

Not just skin deep

By Julie Liotine - 5/25/2007

At 14, Jennifer Hatz carved the word "hate" into her arm because that's all she felt.

She had just started high school, taking on a full course load including honors classes, when her behavior became a whirlwind.

"She was just totally out of control," her mom Debbie says. "I knew something was really, really wrong but didn't know how to fix it."

Debbie, a Carol Stream mom of three, says Jennifer withdrew and slammed her door a lot, but it was Jennifer's older sister who noticed the slash marks on her arms.

"I was in such a fog," Debbie says. "Of course I blamed myself."

Jennifer, whose cutting eventually escalated to a daily habit, was diagnosed with depression and Seasonal Affective Disorder. With a lot of hard work, Jennifer, now 18, eventually broke the self-injury cycle.

Dr. Wendy Lader, clinical director of S.A.F.E. (Self-Abuse Finally Ends) Alternatives, says kids hurt their bodies to try to feel better emotionally. She says self-injuring is hard for many people to understand, but for those who injure themselves, it brings instant relief.

Part of the problem is that it can be hard for kids to identify what they're feeling, Lader says. All they know is that they want to get rid of those feelings.

"So much adrenaline is going through their bodies they are not aware they are being hurt," she says.

Self-injury doesn't just include cutting, though. According to Dr. Kammie Juzwin, clinical psychologist and director of the Self-Injury Recovery Services at Alexian Brothers Behavioral Health Hospital in Hoffman Estates, self-poisoning, interfering with healing wounds, starving and using drugs and alcohol to numb the pain are just as frequent.

"They can't tolerate feeling bad in life," Juzwin says.

Juzwin says kids also use self-injury as an experiment or to fit in. "They may use this behavior to see who they can connect with."

But that wasn't the case for Donna Nagy, 14, of Downers Grove. Donna started cutting when she was 12. She used razors, scissors and pencils to cut herself, and she says the drama of friends, stress of school and her parents' divorce played a big part.

"I felt like numb before I was doing it," Donna says. "I know it's bad and everything, but it's like a comfort."

Kimberly Nagy, Donna's mother, says she found out about Donna's cutting from her middle school counselor, who recommended a therapist. She was diagnosed with depression.

In November 2005, at the beginning of eighth grade, Donna attempted suicide by overdosing on antidepressants. She was hospitalized, and then she participated in the 30-day S.A.F.E. Alternatives program, which she says helped her learn so much about herself she didn't know before.

"I blame myself for a lot of things I know aren't my fault," she says. "At first, it seemed like no big deal."

Why do kids hurt themselves?

Kids as young as 5 self-injure, says Lader, but S.A.F.E. Alternatives deals exclusively with kids 13 and up. Often, kids who self-injure start with scratching or burning their skin with erasers. This behavior can progress into severe cutting, burning and even head banging.

This disturbing trend is becoming more popular. However, statistics on self-injury are unreliable and unknown because very little research has been done, especially on kids.

However, Janis Whitlock, director of Cornell University's Research Program on Self-Injurious Behavior in Adolescents and Young Adults, says about 15 percent of the population have injured themselves at some point—minor or severe. Whitlock, who leads multiple studies on self-injury, says there is no national study in the United States, but injury rates are remarkably similar across regions.

Whitlock also says kids use self-injury to cope with negative feelings, release stress and achieve an

"immense calm."

Although Donna still cuts, she's confident she'll be able to stop.

"Now that I've gone through all the treatment, I've realized I'm better than this," Donna says. "I've realized I have the help that I need if I need to talk to somebody."

Kimberly says she knows that self-injury may be an ongoing problem for Donna, but believes her daughter will be able to control herself in the long run.

"I've seen over the last few years, there's been a big improvement in her behavior," Kimberly says.

More than half of kids who self-injure do so to stop feeling bad, and this behavior is not limited to a specific group.

Although the stereotype for a self-injurer is an upper-class white woman, Lader says self-injury is a behavior that transcends ethnic, educational, religious and gender boundaries. Anybody can become a victim of self-injury.

Juzwin says research suggests that about half of the people who engage in self-injury don't intend to die.

And although self-injury does not necessarily indicate a suicide attempt, Lader says there is a link between cutting and suicide because kids may feel invisible.

"This is a cry for help and the child may not be totally aware they're doing it," Lader says. "If anyone is self-injuring, that means they've got a problem."

Warning signs

Lader says dangers of infection and long-lasting permanent scars are hazards kids face when dealing with self-injury.

"They have to live with these scars on their bodies and that's very embarrassing," Juzwin says.

Some of the most obvious warning signs of self-injury include scars or wounds on one large area of the body. Kids who try to hide this behavior might use the excuse that "the cat scratched them," says Lader.

Parents need to understand that self-injury is not just a phase kids are going through. She says some parents even try to ignore the behavior, but the first step is noticing and paying attention to it. She advises parents to try to be calm and to tell their kids that they love them and care about them.

"Talk to your kids and don't expect your kids to answer all of your questions," Lader says. "Kids may say, 'I don't need any help,' 'I'm fine,' 'Leave me alone.' "

Other signs to look for include wearing long sleeves and pants in hot weather.

Whitlock says girls are more likely to self-injure their wrists, thighs and stomachs and boys are more likely to self-injure their hands and knuckles through punching. She also says that sometimes kids injure themselves more than they intended or expected.

Even more disturbing, self-injury like cutting has become more popular in movies, books and online.

"It seems to have a fad quality to it," Whitlock says. "A lot of people report it as having addictive qualities."

Getting better, moving on

Debbie says Jennifer is a firm believer that things happen for a reason. But initially, nobody knew about Jennifer's cutting.

"We had kept this a secret in our family," Debbie says. "We withdrew from everybody and everything."

Although Jennifer felt guilty when she relapsed at 15, Debbie says the cutting became an addictive behavior similar to kids who drink or smoke.

But after therapy and medication, Jennifer learned there were certain triggers that made her want to self-injure like listening to particular songs.

"She had to change everything in her life," Debbie says. "We did a total makeover to give her a whole new attitude."

Although self-injury may be a symptom of Borderline Personality Disorder, that doesn't mean all kids who self-injure have it. As for diagnosing kids with personality disorders, Juzwin says kids' personalities

aren't fully developed until adulthood. The younger this behavior starts, however, the greater the risk is for a personality disorder in the future.

Kids need to make healthy choices and take care of themselves over the long run, Juzwin says. And parents are a large part of the solution. Structure, expectations, routines and age-appropriate privileges will help kids establish healthy lifestyle changes.

"This is not just the child's problem," Juzwin says. "You can't write the behavior off."

If you think your kid is cutting or using another form of self-injury, Whitlock recommends seeing a doctor who specializes in this behavior.

"Most therapists have experience with self-injury," she says. "Physicians are starting to become much more aware of this."

The most important step in overcoming self-injury is to identify and treat the underlying causes of the behavior.

"It's not a crazy behavior," Lader says. "It's what kids are doing today in trying to cope with feelings."

"There's nothing in the world that's bad enough that would give you a reason to harm yourself—like a real reason," Donna says.

Resources

- S.A.F.E Alternatives, (800) DONT CUT (366-8288), www.selfinjury.com
- American Academy of Child and Adolescent Psychiatry, www.aacap.org

Julie Liotine is Chicago Parent's copy editor and a senior at Roosevelt University.