



A General Guide To Understanding

SELF-INJURY



Disclaimer: All information found on SiOS is provided for information and education purposes only. The information is not intended to substitute for the advice of a physician or mental health professional. You should always consult your doctor for specific information on personal health matters, or other relevant professionals to ensure that your own circumstances are considered.

SiOS
Self-injury Outreach & Support

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Fast Facts

- 14-24% of youth and young adults have self-injured at least once. One quarter of these have done it many times.
- Most people who self-injure say they do it to feel better, to express their pain and/or to stop feeling numb.
- Professionals and the general public mistakenly think of self-injury as a “female” behaviour.
- Non-suicidal self-injury is not a suicide attempt because it is done as an effort to feel better, not to end life.
- You cannot force someone to stop self-injuring; however, with support, many will choose to stop.

What is self-injury?

Non-suicidal self-injury (NSSI), also referred to as self-injury or self-harm, is the deliberate and direct destruction of one’s body tissue without suicidal intent and not for body modification purposes. Therefore this definition does not include tattooing or piercing, or indirect injury such as substance abuse and eating disorders. Also, this type of self-injury is different than “self-injurious behaviors” (SIB) which are commonly seen among individuals with intellectual and developmental disabilities.

Self-injury methods

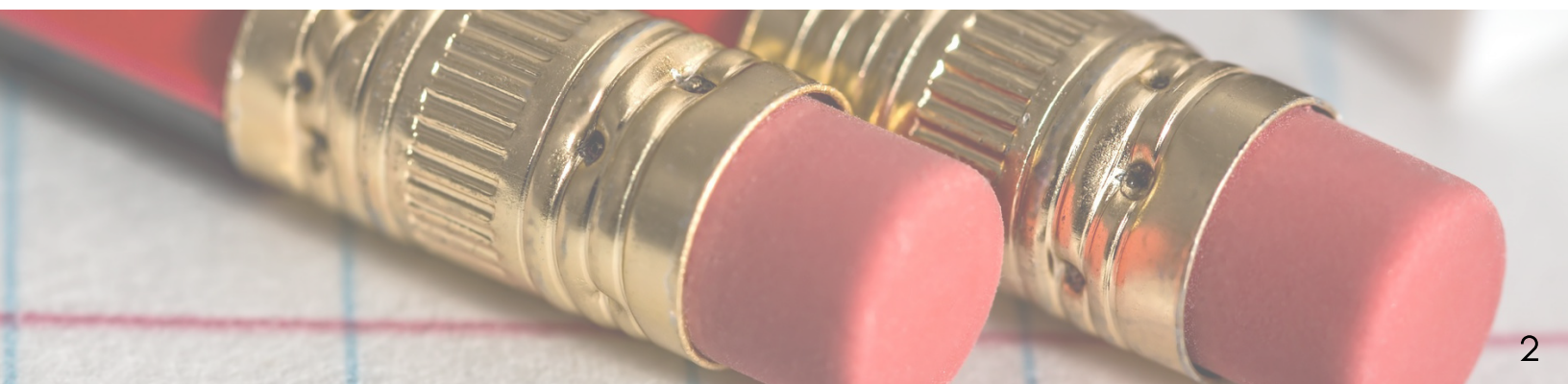
The most common methods of self-injury include cutting, burning, scratching, and bruising. These injuries can range in severity from minor to moderate. Self-injury can start at any age, but most people who self-injure start when they are teenagers. Many people who start self-injuring in their teens continue into adulthood, while others may start self-injuring as adults. Although anyone at any age may begin to engage in self-injury, research shows that the most common age of onset for self-injury is early adolescence. In fact, more than half of young adults who have engaged in self-injury recall starting at this time, however slightly less than a quarter recall starting before age 12.

Rates

Between 14 to 24% of youth and young adults in the community report engaging in self-injury at least once in their life. Some studies have found even higher percentages if they provide comprehensive checklists of the different types of possible self-injury methods or if they advertise their study as one about self-injury.

What are some common misconceptions about self-injury?

Misconception	Truth
Self-injury is a failed suicide attempt.	Self-injury is NOT an attempt to die. Most people who self-injure say they do it to feel better, to express their pain and/or to stop feeling numb. In fact, some people who self-injure even say they do it to stop themselves from acting on urges and thoughts to kill themselves. Although self-injury and suicide attempts are different behaviors, many individuals who self-injure also may struggle at times with suicidal feelings.
The injury isn't very bad, so it isn't serious.	The seriousness of a person's distress is NOT related to the severity of the self-injury. Research has shown that self-injury is related to emotional difficulties, distress and sometimes suicidal feelings. Therefore, any degree of self-injury needs to be taken seriously.
Self-injury is just an attempt to get attention.	<p>Self-injury is NOT about trying to get attention. Self-injury is often done in private and many people keep it a secret from others. Some people who self-injure never tell anyone about it. If they tell someone, they may be more inclined to tell a friend or to share their self-injury experiences online.</p> <p>Because many individuals who self-injure have difficulties telling others how they feel, some may use self-injury to show others the distress they find hard to put into words. This is not about trying to get attention but about an attempt to communicate their pain or intense emotions.</p>



Common misconceptions, continued.



Misconception

Truth

People who self-injure have a personality disorder.

Many people who self-injure do NOT have a personality disorder. Sometimes self-injury is a symptom of borderline personality disorder (BPD) — a mental health illness involving a long-term pattern of difficulties dealing with emotions, impulsivity, and unstable relationships — but a diagnosis of BPD cannot be made based on self-injury alone. There are other symptoms of BPD that must be present in order to receive this diagnosis and many people who self-injure do not have these other symptoms.

Self-injury is a sign that someone has been abused.

Although self-injury is quite prevalent amongst individuals with a history of abuse, not everyone who has been abused will self-injure and not everyone who self-injures has been abused. It is very important not to assume that self-injury is an indicator of abuse.

People who self-injure don't feel pain.

People who self-injure DO feel pain. Sometimes when a person feels numb, or like they are separated from their body, the purpose of self-injury is to feel pain (that is, the goal is to feel something, even if it is pain). However, some individuals who self-injure say that sometimes they do not feel the pain, that they feel disconnected from their body during the self-injury but this is not always the case.

Self-injury is a phase or a teen fad that people grow out of.

Self-injury is NOT a trend, a fad, or a phase. Self-injury is an attempt to cope with some very difficult feelings. It is often referred to as an 'unhealthy coping strategy.' Research shows that using self-injury at any point in one's life is a sign that the person is struggling to cope. Most people do not grow out of self-injury without finding healthier ways to cope. This can be very difficult and may require professional help. Self-injury doesn't get better on its own.



How common is self-injury?

Non-suicidal self-injury is quite common, with about 14 to 24% of teens reporting self-injuring at least once and about a quarter of those having done it many times. Similar rates of self-injury have been found amongst college students. However, in later adulthood the occurrence of self-injury seems to be somewhat less, with about 1 in 20, or approximately 4%, of adults indicating they have self-injured.

Because almost all the research on this has been done over the last decade, it is unclear whether it is increasing or if as youth and young adults mature they learn healthier coping and the use of self-injury decreases. Further research is needed to understand why the prevalence is different amongst older adults. In any case, non-suicidal self-injury is not a rare or unusual occurrence amongst youth and young adults.

Who is at risk for self-injury?

One of the most commonly found risk factors for non-suicidal self-injury is having difficulties with regulating emotions. This means individuals who experience intense negative emotions that they find intolerable, which is often combined with difficulty expressing emotions, are more at risk for self-injury. There may be many reasons for these difficulties, including past life experiences and/or temperament.

Research has shown that in adolescent samples females are more likely to report having self-injured. However, by late adolescence or young adulthood, males and females report similar rates of self-injury. Research has also shown that females may be more likely to seek help or report their self-injury than males, leading professionals and the general public to mistakenly think of self-injury as a “female” behavior. So, while many people think females are more at risk for self-injury this is not the case.

In addition, some research has indicated that being a member of a group that is likely to experience social prejudice (i.e., a group that is marginalized) may increase the risk for self-injury. For example some research has shown that people who are lesbian, gay, bisexual or transgender may be more likely to engage in self-injury. With more stress in one’s life, it can be more difficult to cope.

People who self-injure sometimes have mental health difficulties such as depression, post-traumatic stress disorder (PTSD), or eating disorders. However, many people who self-injure do not have a mental illness. This is not to say that self-injury is not serious though, self-injury is a sign of significant distress.

Why do people self-injure?

- One of the most common reasons for self-injuring is to deal with intense negative emotions (like sadness, stress and anger) and thoughts (such as negative thoughts about oneself). These feelings or thoughts are felt to be so intense and overwhelming that they are intolerable. People who self-injure frequently report that following the self-injury they experience a “relief” from these negative emotions/thoughts for a short time.
- Sometimes people self-injure to punish themselves for things they feel guilty about, or when they are really hard on themselves and feel they have not done well enough.
- Some people self-injure to reconnect with themselves and others (that is, to feel something, even if it is pain).
- Some people use self-injury as a way to tell others about how they feel.
- There are many other reasons for self-injuring and someone may self-injure for more than just one reason or the reason for the self-injury may change over time as the self-injury continues. As anyone who self-injures will tell you, it is very hard to say “why” they self-injure, it is a complex combination of things – however they do know that they are doing this to try to feel better in one way or another.

Self-injury as unhealthy coping

People who self-injure have a hard time dealing with their feelings. Instead of being able to cope with an intense emotion (such as sadness or anger), they use self-injury to reduce, manage, or escape from these feelings. Because for some people the self-injury brings relief, it is tempting to keep using it to cope with these difficult feelings. However, the more often individuals use self-injury to cope, the more likely they are to self-injure when they have difficult feelings in the future. Many people who self-injure report feeling that they “can’t stop” or that they “are addicted” to self-injury. It is important to break the cycle early on as it becomes increasingly difficult to stop.



However, some people who self-injure also experience depression. People who are depressed have a lot of negative thoughts (about themselves, others, the world around them, and their future), they may feel hopeless and as if they are a burden to others. These feelings CAN lead to suicidal thoughts and actions. People who self-injure are at a higher risk for suicide when their distress is greater than their ability to cope. Sometimes people may self-injure as a way to cope, and to stop themselves from acting on these thoughts and urges of suicide.

In any case, because we know that those who self-injure are also at greater risk for attempting suicide at some point (even though these are different behaviors), anyone who self-injures should be evaluated for possible suicide risk.

Is self-injury contagious?

Self-injury is NOT contagious. Self-injury is usually done in private and differs from person to person (in terms of how, where, and why it is done). People only self-injure when the self-injury fills a need for that person. People who already use healthy ways to cope with distress and difficult emotions are unlikely to start self-injuring after learning that someone else self-injures. People who find it hard to cope with difficult feelings may be more likely to try out unhealthy ways of coping (such as self-injury) after learning that a friend does it.

While you can't "catch" self-injury, knowing someone who self-injures can increase the chance that someone will self-injure if he/she already has difficulty coping with difficult emotions.



Self-injury in the media

Self-injury is becoming more popular as a subject in music, television shows, and websites. Many celebrities talk about their own self-injury. It is important that people know what self-injury is and that there is help for it. These media help to spread awareness about self-injury. However, some depictions of self-injury can be triggering for those who self-injure; sometimes they can also make self-injury seem okay or even glamorous. It is important to remember though that people who self-injure report that once you start it can be hard to stop and that they feel like self-injury takes over their lives. Self-injury needs to be taken seriously.

Can people stop self-injuring?

Self-injury is not a life-sentence. People CAN and DO STOP self-injuring. However, the longer a person self-injures, the more difficult it can be to stop. It is important to remember that stopping a behavior that has become a frequently used unhealthy coping strategy will take time and effort and having support in doing this would be helpful.

Many people who self-injure do it in private and work very hard to keep it a secret. In these cases, the self-injury may sometimes be accidentally discovered. Some people who self-injure will tell one or two close friends or family members; often they will tell others who self-injure when they're online. Other people who self-injure will talk to a professional (like a counsellor, psychologist or a doctor) about their self-injury.



It is important that people who self-injure are provided with helpful resources and, if they are open to it, professionals who can support them in their efforts to cope better. Mental health professionals (such as counsellors, social workers, psychologists and psychiatrists) are trained to help people learn healthier ways to cope, and can be helpful in supporting someone who self-injures.

The SiOS website has current best practice information and resources that can be shared with the professional. Some people who self-injure are not ready and/or willing to seek professional help. It is possible to learn healthier ways to cope without a professional but it may be extremely difficult. Resources on the SiOS website for those who self-injure can help in efforts to recover.

People who self-injure cannot be forced to stop. Sometimes people who self-injure do not want to stop self-injuring. Remember that self-injury serves a purpose and stopping can be difficult. When people who self-injure start learning healthy ways to cope, then they find stopping self-injury easier.

Where can I find more information?

These resources are recommended for anyone wanting to learn more about self-injury. This includes people who self-injure, family, friends, and professionals.



Books

- Gratz, K.L., & Chapman, A.L. (2009). *Freedom from self-harm: Overcoming self-injury with skills from DBT and other treatments*. Oakland: New Harbinger.
- Hollander, M. (2008). *Helping teens who cut: Understanding and ending self-injury*. New York, NY: Guilford Press.

Websites

- Safe Alternatives (SAFE) (www.selfinjury.com)
- Self-Injury Foundation (www.selfinjuryfoundation.org)
- Cornell Research Program on Self-injury and Recovery (<http://www.selfinjury.bctr.cornell.edu/index.html>)
- Recover Your Life (www.recoveryourlife.com)

Research Articles

- Klonsky, E.D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27, 226-239.
- Nock, M.K. (2009) *Understanding non-suicidal self-injury: Origins, assessment, and treatment*. Washington, DC: American Psychological Association.
- Nock, M.K. (2009). Why do people hurt themselves? New insights into the nature and functions of non-suicidal self-injury. *Current Directions in Psychological Science*, 18, 78-83.
- Whitlock, J.L, Eckenrode, J. & Silverman, D. (2006). Self-injurious behaviors in a college population. *Pediatrics*, 117, 1939-1948.

About SiOS

Self-injury Outreach and Support (SiOS) is a collaboration between McGill University and the University of Guelph. This international outreach organization provides current information and helpful resources about self-injury to individuals who self-injure, those who have recovered, as well as their caregivers and families, friends, teachers and the health professionals who work with them.



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