



***The Cutting Edge:***  
**Deliberate Self-Injury in Adolescents  
and Young Adults**

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## Deliberate Self-Injury in Adolescents and Young Adults

*"I think my greatest fear is to be forgotten. A teacher I had last year doesn't even remember my name -- it makes me think that no one remembers me. How do I know I exist? At least I know I exist when I cut"*



-- Self-Injury Message Board Post

## Overview

Definition  
Description of behaviors  
Self-Injurer Profile  
Epidemiology  
Function  
Co-morbidity  
Relationship to suicidality  
Help-seeking  
Prevalence trends  
Potential Vectors of Contagion  
Media or Internet  
Cessation  
Treatment, Detection, Intervention, Prevention  
Resources

## Deliberate Self-Injury

Deliberate, direct, self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent

## What Constitutes Self-Injury

- Severely scratching or pinching with fingernails or other objects to the point that bleeding occurs or marks remain on the skin
- Banging or punching objects to the point of bruising or bleeding
- Cutting wrists, arms, legs, torso or other areas of the body
- Punching or banging oneself to the point of bruising or bleeding
- Carving words or symbols into the skin

## What Constitutes Self-Injury

Cont.

- Ripping or tearing skin
- Burning wrists, hands, arms, legs, torso or other areas of the body
- Rubbing glass into skin or stuck sharp objects such as needles, pins, and staples into the skin (not including tattooing, body piercing, or needles used for medication use)



## What Constitutes Self-Injury

- Intentionally preventing wounds from healing
- Pulling out hair, eyelashes, or eyebrows with the overt intention of hurting oneself
- Engaging in fighting or other aggressive activities with the intention of getting hurt



## What Constitutes Self-Injury

- Trying to break bones
- Ingesting a caustic substances or sharp objects
- Dripping acid onto skin
- Mutilating genitals or rectum
- Breaking bones

## DSI Prevalence and Frequency

- Prevalence rates in adolescents and young adults range from 10% – 38%
  - Varies by sample
  - May vary by question and priming

\* Whitlock JL Eckenrode JE Sliverman D. Self-injurious behavior in a college population. *Pediatrics* 2006.

## Who Self-Injures?

- Females slightly more likely to self-injure than males
- Evidence for ethnic/race differences mixed
- More likely to report being bisexual or questioning
- More likely to report being under the age of 24

## When, Where, & How

- Average age of onset is 15-16
  - 41.5% indicate starting between ages of 17-22
  - Possibility of multiple trajectories
- If an individual reports practicing DSI, most likely to report self-injuring multiple times
- Majority of those who self-injure more than once report using multiple forms

## When, Where, How

Cont.

- All areas of body affected
  - Most common: hands, wrists, stomach, thighs
- 1 in 5 sometimes use drugs or alcohol when they self-injure
- Majority self-injure in private; most indicate that it is easy to find time alone to self-injure

## Function of DSI\*

- Alleviate negative affect or affective arousal
- Self-punishment
- Anti-dissociation
- Interpersonal-influence
- Sensation-seeking reasons
- Anti-suicide reasons

Klonsky, D. (under review). The Functions of Non-Suicidal Skin-Cutting in College Students  
Simeon D. & Hollinder E. (2001). *Self-injurious behaviors: Assessment and treatment*. Washington, DC: American Psychiatric Publishing, Inc.

"It's when I'm really upset and isolated. When the emotions are so strong and no one seems to understand. It builds up inside so much that I get a headache and I feel completely isolated and not able to express what I feel. Self-injury is an escape at that one moment. It's physical pain – it lets out everything I hold inside. It just lets me relax."

Interviewee, 2005



## Co-Morbidity

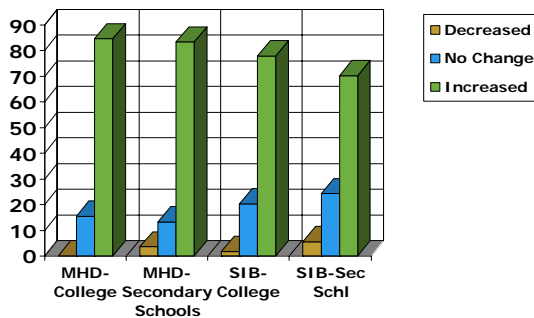
- History of abuse
  - Sexual abuse
  - Emotional abuse
- Disordered eating
- Mood disorders as well as borderline personality disorder (BPD)
- Suicidality



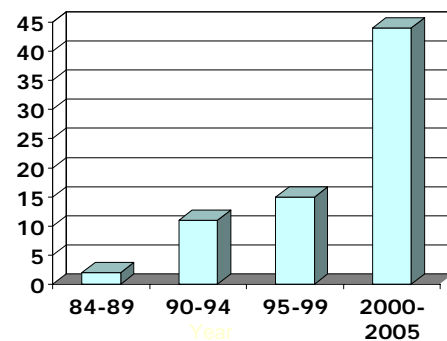
## Two College Study: Formal Help Seeking

- 50.9% (n=146) had been in therapy at some point in their lives for any reason (\*31.3% of non-self-injurers). Of these:
  - Less than half of these had ever had a discussion about self-injury w/ therapist
  - 36.3% (n=104) of all reporting DSI indicate that no one at all knows that they self-injure
- Only 3.2% indicated that a physician knew; 1.6% that another medical health provider knew;
- 40.1% (n=115) indicate that someone knows and discussed it with them. Of these:
  - 56.2% discussed with boy/girlfriend
  - 57.4% discussed with a friend
  - 41.1% discussed with a parent
- Self-injurers are most likely to initiate discussion with friend and/or romantic partner. Also most likely to find these discussions helpful

Perceived Change in Mental Health Disorders Over Last 5 Years: Mental Health Professionals in College (n=300) and Secondary School Settings (n=278)



## DSI-Related Music 1984-2005



**Garbage: Bleed Like Me (2005)**

Avalanche is sullen and too thin  
 She starves herself to rid herself of sin  
 And the kick is so divine when she sees bones  
 beneath her skin  
 And she says:  
 Hey baby can you bleed like me?  
 C'mon baby can you bleed like me

Chris is all dressed up and acting coy  
 Painted like a brand new Christmas toy  
 He's trying to figure out if he's a girl or he's a boy  
 He says:  
 Hey baby can you bleed like me?  
 C'mon baby can you bleed like me

Doodle takes Dad's scissors to her skin  
 And when she does relief comes setting in  
 While she hides the scars she's making  
 underneath her pretty clothes  
 She sings:  
 Hey baby can you bleed like me?  
 C'mon baby can you bleed like me

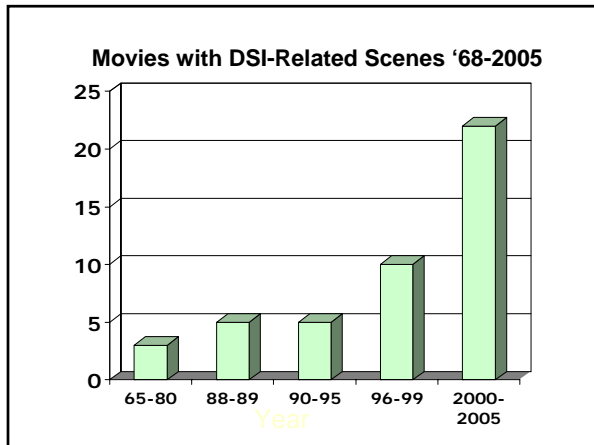
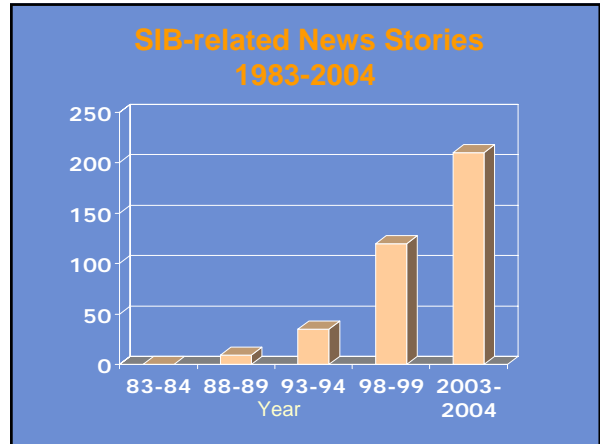


Therapy is Speedie's brand new drug  
 Dancing with the devil's past has never been too  
 fun  
 It's better off than trying to take a bullet from a gun  
 And she cries:  
 Hey baby can you bleed like me?  
 C'mon baby can you bleed like me

JT gets all fucked up in some karaoke  
 bar  
 After two drinks he's a loser after  
 three drinks he's a star  
 Getting all nostalgic as he sings "I  
 Will Survive"  
 Hey baby can you bleed like me?  
 C'mon baby can you bleed like me  
 Hey baby can you bleed like me?  
 Oh, c'mon baby can you bleed like me

You should see my scars  
 You should see my scars  
 You should see my scars  
 You should see my scars

And try to comprehend that which  
 you'll never comprehend  
 Try to comprehend that which you'll  
 never comprehend  
 Just try to comprehend that which  
 you'll never comprehend  
 Try to comprehend that which you'll  
 never comprehend


You should see my scars  
 You should see my scars

**Harry Potter**  
 "Dobby will have to punish himself most grievously for coming to see you sir. Dobby will have to shut his ears in the oven door for this."



**Fight Club** spawned many 'fight clubs' across the country



**THIRTEEN** has a scene of deliberate self injury that is almost like a drug scene.

## Self-Injury Message Boards

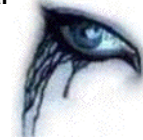
Nyteangel017  
Worthless\_corpse  
Nobody Special  
Amy  
Wolfbane  
NoneSuchSolo  
Seraphicblood  
BrokenGlass  
DoomedYouth  
Giltter\_fairy  
TearfulAngel  
LivingGhost  
SmurfDude



"You can have me scarred and alive or blemish free and dead. I refuse to be ashamed of what I do."  
"When I shove you in my vein you suck out all my pain."  
"I'll draw you a picture, I draw it with a twist, I'll draw it with a razor blade, I'll draw it on my wrist. And if I draw it correctly, a red fountain will appear to wash away my sorrows, to chase away my fears."

## What Message Boards Do On-line\*

- Solicit and provide informal support
- Talk about triggers
- Concealment
- Addiction
- Soliciting and sharing techniques



\* Whitlock, J. L., Powers, J. L., & Eckenrode, J. (2006). The virtual cutting edge: The internet and adolescent self-injury. *Developmental Psychology, 42*(3), 1-11.

## YouTube



[Self Injury](#)  
03:19  
From:  
[LocalGirl83](#)  
Views: 1422  
<< Now Playing

[slowlyfading](#) (4 weeks ago)  
thankyou. it's nice to know that somebody out there understands what it's like \*hugs\*

[freddyvzchic19](#) (3 weeks ago)  
Wow..i have no words to describe that really. Very moving. I used to cut and it was difficult for me to stop. Some of those injuries were really bad, i'm not sure how the people lived through them.  
[lxaxmxl](#) (2 weeks ago)  
One of the reasons I cut was because of my ED. I'd do something and then get that creeping feeling. I got it a lot whilst I was trying to recover from Bulimia. I think this video was a good idea, certainly the bits that said we are normal. A lot of my friends have turned away because they just hate me for what i do to myself.  
[Licorice1977](#) (2 weeks ago)  
I used to cut too and every time i see people cutting it makes me want to do it again:( Unfortunately I have turned to other methods of self-loathing that are just as dangerous.)

## The Paradox of Over and Under Connectedness

"A pretty common trigger was being in my room by myself at night or in the evening and not feeling a way for there to be closure for the end of my day. I would feel like I had this whole day and all this stuff happened and I had all of these big emotions. My parents were kind of distant - they wouldn't come and say good night as I was going to bed, or I wouldn't go say goodnight to them. There was no marker of how the day should end and that was an emotionally loose feeling for me. So sometimes I'd cut to make a concrete end."

## Why Do Individuals With a History of DSI Stop?

- Develop alternate coping mechanisms (can be positive or negative)
- Mature
- Recognize effects on others
- Experience fear after a severe incident
- Start to dislike the marks it leaves behind

## Promising Therapeutic Treatment Approaches

- Cognitive Behavioral Therapy (CBT) (Muehlenkamp, J. J. 2006)
  - Dialectical Behavioral Therapy (DBT)
  - Problem Solving Therapy
- Acceptance-base emotion regulation (Gratz & Gunderson, 2006)

Gratz, K.L. & Gunderson, J. G. (2006). Preliminary data on an acceptance-based emotion regulation group intervention for deliberate self-harm among women with borderline personality disorder. *Behavior Therapy, 37*, 25-35.  
Muehlenkamp, J. J. (2006). Empirically supported treatments and general therapy guidelines for non-suicidal self-injury. *Journal of Mental Health Counseling, 28*, 166-185.

### DSI Detection

- Unexplained or clustered scars or marks
- Fresh cuts, bruises, burns or other signs of bodily damage
- Frequent bandages
- Inappropriate dress for season
- Unwillingness to participate in events that require less body coverage
- Constant use of wrist bands
- Odd / unexplainable paraphernalia (e.g. razor blades, other cutting implements)
- Signs of depression

### DSI Intervention

- **Respond non-judgmentally, immediately and directly**
  - Avoid emotional displays – effusive support or shock
  - Show “respectful curiosity”
- **Assure that client receives rapid attention and assessment**
  - Assess lethality and rarity of form
  - Assess immediate safety needs

### DSI Intervention

- Educate staff and establish protocols
  - Signs and symptoms
  - Response and Intervention protocol
  - Parental notification protocol
  - Identify local resources
- Include in medical chart
  - Even single SI incidents can indicate sub-clinical levels of distress worth of attention
- Assess level of group involvement
- Candid discussion with student about motivation, treatment needs and options, and effect on self and others

### SIB Prevention

- Education / raising awareness
  - *Avoid* talking about specific forms & practices with youth
  - *DO* raise awareness about SIB forms & practices among staff
- Focus on increasing staff and student capacity to recognize distress in themselves and their friends
  - Encourage disclosure to adults able to help
- Enhance youth capacity to cope with adversity and negative feelings
  - Assess and build on other coping mechanisms
  - Incorporate education about alternative coping strategies whenever possible

### DSI Prevention

Cont.

- Address sources of stress in external environment
  - Enhance social connectedness
  - Build on adolescent strengths
  - Heighten adolescent visibility and voice
- Promote and advertise positive norms related to help-seeking and open communication
- Teach media literacy

### Sample Protocol Framework\*

Full staff training on DSI signs, symptoms, and protocol

Identification of point person (people)

Ideally this consists of someone with therapeutic and or medical training able to establish rapport with students

Point person should compile a list of outside / local resources (therapists with experience in DSI and adolescents)

\* Adapted from Walsh, B. W. (2005). *Treating self-injury: A practical guide*. New York : Guilford Press.

## Sample Protocol Framework\*

Cont.

- **Point person assess:**
  - Risk of suicide (if deemed present emergency protocols followed)
  - Risk of other danger to self or others (if deemed present emergency protocols followed)
  - Immediate medical needs
  - Degree of group awareness and/or involvement (likelihood of contagion)

\* Adapted from Walsh, B. W. (2005). *Treating self-injury: A practical guide*. New York : Guilford Press.

## Protocol

Cont.

- **Point person initiates contact with young person's parent while student present:**
  - Clearly explain that behavior is cause for concern but not a suicidal act
  - Request that the parent immediate follow-up with outpatient counseling
  - Request call back from parent once appointment scheduled
  - Follow-up with parent if call not received
  - Hand off to higher level administrator if still no response

## Protocol

Cont.

**Establish and maintain periodic connection with youth:**

- Ask respectful questions
- Clearly communicate protocol
- Articulate expectations and protocol rationale
- Offer on-going acknowledgement and support

## Additional SIB Resources

Books:

***Treating Self-injury: A practical guide***

- Walsh, B. W. (2005). New York : Guilford Press.

***Bodily Harm: The breakthrough treatment program for self-injurers.***

- Conterio, K., & Lader, W. (1998). New York: Hyperion Press

Websites:

Safe Alternatives: [www.selfinjury.com](http://www.selfinjury.com)

Self-Injury and Related Issues:  
[www.selfinjury.com](http://www.selfinjury.com)

Cornell Research Program on Self-Injurious Behaviors:  
[www.crpsib.com](http://www.crpsib.com)

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