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Influencing Factors of Non-Suicidal Self-Injury in Adolescents and Educational Implications

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Abstract: Non-suicidal self-injury (NSSI) is highly prevalent among adolescents and has become a global public health concern. This behavior is closely associated with anxiety and depression, and can positively predict suicidal behavior, posing a serious threat to the physical and mental health of adolescents. This paper systematically reviews the conceptual definition, research status, and major theoretical models of NSSI, with a focus on analyzing the influencing mechanisms of NSSI in adolescents. On this basis, collaborative intervention recommendations involving family, school, and community are proposed, aiming to provide useful references for the prevention and intervention of NSSI among adolescents.

Keywords: Adolescents; Non-suicidal self-injury; Mental health education; Family-school-community collaboration

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1. Introduction

Non-suicidal self-injury (NSSI) is most prevalent during adolescence, often beginning in early adolescence and peaking in young adulthood [1–2]. According to research, approximately 22.9% of adolescents worldwide engage in NSSI, making it one of the major public health issues globally [3]. NSSI frequently co-occurs with anxiety and depression, and can positively predict suicidal behavior. Adolescents with NSSI are 66 times more likely to attempt suicide within one year compared to their peers, with a potential for sustained increase over time [4]. This behavior is characterized by addictiveness, high recurrence, and high risk [5]. The American Psychiatric Association has included NSSI as an independent diagnosis, posing a severe threat to the physical and mental health of adolescents [6].

2. Conceptual definition of non-suicidal self-injury

Currently, studies on NSSI generally define it as the deliberate, direct destruction of one's own body tissue without suicidal intent, including cutting, biting, scratching, and burning, among which cutting is the most

common [7]. Indirect self-harm behaviors such as preventing wound healing also fall under NSSI. Some scholars further note that NSSI refers to harmful behaviors that are not socially sanctioned [8].

In summary, this paper defines NSSI as: direct or indirect self-harm behaviors performed without suicidal intent, which are harmful and not socially accepted, mainly including forms such as cutting, biting, and burning.

3. Research status of non-suicidal self-injury

3.1. Domestic research status

A search on the China National Knowledge Infrastructure (CNKI) using keywords such as non-suicidal self-injury, non-suicidal self-injury behavior, self-injury behavior, and self-mutilation revealed that the earliest study on NSSI in China was an article on deliberate self-harm syndrome published in 1984 [9]. From 2021 onward, the number of publications on NSSI surged, reaching a peak of 303 articles in 2023. Furthermore, the discipline with the highest publication output on NSSI is psychiatry.

Meta-analyses have revealed an alarming number of students with mental health problems in China, with the detection rate of NSSI among Chinese adolescents ranging from 14% to 56% [10–11]. Data from different regions in China further demonstrate that adolescent NSSI warrants serious societal attention and cannot be overlooked. Specifically, a 2020 survey in Anhui Province showed that the detection rates of episodic NSSI and repetitive NSSI were 21.4% and 29.6%, respectively [12]. A broad study by Guo Shuangshuang et al. across five provinces reported an NSSI prevalence rate of 28.8% among adolescents [13]. In addition, Wang Dong et al. found a detection rate as high as 41.7% among middle school students in a school in Shenyang, and Wang Qun et al. surveyed 4,393 middle school students in Guiyang and found a detection rate of 34.9% [14–15]. All these figures indicate the severity of adolescent NSSI in China and highlight the urgent need to pay greater attention to this issue.

Moreover, demographic differences exist in adolescent NSSI. Females are more likely to engage in NSSI than males [16]; rural students have higher detection rates than urban students [17]; and only-child students show higher rates than non-only-child students [15]. Luo Yuan et al. surveyed 5,838 middle school students in Zunyi and found that vocational school students had higher detection rates than regular middle school students [18]. The detection rate of NSSI among junior high school students increases with grade level, with the lowest rate in the first year and the highest in the third year [19].

3.2. International research status

Research on NSSI abroad started earlier, with scholars paying attention to this behavior as early as the 1990s. In terms of diagnostic and classification studies, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association in 2013, classified NSSI as a “condition for further study”, which greatly promoted the standardization and normalization of NSSI research [6]. International scholars have paid particular attention to the association between NSSI and suicide. Existing studies have found that the age of onset and frequency of self-injury are related to suicidal attempts, underscoring the importance of early intervention [2–4].

Nock’s integrated theoretical model is a relatively comprehensive framework for explaining the occurrence and development of NSSI [7]. This model involves two major domains: intra-personal and interpersonal. From the intra-personal perspective, external risk factors may lead adolescents to adopt

negative coping strategies when facing stress, thereby increasing the probability of NSSI. On the other hand, interpersonal factors may weaken adolescents' ability to cope with distress, thus triggering or exacerbating NSSI.

4. Influencing factors of adolescent non-suicidal self-injury

The influencing factors of adolescent NSSI are extensive, mainly involving individual factors, family factors, and school factors.

4.1. Individual factors of adolescent NSSI

Individual factors mainly include personality traits, self-evaluation, emotion regulation, depression and anxiety states, and attitudes toward professional psychological help-seeking.

4.1.1. Personality traits

Personality traits are important factors influencing adolescent NSSI. Costa et al., through a survey of 505 Brazilian adolescents, found that those with NSSI often exhibit highly impulsive personality traits [20]. NSSI is generally considered an impulsive behavior; since adolescents with highly impulsive personalities tend to have stronger impulsivity, they are more likely to engage in NSSI when encountering negative life events compared to other adolescents. In addition to impulsive personality, high neuroticism is also a personality type associated with higher rates of NSSI. Individuals with high neuroticism, characterized by stronger emotional reactivity, poorer emotion regulation abilities, and less effective coping strategies, experience more negative emotional experiences when facing adverse events and are thus more prone to NSSI [21].

4.1.2. Self-evaluation

The main self-evaluation factor leading to adolescent NSSI is self-criticism, which refers to an active, conscious, and negative self-appraisal. Existing research indicates that adolescents with high self-criticism are more likely to use self-injury as a form of self-punishment when they feel disappointed with their behavior or achievements. Consequently, the level and frequency of self-criticism in adolescents with NSSI are significantly higher than in other adolescents [22].

4.1.3. Emotion regulation ability

Emotion regulation ability is another important factor affecting adolescent NSSI. Adolescents with good emotion regulation skills can correctly identify, express, and alleviate emotions when facing negative life events. Xiong Qing et al. demonstrated that adolescents with NSSI often have varying degrees of alexithymia; those with alexithymia have difficulty accurately identifying, expressing, and regulating their emotions [23]. The lack of emotion regulation ability makes them more likely to use NSSI as a means to relieve distressing emotions compared to other adolescents [24].

4.1.4. Depression and anxiety states

Depression and anxiety are important factors contributing to adolescent NSSI. Adolescents with NSSI have significantly higher levels of depression and anxiety than their peers, and the frequency of NSSI is positively correlated with the severity of depression and anxiety. The higher the levels of anxiety and depression, the

greater the frequency of NSSI, and even suicidal behavior may occur [25].

Furthermore, the persistence of adolescent NSSI is also influenced by the degree of anxiety and depression. Zhao Ruolan et al., through a one-year follow-up study of 1,988 students, found that adolescents with higher levels of anxiety and depression had a greater risk of continued NSSI [26]; conversely, those with milder depression and anxiety were more likely to voluntarily cease NSSI in the future.

4.1.5. Professional psychological help-seeking attitudes

When adolescents experience negative emotions or even non-suicidal self-injury (NSSI) behaviors, their attitudes toward professional psychological help-seeking also influence NSSI behaviors. Students with positive attitudes toward professional psychological help are more willing to seek assistance from psychological counselors or other professionals, which facilitates timely access to effective support and intervention, alleviates their existing psychological problems, and consequently reduces NSSI behaviors [15].

4.2. Family factors of adolescent NSSI behaviors

Adolescent NSSI behaviors are inextricably linked to the family environment in which they grow up. As the primary setting for adolescent development, the family exerts a profound and lasting impact on their physical and mental health. This paper explores the influence of family factors on adolescent NSSI behaviors from four perspectives: parental personality, parenting styles, parent-child relationship, and growth environment.

4.2.1. Parental personality

Existing studies have shown that parents with personality traits characterized by low openness or low conscientiousness tend to exhibit more depressive and anxious emotions, self-blame, and rumination when facing negative events, which can subtly influence adolescent mental health. Additionally, given the heritable nature of personality, this becomes an important factor affecting adolescent NSSI behaviors [27].

4.2.2. Parenting styles

Existing research has demonstrated that positive parenting styles are negatively correlated with NSSI behaviors, while negative parenting styles are positively correlated with NSSI behaviors [15]. Adolescents raised under neglectful parenting styles show a higher detection rate of NSSI behaviors compared to those raised under other parenting styles [28]. Adolescents who grow up under harsh parenting are more likely to use NSSI behaviors to relieve and channel the negative emotions generated by such parenting [29]. Furthermore, compared with maternal parenting, paternal parenting styles exert a greater influence on adolescent NSSI behaviors [30].

4.2.3. Parent-child relationship

Zeng Can et al., in a study of 2,465 adolescents in Guangdong, found that parent-child alienation significantly and positively predicted adolescent NSSI behaviors, and there was no difference in the impact of father-child alienation versus mother-child alienation on such behaviors [31]. If adolescents can satisfy their attachment needs and gain a sense of security from the parent-child relationship, it helps alleviate their anxiety and reduce NSSI behaviors. Conversely, it may trigger or exacerbate NSSI behaviors in adolescents.

In addition, family factors such as childhood neglect, psychological abuse, parental marital status, parental education level, and family economic status all influence the occurrence of adolescent NSSI

behaviors [27, 32–34].

In summary, adolescent NSSI behaviors are influenced by the family environment in which they grow up. A healthy growth environment helps cultivate good psychological resilience and flexibility, enhances adolescents' emotional regulation abilities, and reduces the likelihood of NSSI behaviors. Conversely, it increases the probability of such behaviors.

4.3. School factors of adolescent NSSI behaviors

School is one of the primary settings for adolescent development and plays a vital role in their physical and mental health that cannot be overlooked. Academic studies and interpersonal interactions are the two most important activities in adolescents' school life. Negative life events related to academic pressure and interpersonal conflicts have been shown to positively predict adolescent NSSI behaviors [35].

4.3.1. Academic pressure

Academic pressure is a major source of stress for adolescents and is closely related to their mental health. Shen Chengfeng et al. found that academic behaviors can predict adolescent NSSI behaviors [35]. When adolescents perceive excessive academic pressure, they may fall into negative emotions or states such as anxiety and depression, which in severe cases can lead to NSSI behaviors. Moreover, academic pressure can affect adolescents' self-esteem, leading to feelings of helplessness, inferiority, anxiety, and depression; once amplified, these negative emotions can easily result in NSSI behaviors and even suicidal ideation and behaviors [36].

4.3.2. Interpersonal relationships

Teacher-student relationships and peer relationships are the two most important types of interpersonal relationships for adolescents in school. The teacher-student relationship is one of the significant interpersonal relationships in adolescent school life, and poor teacher-student relationships are more likely to lead to NSSI behaviors in adolescents [37].

Peer relationships constitute another important interpersonal relationship in adolescent school life. Studies have demonstrated that poor peer relationships are more likely to lead to adolescent NSSI behaviors [37]. Research has shown that peer bullying and peer victimization are significant risk factors for adolescent NSSI behaviors. Liu Huiying et al., through a survey of 600 students in Gansu Province, found that peer victimization significantly and positively predicted adolescent NSSI behaviors, with shame playing a partial mediating role between peer victimization and NSSI [38]. Wang Lu et al., in a survey study of middle school students from three schools in Jiangxi Province, found that bullying was positively correlated with adolescent NSSI behaviors [39]. Cyberbullying, a common form of school bullying in today's society, also increases the risk of adolescent NSSI behaviors through mediating effects such as depression and anxiety [40]. The above studies consistently demonstrate that poor peer relationships, such as peer victimization and bullying, can lead to adolescent NSSI behaviors, with the frequency influenced by the intensity and frequency of victimization. Conversely, positive peer relationships are conducive to regulating adolescent NSSI behaviors and promoting their cessation.

5. Educational recommendations for adolescent NSSI behaviors

Adolescent mental health work is an important component of building a strong education nation and a healthy China, representing a major issue of concern to the Party Central Committee, the public, and society at large. Adolescence is a critical period of growth and development—a time of great potential but also numerous challenges. This necessitates joint efforts from parents, schools, and society to collaboratively address adolescent issues and promote healthy development.

5.1. Family aspects

First, parents should strengthen parent-child communication and stay informed about their children's development. Existing studies have shown that parent-child communication can alleviate anxiety arising from bullying and reduce the probability of adolescent NSSI behaviors [40]. Parents should enhance communication with their children, actively monitor their emotional and behavioral changes, accurately grasp their developmental status in a timely manner, gain an in-depth understanding of their inner world, and promptly assist them in coping with negative life events and victimization, thereby reducing negative emotions such as anxiety and depression caused by bullying, peer victimization, and other adverse events, and preventing the occurrence of adolescent NSSI behaviors.

Second, parents should transform their parenting styles and create a warm family atmosphere. Parenting styles and family atmosphere have a significant impact on adolescent NSSI behaviors. Parents should change their educational concepts and parenting approaches, reduce parent-child conflicts, offer more care, patience, and emotional support, and enhance their children's psychological resilience and flexibility. This enables children to engage in proper emotional attribution and regulation, improving their ability to cope with negative emotions or adverse life events, thereby reducing the occurrence of adolescent NSSI behaviors.

5.2. School aspects

First, teachers should increase their attention to students' academic and interpersonal issues and actively adopt corresponding action strategies to reduce adolescent NSSI behaviors. At the academic level, teachers should actively monitor students' learning adaptability, academic pressure, and academic burnout, helping them master appropriate learning methods, use effective learning strategies, enhance their independent learning abilities, and establish correct learning attitudes. At the interpersonal level, teachers should build good teacher-student relationships, help students establish healthy peer relationships, monitor for bullying among students, and improve students' social skills and abilities to help them build positive interpersonal relationships.

Second, schools should strengthen mental health education for students and enhance their psychological flexibility. Schools can improve students' psychological resilience, mental toughness, and flexibility through mental health education courses, campus psychodramas, group counseling activities, and other means, cultivating their ability to cope with negative life events and emotions, enabling them to channel negative emotions in appropriate and effective ways.

Finally, schools should create a positive campus atmosphere conducive to adolescent learning, growth, and development. School is one of the important settings for adolescent growth. Related research has shown that the better the campus climate, the lower the likelihood of adolescent NSSI behaviors [17]; conversely, a poor campus climate significantly increases the probability of such behaviors. Schools should actively create a safe campus environment and a warm campus atmosphere to reduce the occurrence of adolescent NSSI behaviors.

5.3. Social aspects

Society should increase attention to adolescent NSSI behaviors and disseminate relevant knowledge about these behaviors. For adolescents who already exhibit NSSI behaviors, timely, effective, and safe social support should be provided. Society should also strengthen attention to and penalties for campus bullying and other incidents, enhance the regulation of negative social values and trends, and strive to create a social environment conducive to adolescent growth and development.

6. Conclusion

The high prevalence of nonsuicidal selfinjury (NSSI) among adolescents is not merely an individual psychological distress but rather a complex adaptive consequence shaped by the interplay of family functioning, school ecology, and social support systems. NSSI is not determined by any single risk factor; instead, it results from the cumulative and interactive effects of multiple intrinsic vulnerabilities and extrinsic stressors. Adolescents use this behavior to regulate overwhelming negative emotions or to gain a temporary sense of control, rather than as a purely pathological manifestation. Therefore, effective prevention and intervention should not be confined to behavioral suppression or punishment at the surface level, but should focus on cultivating alternative adaptive capabilities—helping adolescents develop healthier and more sustainable emotion regulation pathways—while simultaneously addressing those stressors in their developmental environments that persistently generate distress. Homeschoolcommunity collaboration should establish a dynamic mechanism of "risk identificationresource sharingjoint response." Future research should further examine how protective factors buffer risks across different cultural contexts, and employ longitudinal tracking designs to reveal the dynamic weights of various factors over time, thereby providing a more solid empirical foundation for developing localized and precise intervention protocols.

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