
Kids and Self-Injury: What Parents Need to Know

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What is self-injury?

Self-injury is the act of physically hurting oneself without the intent to die. It is a sign of emotional distress and indicates a person has a lack of healthy coping skills. The most common forms of self-injury are cutting, burning, or scratching the skin and bruising the body tissue. Most people who self-injure start when they are teenagers.

Is self-injury a diagnosis?

Self-injury is not a diagnosis in and of itself. People who engage in self-injury are most often diagnosed with mood disorders, eating disorders, personality disorders, and/or anxiety disorders. Many who self-injure do not have a diagnosable disorder at all. Between 14 percent and 24 percent of youth and young adults in the community report engaging in self-injury at least once in their lives.

Why do people self-injure?

Youth and young adults who self-injure generally report that they do it to cope with upsetting feelings, to feel something when they are numb, and/or to express their pain. There is evidence that self-injury releases endorphins in the brain, helping people who self-injure to feel better in the short term. However, self-injury is not a healthy long-term coping skill and is a risk factor for later suicidal behavior. There is also a common belief that self-injury is attention-seeking, but in reality, most people who self-injure hide their cuts, scars, or burns because extra attention is unwanted.

Is self-injury the same as suicidal behavior?

Self-injury is NOT an attempt to kill oneself. Some people who self-injure even say they do it to STOP themselves from acting on thoughts of killing themselves. Even though self-injury and suicidal behavior are very different, many individuals who self-injure may have suicidal feelings too. If you notice these warning signs of suicide in your child, **go to your local emergency room immediately, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or reach out to the Crisis Text Line by texting "START" to 741-741.**

Who is likely to self-injure?

Youth who struggle to deal with negative emotions or talk about their problems are at increased risk for self-injury. Other risk factors include: not having healthy coping skills, having a mental health condition, being excluded or discriminated against by peers, and knowing someone who self-injures. It is a common myth that only females self-injure, but in fact, females and males have similar risk for self-injury.

How do youth learn about self-injury?

Many youth use social media to learn about self-injury and connect with others who may encourage self-injury as way of managing distress. Although major social media sites have policies restricting posts referring to or showing self-injury, images of self-harm may continue to pop up on sites like Tumblr and Instagram. Adolescents report there are even websites that instruct one how to self-injure with step-by-step instructions. While there are no data yet to suggest that social media directly increases self-harm, experts are concerned that social media could normalize self-injury as a legitimate coping skill among vulnerable teens.

How is it treated?

Due to the complex factors that may contribute to self-injury and the risks associated with these behaviors, treatment from a licensed therapist with experience in this area is recommended. Cognitive Behavioral Therapy and Dialectical Behavioral Therapy are the most commonly used therapies to address self-injury. In some cases, additional consultation with a physician or psychiatrist may be warranted to help treat an underlying psychiatric condition. Although some people who self-injure find success stopping on their own, most people do not grow out of self-injury without finding healthier ways to cope. Self-injury should not be viewed as a “phase” or “fad” that one will simply grow out of and should always be taken seriously when disclosed.

If left untreated, what can it lead to?

Although self-injury is different from suicidal behavior, it is still concerning because it does increase risk for suicide. Self-injury allows someone to get used to damaging his/her body to deal with distressing emotions or situations. Over time, hurting oneself can lead to increased feelings of shame and worthlessness which are also risk factors for suicide.

Is recovery possible?

Recovery is certainly possible! Because self-injury is often used as a coping mechanism, recovery can occur when individuals are provided effective alternatives to manage their emotions. Of course, a youth needs to be motivated to stop self-injury for the road to recovery to begin. Motivation can be low when people feel they only have one tool to manage their pain. A skilled therapist will help youth who self-injure evaluate the role self-injury plays in their lives, challenge the idea that only self-injury can reduce distress, build self-confidence to choose healthier coping skills, establish clear emotional support networks, prepare for possible relapses and celebrate success along the way.

If your child is having suicidal thoughts, take him or her to your local emergency room immediately or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). Do not leave your child alone until you see a mental health professional. Let them know you will get through this together.

Your Child Has Thought About Ending Their Life – What’s Next?

If you learn your child has been thinking of suicide, you may feel shocked, numb, afraid or confused. You may think to yourself, “How can I help my child?” and “How do I keep my child safe?”

Here are some things to remember during this stressful time:

- You are not alone.
 - About 17 percent of high school students report having seriously considered suicide in the past year. Twelve percent of children age 6 to 12 have thoughts about suicide.
- Thinking about suicide does not mean that you or your child has done anything wrong.
 - Thoughts of suicide are often related to illnesses such as depression and anxiety. These can improve with mental health treatment.
- Check in regularly with your child and ask directly about suicidal thoughts. Listening to your child (even if you do nothing else) is the best way to increase their comfort in expressing upsetting thoughts and feelings.
 - Discuss changes that you have noticed and why it concerns you.
 - Ask your child directly, “Have you been thinking about killing yourself?”
 - Do not try to “solve” your child’s issues. Show compassion and support.
 - Let them know that you will be there for them. Give them time to manage intensely painful emotions.
- Try to stay calm. Getting support from a mental health professional can help your child. It can give you a sense of hope.
- Work with mental health professionals to develop a safety plan. Some important pieces of a safety plan:
 - Your child should have a list of trusted adults to contact for when they are in crisis.
 - Keep crisis hotline and text line numbers in easy to find places (e.g., phone, refrigerator).
 - Prompt your child to practice coping skills.

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- o Lock up or remove items in your home that could prove deadly, especially if your child has considered them as a way to end their life. This includes prescription and over-the-counter medicines, alcohol, cleaning supplies, sharp objects, belts, cords, ropes, and especially, guns and bullets.
 - o In a crisis, constant, direct supervision of your child may be needed to keep them safe.
 - o Consider using phone apps and other technology to make safety plans easy to access. Safety plans should be shared with trusted adults and updated if risk factors change.
- **You are in charge of who receives or shares your child’s medical information.**
 - o Think about letting a small group of supportive adults across different settings share information by signing releases of information.
 - o This group of supportive adults may include teachers, school counselors, mental health therapists, doctors and family members.
- **If you have depression or anxiety yourself, be aware that your child’s mental health concerns may raise your level of distress. If your child thinks about suicide often, it is common to become frustrated and feel worn out. You may find it harder to be supportive and patient.**
 - o It can be helpful for parents to get counseling for themselves to manage difficult emotions and to be in a position to provide effective care.
 - o You do not have to go through this alone.
 - o All thoughts of suicide, statements about death or dying, or behaviors taken to injure oneself or to end one’s life should be taken seriously.
- **Here are some additional helpful resources:**
 - o The Center for Suicide Prevention and Research website includes tips and blogs that support caregivers: **NationwideChildrens.org/Suicide-Research**
 - o Franklin County Crisis Hotline for youth (under 18): (614) 722-1800
 - o Crisis text support: Text “4HOPE” to 741-741
 - o Helpful suicide prevention and safety planning apps: MY3, Mood Tools

