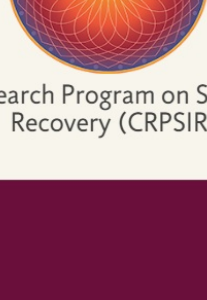


SELF-INJURY



Cornell Research Program on Self-Injury and Recovery (CRPSIR)

NSSI

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.

(Does not include tattoos or body piercings unless done with intent to harm)

Self-injury can include a variety of behaviors but is most commonly associated with:

- intentional carving or cutting of the skin
- subdermal tissue scratching
- burning oneself
- banging or punching objects or oneself with the intention of hurting oneself
- embedding objects under the skin

Over **16**

Forms of documented self-injury

Over **63%**

Of those with NSSI experience use more than one form of NSSI

WHERE?

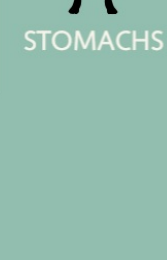
Self-injury can be performed on any part of the body but most often occurs on:



HANDS



ARMS



STOMACHS



THIGHS

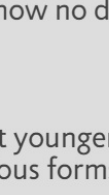
SEVERITY CAN RANGE FROM :

Superficial Wound



to

Lasting Disfigurement

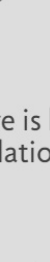


MYTH

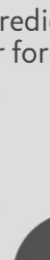
'The average person who self-injures is female, white, and part of the middle-upper class.'



Some studies show females are more likely to self-injure; others show no difference

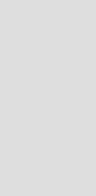


Females tend to start younger, injure longer, & use more serious forms (cutting)



Males are more likely to injure while high or drunk and are more likely to injure in a social setting

No differences in self-injury by SES or ethnic/racial identity



Transgender studies are rare, so there is limited data on self-injury in this population



Sexual orientation is a potent predictor of self-injury. Bisexuality is a really strong risk factor for self-injury, especially for females.



WHO?

PREVALENCE

How common is self-injury among adolescents and young adults worldwide?

17.2%
ADOLESCENTS

13.4%
YOUNG ADULTS

5.5%
ADULTS

US STATISTICS

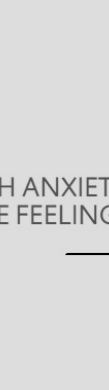
At least **12-37%** adolescents

At least **12-20%** young adults

*based on recent research syntheses

SELF-INJURY TIMELINE

END



Average onset: 15 years old

25%

Of those who self-injure have only one episode

5

Majority starting after 5 years of starting NSSI

START

WHY?

a few of the many diverse reasons people self-injure

FEELS GOOD/ENERGY RUSH

FEEL IN CONTROL OF BODY/MIND

RELIEVE STRESS OR PRESSURE

COPE WITH ANXIETY/NEGATIVE FEELINGS

EXPRESS FEELINGS

DISTRACT AND/OR PURIFY THEMSELVES

SOMETIMES THERE IS NO DISTINCT REASON

TO COPE WITH A HISTORY OF TRAUMA

ASSOCIATED WITH SELF-INJURY

BORDERLINE PERSONALITY DISORDER

SUBSTANCE ABUSE

DEPRESSION

CHILDHOOD ABUSE (ESPECIALLY SEXUAL ABUSE)

SEVERE ABUSE/ABUSE BY A FAMILY MEMBER

PTSD

ANXIETY DISORDERS

EATING DISORDERS

DANGERS OF SELF-INJURY

Self-injury can become habitual and hard to stop

The Idea of self-injury can be spread through media

Self-injury can be contagious esp. in teen peer groups

Few seek medical assistance even when needed

Broad consensus that self-injury is rising in prevalence

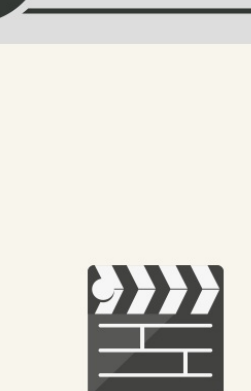
PREVENTION

1 ENHANCE CAPACITY TO EXPERIENCE AND REGULATE DIFFICULT EMOTIONS



2 PROMOTE STRATEGIES TO INTERRUPT NEGATIVE THINKING

3 AVOID UNINTENTIONALLY TEACHING YOUTH TOO MUCH ABOUT NSSI FORMS & PRACTICES. INSTEAD, FOCUS ON INCREASING STAFF CAPACITY TO RECOGNIZE DISTRESS.



4 PROMOTE POSITIVE NORMS RELATED TO COMMUNICATION ABOUT MENTAL & EMOTIONAL STATUS/NEEDS



BE AWARE YOU ARE A MODEL OF HOW TO COPE WITH EMOTION

5 EDUCATE YOUTH TO UNDERSTAND THE ROLE MEDIA PLAYS IN INFLUENCING BEHAVIOR



6 ADDRESS SOURCES OF STRESS IN EXTERNAL ENVIRONMENT

For more information on self-injury, intervention, treatment, and much more check-out:

The Cornell Research Program on Self-Injury and Recovery

Website: <http://www.selfinjury.bctr.cornell.edu/>

Facebook: www.facebook.com/CRPSIR

Twitter: <https://twitter.com/selfinjurybctr>

