

## Nonsuicidal Self-Injury

According to Cornell University, self-injury also known as self-harm or nonsuicidal self-injury (NSSI) “is the deliberate, self-inflicted destruction of body tissue resulting in immediate damage, without suicidal intent and for purposes not culturally sanctioned.” Cornell University is one of the leaders of NSSI research in the United States. Since the 1990s there has been increased attention given to NSSI in the media. Researchers in the field believe the prevalence of self-injurious behavior has increased since the early 2000s, but it is difficult to tell whether this is related to the increase in attention given to the behavior or if the behavior truly is more prevalent. Based on current world-wide research, it is estimated that 17.2% of adolescents self-injure and 13.4% of young adults self-injure. However, some US studies estimated that the prevalence in adolescents is as high as 37%.

Self-injurious behavior can begin at any age, but typically begins between ages 11 and 15 years. It is estimated that the majority stop the behavior within 5 years. It can be difficult to identify a person who self-injures because they often attempt to hide their injuries. Self-injury commonly occurs on the hands, wrists, stomach and thighs. Individuals who self-injure are more likely to wear long sleeve shirts and long pants in the summer to hide injuries or scars. They may also want to be alone for long periods of time or report accidents frequently. Common behaviors associated with self-injury include the following:

- Intentional cutting of the skin
- Burning
- Punching objects to hurt oneself
- Picking skin
- Hitting
- Head Banging



Skin cutting is the most common way people self-injure (70-90%), followed by hitting or head banging (21-44%) and burning (15-35%). There are numerous ways people self-injure that are not listed above. The most important aspect of NSSI is the reason why a person self-injures, not necessarily how the person self-injures.

Individuals have reported that self-injuring “provides a way to manage intolerable feelings or a way to experience some sense of feeling” (Cornell University). Self-injurious behavior can also be a way to cope with anxiety, depression, trauma or overwhelming emotions. Those who have experienced childhood abuse or sexual abuse are more likely to self-injure. There is also an association between eating disorders and self-injurious behavior. Individuals who self-injure reported feeling a need for control and to protect themselves from emotional pain, which self-injuring satisfies temporarily. Self-injury can provide a release for a person who has difficulty dealing with emotions.

Individuals who self-injure do not typically self-injure with the intention of completing suicide. However, they are at a higher risk for suicidal thoughts. It is critical to talk to the individual about their behaviors and intentions before ruling out suicidal ideation.

Some schools have reported a fad quality to self-injurious behaviors. Though it is more common for individuals to hide their behaviors and injuries, influential videos and images can and do circulate among

youth. Youth who do not have strong relationships with parents or peers, or have a co-occurring disorder, like depression, are at risk for recognizing injurious behaviors as an effective coping strategy. Schools need to be cautious when discussing NSSI to reduce contagion. It is not appropriate to discuss NSSI at a school assembly.

Schools are encouraged to implement a protocol for addressing NSSI. Having a crisis team in place or a point person assigned to work with self-injurious students is also beneficial. To read more about implementing school protocol use this link <http://www.selfinjury.bctr.cornell.edu/perch/resources/non-suicidal-self-injury-in-schools.pdf>. If you believe one of your students is self-injuring, help them find a safe space and contact your crisis team or point person to do an assessment.

Parents, if you believe your child is self-harming, talk to your child in a calm and nonjudgmental manner. Use the questions listed in this article <http://www.selfinjury.bctr.cornell.edu/perch/resources/info-for-parents-english.pdf> to gain a better understanding of why your child is engaging in this behavior. Speak to your SCIP team about setting up an appointment for a SCIP screening. Identify and practice healthy coping strategies and stress management strategies together.

Resources:

<http://www.mentalhealthamerica.net/self-injury>

<http://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Self-harm>

<http://www.selfinjury.bctr.cornell.edu/index.html>

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Self-Injury-In-Adolescents-073.aspx)