

# Cornell Research Program on Self-Injury and Recovery

BY JANIS WHITLOCK & MIRANDA SWEET

## Information for parents

What you need to know about self-injury.

### Who is this for?

Parents of those dealing with self-injury

### What is included?

How do you know if your child is self-injuring?

Dealing with feelings about this discovery

Talking to your child about his/her self-injury

What to avoid saying to your child

Activities to help others manage their urges

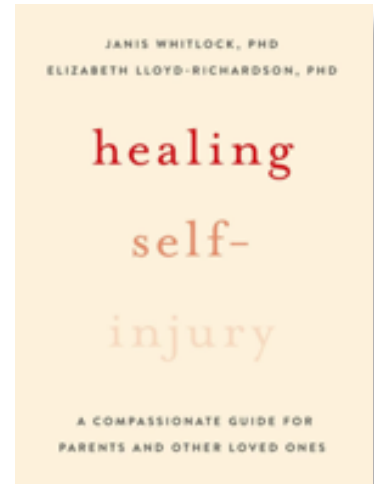
Self-injury and your relationship with your child

Self-injury and the home environment

Finding treatment

Supporting your child while he/she is getting help

*All of the following advice and more comes from the book, Healing Self-Injure: A Compassionate Guide for Parents and Other Loved Ones.*



### What is self-injury?

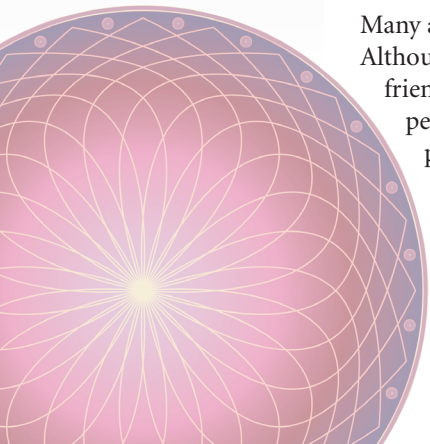
Non-suicidal self-injury is defined as the *Deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent.* Although it can look and feel like it has something to do with suicide, non-suicidal self-injury is an attempt to feel better, not to end life.

If you have a child who self-injures, know that you are not alone. Self-injury has become a common way to self-soothe among teens. At least one in five young people will use self-injury at some point to try to help themselves feel better. And, while self-injuring to feeling better is not ideal, *wanting* to feel better makes sense and is something you can both understand and work with.

“...*internal pain wasn't real and wasn't something you that you could heal. And if you make it external, it's real, you can see it... I needed to have it be in a place other than inside me.* —Interviewee

### How do I know if my child is self-injuring?

Many adolescents who self-injure do so in secrecy. Because of this, you may not notice right away. Although it is normal for adolescents to pull away from parents during times of high involvement with friends or stress, it is not normal for adolescents to be withdrawn, physically and emotionally, for long periods of time (note that not all people who self-injure become distant and withdrawn — some people are masters at putting on a happy face, even when they do not feel happy). Since keeping self-injury a secret is a high priority for many who use it, they may become very good at showing one thing on the outside and another inside.



Some other signs include:

- Cut or burn marks on arms, legs, abdomen
- Keeping razors, knives, other sharp objects and rubber bands (which may be used to increase blood flow or numb the area) in their room or bathroom
- Constant use of wrist bands or other coverings
- Spending long periods of time alone, particularly in the bathroom or bedroom
- Wearing clothing inappropriate for the weather, such as

long sleeves or pants in hot weather

It's important to note that many parents will not know that their child has self-injury experience until they find out through their child's school or friend group. How you find out is less important than what happens next. Getting educated and taking time to work through some of your more intense feelings before you start a conversation with your child is highly advised since the first few conversations you have with your child around this topic can open or shut doors that may be very difficult to open later.

## What might I feel when I learn that my child is self-injuring, and how do I deal with these feelings?

If you learn your child is self-injuring, you are likely to experience a range of emotions such as shock, sadness, anger and/or guilt. All of these are entirely normal. It is not uncommon, for example, to feel anger since it is a natural reaction to experience feelings of grief and loss of control. Even more challenging emotions can arise from a desire to protect your child from harm. Because self-injury is self-inflicted, however, it can be confusing and challenging to know how to best help.

Allowing and understanding your own emotions before you is a good place to start, since when you open conversation with your child, it will be most productive if you are feeling balanced and centered.

To do that, we recommend getting educated about self-injury, connecting with one or more trusted friends and/or family members so you have support, and seeking formal mental health support if you could use a little extra help -- something likely to be the case if you have a child who has been self-injuring for a while and/or uses it as their primary coping technique. Having somebody to talk to about the feelings this brings up for you will be very helpful.

Here are a few common reactions:

### • **Shock and denial**

Because self-injury is both secretive and tends to evoke associations with suicide, it can be shocking to learn that your child uses it to feel better. To deny the behavior is to deny your child's emotional distress, however, so it is important to take a little time to learn about self-injury, how it helps people feel better, and get yourself settled and centered before you start a conversation.

### • **Anger and/or frustration**

You may feel angry or frustrated that your child hid his/her injuries, because you see the behavior as counterproductive or because it is out of your control. As one parent said:

*There is a frustration in terms of that little voice in the back of your mind that is saying 'just stop it!' I think knowing more about the condition and about the underlying factors makes it easier to push that little voice away.<sup>1</sup>*

Giving yourself time to let the feelings surface and settle is helpful and will allow you to adopt a more curious and connection-focused mindset when you talk to your child about their reasons for, and feelings about, self-injury.

### • **Empathy, sympathy and sadness**

Though empathy helps you to understand your child's situation, sympathy can feel condescending because it can convey pity and may hinder your ability to understand the behavior. Sadness is not uncommon because there is grief in knowing that your child is hurting. If you can move from sympathy and/or sadness into empathy, then you begin the healing process by engendering compassion, understanding and connection.

### • **Guilt**

One of the first things that often happens after a caregiver discovers self-injury is a review of family history in an attempt to figure out what might have "gone wrong." And, because most families experience challenges by the time a child reaches adolescence, it's not uncommon to find something to feel guilty about. Even if you can't find specific events or circumstances, you may worry that your child has not experienced as much love and attention as they needed. This is totally understandable and normal. If you do find things that you need to process around your family/child's history, consider finding a therapist to sort things through with -- this can make a big difference for you and for your child.

It's important for you to know, however, that there are a variety of pathways to self-injury, some of which have something to do with families, and some of which have nothing to do with families. You also need to know that self-injury doesn't mean your child isn't going to be healthy and whole later. For most young people, self-injury is a time-limited way of coping and will give way to better coping techniques as they learn how to manage the big emotions that come with being alive.



# Opening the Lines of Communication

## How should I talk to my child about his/her self-injury?

Once you find out that your child is self-injuring, it will be important to have a conversation. Don't presume that your child will simply "outgrow" the behavior and that it will go away on its own; while some young people do mention "outgrowing" self-injury with time, this typically occurs because they have the opportunity to process experiences and feelings with important others in their lives, like parents, and learn more adaptive ways of coping. In other words, parents and families are an important part of the healing process.

First conversations with family members about self-injury often set the tone for subsequent conversations and actions, like finding a therapist, and can open or close doors to future communication and connection. Because of this, the most important thing you can do is to be as centered, calm, and open-hearted as you can when you approach the conversation.

You know your child best, so when planning the where, when and how of conversation, choose the approach that you think is most likely to work for them. It can be useful to start out having a more general conversation about other, safer topics like activities, hobbies or the day's events. Choose a setting that allows for some degree of comfortable conversation but doesn't make your child feel trapped.

Having conversations while driving, for example, is often a really great way to have deeper conversation than usual with a teenager, but may leave your child feeling trapped in a conversation about an uncomfortable topic, like self-injury.

### A FEW ADDITIONAL TIPS:

- Address the issue as directly as possible.
- It is most important to validate your child's feelings and the core desire to feel better. Remember that this is different from validating the behavior.
- Keep the core goal of establishing and maintaining connection in mind at all times.
- Convey care and respect.
- Ask questions in an open, curious way with the goal of understanding rather than confirming negative stories or being right.
- Speak in calm and comforting tones.
- Offer reassurance that they and you/your family will come out stronger and more connected as a result of working together to support your child.
- Do not pressure your child to talk or share information they are not ready to share. Self-injury is a very emotional subject and the behavior itself is often an indication that your child has difficulty verbalizing his/her emotions.

## What are some helpful questions I can ask my child to better understand his/her self-injury?

Recognize that direct questions may feel invasive and frightening at first—particularly when coming from someone known and cared for, like you. We advise using an approach known as "respectful curiosity." Respectful curiosity:

- Conveys fundamental respect for one's personhood.
- Expresses openness and authentic curiosity.
- Solicits potentially important information.
- Invites self-reflection.

Examples of respectfully curious questions include (useful question stems are bolded):

- **Can you help me understand** what is happening inside for you right now?
- **What have you noticed** about what most helps you feel balanced and centered?

- **How would you describe** what helps you feel worse or better?
- **What have you learned** about yourself through this experience?
- **How can I** best support you?

If you meet resistance, know that it is likely to soften with time and as you stay steady in your commitment to maintaining connection in a respectful way. You can acknowledge resistance by saying something akin to, "If you don't want to talk to me about this now, I understand. I just want you to know that I am here for you when you decide you are ready to talk. Is it okay if I check in with you about things in a few days, or would you prefer to come to me?"



## What are some things I should avoid saying or doing?

Self-injury is often an indication of strong emotional perception and sensitivity. This is one of the reasons why assuming a calm, dispassionate demeanor is important. People who self-injure often read emotions quickly and are likely to note discrepancies in what a parent says and the way a child perceives their parent feels as they are speaking. To keep lines of communication open, it is important to **avoid** speaking or feeling in ways that may be perceived as:

- Judging
- Shaming
- Demanding
- Lecturing
- Meting out harsh and lengthy punishments
- Invasions of privacy (i.e., going through your child's bedroom without his/her presence)
- Ultimatums and threats

The goal is to avoid power struggles. Ultimately, your child is not likely to stop self-injuring until after they have acquired the understanding and skills necessary to adopt other ways of communicating strong emotion and coping with stress and distress. Demanding that your child stop self-injuring

without building new skills to support the change in the behavior could exacerbate the behavior. As one young person with lived experience shared:

*They freaked and made me promise not to do it again. I said yes just to make them feel better though. That settled everything for them. I felt hurt that they did not take me seriously and get me help.<sup>2</sup>*

The following statements are examples of **unhelpful** things to say:

- “This is crazy.”
- “I know how you feel.”
- “You are doing this to make me feel guilty.”
- “How can you be so selfish?”

**It is important** to take your child seriously and to recognize that self-injury is most often a desire for connection and steadiness, even if it doesn't seem that way. Patience, an authentic desire to understand, and reassurance of your love and support matter more than anything else during the first few conversations.

## How do I know if I am doing or saying the right thing?

One of the most powerful things that parents and caregivers can do is to demonstrate what it looks and feels like to be vulnerable and uncertain in high stakes relationships, like their relationship with their child. Communicating vulnerability, uncertainty, and a deep commitment to staying connected and open can go a long way to keeping doors of communication open and allowing the healing process to take place. Checking in with a child about their perception of what is helpful and not helpful in the way caregivers are handling challenges can be extraordinarily helpful for everyone – the child has the opportunity to provide feedback to the parent and the parent has an opportunity to refine their approach, all while modelling and co-experiencing authentic vulnerability.

## When and why do people stop self-injuring?

*I stopped because I developed a sense of worth and, to some extent, love for myself. I also have come to understand that it is painful for those I love to know I cut myself, so I have partially stopped so I would not hurt them. I've learned better coping strategies as well. –Survey Participant*

Research consistently demonstrates that people will stop self-injuring when they have a better understanding of the underlying stress/distress that leads to self-injury, when they identify and use other coping mechanisms, and when they feel internally ready. It is pretty much impossible for somebody to stop self-injuring if they're unready and unwilling. For many families, this means that there will be some period of time in which they are aware of the self-injury, but it has not stopped.

This can leave parents feeling like they're walking on eggshells. It's very important that parents and other caregivers identify and lean on supports during this process. It is also helpful to know that although having a child who self-injures can be very stressful for parents, time, development, and support all make a difference.



**To read more about the personal experiences of these parents, see [http://www.selfinjury.bctr.cornell.edu/factsheet\\_FYI\\_personal\\_stories.asp](http://www.selfinjury.bctr.cornell.edu/factsheet_FYI_personal_stories.asp)**





## Understanding the Role of Relationships



*Parents, there is hope. If you are facing some of the difficulties we have... don't give up. You need to fight; many teachers, doctors and counselors may not have the knowledge or ability to help – keep fighting. Don't give up; there can be a bright light at the end of the tunnel.*

– Parent of child who self-injures

### Is my child's self-injury my fault?

**No.** No person causes another person to act in a certain way. Like most unhealthy behaviors, however, self-injury is often a result of sustained or overwhelming sense of stress or distress coupled with the idea that self-injury is an effective way deal with stress. A history of strained relations with parents and/or peers, high emotional sensitivity, and challenges managing the emotions all contribute to preferring self-injury over other coping mechanisms. Because parent-child relationships strongly influence a child's and parent's emotional state, youth with high emotional sensitivity may be particularly sensitive to stressful dynamics within the relationship, especially if they continue for a long time. For this reason, negative parent child interaction can be a trigger for self-injury. Challenging exchanges with peers and others, as well as feelings of failure, can also trigger self-injury. Learning how to cope with the ups and downs of life and relationships is a core part of learning to manage self-injurious impulses but can take time and life experience.

There are many ways that parents and other caregivers can help their child manage emotions. Of particular importance:

- Since youth need to learn how to experience, navigate, and change challenging emotions and dynamics, parents who over assume responsibility for their child's feelings and behaviors may limit their child's growth process.
- Caregivers who confront and change painful dynamics within the family and commit to being fully present for their child are potent allies in the recovery process.
- Modeling how to be authentic, how to take care of yourself in healthy ways, and how to allow the natural processes of time and growth that support positive change are also powerful ingredients to supporting your child's healing.

### How might my relationship with my child affect his/her self-injury?

Many adolescents who struggle with self-injury report that their parents are either unavailable to them for emotional support or invalidate their feelings. This can lead to feelings of worthlessness or lack of a sense of mattering. Alternatively, parents who cope for their kids by seeking to closely control their behavior, attitudes and/or choices run the risk of undermining their children's capacity to develop effective ways of handling stress and adversity.

Resilient children and adolescents, those who have the ability to quickly rebound from painful life events, say that secure attachments with their parents or key caretakers have a significant influence on their ability to cope effectively. Having secure parent-child attachments are also very helpful and, when absent, can complicate the healing process.

## Make the Home Environment the Best it Can Be

### How can we foster a protective home environment?

The best way to foster a protective home environment is to model healthy ways of managing stress.



- Keep lines of communication and exchange open.
- Deal with family secrets or negative dynamics in a healthy and upfront way.
- Emphasize and uphold the importance of family time.
- Expect that your child will contribute to the family's chores and responsibilities.
- Set limits and consistently enforce consequences when these are violated. Consider positive consequences, such as working in a soup kitchen or other community service.
- Respect the development of your child's individuality.
- Provide firm guidelines around technology usage.



## Should we be sure that there is nothing in the house that a child could hurt themselves with?

While we recognize that removing self-injury implements from personal spaces, like personal rooms and bathrooms, to slow down reflexive use of tools, it is generally impossible to remove all implements one might use to self-injure. Since there are so many ways to inflict physical pain (even fingernails work for many), removing all potentially self-injurious implements is likely to make daily life challenging (hiding forks and knives, for example, can make meals challenging for everyone) and is likely to result in power struggles. And, there are cases in which removing self-injury implements tied strongly to comforting rituals, like those kept in one's bedroom or bathroom, may exacerbate the behavior before someone is ready to fully transition to other coping techniques.

Because issues around self-injury tools and means can be so emotionally charged, we recommend having explicit and respectful conversations with the goal of coming to agreements about how to best limit tool access in ways that support a young person's self-injury reduction and cessation goals. In many cases, having these conversations with the support of a therapist will be most fruitful. For example, it may be useful to temporarily limit household availability

of more damaging tools, like knives, as a way to support development and use of healthier coping rituals. The trick is to do this in ways that are aligned with the young person's own goals, and which avoids power struggles.

### HERE ARE A FEW THINGS TO KEEP IN MIND:

- Respect is a two-way street.
  - Keep the atmosphere at home inviting, positive, and connective.
  - Positive emotion promotes resiliency and serves as a protective measure.
- Practice using positive coping skills together.
- Avoid over-scheduling your child and putting too much pressure on him or her to perform.
- Don't expect a quick fix. There will be setbacks along the way to recovery, and a slip does not mean that your child is not making progress; these are common during stages of change. See the next page for more information about the five stages of change, which has been applied to a broad range of behaviors.

## FIVE STAGES OF CHANGE

Stopping self-injury takes time, readiness to stop and sustained focus. One has to learn how to deal with the urges, adopt other self-soothing techniques that feel effective and satisfying, and forgive oneself for faltering – emotionally and behaviorally. In general, people will move through the five stages of change, although rarely linearly. It is helpful for parents to understand that change is a process.

- 1 Precontemplation:** The individual is not seriously thinking about changing his/her behavior and may not even consider that he/she has a problem. For example, your child may defend the benefits of his/her self-injury and not acknowledge the negative consequences of harming him/herself.
- 2 Contemplation:** The individual is thinking more about the behavior and the negative aspects of continuing to practice it. Though the individual is more open to the possibility of changing, he/she is often ambivalent about it. For example, your child may be considering the benefits of decreasing his/her self-injury, but may wonder whether it is worth it to give up the behavior.
- 3 Preparation:** The individual has made a commitment to change his/her behavior. He/she may research treatment options and consider the lifestyle changes that will have to be made. For example, your child may look for a support group to plan for the difficulties of decreasing his/her self-injury.
- 4 Action:** The individual has confidence in his/her ability to change and is taking active steps. For example, your child might begin practicing alternative coping mechanisms (see [http://www.selfinjury.bctr.cornell.edu/factsheet\\_coping\\_alternatives.asp](http://www.selfinjury.bctr.cornell.edu/factsheet_coping_alternatives.asp)), like journaling, rather than engaging in self-injury. Unfortunately, this is also the stage where the individual is most vulnerable to a relapse, because learning new techniques for managing one's emotions is a gradual process. Support is vital to this stage—this is where you come in!
- 5 Maintenance:** The individual is working to maintain the changes he/she has made. He/she is aware of triggers and how these may affect his/her goals. For example, if your child knows that studying for an upcoming calculus test sometimes triggers the urge to self-injure, he/she might join a study group to reduce the likelihood of self-injuring.



## Finding Treatment

Know that seeking help for someone, particularly a youth, is a sign of love, not betrayal. You can provide some choices about where to go and who to see. You can also include him/her in decisions about how and what to tell other family members if that becomes a necessity.

“*Therapy helped me deal with other issues which in turn helped me stop hurting myself. Hurting my self was not the central issue in my therapy sessions... I hurt myself because I was depressed, so we worked on getting the depression under control and then the intentional hurting myself ceased because not only was I no longer depressed but I knew myself better to know the correct way FOR ME to control problems that I would have later.*”

—Survey Participant

### How can I find a therapist for my child?

Finding someone to work with your child is important if they have been self-injuring for awhile and it is their primary coping technique. While some people do stop without therapy, it is most often a needed support for people with sustained self-injury experience. How to best access therapy very much depends on where you live, what your insurance does and does not cover, and the expertise of therapists available to you.

In general, Dialectical Behavioral Therapy (DBT) is the treatment of choice for self-injury, although a skilled therapist will likely use whatever modality they think is

going to be most useful for your child. Many therapists have profiles on the [Psychology Today website](#) so this is a useful resource for finding therapist in your area, as well as checking out their areas of expertise.

The most important part of therapy is what is called “therapeutic alliance”—the relationship between the therapist and their client. This means that finding somebody that your child feels connected to and is willing share honestly with is going to be more helpful than knowing what specific modality they use.

### How can I help my child get the most out of professional help?

Making use of professional help is very much about the mindset with which it is approached. This is one of the reasons why therapeutic alliance is important — trusting the therapist can make exploring challenging areas much more likely and effective. From the parental perspective, beyond finding someone that your child is likely to be able to connect to, here are a few tips for supporting the therapeutic process:

- Avoid interrogating your child about what he/she talks about in therapy. Privacy and space are really important ingredients in maximizing the effects of therapy. Trust that your child’s therapist will keep you informed about anything deeply concerning, and that no news is basically good news when it comes to allowing the therapeutic process to unfold and help.
- It is not uncommon for therapy to include key family members at some point. This can sometimes feel intimidating to caregivers and other family members who

don’t know what they’re going to hear in family therapy sessions. Family therapy, however, is nearly always, very helpful for everyone, so going in with an open mind and heart is likely to invite the best results.

- Group therapy is something that may be recommended and can be useful for many young people who self-injure. Having a well moderated opportunity to talk with others about one’s experiences, challenges, and pathways for healing can be very helpful. Talk with your therapist about options.

One of the few bright spots in the recent Covid pandemic was the development of teletherapy options. If you cannot find a suitable therapist in your geographic region, look for someone in your state that your child might meet with remotely. Support groups can also happen online.



## Taking care of yourself

Once a parent finds out about a child's self-injury, they will often spring into action in search of resources and support for their child. This is totally understandable and an important part of the healing process. It is common, however, that in the course of supporting a self-injurious child, caregivers neglect their own support and care. It is important that parents find support for themselves, that they take time to take care of themselves, and that they exercise as much compassion for themselves as they do for their child. Not only does this safeguard parental well-being, a vital component of child well-being, but it models for children how to be with stress in a healthy way.

### Remember to take care of yourself as well!

*Set up your own support network. The National Alliance on Mental Health offers support groups for family members of individuals with a mental illness.*

*[http://www.nami.org/Template.cfm?Section=Your\\_Local\\_NAMI&Template=/CustomSource/AffiliateFinder.cfm](http://www.nami.org/Template.cfm?Section=Your_Local_NAMI&Template=/CustomSource/AffiliateFinder.cfm)  
to find a group in your local area.*

<sup>1</sup> Quote from Self-harm: management and intervention section of BNPCA Project Report (2004).

<sup>2</sup> Quote from In their own words section of the Self-Injury: A Struggle website.

### References

Selekman, Matthew D. (2006). Working with self-harming adolescents: A collaborative strengths-based therapy approach. New York, NY: W.W. Norton & Company.  
Self-Injury: A Struggle. In their own words. Retrieved from the World Wide Web:  
<http://self-injury.net/intheirownwords/words/how-did-people-react-when-you-told-them-you-are-a-self-injurer/16/>

### Suggested Citation

Whitlock, J.L. & M. Sweet (2023). Information for parents: What you need to know about self-injury. The Fact Sheet Series, Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY  
For more information see: [www.selfinjury.bctr.cornell.edu](http://www.selfinjury.bctr.cornell.edu)  
Whitlock, J. & Lloyd-Richardson, E. (2019). *Healing self-injury: A compassionate guide for parents and other loved ones*. Oxford University Trade Press. New York, New York.

This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

