Physician’s Fact Sheet  Self-Injury in Teens and Adolescents

The information presented below is provided for educational purposes only and is not intended to be used to diagnose or treat. I am available for a consult if you would like to talk with me concerning a case, or you may simply refer the patient to me for evaluation and possible treatment. For more information, please call 914-329-5355.

What is self-injury?
Self-injury is anything someone does to deliberately cut, scratch, burn or hurt themselves in some way. Hair-pulling, though similar, has other components not addressed in this article.

What can you tell us about who engages in this behavior?
The typical person who engages in this are teenage girls, though males will also self-injure. There is no particular race, socio-economic status or other demographic for those who cut. Research suggests many, though not all, have been sexually or physically abused. Most start around the ages of 13-14 years old, although some could start as early as 11-12 years of age. It’s important to remember that there is no set formula for this behavior, so these ages are only a guideline. Self-injury affects 9% of the teenage population.

What are some common myths or misconceptions about self-injury?
There are many things that people have come to believe about self-injury that are not true. Sometimes a belief is the result of misinterpreting what you see, other times it’s simply misinformation that has been shared. Below are some of the most common myths or misconceptions associated with self-injury:

- They are doing it to hurt themselves
- They are suicidal
- Parents blame themselves
- They are doing it for attention
- Kids do it when parents are not home (they might do it in the next room)
- Everyone’s doing it
- It’s from peer pressure
- Drugs/alcohol use triggers cutting

Despite popular misconceptions, people self-injure because they can manage the physical pain easier than they can manage the emotional pain. You may be surprised to learn that most kids say it doesn’t hurt when they cut. Pain or attention is generally not what they are seeking by cutting.

Though it may be hard to imagine, cutting can be a way to make emotional pain more manageable.
What are the symptoms? What might a physician see or hear?
You may make certain observations as you are doing your exam or talking with the parent or with the patient. A parent may report that their child is secretive or that they are wearing long sleeves or pants in hot weather, or that their teen seems more closed down.

Teens select places for cutting that are conspicuous since most teens who cut don’t want others to know about it. Locations for cutting include upper and/forearms and by the ankles. There will be small scars, usually in clusters.

What should you do if you suspect your patient is cutting?
Talk to the child about their feelings. It might be difficult for a pediatrician who only sees a child once a year for checkups and every so often when the child is sick to actually get the child to open up and talk.

Ask if the child has anyone they talk to about problems. Ask about their relationship with their parents.

If the doctor doesn’t feel he/she has enough of a relationship with the child to get any relevant information from this, yet there is still a concern, have a discussion with the parent and ask them about their relationship with their child.

Ask if they feel their child doesn’t talk much about issues or doesn’t seem to communicate well or communicate enough, or if they isolate themselves. Don’t be afraid of intruding.

It’s a tough call to say whether or not a physician should treat self-injury. You may want to consider referring the parent to a qualified therapist who can then work on the underlying issues and assist with teaching healthier choices to cope with stress, anxiety, anger, depression or other emotions that may be occurring that have lead the teen to seek self-soothing in the form of self-injury.

Disclaimer: This article is for general information purposes only and is not intended to provide medical, psychological or other advice for a particular case or situation. Please consult a psychologist or other professional advisor for a consult about your patient.