



Non-suicidal self-injury

What is non-suicidal self-injury?

Non-suicidal self-injury (NSSI) is when a person injures their body on purpose without intending to end their life.¹

Self-injury is different from suicidal behaviour, but people who self-injure are at higher risk for suicidal thoughts and suicide attempts.^{1,2} Researchers use the term NSSI, but young people are more likely to refer to this behaviour as self-injury or self-harm.

Common examples of self-injury include:

- cutting, scratching, biting or burning the skin
- hair pulling
- hitting themselves or hitting an object with the intent of injuring themselves
- overdosing or poisoning to non-lethal levels^{1,3}

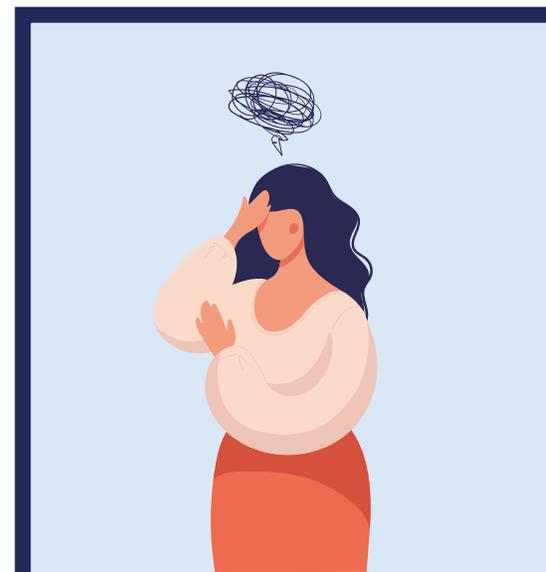
Cutting or scratching the skin is more common among young women, and punching objects to injure themselves is more common among young men.³

Why do young people engage in self-injury?

Young people use self-injury to cope with overwhelming negative emotions.¹

Interpersonal reasons

The most common interpersonal function of self-injury is to communicate distress to others when the young person cannot use other forms of communication.⁴ This approach is used by one-third to one-half of young people. Other functions of self-injury are to increase social support and to influence the behaviour of others.⁴





Intrapersonal reasons

Using self-injury for intrapersonal reasons, like emotion regulation, is reported by 63% to 78% of young people.⁴ Young people harm themselves to:

- distract from negative emotions – self-injury can shift the attention from painful emotions to physical pain.
- reduce numbness – sometimes young people who are overwhelmed or dissociative want to feel “something,” even if that something is pain.
- punish themselves – young people may use self-injury to relieve feelings of guilt or shame
- obtain a sense of control.^{1,4,5}

In general

Self-injury is negatively reinforcing.⁶ Self-injuring can provide a short-term, immediate sense of physiological relief, leading young people to rely on self-injury as a coping mechanism to deal with their overwhelming emotions. With frequent use, self-injury can become a habit that is difficult to replace with more adaptive coping mechanisms.⁷

How often does self-injury occur?

Prevalence

Among young people in North America, between 15% and 25% report having engaged in self-injury during their life.^{3,8} Self-injury typically begins in adolescence and declines in young adulthood, although some may experience a different pattern of self-injury.^{1,9}

Risk factors

Some groups of young people are more likely to engage in self-injury than others. These groups include:

- women^{3,8}
- people who identify as 2SLGBTQI+^{8,10,11}
- people with a history of mental health problems,⁸ particularly depression⁹ and eating disorders¹²
- people who have experienced sexual assault, particularly rape¹³

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Post-secondary students who identify as 2SLGBTQI+ report more social stressors than heterosexual students, such as physical and sexual assault, intimate partner violence, discrimination and family problems.¹⁰ Increased social stressors may be one explanation for the increased rates of self-injury seen in 2SLGBTQI+ youth.^{10,11}



Protective factors

Protective factors, such as higher self-esteem and social support, can decrease the likelihood of self-injury.⁹ Another protective factor, cognitive reappraisal, involves reinterpreting an emotional situation in a way that changes the emotional impact⁹ – for example, after failing an exam, reframing thoughts from “I can never do anything right” to “I tried my best but that was a hard exam.”

What is the impact of COVID-19 on rates of self-injury?

Research is mixed on whether rates of self-injury have increased or decreased during the pandemic.



Researchers in the U.K. noted significant decreases in the number of patients presenting with self-injury to primary care and emergency departments at the start of the pandemic.^{14,15} However, aggregate hospital data from 10 countries shows that while the number of adolescents presenting to hospitals decreased, the proportion of those who presented with self-injury increased.¹⁶

Stressful life events like the pandemic have been shown to predict the onset of self-injury. On the other hand, online classes may lead to less bullying, which is a known risk factor for self-injury.¹⁷

However, these theories have not been proven. More research is needed on the long-term effects of the pandemic on self-injury.

Recommended treatments

Young people who self-injure are sometimes prescribed psychotropic medications, such as anti-depressants and anti-psychotics. There are also several recommended psychotherapies for young people who self-injure.

- Dialectical behaviour therapy, which teaches the client how to tolerate unpleasant feelings such as anger, shame and rejection.^{6,18}
- Cognitive behavioural therapy, which teaches the client to challenge distressing thoughts and work to change their negative thinking patterns.^{6,18}
- Dynamic deconstructive psychotherapy, which teaches the client how to label their emotions and discuss emotional and interpersonal situations in realistic ways.¹⁸

Alternative and replacement skills

There are several alternative and replacement skills that young people can learn to replace self-injury as a coping strategy.⁵ Here are a few.

- Negative replacement skills – for example, snapping an elastic band against their wrist, drawing lines with a marker where they would normally cut, scratching clothes.
- Diversion techniques to produce an intense sensation, such as taking a cold shower, running an ice cube over their body, watching a funny YouTube video.
- Relaxation techniques including deep breathing, meditation, hot shower, listening to music.
- Artistic expression – writing in a journal, playing an instrument, creating art.
- Physical activity such as dance, yoga, playing a sport in a non-competitive setting.

Young people who self-injure should be encouraged to develop a diverse toolkit of skills, as some skills are more beneficial in the long term than others.





Tips for supporting young people

- If the young person is actively self-injuring, ask that they stop for the duration of your conversation.
- Assess whether medical attention is required.
- Determine whether the young person is having suicidal thoughts.
- Explore times when the young person finds relief in other ways and encourage alternatives to self-injury.
- Explore questions such as:
 - What triggered your urge to self-injure (events, thoughts and feelings)?
 - How do you feel before you self-injure?
 - How do you feel afterwards?
 - How does self-injury help you feel better?⁵

In general, keep the focus on the person's goals, which may or may not include stopping self-injury. Remember that self-injury is a coping mechanism that makes the young person's life more manageable or less distressing. Understand that it takes time to learn healthy coping mechanisms.



In partnership with Kids Help Phone, ConnexOntario, 211 Ontario and the Knowledge Institute on Child and Youth Mental Health and addictions.



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