Iceberg Model trauma-informed guide

Understanding and responding to self-harm

Introduction

Self-harm is a deliberate attempt to hurt oneself. Self-harm is different from experiencing suicidal thoughts or attempting to commit suicide, which is a conscious intent to end one's life, but it can increase the risk of suicidal thoughts and behaviour, or lead to accidental death. It therefore needs to be taken seriously and managed sensitively.

Tip of the iceberg (what we can see)

There are many forms of self-harm and children and young people who have experienced trauma may demonstrate behaviours such as:

- cutting or burning the skin
- hair pulling
- excessive nail biting
- alcohol or other drug misuse
- harmful online behaviour
- risky behaviour (for example, deliberately putting yourself in potentially harmful situations).

What is happening underneath the surface?

It helps regulate intense internal emotions and sensations

Children and young people who have experienced trauma usually have an emotional 'volume' or level of bodily arousal that is different to others. Their arousal levels are often either at 'full blast' or 'switched off', and they often move very quickly from the one extreme to the other. It can feel very unpleasant to be in either extreme, and so sometimes children and young people in these situations might self-harm to change how their body feels. Self-harm might help them to feel more 'calm' when they are overly excited, or to feel more 'awake' or 'alive' when they are under aroused or physically and/or emotionally numb. It can help to distract them from particularly intense emotions or traumatic memories, to relieve feelings of numbness or emptiness, or release tension and anxiety from the body (because the act of self-harm can sometimes release 'feel-good' hormones in the body, providing a temporary sense of relief or pleasure). It can also provide a sense of control when children and young people might typically feel quite powerless.

It can be a form of communication

Children and young people may self-harm as a way of expressing their emotions when they are unable to talk about them. They might be trying to say "I want you to see how much pain I am in / how angry I am" or "I want the physical pain to match how I feel on the inside."

It can influence the closeness of interactions with caregivers

When a child or young person who has experienced trauma experiences strong emotions but is too afraid or unable to verbalise their need for nurturing care, self-harming behaviour can draw their caregivers closer while they provide physical care for their injuries. On the other hand, when a child or young person with a history of trauma is fearful of relationships or feels vulnerable being connected to others, self-harming can serve to push caregivers away by shocking, overwhelming or disgusting them with the behaviour. This creates some protection for the child or young person from the closeness of nurturing care which can often feel very unfamiliar and threatening to them.

Strategies to promote healing

Provide emotional and practical support immediately following self-harm

If the child or young person has sustained an injury, provide first aid and seek medical assistance as necessary. It is important to remain calm and matter of fact, and try not to appear overwhelmed. Offer comfort and nurturance to the child and young person immediately after they have self-harmed, even if you are worried that this might reinforce their behaviour. Caregivers can work on how to meet the child or young person's underlying needs for comfort and affection at other times.

Prevent self-harm by safely storing objects that are dangerous

Communicate to the child or young person the reasons why unsafe items are being removed (for example, knives or razors) in a way that does not elicit shame but does show demonstrate the intention to keep the child or young person safe because they are cared for.

Be alert to times of risk and provide supervision during stressful situations

A child or young person with a trauma history who tends to engage in self-harming is more likely to do so at times of high emotional stress. Providing close supervision can sometime reduce the likelihood of them engaging in self-harming, and it offers an opportunity to help them cope with their stress. It may be helpful to explain that they are being monitored because their caregiver is worried about them and wants to assist them with any difficulties they are facing. For older young people, finding ways to provide less overt supervision can prevent them from feeling as though they are being 'watched'. For example, if they are 'hiding out' in their bedroom, their caregiver could regularly check in on whether they need a snack, to share a funny story with them or to offer to spend some time doing a mutually enjoyable activity together.

It is important to recognise that while there may be multiple triggers for the child or young person's self-harm, a common risk factor is 'idle' time when they are by themselves. When the child or young person is left alone with their unpleasant thoughts, feelings and memories, their distress can become overwhelming, which can lead to the need to self-harm. While it can be difficult to avoid times of boredom or isolation, try wherever possible to keep their days busy with structure and activities.

Welcome the child or young person during times of distress

Talk openly and regularly with the child or young person about how being there for them, no matter what. Ask them to come and be with you if they ever feel the need to self-harm, so that you can sit with them and keep them safe. When they do self-harm, try not to express anger or disappointment, as this might induce shame and further (potentially secretive) self-harming. Instead, remind them again that they can come to their caregivers during times of distress or when they feel like hurting themselves.

Increase the child or young person's self-awareness

Help the child or young person to become more aware of their levels of physiological arousal and begin to understand what influences them. Use 'I wonder …' statements to help the child or young person explore and notice connections between emotions, thoughts, their environment and physical sensations. This can assist the child or young person to identify triggers in their environment. For example, contact with biological family, changes to routine and influence of peers and within themselves including emotions and bodily sensations such as anger, rejection, loneliness and fear that can affect their arousal levels and thus lead to an urge to engage in self-harming behaviours.

Teach appropriate self-soothing behaviours

Caregivers can play an important part in assisting the child or young person to learn and utilise more adaptive ways to manage their arousal levels, including using self-soothing activities. Some children and young people will need their caregivers to take a more active role in helping them soothe until they learn how to do so on their own, which can take a significant period of time. Self-soothing activities need to fit with the individual child or young person, but might include:

- a warm bath
- preparing food together
- being wrapped in a warm blanket
- watching a favourite TV program
- listening to favourite music
- reading with you
- patting them on their back as they lay on the couch/floor
- singing, writing, drawing
- physical exercise and activity that is rhythmic - for example, dancing, swimming or bouncing a basketball are all rhythmic and therefore soothing for the brains.

Finding the right self-soothing activities is likely to require some experimentation and the child or young person may use different self-soothing activities depending on the nature of their distress.

Teach alternatives to self-harm

If the urge to self-harm is too great, the child or young person may need alternative strategies to distract and/or delay self-harming and to minimise harm. For example, contact telephone numbers if the child or young person runs away or developing safety plans. For cutting, this might mean options that simulate pain but do not cause harm. It may be beneficial to discuss these alternatives together with the child or young person when they feel settled, rather than attempting to come up with them in a moment of crisis. This also enables the child or young person to plan how to cope with their intense feelings before they become overwhelming and lead to self-harm. Some examples include:

- snapping a rubber band on the wrist
- immersing hands into cold water
- drawing on the skin with red textas
- rubbing sand or rice between the hands
- waxing legs (with the pre-prepared wax strips, rather than hot wax and fabric strips)
- exercising
- ripping up a piece of paper
- writing in a diary
- playing exciting/stimulating computer/video games.

Be available

Verbally remind the child or young person that you are always willing to listen to them, and that you will listen without judgement. When you are listening to the child or young person talk, do just that – listen. Do not attempt to problem solve; just listen with empathy. Physically show the child or young person that you are always available to be with them and listen to them – not just in times of distress, but always. This means seeking to spend time with them, and prioritising being with the child or young person over doing other tasks.

Give messages of unconditional love and commitment

Continually tell the child or young person that their self-harming behaviour will not lessen your commitment to care for them as they may be seeking to push you away due to their own fear of closeness. Caring for a child or young person who self-harms can feel very de-powering and frustrating. However, children and young people need to feel cared for and loved despite their confronting behaviours. Most often, it is the quality of the relationship between the child or young person and their caregivers and caregivers' sheer tenacity that will enable the child or young person to eventually and increasingly confide in you and seek your assistance.

(Gently) praise positive change

As the child or young person begins to learn new strategies of emotional expression and regulation, they need to be reminded of their positive progress. Praise the child or young person when they come to talk to you or use a self-soothing strategy instead of self-harming. Keep praise brief and matter of fact so the child or young person can absorb what you are saying and to avoid anxiety or false expectations that they must continue to do this in the future.

Collaborate with the care team

It is important for there to be a team of supports wrapped around the child or young person. This might include their case worker, a psychologist or mental health social worker, or other medical or allied health professionals. Whilst caregivers play a very important role in a care team, caregivers need support to manage the child or young person's self-harm. A collaborative approach to managing self-harm is essential.

Additional considerations when providing care for Aboriginal and Torres Strait Islander children and young people.

The experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. Caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship with the child or young person and to continue to provide support when a child or young person is self - harming.

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported.

Caregivers should also understand that connection to culture, Country, kin and family are highly important for Aboriginal and Torres Strait Islander children and young people therefore assisting the child or young person to maintain these relationships is important for their overall health and wellbeing.

Additional considerations when providing care for children and young people from culturally and linguistically diverse backgrounds

It is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

Caregivers can connect with local CALD organisations to continue to enhance their understanding of the child or young person's cultural background and the impact of it on their worldview.

Iceberg model in action

Samuel in family based care

7-year old Samuel engages in self-harm by hitting himself in the head or banging his head against objects in the environment. His caregiver sees Samuel doing this when he is angry, sad, frustrated and during significant celebrations and events such as his birthday party.

Samuel's caregiver listens to the messages underneath his behaviour – *"There is so much feeling in my body I just don't know what to do. This helps me feel better afterwards even if it hurts at the time. I don't understand what is happening to me and I need your help!"*

Samuel's caregiver responds by redirecting and offering comfort to Samuel when he is hurting himself. They also start taking notes about the incidents to try to identify any underlying triggers and notice that Samuel often self-harms when he experiences big feelings whether they are positive or negative. Samuel's caregiver increases supervision around significant events and uses 'I wonder' statements to help Samuel better understand his behaviour. Samuel's caregiver offers alternative soothing strategies that he has found helpful in the past such as firm hugs, being wrapped in a blanket and being rocked. When Samuel does approach his caregiver for support, he is welcomed and receives (gentle) praise – *"I'm so glad you were able to come and let me know you needed my help."*

Susie in residential care

14-year old Susie has a longstanding history of self-harming behaviour mainly involving scratching or cutting her body in places which are easy to hide (for example, her upper arms and thighs). Her residential care worker discovers bloodstains on some of Susie's clothing while doing a wash. They ask Susie about it and identify that she has been cutting again recently.

Susie's residential care worker listens to the messages underneath her behaviour – *"I'm so upset and I don't know what to do. I'm scared of these feelings and I want them to go away. This is the only way that I know how to ask for your help."*

Susie's residential care worker responds by showing her understanding and compassion. They offer affection and reassurance that she cared for. They (gently) support Susie to show her wounds so that they can be safely attended to. Susie's residential care worker encourages her to throw away dangerous items and works with Susie to identify potential triggers for behaviour. They notice that after school is a particularly difficult time for her. Susie's residential care worker offers alternative soothing activities at this time such as cooking dinner together and then curling up on the couch with a hot water bottle to watch a favourite show. They encourage Susie to come to them for support if she feels the urge to cut and make an effort to be there for her when she does. Susie's residential care worker also works collaboratively with her case worker and psychologist to seek further support and advice.

If you have any further questions, please do not hesitate to contact your case worker for further support.