

# Understanding Nonsuicidal Self-Injury and Suicide Risk Among Veterans



## From Science to Practice

Using Research to Promote Safety and Prevent Suicide

### Issue

**Nonsuicidal self-injury (NSSI) is the deliberate, self-inflicted destruction of body tissue without suicidal intent.<sup>1</sup> NSSI is sometimes referred to as self-directed violence or deliberate self-harm, and it includes intentionally cutting, hitting, burning, bruising, or scratching oneself, as well as picking at wounds to prevent them from healing.**

**The association between suicide attempts and NSSI in the general population is stronger than the association between suicide attempts and almost any other risk factor for suicide.<sup>2,3</sup> This relationship has also been observed among active duty service members, National Guard personnel, and Veterans.<sup>4,5,6</sup> Among Veterans, NSSI is associated with suicide attempts even after controlling for posttraumatic stress disorder (PTSD), traumatic brain injury, depression, alcohol dependence, and combat exposure.<sup>5</sup>**

### Key Findings

- Suicidal ideation among service members and Veterans may emerge before the onset of NSSI, and NSSI may begin before the first suicide attempt. NSSI may be associated with a longer period between onset of suicidal ideation and first suicide attempt than for those who do not engage in NSSI, suggesting that NSSI may function as a strategy for emotional regulation that abates the desire to attempt suicide.<sup>7</sup>
- A review of studies found a positive relationship between NSSI and prior traumatic experiences, such as childhood sexual and physical abuse, domestic violence, cumulative trauma exposure, dissociative disorders, and PTSD.<sup>8</sup>
- In a sample of Veterans with PTSD, a diagnosis of substance use disorder is associated with an increase

in the risk for suicide death, among men, and self-directed violence that results in inpatient hospitalization, among men and women.<sup>9</sup> The statistical interaction between PTSD and a comorbid diagnosis of substance use disorder is stronger in predicting nonfatal intentional self-harm for female Veterans than male Veterans.<sup>10</sup> Among Veterans with PTSD, women are more likely to engage in nonfatal self-directed violence, while men are more likely to die by suicide.<sup>9</sup>

- NSSI is also associated with interpersonal violence among male Veterans who seek treatment for PTSD. Veterans with recent reports of hitting, cutting, or burning themselves (but not picking or scratching themselves) are significantly more likely to threaten or engage in violent acts against others than those who have no history of NSSI.<sup>11</sup>
- Military sexual trauma (MST) may be a risk factor for NSSI. Over 25% of Veterans with a history of MST report a history of NSSI,<sup>12</sup> while just 6% to 17% of all Veterans report a history of NSSI.<sup>5,13,14,15,16</sup> For Veterans with a history of both MST and NSSI, NSSI usually began after the Veteran had experienced MST. Survivors of MST with a history of NSSI also report more severe recent suicidal ideation; PTSD symptoms; and trauma-related cognitions, such as negative perceptions of themselves or the world and feelings of self-blame.<sup>12</sup>

### Implications

Given the strong association between NSSI and suicide, asking patients about NSSI should be a routine part of discussing suicide risk. Also, in light of the relationships among substance use disorder, PTSD, suicidal behaviors, and NSSI, this conversation should be prioritized for Veterans who screen positive for both substance use disorder and PTSD.<sup>9</sup> Although male and female Veterans with PTSD share many risk factors for NSSI and suicide death, gender differences in risk factors (such as in the interaction between PTSD and substance use) should be considered when screening for NSSI and suicide risk.<sup>9</sup>



U.S. Department of Veterans Affairs  
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## Ways You Can Help

- Assess survivors of MST for new NSSI urges or actions even if they did not report a history of NSSI, because MST survivors may be at increased risk for NSSI.<sup>12</sup>
- Consider screening for NSSI when assessing a Veteran's risk for engaging in interpersonal violence, since research has found a connection between interpersonal violence and NSSI.<sup>11</sup>
- Assess suicidal behaviors and NSSI in Veterans with both PTSD and substance use disorder, since substance use disorder is associated with both suicidal behaviors and NSSI among Veterans with PTSD.<sup>9</sup>
- Learn about Veterans' motivations for engaging in NSSI behaviors, when they engage in the behaviors, and the effects the behaviors have on their thoughts and feelings. This information can support treatment and safety planning, since NSSI may serve as a strategy for emotion regulation, increasing the timespan between the first experience of suicidal ideation and a suicide attempt by abating the desire to attempt suicide.<sup>4</sup>
- Consider providing cognitive behavioral therapy or dialectical behavior therapy, which have been found to be helpful in treating NSSI patients in the general population, though the efficacy of these treatments is unclear when researchers distinguish between suicidality and the intent behind NSSI.<sup>17,18,19</sup>
- VA's Suicide Risk Management Consultation Program provides free consultation, support, and resources to help providers intervene effectively in difficult cases, including cases of NSSI. Find out more at [www.mirecc.va.gov/visn19/consult](http://www.mirecc.va.gov/visn19/consult).

**There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.**

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