Self-injury is a complex behavior, separate and distinct from suicide that some individuals engage in for various reasons such as: to take risks, rebel, reject their parents' values, state their individuality, or merely to be accepted. Others, however, may injure themselves out of desperation or anger to seek attention, to show their feelings of hopelessness and worthlessness, or because they have suicidal thoughts. Such individuals may suffer from serious mental health disorders such as depression, psychosis, Posttraumatic Stress Disorder (PTSD) or Bipolar Disorder. Some young children may resort to self-injurious acts from time to time but often grow out of it. Children with intellectual disability or autism as well as children who have been abused or abandoned may also show these behaviors.

If you become aware that your child or someone you know is engaging in self-injurious behavior, take action and get help.

What should I do if my child is engaging in self-injurious behavior?

If you become aware that your child is engaging in self-injurious behaviors, and if the injury appears to pose potential medical risks (e.g., excessive bleeding, need for stitches), call 911 immediately. If the injury does not appear to pose immediate medical risks, remain calm and nonjudgmental.

Appropriate actions include:
- Seek support from a mental health professional (e.g., therapist, psychologist, psychiatrist)
- Provide moral and nurturing support
- Participate in your child's recovery (e.g., family therapy)
- Support your child in an open and understanding way

EMERGENCY INFORMATION / After Hours Services
If you need IMMEDIATE help, call 911.
For a psychiatric emergency, contact the Department of Mental Health 24-hour ACCESS Center at (800) 854-7771.

Here's What You Can Do:

LISTEN
- Address the behavior as soon as possible by asking open ended questions. For example:
  - Tell me what happened.
  - How long have you been feeling this way?
- Talk to your child with respect, compassion, calm and caring.
- Understand that this is his/her way of coping.

PROTECT
- Take action immediately and get help.
- Foster a protective home environment.
- Set limits and provide supervision and consistency to encourage successful outcomes.
- Provide firm guidance, supervise and set limits around technology usage.
- Be cautious about giving out punishments or negative consequences as a result of the SI behavior, as these may inadvertently encourage the behavior to continue.

CONNECT
- Check in with your child on a regular basis.
- Become familiar with supports available at home, school and community. Contact appropriate person(s) at the school, for example, the school social worker, school psychologist, school counselor, or school nurse.

MODEL
- Model healthy and safe ways of managing stress and engage your child in these activities, such as taking walks, deep breathing, journal writing, or listening to music.
- Be aware of your thoughts, feelings and reactions about this behavior.
- Be aware of your tone. Expressing anger or shock can cause your child to feel guilt or shame.

TEACH
- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Encourage help seeking behaviors by helping your child identify adults they can trust at home, school and community.
Non-Suicidal Self-Injury

There is a difference between self-injury and suicidal acts, thoughts, and intentions. With suicide, ending life to escape all feelings is the goal. This is not the case with non-suicidal self-injury (NSSI). The following include some reasons for NSSI:

- Feel emotionally better
- Desperation or anger
- Manage painful feelings of current or past trauma
- Punish oneself
- Avoid or combat suicidal thoughts
- Feel pain or relief
- Have control of one’s body

Signs of Self-Injury

- Frequent or unexplained bruises, scars, cuts, or burns
- Frequent inappropriate use of clothing designed to conceal wounds (often found on the arms, thighs or abdomen)
- Unwillingness to participate in activities that require less body coverage (swimming, physical education class)
- Secrecive behaviors, spending unusual amounts of time in the bedroom, bathroom or isolated areas
- Bruises on the neck, headaches, red eyes, ropes/clothing/belts tied in knots (signs of the “choking game”)
- General signs of depression, social-emotional isolation and disconnectedness
- Possession of sharp implements (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites

Resources for Parents/Caregivers & Children/Adolescents