NONSUICIDAL SELF-INJURY (NSSI)

FACT SHEET

About NSSI

Self-injury or self-harm are not simply alternative phrases for suicide. While for some, attempts at suicide are the reason for self-injury, for others self-injury may be a method of releasing emotions, pain, and suffering. This is referred to as nonsuicidal self-injury (NSSI). The following information regarding warning signs, risk factors, and prevention methods may be helpful in assisting the student who has behaviors related to NSSI. If it is suspected that a student is self-harming with the intention of taking his own life, refer to the fact sheet on suicide for additional information.

Who Is Impacted?

Obtaining statistics for self-injury is difficult, as the act is typically completed in private and hidden from others. Given that limitation, the information below outlines some basic facts surrounding those who self-injure.

- Onset of self-injurious behavior begins on average between 11 and 15 years old.[1]
- NSSI impacts those with mental illness at a higher rate, impacting one out of four individuals.[2]
- Females who identify as bisexual may be at higher risk for NSSI behavior.[3]
- Adolescents and young adults who engage in NSSI are at a higher risk for attempting suicide.[4]
- Recently, researchers have estimated a prevalence of 17.2% of adolescents who have reported engaging in NSSI[5].

What Does It Look Like?

The following signs (risk factors, symptoms, and reasons) may indicate that a child or an adolescent is at risk for, or engaging in, NSSI:[6]

Risk Factors
- History of child abuse (particularly sexual abuse)
- Mental illness
- Abuse of drugs or alcohol
- History of trauma
- Exposure to a stressful event(s), including loss of a loved one, incarceration, violence, and illness among others
- Knowing an individual who self-injures
- Previous attempts of self-injury or suicide

Symptoms
- Cuts, scars, burns, or bruises on areas such as the arms, legs, or stomach
- Unusual changes in appetite or mood
- Sleeping too much or too little
- Pulling hair
- Excessive tattoos or piercings
- Withdraws from social interactions or usual activities
- Frequently wearing articles of clothing to cover arms or legs (even during warmer temperatures)

Reasons for Self-Harm
- Provides a sense of control
- Rebellion
- Mental health concerns such as anxiety, depression, PTSD, eating disorder, or bipolar disorder
- Peer pressure or acceptance
- Release of pain – provides relief
- Distraction or detachment from feelings or emotions

How Schools and Educators Can Help

Education

If a student is in immediate danger, follow the building crisis protocol and consult the steps on the Suicide Fact Sheet for additional information.

Understand the risk factors and symptoms. Although it may be difficult to identify self-injury given its secretive nature, educating oneself with the possible warning signs associated with such behavior is important for observing signs that may otherwise be overlooked. In that connection, it is also important to understand cultural norms that may involve practices (e.g., piercings) that could be confused with self-injury. Discuss concerns with an SMHP or the student's parents if concern is experienced. Schools should also consider crisis management protocols for NSSI.

Prevention

Identify appropriate coping mechanisms. If a student is engaged in NSSI in order to release pain or detach from unwanted emotions, learning healthy coping mechanisms is key. Identifying student strengths or supports is important in finding alternative behaviors or encouragement through difficult times.

Be aware of self-harm presented in the media. Children and adolescents are immersed in many forms of media, including television, magazines, books, Internet videos, music, film, and social media. Adults should pay careful attention to students' media consumption, taking note of any methods that promote or glamorize self-harm. In contrast, media can also provide support for students who are looking to identify healthy coping mechanisms, decrease loneliness, or provide an outlet for engagement but with careful consideration.

Intervention

Don't be afraid to ask students about self-harm. If it is suspected that a student is engaging in NSSI behavior, it is important to initiate a conversation with him. Express concern, including behaviors or signs that have been observed, and ask what would be helpful in order to assist the student. Working with an SMHP can be helpful in addressing the concern with the student and parents or caregivers, and in identifying additional supports.

Allow for healthy coping within the classroom. An SMHP can assist with the development of coping skills to address feelings of stress, frustration, anger, and concern. A team approach, including classroom instructors, staff, and family, is critical in incorporating these skills throughout the student's daily routine.

Develop a plan to support the student. Working with an SMHP or other trusted adult, a student can develop a plan for individuals to talk to and alternative methods of releasing or addressing painful emotions when needed.

References

[1]   The Cornell Research Program on Self-Injury and Recovery. (2016). *When does self-injury start and how long does it last?* Retrieved from http://www.selfinjury.bctr.cornell.edu/about-self-injury.html#tab4

[2]   DeRuyck, K., & Resetar, J. (n.d.). *Understanding teen cutting and self-harm*. Retrieved from http://www.boystown.org/parenting/article/understanding-teen-cutting-and-self-harm

[3]   The Cornell Research Program on Self-Injury and Recovery. (2016).

[4]   Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Baral Abrams, G., Barreira, P., & Kress, V. (2013). Nonsuicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health, 52*(4), 486-92. doi:10.1016/j.jadohealth.2012.09.010

[5]   Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014), Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior, 44,* 273-303. doi:10.1111/sltb.12070

[6]   U.S. Department of Veterans Affairs: National Center for PTSD. (2015, August 13). *Self-harm and trauma*. Retrieved from http://www.ptsd.va.gov/public/problems/self-harm.asp; DeRuyck, K., & Resetar, J. (n.d.). *Understanding teen cutting and self harm*. Retrieved from http://www.boystown.org/parenting/article/understanding-teen-cutting-and-self-harm; and Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare. (2012). *Youth mental health first aid USA for adults assisting young people*, pp. 143-144.

Resources

- **Cornell Research Program of Self-Injury and Recovery**
  http://www.selfinjury.bctr.cornell.edu/index.html

- **Cornell Research Program on Self-Injury and Recovery, Non-Suicidal Self-Injury in Schools: Developing & Implementing School Protocol Fact Sheet**
  http://www.selfinjury.bctr.cornell.edu/perch/resources/non-suicidal-self-injury-in-schools.pdf

- **American Academy of Child & Adolescent Psychiatry**
  http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx

- **Boys Town: Understanding Teen Cutting and Self-Harm**
  http://www.boystown.org/parenting/article/understanding-teen-cutting-and-self-harm

- **Child Mind Institute: Suicide and Self-Injury**
  http://www.childmind.org/en/suicide-self-injury/home/

- *The Girl in the Mirror*: **Behavioral Health of Adolescent Girls (SAMHSA Presentation)**
  http://www.samhsa.gov/women-children-families/trainings/girl-mirror

- **U.S. Department of Veterans Affairs: National Center for PTSD**
  http://www.ptsd.va.gov/public/problems/self-harm.asp