

Understanding Self-Harm in Primary Age Children

What do you need to know about self-harm in primary age children?

- Self-harm in primary school age children is uncommon. The National CAMHS Workforce Programme in their Children and Young People who Self-harm Handbook (March 2011) quote a survey of more than 10,000 children found that the prevalence of self-harm among 5-10 year-olds was 0.8% among children without any mental health issues and only slightly higher for those with any form of mental health problem.
- We should always be mindful of the underlying factors which may lead a child or young person of any age to self-harm.

What are the issues around understanding self-harm in primary age children?

- 'Self-harm' is a term that is now commonly used but without a clear definition can lead to misunderstanding
- Local evidence shows that practitioners have accepted the term 'self-harm' in children under 10 years and the child has been labelled in this way, which is then reinforced by other practitioners. As a result the label is seen as fact and further analysis is not undertaken to ascertain if there is another cause, including abuse. Furthermore, where the label of 'self-harm' is used, recording of what the child is alleged to have done to themselves, or the injuries sustained, is not detailed or robust.

As practitioners, how can we respond effectively to self-harm in primary age children?

- Where information comes to the attention of practitioners which suggests that a primary age child has self-harmed serious consideration must be given to whether there are other underlying factors, including abuse. All such cases should be discussed with children's social care.
- Even in those unusual cases where a primary age child is thought to have self-harmed it is important to recognise that this behaviour is an indicator of emotional distress and the child will need support to address this

- Avoid using the label 'self-harm' in a primary age child and instead reframe a child's behaviour as the demonstration of distress and/ or help seeking behaviour
- Use chronologies and genograms to provide clarity to all involved of the extent, pattern and severity of concern and to support referrals to Children's Social Care
- Keep accurate records of what 'self-harm' the child is alleged to have done, and the impact this has had
- Be mindful that if abuse is occurring, rather than self-harm, that a child may have been coached to say they are self-harming
- Keep clear records of what the child is reported to have done, or the injuries they have sustained, rather than simply saying the child 'self-harms' and seek clarification from other practitioners who use the term to find out exactly what they mean
- Maintain professional curiosity - and look for the evidence to support or disprove potential hypotheses and triangulate evidence
- Be aware that what may have started as a hypothesis has become fact along the way - reflect on and analyse historical records and assessments to understand whether or not a different hypothesis may be a better fit

Suggested activity

- Share the learning from the workshop with your colleagues. Facilitate a discussion about whether anyone is working with a primary age child who has been described as 'self-harming' and consider what this might mean for the child, and the support they may need.