

# Students with Scars

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Love





# How do you deal?

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**TED**

IDEAS WORTH SPREADING



- **NSSI** is a *coping strategy* to cope with an underlying mental health condition or emotional problem; it is a *behavior*, often addictive, that serves a variety of purposes:

- “Self-soothing”
- Punishment
- Intense emotional relief
- Physical “release”
- Euphoria
- Distraction
- Symbolism (pain, scar tissue, each cut represents a story...)



# What is Non Suicidal Self Injury (NSSI) ?

- It is the act of *purposefully* causing harm to oneself
- Typically, there is not intent of suicide (note: there is still *risk* of suicide due to potential underlying conditions, though the intent for THIS behavior is not suicide)
- NSSI is not specific to gender, socioeconomic status\* or culture
- Most often, NSSI is associated with cutting; however there are many other forms:
  - Self-hitting (to break bones or cause bruising)
  - Burning
  - Swallowing toxic substances
  - Scratching
  - Ripping or pulling hair
  - Biting
  - Sticking needles or pins into skin
  - Interfering with wound healing
  - Pinching
  - Denying oneself necessities



# What is NSSI (con't) ?

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\* While this behavior can be seen across SES' it is often an "attractive" and easily accessible coping mechanism for low socio-economic demographics as it is readily available and at no cost (as opposed to alcohol, exercise, medications, therapy, etc...)

# Myths and Facts





## Self-harm is a mental illness

Although self-injury almost always indicates an underlying mental health concern, it is not in itself a mental illness, but instead a BEHAVIOR. It is a method of coping (similar to using substances, shopping, eating, obsessive cleaning or hand washing or any other maladaptive strategy) for handling overwhelming emotions, pain and negative thoughts and life events.

## Myths & Facts

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## Self-harm is usually a failed suicide attempt

Although people who self-injure may be at a higher risk of suicide than others, they distinguish between acts of self-harm and attempted suicide. Many, if not most, self-injuring people who make a suicide attempt use means that are completely different to their preferred methods of self-inflicted harm.

## Myths & Facts

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## People who self-injure are crazy or dangerous and should be locked up

Few people who self-injure need to be hospitalized or institutionalized; this response is usually an over-reaction.\* The vast majority of self-inflicted wounds are neither life threatening nor require medical treatment, but instead can be treated via **HARM REDUCTION** measures and long term support for underlying mental health concerns. Hospitalizing someone involuntarily for these issues can be damaging in a few ways:

- Association with feelings of helplessness and lack of control
- Erosion of trust and relationship
- Promotion of the idea that the person is suicidal or dangerous

## Myths & Facts

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\* obviously medical emergency/ crisis requires immediate medical attention



## Self-inflicted violence is just an attempt to manipulate others

Some people use self-inflicted injuries as an attempt to cause others to behave in certain ways, it's true. However, most don't. Often, it is serving a far more heart-breaking purpose.

If you feel as though someone is trying to manipulate you with SI, it may be more important to focus on what it is they want and how you can communicate about it while maintaining appropriate boundaries. Look for the deeper issues and work on those.

## Myths & Facts

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## If the wounds aren't “bad enough,” self-harm isn't serious

The severity of the self-inflicted wounds has very little to do with the level of emotional distress present. Different people have different methods of SI and different pain tolerances. The only way to figure out how much distress someone is in is to build a trusting relationship and with genuine concern and ask. Never assume; check it out with the person.

## Myths & Facts

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## Only people with Borderline Personality Disorder self-harm

Self-harm *is* one of the criteria for diagnosing BPD, but there are other equally important criteria. Not everyone with BPD self-harms, and not all people who self-harm have BPD and it should not become an “automatic” diagnosis. There are potentially many other issues, experiences, or mental health concerns underlying NSSI.

## Myths & Facts

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## Only teen-aged girls self-injure

Self injury occurs in all genders, ages, races and demographics. While it is more common in adolescent females, there are reports of self-injury from all walks of life and across cultures and situations. There is a large cross-section of varying socio-economic statuses in self-harm populations.

# Myths & Facts

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## People who self-harm are just trying to get attention

Maybe....but not for the reasons you think. If someone is in so much distress and feels so ignored that the only way he can think of to express his pain or help people understand is by hurting his body, something is definitely wrong in his life and this isn't the time to be making moral judgments about his behavior. That said, most people who self-injure go to great lengths to hide their wounds and scars. Many consider their self-harm to be a deeply shameful secret and dread the consequences of discovery.

## **Myths & Facts**

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# WHO

- Almost 2 out of every 10 Canadian youth aged 14-21 had hurt themselves on purpose at one time or another. Self-injury behaviours usually happen most often in teenagers and young adults.
- It is common for people who self-injure to suffer from other psychological disorders, such as PTSD, Depression, an eating disorder, or Borderline Personality Disorder. Half of those who self-injure have a history of sexual abuse.
- In almost all cases, those who self injure lack resiliency and coping skills for dealing with intense emotional feelings.
- Anyone from any walk of life or any age can self-injure, including very young children Self-injury affects people from all family backgrounds, religions, cultures and demographic groups Self-injury affects both males and females (though it is 2x more common in females).
- It seems to be common amongst highly educated, perfectionist, middle class females



"I am both the victim  
and the abuser."

- Self-injurious behavior in students can impact other youth due to its potential contagious effect.
- While evidence suggests that the majority of self-injurers discover the behavior through private or accidental experimentation, self-injurious behavior has been shown to follow epidemic-like patterns in institutional settings such as hospitals and detention facilities.
- There is some evidence that there is a fad quality to the behavior similar to that which occurs with eating disorders. A marked need to identify and connect with a particular peer group, which includes self-injurers, could also trigger or exacerbate self injurious behaviors.
- Due to the reinforcing nature of the behavior, affected students should be encouraged to cover their wounds and discussion about the topic should be avoided in non-therapeutic group settings.

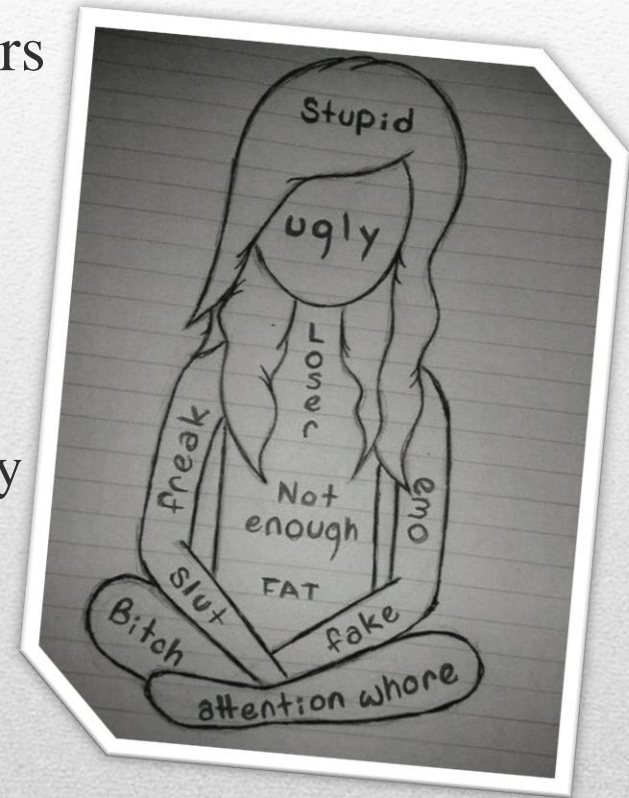
# WHO con't....



# WHAT

- Each case should be evaluated individually; there are a multitude of reasons, methods and purposes for someone to self harm.
- Most people who self-injure do not do so with suicidal intent. The harm inflicted is rarely serious or life-threatening. While suicidal students seek to end their lives, students who self-injure are usually actually striving to feel better. Unfortunately, such actions are inherently maladaptive, potentially addictive or life threatening, and a likely source of additional stress in the student's life.
- NSSI is often quite ritualistic and unique to the individual. It is very addictive and falls into “building” and “releasing” or relief cycles

- Self harm can occur anytime most often when the person becomes **overwhelmed by emotion (or lack thereof)**. It also often occurs after times of **failure, disappointment or conflict**.
- Self harm can occur anywhere on the body:
  - Sometimes the location can be symbolic
  - It may depend on nerve sensitivity, the ability to “hide” scars, or trying to find fresh skin
  - Self-harming is often done in private and secret



# WHEN/ WHERE



**WHY**

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- To release intense feelings
- The physical pain may be easier to deal with than the emotional pain
- To feel real/ alive
- To exert some control/ regain control
- Acting out self punishment
- A hatred of their body (betrayal, sexuality, appearance, etc.)
- The release of endorphins; euphoria
- To symbolize painful experiences
- To build scar tissue (scar tissue is strong...)
- To “show” others their pain

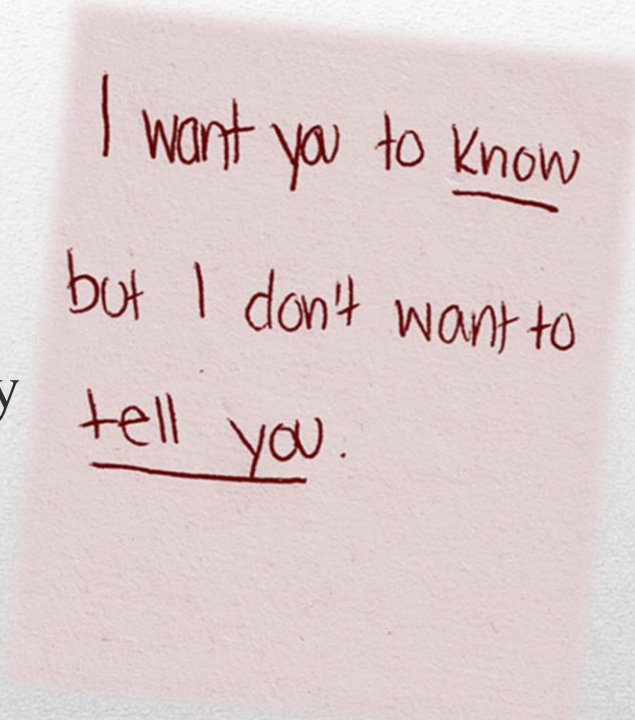


# WHY

“I felt like I was isolated from the world, dead, with no emotions at all. The blood told me I was alive, that I could feel...I couldn't cry, and bleeding was a different form of crying.”



- May wear inappropriate clothing (long sleeves in hot weather, refusal to wear shorts for PE or in summer)
- Often “hold” sleeves and cuffs tight
- Take “protective stances”
- Scars/ scratch marks/ bruises
- Recurrent infections
- Often depressed, feel powerless or anxious
- Have low self esteem and /or negative body image
- Have difficulty expressing their emotions verbally
- Avoiding swimming pools or the beach



I want you to know  
but I don't want to  
tell you.

## **HOW do I know?**

- Experience difficulty with relationships/ or may pull away from close relationships
- Aim for perfection
- Lack impulse control/suppressed anger
- Do not have a repertoire of healthy coping skills
- May have history of trauma
- May “hang out” with other students that you know self-harm
- Speak openly about trouble expressing feelings/ hurts
- Repeated incidents of broken bones, burns, cuts and/ or hospitalizations with “excuses” (or not...)
- Very secretive about their bodies
- Wear thick bracelets or jewelry that covers wrists
- Sharp objects in purse, book bag, locker and/ or bedrooms



# **HOW do I know con't...**

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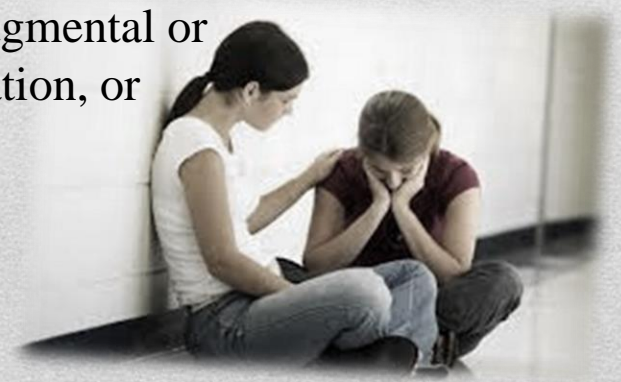
Ana - Anorexia  
Mia - Bulimia  
Perry - Paranoia  
Annie - Anxiety  
Olive - OCD  
Sally - Schizophrenia  
Cat - Self Harm  
Deb - Depression  
Sue - Suicidal



# **Social Media...**



- Some schools may have specific procedures for dealing with the self-injuring student. In the absence of such procedures, however, school personnel should remember that they are obligated to refer self-injuring students to an appropriate counselor or mental health professional. Such professionals are able to evaluate the level of risk, contact parents, and coordinate intervention. Always consult with administration/ supervisor.
- If a wound presents a potential health risk, the student should also be referred to medical services.
- Because self-injury is often accompanied by feelings of shame, it is important for teachers to maintain a level of supportive neutrality when dealing with such students. Responses that are judgmental or alarmist are more likely to elicit feelings of shame, isolation, or alienation.



# First things First (responders)



- Respond calmly
- Avoid anger or judgments
- Do not dismiss their behavior as manipulative or attention-seeking
- Let them talk at their own pace
- Do not trivialize their feelings or the situation
- “Stopping” should not be the focus of the conversation

**REMEMBER...**

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- As with all maladaptive behaviors and negative coping strategies, the most effective method for change begins with a strong support systems and a “harm reduction” model.
- Talk, ask, listen...
- Show that you care and want to help
- Connect them with supports
- Help the child/ student learn more positive coping strategies

# The Harm Reduction Model

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*“Self-mutilation is distinct from suicide. A person who truly attempts suicide seeks to end all feelings; whereas a person who self-mutilates seeks to feel better.*

*One who self harms does not intend to die as a result of his/her acts.... instead, they hope to live.”*



**Mental Health Online  
Resources for Educators**

**<https://ahsmore.mhcollab.ca/all-courses/>**

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# Knowledge is Power

Consulting & Wellness Services



**[www.knowledge-power.ca](http://www.knowledge-power.ca)**

**Thank You**

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Knowledge is Power  
Consulting & Wellness Services



# A CLOSER LOOK AT SELF-INJURY

## Common forms of self-injury:



cutting



burning



hitting



pinching



self-medication



breaking bones



hair pulling



head banging



skin picking

## The facts:

**1%**

of the U.S. population has self-injured

**1 in 8** teenagers has self-injured

**2 million** people in the U.S. injure themselves in some way

## Why do people self-injure? Many reasons, including:

- To cope with intense feelings and emotions
- To release tension felt inside
- To regain a sense of control
- To punish themselves
- To feel *something* instead of feeling numb

## Common myths about self-injury:

“They’re just seeking attention”

Though self-injury can be a “cry for help,” most self-injurers keep it a secret.

“It’s a suicide attempt”

Self-injury is not the same as attempted suicide. In fact, most self-injurers do not intend to die, but rather cope with pain.

“If the wounds aren’t bad, it’s not serious”

The severity of wounds does not define or predict how bad a person is feeling. Self-injury is self-injury, period.

“Only white, middle-class teenage girls self-injure”

Self-injury occurs in all ages, genders, races, ethnic groups and socio-economic backgrounds.

## Treatment options:

Treating self-injury involves treating the underlying cause, often by using medicine, therapy and alternatives coping methods.