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**There is NO health
without mental health!**

Self-injury

What is it?

- Self-injury, also known as cutting or self-mutilation, occurs when someone intentionally and repeatedly harms herself/himself. The method most often used is cutting but other common behaviors include burning, punching, and drinking something harmful, like bleach or detergent.

Who does it?

- It's estimated that about two million people in the U.S. injure themselves in some way. The majority are teenagers or young adults with young women outnumbering young men. They are of all races and backgrounds.

Why?

- Often, people say they hurt themselves to express emotional pain or feelings they can't put into words.
- It can be a way to have control over your body when you can't control anything else in your life. A lot of people who cut themselves also have an eating disorder.
- Although they usually aren't trying to kill themselves, sometimes they're unable to control the injury and die accidentally.

How can I help a friend with this?

- Ask about it. If your friend is hurting herself, she may be glad to have you bring it up so she can talk about it. If she's not injuring herself, she's not going to start just because you said something about it.
- Offer options but don't tell him what he has to do or should do. If he is using self-injury as a way to have some control, it won't help if you try to take control of the situation. Helping your friend see ways to get help – like talking to a parent, teacher, school counselor or mental health professional- may be the best thing you can do for him.
- Seek support. Knowing a friend is hurting herself this way can be frightening and stressful. Consider telling a teacher or other trusted adult. This person could help your friend get the help she needs. You may feel that you don't have the right to tell anyone else. But remember, you can still talk to a mental health professional about how the situation is affecting you, or you can get more information and advice from any number of organizations.
- Remember you're not responsible for ending the self-abuse. You can't make your friend stop hurting himself or get help from a professional. The only sure thing you can do is keep being a good friend.

How can I help myself?

- Know that help is available. Treatment is available for people who injure themselves. To learn about it, try talking to a professional person around you, someone like your school counselor. If you're not

comfortable with that, think about contacting your local mental health association or checking out the S.A.F.E Alternatives website.

- Know you are not alone. Because so many people are self-injurers, it's likely that there are people around who can understand and can help.
- Know you can get better. This is a difficult time in your life. However, with help, you can get to the point where you don't hurt yourself anymore.
- Get help. Now is the best time to get help with this problem. If you wait, the problem will only get bigger and soon everyone will know about it. But if you find a way to meet it head on today, you'll be free of it and free to get on with your life. Free! A good way to be.
- Your school's counseling center

Warning Signs

Self-Injury is also termed self-mutilation, self-harm or self-abuse. The behavior is defined as the deliberate, repetitive, impulsive, non-lethal harming of one's self. Self-injury includes: 1) cutting, 2) scratching, 3) picking scabs or interfering with wound healing, 4) burning, 5) punching self or objects, 6) infecting oneself, 7) inserting objects in body openings, 8) bruising or breaking bones, 9) some forms of hair-pulling, as well as other various forms of bodily harm. These behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.

- **Warning Signs.** Warning signs that someone is injuring themselves include: unexplained frequent injury including cuts and burns, wearing long pants and sleeves in warm weather, low self-esteem, difficulty handling feelings, relationship problems, and poor functioning at work, school or home.
- **Incidence & onset.** Experts estimate the incidence of habitual self-injurers is nearly 1% of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last 5-10 years but can persist much longer without appropriate treatment.
- **Background of self-injurers.** Though not exclusively, the person seeking treatment is usually from a middle to upper class background, of average to high intelligence, and has low self-esteem. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report (as high as 90%), that they were discouraged from expressing emotions, particularly anger and sadness.
- **Behavior patterns.** Many who self-harm use multiple methods. Cutting arms or legs is the most common practice. Self-injurers may attempt to conceal the resultant scarring with clothing, and if discovered, often make excuses as to how an injury happened.
- **Reasons for behaviors.** Self-injurers commonly report they feel 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, and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.
- **Dangers.** Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death. Eating disorders and alcohol or substance abuse intensify the threats to the individual's overall health and quality of life.
- **Diagnoses.** The diagnosis for someone who self-injures can only be determined by a licensed psychiatric professional. Self-harm behavior can be a symptom of several psychiatric illnesses: personality disorders (esp. borderline personality disorder); bipolar disorder (manic depression); major depression; anxiety disorders (esp. obsessive-compulsive disorder); as well as psychoses such as schizophrenia.
- **Evaluation.** If someone displays the signs and symptoms of self-injury, a mental health professional with self-injury expertise should be consulted. An evaluation or assessment is the first step, followed by a recommended course of treatment to prevent the self-destructive cycle from continuing.

- **Treatment.** Self-injury treatment options include outpatient therapy, partial (6-12 hours a day) and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health or life-threatening, a specialized self-injury hospital program with an experienced staff is recommended.

The effective treatment of self-injury is most often a combination of medication, cognitive/behavioral therapy, and interpersonal therapy, supplemented by other treatment services as needed. Medication is often useful in the management of depression, anxiety, obsessive-compulsive behaviors, and the racing thoughts that may accompany self-injury. Cognitive/behavioral therapy helps individuals understand and manage their destructive thoughts and behaviors. Contracts, journals, and behavior logs are useful tools for regaining self-control. Interpersonal therapy assists individuals in gaining insight and skills for the development and maintenance of relationships. Services for eating disorders, alcohol/substance abuse, trauma abuse, and family therapy should be readily available and integrated into treatment, depending on individual needs.

In addition to the above, successful courses of treatment are marked by 1) patients who are actively involved in and committed to their treatment, 2) aftercare plans with support for the patient's new self-management skills and behaviors, and 3) collaboration with referring and other involved professionals.

Other Resources

S.A.F.E. Alternatives (Self-Abuse Finally Ends)

10 Bergman Ct

Forest Park, IL 60302

Toll-Free Number: 800-DON'T CUT (800-366-8288)

Website URL: <http://www.selfinjury.com/>

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<http://www.selfinjury.com/>

Information Line: 1-800-DONT CUT

References

S.A.F.E. Alternatives website. Accessed June 2003. Internet Explorer:

<http://www.selfinjury.com/>

Sullivan, Dana. "Self-Injury poorly understood problem." <http://www.cnn.com/>. 5 September 2000

Mental Health America's mpower: musicians for mental health is a campaign that works to educate youth and young adults about mental health through music. For more information, visit www.mpoweryouth.org.