



ST. DAMIAN'S R.C SCIENCE  
COLLEGE

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# Self-Injury Advice for Parents



# 1 WHAT IS SELF-INJURY (SELF-HARM)?

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Self-injury is any deliberate, non-suicidal behavior that inflicts physical injury to a person's own body. Self-injury is essentially a coping mechanism that enables a person to deal with intense emotional distress, creating a calming sensation. It may also be used to 'awaken' a person who is feeling numb or dissociated.

The injuries themselves can validate a person's feelings, creating a 'real' pain that is easier to cope with than the hidden emotional pain.

Self-injury has an immediate effect, creating instant relief, but it is only temporary; the underlying emotional issues still remain. In time, self-injury can become a person's automatic response to the ordinary strains of everyday life, and both frequency and severity of self-injury may increase.

As parents, you must recognise that self-injury is a coping mechanism, and never judge your child or tell them to stop. You must encourage them to make positive changes in their lives and in their behavior, and enable them to find healthier coping mechanisms so they can choose to move away from self-injury.

## 2 WHO SELF-INJURES

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Self-injury affects people from all walks of life, irrespective of age, gender, sexual orientation, ethnicity or personal strength.

### **Reasons for Self-Injury:**

Self-injury can serve several different functions:

- To manage extreme emotional upset
- To reduce tension
- To provide a feeling of physical pain to distract from emotional pain
- To express emotions such as hurt, anger or frustration
- A form of escape
- An effort to regain control over feelings or problems
- An attempt to punish themselves or others
- To elicit care from others
- To identify with a peer group

*'If you're hurting so badly in your head, to harm yourself on your skin...stops the feelings in your head'.*

Self-injury can be a transient behavior in young people that is triggered by particular stresses and resolves fairly quickly, or it may be part of a longer – term pattern of behavior that is associated with more serious emotional/psychiatric difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater.

### 3 TYPES OF SELF-INJURY

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The most common forms of self-injury are scratching, cutting, burning and non-suicidal overdosing (frequent self-medication). People find their own unique ways to hurt themselves.

Self-injury can include, for example:

- Self-cutting
- Hitting or bruising
- Intentionally taking too little or too much medication
- Burning
- Scratching

Some young people get caught up in mild repetitive self-harm, such as scratching, which is often done in a peer group. In this case, it may be helpful to take a low-key approach, avoiding escalation, although at the same time being vigilant for signs of more serious self-harm.

## 4 FINDING OUT THAT YOUR CHILD SELF-INJURES

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When you first discover your child has been self-injuring, you may understandably feel a mixture of anger, shock, guilt, worry and upset. Don't panic or over-react – your child is not alone, and neither are you.

Self-injury is a coping mechanism, but it is non-suicidal behavior and does not necessarily mean your child has a mental illness.

Young people often struggle with home life, school, pressures to conform and achievement worries; don't assume your child has an easy life just because they 'seem happy' and you provide 'everything' for them.

**Some children may tell their parents about their self-injury; other parents find out from friends, teachers or pastoral staff.**

Discovering your child is self-injuring can be very upsetting and stressful. Parents may experience a range of emotions, including anger, sadness, helplessness, shame or disgust.

It is normal to feel strong emotions and important to try and understand and accept them so that you don't risk misdirecting them at your child.

Try to think of their behavior as an expressions of deep emotions they can't handle any other way.

*'We worked out that if she sent me a blank text, I knew that she needed some company or a cuddle or some distraction'.*

## 5 IS YOUR CHILD SELF-INJURING?

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As a parent, you might suspect your child is self-injuring. If you are worried, watch out for these signs:

- Unexplained cuts, burns or bruises
- Keeping themselves covered; avoiding swimming or changing clothes around others
- Being withdrawn or isolate from friends and family
- Low mood, lack of interest in life or depression
- Blaming themselves for problems or expressing feelings of failure, uselessness, hopelessness or anger

## 6 HOW TO DEAL WITH THE SITUATION

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Your initial reaction and that first conversation will have a great impact on your child, and you may affect how much they talk to you and trust your help.

Every situation is different and how you deal with it will depend on the relationship you have with your child, their age, the reasons behind their self-injury and also whether they came to you, or you discovered the self-injury by accident.

**It is important where possible to tackle self-harming behavior as early as possible.**

## 7 SUPPORTING YOUR CHILD

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- Have a conversation, but don't bring up self-harm straight away.
- You could organise this around another activity, like a walk or a drive.
- Ask if anything is worrying them and how they are feeling.
- Let them know you are not judging them or putting them down, and that you love them and that will not change.
- Show that you are prepared to listen to what your child has to say.
- If your child does not want to talk, see if they will write you a note, email or text message about how they feel.
- Ask if they would rather speak to someone else (e.g. a GP, teacher, Student Support Officer, helpline).
- If your child is able to be open about their self-injury, try to help them work out feelings and situations that may trigger it.
- Try to think together of ways to handle strong feelings that don't involve self-injury.
- Help them to think through their problems and see possible solutions.
- Encourage them to think about the long view and how things may change in the future.

## 8 OTHER WAYS TO HELP

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- Don't let self-injury become the focus of your relationship with your child.
- Try to deal with self-injury in a matter of fact manner.
- Let your child know that their emotions are real and important.
- Remind your child of their strengths and abilities.
- Reassure them that you do not think they are a failure whatever their difficulties.
- Explain to your child that you want to help but may not know the best thing to do, and try to come up with a solution together (e.g. visiting the GP)
- Work out with your child how to make it more difficult for them to self-harm (e.g. by storing medication securely or removing sharp objects).
- Watch out for signs of bullying or abuse that may be triggering self-injury.

*“I used to ask, ‘On a scale from nought to ten, with nought being the work and ten being the best, how low are you feeling?’”*

## 9 WHAT MAKES A YOUNG PERSON VULNERABLE TO SELF-INJURY?

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**Individual Factors:** e.g., depression, anxiety, low self-esteem, hopelessness, poor problem-solving, impulsivity, eating disorders, drug or alcohol abuse, bullying (e.g., because of race or sexuality)

**Family Factors:** e.g., mental health difficulties in the family, poor parental relationships, drug/alcohol misuse in the family, unreasonable expectations, conflict between young person and parents, excessive punishments or restrictions, family history of self-harm, abuse, neglect.

**Social Factors:** difficulties in peer relationships, bullying, peer rejection, abuse, availability of methods of self-injury, friends who self-injure, media and internet influences.

## 10 TRIGGER FACTORS AND WARNING SIGNS

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A number of factors may trigger a self-injury incident, including:

- Family income-related poverty;
- Family relationship difficulties (the most common trigger for younger adolescents);
- Difficulties with peer relationships, e.g. break-up or a relationship (the most common trigger for older adolescents);
- Bullying
- Significant trauma e.g. bereavement, abuse;
- Self-harm behavior in other students;
- Difficult times of the year e.g. anniversaries;
- Trouble in school or with the police;
- Feeling under pressure from families, school or peers to conform/achieve;
- Exam pressure;
- Times of change, e.g. parental separation/divorce.

There may be a change in the behavior of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits;
- Increased isolation from family/friends;
- Changes in activity and mood, e.g. more aggressive than usual;
- Lowering of academic grades;
- Abusing drugs or alcohol;
- Becoming socially withdrawn;
- Expressing feelings of failure, uselessness or loss of hope;
- Giving away possessions;
- Risk taking behavior.

## 11 WHAT KEEPS SELF-INJURY GOING?

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Once self-injury, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for people and it becomes a way of coping, for example:

- Reduction in tension;
- Distraction from problems;
- Form of escape;
- Outlet for anger and rage;
- Opportunity to feel real/not feel numb;
- Way of punishing self;
- Way of taking control;
- To relieve emotional pain through physical pain;
- Means of getting identity with a peer group;

## 12 THE CYCLE OF SELF-HARM

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When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace.

The addictive nature of this feeling can make the stopping of self-harm difficult. Young people who self-injure still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-injury initially.

## 13 SILENT GUYS

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How people cope with things emotionally varies from person to person, but even in today's modern world, many men find it difficult to talk about their feelings.

This may be because of the way they have been brought up, cultural expectations, or simply because they feel they have to live up to the 'stiff upper lipped' male stereotype that they believe much of society still expects. But everyone gets stressed at times don't they?

Men of all ages bottle up their feelings. They don't talk about how they feel emotionally, preferring to cope alone and in silence, refusing to ask for help and forcing themselves to 'just deal' with everything.

## 14 SELF-INJURY IN MEN

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Although the media sometimes still leads us to believe that self-injury is a teenage girl thing, we know that this is wholly untrue. Self-injury affects people from all walks of life, regardless of age, gender, sexual orientation, ethnicity or personal strength.

The only reason male self-injury is less commonly known about is because many men are unable or unwilling to talk about the subject, or admit that they self-injure in order to cope with their emotional distress.

Self-injury is a coping mechanism, a way of dealing with emotional distress, and it's a behavior that many men rely on.

The physical pain of self-injury can be easier to deal with than the distress that lies behind it, but it's nonetheless an indication of emotional pain and shouldn't be ignored or dismissed by anyone

## 15 ALTERNATIVES TO SELF-INJURY

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Because self-injury is helping your child to cope with difficult feelings, it is important to think of other ways they might manage their feelings.

These can include distraction, stress management techniques, and thinking of alternative methods of discharging extreme emotions.

Sometimes joining an activity or sports group can be helpful as a distraction. This can also provide a form of social support.

Some people find that putting off harming themselves can decrease or get rid of the urge.

Reducing the accessibility of objects that might be used for self-harm (e.g., pencil sharpeners, knives, medication etc.) may help to delay the impulse to self-harm.

*'Don't give up. There is help out there'.*

## 16 ALTERNATIVES TO SUGGEST

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### SOOTHING / STRESS RELIEF / DISTRACTION:

- Going for a walk, looking at things and listening to sounds.
- Create something: drawing, writing, music or sculpture.
- Going to a public place, away from the house.
- Keeping a diary.
- Stroking or caring for a pet.
- Watching TV or a movie.
- Getting in touch with a friend.
- Listening to soothing music.
- Having a relaxing bath.

### RELEASING EMOTIONS:

- Clenching an ice cube in the hand until it melts.
- Snapping an elastic band against the wrist.
- Sports or physical exercise.
- Using a punch bag.
- Hitting a pillow or other soft object.
- Listening to or creating loud music.

## 17 WHEN TO SEEK MEDICAL ATTENTION

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The majority of scratches and cuts can be dealt with at home, and you may like to provide some sterile dressings, antiseptic wash and plasters.

Burns may need to be checked by a medical practitioner.

If an injury is serious or an overdose has been taken, medical attention should be sought immediately.

Be aware that although self-injury is non-suicidal behavior, the emotional distress that leads to self-injury can also lead to thoughts of suicide. If you feel your child is at risk, seek urgent medical assistance.

*'I went into practical mode. Maybe practical mode was easier to deal with than emotional mode. So you buy your antiseptic and you buy your cotton wool and you look after the cuts because that's the easy bit'.*

## 18 OTHER FAMILY MEMBERS

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You and your child can think together about how much you want to tell other family members, including brothers and sisters, about the self-harm.

- Explain to other children and close family that your child is going through a difficult time – you do not need to give details.
- Siblings may feel angry or that their sibling who is self-harming is being selfish and causing distress in the family.
- You are still the parent: don't be afraid to set boundaries on your child's behavior (e.g., how they treat siblings).
- Remember your other children need your attention and support as well.
- Try to help them manage their feelings.
- Watch for similar behaviours in your other children.
- Remind them of other ways to cope: e.g., talking, relaxation, sports or art.
- Listen to them and remind them that you love them.
- The wider family may or may not understand why a child would self-harm, so you and your immediate family will have to think about how they might react and how you want to manage this.

*'Don't ever be ashamed of talking about self-harm...I guarantee there are fifty other people in the same boat'.*

## 19 ATTENDING TO YOUR OWN NEEDS

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It is normal for parents to experience strong emotions and it is important that you look after yourself as well as your child. Recovery from self-harm may be a long process, so try to find time for relaxation. Pay attention to the physical signs of stress, such as stomach aches, difficulty sleeping, or depression. Take time for yourself when you are upset. Do things you enjoy, such as going out with friends, exercise, hobbies etc.

Learn to identify and accept your own feelings. It may help to write them down. Find an outlet for your emotions, such as talking to a friend, relative or therapist. You may find other emotions coming out as anger – be careful that your child does not think this is directed at them.

Give yourself permission only to do things that really need doing and don't worry about less important tasks. Take time off work if you are able, and accept help from family and friends.

## 20 TRY TO KEEP COMMUNICATING

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Your child may remember what you say even if they don't seem to be listening at the time, and may take your advice or talk to you later.

## 21 DON'T GIVE UP ON YOUR CHILD

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Trying to help your child may sometimes be frustrating. However, when they push you away is often when they need you the most. Remember, most young people who self-injure will stop sooner or later.

*'I see the future as like a contour map – she will continue to get better and she will have long periods where life is good'.*

## 22 POINTS TO CONSIDER

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1. Educate yourself about the issues surrounding self-injury – you can do this by googling and visiting websites such as: [www.lifesigns.org.uk](http://www.lifesigns.org.uk)
2. Unless you are concerned that an injury may need medical attention, don't ask to see your child's injuries – it will embarrass them and make them more secretive.
3. Remember that your child is the same person you knew and loved before – self-injury is just a small part of them.
4. Treat your child as usual – especially if there are other young people in the house who may need support in coping with their sibling's self-injury.
5. Encourage your child to seek health and happiness everyday (childhood should be fun).
6. Remember to take care of your self – it is difficult coping with the self-injury of someone you love, so don't be afraid to seek extra support while you are helping your child.
7. Don't show disgust or anger. Any negativity will increase your child's emotional distress and alienate them from you;
8. Recognise that you are not to blame for your child's self-injury, but be aware of the quality of your relationship with them – could it be improved in your child's eyes?

9. Let your child know you are there for them, but recognise that self-injury is often a secretive behavior and the knowledge that you know about it could be over-whelming – they may need time to settle before talking properly.
  
10. Focus on the underlying problems behind your child's self-injury rather than on the self-injury itself.
  
11. Self-injury can take a long time to move away from, so be prepared for many months of recovery.
  
12. Self-injury is something that they have come to rely on in order to cope, and alternative healthier coping mechanisms must be found.
  
13. Offer to accompany your child to the doctor or a counsellor, but don't force them and respect their need for privacy and confidentiality, whatever their age.

## 23 SELF-INJURY – THE FACTS

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**FACT: People self-injury in different ways.**

Some cut their arms or legs, others bang or bruise their bodies. Self-injury also includes burning, scratching, hair-pulling, or anything that causes injury to the body. Some people take tablets, perhaps not a big overdose, but enough to blot things out for a while. Some people hurt themselves just once or twice. Other people use self-harm to cope over a long time. They might hurt themselves quite often during a bad patch.

**FACT: Self-injury isn't necessarily about suicide.**

Sometimes people harm themselves because they want to die. But often it's more about staying alive. People may hurt themselves to get through a bad time. It's a coping mechanism.

**FACT: It's not 'just attention-seeking'.**

People self-injure because they are in pain and trying to cope. They could also be trying to show that something is wrong. They need to be taken seriously.

**FACT: Self-injury isn't always a sign of mental illness or of something being 'wrong' with a person.**

All sorts of people self-harm. Even people in high-powered jobs. It's a sign that something is bothering and upsetting someone, not that they are mad. You may not have met anyone else who self-injures and may find it upsetting or shocking. There's a lot of secrecy about self-injury, but many thousands of people cope in this way for a while. Approximately 1 in 12 young people self-injure at some point.

**FACT: Other things can be 'self-harm' too.**

Things like starving, overeating, drinking too much, risk-taking, smoking and many others are also types of 'self-harm'. Some coping methods (like burying yourself in work) may be more socially acceptable, but can still be harmful.

**FACT: People do stop self-harming.**

Many people stop self-harming – when they're ready. They sort their problems out and find other ways of dealing with their feelings. It might take a long time and they might need help. But things can get better.

**FACT: People self-harm for a reason.**

Self-harm is often a way of coping with painful experiences and trying to gain a sense of control over difficult circumstances. These might include being abused or neglected, losing someone important, being bullied, harassed or assaulted, or being very lonely and isolated.

## 24 SOURCES OF HELP

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### HELP FOR PARENTS AND CARERS:

- GP's
- School Nurses
- Student Support Officer at school
- Counsellors / Therapists

### HELPLINES AND ONLINE INFORMATION / SUPPORT:

#### Young Minds

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Young Minds Parent Helpline:

0808 802 5544

(Mon-Fri 9.30am – 4pm)

#### Samaritans

116 123

[www.samaritans.org](http://www.samaritans.org)

#### Mind (over 18's only)

[www.mind.org.uk](http://www.mind.org.uk)

#### Rethink

[www.rethink.org](http://www.rethink.org)

#### Harmless

[www.harmless.org.uk](http://www.harmless.org.uk)

#### Royal College of Psychiatrists

[www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx](http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/self-harm.aspx)

### HELP FOR YOUNG PEOPLE

- GP's
- School Counsellors / Student Support Officer

- School Nurses
- Child and Adolescent Mental Health Services (CAMHS)

**HELPLINES AND ONLINE INFORMATION/SUPPORT:**

[www.youngminds.org.uk](http://www.youngminds.org.uk)

Childline – 0800 1111

[www.childline.org](http://www.childline.org)

Samaritans – 116 123

[www.samaritans.org](http://www.samaritans.org)

[www.harmless.org.uk](http://www.harmless.org.uk)