



EMBRACING OUR SCARS: SELF-HARM 101

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OBJECTIVES

- Participants will be able to summarize what self-harm is including prevalence, risk factors, protective factors, and potential reasons for self-harm
- Participants will be able to explain LGBTQ+ youth are at higher risks for self-harm
- Participants will be able to implement strategies of how to respond as a professional or parent of an LGBTQ+ youth who is self-harming



BREE'S STORY

I can only speak for myself and my story/lived experience but in no way is my story the only one. Many LGBTQ+ youth have different experiences and situations for self-harm. I do not claim to know and be an expert in all issues of self-harm. Each story is unique.



WHAT IS SELF-HARM?

- Non-suicidal self-injury (NSSI) is the deliberate and direct destruction of a person's body tissue, without suicidal intent and for reasons not socially or culturally sanctioned (Self-Injury Outreach & Support, 2018)
- Self-harm is intentional self-injury not taking into account the type of motive or the extent of suicidal intent (Hawton, Saunders, O'Connor, 2017)

PREVALENCE



- Early adolescence
 - Typically around 12 years old and onwards (although seeing younger ages)
 - More common with youth assigned female at birth
- 14% to 24% youth and young adults report having self-harmed (Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2017))
- 48% of LGBTQ+ youth- 60% of trans and non-binary youth ages 13-24 (Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2017))
- Higher in adolescents from lower socioeconomic groups
- LGBTQIA+ youth have higher prevalence of mental health diagnoses which can promote self-harming behaviors
- 40% of LGBTQ+ youth seriously considered suicide in the past 12 months with over 50% of trans and nonbinary youth (Trevor Project, 2020)
- Self-harm in relation to specific life stressors unrelated to identity

TYPES OF SELF-HARM

- Cutting
- Burning
- Punching things
- Self-poisoning
- Scratching
- Bruising
- Picking
- Eating Disorders



REASONS FOR SELF-HARM

- To feel something
 - Manage overwhelming emotions or feelings of numbness
- To feel nothing
- Support-seeking – “ATTENTION “
- Self-punishment
- Exposure to self-harm and suicide
- Negative life events
- Bullying
- Way to release emotional pain
- Distract from negative thoughts
- Sexuality and gender identity confusion
- Poor family relationships
- Psychosocial stressors

Table 2.1 Motives chosen by young people to explain reason for self-injury

Motive	Self-cutting, % (n/N)	Self-poisoning, % (n/N)
Escape from a terrible state of mind	73.3 (140/191)	72.6 (53/73)
Punishment	45.0 (85/189)	38.5 (25/65)
Death	40.2 (74/184)	66.7 (50/75)
Demonstration of desperation	37.6 (71/189)	43.9 (29/66)
Wanted to find out if someone loved them	27.8 (52/188)	41.2 (28/66)
Attention seeking	21.7 (39/180)	28.8 (19/66)
Wanted to frighten someone	18.6 (35/188)	24.6 (16/65)
Wanted to get back at someone	12.5 (23/184)	17.2 (11/64)

(Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2017)



- Research shows LGBTQ+ youth self harm due to:
 - (a) self-harm due to homophobia and transphobia
 - (b) self-harm was due to self-hatred, fear, and shame
 - (c) self-harm not related to sexuality or gender
- Surveys show reasons for self-harm based on:
- Social isolation
 - Early identification as LGBTQ+
 - Conflict with others about sexuality or gender identity
 - Inability to disclose sexual or gender identity (ex: kicked out)
 - Mental health concerns



COMMON MISCONCEPTIONS AN SHAME

- **THOSE WHO SELF-HARM WANT TO DIE AND ARE SUICIDAL**

- 21% to 41% report having attempted suicide at some point in their lives (Hawton, K., Rodham, K., & Evans, E. (2006)
- Doesn't mean that individuals who self-harm are also attempting suicide, but are likely to have had suicidal thoughts and/or actions at some point, past or present
- The injury isn't very bad, so it isn't serious
- Self-injury is just an attempt to get attention
- People who self-injure don't feel pain
- Self-injury is a phase or a teen fad that people grow out of



STIGMA

- Young people are reluctant to approach mental health services and other supports-limits of confidentiality
- Hiding scars and ashamed to talk about it



RISK FACTORS

- Adverse childhood experiences (ACES)
 - Parental separation or divorce
 - Parental death
 - History of physical or sexual abuse
 - Marital or family discord
 - DV
 - Family history of suicidal behavior/mental illness
 - Neglect
- Sexuality and gender identity
 - Fear of not being accepted
 - Internalized or societal Homophobia, transphobia, biphobia
- Mental Health Concerns
 - Depression
 - Anxiety
 - PTSD
- Exposure to self-harm
- Interpersonal difficulties
- Bullying
- High rates of alcohol/ drug use



(Glenn, N. S., Ellis, B. E., & Brown, A. D. (2016)

PROTECTIVE FACTORS

- Supportive family and friends
- Sports/extracurricular activities
- Therapy- support groups, individual, or family
- LGBTQ youth groups and queer youth virtual spaces
- Positive role models
- Positive peer groups
- Strong sense of self
- Safe schools

(Saewyc, E. M., Konishi, C., Rose, H. A., & Homma, Y. (2014)





- Communicate in calm, and caring way
- Let them know that there are people who care about them, they are not alone, and that other youth self-injure (normalize)
- Understand that this is a way for them to cope with the pain that they are feeling
- Use their language for self-injury
- Listen to better understand their behavior
- Use non-judgmental language



- Be overly reactive
- Respond with panic, revulsion, shock, or averted gaze
- Try to stop the behavior with threats or ultimatums
- Show excessive interest in the details of the self-injury
- Permit them to relive or describe the experience of self-injury in detail
- Use language or labels such as "this person is a cutter"

(Personal and expert opinion)

WHAT NOW?

IF WE EXPECT KIDS TO STOP DOING WHAT THEY DO IN ORDER TO SURVIVE, WE BETTER HAVE SOMETHING EFFECTIVE WITH WHICH TO REPLACE IT – (Glenn, Ellis, & Brown, 2016)

- **TALK ABOUT IT!!!**

- Talk about social and environmental factors such as heteronormativity, homo/bi/transphobia and parental/peer rejection

- **Connect to resources**

- Many youth, especially LGBTQ+ youth turn to the internet for support

- **Multicultural perspective – cultural competence/humility**

- Keep up with the times! –terminology LGBTQ+ history, lingo





WHAT NOW?

- **Person in environment**

(What happened to you, not what is wrong with you)

- **Help through the coming out process**

- **Support youth and their families**

- **Create a safe environment** (ex: safe space stickers, LGBTQ+ flags)

- **Affirmative therapy and resiliency** (Strengths based)

- **Medication** (for some and usually with comorbid mental health concerns)

MENTAL HEALTH PROFESSIONALS

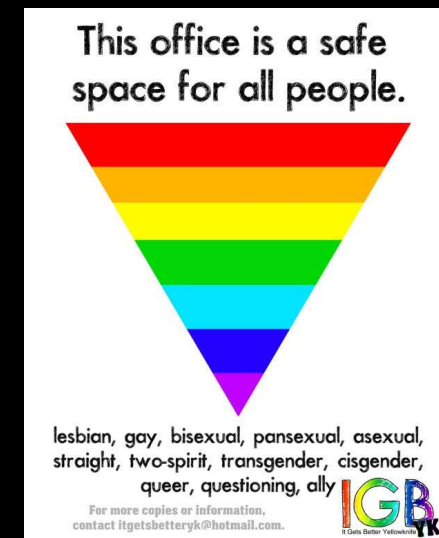


**Professional involvement can be very helpful, however, the individual involved must be ready and motivated to change. **

- Make this a safe space however that may present for the youth
- Express to LGBTQ youth that they are human, and acknowledge the structural and societal stigma they face while affirming their identities (Affirmative therapy)
- **Cognitive Behavior Therapy (CBT):**
 - Challenge negative thoughts and feelings, as well as help understand how this in turn influences their behavior
- **Dialectical Behavior Therapy (DBT):**
 - Teaching people how to recognize/cope with negative emotions, how to talk about their feelings with others, and teach mindfulness/relaxation skills

SCHOOLS

- Safer space for LGBTQ+ students
 - Flags, safe space stickers
 - GSA/equality clubs
- School-based psychological well-being and skills training programs
- Encourage help-seeking behavior
- Public awareness campaigns
- Reduction of stigma associated with mental health concerns and help seeking
- Intervene when LGBTQ+ youth are bullied
- Learn terminology
- Affirm identities

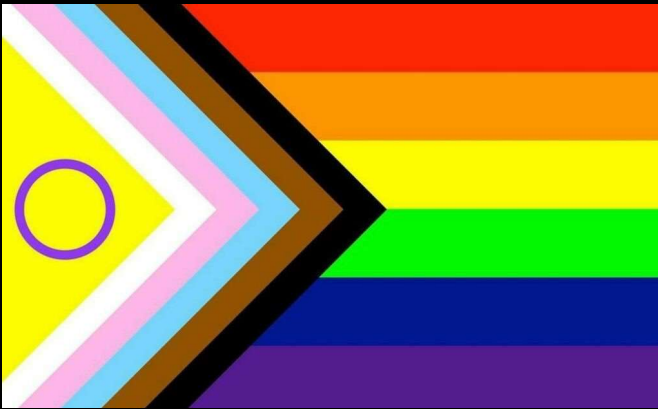


PARENTS



- 1. **DO NOT ignore** self-injury; it is a sign of distress and may indicate mental health difficulties
- 2. **DON'T TAKE AWAY** self-harm tools (This can depend)
- 3. **Listen** WITHOUT trying to correct, lecture, or suggest, and confirm you are hearing
- 4. **Take to hospital if at immediate risk** including suicidality or bad self-harm incident (stitches)
- 5. **Talk to your child before** taking them to see a clinician, psychologist, or mental health provider
- 6. **Patience** - recovery takes time and this is okay
- 7. **Be positive** and **keep communicating** with your child throughout the treatment process
- 8. **Take care of yourself** in order to successfully support your child with self-injury
- 9. **Learn about self-injury**; the more you know, the more you can support your child in recovery
- 10. **ASK** what you can do to help

SELF-HARM INTERVENTIONS



(Self-Injury Outreach & Support (n.d.).

- Holding ice
- Drawing red lines on body
- Snapping rubber band on wrist
- Workout (ex: pushups)
- Hot or cold shower
- Hit a punching bag or punch a pillow
- Yell or scream
- Henna tattoo kit (can pick it off)
- Text start to [741741](#) 24/7 crisis line
- Trevor Project 24/7 text start to [678678](#), chat, or call [1-866-488-7386](#)
- Trans Lifeline [877-565-8860](#)

FUTURE PRACTICE

My scars tell a story.
They are a reminder of times
when life tried to break me,
but failed.
They are markings of where the
structure of my character was welded.

- Steve Maraboli

www.stevemaraboli.com

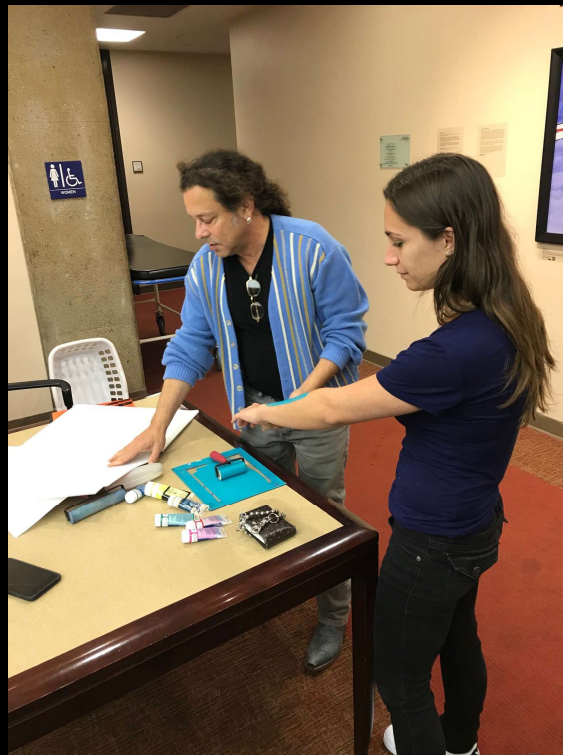
- Help individuals see self-harm from a functional perspective—try to understand the reasons why people hurt themselves by examining thoughts and feelings that motivate their behavior
- Provide opportunity to understand where self-harm is coming from
- More likely to use adaptive coping skills rather than relying on self-harm when aware of these functions
- Remember they are the experts in their own story and that each story will be different



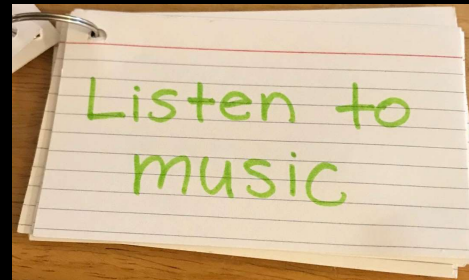
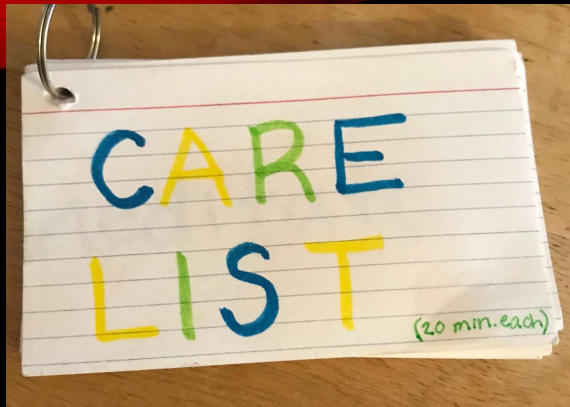
KEY TAKEAWAYS

- Self-harming behaviors do not always indicate suicidal ideation
- Queer youth in particular have different risk factors for self-harm
- Protective factors aid in replacing self-harming behaviors
- It is important to be mindful of language and responses to youth who are self-harming
- Every youth will respond to different alternative interventions to replace self-harming behaviors

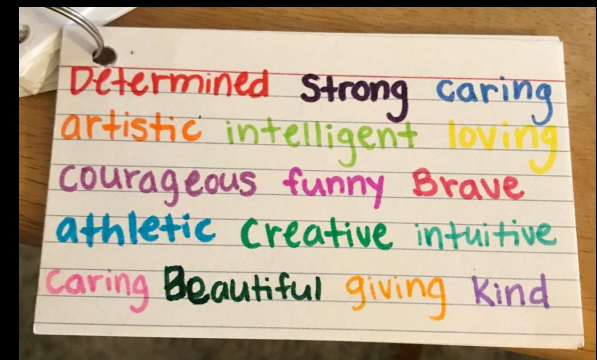
PRINTING SCARS



ACTIVITY-CARE LIST



- Family
- Exercise
- Breathing exercises
- Play with pets
- Listen to music
- Sports
- Talk to someone
- Connect with nature
- Muscle relaxation
- Friends
- Draw
- Write





If you're...

5+ years clean: I am so proud of you

1 year clean: I am so proud of you

6 months clean: I am so proud of you

3 months clean: I am so proud of you

1 month clean: I am so proud of you

1 week clean: I am so proud of you

1 day clean: I am so proud of you

0 days clean: I am so proud of you

No matter how much time you've been clean, I'm so proud of you. You might have let the razor, lighter, etc get to you but you still continued to fight anything you're struggling with in life, and that is something you should be proud of.



DISCUSSION QUESTIONS

- As a professional, what challenges have you had working with queer youth who are self-harming?
- What strategies have you used to assist youth who self-harm?
- What positive outcomes have you had in helping youth who self-harm?

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