



Cutting—An Issue We Must Take Seriously

When you hear of cutting, you may ask yourself what it is and why would someone participate in self-mutilation or self-injury? Cutting is an extremely dangerous, unhealthy coping mechanism that is more common amongst young girls than boys. Unfortunately cutting can begin at quite a very young age and progress for many years if the disease goes untreated. It is important to note that cutters normally start around puberty and the problem is not confined to any one demographic, ethnic or economic group.

While this is a horrific concept for many of us to grasp, it may seem like the only way for people who have not developed healthy ways of dealing with strong emotions, intense pressure or upsetting relationship problems. These people are not suicidal however; they do intentionally inflict injury upon themselves when responding to stress or trauma.

Cutting is only one form of self-injury/self-mutilation. Self injury can be accomplished through cutting with injuries varying from minor cuts to very serious wounds, scratching, picking scabs or wound healing interference, burning, puncture wounds, infecting oneself, inserting objects into body openings, bruising/breaking of bones, and even hair or eyelash pulling.

Typically cutters inflict injury on their wrists, arms, legs or bellies however they may cut their legs, feet, abdomen, breasts or other places. When the cuts or burns heal, they often leave scars or marks however; self-injurers hide these injuries or aftermath of scars and burns with clothing.

You may be asking yourself ‘what can I do about this?’ As you have exposure to many youth within the congregation, the most important thing is to remain aware of changes in a person’s attitude, behavior and dress. People with this disease take great lengths to

hide their problem. They wear long sleeve shirts and pants regardless of the season, bracelets, wristbands or even Band-aids. Remain aware of a person’s dress, remain aware if they are constantly asking for bandages, and remain aware if they provide excuses for their visible injuries.

It is important that we help youth understand there are good, healthy ways to cope with difficult situations such as talking with parents, adults and friends, and being able to put their problems in perspective and get plenty of exercise. When youth emotions are not expressed in a healthy way, pressure and stress can build up to a point that is unbearable; cutting may seem to be their only attempt to relieve extreme tension.

Cutting often starts on impulse and can be habit forming, it can become a compulsive behavior. The brain starts to connect the false sense of relief from bad feelings to the act of cutting and it craves this relief the next time pressure and stress reach a high.

You cannot force someone who self-injures to stop. It does not help to get mad, reject the person, lecture them or beg them to stop. Instead let them know you care and that they deserve to be healthy and happy; and that no one needs to bear their troubles alone. Get the person help; refer them to a qualified counselor. The counselor can help in getting at the root of the problem, as well as the cutting issue.

If the person has immediate injury, treat the wound(s) immediately. Small scratches and cuts may require anti-bacterial treatment and a bandage, or a deeper wound may require more care. Remain calm as most cutters do not think their wound is a big deal. This is a time to start gaining their trust, calmly talk to them as you are treating them, try to turn a situation into fact gathering as to when where, how and why did they cut. This helps gain their trust and remove the secrecy of their problem. As youth workers or church staff work with youth, they may not deal directly with cutting issues however you may see the scars. Again, turn this into a positive approach to talking about past issues. Build upon existing relationships and become a mentor, help the cutter understand they have a problem and you are there to guide them through treatment; then refer them to a counselor. Work with the cutter and their counselor during the treatment as you have a relationship with the person and they trust you to assist.

Learn to understand from the cutter and their counselor what upsets them or causes them to cut; help them focus the immediate need to cut into a more positive approach for the release of pressure and stress. Whatever works as an alternative method of coping with these feelings or numbness is often a good start towards recovery.

The Ministry Protection Memo (MPM) series is offered as an educational tool in support of United Methodist Insurance's property and casualty insurance program to help you develop loss control and ministry protection procedures. United Methodist Insurance does not, with these MPMs, seek to establish a particular standard of care or to provide legal advice. Church leaders are encouraged to consult competent attorneys with regard to the church's specific needs. United Methodist Insurance encourages reproduction and distribution of this MPM within the United Methodist denomination. Others may contact the United Methodist Insurance Service Center, via telephone at 1-800-975-5442 for permission to reproduce MPM.

United Methodist Insurance is an all-lines property and casualty (including Workers' Compensation) nonprofit captive reinsurer owned by its member Annual Conference and agency insureds. The General Council on Finance and Administration (GCFA) fulfills its Book of Discipline fiduciary oversight through its membership on the Board of Directors of United Methodist Insurance. For more information, contact the United Methodist Insurance Service Center or go to our website www.unitedmethodistinsurance.org.

The United Methodist Insurance Service Center is open Monday through Friday, 8:30 a.m. to 4:00 p.m. eastern time. You may contact the Service Center at 1-800-975-5442.