaps through a newsletter)
- Go to a course on something like confidence-building or assertiveness at your local adult education centre. There are bound to be other people there who want to make new friends and are scared too.

Appendix C Self Help Exercises

Things to remind yourself of

It's okay to need support. Everyone does

If I get the support I need, I will be more able to support myself too. It will help me cope.

I might have to reach out for more support, but I can do that a tiny bit at a time.

It's your life

It is your precious life, to live for yourself, to do what's right for you. You may enjoy trying the next two ideas, which are about getting rid of old 'junk' you no longer want, and exploring your hopes and dreams for yourself.

Things i want to get rid of

Get a cardboard box, which you can use as an imaginary chest or coffin. Into this, put things you want rid of – things that have made you feel bad. They could be actual objects or papers. Or they could be things to represent what has hurt or oppressed you – drawings, words written on paper, stones to represent the weights you have carried, and so on. Collect things over a period and put into the box. When you are ready, decide what to do with the box. Do you want to bury it, burn it, lock it away somewhere? Then make a ceremony of getting rid of it in your own way.

My hopes and dreams

Having dreams for your life is the first step to making them happen. How do you want your life to be? Where would you like to live? What things would you like to do? How do you want to be? You could imagine your life one, two, five or ten years from now and make a picture of it, drawing or using pictures cut from magazines. You could write about it and talk to friends about it. Perhaps you can think of some small things you could do towards making your dreams for yourself into reality. Keep your dream-pictures somewhere safe. Add to them as you dream new hopes and dreams.

My journey

*I've traveled in darkness for many years
cold and alone with my burden.*

*I've drifted and stumbled, blinded by pain
without hope of finding direction.*

*When the pain was too much I'd escape for a while
with the help of a blade, to oblivion.*

*I'd comfort myself and lighten my load
for the few short hours it lasted.*

*One day I knew I could journey no more,
the load had become unbearable.*

*The choice I then faced was to die in despair
or look at the load I was carrying.*

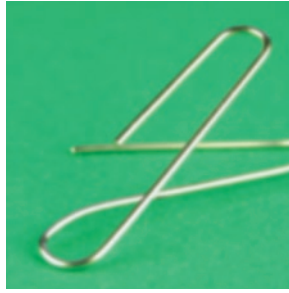
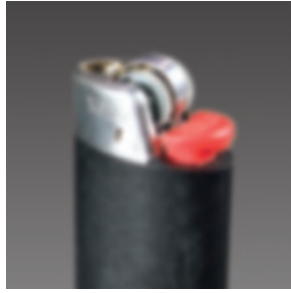
*I opened the pack, felt the pain, smelt the stench.
I didn't think I could bear it.*

*I steeled myself while I poked and I sorted
and reached for a hand to support me.*

*Amongst all the crap nearly hidden from view
what I found was a map and a compass.*

*And further down, a glimmer of light
that shone on the path to my future.*

Y.



St Vincent de Paul
Aged Care & Community Services

address details:

