

Facts on Self-Injurious Behaviors

Examples

- Cutting
- Burning
- Scratching
- Picking scabs
- Punching self/objects
- Bruising or breaking bones
- Hair pulling

Basic Facts

- More females than males
- Usually starts after puberty and lasts 5-10 years, can be longer if not treated
- Usually from a middle to upper SES, of average to high intelligence, and have low self-esteem
- Often have history of being discouraged from expressing emotions, especially anger and sadness
- Generally **NOT** a suicide attempt

Some Reasons

- **Affect Regulation** – trying to manage emotions
 - Escaping numbness: to feel *something*, to know that they're still alive
 - Providing relief: when intense feelings build, self-injurers are overwhelmed and unable to cope. By causing pain, they reduce the level of emotional and physiological arousal to a bearable one
- **Communication** – trying to express things they can not say
 - Relieving anger: many self-injurers have enormous amounts of rage within. Afraid to express it outwardly, they injure themselves as a way of venting these feelings
 - Communicating to others the extent of their inner turmoil
 - Communicating a need for support
- **Control/Punishment**
 - Continuing abusive patterns: may have been abused as children
 - Preventing suicide
 - Obtaining or maintaining influence over the behavior of others
 - Stopping dissociation, flashbacks (“to bring themselves back”)
 - Exerting a sense of control over one's body when otherwise feeling out of control

Tips for RAs in Dealing with Students Who Self-Harm

What to do:

- Approach the student in an accepting, nonjudgmental way
 - With a belief that the student is truly doing the best that they can to take care of themselves in that moment
- Assess extent of current injury
 - Does this person need immediate medical attention or can they attend to their wounds themselves?
 - If needed, call campus safety for an ambulance
 - If not, allow student to care for themselves
- Be Direct & Specific
 - Say something like, **“Some of your friends (or the other residents) have told me that you are (or have been) cutting (or burning, scratching, etc.) yourself. I know that people hurt themselves for a lot of different reasons and I am wondering what your reasons are?”**
 - After they have talked for awhile, you should follow-up with, “Do you ever think about suicide (or killing yourself, etc.)?”
 - Can follow-up with a statement like, “It sounds like you have a lot going on and I’d like to get you connected with someone who can help.”
 - Make sure they know that the GRD/RC must be notified of the situation
- Talk with GRD/RC
- Make a referral to Counseling Services

What NOT to do:

- Don’t assume it is a suicide attempt; Don’t assume it’s not
 - Ask the resident if they are suicidal, want to die, etc.
- Don’t try to FIX/CURE them
 - Your role is to listen empathically, determine if an ambulance is an immediate need, and to alert the GRD/RC of the situation, not to become a therapist
- Don’t allow a resident to cut themselves in front of you. Let them know you are willing to help and to listen, but are not comfortable watching that.
- Don’t lecture – people self-injure for a variety of reasons and, for some, it feels like the only way for them to cope with their current feelings/situation. Adding guilt or shame onto their current emotional distress is not helpful.