



# Ackworth School

## Self-Harm

### Definition of Self-Harm and Risk Factors Associated with Self-Harm

1. Self-harm is when somebody intentionally damages or injures themselves or injures their body. It is a way of coping with or expressing overwhelming emotional distress. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- a. Worries about academic work and progress
- b. Difficulty in forming or maintaining relationships
- c. Low self-esteem/self-image
- d. Loneliness
- e. Peer pressure/mis-use of social media
- f. Rejection by peers/bullying
- g. Unreasonable expectations from parents
- h. Poor relationships with parents/arguments at home
- i. Depression, self-harm or suicide in the family
- j. Copying similar observed behaviour
- k. Teenage 'angst'
- l. Neglect
- m. Physical, sexual or emotional abuse

### Types of Self-Harm

2. There are many ways that students may self-harm but these can include:
- a. Cutting, scratching, scraping, picking, scalding or burning skin
  - b. Scouring or scrubbing the body excessively
  - c. Banging or hitting the head or other parts of the body
  - d. Swallowing hazardous materials or substances
  - e. Taking an overdose of prescription or non-prescription drugs
  - f. Drinking alcohol to excess
  - g. Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa)
  - h. Hair-pulling



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## Signs of Self-Harm

3. Most young people who self-harm will usually try to keep it a secret from their friends and family and often injure themselves in places that can easily be hidden by clothing. The following signs may, however, indicate that a student is self-harming:
  - a. Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest.
  - b. Keeping themselves fully covered at all times, even in hot weather.
  - c. Changes in activity and mood e.g. more aggressive or introverted than usual; tearful
  - d. Increased isolation from friends or family, becoming socially withdrawn.
  - e. Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain.
  - f. Expressing feelings of failure, uselessness or loss of hope.
  - g. Hair pulling.
  - h. Misuse of alcohol or drugs.
  - i. Changes in sleeping habits (e.g. student may appear overly tired if not sleeping well)
  - j. Lowering of academic achievement
  - k. Changes in clothing or hair-style

## Guidance for Staff

4. Students may worry about betraying confidences, and Staff can help by maintaining an atmosphere where students feel prepared to share information. The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. There is a tendency for self-harming to spread through 'copy-cat' behaviour.

A student who has self-harmed should, where possible, be accompanied to a place of safety, and medical help summoned.



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Staff may experience a range of feelings in response to self-harm, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However it is important to try to maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust. Students must be made aware that it is not possible for staff to offer confidentiality. A member of staff aware of or suspecting self-harm:

- must listen carefully to the child, be supportive and keep an open mind.
- must respond in a calm and non-judgemental way.
- must not ask leading questions, that is, a question which suggests its own answer. Use words: 'Tell', 'Explain', 'Describe', never 'Why'. If at all possible the questions asked should be recorded.
- must reassure the child, but never give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information to the Designated Safeguarding Lead who will ensure that the correct action is taken.
- must keep a sufficient written record of the conversation. This should be done immediately. The record should include the date, time and place of the conversation and the essence of what was said and done by whom and in whose presence. Include any observations on noticeable non-verbal behaviour and actual words used by the child. The record should be signed by the person making it and should use names, not initials.
- must hand the record immediately to a Designated Safeguarding Lead: the Head or Deputy Head, Pastoral for Senior School, or Head of Coram House, as appropriate.

## Role of the Designated Safeguarding Lead

5. The Designated Safeguarding Lead will:
  - a. liaise with local services about the help available for people who self-harm.
  - b. contact parent(s) or guardian(s) at the appropriate time(s), wherever possible involving the student in the process and monitor a student's progress following an incident.
  - c. liaise with the Head.
  - d. consider arranging an appointment with the School Mental Health & Wellbeing Practitioner.



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- e. inform the parent(s) or guardian(s) about appropriate help and support available for their child.
- f. keep records of self-harm incidents and concerns, including dates/times, which should be stored in the Safeguarding File
- g. know when people, other than parents (e.g. social workers or educational psychologists) need to be informed.
- h. keep up to date with information about self-harm.

## Further Considerations

6. It may be necessary for a student to stay at home following a self-harm incident in order to protect the student and other students around them. This is likely to be the course of action if the student has shown other students their injuries or has sent other students images of their injuries via social media.