

## “I Cut Myself”: A Parent Guide To Helping A Child Who Self Injures

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[blogs.psychcentral.com/practical-parenting/2019/02/i-cut-myself-a-parent-guide-to-helping-a-childwho-self-injures](https://blogs.psychcentral.com/practical-parenting/2019/02/i-cut-myself-a-parent-guide-to-helping-a-childwho-self-injures)  
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Preteens and adolescents are kind enough to engage in all sorts of unpleasant behaviors. Sneaking around, friends with others that we wish would just go away, questionable and/or overuse of phones and digital devices, relationships beginning and ending (sometimes with the speed of a trending hashtag) and experimenting with substances are all on the ‘best of’ list of adolescent behaviors that drive late nights, anxiety and googling phrases like ‘Is it normal that my teenager.....’. Most of these behaviors also would nicely fit under the category of ‘normal teenage behavior’ as well. There are virtually no behaviors that can create unrelenting fear as much as finding out that your child has self injured. Parent reactions may wildly vary; however, under the hood of every sad, angry, questioning, loathing and shameful (we’ll get to this one later) parent is an unmatched anxiety and fear. *What does it mean? Why didn’t they talk to me? Where did they learn to do it? When will it stop? Why are they hurting themselves? How long have they been self injuring? Who can I tell? Why didn’t I know?*



While discovering that your son/daughter is self injuring is beyond alarming, the fact that you know is a small but powerful consolation gift. You know. You can listen. You can get support for your child and yourself. And you can do everything in your power to help that communication remain open because, as much fear that is generated by learning that your child is self injuring, it will pale in comparison to transitioning to *not knowing* that your child is self injuring.

Let's start by examining what we know about self injury:

- 20-25% of adolescent girls and 10-14% of adolescent boys report self injuring  
Self injury largely begins in preteen and adolescent years, comprising
- 90% of the age range of when self injury begins  
2 million people report self injuring in the US annually
- Over the last 10 years, self injury continues to increase in prevalence and
- decrease in the age of onset, with preteens and young adolescent self injury increasing more than any other age group
- Teens identifying within the LGBTQ+ spectrum are approximately twice as likely to self injure
- Bullying and sexual trauma increases the likelihood of self injury at rates that exceed 200%
- Teens who contemplated suicide are more than 3 times as likely to have reported a history of self injury (although people who self harm are generally not trying to attempt suicide)

While the prevalence of self injury is alarming, particularly in light of the behavior continuing to trend to younger preteens and adolescents, it is also important to recognize what self injury is and why people find it useful versus what self injury is not and some of the myths that anxiety and lack of understanding can perpetuate.



### **Self injury, in general.....**

1. Is a way in which people who often struggle with regulating their own emotions can find relief in suffering or emotional pain
2. Can soothe unmanageable emotions that can often originate from feeling poorly understood in family, friendships, relationships or interpersonal strife.
3. Has the capacity to become habitual, where it becomes a primary method by which the adolescent relies upon for regulating emotions
4. Can increase in severity or frequency when the self injury successfully helps to manage suffering
5. Often is a behavior that accompanies a psychological diagnosis

### **Self injury, is not, in general.....**

1. A direct path to suicide (loneliness, thinking about/rehearsing suicide and unrelenting anxiety are better predictors)
2. Successfully treated by medication – therapy and support provide more successful outcomes (although medication may aid in treating comorbid diagnoses)
3. A ‘cry for help’ – often, initial incidents of self injury are done without others knowing
4. A planful way to punish or engage others

### **How do I respond?**

Other than tolerating the affect of knowing that your child has been suffering right in front of you, a parent’s response is likely the second hardest piece to tolerate. Here are some ideas that can help parents consider what to say and how to ensure that the conversation will continue beyond the first interaction.

## **Be calm**

Easy to say and hard to do. Bringing a heaping load of emotions to any situation that is already brimming with affect is likely to create exponentially more upset. Let's focus on the best part again. You know. They are communicating. They feel it is problematic enough to come to you for help. Expressing verbal concern in a calm manner makes total sense, but under- or over-reacting will likely elicit less of a desire to seek help and understand what is going on that caused the self injury.



## **There is likely wisdom in the emotion that ended with self injury**

As a parent, we certainly are not required to like, agree with or understand self injury. It can be immensely helpful to try and understand the context and emotion that is driving it. Validation may be the most important tool parents can employ and remember to try and stay curious about what is going on, stay present with your child and validate the emotion that was driving the self injury, not the behavior itself.

## **Shut up and listen**

The adage of 'less is more' can be helpful if your child self injures. While it can be easy to work toward problem solving, fixing or asking hundreds of questions, listening to your child may be the most important thing you can do. "Help me understand what happened" can elicit a lot more information than playing 20 questions. "What would be helpful" can be a gentle entry to problem solving that helps the child ask for/guide the help rather than parents solving a problem they may not yet (or ever) understand.

**Focus on two goals: relieving your child's suffering and continuing the conversation**

*"...but I want my child to promise me that they'll never self injure again!"* By continuing to come back to providing professional resources to help reduce suffering and not forcing commitments that are likely to cause additional strife and a desire to communicate less should the self injury not resolve (and breaking the commitment to not self injure), parents are more likely to know if the behavior is continuing. One of the only things that is more painful than knowing your child is hurting themselves if not knowing and finding out weeks or months later.

**Remember that punishment is a poor agent of change, but a great facilitator of getting behavior to go underground**

If punishment were an effective strategy for behavior change, prisons would be much more effective in teaching criminals to not break the law. Punishment often leads concerning behaviors underground and teaches the affected person not to change their behavior, but to figure out better strategies to not get caught engaging in it. The behavior change we are looking for is communication prior to self injury, not hiding the behavior for fear of being punished.



**Focus on self injury not being his/her problem or your problem, but a family working together and supporting one another**

Self injury is a family dilemma. The suffering affects everyone. While the person engaging in self injury is the only person that can actually stop the behavior, thinking about how to effectively support the person that is suffering is key to not feeling isolated or alone from the parent's or child's perspective.

**If your child had a better solution to regulate their emotional pain, they would likely be using it.**

Very few preteens and adolescents arrive at self injury as the initial or best way to address emotional upset. Teens can identify emotions as ‘too strong’ or ‘uncontrollable’ and have often tried many strategies prior to engaging in self injury. By taking the basic stance that your child would likely leverage a strategy that didn’t have the pain and consequences that self injury often brings, it can help alleviate some of the blame and judgment.

**Don’t let shame or stigma get in the way of seeking treatment**

While parents readily access care for medical complications, mental health concerns often feel different. Unfortunately, our society has not found a way to accept that treating mental health difficulties is equally as important as other medical diagnoses and should be done with the same enthusiasm and destigmatized attitude and language as any physical/medical diagnosis. The psychiatric community has not helped with such stigma either, employing euphemisms for mental health that would never be used in medical circles

(Ever heard a hospital “patient” referred to as a “client” in a medical hospital? Probably not.) Don’t let fear, shame or stigma cause a child’s suffering to go untreated or undertreated. Seek help and get support in the same manner as you would for a child’s broken bone and physical therapy.

**Get support for your child *and yourselves***

Getting support for a child that is self injuring is often a first, integral step to providing treatment and resources that will give teens tools to better regulate emotions without self injury. Often, though, parents do not reach out for their own help. If 2 million people report self injury each year, there are at least 2 million parents who likely are just as petrified and feeling lost. Parent support groups can provide compassionate and experienced group facilitators and family members who understand, first hand, how lonely and scary self injury can be. Parents who support and care for themselves are better resources for their children (and often have kids that are more able to prioritize self care for themselves).