

Massachusetts General Hospital
Founding Member, Mass General Brigham

The Clay Center for
Young Healthy Minds

Frequently Asked Questions About Self-Harm

This FAQ sheet is based on a longer interview with Blaise Aguirre, MD of McLean Hospital. The full audio and transcript of that interview is available on our website: bit.ly/self-harm-teens

What is self-harm?

Self-harm is any self-destructive act where skin or body tissues are injured without the intention of suicide. Cutting is the most common example. But other common examples include people burning themselves, punching walls or banging their heads.

Is self-harm a suicidal behavior?

The vast majority of self-harm is not suicidal behavior. But if there's self-harm through cutting there can be a lot of blood, which can be scary to families and lead them to assume the person is trying to kill themselves. Research also shows that people who self-harm are more likely than those who don't to die by suicide at some point. So, it is not the same thing, but it can be highly connected.

Why do adolescents self-harm?

The main reason for self-harm is a way of reducing very intense and powerfully painful emotions – feelings that are so unbearable that cutting actually feels better than experiencing the intense emotions and provides temporary relief. There are brain changes that occur as a result of the tissue damage from self-harm, a release of chemicals that soothe the brain or distract the person from emotional suffering. Other reasons young people self-injure can include self-punishment, if they feel they are a bad person, not worth anything, or loathe themselves. Some people with developmental disabilities might do things like bang their heads, which requires a different form of treatment than typical self-harm.

Is self-harm attention seeking?

Self-harm is almost *never* attention seeking, even though many people hold this misconception. However, it is a statement that says, "I'm suffering."

Is self-harm a planned or impulsive behavior?

For many young people self-harm is emotionally driven, so it can be unpredictable because it's very dependent on the person's mood. For example, something bad happens and then they self-injure, or someone doesn't call them and then they self-injure. For some with obsessive compulsive disorder (OCD) who cut, it can sometimes be a little more planned, predictable, and less erratic.

What kids are at highest risk for self-harm?

The research is changing, but as of today girls tend to self-injure more than boys, and LGBTQ youth – especially those who are transgender – tend to self-injure more than almost any other group. Though not as high, we are also seeing an increase in self-injury among African Americans.

How does self-harming behavior differ among different kids?

Some behavioral differences are that girls tend to self-injure at younger ages than boys, and boys tend to engage in more pronounced self-injury than girls – that is with cutting we see more stitches, for example. We also know that some young people who are devout in their faith – whether Islam, Christianity, Judaism – who will not self-injure because of markings on their body or because it is not allowed.

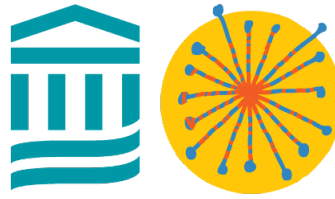
Are there circumstances that make a child more likely to self-harm?

In all mental health conditions we see self-injury, including in borderline personality disorder (BPD), dysregulation disorders, and OCD. In some developmental disorders, as well. The themes of loss, lack of connection, and rejection, with or without the presence of mental illness, are some of the reasons that can lead to self-injury. Being bullied at school or struggling with feelings of low self-esteem or worthlessness; the unbearable grief of having lost a close relative or grandparent, or even a beloved pet; being unable to maintain relationships, including within one's family. For example, there have been cases of teens in very high-achieving, goal-oriented families who are less academically prone, or more interested in the arts, and if they don't excel in the way their parents or siblings have, they feel they are not part of the family, or that they're less than.

Thanks for all you do to support a young person in your life. It really makes a difference.

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How can a child stop the urge to self-harm?

We want people to be able to notice that urge to self-harm, and then not act on the urge and instead act on a different behavior. Overriding urges is actually very difficult if you don't have alternatives. Some young people expend a tremendous amount of psychic energy overriding the urge if they don't have the skill set to be able to distract from the urge. Also, people generally become more exhausted over the course of a day, so we tend to see more self-injury in the evening, where the person can override the urge throughout the day but not at night. There can be other factors. Some people with OCD have what we call respondent behavior. They see a knife for example, and then they self-injure in response – so the knife prompts the self-injury behavior. Overcoming those urges can be really, really difficult.

Do teens outgrow self-harming behavior?

Among young people who self-injure, we tend to see a sudden bump around puberty, and it tends to peak around ages 19, 20, 21. In younger girls, we see a bump around ages 13-14 and maybe 15-16 in boys (using a binary system for the sake of discussion), and then a little bit of dropping off. Then we see another increase around age 19 for boys and girls, which may have to do with graduating from high school, going off to college, getting a job, leaving home. Then it tends to drop off in young adulthood. There is something about early and late adolescence that seems to predispose people to self-injure.

Is there long-term impact from self-harm?

It is important to work with a child in reducing self-harming behaviors for a few reasons. First, even if the self-injury isn't suicidal intent, we know that people who self-harm are more likely to die by suicide in the long term than those who don't engage in this behavior. Also, there are scars that can happen, and a child or teen can live with these for the rest of their lives. Finally, if the child continues to self-injure, they are not learning other coping mechanisms which are going to be critical for many other situations in their life going forward.

How should we not respond to self-harm?

Understandably, parents sometimes have very big displays of their own emotions when they learn their child is self-harming – like, what the heck do you think you're doing? Don't you realize how terrible this is? Parents themselves can be alarmed and show tremendous fear. Remember that many young people who self-injure are highly, highly sensitive, they're almost like emotional sponges. Having very big displays of emotion in front of them can be counterintuitive. When you show big displays of emotion like these, the child in turn may respond emotionally.

How can we support a child who is self-harming?

Talk about it. Like myths about suicide there are also myths about self-injury. Talking to a child or teen about it is not going to increase the behavior. Have a discussion with the child about their self-harming behavior. Remember, people do behaviors because they work for something, so it's important to explore what is keeping this behavior going. Waiting for a time to talk when you can remain calm is really, really important.

Many adults need more psychoeducation about self-injury. Reading and learning more can help adults understand that self-injury is often helpful to the child in regulating emotions and regulating relationships, and that it's not about suicide. Of course, you must always take it seriously, but learning to get away from some of the myths of self-injury is important.

A parent or family member who's seeing their child suffer in this way should also get help themselves, whether it's skills or their own therapy to be able to emotionally cope with it. Some therapies for adolescent self-harm, like Dialectical Behavior Therapy (DBT), involve the child *and* the parent, so it teaches the child what to do when they want to self-injure, and it teaches the parent how to react and how not to react when a child is self-injuring.

But 100%, it is important to keep talking with the child all the time and reinforcing, "We have to find a different way. There *are* different ways." And that you will be there to support them in finding those ways.

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