Traumatic events create extreme and overwhelming feelings with which survivors must find ways to cope. Self-inflicted violence is a coping strategy that includes cutting, hitting, burning, punching, or engaging in other acts intended to harm the body. The primary difference between self-inflicted violence and other coping strategies such as dissociation or addiction is how other people respond to it. The link between self-inflicted violence and trauma is not always recognized. Education and understanding are the best tools peer supporters have in responding to women who use self-inflicted violence in order to form non-judgmental relationships where healing can begin. This chapter will help you understand what self-inflicted violence is and why it may continue long after traumatic events. We will explore ways that the principles of peer support can guide mutual and reciprocal relationships so that the focus remains on the most essential aspect of healing, peer support relationships. We hope this will provide a context for understanding and relating to women survivors who use self-inflicted violence, even if you do not.

**What is Self-inflicted Violence?**

Most of us have engaged in self-injurious behavior at some time in our lives. Have you ever had too much to drink? Have you ever over-exercised or eaten too much? Have you ever worked so hard that you had little time for yourself? Are you a current or former smoker? Do you ever over-spend? These behaviors can be seen as self-hurtful and people often used them to help deal with life stressors. They can be destructive when used in the extreme, but society is generally more accepting of addiction, for example, than it is of someone who deliberately inflicts damage to her body. The term “self-inflicted violence” is used to designate specific forms of self-injury used as a coping strategy. Self-inflicted violence is distinguished from practices that have meaning in the cultural or social contexts in which they occur; for example, tattooing, body piercings, or body modifications. Self-inflicted violence is also different from being clumsy or accident-prone, since these behaviors typically happen without real awareness or intention of doing harm to oneself.

Self-inflicted violence is sometimes also called self-harm or self-injury. Clinicians sometimes refer to it as para-suicidality, self-abuse, and self-mutilation, terms which many survivors do not find useful. Women who use self-inflicted violence may refer to it in different ways, and it is important that you allow them to name the actions for themselves. One survivor refers to it as “self-mute” rather than “self-mutilation,” articulating the pain she cannot put into words. Another woman names the behavior “self-healing.” For some survivors, self-inflicted violence has allowed them to take control over their bodies; it has allowed others to name their pain or it serves as proof of their strength and determination to survive. For still others, the marks of self-inflicted violence are proof of life.

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Myths and Misinterpretations of Self-inflicted Violence

There is an extensive literature on self-injury: what it is, who self-injures, why it happens, and how to treat it. Sadly, much of this work perpetuates negative stereotypes about women and self-harm. Many do not understand that self-inflicted violence used as a coping strategy is not a suicide attempt. In the popular press, little is written about the cultural ramifications of self-injury, leading to a common myth that this behavior occurs primarily among young white women. The belief that women of color do not self-injure may reflect the fact that providers are not looking for this behavior among these women and that the scarcity of trauma-sensitive services may make seeking help very difficult.3

Practitioners may not understand the relationship between trauma and self-inflicted violence. Even if trauma is acknowledged, the focus is often on trying to stop the behavior, rather than understanding what drives it. Women who self-injure are often described negatively and may be seen as “attention-seeking” rather than as needing the attention that comes from healing relationships. They are often given negative psychiatric labels such as borderline personality disorder. Self-inflicted violence is often described as “manipulative,” a term that is used to justify punitive responses or neglect.

Why Do Women Use Self-inflicted Violence?

Self-inflicted violence is an expression of a survivor’s attempt to cope with emotional anguish that results from something traumatic that happened to her. Self-inflicted violence may be a survivor’s best attempt to cope with overwhelming feelings of shame, powerlessness, humiliation, and despair. Women who self-injure may or may not experience it as shameful; they may want to stop, or not. They may hate doing it, or they may see it as useful and even life-sustaining. Many women who self-injure never reveal their histories and never come to the attention of service providers, as they keep their pain hidden.

Culture and Self-Injury

Women of color who self-harm may experience difficulty in accessing services. These race-based disparities in behavioral health services are well documented. Self-harm may have cultural meaning and it is important to understand the unique cultural connection for each woman you support. Asking questions with sensitivity about the way her culture, community, family, or social network view self-harm may help her begin to think about these issues in a different way. She may not view health care in the same way that you do. Healers in her community may not be defined in the same way you might define them. You might explore what healing in the context of trauma or self-injury means to her and who in her community she views as trustworthy or helpful.

The best approach is to assume nothing, but to continuously make culture part of your discussion. For example, since self-inflicted violence is frequently an attempt to cope and to articulate one’s personal experience of trauma, historical trauma (trauma that a cultural group experienced as a result of issues like forced immigration, genocide, or slavery) may influence how she views her personal experience. Her experience may be shaped by the cultural expectations and roles of women in her social class or community. To understand the source and depth of pain related to self-injury requires a willingness to step out of your own world to engage her in a conversation about her world.

A lot of the so-called help that is available for people who self-injure is shame-based and makes the individual struggling with self-injury feel even more shame. I think that is because some people find self-injury repulsive and/or something to control.

When I experienced shame-based help and other people trying to control my behavior, it drove my self-injury behavior more underground and made it even more dangerous at times. I also don’t respond to behavior contracts. I felt that behavior contracts were generally one-sided. I promised to not self-injure in exchange for what, exactly?

– Beckie Child, MSW

How Does Self-inflicted Violence Develop?

For example, a young girl molested by an uncle may not have the vocabulary nor the developmental capacity to make sense of what is happening to her. Fear of retaliation and punishment often keeps survivors isolated from adults who might help. But what if a girl does find the courage to tell and is met with disbelief or is told she is lying? Pain, confusion, fear, and other extreme feelings may overwhelm her capacity to deal with the experience, making it impossible for her to live in her body and shattering her sense of self and safety. Self-inflicted violence may serve to regulate some of the physiological consequences of trauma, or it may validate the experience that no one else will acknowledge. She may use self-injury to punish herself, taking on the blame for the abuse perpetrated against her. As a teen or young woman, she may use self-injury to help ground her when memories of the past threaten to overwhelm her. In some ways, who she is and how she understands herself may become inseparable from her traumatic experiences and her self-injury.

This is just one scenario about the development of self-inflicted violence in a survivor’s life. Self-inflicted violence has as many meanings and uses as there are individuals who use it. Women report using self-injury in many different ways, including:

- To stop feeling pain
- To calm myself
- To make sure I am actually alive
- To stop flashbacks or drown out voices
- To go away, numb out, disappear
- To ground myself, bring me back to reality
- To punish myself
- To talk to myself, get in touch with myself
- To enter my own world

When the impact of trauma in a woman’s life goes unrecognized, why she self-harms seems to make little sense. Without understanding the centrality of trauma in her development, we may focus on the question “What’s wrong with her?” instead of understanding how this coping strategy is helping her today. The focus can shift to trying to get her to stop the behavior, rather than on understanding her relationship to self-injury. There may be an assumption that if she stops hurting herself, everything else in her life will be better, too.

Some women describe learning to use self-injury from others. Some discover it by accident or feel that it has seemingly always been a part of their lives. One survivor shared, “When I was little, I would bang a rock on my hand to prove to myself how strong I was, that I could take the pain—that I was bigger than it. It was just something that made sense to me. Anybody else seeing me would have said I was crazy. I never associated it with what was happening to me at home until I was in my twenties.”

Trauma violates survivors’ personal boundaries and they may use self-injury to reassert those boundaries by creating a private, internal world into which no one can trespass. For some survivors, keeping self-inflicted violence hidden is vital to their ability to find an emotional connection to themselves that was disrupted by abuse and betrayal. Women who attempt to get help are often met with intense, negative responses that further isolate them. Survivors may hide self-injury to avoid the judgment and criticism of others. Tending to her own wounds may become an expression of self-care and the only healing response she sees as possible.

Self-inflicted Violence and the Language of Crisis

In situations where people respond to statements like “I’m sad” or “I’m lonely” with compassion and attentiveness, language serves to connect people. In institutional settings like jails, prisons, and psychiatric units, women rarely experience such responses to their statements of distress. Instead, their ongoing pain is ignored. Unresolved trauma may produce a reality for survivors where anguish and grief become the dominant experience. Without understanding its source, others may become hardened to the constancy of suffering.

While the language of crisis creates connection with others, it often does so in a manner in which the focus of the relationship is to control or contain the behavior, rather than understand it and what drives it. The diagram below suggests how repeated crises and subsequent interventions to address crises may create a connection, but perpetuates a relationship that does not lead to healing. Over time, crisis may become the way that service providers and women in pain understand their relationship to each other.
In the illustration above, the focus of the relationship is on the helper controlling the other person’s behavior.

- What are the characteristics of the relationship?
- If power were shared by both people, how would their relationship be different?

**Trauma-informed Peer Support and Self-inflicted Violence**

When people see others hurting themselves, they often react out of fear and attempt to stop the behavior. This is understandable; it is very difficult to know that someone is in so much pain that she harms herself. The issue of risk and liability can exert huge pressure on others to act swiftly and immediately to get the person “under control,” placing human connection and relationships on the back burner.

In trauma-informed peer support, the focus is on creating healing relationships rather than trying to make women stop using self-injury. Keep in mind that women self-injure for their own reasons. Trauma-informed peer support is about creating mutual relationships and groups in which the focus is not on controlling each other but on discovering together what is possible for the future. This exploration can provide new meaning for people. Challenges offer new information about what relationships need, what people want out of them, and how to move forward individually and collectively.

### INSTEAD OF ASSUMING

- She does it to get attention
- That’s just what borderlines do.
- She’s so manipulative
- She always sabotages her success.

### TRY ASKING

- What is driving her pain?
- Who is she? What is her view of the world? What does self-injury mean for her? How has it allowed her to endure?
- How can we create space in our relationship that will let both of us learn and grow?
- What is the unfinished work here?
Mutuality and Self-injury

When women decide to disclose their use of self-inflicted violence, it is an opportunity for connection and communication. Disclosing a history of violence can be dangerous for a woman. Her past experiences of not being believed, of living in a situation in which revealing her abuse may threaten her survival, can create enormous hurdles to finding help. Revealing that one self-injures may be a huge leap in overcoming the barrier of silence and secrecy.

Trauma-informed responses to self-injury require a shift in thinking. Rather than seeing a woman who self-injures as engaging in meaningless, frustrating, or dangerous behavior, it is important to understand that self-harm is an expression of profound pain which has meaning for her, even if you do not understand the meaning.

<table>
<thead>
<tr>
<th>STATEMENTS</th>
<th>WHAT IS BEING COMMUNICATED?</th>
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<tbody>
<tr>
<td>“I hurt to see you in this much pain. There must be an awful lot going on for you... Would it be helpful to talk about it, or would you like to just sit together for a little while?”</td>
<td>Peer supporters are sensitive to the discrimination and sense of disenfranchisement inherent in the shared experience of being labeled or experiencing loss or extreme distress. Relationships are non-judgmental. Empathy and validation are essential.</td>
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<tr>
<td>“I want to be there for you, but I have to admit that I’m scared. I’m not sure what to do. I am not sure what you are asking me to understand.”</td>
<td>In a mutual relationship, peer support is a two-way relationship.</td>
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<tr>
<td>“I know other people have responded to you with alarm, sometimes forcing you into the hospital. I don’t want to have that kind of relationship with you. There was a time in my life when I felt pretty powerless. Other people made decisions about what was best for me, and I saw myself as fragile and incapable of connecting to others. Is this at all what you are experiencing? Would it be helpful to talk about your experiences with power or powerlessness?”</td>
<td>In peer support relationships, both people take responsibility for their relationship and power is shared. This may begin with exploration and evolve and strengthen over time.</td>
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<tr>
<td>“I remember when I was in a really bad place and didn’t have words for what was happening. I had huge, terrible feelings all the time. It really took a toll on my life. I wonder what is going on for you. I’d like to know more about what self-injury means for you, what it helps you deal with.”</td>
<td>Common experience in peer support is explored rather than assumed. Each person is unique in how they make sense out of their experiences. The focus is on learning about one another rather than “helping.”</td>
</tr>
<tr>
<td>“I started my healing journey when someone helped me put words to what I was feeling. That was hard. Words never meant what they were supposed to mean growing up. I discovered how much I had to say! If your wounds could talk, what would they say?”</td>
<td>Peer support is a way to try out new ways of being in the world. It is not a stagnant relationship where both people stay in their comfort zones. It provides opportunities to explore what they want their lives to be about.</td>
</tr>
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</table>

There are many different ways to bring mutuality into peer support relationships with women who self-injure. In the table below are statements that a peer supporter may use in speaking to the women he or she supports. Read each statement and think about how the principles of peer support operate in the relationship. How do you hear common experience defined? How does the peer supporter make his or her own needs known? What does he or she do to maintain shared power in the relationship? How does mutuality shift the focus from “What do you need and what I should do to meet that need?” to “What do we need and what we will do together to build this relationship?”
Guidelines for Peer Supporters

In the examples above, the peer supporter did not just jump into the conversation. She thought about her relationship with the woman she was supporting and did some preparatory work. Even if you are not currently working with someone who self-harms, it is important to consider ways of responding should the situation arise. The following guidelines are offered to help you navigate some of your own concerns and needs.

1. Examine your own feelings and beliefs about self-inflicted violence.

Understand your own limits around supporting women who self-harm. Is this a hot-button issue for you? What are some of your knee-jerk reactions? Are there some self-harming behaviors that you know are too difficult for you? How does self-harm affect you when you are not directly supporting a woman who self-injures? Knowing your own areas of discomfort and your own limits allows you to honestly bring your needs, feelings, and concerns into your conversations so that you can authentically engage in a mutually responsible relationship.

2. Educate yourself and the women you support, if that feels right for both of you.

You may want to share and discuss the resources at the end of this chapter with the women you support as a way to educate yourselves and explore the possibility of a community of healing. A benefit of exploring self-injury together is that it can be a focal point for connection, a hunt for meaning in which women who self-injure become your teachers, revealing what they know because of what has happened to them and how they have learned to survive.

3. Don’t do anything different with women who self-injure and women who do not.

The principles and practice of peer support do not change because you know someone is self-harming.

4. Understand the cultural ramifications of self-harm for women of color.

Support her access to culturally sensitive services and find out what healing looks like for her and what her culture’s view of healing is.

5. Use your own experience as a guide.

Have you have ever tried to quit smoking, drinking, over-eating, or any other behavior that you felt was detrimental? If so, you have experienced what it is like to try to stop harming yourself. Use your own struggles as a way to understand the difficult reality of self-harm.

6. You are not required to fix anyone.

Bearing witness to a woman’s pain, grief, loneliness, and other extreme feelings is the foundation for healing. It says, “I see you. I hear you. You are not alone anymore.”

The following is a Bill of Rights for people who self-harm. You might want to post this in your office or use it as a handout for educating women who self-injure about their right to dignity and validation. You may also want to use it to educate providers, family members, and others about what they can do to support women in their healing.
A BILL OF RIGHTS FOR THOSE WHO SELF-HARM

1. The right to caring, humane medical treatment.

Self-injurers should receive the same level and quality of care that a person presenting with an identical but accidental injury would receive. Procedures should be done as gently as they would be for others. If stitches are required, local anesthesia should be used. Treatment of accidental injury and self-inflicted injury should be identical.

2. The right to participate fully in decisions about emergency psychiatric treatment (so long as no one’s life is in immediate danger).

When a person presents at the emergency room with a self-inflicted injury, his or her opinion about the need for a psychological assessment should be considered. If the person is not in obvious distress and is not suicidal, he or she should not be subjected to an arduous psych evaluation. Doctors should be trained to assess suicidality/homicidality and should realize that, although referral for outpatient follow-up may be advisable, hospitalization for self-injurious behavior alone is rarely warranted.

3. The right to body privacy.

Visual examinations to determine the extent and frequency of self-inflicted injury should be performed only when absolutely necessary and done in a way that maintains the patient's dignity. Many who self-injure have been abused; the humiliation of a strip-search is likely to increase the amount and intensity of future self-injury while making the person subject to the searches look for better ways to hide the marks.

4. The right to have the feelings behind the self-injury validated.

Self-injury doesn’t occur in a vacuum. The person who self-injures usually does so in response to distressing feelings and those feelings should be recognized and validated. Although the care provider might not understand why a particular situation is extremely upsetting, she or he can at least understand that it is distressing and respect the self-injurer’s right to be upset about it.

5. The right to disclose to whom they choose only what they choose.

No care provider should disclose to others that injuries are self-inflicted without obtaining the permission of the person involved. Exceptions can be made in the case of team-based hospital treatment or other medical care providers when the information that the injuries were self-inflicted is essential knowledge for proper medical care. Patients should be notified when others are told about their self-injury and, as always, gossiping about any patient is unprofessional.

6. The right to choose what coping mechanisms they will use.

No person should be forced to choose between self-injury and treatment. Outpatient therapists should never demand that clients sign a no-harm contract; instead, client and provider should develop a plan for dealing with self-injurious impulses and acts during the treatment. No client should feel they must lie about self-injury or be kicked out of outpatient therapy. Exceptions to this may be made in hospital or ER treatment, when a contract may be required by hospital legal policies.

7. The right to have providers who do not allow their feelings about self-injury to distort the therapy.

Those who work with clients who self-injure should keep their own fear, revulsion, anger, and anxiety out of the therapeutic setting. This is crucial for basic medical care of self-inflicted wounds but holds for therapists as well. A person who is struggling with self-injury has enough baggage without taking on the prejudices and biases of their care providers.

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Continued from page 83

8. The right to have the role self-injury has played as a coping mechanism validated.

No one should be shamed, admonished, or chastised for having self-injured. Self-injury works as a coping mechanism, sometimes for people who have no other way to cope. They may use self-injury as a last-ditch effort to avoid suicide. The self-injurer should be taught to honor the positive things that self-injury has done for him/her as well as to recognize that the negatives of self-injury far outweigh those positives and that it is possible to learn methods of coping that aren't as destructive and life-interfering.

9. The right not to be automatically considered dangerous simply because of self-inflicted injury.

No one should be put in restraints or locked in a treatment room in an emergency room solely because his or her injuries are self-inflicted. No one should ever be involuntarily committed simply because of self-injury—physicians should make the decision to commit based on the presence of psychosis, suicidality, or homicidality.

10. The right to have self-injury regarded as an attempt to communicate, not manipulate.

Most people who hurt themselves are trying to express things they can say in no other way. Although sometimes these attempts to communicate seem manipulative, treating them as manipulation only makes the situation worse. Providers should respect the communicative function of self-injury and assume it is not manipulative behavior until there is clear evidence to the contrary.

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CHAPTER SUMMARY: KEY POINTS

- The link between trauma and self-injury is often not recognized, or is minimized or ignored. This has hurtful ramifications as women attempt to find help and support.
- There are many different reasons why women self-injure, and many different ways women relate to self-injury. Exploring what it means for each survivor is an important opportunity in peer support.
- Trying to get women to stop self-injury can disregard ways in which this practice is helping them cope in the present.
- Trauma-informed peer support provides a context in which self-injury can be explored and both people can learn and grow.
- You might want to post the Bill of Rights for people who self-harm in your office or use it as a handout for educating women who self-injure about their right to dignity and validation. You may also want to use it to educate providers, family members, and others about what they can do to support women in their healing.
Resources

Healing Self-injury. Numerous articles, resources, and archived newsletters available for free at http://healingselfinjury.org/resources.html


To Write Love on Her Arms: A website geared to younger women with resources including blogs, a calendar of events, music, and links to YouTube and Flicker, http://www.twloha.com

The Sirius Project: a website on harm reduction, what to expect in the ER, and other resources, http://www.siriusproject.org/firstaid.htm

Trauma-informed Self Injury compendium, www.trauma-informed-california.org


Website dedicated to helping health care practitioners work with survivors of sex abuse, http://www.csacliniciansguide.net/index.html