SELF STUDY

Understanding Self-Injury

3.0 hours

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Part 3: *Wounds Heal, But Scars Remain: Responding When Someone Notices and Asks Adout Your Past Self-Injury*. Handout developed by Cornell Research Program of Self-Injury and Recovery. Used with permission.

The following self-study course contains several articles on the above topic. It was assembled by Regina Davis, Rural Outreach Coordinator for the Alaska Center for Resource Families. If you wish to receive training credit for reading this packet, please fill out the "Check Your Understanding" Questionnaire at the back of this packet. Return the questionnaire to the Alaska Center for Resource Families for 3.0 hours of training credit. The articles are yours to keep for further reference.

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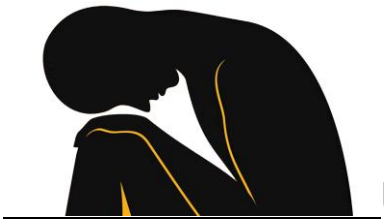
The Alaska Center for Resource Families, a project of Northwest Resource Associates, is under contract with the State of Alaska Office of Children's Services to provide training and information to foster parents statewide.



Understanding Self-Injury

PART 1: WHAT IS SELF-INJURY?

Self-injury typically refers to a variety of behaviors in which an individual intentionally inflicts harm to his or her body for purposes not socially recognized or sanctioned and without suicidal intent.

Self-injury can include a variety of behaviors but is most commonly associated with:

- Intentional cutting, carving, or puncturing of the skin
- Scratching
- Burning
- Ripping or pulling skin or hair
- Self-bruising (through punching objects with the intention of hurting oneself or punching oneself directly)

Tattoos and body piercings are not usually considered self-injurious unless done with the intention to harm the body. Although cutting is one of the most common and well-documented behaviors, self-injury can take many forms. Over 16 other self-injury behaviors have been documented in a college population and several studies have shown that individuals who self-injure often use multiple methods. Self-injury can be and is performed on any part of the body but most often occurs on the hands, wrists, stomach and thighs. The severity of the act can range from superficial wounds to lasting disfigurement.

Who self-injures?

Gender: It is often assumed that females self-injure more than males, but it is unclear whether or not this is true. Some studies show that females are more likely to self-injure. Others show that males are just as likely to self-injure as females. There is evidence, however, that males and females differ in their reasons for self-injuring and methods used to self-injure. For example, some research suggests that more males may use self-injury behaviors that lead to self-bruising. They may punch objects or other people with the intention of hurting themselves or use self-battery. In contrast, females are more likely to use better recognized forms of self-injury, such as cutting or scratching.

Race/ethnicity: Research on self-injury and race/ethnicity is also uncertain. Some studies suggest that it may be more common among Caucasians. Other studies show similarly high rates in minority samples. Some even show regional variation in the relationship between self-injury and race/ethnicity.

Sexual orientation: Although little is known about the relationship between self-injury and sexual orientation, research suggests that being a member of a sexual minority group is a risk factor for self-injury. At least two studies have shown that reporting oneself as bisexual is a particularly strong risk factor for self-injury – especially among females.

Socio-Economic Status: Although parallels between self-injury and eating disorders have led some to speculate that self-injury is most likely to be prevalent among middle and upper income individuals, no

existing research supports this assumption. Indeed, the link between self-injury and trauma suggests that self-injury might be prevalent among lower-income populations.

When does self-injury start and how long does it last? Self-injury can start early in life. Research suggests that for those with early onset, self-injury may start around the age of 7, although it can begin earlier. Most often, however, self-injury begins in middle adolescence, between the ages of 12 and 15. It can last for weeks, months, or years. For many, self-injury is cyclical rather than linear - meaning that it is used for periods of time, stopped, and then resumed. It would be wrong, however, to assume that self-injury is a fleeting adolescent problem. Data from some studies suggest that well over a quarter of those with self-injury experience report initiating it at 17 years old of age or older – the years many of them are in college or starting into the workforce. Although the majority of college students surveyed report having stopped within five years of starting, it is also clear that for some the behavior can last well into adulthood. It is not yet clear whether or not there are particular self-injury trajectories that vary based on age and context of onset.

Many individuals who self-injure report that feeling overwhelming negative emotions or emotional pressure are the most common triggers.

Why do people self-injure? Reasons given for self-injuring are diverse. Many individuals who self-injure report that feeling overwhelming negative emotions or emotional pressure are the most common triggers. Emotional numbness and sadness are also commonly cited. They also report that self-injury provides a way to manage intolerable feelings or a way to experience some sense of feeling. Self-injury is also used as a means of coping with anxiety or other negative feelings and to relieve stress or pressure.

Self-injury is also used to:

- feel in control over one's body and mind
- express feelings
- distract oneself from other problems
- communicate needs
- create visible and noticeable wounds
- purify oneself
- reenact a trauma in an attempt to resolve it
- protect others from one's emotional pain

Some report doing it simply because it feels good or provides an energy rush (although few report doing so only for these reasons). Regardless of the specific reason provided, self-injury may best be understood as a maladaptive coping mechanism, but one that works – at least for a while. Is self-injury a suicidal act? There are important distinctions between those who cut or injure themselves in order to attempt suicide and those who engage in self-injury in order to cope with overwhelming negative feelings. Most studies find that self-injury is often used as a means of avoiding suicide. Perhaps one of the most paradoxical features of self-injury is that most of those who self-injure report doing so as a means of relieving emotional pain or to feel something in the presence of nothing. Nevertheless, the relationship between self-injury without suicidal intent and self-injury with suicidal intent is unclear; those who report self-injuring without suicidal intent are also more likely than others to report having considered or attempted suicide. Nevertheless, since the majority of individuals (approximately 60%) with self-injury history report never considering suicide, non-suicidal self-injury may be best understood as a symptom of distress that, if unsuccessfully resolved, may lead to suicidal behavior.

What factors contribute to self-injury? In clinical populations, self-injury is linked to

- childhood abuse or trauma, especially childhood sexual abuse
- eating disorders
- substance abuse
- post-traumatic stress disorder
- borderline personality disorder
- depression
- anxiety disorders

The lack of empirical research in non-clinical populations reinforces the assumption that most or all of self-injury is a product of pre-existing disorders, although more recent research in general populations of adolescent and young adults challenges this assumption.

Is self-injury addictive? Whether or not self-injury qualifies as a true addiction is unclear but most self-injury researchers agree that self-injury shows some addictive qualities and may serve as a form of self-medication for some individuals. Recognition of the addictive properties of self-injury for some individuals is the basis for the "addiction hypothesis." This theory suggests that self-injury may engage the endogenous opioid system (EOS). The EOS regulates both pain perception and levels of endogenous endorphins. The activation of this system can lead to an increased sense of comfort or integration – at least for a short period of time. Repeated activation of the EOS can cause a tolerance effect: over time, those who self-injure may feel less pain while injuring. The theory also suggests that overstimulation of the EOS can then lead to withdrawal symptoms that spur the desire to self-injure even when there is no obvious trigger.

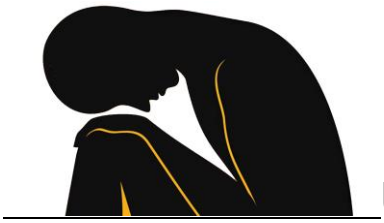
Is self-injury contagious? The seemingly rapid spread of self-injury among community populations of youth suggests that there may be a social contagion factor at work. Indeed, self-injury has been shown repeatedly to follow epidemic-like patterns in institutional settings such as hospitals and detention facilities. For many, self-injury is a very private, hidden act. However, anecdotal reports from adults working with youth in school settings report a fad quality to the behavior similar to that which occurs with eating disorders. A recent study of secondary school nurses, counselors and social workers suggests that there may be multiple forms of self-injury in middle and high school settings – some of which include groups of youth injuring as part of a group membership. Causes for the spread of the behavior in non-clinical populations have left many wondering what larger contextual factors might be at work. Some research suggests that the Internet and the increasing prevalence of self-injury in popular media, such as movies, books, and news reports, may play a role in the spread of self-injury.

What are the dangers of self-injury? About a quarter of all adolescents and young adults with a history of self-injury report practicing self-injury only once in their lives. Many of these only flirt with the behavior and do not show heightened distress in other ways. However, at least one study has shown that for some youth, even a single episode of self-injury can correlate with a history of abuse and conditions such as suicidality and psychiatric distress. This suggests that there may be a group of adolescents in which a single incident of self-injury is an indicator for other risky behaviors and even a single act of self-injury should be given attention. Studies also show that relatively few individuals who self-injure seek medical assistance when they severely injure themselves. Because of the potential link between self-injury and suicide (see “Is self-injury a suicidal act?” above), self-injury should always be taken seriously - particularly when practiced regularly and using methods that can cause a lot of damage to the body (like cutting).

How does one detect self-injury? Although relatively common among adolescents, self-injury is often undetected. Arms, fists, and forearms opposite the dominant hand are common areas for injury and often bear the tell-tale signs of self-injury. However, evidence of self-injury can and do appear anywhere on the body. Other signs include:

- Inappropriate dress for season (consistently wearing long sleeves or pants in summer)
- Constant use of wrist bands/coverings
- Unwillingness to participate in events or activities which require less body coverage (such as swimming or gym class)
- Frequent bandages, odd or unexplainable paraphernalia (e.g., razor blades or other implements which could be used to cut or pound)
- Heightened signs of depression or anxiety

It is important that questions about the marks be nonthreatening and emotionally neutral. Treatment veteran Barent Walsh indicates that he has the most success making patients comfortable and gleaning clinically useful information by demonstrating “respectful curiosity” toward individuals with a history self-injury.



Understanding Self-Injury

PART 2: INFORMATION FOR PARENTS: WHAT YOU NEED TO KNOW ABOUT SELF-INJURY

Discovering Self-Injury

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

Many adolescents who self-injure do so in secrecy and this secrecy is often the clearest red flag that something is wrong. 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. It is also important to note that not all people who self-injure become distant and withdrawn — youth who put on a happy face, even when they do not feel happy, may also be at risk for self-injury or other negative coping behaviors. Some other signs include:

- Cut or burn marks on arms, legs, and abdomen
- Discovery of hidden razors, knives, other sharp objects and rubber bands (which may be used to increase blood flow or numb the area)
- 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

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, from shock or anger, to sadness or guilt. All of these are valid feelings.

- **Shock and denial:** Because self-injury is a secretive behavior, it may be shocking to learn that your child is intentionally hurting him or herself; however, to deny the behavior is to deny your child's emotional distress.
- **Anger and frustration**: You may feel angry or frustrated that your child has possibly lied to you about his/her injuries or because you see the behavior as pointless 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!' It's very hard, I think knowing more about the condition and about the underlying factors makes it easier to push that little voice away."…but remember that you can never control another person's behavior, even your child's, and trying to do this does not make things better.

• **Empathy, sympathy and sadness:** Though empathy helps you to understand your child's situation, sympathy and sadness can sometimes be condescending because they imply that your child needs to be pitied. These feelings may also hinder your ability to understand the behavior.

• **Guilt:** You may feel as if you did not offer enough love and attention to your child. However, though your actions can influence your child's behavior, you do not cause their self-injury

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

- Address the issue as soon as possible. Don't presume that your child will simply "outgrow" the behavior and that it will go away on its own. (Though keep in mind this can and does happen for some young people–some do mention "outgrowing" their self-injury. This typically occurs because they learn more adaptive ways of coping).
- Try to use your concern in a constructive way, by helping your child realize the impact of his/her self-injury on themselves and others.
- It is most important to validate your child's feelings. Remember that this is different from validating the behavior. – Parents must first make eye contact and be respectful listeners before offering their opinion – Speak in calm and comforting tones – Offer reassurance – Consider what was helpful to you as an adolescent when experiencing emotional distress
- If your child does not want to talk, do not pressure him/her. Self-injury is a very emotional subject and the behavior itself is often an indication that your child has difficulty verbalizing his/her emotions.

Because self-injury is a secretive behavior, it may be shocking to learn that your child is intentionally hurting him or herself; however, to deny the behavior is to deny your child's emotional distress.

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. It is most productive to focus first on helping your child to acknowledge the problem and the need for help. Here are some examples of what you might say:

• "How do you feel before you self-injure? How do you feel after you self-injure?" Retrace the steps leading up to an incident of self-injury—the events, thoughts, and feelings which led to it.

• "How does self-injury help you feel better?"

• "What is it like for you to talk with me about hurting yourself?"

• "Is there anything that is really stressing you out right now that I can help you with?"

• "Is there anything missing in our relationship, that if it were present, would make a difference?"

• "If you don't wish 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 this or would you prefer to come to me?"

What are some things I should avoid saying or doing?
The following behaviors can actually increase your child's self-injury behaviors:

- Yelling
- Lecturing
- Put downs
- Harsh and lengthy punishments
- Invasions of privacy (i.e., going through your child's bedroom without his/her presence)
- Ultimatums
- Threats

Avoid power struggles. You cannot control another person's behavior and demanding that your loved one stop self-injuring is generally unproductive. The following statements are examples of unhelpful things to say:

- "I know how you feel." This can make your child feel as if their problems are trivialized.
- "How can you be so crazy to do this to yourself?"
- "You are doing this to make me feel guilty."

Take your child seriously. One individual who struggles with self-injury described her disclosure to her parents in the following way: "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 serious[ly] and get me help."

How do I know if I am doing or saying the right thing?
Parents need to ask for feedback from their child about how well they are doing their job as parents.
– This demonstrates that they are truly engaged in improving and strengthening their relationship with their child.

– Parents can identify specifically what they can do to contribute to their child's success.

Understanding the Role of Relationships

Is my child's self-injury my fault?
No, no person causes another person to act in a certain way. Like most negative behaviors, however, self-injury is often a result of two things. That is, a person's belief that he or she cannot handle the stress they feel, and that self-injury is a good way to deal with stress. A history of strained relations with parents and/or peers, high emotional sensitivity, and low ability to manage emotion all contribute to these beliefs. This can lead to the use of self-injury in order to cope. Parent-child relationships strongly influence a child's (and parents') emotional state. Youth with high emotion sensitivity and few emotion management skills may be particularly sensitive to stressful dynamics within the relationship, especially if they continue for a long time. For this reason, negative parent-child interactions are often powerful triggers for self-injury. However, they are also powerful in aiding recovery and, most importantly, to the development of positive coping skills. Parents who are willing to understand the powerful role they play, to directly confront painful dynamics within the family, to be fully present for their child, and to help their child see that he or she has a choice in how they cope with life challenges, will be allies in the recovery process. Parents who try to fix their child by taking responsibility for their child's problems may actually make recovery more difficult.

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

- Extremes in the quality of the parents' attachment (such as a lack of boundaries or too much emotional distance, or extreme overprotective or hovering behavior) are common in today's society.
- Many adolescents who struggle with self-injury report that their parents are either unavailable to them for emotional support or invalidate their feelings, which has led them to believe that they are worthless or not worthy of being loved.
- 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.

• The importance of secure attachments:

- Adolescents who feel secure and positive attachment bonds with their parents are less likely to gravitate to negative peer groups or be victims of peer pressure.
- Resilient children and adolescents, that is, those who have the ability to quickly rebound from painful life events, say that their secure attachments with their parents or key caretakers have a significant influence on their ability to cope effectively.

How might my child's peer relationships affect his or her self-injury?

If children feel as if their needs are not being met at home, they may turn to a so-called "second family," such as a street gang or a negative peer group. This is particularly likely to happen if parents work long hours. Children may turn to this second family because they feel that their parents are too busy to spend time with them. What is particularly troubling is that self-injury may sometimes be a part of the culture of the second family. For example, one adolescent described how she and her friends would play a game called "chicken," in which the participants superficially wounded themselves, and the winner was the individual who could inflict the most cuts without "chickening out."

Improving the Home Environment

Repression and/or mismanagement of emotion self-injury is most commonly understood as an emotion regulation technique. This suggests that individuals who practice it have difficulty regulating emotional states healthfully. In some cases, this tendency is a result of a family history of repressing or mismanaging emotion, such as when family members either do not know how to constructively express negative feelings like anger or fear, or when they withhold demonstrations of love and tenderness with their children.

Family secrets All families have stories to tell, not all of which are easy to share or hear. When a child or adolescent is directly involved with negative events occurring within the family and then told or

chooses not to share what is happening with someone he or she trusts, he/she may suffer—psychologically and physically. Depression, anxiety, and a variety of self-injurious behaviors are all potential consequences of keeping family secrets.

How can I foster a protective home environment?

• Model healthy ways of managing stress.

• Keep lines of communication and exchange open.

• 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. Many individuals who struggle with self-injury report spending several hours a day interacting on the Internet with other self-injurers (particularly via message boards—many of which are not regulated) while engaging in their harming behaviors. Though the majority of the information shared is supportive, some of these sites actually encourage self-injury and even share harming techniques.

• Do not take your child's self-injury tools away. This suggestion is often surprising to parents. However, if your child has the strong urge to injure him/herself, he/she will find a way (and it may not be as safe). Also, using the same tools is sometimes part of the ritual of self-injury, so the panic of losing this aspect of control can actually trigger more harming episodes.

• Remember that respect is a two-way street. – Keep the atmosphere at home inviting, positive, and upbeat. – 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.

THE FIVE STAGES OF CHANGE

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.

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 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 your emotions is a gradual learning 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.

How can I find a therapist for my child?

The S.A.F.E. Alternatives website (http://www.selfinjury.com) provides a thorough overview of how to find a therapist, specifically for the treatment of self-injury. It provides suggestions for how to obtain a referral, such as asking a member of the medical field, looking in the phonebook, and researching teaching hospitals (which may have low-cost alternatives). There is also a link to a section titled "Therapist Referrals" which provides names and information about experienced therapists in each state. To go to this page of referrals, see http://www.selfinjury.com/referrals_therapistreferrals.html. Three

different therapy models are explained, including psychodynamic therapy, cognitive-behavioral therapy and supportive therapy. There are recommendations for questions to ask a therapist—and yourself—to determine whether the relationship seems to be a good match. General tips for how to get the most out of therapy and some potential difficulties to expect are included throughout the overview.

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

Individual Therapy Avoid interrogating your child about what he/she talks about in individual therapy. The individual who self-injures is likely to need and want a measure of privacy as therapy progresses, but will also need to include significant others in some way over time. Don't expect too much in the beginning and continue working to keep lines of communication open.

Family therapy Individuals live in families and families typically have a host of belief systems and behaviors that influence individual behavior. Increasing all family members' awareness of how the family system may inadvertently feed an individual's self-injury can be a critical step in recovery.

Art therapy and other visualization/multi-sensory techniques Symbols and metaphors that appear in these modalities can be used to explore thoughts and feelings that may be hard to express in words. Many adolescents indicate that these therapies were most beneficial to them in their individual and family therapy sessions.

Group therapy This may be beneficial if your child is experiencing peer difficulties and can provide additional support outside of the home.

Consider inpatient treatment, if necessary S.A.F.E. Alternatives is currently the only inpatient treatment center for self-injury. For more information about what they offer, visit: http://www.selfinjury.com

Family Policies Safety Concerns and Contracts

"Should I take her bedroom door off its hinges?"

"Should I take all of the knives out of the house?"

These are some of the questions we commonly receive from parents once they learn their child is self-injuring. As a parent, your instinct is to do whatever you can to protect your child from harm. Physical harm – even self-inflicted – is something parents are hardwired to prevent. This means parents sometimes jump to extremes such as taking doors off hinges to reduce privacy, removing all knives, scissors, and razor blades from the house so there are no implements to injure with, or never leaving their child alone. While all of these impulses are understandable, it is most helpful to pause for a moment and reflect on not only the practicality of making these changes, but about whether or not they are helpful for your child.

For many who engage in the behavior, self-injury is about control. It is a way of regaining a sense of emotional control and of bringing a sense of normalcy to oneself in moments that may otherwise feel completely out of control. People who self-injure tend to turn to it when they see it as the quickest and easiest route to self-soothing in moments of emotional distress or turmoil. Taking away all privacy or access to normal household items may actually increase this out-of-control feeling rather than make it better.

It is also important to consider your intentions. Give yourself permission to have these feelings but also think about your deeper intentions. If you want to be an ally for your child, you need to think about how to best show this in a way that is helpful to you both. Keep in mind that a major aspect of recovery from self-injury is being able to live and function in normal environments and most normal household environments include scissors, knives, etc. Even if you are able to temporarily remove all potential threats, your child will eventually need to learn to be and live in environments that include these things (and wouldn't it be handy to have a kitchen knife around when you're making dinner?)

In addition, people desperate to self-injure do not need specific tools or places to engage in the behavior – a variety of things you would not think to remove (e.g. staples from magazines) and things you cannot remove (fingernails) can be used to self-injure. Moreover, when really desperate to self-injure, a person will do it anywhere, even if this means others can see them do it.

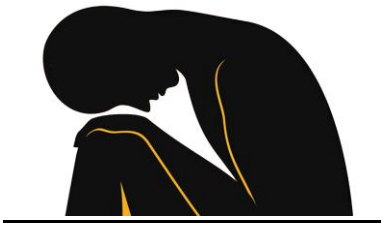
This being said, our recommendation is that you use your desire to limit your child's access to self-injury tools or places to self-injure as the starting point for conversation. You can honestly share your feelings and talk about why you feel the need to limit access to self-injury. Asking your child to also share his or her perceptions will likely provide you with insights and even some surprises. Some young people on the road to recovery find some limitations practical matters useful – having someone help restrict their ability to act on self-injurious urges might give them enough time to consider and try alternative coping methods in times of distress. Other young people may resent the suggestion that you could or should control this aspect of their lives. In either case, when discussed at the right time (that is, when you are both calm and have the time for a conversation), this topic can be an opportunity to come to agreement about limits that you are both comfortable with and to work together to identify supports that would be useful to both of you during the recovery process.

No-Harm Contracts

Parents may also consider requiring their child sign a "no-harm contract" (or enter into a similar verbal agreement), in which the child promises he or she will not self-injure. Clinicians working with self-injurious clients differ on their support for this kind of contract and youth who self-injure also have mixed responses to the idea. For example, one self-injurious youth we talked with spoke about how it was useful for him to know that his father was going to ask if he had self-injured on a weekly basis. While this was not a formal contract or agreement, this on-going accountability to his father helped him in times of distress to keep the longer term goal of ceasing to self-injure in mind. On the other hand, reports from youth in familial or clinical settings where they felt coerced into signing no-harm contracts have described intense feelings of shame and guilt when they have a self-injury slip. In some cases, these feelings were so strong it led to them to not only hide their self-injury slip from their parents or clinicians, but caused them to further build a psychological wall between them and their caregivers.

Benefits of No-Harm Contracts The benefits of no-harm contracts include: a) conveying a sense of responsibility and agency that underscores the seriousness of the issue and may increase the commitment level and sense of responsibility for oneself, b) providing structure and motivation for managing impulses that may become slips, and c) helping parents and others who care feel like they are allies in the recovery process.

Limitations of No-Harm Contracts The limitations of no-harm contracts include: a) possibly becoming a symbolic power struggle when perceived as coerced, b) possibly inadvertently shifting the focus from gaining the skills needed to stop the motivation for self-injury in the first place to overly focusing on the self-injury behavior, c) feasibly setting the person who self-injures up to fail since it may not be possible to totally stop injuring right away, even with the best of intentions. The feelings that accompany such slips may exacerbate the very feelings that lead to self-injury in the first place. The idea of a no-harm contract provides yet another opportunity for a conversation with your child. Share your feelings, thoughts, and desires about a no-harm contract (or no-harm contract alternative – be creative and responsive to each of your needs), and ask your child about whether or not this kind of external accountability would be useful. If your views on this differ widely, seek to reach a compromise and set a date to revisit the agreement. Keeping the door open for further dialogue about how to best support your child's recovery from self-injury is actually one of the best ways to support recovery!



Understanding Self-Injury

PART 3: WOUNDS HEAL, BUT SCARS REMAIN

Wounds heal, but scars remain: Responding when someone notices and asks about your past self-injury

Although self-injury may be wholly a part of your past, visible scars may remain. When others notice and ask about them, it can feel awkward. How do you talk about something that is or was so private, the source of shame or guilt, and/or so long ago that it feels like another you or another life? Although hard, such moments can be an opportunity for honesty, authenticity, and education.

Decide if allowing scars to be visible is the right decision for you

In deciding whether to hide or reveal scars, consider where you are in recovery and what experiences are likely to advance your healing. Although reducing shame and learning to feel comfortable with who you are is a key part of the recovery process, you may not be ready to share with people you do not know well. Clothing, or products like Dermablend can help you conceal your scars until you are ready to answer questions about them.

Please note, we do NOT advise hiding scars if they are still healing.

It is best to talk with a doctor about your injuries. If you are still self-injuring, please consider reaching out for help—parents or other adults may be able to help connect you with other resources. Check out www.selfinjury.com and www.crpsib.com and for more information and information on connecting to a therapist. Please also refer to the factsheets Alternative Coping Strategies and Recovering from Self Injury or call 1-800-273-TALK if you need someone to talk to.

When scars are visible and noticed: Responding to strangers

While talking about past self-injurious behavior can be a healthy and healing part of recovery, having a stranger notice scars and ask about them can cause feelings of awkwardness, fear, or embarrassment. In this case, prioritize your own wellbeing! It is not your responsibility to satisfy someone else's curiosity. There are ways of talking about your experience that allow you to be both honest and kind without going into to much detail. Here are some examples:

- "Thanks for asking, but it is not something I talk about with people I do not know well."
- "These are scars from a hard time in my life, but I am not comfortable talking about it now."
- "Yes, they are noticeable, aren't they? That is a story for another time and place."

The bottom line is that your sense of safety and wellbeing are most important—you need not share anything you are not comfortable sharing. At the same time, it is understandable that people will be curious if your scars are visible. While some people will instinctively avoid asking you about something that they sense may make you uncomfortable, some people will be more comfortable being direct and honest about their curiosity. This does not make them insensitive, only curious and brave enough to say

so. You, however, have the option of meeting such curiosity with equal courage by being clear about what you are and are not comfort- able sharing in that moment. It can be hard to feel like you are shutting down another person's curiosity, but that is OK—it is more important that you are comfortable. To be prepared, it is good to visualize and walk through how you might handle situations like this before they happen so you feel prepared and confident about how you might respond and so that you do not feel caught off-guard.

Responding to Children: Children may also be curious about scars, but it is important to talk with them on an appropriate level. They may not be able to understand the "why" of self-injury, and it may be detrimental to try to explain the full story to them. Redirecting the conversation without ignoring the child's question can be a good strategy. You might want to respond by saying something like, "these are scars. Do you have any scars?" Keep answers simple. In all likelihood, a one sentence answer will be enough to satisfy a child's curiosity. Scars do not have to keep you from being around children. If you are able to give them a simple explanation for your scars, there is no reason for the child to be upset or scared.

Responding to Teens: These days, it is most likely that if a teen asks you about scars, he or she already knows about self-injury. Self-injury is prominent in the media and is a topic that is discussed in many health classes. Young people often know someone who has engaged in self-injury, or they may even be engaging in it themselves. It is possible that if a teen is asking you about your scars, he or she is reaching out for help for him or herself, or a friend who is self-injuring. This is an opportunity to help someone who is currently dealing with a problem which you have faced in the past. Again, your own well-being comes first, but this really could be an opportunity to educate and/or help, even if it is simply by modeling how someone healthfully deals with emotionally-charged topics. Saying something like, "these are scars from a really hard time in my life, but I am not comfortable saying more about it now. Have you ever had a hard time in your life that left marks on your mind or body?" may encourage the teen to share. Seeing someone who has obviously struggled with something like self-injury stay emotionally honest and balanced, even when a difficult topic comes up, is really valuable to teens who have a difficult time dealing with emotions. If they do share similar experiences or emotions, you can use the opportunity to refer them to coping resources such as a self-injury hotline or the www.crpsib.com website. If you feel comfortable sharing more about your own history and experiences, keep in mind that it is best to focus on reasons that you stopped and how you stopped—not on the details of what you did to self-injure.

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