EVA NOTES

ENDING VIOLENCE Association of BC

A recurring series of notes on gender-based violence February 2019

Working With Clients Who Self-Injure

Self-injury behaviour (SIB) is when someone deliberately causes injury to one's own body, without the intention to commit suicide or for body modification such as a tattoo or a piercing. SIB is also called non-suicidal self-injury (NSSI) or deliberate self-harm (DSH).

The most common forms of self-injury behaviour are cutting, scratching, burning, and hitting (such as hitting one's head against a wall). Other forms are:

- constricting (wrapping string or another material tightly around a limb or finger)
- stabbing
- punching oneself
- breaking bones
- reopening healing wounds
- drinking harmful substances such as poisons
- pulling out hair (trichotillomania)
- needle sticking

Items commonly used for self-injury include razors, knives, lighters, broken glass, matches, sewing needles, pencils and erasers, and sandpaper.

Who engages in SIB?

SIB often begins in early adolescence, though it can begin at any age. Many who start self-injuring as teenagers continue this behaviour into their adult lives. Some only start injuring when they are adults. According to the Self-Injury Outreach & Support Initiative, between 14% and 24% of youth and young adults have engaged in self-injury.

The rate in adulthood is about 4%, possibly because reliance on SIB decreases as adults learn to use different coping strategies.

Regardless of when a person started self-injuring, the longer they have engaged in SIB, the more challenging it can be to stop.

SIB is often mistakenly associated with young girls and women, perhaps because young girls are more likely to seek help from others to change their self-injury behaviour, while young boys and men are less likely to seek help.

According to the Canadian Institutes of Health Research (2017), there are higher rates of reported self-injury behaviour among trans and non-binary youth and adolescents when compared to cisgender male and female adolescents.

Some researchers have observed a growing social acceptance of self-injury behaviour. In some youth subcultures (such as goth, punk, and emo), SIB may be used as a way to belong, self-regulate, or rebel. Growing portrayals of SIB in media, film and music may also contribute to this "normalization".

Misunderstanding NSSI as a suicide attempt can lead people to feel misunderstood, and to lose faith that [others] can understand what they're going through. On the other hand, it's important to understand that NSSI does confer risk for suicide attempts, for two reasons. People who engage in self injury have more negative emotion, more distress, and so might be more likely to consider suicide; and people who self injure have experience with inflicting pain and injury on themselves, and might be more capable of making a suicide attempt.

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While some may view deliberate injury to one's physical self as obvious abuse of the body, others may view it as therapeutic or even decorative. Indeed, the same person who may recoil at the thought of sliding a razor blade across their thigh would think nothing of having a needle pierce their ear, nose, tongue, or other body parts. And while it may be socially acceptable in our culture to wax poetic about the value of a glass of wine at the end of a long day, if a person were to soliloquize about the soothing effects of a flame applied to the back of the hand or the fingertip, they would be looked upon as seriously unwell or in some other derogatory way.

Self Harm as Harm Reduction, Ted Leavitt, RCC

Working with clients who self-injure

People who self-injure find it effective for dealing with emotional pain that may otherwise overwhelm their capacity. It can provide a sense of calm and control. For some, it may be their only effective coping mechanism. There are many motivations for self-injury, as outlined in the chart below.

We must understand our responses to SIB and recognize the ways in which we or other professionals might be trying to control or disempower our clients (such as hospitalization, over-medication, or having them sign a "contract").

In applying a harm reduction perspective and aiming to meet our clients where they are at, we must be mindful of our own agenda. We may want to eliminate their use of self-injury simply because of our own fear or discomfort. Acknowledge that many clients may not be ready to change their SIB, and that it may not be safe for them to stop in the absence of other coping skills.

Make sure that they are aware of the risks associated with SIB, such as psychological addiction, infection, accidental injury, or even death. Ask them if they want help. Give them control over their process by seeking consent to work on deciding if, how, and when to change this behaviour.

Strategies for Working with Self Harming Clients:

The first step is to distinguish between self-harming and suicidal behaviour by paying attention to the client's underlying motivation. When working with self-harming behaviour it is important to remember that this behaviour serves a purpose. In collaboration with the client, try to identify what problem self-harm solves for the client. For example, from the client's perspective:

- To make me feel real (counteracts dissociation)
- To punish me (temporarily lessens guilt or shame)
- To stop me from feeling (when strong feelings are too dangerous)
- To mark the body (to show externally the internal scars)
- To let something bad out (symbolic way to try to get rid of shame, pain, etc.)
- To remember
- To keep from hurting someone else (to control my behaviour and my anger)
- To communicate (to let someone know how bad the pain is)
- To express anger indirectly (to punish someone without getting them angry at me)
- To reclaim control of the body (this time I'm in charge)

The more the client and therapist understand the function of the behaviour, the more effective the intervention can be (Saakvitne et al., 2000). By identifying the underlying purpose, strategies to address the specific function of self-harm can be identified. For example:

- Need to mark body - draw on your body with a red marker
- Need to feel pain - hold ice against your body
- Need to feel in control - try breathing exercises

Source: **Blue Knot Foundation** (see Resources)

Additional Resources:

Working with Self Harming and Suicidal Clients
Blue Knot Foundation
https://www.blueknot.org.au/Workers-Practitioners/For-Health-Professionals/Resources-for-Health-Professionals/Working-with-Self-Harming-and-Suicidal-Clients

Self-Injury – A Guide for Mental Health Professionals Self Injury Outreach and Support
http://sioutreach.org/learn-self-injury/mental-health-professionals/

Self Harm as Harm Reduction Ted Leavitt, RCC
https://bc-counsellors.org/wp-content/uploads/2018/09/Self-Harm-as-Harm-Reduction-Ted-Leavitt-Fall-2018.pdf

International Society for the Study of Self Injury
https://itriples.org/