

## What to Do If Your Child Is Cutting

*Discovering your child is self-injuring can be scary. Experts offer advice for how parents should react.*

At age 13, Sydney Deneke began hurting herself. She used whatever objects she could find around the house: Razors. Thumbtacks. The bathroom paper towel dispenser.

"It started out once or twice a week, and then it progressed to once a day and it got to the point I would injure four to five times every day," she says.

A gymnast since age 5, Sydney always aimed for perfection and first place. Her parents also laid on the pressure to get straight-A's. When the [stress became unbearable](#), she turned to cutting as a way to cope.

Eventually, her mother noticed.

While driving in the car one day, Pam Deneke questioned her daughter about the mysterious scratches on top of her hand.

"Grandma's new dog scratched me," Sydney said.

"I don't think that's the case," Pam countered, pointing out the marks were in a precise line. So she asked the hovering question outright: "Are you cutting?"

Sydney said "yes."

"On the inside, I was screaming. You know, I was devastated," Pam Deneke says of that moment. "Outwardly, I wanted to hug her."

The Denekes of Cape Girardeau, Mo., are just one of a growing number of American families whose lives get turned upside down upon discovering their child is self-injuring.

"There is sort of a contagion to this," says Wendy Lader, president and clinical director of S.A.F.E. (Self Abuse Finally Ends) Alternatives in St. Louis, which offered the first self-injury treatment program in 1986 and is where Sydney eventually sought help. "Kids who are in emotional distress have heard about this from other kids or seen it on television or heard a star talk about this, and they might try it."

With online forums and [YouTube videos](#) that demonstrate or even glorify self-injury, experts say the Internet is part of the reason the behavior is spreading. Once considered "secretive," Lader says, celebrities who've openly talked about cutting themselves – including Demi Lovato, Christina Ricci and Angelina Jolie – have also put self-injury in the spotlight.

Self-injury wasn't studied until the late 1990s, and there isn't much data that tracks the prevalence, but medical professionals report seeing more cases. One 2012 study of 665 youth in the journal *Pediatrics* found 7.6 percent of third graders and 12.7 percent of ninth graders self-injured. Girls are more at risk, as the study found ninth-grade girls were three times more likely to self-injure compared with boys in their grade.

Regardless of age, the behavior can come as a shock to any parent. Lader, the co-author of "Bodily Harm: The Breakthrough Healing Program for Self-Injurers," and Elizabeth Newlin, director of Menninger Clinic's Adolescent Treatment Program in Houston, share advice for parents who suspect their child is self-injuring and what steps they should take.

**Why adolescents self-injure.** While many people think kids engage in cutting to get attention from adults or fit in with peers, that's usually not the case. The behavior is actually a coping strategy used to control emotions. "They're trying to reduce a negative emotional

state, and then as they're self-injuring, it produces a positive emotional state – they get sort of a rush or a high from the self-injury," Newlin explains.

If kids feel numb or "cut off from their sense of self," she adds, they'll self-injure to simply feel something. Some might hurt themselves as a form of punishment. "A lot of the young people we're seeing are filled with feelings of worthlessness and self-loathing, and are feeling like they don't deserve anything good in life, and self-injury is a way of self-validation," Newlin says.

**How it's done.** "Self-injury is as limitless as the imagination," Lader says. Some methods include scratching, opening or picking at wounds, and cutting. Burning, biting, hitting and [pulling out hair](#) are also common.

"[Kids] can modify all sorts of objects to cut themselves to self-injure – anywhere from car keys, to [safety] pins, to paper clips, staples, you name it. It would be extraordinarily difficult to remove all sharp objects [from your house]," Newlin says. "And you can't take away fingernails."

**Signs to look for.** Kids might tell their friends what they're doing, but parents are often the last to know. If that happens, "parents shouldn't beat themselves up," Lader says, "because kids can be very good at hiding it."

Lader almost named her book "You Don't Even Own a Cat" because she says kids conjure all kinds of excuses for skin marks, such as "My friend's cat did that," or "I got scratched by bushes." While the child might have encountered a nasty cat, repeated stories could indicate self-harm.

Other signs something is amiss: Your child spends a long time in their bathroom or bedroom; wears clothing inappropriate for the season (i.e., long sleeves in the summer); or you find razors and/or blood in the garbage can.

Kids who have a history of being bullied may be more at risk. [Eating disorders](#) are not considered a form of self-injury, but adolescents who self-injure tend to have problems with food, Lader says.

### **Your child is self-injuring. What should you do?**

Self-injuring is a clue that your child is struggling emotionally, and it won't help the situation if *you* lose control.

#### **Do:**

**Respond when you're calm.** And take a nonjudgmental, concerned stance. Newlin suggests stating what you've observed – if there are unexplained bruises or if their clothing choice is peculiar for the weather. Then, "ask in a very straightforward manner whether or not they're injuring themselves, and [state] why you're concerned," she says.

**Be willing to talk.** Kids often don't tell their parents because they're afraid they'll lose their trust or add stress if mom and dad are dealing with marital or financial issues. Even if you do feel disappointed or stressed, it's important to have an open dialogue. Lader suggests saying something like: "I want you to know that I love you, and if these are self-inflicted wounds, I'm here to help you. I'm not here to be angry at you. I'm not here to punish you. I'm here for you to talk to me."

**Share your feelings.** It's OK to acknowledge this is something beyond what you as a parent know how to manage. "That's helpful because the child is often feeling overwhelmed by their emotions," Newlin says, so you can work through your emotions together.

## Don't:

**Respond when you're upset.** You might want to blurt out: "This is a stupid behavior. You should just stop it!" But that only signals to the child she's misbehaving. "This is not a bad behavior, it's an unhealthy behavior," Lader points out. And if you tell your child to stop before he has a chance to develop a healthier way to cope with emotions, that can be disastrous, Newlin says. "It's like someone who has a broken leg and is using a cane," she says. "You wouldn't want to take their cane away before they're ready."

**Feel guilty.** It's natural to blame yourself for not protecting your son or daughter. But this is not about you. If you're saying, "I'm a horrible person," that doesn't allow the child to experience their own emotions, and they're going to want to protect their parent," Lader says.

**Ignore your child.** Sometimes parents think if they pay attention to the behavior, it will make matters worse. "They'll say, 'They just want attention, so I'm not going to give it to them.'" Lader says. "But if kids need attention that badly, give it to them."

**Focus on the self-injury.** Concentrate on what's driving the behavior, not the behavior itself. "If you only focus on stopping this behavior, you completely miss the boat," Newlin says.

## Where to Seek Help

Kids don't need to be hospitalized for self-injury unless they're suicidal or the self-injury is so severe it places them in danger, according to Lader. "If someone is trying to cope with self-injury, that means they're struggling, and oftentimes these kids could escalate or have suicidal thoughts," she warns. While kids who self-injure have a higher risk of suicide, Newlin emphasizes that at the time of self-injury, their motive is to cope – not take their life. The first step in seeking help is to get an evaluation from a licensed professional such as a pediatrician or child psychiatrist. Some might recommend therapy or medication if the child has anxiety or depression, but treatments vary by case. "The good news is if it's recognized and they begin to get help, they truly can get over this and get better," Lader says. Sydney, now 16, attends therapy and is working toward becoming injury-free. "She's come so far," her mother says. "She has gotten her life back ... and we have gotten our daughter back."

*For more information on self-injury, visit [S.A.F.E. Alternatives](#) or call 1-800-DONTCUT (366-8288). For concerns about suicide, contact the [National Suicide Prevention Lifeline](#) (1-800-273-8255).*

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