

Faculty of Human and Social Sciences

Department of Psychology

Level: MA1 Clinical Psychology

Instructor: Ms. Saci Meriem

Module: English

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## Lesson n°3: Adolescent Self-Harm Trends

### Introduction

Self-harm among adolescents refers to the intentional infliction of physical injury on oneself without suicidal intent, although it can overlap with suicidal behaviors. Over the past two decades, adolescent self-harm has emerged as a significant global public health concern. Rising rates have been documented across diverse cultural, social, and economic contexts. This alarming increase has prompted researchers, clinicians, educators, and policymakers to investigate the underlying causes, emerging patterns, and effective prevention strategies.

### I. Defining Adolescent Self-Harm

#### 1. Non-Suicidal Self-Injury (NSSI)

NSSI includes behaviors such as cutting, burning, scratching, or hitting oneself carried out to:

- Regulate emotions
- Reduce psychological distress
- Express internal pain

#### 2. Suicidal Self-Harm

Involves self-injurious behavior with the intent to die, while conceptually distinct from NSSI, the two often co-occur, and NSSI is a strong predictor of suicidal behaviors.

#### 3. Digital and Emerging Forms

With the rise of technology, adolescents are now exposed to new forms of self-harm:

- Online self-harm challenges
- Cyber self-harm (posting hurtful messages about oneself anonymously)
- Exposure to harmful social media communities

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## II. Global Trends in Adolescent Self-Harm

❖ ***Increasing Prevalence:*** Studies from Europe, North America, Asia, and Australia consistently show a rise in self-harm among adolescents, especially since 2010. Girls aged 12–16 show the fastest-growing rates, although boys often engage in more severe methods.

❖ ***Earlier Onset:*** Self-harm is increasingly appearing in younger adolescents, with some cases emerging in children aged 10–12. Early onset is associated with more complicated psychological trajectories in later adolescence.

### ❖ ***Gender Differences***

- **Females:** More likely to engage in cutting and scratching.
  - **Males:** More likely to engage in hitting or burning, often underreported.
- Gender gaps vary across cultures but the trend of higher female prevalence remains consistent globally.

### ❖ ***Cultural, Societal, and Contextual Influences***

- Increased academic pressure
- Family conflict or instability
- Social isolation
- Stigma around mental health
- Exposure to violence or bullying regions undergoing rapid socio-economic changes report higher rates of emotional distress among youth.

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### III. Risk Factors Driving Recent Trends

#### *a. Psychological Factors*

- Depression, anxiety, and PTSD
- Low self-esteem
- Emotion regulation difficulties
- Impulsivity

#### *b. Social and Interpersonal Factors*

- Bullying or cyberbullying
- Peer pressure
- Difficult family relationships
- Trauma or childhood adversity

#### *c. Digital and Media Influence*

Social media platforms can both help and harm adolescents. On one hand, they provide support communities; on the other, they expose adolescents to:

- Graphic self-harm content
- Romanticization of self-injury
- Harmful comparison culture
- Pressure to perform or share self-harm acts

#### *d. Societal Stressors*

- Economic instability
- Global crises (e.g., pandemics)
- Increased academic and social competition

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#### IV. Consequences of Adolescent Self-Harm

##### *A. Psychological and Emotional Consequences*

- Intensification of mental health disorders
- Persistent feelings of shame and guilt
- Increased risk of substance abuse
- Impaired emotional development

##### *B. Social and Academic Impacts*

- School absenteeism
- Decreased academic performance
- Social withdrawal
- Relationship difficulties

##### *C. Risk of Escalation*

Self-harm in adolescence is one of the strongest predictors of:

- Future repeated self-harm episodes
- Suicidal ideation
- Suicide attempts