

## Self-Injurious Behavior

An alarming proportion of adolescents engage in purposeful self-mutilation or self-injurious behavior (SIB). SIB is a maladaptive strategy for coping with negative thoughts or emotions, primarily through cutting or carving parts of the body, particularly the forearms and wrists. Self-injury is a more common behavior than generally realized; its prevalence is estimated at approximately 750 per 100,000 and is most frequently women between ages 13 and 40. SIB, like substance abuse and eating disorders, can range from one-time experimentation to addictive, daily behavior.

Shocking as this behavior may seem, it is not *necessarily* suicidal in nature. In fact, some experts in this area describe suicide and SIB as essentially contradictory behaviors—suicide as life-rejecting and SIB as life affirming. Self-injurers are typically looking for a way to cope in order to stay alive. However, if no intervention takes place, some adolescents may escalate in their self-injurious behavior which could lead to medical complications or permanent scarring. It is important that self-injurers be evaluated by a clinician who has training and expertise in this area, particularly to evaluate suicidal intent.

The majority of self-injurers can be roughly broken down into three basic areas: those who cut themselves as a way to defocus from emotional pain by shifting the focus to the sensation of physical pain; those that are trying to escape from emotional “numbness” by trying to feel “something” (even something negative); and those who are expressing anger, guilt, or self-rejection through self-inflicted punishment. Occasionally, the cutting becomes a primary coping skill that can generalize to other areas.

In addition, more and more girls are engaging in this behavior simply because their friends are doing it. The popular movie *Thirteen* added fuel to the fire of SIB, especially among middle school girls.

It is important to know some of the common warning signs: wearing long sleeve shirts during warm days; unexplained cuts or scratch marks on the arms or legs; or even cuts with seemingly plausible explanations—but occur at a regular frequency. Whether children are cutting as a coping skill, expressing some deeper maladjustment, or simply doing it because their friends are, it is important to connect that person with a professional who can assess the situation more thoroughly.

The best prevention is assisting children in developing and practicing healthy coping skills based on verbal communication, providing opportunities to engage in healthy anxiety releasing activities, and offering positive reinforcement and support. If you have any questions or concerns about someone you know, please do not hesitate to contact me.

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