



Behaviors of Non Suicidal Self Injury in University Student

Nighat Yasmeen*, Dr. Aisha Sitwat**

*PhD Scholar, Centre for Clinical Psychology, University of Punjab, Lahore, 54590, Pakistan.

nighatyasmeen123@gmail.com

** Assistant Professor ®, Centre for Clinical Psychology, University of the Punjab, Pakistan.

aishasitwatqureshi.cccpsy@pu.edu.pk

ARTICLE INFO

Article history:

Submitted 20.02.2023

Accepted 25.05.2023

Published 30.06.2023

Volume No. 10

Issue No. 1

ISSN (Online) 2414-8512

ISSN (Print) 2311-293X

DOI:

Keywords: Self harm, Non-Suicidal Self-Injury (NSSI), Behaviors of Non Suicidal Self Injury (NSSI), University Students

ABSTRACT

Aim of study was to assess behaviors of Non Suicidal Self Injury (NSSI) in University Students. Research design was correlational. Assessment measures used were: DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult, Alexian Brothers Assessment of Self-Injury (ABASI) and Inventory of Statement about Self Injury (ISAS). Sample comprised of hundred students of 19 to 24 years who were diagnosed with of Non Suicidal Self Injury (NSSI). The results indicated that hitting one self, hair pulling and interference in wound healing were more commonly used methods of Non Suicidal Self Injury (NSSI). Moreover, it was found that mostly students use more than one method of Non Suicidal Self Injury (NSSI). Furthermore, the results revealed that indirect methods of Non Suicidal Self Injury (NSSI) were taking over dose of some medicine, smoking, drug use and restricted food intake. . It could be concluded that students who engage in more than one method of Non Suicidal Self Injury (NSSI) are at greater risk of suicide. Early identification and intervention can be helpful in prevention of Non Suicidal Self Injury (NSSI).



Introduction

Nssi can be defined as an intentional and direct damage to ones own body; without intention to suicide (American Psychiatric Association, 2013). Prevalence of nssi is increasing in university students day by day. During emerging adulthood (18 to 25 years) nssi is on its peak (Gillies et al., 2018). Previous research indicated that university students are more likely to engage in nssi (Swannell et al., 2014).Engagement in nssi affect academic performance (Kiekens et al., 2016) and mental health of university students including depression, anxiety and suicidal behavior (Hamza & Willoughby, 2016; Burke et al., 2019).

University students use different methods of non-suicidal self-injury. These methods vary by age group and gender. Common behaviors of non-suicidal self-injury are scratching, skin-cutting, burning, needle-sticking, interference with wound healing hitting and rubbing against rough surfaces. Generally, bingeing or purging and or drug use are not considered as a behaviors of non-suicidal self-injury because in such behaviors intention is not to harm one's body. Likewise, body piercing and tattooing are not considered as a behaviors of non-suicidal self-injury, because such behaviors are socially sanctioned (Klonksy &

Muehlenkamp, 2007). Behaviors of non-suicidal self-injury are repetitive and associated with physical injuries which affect physical and mental health of students and can lead to suicidal behavior (Plener et al., 2018; Robinson, Garisch & Wilson, 2021). NSSI significantly predicts suicide (Wilkinson et al., 2011). It was reported that seventy percent attempted suicide once and fifty five percent multiple times (Grandclerc et al., 2016). Therefore, it is very important to assess behaviors of NSSI in university students.

Moreover, females were more likely to endorse cutting as a common behavior of NSSI than males (Klonsky, 2011). In another research it was found that males are likely to report burning and hitting while females are more likely to report cutting behavior (Sornberger, et al., 2012). Similarly in college students hitting and burning were more commonly reported methods in males while cutting and scratching were more common methods in females (Bryan & Bryan, 2014). The research indicated that most common reported method of non-suicidal self-injury was self-hitting followed by cutting and carving skin (Kharsati & Bhola, 2014).

Objective

To assess direct methods of non-suicidal self-injury (NSSI) in university students

To explore other/indirect methods of non-suicidal self-injury in university students.

Hypotheses

Hair pulling, hitting and interference in wound healing are likely to be most commonly used method of non-suicidal self-injurious behavior in university students.

Some Students are likely to use more than one method of non-suicidal self-injury in university students.

Some students are likely to use other/ indirect methods of non-suicidal self-injury.

There are likely to be gender differences in behaviors of non-suicidal self-injury in university students.

Methodology

Sample

Sample comprised of hundred students who fulfilled DSM -5 criteria of non-suicidal self-injury (NSSI). Students who were enrolled in a regular program were recruited. Students suffering from any other psychological disorder were excluded.

Instruments

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult was used for screening out psychological disorders. It screens out thirteen disorders including depression, anger, anxiety, mania, somatic symptoms, sleep problems, memory, personality functioning, repetitive thoughts and behaviors, dissociation, substance use psychosis and suicidal ideation. It consists of twenty three questions. It uses five point Likert scale ranging from 0 to 4 where 0 indicates not at all and 4 indicates nearly every day. Score of two or more require further inquiry (Joyce-Beaulieu & Sulkowski, 2016).

Alexian Brothers Assessment of Self-Injury (ABASI)

It is self-report measure that is based on DSM-5 criteria of non-suicidal self-injury (NSSI). It was used as a diagnostic tool. It was used to identify individuals who met DSM-5 criteria of non-suicidal self-injury (NSSI). It uses five point Likert scale ranging from 0 to 4. Overall score for non-suicidal self-injury (NSSI) ranges from 0 to 24. Alpha reliability of the scale was .76 (Washburn et al., 2015).

Inventory of Statement about Self Injury (ISAS)

It was used to assess behaviors of non-suicidal self-injury (NSSI). It has two sections. Section one assesses different behaviors of non-suicidal self-injury (NSSI). Item one assesses frequency of different behaviors of non-suicidal self-injury (NSSI). Alpha reliability of the scale was .79. For exploring other behaviors one additional question was asked: What are other behaviors that you use for engagement in non-suicidal self-injury? (Klonsky & Glenn, 2009).

Procedure

Participants were approached after taking permission from respective authorities. They were informed about purpose and nature of research. They were assured of confidentiality. Informed consent was taken. Students were screened out by using screening instrument. Those who fulfilled DSM-5 criteria of non-suicidal self-injury and were not suffering from any other disorder were requested to fill questionnaire. Feedback of participants was also taken.

Results

The study aimed to assess different behaviors of NSSI. It was hypothesized that hitting and hair pulling are likely to be more commonly methods of non-suicidal self-injury (NSSI) in university students. Descriptive statistics were run to assess this hypothesis. Results are shown in table 1.

Table 1

Table showing frequency of NSSI behaviors (N=100).

Variables	F
Hair pulling	13
Hitting oneself	12
Interference in wound healing	12
Biting	9
Pinching	4
Burning	4
Cutting	3
Scratching skin	3
Severe scratching	3
Sticking with needle	2
Carving	2
Eating poison	1

Note: F = Frequency

Table 1 indicates that hair pulling is most commonly used method of non-suicidal self-injury in universe students. Other frequently used methods are hitting one self and interference in wound healing. Rarely used methods of self-harm are cutting, scratching skin, pinching, burning, severe scratching, sticking with needle, carving and eating poison.

Moreover, it was hypothesized that students are likely to use more than one method of non-suicidal self-injury in university students. For assessing this hypothesis descriptive analysis was carried out. Results are shown in table 2.

Table 2

Table showing frequency of NSSI behaviors (N=100).

Variables	F
More than one type of behavior	24

Note: F = Frequency

The results indicated that twenty four percent students engaged in more than one type of non-suicidal self-injurious behavior. Furthermore, it was hypothesized that some students engage in other methods of non-suicidal self-injury. Descriptive analysis was run to check this hypothesis. Results are shown in table 3.

Table 3

Table showing frequency of NSSI behaviors (N=100).

Variables	F
Other Behaviors	7

Note: F = Frequency

The results indicated that seven percent reported engagement in other methods of non-suicidal self-injurious behavior. Additionally, other behaviors were explored qualitatively. It was found that other behaviors were restricting food intake, taking overdose of some medicine smoking and using drugs. Restricting food intake and taking overdose of some medicine were common in females while smoking and drug use was common in males.

Additionally it was assumed that there is likely to be gender differences in behaviors of non-suicidal self-injury in university students. Independent sample T test was applied for testing this hypothesis. Results are shown in table 4.

Table 4

Independent sample T-Test indicating gender differences in behaviors of non-suicidal self-injury (NSSI) in University Students (N=100)

Variable	Male (N=44) M(SD)	Female (N=56) M(SD)	t(98)	95% Confidence Interval			Cohen's d
				LL	UL		
Behaviors of NSSI	7.65(4.05)	9.14(4.47)	1.7(98)	-	.21		.35
			8)	08	3.18		

*Note. * p < .05; M= Mean; SD= Standard Deviation; CI=Confidence Interval; LL= Lower Limit; UL= Upper limit.*

Table 2 shows that there are no significant gender differences in behaviors of non-suicidal self-injury in university students.

Discussion

The study aimed to assess frequency of different methods of nssi in university students. It was hypothesized that hitting, hair pulling and interference in wound healing are more commonly used methods of nssi in university students. The results indicated that hair pulling, hitting oneself and interference in wound healing are more commonly used method of non-suicidal self-injury in universe students. The research showed that hitting and hair pulling were most commonly used methods of non-suicidal self-injury in university students (Xiao et al., 2022).It could be argued that these methods are common because these behaviors are not visible in social settings and may go unnoticed. Another research reported similar results; interference in wound healing and hair pulling are more common methods of non-suicidal self-injury in university students (Poudel et al., 2022).

Moreover, it was hypothesized that students are likely to use more than one method of non-suicidal self-injury. The findings revealed that twenty four percent students used more than method of non-suicidal self-injury. These findings are in line with research in which it was reported that occurrence of multiple methods of non-suicidal self-injury is more than single method (Xiao et al., 2022).Similar results were reported by klonsky (2007).

Furthermore, it was assumed that there are likely to be gender differences in behaviors of non-suicidal self-injury. The results showed that there are no significant gender differences in behaviors of non-suicidal self-injury in university students. Similar results were reported in literature previously. Prevalence of behaviors of non-suicidal self-injury is same across genders (Swannell et al., 2014).

Additionally, other behaviors non-suicidal self-injury were explored qualitatively. Findings revealed following other behaviors of non-suicidal self-injury: smoking, drug use, taking overdose of some medicine and restricted food intake. These findings are in line with research by Tantam and Huband (2009) in which drug use and over dose of some medicine were found as a behavior of non-suicidal self-injury. Similarly, Hilt and colleagues (2008) found that smoking, drug use, and maladaptive eating behaviors are more common in adults with history of non-suicidal self-injury. Likewise, Toprak and colleagues (2011) reported that those who engage in NSSI were more likely to smoke and use drugs.

Conclusion

Hence, it could be concluded that students are using multiple methods of non-suicidal self-injury. These behaviors are repetitive and lead to severe injuries. Such students are at greater risk of mental health problems. Early identification of such students and endowment of needed intervention can be helpful in prevention of Non Suicidal Self Injury (NSSI).

Limitations and Suggestions

Self-report measures were used. The data could not be validated from informant. Data was collected in university settings. Stigma associated with non-suicidal self-injury may have resulted in socially desirable response that can affect validity of findings. Although we tried to control this. Imbalance gender ratio was limitation. Although ratio was not very different.

Implications

It is essential to identify university students who engage in non-suicidal self-injury and use multiple methods of non-suicidal self-injury because these behaviors are repetitive and affect physical and mental health of students. Early Identification of this vulnerable group will help in prevention of non-suicidal self-injury. Moreover, providing effective interventions according to their need will be helpful.

Conflict of Interest

There was no conflict of interest.

References

- American Psychiatric Association, A. *Diagnostic and statistical manual of mental disorders*. Vol. 3. Washington, DC: American psychiatric association, 1980.
- Bryan, C., & Bryan, A. (2014). Nonsuicidal self-injury among a sample of united states military personnel and veterans enrolled in college classes. *Journal of clinical psychology*, 70(9), 874-885.
- Burke, T. A., Fox, K., Zerkowitz, R. L., Smith, D. M., Alloy, L. B., Hooley, J. M., & Cole, D. A. (2019). Does nonsuicidal self-injury prospectively predict change in depression and self-criticism?. *Cognitive therapy and research*, 43, 345-353.
- Claes, L., Muehlenkamp, J., Vandereycken, W., Hamelinck, L., Martens, H., & Claes, S. (2010). Comparison of non-suicidal self-injurious behavior and suicide attempts in patients admitted to a psychiatric crisis unit. *Personality and individual differences*, 48(1), 83-87.
- Gillies, D., Christou, M. A., Dixon, A. C., Featherston, O. J., Rapti, I., Garcia-Anguita, A., ... & Christou, P.

- A. (2018). Prevalence and characteristics of self-harm in adolescents: meta-analyses of community-based studies 1990–2015. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(10), 733-741.
- Grandclerc, S., De Labrouhe, D., Spodenkiewicz, M., Lachal, J., & Moro, M. R. (2016). Relations between nonsuicidal self-injury and suicidal behavior in adolescence: a systematic review. *PloS one*, 11(4), e0153760.
- Hamza, C. A., & Willoughby, T. (2016). Nonsuicidal self-injury and suicidal risk among emerging adults. *Journal of Adolescent Health*, 59(4), 411-415.
- Hilt, L. M., Cha, C. B., & Nolen-Hoeksema, S. (2008). Nonsuicidal self-injury in young adolescent girls: moderators of the distress-function relationship. *Journal of consulting and clinical psychology*, 76(1), 63.
- Joyce-Beaulieu, D., Sulkowski, M. L. (2016). The diagnostic and statistical manual of mental disorders: (DSM-5) model of impairment. Assessing impairment: *From theory to practice*, 167-89.
- Kharsati, N., & Bhola, P. (2014). Patterns of non-suicidal self-injurious behaviours among college students in India. *The International Journal of Social Psychiatry*, 61(1), 39-49.
- Kharsati, N., & Bhola, P. (2015). Patterns of non-suicidal self-injurious behaviours among college students in India. *International journal of social psychiatry*, 61(1), 39-49.
- Kiekens, G., Claes, L., Demyttenaere, K., Auerbach, R. P., Green, J. G., Kessler, R. C., ... & Bruffaerts, R. (2016). Lifetime and 12-month nonsuicidal self-injury and academic performance in college freshmen. *Suicide and Life-Threatening Behavior*, 46(5), 563-576.
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical psychology review*, 27(2), 226-239.
- Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychological medicine*, 41(9), 1981-1986.
- Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. *Journal of clinical psychology*, 63(11), 1045-1056.
- Plener, P. L., Kaess, M., Schmahl, C., Pollak, S., Fegert, J. M., & Brown, R. C. (2018). Nonsuicidal self-injury in adolescents. *Deutsches Ärzteblatt International*, 115(3), 23.
- Poudel, A., Lamichhane, A., Magar, K.R. *et al.* Non suicidal self injury and suicidal behavior among adolescents: co-occurrence and associated risk factors. *BMC Psychiatry* 22, 96 (2022). <https://doi.org/10.1186/s12888-022-03763-z>
- Robinson, K., Garisch, J. A., & Wilson, M. S. (2021). Nonsuicidal self-injury thoughts and behavioural characteristics: Associations with suicidal thoughts and behaviours among community adolescents. *Journal of Affective Disorders*, 282, 1247-1254.
- Sornberger, M. J., Heath, N. L., Toste, J. R., & McLouth, R. (2012). Nonsuicidal self-injury and gender: Patterns of prevalence, methods, and locations among adolescents. *Suicide and Life-Threatening Behavior*, 42(3), 266-278.
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior*, 44(3), 273-303.
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide and Life-Threatening Behavior*, 44(3), 273-303.
- Toprak, S., Cetin, I., Guven, T., Can, G., & Demircan, C. (2011). Self-harm, suicidal ideation and suicide attempts among college students. *Psychiatry research*, 187(1-2), 140-144.
- Washburn, J. J., Potthoff, L. M., Juzwin, K. R., & Styer, D. M. (2015). Assessing DSM–5 nonsuicidal self-injury disorder in a clinical sample. *Psychological assessment*, 27(1), 31.
- Wilkinson, P., Kelvin, R., Roberts, C., Dubicka, B., & Goodyer, I. (2011). Clinical and psychosocial predictors of suicide attempts and nonsuicidal self-injury in the Adolescent Depression Antidepressants and Psychotherapy Trial (ADAPT). *American journal of psychiatry*, 168(5), 495-501.
- Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. *Frontiers in psychiatry*, 13.