

Understanding Self-Injury

Self-injury, clinically known as non-suicidal self-injury or NSSI, is defined as deliberately injuring oneself without suicidal intent (The Cornell Research Program on Self-Injury and Recovery). Self-injury can be performed on any part of the body but most often occurs on hands, arms, stomach, and thighs. While severity can range from superficial wounds to lasting disfigurement, the act of self-injury is often a dangerous sign of emotional distress. Adolescents and young adults are at the highest risk for self-injury, with the average age of onset around 13. Due to the stigma and shame that can surround self-injury, accurate statistics can be difficult to capture. Several studies cite that roughly 15% of teenagers have engaged in self-injury, however, the rates are likely higher due to underreporting.

Cutting is one of the most common behaviors associated with self-injury but it can also include behaviors such as scratching, burning, pulling hair, and self-bruising (punching objects with the intention of hurting oneself or punching oneself directly). Learning that a child may be engaging in self-harm behavior can result in a range of emotions for parents and caregivers, including fear, disbelief, helplessness, shock, and sadness. Education and awareness about self-injury can increase the ability of caring adults to offer support to students. Understanding why individuals self-injure is a great place to start.

It is important to note that self-injury itself is not a mental health condition but is a behavior that can be associated with mental health conditions such as eating disorders, anxiety, depression, and PTSD. Self-injury is most often an attempt to interrupt strong emotions and pressures that seem impossible to tolerate. While research indicates there is no single cause of self-injury, possible reasons include:

- A way of coping with problems
- A way of expressing feelings that can't be put into words
- Distract from stressors of life
- Release emotional pain (emptiness, guilt, rage)
- To feel "something" besides numbness or emptiness



Those that self-injure often report that it is easier to feel the physical pain of self-injury than it is to deal with emotional pain that may be triggering the behavior. However, self-injury only provides temporary relief. It is like placing a Band-Aid on a gaping wound when stitches are needed. Thus, the underlying reasons that may trigger self-harm behaviors remain if they aren't addressed. Discovering what is fueling the urge of the behavior is a necessary step in recovery.

Signs of self-injury will vary depending upon the person but warning signs may include:

- Scarring from cuts and burn on parts of the body that can be hidden from clothing.
- Recurring new wounds such as scrapes, cuts or abrasions, lacerations, or bruises.
- Being in possession of odd or unexplainable items, such as razor blades or needles.
- Injuries are always attributed to an "accident".
- Needing to be alone for long periods of time (especially in bedroom or bathroom).

- Chronic interpersonal challenges leading to social withdrawal and isolation.
- Following the self-injury, the individual may experience severe distress, guilt, and shame.

If you are concerned that someone you know may be self-injuring, there are a number of supportive strategies that can help guide the individual to help. At the same time, there are some non-supportive actions to be aware of. First and foremost, avoid judgment or criticism, this can cause the individual to withdraw even more and perpetuate the cycle of self-injury. Experts also caution against “overreacting”. While self-injury can bring up an array of emotions, reacting with emotions such as shock, panic, frustration, and anger are unhelpful. To offer support, the following is recommended:

- **Learn about the problem-** understanding why a young person is self-injuring can help you see the world through their eyes.
- **Encourage communication-** bring up the subject in a calm, caring, non-confrontational way so that they feel safe talking about their feelings. For example, “I’ve noticed injuries on your body, and I want to understand what you’re going through”.
- **Listen-** by empathetically listening you can better understand what is happening and why.
- **Provide validation-** validate that self-injury serves a purpose for the individual as well as how hard it can be to talk about. For example, “It sounds like self-injury gives you a sense of relief when you are in a lot of emotional pain. That sounds like a really difficult experience for you. I appreciate your willingness to talk to me about this, I am sure it isn’t easy”.
- **Be supportive and offer encouragement-** let them know you are available whenever they want to talk or need support.
- **Encourage them to seek help-** A trained professional can assist in developing new coping techniques and strategies to stop self-injuring while helping to get to the root of the behavior.

For additional guidance, the Cornell Research Program on Self-Injury and Recovery has a helpful resource page with information for parents, caregivers, youth-serving adults, and schools.

<http://www.selfinjury.bctr.cornell.edu/resources.html>

References: American Academy of Child & Adolescent Psychiatry, American Psychological Association, Cornell Research Program on Self-Injury and Recovery, Mayo Clinic, Mental Health America, National Alliance on Mental Illness