

Warning Signs of Self-Harm

A sense of shame and secrecy often goes along with self-injury. Most teens who self-harm hide the marks and if they're noticed, make up excuses about them.

- Unexplained wounds, scars, cuts, and/or bruises.
- Frequent “accidents” in order to explain injuries.
 - “The cat scratched me” or “I burned myself on the oven”
- Covering up or wearing clothing that is inappropriate for the weather, such as long sleeves or long pants in hot weather.
- Unexplained stains on clothing, towels, or bedding.
- Sharp objects or cutting instruments in the person’s possession. This can also include items that could be used to burn one’s skin.
- General signs of depression including isolation, irritability, hopelessness, and disconnection from support systems.
- Discussions or posts about self-injury on social media.

Myths and Facts

Myth: People who self-injure are trying to get attention.

FACT: People who self-harm generally do so in secret. They are struggling with powerful emotions that are difficult to regulate. Other times, people openly show or talk about their self-harm. Self-injury is a way for the individual to cope with these feelings and should ALWAYS be viewed as a cry for help.

Myth: Self-injury is just a fad. Ignore it and kids will grow out of it.

FACT: Self-injury should not be minimized or referred to as a “fad”; there is no evidence that individuals spontaneously “grow out of it.” Self-injury involves real tissue damage and potential scarring. It is indicative of serious distress that requires assessment and treatment by a mental health professional.

There are multiple reasons why people self-harm. We need to ask ourselves, “what need is not being met to the point where this person feels they need to self-harm?”

Myth: Self-injury is not a problem in our school.

FACT: Based on an emerging body of research, experimentation with self-injury is occurring at high rates in many middle and high schools throughout the United States. Most schools report some type of self-injury among their students. Students are facing an increasing number of life stressors such as academics, higher levels of responsibility, and bullying in schools.

How to Respond to Self-Injury

DO	DON'T
LISTEN to your child.	Agree to keep self-injury behavior a secret or ignore it. This is a cry for help and safety is never worth keeping a secret.
Let your child know how much you love and support them.	Use punishment or negative consequences when your child self-injures.
Understand that this is your child's way of coping.	Overreact, say or do anything to cause shame or guilt. This can discourage open conversation
Encourage substitute behaviors that focus on stress reduction and healthy & safe coping strategies i.e. journaling, exercise, listening to music.	Reward or bribe your child (ex: going out to lunch, going shopping) as an incentive to stop self-injury. This can reinforce the behavior.
Encourage participation in extracurricular activities and clubs to increase social connection and support.	Attempt to make deals or contracts to stop self-injury. This can discourage openness and honesty from your student.
Be aware of what your child is posting or reading on social media, i.e. text messages and posts. Openly monitor and discuss effects of social media.	Agree that your child can keep their communications on social media/texts "confidential." Safety is never worth keeping a secret!
Seek support from a medical or mental health professional.	Feel like you need to support your child on your own.

Who to Talk to if You're Concerned

- Talk with school staff, including the School Counselor, Principal, or Vice Principal or reach out to therapist, doctor, or other Health Care Professional to discuss options.
- Access and Crisis Line: 1-888-724-7240. Available 7 days a week/24 hours a day.
- Text "Home" to the Crisis Text line at 741-741
- Emergencies: Dial 911 or your local Sheriff's Office and ask for PERT (Psychiatric Emergency Response Team). PERT provides clinical support to law enforcement and the community for calls involving persons having a mental health crisis.