

2011

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David Williams

*Technological University Dublin*

Robbie Gilligan

*Trinity College Dublin*

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### Recommended Citation

Williams, David and Gilligan, Robbie (2011) "Self Injury and the Challenges of Responding to Young People in Care: The Experiences of a Sample of Social Care Workers," *Irish Journal of Applied Social Studies*: Vol. 11: Iss. 1, Article 2.

doi:10.21427/D7KX62

Available at: <https://arrow.tudublin.ie/ijass/vol11/iss1/2>

## **Self injury and the challenges of responding to young people in residential care: The experiences of a sample of social care workers**

David Williams & Robbie Gilligan

Department of Social Sciences, Dublin Institute of Technology; School of Social Work & Social Policy, Trinity College Dublin

David.Williams@dit.ie

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Vol. 11(1), 2011, 14-25

### **Abstract**

This article explores the experiences of a sample of residential social care staff working with young people who self injure. Initially, a phone survey was conducted with residential centres caring for young people aged between 12-18 years located in Dublin, to identify centres where self injury had occurred within the twelve months prior to data collection in February 2008. Questionnaires were then sent to the centres where confirmed self injury had occurred and follow up interviews were thereafter conducted with ten residential social care workers. Each of the workers interviewed had been involved in managing the most recent incident of self injury in their centres. The article highlights important issues that are relevant to social care workers and other professionals who work with young people who engage in self injurious behaviour. The study suggests the need for specialised training on self injury to be provided to residential social care workers. The study also highlights the importance of supportive supervision and incident debriefing to reduce the personal and professional impact on workers of managing incidents of self injury in their work. Finally the study indicates that staff with different career experience seem to respond differently in managing incidents of self injury which, in turn, can impact upon how they meet the needs of young people in their care exhibiting self injurious behaviour.

### **Introduction**

It is only within the last decade that the topic of young people self injuring has begun to attract the attention of researchers and media writers alike (Selekman, 2006). In 2004 one of the largest Irish research studies of adolescent mental health took place. Entitled *Young People's Mental Health: A report of the results from the Lifestyle and Coping Survey* (National Suicide Research Foundation, 2004) surveyed 4,000 teenagers aged 15-17 years and reported that almost one in ten teenagers has engaged in deliberate self harm. The 2010 annual report of the National Registry of Deliberate Self Harm reveals that the peak rate for women who presented to hospitals due to incidents of self harm was in the 15-19 year old age bracket with an incidence rate 639 per 100,000. The peak incidence rate at 626 per 100,000 for males was among the 20-24 age bracket. Despite increased attention to the topic of young people who deliberately harm themselves in the general population, there has been a deficit in research on the topic of young people self injuring in residential care. Apart from small scale studies such as Piggot, Williams, McLeod and Barton's (2004) research on the experiences of a group of young people who had self injured while in living in a residential care in Glasgow, the topic of self injury in residential child care setting has failed to attract much attention. The lack of research measuring the prevalence of self injury in residential care is particularly noteworthy.

This article is based on research conducted by the first author towards a Masters degree in Child Protection and Welfare at the Department of Social Work and Social Policy, Trinity

College Dublin. Firstly, a survey of children's residential centres in Dublin was conducted in order to measure the prevalence of self injury. Then, a sample of residential social care workers was interviewed, focusing on how they manage incidents of self injury by young people in their care.

The term self harm describes a wide range of behaviours which have a negative impact on a person's well being (Sutton, 2005). Babiker and Arnold (1997) differentiate between self harm and self injury. The damage is indirect with self harming behaviours and not the main motivation of the behaviour. For example body piercing may be viewed as a form of self harm but is different from self injury as the behaviour is not intended to cause direct damage to the body. Self injury may be defined as

*'a compulsion or impulse to inflict physical wounds on one's body, motivated by a need to cope with unbearable psychological distress or regain a sense of emotional balance. This act is usually carried out without suicidal, sexual or decorative intent'* (Sutton, 2005, p. 2).

Croyle and Waltz (2007) identify typical self injurious behaviours including skin cutting, burning, skin picking and hair pulling. Self injury may be viewed as a sign of psychological or emotional distress. Sutton (2005) states that people self injure for a reason, even though they may not always consciously know the reason. The act of self injury is also rarely used as an attention seeking tool (although obviously people who self injure do require attention) and is not usually utilised to manipulate the actions of others (Inckle, 2007).

### **Understanding and explaining self injury**

Understanding the causes of self injury is complex. The issue is further complicated by the fact that many young people who self injure often cannot verbalise the reasons for their behaviours (Sutton, 2005). Selekman (2006) suggests the most common reasons for young people self injuring are: poor quality of attachments between parents and their children; inability to soothe or self regulate during periods of emotional distress; inability of young person to 'fit in' with peers; affiliation with negative peer groups.

Byrne and McHugh (2005) identify these as being common issues for young people living in residential centres due to the traumatic incidents they have experienced in childhood. Piggott et al. (2004) suggest that some young people in residential care use self injury as a coping mechanism to communicate the level of pain and trauma they are experiencing due to life experiences and circumstances.

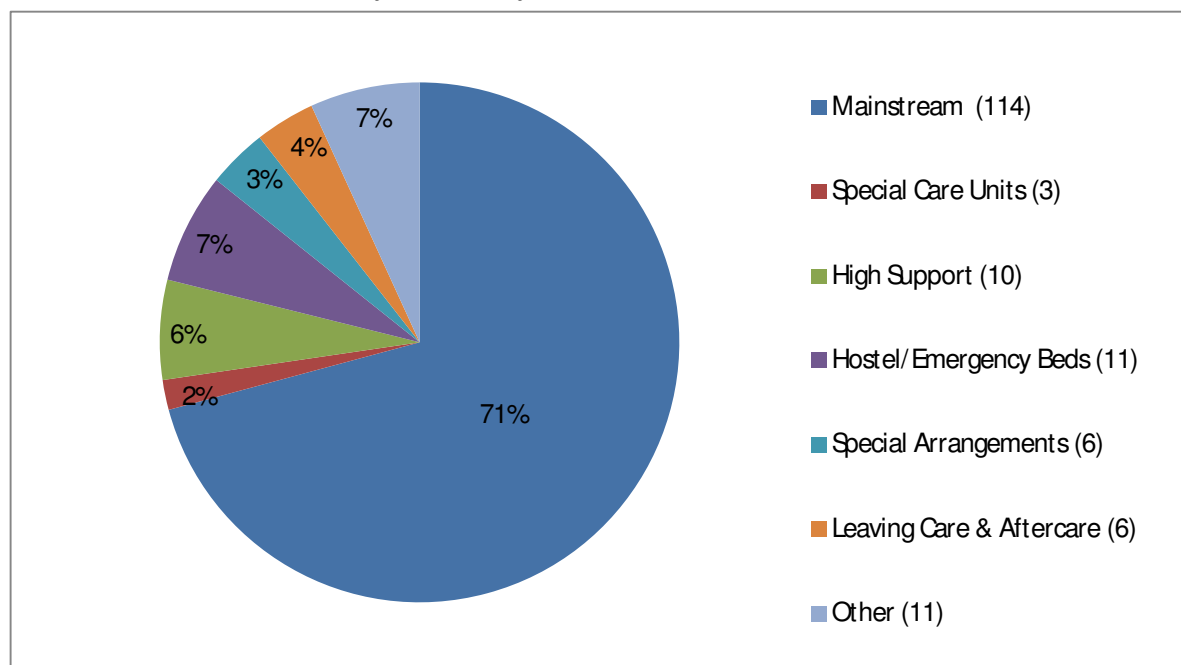
### **Current service provision in the residential child care system**

The complexion of the 'out of home' care system has changed significantly over the last thirty years. This can be attributed mainly to the uncovering of abusive care systems used in Industrial schools in the 1950s and 1960s (Raftery & O'Sullivan, 1999) and the reporting of more recent child care scandals such as the Madonna House Inquiry (Department of Health, 1996). A decade ago Buckley (2002) observed that residential care was no longer the dominant form of care, as foster care placements meet the needs of the majority of children who cannot live at home.

The most recent Health Services Executive figures show that the number of children in state care stands at 6,122. Of these 6,122 children, 625 are living in various types of residential

care placement (HSE, 2011). As outlined in Figure 1 below, the majority of children in residential care are cared for in community based residential care homes (mainstream).

**Figure 1: Children’s residential centres classified by service type on 24<sup>th</sup> October 2008 (Health Information Quality Authority, 2009).**



Current residential care provision for young people in Ireland falls into a number of categories:

- Mainstream Residential Homes usually located in the local community;
- High Support Units for young people who present as a danger to themselves and may be frequent absconders from non secure placements such as mainstream residential homes. McHugh and Meenan (2009) identify increased staff-child ratios as the main feature of high support units;
- Hostels for homeless young people;
- Special Care Units which provide secure residential care to those who are placing themselves at risk due to their behaviour;
- Special Arrangements, which are centres which operate as individual child placements, due to the need to meet the particular requirements of an individual young person.

Despite the decline in the use of residential care for children, it is a preferred option of care for certain groups of children with particular needs (Buckley, 2002).

### Methodology

This study sought to explore the experiences of social care workers in managing incidents of self injury. It was first necessary to identify potential respondents with the relevant experience and to get a sense of the scale of the issue. A three part design was adopted for the study:

Firstly, a telephone survey of 37 mainstream residential centres in Dublin city and county was conducted. These centres were identified from a list supplied by the Social Services Inspectorate. Contact was made with 34 centres; two could not be contacted despite several efforts and one declined the invitation to participate in the research. Of the 34 contacted centres, one was a high support unit, one was a crisis intervention service for homeless young people and the remainder were categorised as mainstream community based residential homes. They included a mix of units from the voluntary sector, the private sector and centres run by the HSE. The purpose of the telephone service was to identify centres where there had been an incident of self injurious behaviour by any young person living in the centre within the previous twelve months.

Secondly, a postal questionnaire was sent to unit managers in the twenty centres where there had been one or more self injury cases in the previous twelve months (prior to February 2008). The questionnaire sought information about the most recent incident of self injury. The managers used the critical incident report forms<sup>1</sup> in the centre in order to find the relevant information to complete the questionnaire. Twenty questionnaires were returned.

Thirdly, semi-structured interviews were conducted with ten (nine female; one male) social care workers who had managed a recent incident of self injury by a young person in residential care. The ten were selected to provide a balanced representation of centres catering for different genders of young people. Also, three centres declined the invitation for a staff member to be interviewed.

## **Results**

The data collected from the survey stage of the study will firstly be presented to provide a context to the prevalence and types of self injury occurring in the residential centres participating in the study. Following this, the major themes evolving from the interviews conducted with social care workers will be presented. Specifically, the impact of self injury on the interviewees and the other young people in the centre; feelings towards young people during incidents of self injury; challenges faced by interviewees in managing incidents; the supports provided to participants following incidents; and the training provided to interviewees in managing incidents of self injury.

### **Incidence of self injury in residential centres**

Twenty of the 34 responding centres had experienced at least one incident of self injurious behaviour within the year prior to data collection. Across these twenty residential centres, containing 72 young people, a total of 87 incidents of self injury took place in the 12 months prior to February 2008. Table 1 below identifies the types of self injurious behaviour.

Self cutting was the most common form of self injury and was inflicted by a range of items including knives, blades, CDs, blades from pencil sharpeners, broken CD boxes and light bulbs. The variety of items used suggests that young people who self injure by cutting will utilise a range of available instruments in order cope with difficult emotions or stressors in their lives.

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<sup>1</sup> Critical incident report forms refer to standardised report forms completed by social care staff in residential centres in order to record incidents of a serious or critical nature.

**Table 1: Range of self injurious behaviours displayed by young people**

Type of Self injury	Males	Females
Cutting	8	6
Overdosing on medication	-	1
Lying On Road in front of traffic	1	-
Attempted Asphyxiation	1	-
Pulling out Pubic Hair and Hair on Head	1	-
Punching Wall until Bleeding Occurs	1	-
Head Butting wall until Bleeding Occurs	-	1
<b>Total</b>	<b>12</b>	<b>8</b>

#### Impact of young people's self injurious behaviour on staff

The workers interviewed in the study reported how the incidents affected them in both a personal and professional manner. While the interviewer sought to understand primarily the professional response, it became clear that such was the emotional impact of these incidents, many of the respondents found it necessary to recount the impact the experience had in their personal lives. Some participants felt managing such traumatic situations had a deep effect on them personally. Almost all the interviewees explained how managing incidents of self injury crossed the barrier from their professional lives into their personal lives impacting on their ability to do their job, their ability to 'switch off' from work and on their relationships with their families. Despite over 15 years experience in care work, 'Lisa' (pseudonyms have been used throughout) explained the toll the incident took on her personally:

*'I was distressed for a long time afterwards and went to get critical incident debriefing. I had nightmares about the incident. I was tense in work thinking about how the incident could have gone wrong. I found it difficult to sleep at work for about two months which is a long time considering you do two sleepovers a week. The night before I'd go to work I would get nervous and be thinking about the shift the next day.'*

Mary explained she found the incidents quite harrowing as she has a particular fear of blood which led her to doubt her ability to do her job as a social care worker:

*'You doubt yourself, are you able to do the job? You get ratty with people at home and the night before going to work, you're thinking will it happen again tomorrow on my shift? At home you're picking up clothes with blood on them to put them in wash.'*

Mary continued on to explain that even though she is vegetarian, she started to buy red meat in the butchers and began handling it to try and overcome her fear of blood for work. She decided to do this as she felt her fear of blood and reaction of panic during the incidents in which the young person was cutting may have been escalating the situation.

Barbara explained the effects of managing the incident of self injury had on her:

*'You'd be thinking about it at home, telling your partner or family. I was very shook up.'*

Noel on the other hand used a different strategy believing it important to not bring the experience home and affect his family life:

*'I have become quite good at leaving the work here. It's important for me to leave it here because I have a wife and kids at home and I don't want to be wearing that coat at home.'*

In addition to the personal impact, participants also felt the experiences affected them professionally. They stressed the importance of becoming more conscious of the safety of the young people in their care:

*'I think it makes you more aware, working in residential you're either working loads or you're not and it's great when it's going well. But after an incident like that you look at your practice and become really aware. I look out for the triggers until the issue blows over'* (Helen).

Many of the interviewees explained that following these incidents, it became a policy in their residential centre to remove objects from the young person's room that could cause harm. Interestingly, when asked if the participants felt this reduced the number incidents of self injury, all said no and believed that if young people wanted to self injure they would still find some means to do it.

#### Feelings of staff towards young people during incidents of self injury

Interviewees drew a distinction between their feelings towards the young person and their feelings generally in managing the incident itself. As a male worker stated:

*'I think it's difficult to see young people in distress, you're only human. You're trying to stop the counter transference of fear and loathing of the situation to the young person. That would be high on my agenda and being aware of yourself in these situations'* (Noel).

All the interviewees felt empathy for the young people during the incidents of self injury:

*'We're in a caring role and you think what you would do if it was your child'* (Edith).

Although all the participants expressed empathy for the young people, some recognised that their feelings were also influenced by the behaviours of the young people and the perceived reasons behind the behaviour. This became particularly relevant in cases where respondents felt young people were self injuring for attention:

*'You do feel a lot of empathy towards them. And then sometimes you'd feel it's very attention seeking if they're coming to show you and you don't want to be giving them attention for something like that'* (Anita).

Others mentioned the structure of the care system. They explained that due to involvement of professionals in their lives, some young people feel they do not have control of decision making in their lives so they may self injure as a means of coping with their life situations.

#### Challenges in managing incidents of self injury

Interviewees were asked to identify the most challenging aspect of managing the incident of self injury. Some of the workers in the study recognised their lack of knowledge of the young

person or their lack of understanding of the behaviour as the most challenging aspect of the incidents:

*'The fact we didn't know her well and were wondering if we were saying and doing the right things to help her. We know her better now, it's easier. She finds it easier to tell us how she is feeling' (Una).*

Anita also felt it difficult to understand the behaviour and the reasons why the young person would resort to self injury. This was echoed by Mary who stated:

*'It's hard trying to understand what is going on in the young person's little mind that they would hurt themselves like that. What would make you do that, pull out eyebrows, pubic hair and hair?'*

When asked about the most challenging aspect of managing incidents of self injury, a number of participants recognised the influence or expectations of colleagues or other professionals. Tamsin notes that often colleagues can be a trigger for a young person in crisis who is self injuring, so it's difficult 'helping colleagues recognise that they may be the trigger in the incident and encourage them to move away'.

Lauren and Lisa explained that their units had introduced a policy of bringing the young person to hospital, no matter how superficial the injury the young person had. This raised differing challenges for both:

*'I suppose the fact of having to phone the ambulance men to take him to hospital for a few small grazes and explaining to them that this was our agreed approach. They didn't really want to take him' (Lauren).*

Lisa found it difficult in her situation that she had deviated from policy as she didn't bring the young person to hospital as she felt he just needed someone to talk to:

*'I struggled with the thought that I had deviated from procedure. I trusted my instinct as I knew the young person and we had a relationship, but it played on my mind right throughout the incident. It subsequently was the thing that came back and bit me on the ass, being reprimanded for deviating from procedure. I feel you need to be able to trust your instinct in our work and that is often what is of most use to the young person. If it goes wrong it's all my responsibility'.*

This need to overcome instinctual urges and emotions arose for other interviewees:

*'The most challenging aspect was probably trying to contain my own emotions and not to appear panicked and that the situation was getting above me' (Noel).*

Both Una and Eve stated that accessing mental health services was a major challenge in their work. They experienced barriers to accessing services particularly for young people in their care aged between 16 – 18 years who are deemed too old for children's services and too young for adult services. Other workers stated that adult hospitals in their area were willing to provide services for young people aged 16 years plus:



*'It depends on which children's hospital you go to, some will see the older teenagers no problem, others will tell you to go to adult services. Sometimes it can even depend on which doctor or nurse you meet on the night'* (Lisa).

#### Effects of self injurious incidents on other young people in the centre

The incidents of self injury seem to have varied impacts on other young people living in the residential centres. All the interviewees stated that they tried to protect the other young people whilst also meeting the needs of the young person self injuring. However a number of challenges arose due to the difficulty in separating an individual from the group given the size of the centre and the limitations of staff numbers.

Edith stated that it helped that their centre is located in quite a large building with quite a high ratio of staff. They were thus able to separate the young person in crisis from the rest of the group. Interviewees recalled a range of responses from the other young people living in the centre following the incidents of self injury. Some copycat behaviour was evident in units following an incident:

*'Two other young people tried copycat by cutting but we used ICMP's (Individual Crisis Management Plans<sup>2</sup>) and through one to one work encouraged them to identify their reasons and feelings for copying such behaviour. This seemed to help them stop'* (Eve).

Other responses from young people varied between support for the young person in crisis and disapproval of the behaviours witnessed. Helen recalled that a young girl living in the centre had just come into care after caring for younger siblings at home. She adopted a motherly role in helping the young person who was self injuring. Barbara also recalled that the other young people in the centre were concerned for the young person self injuring but they felt this may not actually have been helpful 'because she loved all the attention from the group'.

Incidents that involved extreme behaviours and abuse of staff seemed to upset the other young people in the centre. Lauren remembers the young people in her centre stating their disapproval during an incident when the young man wiped the blood from his injuries in a female staff member's face. Young people commented 'Ah here we go again' and told the young person to 'cop on', describing his actions as 'really low'. Following an incident where a young girl has squirted the blood from her injuries in to Mary's (interviewee) face, she recalled another resident saying:

*'Don't clean up her blood, why should you have to clean it up?'*

Mary identified this as a moment where she really realised the effects of such behaviour on the other young people living in the centre. Lisa also recalled how a young resident (11 years old) was traumatically affected following an incident of self cutting by a 17 year old boy in the centre:

*'She was awoken by the disturbance during the night but fell back asleep. But next morning she gets up for school and sees blood on the walls or on back of the toilet'*

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<sup>2</sup> Individual Crisis Management Plans are templates used by residential child care centres to record typical challenging behaviours presented by young people and practice approaches which work best in de-escalating these behaviours.

*door because staff didn't get a chance to clean it. That's a traumatising and shocking thing to see. We couldn't even find a respite placement for her during these incidents due to limited services'.*

Some respondents noticed the willingness of some young people to reveal their wounds following incidents of self injury. They wore t-shirts and short sleeved tops to show their cuts and scars. Other residents seemed to make little comment on these scars, according to workers interviewed. Interestingly, respondents reported that the young people were more likely to cover up their scars when going outside the centre but seemed to demonstrate their injuries more publicly inside the residential home.

Support provided to interviewees following incidents of self injury

Respondents were asked to describe the range of supports provided to them following their involvement in incidents in their centres. The attitude of management and colleagues has a profound influence on the manner in which these incidents impacted upon staff in both the short and long term. Respondents detailed differing experiences in the supports they received after the incident. Noel explained that his centre is very child and staff focused so counselling and supervision supports were made available to him.

Interviewees identified the importance of receiving supervision from managers following such scenarios, although the specific styles of management was also emphasised as important in helping workers feel supported:

*'The managers gave us good support the next morning. I was glad with that, I just wanted to finish with it and not let the incident float on too much. You don't want to be talking about it on your next shift' (Barbara).*

Eve echoed this view, stating:

*'It's important for the manager to be there the next morning to provide support for the staff that were on duty'.*

However Lisa found that the meeting with manager after the incident wasn't very supportive:

*'It didn't help as the discussion post incident was more about finding out what you did wrong than dissecting the incident to find positives and provide you with support. It was about making sure I stuck with the policy in the future. It wasn't particularly helpful'.*

Interviewees also reported that accessing supports from colleagues was beneficial:

*'It was helpful when I was given praise for the way it was dealt with and there was a good outcome. There was no damage to the young person and we were able to reintegrate him to the group' (Noel).*

Anita found the advice from colleagues at team meetings useful in helping manage future incidents. Mary, however, found that some staff accused her of being over dramatic because of her fear of blood, which she found difficult. Other respondents found that following the incident, the perception of the young person's behaviour by some colleagues was unhelpful. Eve noted that younger staff might attribute the self injuring behaviour to attention seeking

and fail to recognise the distress behind the behaviour. In contrast Lauren found that it was more experienced staff that were less understanding of the behaviour:

*'I think you always get the minority that don't look behind the behaviour. The staff that were here a good number of years had a different outlook on it. They would have felt that the behaviour was all about attention and thought they had the answers before even asking the questions. The older staff felt we were pussy footing around it, coming from college thinking about it too much, but that's the training and that's what you bring. The newer younger staff would have tried to understand the behaviour more. I can't say if those attitudes were reflected in working directly with young people because I worked with newer younger members of staff'.*

Training needs of respondents in relation to the issue of self injury

Of the ten interviewees only two (Eve and Anita) had received specific training (arranged by the HSE) on the issue of self injury. They viewed the training as beneficial as it helped to demystify the issue of self injury and remove fears in managing incidents:

*'The training was useful and helped you understand why kids self injure to release feelings inside' (Anita).*

Both Eva and Anita also noted that the training helped them understand more the reasons for self injury and practical ways to support young people engaging in self injurious behaviour. Other respondents who had not received specific training on self injury identified understanding the behaviour and teaching young people alternative coping skills as key areas they would like to see addressed in training:

*'In the training I'd like to know how to deal with the young person after the incident. You don't know if you're doing the right thing or the wrong thing' (Barbara).*

*'I'd most definitely welcome training particularly looking at why young people and adults self harm, the best ways to treat someone afterwards. I'd also like to learn about the triggers and find alternatives to the behaviour' (Helen).*

The other participants recognised other training, specifically Therapeutic Crisis Intervention (TCI)<sup>3</sup>, as being useful in managing some elements of the incidents of self injury:

*'I'd say TCI, the theory part is very beneficial in de-escalating situations and some of the techniques are very good for that' (Helen).*

All the workers called for further training specifically dedicated to the issue of self injury:

*'I think it would be brilliant to get training on self harm as there are a lot of young people in our care self harming. I'd like discussion around the issue. There is a problem in our profession where we train and go off into the profession and that's it. You wouldn't go to a doctor who did his training in 1977 and hasn't been in training*

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<sup>3</sup>Therapeutic Crisis Intervention (TCI) is a Behaviour Management Framework provided to residential social care workers in Ireland (and other countries including Scotland, England and USA) to help them manage challenging behaviours presented by young people in their care.

*since. Ongoing training in lots of issues like self harm and self injury is important'* (Lisa).

When asked what they would like see included in the training, interviewees expressed the importance of learning about the causes and functions of self injurious behaviour and also learning ways to respond to young people who self injure in a way that is supportive. Interviewees expressed a fear that by doing or saying the wrong thing to young people who self injure, the behaviour might become worse or that they might become more secretive about the self injury.

### **Conclusion**

Findings from this study suggest that self injurious behaviour is a complex issue in residential centres for young people. It may pose many challenges for social care workers who must support both the young person self injuring and the other young people living in the centre. The experiences of the interviewees in this study raise a number of interesting issues for consideration. The findings suggest that some interviewees were traumatically affected by their experiences in managing incidents of self injury and may require supportive supervision, critical incident debriefing and specialised training in order to reduce both the personal and professional effects of these incidents.

The research also highlights a lack of understanding among some respondents about the particularly challenging issue of self injury and the motivations for young people engaging in self injurious behaviour. This lack of understanding of self injurious behaviour seems to cause the interviewees to doubt their ability to meet the needs of young people who self injure in their care.

The meaning adults give to the self injurious behaviour appears important. How adults and workers explain the meanings behind the behaviour appears to have a crucial influence on the manner in which social care workers and other relevant child care professionals respond to young people in residential care who self injure. There is a need to view the issue and motivating factors behind self injurious behaviour broadly. There is undoubtedly a requirement for further research, to explore in greater depth the support needs of young people who self injure in residential care.

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