## **Facts About Self-Injury**

The topic of self-injury is particularly relevant to college-age individuals, since they are among the most likely to be affected by this particular behavior. Usually, self-injury begins somewhere between the ages of 14-16 years, though individuals with eating disorders or histories of sexual abuse may begin self-injuring at much earlier ages.

While self-injury is often thought of as a "female issue," there are a number of males who self-injure as well. Self-injury is more typical in adolescent females, but is also likely to be underreported in males, particularly because of it's perception as a female-typic behavior.

It is difficult to obtain accurate estimates of the prevalence of self-injury among particular age groups. In the general population, self-injury is estimated to occur in 1-4% of people. However, when focusing specifically on high-school or college settings, the rates escalate alarmingly to 14% and 12% respectively. Some recent research suggests that rates of self-injury at ivy league institutions are being reported as significantly higher (around one in five of college students at top tier universities are reporting self-injury).

## What to Do About Self-Injury

When you discover or are told that someone close to you is self-injuring, you are likely to experience a range of emotions. You might feel angry, disgusted, resentful, confused or helpless. As most individuals devote a lot of time, money and resources to preventing harm to themselves and their loved ones and close others, self-injury does not necessarily make a lot of sense. Those confronted with the issue of self-injury in someone close to them often feel compelled to ask the self-injurer why they would engage in this behavior. While the question itself is relatively innocuous, the answers may not be something that one is prepared to hear or able to comprehend.

While it may feel like there are a very limited number of things one can do to assist an individual who is self-injuring, there are some very important, and potentially life saving steps that can be taken.

- 1) <u>Take self-injury seriously</u>: While the injury itself may be just a few scratches or may not look medically serious, the intensity of self-injury increases over time. In addition, approximately 10% of people who self-injure will eventually commit suicide (which may be totally unrelated to the self-injurious behavior, but may share in common an underlying etiology).
- 2) <u>Identify your own feelings and thoughts about self-injury</u>: It is very important to recognize and acknowledge your own emotional reaction to self-injury, so that you can deal with it, then set it aside while you assist in getting help for the person who is engaging in self-harm. If dealing with your thoughts and feelings involves seeking help for yourself from a professional, then that may be a necessary step that you take in helping them. Remember, in order to do your best for the person who is really hurting (the one who is self-injuring), you need to be able to make it all about them, not all about your reaction to them or their behavior.
- 3) <u>Plan your approach</u>: It is a better strategy to have some sort of plan for approaching the issue of self-injury, than to launch, impulsively into an emotion-driven discussion about it, or to "wait and see" how the situation unfolds. Planning to talk about self-injury increases our sense of control when approaching the incomprehensible. It also helps us organize our thoughts and assists us in making sure that we don't leave out anything important during the discussion.
- 4) <u>Don't avoid</u>: Even if you perceive your close other's self-injury as minor, or simply attention-seeking behavior, please don't avoid talking about it. Also, please don't accept their attempts to avoid it (e.g. "It's really not a problem." "The cat scratched me." "I'm not talking about it."). Sometimes, gently, but assertively pushing the point (e.g. "I think that if you're cutting yourself to express some kind of painful emotion, there is a problem and I'm sure we can deal with it." "I'd like to believe that the cat scratched you, but I'm having a hard time accepting that as an answer. I think you cut yourself. Can we please talk about it?" "I can understand that you don't want to talk

- about it, but I do. It's not exactly a comfortable thing to discuss, but I want to.") can make all the difference.
- 5) Remember, self-harm is a symptom, not the problem: Also, try not to address self-injury as "the" problem. Self-injury is often a multi-determined behavior with many, complex causes. While we don't have to totally understand it, it's important that we recognize it as part of a bigger picture. The goal is not to figure out what the specific cause of the self-injury is, but to get the right help for the person who is self-harming.
- 6) Make a referral to SCS: The professionals at Student Counseling Services are well equipped to assess, diagnose, treat and make referrals for individuals presenting with self-injury. However, we can only be helpful when students with self-injury issues are known to us. If you know someone who is engaging in self-harm, or who is otherwise in distress, please contact us directly at 516-463-6791. If you would like advice on addressing the issue with them or would like help with how to make a referral to Student Counseling Services please contact us.

## References

- Briere, J., and E. Gil. 1998. Self-mutilation in clinical and general population samples: Prevalence, correlates, and functions. *American Journal of Orthopsychiatry* 68 (4): 609–20.
- Favazza, A. 1998. The coming of age of self-mutilation. *The Journal of Nervous and Mental Disease* 186 (5): 259–68.
- Favazza, A., and K. Conterio. 1989. Female habitual self-mutilators. *Acta Psychiatrica Scandinavica* 79:282–89.
- McKay, D., S. Kulchycky, and S. Danyko. 2000. Borderline personality and obsessive-compulsive symptoms. *Journal of Personality Disorders* 14 (1): 57–63.
- McVey-Noble, M. E., Khemlani, S., and Neziroglu, F. (2006). When Your Child is Cutting: A Parent's Guide to Helping Children Overcome Self-Injury. New Harbinger: California.
- Ross, S., and N. Heath. 2002. A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescence* 31 (1): 67–77.
- Sansone, R., G. Gaither, G., and D. Songer. 2002. Self-harm behaviors across the life cycle: A pilot study of inpatients with borderline personality disorder. *Comprehensive Psychiatry* 43 (3): 215–18.
- Whitlock, J., Eckenrode, J., and Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics* 117 (6): 1939-1948.

## **Web Resources**

http://kidshealth.org/teen/your mind/mental health/cutting.html

http://www.fragmentedmind.healthyplace2.com/custom3.html

http://www.self-injury.net/doyousi/famous/

http://www.selfinjury.com/

http://www.focusas.com/SelfInjury.html

http://www.siari.co.uk/