

INTRODUCTION

Non-suicidal self-directed violence (SDV) is defined as non-suicidal self-injury (NSSI) and deliberate self-harm (DSH) (Crosby et al., 2011). Cutting is the most common method of self-injury and is often done repeatedly—it is not just a one-time occurrence.

Generally, cutting is done with sharp objects, such as razors, knives, pins/needles, sharp stones, and broken glass. However, when these types of items aren't available, individuals will use other objects/methods to break skin:

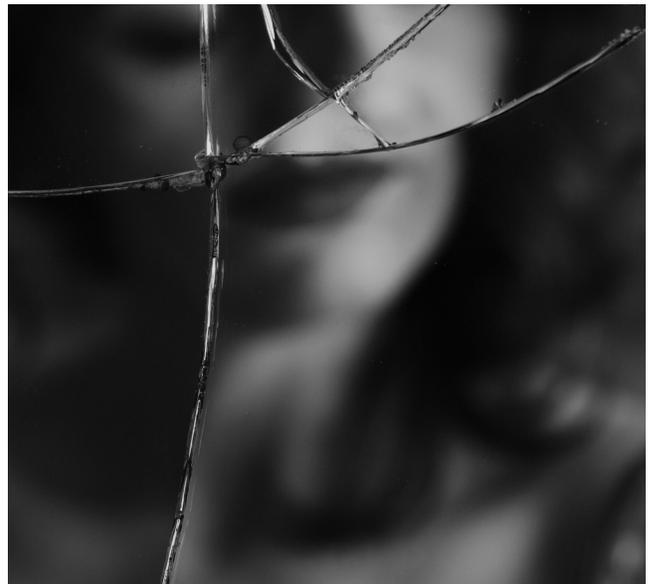
- Pencil erasers (through hard rubbing)
- Deep scratching (which draws blood)
- Pinching
- Skin burning
- Punching oneself
- Biting oneself

Common cut sites on the body include arms, wrists, ankles, and lower legs. Other, more hidden sites may include the abdomen, inner thighs, feet, genitals, and under the arms or breasts. Cutting and the marks it leaves are usually kept well hidden so the behavior can continue without interference.

WHY ARE TEENS INTENTIONALLY CUTTING THEMSELVES?

Self-cutting is associated with a range of psychiatric difficulties (Muehlenkamp et al., 2012) and is done primarily as a means to cope with painful emotions. Greydanus and Shek (2009) identified two pathways to self-cutting:

- Spring path — Cutting may occur when there is a steady increase of tension until an upper limit or threshold is reached.
- Switch path — Cutting may be a result of the “switching on” of the impulse.



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NSSI may result from a teen's efforts to resist thoughts of suicide, self-express anger or disgust, resolve feelings of detachment, influence others, or seek help from others (Greydanus and Shek, 2009). Greydanus and Shek found an association of drug abuse (including alcohol abuse) and eating disorders with DSH. Ross and Heath (2002) determined that adolescents who self-injured had higher measures for anxiety and depression than their peers who did not self-injure. A majority of the students who practiced non-suicidal SDV described their feelings before and during self-mutilation with terms such as “lonely,” “sad,” and “alone.”

The person who engages in NSSI often does so in order to escape from feelings of being trapped in an intolerable psychological and emotional situation in which they feel powerless. For these individuals, cutting provides temporary relief from anxiety and agitation, or provides relief from negative feelings, such as depression,

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low self-esteem, emotional numbness, hopelessness, and apathy toward life. Also, self-cutting may result in a feeling of self-efficacy or having control over a situation. Self-cutting has been recognized as having an addictive quality; that is, there is an overwhelming preoccupation with the relief experienced after a cutting incident. Some researchers speculate that the person who self-injures may also have a continued desire to experience the body's natural *feel good* chemicals—called endorphins—which are released during cutting. Endorphins produce a natural feeling of happiness.

While cutting is primarily done for the reasons previously discussed, teens also cut themselves because they hear of or see peers, including friends, who cut themselves. This is called the *contagion* factor. Social contagion is the spread of behaviors, in this case self-cutting, from one participant to another (Marsden, 1998).

SELF-CUTTING/INJURY VERSUS SUICIDAL BEHAVIOR

There is a difference between self-injury and suicidal acts, thoughts, and intentions. With suicide, ending life to escape *all* feelings is the goal. This is not the case with NSSI. The aim of self-cutting is to feel emotionally better. It should be noted that those teens who self-cut *can* have suicidal thoughts, which can lead to suicidal behavior.

FACTORS THAT INCREASE THE RISK OF SELF-CUTTING

According to the Mayo Clinic (2012), certain factors may increase the risk of self-cutting and self-injury. These include:

- **Gender:** Females are at greater risk of self-cutting than males.
- **Age:** Self-injury often starts in the early teen years.
- **Friends:** Being around people or friends who self-cut.
- **Life issues:** Being in unstable and/or dysfunctional relationships or having experienced traumatic events.
- **Mental health issues:** Self-cutters often have poor coping skills and/or mental disorders (e.g., depression, anxiety, post-traumatic stress).
- **Excessive alcohol or drug use:** Self-cutters often harm themselves while under the influence of alcohol or drugs.

WARNING SIGNS OF SELF-CUTTING

- Marks on the body, such as cuts or burn marks (including scars) on arms, legs, abdomen, or feet.
- Cutting instruments found among teen's belongings, such as razors, knives, and pins/needles.
- Hearing of teenage friends or peers who are cutting themselves.
- Wearing long pants and long-sleeve shirts consistently (even in warm weather).
- Wearing thick wristbands that are never removed.
- Blood stains on clothing.
- Secretive or elusive behavior.
- Spending lengthy periods of time alone.

TREATMENT OF SELF-CUTTING

A teen who is self-cutting needs a competent mental health professional to help them. Parents or guardians should seek professional help immediately; talk to your family doctor or the local public health department to find a mental health treatment program. Ideally, a therapist who has experience with self-cutting should be sought (see *Finding Professional Mental Health Services* section of this publication). Treatments might include:

- Individual therapy
- Group therapy
- Family therapy
- Medication (e.g., antidepressants)
- In-patient hospitalization
- 12-step programs (treating SDV as an addiction)
- Stress reduction and stress management skills

Complete abstinence from the behavior in a safe and structured environment (for example, in-patient hospitalization) may be necessary for recovery. Stress, anxiety, and/or depression need to be addressed as indicated. Positive, healthy coping skills need to be learned.

WHAT TO DO IF YOUR TEEN IS SELF-CUTTING

If you become aware that your child is engaging in self-injurious acts and if the injury appears to pose potential medical risks (e.g., excessive bleeding, need for stitches), **call 911 or contact emergency medical services immediately**. If the injury does not appear to pose immediate medical risks, remain calm and nonjudgmental.

Appropriate actions include:

- Obtain professional services from a competent mental health professional.
- Provide moral and nurturing support.
- Participate in the child's recovery (e.g., family therapy).
- Support the child with an open and understanding heart.

FINDING PROFESSIONAL MENTAL HEALTH SERVICES

Potential sources for locating mental health services include the local area phone book:

- *Community Service Numbers* section, which is generally found in the front of the book. Look for the *Mental Health* listing.
- In the yellow pages section, search for terms such as:
 - *Counselors*
 - *Mental Health Services*
 - *Psychiatrists*
 - *Psychologists*

On the Internet, visit www.therapistlocator.net (a public service of the American Association for Marriage and Family Therapy).

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ADDITIONAL RESOURCES

- www.teenhelp.com
www.parenting.org

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