



Policy Number:	STUDENT 25
Policy Name:	Self-Harm Policy
Contact Officer:	Deputy Principal –Students
Date Approved by Leadership:	May 2022
Date of Next Review:	May 2025
Related Policies:	Wellbeing Procedures Policy First Aid Policy

PREAMBLE

God is at the centre of our College...Mercy is the heartbeat of the Gospel. We encourage every student to grow in the fullness of life and realise their potential through the bread we break at school, the bread of relationships and the bread of conversation. Let us engage the heart and bring faith to life and life to faith (Thomas Groome).

LEGISLATION

This policy takes into account relevant legislative requirements within the state of Victoria, including the specific requirements of the Victorian Child Safe Standards as set out in *Ministerial Order No. 1359*. This policy applies to St Joseph's College staff, including employees, volunteers, contractors and clergy.

Further information relating to the Ministerial Order can be found at <https://www.safeguardingservices.com.au/wp-content/uploads/2022/02/Ministerial-Order-1359.pdf>

1. PURPOSE

1.1. Self-harm is the umbrella term used to refer to instances where a person deliberately harms their body irrespective of the motive or suicidal intent. Schools have an important responsibility and duty of care to respond to promote positive help-seeking behaviours and support students to develop safe coping strategies.

2. WHAT IS-SELF-HARM?

2.1. Self-harm is any behaviour that involves the deliberate causing of pain or injury to oneself. Self-harm can include behaviours such as cutting, burning, biting or scratching the skin, pulling out hair, hitting oneself, or repeatedly putting oneself in dangerous situations. It can also involve abuse of drugs or alcohol, including overdosing on prescription medications.

2.2. Self-harm is often used as a way to respond to and manage emotional pain, overwhelming feelings or distress. For the most part, people self-harm without wanting to die, but sometimes they may have suicidal intentions. Some people find that the physical pain of self-harm helps provide temporary relief from the emotional pain. In this way, self-harm can be a coping strategy used by individuals to help them continue to live.

2.3. For those who self-harm with no intention of dying, the risk of accidental death is very real. Additionally, if self-harm does not relieve the tension or help control emotional pain, the person may injure themselves more severely or may start to believe they can no longer control their pain and consider suicide.

2.4. Self-harm is not restricted to a personality type but rather can impact a broad range of people.

- Anyone from any walk of life or age can self-injure, including young children.
- Self-injury affects people from all family backgrounds, religions, cultures, and demographics.
- Self-injury affects both males and females.
- People who self-injure can often keep the problem to themselves for a very long time, which means opening up to anyone about it can be difficult.

2.5. It is not always obvious if someone is self-harming. Often a person who is injuring will take steps to hide the injuries however, there are some signs that indicate that a student is not coping well. These might include:

- Unexplained or clustered scars or marks;
- Absence from school;
- Fresh cuts, bruises, burns, or other signs of bodily damage;
- Bandages worn frequently;
- Inappropriate dress for the season, such as long shirts or long pants worn consistently in summer;
- Unwillingness to participate in events that require less body coverage (such as swimming);
- Constant use of wrist bands;
- Odd or unexplainable paraphernalia such as razor blades or other cutting implements;
- Physical or emotional absence, preoccupation, distance;
- Social withdrawal, sensitivity to rejection, difficulty handling anger, compulsiveness;
- Expressions of self-loathing, shame, and/or worthlessness.

2.6. Self-harming can become a form of addictive and infectious behaviour. When people get into a cycle of deliberate self-harming behaviour, it can become their main way of dealing with problems.

2.7. Self-harm appears to be more common among adolescents with high exposure to self-harm images, stories or messages.

2.8. Self-harm and suicide are sometimes directly linked, such as in the case of a suicide attempt. However, most people engage in self-harm without intending to end their life.

3. AIMS

- To provide appropriate strategies and guidelines for staff for managing occasions of deliberate self-harm.
- To provide support appropriate to the individual needs of students.
- To prevent and minimise the contagion of self-harm within the College.
- To provide support for staff members who come into contact with students who self-harm.
- To enhance understanding of deliberate self-harm and its context within the wellbeing framework.

4. GUIDELINES

4.1. The response of others can have an impact on self-harming behaviour. Most people have little understanding of deliberate self-harm and often react in negative ways. School staff should try to avoid showing horror or disgust, anger, panic and resentment. "Staff should learn that the best way to respond to common self-injury is with a low-key, dispassionate demeanour" and "respectful curiosity." (Walsh, 2006, p.245)

4.2. It is also important to avoid viewing deliberate self-harm as manipulative or attention seeking behaviour.

4.3. School staff should be supportive without reinforcing the behaviour by making a significant fuss. Try to act in a matter of fact, unemotional and neutral manner.

4.4. Self-injury is not the only way for people to deal with emotional distress. Try to encourage the young person to seek alternative and more constructive coping mechanisms. However, do not expect them to be able to stop self-injuring.

4.5. Self-injury is a response to stress response, and most of us develop healthy tools for handling stress as we grow and learn. Helping adolescents see and build on their strengths is an important step in helping them to learn these skills.

5. IMPLEMENTATION

5.1. If there are suspicions that a student is engaging in deliberate self-harm:

- Staff should advise the Wellbeing Team or senior staff members immediately if they see or hear any talk, threats, jokes, notes, poetry, artwork or other communications about deliberate self-harm.
- The Wellbeing Team will allocate a staff member to follow up on the report and will approach the student/s concerned and discreetly and confidentially investigate.
- If you feel comfortable with the student and have a connection, the student should be asked directly: "I notice that you have wounds or scars on your arms, and I know that this can be a sign of self-injury/cutting. Are you injuring yourself?"
- If the student indicates that they are, assess whether they have and use resources - "Are you talking with someone about your self-injury?"
- If the student is not already accessing support, offer a referral to the Wellbeing Team for an initial assessment.
- A risk assessment for suicidality should be sought.
- If the student wishes to talk to their parents about their self-harm, it may be helpful to offer to act as a mediator.
- If the student says that they are not self-harming or evades the question, do not push. It is important to respect privacy unless, of course, there are concerns about significant risks to their safety. If they deny self-harm, the student should be advised of availability of support if they wish to talk about issues at a future date.

5.2. If there is an incident of deliberate self-harming behaviour at school:

- Self-harm at school is not acceptable behaviour in any circumstances. The flow on effect on fellow students and staff is an essential consideration here, and such behaviour cannot be tolerated.
- The injury should be respectfully assessed.
- If the student's injuries are serious, contact the ambulance service (as per other policies).
- With the minimum of fuss, take the student to a private place. Direct all other students, including supportive friends, back to their usual routine.
- If minor First Aid is required, encourage the student to take responsibility for this. The student is then responsible for concealing any evidence of deliberate self-harm from other students.
- If it is the first occasion of deliberate self-harm the school is aware of, parents should be contacted immediately by phone. All subsequent instances should also be notified to parents with the possibility of introducing a safety plan in collaboration with the students and parents. Students must be advised of this course of action.
- If it is the first occasion of deliberate self-harm the school is aware of, the student should be referred to the Wellbeing Team for the issue to be assessed.
- For subsequent occasions when the school is aware of an occasion of deliberate self-harm, the student should return to their usual school routine following any First Aid assistance. Parents should be advised.

- If a student is accessing an outside agency regarding their mental health issues, the Wellbeing Team will approach that agency to request guidelines on how the school should respond should the student engage in deliberate self-harming behaviour.
- If the student remains very distressed following First Aid assistance on a subsequent occasion of self-harm, school staff should assess the need to contact parents. In the same manner, this need would be assessed for any distressed student. Subsequent occasions of deliberate self-harm alone should not be the reason for the immediate contacting of a student's parents.
- Provide individual support as required to the student's friendship group.
- Staff should be mindful of their own reactions to the situation and seek debriefing from an appropriate colleague or professional.

5.3. Managing the contagion effect of deliberate self-harm within the school environment:

- 5.3.1. Self-harm can be contagious amongst adolescents, both in a direct effect - a group of students who all directly know each other and an indirect effect - students from other friendship groups, or even year levels, who hear about another student self-harming and for various reasons decide to try it themselves.
- 5.3.2. Research indicates that vulnerable young people (those already experiencing mental health difficulties) are at increased risk of perceiving self-injurious behaviour as an effective coping strategy, particularly as adolescents identify strongly with their peers during this period of development and growth (Jarvi, 2013).
- 5.3.3. Explain to students—especially those who are considered “cool” or serve as role models— that it can be very triggering to others when they communicate (conversation, Facebooking, SMS etc.) about or show their self-injury to peers.
- 5.3.4. Encourage students to communicate with the school and professional support or family if they need to discuss the issue.
- 5.3.5. If students deliberately or repeatedly behave in triggering ways, disciplinary action will be taken.
- 5.3.6. Students should be advised that visible wounds, bandages and scars can be triggering for others and requested to cover them with clothing, jewellery, bandana etc.
- 5.3.7. If a student deliberately and repeatedly displays their wounds/scars/bandages, their parents should be asked to monitor their child's choice of clothing.

6. REFERENCES

- WALSH, B. (2006) – Treating Self-Injury; Guilford Press
- WISHART, M. (2011) - 2011 School Counsellors & Psychologists Conference
- JARVI, S. (2013) The Impact of Social Contagion on Non-Suicidal Self-Injury: A review of the Literature