

CUTTING THE RISK

Self-harm, Self-care & Risk Reduction.

Cutting the Risk

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FOREWORD

The second biggest challenge that life offers us is to work out how to live with other people. The biggest challenge, by far, is to work out how to live with ourselves. Why is this such a challenge? Mainly because for many people the world is an inhospitable place, and our world of experience doesn't equip us sufficiently to learn how to 'be natural'. More often the world we experience - through family, friends, schooling, socialisation etc - is more disposed to controlling us than helping us to grow as persons. The social project invariably ends up squeezing people into the little boxes that suit others, rather than helping individuals to build their own pigeon-holes marked 'ME'!

How do I know this? I offer two answers. The first is personal - I have led a fortunate life. I have had the good fortune to be supported by people, at different stages, who helped 'me' to be ME. This is not to say that my life hasn't had some significant ups and downs, but I think I have woven the bad and the good into something resembling a contented human being, at least for the moment. In short – I have been blessed.

The second answer is professional. I have also been fortunate to have had the chance to spend a lot of time, with many different people, exploring their understandings of how they were coming to be 'ME', *or not*, as often appeared to be the case. As a psychotherapist I learned two things – one was the importance of humility: what do I really know anyway?

The other was a version of Harry Stack Sullivan's dictum - 'we are all more simply human than otherwise'.

I may be deceiving myself, but I don't think I have met anyone whose experience of 'me-becoming-ME' didn't echo something in my own experience. One doesn't have to go plumb crazy to appreciate the human significance of madness - one only needs to recall the last time one woke up in a cold sweat from a nightmare. So, in my professional life I also have been blessed - by the painful education offered by the people variously called patients, clients and users; all of whom I came to know more simply, yet profoundly, as *persons*.

These reflections are a necessary starting point for this short foreword. I want to avoid launching into a trite acknowledgement of the sense of *privilege* I feel at being asked to comment on this remarkable book. However, privilege is the exact name of the feeling. Who am I to comment in any way on a supportive guide to self-harm? Hopefully my appreciation will be read as a recognition of further learning on my part, acquired from people who have learned from their own experience. The professional has much to learn from the person in receipt of care or treatment. Hopefully, my comments here will also be read as the support of a fellow traveller in life - someone else who appreciates the lessons that each day can bring, and who hopes that the reader - like the authors - will ultimately benefit from those lessons.

What did I make of this book? What kind of messages came off the page and posted a memorable note in the dusty recesses of my mind? I set myself a difficult task with these questions, for the book is a mixed menu and is likely to appeal to different tastes. However, in the final analysis, this is a highly nutritious text. I am sure that

readers will find much within these pages, to shift their thinking on different dimensions of the self-harm experience: whether they are people with direct experience or people like me, who are trying to be supportive from the sidelines.

Throughout the book I found evidence of great deliberation. The contributors clearly have given a lot of thought to their experiences of self-harm and have reflected on those experiences in a very careful - indeed *deliberate* - manner.

For me, that introduced an ironic reminder of the careless usage of the word 'deliberate' in relation to self-harm by some professionals. Maybe, by reading this book, professionals will learn something about the true nature of the deliberation that might be involved.

In the final analysis, life is all about the getting of wisdom. Does that sound too grand an analysis? I don't think so, and I am thinking here of people I have known, from all walks of life, who have impressed me with the wisdom they have acquired, through the living of their lives. Socrates said that the unexamined life is not worth living'. That leads me to wonder how many people have 'really lived', in that reflective sense. The experience of self-harm - and the 'marking' process involved in self-harm - are clearly part of a larger canvas of life and living. In that sense, this book has a very specific focus - but is all the better for that. One could say that it is modest in its ambition, in what it hopes ultimately to achieve. That modesty is also very encouraging. Progress in any area of life is realised by the smallest of small degrees. We all might do well to remember that.

What I shall remember from writing this foreword is that I found within these pages nothing that was surprising, little that was disturbing and much that was uplifting and inspiring.

I found here evidence of some people whose lives – in Socrates' sense - were very much 'worth living'. I also found some more support for Epictetus' dictum that 'difficult circumstances do not so much ennoble a person as reveal him'. The professional and lay response to self-harm has so often been characterised by multiple ways of adding insult to injury. It is truly rewarding, therefore, to see the insulted parties pick themselves up, and through their own processes of reflection and sharing, mobilise the support that was found to be so lacking in the public and professional response. The distress experienced by these authors has not in any way made them 'better' people. I believe that they already were (and are) the very best people they can be. For the experience of picking themselves up and getting on with the business of living and supporting their fellow women and men, is hugely revealing of the kind of persons they have become.

I see here lots of evidence of people making the difficult journey from 'me' to ME! I wish the authors and all of the readers, whoever they may be, the very best of fortune, for the rest of the journey.

Dia dhuit*
Phil Barker

Newcastle-Upon Tyne

* Celtic blessing: 'May your god go with you'.

INTRODUCTION

At the time of putting together this book, the National Self-Harm Network had already held two conferences on "Self-Harm, Self-Care and Risk Reduction", one in London and one in Manchester. On both occasions the requests for places were more than we could meet and we had to turn many people away. Although we hope to hold more risk reduction conferences, we thought that the material used at the conferences should be made more widely available, so that anyone can find out how to lessen the risks from their self-harm.

The conferences came about as a result of listening to members of the Network. Hearing about the difficulties of treatment for injuries, of being refused treatment in Accident and Emergency, of receiving punitive treatments. All this is a recipe for spiralling cycles of self-injury, fear of seeking treatment, increased risk, worse disfigurement and death. Many people are unable or simply unwilling to seek treatment for injuries that will incur further degradation and humiliation. Therefore, there is a need for clear, accessible information about how we can best look after our injuries.

Some members of the Network actively choose not to seek treatment, and carry clean blades and a first-aid kit. This has enabled some to feel in greater control over their self-injury. It's about choice and minimising risks whilst we live with self-harm. Facing the practical reality of looking after ourselves. To do that effectively we need information.

By increasing our knowledge about our bodies and wound care we can take greater control over what happens.

As a teenager, I used to cut my arm to the bone. I expected the bone to appear bright white, I was unaware that bone is covered in a yellowish layer of connective tissue called "periosteum". I simply did not recognise my own bone and could not fathom why I could not cut further. My GP warned me that I was in danger of losing the use of my hand but failed to explain how.

On one occasion, I developed septicaemia and almost collapsed before seeking help, simply because I did not know. I've seen individuals who have lost mobility of a limb permanently, or have been left seriously disfigured because they didn't know how to look after their injuries. Damage can be prevented or ameliorated by the simple act of giving and sharing information.

Since I've learned more about anatomy and wound care, that enables me to attempt compromises with myself. To actively think about how I can limit the damage I do.

The Network promotes the concept of harm-minimisation; accepting the need to self-harm as a valid method of survival, until survival is possible by other means. This does not condone or encourage self-injury, it's facing the reality of maximising safety in the event of self-harm.

If we are going to harm, it is safer to harm with information than with none.

There is a parallel with the health promotion work in the fields of HIV and drug dependency. No one can instruct others not to have sex or inject drugs, but it can be made safer with the use of clean needles and condoms. No one can stop us from self-harming but we can make it safer. The very act of making it as safe as we possibly can, in itself, can result in a reduction of the frequency or severity of the harm.

We must all be clear that you can't do harm minimisation with injuries you can't see, such as an overdose. For example, one person can take 10 paracetamol and die, another can take 100 and live. All drugs are unpredictable. Again, with internal cutting, if you can't see the wound you don't know the damage done and you **MUST SEEK HELP**. With eating distress, again you can't see the damage to internal organs, low potassium levels etc. There is **NO** safe way to vomit, take laxatives, etc.

Professionals frequently equate recovery with the cessation of self-harm, but that's simplistically shallow and unrealistic. If we do less damage and feel better about ourselves, take greater care of ourselves, then that's a success.

This book contains information on anatomy, physiology, wound care, dressings and safety. There is information on plastic surgery and scars; there is also a section on the subject of living with our scars. We have also included a section on refusal of treatment.

I hope that you find this book practical, informative and useful. Most of all, I hope that we can all try to be a bit kinder to ourselves.

I'd like to dedicate this publication to Tony, who was a member of the SHOUT newsletter editorial team and Maggie Ward, an NSHN member, both of whom did not survive the last year.

We gratefully acknowledge funding for both the conferences and this publication from the MIND Millennium Awards.

Lastly, I would like to thank all of the people who have contributed to this book.

Louise Pembroke
Founding member of NSHN and
Chair 1994 - 2000

ANATOMY & PHYSIOLOGY

ARTERIES

Felt as your pulse

Carry oxygenated blood from the heart round the body

Pulses can be felt on radial and ulnar sides of the wrist

Appears like a bluish-green tube

When cut will spurt into the air - pulsatile flow

VEINS

Don't have a pulse

Carry deoxygenated blood back to the heart

Many more present superficially - near the skin so more likely to be cut

Again may just appear as a bluish-green tube

When cut there will be a steady flow of blood - however do not underestimate how much blood is lost as you can rapidly lose a lot of blood from a vein as well as from an artery

MUSCLES

These attach to your bones via the tendons and help you to move. They also determine your resting posture or position

Appearance of the fat belly of the muscle is purplish-brownish and looks a bit like meat in a supermarket

If you were to cut right through this completely then surgery would be required to rejoin the ends

TENDONS

These join the muscle to the bone

In the arm these like the muscles run along the length of the arm. (Pinch together your thumb and 5th finger to see your tendons stand out, also waggle your fingers to see where your tendons move along your arm)

They appear as narrow flat white cords (in arm mostly about 0.5cm) and may have a slightly shiny surface

If you cut right through a tendon the ends will spring apart as they are under tension

Requires surgery to rejoin the ends of the tendon

FAT

Present under the skin

Appears yellow and globular

Bleeds heavily if pulled out

Usually very painful if you try and remove lots of it

Be careful because many small and larger blood vessels may run through the fat layer. If you see any tubes running through the fat then do not cut through them and try and cut round them

NERVES

3 main large nerves running in the arm

Median, radial and ulnar nerves

Also many smaller branches providing sensation to the skin

Nerves appear as thin white cords (not more than 2mm).

Often you will not see them and will only know by effect that you cut them

If you cut through a nerve it will not repair itself on its own

Innervation to the skin by small nerves is often lost following cutting leaving areas with no sensation – usually the sensation will not return

Nerves are very sensitive, touching or stretching them can lead to pain, numbness or pins and needles feelings in the area that the nerves supply

Nerves are necessary in order to tell your muscles to contract or relax - if you damage or completely cut a major branch of a nerve then you will be unable to perform some movements and positions will be lost to you. Your normal resting position of your arm will change

SCAR TISSUE

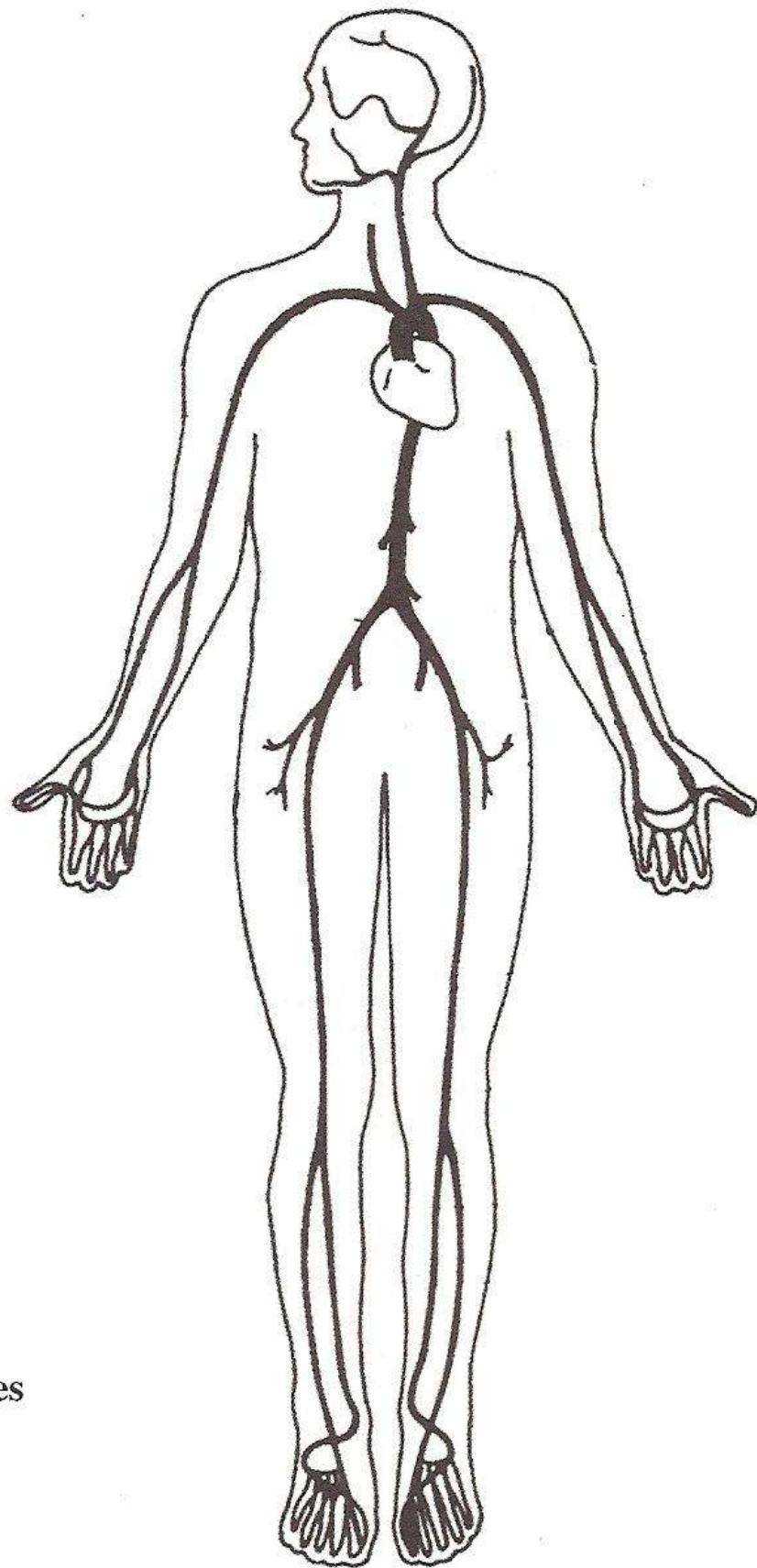
Colour changes with time to eventually become pale

When cut bleeds less than normal tissue

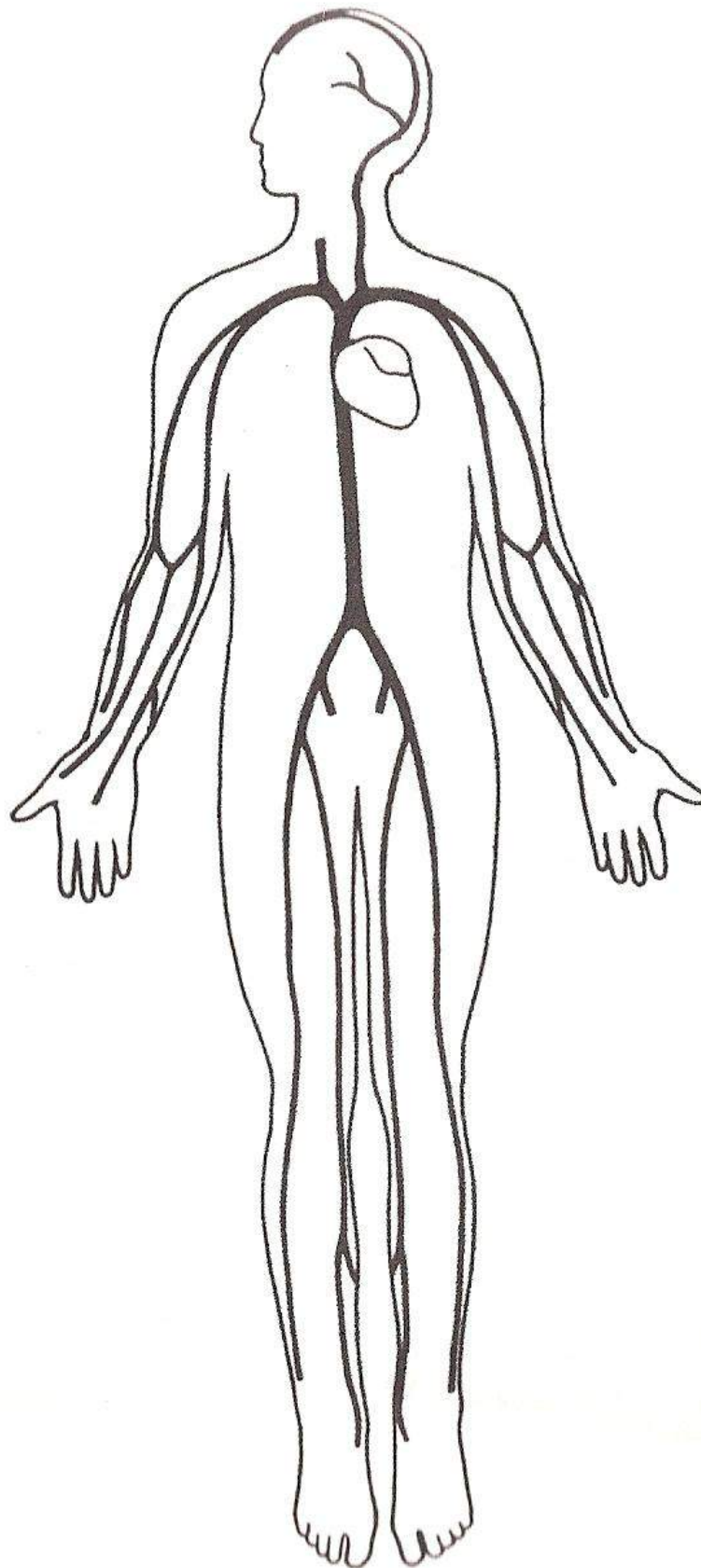
Very dense and fibrous and thus much tougher to cut

Less or altered sensation - often no sensation

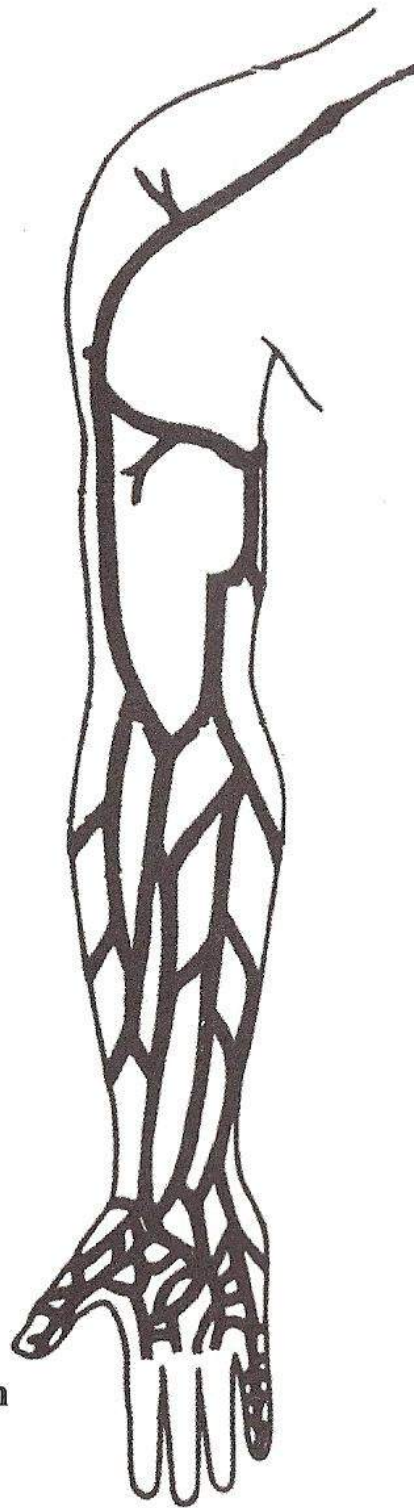
Internally if there is scarring all the structures will look altered and may have become stuck together thus making it difficult to identify what everything is



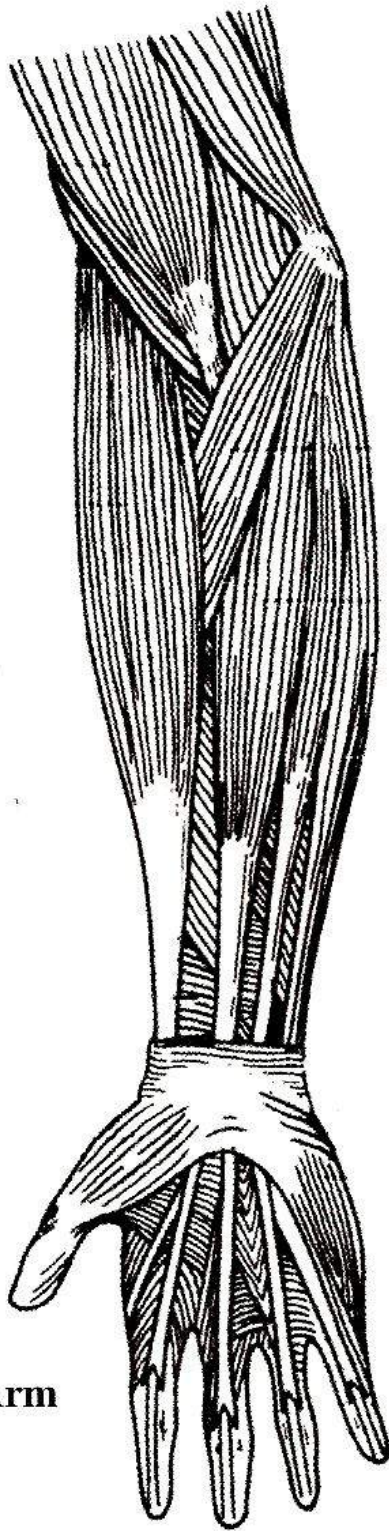
Arteries



Veins



Veins of the Arm



Muscles of the Arm

FIRST AID

BUILDING CONFIDENCE

The aim of this section is to expand your knowledge of first aid and wound care, thereby enabling confident handling of your self-harm.

CONTENTS

BE PREPARED:
SUMMARY OF ESSENTIAL INFORMATION

FIRST AID FOR CUTS AND BURNS

SIGNPOSTS FOR MEDICAL ATTENTION

WOUND CARE PRINCIPLES

Hopefully this information will empower you to confidently make informed choices about self-care or seeking medical attention, to minimise the physical damage.

BE PREPARED: SUMMARY OF ESSENTIAL INFORMATION

Always use sterile/new blades to minimise the risk of infection

Have a first aid kit

Learn how to treat your injuries

Have a safe place to harm

Alcohol/Drugs – this is the worst time to injure, whilst under the influence. You have no control.

CUTTING

Always use a sharp blade to cut, if it seems to be getting blunt then use a new one. Do not reuse or share blades as you increase the risk of infection - both early (at the

time of the injury) and later (during healing) infections will lead to inadequate healing, breakdown of the wound edges and formation of a less satisfactory scar.

Cut along the direction of muscles and tendons, i.e. along your arm. This reduces the risk of cutting right through tendons, muscles and to a certain extent the larger nerves.

Fleshy parts of body - less danger of harming underlying organs/structures.

Avoid areas where arteries (and veins) are especially prominent (neck, wrist and groin).

If you cut an artery you will know about it! Blood will spurt upwards in a pulsatile way. You may lose a lot of blood very quickly. Call an ambulance. Make sure doors are unlocked/open as you may rapidly lose consciousness. First aid – direct pressure on the wound.

Look what you are doing! If there is bleeding aim to stop it before cutting further. Slow things down and make sure you can see what you are doing.

If you don't know what it is try not to cut through it but instead if you need to then cut around it - the same obviously applies for blood vessels.

Scar minimisation - as well as treating your wound appropriately and good aftercare, the direction and way in which you cut will influence how well it heals.

Tourniquets and indirect methods of reducing blood flow are not really a good idea.

However, if you cut through an artery/major vein and have been using indirect pressure to reduce blood flow it is important to get to hospital within an hour (at the very latest). Prolonged use of a tourniquet may lead to loss of a limb.

BURNS

In order to minimise the extent of the burn it is important to limit the area and time of exposure.

Remove the source of heat and rinse with lukewarm/cool water. For chemical burns these should be rinsed in lukewarm water to remove the chemical used. This may take a long time - at least 30 minutes for some types of alkali burn. Do not use substances other than water for trying to remove the burning substance. Do not try and neutralise acid with an alkali or vice versa - it will only make matters worse...

Try to avoid splashing the substance onto other areas of the body - if this happens remember to treat ALL areas that have been exposed.

Try to avoid your hands. It is easy to underestimate the area burned on your hands. Also scars may later contract leaving you with a contracted hand and/or greatly reduced function.

Try not to burn areas that have previously been burned. You will have altered sensation in these areas and may give yourself a much more severe/deep injury than you intended.

Remember if you have received treatment (skin grafts etc.) for burns then medical staff will be less than thrilled if you re-harm in this area and you may have difficulty in obtaining further treatment. (I'm not saying this is right, just that this is how it tends to be in some areas. You still deserve to be treated.)

HARMING IN AREAS WHICH ARE ALREADY SCARRED

Scars are much more dense and fibrous than normal tissue.

They are hard - like leather - to cut.

Be aware that if you apply a lot of pressure in order to cut through a scarred area it will be very easy when the blade is through the scar tissue for it to cut deeply through normal tissues below.

Scar tissue does not heal as well as normal tissue so if you cut through/across old scars it may be much more difficult to get the injury to heal and the resulting scar is likely to be worse than previously.

There can be loss of sensation due to nerve destruction in areas in and also around previous scars. This may mean that you cut or injure more severely than you intend in these areas.

AREAS TO TRY IF POSSIBLE TO AVOID

The neck - anywhere in the neck really as there are very many blood vessels and important structures running through and it is very difficult to see what you are doing.

The wrist - particularly in the areas of the major arteries. However there are also many tendons running through here in a small space.

The groin - site of the major arteries and veins going to and coming from the leg.

CUTS

First Aid Aims:-

Control bleeding

Assess damage

Prevent Infection

BURNS

First Aid Aims:-

Stop Burn

Assess Damage

Prevent Infection

For both cuts and burns the overall first aid aims remain largely similar, i.e.:

Control bleeding/stop burn

Assess damage (and indicators for seeking medical attention)

Prevent Infection

CONTROLLING BLEEDING

Usually through application of direct pressure to the wound, with elevation to slow the flow – gravity is your friend here.

Use a clean sterile cloth and if seepage occurs apply a new cloth over the old one, otherwise clotting (however minimal) that has already occurred will be disturbed and heavy bleeding will result.

Some people may be aware of the use of another technique, that of use of indirect pressure, i.e. use of a tourniquet. Whilst this is useful for heavy and intractable bleeding (e.g. for a severed artery/vein) it is a potentially dangerous technique that can result in severe tissue damage and even limb loss. If you suspect you have cut a vein or artery it is imperative that you call an ambulance, open your front door, and then, only if you feel able, apply indirect pressure (never apply indirect pressure for longer than 1 hour).

STOPPING BURNING

Irrigate with cold water for a minimum of 10 minutes. A cold compress may be useful (e.g. frozen peas wrapped in a clean cloth), as can any cold liquid if water is not available, e.g. canned drinks.

Cover area with loosely applied clean, non-fluffy cloth, or alternatively a clean plastic food bag or cling film can be used as a temporary dressing.

Elevate the injured part to reduce swelling and remove any constricting jewellery.

CHEMICAL BURNS

Slightly different advice applies for chemical burns, due to their insidious and destructive nature:

Remove surrounding clothing so as to completely clear the area of the offending substance.

DO NOT try and neutralise the offending substance, particularly alkaline burns, i.e. those caused by drain cleanser, oven cleaner and bleaches. This is more likely to compound the damage than diminish it.

Irrigate for a longer time, particularly with alkaline burns: minimum 30 minutes and ideally with body temperature saline, although warm water will do, shower or tap, whichever is appropriate.

ASSESSING DAMAGE

CUTS

How much damage is done depends largely on the site and depth of the cut. Superficial cuts which have venous bleeding (darker, oozing blood) will generally respond well to the advice already given.

In deference to the reluctance with which many of you seek medical attention the following advice is given.

Seek medical attention if:

Bleeding will not stop; if there is continuous seepage through covers applied. Go immediately to A&E (if you suspect arterial damage or shock, call an ambulance).

Wound gapes - typically where muscle is exposed. This is seen as the red appearance you would associate with a piece of meat!

Any cuts to palms, face, or over joints. As they heal, contractions may occur leading to loss of movement of the affected part. Facial cuts have these, and cosmetic implications.

Sensation loss to any area - this indicates a degree of nerve damage and needs assessing.

Movement loss - this indicates potential tendon and/or nerve damage. Tendon damage may need surgical attention, as may nerve damage.

Cuts are internal or genital - the infection risk is high and if you can't see the area clearly then you are unable to assess fully what is happening. GUM (Genito-urinary medicine) clinics can help here - they are anonymous and walk in, and the address of the nearest to you will be in Yellow Pages or your local directory. Confidentiality is guaranteed.

Wound becomes infected – see the paragraph on infection prevention.

BURNS

You are advised to seek medical attention if:

Burns are full thickness or extensive partial thickness. (Full thickness burns have little or no sensation in the affected area, due to nerve damage, and will look white and leathery. Skin grafting may be necessary. Extensive partial thickness burns have infection risks associated with them.)

Burns are over hands, face or joints – similar reasoning to that with cuts.

You have chemical – particularly alkaline – burns. They produce what is, in effect, a full thickness burn. Absence of pain is NOT a good sign!!! Acid burns tend to give a painful surface burn that may need surgical attention to maximise healing without extensive scarring.

SEEK HELP IMMEDIATELY IF:

CHEMICALS ARE SWALLOWED

OVERDOSE OF ANY DRUGS

DO NOT INDUCE VOMITING!!!

RISK REDUCTION AND OVERDOSE

If you have previously taken an overdose - not necessarily seeking medical help, and not experiencing any obvious long term ill effects, this does not mean that should you take the same overdose again you will be alright. Liver function may have been significantly impaired, or stores of enzymes or chemicals that deal with the toxin may have become depleted, thus meaning that the next overdose could cause serious damage or lead to death.

If you have taken a quantity of a substance or anything which you feel may be harmful and are unsure whether you need treatment, then do ring your local Accident and Emergency department - speak to one of the nurses and they will be able to advise you as to whether you need to receive treatment.

PREVENT INFECTION

The same principles apply to both cuts and burns:

KEEP IT CLEAN:

Hands

Implements

Wound

Dressings

Keep disturbance and handling of wound to a minimum

Make sure your tetanus jabs are up to date. You need a booster every 10 years.

WOUND CARE

The aim of local wound management is to provide the optimum environment for the natural healing processes to take place.

It is accepted (after many years of research) that the best conditions for wound healing come under the title of "moist wound healing".

Moist wounds heal up to 3 times faster and are less likely to become infected than dry "leave it open to the air" wounds, or those that have been allowed to become waterlogged.

There is a delicate balance between moist and wet but, generally speaking, today's advanced wound care dressing ranges (such as that stocked by Boots chemist) are

able to maintain that balance with ease, providing they are used correctly. When used correctly the likelihood of excessive scarring, wound breakdown and infection are considerably reduced.

The ideal dressing will:

Maintain humidity and keep wound as close to body temperature as possible - this will speed up the healing process.

Control excess exudate. Exudation is the slow discharge of serous fluid through the walls of the blood cells and its deposition in or on the tissues - therefore controlling this will provide less of a focus for infection around the wound site.

Protect from trauma - the more a wound is disturbed (i.e. frequent dressing changes, tampering, etc.) the longer it takes to heal.

Not stick to the wound. Dressings such as melolin may adhere to the wound so that when removed they will disturb the wound, so delaying healing.

Not leave fibres of dressing in the wound (e.g. cotton wool).

What are the implications for me?

Frequency of change

Advanced wound care dressings (see leaflet and range in Boots and/or speak to your pharmacist) reduce the need to change dressings frequently. They can, in general, remain in place for between 3-7 days, depending on the size and condition of the wound. An infected, or oozing, wound may need more frequent changing.

Wound cleaning

Once a wound is clean there is no need to clean it every time a dressing is changed. Cleaning disturbs the wound and lowers its temperature, thus slowing the healing process. It takes 40 minutes for the temperature to return to normal, and 3 hours for cell division to recommence after cleaning!

Only clean a wound to remove debris or exudate or matter left from the previous dressing.

There is no need to use antiseptic solutions or creams. Plain tap water will do (you can use sachets of sterile saline if you prefer). Antiseptics do not come into contact with bacteria for long enough to kill them during "routine" wound cleaning.

WOUND INFECTION

A wound will not be infected within the first few days after occurring. What you will be seeing, most likely, is the normal inflammatory response, indicating that the immune system is doing its job.

SIGNS OF INFECTION

Redness

Pain

Swelling

Pus

Smell

Avoiding infection is important as it will delay healing, at the very least.

Dressings containing povidone iodine (for example, Inadine) may be used to help prevent infection of wounds.

The need for use of clean implements (including hands) cannot be overstressed. Even if sterile blades are not your usual choice, much can be done improvisationally. Needles, pins, pieces of glass, whatever is used, can be boiled in a pan of water for 20 minutes before using. This time lag and need for consideration may even act as a distraction, and might delay or reduce incidence of self-harming.

As a general point, the better your diet and general health is, the more quickly you will heal.

SUGGESTED FIRST AID KIT

Steri-strips

Assorted plasters

Micropore tape (or alternatives if you have allergic reactions to tapes and plasters)

Clingfilm/plastic bags

Gauze (squares/roll)

Bandages

Non-woven swabs (e.g. "Topper" by Johnson & Johnson - ask pharmacist)

Sachets of saline

Scissors

Painkillers (whatever you usually take for pain relief)

First aid/dressing leaflets for reference (free from Boots and other chemists)

Assorted "Advanced" wound care dressings from Boots and other chemists, e.g.: waterproof film dressings, hydrocolloid (minor cuts), hydrogel (minor burns and scalds)

Pack of clean blades.

SAFER SELF-HARM

Clean blades. Keep everything clean.

Longitudinal cuts are safer than latitudinal cuts (cutting across). You could lose the use of your arm with crossways cuts as the tendons grow downwards. Longitudinal cuts do not remove the risk entirely of severing nerves, tendons, arteries and veins, but do reduce this risk substantially. They are easier to repair.

SLOW DOWN, try to cut more slowly so that you can see what you are doing. However, it is essential to control the bleeding as you go along, e.g. applying direct pressure, elevation, etc. until the flow is stemmed. Quick, impulsive slashes are more likely to produce damage you didn't intend.

Using a sharp implement is safer than using a blunt implement, because you can control the cut more easily. Cutting through an area of thick scar tissues (which can be like cutting through leather) is safer with a sharp implement, otherwise the degree of pressure needed to cut through could result in the blade uncontrollably slicing through unscarred layers of tissue beneath it.

Area - try to harm a fleshier part of the body, e.g. upper arms as opposed to the wrist, where there is a greater concentration of readily accessible tendons, arteries, etc.

Drugs/alcohol - it's unwise to cut or burn whilst under the influence of any substance including major and minor tranquillisers and sleeping pills.

RISK REDUCTION AND OVERDOSE

During and after the London conference several people commented that we had neglected to talk about overdoses - an aspect of many people's self-harm. However, drug overdoses cannot be considered in terms of risk reduction and safer self-harm.

There is NO safe drugs overdose.

We're all different - and our bodies metabolise and deal with drugs at different rates and sometimes by different methods. Take for example paracetamol. The "safe" limit on the box for this is 4g daily, i.e. 8 x 500 mg tablets in a 24-hour period.

People have died from taking unintentional overdoses of less than double this amount. However others have taken 30 tabs and when they attend A & E their blood levels may not be high enough to require treatment. People may even take 100 tablets and survive.

You cannot tell just by looking which people will live and which will die.

Also if you have previously taken an overdose – not necessarily seeking medical help, and not experiencing any obvious long term ill effects, this does not mean that should you take the same overdose again you will be alright. Liver function may have been significantly impaired, or which deal with the toxin may have become depleted, thus meaning that the next overdose could cause serious damage or lead to death.

So, sorry, we cannot deal in more detail with overdoses. However, if you have taken a quantity of a substance or anything which you feel may be harmful and are unsure whether you need treatment then do ring your local Accident and Emergency department - speak to one of the nurses and they will be able to advise you as to whether you need to receive treatment.

Be Prepared

Always use sterile/new blades to minimise the risk of infection

First aid/safety kit

Learn how to treat your injuries

Safe place to harm

Alcohol

Drugs

Cutting

Always use a sharp blade to cut, if it seems to be getting blunt then use a new one. Do not reuse or share blades as you increase the risk of infection - both early (at the time of injury) and later (during healing) infections will lead to inadequate healing, breakdown of the wound edges and formation of a less satisfactory scar.

Cut along the direction of muscles and tendons i.e. along your arm, this reduces the risk of cutting right through tendons, muscles and to a certain extent the larger nerves.

Fleshy parts of body - less danger of harming underlying organs/structures.

Avoid areas where arteries (and veins) are especially prominent (neck, wrist and groin).

If you cut an artery you will know about it! - blood will spurt upwards in a pulsatile way. You may lose a lot of blood very quickly. Call an ambulance. Make sure doors are unlocked/open as you may rapidly lose consciousness. First aid - direct pressure on the site of the wound.

Look what you are doing! If there is bleeding aim to stop it before cutting further. Slow things down and make sure you can see what you are doing. If you don't know what it is try not to cut through it but instead if you need to then cut around it - the same obviously applies for blood vessels.

Scar minimisation - as well as treating your wound appropriately and good aftercare, the direction and way in which you cut will influence how well it heals.

Tourniquets and indirect methods of reducing blood flow are not really a good idea. However, if you have cut through an artery/major vein and have been using indirect pressure to reduce blood flow it is important to get to hospital within an hour (at the very latest). Prolonged use of a tourniquet may lead to loss of a limb.

Burns

In order to minimise the extent of the burn it is important to limit the area and time of exposure.

Remove the source of heat and rinse with lukewarm/cool water. For chemical burns, these should be rinsed in lukewarm water to remove the chemical used. This may take a long time - at least 30 minutes for some types of alkali burn. Do not use substances other than water for trying to remove the burning substance. Do not try and neutralise acid with an alkali or vice versa - it will only make matters worse.

Try to avoid splashing the substance onto other areas of the body - if this happens remember to treat ALL areas that have been exposed.

Try to avoid your hands.

FIONA TEMPLETON (R.N.), SARAH, Louise Pembroke, Eleanor Dace.

A PLASTIC SURGEON CAME TO THE CONFERENCE!

Dr. Judy Evans gave an illuminating talk at the second Self-Harm, Self-Care and Risk Reduction Conference on the 22nd May 1999 held in Manchester. Throughout her talk Dr. Evans showed us photographic slides that gave us a good idea about the different surgical techniques a plastic surgeon could use.

She explained exactly what a plastic surgeon was able to do and dispelled some myths about skin grafts and other plastic surgical techniques that are often reported in the popular press in a way that misleads people into thinking they can have completely scar free surgery.

Dr. Evans particularly talked about skin grafts and pointed out that split skin grafts do not, in the long run, have a good cosmetic result. She described some different types of grafts and talked about the concept where people who have self-harmed may accept surgery that in absolute terms leaves them with more scarring. However they are transformed from looking like they have self-harmed to looking like they have been in a serious accident, such as a childhood scald or burn. This can change how the scars are perceived by others and may mean that the person can meet people with increased confidence.

Dr. Evans also stressed that anyone undergoing plastic surgery must be very psychologically robust at the time as the procedures can be lengthy, painful and need adjusting to.

Dr. Evans' talk highlighted that elective plastic surgery needed a lot of thought, because of the implications of the surgery and what the effect might be.

She was also very approachable, open to answering questions and gave a clear idea as to what plastic surgery could and could not do. She certainly gave us plenty to think about at the Conference.

Thank you Dr. Judy Evans.

Anne Crump.

CONSIDERING SURGICAL TREATMENT FOR SCARS

It takes up to two years for a scar to mature, which is why a doctor might ask you to wait a while before referring you to a plastic surgeon, especially if you are prone to hypertrophic or keloid scars. These are both red or dark and raised in appearance. Hypertrophic scars are thick and can continue to thicken for up to 6 months after the injury. They can also be itchy or painful. The difference between the two is that hypertrophic scars do not extend beyond the boundary of the original wound, whereas keloid scars do.

Before considering surgery you might want to look at other scar treatments to improve the appearance of your scars. For example, silicone gel sheets are available from pharmacies without a prescription and are easy to use on yourself. They can be used on old or new, red and raised scars. They can reduce the size, improve the colour and flatten these types of scars. Other options, under medical supervision, include: steroid injections, which again help to flatten hypertrophic or keloid scars; and pressure garments, which are only effective on recent scars and best worn 24 hours a day for 6-12 months. These can flatten scars and reduce redness.

When considering surgical procedures for scars, it is important to realise that once skin is scarred (no matter what caused the injury), the scars can never be totally removed. Scars may be altered, revised or moved around, but ultimately you will get a scar for a scar - but a different looking one. Surgery for altering the appearance of scars, to look less like self-inflicted scars.

Large amounts of tissue can be taken from one part of the body to reconstruct another part of the body.

This can involve major surgery and the end result might be worse scarring than before, but with the appearance of something accidental (such as a burn, which could have happened in a road traffic accident or childhood accident).

Skin grafts

Often viewed as the panacea for scars, skin grafts involve considerable pain with the donor site (the area from where the skin is taken, usually the legs). The donor site can leave its own scarring, and grafts occasionally reject, despite the skin being taken from your own body. Having skin grafts to change the appearance of scars to look less obviously self-inflicted can achieve that result, but can be unsightly. However, if you want a better result cosmetically, skin grafts are not a good option.

Surgery to minimise scars

"Scar revision" is where a concentrated area of scar tissue is removed and re-sewn. This procedure can produce a much neater looking scar and is worth considering if you want to improve the appearance of a scar without drastically changing the area overall. You get a scar for a scar, but a much better looking one.

Surgeons can change the direction of scar, alter their position, and release tight scar tissue that is restricting movement. Other examples of procedures include Dermabrasion (removal of the surface of the skin to improve an uneven surface). Can also be used to disguise origin of injuries.

Laser surgery.

Cryotherapy (freezing scar tissue).

Liposuction (to even contours around a sunken scar).

Referral and consultation

You will need a GP referral to a plastic surgeon.

If you see a mental health professional, consider asking for their support of your referral.

Be prepared. Make a list of the questions you want to ask.

Be supported. Take someone you trust with you to the appointment, for moral support.

The decision to have surgery to alter or improve the appearance of your scars needs careful consideration. Here are the really important questions you need to ask yourself:

Why do you want surgery?

For yourself?

For others?

To improve your employment prospects?

Could you wait 1-2 years for surgery if you had to? (i.e. until your scars have fully matured - and then you could wait a further 1-2 years because of the hospital waiting list for surgery.)

Do you feel robust enough to withstand being questioned about your self-harm?

What are your expectations of surgery? (e.g. pain, the end result.)

What do you want the surgery to achieve? (e.g. reduced scar; different shape or position; substantial change to overall appearance to disguise origin, even if scarring is worse.)

How else might you expect the surgery to affect you? (e.g. improved confidence, wearing short sleeves or going swimming.)

How do you envisage you would cope if the surgery did not live up to your expectations?

How do you think you would cope if some time after surgery you harmed yourself on the area that had been operated on?

The last question may be the hardest to contemplate. Some of us may have long periods in our lives when we don't self-harm, but it is difficult to categorically state and know that self-harm will not ever happen again. Perhaps the question should not focus on "Will I self-harm again?" and as a result mean tremendous pressure to prove you won't.

Be honest and realistic with yourself, face how you would handle it and what support you would seek if you did harm yourself after surgery. Consider the practical compromises you might make if you self-harmed.

Some individuals have had plastic surgery and injured months or years later. Although the emotional consequences have been painful, for some, the unthinkable has been survivable. Only you can decide whether the benefits to you outweigh the risks.

Louise Pembroke

REGAINING CONFIDENCE: SKIN CAMOUFLAGE

We live in a society that can be very judgmental of anyone who looks less than flawless. We never see newsreaders or actors with visible scars or disfiguring marks. If we did, it would help render scarring more ordinary and accustom people to seeing physical differences.

Many people live with scars or disfigurement through common causes such as:

Acne and other skin conditions

Birthmarks

Stretch marks

Leg veins

Surgical procedures.

Being scarred in itself is not uncommon, but being scarred through self-injury engenders a diversity of feelings in ourselves and others.

However we feel about our scars is justified. Whether we choose to cover them or not is down to personal choice. It's not "right" or "wrong" to wear clothes that reveal or cover scars, to use skin camouflage creams, or to have plastic surgery to change the appearance of scars. Whatever increases your confidence to cope with life and your appearance is right for you.

Skin camouflage creams can be a useful addition to your coping skills, especially when facing people; something that you can choose to use or not use where appropriate to you.

Some individuals have used this to augment plastic surgery, as a stepping stone to wearing sleeveless clothes, intermittently to bolster confidence when facing new situations, or regularly, as part of their daily routine.

The British Red Cross offers the most established and experienced skin camouflage service in the UK. They are the leading experts in the field. The selection process for the volunteers who offer the service is rigorous and careful. The Red Cross recruit volunteers who have demonstrated through previous work (usually with the Red Cross) an ability to work with people with sensitivity and respect. A non-judgmental attitude is viewed as an essential attribute for this work.

The training of skin camouflage practitioners is extensive and regularly updated. Trainees acquire considerable experience within clinics before starting their own clinics.

Practitioners are insured by, supported by, and work free of charge for the Red Cross. Their skills are enhanced with ongoing training courses.

What is skin camouflage?

Skin camouflage creams are lightweight and very effective at camouflaging scars. The creams cannot flatten raised scars or fill the gap of a sunken scar, but can even out the skin tone, thereby lessening the impact of a scar.

The creams are waterproof (you can go swimming) and do not rub off onto clothing. They can be left on the body for 2-3 days, but it is advisable to remove them from the face at night.

Who can use the skin camouflage service?

The service is available nation-wide to men, women and children, and is provided free of charge. (Donations to the Red Cross are gratefully received if the service user is able.)

What kind of scars are suitable for skin camouflage?

Skin camouflage creams can be used on any type of (fully healed) scar, e.g. scars from cuts, burns, skin grafts, whether they are red, white, raised, flat or uneven.

Is your scar too small or too bad?

Definitely not. The Red Cross will see anyone wanting skin camouflage, from people with scars from third degree burns, to those with a pimple on the nose. Everyone is treated with equality of care and quality of service. No judgement is made of the perceived "severity" of the scar or mark. How you feel about your scars is what matters.

Can a large part of your body be covered?

Yes, skin camouflage can be applied to the whole body and face.

What does a consultation involve?

The initial consultation with a skin camouflage practitioner usually takes between 45 minutes and 1 hour. Your skin tone is carefully matched with the creams and the practitioner will show you how to apply them. With practice you will become quite an expert for yourself. There is an opportunity for a follow-up appointment should you need more assistance in learning how to use the creams, or refreshing on the best method of application, a need to rematch creams to your sun-tan, or if you simply need reassurance on your progress.

How to access the service

Look in your local telephone directory for the address of your nearest branch of the British Red Cross. You can ask to speak to the Therapeutic Care Service Co-ordinator to find out where the local skin camouflage clinic is held, e.g. at the Red Cross branch itself, a GP surgery, or at a hospital. You will need a letter of referral from a doctor (GP or consultant).

Obtaining the creams

The Red Cross only use prescribable brand of creams, and do not promote a single brand. The practitioner will write down what you need so that you can get them on an NHS prescription from your GP.

Skin camouflage can help to minimise the appearance of scars and raise self-esteem and confidence. The Red Cross welcome people who are scarred through self-injury and the National Self-Harm Network highly recommends their service, for their skill, respect and nonjudgmental approach.

Additional information about the Red Cross

The Red Cross take the skin camouflage service into hospitals, including High Secure psychiatric hospitals. You may also be interested in the Therapeutic Care Service, available in mental health units, surgeries, and hospitals. On medical referral, it can be delivered in your own home. This involves a trained volunteer offering a relaxing 30 minutes of:

Hand care and hand massage

Neck and shoulder massage (given through clothing).

This is free and available on a short-term basis, especially to individuals during a particularly stressful time in their lives.

Further information on scarring, scar treatments, and treatments for self-use

Contact: Scar Information Service
P.O. Box 2003
HULL, HU3 4DJ
Telephone: 0845 120 00 22
(local rates apply).

Louise Pembroke

REFUSAL OF MEDICAL TREATMENT FOR SELF-INFLICTED INJURIES

National Self-Harm Network 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.

Treatment can be refused in two ways:

Completely, for example, being told directly, "I'm not wasting my time stitching you, you'll only do it again."

Indirectly, for example, being stitched without a local anaesthetic, which may result in you feeling afraid to remain or return.

Treatment has been refused in a variety of health care settings and reported to NSHN, e.g. GP surgeries, Accident & Emergency, plastic surgeons, in Mental Health Units.

Sadly, subjective and moral judgements of self-injury do taint clinical judgements, to the degree that some individuals have been told that they are "not worth" treating. The psychological impact of being told that one is not worth healing is profound and can diminish the sense of self-worth and self-esteem to a critical point.

Suggestions for when you seek medical treatment for your injuries

Think about obtaining a Crisis Card and writing an advance directive, so that your wishes and needs are known for both physical and psychiatric care. (Crisis Cards with guidelines are available from Survivors Speak Out, 34 Osnaburgh Street, London NW1 3ND.)

Consider filling out the NSHN "Treatment Checklist" to hand over at the surgery/hospital/ward. This is a simple tick-box list that would enable you to hand over the essential information regarding you and your injury.

Take someone you trust with you, e.g. friend, relative, advocate. It is not advisable to be accompanied by someone who is known to the hospital for treatment of self-harm; as s/he will not be given credence as your supporter/advocate. This is due to misinformed stereotypes.

If it is not possible for anyone to accompany you, ask a friend to ring the A & E department whilst you are there to check on your progress.

Taking someone with you serves several purposes, such as: ensuring you get the treatment you want; are treated with dignity and respect; ask questions; challenge inappropriate behaviour; insist on adequate pain relief; to witness events; make notes of names, times and triage priority in case of complaint proceedings. The mere presence of someone else can make a difference to your treatment, how you are perceived, and your ability to communicate.

If you are refused treatment

If refused directly, and particularly if you are refused future treatment directly (e.g. "We won't be stitching your wounds again but we will treat an overdose") - ask for this to be put in writing.

Fill out the NSHN "Incident Report" form and send it back to us (it's anonymous).

To instigate formal complaints proceedings, write directly to the Chief Executive of the Hospital Trust (the switchboard will give you the name and address). Write a full but factual account of what happened as soon as possible after the event. If the incident was witnessed by a friend, relative or advocate, ask them to write a letter of confirmation and support of your statement. Include this with your letter to the Chief Executive and send copies of both to your local Community Health Council (CHC) - your local directory will list their details. The CHC can also give you information about complaints procedures, and also about access to health records.

If you are invited to a meeting with staff and managers, make sure you don't go alone. Pursuing a complaint requires stamina from you and lots of support from others, as the process can take several months, despite a Trust's stated timescale.

It might not appear worthwhile, but standing up for yourself and drawing a line against unacceptable treatment may in the longer term help you to become more assertive.

To make a complaint is to assert your rights and needs and, even if you don't receive an apology, you have still redefined your personal boundaries. Whatever happens, let us know.

Information to bear in mind when seeking treatment or making a complaint

You have the right to a second opinion.

You have the right to go to another hospital. (It has been known for hospitals to offer completely different treatment plans.)

You have the right to change your GP without giving a reason (your local CRC can provide you with a list of local GPs).

The General Medical Council (GMC) have published "Good Medical Practice" guidance for doctors, which states:

"If you feel that your beliefs might affect the treatment you provide, you must explain this to patients, and tell them of their right to see another doctor."

"You must not refuse or delay treatment because you believe that patients' actions have contributed to their condition, or because you may be putting yourself at risk."

"You should always seek to give priority to the investigation and treatment of patients solely on the basis of clinical need."

"You must not abuse your patients' trust. You must not, for example: Deliberately withhold appropriate investigation, treatment or referral."

GMC
178-202 Great Portland Street
London W1N 6JE

Louise Pembroke

LIVING WITH OUR SCARS

I'm Karin Parker; I was a volunteer for BCSW for 4 years, done training for them; I've also worked as a co-facilitator for the FACES self-help group in Bristol and I was a founder member of SHOUT. I also was part of the team who wrote the Workbook. That's my cv, but most importantly, I have no choice about revealing the main thing - I'm a survivor, self-injurer -whatever I choose to call it: I've got the scars.

Well, actually, no. My grandfather was a zebra. And these marks are just a genetic throw back. I mean, you should see my brother - they wouldn't let him out of Longleat.

Don't believe that one? Nor do I but it's fun. And it changes the focus from my arms to my sense of humour - which is often far far sicker than anything I might have done to myself. I can feel on safe ground then, and I do feel that provided I can retain that safety I can handle not only my responses to the scars but other people's. And that's where the problem really lies.

What other people think of us

What other people say to us

What other people can do - like sack us from our jobs

We end up trying to guess what will happen when someone first meets us, then when they first 'see' (the scars) – and usually these two are concurrent. We end up arming ourselves with all sorts of things - long sleeves, make up, excuses, routes out of the room which allow easy exits – all for what may be a simple introduction. And the person concerned might not even notice, in which case we've gone through a highly stressful preparation for nothing - well, for no major trauma. But we do feel the need to protect ourselves, in order to survive.

Why? What is it that is so bad about scars?

What I hope to do here is put scars within a bit of a social context, and then go on to say about how we not only live with those scars but cope with others' reactions. This is a very personal view; I know a lot of people in similar situations to myself and we all have very different views about our scars. I personally would like to learn to live with them and grow to accept them. I'm not into getting them dealt with through plastic surgery, because I think they represent something I am struggling through - the 'they are my battle scars' type of approach. However that's just me. But whatever we feel about them, we do have to learn to live with them, and function in the real world (whatever that 'real world' may be).

So, 'the social bit' about scars - or why people freak a bit about them.

Think about a child with severe scarring caused by burns. What is your response?

oh shit

ugh

fear

want to look away?

is it real?

poor thing

that must have been painful

I don't want to know

I'm glad that's not me

It could be any number of things. Shock. Denial. Sympathy. Pity. We are all used to scars, but maybe not severe ones, and on a child. To me that intensifies the feelings much more.

We are used to our scars, and perhaps those of friends – so maybe we forget some of the shock, denial, sympathy, pity that others feel when they see our arms, legs - whatever. And that's a huge variety of emotions. They are certainly not all hostile or judgmental or condemning. They are probably quite naive, almost childlike responses. Then, that other childlike quality kicks in: curiosity.

Why is it that children will ask what adults won't dare? 'Karin, did you get a bad sunburn?' Or 'How many cuts do you do a day?' It's so refreshing to have it acknowledged: I have seen your scars and want to ask something.... And I'm young enough to do so.

Adults - well they are expected not to be rude, not to stare, not to ask awkward questions. Except of course when your A&E junior doctor comes along and asks 'Karin, how many cuts do you do a day?'

Scars are different. Scars are unique. Unusual. Interesting even. They do arouse curiosity. They have many different implications.

As children we learn about deformities and scars through films and books. There's Beauty and the Beast. Not a film I've seen, but didn't the Beast get made ugly because he couldn't show love. Hmm. And then he falls in love with a beautiful princess (who has the most perfect skin) and he's a handsome chappy again. Okay, forget the heterosexual conditioning, what message does that give about finding your true self through a relationship, finding fulfilment through another person – and then your inherent ugliness will be changed. How many of us chase that one only to find it doesn't work?

Now, a film I have seen is Lion King. Here we have one of the ugliest creatures on the planet – the warthog - made into a loveable little chap called Pumbaa. He also has a wind problem. Farting comes to Disney. This is more like it. So what else have

we got? Well, what's the bad guy called? Scar. And there we go - obligatory battle scar across his eye.

Scarred faces get stereotyped as bad guy faces. I have an early memory of some comedy about the Germans in World War Two in which Herr Commandant had a box of fake scar transfers he applied to his face according to how nasty he felt that particular day.

And of course they show you have had a fight, won through pain and suffering. You might even be a hero. Like Simon Weston from the Falklands War, who got his face burnt off when HMS Sheffield went down. I've tried trawling the Internet and records of papers but have been unsuccessful at getting a picture of him. I'm sure you have all seen images of him.

And our response to his face is coloured by how he got those scars. Clearly a very severe burn. We imagine a tragic accident. But what if the scars look less accidental?

There is another extreme. Search the Internet and you come across weird stuff, such as a tattoo artist who uses a scalpel, or dry ice, to produce permanent cuts or brands, according to your own design. It's a part of what's called Body Modification and it seems more popular in the States than over here.

In fact it may be illegal over here (as it is has been associated with SM sexual practices and the Operation Spanner case of a few years ago when the body modification was genital).

Another area in which we see facial scarring is in the National Geographic Magazine - pictures of tribespeople with ritualised marks on their faces. Showing status within a tribe, I believe. Clearly deliberate. They can be very elaborate and intricate. But what does the person feel when he or she has left his tribe and sits on a London tube with everyone staring?

Now, I don't know what you are thinking, but probably you weren't expecting any of this – Disney pictures and then people who want to scar themselves. I am trying to put our scars within a context. We have a spectrum:

Scars can show:

ugliness - but it will go away when you meet the right person

you are a bad guy

you are a war hero

you had a tragic accident

you come from another culture

you indulge in unusual body modification practices (you are weird)

All of these can run through someone's head when they see your scars.

How many of them can run through our heads as well, about our own scars?

I certainly have an inherent sense of ugliness and poor self image. The scars make it worse. I'm definitely bad and ten years of therapy won't always persuade me this is just an old message running through my head. War hero – well maybe not - but I feel like it's been a bloody and bitter battle. Tragic accident - well, sometimes I want to believe that and I do have an elaborate story to 'explain' the marks on my arm. If I can make out it was an accident, maybe the scars won't be so terrible.

Another culture - well, I feel like I come from another bloody planet, and I am certainly weird though I cannot relate to body piercing and the kind of tattooing that the body modifiers get up to.

So, I have many different thoughts and feelings about my scars - it all depends on where I am, what state I'm in and most certainly who I am with.

This summer, on one of the rare hot days, I went to an open air swimming pool. Far enough away for no one to know me (I hope). And I did what a year ago would have been unthinkable - I sat in a swimming costume at the pool side. I cringe to think of it now, but I managed it. I was relaxed, and felt safe with the person I went with.

And the truth was, no one collapsed laughing. No one ran off in horror. No one asked anything. And I could not see, or feel, anyone staring. I began thinking, who was the problem with?

I'd had more problems last year when I wore a t-shirt under the cozzie - some life guard blew a whistle and told me this was not on as the dye would run in the water. I drew more attention to myself by being overclothed.

Long sleeves always manage to do that too - but a comment about 'yes, it is a bit hot with this on' can be easier to make than responding to questions about scars which are far more personal and intrusive. Usually.

I know I was pretty lucky at that pool. And that experience gave me a lot of confidence - it helped to build up a momentum of feeling better about myself. I did begin thinking far more about the image I put across, and how that can be interpreted by others. And also that I do need a safety net. I need to have a 'get out' if it gets difficult and I do get asked questions. At this point I received a booklet from 'Changing Faces' a charity for people with facial disfigurement, and the rest of this piece is based on the pretty sound advice which they give.

'Changing Faces' deals with facial differences. The first thing we usually notice about someone is their face. And the first information we see is usually visual. Within 30 seconds we have usually summed up a person in our heads - just from what we see. It can take a long time to re-form our judgements, and dismiss the assumptions we have made. Anything strange usually gets highlighted and logged. As a teacher I have the delight of learning hundreds of names each year. The quiet girls with long blonde hair in the corner may go nameless for many months, but those who act like

they have three heads (none of which has a brain) - well, they get known pretty quickly. I need a point to fix on; we all look for the unusual to help us identify things, and create a framework in which to work. And, like it or not, our scars do that.

When people see them, they may gaze transfixed. They may pull their eyes away, only to wander back. Scars are like magnets; people do look. BUT do not immediately jump to the conclusion that they are condemning you, or judging you as a bad person; the person looking at you may be curious.

They may realise that the scars are deliberate, and they may be sympathetic. They may not know what to say. They may actually be very childlike and let slip 'God, what happened there?' without thinking. Do not assume that it's all done to condemn you, or to actually reinforce that negative self-image that you carry around.

Yes, that negative self-image. I am shit because of my scars. I am shit so I make my scars. That makes me more shit. So I make more scars. So I am more shit. And so it goes.

And so it goes. If you constantly carry that one around, you do not stand a chance of feeling anything other than shit because even the most patient, empathic advocate is going to give up. And that'll make it worse. Try some-thing new. Go out and try and look the world in the eye.

Okay, okay, this is revolutionary. Let's take it step by step.

Step 1: I am an alcoholic.

Shit, wrong group.

No, step 1: I want to try to survive a bit better out there – in the world. Cope with having the scars Making this mental leap, that perhaps there is a way to cope rather than have to hide all the time, is dramatic. Have a good think about how the scars affect you, and what you actually want to do. Whichever way you chose, you will end up more in control. For instance, last week I started a new job. Now in my day job I constantly live in fear that I will get discovered and Occupational Health will boot me out as unfit to teach. Thank you Mr Clothier.... So, I decided I will wear long sleeves, but will come out with the chemical accident story if pushed by people who ask, in passing. But I also want a life, so will hopefully cope with wearing short sleeves on hot days near where I live (which is a bit away from where I work).

That's a risk, but it's a conscious one I have chosen to try and help me cope. If you are going to try these things out, I'd advise that you first try some things that are likely only to involve yourself (i.e. no interaction with other people).

Step 2: Think about how you can do this in a few stages, e.g. first going out in the back garden with short sleeves (or in whatever way your scars may show), then maybe the front then maybe to the post box; take a security blanket with you (cardigan, jacket etc). Get yourself a list together of things you can do, and rank them in order of difficulty.

Step 3: Try the easier ones. The world will not fall apart. Cars will not spontaneously crash. You may even get a bit of a sun tan. As you do each one, it's a triumph. If you don't manage them - that's not a failure because by just listing them you are gaining more control over the situation.

Maybe you will feel a bit more confident to do things now that are less anonymous and might involve interacting with people.

Try and be confident. If you aren't confident, act as though you are someone who is. It's likely that being this assertive, confident, okay human being isn't really you, so you are going to have to act. It's a bit like learning to drive: do this and that and the car moves: totally unnatural movements to begin with, but it works.

Try walking as though the world is to be looked in the eye (rather than focusing on the bit of pavement exactly 74cm in front of you).

If you meet someone and they talk to you, look at them. Make eye contact. Eyes are magnets too and they can pull someone's stare away from your arms and back to your face.

Yes, horror of horrors -someone might be looking at your face. And chances are they won't be thinking the same thing about it as you do; chances are they'll be thinking something better. Positive even - like 'hasn't he got nice eyes'. You know, things like we think when we look at people!

It's inevitable that someone, sometime is going to mention your scars. Or refer to the fact that you're wearing long sleeves when it's absolutely roasting. You do need a repertoire of responses. It is frightening being put in the spotlight, but again don't let the paranoia take over. People may be curious. They may be making conversation. They may genuinely care about you.

Also, however, they may be a threat. You may not want to tell your employer everything, and post-Clothier report people may have a very wrong idea about self-injury. You do have to judge what it is safe to say, when it is safe to say it, to whom it is safe to say it.

There is a variety of things you can do to keep safe too.

You can be:

Confident

Assertive

Sincere

Humorous

CASH for questions - well there's got to be a corny little acronym somewhere here!

Confidence: you need to know what is and isn't okay for you. If you get asked 'what happened to your arm?' and you do not trust the person's motives for asking, then it is okay not to want to tell them. You can protect yourself. After all, if you expose yourself too much you could end up in that 'shit cycle' again - you know feeling bad, that causes more scars and you feel worse again. Instead, you can assertively say 'I don't want to talk about it'. You are putting up a respectful barrier. You may even want to apologise 'I'm sorry, but I don't want to talk about it'; there's no need but it might make you both feel a bit better. It is okay to change the subject too. You are allowed to have control in the conversation, and to have control over what other people know about you.

In employment matters, I do still think we have a right to put up our defences. Yes, the world of the NHS with the Clothier 'witch hunts' is totally unfair. This is controversial, but how good is it for anyone's self-esteem to be working in an environment where we are constantly hounded. If the powers that be find out, maybe it is safer to retreat to another job, rather than perpetuating some really negative feeling by staying in the job. I come from a privileged position as a teacher - my union has said it will back me up if push comes to shove. I feel enraged that this is not the same in the NHS – long may the work of the National Self-Harm Network continue to get rid of that bloody stupid Clothier ruling. Returning to what we say about our scars, be sincere, be honest. For a start it can be very hard keeping track of lies, and wondering to whom you have told what. It can make yourself feel much better about yourself too; chances are there have been many times you have had to lie and cover things up; take some of the control back now. Be honest; if you do not want to talk, you do not have to.

Or, if you want to try to make sure someone hear, than say something like 'Well, I don't like talking about my scars because I don't often think people will understand. Are you prepared to try?' You are less likely to be knocked back if you involve someone in the conversation.

And people may find it difficult to understand. If they do, be prepared to talk about smoking, drinking, risk-taking etc. as self-harm; you will find common ground there; no one can survive on this planet without some form of self-harming behaviour. Even if the person you are talking to has not done the same things as you have there will be some understanding. Or you can point out (assertively, or humorously) that they are in total denial!

Keep on making eye contact - it's one way of keeping track of where the other person is in the conversation. And if you lose them, then don't be afraid to say something like 'Are you okay, you seem a bit distant'. Both sides admitting that things are difficult can help! A joke or two, to break the ice maybe....

A friend of mine who read a draft of this piece said, what about the people you have lied to already, and then you need to tell them the truth. Well, there's no easy way, I guess. And this usually happens with people where it really matters - parents, friends, employers - maybe. My gut feeling again is honesty - and maybe even explaining why you lied in the first place; fear (of their response, and indeed your own fear about what you have been doing); fear was probably a big reason for lying. Take a deep breath - the person you are talking to probably doesn't like being told

they were lied to, but the fact that you are now being honest, very honest if you are admitting your reasons count for something. If it doesn't - don't be crushed. Tell them how heartless they are being and what you really need is support, help, care, concern etc., not their shit. You need solid people to help you in this - do they want to be there or not? You can have some control here. Even if it hurts like hell that they are not supporting you - e.g. your best friend is freaking out about this and it looks like there's no common ground - well, you've got to think about how good a friend he or she can be. There may well be strengths in the friendship, but not on this particular issue. Find that strength elsewhere.

Yes, it does exist - there's a hell of a lot of strength in people. You ain't alone.

I digress.

This of course is about more detailed conversations. Often we don't want to explain at great length what has happened, or to divulge our life history. Often we do not want to talk at all. The one sentence answers can be the most difficult. There are a few strategies (helpfully lifted from the 'Hurt Yourself Less Workbook'). To be honest, I'd use these according to instinct.

You can:

ignore the comment made

This is assertive and confident, but may be rude! However, it does make it clear you don't wish to talk about it.

tell the truth - e.g. I hurt myself

And then you may change the subject, or somehow make it clear you do not wish to talk further - the conversation is closed and you can keep safe, but you have exposed yourself. Or you may invite further conversation with what you say next. But you have the control.

the plausible lie - e.g. this is from a chemical explosion

Be careful to know your facts - you may be talking to a forensics expert, and discovery that you are lying may not do your confidence any good - and could get you dismissed from your job.

the joke - tattoos were too expensive; you should have seen the other bloke; my grandfather was a.... oh you've heard that one already.

Humour breaks down barriers - laughter is common ground. You can feel good about making someone laugh.

It is great for avoiding the main issues, but it can leave you feeling 'what did they really think?'

Whichever you choose, because it is better to choose than to worry about communication all the time, be confident in your methods. Be prepared to experiment - you may get it wrong, and other people will think you are a bit odd and strange. But perhaps no odder or stranger than if you had chosen to say nothing. You do not have to make it worse by hiding away and being scared.

So, to summarise:

decide to cope

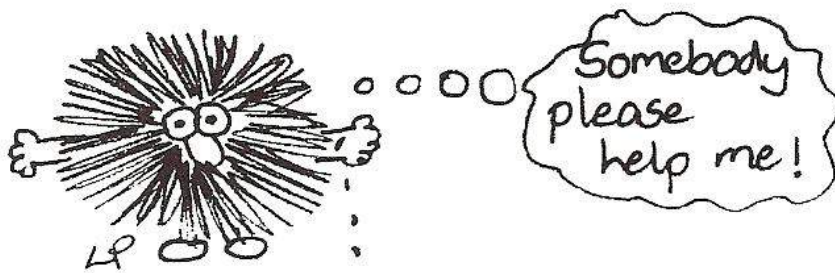
decide how to cope - get a few strategies

try it - and be prepared for successes and the failures.

But don't let the fear get on top of you. You don't have to be scared.

Do not be scared of your own scars.

Karin Parker



It may not be the best solution but self-harm helps us to cope.

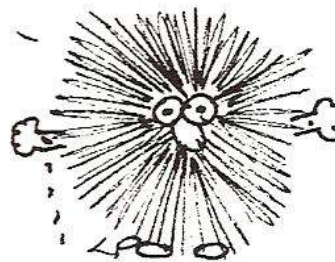
“Louise”

- How did you do it?

With a razor

- Self-inflicted then?

No, I cut myself while I was shaving!



“Louise”

SELF-HARMER'S SURVIVAL GUIDE PART I:
... GIVE AS GOOD AS YOU GET...

My grandfather is a zebra,
what's your excuse for your
stupidity?



Urgh, what happened to your arms?



L.R. Penrose

SAFER SELF-HARM: PART I



Not with a chainsaw!...

K.R. Pembroke



Graham Hughes

EXPERTS BY EXPERIENCE

The following suggestions were made by participants at the risk reduction conferences' workshops.

PRACTICAL

Freezer bags for burns

Water with baking powder

Clingfilm

Sanitary towels as dressings

Cutting Micropore into thin strips (cheaper & easier than steristrips)

Use Friar's Balsam to help steristrip dressings adhere

Note junior doctor changeovers in A & E: February and August

Going to pharmacies - try to choose a small one with a less public area

Saying you're not yet registered with a GP - they tend to be more helpful

Use sharp blade - cleaner wound

Walk-in GPs at mainline train stations (not free but not too expensive)

Having a particular space to injure in

Try to cut when "in control" - e.g. not when you've been drinking

Different types of damage - can prevent greater harm - e.g. bulimia

Another person in A & E with you - witness - say they're your advocate

Be assertive (if possible)

Say you're seeing your own therapist

Let someone know you're going to A & E - get someone to ring & ask how you are - this shows you have a wide social network

If you're medically trained and you self-harm - DON'T mention it

We felt that often we attended A & E for assessment and then could deal with injuries ourselves and all we wanted was an opinion from someone else (maybe

even from a friend sometimes, but that felt like an imposition on them). A & E tend to "take over" when actually we know much more what we need. A better service would be simply knowing someone was there, available all the time, who wouldn't bulldoze over our physical and emotional needs.

One way to get dressings etc. could be to contact the manufacturers directly

If one does not have blades, using hat pins, scratching doesn't cause as much damage

Cutting is itself a form of harm reduction/minimisation when it stops overdosing

Moving forward - gradually reduce frequency, severity, try to do wound care - this must be done at one's own as long as possible timescale NOT as a 12-step programme

Interaction of alcohol/eating/self-harm means cutting down on one can increase others - like a full balloon squeezed will come out somewhere

Put melted wax on arm, then cut through the wax – resistance similar to skin, but damage much less – released energy

Write down feelings on paper, then shred paper with razor blade

Damaging objects when you're angry

Cutting more when you're tired

Being sober

Have a "no-go" list for professional (I do NOT want to talk about these things)

What is "safe"? Explaining to professionals about safety

Having information helps

Modification for safety, e.g. not drinking before injuring

EMOTIONAL

Go through experience in your head

Choosing to be with people who understand

Keep one body area free and sacrosanct

Consideration for other people with regard to fresh wounds – A man with two small children shouted at her in the road, "Stop cutting yourself"

The way one behaves varies between people one sees as a one-off (e.g. a bus driver) and people one sees or wants to see a lot, because one cares more about what the latter think

A man said that he thought his gender was important recently as he has turned from self-harm to self-neglect and he experiences people as wanting to help him and see him as pathetic – a sort of helpless man

Perpetual triggers, e.g. contact with certain people (especially family), rejection

Feeling your feelings - trying to find support which acknowledges them

One person's mother keeps trying to get her to have plastic surgery which is very stressful when what she is doing is dealing with it day to day

SCARS AND BODY IMAGE

Look at body image separate from scars

Wear a T-shirt in the bath if that helps

Use bubble bath

Bathe in the dark/in candlelight

Going sleeveless in some places, having a cover for other less safe areas

Stare back! Mirror their reaction to you - lets them know how distressing it can be (safer to do this in pairs)

Possibility of positive contact with our bodies (e.g. Indian henna painting)

Affect of scars on seeking primary health care of any type (e.g. going for HIV tests - expecting a positive attitude and being disappointed)

Assuming that EVERY injury is self-inflicted - not being believed that an injury is genuinely accidental

Perceived "prettiness"/"ugliness" - e.g. "What's a pretty girl like you doing harming yourself?"

It's not an either/or - not necessarily a political decision whether to cover or uncover - there are always nuances

Sometimes like scars/sometimes not

Scars can show strength – "I'm still here"

Battle in the head and scars show the battle

Others viewing visible scars as "invitation" of problems/comments/staring - when it is simply hot and desirable to wear short sleeves

Others feeling they have a right to ask questions about scars

Families - how they deal with scarring

GENERAL

Not being allowed care of children in case you "make them do it too"

Assuming you can cope with pain, therefore not getting pain relief

Questioning links between self-harm and other "problems"

If they can't fit self-harm into a pathology it can get ignored

It helps to get others to recognise self-harm is a continuum we all inhabit – takes the "otherness" out of it

Looking at what others perceive to be "normal/abnormal" harm, e.g. alcohol = acceptable/cutting = unacceptable harm

Self harm and danger to others?

How did Clothier make that conceptual leap?

"No self-harm" contracts result in more self-harm and anger

Harm just once facet of a person - identity not just a person who harms/doesn't harm

Others accepting, whether there is harm or not

Setting boundaries, not accepting the unacceptable from others

NOT being a victim, a "sponge" for the views of others

Common assumption/response: "That's in the past, you're okay now"

Putting the ball back into the court of others - others taking responsibility for their feelings – we don't have to

Setting boundaries with others raises self-esteem

Others not seeing substitution in self-harm, e.g. restricting food intake instead of cutting

There are professionals who don't judge, e.g. Red Cross, the nurse & doctor speaking at the conference

Empowering to hear others say things that I believe in – that I'm not alone

Feeling strong to hear of others harming less

Accepting self-harm as part of a person

Not alone - it's okay

Conference participants and NSHN members.

EMOTIONAL FIRST AID

NOTE: First of all observe the basic rules of First Aid as taught by the Red Cross, and be aware of the need for proper hygiene, sterile dressings etc. Call a doctor or ambulance if necessary. Treat these remedies as complementary to the standard medical procedures for bleeding, burns, shock etc., not instead.

Holistic First Aid Kit

(most of this can be found in health shops or chemists)

Aromatherapy:

Fragrancer:

(China or pottery burner with a place for a nightlight candle in the base and a cup above to put water and a few drops of essential oil. There are also various types of electric fragrance which warm and diffuse the essential oils, but the candle type are the cheapest.)

Essential Oils:

Lavender

Tea Tree

Chamomile

Geranium

Lemon

Frankincense

Peppermint

Rose

Rosemary

Ylang- Ylang

Others worth adding are: Grapefruit, Bergamot, Sandalwood, Marjoram. Base oils: e.g. Almond, Sunflower, Jojoba

Caution: Essential oils are highly concentrated, and can cause irritation or rashes if used undiluted. Use only a few drops in massage or in the bath. For massage or compresses dilute the oils with a base oil. Exceptions are lavender and tea tree which can be used undiluted.

Note: When buying essential oils, note that the prices vary, some oils, such as Lavender are cheaper to produce than others, such as Rose, which is very expensive. However, with essential oils, a little goes a long way. You can buy Rose in very small quantities, or get someone to buy you some for a birthday or Christmas.

It is worth getting good quality organically produced oils if you can afford them. Neal's Yard Remedies are a good brand. However, the ranges in Boots and the health shops are okay. If you can get to smell the tester bottles, you can decide for yourself whether you like them or not, some smell more natural and fresh than others.

Bach Flower Remedies: Rescue Remedy

Herbal remedies:

Arnica cream

Calendula cream

Witch Hazel

Chamomile teabags

Herbal tranquillisers - e.g. Potters Newrelax, Kalms. (These usually contain ingredients such as Valerian, Hops, Vervain and Scullcap)

Herbal antidepressants - e.g. St. John's Wort, Kava Kava.

Herbal sleep remedies: e.g. Potters (these usually contain ingredients such as Valerian, Californian poppy, Hops).

How to use the remedies:

Techniques:

Massage.

Reiki Self Healing/healing others:

1. Sit down or lie on your back, comfortably. Close your eyes. Pay attention to your breath and follow the rhythm, noticing how it flows in and out, but without trying to change it.
2. Put your hands on your body wherever you feel drawn to, or where you feel tension.
3. 'Breathe into' the area of tension - i.e. when you breathe in, feel your breath travelling through your body into the area of tension beneath your hands. Think of

your breath as the Universal Life Energy flowing through you. Let this energy collect and expand under your hands. Notice how a feeling of relaxation and peace gradually spreads from that place throughout your body.

4. After about 5 minutes, place your hands on another part of your body, and repeat the exercise. Notice when memories and feelings come up, but don't consciously probe them.

5. Move your hands to two further places on your body and repeat the exercise.

6. Slowly open your eyes, stretch and return to normal consciousness. You will feel more relaxed, calmer and more centred.

To give Reiki to others, put your hands on or near the person in the same way, relax and 'breathe into' the hands, imagining the flow of energy from the Universal source, through your body and into the person. Move the hands from one part of the body to the next after approximately 3 minute intervals.

Jan Wallcraft

How...

Do I NOT cut an artery?

Talk about my scars?

Not harm so badly?

"Cutting the Risk" offers frank answers to painful questions about self-harm. Written by survivors & professionals attending the ground-breaking risk reduction conferences organised by the National Self-Harm Network, "Cutting the Risk" is an essential resource for those living with self-harm.

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