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 or Posttraumatic Stress Disorder (PTSD). Some young children may resort to self-injurious acts from time to time but often grow out of it. Children with an 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, remain calm and nonjudgmental. 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, there are other actions you may take:

- 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?*
  - *Have you thought about suicide?*
- 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 by talking openly, listening, and modeling appropriate behaviors to your child.
- 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 self injurious behavior, as these may unintentionally encourage the behavior to continue.

**TEACH**
- Learn the warning signs and risk factors and provide information and education about suicide and self-injury.
- Teach your child how to ask for help and identify adults they can trust at home and at school.
- Teach healthy ways to cope with stress, including deep breathing, writing/drawing, exercising, or talking.

**CONNECT**
- Check in with your child on a regular basis.
- Become familiar with support 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.
Non-Suicidal Self-Injury

There is a difference between self-injury and suicidal acts, thoughts, and intentions. With suicide, there is an intent to die; whereas, with non-suicidal self-injury the reasons may include to:

- Feel emotionally better
- Express desperation or anger
- Manage painful feelings of current or past trauma
- Punish oneself
- Feel pain or relief
- Have control of one’s body

A professional clinical assessment may be necessary to determine risk.

Signs and Symptoms 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)
- Secretive 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 objects (razor blades, shards of glass, thumb tacks)
- Evidence of self-injury in drawings, journals, pictures, texts, and social networking sites
- Statements of helplessness, hopelessness, or worthlessness

Resources for Parents/Caregivers & Children/Adolescents

Community Hotlines
- Didi Hirsch Suicide Prevention Hotline (877) 727-4747 (24-hour)
- National Suicide Prevention Lifeline (800) 273-TALK (8255) (24-hour)
- Trevor Lifeline (866) 488-7386 (24-hour)
- Teen Line (800) 852-8336 (6pm-10pm daily)

Online Resources
- http://www.didihirsch.org/
- http://www.thetrevorproject.org/
- http://teenline.org/
- http://www.afsp.org/understanding-suicide

Smartphone Apps
- MY3
- Teen Line Youth Yellow Pages

Text and Chat Resources
- Crisis Text Line – Free, 24/7, confidential
  Text LA to 741741
- Crisis Chat (11am-11pm, daily)
  http://www.crisischat.org/chat
- Teen Line - text “TEEN” to 839863 (6pm-10pm)