

# RESEARCH



## The Cutting Edge: Non-Suicidal Self-Injury in Adolescence

by Janis Whitlock

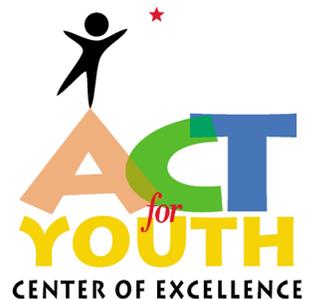
Young people and those who support them are increasingly aware of the practice of self-injury among adolescents. This article offers a brief overview of what is called non-suicidal self-injury (NSSI), and provides starting points for proactively addressing, detecting, and responding to NSSI in adolescents. I focus here on general adolescent populations; self-injury in individuals with clear and identified psychiatric disorders may look somewhat different.

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

The International Society for the Study of Self-injury defines non-suicidal self-injury as the deliberate, direct, and self-inflicted destruction of body tissue resulting in immediate tissue damage, for purposes not socially sanctioned and without suicidal intent. “Not socially sanctioned” is important because it implies that behaviors such as tattooing and piercings are not technically considered non-suicidal self-injury—although excessive tattooing and piercing may sometimes be harmful and may be undertaken with the same intentions. NSSI is, by definition, a set of behaviors undertaken without suicidal intent, although it may be related to suicide behaviors in some important ways (International Society for the Study of Self-injury, 2007).

The term “self-injury” refers to a broad range of behaviors (Whitlock, Eckenrode, & Silverman, 2006; Yates, 2004) that result in the damage of body tissue inside or outside of the body. Some of the most commonly known include:

- Severely scratching or pinching with fingernails or other objects to the point that bleeding occurs or marks remain on the skin



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- Cutting, ripping, or carving words or symbols into wrists, arms, legs, torso, or other areas of the body
- Banging or punching objects or oneself to the point of bruising or bleeding (with the conscious intention of hurting the self)
- Biting to the point that bleeding occurs or marks remain on skin
- Pulling out hair, eyelashes, or eyebrows with the overt intention of hurting oneself
- Intentionally preventing wounds from healing
- Burning the skin
- Embedding objects into the skin



This is not an exhaustive list—researchers have identified nearly 20 distinct forms of self-injury—but these examples offer a sense of the variety of forms in use. It is important to note that although “cutting” is the most well known of self-injury forms, it is not the only form used. Indeed, some studies suggest that cutting may not even be the most common form among some adolescent and young adult groups (Whitlock, Eckenrode, et al., 2006). Among individuals who engage in repeat self-injury, the vast majority use multiple NSSI forms.

*There is no single self-injurer profile.*

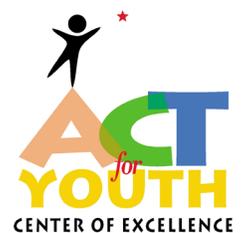
## Prevalence

How common is self-injury? Estimates vary depending upon the population studied and assessment tools used. In general, studies suggest that about 13% to 25% of adolescents and young adults surveyed in schools have some history of self-injury (Rodham & Hawton, 2009). However, many of these young people engage in self-injury once or twice, then stop. Others become chronic self-injurers. Studies of self-injury in college populations suggest that about 6% of the college population are actively and chronically self-injuring, while many more have some history of self-injury. While there are no analogous statistics for adolescent populations, prevalence is likely to be roughly similar. Middle school populations may have somewhat higher prevalence since that is the age at which most individuals initiate self-injury. (Whitlock, Eckenrode, et al., 2006; Gollust, Eisenberg, & Golberstein, 2008).

## Who self-injures?

There is no single “self-injurer” profile. Although many people associate self-injury with middle to upper class white females, few studies support this assumption. It does appear to be true, however, that self-injury is largely an adolescent phenomenon. There is broad agreement that the average age of onset is 14-16, but it is also true that individuals can begin injuring in childhood and adulthood. At least two college studies show that about a quarter of those reporting self-injury started in the college years (Whitlock, Eckenrode, et al., 2006; Jacobson & Gould, 2007; Whitlock, Muehlenkamp, et al., 2009).

The literature on self-injury prevalence and gender is mixed. While some studies show it to be more common among females, other studies suggest that it is as prevalent in males as in females. It is widely agreed, though, that self-injury is much more visible among females than among males (Whitlock, Muehlenkamp, et al., 2009). Similar



ambiguity exists in the literature of self-injury and race with some studies showing it to be most common among white youth and other studies suggesting no significant differences (Whitlock, Eckenrode, et al., 2006; Whitlock, Muehlenkamp, et al., 2009). There have been few studies of socioeconomic status and self-injury, and thus far few significant differences have been shown (Jacobson & Gould, 2007).

Indeed, the only demographic variable to be significantly linked to NSSI is sexual orientation. Sexual minorities appear to be at higher risk than their heterosexual peers. In fact, youth identifying as bisexual or questioning have been shown to be at significantly elevated risk for self-injury compared to both their heterosexual and homosexual peers (Whitlock, Eckenrode, et al., 2006; Whitlock, Muehlenkamp, et al., 2009). This is particularly true for females.

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### Self-injury and suicide

It is common for those unfamiliar with self-injury to assume that it is a suicide attempt or gesture. In fact, lack of suicidal intent is one of the defining characteristics of NSSI, and typically the intention of self-injury is exactly the opposite of suicide. Individuals who self-injure are generally aiming to feel better, not end life. While suicide attempts are undertaken with some intent to end life, NSSI is typically undertaken with the intention of self-integrating and preserving life (Walsh, 2006).

That said, it is important to note that individuals with a history of self-injury are at higher risk for suicide thoughts, gestures, and attempts and, because of this, need to be assessed for suicide risk. One study found that individuals reporting NSSI were nine times more likely to report having made a suicide attempt at some point in their life. Since both behaviors indicate underlying distress which may or may not be successfully mitigated through NSSI or other self-medicating or soothing behaviors, it is entirely possible for someone practicing self-injury to also be suicidal. Indeed, at least one study has shown that even individuals who have ceased practicing self-injury may be at heightened risk for suicidality at a later point in life (Whitlock & Knox, 2007).

### Underlying causes and motivations

Current research suggests that self-injury shares many of the risk factors of other negative coping mechanisms: history of child trauma and/or abuse (particularly sexual or emotional abuse), poor family communication, low family warmth, and/or perceived isolation (Yates, 2004).

Why do people continue to self-injure? What purpose does it fulfill? Most often, NSSI is used to regulate intense negative emotion: individuals self-injure to calm down quickly



when feeling very emotional or overwrought. People who self-injure often have high sensitivity to emotion and difficulty handling negative feelings. Although the practice may dispel strong feelings in the short term, over time individuals with a history of self-injury are likely to experience intense shame or a sense of lack of control (Yates, 2004; Chapman, Gratz, & Brown, 2006).

Others use NSSI to evoke emotion when they feel numb or dissociated. Self-injury may also be used as a means of self-control, punishment, or distraction. Some people report self-injuring to increase energy or improve mood. Self-injury may also be used to solicit attention from adults or peers, or to be part of a group (Whitlock, Muehlenkamp, et al., 2009).

Those who self-injure cite a number of motivations; it is rare that self-injury fulfills only one function, particularly when practiced regularly (Whitlock, Muehlenkamp, et al., 2009).

Why self-injury seems to work so well to achieve these aims is not clear, but scholars theorize that it may have to do with chemicals that may be produced in the body as a response to injury or anticipated injury. If so, it is probably most correct to see self-injury as a form of self-medication (Klonsky, 2007; Nock & Prinstein, 2005; Sher & Stanley, 2009).

## Contagion

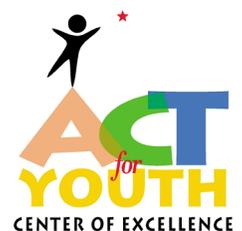
We will never know if self-injury rates actually increased over the past decade, but most people suspect they have. Since self-injurious behavior in youth was rarely tracked prior to the late 1990s and early 2000s, it is impossible to know for sure; however, youth-serving professionals consistently report an increase in NSSI among youth over the past decade (Whitlock, Purington, & Gershkovich, 2009).

Regardless of whether prevalence has increased, it is clear that awareness of self-injury has increased significantly. Since the 1980s, references to NSSI in media stories and popular culture have risen sharply, and may be contributing to an increase in prevalence (Whitlock, Eells, Cummings, & Purington, 2009). Self-injury appears to be more common among youth with high exposure to NSSI images, stories, or messages (Whitlock, Purington, et al., 2009; Whitlock, Powers, & Eckenrode, 2006). Although we can never empirically know whether media has influenced the spread of self-injurious behavior, many studies have shown that media do play a significant role in the spread of related behaviors such as suicidality, violence, and disordered eating (Whitlock, Purington, et al., 2009).

The Internet may be another vector for social contagion since it serves as a platform for hundreds of message boards, YouTube videos, and social networking sites where individuals with a history of or interest in self-injury provide informal support or share ideas. Parents and youth-serving professionals would be wise to become aware of how self-injurious youth socialize online. Although online communities can be important allies in cessation of self-injury, they can also serve to reinforce the behaviors and the stories that go along with it (Whitlock, Powers, et al., 2006; Murray & Fox, 2006; Whitlock, Lader, & Conterio, 2007).

## Why do youth self-injure?

- To regulate intense negative emotion
- To evoke emotion when feeling numb
- To exert self-control or punishment
- As a distraction
- To stimulate a high or rush
- To get attention from adults or peers
- To attain group membership



## Resources

### Books

- Walsh, B. W. (2005). *Treating self-injury: A practical guide*. New York: Guilford Press.
- Conterio, K., & Lader, W. (1998). *Bodily harm: The breakthrough treatment program for self-injurers*. New York: Hyperion Press.
- Selekman, M (2009). *The adolescent and young adult self-harming treatment manual: A collaborative, strengths-based brief therapy approach*. New York: WW Norton.

### Websites

- Cornell Research Program on Self-Injurious Behaviors (CRPSIB): [www.crpsib.com](http://www.crpsib.com)
- Safe Alternatives: <http://www.selfinjury.com/index.html>
- The National Self-Harm Network (UK): <http://www.selfharm.org.uk/default.aspa>
- The Self-injury Foundation: <http://www.selfinjuryfoundation.org/>
- The American Self-Harm Information Clearinghouse (ASHIC): <http://www.selfinjury.org/indexnet.html>

### CRPSIB Fact Sheets

<http://www.crpsib.com/resources.asp>

- [Top 15 Misconceptions about Self-Injury](#) (pdf)
- [Coping](#) (pdf)
- [Distraction Techniques](#) (pdf)
- [Information for Parents](#) (pdf)
- [How can I help a friend who self-injures?](#) (pdf)

## Warning signs

How can you tell if someone is self-injuring? Often a person who is injuring will take steps to hide the injuries. Here are a few things to look for:

- Unexplained or clustered scars or marks
- Fresh cuts, bruises, burns, or other signs of bodily damage
- Bandages worn frequently
- Inappropriate dress for the season, such as long shirts or long pants worn consistently in summer
- Unwillingness to participate in events that require less body coverage (such as swimming)
- Constant use of wrist bands
- Odd or unexplainable paraphernalia such as razor blades or other cutting implements
- Physical or emotional absence, preoccupation, distance
- Social withdrawal, sensitivity to rejection, difficulty handling anger, compulsiveness
- Expressions of self-loathing, shame, and/or worthlessness

It is important to note that although many self-injurious youth do become emotionally withdrawn, not all do. There are a significant number of highly functional and socially engaged individuals who self-injure (Whitlock, Eckenrode, et al., 2006).

## When you suspect self-injury

What do you do when you suspect someone is self-injuring? Most importantly, be direct and honest about what you are observing and your concerns. Ask directly: "I notice that you have wounds or scars on your arms and know that this can be a sign of self-injury/cutting. Are you injuring yourself?" If the individual indicates that they are, assess whether they have and use resources ("Are you talking with someone about your self-injury?"). If the individual says that they are not self-injuring or evades the question, do not push: It is important to respect privacy, unless, of course, you're worried about their life being in danger. If they deny self-injuring, just keep the door open: "If you ever want to talk about anything, I am available."

It is not uncommon for people in the life of someone who self-injures to stop asking or to pull away when they believe someone is



not being honest. It is important, however, to stay connected and to look for further opportunities to ask—particularly if there is continuing evidence that your suspicion is correct.

Whether or not you are able to directly address the behavior with self-injuring young people, you may be able to help by offering perspective on the importance of accepting emotion, and expanding their capacity to identify and use positive coping mechanisms. Look for opportunities to help them dispel negative emotion in ways that are comfortable and healthy.

It is also important to educate yourself. Understanding signs, symptoms, respectful response strategies, and local resources is helpful.

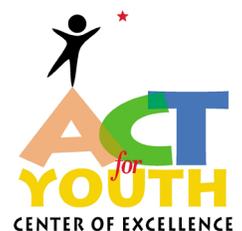
Encountering self-injury can be uncomfortable. If you are not sure how to react, try not to react at all, since no reaction may be better than a negative reaction. However, don't stop there. In addition to educating yourself, it is often helpful to talk about your reactions and feelings with someone you trust. Having the opportunity to vent to someone else may help to keep you emotionally balanced when you do directly raise the issue with a person who self-injures.



## Helping someone who is self-injuring

What do we do when we are certain someone is self-injuring? It's important to remember that no one can "fix" another person. Our main contribution to someone who self-injures may be to provide support and honesty. These tips provide a starting point:

- Respond with calm concern, rather than with shock or emotional displays. One way to engage someone is to show what self-injury treatment veteran Barry Walsh identifies as "respectful curiosity"—asking simple questions that allow you to garner important information and provide an opening for sharing. Examples of "respectfully curious" questions (Walsh, 2006; Selekman, 2009) include:
  - "Where on your body do you tend to injure yourself?"
  - "Do you find yourself in certain moods when you injure yourself?"
  - "Are there certain things that make you want to injure yourself?"
- Assess immediate danger such as the severity of the injury (does it need immediate medical attention?). If you are a medical or mental health provider, it is also good to assess suicide risk and, if you are based in a school or youth group, risk of contagion (Walsh, 2006).
- Engaging the young person directly in assessment of the behavior, consequences, and next steps is important. It's also important, particularly if you are a friend or parent, to engage others who are in a position to offer support, guidance, and advice—for the young person, and for you as well (Walsh, 2006).





- Continue to educate yourself about self-injury. It is also useful to help self-injurious youth understand the risks of contagion and the importance of avoiding a behavior that could hurt a friend.
- Become aware of local resources for referring a self-injurious youth. Although some youth do recover from self-injury without psychological treatment, many really need that type of support to identify and address the underlying causes.

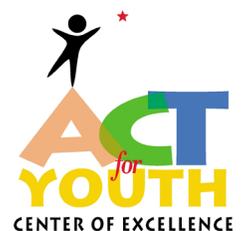
## Identifying and preventing contagion

Studies of NSSI contagion among adolescents in community settings are rare—largely because it is very difficult to design an effective study. Studies conducted in clinical institutional settings, however, show that self-injury can be very contagious. A number of scholars have suggested that the same trends occur in school settings (Walsh, 2006; Walsh & Doerfler, 2009).

Although there is no magic bullet for preventing contagion in community settings such as schools and youth-serving organizations, here are a few practical pieces of advice based on what we know about self-injury contagion and about social contagion in general:

- Be sure staff are educated about NSSI characteristics and point people are identified with whom self-injurious students can speak
- Help self-injurious students—especially those who are considered “cool” or serve as role models—to understand that it hurts others when they talk about or show their self-injury to peers
- Ask students not to appear in school with uncovered wounds or scars (this may require extra sets of clothing to be kept at school)

Self-injury is a response to stress, and most of us develop healthy tools for handling stress as we grow and learn. Helping youth see and build on their strengths is an important step in helping them to learn the skills needed to flourish. ★



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