



Adolescents and Self-Cutting (Self-Harm): Information for Parents¹

Guide I-104

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Self-cutting is a form of intentional self-injury and self-mutilation, *without* the intent of suicide. 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, those who cut themselves will use other objects to break skin, e.g., pencil erasers (through hard rubbing). Common body sites cut 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.

Self-cutting is not a new phenomenon, but it appears to be growing in frequency. While both adults and youth, and both males and females, intentionally cut themselves, cutting is most prevalent among adolescent girls. Cutting is the most common method of self-injury and is often done repetitively, that is, not just as a one-time occurrence. There are also other methods used to self-mutilate such as deep scratching (which draws blood), pinching, skin burning, punching oneself or objects, biting oneself, scalding hot showers, hair pulling, and interfering with the healing of wounds such as picking at scabs.

While there is a lack of research for determining specifically how prevalent self-mutilation is among adolescents in the general population, one study (Ross and Health, 2002) involving 440 high school students found that nearly 14% (14 out of 100 students) reported engaging in self-mutilative behavior. In regard to the age that students started the self-mutilation:

- about 12% reported during 9th grade,
- 59% reported during 7th and/or 8th grade,
- about 25% reported during 6th grade or earlier,
- about 5% reported they did not remember when they started.

Girls reported higher rates of self-mutilation than boys (64% girls vs. 36% boys) in the study. Sixteen percent of these students reported using more than one method of self-mutilation. Cutting was found to be the most common means to self-mutilate.

Why are Adolescents Intentionally Cutting Themselves?

Whereas earlier research into the occurrence of self-mutilation documented cutting among adolescents who were schizophrenic, severely depressed, chemically dependent, incarcerated or had a history of abuse, the increase of cutting occurring in the adolescent population is among young people without these factors.

Cutting is done primarily as a means to cope with painful emotions. In the study previously discussed (Ross and Health, 2002), adolescents who self-mutilated had higher measures for anxiety and depression than their peers who did not self-mutilate. A majority of the students who self-mutilated described their feelings before and during self-mutilation with words like "lonely," "sad," and "alone." The person who cuts will do so in order to escape from feeling trapped in an intolerable psychological and emotional situation that they can't control or cope with. Cutting provides temporary relief from anxiety and agitation, or provides stimulation out of "downer" states such as depression, emotional numbness, hopelessness and apathy toward life. Also reported is a feeling of gaining some sense of control over one's situation. While the anxious and depressive mental and emotional states can't be coped with or controlled, cutting provides an immediate – but unhealthy – means of control, since it provides a temporary escape from anxious or depressive thoughts and feelings.

Cutting has been recognized as having an addictive quality; that is, there's an overwhelming preoccupation with the relief experienced after a cutting incident. Some researchers theorize that the person who cuts may also have a continued desire to experience the body's natural "feel good" chemicals – called endorphins – which are released during cutting. The endorphins produce a natural "high" feeling.

While cutting is primarily done for the reasons previously discussed, adolescents also cut themselves because they hear of or see peers, including friends, who cut themselves. This is called the "contagion" factor. Just as behaviors such as drug

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and alcohol use and sexual activity are influenced by peers, so it is with cutting.

Cutting Versus Suicidal Behavior

There *is* a difference between self-mutilation behavior and suicidal acts and ideation (suicidal thought and intent). With suicide, ending life—so one no longer feels *at all*—is the goal. This is not the case with cutting. The intent of cutting is to feel better in one's life. One must consider, however, that those who cut themselves *can* have suicidal ideation, which can lead to suicidal behavior.

Warning Signs of Self-Cutting

- Cut or burn marks (including scars) on arms, legs, abdomen, feet, etc.
- Cutting instruments, e.g., razors, knives, pins/needles found among your child's belongings
- Friends or peers are cutting themselves
- Wearing long pants and long-sleeve shirts consistently (even in warmer weather)
- Blood stains on clothing
- Regularly seeking isolation and privacy when emotionally distraught or depressed

Treatment of Self-Cutting

A person who is cutting needs a competent, mental health professional to help them. Therefore, seek professional help immediately. Ideally, a therapist who has experience with cutting should be sought (see *Finding Professional Mental Health Services* below). Various modes of treatment might include:

- Individual therapy
- Group therapy
- Family therapy
- Medication (e.g., anti-depressants)
- In-patient hospitalization
- 12-Step programs (treating cutting as an addiction)
- Stress reduction and management skills

Complete abstinence from the cutting 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 You Can Do If Your Child Is Self-Cutting

- If a cutting episode causes the need for immediate medical help (excessive bleeding, need for stitches), get your child to a hospital emergency room.

- Obtain professional services from a competent mental health professional.
- Provide moral and nurturing support.
- Participate in their recovery (e.g., family therapy).
- Be there for them with an open and understanding heart.

Finding Professional Mental Health Services

The following are potential sources for locating mental health services:

- Your local phone book. Look in:
 - ♦ the *Community Service Numbers* section under *Mental Health*
 - ♦ the *Yellow Pages* section under, for example:
 - *Mental Health Services*
 - *Counselors*
 - *Psychologists*
 - *Psychiatrists*
- On the Internet at www.therapistlocator.net (A public service of the American Association for Marriage and Family Therapy.)

Sources

- American Association for Marriage and Family Therapy (www.aamft.org/families/Consumer_Updates/Adolescent_Self_harm.asp)
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Information Disclaimer

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