

The Parent's Corner

we're in your corner

SELF-HARMING BEHAVIORS

September 2021

This month, we want to touch on a subject that is often uncomfortable and very troubling for parents who experience it: finding out your child is engaging in self-harming behaviors. Whether this is brought to your attention by a teacher, family friend, an observation you have made, or even a disclosure from your child, it is no easy pill to swallow to find out your child is causing their own physical pain. When finding out this information, parents may react on a very wide spectrum. They may be frustrated, believing this behavior is attention-seeking, or, on the opposite end, overwhelmed with stress that this suggests their child is suicidal and may need more severe measures, such as hospitalization. Overall, though, what we see is parents who are worried, who care, and who feel helpless in meeting their child's needs. We hope this month's Parent's Corner reaches these affected parents and provides some guidance and support for both you and your children. To do this, we need to dispel some common myths, or negative thinking patterns, around self-harm in children and teens:

Myth #1: My child's self-harming behaviors are a reflection of my parenting.

We have seen self-harming behaviors in children from even the most stable, happy homes. Self-harm has much more to do with your child's mental health and ability to self-regulate than with parenting skills. Parents who find they have a very open relationship with their children may also be confused as to why their child has kept this from them. Many children are embarrassed and feel guilty when they self-harm, and stray from telling even a trusted parent.

Myth #2: My child is self-harming, so they must be having suicidal thoughts or plans.

Self-harm does not always mean suicide. Your child may be doing this for a number of reasons: as a physical release of pain to either fix emotional "numbness" they are experiencing, to develop a sense of control over their overwhelming feelings, or to channel emotional pain they are feeling into a physical distraction. It is, however, still important to ask your child those necessary safety questions. While we don't want to assume they have had suicidal thoughts or plans, we do want to assess to ensure they receive all the support they may need. In asking these questions, it is important to be upfront, for example, asking "Have you ever had thoughts about wanting to end your life?", to which you may ask follow-up questions, such as "When was the last time you thought about suicide?" or "How frequently do you have suicidal thoughts?". It is also important to ask if they have a plan and/or access to what they would use if so. If your child states that they have thoughts about suicide, and they are not in crisis, reach out to a therapist to let them know so they can follow up with your child and/or give you guidance.

Myth #3: Only teenagers, particularly teenage girls, engage in self-harm.

According to the American Psychological Association in 2015, young white females were indeed the highest population reported to self-injure. However, they also concluded as many as 35% may be males as well. Teenagers are not the only ones to self-injure, either. Young children and adults have also been shown statistically to engage in self-injurious behaviors to varying degrees. While some factors may increase your child's chance of self-injurious behavior, (sexual orientation, victims of bullying, history of mental health struggles in family, etc.) we cannot assume that this is the only population that engages in it.

Myth #4: We don't have harmful objects around our child, so they can't be self-harming.

While you may think your environment is free from harmful objects that come to mind (i.e. lighters, knives, razors, etc.), children and teens who are looking for this pain release may often get creative with their methods. For example, a child who is engaging in self-harm may continuously rub an eraser on his/her arm to produce a burn mark, burn themselves with a candle flame, pick at existing wounds so they won't heal, use regular household objects such as safety or bobby pins to injure, or even their own hands to bruise themselves.

Myth #5: I don't see any cuts, bruises or marks on my child, so they must be fine (or must have stopped).

Again, children and teens may get creative. A child who self-harms may be seen more frequently wearing long sleeves or pants (even in hot weather), may choose areas that are less visible such as the stomach or upper thigh, or may attribute injuries to things like after-school sports games.

Myth #6: My child's behaviors are solely for attention, and giving them a response will only be feeding this.

Even if you feel this is the case, ask yourself what attention your child may be craving. Typically, self-harm stems from a sense of emotional pain and need -- feeling depressed, overwhelmed, stressed, or anxious. This may be your child's way of seeking help and the assistance they need to overcome these emotional struggles they are experiencing. Sometimes, parents feel their child is using self-harm as a way to "fit in" with a new group of friends who are also engaging in this behavior. This is a good opportunity to have a conversation with your child about why your child thinks it is important for them to fit in with this group, and provide more positive methods to use to feel this sense of belonging.

So... what can you do?

If your child is self-harming, it is important to take measures to ensure your child is supported. Try to remain nonjudgemental. If your child feels understood, this will lessen the chance of them hiding this behavior from you and accepting support. You may start by simply telling your child that you know about their self-harming behaviors and that you want to open the conversation to help them. Your child may be resistant to talking at first, or may not even fully understand why they are self-harming. You may tell them that people often self-harm when they are experiencing emotional pain or pressures, and ask your child what it is they are facing. Try to remain calm and patient, and communicate that your child is not going to be punished for this, but needs support. Navigating self-harm almost always involves therapy for the child, and education and resources for the parent as well. Many therapists who work with self-harm specialize in DBT, or Dialectical Behavioral Therapy, which focuses on tolerating distress, mindfulness, assertiveness in relationships, and emotional regulation. Your child's therapist will work with your child and you to develop techniques to channel your child's feelings and thoughts into more positive coping strategies.

As always, we are always in your corner if you need extra support!