



PATIENT EDUCATION
Self-Injury in Teens

MAYO CLINIC CHILDREN'S CENTER



BARBARA WOODWARD LIPS
PATIENT EDUCATION CENTER

Mayo Clinic Children's Center

For more than 100 years, teams of physicians have cared for children at Mayo Clinic.

T. DENNY SANFORD PEDIATRIC CENTER

MAYO EUGENIO LITTA CHILDREN'S HOSPITAL

Pediatric Sub-Specialties in the following areas:

| | | |
|------------------------------|--------------------------------|----------------------------|
| Allergy and Immunology | General Pediatric and | Plastic and Reconstructive |
| Anesthesiology | Adolescent Medicine | Surgery |
| Cardiology | Gynecology, Adolescent | Psychiatry and Psychology |
| Cardiovascular Surgery | Hematology and Oncology | Pulmonology |
| Child and Family | Infectious Diseases | Radiation Oncology |
| Advocacy Program | Medical Genetics | Radiology |
| Community Pediatrics and | Neonatal Medicine | Regional (Health System) |
| Adolescent Medicine | Nephrology | Pediatrics |
| Critical Care | Neurology | Research |
| Dermatology | Neurosurgery | Rheumatology |
| Developmental and | Ophthalmology | Sleep Medicine Center |
| Behavioral Pediatrics | Oral and Maxillofacial Surgery | Speech Pathology |
| Emergency Medicine | Orthopedic Surgery | Surgery |
| Endocrinology and Metabolism | Otorhinolaryngology (ENT) | Urology |
| Gastroenterology and | Physical Medicine and | |
| Hepatology | Rehabilitation | |

Pediatric Specialty Clinics:

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|---------------------------------|---------------------------------|---------------------------------|
| Adrenoleukodystrophy Clinic | Dermatology Genetics Clinic | Neonatal Follow-Up Clinic |
| Aerodigestive Clinic | Diabetes Clinic | Neuromuscular Clinic |
| Anxiety Disorders Clinic and | Eating Disorders Clinic | Pain Clinic |
| Intensive Therapy Program | Eosinophilic Esophagitis Clinic | Pain Rehabilitation Center |
| Arrhythmia and Device | Epilepsy Clinic | Pediatric Diagnostic Referral |
| Placement Clinic | Erythromelalgia Clinic | Clinic |
| Asthma Center | Facial Paralysis and | Pediatric Level 1 Trauma Center |
| Attention Deficit Hyperactivity | Reanimation Clinic | Plagiocephaly Program |
| Disorders (ADHD) Clinic | Feeding Program | Pulmonary Hypertension |
| Bariatric Surgery Clinic | Fertility Preservation | Program |
| Brain Injury Program | Fetal Surgery Program | Renal Stone Clinic |
| Brain Tumor Clinic | Friedreich's Ataxia Clinic | Spina Bifida Clinic |
| Cerebral Palsy Clinic | Functional Movement | Spinal Deformities Clinic |
| Chemotherapy/Radiation | Disorder Program | Sports Medicine Center |
| Long-Term Effects Clinic | Heart Failure Clinic | Thyroid Nodule/Cancer Clinic |
| Child and Adolescent Intensive | Hemophilia/Coagulopathy Clinic | Transgender Clinic |
| Mood Program (CAIMP) | Hyperlipidemia Program | Transitions Program |
| Childhood Sarcoma Clinic | Immunodeficiency Disorders | Transplant Center |
| CompPASS (Palliative Care and | Clinic | Travel Clinic |
| Integrative Medicine) | Inflammatory Bowel Disease | Vascular Malformations |
| Congenital Heart Clinic | Clinic | Velo-Pharyngeal |
| Constraint Induced Movement | Learning Disorders | Insufficiency Clinic |
| Therapy Program | Assessment Clinic | Voiding Clinic |
| Craniofacial Clinic | Long QT Syndrome Clinic | Weight Management Clinic |
| Cystic Fibrosis Center | Marfan Syndrome Clinic | |
| Dana Child Developmental and | Metabolic Bone Clinic | |
| Learning Disorders Program | Mood Disorders Clinic | |

Harming on Purpose

This information is about a behavior that involves harming one's body on purpose. It is known as intentional self-injury or non-suicidal self-injury.

It is important to know that with this behavior, most people do not intend to cause serious harm to themselves or kill themselves.

The behavior of self-injury happens among people of all ages. This information focuses on self-injury in teens. You may be reading this because a teen you care about has done self-injury or is at risk for the behavior.

It can be hard to understand why people harm themselves on purpose. You may wonder about the reasons for the behavior and how you can help your teen.

This information explains intentional self-injury and why it happens. It also includes important ways you can help and support your teen.

You and your teen are important members of your teen's care team. Talk with the care team members about any questions or concerns you have. They want to help throughout your care journey.

Understanding Self-Injury

Why it happens

The specific reasons for self-injury by teens vary and can be complex.

Teens who self-injure may have varying levels of emotional distress. Teens who harm or injure themselves on purpose due to a high level of emotional pain or distress may be overwhelmed by strong feelings. They may be feeling fear, anxiety, anger, desperation, loneliness, guilt, shame, or self-loathing. Teens who feel few or no emotions may use self-injury to create feelings.

A period of self-injury also can be triggered by a:

- Troubling event, such as a break up, not meeting expectations, the death of a family member or friend, or a divorce.
- Long-term situation, such as a conflict with parents or harassment at school.
- Memory of previous loss or trauma, such as physical, sexual or emotional abuse.

Peer influence

Being influenced by others may play a part in the start of self-injury. Teens may be introduced to self-injury by their peers, both in person and through social media. Knowing that others do it to cope or manage emotions may encourage the thought of it being a normal thing to do. They may copy, or mirror, others' behaviors.

How it happens

Forms of self-injury can include any of the following.

- Cutting the skin
- Burning the skin with an eraser, a lighter or a cigarette
- Carving initials or other symbols into the skin
- Piercing the skin with a sharp object
- Picking at or scratching the skin
- Biting the skin
- Tattooing
- Head banging
- Hitting or punching self or a hard surface
- Putting, or embedding, objects into the skin

How often individuals harm themselves and the method used may vary over time. The arms, legs and front of the torso are harmed most often. That may be because these areas can be easily reached and hidden under clothing.

Injuries usually are inflicted in a controlled way. For example, the person uses a certain pattern or a limited number of wounds. Typically minor to moderate physical damage is caused. For example, scratches or burns on the skin are done rather than deep cuts.

The perception of physical pain that is felt or noticed during and after the event can vary. For example, people may not notice physical pain during the act itself but feel pain afterward.

Why hurt the body

Self-injury in teens most often is a way to express or manage their emotions. They are seeking relief. When they injure themselves, teens often have an immediate release of tension and feel a sense of relief.

Physical injury distracts them from thinking about or feeling distressing emotions. It may help them get back a sense of control over emotions and may feel calming. Some teens harm themselves because physical pain is easier to bear than emotional pain.

The way teens react after self-injury can vary. Some feel guilty, afraid and ashamed. They may try to hide their behavior by avoiding others or covering wounds and scars with clothing. Some feel suicidal. Some want their wounds to be seen by others.

Those who harm themselves on purpose may not have learned healthy ways to cope with intense emotions and feelings or how to manage distress. Sometimes teens may be so distressed with emotion that they find it difficult to use healthy coping skills they have learned. For some, self-injury seems to be a quicker, easier or more accepted way to cope than using healthier ways to manage distress.

Teens who injure themselves may have a low sense of their worth and poor self-esteem. They may act in impulsive ways.

Teens who injure themselves again and again may have depression or another mental health diagnosis. They may not have healthy coping skills to manage their symptoms. Some teens can be at risk for suicide when they use unhealthy coping methods, such as self-injury, to manage their distress.

Recognizing Intentional Self-Injury

Teens may not reveal self-injury to family members or their health care providers. The best way to find out whether your teen is engaging in self-injury is to ask. While it may seem easier to avoid talking about a worrisome topic, it is best to be open about it.

During a comfortable time, you might start by letting your teen know that you care. Then ask questions such as:

- Have you thought about injuring yourself?
- Are you hurting yourself?
- Are you cutting yourself?

Sometimes teens are more likely to tell their friends about their self-injury or show them wounds or scars before telling anyone else.

Self-injury may be discovered during a routine medical exam or by a teacher or school nurse.

If teens are injuring themselves, it is important to get them care from a psychiatrist, psychologist or other mental health professional.

Intervention is needed to help teens learn to use skills to cope with emotional distress and to communicate their needs and concerns. They also can learn problem-solving skills to deal with stressful events. Without intervention, self-injury is likely to continue. Even with intervention, it can take time for the behavior to improve.

How You Can Help

There can be a lot of emotion that comes with finding out your child is engaging in self-injury. Parents and other family members often feel scared, shocked, anxious, frustrated, guilty, and angry.

It is important to know that family involvement and support can make a positive difference for your loved one.

Support your child's care plan

Encourage your teen to:

- Have regular appointments with a mental health provider.
- Follow all parts of the care plan.
- Use communication, coping and distress-tolerance skills.
- Take any prescribed medications as directed.

Learn about your child's warning signs. Check in with your child regularly. You may want to ask questions such as:

- Are you struggling?
- Have you thought about hurting yourself?
- How is your care plan or safety plan working?
- Are you ok?
- Are you safe?

Become familiar with your teen's safety plan and how you can support its use. It may be helpful to remind or encourage your teen to use coping skills when managing emotions.

Be there for your child

Your teen needs you now more than ever.

- Be patient and supportive. Remember that your teen is in a great deal of emotional distress. It takes time and effort to change behavior.
- Praise the efforts your child makes to practice healthy ways to express emotions or to use healthy coping skills.
- Encourage communication. Be open to talking together about your teen's behavior. Calmly acknowledge it instead of ignoring or denying it. Talking about it can help lessen the isolation, secrecy and guilt that often come with self-injury.
- Be available and actively listen. Allow your teen to express feelings. Express your feelings without placing guilt or blame.
- Invite your child to seek your help. You may want to ask something like:
 - How can I be helpful to you?
 - What do you need from me?
- Increase the amount of positive time you spend with your teen. Be mindful of not forcing conversation.

It is important for parents, teachers and others to give attention for positive or desirable behaviors and communication and not only give time and attention when the teen self-injures.

Provide a safe home environment

Help focus on increasing coping skills to deal with stressors in your teen's life. Figure out together what would be enjoyable and helpful when distraction is needed. For example, together you might choose to go for a walk, listen to music, or do a puzzle.

Be a good role model by taking care of your body and expressing emotions in healthy ways. For example, talk or journal about your feelings, exercise, or practice deep breathing.

Encourage your teen to find you or someone else if the feeling or urge to self-injure happens.

Continue to help your teen learn coping skills for when exposure to items for possible self-harm cannot be avoided. For example, consider making a coping box of things to help soothe and distract. It could include aromatherapy, squeeze or stress balls and cinnamon or mint candy. Teens also can try eating a lemon slice, holding an ice cube, or splashing their face with cold water.

Remove access to items if they trigger self-injuring behavior. Keep medications locked away to help prevent misuse of them.

Learn about self-injury

By reading this information, you take an important step to help the child you care about. To better understand your teen's behavior and how you can be most helpful, talk with a mental health professional. Ask for recommended resources that are available from the library, bookstores or internet.

Manage your reaction

While it can be upsetting to see your teen injured, do your best to stay calm and manage your worry and distress. Try not to react strongly in front of your teen. Be careful of what you say and your tone and facial expressions.

Do not focus on symptoms or criticize your child. Blaming or shaming your child will not help. Focus on your child as an individual instead of on their self-injury.

Take care of your needs

Consider counseling or therapy for yourself. It can provide a place to express your feelings and frustrations. Your therapist can give you support, encouragement and information about self-injury.

Explore healthy ways to manage your emotions and learn how best to support your child. Consider attending a parent support group.

An Important Consideration

Get emergency medical help right away by calling 9-1-1 or your local emergency service provider if:

- You think a self-injury may be life-threatening.
- Your teen says they are suicidal or tells someone they want to die.

If you are concerned about your child's intentions and safety, just ask. You may want to ask questions such as:

- Do you want to kill yourself?
- Are you thinking of killing yourself right now?
- Do you have a plan to take your life?
- Do you feel like you can keep yourself safe?

Be familiar with these resources:

- Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- Crisis Text Line: Text HOME or CONNECT to 741741.

Notes

Notes



BARBARA WOODWARD LIPS PATIENT EDUCATION CENTER

Mrs. Lips, a resident of San Antonio, Texas, was a loyal Mayo Clinic patient of more than 40 years and a self-made business leader who significantly expanded her family's activities in oil, gas and ranching. Upon her death in 1995, Mrs. Lips paid the ultimate compliment by leaving her entire estate to Mayo Clinic. By naming the Barbara Woodward Lips Patient Education Center, Mayo honors her generosity, her love of learning, her belief in patient empowerment and her dedication to high-quality care.

This material is for your education and information only. This content does not replace medical advice, diagnosis or treatment. New medical research may change this information. If you have questions about a medical condition, always talk with your health care provider.

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