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Self-Injury Facts

Self Injurious behavior is defined as deliberate, repetitive, impulsive, non-lethal harming of one's body.

Self injury includes:

1. cutting
2. scratching
3. picking scabs or interfering with wound healing
4. burning
5. punching self or objects
6. infecting oneself
7. inserting objects in body openings
8. bruising or breaking bones
9. some forms of hair pulling
10. other various forms of bodily harm

The behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.

Incidence and onset

It is estimated that self- injurers represent nearly one percent of the population, with a higher proportion of females than males. The typical onset of self- harming acts is at puberty. The behaviors often last for five to ten years but can persist much longer without appropriate treatment.

Background of self-injurers

In general, persons seeking treatment are usually from a middle to upper-class background, of average to high and intelligence, and have low self-esteem. Nearly fifty percent report physical and or sexual abuse during his or her child. Many report (as high as 90 %) that they were discouraged from expressing emotions, particularly, anger and sadness.

Behavior patterns

Many who self-harm used multiple methods. Cutting/scratching 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. The most common excuse is "The cat scratched me". A significant number are also struggling with eating disorders and alcohol or substance abuse problems. And estimated one half to two-thirds of self injurers have an eating disorder.

Reason for behaviors

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

Diagnoses

The diagnosis for someone who self-injurers can only be determined by a licensed psychiatric professional. Self-harm behavior can be a symptom of several psychiatric illness: Personality Disorders (esp.Borderline Personality Disorder); Bipolar Disorder (Manic Depression); Major Depression; Anxiety Disorders; 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 this 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, school and relationships, and or are health or life-threatening, a specialized self injury hospital program with 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 that incorporate contracts, journals, and behavioral logs are useful tools for regaining self-control. Interpersonal therapy assist individuals in gaining insight and skills for the development and maintenance of relationships, and helps individuals understand their destructive thoughts and behaviors. 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 patients new self- management skills and behaviors
3. collaboration with referring and other involved professionals.

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