

# MARKS

**A collection of monologues  
exploring Self Harm in Dudley**

**Researched & written by  
Alison Belbin & Paven Virk  
with editorial support from  
Janice Connolly**

**Women  
&  
Theatre**

**Dudley**  
Metropolitan Borough Council



# Project Overview:

In January 2015, Women & Theatre were commissioned by the Office of Public Health at Dudley Council to carry out a Qualitative Needs Assessment exploring the context around self harm and related issues in the borough of Dudley.

W&T aimed to explore different people's experiences of self harm and the support available, the reasons for high incidence of self harm in Dudley amongst young people and Looked After children as well as explore perceptions of self harm amongst black and minority ethnic groups with a view to gaining understanding of the cultural context of local communities.

In terms of our working definition of self harm, we focussed on the intentional, direct injuring of body tissue rather than a broader definition which would take in harm to the self arising from excessive consumption of alcohol or recreational drugs, or from starvation arising from anorexia nervosa.

## Research Methods:

W&T captured different people's experiences and perceptions through a process of individual interviews, participatory workshops and by accessing research material from online forums and counselling services. Our researcher/writers Alison Belbin and Paven Virk spoke to over 100 people over the course of our research process; having individual interviews with health, youth and education professionals and attending diverse community group sessions including visiting HIV support, Asian elders, Yemeni women, young LGBT and African Caribbean Church groups. They also delivered a workshop with a group of young people at Thorns Community College.

To set up our research appointments, we utilised the health and community networks of the Office of Public Health in Dudley and disseminated information about the project across the borough to encourage individuals with relevant experiences to get involved. We actively sought to speak to representatives of different communities, people of different ages, and people working in a wide range of professions which come into contact with individuals and families affected by self harm.

We were keen to ensure the voices of young people would be represented in our research, yet due to the sensitive nature of the subject matter, were unable to have direct interviews with young people affected by self harm, and on the advice of our project partners avoided overly explicit consultations with mainstream groups of young people. We did however work with a group of 14-16 year olds at Thorns Community College through the delivery of a workshop which focussed broadly on wellbeing and examined ways we both can look after and damage ourselves, which did provide a safe forum for examining some of these issues.

Alison Belbin and Paven Virk have collated their research into a collection of monologues, with editorial support from Janice Connolly. The attached monologues can be performed as an awareness-raising theatre programme as well as provide a policy resource for professionals.

## Data set:

We collected data on the age, gender and ethnicity of the people we spoke to, using monitoring forms for individuals and groups happy to provide this information. Of the 96 respondents, the breakdown of research participants was as follows:

41% Male & 59% Female

Ages: Under 16: 18% 16-25:11% 26-34:3% 35-44:8% 45-54:20% 55-64:24% 65+:16%

Ethnicity: 52% White English; 13% Black Caribbean; 13% Yemeni; 8% Pakistani Asian; 5% Asian Indian and 8% Other (including Turkish, Arabic, Chinese and Welsh)

# Key findings & Recommendations:

Lots of the people we spoke to thought that there is a lack of communication about self harm. Many people experiencing self harm issues felt that in wider society people don't want to discuss the subject openly and therefore people suffering don't feel they can either. Some said they find any form of chat is welcome be it from a friend or a professional; it can really make a difference. Some people mentioned that high profile cases helped them feel they weren't the only ones suffering and knowing that someone who seemingly 'has it all' was in a similar situation helped them to feel less isolated. It was also felt that there needs to be a wider understanding that for some people self harm is a way of life, and therefore they need the same careful support that other people with an addiction have access to, allowing them to live and manage it until it is hopefully no longer an issue.

There was an overriding feeling that counselling and psychological therapies need to be more available, and some cited the value of culturally-specific support and the importance of promoting confidentiality to encourage the uptake of services. Self harm can affect males and females from all backgrounds and of all ages. Each group needs to be targeted and supported in a way that suits their needs. There was a sense amongst some individuals that self harm was not something that happens in all communities and some individuals from specific communities felt they suffer from misconceived ideas about their culture; both issues highlighting the need for more effective communication and understanding between statutory services and different communities in Dudley.

Considerable concern was expressed about the levels of service provision to support young people. Teams of Youth Workers are under resourced with insufficient staffing levels compounded by a lack of full time counsellors. More services like CAMHS are needed as they have huge waiting lists and people are really benefiting from their services. The CAMHS team need a return to frontline mental health workers working in GP surgeries and doing education work in schools. They have been cut over the last few years and their decline mirrors the astronomic rise in self harm in recent years. The gap in the services for 16-18 year-olds also remains a significant issue. The referral process was also highlighted as problematic; if a young person needs help in Dudley, they have to go to their GP and take a parent with them, who they may not have told about their self harming. It would be helpful if in Dudley, a young person could self-refer to CAMHS services, as is the case in Sandwell.

There is a need to identify problems and provide support for people when they are young. Sometimes concerns are raised at an early age but many people do not access support until they are adults, despite their issues starting when they were young. Particular pressures on young people were identified as difficult home lives, exam stress and peer relationships. The transition from school to college for some young people can also be massively stressful, and where support has been accessed at school, 'moving forward plans' must be put in place. There needs to be a holistic, joined up approach with more communication between school staff, CAMHS, GPs and Connexions to best support young people.

All stakeholders felt that something needs to be done about the internet and the encouragement of self harm via YouTube videos and negative forum chats. This is particularly significant as the internet is often where teenagers seek advice and support and vulnerable people can fall victim to the sharp end of social networking. Sites about self harm need to be controlled and regulated and have stricter content policy. Amongst young people there also seems to be peer pressure or copy-cat behaviour around self harming and therefore school staff need training to best respond to cases that arise whilst also being equipped to tackle contributing behaviours/peer pressure within PSHE curriculum. There needs to be a 'standard across the board' that schools sign up to. We also need child-centred learning in wider education; it should be about the child, not the results. We need to keep in mind the 5 Ways to Wellbeing – connect, give, keep learning, take notice, be active.

It was also felt that there should be more in-patient beds for young people, one woman describing waiting lists and once screaming to doctors for them to section her daughter. Others worried about admitting a child to hospital and the risk of them then learning more about self harm from other patients. The significant impact on parents and carers was also mentioned, with one professional saying, “Parents come to me desperate for advice” and cited the need for more support groups.

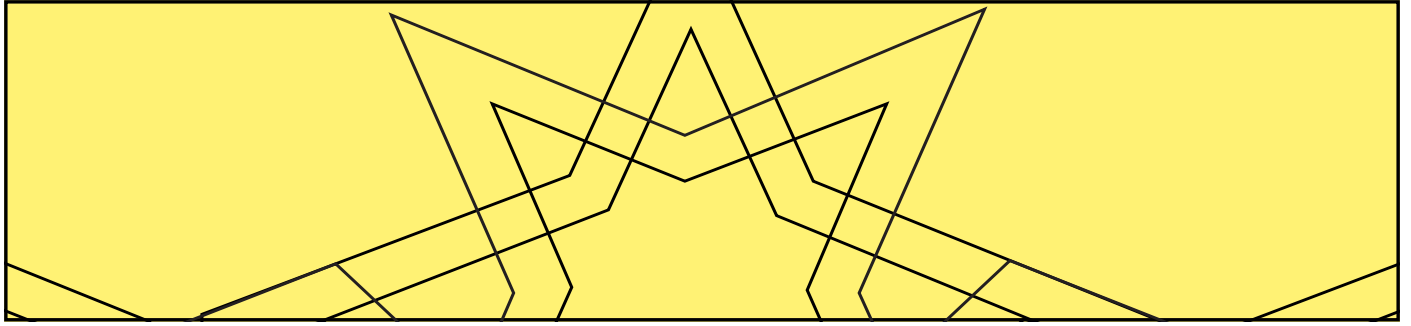
Lack of resources was an issue highlighted by professionals across health, education, community and youth work arenas. Budget reductions have impacted on the sizes of teams and thus different departments’ capacity to see people, and take the time with individuals that is needed to provide effective support. One professional highlighted the need for 24 hour crisis care – at the moment the service is 8-8. Investment in training is vital and staff on the front line across all areas felt that proper training was key; in schools, GP surgeries, A&E, and youth & community settings. People need more understanding that chronic physical health conditions can be a risk factor for self harm and mental health problems, and greater awareness about links between child abuse and self harm, autism and self harm, and high instances amongst Looked After Young People. The associated social isolation with these issues can also mean individuals gravitate to the internet and seek solutions in the wrong places.

Several people recommended greater use of IT to increase support and information provision and a group of young people welcomed a relevant telephone helpline. Drama, art and creativity was described as healing for some people, using it as a way of expressing themselves, releasing inner pain and challenging their negative thoughts, rather than self harming.

## Recommendations:

- Counselling and therapy needs to be more available, with culturally-specific services where appropriate.
- There is a need for more awareness-raising with different communities, parents’ groups and the promotion of open informed communication on the subject.
- There needs to be more support groups for those directly affected and for carers and parents.
- Young people need to be able to access constant levels of support and services throughout their teenage years, and certainly not experience a void of provision when aged 16-18, fitting into neither children’s nor adult services.
- Young people should be able to self-refer to relevant services.
- CAMHS and young people’s in-patient services need to be protected and its capacity extended to meet growing demand for support.
- Other staff teams need to be protected and where possible rebuilt, increasing numbers of Counsellors, Community Psychiatric Nurses and other professionals.
- Investment needs to be made in digital platforms and telephone helplines to increase capacity for supporting people, including those unable to access face-to-face support for various reasons.
- There also need to be work done to counter impacts of negative influences around self harm on the internet.
- More training is needed for teachers and youth workers around self harm and the appointment of (more) trained counsellors in youth work teams and schools.
- Specific training is also needed for GPs, other health professionals and reception staff.
- Young people need to access information about self harm in a safe way which doesn’t glorify the issues, but facilitates awareness-raising and the provision of support where needed.
- There needs to be more communication and joined up working across different services e.g. health, education and social care.
- There needs to be more promotion of creative work with therapeutic benefits and sharing good practice in this area.



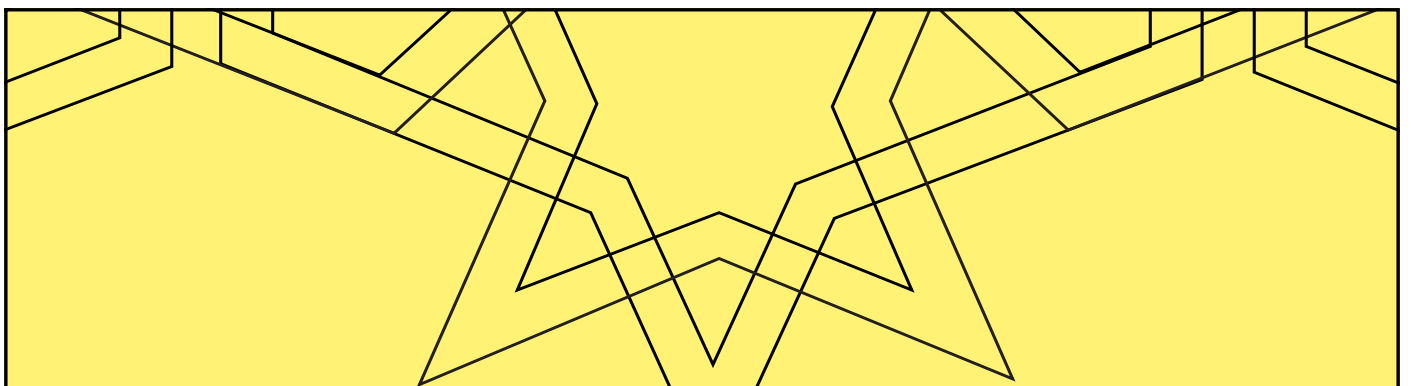


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**MARKS was first performed on Friday 26th June 2015 at  
Dudley Council's Health & Wellbeing Conference.**



## MARKS

### INTRODUCTION

Women & Theatre have been asked by the Office of Public Health, Dudley Council to research, write and perform a collection of monologues and statements to explore the context around self harm and related issues in the borough of Dudley.

We interviewed individuals and groups across the borough. Our brief was to include opinions and personal accounts from as wide a cross-section of those living and working in Dudley Borough as we could. We talked to members of the public, health and social care professionals, teachers, youth workers, younger people and their families.

We also researched online. 'The subject is one that affects us all. It is thought that around 13% of young people may try to hurt themselves on purpose at some point between the ages of 11 and 16, but the actual figure could be much higher. In 2014, figures were published suggesting a 70% increase in 10-14 year olds attending A&E for self harm related reasons over the preceding 2 years' (Self Harm UK.)

In researching and talking to people about the very complex subject of self harm we have been struck by the idea of our bodies as a battle ground and how we respond to emotional pain. The subject goes very deep and has raised many questions for us.

In the monologues we hope to increase knowledge and awareness of:

what self harm is

why it may happen

and what can be done to improve services and public awareness in order to help individuals, families and communities.

## WHAT IS SELF HARM?

### Back in the day

In 20th century Philippines, a man whips himself during a Good Friday procession reenacting Jesus' final hours and atoning for his sins.

In 16th century China, a Buddhist monk burns his arm and peels off his flesh to the bone to protest against the Emperor. He bargains with his body.

In 19th century Europe women puncture themselves with sewing needles. They are known as 'needle girls'.

In 18th century India a Hindu man walks over a pit filled with hot burning wood in exchange for a blessing from the goddess Draupadi.

In the 21st century, on the Day of Ashura, a Shia Muslim cuts his head with a sword in mourning for the fallen Imam Hussein, grandson of the prophet.

In 19th century Congo, a woman has her stomach ritually scarred to show her emotional maturity and her readiness to bear children.

In the 5th century BC, the Greek historian Herodotus writes of a Spartan Leader thrown in the stocks who asks his serf for his knife and begins to mutilate himself, beginning with his shins.

**Are these examples of self harm?**



## What does Wikipedia say it is?

Self harm (SH) or deliberate self harm (DSH) includes self-injury (SI) and self-poisoning and is defined as the intentional, direct injuring of body tissue most often done without suicidal intentions. The term self harm is synonymous with the term self-injury.

The most common form of self harm is skin-cutting but self harm also covers a wide range of behaviors including, but not limited to:

- Cutting
- Burning
- Ingestion of toxic substances or objects
- Hitting walls e.g. with fists or head
- Pulling out hair and eyebrows
- Interfering with wound healing
- Extreme nail biting
- Inserting things under the skin
- Freeze burning from aerosols
- Drawing blood scratching with a school compass

## What does the public think?

### WOMAN IN CAFE AT RUSSELLS HALL HOSPITAL

What do I think about self harm? Well, I always think of someone who might be a little bit depressed - whatever they do nothing's ever right for them, so maybe they cut themselves. And sometimes people burn themselves don't they?

There's a stigma attached isn't there? They don't want someone else to know do they? If they were part of my family, I would try and help them, I would. I'd hope that they could come to me if they felt low and in that situation.

## WHO DOES IT ?

The desire to self harm is listed as a symptom of borderline personality disorder. However, patients with other diagnoses may also self harm, including those with depression, anxiety disorders, substance abuse, eating disorders, post-traumatic stress disorder, schizophrenia, and several personality disorders. Self harm is also apparent in high-functioning individuals who have no underlying clinical diagnosis.

There may be a connection with: Domestic abuse; child abuse; unemployment and poverty; being Looked After as children; autistic spectrum disorder - of which there are a growing number; child sexual exploitation; long term chronic illnesses like MS, Parkinsons, heart conditions; alcoholism; drug abuse; social isolation; learning disabilities; being in prison; people who feel they are lacking in control.

Individuals who self harm may be: You; in your class; successful athletes; Princess Diana; friends; men; your brother; your sister; your friend; work colleagues; your doctor's; daughter; your son's best friend; your intern; your head girl; your neighbour; your health professional.

## PSYCHIATRIC LIAISON

Cutting, burning, pulling, poking, prodding!

There's a split between physical health and mental health and they are linked.

Is self injury a mental illness or a coping strategy? I wouldn't say it was an illness. It's a communication "I can't tolerate feeling like this and I want to make you know how I feel".

Some people need long term therapeutic help with one person. Things are too fragmented and people have to flit between different services. It's frustrating. There are long waiting times and someone can end up on a ward because they've been waiting months for a counsellor. Other people might only need a couple of sessions. You have to get to the narrative the person carries around inside them. Piece it together. One meeting can even do it sometimes - just because you're prepared to listen and not be frightened by it. I've seen lots of individuals do well. We used to run a therapy group with people who self harmed and it did help some of them and reduced the incidence of self harm. There's not much around like that now. If I had a magic wand I would have improved access to psychological therapy.

## WHY DO WE SELF HARM?

*Wikipedia entry:*

Self harm can be seen as a coping mechanism which provides temporary relief of intense feelings such as anxiety, depression, stress, emotional numbness or a sense of failure or self-loathing and other mental traits including low self-esteem or perfectionism.

## VICTORIA PENDLETON - OLYMPIC CYCLIST

Too much pressure training on her own in Switzerland.

Too much pressure to be an elite athlete instead of doing normal teenage things.

Too much pressure training for the Olympics to be allowed a relationship with the person she wanted.

Too much pressure winning a gold medal.....

So she got out her Swiss Army knife and cut herself.

## THE PAIN MANAGER

The (subconscious) part of the brain that manages pain controls both emotional and physical pain. That part of the brain makes a decision about which pain to deal with at any one time, so if two things are broken, you only feel pain in one of them - so the most urgent gets dealt with.

If you have severe emotional pain, driven by anger and frustration, fear and trauma, and it's ongoing, when a new physical injury comes along, the brain thinks 'ah, that's more urgent' and switches off the emotional pain until that injury is dealt with. So that's how a self-injury provides temporary relief from emotional stress.

This can then become addictive - that part of the brain wants you to keep doing that stuff to switch off the emotional stuff. It allows you to function and makes you feel better. The happy layer in your brain wants you to be happy and be outgoing - connect with your community because that's how we survive. It drives that craving so it looks for a way to do that, even an unhelpful way if nothing else is available.

## ENDA THE ENDORPHIN

I've not had much to do for a while..... things have been very boring recently for this little hormone. As endorphins, we turn up for pleasure and pain - we reduce the pain and increase the pleasure - know what I mean? There's never much you could call pleasure though in this body. Although I think Jasmin's been on an even keel for the past couple of weeks. Distracting herself with cleaning the skirting - but I can't really turn out for that can I?

I said to the boss up there in Head Office - Lady Hypothalamus - "Can't I go on 'accidental bumps'?" She said "No Enda. I need you on specific self injury response. None of the other endorphins have your experience." I said "The thing is Hyp - the thing is I've been on this job for years now, ever since Jasmin was 15, and that was 20 years, 1 drawn-out separation and 3 children ago! I'm getting burnt out! To be honest," I said, "I think it's about time Jasmin sorted herself out and got some help."

"Enda" - I'd really spoken out of turn now. I got 'the look'!! - "It's not up to us to judge. We will be there for her whenever she needs us. It's our job to provide a bit of comfort and help her cope until she decides to deal with things a different way."

Hyp's the Boss of course, it's just that I wish Jasmin would do some Zumba, or paint a picture or get some nice fella to give her a naughty massage. Then I could really enjoy turning out. Not an emergency then; not doing something painful to herself so she can do something kind..... but going straight to pleasure!

We're on her side, if only she knew it. We love her and we want her to be happy.

## THIS PAIN IS MINE

This pain is mine. And that's what I say.  
What about talking? They helpfully said.  
So if I start to talk do they go away?  
Then they respond with a shake of the head.  
What about crying? They say instead.

Crying  
Don't  
Work.

But I bled me some tears and the pain went away.

They looked at me and I felt bad,  
They tried so hard.  
But I'm still sad.  
It made me feel guilty.

So I took the knife and gave myself a  
Great,  
Big,  
Happy smile,  
Rosy and red,  
Not too deep  
Or I wind up dead.

Then they said keep a diary.  
So I took my silver pen  
Then wrote what I felt,  
And I felt what I wrote,  
The words got under my skin:  
'This pain is mine.  
There is other pain,  
But this one is mine.'

## TWO SIDES

Professional 1: You find self harm more in areas of deprivation, amongst lower social classes and in mental health contexts.

Professional 2: We see white middle class girls mostly, usually aged about 14, you know the ones from 2.4 families with the parents still together and y'know, achieving at school.

## WHERE'S HOME?

I suppose no job's easy and with this job you see a lot of young people desperately in need of your support. It's tough. It's a tough job.

One memorable female, 17, been in secure care from 13 to 17. She'd cut and insert objects under skin. When they were removed it was anything from glass to metal. So she couldn't be left alone. She wanted to go home, be with her mum, but her mum couldn't keep her safe. The girl was known for taking part in extreme sexual behaviour, stripping off, sex at train stations. Back home she'd observed extreme violence between her mum and her birth father, so that must've triggered her behaviour. Such a shame, such an intelligent girl.

When she moved to residential care, she was provided with 2 to 1 staffing at all times. She never sought treatment, it was always enforced. She would leave the bleeding for others to see,

'Look what I've done?' Waiting for a reaction.

She wouldn't engage, talk, she refused counselling.

I couldn't get close to her. She had no attachment to any staff.

## A & E NURSE

She's been in here before. Cut herself again .... I dunno... I've just been looking after two grieving parents over there whose 6 year-old son has just died! I feel like saying to her sometimes "Can you imagine that? And you've done this to yourself?" I don't know what's the matter with some of them, I really don't. No-one ever did this when I was young..... Anyway, better get on with it. Right (*deep breath*) "Sorry you've had to wait. It's been a busy morning. How can I help you?"

## POLICE DOCTOR

I used to do police work and there was a lot of self harm by people in custody. I used to ask why they did it. Some said they had tried to kill themselves, hadn't succeeded but then felt better. Others had sustained injuries by accident but realised it made them feel better too.

## THE YOUTH WORKER

I'm a targeted youth worker and I do prevention work around sexual relationships and pregnancy looking at self-esteem, healthy relationships and internet safety. Some of our girls are at risk of child sexual exploitation. About a third of my caseload are Looked After young women and have issues around loneliness, attachment and belonging, which affect how they deal with things like sex, drugs and risky behaviour.

We've seen self harm increase massively. It really, really needs addressing. Years ago girls were fighting, taking overdoses, running away and now it's this. They refer to it as 'hurting themselves' or as 'a release'. I would say half of my caseload of about 27 girls are doing it. They are going to have that permanent reminder there for the rest of their lives and they might not want to be reminded of those painful times in the future.

## BEAN COUNTERS

For every person I see, I spend an hour or more on the computer. Half of what's on the assessment forms is irrelevant and it limits how many people I can see. But we have to do it for the 'bean counters'. The powerful people in the Trust - the IT people. Computers have enslaved us. It's a dehumanising aspect of things, being answerable to a machine. They don't understand what it's like to sit with someone.

## CAFE OWNER

It's about family. If the family support you, you don't do it. I'm from Turkey - years ago we didn't do it. It's generational. Years ago people did alcohol, drugs, hashish and now it's all that.

## MY LIFE'S A SOAP OPERA

My parents were obsessed with their favourite Asian soap. All sat on the sofa, ready for the next instalment of high fashion and high drama. Watching these melodramatic storylines I realised sat between my mum and dad there were always these uncomfortable silences, especially when such themes as dementia, forced marriage and self harm came up.

I'd never heard of Asians talking about such things so assumed they never happened, but there was something about their silences that made me think this isn't just soap life, and if soap is brave enough to tackle important themes, why aren't we discussing them?

One night I heard some awful news about a family friend who was self harming and had no one to turn to. Her mother in law knew something wasn't right but didn't ask for support as she was worried that her grandchildren would get taken away. So her daughter in law suffered in silence until she could take no more and jumped off a building.

When I next sat with my parents to watch their favourite soaps, I no longer saw over the top acting but heightened drama highlighting taboo subjects that need to be shown and discussed. I decided to break the silence and ask them "Do you remember Rani, who took her own life, just because she had no one to turn to?"

The silence suddenly broke with a sigh of relief. They were allowed to speak and share the pain they felt when they heard of her tragic death.

No more silences in our house.

## TAXI DRIVER

Depression you say? Oh that's a taboo subject, you get me? No one chats about that in Asian community, so it don't exist. Gora, you know white people, are always depressed. Nah, depressed Asian, I don't know any. Self harm? No way. Gora do it though, you get me?

But you know Jinn, the supernatural world? Well, it ain't depression you got, but a phutt, ghost yeah? Phutt possessed you ain't it? So you don't need no tablets, you need a spirit healer, get rid of the phutt. So don't believe all that depression stuff. Think about it, them Gora don't believe in ghosts, so they think it's depression, but they're probably all possessed.

You look into that. Pakistanis believe there's just as many spirits as there are people. Only Gora I know self harm though.

## BY EMAIL

I'm a British born Asian now in her 40s... brought up as an Indian.... but yet embracing the life offered to us here.

In my teens I self harmed... by cutting my arms. This was during a period of my life that my parents, who had been married for years, raising just not me and my sibling, but also supporting extended family financially and meeting the care needs of my nan.

Alcoholism, adultery and domestic violence were my surroundings for a good few years, witnessing the horrors that it entailed.

In our community you don't talk about such strong themes, so as I felt I was witness to all this and having no one to confide in, my release was the razor.

It was short lived as I was discovered and the elder females in my family gave me a good shouting, so I learnt to shut up and keep quiet.

This quiet voice remained with me until my adult life. I married out of the Asian community, just as my parents had finally separated. Even in married life, I could not speak up, I would constantly get berated, I accepted this life.

My mother passed away in the 00's, who I loved dearly, and I finally felt that the little voice could finally talk a bit louder. Through this personal journey, I found I was not happy with my life, and despite talking to family and seeking professional help through Relate, I found myself self harming in my 40s.

I was a bit more cleverer and would self harm, again with the razor on my inner thighs. Being in a marriage, where despite being naked in front of my partner and the wounds being visible, it was not noticed.

This was truly the darkest period for me. I then approached my GP for help and I was referred to counselling.

The counsellor made me realise that I was a person in my own right, with my own voice and choices I could make. He made me realise that I could make the changes in my life that would allow me to develop and grow. I was not just someone's daughter, wife, sister, and confidant for everyone's problems, I was me.



## ASK

Excuse me. Can I speak to you about something? I heard you mention self harm in my community, well, I know someone who's doing it, in fact they're siblings. They said they feel good once they've cut themselves, seeing the blood, makes them forget about whatever negative stuff's on their minds. I don't know who did it first, or why one copied the other, but they're both doing it, still now. I don't know what the Caribbean community would make of it. I don't think I could ask them, and I don't feel I could ask the brother and sister either.

*(Thinks for a moment)*

Erm, no, I wouldn't want to ask them. I mean, what do you say?

*(Beat)*

Sorry, I've gotta go.

## A FATHER

There are a lot of hidden things. People don't want others to know, so they sweep it under the carpet. It's the stigma you see. This kind of thing used to happen back in Pakistan you know. A woman might feel frustrated or have family problems - no food or money, so she locks herself in and cuts herself or a man might try to finish it all in front of a train or car or with an overdose.

Some young people here face great pressure from their families, society, their peers, schools and cultural pressure. Some parents are still very dominant. I tell my children, 'You choose. Have your own life'. Some girls brought up here feel forced to marry and then they're trapped in their in-laws' house, not allowed to control their own lives. If you can't do anything and have no independence, you end up hurting yourself just to cool your mind down. Some run away. It's boys as well. I know of 4 or 5 cases round here (in Blackheath). There's a boy in his 20s who puts a hot iron on himself, but his mum doesn't want anyone to know.

People need help in the early stages - a central confidential service in Dudley. A specific Asian one. The health authority should spend more on awareness. People need to speak out about it. If you don't share, you're not going to get help. Listening helps. Younger GPs are better because they are educated here - they listen - and we need good receptionists who are polite and nice.

## A MATE

It's strange knowing what I know now, because he didn't strike me as the sort to do anything like that. I mean he was the joker of the pack, always at the gym, pumping iron, having a laugh. Come to think of it, he always wore long sleeves, even in the summer. Wish I did say something now.



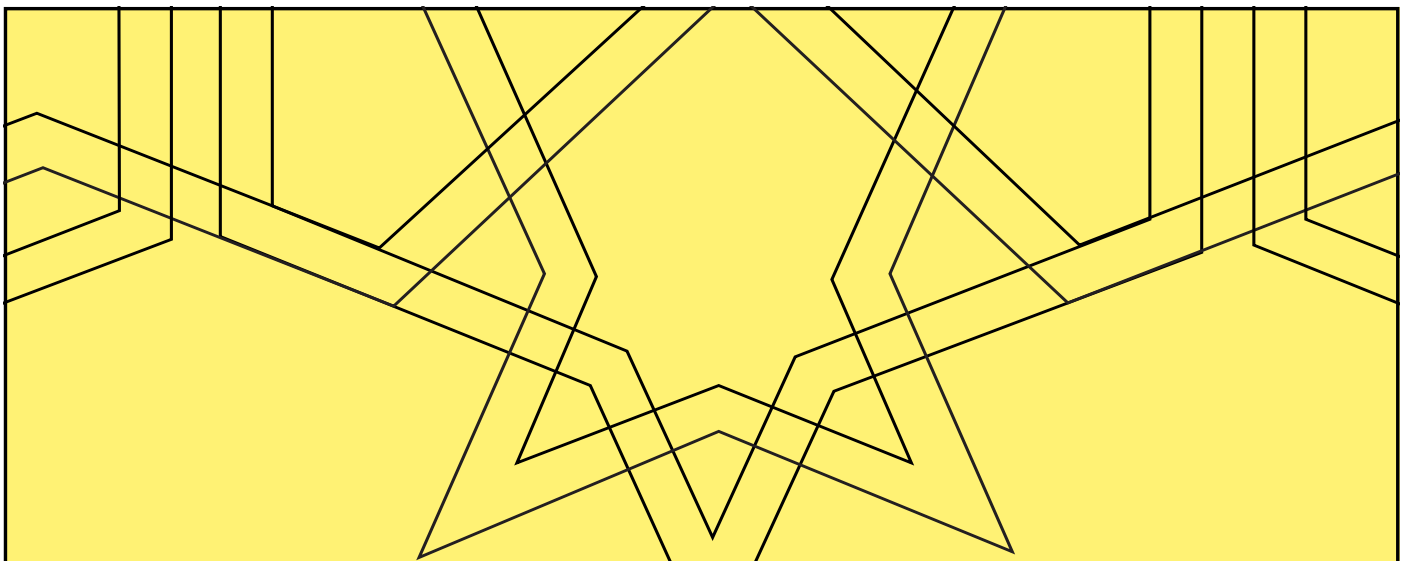
Research by NAWP has highlighted the reasons why young Asian women often feel that self harm is a more accessible option for dealing with emotional distress. Self harm allows them to maintain the notion held by their community and culture that problems should stay within the family and that it is not acceptable to seek outside help. Since self harm can be carried out in private it allows young Asian women to find an outlet for painful emotions while at the same time maintaining the honour of their family with the community.

## WIKIPEDIA

Self harm is most common in adolescence and young adulthood, usually first appearing between the ages of 12 and 24. Self harm in childhood is relatively rare but the rate has been increasing since the 1980s. However, self harm behaviour can nevertheless occur at any age, including in the elderly population. The risk of serious injury and suicide is higher in older people who self harm. Self harm is not limited to humans. Captive animals, such as birds and monkeys, are also known to participate in self harming behaviour.

## ANIMALS

In animal research there is no correlation between the way someone is parented or grows up and whether they turn to self harm to cope with anxiety. The most common issue in animals who self harm is social isolation. Primates bite themselves, parrots pull out feathers and dogs and cats lick themselves. They are all very social animals, like humans, and when left alone, e.g. locked up, they become emotionally disturbed and anxiety increases because they have no control. Biting, licking and plucking lower the heart rate and so provide some sense of relaxation. The resulting lack of touch in these situations also affects them very negatively. Reducing stress and increasing the time spent with others helps, as does massage.

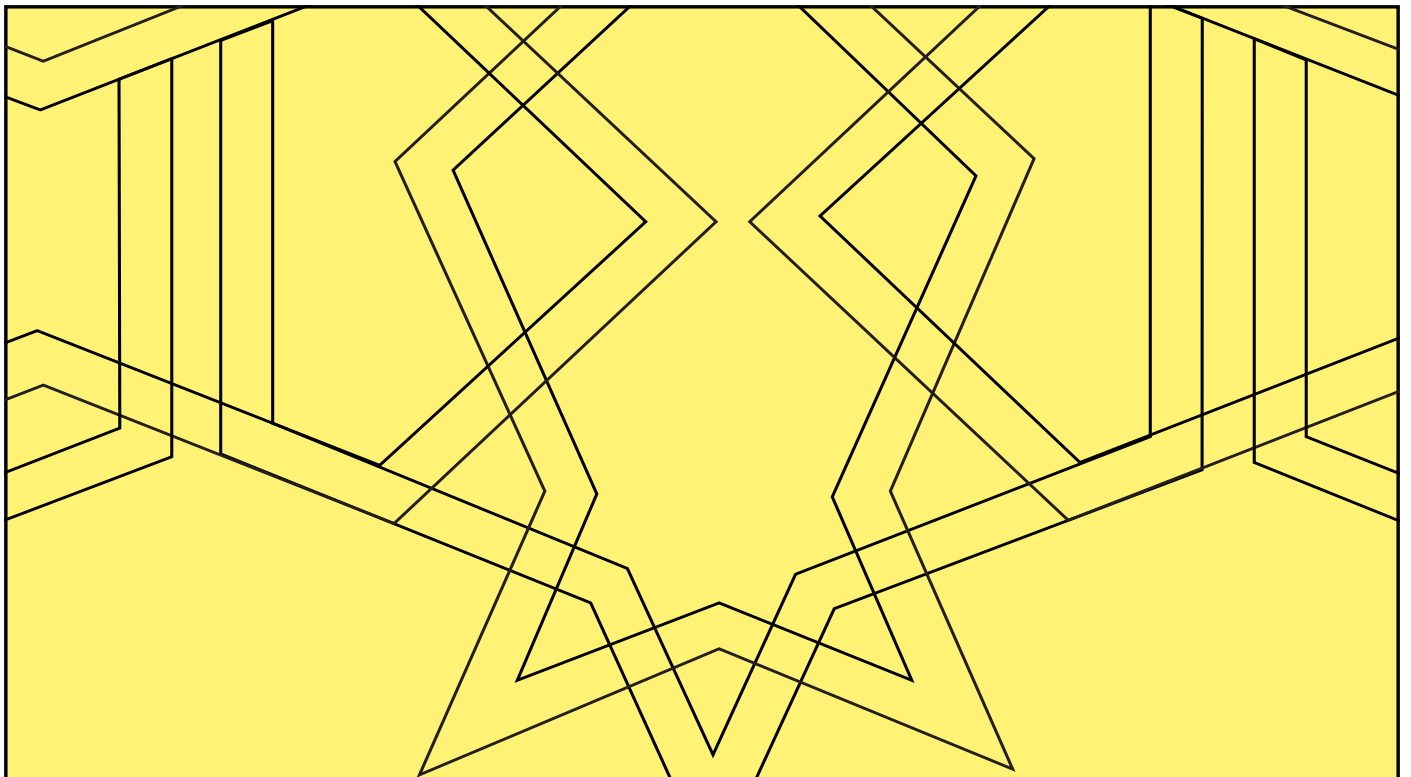


I'm part of the CAMHS team for deliberate self harm. Last Monday I had 6 referrals. It's unheard of. Overdoses and self-injuries. From April 2014 up to Christmas we had 130. That's up from 59 referrals in 2012-13. Why's it happening? Well there are current social and economic issues, the internet, and a lack of primary mental health care. We have no mental health workers in surgeries anymore and no Sure Start to support families.

The majority of what we see in young people we would term 'superficial', meaning it's not bleeding significantly. If they have cut deeper, it may need suturing. I've seen one kid who used aerosol spray too close to his skin so he got a freeze burn. Some only do it once and say 'not for me' and for others it becomes a habit. We encourage them to keep diaries, write thoughts down, distract themselves. There are success stories when they say they've felt the urge but managed not to do it! And the techniques that we've shown them have helped. But we only see the tip of the iceberg.

You have to ask a lot of hard questions like "Do you self harm?" and build a rapport before asking those difficult questions about abuse. Some of them may want to talk on their own. One girl was being sexually assaulted and was self harming every couple of weeks. She didn't want her parents there when she talked to me.

The mental health workers used to do talks and work in schools and GP surgeries, but they've been cut. We used to have 10 people on our team, now we have 6 and we are about to lose another member of staff. It's a nightmare covering the rota. I haven't had a suicide yet, but those high-risk cases never leave your mind. We do support each other and we talk about things, but you have to be resilient and carry on.



## MY DAUGHTER

When I was young we didn't have this internet, now everything is accessible to them. Maybe that's what started it, I don't know. She would keep her blinds closed, bed covers over her and always had her iphone in her hand.

She comes from a nice home, good family, no money issues. Why us?

When she's having a bad day, I get frustrated, with myself more so than her. She finds certain things difficult, school life isn't easy because she's not a natural academic, her peers are high achievers and that pressure is immense. And at aged 14 image is so important, fitting in, they've got this bag, I haven't. The truth is she is very slim, but she can't see anything good about herself, she's beautiful.

CAMHS were very good, but after CAMHS she tried to self harm again, she cut herself one evening, during school holidays. She came out of her bedroom the following morning and I looked at her arm.

"You still haven't told me how you done that?"

Then I turned to see my youngest, looking on and he mouthed "Self harm". He might only be eleven but he knew, he sobbed and ran in to his bedroom.

I then told her to go in there and explain to her brother 'why?'

On seeing her brother so upset, she hasn't done it since.

During the time that it was happening, you don't know what you're supposed to do. Do you need to move the scissors out of the bathroom, hide the knives in the kitchen? Is everything a risk to them? Your home isn't your home anymore.

Luckily my husband kept it together and now we're going to family counselling through CAMHS.

Don't be frightened to talk to someone, if you're willing to talk, people are willing to help. I know CAMHS is very busy so try your GP, seek help, push for it even.

I never thought a child of mine would self harm, she was such a happy, smiling girl.

## ADORATION

A 14 year old girl in a 21st century Midlands town cuts herself for Justin Bieber to save him. A picture shows her red, shredded arm.

Hashtag - I love you Justin, stop smoking weed.

Hashtag - I am hurting with you Justin. Look what I've done for you.

## MACHINES

It's social media.

It's the internet definitely.

They don't know who they are talking to on the Xbox. It's just in their ears.

It's those self harm websites.

Internet!

If you've got no-one else, the internet's great. YouTube! The stuff about self harm on there! With titles like 'How to cut deeper' and 'How to hide scars from your parents'. Young people are more reliant on social media and their phones now. They're missing social interaction.

Why are all these websites allowed to run?

So many machines - computers, the bank, self service tills in supermarkets.

Social media is a big, big issue.

There's a phone in your pocket, it beeps and a mate is saying 'do whatever!'

There's some self-help stuff on these websites (like Tumblr) but some of them have very worrying behaviours.

## DESPERATION

My daughter's been self harming since she was 9. She cuts and burns herself. They've discharged her 'cos she's 16 and there's nothing now till she's 18. CAMHS to me are a waste of time. The hospital have her for a few days and then discharge her. She's had therapy every week or fortnight for the past 5 years, but I want her to be sectioned. They say it's not serious enough. I've cried and screamed and asked so many people. I've begged for help but she didn't meet the tickbox! She cuts her belly, arms, legs, she starves herself, pulls her hair out, drinks, takes drugs. She goes to this place called SWITCH now - I sourced that myself and she can go there till she's 18. I've wanted to kill myself at times - I mean, I'm dealing with my illness, being HIV positive. She lives with my mom at the moment, because I've got a younger daughter as well.

## A TIME BOMB

I heard a psychologist at a conference recently say that Autism is the time bomb, not Dementia. She said "There's a burgeoning group of people exploding onto services for which we have no capacity". Our surgery is 'autism aware'. We've seen a huge upsurge. Are we seeing it too much or is it prevalent and no-one diagnosing it? A young person who has ASD - Autistic Spectrum Disorder - doesn't read social cues, doesn't comprehend hidden agendas, is more gullible and is taken advantage of more easily. They are more at risk of 'grooming' and sexual abuse and, as a result, self harm. He or she might be the quiet, unobtrusive one in school who becomes isolated and seeks solutions in the wrong place, like the internet. A lot of people working in this field recognise these things, but aren't saying it.

## SECURE

In adults it can become more severe. I used to work in a secure unit and people would insert things under their skin, open up veins, mutilate their genitals. Some girls won't want to hand in a sharp item, so they will wrap it in something and insert it into their vagina or anus. It's scary.

## ACCOMMODATION

Some people use self harm to gain things. We had a kid last week who had lost his accommodation, so he took an overdose and got into the ward for three days and was assessed. Sometimes it's a means to an end. He had a history of very difficult behaviour. No-one wants him, so he has to do something extreme to get accommodation.

## OUT THERE

The way kids talk about self harm - as if everyone does it. It's so 'out there'. They will say they are 'cutting' - the tops of their thighs and tummies. They give each other the idea and it becomes normalized. Kids don't realise the long term implications though - it becomes a habit and they can't get out of it.

They are all doing it.

## CATCHING

COMMUNITY PSYCHIATRIC NURSE: It can be a worry admitting a child to a ward because of the potential for them to learn more about it from other patients.

PARENT: One time, on the ward, there were 3 other girls and 1 boy from the same school as my daughter. He was with a foster family.

## ONCE WAS ENOUGH

A group of people at school were doing it. They were the well-liked, confident ones. They'd say they were going off at lunchtime to do it and take razors out of sharpeners or used compasses. They did a lot of talking about it..... I dunno how much they were really doing it, but they were quite open. They tried to get me to do it. Some of them used inhalers to freeze-burn their skin.

I did it once. My parents were arguing a lot and I was at home one night and it seemed like the most obvious thing to do. I wanted them to see how I felt I think..... anyway, I regretted it. I realised I had a scar from it - I don't notice it any more though. My mum saw it and I was so embarrassed so in the heat of the moment I said my pet rat had scratched me. That was 5 years ago.

I told her what I'd done about a year ago - she said "I know". It turned out that she'd confided in people at the time including a Psychiatrist and they just said "Keep an eye on her arms. It might just be a one-off." Really I knew she didn't believe it was the rat. She's a wise woman my mum.

Some people are mean to people who self harm and say it's for attention.

## YEAR 10 VOICES

But some people do do it for attention. It's 50/50 I think. I just don't understand why people self harm. Personally I think it's a childish thing to do.

I think they do it to express the pain and hurt they're feeling in their own body.

Yeah..... and people do it in different ways - cutting, burning, overdosing etc.

And some people end up self harming because of bullying. Bullying is common and affects loads of people. They don't tell anyone because they don't want to make the bullying worse.

I'm against bullying..... and smoking. That's a kind of self harm because you're killing your insides.

And girls sometimes feel bad because they don't look a certain way or are a certain size. Body image is media-rised! If you don't look a certain way people notice.

Girls take it more seriously than boys. Boys are more accepting of who they are.

Sometimes your body just freezes when you're sad..... I've self harmed before.

## SELF HARM UK

Girls are thought to be more likely to self harm than boys, but this could be because boys are more likely to engage in behaviours such as punching a wall, which isn't always recognised as self harm or doesn't come to the attention of hospitals.

## TEACHER

If you hear of any training can you let us know?

## A RELEASE

I'm stuck at home  
I can't get a job  
I've no money  
I can't go anywhere  
I feel the stretching in my head  
I get my kit - my razor, my cream hand-towel  
I cut  
I cut again and again  
I feel the pain  
I see the hurts leave my body with my blood  
I pop like a balloon

## INTER-CONNECTED

Every image of a slit wrist on the internet is a problem not a trophy. That website makes self harm into an art, with photography, y'know. It's all supposed to be deeply moving and it's glorifying things that shouldn't be glorified. They are glorifying the struggle. They talk about privilege a lot and anyone who hasn't been through it can't talk about it. Others could look at those images and think 'I'll do that'. It becomes normalized.

I think the internet perpetuates the idea of the perfect person. Everyone's watching you and judging you. Everyone wants to be envied - be in a relationship, be this tall or this thin. It's not as personal and you're not developing close friendships. Being a young gay man now, there's a lot of pressure. A bit like the 1980's.

## ANOTHER POINT OF VIEW

I've actually been self harming for years now. I was worried at first when I had my children, could I keep them away from what I'm doing? Of course I can. And I do. I'm doing something that helps me scratch a certain itch that I can't scratch without anything else but a knife.

I don't go too deep.  
I don't do it front of anyone.  
I don't do it to gain attention.  
I don't harm anyone  
and I don't need to stop doing it.

I'm under control of what I'm doing to my own body. I know there are far worse things out there I could be doing to help me feel a certain high, but no, I'm sticking to something that I have within my reach and have created my own boundaries for.

I'm not going to kill myself nor am I going to end up in A&E and let the whole town know I'm doing such an act. It's private.

## SOMEONE NOTICED

Think I was about 14 when it started. I went for a walk, found an old leather football and punched it hard, felt this pain, this release, punched anything and everything after that, phones, shopping bags, even a bus stop, real hard. Some people shot up ten foot high in air with shock, yet I had no real thought for anyone. I had to let it out, but I never hurt no-one. Don't know how my sister coped though - while I was stuck on the settee she was locked up in a room with a couple of teddy bears. I read a lot though, needed to. I knew I had it in me to absorb knowledge, information.

One day my English teacher pulled me to one side.  
"Something's not right, what you're thinking and feeling".  
She noticed, someone noticed.

To me it's about environment, by being disempowered, no control, that's what it is. But nothing's stopped me from learning. I'll never stop learning and growing as a person. No matter what your mental state is, reading a book or two will empower you.



## CUTS

It's just cuts, cuts, cuts. Everywhere you look: Cuts. What happens when you cut? You bleed. What happens when you cut too deep? You die.

Don't get me wrong. Everyone's cutting. Everyone's got to deal with it: the pressure. But this? This is an iceberg. You see it straight ahead. Floating. Like the tip of a blade in the sea. But we still don't do much to get out the way.

You think - how much damage can it do? You're on a big ship right? So you keep cutting and it's just a matter of time. When we hit it, then we see how big it really is. Which is stupid if you ask me.

It's necessary. Cuts. Cutting is necessary they say. They think we're saving money. We're not. How much does it cost to deal with those with suicide risks in hospital, and with therapy and support? And mental health, and anti-social behaviour? How much does that cost? What about the effects on families? See that's what's under the tip right there, ready to slice into us.

Cuts. Don't give me cuts. We're just hurting ourselves. We gotta live with the scars. We're haemorrhaging. We're not saving money. And these kids are the ones that are paying.

Cuts. You know what happens when you cut too deep? They die.

## YOUTH WORKER

We do talk about it and explore why, but we also give a lot of positive attention for everything else - who they are, focus on their journey and what they want to do. We encourage them to write stuff - letters (but don't send them), lyrics, poems and use art to look at thoughts and feelings. It's getting it out so it's not all swimming around in your head. One girl gets a big piece of flipchart paper and just writes on it. It doesn't all make sense but it gets it out of her system. So we are encouraging them to do something else instead. But we do need counsellors, ideally as part of the team, to deal with the harder cases.

## WHAT KEEPS ME SANE

People didn't want to know. Sister and I both started self harming, still got the marks here. *(Rolls up her sleeves and shows her arms to audience)*

The thing is, what I did find helped was, when they did listen, really listen to you, not think you're an attention seeker, or snitch, or mad but listen to you.

I've got a voice too and I want my voice to be heard. Not to be sent somewhere and be looked after by adult babysitters.

A lot didn't help me along the way, but what did and still does is helping others. I volunteer at food banks, and there I get to speak to people from all sorts of backgrounds, they've all got problems and even 5 minutes with you can help them feel better.

I've seen what life's like at the rougher end of the scale. Now I enjoy life. Part of that is joining The Creative Tortoise, a group that allows you express yourself through the arts, that's what the leaflet says and that what it does. I do dance, art and drama, better than any medication I've had. It's what keeps me sane. I love it.



## BUTTERFLIES

You draw a butterfly on your hand and say “If you cut, it will kill the butterfly”. Some people love it and some think it’s ridiculous.

## RUBBER BANDS

I’ve heard of that, flicking them on your wrist instead of cutting.

## YOUNG GAY MAN

The power of a hug and one-to-one conversation is under-rated.

## SOMETHING BEAUTIFUL

I’m a trained counsellor. If someone came to me with marks, I would ask them straight. Then I would try my best to deal with the underlying cause in a safe environment. They shouldn’t feel judged, but feel we are trying to understand where they’re coming from. Then the desire to do it should lessen.

Once that’s dealt with they need a way of coping with that pain, the pain that leads to self harm. If they feel as if they’re going to self harm we need to replace that urge with something positive. That’s when I discovered mandala painting, mandala meaning ‘circle’ in Sanskrit. They symbolise unity and harmony. A tool to our spiritual journey, it’s a way of allowing the creative side of your mind to take over, and the busy analytical side take a rest.

Mandala shapes are used for therapeutic practise, by colouring mandalas it allows you to focus on something else, something playful. It’s a distraction, a chance to live in the here and now, not the there and then.

A way of self soothing.

Now they have something beautiful to look at, and not their scars.

## TALKING

Self harm is about psychological distress. You have to get down to the underlying causes. Talking therapies are not available enough. CBT - Cognitive Behavioural Therapy - isn’t for everyone. Only about 10% benefit from CBT but it’s the only one with enough evidence to be recommended by NICE. 70% of recovery is down to the relationship between therapist and patient and less the sort of therapy used. We need to move towards ‘practise-based evidence’ rather than ‘evidence-based practise!’ If you are doing something for a while and its working - show that. If it flies like a duck, and looks like a duck, then it is a duck!

## TRAINING

We need specific training. Any training there is needs to get circulated. I tried to go on one recently but it was only for school staff.

## ONLINE FORM

- Me: I've been waking up and feeling panicky about going to school. I've stayed home loads of times now. I self harmed for the first time last month, done it 4 times since. I'm resisting the best I can but I don't know how long for.
- Other: You've come to the right place. Many of us have 'been there' and can offer insight into some of the things that you're feeling and you'll see you're not alone. My sister suffers from some of the same issues that you mention. It helps to focus on the positive aspects of your life. There's always something.
- Me: And I have this voice telling me that I am faking my attacks, and faking everything, and I believe it sometimes.
- Other: You're not faking things. You've come to the right place so please keep posting.
- Me: I just need someone to talk to. Please help.
- Other: Try speaking it aloud. Hearing it vocally can sometimes give you a different perspective from what's in your head. Each new way you look at a problem, the better you'll be at understanding it, and with understanding comes a measure of control.
- Me: I'll try. Thank you.

## CHANGING THE TREND

Someone said to me, good mental health is about 'being happy in yourself'. What does that mean? Sometimes you just are going to feel sad, angry, frustrated, jealous and that's OK. It's part of the range of being human. You can't be happy all the time. We've got to get back to basic emotions and being realistic about feelings. Learn to tolerate emotions and develop resilience - surround yourself with people who inspire you rather than drain you.

## GLORIA

Call me glorious Gloria.

*(She does a little dance move and twirls.)*

You know you can't just sit and let your life pass you away, I'm not gonna let that happen to me. I get up and move my body this way and that way.

*(She dances some more.)*

I'm 76 but you not know it. I keep myself active, keep myself fit. You know if people aren't happy and if self harm is happening around you, you no just deal with the cut, you get underneath the problem.

*(Points to the head.)*

Inside, there. See what's wrong in the first place. I'm sure it's happening in the Caribbean community but I not know of people speaking about it.

People should dance, do drama, draw, these things make me happy and I like to stay happy, make people smile, that's what keeps me going.

## BY EMAIL

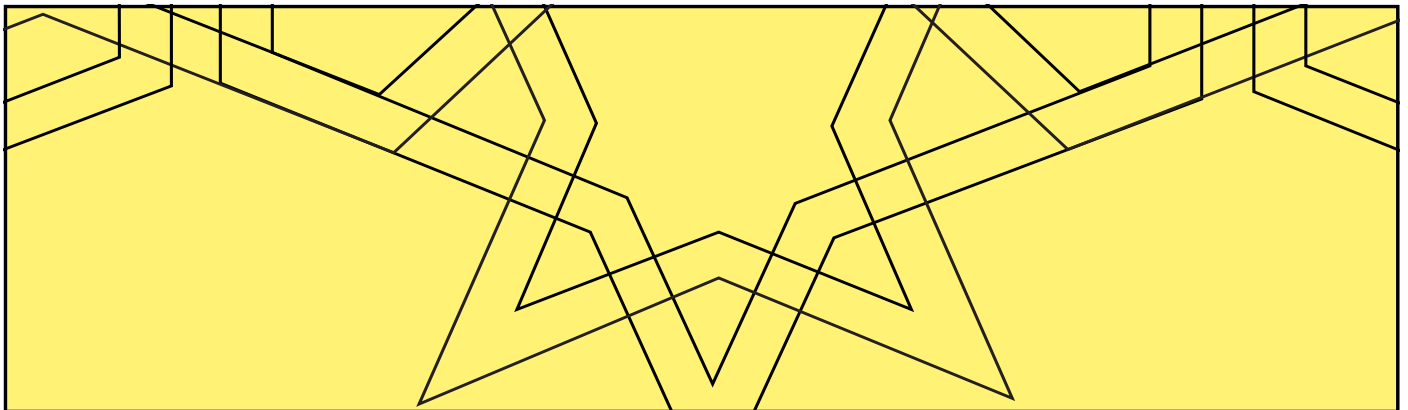
This was truly the darkest period for me, I then approached my GP for help and I was referred to counselling.

The counsellor made me realise that I was a person in my own right, with my own voice and choices I could make, he made me realise that I could make the changes in my life, that would allow me to develop and grow. I was not just someone's daughter, wife, sister, and confidant for everyone's problems, I was me.

Now when those dark clouds appear, and I see the razor as my way out, I refer back to those new skills I have learnt through life experiences and realise that I do matter, and that through self harming I felt a release of pent up feelings and anger, they did not resolve the real issues at heart.

The temptation and ease of picking up a razor still remain with me today, but I recognise the signs and address the situation.

I am not sure if this is what you need for your research, but if it helps a little bit, that's great!!!



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