

The Frequent Occurrence of Non Suicidal Self-Injury (Nssi)



Renee N Bauer and Emily J Cannon*

Assistant Professors, School of Nursing, College of Health and Human Services, Indiana State University, Terre Haute, United States

Received: 📅 March 12, 2018; Published: 📅 March 15, 2018

*Corresponding author: Dr Emily J Cannon, Assistant Professor, College of Health and Human Services, Indiana State University, Terre Haute, United States

Introduction

Non suicidal self-injury (NSSI) is the repetitive self-harming behavior consisting of intentional injury of one's body tissue without suicidal intent and is not sanctioned by society In-Albon [1]. Additionally, this behavior has to be repetitive to be considered clinically significant; at least five times in one year are necessary criteria (Diagnostic and statistical manual of mental disorders, 5th Edn; DSM-5). It is important to note that piercings and tattoos, while sometimes injury to the skin, are not seen as NSSI due to the fact of the prevalence and acceptance in our society In-Albon. Those of us working in health care are familiar with increases in artistic expression but, we have not been well educated on NSSI. In the child and adolescent psychiatric inpatient setting, over 49% were found to participate in this self-harming activity. It is time we address this phenomenon.

Frequently, NSSI will consist of cutting, burning, scratching, interfering with wound healing or biting Horner, Southard, Bauer and Kummerow [2,3]. The most commonly used method of harming is cutting or carving. The legs, arms and stomach are the most common sites of abuse Nock [4]. Currently, there has been a research suggesting area that is normally covered and is abused such as abdomen and upper thighs are of great concern Laukkanen, Rissanen, Tolmunen, and Kylma & Hintikka [5]. Furthermore, adolescents who partake in this behavior often attempt to cut deeper and more severely. Episodes often increase in individuals who may superficially injure at the initial onset. Those with anxiety, depression, and eating disorders are at an increased risk of developing this coping style Gonzales & Bergstrom [6].

At one time, borderline personality disorder (BPD) was the only diagnosis linked to this dysfunctional behavior; it is in fact a diagnostic criterion. However, NSSI can be present without the diagnosis of BPD. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition DSM-V; American Psychiatric Association [APA] [7] lists NSSI as a separate diagnosis, hopefully, with more cases being appropriately diagnosed early.

One patient explicitly described their experience, "I had a routine. I had my perfect instrument I used, always. Going into the bathroom, I would run the water and cut. I cut faster and deeper. The finished act was when I saw the blood. It was relief." I listened intently and knew I had to educate the public on the danger of this activity, and the increase in NSSI. R Bauer, personal communication. Unfortunately this is not an isolated incident, recently a colleague, an adult nurse family practitioner recounted her experience," I saw a college student, they were all cut up-I didn't know what to think. They couldn't cope." D. Vincent, personal communication.

Summary of Key Findings

Increasing Facts Regarding NSSI- it is on the Rise

As previously stated, twenty years ago, few cases of NSSI were seen regularly. Individuals, especially adolescents, admitted for psychiatric problems were admitted with superficial injury and yet, this was not a common occurrence. Full body assessments were done on everyone and it was rare to find NSSI (R. Bauer, personal communication July 6, 2016). Currently, the largest percentage of adolescent patients on a psychiatric unit self-injures Horner. It has become so common place that psychiatric nurses are anticipating it. Approximately, 7% to 14% of all adolescents deliberately self-injure themselves at least once. In addition, 4% of the adult population engages in NSSI. Anecdotally, clinicians, teachers, and other health professionals report that NSSI has been increasing dramatically over the years Nock. Particularly concerning is the documented association between NSSI and suicidality Tanner, Hasking & Martin [8]. A history of NSSI is one of the strongest predictors of later suicidal behavior. Ironically, between 59 and 72% of individuals who self-injure do not have suicidal intentions at the time of NSSI. Knowing these statistics should alert health care technicians regarding the seriousness of these phenomena.

Who it Affects

The predominant category of those performing NSSI is adolescent. The onset of NSSI frequently occurs in early

adolescence between 11 to 15 years, sometimes continuing into adulthood Horner. Those that partake in NSSI across the university years reported greater levels of psychosocial distress as compared to their younger counterparts Hamza and Willoughby [9]. Past studies have documented NSSI in the college student, associated with perfectionism and mental distress. They also identify with being non-heterosexual Kokaliari [10]. Predominantly, those that perform NSSI are female and they frequently engage in cutting and scratching; males commonly engage in burning and self-hitting Horner, Southard, Bauer, and Kumerow, This behavior is known to occur across all racial and ethnic groups Choate [11].

Treatment

The treatment modality that has gained the most empirical support is dialectical behavior therapy (DBT) Choate. This was first instituted by Marsha Linehan for adult clients suffering from borderline personality disorder. Its effectiveness has been demonstrated on seven separate occasions using randomized control trials with four independent research teams. DBT can be used in both inpatient and outpatient settings. Individual therapy consists of involvement with a primary counselor who conducts weekly sessions Choate. It is imperative to have a strong relationship promoting change, while learning new strategies for coping and with stressful thoughts and feelings. Collaboration and support from the counselor are elements vital for the relationship to be successful and the patient to grow.

References

1. In-Albon T (2015) Non suicidal self-injury in adolescents: What is known about this new research diagnosis? *European Psychologist* 20(3): 167-175.

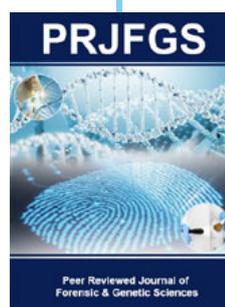
2. Horner G (2016) Non suicidal self-injury. *Journal of Pediatric Health Care* 30(3): 261-267.
3. Southard E, Bauer R, Kumerow A (2016) The cutting edge: Valuable assessment skills for the nurse practitioner regarding self-mutilation. *Nurse Practitioner Women's Healthcare*.
4. Nock MK (2010) Self-injury. *Annual Review of Clinical Psychology* 6: 339-363.
5. Gonzales AH, Bergstrom L (2013) Adolescent non-suicidal self-injury (NSSI) interventions. *Journal of Child and Adolescent Psychiatric Nursing* 26(2): 124-130.
6. Laukkanen E, Rissanen ML, Tolmunen T, Kylma, Hintikka J (2013) Adolescent self-cutting elsewhere than on arms reveals more serious psychiatric symptoms. *European Child Adolescent Psychiatry* 22(8): 501-510.
7. American Psychiatric Association (2014) *Diagnostic and Statistical Manual of Mental Health Disorders: 5th Edition*. DC: American Psychiatric Publishing, Washington, USA.
8. Tanner AK, Hasking P, Martin G (2015) Suicidality among adolescents engaging in non suicidal self-injury (NSSI) and fire setting: The role of psychosocial characteristics and reasons for living. *Child and Adolescent Psychiatry and Mental Health* 9: 33.
9. Hamza C, Willoughby T (2014) A longitudinal person-centered examination of non suicidal self-injury among university students. *Journal of Youth and Adolescence* 43(4): 671-685.
10. Kokaliari E (2014) An exploratory study of the nature and extent of non suicidal self-injury among college women. *International Journal of Population Research* p. 7.
11. Choate L (2012) Counseling adolescents who engage in non suicidal self-injury: A dialectical behavioral therapy approach. *Journal of Mental Health Counseling* 34(1): 56-71.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: [Submit Article](#)

DOI: [10.32474/PRJFGS.2018.01.000110](https://doi.org/10.32474/PRJFGS.2018.01.000110)



Peer Reviewed Journal of Forensic & Genetic Sciences

Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles