



ADVANCING WELLNESS and RESILIENCE in EDUCATION

Information Brief

Non-Suicidal Self-Injury:
What is it, why does it happen and how can we help?

What is Non-Suicidal Self-Injury (NSSI)?

Non-suicidal self-injury (NSSI) refers to when people intentionally harm themselves but do not have any intent to kill themselves.¹ There are a number of ways that people injure themselves including cutting, burning, biting, bruising, scratching, constricting, inhaling, picking and scalding.⁵ Of all of the methods, cutting is the most common form of NSSI; however, most people who self-injure engage in multiple methods.^{1,5}

Why do people engage in NSSI?

Although there are a number of reasons why people self-harm, below are some of the most common reasons why people self-harm in rank order.¹

1. To temporarily alleviate overwhelming negative emotions
2. To punish themselves
3. To produce physical signs of emotional distress

Who self-injures?

Age. Although people engage in self-injury across the lifespan, self-injury is most common in adolescents and typically begins when individuals are 13 to 14 years of age.¹ Research has indicated that anywhere between 15 to 23 percent of adolescents report engaging in NSSI; however, more recent community samples have shown that anywhere between 33 to 50 percent of adolescents have reported engaging in NSSI.^{1,4,5} In contrast, only 6 percent of adults report engaging in these types of behaviors.¹

Gender. Recent research has indicated that neither men nor women self-injure more; however, men and women tend to engage in different methods of self-injury.¹ More specifically, women are more likely to engage in cutting as self-injury methods whereas men are more likely to engage in hitting or burning themselves.¹

Sexual Orientation. Self-injury has been shown to be more prevalent among people who report non-heterosexual orientations such as lesbian, gay, bisexual, and questioning.¹

Ethnicity. Research also has revealed that individuals who identify as European American/Caucasian are more likely to engage in self-injury as compared to other ethnic or racial groups (e.g., African American/Black, Latino/Hispanic, Asian/Asian American).¹

How are NSSI and suicide related?

Differences between NSSI and suicidality. NSSI is different from suicide in a number of ways.

1. NSSI is much more prevalent than suicide¹
2. NSSI results in less medically severe and less lethal bodily harm than suicide attempts¹
3. Most often, people engage in NSSI without having suicidal ideation¹
4. People who engage in NSSI do not intend to end their own lives¹

The relationship between NSSI and suicide. Although people who engage in NSSI do not intend to end their own lives, engaging in NSSI can increase a person's risk for suicide. More specifically, individuals who self-injure reduce their fears of self-inflicted injury and sensitivity to pain. This reduction in fear and sensitivity increases a person's capability to act on suicidal behaviors in the future when distressed.¹ In fact, a recent study found that 70 percent of adolescents who engaged in NSSI had made at least one suicide attempt and 55 percent had made multiple suicide attempts.⁴

Common myths about NSSI

Myth. People who self-injure are looking for attention or are trying to be manipulative.

Fact. Most people engage in self-injury to alleviate overwhelming negative emotions.¹ In fact, most people who engage in self-injury do so in private and never tell others.⁴

Myth. People who self-injure have mental disorders.

Fact. Recent research found that nearly 50 percent of adolescents and young adults who engaged in NSSI did not have a diagnosed mental disorder.¹

Myth. People engage in NSSI because they were sexually abused as children.

Fact. Recent research found that NSSI is not the result of a child sexual abuse history, nor does having a child sexual abuse history increase someone's risk of engaging in NSSI.¹

Myth. Self-injury is just a phase and people can "outgrow" these behaviors.

Fact. Although NSSI is more common in adolescent populations, adults also engage in NSSI.¹ In fact, a recent study found that 65 percent of adults who engaged in NSSI began self-injuring before the age of 18.²

How can you help individuals who engage in NSSI?

Because people who self-injure typically do so in private and do not tell others, it is important to be able to recognize and talk to people who engage in NSSI in order to get them help. Below are some steps to help you recognize and talk to people you suspect are engaging in NSSI.

1. If you suspect individuals are engaging in self-injury, try to be more watchful of potential injured areas before talking to them. Typical areas where self-injury occurs are on the arms, legs and torso.
 - Some typical signs that indicate that people might be engaging in self-injury include:
 - Unexplained injuries or scars
 - Covering up their body constantly, even when the weather or situation calls for other clothing choices
 - Claims of frequent accidents to explain injuries or scars
 - Blood stains appearing on clothing, tissues or other places
 - Mood or behavior changes that result in isolation
 - It is very important to *be respectful and not spy on individuals* to try to see body parts where you suspect self-injury. If you are unable to see any areas of injury, it would be better to ask individuals about whether they are engaging in such behaviors.
2. Deal with your own feelings before talking to the person engaging in self-injury.
 - Finding out that someone is self-injuring can be upsetting. *Before talking to someone about self-injury, it is important to deal with your own thoughts and feelings about the practice of self-injury.* Reach out to a friend or professional who you know will keep the information confidential and has experience dealing with these types of issues. Processing your own thoughts and feelings can help you be more empathic when you talk to the person who self-injures.
3. Prepare a safe and quiet environment free of distractions to talk to the individuals who are self-injuring.
 - Try to pick a neutral environment with the least amount of distractions (e.g., silence all electronic devices and or get a babysitter for children).
4. Tell individuals who self-injure that you care about them.
 - Take some time to review your relationship with the individuals and to tell them how much you care.
 - Remind the individuals that they are not alone and that you are there to provide help and support.

5. Ask the individuals if they are engaging in self-injury.

- Many people fear that directly asking individuals about self-injury will worsen the problem or escalate the behaviors to a suicide attempt. However, research has shown that asking someone about self-injury actually reduces someone's risk of using self-injury as a coping method in the future as the person will have access to other resources when distressed.⁶
- Talk in a direct and empathic manner. For instance, you may say something like, "I have noticed some unusual scars on your body and you seem sad lately. Are you injuring yourself?"



6. Listen with an open mind and be empathic toward the individuals who are injuring themselves.

- It can be difficult to talk to individuals you care about who are injuring themselves. However, the individuals may be more likely to get help if they feel that someone cares and is willing to listen to them.
- Let the individuals who self-injure lead the conversation and ask open-ended questions. This will let the individuals who are self-injuring express their experiences in a manner that is comfortable.
- Try to help the individuals focus on their feelings rather than on self-injuring.
- Listen in an empathic manner by trying to understand what the individuals are going through. Try not to judge, shame, criticize or get angry with the people who self-injure. These reactions may increase risk for self-injury.

7. Don't keep the self-injury as a secret. Ask for support.

- If the individuals who self-injure are teenagers, encourage them to talk to a trusted adult or caregiver about self-injury.
- If you are the person supporting someone who self-injures, reach out for support from someone who can be trusted to keep the conversation confidential.
 - Be honest with the individuals who self-injure and inform them who you will be talking with.

8. Work with the individuals who self-injure to find medical help.
 - Encourage the individuals to see a physician or mental health practitioner (e.g., a school counselor, school nurse or family physician) who can evaluate, diagnose and create a treatment plan.
 - It may be difficult for the individuals to seek help, so offer to help with the process if you feel comfortable.

Additional resources for self-injury

Self-injury and Recovery Research and Resources (SIRRR): The Cornell Research Program on Self-Injury and Recovery provides a wealth of information about self-injury and conducts trainings to help people better understand and respond to individuals who self-injure. For more information, visit: <http://www.selfinjury.bctr.cornell.edu/about-self-injury.html>.

Life Signs Self-Injury Guidance and Network Support: The Life Signs website provides information about how to talk to someone who is self-injuring, as well as how to help someone who you suspect may be self-injuring. Specific recommendations are given about how to discuss difficult topics. For more information, visit: <http://www.lifesigns.org.uk/how-to-react-when-your-friend-says-they-self-injure/>.

HelpGuide.org: HelpGuide.org provides information about why people self-harm, discusses common self-harm myths and provides concrete steps for both people who self-injure and those trying to help people who self-injure. For more information, visit: <https://www.helpguide.org/articles/anxiety/cutting-and-self-harm.htm>.

S.A.F.E. Alternatives Information Line: The S.A.F.E. Alternatives Information Line provides referrals and support for individuals who engage in self-injury. If you or people you know engage in self-injury and would like to talk to someone, call **(800) 366-8288**.

S.A.F.E. Alternatives Resources for Schools: S.A.F.E. Alternatives Resources for Schools provides school staff members and volunteers with a comprehensive program to address self-injury in schools. For more information, visit: <http://www.selfinjury.com/schools/>.

Self-Injury Outreach and Support: Self-Injury Outreach and Support provides a helpful guide for how to navigate helping a friend who self-injures. There are a number of tips about how to identify and talk about self-harm with a friend. For more information, visit: <http://sioutreach.org/learn-self-injury/friends/#ffs-tabbed-110>.

Recover Your Life: Recover Your Life is a forum for people who self-injure to connect and find support. They provide a number of resources, as well as confidential forums for individuals who self-injure to talk about their experiences. For more information, visit: <http://www.recoveryourlife.com/>.

References

1. Klonsky, E. D., Victor, S. E., & Saffer, B. Y. (2014). Nonsuicidal self-injury: what we know, and what we need to know. *The Canadian Journal of Psychiatry*, 59(11), 565-568.
2. Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychological Medicine*, 41(09), 1-6.
3. Muehlenkamp, J. J., Walsh, B. W., & McDade, M. (2010). Preventing non-suicidal self-injury in adolescents: The signs of self-injury program. *Journal of Youth and Adolescence*, 39(3), 306-314.
4. Peterson, J., Freedenthal, S., Sheldon, C., & Andersen, R. (2008). Non-suicidal self-injury in adolescents. *Psychiatry (Edgemont)*, 5(11), 20-26.
5. Shapiro, S. (2008). Addressing self-injury in the school setting. *The Journal of School Nursing*, 24(3), 124-130.
6. Walsh, B. (2007). Clinical assessment of self-injury: A practical guide. *Journal of Clinical Psychology*, 63(11), 1057-1068.

This brief was developed [in part] under grant number CFDA 93.243 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

We also would like to acknowledge the Ohio Department of Education for its support of this work.

***Prepared by Sarah Palasciano-Barton, M.A., Graduate Assistant
Edited and reviewed by Cricket Meehan, Ph.D., Director
Center for School-Based Mental Health Programs
Miami University***