

**Predictors of Receiving and Responding to a Non-Suicidal Self-Injury  
Disclosure From A Friend**

by

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## ABSTRACT

### **PREDICTORS OF RECEIVING AND RESPONDING TO A NON-SUICIDAL SELF-INJURY DISCLOSURE FROM A FRIEND**

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Young adults who self-injure may prefer to disclose these experiences to peers versus professionals, however, past research has demonstrated that their responses are rated as less helpful compared to other recipients. To better understand this phenomenon, the current study sought to investigate NSSI disclosures from the point of view of the disclosure *recipient*. Given the relation between various interpersonal trait variables (e.g., receptiveness, responsiveness, agreeableness), relationship factors (friendship quality, duration), and intimate self-disclosures, aspects of particular individuals and relationships may also play a role in the context of peer-to-peer NSSI disclosures and how effective these disclosure responses may be. An online battery of questionnaires was administered to examine these research questions in a population of 230 university students (178 females,  $M_{age} = 18.38$ ). 107 participants reported receiving a NSSI disclosure from a friend. Having a history of NSSI, lower social support, and greater perceived relative power were found to significantly predict receiving a NSSI disclosure from a friend and receptiveness and social support were found to significantly predict the recipients' degree of helpful responding to the NSSI disclosure. Findings illuminate the important role of friends and of the friendship itself in facilitating the help-seeking process and promoting NSSI cessation. Research directions and implications are discussed.

## **Dedication**

For my brother, Kareem, who is beautiful and special in so many ways.

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## **Predictors of Receiving and Responding to a Non-Suicidal Self-Injury Disclosure From a Friend**

### **NSSI: A Brief Overview**

Non-suicidal self-injury (NSSI) is the intentional damaging of one's own body tissue, with a lack of suicidal intent (e.g., cutting, scratching, burning; Nock & Favazza, 2009). This definition excludes culturally and socially sanctioned destructive behaviours that modify body tissue (e.g., piercings, tattoos) and behaviours that yield indirect harm to one's body (e.g., overdose of medication). In several recent studies, researchers have reported a high lifetime prevalence of NSSI among nonclinical populations of adolescents and young adults, with rates ranging from 12% to 24% in North America (Gratz, Conrad, & Roener, 2002; Heath, Ross, Toste, Charlebois, & Nedecheva, 2009; Lewis & Arbuthnott, 2012; Muehlenkamp & Gutierrez, 2004; Pietrusza, Rothenberg, & Whitlock, 2011; Ross & Heath, 2002). In particular, NSSI is common among university students in North America with reported rates as high as 17% (Whitlock, Eckenrode, & Silverman, 2006) and 20% (Heath, Toste, Nedecheva, & Charlebois, 2008; Pietrusza et al., 2011; Wilcox, Arria, Caldeira, Vincent, Pinchevsky, & O'Grady, 2012). In some studies, rates are as high as 37% (Gratz, 2006).

Research indicates that the primary motivation for engaging in NSSI is to manage negative emotions (e.g., Klonsky, 2009); in other words, NSSI is used as a means to cope with difficult emotional experiences, which are theorized to stem from poor emotion regulation skills (Heath et al., 2008; Klonsky, 2007; Klonsky, 2009; Nock, 2009; Nock & Prinstein, 2004; Nock & Prinstein, 2005). Other reasons for NSSI include but are not limited to: self-punishment (i.e., to express anger towards the self), anti-dissociation (i.e., to generate feelings by ending experiences of depersonalization), anti-suicide (i.e., to replace or avoid suicidal impulses), and

establishing interpersonal boundaries (i.e., to assert autonomy over another individual or to create a distinction from another individual; for a review, see Klonsky, 2007). Additionally, researchers have demonstrated that, compared to individuals who do not engage in NSSI, individuals who self-injure are at an increased risk for experiencing mental distress, experience psychiatric illness, and engage in other problem behaviours and avoidant coping strategies such as alcohol use (e.g., Hankin & Abela, 2011; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006; Williams & Hasking, 2010). Of grave concern is research suggesting that NSSI confers risk for suicide and attempted suicide (Andover & Gibb, 2010; Glenn & Klonsky, 2009; Hamza, Stewart, & Willoughby, 2012; Hasking, Momeni, Swannell, & Chia, 2008; Klonsky, May, & Glenn, 2013; Nock et al., 2006; Whitlock et al., 2006; Whitlock et al., 2013). Given the high prevalence rates of NSSI among college students and the variety of associated negative outcomes, factors relating to the cessation of NSSI warrant research focus.

### **Help-seeking and Disclosure**

Researchers suggest that many individuals who self-injure, particularly young adults, do not seek help (e.g., Schoonderbeek & Lewis, 2010; Whitlock et al., 2006) and are reticent to disclose the behaviour to mental health professionals (Heath et al., 2009; Pietrusza et al., 2011; Whitlock et al., 2006; Wilcox et al., 2012) and medical professionals (Whitlock et al., 2006). One possible path to NSSI cessation may be through disclosure and help-seeking, which can, in turn, facilitate access to NSSI treatment. As such, reluctance to disclose NSSI to professionals or to seek help from professionals may hinder NSSI recovery; accordingly, researchers have attempted to identify the factors leading to or hindering the help-seeking process for NSSI and a number of related mental health difficulties. For example, researchers have found that autonomy (e.g., “I would solve the problem myself”), shame, embarrassment, and fear of not being

understood represent important barriers to seeking professional help among individuals experiencing personal, emotional, and suicidal problems; furthermore, those individuals with the lowest help-seeking intentions may endorse a greater number of help-seeking barriers (Wilson, Rickwood, Ciarrochi, & Deane, 2002).

Studies that have examined help-seeking for NSSI and more general self-harm have revealed similar barriers to professional help-seeking. Self-harm refers to deliberate acts with a non-fatal outcome intended to cause harm; in this way, self-harm comprises NSSI as well as other behaviours, such as overdosing and suicide attempts (Hawton, Rodham, Evans, & Weatherall, 2002). Furthermore, adolescents often report shame, stigma, and fear of the consequences (e.g., alienation, fear of being labeled) as the primary reasons for failing to seek professional help in response to a recent episode of self-harm (Fortune, Sinclair, & Hawton, 2008). Similarly, many adolescents who self-harm may not access help despite reporting a need for it (Evans, Hawton, & Rodham, 2005). Although findings from these studies may need to be interpreted tentatively as NSSI behaviours are a subset of broader self-harm acts, they may still offer insight into possible help-seeking barriers which may have salience in the context of NSSI.

Consistent with the above, research investigating help-seeking behaviour among individuals engaging in NSSI specifically has revealed similar patterns. In a study examining the degree to which school-based support was sought for NSSI among adolescents, willingness to seek help was quite low (13.5%) and various NSSI-related factors (e.g., medical severity) did not predict whether participants intended to seek help (Heath, Baxter, Toste, & McLouth, 2010). Rather, non-NSSI factors were associated with help-seeking (e.g., worries about an unsafe neighbourhood and sexual harassment), suggesting that accessing services for NSSI is infrequent; researchers in this study also found that help-seeking may be perceived as

undesirable and ineffective (Heath et al., 2010). Similar findings have been reported among young adults who experience high levels of distress; for example help-seeking rates among individuals aged 16-24 are reportedly low with only 34.5% of women and 21.8% of men seeking professional help when experiencing high levels of distress (Biddle, Gunnell, Sharp, & Donovan, 2004). Thus, in both adolescent and young adult populations, help seeking rates among those experiencing mental health difficulties does not seem to be high.

To date, few studies have formally investigated help-seeking behaviour among university students who engage in NSSI. Of the studies that have, professional help-seeking rates for NSSI have been low. For example, in a large college sample ( $N = 2875$ ), only 6.5% of the 490 individuals engaging in NSSI reported seeking medical treatment for NSSI, only 21.4% reported discussing the behaviour with a mental health professional, and 3.2% reported discussing the behaviour with a physician or health care provider (Whitlock et al., 2006). In another study, students with a history of NSSI were more likely to seek professional help if their attitudes about the process were positive and if they perceived help as being potentially useful; this was especially the case for those who repeatedly engaged in NSSI (Schoonderbeek & Lewis, 2010). This suggests that those who self-injure more frequently may seek help if their overall attitudes toward help-seeking are positive. Interestingly, these researchers also found that university students who thought their peers would approve of their behaviours were more likely to seek advice from peers to get professional help, suggesting that peer advice may play a role in individuals seeking professional help for NSSI (Schoonderbeek & Lewis, 2010). Thus, although professional help-seeking rates for NSSI appear low, the role of peers in the help-seeking process may represent a fruitful area for future research.

## Peer Disclosure

Several studies have examined NSSI disclosure. Research examining nonprofessional help-seeking among college students who frequently self-injure found students were more likely to seek nonprofessional help from peers, especially if they believed their peers would approve of their help-seeking (Davis, Arbuthnott, Schoonderbeek, Allami, & Lewis, 2010). Additional research has found that those adolescents and young adults who are apt to tell someone about their NSSI may be most likely to disclose their NSSI to a friend (Evans et al., 2006; Heath et al., 2009; Muehlenkamp, Brausch, Quigley, & Whitlock, 2013; Pietrusza et al., 2011; Wilcox et al., 2012). Taken together, young adults who self-injure seem to have a preference for disclosing NSSI to peers rather than professionals and as noted above, peer advice to get help may predict professional help-seeking for NSSI. However, research to date has not yet addressed what may be unique about these peers that make them more likely recipients of NSSI disclosures.

Understanding what factors might predict these disclosures may further add to the current knowledge on the NSSI disclosure process. Disclosing sensitive information to a friend can be a nuanced process that relies heavily on factors related to both the disclosure recipient and the relationship between the involved individuals. Moreover, whether the individual disclosing information perceives the experience as positive or helpful is often contingent upon how the recipient responds. Thus, because peers are more likely recipients of NSSI disclosures, it is crucial to understand what factors might predict these disclosures in order to identify *who* is more likely to receive them. Moreover, examining *how* these individuals react to the disclosure is of critical importance; given their possible influential role on the outcome of the disclosure, understanding the degree of helpfulness in peers' responses to NSSI merits empirical inquiry. Indeed, research has indicated that some responses to NSSI are positive whereas others are

negative (e.g., Pietrusza et al., 2011; Walsh, 2006) and the nature of the response may influence the likelihood of future help-seeking behaviour. For example, after hearing about an individual's NSSI, disclosure recipients could be helpful in the recovery process by providing support and encouragement. Or, they could also be unhelpful in facilitating NSSI recovery by cutting off contact with that individual and failing to recognize the severity of the behaviour.

Few studies have evaluated the rates of disclosure among college students. In one study involving a sample of undergraduate students, it was found that 65% of the subset of students who engaged in NSSI and also indicated that somebody knew about their NSSI reported talking to their friends about the behaviour (Heath et al., 2009). Similar findings are reported by others (Pietrusza et al., 2011; Wilcox et al., 2012). Disclosure of NSSI to a friend may play a role in facilitating the professional help-seeking process (Hinson & Swanson, 1993; Schoonderbeek & Lewis, 2010). For example, in response to a NSSI disclosure, friends might provide a non-judgmental space (i.e., by refraining from lecturing or scolding their friend), which may reinforce the notion that telling somebody about the behaviour or seeking help is not always associated with negative outcomes (Pietrusza et al., 2011); as such, these individuals might be more willing to seek professional help, if they have previous positive experiences disclosing their NSSI to others. It may also be that friends respond to these disclosures adversely (e.g., by minimizing the behaviour or isolating their friend), which may further deter individuals engaging in NSSI from seeking professional help (Pietrusza et al., 2011). Given the varied types of responses that may ensue following NSSI disclosure, and that different responses are reported in the literature (Klineberg, Kelly, Stansfel, & Bhui, 2013; Pietrusza et al., 2011), examining what qualities characterize NSSI disclosure recipients and the nature of their reactions to a NSSI disclosure from a friend may be fruitful. Doing so may enhance our understanding of how to

tailor efforts to prepare these individuals to support this at-risk population. Despite its importance, however, a paucity of efforts has examined the nature of peer disclosures of NSSI from the view of those receiving the disclosure.

Interestingly, although peers seem to represent primary recipients of NSSI disclosures, the nature of the resulting peer-to-peer conversations about NSSI may be the least helpful as compared to conversations with other individuals (e.g., parents, physicians; Pietrusza et al., 2011). Friends of those who self-injure may be in a unique position because they are the primary targets of NSSI disclosure; how they respond to this disclosure has the potential to influence their friends' NSSI in a variety of ways (e.g., encouraging professional help-seeking, reinforcing the behaviour, accessing resources to provide support for their friends, etc.).

Although research on the topic of NSSI disclosure is nascent, studies to date have focused on whether those who self-injure disclose their NSSI history. Clearly, this is important. At the same time, however, understanding who disclosure recipients are and how they have responded to NSSI disclosures might have utility. No study to date has accounted for the recipients of these disclosures despite researchers highlighting the importance of this (e.g., Evans et al., 2005). Research is needed to identify: a) the interpersonal trait variables and relationship factors that might render somebody a recipient of disclosure in order to foster enhanced understanding of the process of peer disclosure of NSSI, b) how these individuals respond to the disclosure in terms of known helpful and unhelpful reactions to NSSI and, c) which factors, in turn, predict these responses as a way of further clarifying why some responses to NSSI disclosures may be more helpful than others. Numerous factors may play a role in terms of what makes individuals more likely to receive a NSSI disclosure and how these individuals react to the recently acquired information. These are discussed below.

## Receiving a NSSI Disclosure

**Interpersonal trait variables.** Several interpersonal trait variables may play a role in terms of predicting to whom NSSI disclosures are made. High openers, or individuals scoring high on measures of *receptiveness* (i.e., the tendency to elicit intimate disclosure from interaction partners), tend to be disclosed to by their friends more than low openers about a variety of issues, some sensitive in nature (e.g., personal relationships, negative life experiences; Miller, Berg, & Archer, 1983). Research has demonstrated that high openers tend to be socially skilled with warm and agreeable personalities as evidenced by their high scores on self-report measures and behavioural analyses of these personality factors (Colvin & Longueil, 2001; Miller et al., 1983). As such, it is possible that high openers might score high on measures assessing responsiveness and agreeableness and that these individuals might be more likely recipients of an intimate disclosure, such as NSSI, from a friend.

Several other interpersonal traits may have salience in the context of understanding NSSI disclosures. For example, being responsive and agreeable may play a role. To be *responsive* (i.e., open and sensitive), toward another person and his or her experiences, an individual must value and demonstrate an understanding and caring for that person (Reis & Shaver, 1988). To be *agreeable*, one must be warm, trustworthy, cooperative, and willing to accommodate others in social situations (Trull, 2005). Together, these traits may be conducive to others feeling comfortable with disclosing intimate information (Wheless & Grotz, 1977; Miller et al., 1983), such as NSSI. For example, those high in agreeableness have reported more self-disclosures from close partners (Barrett & Pietromonaco, 1997). Gender differences may also be found. The majority of these relations may be stronger for females than males, suggesting that individuals might feel more comfortable disclosing intimate information to female friends than male friends.

Indeed, research has provided some evidence for this (e.g., Dindia & Allen, 1992). Moreover, in a study that identified high disclosure rates of NSSI to friends, the majority of the sample was female (Heath et al., 2009). In line with this research, it seems reasonable that the aforementioned interpersonal trait variables (i.e., receptiveness, responsiveness, agreeableness) may be positively associated with receiving a NSSI disclosure from a friend.

**NSSI history.** Individuals who are friends are thought to be similar for two reasons. First, most individuals are attracted to peers most like themselves (e.g., friends who share similar interests, have similar backgrounds). Second, through the process of socialization, friends become more similar over time by identifying with a common set of norms, attitudes, and behaviours (Bernt, 1992; Ennet & Bauman, 1994; Kandel, 1978; Richards, 2002). It is possible that individuals who self-injure may associate with other individuals who self-injure; consequently, this may create a network of friends that accept and understand NSSI and thus, share similar attitudes about NSSI and refrain from making judgments. Indeed, recent research among community and clinical samples of adolescents who self-injure has suggested that having a friend who self-injures predicts one's own NSSI engagement (Prinstein et al., 2010; You, Lin, Fu, & Leung, 2013). Additionally, as noted above, individuals are more likely to seek help from a friend if they think their peers will approve of their behaviours (Schoonderbeek & Lewis, 2010). Thus, it is possible that by virtue of having a friend who also self-injures, individuals engaging in NSSI may either have more opportunities for disclosing their behaviour or feel more comfortable sharing their experiences with friends who have a previous history of NSSI as opposed to friends who do not.

**Relationship factors.** Also important in the context of understanding what predicts who receives peer-to-peer NSSI disclosures are aspects of the friendship itself. Research has

consistently found that individuals disclose more to people they like (Collins & Miller, 1994). Additionally, those individuals who are reportedly better at eliciting intimate disclosures from others are often more liked by their friends and targets of disclosure in more long-term relationships (as opposed to stranger and acquaintance interactions), suggesting that friendship quality and friendship duration may also influence an individual's likelihood of being a recipient of disclosure (Miller et al., 1983).

Research has also demonstrated that an individual's trust in the recipient of disclosure may serve as a prerequisite to disclosing intimate information (Wheless & Grotz 1977) and how well one likes and knows this recipient may also influence the occurrence of an intimate disclosure, such as NSSI (Jourard, 1959). Additionally, dyadic research among adolescent friends with internalizing and externalizing problems has revealed strong positive correlations between higher friendship quality and self-disclosure for both individuals within the dyadic pairs (Swenson & Rose, 2009). Taken together with research indicating that peers are preferred recipients of NSSI disclosures, both the quality and duration of friendships may be important considerations in the disclosure process; as such, these factors may merit empirical consideration as they may have the potential to influence the NSSI disclosure process and associated outcomes. It may be that NSSI disclosures are more likely when the quality of a friendship is high (i.e., high social support, low negative interactions, low relative power) and in the context of a longer-term friendship (i.e., greater duration).

### **Responding to a NSSI Disclosure**

In addition to the above, it may be important to understand the nature of recipients' responses to these disclosures; that is, how these individuals respond, whether their responses are helpful, and whether these factors predict their responses. Adolescents have reported uncertainty

about how to respond to their friends who self-injure and high levels of discomfort and avoidance when discussing their friends' NSSI (Muehlenkamp, Walsh, & McDade, 2010). The same may be the case for university students as past work has shown that compared to other disclosure recipients (e.g., parents, partners), friends' responses to NSSI disclosures were rated as the least helpful (Pietrusza et al., 2011). However, it remains unclear which factors might contribute to these less helpful responses and which may contribute to more helpful ones. This merits empirical investigation as friends are the most common recipients of NSSI disclosures; moreover, as noted above, how friends respond may impact NSSI itself (e.g., Heath et al., 2009; Pietrusza et al., 2011; Walsh, 2006; Wilcox et al., 2012). For example, friends' responses to a NSSI disclosure could act as a gateway to professional help-seeking or could influence the occurrence of future disclosures for those engaging in NSSI. As a result, using reports of relevant helpful and unhelpful responses to a NSSI disclosure from those who self-injure themselves, the current study evaluated how helpful individuals' responses were to a NSSI disclosure and what factors predicted these responses.

### **The Current Study**

The goals of the current study were to better understand the process of disclosing NSSI from the point of view of the disclosure recipient, the extent to which recipients' responses were helpful and, most importantly, what variables might predict more helpful (versus more unhelpful) responses to NSSI. To do this, the current study focused on identifying whether interpersonal trait variables (i.e., receptiveness, responsiveness, agreeableness), NSSI history, and relationship factors (i.e., quality of friendship, duration of friendship) rendered people recipients of a NSSI disclosure and how these factors predicted how helpful these recipients responded to the recently acquired information. The following hypotheses were made:

*H1: Interpersonal trait variables predict NSSI disclosure status.* Research has demonstrated that individuals eliciting an intimate disclosure from an interaction partner score higher on measures of receptiveness, responsiveness, and agreeableness (Colvin & Longueil, 2001; Miller et al., 1983; Barrett & Pietromonaco, 1997; Wheelless & Grotz, 1977). As such, it was hypothesized that scores on measures of these interpersonal trait variables would significantly predict NSSI disclosure status group membership (i.e., no disclosure versus disclosure) such that those with higher scores would be more likely to have received a NSSI disclosure from a friend.

*H2: NSSI history predicts NSSI disclosure status.* Individuals with a history of self-injury may be more likely to associate with other individuals who self-injure and thus, may feel more comfortable disclosing the behaviour to friends with a previous history of NSSI (Prinstein et al., 2010; You et al., 2013). Therefore, it was hypothesized that, in addition to the previously mentioned interpersonal trait variables, having a history of NSSI would significantly predict NSSI disclosure group membership, such that those with a history of NSSI would be more likely to have received a NSSI disclosure from a friend.

*H3: Relationship factors predict NSSI disclosure status.* Given the positive relation between disclosure and friendship quality and friendship duration (Jourard, 1959; Miller et al., 1983; Swenson & Rose, 2009; Wheelless & Grotz, 1977), it was hypothesized that these relationship factors would also significantly predict NSSI disclosure group membership, such that those with higher social support, lower negative interactions, lower relative power, and longer friendship durations would be more likely to have received a NSSI disclosure from a friend.

*H4: Interpersonal trait variables predict helpful responding to a NSSI disclosure.*

Exploratory analyses were conducted to determine whether scores on measures of interpersonal trait variables receptiveness, responsiveness, and agreeableness would significantly predict individuals' reported degree of helpful responding to a NSSI disclosure from a friend.

*H5: NSSI history predicts helpful responding to a NSSI disclosure.* Exploratory analyses were conducted to determine whether, after controlling for the aforementioned interpersonal trait variables, having a history of NSSI would significantly predict individuals' reported degree of helpful responding to a NSSI disclosure from a friend.

*H6: Relationship factors predict helpful responding to a NSSI disclosure.* Exploratory analyses were conducted to determine whether scores on measures of relationship factors (social support, negative interaction, relative power, friendship duration) would significantly predict individuals' reported degree of helpful responding to a NSSI disclosure from a friend.

## **Methods**

### **Participants**

Participants were recruited from the undergraduate population at a Southwestern Ontario university in Canada. A total of 230 individuals (178 females, 52 males) ranging in age from 17 to 31 ( $M = 18.38$ ,  $SD = 1.25$ ) enrolled in undergraduate psychology courses consented and subsequently completed the online survey. The majority of these students were in their first year of study ( $n = 210$ ); all students received course credit for participating in the research. Of the total sample, 81.7% ( $n = 188$ ) were White/Caucasian and the remaining 18.3% ( $n = 42$ ) reported

the following ethnicities: Asian ( $n = 12$ ), African Canadian ( $n = 2$ ), Hispanic ( $n = 1$ ), and Other ( $n = 27$ ).

## Measures

**Demographic information.** To determine demographic information, participants were asked to indicate their age, gender, ethnic background, year of study, and program of study (see Appendix A).

**Disclosure status.** To determine disclosure status (i.e., whether participants received a NSSI disclosure), participants were instructed to provide a *Yes/No* response to the following question: “Has anybody ever told you that he/she self-injures or has self-injured in the past?” If they responded *Yes* to this question, to assess the timeline of the disclosure, participants were subsequently asked to provide a response to the following question: “How long ago did this person tell you that he/she self-injures or has self-injured in the past (in years and months)?” (see Appendix B). Participants who responded *No* were instructed to provide a *Yes/No* response to the following item to determine whether they reported suspecting somebody engaging in or having a history of NSSI: “Have you ever suspected/thought that somebody you know currently self-injures or has self-injured in the past but he/she has never told you about it? If they responded *Yes* to this question, to assess timeline of this suspicion, participants were asked to provide a response to the following question: “How long (in years and months) have you suspected that this person engages in or has a history of self-injury?” (see Appendix C). If they responded *No*, participants were instructed to skip over to the next set of questions. Based on responses to these items, participants were grouped into one of the following three categories: Receipt of a disclosure (somebody they know explicitly told them they engage in or have a history of NSSI),  
2) No receipt of a disclosure but suspicion (suspect that somebody they know engages in or has a

history of NSSI but they have not been explicitly told about it) and, 3) No receipt of a disclosure nor suspicion (have not received a NSSI disclosure nor do they suspect that somebody they know engages in or has a history of the behaviour).

### **Interpersonal trait variables.**

**Receptiveness.** To assess receptiveness, or an individual's ability to elicit an intimate disclosure from an interaction partner, the Opener Scale (Miller et al., 1983) was administered to all participants (see Appendix D). The Opener Scale is a self-report measure consisting of ten items that fall into one of three categories: 1) perceived reaction of others (e.g., "People frequently tell me about themselves"), 2) interest in listening to others (e.g., "I encourage people to tell me how they are feeling") and, 3) interpersonal skills (e.g., "I can keep people talking about themselves"). Items were rated on a 5-point Likert scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). The Opener Scale is unifactorial, has previously demonstrated good reliability (e.g.,  $\alpha = .79$ ), and does not significantly correlate (e.g.,  $r = .13, ns$ ) with measures of social desirability (Miller et al., 1983). Participants were assigned a total receptiveness score by aggregating scores (scores ranged from 0 to 40) on individual items and the scale yielded strong internal consistency ( $\alpha = .89$ ).

**Responsiveness.** To assess participants' responsiveness towards close others, an adapted version of the Partner's Responsiveness Scale was developed and administered to all participants (Cross, Bacon, & Morris, 2000; see Appendix E). The original scale was developed to assess individuals' perceptions of a partner's responsiveness (i.e., whether they perceive a partner as making them feel understood, cared for, and validated; e.g., "My partner behaves warmly towards me") and has yielded strong reliability (e.g.,  $\alpha = .92$ ; Cross et al., 2000). The adapted version was used to assess participants' perception of their own responsiveness towards close

others (e.g., “I usually behave warmly towards close others”). Twelve items were rated on a 5-point Likert scale ranging from 1 (*not at all/strongly disagree*) to 5 (*very much/strongly agree*). In the current study, the measure yielded strong internal consistency ( $\alpha = .83$ ). To determine participants’ total responsiveness, scores on individual items were reverse-scored (when necessary) and aggregated (scores ranged from 36 to 60).

**Agreeableness.** To assess participants’ agreeableness, a subset of items were administered from the Revised NEO Personality Inventory Short Form (NEO-PI-R; Costa & McCrae, 1992; see Appendix F). Agreeableness (subdivided into the facets Trust, Straightforwardness, Altruism, Compliance, Modesty, and Tender-Mindedness) is a trait within the Five-Factor Model of personality for which the NEO-PI-R was theoretically derived upon (Costa & McCrae, 1992; Costa & McCrae, 1995). On a 7-point Likert scale ranging from 1 (*not true*) to 7 (*very true*), participants answered 12 items about their personalities (e.g., “I would rather cooperate with others than compete with them”). The NEO-PI-R is the most widely used measure of the Five-Factor Model, and has high internal validity, strong test-retest reliability, and strong convergent and discriminant validity (Costa & McCrae, 1992; Costa & McCrae, 1995). Specifically, internal consistency for Agreeableness ( $\alpha = .86$ ) and facet scales is strong ( $\alpha$  ranging from .56 to .79; Costa, McCrae, & Dye, 1991). In the current study, the measure also yielded strong internal consistency ( $\alpha = .81$ ). Scores on individual items were reverse-scored (when necessary) and aggregated to derive an overall agreeableness score for each participant (scores ranged from 22 to 79).

**NSSI history.** Participants’ history of NSSI was assessed using the Inventory of Statements about Self-Injury (ISAS; Klonsky & Glenn, 2009). The ISAS is a self-report measure asking individuals to report frequency of NSSI for 12 of the most commonly reported self-injury

behaviours (e.g., cutting, burning, hitting, etc.; see Appendix G). Respondents were also asked to answer five questions pertaining to their main form of NSSI (i.e., age of onset, most recent episode, experience of pain, elapsed time between urge and action, desire to stop self-injuring). Although not pertinent to the current study, the ISAS also includes a section asking participants to identify the main functions of their NSSI behaviours; respondents were asked to rate on a 3-point Likert scale ranging from 0 (*Not relevant*) to 2 (*Very Relevant*) how relevant a series of statements regarding NSSI functions were for them. The ISAS has been used widely in the field, was developed for use with young adult college samples, and has demonstrated strong reliability and construct validity (e.g., Glenn & Klonsky, 2011; Klonsky & Olino, 2008). Based on their responses, participants were placed into one of two groups: 1) no NSSI history, 2) NSSI history.

#### **Relationship factors.**

***Nature of relationship.*** Participants who reported either receiving a NSSI disclosure or suspecting NSSI were asked to identify the type of relationship (e.g., friend, romantic partner, sibling, etc.) with the target individual (i.e., the person disclosing self-injury or the person suspected to have a NSSI history; see Appendices B and C). Participants then answered all subsequent items assessing the quality and duration of the relationship with this target individual in mind. Those participants who reported neither receiving a NSSI disclosure nor suspecting NSSI were instructed to answer these items with a close friend in mind (see Appendix H). For descriptive purposes, participants were also asked to indicate the current age and gender of the target individuals.

***Relationship quality.*** To assess how participants perceived their relationship with the target individual, the college version of the Network of Relationships Inventory was administered (NRI; Furman, 1996; Furman & Buhrmester, 1985; see Appendix H). The NRI is

based on the theory of social provisions whereby individuals seek out specific social provisions (e.g., companionship, nurturance, affection) or types of social support in their relationships with others (Weiss, 1974). Forty-two items were administered to assess perceptions of positive aspects of relationship quality (i.e., three items each for companionship, instrumental aid, intimacy, nurturance, affection, admiration, reliable alliance, satisfaction, and support) and perceptions of negative aspects of relationship quality (i.e., three items each for conflict, antagonism, criticism, and dominance), and perceptions of relative power (three items). Items were rated on a 5-point Likert scale ranging from 1 (*little or none*) to 5 (*the most*), with the exception of the relative power scale whereby anchors referred to who possesses the most power (1 = *they almost always do*, 5 = *I almost always do*). Aspects of the NRI have yielded fairly strong reliability (typical mean  $\alpha = .80$ ; Furman, 1996; Furman & Buhrmester, 1985). Overall, the measure demonstrated excellent internal consistency with high reliability estimates on all subscales ( $\alpha$  ranging from .83 to .96). Summary scores were derived for three composites (social support, negative interactions, relative power) by averaging all relevant items.

***Relationship duration.*** To assess the duration of the relationship, participants were asked to indicate how long they had been in a relationship with the target individual by choosing one of the following options: Less than 6 months, 6 months-1 year, 1-2 years, 2-3 years, 3-4 years, 4-5 years, Greater than 5 years.

**Helpful responding to a NSSI disclosure.** For the purpose of the study, a scale was created to measure the degree of reported helpful responding to either a real or hypothetical NSSI disclosure. Items were created based on reports of what is helpful and unhelpful in response to receiving a NSSI disclosure from individuals who have previously disclosed self-injury to a nonprofessional (see Pietrusza et al., 2011). For example, types of helpful responses

can include the following: allowing the person who self-injures his/her autonomy, taking into account the person's perspective, providing a non-judgmental space, developing a meaningful connection, understanding the reasons behind self-injury, taking the behaviour seriously, focusing on the individual's unique strengths, checking in periodically, and reminding the person that he/she is not alone. Participants were asked to rate on a 5-point Likert scale ranging from 1 (*not at all like me*) to 5 (*completely like me*) how much a list of 16 statements characterized their response to hearing about somebody's NSSI history or behaviour (e.g., "I tried to understand the person's reasons for engaging in this behaviour"). The items were adapted appropriately for each group (see Appendices, I, J, K) and those individuals who had no experience with an individual who self-injures responded based on a hypothetical scenario with a close friend (see Appendix K). Reverse items were recoded and participants' score for helpful responding to a NSSI disclosure were derived by aggregating all items. Higher scores indicated higher degrees of helpful responding to a NSSI disclosure (scores ranged from 39 to 80). The scale demonstrated good reliability ( $\alpha = .78$ ).

**Social desirability.** Given the nature of some of the questionnaires administered, social desirability as a response tendency was examined to ensure that the data gathered was not confounded by possible reporting bias. The Marlowe-Crowne Social Desirability (Short Form) Scale (MC-Form C) was administered (Reynolds, 1982; see Appendix L). Respondents were asked to indicate whether 13 statements were either true or false for them. The MC-Form C has been shown to be psychometrically sound (e.g.,  $\alpha = .76$ ) and has been widely employed in studies using self-report measures (Reynolds, 1982). Participants were assigned a total social desirability score by aggregating all items once the necessary items were reverse-scored (scores ranged from 0 to 12). Scale reliability estimates were good ( $\alpha = .73$ ).

## **Procedure**

In fall 2012, participants were recruited from the undergraduate psychology participant pool at the University of Guelph in Ontario, Canada (see Appendix M). Once recruited, individuals were informed that the purpose of the study was to assess how self-injury, intimate disclosures, personality, and relationships are interrelated. Individuals interested in participating were asked to provide informed consent to complete the online questionnaire (see Appendix N). All participants first provided responses to demographic information, followed by measures of interpersonal trait variables (i.e., receptiveness, responsiveness, agreeableness), NSSI history, and social desirability. Following completion of these items, participants were then asked about their experiences with other people who self-injure. Based on these responses, participants then answered questions about their responses to either a real or a hypothetical disclosure of NSSI. Upon completion of the online questionnaire, participants were encouraged to seek help or counseling if any of the information they encountered made them feel uneasy or distressed and were provided with a list of local, accessible resources (see Appendix O).

## **Analytic Plan**

First, means and standard deviations were computed for all variables (see Table 1) as well as correlations among all variables (see Table 2). Prior to hypothesis testing, NSSI disclosure group membership (i.e., disclosure, suspicion, no disclosure) was determined by obtaining a set of frequencies on all *Yes/No* items relevant to participants' experiences with NSSI disclosures. Given the focus of the study, participants who either received a NSSI disclosure from somebody other than a friend or who reported suspecting somebody engaging in NSSI were excluded from the subsequent analyses. This yielded two groups: 1) no NSSI disclosure, 2) NSSI disclosure. A nonparametric chi-square analysis was then conducted to examine possible group

difference between genders (male vs. female) and a Multivariate Analysis of Variance (MANOVA) was conducted to examine possible group differences in age and socially desirable response patterns. The same tests (i.e., chi-square, MANOVA) were conducted to evaluate possible differences on these three variables between participants included and excluded from the subsequent analyses.

Next, participants were assigned as either not reporting a history of NSSI or reporting a history of NSSI, based on whether they reported engaging in any NSSI methods listed on the ISAS. For subsequent analyses, the no NSSI history group was assigned a code of 0 and the NSSI history group was assigned a code of 1 on the variable NSSI history. Rates of participants' NSSI frequency were obtained by aggregating reported frequencies across all methods. To determine whether gender, age, and social desirability needed to be controlled for in analyses using NSSI history, a nonparametric chi-square was conducted to explore possible gender differences in NSSI history and a MANOVA was conducted with NSSI history as the independent variable and age and social desirability as the dependent variables.

Prior to testing the study hypotheses, a series of preliminary analyses were carried out to determine whether gender, age, and social desirability needed to be included in the overall models as control variables. Specifically, a MANOVA was conducted with gender as the independent variable and all three interpersonal trait variables (receptiveness, responsiveness, agreeableness) as the dependent variables and bivariate correlations were examined between all three interpersonal trait variables and age and social desirability. From this, all necessary control variables were entered in the statistical analyses using receptiveness, responsiveness, and agreeableness as predictors.

The same series of preliminary analyses were conducted with all relationship factors (social support, negative interactions, relative power, friendship duration); specifically, a MANOVA was conducted with gender as the independent variable and all relationship factors as the dependent variables and bivariate correlations were examined between all relationship factors and age and social desirability. From this, all necessary control variables were entered in the statistical analyses using social support, negative interaction, relative power, and friendship duration as predictors.

To test the first two hypotheses, that interpersonal trait variables (receptiveness, responsiveness, agreeableness) and NSSI history would significantly predict disclosure group membership, a binary logistic regression was computed with disclosure group status membership (no NSSI disclosure versus NSSI disclosure) as the dichotomous outcome variable. When computing analyses, the no NSSI disclosure group was assigned a code of 0 and the NSSI disclosure group was assigned a code of 1. All necessary control variables were entered in Block 1 of the logistic regression, interpersonal trait variables were entered in Block 2, and NSSI history was entered in Block 3.

To test the third hypothesis, that relationship factors (social support, negative interactions, relative power, friendship duration) would significantly predict disclosure status group membership, an additional binary logistic regression was computed with disclosure status group membership as the dichotomous outcome variable. All necessary control variables were entered in Block 1 of the logistic regression and all relationship factors were entered in Block 2.

To address the fourth and fifth purposes of the study; that is, to explore whether interpersonal trait variables and NSSI history would significantly predict helpful responding to a friend's NSSI disclosure, a multiple linear regression was computed solely on those participants

who reported receiving a NSSI disclosure from a friend (i.e., the no NSSI disclosure group was omitted). The same variables controlled for in the logistic regression using the same predictors (for hypotheses 1 and 2) were entered in Block 1, the three interpersonal trait variables were entered in Block 2, and NSSI history was entered in Block 3.

Lastly, to explore the sixth and final hypothesis, that relationship factors would significantly predict helpful responding to a friend's NSSI disclosure, another multiple linear regression was computed for those participants who reported receiving a NSSI disclosure from a friend. The same variables controlled for in the logistic regression using the same predictors (for hypothesis 3) were entered in Block 1 and all relationship factors were entered in Block 2.

## Results

### Descriptive Analyses

**NSSI disclosure status.** Examining rates of disclosure and suspicion of NSSI, it was found that of the total sample, 57.4% ( $n = 132$ ) of participants reported that somebody in their life had disclosed engaging in NSSI. Approximately 11.7% ( $n = 27$ ) of participants reported suspecting that somebody in their life engages in or has engaged in NSSI, and 30.4% ( $n = 70$ ) reported neither receiving a NSSI disclosure nor suspecting somebody engaging in NSSI. One participant did not provide information regarding disclosure status; this person's data was excluded from subsequent analyses. Participants receiving a disclosure or suspecting NSSI were also asked to indicate their relationship with the target individual (i.e., the person disclosing NSSI or the person suspected to have engaged in NSSI). As predicted, the majority (81.1%) of these individuals reported that the target individual was a friend. See Table 3 for a detailed breakdown of relationship to the target individual. Because the focus of the present study was on receiving a NSSI disclosure from a friend, all participants who reported that the target individual

was somebody other than a friend ( $n = 25$ ) were excluded from subsequent analyses. Additionally, due to the small number of individuals suspecting NSSI ( $n = 27$ ), these participants' data was also excluded from subsequent analyses; indeed, there was insufficient power for valid group comparisons. Thus, the final analyses consisted of 177 participants distributed in the following two groups as follows: 40% ( $n = 70$ ) in the no NSSI disclosure group and 60% ( $n = 107$ ) in the NSSI disclosure group. A nonparametric chi-square analysis revealed no gender differences in NSSI disclosure status group membership,  $\chi^2(1) = 3.70, p = .055$  and MANOVA analyses revealed no significant group differences in both socially desirable response patterns and age, Pillai's Trace = 0.02,  $F(1, 169) = 1.58, p = .210, partial \eta^2 = .02$ . Additionally, no significant differences emerged in gender,  $\chi^2(1) = 1.44, p = .229$ , age and social desirability, Pillai's Trace = 0.01,  $F(1, 220) = 0.86, p = .860, partial \eta^2 = .00$ , between participants included in the final analyses and those who were not.

**NSSI history.** Participants who reported engaging solely in wound/scab picking ( $n = 25$ ) were not included as having a history of NSSI as these behaviours are not universally viewed as NSSI and there is consensus in the field that these behaviours may not constitute NSSI (e.g., Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007; Yates, Tracy, & Luthar, 2008). Thus, of the final sample, 47.5% ( $n = 84$ ; 66 female) reported engaging in some form of NSSI (e.g., cutting, scratching, biting, burning) with lifetime frequencies ranging from 1 to 5010 ( $M = 127.61, SD = 569.65$ ). While nonparametric chi-square tests revealed no significant gender differences in NSSI history,  $\chi^2(1) = 0.03, p = .870$ , MANOVA analyses did reveal significant NSSI history differences in both socially desirable response patterns and age, Pillai's Trace = .062,  $F(1, 169) = 5.59, p = .004, partial \eta^2 = .062$ . Specifically, participants reporting a history of NSSI ( $M = 4.95, SD = 2.92$ ) were less likely to report socially desirable responses than participants who did not

report a history of NSSI ( $M = 6.42$ ,  $SD = 2.93$ ),  $F(1, 171) = 10.72$ ,  $p = .001$ ,  $partial \eta^2 = .060$ .

As such, social desirability was controlled for in all subsequent models using NSSI history as a predictor.

### **Preliminary Analyses**

**Interpersonal trait variables, gender, age, and social desirability.** MANOVA analyses revealed significant gender differences in the interpersonal trait variables, Pillai's Trace = 0.14,  $F(1, 201) = 8.57$ ,  $p = .000$ ,  $partial \eta^2 = .11$ , with females reporting significantly greater scores on all three measures than males (see Table 4). A series of bivariate correlations between the interpersonal trait variables and age and social desirability were also significant, indicating a negative relation between age and all three interpersonal trait variables and a positive relation between social desirability and all three interpersonal trait variables (Table 5). As such, gender, age, and social desirability were controlled for in all subsequent analyses using receptiveness, responsiveness, and agreeableness as predictor variables.

**Relationship factors, gender, age, and social desirability.** MANOVA analyses revealed no significant gender differences in relationship factors (social support, negative interactions, relative power, friendship duration), Pillai's Trace = 0.02,  $F(1, 217) = 1.03$ ,  $p = .395$ ,  $partial \eta^2 = .02$ ; however, initial bivariate correlations conducted revealed a significant positive correlation between reported social support and social desirability; age, however, was not significantly related to relationship factors (see Table 6). As such, social desirability was controlled for in all subsequent analyses using social support, negative interaction, relative power, and friendship duration as predictor variables.

## Examination of Hypotheses

**H1 and H2: Interpersonal trait variables and NSSI history predict NSSI disclosure status.** A binary logistic regression analysis was used to examine the unique contribution of interpersonal trait variables and NSSI history in the prediction of NSSI disclosure status group membership (i.e., no NSSI disclosure versus NSSI disclosure). A hierarchical regression was conducted in which gender, age, and social desirability were entered at step 1 as control variables,  $-2 \log \text{likelihood} = 189.85$ ,  $\chi^2(3) = 7.06$ ,  $p = .070$ , which was not significant. Scores on interpersonal trait variables (receptiveness, responsiveness, and agreeableness) were entered at step 2,  $-2 \log \text{likelihood} = 184.90$ ,  $\Delta \chi^2(3) = 4.95$ ,  $p = .175$ , which was also not significant and NSSI history was entered in the third and final step, which was significant, and the overall model correctly classified 65.6% of the participants,  $-2 \log \text{likelihood} = 176.70$ ,  $\Delta \chi^2(1) = 8.20$ ,  $p = .004$ . Controlling for one another in the full model, only NSSI history was a unique and significant predictor of NSSI disclosure group status. That is, individuals who reported a history of NSSI were more likely to have reported receiving a NSSI disclosure from a friend (see Table 7).

**H3: Relationship factors predict NSSI disclosure status.** An additional binary logistic regression analysis was used to examine the unique contribution of relationship factors (social support, negative interaction, relative power, friendship duration) in the prediction of disclosure status group membership (i.e., no NSSI disclosure versus NSSI disclosure). To control for effects of social desirability on the predictor variables, social desirability was entered in the first block,  $-2 \log \text{likelihood} = 207.57$ ,  $\chi^2(1) = 1.70$ ,  $p = .192$ , which was not significant. Scores on social support, negative interaction, and relative power were entered in the second block along with friendship duration. The final model was significant and correctly classified 70.2% of the

participants,  $-2 \log \text{likelihood} = 173.18$ ,  $\Delta \chi^2(4) = 34.39$ ,  $p = .000$ . Specifically, both social support and relative power uniquely predicted disclosure status group membership, such that greater social support increased the likelihood of not receiving a NSSI disclosure, whereas greater perceived relative power within a friendship increased the likelihood of receiving a NSSI disclosure (see Table 8).

**H4 and H5: Interpersonal trait variables and NSSI history predict helpful responding to a NSSI disclosure.** Multiple regression analyses were conducted to examine the unique contribution of interpersonal trait variables (receptiveness, responsiveness, agreeableness) and NSSI history in predicting helpful responding to a NSSI disclosure for those individuals receiving a NSSI disclosure from a friend. Similar to the previous regression analysis using these predictors, age, gender, and social desirability were entered in the first block as control variables. Interpersonal trait variables were entered in the second block and NSSI history was entered in the third block. All three blocks were significant and as per Table 9, receptiveness,  $\beta = .347$ ,  $t(81) = 2.81$ ,  $p = .006$ ,  $sr = .277$ , was the only significant unique predictor of helpful responding to a NSSI disclosure in the final block.

**H6: Relationship factors predict helpful responding to a NSSI disclosure.** Additional multiple regression analyses were conducted to examine the unique contribution of relationship factors (social support, negative interaction, relative power, friendship duration) in predicting helpful responding to a NSSI disclosure from a friend. Similar to the previous regression analysis using these predictors, social desirability was entered in the first block as a control variable. Results revealed that, after controlling for social desirability, relationship factors accounted for a significant proportion of variance in helpful responding to a NSSI disclosure,  $\Delta R^2 = .200$ ,  $F(4, 89) = 5.61$ ,  $p = .000$ . Specifically, as per Table 10, social support was the only significant unique

predictor of helpful responding to a NSSI disclosure from a friend,  $\beta = .423$ ,  $t(89) = 4.28$ ,  $p = .000$ ,  $sr = .400$ .

## Discussion

Non-suicidal self-injury (NSSI) is a significant mental health concern among university students (for a review see Lewis & Arbutnott, 2012). If individuals who self-injure are going to tell somebody about the behaviour, they are most likely going to disclose their NSSI to a friend (e.g., Evans et al., 2005; Heath et al., 2009; Schoonderbeek & Lewis, 2010; Whitlock et al., 2006). Few efforts have examined what factors contribute to these peer-to-peer disclosures, however. While friends are the preferred recipients of these disclosures, how they respond has been reported as the least helpful compared to other recipients (e.g., parents, partners), suggesting a need to better understand the experiences of the recipients of disclosures (Pietrusza et al., 2011). The current study addressed these gaps in the literature by attempting to understand NSSI disclosures from the point of the view of the disclosure recipients. In line with previous research suggesting that university students are most likely to tell a friend about their NSSI, findings from the current study revealed that many university students receive NSSI disclosures and a substantial portion of these disclosures are coming from a friend. Results are discussed below.

### Receiving a NSSI Disclosure

**Interpersonal trait variables predict NSSI disclosure status.** The first goal of the study was to determine whether the interpersonal trait variables receptiveness, responsiveness, and agreeableness significantly predicted NSSI disclosure status group membership. Contrary to hypotheses, results revealed that these interpersonal trait variables did not predict NSSI disclosure status group membership. Although past research suggests that these variables may

play an important role in receiving intimate self-disclosures, it could be that other factors might have more salience in the context of NSSI and may, in turn, interfere with the NSSI disclosure process (Barrett & Pietromonaco, 1997; Colvin & Longueil, 2001; Miller et al., 1983).

For example, individuals who self-injure may feel that the behaviour is stigmatized by others. Indeed, this has consistently been identified as a primary barrier to seeking help for a range of other mental health problems among this population (e.g., depression; Gulliver, Griffiths, & Christensen, 2010). Making the decision to disclose NSSI to others may be a complex process because of the uncertainty about how individuals will respond and the many possible negative outcomes (e.g., judgment, social isolation). Additionally, university students are more likely to seek out advice from their peers if they perceive that their peers will approve of their behaviour (Schoonderbeek & Lewis, 2010). It could be that although those individuals scoring high on measures of receptiveness, responsiveness, and agreeableness are more likely to receive intimate disclosures from friends, both the perceived stigma regarding NSSI and the sensitive nature of the topic may interfere with the overall disclosure process. Disclosure is an interpersonal process; thus, although interpersonal factors may play a role on the part of the recipient of disclosures, these might need to interact with those associated with the individual disclosing.

**NSSI history predicts NSSI disclosure status.** The second goal of the study was to determine whether having a history of NSSI predicts receiving a NSSI disclosure, in addition to the aforementioned interpersonal trait variables. As expected, findings revealed that individuals who reported a history of NSSI were more likely to have reported receiving a NSSI disclosure from a friend. Recently, literature has emerged regarding the influential role of the social context in both the onset and maintenance of NSSI behaviours; that is, individuals who self-injure are

more likely to associate with other individuals who self-injure (Claes, Houben, Vandereycken, Bijttebier, & Muehlenkamp, 2010; Heath et al., 2009; Lewis, Rosenrot, & Messner, 2012; Prinstein et al., 2010; You et al., 2013). Individuals who self-injure may have more opportunities to disclose NSSI to others who self-injure. Indeed, NSSI is more likely discussed among these individuals. Accordingly, individuals may feel more comfortable discussing NSSI in these contexts. Supporting this is qualitative research exploring adolescents' views of self-harm. Here, those who had never self-harmed reported having difficulty understanding the behaviour and, when asked about the prospect of helping somebody who self-harms, they described the process as challenging. To this end, lacking personal experience with the behaviour seemed to preclude these individuals from being able to understand and share the distressing experiences among those who self-injure (Klineberg et al., 2013). Thus, it is possible that university students who want to disclose their NSSI experiences may perceive both a shared understanding and more acceptance of the behaviour from friends who also have a history of NSSI – and possibly those who have already disclosed NSSI, as discussed next.

In addition to the above is the notion of reciprocity, or the *dyadic effect*, which refers to the phenomenon whereby the sharing of information in a relationship is reciprocal in nature (Dindia, 2002). Disclosing sensitive information conveys a sense of trust in the recipient and is a key marker of intimacy in the relationship. This may, in turn, promote open discussion about the topic disclosed, especially if it is sensitive in nature. Consequently, it is possible that prior to receiving these NSSI disclosures from a friend, those recipients with a history of NSSI disclosed their own personal experiences with NSSI to the target individual.

**Relationship factors predict NSSI disclosure status.** The third goal of the study was to determine which relationship factors (i.e., social support, negative interaction, relative power,

friendship duration) would predict receiving a NSSI disclosure. Contrary to what was hypothesized, the results revealed that only social support and relative power within the friendship were important factors in determining NSSI disclosure status group membership. Specifically, those reporting greater social support were less likely to receive a NSSI disclosure and those reporting greater perceived relative power were more likely to report receiving a NSSI disclosure. Possible explanations for these findings are discussed below.

First, individuals who reported receiving a disclosure from a friend were asked to provide responses on items about their relationship with the individual who disclosed NSSI. Individuals who did not receive a NSSI disclosure from a friend, however, were asked to describe their relationship with a close friend. While both groups provided responses about their friends, participants who did not receive a NSSI disclosure may have reported greater social support and less relative power because they were primed to think about a specific and close relationship. This may not have been the case for individuals who reported receiving a NSSI disclosure; indeed, for those participants receiving a disclosure, it is unclear the extent to which they perceived the target individual as a “friend” or “close friend”. Participants who reportedly did not receive a NSSI disclosure, however, provided responses regarding a close friend.

Second, past research has suggested that individuals who self-injure have interpersonal difficulties and higher frequencies of NSSI have been shown to be associated with higher levels of social isolation and alienation (Castille et al., 2007; Prinstein, Guerry, Browne, & Rancourt, 2009). Additionally, adolescents who self-injure tend to exhibit deficits in various social problem-solving abilities; for example, when asked to choose solutions to hypothetical social scenarios, adolescents who self-injure often choose significantly more negative solutions than adolescents who do not self-injure (Andover, Pepper, & Gibb, 2007; Nock & Mendes, 2008).

Research also suggests that both adolescents and young adults who self-injure perceive their social skills and social support networks to be worse than those who do not self-injure (Claes et al., 2010; Heath et al., 2009). Thus, individuals who self-injure may have friendships with less social support and greater negative relations compared to those who do not self-injure, including relative power. Although it is possible that university students who self-injure may perceive their friendships as being close, in reality, their relationships may not be high in quality when compared to the friendships of university students who do not self-injure.

### **Responding to a NSSI Disclosure**

**Interpersonal trait variables predict helpful responding to a NSSI disclosure.** The fourth goal of the current study was to determine whether interpersonal trait variables (receptiveness, responsiveness, agreeableness) would significantly predict helpful responding to NSSI disclosures from a friend. Findings revealed that, of the three variables, receptiveness was the only significant unique predictor; that is, higher levels of receptiveness were significantly and positively associated with helpful responding to the NSSI disclosure. In the context of the current study, receptiveness referred to an individual's self-reported ability to elicit an intimate self-disclosure from interaction partners. The construct encompasses qualities such as reacting to others positively, having a genuine interest in listening to others, and strong interpersonal skills (Miller et al., 1983).

Research suggests that individuals scoring high in receptiveness are, in the context of an intimate disclosure, more attentive to their partner's disclosure (Pegalis, Shaffer, Bazzini, & Greenier, 1994). Receptive individuals are also more socially skilled and as a result, have a good sense of what questions need to be asked to elicit intimate information from others (e.g., Colvin & Longueuil, 2001; Miller et al., 1983, Pegalis et al., 1994). For example, those high in

receptiveness tend to use more effective prompts that are more closely related to the intimacy of the information they receive (Pegalis et al., 1994). Thus, it is possible that when hearing about a friend's experiences with NSSI, those higher in receptiveness might be more attentive to the content of the discussion and highly invested in both the outcome of the conversation and the well-being of their friend. As a result, highly receptive individuals may be more likely to a) better understand the experiences of their friend, and b) consequently respond in ways they perceive as helpful and appropriate.

Both responsiveness and agreeableness were not significant unique predictors in helpful responding to a friend's NSSI disclosure, although they were positively associated. While these factors may be related to the levels of intimacy and support that occur within a relationship, they may not be as salient as receptiveness when it comes to moving forward and having the appropriate skills for responding effectively to a specific disclosure (Colvin & Longueuil, 2001; Miller et al., 1983). That is, being highly responsive and agreeable may not necessarily imply having effective, appropriate, and helpful strategies in dealing with a sensitive issue, such as NSSI.

Additionally, the measure used to assess receptiveness included items that addressed participants' perceptions of their actions in the context of disclosures and interpersonal communication (e.g., "I can keep people talking about themselves"). Measures used to assess responsiveness and agreeableness, however, asked participants to rate their behaviours and interactions with others in a more general sense (e.g., "I make close others in my life feel valued" or "I try to be courteous to everyone I meet"), suggesting that differences in the outcomes among these interpersonal trait variables could also reflect the different levels of specificity in the measures.

**NSSI history predicts helpful responding to a NSSI disclosure.** The fifth purpose of the study was to determine whether having a history of NSSI would significantly predict, in addition to the aforementioned interpersonal trait variables, the degree of helpful responding to a NSSI disclosure from a friend. Findings revealed that NSSI history did not uniquely predict helpful responding. On the surface, this finding may seem surprising. It seems logical to assume that having a shared understanding of a friend's distressing experience (i.e., NSSI) could facilitate an effective response to this experience. It may be that in response to the NSSI disclosure, recipients who also self-injure normalize NSSI and view it as a behaviour that does not need to be addressed. For example, past research indicates that some young men view certain forms of NSSI (e.g., repeated head banging) as normal, stress-reducing behaviours that likely do not warrant significant attention (Borrill, Lorenz, & Abbasnejad, 2012). Additionally, there is increasing concern that the open discussion of NSSI in online communities may serve to minimize the severity of the behaviour and, in turn, normalize self-injury (Lewis & Baker, 2011; Lewis, Heath, Sornberger, & Arbuthnott, 2012). Furthermore, many adolescents who self-harm report that knowing others who self-harm is integral to their personal experiences with the behaviour (Klineberg et al., 2013). Thus, when hearing about their friend's self-injury, individuals who self-injure may not respond in a helpful matter because for them, NSSI may not be perceived as a problem that needs to be solved or addressed.

Another possible explanation for this finding can be attributed to the social skills among individuals who self-injure. As previously noted, those who self-injure tend to report poorer social problem solving strategies, perceive themselves as less socially skilled, and often experience interpersonal difficulties (Andover et al., 2007; Claes et al., 2010; Heath et al., 2009; Nock & Mendes, 2008). It could be that these factors translate into their experiences with friends

who disclose NSSI. That is, while it is possible that university students who self-injure want to be helpful in responding to a NSSI disclosure from a friend, their capacity to respond effectively may be limited by the struggles they experience with utilizing appropriate problem-solving strategies in social situations.

**Relationship factors predict helpful responding to a NSSI disclosure.** The final goal of the study was to determine what relationship factors (social support, negative interactions, relative power, friendship duration) predict helpful responding to a NSSI disclosure from a friend. Findings revealed that social support was the only unique significant predictor of reported helpful responding to a NSSI disclosure from a friend; that is, higher levels of perceived social support within the friendship were significantly and positively associated with helpful responding to the NSSI disclosure. In the current study, social support consisted of the recipients' perceived levels of companionship, instrumental aid, intimacy, nurturance, affection, and admiration within the friendship. Extant research has observed that, when relationships are high in these factors and low in negative factors (e.g., conflict, criticism, dominance), they are said to be of high quality (Berndt, 2002).

Perceived social support and high quality relationships have commonly been identified as protective factors against NSSI and suicidal behaviours; for example, both adolescents and young adults with a history of NSSI often report less social support than those who do not have a history of NSSI (e.g., Brausch & Gutierrez, 2009; Heath et al., 2009). Findings from the current study suggest that, in addition to being a protective factor against NSSI behaviours, for individuals who already self-injure, perceived social support may play a critical role in NSSI recovery. When friendships demonstrate more positive qualities such as admiration, nurturance, affection, and so on, it may be that there exists an especially strong emotional attachment

between friends and in turn, greater investment in the relationship. Such relationship dynamics may foster a strong desire to protect and care for a friend if he or she is particularly distressed. Thus, within the context of highly socially supportive relationships, friends of individuals who self-injure may be more invested in the well-being of their distressed friend and as a result may be, a) more readily available for support and, b) more resourceful in attempting to decrease their friend's distressing experiences.

This finding can also be interpreted in light of the disclosure process itself. Research has demonstrated that self-disclosures of sensitive information in the context of a close relationship can lead to greater liking, trust, and intimacy between the involved individuals (Dindia, 2002). The process of disclosing NSSI may serve to strengthen a friendship and in turn, friends receiving a NSSI disclosure may be more emotionally invested in the well-being of their distressed friend. As a result, they may put in added efforts to understand the behaviour and determine the most appropriate and effective courses of actions for promoting NSSI recovery.

### **Implications**

Findings from this study complement past research on NSSI disclosure by highlighting the important role of friends in possibly facilitating recovery from NSSI. Indeed, a substantial portion of NSSI disclosures to university students are from friends. As the first study to address NSSI disclosures from the point of view of the disclosure recipients, these findings suggest the importance of adequately equipping university students with appropriate skills and knowledge so that, if necessary, they can respond to NSSI disclosures in a helpful manner. For example, NSSI intervention programs for those engaging in NSSI could be targeted toward all university students and could focus on enhancing NSSI literacy and on outlining appropriate responses to NSSI disclosures.

Additionally, findings from this study suggest that individuals who self-injure may be more likely to disclose their NSSI to friends who also have a history of self-injury, however, friendships with lower social support and higher relative power were also associated with receiving a NSSI disclosure. Given that social support was the only significant predictor of helpful responding to a NSSI disclosure, it could be that, from a recovery-based perspective, individuals who self-injure are disclosing to friends who might be less likely to initiate or facilitate the help-seeking process. This finding may help explain past research suggesting that, while friends are most likely recipients of NSSI disclosures, they are reportedly the least helpful with regards to how they respond (Piestrusza et al., 2011). Thus, for individuals who self-injure, understanding the nature of their friendships might be helpful in identifying the potential role their friends can have in the help-seeking process -- that is, whether their friends are more likely to promote or hinder NSSI cessation.

Given that disclosing NSSI could possibly initiate the help-seeking process, intervention efforts might be more useful if they are focused on enhancing NSSI literacy among *all* students within university populations. Such efforts could focus on disseminating knowledge about NSSI as a means to reduce the stigma that is associated with the behaviour. Additionally, it might be helpful if information pertinent to the disclosure process of NSSI is included within these NSSI literacy programs and interventions. University students who self-injure are most likely going to disclose the behaviour to a friend, therefore, NSSI literacy and intervention programs could address this phenomenon by educating students about the importance of disclosing the behaviour to the right friends; that is, those friends they perceive as highly socially supportive. In turn, these friends need information on *how* they can adequately respond in these situations; that is, how to talk about self-injury and where to go for help.

## **Limitations and Future Directions**

Several limitations of the current study warrant discussion. First, although many of the statistical models accounted for significant portion of variance in outcomes, the sets of predictor variables generally accounted for a small amount of variance. Future research should incorporate additional predictors that also have theoretical relevance in the context of NSSI disclosures. For example, with regard to helpful responding to a NSSI disclosure, it could be that greater knowledge on the subject (i.e., enhanced NSSI literacy) might strengthen the effect of social support on the outcome. Second, given the homogenous sample of the current study, findings may not generalize beyond the experiences of university students. Future research should attempt to address the process of NSSI disclosure among both clinical and nonclinical samples of heterogeneous adolescents and young adults.

Third, it should be noted that the process of disclosing NSSI and subsequently receiving help is highly nuanced and relies heavily on a variety of factors. Although a substantial portion of these factors were addressed in the current study, future research should attempt to better recognize the complexity of the process. For example, by examining the process from the point of view of both the individual disclosing NSSI and the recipient of the disclosure in tandem, discrepancies between what individuals perceive as being helpful and what is actually helpful may be better understood. Examining the process in this way can also facilitate a better understanding of the discloser's motives for sharing the information and how he or she perceived the recipient's initial reaction. Additionally, it is unclear how the act of disclosing NSSI might actually affect NSSI behaviours over the long-term. Longitudinal studies examining this process can address this gap to determine whether disclosing NSSI to a friend leads to NSSI cessation. In

line with this, qualitative accounts of these individuals' experiences will add more depth and richness to the current knowledge base that quantitative measures might not capture.

### **Conclusion**

Despite study limitations, the current study offers valuable information regarding the process of disclosing NSSI to a friend. Young adults who self-injure are more likely to disclose their self-injury to a friend; in turn, young adults are also more likely to report receiving a NSSI disclosure from a friend, especially if they also have a history of self-injury. Being highly receptive and perceiving a strong sense of social support within the friendship are two factors that predict the reported degree of helpful responding to a NSSI disclosure. This knowledge has important implications for clinical intervention; for example, enhancing NSSI literacy among all university students and stressing the importance of friendships in the disclosure process is key. While future efforts need to take into account the complex nature of the disclosure process, especially within the context of a highly stigmatized behaviour such as NSSI, the current study provides preliminary insight into the nuanced process of disclosing self-injury and the important role that friends can play in facilitating NSSI recovery.

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Table 1

*Means and Standard Deviations for All Study Variables*

Variable	Mean	SD
Age	18.38	1.25
Social Desirability	5.71	3.03
Receptiveness	30.88	5.67
Responsiveness	51.18	4.89
Agreeableness	62.68	10.15
Friendship Duration	5.40	1.90
Social Support	3.00	1.10
Negative Interactions	3.83	0.66
Relative Power	3.02	0.63

Table 2

*Bivariate Correlations Among All Study Variables*

Variable	1	2	3	4	5	6	7	8	9
(1) Receptiveness									
(2) Responsiveness	<b>.555</b>								
(3) Agreeableness	<b>.393</b>	<b>.458</b>							
(4) NSSI History	.077	-.028	<b>-.159</b>						
(5) Social Support	.035	.048	.081	-.018					
(6) Negative Interactions	-.033	<b>-.199</b>	-.151	.048	.131				
(7) Relative Power	.006	.115	-.084	.067	<b>.208</b>	-.132			
(8) Friendship Duration	-.087	.030	-.032	-.025	.093	.068	-.070		
(9) Disclosure Status	.057	.029	-.047	<b>.283</b>	<b>-.319</b>	<b>-.161</b>	.124	-.118	
(10) Helpful Responding	<b>.411</b>	<b>.288</b>	<b>.287</b>	-.100	<b>.370</b>	.023	.055	.037	<b>-.342</b>

*Note.* NSSI = Non-suicidal self-injury. Boldface type indicates a statistically significant value at  $p < .001$

Table 3

*Type of Relationship to the Target Individual for Those  
Receiving a NSSI Disclosure or Suspecting NSSI*

	Percentage (n)	
	Disclosure	Suspicion
Friend	81.1(107)	63.0(17)
Romantic Partner	5.3(7)	0(0)
Sibling	3.0(4)	3.7(1)
Parent	1.5(2)	0(0)
Other	9.1(12)	33.3(9)

*Note.* NSSI = Non-suicidal self-injury

Table 4

*MANOVA Results Examining Gender Differences in Interpersonal**Trait Variables*

Dependent Variable	Mean( <i>SD</i> )	<i>F</i> (1, 201)	<i>p</i> -value
Receptiveness			
Male	28.91(5.71)	12.31	<b>.001</b>
Female	31.79(4.59)		
Responsiveness			
Male	49.00(6.33)	8.48	<b>.004</b>
Female	51.46(4.56)		
Agreeableness			
Male	55.98(11.73)	23.28	<b>.000</b>
Female	63.76(8.85)		

*Note.* Boldface type indicates a statistically significant value

Table 5

*Bivariate Correlations Between Interpersonal Trait Variables and Age,  
Social Desirability*

	Receptiveness	Responsiveness	Agreeableness
Age	-.135*	.087	-.194**
Social Desirability	.271**	.261**	.425**

*Note.* \* indicates significance at  $p < .05$  and \*\* indicates significance at  $p < .01$

Table 6

*Bivariate Correlations Between Relationship Factors and Age, Social Desirability*

	Social Support	Negative Interaction	Relative Power	Friendship Duration
Age	.026	-.087	.116	-.080
Social Desirability	.159*	-.083	-.042	-.002

*Note.* \* indicates significance at  $p < .05$

Table 7

*Logistic Regression Results Predicting NSSI Disclosure Status Using Interpersonal Trait Variables and NSSI History*

Variables Entered	B	SE	Wald	df	<i>p</i> -value	Odds Ratio	Overall % Accurate Classification
<b>BLOCK 1</b>							62.3
Gender	0.80	.416	3.75	1	.053	2.24	
Age	-0.04	.131	0.11	1	.739	0.96	
Social Desirability	-0.10	.059	3.12	1	.077	0.90	
<b>BLOCK 2</b>							63.6
Gender	0.81	.442	3.38	1	.066	2.26	
Age	-0.06	.139	0.18	1	.673	0.94	
Social Desirability	-0.12	.072	2.99	1	.084	0.88	
Receptiveness	0.09	.046	3.45	1	.063	1.09	
Responsiveness	0.01	.047	0.04	1	.850	1.01	
Agreeableness	-0.03	.024	1.42	1	.233	0.97	
<b>BLOCK 3</b>							65.6
Gender	0.87	.460	3.55	1	.060	2.38	
Age	-0.05	.144	0.14	1	.713	0.95	
Social Desirability	-0.09	.073	1.53	1	.216	0.91	
Receptiveness	0.07	.047	2.25	1	.133	1.07	
Responsiveness	0.01	.048	0.07	1	.793	1.01	
Agreeableness	-0.03	.024	1.08	1	.298	0.98	
NSSI History	1.06	.377	7.88	1	<b>.005</b>	2.88	

*Note.* NSSI = Non-suicidal self-injury. Boldface type indicates a statistically significant value.

Table 8

*Logistic Regression Results Predicting NSSI Disclosure Status Using Relationship Factors*

Variables Entered	B	SE	Wald	df	<i>p</i> -value	Odds Ratio	Overall % Accurate Classification
BLOCK 1							64.6
Social Desirability	-0.07	.055	1.69	1	.194	0.93	
BLOCK 2							70.2
Social Desirability	-0.03	.063	0.26	1	.613	0.97	
Social Support	-0.95	.222	18.51	1	<b>.000</b>	0.39	
Negative Interaction	-0.48	.283	2.89	1	.089	0.62	
Relative Power	0.81	.333	5.91	1	<b>.015</b>	2.25	
Friendship Duration	-0.12	.105	1.30	1	.254	0.89	

*Note.* NSSI = Non-suicidal self-injury. Boldface type indicates a statistically significant value.

Table 9

*Multiple Regression Results Predicting Helpful Responses to a NSSI Disclosure Using Interpersonal Trait Variables and NSSI History*

Variables Entered	$\beta$	df	$t$	$p$ -value	$sr$	$\Delta R^2$	$R^2$	df	$F$
BLOCK 1							.091*	3, 85	2.83
Gender	.233	85	2.10	<b>.038</b>	.218				
Age	-.117	85	-1.06	.294	-.109				
Social Desirability	.054	85	0.52	.604	.054				
BLOCK 2						.119**	.209**	6, 82	3.62
Gender	.200	82	1.88	.064	.184				
Age	-.060	82	-0.56	.576	-.055				
Social Desirability	-.042	82	-0.37	.714	-.036				
Receptiveness	.359	82	2.94	<b>.004</b>	.289				
Responsiveness	.009	82	0.07	.941	.007				
Agreeableness	.004	82	0.03	.975	.003				
BLOCK 3						.006	.215**	7, 81	3.18
Gender	.198	81	1.85	.068	.182				
Age	-.070	81	-0.65	.517	-.064				
Social Desirability	-.013	81	-0.11	.916	-.010				
Receptiveness	.347	81	2.81	<b>.006</b>	.277				
Responsiveness	.001	81	0.01	.991	.001				
Agreeableness	.011	81	0.09	.932	.009				
NSSI History	.085	81	-0.80	.429	-.078				

*Note.* NSSI = Non-suicidal self-injury. Boldface type indicates a statistically significant value. \* indicates significance at  $p < .05$  and \*\* indicates significance at  $p < .01$

Table 10

*Multiple Regression Results Predicting Helpful Responses to a NSSI Disclosure Using Relationship Factors*

Variables Entered	$\beta$	df	$t$	$p$ -value	$sr$	$\Delta R^2$	$R^2$	df	$F$
BLOCK 1							.007	1, 93	0.69
Social Desirability	.086	93	0.83	.407	.086				
BLOCK 2						.200*	.207*	5, 89	4.66
Social Desirability	.014	89	0.15	.883	.014				
Social Support	.423	89	4.28	<b>.000</b>	.404				
Negative Interactions	.019	89	0.20	.842	.019				
Relative Power	.099	89	1.02	.308	.097				
Friendship Duration	.001	89	0.01	.995	.001				

*Note.* NSSI = Non-suicidal self-injury. Boldface type indicates a statistically significant value. \* indicates significance at  $p < .01$

## Appendix A: Brief Demographic Questionnaire

1. Please indicate your age (in years): \_\_\_\_\_
2. Please indicate your sex:
  - a. Male
  - b. Female
3. Please indicate your ethnicity: \_\_\_\_\_
4. Please indicate your year of study (if applicable): \_\_\_\_\_
5. Please indicate your program of study (if applicable): \_\_\_\_\_

## Appendix B: Receiving a NSSI Disclosure

**The following questions will ask you about any experiences that you may have had with another person who self-injures. Self-injury refers to the deliberate destruction of body tissue that is nonsuicidal. It can take many forms including but not limited to cutting, burning, scratching, and self-bruising.**

1. Has anybody ever told you that he/she self-injures or has self-injured in the past?

Yes (continue to Question 2)

No (skip section)

2. How long ago did this person tell you that he/she self-injures or has self-injured in the past (in years and months)?

\_\_\_\_\_

3. What is your relationship with this person (choose one)?

Friend

Romantic Partner

Sibling

Parent

Child

Online Friend (somebody you interact with only in online discussion groups, forums, or chats)

Other (specify) \_\_\_\_\_

4. What is this person's gender?

Male

Female

5. How old is this person (in years)?

\_\_\_\_\_

6. How long have you known this person?

Less than 6 months

6 months-1 year

1-2 years

2-3 years

3-4 years

4-5 years

More than 5 years

### Appendix C: Suspecting Somebody Engages in NSSI

**The following questions will ask you about any experiences that you may have had with another person who self-injures. Self-injury refers to the deliberate destruction of body tissue that is nonsuicidal. It can take many forms including but not limited to cutting, burning, scratching, and self-bruising.**

1. Have you ever suspected/thought that somebody you know self-injures or has self-injured in the past but he/she has never told you about it?

Yes (continue to Question 2)

No (skip section)

2. How long have you suspected/thought that this person self-injures or has self-injured in the past (in years and months)? \_\_\_\_\_

3. What is your relationship with this person (choose one)?

Friend

Romantic Partner

Sibling

Parent

Child

Online Friend (somebody you interact with only in online discussion groups, forums, or chats)

Other (specify) \_\_\_\_\_

4. What is this person's gender?

Male

Female

5. How old is this person (in years)? \_\_\_\_\_

6. How long have you known this person?

Less than 6 months

6 months-1 year

1-3 years

2-4 years

3-5 years

4-6 years

More than 5 years

Appendix D: Receptiveness (the Opener Scale)  
Miller, Berg, & Archer, 1983

Please use the following rating scale to answer the next section of questions about yourself:

- 0 = Strongly disagree
- 1 = Disagree
- 2 = Neither agree nor disagree
- 3 = Agree
- 4 = Strongly agree

1. People frequently tell me about themselves.
2. I've been told that I'm a good listener.
3. I'm very accepting of others.
4. People trust me with their secrets.
5. I easily get people to 'open up'.
6. People feel relaxed around me.
7. I enjoy listening to people.
8. I'm sympathetic to people's problems.
9. I encourage people to tell me how they are feeling.
10. I can keep people talking about themselves.

Appendix E: Responsiveness (adapted Partner Responsiveness Scale)  
Cross, Bacon, & Morris, 2000

Please use the following rating scale to answer the next section of questions about yourself:

- 1 = Strongly disagree
- 2 = Somewhat disagree
- 3 = Neither agree nor disagree
- 4 = Somewhat agree
- 5 = Strongly agree

1. I feel as if I really care about close others in my life.
2. I behave warmly towards close others in my life.
3. I listen carefully when close others are speaking to me.
4. I try to see things from the point of view of close others.
5. I make close others feel comfortable about themselves and their feelings.
6. I am sensitive to the feelings of close others in my life.
7. I am uncaring.
8. I show respect for the capabilities and talents of close others in my life.
9. I take the concerns of close others in my life seriously.
10. I am sincere during my interactions with close others.
11. I make close others in my life feel valued.
12. I understand the concerns of close others in my life.



Appendix G: NSSI History (Inventory of Statements About Self-injury; ISAS)  
Klonsky & Glenn, 2009

**Section 1. Behaviours**

This questionnaire asks about a variety of self-harm behaviors. Please only endorse a behavior if you have done it intentionally (i.e., on purpose) and without suicidal intent (i.e., not for suicidal reasons).

**1. Please estimate the number of times in your life you have intentionally (i.e., on purpose) performed each type of non-suicidal self-harm (e.g., 0, 10, 100, 500):**

Cutting \_\_\_\_\_ Severe Scratching \_\_\_\_\_  
 Biting \_\_\_\_\_ Banging or Hitting Self \_\_\_\_\_  
 Burning \_\_\_\_\_ Interfering w/ Wound Healing \_\_\_\_\_  
 (e.g., picking scabs)  
 Carving \_\_\_\_\_ Rubbing Skin Against Rough Surface \_\_\_\_\_  
 Pinching \_\_\_\_\_ Sticking Self w/ Needles \_\_\_\_\_  
 Pulling Hair \_\_\_\_\_ Swallowing Dangerous Substances \_\_\_\_\_  
 Other \_\_\_\_\_, \_\_\_\_\_

\*\*\*\*\*

***Important:* If you have performed one or more of the behaviors listed above, please complete the final part of this questionnaire. If you have not performed any of the behaviors listed above, you are done with this particular questionnaire and should continue to the next.**

\*\*\*\*\*

**2. If you feel that you have a *main* form of self-harm, please identify the behavior(s) on the first page above that you consider to be your main form of self-harm.**

\_\_\_\_\_

**3. At what age did you:**

First harm yourself? \_\_\_\_\_ Most recently harm yourself? \_\_\_\_\_

(approximate date – month/date/year)

**4. Do you experience physical pain during self-harm?**

Please circle a choice:        YES            SOMETIMES            NO

**5. When you self-harm, are you alone?**

Please circle a choice:        YES            SOMETIMES            NO

**6. Typically, how much time elapses from the time you have the urge to self-harm until you act on the urge?**

Please circle a choice:

< 1 hour        1 - 3 hours        3 - 6 hours        6 - 12 hours        12 - 24 hours        > 1 day

**7. Do/did you want to stop self-harming?**

Please circle a choice: YES NO

**Response Key: 0** – not relevant, **1** – somewhat relevant, **2** – very relevant

## **Section II. Functions**

### **Instructions**

This inventory was written to help us better understand the experience of non-suicidal self-harm.

Below is a list of statements that may or may not be relevant to your experience of self-harm.

Please identify the statements that are most relevant for you:

- Circle **0** if the statement **not relevant** for you at all

• Circle **1** if the statement is **somewhat relevant** for you

• Circle **2** if the statement is **very relevant** for you

**“When I self-harm, I am ...**

**Response**

1. ... calming myself down	0 1 2
2. ... creating a boundary between myself and others	0 1 2
3. ... punishing myself	0 1 2
4. ... giving myself a way to care for myself (by attending to the wound)	0 1 2
5. ... causing pain so I will stop feeling numb	0 1 2
6. ... avoiding the impulse to attempt suicide	0 1 2
7. ... doing something to generate excitement or exhilaration	0 1 2
8. ... bonding with peers	0 1 2
9. ... letting others know the extent of my emotional pain	0 1 2
10. ... seeing if I can stand the pain	0 1 2
11. ... creating a physical sign that I feel awful	0 1 2
12. ... getting back at someone	0 1 2
13. ... ensuring that I am self-sufficient	0 1 2
14. ... releasing emotional pressure that has built up inside of me	0 1 2
15. ... demonstrating that I am separate from other people	0 1 2
16. ... expressing anger towards myself for being worthless or stupid	0 1 2
17. ... creating a physical injury that is easier to care for than my emotional distress	0 1 2
18. ... trying to feel something (as opposed to nothing) even if it is physical pain	0 1 2

19. ... responding to suicidal thoughts without actually attempting suicide 0 1 2
20. ... entertaining myself or others by doing something extreme 0 1 2
21. ... fitting in with others 0 1 2
22. ... seeking care or help from others 0 1 2
23. ... demonstrating I am tough or strong 0 1 2
24. ... proving to myself that my emotional pain is real 0 1 2
25. ... getting revenge against others 0 1 2
26. ... demonstrating that I do not need to rely on others for help 0 1 2
27. ... reducing anxiety, frustration, anger, or other overwhelming emotions 0 1 2
28. ... establishing a barrier between myself and others 0 1 2
29. ... reacting to feeling unhappy with myself or disgusted with myself 0 1 2
30. ... allowing myself to focus on treating the injury, which can be gratifying  
or satisfying 0 1 2
31. ... making sure I am still alive when I don't feel real 0 1 2
32. ... putting a stop to suicidal thoughts 0 1 2
33. ... pushing my limits in a manner akin to skydiving or other extreme  
activities 0 1 2
34. ... creating a sign of friendship or kinship with friends or loved ones 0 1 2
35. ... keeping a loved one from leaving or abandoning me 0 1 2
36. ... proving I can take the physical pain 0 1 2
37. ... signifying the emotional distress I'm experiencing 0 1 2
38. ... trying to hurt someone close to me 0 1 2
39. ... establishing that I am autonomous/independent 0 1 2

Appendix H: Relationship Quality (Network of Relationships Inventory; NRI)  
Furman, 1996; Furman & Buhrmester, 1985

**Instructions Disclosure Group:** The following section will ask you for some more information about your relationship with the person in your life that told you that he/she self-injures or has self-injured in the past. Please answer ALL of these questions with this specific individual in mind.

**Instructions Suspicion Group:** The following section will ask you for some more information about your relationship with the person in your life that you think self-injures or has self-injured in the past, although they he/she has not directly told you about it. Please answer ALL of these questions with this specific individual in mind.

**Instructions no Disclosure/Suspicion Group:** Previously, you were asked some questions about a close friend. Please think of the SAME close friend and answer ALL of these questions with this specific individual in mind.

Please use the following rating scale to answer the next section of questions:

- 1 = Little or none
- 2 = Somewhat
- 3 = Very much
- 4 = Extremely much
- 5 = The most

1. How much do you turn to this person for support with personal problems?
2. How much do you depend on this person for help, advice, or sympathy?
3. When you are feeling down or upset, how often do you depend on this person to cheer things up?
4. How much does this person point out your faults or put you down?
5. How much does this person criticize you?
6. How much does this person say mean or harsh things to you?
7. How much does this person get his/her way when you two do not agree about what to do?
8. How much does this person end up being the one who makes the decisions for both of you?
9. How does this person get you to do things his/her way?

10. How satisfied are you with your relationship with this person?
11. How good is your relationship with this person?
12. How happy are you with the way things are between you and this person?
13. How much free time do you spend with this person?
14. How much do you and this person get upset with or mad at each other?
15. How much does this person teach you how to do things that you don't know?
16. How much do you and this person get on each other's nerves?
17. How much do you talk about everything with this person?
18. How much do you help this person with things she/he can't do by her/himself?
19. How much does this person like or love you?
20. How much does this person treat you like you're admired and respected?
21. How sure are you that this relationship will last no matter what?
22. How much do you play around and have fun with this person?
23. How much do you and this person disagree and quarrel?
24. How much does this person help you figure out or fix things?
25. How much do you and this person get annoyed with each other's behaviour?
26. How much do you share your secrets and private feelings with this person?
27. How much do you protect and look out for this person?
28. How much does this person really care about you?
29. How much does this person treat you like you're good at many things?
30. How sure are you that your relationship will last in spite of fights?
31. How much do you go places and do enjoyable things with this person?

32. How much do you and this person argue with each other?
33. How much does this person help you when you need to get something done?
34. How much do you and this person hassle or nag one another?
35. How much do you talk to this person about things that you don't want others to know?
36. How much do you take care of this person?
37. How much does this person have a strong feeling of affection (loving or liking) toward you?
38. How much does this person like or approve of the things you do?
39. How sure are you that your relationship will continue in the years to come?

Please use the following rating scale to answer the next section of questions:

- 1** = S/he always does
- 2** = S/he often does
- 3** = About the same
- 4** = I often do
- 5** = I always do

40. Who tells the other person what to do more often, you or this person?
41. Between you and this person, who tends to be the BOSS in this relationship?
42. In your relationship with this person, who tends to take charge and decide what should be done?

Appendix I: Responding to a NSSI Disclosure  
Disclosure Group

**Previously, you had indicated that somebody you know has told you that he/she self-injures or that he/she has self-injured in the past. Please think back to this experience and rate how much the following statements characterize how you reacted after hearing about this person's experiences with self-injury.**

Please use the following rating scale to answer the next section of questions:

- 1** = Not at all like me
- 2** = A little like me
- 3** = Somewhat like me
- 4** = A lot like me
- 5** = Completely like me

1. I allowed this person his/her autonomy in dealing with the issue.
2. I was understanding and empathetic toward this person.
3. I took into account this person's perspective.
4. I provided a non-judgmental space for this person.
5. I lectured or scolded this person about his/her behaviour.
6. I put effort into making my relationship with this person more genuine and fulfilling.
7. I tried to understand this person's reasons for engaging in the behaviour.
8. I tried to help this person understand his/her reasons for engaging in the behaviour.
9. I took this person's behaviour seriously.
10. I didn't think it was a big deal because the wounds were superficial.
11. I tried to focus on this person's unique strengths as a way of helping him/her.
12. I checked in periodically to see how this person was doing.
13. I checked in periodically to see if this person needed help.
14. I reminded this person that he/she was not alone.

15. I reminded this person that I would be available if he/she needed to talk through emotions.
16. I reminded this person that I would be available if he/she needed somebody when in triggering situations.

Appendix J: Responding to a NSSI Disclosure  
Suspicion Group

**Previously, you had indicated that you think that somebody you know self-injures or has self-injured in the past although he/she has not told you directly. Please think back to the moment when you realized this person was self-injuring or had self-injured in the past and describe how you would have reacted to this person if he/she had told you directly about his/her experiences with self-injury.**

Please use the following rating scale to answer the next section of questions:

- 1 = Not at all like me
- 2 = A little like me
- 3 = Somewhat like me
- 4 = A lot like me
- 5 = Completely like me

1. I would have allowed this person his/her autonomy in dealing with the issue.
2. I would have been understanding and empathetic toward this person.
3. I would have taken into account this person's perspective.
4. I would have provided a non-judgmental space for this person.
5. I would have lectured or scolded this person about his/her behaviour.
6. I would have put effort into making my relationship with this person more genuine and fulfilling.
7. I would have tried to understand this person's reasons for engaging in the behaviour.
8. I would have tried to help this person understand his/her reasons for engaging in the behaviour.
9. I would have taken this person's behaviour seriously.
10. I wouldn't think it was a big deal because the wounds were superficial.
11. I would have tried to focus on this person's unique strengths as a way of helping him/her.
12. I would have checked in periodically to see how this person was doing.
13. I would have checked in periodically to see if this person needed help.

14. I would have reminded this person that he/she was not alone.
15. I would have reminded this person that I would be available if he/she needed to talk through emotions.
16. I would have reminded this person that I would be available if he/she needed somebody when in triggering situations.

Appendix K: Responding to a NSSI Disclosure  
No Disclosure/Suspicion Group

**Previously, you were asked some questions about a close friend. If this SAME close friend ever told you that he/she self-injures or has self-injured in the past, please describe how you think you might react after hearing this information.**

Please use the following rating scale to answer the next section of questions:

- 1 = Not at all like me
- 2 = A little like me
- 3 = Somewhat like me
- 4 = A lot like me
- 5 = Completely like me

1. I would allow this person his/her autonomy in dealing with the issue.
2. I would be understanding and empathetic toward this person.
3. I would take into account this person's perspective.
4. I would provide a non-judgmental space for this person.
5. I would lecture or scold this person about his/her behaviour.
6. I would put effort into making my relationship with this person more genuine and fulfilling.
7. I would try to understand this person's reasons for engaging in the behaviour.
8. I would try to help this person understand his/her reasons for engaging in the behaviour.
9. I would take this person's behaviour seriously.
10. I wouldn't think it was a big deal because self-injury wounds are superficial.
11. I would try to focus on this person's unique strengths as a way of helping him/her.
12. I would check in periodically to see how this person was doing.
13. I would check in periodically to see if this person needed help.
14. I would remind this person that he/she was not alone.

15. I would remind this person that I would be available if he/she needed to talk through emotions.
16. I would remind this person that I would be available if he/she needed somebody when in triggering situations.

Appendix L: Social Desirability (Marlowe-Crowne Social Desirability Scale; MC-Short Form C)  
Reynolds, 1982

Please indicate whether the following statements are either **true** or **false** for you:

1. It is sometimes hard for me to go on with my work if I am not encouraged.
2. I sometimes feel resentful when I don't get my way.
3. On a few occasions, I have given up doing something because I thought too little of my ability.
4. There have been times when I felt like rebelling against people in authority even though I knew they were right.
5. No matter who I'm talking to, I'm always a good listener.
6. There have been occasions when I took advantage of someone.
7. I'm always willing to admit it when I make a mistake.
8. I sometimes try to get even rather than forgive and forget.
9. I am always courteous, even to people who are disagreeable.
10. I have never been irked when people expressed ideas very different from my own.
11. There have been times when I was quite jealous of the good fortune of others.
12. I am sometimes irritated by people who ask favours of me.
13. I have never deliberately said something that hurt someone's feelings.

## Appendix M: Psychology Participant Pool Recruitment Flyer

### **Predictors of Receiving and Responding to an NSSI Disclosure**

We are looking for individuals to take part in a study assessing how self-injurious behaviours, intimate disclosures, personality traits, and relationships might be interrelated. **We are interested in hearing from those who have had any experience with others who self-injure and those who have not, as well as those who have self-injured in the past and those who have not.**

Participation is completely voluntary and will take about 60 minutes (or less). The study involves completing a number of online questionnaires which may be completed at your own convenience – at a time and in a place that is comfortable for you. The questionnaires must be completed in one sitting. You will receive 1.0 research participation credit for your time.

Participation is also completely confidential. This means that anything you say will not be shared with others and no identifying information will be collected apart from your email address. Your email address is only collected to assign you a unique username and password and will not be linked to any of your responses.

If you are interested in taking part in the study, you may sign up at this time and you will receive an email notifying you of the study, providing you with a unique username, and a link to the online questionnaires.

If you have any questions about the study, please do not hesitate to contact Dr. Lewis ([stephen.lewis@uoguelph.ca](mailto:stephen.lewis@uoguelph.ca)) or the graduate student coordinating this research study, Jasmine Mahdy ([jmahdy@uoguelph.ca](mailto:jmahdy@uoguelph.ca)).

Thank you for your interest in this study.



## Appendix N: Informed Consent Form

### CONSENT TO PARTICIPATE IN RESEARCH

#### *Predictors of Receiving and Responding To An NSSI Disclosure*

**You are asked to participate in a research study conducted by Dr. Stephen Lewis and Jasmine Mahdy (graduate student), from the Psychology Department at the University of Guelph.**

**If you have any questions or concerns about the research, please feel free to contact Dr. Lewis by phone: 519-824-4120 ext. 53299 or by email: [stephen.lewis@uoguelph.ca](mailto:stephen.lewis@uoguelph.ca). You may also contact Jasmine Mahdy by email: [jmahdy@uoguelph.ca](mailto:jmahdy@uoguelph.ca).**

#### PURPOSE OF THE STUDY

We are conducting this study to better understand the process of disclosing self-injury to another individual from the perspective of the recipient of disclosure. Specifically, we are interested in understanding what factors might lead to receiving a disclosure about self-injury and how individuals who have received this type of disclosure might respond. We are looking at the experiences of university students.

#### PROCEDURES

**If you volunteer to participate in this study, we would ask you to do the following things:**

In this study, you will be asked to complete a variety of online questionnaires. The questionnaires are located on a secure website. Your IP address will not be collected and all of your responses will be completely confidential. In other words, you will be assigned a unique password so that your email address will not be linked to your individual responses and you will not be asked for your name or any other personal information that could match who you are with your responses.

First, you will be asked general information about yourself (e.g., age, sex, ethnicity). Next, you will be asked questions about your personality and your personal experiences with self-injury. Then, you will be asked about any experiences you may have had with another person who self-injures and your relationship with that person, which may or may not apply to you.

#### **How long does the study take?**

In total, the questionnaires should take about 60 minutes to complete; however, you may take as long as you like. There is no time limit and you will not be asked to stop if you have not finished, so please feel free to take your time. Please note that all questions must be answered in one sitting. If you log out before answering all of the questions, all of your responses will be lost and you will need to answer all the questions again.

#### **Important information about taking part in the study:**

Before participating it is important that you know that taking part in the study is completely

voluntary. This means that you do not have to take part in the study if you do not feel like it. This also means that you have the choice to not answer any questions on the questionnaires. This can be for any reason and there is no penalty for choosing to not answer a question. Finally, if you choose to take part, you may stop participating at any time and for any reason.

If you have any questions about the study prior to your participation, you may contact Jasmine Mahdy ([jmahdy@uoguelph.ca](mailto:jmahdy@uoguelph.ca)) or Dr. Lewis ([stephen.lewis@uoguelph.ca](mailto:stephen.lewis@uoguelph.ca)).

If you do agree to take part in the study and you wish to receive a unique password to access the questionnaires for the study, you will be asked to enter and submit your email address below so that the study administrator, Jasmine Mahdy, may assign you a unique password via email.

**By entering and submitting your email address below, you are acknowledging that you have read the information provided for this study (*Predictors of Receiving and Responding To An NSSI Disclosure*) as described herein. You are acknowledging that your questions have been answered to your satisfaction and you are agreeing to participate in this study. You are acknowledging that you have been given a copy of this consent form and are encouraged to keep a copy for your records.**

Once you submit your email address to Jasmine indicating that you agree to take part in the study, you will be sent your own unique password via email. The unique password will be yours and yours only. This means that only you will have access to your questions and that others will not have access to your answers. By completing the questionnaires online, you can also fill them out at a time that is convenient for you; however, all questions must be answered in one sitting. That means, if you log out before answering all of the questions, all of your responses will be lost and you will need to answer all the questions again.

#### **Answers to questions will be confidential.**

By completing the questionnaire online, you can keep your data confidential. This means, that you cannot be identified because we are not asking for your name, address or other information that is personal. Although your email address will initially be linked to your password, once you are assigned your unique password, this password will never be linked to the information you provide or to your email address. That means that you cannot be identified by the answers you give to any questions. You can also do the questionnaires in the privacy of your home or at another location where you feel comfortable. Please note that the only people who will have access to the study database will be Dr. Lewis and Jasmine Mahdy.

### **POTENTIAL RISKS AND DISCOMFORTS**

Some participants may find some of the questions about self-injury difficult or upsetting to answer. Therefore, you may choose to not take part in this study if you would not like to answer questions about self-injury. If you experience any discomfort when taking part in the study, you are encouraged to contact your family doctor, a mental health professional in your area, or the researchers (contact information is provided above).

**If, at any point, you feel as though you want to hurt yourself, you are encouraged to contact a local crisis line, call emergency services, or go to your local Emergency Department (see below for services in Guelph):**

**Counselling Services**

University Centre - Level 3 South

University of Guelph

Guelph, ON N1G 2W1

Phone: (519) 824-4120 ext. 53244

Fax: (519) 824-9689

Website: <http://www.counselling.uoguelph.ca/counselling/>

Open Monday to Friday 8:15 AM to 4:15 PM

**Local crisis line in Guelph** (this is a free, confidential service available 24 hours a day, 7 days a week):

1-877-822-0140 OR 519-821-0140

**Local distress line if you are feeling upset** (this is a free, confidential service available 24 hours a day, 7 days a week):

1-888-821-3760 OR 519-821-3760

**Local emergency department in Guelph:**

Guelph General Hospital

115 Delhi St.

Guelph, Ontario

N1E 4J4

Additional helpful services are found below:

**Student Health Services**

J. T. Powell Building (next to Athletics)

[www.studenthealth.uoguelph.ca](http://www.studenthealth.uoguelph.ca)

Phone: (519) 824-4120 Ext. 52131

Open Monday to Friday

8:30 AM to 12:00 PM and

1:30 PM to 4:30 PM (switchboard)

**Student Support Network Campus Drop-In**

McNally House (Gordon Street)

Phone: (519) 824-4120 Ext. 55002

Monday to Friday from 12PM to 10PM

Open Fall and Winter Semesters

**Wellness Centre**

2<sup>nd</sup> Floor, J. T. Powell Building

Phone: (519) 824-4120 Ext. 53327

**For more information about support for self-injury, please visit the following websites:**

Self-injury Outreach & Support

<http://www.sioutreach.org/>

S.A.F.E. Alternatives

<http://www.selfinjury.com/>

Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

<http://www.crpsib.com/default.asp>

Recover Your Life

<http://www.recoveryourlife.com/>

To Write Love On Her Arms

<http://www.twloha.com/>

*\*Please note that this information will also be provided on the website at all times. Therefore, there will be a “help-box” on every webpage of the website where you can access this information.*

## Appendix O: Debriefing Form

**Debriefing Package**

**Project Title:** Predictors of receiving and responding to an NSSI disclosure

Thank you for your time and support in participating in this study. The purpose of this research is to better understand the process of disclosing self-injury to another individual from the perspective of the recipient of disclosure. Specifically, we are interested in understanding what factors might lead to receiving a disclosure about self-injury and how individuals who have received this type of disclosure might respond. We are looking at the experiences of university students.

Self-injury is an important and common behaviour among adolescents and young adults. About 14-24% of adolescents and young adults have reported hurting themselves on purpose at some point in their life, however, very few of these people report seeking professional help. This project will help us gain a better understanding of other avenues of support for individuals engaging in self-injurious behaviours. Our hope is to get a better understanding of what leads to seeking out nonprofessional support for self-injury and what factors how helpful this nonprofessional support might be for these people.

If you feel distressed by the content of any of the questionnaires, please contact your family doctor, Dr. Lewis, or the resources outlined below. If you would like more information about sources of support for self-injury, we have provided you with a list of resources on the next page. If you feel your rights as a participant in research have been violated during the course of this project, you may contact the Research Ethics Officer at the University of Guelph at 519-824-4120 (ext. 53299). This project has been reviewed and received ethics clearance through the Research Ethics Board at the University of Guelph (File # XX-XXX).

*Please save and print a copy of this for your files.*

**Thank you again for your time. Your participation in this study is greatly appreciated and is essential for advancing our knowledge of this important issue.**

**If you have any questions or concerns, please feel free to contact any of the researchers.**

**Dr. Stephen Lewis**  
Associate Professor  
University of Guelph  
519-824-4120 (ext. 53299)  
[stephen.lewis@uoguelph.ca](mailto:stephen.lewis@uoguelph.ca)

**Jasmine Mahdy (BA)**  
Graduate Student  
University of Guelph  
[jmahdy@uoguelph.ca](mailto:jmahdy@uoguelph.ca)

## HELP SEEKING RESOURCES

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<http://www.twloha.com/>