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## Self-Injury Resources & Links

- [American Association of Marital and Family Therapists](#)
- [American Association of Christian Counselors](#)
- [Cool Nurse](#)
- [KidsHealth](#)
- [Psychotherapy.net](#)
- [Remuda Ranch](#)
- [Rogers Memorial Hospital](#)
- [Savannah Family Institute](#)
- [SelfInjury.com](#)
- [Shattered Innocents](#)
- [When Your Child Is Cutting](#)

### Self-Injury Facts

Produced by:  
S.A.F.E. (Self-Abuse Finally Ends) Alternatives ® Program  
1-800 DON'T-CUT (366-8288)  
[www.selfinjury.com](http://www.selfinjury.com)

**About Self-Injury:** Self-injurious behavior is defined as the deliberate, repetitive, impulsive, non-lethal harming of one's self. Self-injury includes: 1) cutting; 2) scratching; 3) picking scabs or interfering with wound healing; 4) burning; 5) punching self or objects; 6) infecting oneself; 7) inserting objects in body openings; 8) bruising or breaking bones; 9) some forms of hair-pulling, as well as other various forms of bodily harm. The behaviors, which pose serious risks, may be symptoms of a mental health problem that can be treated.

**Incidence & Onset:** Experts estimate the incidence of habitual self-injurers is nearly 1% of the population, with a higher proportion of females than males. The typical onset of self-harming acts is at puberty. The behaviors often last for 5-10 years but can persist much longer without appropriate treatment.

**Background of Self-Injurers:** Though not exclusively, the person seeking treatment is usually from a middle to upper class background, of average to high intelligence, and has low self-esteem. Nearly 50% report physical and/or sexual abuse during his or her childhood. Many report (as high as 90%), that they were discouraged from expressing emotions, particularly, anger and sadness.

**Behavior Patterns:** Many who self-harm use multiple methods. Cutting arms or legs is the most common practice. Self-injurers may attempt to conceal the resultant scarring with clothing, and if discovered, often make excuses as to how an injury happened. A significant number are also struggling with eating disorders and alcohol or substance abuse problems. An estimated one-half to two-thirds of self-injurers have an eating disorder.

**Reasons for Behaviors:** Self-injurers commonly report they feel empty inside, over or under stimulated, unable to express their feelings, lonely, not understood by others and fearful of intimate relationships and adult responsibilities. Self-injury is their way to cope with or relieve painful or hard-to-express feelings and is generally not a suicide attempt. But relief is temporary, and a self-destructive cycle often develops without proper treatment.

**Dangers:** Self-injurers often become desperate about their lack of self-control and the addictive-like nature of their acts, which may lead them to true suicide attempts. The self-injury behaviors may also cause more harm than intended, which could result in medical complications or death. Eating disorders and alcohol or substance abuse intensify the threats to the individual's overall health and quality of life.

**Diagnoses:** The diagnosis for someone who self-injures can only be determined by a licensed psychiatric professional. Self-harm behavior can be a symptom of several psychiatric illnesses: Depression/Personality Disorders (esp. Borderline Personality Disorder); Bipolar Disorder (Manic-Depression); Mood Disorders ( esp. Major Depression and Anxiety Disorders); Obsessive-Compulsive Disorder, as well as psychoses such as schizophrenia.

### SONG INFORMATION

Watch the music video for the song "Cut" and then listen to Plumb's interview with Jayar Reed on [Total Access](#).

#### "Cut" Lyrics:

I'm not a stranger  
No I am yours  
With crippled anger  
And tears that still drip sore  
A fragile frame aged  
With misery  
And when our eyes meet  
I know you see

I do not wanna be afraid  
I do not wanna die inside just to breathe in  
I'm tired of feeling so numb  
Relief exists I find it when  
I am cut

I may seem crazy  
Or painfully shy  
And these scars wouldn't be so hidden if  
You would just look me in the eye  
I feel alone here, and cold here  
I don't wanna die  
But the only anesthetic that makes me feel anything  
Kills inside

I am not alone  
I am not alone  
I'm not a stranger  
No I am yours  
With crippled anger  
And tears that still drip sore

But I do not wanna be afraid  
I do not wanna die inside just to breathe in  
I'm tired of feeling so numb  
Relief exists I found it when  
I was cut

**Evaluation:** If someone displays the signs and symptoms of self-injury, a mental health professional with self-injury expertise should be consulted. An evaluation or assessment is the first step, followed by a recommended course of treatment to prevent the self-destructive cycle from continuing.

**Treatment:** Self-injury treatment options include outpatient therapy, partial (6-12 hours a day) and inpatient hospitalization. When the behaviors interfere with daily living, such as employment and relationships, and are health or life-threatening, a specialized self-injury hospital program with an experienced staff is recommended.

The effective treatment of self-injury is most often a combination of medication, cognitive/behavioral therapy, and interpersonal therapy, supplemented by other treatment services as needed. Medication is often useful in the management of depression, anxiety, obsessive-compulsive behaviors, and the racing thoughts that may accompany self-injury. Cognitive-behavioral therapy helps individuals understand and manage their destructive thoughts and behaviors. Contracts, journals, and behavior logs are useful tools for regaining self-control. Interpersonal therapy assists individuals in gaining insight and skills for the development and maintenance of relationships. Services for eating disorders, alcohol/substance abuse, trauma abuse, and family therapy should be readily available and integrated into treatment, depending on individual needs.

In addition to the above, successful courses of treatment are marked by 1) patients who are actively involved in and committed to their treatment, 2) aftercare plans with support for the patient's new self-management skills and behaviors, and 3) collaboration with referring and other involved professionals.

## Recommended Featured Readings in the Popular Press

- "A Look at the Increase in Body Focused Behavior" by Wendy Lader, Ph.D, (Paradigm, Winter 2006)
- "Cutting Edge" by T. Suzanne Eller (Today's Christian Woman, January/February 2006)
- "Slice at Life", by Jolynn Tumolo (Advance for Nurse Practitioners, December 2005)
- "In Harm's Way" by Emily Caballero (Columbia College, January 2005)
- "Cutting Clubs", by Stephanie Booth (Tenn People, February 2004)
- "The Razor's Edge", by T. Suzanne Eller (Christian Parenting Today, Winter 2004)
- "When Rich Kids Go Bad", by Erika Brown (Forbes, October 14, 2002)
- "Ask Dr. Drew", August 2002
- "Cut to the Core", by Leslie Goldman (Chicago Tribune, September 2001)
- "Why Did These Girls Start Cutting?" as told to Debi Martin-Morris and Michelle Leifer (Cosmo GIRL, October 2000)
- "I Couldn't Stop Hurting Myself" by Christine Roberts as told to Molly M. Ginty (Good Housekeeping, September 1999)
- "Helping People who Cut Themselves: Self Injury becoming a recognized problem", by Cheryl Haas ([Counseling Today](#), March 1999)
- "What the Cutters Feel", Tamala M. Edwards (Time, November 9, 1998)
- Conterio, K., & Lader, W. (1998). *Bodily Harm: The Breakthrough Treatment Program for Self-Inurers*. (New York, Hyperion Press)
- "An Armful of Agony" by Claudia Kalb (Newsweek, November 9, 1998)
- "The Thin Red Line" by Jennifer Egan (The New York Times Magazine, July 27, 1997 Sect. 6)
- "Girl's Who Hurt (Themselves)" by Stephanie Pederson (Sassy, June 1996)
- "Razor's Edge" by Andrea Todd (Seventeen, June 1996)
- "The Unkindest Cuts" by Elissa Schappel (Allure, August 1995)
- "Those Who Hurt Themselves" by Greg Beaubien (Medlife, December 11, 1994)

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