



**S.A.F.E. ALTERNATIVES®**  
*Self Abuse Finally Ends*

## About Self-Injury

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### Definition

Self-injury is also termed *self-mutilation, deliberate self-harm, parasuicide, cutting, or non-suicidal self-injury (NSSI)*. The behavior is defined as the socially unaccepted, deliberate harming of one's body without the intent of suicide. Self-injury includes but is not limited to: 1) cutting; 2) scratching; 3) picking scabs or interfering with wound healing; 4) burning; 5) punching self or objects; 6) infecting oneself; 7) embedding objects in skin; 8) bruising or breaking bones; and 9) some forms of hair-pulling. These behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.

### Incidence & onset

Experts estimate that the incidence of occasional self-injury is at least 4% of the general population. However, recent studies of high school and college students put the number at approximately one in five. Studies are inconclusive on the ratio of males to females, but there are clearly many more males injuring than previously believed. However, more females than males seek treatment. Typical onset of self-harming acts is at puberty although it can be seen in young children as well as adults. The behaviors often last for 5-10 years but can persist much longer without appropriate treatment.

### Background of self-injurers

Self injury is found in a wide variety of ethnic groups and many studies report equal numbers in minority populations. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report 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. A significant number are also struggling with eating disorders and alcohol or substance abuse problems. An estimated one-half to two-thirds of self-injurers have an eating disorder.

### Reasons for behaviors

Self-injurers commonly report they feel empty inside, are 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.

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### WARNING SIGNS

- ❖ Unexplained frequent injuries, including cuts and burns
  - ❖ Wearing long pants and sleeves in warm weather
  - ❖ Low self-esteem
  - ❖ Overwhelmed by feelings
  - ❖ Inability to function at work, school or home
  - ❖ Inability to maintain stable relationships
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## 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); Impulse Control 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.

## When to refer to specialized self-injury treatment

- Outpatient and generalized inpatient therapy has failed to decrease the intensity and/or frequency of self-injurious behavior.
- The client may be new to self-injury but the behavior is escalating rapidly and/or dangerously.
- Self-injury negatively impacts one or more aspects of life (school, work, or relationships).
- The client experiences frequent and/or intense impulses to injure even though they are able to resist engaging in such behavior.
- An inability to cope with daily stressors without resorting to poor coping skills such as self-injury.
- The client has been working in treatment, displays a desire to change, but has been unable to enact any meaningful change in behavior or quality of life.

<b>RECOMMENDED RESOURCES</b>
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Conterio, K., Lader, W., Ph.D., M.Ed. (1998). *Bodily Harm: The Breakthrough Treatment Program for Self-Injurers*. New York: Hyperion Press

Conterio, K., Lader, W., Ph.D., M.Ed. (2008). *Daño Corporal: El Innovador Programa de Tratamiento para Quienes se Autolesionan*. Chicago: Virgin Ink Press

S.A.F.E. ALTERNATIVES® (2008). *Self-Injury: A Manual for School Professionals*, and coordinated *Student Workbook*

Redheffer, J., Brecht, S. (2007). *Beyond the Razor's Edge: A Journey of Healing and Hope Beyond Self-Injury*. Chicago: Virgin Ink Press

Can You See My Pain? (DVD). Wisconsin Public Television, 2007

CUT: Teens and Self Injury (DVD) Schneider, W., Conterio, K., 2007

Many more resources available at <http://www.selfinjury.com/resources>