

## Self-Injury: Information Sheet for Domestic Violence Advocates

Self-injury (such as cutting) is a strategy that some survivors use to manage internal pressure, pain, anxiety, or other feelings related to their traumatic experiences. Self-injury can sometimes lead to an emergency such as severe infection, passing out, overdose, severe injuries, or suicide, but this is *not* always—in fact, it is often not—the case. As advocates, we must be able to respond to self-injury that is not dangerous as well as emergencies caused by self-injury.

The first step to creating a program that responds effectively to self-injury is to create a space where survivors feel safe to talk about self-injury without fear of getting in trouble or being seen as “crazy.” For example, as part of our standard intake procedure or during group meetings, we might discuss self-injury as a coping mechanism that many survivors use and offer our support around this issue. As a program, make opportunities available to learn and practice new ways of self-soothing and coping with intense emotions as they come up (e.g., breathing, relaxation, art, dancing, etc.).

When someone discloses self-injury, the first thing we may want to reach for as advocates is a clear commitment from a survivor not to engage in self-injury; we know from experience, however, that this is not always helpful or effective. It is important to remember that the decision to stop or reduce self-injury is hers to make. Like other aspects of survivor-centered advocacy, match your support to what she is asking for and what you can provide. For example, you might plan to sit and listen to her when she has the urge to self-injure until the desire passes, try out some alternative ways to release her internal pressure (e.g., gently snapping rubber bands on the arm or wrist), or help her find a therapist or access to peer support, resources, and tools (see Resources below).

The Healing Self-Injury website offers important advice: “To help someone who lives with [self-inflicted violence] SIV it is crucial first to attend to issues of power and control, allowing the person to make decisions about how and when to stop. This requires that you pay attention to your own intense reactions to SIV... Learning to listen supportively—without taking action other than listening—can be extremely challenging. It is also important to set personal boundaries and to resist offering more help than you can actually provide. Ask the person who lives with SIV how you might be of help and decide what you can do, based on her or his answer.”\*

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\* Mazelis, R. (2008) *Self-Injury: Understanding and Responding to Those Who Live With Self-Inflicted Violence*, [http://www.healingselfinjury.org/FS\\_SelfInjury.pdf](http://www.healingselfinjury.org/FS_SelfInjury.pdf)

If you are ever concerned about the well-being of a survivor or child in shelter who you believe may be engaging in self-injury, **you can ask if she is having suicidal thoughts.** Asking about suicidal thoughts does *not* increase the risk of suicide. In fact, people report feeling relieved when someone asks. If someone tells you that they are having suicidal thoughts, work with them to find appropriate mental health resources.

**Resources:**

We recommend that advocates seek the help of peers and other professionals who are experienced in working with people who injure themselves.

**Book:** *Growing Beyond Survival: A Self-Help Toolkit for Managing Traumatic Stress* (Elizabeth Vermilyea, Sidran Press).

**Website:** Healing Self-Injury, <http://healingselfinjury.org/>

**For more information or for technical assistance,** please contact the National Center on Domestic Violence, Trauma & Mental Health at [info@nationalcenterdvtraumamh.org](mailto:info@nationalcenterdvtraumamh.org) or 312-726-7020(P) or 312-726-4110(TTY).