

Self-Harm And Other Self Abusive Behaviors

Self-Harm (SH), also referred to as Self-Injury (SI), Self-Inflicted Violence (SIV), Non-Suicidal Self Injury (NSSI) or Self-Injurious behavior (SIB), refers to behaviors where demonstrable injury is self-inflicted. (The term Self-Mutilation is sometimes used in older literature.) Current research suggests the rate of this self-harm is much higher among young people than adults, with the average age of onset between 14 and 24. The earliest reported incidents are in children between 5 and 7 years old.

There are several theories as to why people indulge in self-harm. One is that it is a control issue. When children are abused, they are in a situation of no control. Their abuser(s) can hurt them any time and the children are largely (if not completely) powerless to stop it. When the child grows older and is faced with stressful situations, there is often a strong desire/expectation for some sort of pain, since pain is associated with stress in that person's mind. People who have had these associations forced on them frequently cut themselves because this is pain that satisfies the psychological desire for pain and is also pain the victim can stop. At last the person is in control. And while the cutting itself is harmful and can cause shame and guilt later, the control feels good.

Another theory is that people who were abused as children have often been taught (by their abusers or by others who have denied the child's experiences as being valid) that they are bad people who should be punished. Sometimes these people turn to behaviors like sado-masochism or bondage-and-dominance in order to get the punishment that they want. Those who cannot ask others to punish them, punish themselves with cutting. A third theory is that cutting is a manifestation of a desire to become physically unattractive. This is often true of girls who are constantly bombarded with messages (overt and subtle) they are beautiful and therefore desirable. They naturally reason that if they make themselves unattractive, no one will rape them because they will be undesirable. This chain of reasoning can also lead to compulsive eating behaviors that leave the abuse victim overweight and thus outside of what this society calls attractive. Of course, every person is different and there are many less common theories as to why people are "cutters". If a cutter does not fit any of the above models, it does not mean their situation is fundamentally different or less valid. It is common for more than one of these thought patterns, acting in concert, to produce some very complicated rationales for self-harm. These desires can be quite strong and often a cutter will not know why they indulges in such behavior.

And . . .

What is self-harm? What makes these teens hurt themselves? Called the "new age anorexia", the practice of self-harm behavior is on the rise. Estimates of prevalence in the general US population range from 2 to 6 percent, while among high school students between 13 and 25 percent. And 15 percent of college students surveyed admitted to this behavior at some point in their lives. But why? Why hurt themselves? To them, it's sacred, it's a secret and it's theirs.

There are several types of self-abusive behaviors:

Cutting is just as it sounds. The teen will use a razor blade, knife, broken mirror or a piece of glass, whatever they can, to "cut" their skin allowing it to bleed openly for several minutes.

Burning is the practice of placing cigarettes, hot metal, lighters or lit matches to the skin and causing a burn.

Wound Interference is done by creating a wound, whether it is a cut, burn, bruise or bump and preventing it from healing by tearing, picking or pushing on the wound.

Picking is when the person literally "picks" at their skin until a wound is created and bleeds.

Those that practice these self-abusive behaviors do so in an attempt to "release stress, pain, fear or anxiety". Generally practiced by teen girls, but affecting at least 11,000 boys a year as well, the teen may feel out of control regarding their life and practice these behaviors in an attempt to regain that control. Some teens state that it "feels good to be in charge of your own pain when so many others try to do it for you". The teens that self-harm are not the ones who get numerous tattoos or piercing. It is very difficult to identify a person who practices these behaviors out of a high school full of teens. These teens are generally good students, have normal or above normal appearances, are involved in school and after-school activities and have parents who are involved in the community. Most come from above average income levels and both parents may work outside the home. However, as they want to keep their secret, these teens will not usually participate in activities that require changing clothes at school (or will change in secret when no one is around) and may not have many close friends.

Self-harming teens tend to internalize any conflicts with friends, school or parents as they do not want to "cause trouble" for anyone. As a result, the fear, anxiety, anger, loneliness, sadness, isolation, frustration and emotional pain inside build to a point where the teen feels they will "explode". To prevent this explosion and deal with the emotions they are feeling, they cut, burn or pick in an attempt to "bleed them out." To them, this is a release and a coping mechanism, It is how they deal with life and all it offers. Signs and symptoms of self-injury or self-harming behavior include the presence of fresh, healing wounds and/or scars from old injuries, a knife, lighter or matches in purse or book bag with no logical explanation for being there, making excuses for injuries, wanting to do own laundry, locking self in bathroom for long periods of time with water running and the presence of a new injury upon leaving the bathroom, blood or burn stains on the inside of clothing, as well as, becoming overly defensive when approached about the possibility of self-harming behavior.

There is hope. Several organizations deal with self-injury behavior in an attempt to help those who harm themselves learn better coping mechanisms. If you are not sure where to turn, call the S.A.F.E. Alternatives information line (800-366-8288) for referrals and support. Treatment for these types of behaviors may include individual and family therapy, as well as, medications to lessen the anxiety and depression the teen may be feeling.

