



# 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.<sup>1</sup>

Self-injury is different from suicidal behaviour, but people who self-injure are at higher risk for suicidal thoughts and suicide attempts.<sup>1,2</sup> 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<sup>1,3</sup>

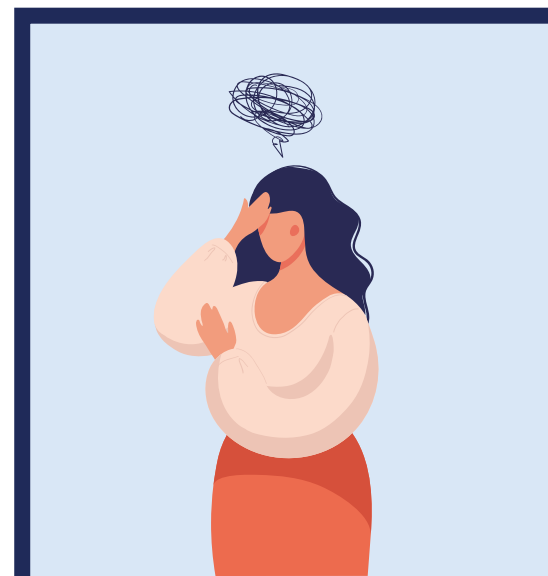
Cutting or scratching the skin is more common among young women, and punching objects to injure themselves is more common among young men.<sup>3</sup>

## Why do young people engage in self-injury?

Young people use self-injury to cope with overwhelming negative emotions.<sup>1</sup>

### 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.<sup>4</sup> 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.<sup>4</sup>





## Intrapersonal reasons

Using self-injury for intrapersonal reasons, like emotion regulation, is reported by 63% to 78% of young people.<sup>4</sup> 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.<sup>1,4,5</sup>

## In general

Self-injury is negatively reinforcing.<sup>6</sup> 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.<sup>7</sup>

## 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.<sup>3,8</sup> Self-injury typically begins in adolescence and declines in young adulthood, although some may experience a different pattern of self-injury.<sup>1,9</sup>

### Risk factors

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

- women<sup>3,8</sup>
- people who identify as 2SLGBTQI+<sup>8,10,11</sup>
- people with a history of mental health problems,<sup>8</sup> particularly depression<sup>9</sup> and eating disorders<sup>12</sup>
- people who have experienced sexual assault, particularly rape<sup>13</sup>

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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.<sup>10</sup> Increased social stressors may be one explanation for the increased rates of self-injury seen in 2SLGBTQI+ youth.<sup>10,11</sup>



## Protective factors

Protective factors, such as higher self-esteem and social support, can decrease the likelihood of self-injury.<sup>9</sup> Another protective factor, cognitive reappraisal, involves reinterpreting an emotional situation in a way that changes the emotional impact<sup>9</sup> – 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.<sup>14,15</sup> 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.<sup>16</sup>

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.<sup>17</sup>

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.<sup>6,18</sup>
- Cognitive behavioural therapy, which teaches the client to challenge distressing thoughts and work to change their negative thinking patterns.<sup>6,18</sup>
- Dynamic deconstructive psychotherapy, which teaches the client how to label their emotions and discuss emotional and interpersonal situations in realistic ways.<sup>18</sup>

## Alternative and replacement skills

There are several alternative and replacement skills that young people can learn to replace self-injury as a coping strategy.<sup>5</sup> 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?<sup>5</sup>

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.



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