

# Self-injury: myths & common sense

## Is self-injury attempted suicide?

No, self-injury and suicide have an intimate relationship, but are different. Each individual has their own motivations and mix of self-injuring and suicidal feelings:

- Self-injury often represents the prevention of a suicidal period.
- Self-injury is one way of averting suicide.
- Self-injury may be a survival strategy.
- Self-injury is frequently the least possible amount of damage and represents extreme self-restraint.

A diminishing sense of worth may culminate in suicide as its ultimate expression. People who self-injure are statistically at a greater risk of going on to commit suicide.

## Diagnostic oversights

Accident & emergency staff may assume that the severity of the injury represents the severity of the condition. This leads to some common misconceptions:

- 'If it's not an artery they don't mean it. It's acting out.'
- 'Minor injuries are attention-seeking and aren't serious.'
- 'Serious injuries mean psychosis.'
- 'It's masochism.'

‘ If it was attention I wanted, I'd take off my clothes and walk into the street. ’

*L. R. Pembroke*  
(Co-founder, NSHN)

‘ Whether others see the injury or not, a person who self-injures is in extreme distress. ’

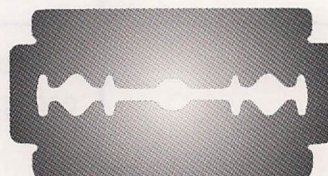
*A. Smith*  
(Co-founder, NSHN)

## National Self-Harm Network

Campaigning for the rights & understanding of people who self-harm

NSHN

PO Box 16190, London NW1 3WW



# Self-injury: myths & common sense

## Sound familiar?

Current treatment of people who self-injure is based on inaccurate stereotypes.

The responses below are based on the real experiences of self-injurers.

'It's attention-seeking'

If attention was the motivation for self-injury, it's not an efficient way of getting it. There are many easier, less painful and less degrading ways of attracting it.

'It's a Borderline Personality Disorder'

Self-injury is not a diagnosis. What is true for one person is not necessarily true for another. Commonly, self-injury is dialogue with yourself – an expression of inexpressible emotion or an absence of self-value.

'They're manipulative'

Self-harm is a private activity. Accident and emergency departments will see only a few of the injuries before healing; it's not about its effect on others.

'Self-harmers are usually hysterical women under 30 who grow out of it'

Recent research shows the difference in rate of self-injury between men and women is less marked. There is no evidence to show people 'grow out' of it. It is not a behaviour or development 'disorder'.

'It's self-inflicted so it's not serious'

How severe staff think the wound is won't tell them how bad the person feels. You may not witness all the forms of injury. Individuals have many ways of expressing their distress, often substituting one for another. Your perception of the seriousness of the injury may not indicate the extreme distress that injury represents.

'If you won't see a psychiatrist, you can't want to get better'

Psychiatry has had little success in helping individuals who self-injure; neither drug nor behavioural treatments can address the issue of self-worth.

'Either they enjoy pain or they can't feel it'

Each person has a different pain threshold. Commonly the loss of sensation some people experience during injuring returns soon after. By the time a person is receiving treatment, it is common for the sense of pain to be amplified.

'Don't waste your time with her, we've been treating her for years'

A long history of injury often results in being considered 'a hopeless case'. No attempt is made to offer support as it's assumed you're 'incurable'.

'It's tension relieving'

Tension is rarely the sole pressure on an individual to injure; each person has their own pressures and triggers to injure.

# Self-injury Treatment Checklist

## About me

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_

I last ate at \_\_\_\_\_

I last drank at \_\_\_\_\_

I have a crisis card

I have been to this hospital before

My last tetanus injection was on \_\_\_\_\_

Known allergies \_\_\_\_\_

Current medication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other current treatments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other previous treatments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of GP \_\_\_\_\_

If possible, please contact the following person:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

My next of kin is \_\_\_\_\_

Telephone \_\_\_\_\_

## About my injury

### Cut injuries

I have cut myself

with a blade

with glass

other \_\_\_\_\_

### Burn injuries

I have burnt myself

with a flame

with a cigarette

other \_\_\_\_\_

### Overdose

I have overdosed

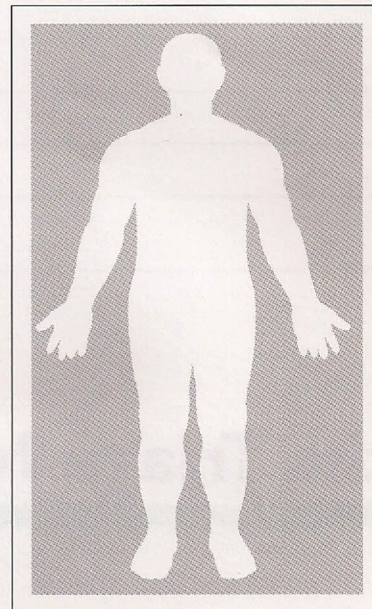
I have vomited since

Name of drug \_\_\_\_\_

quantity: \_\_\_\_\_

strength: \_\_\_\_\_

Use this figure and a pen to show where you have injured



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# Self-injury Treatment Checklist

## What you need to know to make my treatment as effective as possible:

- I need you to examine my injury in a private room
- I am distressed
- I need to sit alone
- I need someone to sit with me
- I am happy to sit in the main waiting area
- I need to wait somewhere quiet
- I am happy for students to observe or treat me
- I am able to discuss what has happened
- I prefer to be treated by a female doctor
- I prefer to be treated by a male doctor
- I would like to see a social worker
- I would like to see a psychiatric liaison nurse
- I would like to see a psychiatrist

## Any other information

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## To the Triage Nurse

# Incident Report: Refusal to treat self-injury

The National Self-Harm Network (NSHN) is a survivor-led organisation working for a better understanding of self-harm and entitlement of our rights. We oppose the refusal of treatment for self-inflicted injuries; we believe that everyone has the right to medical treatment for their injuries, regardless of the cause, and based only on clinical need.

This leaflet is to enable you to report when you are refused treatment. The report is anonymous and you can photocopy this leaflet for further use. Just fill it in and send it back to us. NSHN has initiated this national reporting system in response to the increasing evidence of people being refused treatment for their injuries in accident & emergency departments. Refusal is also being reported in other settings, such as GPs' surgeries, prisons, and psychiatric hospitals.

We will use the data we receive to compile statistics to present to health service purchasers and providers, and the Department of Health. Please send this back to us every time you are refused treatment. Help us to make a difference, so that treatment for self-inflicted injuries will become an automatic right. Thank you.

## Treatment can be refused in two ways:

### Completely

For example:

- Being told directly: 'You shouldn't have these cuts stitched any more, it's not worth it, you will only do it again.'
- Being told by an accident & emergency doctor that you will not receive treatment for the current injury, or for future injuries, because it is/they are self-inflicted.
- Receiving written notification from a department, or manager, stating that you can no longer receive treatment for self-inflicted injuries or only for certain kinds of self-harm, for example for overdose but not for cuts.

### Indirectly

For example:

- Being offered treatment which is inconsistent with previous treatment received for a comparable injury; for example having dressing only applied to an injury which would usually be treated surgically.
- Being offered different treatment plans for an injury (with no clinical explanation) i.e. one doctor/hospital wanting to leave an injury whilst another wants to stitch/repair.
- Deliberately poor treatment intended as a form of deterrence: inappropriate dressings applied; less than due care and attention paid to wound-cleaning or pain relief; being stitched without a local anaesthetic; being treated in an insensitive, degrading, patronising, hostile or negative manner that results in you feeling afraid to remain, afraid of what will happen, or afraid to return.



**National Self-Harm Network,**  
NSHN PO Box 16190 London NW1 3WW

**Please fill in the form below:**

**I have been refused treatment:**

- Completely**     **Indirectly**

Tell us what happened in brief \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did you question or complain about the treatment you received?**

- Yes                       No

What was the outcome? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tell us briefly and concisely about the refusal** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did anyone accompany you to the hospital?**

- Yes                       No

Name of hospital \_\_\_\_\_  
\_\_\_\_\_  
Address or area \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did you seek and receive treatment elsewhere for your injuries?**

- Yes                       No

**Please return this form to the National Self-Harm Network,  
NSHN, PO Box 16190, London NW1 3WW**

Date sent \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NB** If you want to make a formal complaint about your treatment, contact your local Community Health Council for details and advice. If you decide to make a complaint, you will need a lot of support. Let us know the outcome.