Self-Injury During COVID-19

Views From University Students With Lived Experience

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Abstract: Concerns have been raised about the impact of the COVID-19 pandemic on individuals with lived experience of nonsuicidal self-injury (NSSI). Yet, few efforts have explored this. Accordingly, using a mixed-methods approach, we sought to examine whether emerging adults who have self-injured experienced changes in NSSI urges and behavior during the pandemic and what may have accounted for these changes. To do so, university students with lived experience of NSSI completed online questions asking about NSSI and self-reported changes in urges and behavior since the onset of COVID-19. They then answered open-ended questions asking what contributed to these changes and how they have coped during this timeframe. Approximately 80% of participants reported no change or a decrease in NSSI urges and behavior. Participants discussed removal from stressors (e.g., social stress) that previously evoked NSSI, as well as having time for self-care and to develop resilience as accounting for this. Nevertheless, some participants reported challenges amid the pandemic (i.e., exacerbated stress, isolation); approximately one fifth of participants reported increases in NSSI urges and behavior. Our findings add to recent evidence that many individuals with prior mental health concerns report experiencing elevated distress due to feelings of isolation, substance abuse, heightened anxiety, and difficulty coping. In another study, it was reported smoking cigarettes less, decreased use of cannabis and alcohol, as well as less frequent binge-drinking (Lukács, 2021). Thus, the impact of COVID-19 on university student mental health seems to be complex and varied.

In keeping with the above, concerns have been expressed about the potential for the pandemic situation to adversely affect emerging adults who engage in NSSI (Hasking et al., 2021; Plener, 2021). The unprecedented nature of the COVID-19 pandemic has undoubtedly elicited profound stress due to myriad reasons such as worry about oneself or loved ones contracting COVID-19. In addition, university students may have experienced elevated distress due to feelings of isolation, concerns about academics including changes to their daily routines. The various public health measures implemented to curtail COVID-19 spread have also rendered countless students completing their academic years isolated from—or in limited contact with—others. In the context of NSSI, this is concerning as both feeling alone and isolated are established risk factors for NSSI (Bureau et al., 2010; Rotolone and Martin, 2012). Moreover, NSSI occurring in the context of social isolation may confer risk for suicide (Glenn and Klonsky, 2009). Hence, understanding the potential impact of the COVID-19 pandemic on NSSI is paramount.

Current Study

Notwithstanding the aforementioned concerns about the potential impact of COVID-19 on NSSI engagement, a paucity of studies has attempted to examine this. For example, in one study, researchers found that some adolescent females reported no changes in NSSI, whereas others reported increases (Carosella et al., 2021); in the latter group, female youth reported more loneliness and stress as well as having fewer coping strategies. In another study, also involving adolescents, it was reported that NSSI rates may have increased amid COVID-19, with the

COVID-19 and NSSI Risk

Pursuant to the World Health Organization declaring the novel coronavirus disease 2019 (COVID-19) a global pandemic on March 11, 2020, attention has been paid to the impact of the pandemic on mental well-being. Indeed, there have been a number of published studies focusing on the impact of the pandemic on health care workers, school-aged youth, among others (Courtney et al., 2020; Khan et al., 2022; Muller et al., 2020). Commensurate with this, several studies have pointed to the impact of COVID-19 on the mental health of university students. For example, there are some reports that university students have experienced higher levels of stress, attentional difficulties, as well as adverse impacts on their academic performance since the onset of the pandemic (Cao et al., 2020; Kecojevic et al., 2020). Likewise, students have also reported higher levels of anxiety, depression, and suicidal thoughts since the start of the pandemic (Kecojevic et al., 2020; Wang et al., 2020).

At the same time, there are also reports that some students may not be as adversely impacted by the pandemic. Notably, findings from a recent longitudinal investigation involving university students indicate that students with preexisting mental health difficulties reported similar or even better mental health during the pandemic than they did in the previous year (Hamza et al., 2021). Similarly, in another study, students reported smoking cigarettes less, decreased use of cannabis and alcohol, as well as less frequent binge-drinking (Lukács, 2021). Thus, the impact of COVID-19 on university student mental health seems to be complex and varied.

Nonsuicidal self-injury (NSSI), the purposeful damage to one’s body tissue (e.g., cutting, burning) without intent to die by suicide, is a ubiquitous mental health concern among emerging adults (International Society for the Study of Self-Injury, 2018; Lewis et al., 2019a, 2019b; Swannell et al., 2014). Indeed, approximately 13% of individuals in this age group report having engaged in NSSI (Swannell et al., 2014); rates among university students are even higher, with up to 20% having self-injured (Lewis et al., 2019a, 2019b; Swannell et al., 2014). Emerging adults who self-injure unsurprisingly report an array of mental health difficulties (e.g., difficulty coping, heightened anxiety, substance abuse) and mental illness (e.g., eating disorders, major depression; Hamza and Willoughby, 2014; Kiekens et al., 2019; Lewis et al., 2019a, 2019b). Of high concern is recent research pointing to NSSI being the most reliable predictor of subsequent suicidal thoughts and behaviors in this age group (Franklin et al., 2017; Ribeiro et al., 2016). Indeed, emerging adults attending university who have self-injured are approximately 5.5 times more likely to attempt suicide, even when accounting for other known risk factors (e.g., depression, substance abuse; Kiekens et al., 2018). Taken together, NSSI represents a common and serious mental health concern in this demographic.

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ORIGINAL ARTICLE

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Participants ranged from 18 to 25 years old. Of these, 182 self-identified as female (89.66%; Mage = 19.00 years; SDage = 1.59 years); 23 identified as male (11.33%; Mage = 19.70 years; SDage = 1.39 years). In addition, 181 participants (89.16%) identified as women, 23 as men (11.33%), and 2 as gender fluid (0.99%). One hundred forty-one participants identified as heterosexual (68.12%), 45 as bisexual (21.74%), with the remaining reporting diverse sexual orientations. Please see Table 1 for the frequency of demographic characteristics.

Individuals who were excluded were more likely to be male than female, \( \chi^2(1) = 12.58, p < 0.001 \), and to identify as men versus women, \( \chi^2(1) = 12.45, p < 0.001 \). Participants who were bisexual were more likely to be included compared with those who were heterosexual, \( \chi^2(1) = 5.66, p = 0.017 \). Conversely, included participants did not statistically significantly differ in age, \( t(265) = 0.60, p = 0.549 \), or ethnicity, \( \chi^2(1) < 0.33, p = 0.567 \), compared with excluded participants. In all of the above analyses, groups with cell counts of less than five were not included and thus not reported.

NSSI History

Participants reported first engaging in NSSI at a mean age of 13.40 years (SD = 2.81); their most recent instance of NSSI had a mean age of 17.80 years (SD = 2.03). Participants last engaged in NSSI an average of 5.64 years ago (SD = 3.16). Informed by prior research (e.g., Kiekens et al., 2018; Lewis et al., 2019a, 2019b), when computing the frequency of people's prior NSSI engagement, we omitted instances of wound interference, self-starving, and self-induced vomiting as these are not typically viewed as NSSI (International Society for the Study of Self-Injury, 2018). Upon doing so, the 97.5th percentile for total NSSI frequency was 1688 instances (max >1,000,000). Rosner test for outliers suggested that all values above the 97.5% percentile should be considered outliers and candidates for exclusion in the frequency calculations. As a result of excluding these five individuals, participants engaged in NSSI a mean of 196 times (SD = 275.00). Participants' main forms of NSSI are outlined in Table 2.

Materials

Demographics

Data were collected on age, sex, gender, sexual orientation, and race/ethnicity.

| Form                      | n (%) |
|---------------------------|-------|
| Cutting                   | 62 (37.58) |
| Wound interference        | 20 (12.12) |
| Banging/hitting           | 19 (11.51) |
| Severe scratching          | 17 (10.30) |
| Pinching                  | 12 (7.27) |
| Hair pulling              | 11 (6.67) |
| Other                     | 9 (5.45) |
| Biting                    | 5 (3.03) |
| Swallowing dangerous substances | 2 (1.21) |
| Sticking self with needles| 1 (0.60) |
| Rubbing skin against rough surfaces | 1 (0.60) |
| Carving                   | 1 (0.60) |

Note: Although certain forms of NSSI (e.g., wound interference) were not calculated in participants' total NSSI frequency as part of our inclusion criteria, if these methods were reported as a main form of NSSI, they are still reported here as the participant would still meet study inclusion criteria.

METHODS

Participants

Upon receiving clearance from our university's research ethics board, participants were recruited online through a university participant pool. Next, interested individuals provided informed consent to take part in the study; they were then directed to the online survey questions (discussed further in the Materials section). A total of 273 people initially took part in the study. Of these, 207 participants met eligibility on the basis of reporting five or more lifetime instances of NSSI. This inclusion criterion has been used in recent NSSI research (e.g., Lewis et al., 2019a, 2019b) and was informed, in part, by the proposed frequency criterion for NSSI-Disorder in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013), as well as past research delineating less frequent (e.g., NSSI less than five times lifetime) from more frequent NSSI, with the latter typically associating with more mental health difficulties (e.g., Gratz et al., 2012; Lewis et al., 2015).

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TABLE 1. Demographic Characteristics

| Characteristics | Included n = 207 (%) | Excluded n = 66 (%) | \( \chi^2 \) | \( p \) |
|-----------------|----------------------|---------------------|-------------|---------|
| Gender          |                      |                     |             |         |
| Woman           | 181 (87.44)          | 42 (63.64)          |             | <0.001  |
| Man             | 23 (11.11)           | 19 (28.79)          |             |         |
| Gender fluid    | 2 (0.97)             | —                   |             |         |
| No response     | 1 (0.48)             | 5 (7.58)            |             |         |
| Sex             |                      |                     |             |         |
| Female          | 182 (87.92)          | 42 (63.64)          |             | <0.001  |
| Male            | 23 (11.11)           | 19 (28.79)          |             |         |
| Intersex        | 1 (0.48)             | —                   |             |         |
| No response     | 1 (0.48)             | 5 (7.58)            |             |         |
| Sexual orientation |                  |                     |             |         |
| Heterosexual    | 141 (68.11)          | 53 (80.30)          | 5.66        | 0.017   |
| Bisexual        | 45 (21.74)           | 5 (7.58)            |             |         |
| Queer           | 6 (2.90)             | 1 (1.52)            |             |         |
| Lesbian         | 6 (2.90)             | 1 (1.52)            |             |         |
| Pansexual       | 4 (1.93)             | —                   |             |         |
| Questioning     | 3 (1.45)             | —                   |             |         |
| Gay             | 1 (0.48)             | —                   |             |         |
| No response     | 1 (0.48)             | 6 (9.09)            |             |         |
| Ethnicity       | 0.33 0.567           |                     |             |         |

Note: Specific ethnicities not listed due to the large number (>20) of responses provided.

TABLE 2. Participants' Main Form of NSSI

| Form                               | n (%) |
|------------------------------------|-------|
| Cutting                            | 62 (37.58) |
| Wound interference                 | 20 (12.12) |
| Banging/hitting                    | 19 (11.51) |
| Severe scratching                   | 17 (10.30) |
| Pinching                           | 12 (7.27) |
| Hair pulling                       | 11 (6.67) |
| Other                              | 9 (5.45) |
| Biting                             | 5 (3.03) |
| Swallowing dangerous substances    | 2 (1.21) |
| Sticking self with needles         | 1 (0.60) |
| Rubbing skin against rough surfaces| 1 (0.60) |
| Carving                            | 1 (0.60) |
| Did not respond                    | 4 (2.42) |
Inventory of Statements About Self-Injury

The Inventory of Statements About Self-Injury (ISAS) is a self-report questionnaire that measures history and features (e.g., methods, frequency) of NSSI. The ISAS has excellent psychometric properties (Klonsky and Glenn, 2009). For example, the measure has demonstrated high internal consistency and correlates as expected with other clinical constructs (Klonsky and Glenn, 2009); it also has good test-retest reliability (Glenn and Klonsky, 2011).

Questions Related to COVID-19 Experiences

After completing the ISAS, all participants were presented with questions asking whether they were tested for COVID-19, knew someone who was tested, the outcome of those tests (i.e., positive or negative), and if they knew someone who had died due to COVID-19. Next, using a 5-point Likert scale ranging from 1 (much less often than I did before COVID-19) to 5 (much more often than I did before COVID-19) participants were asked to indicate changes in NSSI urges and NSSI behavior. From here, participants were presented with open-ended (qualitative) questions that inquired about what participants thought contributed to changes (or lack thereof) in NSSI urges and behavior. Although it was our intent to collect this qualitative data from all participants, only individuals reporting no change or reductions in NSSI variables completed these items; we comment on this in the Discussion. Finally, again using an open-ended question, all participants were asked how they coped with NSSI urges during the pandemic.

Procedure

As noted earlier, participants came from an undergraduate participant pool. Thus, all participants completed the above questions online via Qualtrics. For their time, they were given one credit toward their final grade in an applicable course. All survey questions were answered by participants on their own time, in a single sitting. Upon completion, participants were debriefed and provided with online and community-based resources for self-injury and mental health difficulties.

RESULTS

COVID-19–Related Information

In all, 58 participants reported having been tested for COVID-19 (28.02%), with two people reporting a positive result. In addition, 99 (47.83%) reported knowing someone who tested positive. Of these, the relationships to participants were as follows: 30 friends (30.30%), 17 acquaintances (17.17%), 14 extended family (14.14%), 10 family members (10.10%), 9 distant family (9.09%), 7 friend's family members (7.07%), 6 friends of a friend (6.06%), 1 roommate (1.01%), and 1 prefer not to disclose (1.01%). In all, 32 participants (15.46%) reported knowing someone who died due to COVID-19.

Influence of COVID-19 on Self-Injury

Of the 187 participants who responded about changes in NSSI pursuant to the COVID-19 pandemic, 78 reported engaging in self-injury “much less often” (41.71%), 48 “about as often” (25.67%), 34 “somewhat more often” (18.18%), 24 “somewhat less often” (12.83%), and 3 “much more often” (1.60%) during as opposed to before COVID-19. Of the 204 participants who responded about NSSI urges, 57 reported having self-injury urges “much less often” (27.94%), 53 “somewhat more often” (25.98%), 47 “about as often” (23.04%), 21 “somewhat less often” (10.29%), and 14 “much more often” (6.86%) during as opposed to before COVID-19 (Fig. 1).

Reasons for Unchanged/Reduced NSSI

To determine what factors could have contributed to the maintenance or reduction of NSSI over the course of the COVID-19 pandemic (Fig. 2), qualitative data were analyzed using codebook thematic analysis (TA) (e.g., King and Brooks, 2018; Ritchie and Spencer, 1994; also see Braun and Clarke, 2020 for an overview). In contrast to more reflexive approaches to TA, codebook TA involves generating codes and themes early in the conceptualization process (Braun and Clarke, 2020). Briefly, responses to questions asking about the reasons for changes (or lack thereof) in NSSI urges and behaviors were reviewed for the purpose of ensuring transcription accuracy and then read to

FIGURE 1. Changes in NSSI urges and behavior since the onset of COVID-19.
increase familiarity. During this process, notes and codes were generated and amalgamated into preliminary themes. These were then applied to the transcripts again, and theme names were finalized. Finally, excerpts were taken from transcripts to illustrate each theme. Throughout this process, the first and second author engaged in consultation and discussion around the themes. All authors agreed on the final themes.

Following the above, an emerging theme centered on the pandemic offering the opportunity for Growth and Resilience. One participant wrote, “COVID-19 has helped me stop self-harming and has given me time to reflect on myself and become a better me for me” (19-year-old woman). Other participants noted that the pandemic afforded them time to focus on other areas of their life such as “drawing, painting, baking, reading” (19-year-old woman). Some noted that this time allowed them to better care for themselves. For example, one 19-year-old gender-fluid individual stated that “I finally felt like I had time to exercise and feed myself right.” Finally, some individuals noted that the pandemic resulted in Removal from NSSI Stressors and Triggers. Of note, participants highlighted being quarantined as minimizing their fear of judgment: “COVID helped me feel safe from my problems in the world since I now spend most of my time alone and don’t need to worry about what others think” (18-year-old woman).

Participants also reported reasons for maintained/reduced NSSI that were decoupled from the pandemic. Here, another theme that emerged was Life was Unchanged for some participants because their community was not greatly impacted (e.g., “COVID didn’t affect me very much since I live in a small town with a very low COVID count so I was still able to see my friends and walk around town” [20-year-old woman]) or that their pre-COVID-19 lifestyle was similar to that during a lockdown (e.g., “I am a very introverted person, so COVID-19 hasn’t changed my lifestyle a whole lot” [19-year-old woman]). Participants also indicated that they experienced no change in NSSI because they had not engaged in self-injury for a period before the pandemic (prior cessation). Finally, participants noted that their NSSI had not changed because the reasons for NSSI enactment were unrelated to COVID-19. For example, one participant shared that “None of my urges were related to how COVID has affected [sic] me” (20-year-old man). Thus, participants attributed stable NSSI behaviors and urges during the pandemic to consistency in their life.

Challenges/Triggers of the COVID-19 Pandemic

The above observations notwithstanding a subset of participants identified several challenges that occurred after the start of the pandemic that contributed to NSSI urges or behaviors (see Fig. 2). These individuals did not, however, report increases in NSSI after the onset of COVID-19 (as noted earlier, only participants reporting less or no change in NSSI provided qualitative responses). To this end, some participants reported Isolation that resulted from the pandemic as a trigger for NSSI urges and behaviors. For instance, one participant shared that “Being quarantined in my house for months was one of the hardest things I’ve done. Being alone is the worst feeling ever. It definitely helped push me to try breaking point a few times (19-year-old woman)”.

Other participants linked isolation difficulties with being “alone with my thoughts” (20-year-old man), which triggered urges to engage in self-injury.

In addition, some individuals noted that the “Uncertainty of Everything” (22-year-old woman) contributed to urges and behaviors during the pandemic. One 19-year-old woman noted, “in terms of… how unknown everything is, I want to cut just as bad. I feel like I can’t fix or control anything and I always wondering if cutting will cure these feelings.” Further, participants noted Poorer Mental Health resulting from the pandemic as negatively impacting their self-injury. One 18-year-old woman wrote: “I became a lot more isolated and sad during the pandemic. I wasn’t getting out of bed or seeing anyone, so I felt useless and worthless, which contributed to my self-harm.”

Finally, some participants noted Additional Stressors during the pandemic as contributing to NSSI urges or behaviors, including the transition to online school, financial stress, or being in a triggering environment as affecting their NSSI urges and behaviors. Although there were some individuals who noted stressors unrelated to COVID (e.g., break-ups), these were less frequent.

Coping Strategies

Sixty-one participants (29.33%) did not respond to the question about coping strategies or indicated that because they were no longer engaging in self-injury, they did not require coping strategies. Respondents reported using an average of 1.27 coping strategies (SD = 0.82; range, 0–5), with 18 participants (8.65%) reporting zero coping strategies. The most frequently reported strategies were distraction/keeping busy (n = 74; 35.58%) and seeking social support (n = 49; 23.56%). Other strategies including mindfulness (n = 6; 2.88%), self-soothing (n = 6; 2.88%), positive self-talk (n = 10; 4.81%), and limiting the opportunity (e.g., by removing razors; n = 8; 3.85%) were reported less commonly. Notably, there was a subset of individuals who used replacement behaviors (e.g., elastic bands; n = 16; 7.69%) and other behaviors.
conventionally thought to be unhelpful (e.g., alcohol/drug use; n = 9; 4.32%).

DISCUSSION

The key, albeit surprising, finding of this study is that most participants indicated self-injuring less often and having fewer urges since the onset of the pandemic. Further, a number of individuals indicated no changes in either NSSI urges or behavior. In fact, only 1 in 5 participants reported increased NSSI during the pandemic. One reason participants attributed to this was that the pandemic, and perhaps the associated public health measures put in place (e.g., stay-at-home orders, physical distancing), afforded the opportunity for self-care, and thus time to cultivate resilience and focus on other areas of their lives. For some, this included identifying alternate ways of coping and caring for oneself. Among the strategies used in this regard were distraction techniques and drawing on social support, which have been cited as useful in the context of NSSI. Participants also shared that the removal of stressors (e.g., social interaction) previously contributing to NSSI was helpful. Along these lines, some individuals indicated that their triggers were unrelated to COVID-19, and thus, the pandemic had no significant impact on them with regard to NSSI.

These findings cohere with research examining the mental health impact of other socioeconomic crises, which indicates that many people will not experience worsened mental health and may actually find meaning in the face of adversity (Jones et al., 2004; Reibling et al., 2017). Moreover, our findings align with emerging research among university students indicating that many students with prior mental health difficulties may experience improved or similar well-being when compared with before the COVID-19 pandemic (Hamza et al., 2021; Lukács, 2021). In this regard, our findings align with an emerging trend in the literature by drawing attention to the fortitude and inner resolve among people who self-injure (Lewis et al., 2019a, 2019b; Lewis and Hasking, 2020, 2021). Indeed, although NSSI is most often used to cope with overwhelming emotion (Taylor et al., 2018), many individuals who self-injure persevered and find meaning through their experience (Lewis and Hasking, 2020, 2021). Yet even when participants reported no changes in NSSI urges or behavior, some still expressed that the pandemic contributed to heightened isolation, uncertainty, and stress. In some cases, individuals reported using other potentially harmful behaviors (e.g., alcohol/drug use) as a means of coping; similar reports have been made in terms of how people have coped during the pandemic (Pollard et al., 2020). Thus, although some students did not self-injure or experience a change in urges during the pandemic, it should not be assumed that the pandemic had no impact. Indeed, approximately 1 in 5 students reported increases in both. Although this merits further research, we surmise that exacerbated stress, social isolation, and difficulty coping played a role here based on some of the responses provided by participants, prior NSSI research (Bureau et al., 2010; Hasking et al., 2021; Plener, 2021; Rotolone and Martin, 2012), as well as recent evidence that such experiences are linked to NSSI engagement amid the COVID-19 pandemic (Carosella et al., 2021).

Limitations and Future Directions

This study’s results need to be interpreted within the context of its limitations. First, the study primarily comprised White, female, and heterosexual university students, limiting the scope of the generalizations concluded from the results. Individuals identifying as bisexual, gay, lesbian, or transgender may be at higher risk of engaging in self-injury (Muehlenkamp et al., 2015), as might individuals from more diverse racial backgrounds who have been disproportionately affected by the pandemic (Raitman and Raitman, 2020). Thus, researchers should investigate the impact of COVID-19 on NSSI in more diverse samples to ensure marginalized experiences are represented. Second, we were not able to follow-up with participants to better understand their experiences. Interviews and longitudinal approaches may circumvent this limitation. Third, participants reported their perceived changes in NSSI and its urges. To build on this, daily diary and ecological momentary assessment approaches may have utility in future work, especially as the long-term impact of the pandemic on NSSI and well-being remains unknown. Last, most participants who provided qualitative responses also reported that they experienced little change in NSSI since the pandemic. Thus, our qualitative analysis is limited in that it may not reflect the experiences of participants who experienced increases in NSSI and NSSI urges, who did not respond to the qualitative items in our study. By drawing on interviews and other methodological approaches (e.g., ecological momentary assessment), researchers may be better positioned to further understand what may contribute to potential changes in NSSI urges and behavior over the course of the pandemic; doing so may also be helpful in understanding how such changes manifested at different points during the pandemic (e.g., across different waves).

Clinical Implications

The present findings have clinical implications to consider both during and beyond the COVID-19 pandemic. First, most individuals perceived their self-injury to be maintained or decreased. Our findings in this regard point to the importance of the removal and managing of day-to-day stressors in the context of NSSI; efforts to augment coping among students who self-injure are thus likely to be beneficial. Moreover, participants explicitly noted developing resilience within the pandemic context, which can be harnessed in a formal therapy context. Indeed, resilience and strengths-based approaches may have merit when supporting individuals who self-injure. This aligns with recent emphasis on moving away from deficit-based models in the field (Lewis and Hasking, 2020, 2021).

In adopting a resilience-based approach to therapy, clinicians could be aware of the various coping strategies adopted by individuals to reduce or delay self-injury. Although many of the strategies reported by participants in this study were evidence-informed (e.g., distraction, social support; Glenn et al., 2019; Turner et al., 2014), others were not (e.g., replacement behaviors, substance use) and may do more harm than good (Wadman et al., 2020). Practitioners are encouraged to ask about coping strategies in the face of self-injury urges, as well as the pandemic more broadly to understand strategies of resilience.

CONCLUSIONS

The current study is among the first to examine the possible change in NSSI behavior and urges among university students with lived experience since the COVID-19 pandemic. Although it may be assumed that the pandemic would yield increases in each, our findings indicate that this is not the case. Indeed, although some participants experienced such increases, 80% of individuals report no change or even decreases in NSSI and its urges. In this way, our findings add not only to recent reports that individuals with prior mental health difficulties demonstrate resolve during these challenging times (Hamza et al., 2021; Lukács, 2021) but also to the resilience that people with lived experience of NSSI possess (Lewis et al., 2019a, 2019b; Lewis and Hasking, 2020, 2021).

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DISCLOSURE

The authors declare no conflict of interest.

This study received ethics clearance from the corresponding author’s institution (ethical approval reference number 20-01-017).
S.P.L. coconceived and designed the study, oversaw the project, drafted the Introduction and Discussion, and revised and approved the final manuscript. T.E.K. analyzed the qualitative data, coauthored the Results, and revised and approved the final manuscript. T.R.F. analyzed the quantitative data, coauthored the Methods and Results, and revised and approved the final manuscript. N.L.H. and R.W. coconceived and designed the study and revised and approved the final manuscript.

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