# SUICIDE

Across the Lifespan

### ABOUT ABCT

ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

# We do that in a few ways by

- respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.
- develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.
- develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.







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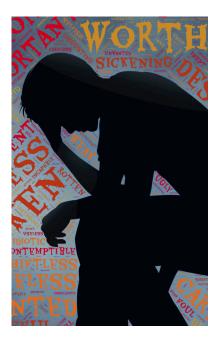
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### CONTRIBUTORS

Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your commitment to those in your care.

ingratitude

#### YOUTH 5 TO 24 YEARS



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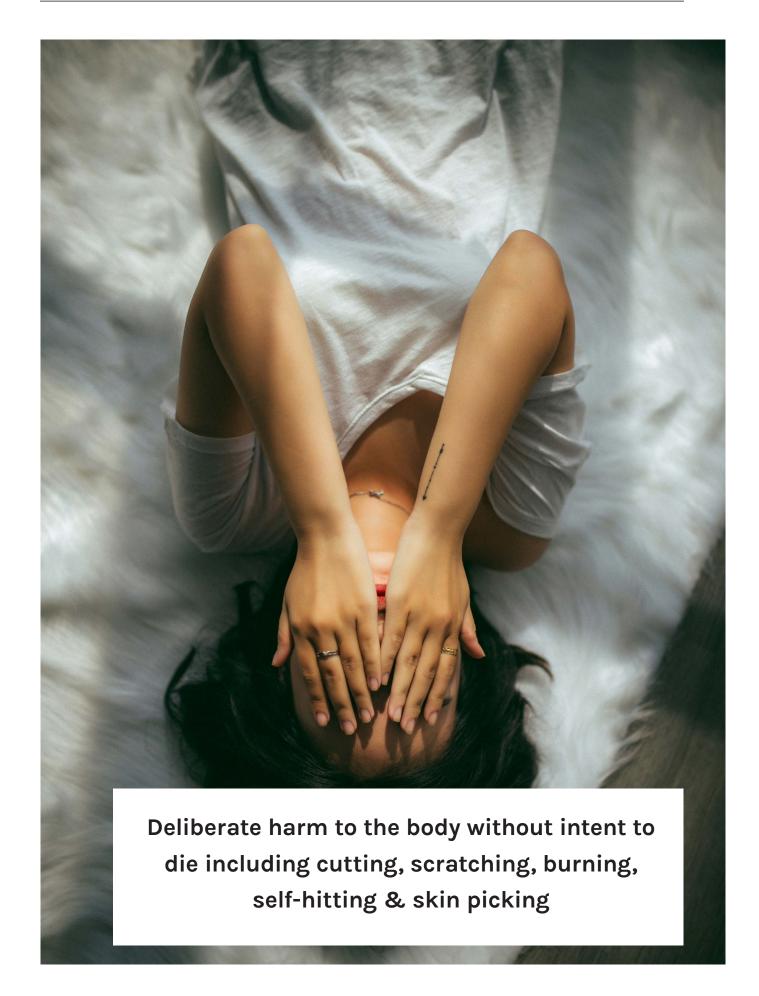
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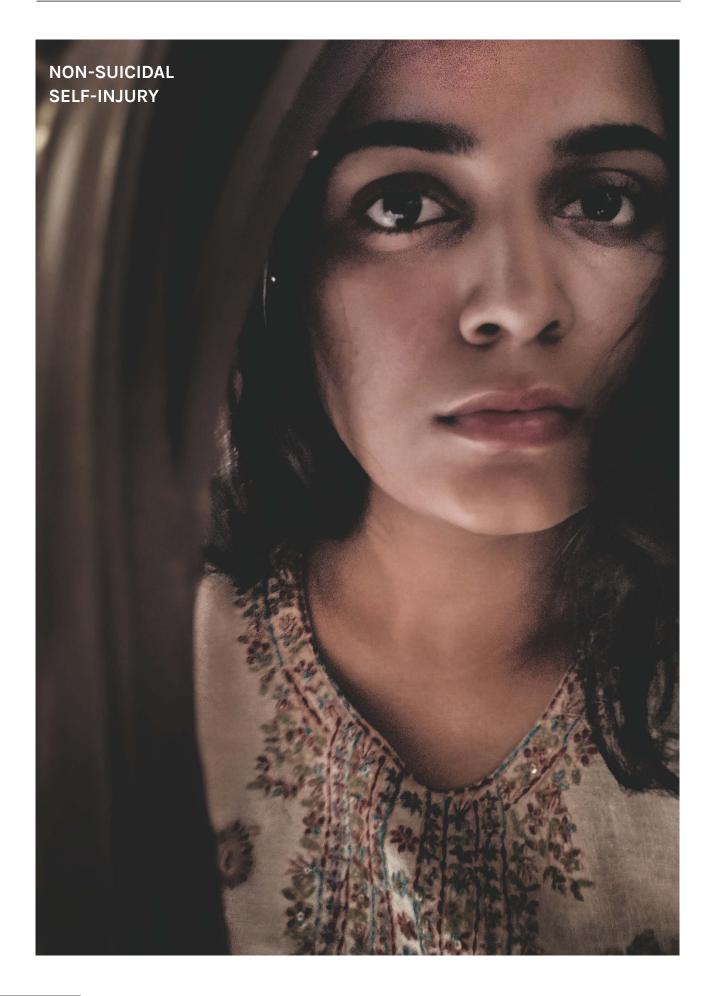
### NON-SUICIDAL SELF-INJURY

on-suicidal selfinjury (NSSI) involves
deliberate harm to
the body resulting in
tissue damage that is
performed without

intent to die; common methods include cutting, scratching, burning, self-hitting, and skin picking. Although it is most often reported by adolescents and young adults, children and

older adults also engage in the behavior. NSSI is commonly reported among both clinical and non-clinical community samples. The overwhelming majority of people who engage in NSSI do so in order to relieve and regulate negative emotional experiences, such as anxiety, sadness, and anger. For many, NSSI may be best understood as a maladaptive coping strategy.





### **PREVALENCE**

NSSI is commonly reported among adolescents and young adults, with rates ranging from 5.5% to nearly 40% in community samples. Among clinical samples, reported rates are even higher, nearing 50%. People often report beginning to engage in NSSI between 12-14 years of age, but NSSI is also reported among children. Most people with a history of NSSI have engaged in

the behavior multiple times; up to 37% of young adults with an NSSI history report a clinically significant frequency of the behavior. Both men and women are equally likely to engage in NSSI, although there may be gender differences in the method of NSSI. For example, women may be more likely to self-injure by cutting, while men may be more likely to burn themselves.



# RISK & PROTECTIVE FACTORS

Given the prevalence of NSSI, the physical harm inherent in the behavior, and the increased risk for suicide, it is important to understand the factors that put people at increased risk for the behavior. Researchers have investigated factors that are associated with increased frequency or likelihood of NSSI, as well as with new onset of NSSI. Given the prevalence of NSSI, the physical harm inherent in the behavior, and the increased risk for suicide, it is important to understand the factors that put people at increased risk for the behavior. Researchers have investigated factors that are associated with increased frequency or likelihood of NSSI, as well as with new onset of NSSI. As with suicide, a strong predictor of

engaging in NSSI in the future is a history of the behavior, as are specific characteristics of past NSSI, such as the recency of the behavior and number of NSSI methods used, and self-reported likelihood of engaging in NSSI in the future. While NSSI is associated with increased risk of suicidality, suicidal thoughts and behaviors at baseline are also associated with later NSSI, again highlighting the relationship between these two distinct types of self-injury. NSSI is reported by individuals with a range of diagnoses, such as mood disorders, anxiety disorders, post-traumatic stress disorder, substance abuse, eating disorders, and borderline personality disorder (BPD).

In addition, NSSI is associated with increased symptoms of psychological disorders, such as depressive and anxious symptoms and symptoms of BPD, in the absence of a diagnosis. NSSI Disorder was included in DSM-5 as a disorder requiring further research, further highlighting the clinical significance of the behavior outside the context of other psychopathology. In addition to risk factors for NSSI behavior and onset in

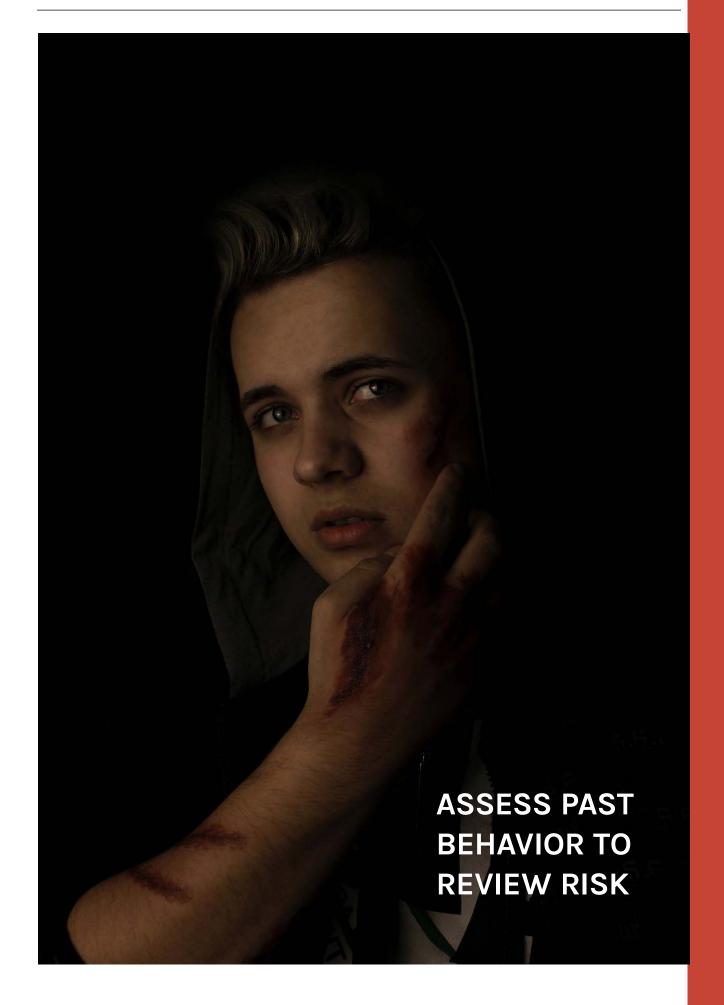
general, researchers have investigated factors associated with proximal—or immediate—risk of NSSI. Increases in negative affect and stress relative to an individual's typical levels are associated with increased risk of NSSI in the short-term, suggesting that these momentary fluctuations may be more important than an individual's usual negative affect and stress in increasing risk for immediate NSSI.



### **ASSESSMENT**

Assessment of NSSI often includes history, frequency, different methods of NSSI used, age of onset, duration, and function of the behavior. It is important to ask about NSSI in general rather than with regards to a specific behavior, such as cutting, as the methods used for NSSI vary. Asking about intent to die can also be critical in differentiating NSSI from suicidal behavior. When assessing NSSI, one should use a non-judgmental tone that does not reinforce, scold, or reflect discomfort or alarm at the disclosure. Several self-report and structured interview

measures have been developed to assess NSSI; although most measures were developed for research purposes, they can be helpful in guiding a clinical interview. It is important to note that these measures assess past behavior and are not intended to assess future NSSI. However, self-reported likelihood of future NSSI is associated with increased risk of the behavior, so asking how likely one is to engage in NSSI in the future may give a meaningful index of NSSI risk.





### TREATMENT

The negative consequences associated with NSSI, including increased risk for attempted suicide, highlights the need to treat the behavior. Few interventions have been developed specifically to treat NSSI, but some researchers have also investigated the application of interventions focused on treating self-injury with and without suicidal intent to NSSI specifically. Dialectical behavior

therapy, developed for the treatment of BPD, has been found to decrease NSSI among adults and adolescents; it has been identified as a "probably efficacious" intervention for NSSI in adolescents, reflecting the strength of the research comparing DBT to a control condition. Consistent with research indicating increased emotion dysregulation among individuals who self-injure, emotion



regulation group therapy (EGRT) was developed to treat NSSI among women with a BPD diagnosis or subthreshold symptoms; research has shown a decrease in NSSI behaviors among those receiving ERGT. Reductions in NSSI have also been found with cognitive, behavioral, and cognitive-behavioral interventions. More recently, digital interventions, such as online interventions or mobile apps, have been

developed and tested for the treatment of NSSI. Results have been encouraging for those digital interventions used in conjunction with or based on face-to-face psychotherapy, and further research is necessary. Treatment of NSSI can be challenging; however, it is important to note that the behavior does respond to intervention, and treatment is available.

# NSSI SUICIDE FAQS



What psychological factors are associated with NSSI?

Difficulties regulating emotional experiences are a robust predictor of NSSI behavior, which in turn often serves to regulate negative affect. Other factors that have been identified to increase risk for NSSI include hopelessness, a history of childhood maltreatment, and sleep difficulties. Psychological distress is also

an important predictor of NSSI. Depressive symptoms and negative cognitive style have been found to be associated with new-onset of NSSI among early adolescents, and negative urgency, the tendency to act impulsively when distressed, is associated with the onset of NSSI in late adolescence.

### How are NSSI and suicide behaviors related?

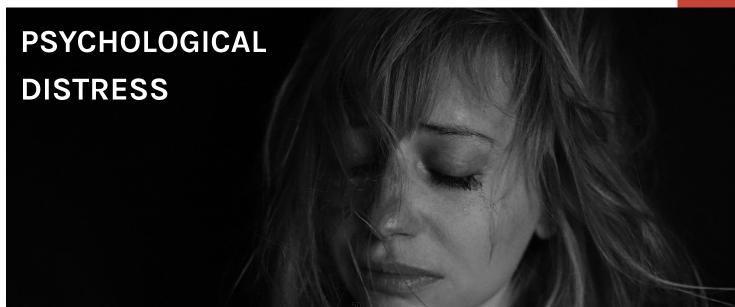
#### Is NSSI as a risk factor for attempted suicide?

### Are some groups at greater risk for NSSI than others?

Although NSSI and suicide both involve intentional harm to the body and a significant number of people report engaging in both behaviors, NSSI and suicide attempts differ in function, lethality, method, and frequency. Importantly, NSSI is always performed in the absence of suicidal intent. Understanding the difference between the behaviors will improve assessment, treatment, and the development of treatment alliance.

Despite the distinctions between the behaviors, NSSI has been identified as a critical risk factor for attempted suicide. Assessment of NSSI, including history, frequency, recency, and a number of NSSI methods used, should be included when evaluating suicide risk.

Sexual and gender minority individuals, are at increased risk for NSSI. Although there is considerable overlap with risk factors for NSSI among heterosexual and cisgender samples, including a history of NSSI and suicidal behaviors, self-criticism, and family support, factors specific to sexual and gender identity, such as discrimination, are important predictors of NSSI among sexual and gender minority individuals. See more in details in the Sexual & Gender Minority Groups section.

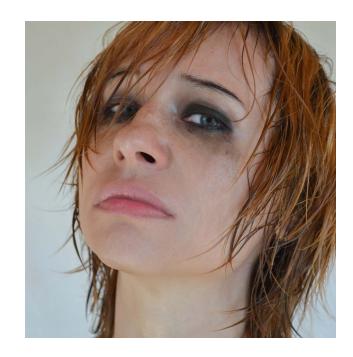


### How does the social environment play a role in NSSI?

### Is sexual or gender identity associated with NSSI?

Studies have also investigated family and peer factors associated with onset of NSSI behaviors. Among adolescents, an increased likelihood of starting to engage in NSSI is associated with parental factors such as harsh punishment, low parental monitoring, poor attachment with parents, and a maternal depressive episode. Peer factors, such as peer victimization, negative perceptions of peers, poor social self-worth, and self-competence are also associated with an increased likelihood of new NSSI. When parental and peer factors were investigated together, peer victimization and decreased social self-worth emerged as unique predictors of new-onset NSSI over parental punishment, monitoring, and attachment. Also highlighting the importance of peer factors in NSSI, exposure to peer NSSI has been shown to predict NSSI risk in different samples, and lack of social support is associated with increased risk of NSSI onset among early adolescents.

There is limited research in this area, but NSSI is less prevalent in heterosexual population or those gender identity and expression matches the biological sex they were assigned at birth. Young people that identify as LGBTQ approximately account for between 50% to 70% of all NSSI cases. See more in details in the Sexual & Gender Minority Groups section.





## IMPACT OF COVID

The COVID-19 pandemic has had a profound and far-reaching effect, and research on the effect of the COVID-19 pandemic on NSSI specifically is in the very early stages. At this time, only two published studies have reported on NSSI thoughts or behaviors during the pandemic.

University students assessed during May 2019 and again in May 2020 did not report increased NSSI at the second time point; however, the researchers noted that individuals. without pre-existing mental health concerns reported increases in several measures of psychological



distress from the previous year, while individuals with pre-existing mental health concerns reported decreased distress. This may be attributed to increased social isolation and loneliness reported by those without preexisting mental health concerns, as increased social isolation and loneliness are associated with increased psychological distress during this time period. Similarly, other researchers found that individuals who were quarantined reported increased self-injury ideation (a composite reflecting both suicidal ideation and thoughts of NSSI) compared with those who were not quarantined. Social isolation and its effects on mental health in general and NSSI specifically is a significant concern during the COVID-19 pandemic, as many of the measures

taken to prevent the spread of the disease (e.g., quarantine, lockdown, social distancing) may also increase social isolation and decrease social support. Although changes in NSSI were not reported among university students in the one study published to date, we must still be vigilant for the potential onset of or worsening NSSI during this time, as the pandemic may impact factors associated with increased risk for the behavior. For example, lack of social support, psychological distress, negative life events, insomnia, and higher-than-typical stress levels may increase as a result of the pandemic, resulting in an increased risk of NSSI. While NSSI is clinically significant in its own right, the associated increased risk for suicide is especially critical during this time.

### SUMMARY

NSSI involves deliberate injury to the body that is performed without intent to die. Associated with significant negative consequences, such as psychological distress, social isolation, and physical injury ranging in medical severity and potentially resulting in infections and scarring. Most people who engage in NSSI do

so to regulate negative emotional experiences. Despite the distinctions between NSSI and suicidal behaviors. NSSI is a significant risk factor for suicide attempts and ideation, and professionals should include NSSI as part of their assessment of suicide risk.



# ABCT PRESS OFFICE

#### **ABCT Press Office**

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

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#### **Media Finding Experts**

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.

#### Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)



Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.



Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.



Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.



Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.



Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, selfinjurer).



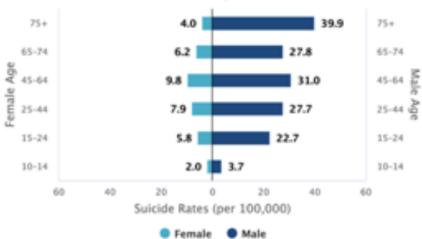
Assure that online article comments are responsibly moderated.

### SUICIDE STATISTICS

Leading Cause of Death in the United States (2018) Data Courtesy of CDC								
		Select Age Groups						
Rank	10-14	15-24	25-34	35-44	45-54	55-64	All Ages	
1	Unintentional Injury 692	Unintentional Injury 12,044	Unintentional Injury 24,614	Unintentional Injury 22,667	Malignant Neoplasms 37,301	Malignant Neoplasms 113,947	Heart Disease 655,381	
2	Suicide 596	Suicide 6,211	Suicide 8,020	Malignant Neoplasms 10,640	Heart Disease 32,220	Heart Disease 81,042	Malignant Neoplasms 599,274	
3	Malignant Neoplasms 450	Homicide 4,607	Homicide 5.234	Heart Disease 10,532	Unintentional Injury 23,056	Unintentional Injury 23,693	Unintentional Injury 167,127	
4	Congenital Abnormalities 172	Malignant Neoplasms 1,371	Malignant Neoplasms 3,684	Suicide 7,521	Suicide 8,345	CLRD 18,804	CLRD 159,486	
5	Homicide 168	Heart Disease 905	Heart Disease 3,561	Homicide 3,304	Liver Disease 8,157	Diabetes Mellitus 14,941	Cerebro- vascular 147,810	
6	Heart Disease 101	Congenital Anomalies 354	Liver Disease 1,008	Liver Disease 3,108	Diabetes Mellitus 6,414	Liver Disease 13,945	Alzheimer's Disease 122,019	
7	CLRD 64	Diabetes Mellitus 246	Diabetes Mellitus 837	Diabetes Mellitus 2,282	Cerebro- vascular 5,128	Cerebro- vascular 12,789	Diabetes Mellitus 84,946	
8	Cerebro- vascular 54	Influenza & Pneumonia 200	Cerebro- vascular 567	Cerebro- vascular 1,704	CLRD 3,807	Suicide 8,540	Influenza & Pneumonia 59,120	
9	Influenza & Pneumonia 51	CLRD 165	HIV 482	Influenza & Pneumonia 956	Septicemia 2,380	Septicemia 5,956	Nephritis 51,386	
10	Benign Neoplasms 30	Complicated Pregnancy 151	Influenza & Pneumonia 457	Septicemia 829	Influenza & Pneumonia 2,339	Influenza & Pneumonia 5,858	Suicide 48,344	

CLRD: Chronic Lower Respiratory Disease





### USEFUL RESOURCES



www.veteranscrisisline.net



www.afsp.org



www.suicidepreventionlifeline.org



www.theactionalliance.org

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#### **NON-SUICIDAL SELF INJURY**

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**BRIEFING BOOKS** 

**SUICIDE**