

Self-Injury in Teenagers

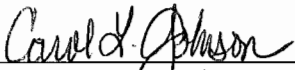
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Kristina Larsen

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Carol Johnson, Ph.D.

The Graduate School

University of Wisconsin-Stout

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**The Graduate School
University of Wisconsin-Stout
Menomonie, WI**

Author: Larsen, Kristina M.

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ABSTRACT

With an increase in stress and anxiety in teens, some are choosing to cope with the tension by a form of self-harm called cutting. Cutting is a self-injurious behavior where a student uses a sharp object to inflict physical pain to sometimes compensate for the emotional pain experienced. Once thought to be an attempt at suicide, a copy-cat strategy, or a way to seek attention, professionals are now indicating it is not necessarily any of these, but a coping mechanism that many teens are now choosing to release anxiety.

Parents and other trusted adults in teen's lives need to become aware of the warning signs which may include wearing long sleeves or pants to cover the self-inflicted wounds and teens not wanting to dress-out for physical education or swimming classes. Seeking professional help may assist in uncovering the underlying issues causing a teen to act out in this type of behavior. Some teens choose to self-harm because of feelings of personal failure, disappointment to others, and lack of communication with parents.

Teens need to know that if they report that a friend is engaging in self-harming behaviors that adults are informed and knowledgeable about the resources and strategies available to assist those who inflict harm on themselves. Training for parents, teachers, school counselors and other professionals may help identify and reduce the incidents of students who are choosing this is inappropriate way to reduce stress and tension in their lives.

The Graduate School
University of Wisconsin Stout

Menomonie, WI

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Chapter I: Introduction

Self-injury is a complicated and often misunderstood phenomenon that is a growing problem in teenagers and adolescents (Plante, 2007). Self-injury is also a dangerous and pervasive problem that is seen in adolescents as well (Nock, Teper, & Hollander, 2007). In recent years, self-injury has become more common, and younger individuals are starting to participate in self-harming behaviors (Schneider, 2007). The population of self-injurers has increased 8.9 percent for the ten year period spanning 1990-2000 (Plante, 2007). Approximately one-percent of the teenage population is habitual self-injurers (Schneider, 2007). Many young people are taking part in self-injury, but adults are not taking action because they are not accurately informed about self-injury or don't know how to respond as informative resources are not always readily available.

“Self injury is any deliberate, non-suicidal behavior that inflicts harm on one's body with the goal of relieving emotional distress” (Schneider, 2007, n.p.). Self-injury encompasses a variety of terms. Some forms of self-injury include: self-mutilation, self-harm, and self-abuse. Self-injurers have many different ways of harming oneself. Some forms include, but are not limited to the following, “Cutting, scratching, picking scabs or interfering with wound healing, burning, punching self or objects, infecting oneself, inserting objects in body openings, bruising or breaking bones, some forms of hair-pulling, as well as other various forms of bodily harm” (Schneider, 2007, n.p.). Since self-injury is described in many ways by different individuals, the terms will be used interchangeably throughout this paper. The focus of the literature review will be on self-injury, self-harm, and self-cutting.

Although most people know that the main goal of self-injury is to relieve emotional distress, people still don't understand why individuals self-injure. Even some individuals who self-injure are unsure why they do self-harm (Schneider, 2007).

However, some individuals reported that they self-injure because, they were in a fight with their parents/friends, they lost a loved one, or their parents got a divorce (Rebman, 2006).

An expert stated,

Self-injurers tend to feel very empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others, and fearful of intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings. (Schneider, 2007, n.p.)

Self-injurers have a tough time finding an appropriate way to deal with their feelings, so they tend to self-harm because it's the only way they know how to cope (Plante, 2007).

When an individual self-injures, they feel in control and it is their way of not involving and hurting others. Self-injury tends to be a physical manifestation of what the individual is feeling internally; for the injurer, the wound is representing the pain they are going through, and it is a way for them to release all of their emotions (Schneider, 2007).

Not only are those who self-injure uncertain of the cause, their family members are also wondering why. Since the family, especially parents, have trouble understanding why someone cuts, they tend to be critical and unsupportive (Poland, 2008). When parents first find out their child is self-harming, they tend to experience anger and confusion. The self-injuring individual's parents tend to think it is just a phase their child is going through and eventually they will outgrow it (Levenkron, 1998). Others may

think it is a copy-cat incident, where the individual mimics the cutting behaviors of others for attention. These misperceptions may create a difficult environment for the individual who self-injures.

There are many stressful situations that can create a challenging environment for self-injurers to cope with including: traumatic family loss, neglect or abuse, unstable family roles, rape, and unclear social values. These situations make it hard for the individual to know where they stand in their family and it may cause the self-injurer overwhelming stress and emotion. These feelings may then lead to uncertainties resulting in one who wants to self-harm (Conterio & Lader, 1998).

Aside from the environmental influences on the self-injuring individual, parents can have a direct impact as well. When a parent tends to ignore or not validate their adolescent's presence, the teen may feel left out and not wanted. The cutters often feel they can't communicate or express who they are, because they believe it doesn't matter. When an individual is having repeated unacknowledged feelings, the person tends to self-harm because they feel it is their only escape (Holmes, 2000).

In addition to stress at home, school can be one of the most stressful places in a child's life, due to all of the different pressures from peers, teachers, or maybe even from themselves. Therefore, it is very important for the teachers and counselors to be aware, knowledgeable, and prepared to deal with many different situations. When it comes to a serious situation such as self-injury, it is found that school personnel are not always informed or well-trained on how to help students (Poland, 2008). If the adults at school can work as a team to help support students as they become aware of the growing problem, it may help reduce the number of those self-injuring (Malikow, 2006).

There are a variety of things teachers, school nurses, and school administrators can do to help individuals who self-injure. A few important things schools can do to help reduce the frequency of self-injury are: research self-injury, train and educate staff members such as nurses and teachers, and then develop an action/intervention plan for those who self-injure. Training teachers and nurses is imperative because it will give them the proper knowledge about self-injury as well as informs them on what to look for when it comes to cutting. Teachers and counselors should be very cautious with self-injury and anytime they see a severe scar or multiple bandages that are out of the ordinary, they should privately talk with the child. If the teacher or counselor finds out that the child is self-injuring, then they should follow the additional steps that their school has in place to help the child. Most school personnel will be required to notify the parents and may also have to report self-injury as required by law. From there, a plan can be developed for the best treatment or therapy that will be used for the individual (Poland, 2008).

Statement of the Problem

With an increase in the number of teens who are choosing to inflict self-harm by cutting, it is very important for parents, teachers and school counselors to have an awareness of the warning signs and options to work with the young adults who choose this inappropriate activity. The problem becomes, what are the warning signs that a teen is self-harming and what can be done to help these individuals? If there are other ways to relieve emotional distress, how can a school counselor or trusted adult determine how best to help the student? This literature review will provide insight to help parents and

other caring adults develop a better understanding why adolescents self-harm and what can be done to help them.

Purpose Statement

The purpose of this literature review is to provide information on teenagers who partake in self-injurious behavior. The literature review will define self-harming behavior and explore ways to identify those who self-harm while seeking opportunities to help them. As teens engage in this behavior at younger ages, it is important that parents and school personnel are informed about this topic and are prepared to deal with students who choose cutting as a way to reduce emotional issues.

Definition of Terms

There are relevant terms that need to be defined in order to clarify and understand the nature of the paper. The terms are:

Self-cutting: “Injuring yourself on purpose by making scratches or cuts on your body with a sharp object — enough to break the skin and make it bleed” (Teens Health, 2007, n.p.).

Self-injury: “Deliberate self harming behavior but without conscious suicidal ideation” (Malikow, 2006, p. 45). Self-injury includes the following: cutting, burning, scratching, sore-picking, and biting (Gaines, 2007).

Assumptions and Limitations of the Study

It is assumed that self-injury is an important topic of interest for parents and other trusted adults who are connected with teenagers in a school setting. While it is known there are broad categories and generalizations, each teen should be treated as an individual with unique needs and reasons for self-harming. While there are many ways

that teens choose to self-harm including hair-pulling, cutting, burning, interfering with wound healing, branding, piercing, hitting oneself and breaking bones, due to limited time and resources, this literature review will focus on cutting as a form of bodily harm. The literature reviewed represents but a small portion of all that is available and due to time constraints and limited resources, some articles may have been overlooked. Information was collected for review during the spring of 2009. A final limitation is that there are always updated treatment plans and strategies and that some may have not yet been available at the time of this review of literature.

Chapter II: Literature Review

Introduction

This chapter will include an overview of self-injury, while taking an in-depth look at the subcategory, self-cutting. The intent is to provide school counselors with important information that may help them understand cutting as students self-injure, and offer insight why individuals partake in cutting, as well as how family factors may contribute to why individuals self-cut. Finally, suggestions for how school nurses, teachers, counselors, and school administrators can best identify cutters and help those who self-injure find a safer coping strategy.

Self-Injury Explained

Many individuals have difficulty understanding what self-injury really entails. It is imperative that school counselors become more informed about the problem so they can have a better understanding of what cutting truly is. Self-injury is intentionally hurting the body in a manner where the injury is severe enough for tissue damage, such as scarring, to result (Holmes, 2000). It is important to know that those who self-injure participate in self-destructive behavior, but they do not always intend to commit suicide (Schneider, 2007). Self-injurious individuals are difficult to identify because they look like everyone else, and they tend to be very likeable and intelligent (Poland, 2008). “Self-injurers tend to be impulsive, acting as their mood of the moment directs” (Holmes, 2000, p. 18).

When individuals self-injure, they often feel they are lacking control over their lives and it is their attempt at coping with what is going wrong (Holmes, 2000). Those who injure tend to cut very carefully and usually make sure they injure somewhere that

can't be easily seen (Rebman, 2006). For example, they tend to injure their legs or the inside of their arms because it can be easily hidden by their clothes. Individuals tend to hide their injuries because they are ashamed that they do it, and they don't want others to find out they are self-injuring (Poland, 2008). Many self-injurers struggle with coping and finding healthy options, therefore, they continue to injure.

Another reason it is important for people to understand self-injury is that it is becoming more common in teenagers and adolescents (Gaines, 2007). Between the years 1990 and 2000, self-injury increased from 4.3 percent to 13.2 percent, and it is continuing to grow (Plante, 2007). In the teenager and adolescent population, it has been reported that four-to-ten percent engage in self-injurious behavior (Poland, 2008). It is more common to find self-injurious behavior in females than males. It has been shown that, females are twice as likely to engage in self-injury as compared to men (Austin & Kortum, n.d., p. 518). Girls are more likely to hide unwanted feelings of anger or anxiety.

Although self-harm is more likely to happen in females than males, people still need to remember that males partake in the behavior as well. More often than not, when males self-injure it is more severe than when females injure. Often the male cutters are unnoticed because they have a harder time expressing their emotions and feelings, so it is intensified when they self-injure because they don't know how to cope. Also, males may not report their self-injurious behavior and it is undocumented exactly how many males actually self-injure (First Signs, 2008)

As mentioned previously, self injury includes many different ways of injuring including: cutting, burning, self-hitting, scab peeling, hair pulling, and bone breaking. In a recent study it was found these acts were all very common in teenagers and adolescents;

reporting that 72 percent self-cut, 35 percent burned themselves, 30 percent self-hit, 22 percent peeled scars, 10 percent pulled out their own hair, and 8 percent broke their bones purposely (Holmes, 2000). Holmes's (2000) study also showed an overwhelming number of young individuals who participate in a variety of self-injurious activities, which makes a compelling argument to increase awareness among the adult population.

Of all the self-injuring acts, cutting was the most common behavior among young individuals (Poland, 2008). Every year in the United States, about two million individuals engage in self-cutting behavior (Malikow, 2006). Plante (2007) found that for every 100,000 youth, a thousand of them stated that they had cut. "Self-cutting is almost epidemic among adolescents" (Rebman, 2006, p. 65). Typically, cutting begins in the teenage years around the age of 14 and continues with increasing severity until the late 20's or 30's (Holmes, 2000). Self-cutting is more common in younger teens because cutting is an attempt to relieve extreme tension, and it is a way to feel in control of their lives.

Since cutting is a subcategory of self-injury, it may be assumed that most characteristics mentioned previously can be applied to cutting as well. Just like self-injury, self-cutting is very impulsive and once an individual starts cutting, it can become very habit forming (Williams, 2008). "The brain starts to connect the false sense of relief from bad feelings to the act of cutting, and it craves this relief the next time tension builds" (Williams, 2008, p. 25). Sometimes when individuals cut, it can be followed with intense sadness or rage which is usually directed toward a powerful figure such as a parent (Rebman, 2006).

Many individuals who cut tend to go through a self-harm cycle which includes the following: a stressful event triggers sadness in the individual. Second, they disassociate the event which causes extreme anxiety and panic; next, the individual takes their anger out on the people they are closest to, and finally they have strong hate for themselves because they felt they were being too mean. When teens self-harm it is a way to punish themselves and to feel “real.” After the self-harm takes place the individual tends to cry, as the crying often leads to a temporary connected, calm, and relieved feeling. Ending the cycle, the individual feels ashamed because they took part in self-harming instead of coping in a different fashion (Williams, 2008). Cutting can be a very dangerous and addictive behavior, so it is imperative to be knowledgeable and aware of the warning signs and recognize when the destructive behavior is occurring.

Why Individuals Self-Injure

Researching self-injury can be very complicated and tends to be a very personal subject. Self-injury is challenging because most individuals are unsure why they self-injure and there are many different situations that can factor into self-injuring as well. It is hard to pinpoint one reason as to why individuals self-harm. Each situation is different and therefore each person will have their own reason as to why they self-injure such as: disappointing grades at school, having no friends, or being cut from the sports team.

Many individuals have difficulty understanding why people self-injure. The act of purposely inflicting pain on oneself is what tends to confuse some people. Although some teenagers are unsure why they self-injure, there are many different reasons that may indicate why individuals self-harm (Plante, 2007). Emotion and stress can be caused by certain situations, which may make the individual want to injure themselves. Some

causes of self-injury may include: sexual abuse, severe trauma, loss of a loved one, parent's divorce, and fighting with family members or friends (Rebman, 2006).

Along with situational dynamics, biology is another factor that plays into reasons why individuals self-injure. "Some persons because of their biology, may have difficulty managing and regulating feelings, be slow to recover from emotional distress, prone to symptoms of hyper arousal, and susceptible to anxious and/or dysphoric mood states" (Rogers Memorial Hospital, 2009, n.p.). Lastly, it has been proven that physical, psychoanalytic, and psychological factors can also lead to why people choose to self-injure. When people self-injure, physically it releases endorphins, psychologically it regulates emotions, and psychoanalytically it is a way for individuals to punish themselves (Poland, 2008).

The literature indicated three main reasons why individuals self-injure: distraction, disassociation, and symbolism. Distraction is the exchange of emotional terror for physical pain which helps interrupt the development of other feelings that may be occurring. Disassociation is the experience of physical pain, that helps to reassure the self-injurer is alive and okay. Feeling the pain and seeing the blood provides numbness, which is a sense of relief for self-injurers. Lastly, symbolism helps the individual with outward expression. For someone who self-injures, the blood flowing out of their body helps to represent the fact that the pain and fear they are feeling is flowing out as well (Malikow, 2006).

"Self-injury is enacted because of the need to subdue emotional pain, communicate to others, seek redemption, gain control, and forge an identity that integrates new depths of thought and feeling" (Plante, 2007, p. 60). Many individuals

said they cut because it is a way to help them deal with their feelings of helplessness and to ensure they will avoid attempting suicide (Rebman, 2006). Overall, people self-injure because it gives them an immediate sense of relief and helps them cope with the horrible feelings they are encountering.

Family Factors

Some adolescents struggle with self-injury and in most cases family members only add stress and frustration to the individual's difficult battle. Research indicates that the relationship between the parent and the child is a major influence in fostering self-injurious behavior (Levenkron, 1998). Just like other adults, it is hard for parents to understand why their child self-injures. Parents can be confused, yet be very critical of their child during this time (Poland, 2008). When a parent first discovers that their child is self-injuring, they tend to deny it and experience bewilderment. After the feelings of shock and confusion, the parent may think it is absolutely crazy and it is just a phase their child will outgrow. Still other parents are so shocked that it is hard for them to see past their own feelings and they tend to think the child is trying to retaliate or make them feel guilty about something. When a parent has increased feelings or emotions and releases them towards the self-injuring child, it may cause the child to be protective and afraid of displeasing their parents (Levenkron, 1998). Along with these feelings, parents may also get frustrated and give up on their child. This behavior then sends a message to the self-injurer that they are hopeless and they might as well resign themselves to a lifetime of self-abuse (Malikow, 2006).

There are many different family scenarios that can contribute to why a child self-injures. A parenting style may be affected by the following life situations: financial

stress, employment/unemployment, disability, emotional disorders, alcoholism, drug abuse, divorce, and death of a loved one. When a parent is affected by any of these situations, it may then have an adverse effect on the child as well. Many of these situations can cause a lot of stress in the parent's life and unfortunately, the child experiences this stress as well. Having the child exposed to parental stress, may then lead to self-harm because the child is being overwhelmed with negative feelings and senses the immediate need to release these on themselves so they don't hurt anyone else. An adolescent acting out through self-harm may be perceived as a substitute release against the parent. Any of these situations can also effect communication between the parent and the child. When there is a deficit in genuine communication, the self-injuring child may start to feel sad and guilty because they think that they did something wrong (Levenkron, 1998).

Aside from situations causing the parent and the child stress, the factor of invalidation also causes major problems for those who self-injure. When a parent does not validate what a child is doing or saying, it immediately sends two messages to them. The first message says, "He/she is wrong in both describing and analyzing the experiences and views that are causing their emotions, beliefs, and actions" (Holmes, 2000, p. 23). The second message that it sends is, "It attributes his/her experiences to socially unacceptable characteristics or personality traits" (Holmes, 2000, p. 23). Both of these messages are unsupportive and demeaning to the child which then fills them with overwhelming feelings they don't know how to handle and thus may cause them to self-injure. If a parent is not always accepting of their child, it creates that same environment for the child as well. According to Holmes,

In an invalidating environment, when a child tries to communicate feelings or talk about experiences, his or her parents do not validate those feelings. The parental response does not accept those feelings or experiences as truthful. The adult reacts erratically, inappropriately, or extremely, by punishing, trivializing, and/or dismissing the child's feelings or experiences (Holmes, 2000, p. 23).

Some parents have trouble validating their child and creating an appropriate place for them to function and feel wanted. It is important to be aware that invalidation is a common problem in children who self-injure. Parents are encouraged to use strategies to help their child by fixing the invalidating environment.

Since many parents can contribute to causes for their child's self-injuries, it is important for the parent to be aware of different precautions to take when the situation is known. First and foremost, parents need to be patient with their child's feelings and allow time for the child to discuss their problems out in the open without having any worries. While discussing these issues, the family should also work on their communication between each other.

Next, it is important for the parents to be consistent in providing verbal reassurance to their child that they are safe and secure in their home. Besides providing the child with many different reassurances, the parents should show positive role modeling on self-worth, conflict resolution, and flexibility. Last, it is imperative that the parents do not allow the child to reverse roles with them and let the child be in control.

Aside from these steps, it is also important for parents to remain confident in their abilities and continue to be nurturing. A parent's confidence will give their child a sense of feeling safe and protected from outside dangers, as well as reduce the child's impulse

to self-injure. Creating nurturance will give the child a sense of value and self-esteem (Levenkron, 1998). All of these are important factors for parents to consider to reduce the frequency of times their child self-injures. Again, self-injury is becoming a major problem in society and everyone needs to do all they can to begin reducing the number of people who partake in self-injury.

How Schools Can Help

Since self-injuring is becoming more common in adolescents, it is very important for school personnel to be aware of the problem and know what appropriate action to take. It is going to take a team effort to help the individual overcome their problem. Administrators, teachers, nurses, and school counselors must all play an important role in helping the self-injuring individual.

The corrective action starts with the school administrators. They need to make sure the school staff is aware of what self-injuring is and ensure that they are being properly trained on the topic. The administrators should consider a task force that includes local guidelines for education and intervention on self-injuring. The more information available for parents, teachers, nurses, and other caring adults, the better chance they have of helping prevent self-injuring before it continues or increases.

There are some specific risk factors that are associated with self-injury that school staff should be aware, including; if staff notices low self-esteem, perfectionism, severe anxiety, problems at home or school, that are out of the ordinary for the student, the staff should consider that there might be some self-injurious behavior happening with that child (Life Signs, 2008).

Another step administrators can take is to make sure teachers are taking the appropriate actions that instruct them how to privately confront students when they notice suspicious cuts or multiple bandages. If the cut or bandage is due to self-injuring, the teacher should refer the child to the school nurse or the school counselor and follow district and state policy for reporting harm to a child. The administrator should also ensure the parents are contacted and notified regarding the situation with their child (Poland, 2008). Having the administrators take these steps is just a start to helping identify and reach out to individuals who self-injure to get them the help they need.

Aside from the administrators taking all of these steps, it is also important to possibly consider implementing a self-injury policy in the schools. The policy will help to ensure that the necessary steps are taken and that the correct protocols are followed. As mentioned above, the administrator should strive to inform teachers about self-harm and contact the parents if anything should ever happen. The self-injury policy will help implement these steps and ensure they take place (Life Signs, 2008).

Along with the school administration helping the school staff become more informed about self injury, it is also important for the school counselor to be aware so they can respond appropriately. In a study by Donatelle and Roberts-Dobie (2007) school counselors were asked about their knowledge on self-injury, and only six-percent stated that they were highly educated and knowledgeable. This shows that school counselors need to become more informed about the topic because it is becoming more prevalent in schools.

As a school counselor dealing with an individual who self-injures, it is important to first make sure that the individual doesn't need medical attention. The individual may

need to go to the nurse to get checked out, or if necessary the self-harming individual may need to see a doctor to get examined. Although it is important to check the medical needs of the student, it is important to remember to not become overly concerned because that may reinforce the self-injurious behavior (Rogers Memorial Hospital, 2009). Once the medical needs have been met, the school counselor needs to review the appropriate reporting guidelines because the counselor is required to follow the standards set by the state and under these standards the counselor is considered a mandatory reporter. The American School Counselor Association (2004) code of ethics state,

“The professional school counselor informs parents/guardians when the student’s condition indicates a clear and imminent danger to the students or others. This is to be done with careful deliberation and, where possible, after consultation with other counseling professionals. The professional counselor will also attempt to minimize threat to a student and may choose to inform the student of the actions that need to be taken, involve the student in a three-way communication with parents/guardians when breaching confidentiality, or allow the student to have input as to how and to whom the breach will be made.” (n.p.)

Taking these steps as a counselor will help to ensure that the student is in the right hands and get the proper help they need. It is important for schools to be aware of how to appropriately work with students who are self-injurers. The more knowledge people have, the easier it will be to help students overcome the temptation of self-injuring.

Chapter III: Discussion

Introduction

This chapter will summarize the information found in the literature review as provided on self-injury. This chapter will also include recommendations regarding further research and suggest ways to inform individuals about self-injury. Finally, the chapter will conclude with tips for school counselors.

Summary

Self-injury is a complex problem that is rapidly growing in the adolescent and teenage population (Plante, 2007). Self-injury is not easily understood by many individuals. With the lack of knowledge, more self-injurers are slipping through the cracks and not receiving help because people are not recognizing the need for it. However, self-injurers are not easily identified because they tend to be intelligent, likeable, and functional. Individuals who self-harm are everyday people found walking in school hallways. Most self-injurers hide the fact that they self-harm because they are embarrassed and ashamed. The self-injurer will intentionally harm themselves in places that can't easily be seen (Poland, 2008). It is important to remember, those who self-injure are not looking to commit suicide and usually do not even have suicidal ideation when self-harming (Malikow, 2006).

Self-injurers struggle to find out why they self-injure, but researchers have found a variety of reasons. Depending on the individual, it can make a difference as to why they self-harm as self-injury is unique and different for every person. Some individuals self-injure because they got into an intense argument with someone they are close to, while others self-harm because they lost a loved one (Rebman, 2006). The situations tend to

vary, but most times individuals are feeling overwhelmed with different emotions and the person feels the only way to relieve the stress is to self-injure. Self-injuring helps the individual to feel in control, as well as cope with their emotions (Malikow, 2006).

Self-injury is not well accepted by many people, especially when it is a family member or a loved one. Families, especially parents, have a difficult time understanding why someone they love is self-harming. Parents often feel frustration and anger when they discover their child is self-injuring. Parents tend to come up with different excuses as to why their child is self-injuring and most times the parents think it is a phase that their child will outgrow. Although some parents

When parents don't pay attention to their child or validate the feelings of the individual, the child tends to be inadequate. When these feelings of dissatisfaction occur, the child feels helpless and then self-injures (Holmes, 2000). Also, the history of the family and the situation the child has been living in can impact whether or not the individual self-injures. Most times parents struggle to deal with their child who self-injures, but they need to keep in mind there are a variety of things they can do to help the destructive behavior from occurring. A few things parents can do are: be patient, communicate, avoid role-reversal, be a positive role model, and seek help.

Along with parents being informed on self-injury, schools can be on alert as well. School staff members need to work as a team to create an effective plan to identify individuals who self-injure. The school should work as a team composed of teachers, school nurses, and school counselors. Once a teacher or administrator becomes aware that a student is self-injuring, they should refer the student to the school counselor. This is important because most school counselors are aware of how to deal with students who

self-injure. The counselor can help the student cope with the situation and brainstorm ways to cope in a more positive way. Also, the counselor has many resources that can assist students in getting the proper help so they can overcome their self-injuring behavior and make healthier choices.

In general, there is a lot of information to help people become more aware of how big a problem self-injury really is in teenagers and adolescents. The growing number of incidents indicate how serious the problem is and how it can be destructive for most individuals. It is important to inform parents and teachers so they have a clearer picture of the problem and reduce misconceptions about the dangerous and growing problem of self-injuring.

Informing families can be difficult when it comes to self-injury. No parent wants to know that their child purposely inflicts pain upon themselves. Although literature indicates how families may effect a child who self-injures, one source may state that self-injury is solely due to abuse and another source will offer a variety of reasons. It is often hard for families to pinpoint why their child self-injures and therefore it is even harder for the families to correct it. Family therapy may be required to determine causes and treatment on a case by case basis.

Recommendations

One recommendation for further research would be to include more information on how families are effected when someone they love is self-injuring. Some family dynamics can contribute to self-injury, but more research might determine why the self-injurer is going through a difficult time. Exploring the family as a whole is important, as

everyone's needs and expectations need to be considered when there is a member cutting to resolve an issue.

Another recommendation is to provide more training on identifying those who self-injure for counselors and teachers. With the proper training on how to deal with certain situations such as self-injury, counselors may become part of the solution instead of the problem. Research should be conducted to find out what teachers think would be effective and helpful to know dealing with the students who self-injure. Having teachers more informed may help reduce the number of individuals self-injuring through early identification.

The last recommendation is to help teachers work with the other children in the classroom when they are aware of someone self-injuring. It is important to be aware of how other classmates are going to react, and how that situation should be managed to protect privacy. There should be a plan created between the teacher and the counselor where they can teach a lesson to inform the students on this topic. Also providing an empathetic environment and means to have students report knowledge of a friend who is cutting and needs help may be beneficial too. Giving children knowledge may also help reduce the concerns and questions children may have and minimize the copy cat effect. Keeping people informed with up-to-date materials and statistics is the best possible way to keep self-injuring understood and hopefully under control.

References

- American School Counselor Association. (2004). *Ethical standards for school counselors*. Retrieved February 3, 2009, from: www.schoolcounselor.org/content
- Austin, L., & Kortum, J. (n.d.). Self-injury: The secret language of pain for teenagers. *Journal of Education*, 124(3), 517-527. Retrieved February 3, 2009, from: Ebscohost database.
- Conterio, K., & Lader, W. (1998). *Bodily harm: The breakthrough healing program for self-injurers*. New York, NY: Hyperion Publishers.
- Donatelle, R.J., & Roberts-Dobie, S. (2007). School counselors and student self-injury. *Journal of School Health*, 77(5), 257-264. Retrieved February 3, 2009, from: Ebscohost database.
- First Signs. (2008). *Male SI: Taken seriously*. Retrieved February 3, 2009, from: www.selfharm.org/what/male.html
- Gaines, E. (2007, August). *Self-harm*. Presented at Resident Advisor Training, Menomonie, WI.
- Holmes, A. (2000). *Cutting the pain away: Understanding self-mutilation*. Philadelphia, PA: Chelsea House Publishers.
- Levenkron, S. (1998). *Cutting: Understanding and overcoming self-mutilation*. New York, NY: W.W. Norton and Company, Inc.
- Life Signs. (2008). *Creating a school self-injury policy*. Retrieved February 3, 2009, from: www.lifesigns.org.uk
- Malikow, M. (2006, April). When students cut themselves. *The Education Digest*, 46-50. Retrieved June 9, 2008, from: Ebscohost database.

Plante, L.G. (2007). *Bleeding to ease the pain*. Westport, CT: Praeger Publishers.

Poland, S. (2008, February). Self-injury. *District Administration*. Retrieved June 9, 2008, from: Ebscohost database.

Rebman, R.C. (2006). *Addictions and risky behaviors: Cutting, bingeing, snorting, and other dangers*. Berkley Heights, NJ: Enslow Publishers, Inc.

Rogers Memorial Hospital. (2009, January). *Understanding and treating self-inflicted violence*. Presented at the school counselors district meeting in Turtle Lake, WI.

Schneider, W. (Producer, Director; 2007). *Cut: Teens and self-injury*. Madison, WI: Author.

Teens Health. (2007). *Cutting*. Retrieved June 9, 2008, from:

http://kidshealth.org/teen/your_mind/feeling_sad/cutting.html

Williams, M.E. (2008). *Self-mutilation*. Farmington Hills, MI: Greenhaven Press.