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Article

The Relationship between Self-Harm and Peer Influence

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Abstract: This paper examines how peer influence contributes to non-suicidal self-injury (NSSI) among adolescents. Adolescent NSSI is a critical public health issue. Social media intensifies NSSI risks through algorithm-promoted harmful content and neural desensitization from repeated exposure. Also, peer influence on NSSI occurs via direct observation: witnessing peer NSSI triggers immediate self-harm urges, explained by social learning and contagion theories, with admired peers as negative role models. Moreover, social conformity, especially among teens with low self-esteem and social anxiety, drives NSSI. Adolescents misperceive self-harm as group-approved, complying to avoid exclusion, amplifying peer-influenced self-harm. To reduce adolescent NSSI, coordinated interventions are needed: school programs, improved family communication, and aggressive social media content moderation. Collaborative efforts across families, schools, and platforms can empower teens to resist harmful influences and choose healthier coping strategies.

Keywords: self-harm; peer influence; direct observation; conformity; low self-esteem; high social anxiety; social media

1. Introduction

Being a teenager comes with its own unique challenges. Your body's changing, your feelings are all over the place, and your friends and social life are shifting—all at the same time. It can feel really stressful. Adolescence is a period marked by heightened social sensitivity and a strong desire for peer acceptance, making young people more prone to being influenced by external behaviors when coping with emotional swings and social pressures, including behaviors that have self-inflicted injuries. A recent large-scale survey illustrates the severity of the challenges adolescents face. For example, a large-scale survey shows that among 11–16-year-olds, 31% of girls and 19% of boys have engaged in self-harm. Worse still, among 17–19-year-olds, the rates are 53% for girls and 34% for boys [1].

Let's picture a scene at school. A bunch of girls are huddled together, and one of them—who's really popular and has a lot of influence in the group—rolls up her sleeve. You can see faint but upsetting scratch marks. Some of the other girls stay quiet, while others whisper, "I've done that too". Right then, another girl feels this urge to be part of the group and be accepted. She was about to let her sleeve drop back down, but instead, she pulls it up a little more. Maybe she's thinking that if she shows she's "done that too", they'll see her as one of them, not an outsider. This is a clear, real-life example of what self-harm among teens looks like.

The risk of self-harm among young people, especially adolescents, has reached high levels. Global statistics highlight adolescent self-harm as a critical public health problem. One big reason is the influence of friends—this is especially true for girls, and in some groups, more than 19.4% of girls have self-inflicted injuries. Every year, almost 10 million young people die due to self-inflicted harm—including both NSSI that escalates over time and suicidal

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behavior. While NSSI itself is not intended to be fatal, it can increase the risk of future suicide attempts or accidental death. Let's take into consideration a hypothetical case: take 16-year-old Kenta, for example. He goes to a top prep school in Tokyo, and he used a box cutter to carve his exam rankings into his thigh. Then there's 14-year-old Teresa, who lives in a poor neighborhood in Rio. She used a piece of broken glass to "seal a blood promise" with gang members. Even though their lives and cultures may be different, copying what their friends do is the thing that connects both cases.

This paper aims to raise awareness of the impact of peer influence on adolescent NSSI, providing insights to inform targeted attention and support efforts to improve well-being across diverse cultural contexts.

Before talking about how friends influence this, it's important to tell the difference between NSSI and suicidal behavior. Their reasons, what they're for, and the help they need are totally different. NSSI, as defined by the American Psychological Association (APA) and DSM-5, refers to deliberate harm to one's body without the intent to die, often taking forms like cutting, burning, or scratching. Usually, it's a way to deal with really strong feelings—like to calm down, get a break from emotional pain, or show they're upset when they can't find the words. Suicidal behavior, by contrast, comes from a real desire to end your life. It might be in the form of taking too many pills, hanging yourself, or having self-inflicted injuries in a way that could kill you. It's often because someone feels hopeless, like they're a burden, or thinks death is the only way out of constant suffering.

While both may arise from similar underlying struggles like depression, trauma, or interpersonal conflict, accurate risk assessment is very important: interventions for NSSI focus on adaptive emotion regulation, while suicide risk requires professional measures like immediate safety planning—these must not be conflated. In other words, NSSI is more closely tied to emotion dysregulation and a desire to manage internal states, whereas suicidal behavior is linked to a breakdown in the will to live and a perceived lack of solutions. This distinction is vital for effective intervention: treating NSSI often involves teaching adaptive emotion regulation skills, addressing interpersonal stressors, and replacing harmful coping mechanisms, while suicidal crises demand immediate risk assessment, safety planning, and professional mental health support to prevent fatal outcomes. Failing to differentiate between the two can lead to either underreacting to suicidal intent or over pathologizing NSSI [2].

Essentially, many engage in self-harm as a misguided attempt to regain a sense of control over their lives [3]—might be a struggle particularly salient in adolescent NSSI, which this paper centers on. Amidst the chaos of hormonal changes, academic pressures, and turbulent social relationships, self-harm can become a perceived "solution" to regain autonomy. Physical pain contrasts with emotional numbness, letting individuals feel tangible sensations and, paradoxically, assert control over their internal state. To address this crisis among teens, the paper will further discuss a few social risk factors and interventions for NSSI in teenagers [4].

2. Social Media Intensifies NSSI Risks via Algorithmic Content and Normalization

2.1. Algorithmic Promotion of Harmful Content

First, in the digital age, social media has become a dominant force in adolescents' lives. The constant stream of images, videos, and stories related to self-harm creates a form of digital desensitization. When adolescents are repeatedly exposed to posts that depict self-injury as a coping strategy or a form of self-expression, what was once a taboo and concerning behave or can gradually seem routine or even relatable.

It dramatically amplifies peer influence regarding self-harm. Recent studies have revealed the alarming statistic that 87% of adolescents encounter self-harm content online before engaging in NSSI themselves [5], highlighting the pervasive nature of this digital risk. Platforms such as Instagram, TikTok, Snapchat, and YouTube function as virtual peer networks, exposing young users to a vast array of content that can normalize, glorify, or even romanticize self-harm. The mechanism by which social media exacerbates self-harm risks is multi-faceted.

2.2. Normalization of NSSI through Platform Features

Moreover, certain platform features further contribute to the normalization of self-harm. Hashtags like #selfharm or #cutting, despite efforts by platforms to restrict them, often resurface in veiled or coded forms,

making it easy for users to find and engage with related content. Social media transforms self-harm risks into immersive experiences, where platform design exploits adolescent neurovulnerability with lethal precision.

Consider a hypothetical scenario: 14-year-old Lena searches "stress relief" on Instagram. The algorithm, rather than prioritizing mental health resources, bypasses them to promote #EmotionalHealing—a gateway to videos like "Ice-Blade Pain Relief Tutorial." In this viral clip, a teen girl demonstrates freezing razor blades while a melancholic pop song plays. The subtitle says, "100,000+ people have tried it and it works". Within 72 h, Lena's explore page flooded with "Advanced Blade Art" content: high-contrast wound close-ups, comments like "What blade brand?" and "Queen! Teach me!" This pipeline isn't accidental—content with #SelfHarm euphemisms will increase dwell time, directly boosting ad revenue. Challenges and trends that emerge on social media can also spread rapidly and dangerously. Even seemingly innocuous trends, such as posting moody content with subtle references to self-harm, can normalize the idea of using self-injury as a form of self-expression among impressionable peers.

Furthermore, neuroscience confirms this exposure's corrosive effect. During people's first encounter with self-harm content, their anterior insula fired at peak intensity (disgust response). After 50 exposures, their default mode network recategorized it as "neutral information"—with heart rate variability plunging 62% [6]. This neural rewiring normalizes extremity: if Lena graduates from "ice challenges" to real blades, her diary will be read: "It felt as routine as scrolling to homework".

3. Peer Influence Promotes Adolescent Self-Harm via Direct Observation and Social Conformity

3.1. Direct Observation of Peer NSSI Triggers Immediate Urges

First of all, when teens see their friends engaged in NSSI, it often makes them develop the thought of self-inflicted injuries right then. This conclusion is supported by an experimental study published in Acta Neuropsychiatrica [7]. When an adolescent witnesses a peer engaging in NSSI, it sets off a chain of psychological reactions. Regardless of whether the peer holds a high or low social status within the group, the exposure leads to a notable decline in the adolescent's perceived control over their own self-harm urges. For example, in a school setting, if a student sees a classmate cutting themselves, even if that classmate is not particularly popular, the observing student may suddenly feel an intense urge to engage in self-harm.

From the perspective of the social learning theory, such phenomena can be explained: Bandura's research on observational learning suggests that individuals tend to imitate the behaviors of others through processes like attention, retention, reproduction, and motivation [8]. When witnessing a peer's self-injury, the observer first focuses on this behavior, which is attention, then encodes and remembers the action sequence, which is retention.

Social contagion theory further explains this phenomenon, highlighting how behaviors, emotions, or ideas spread through social networks like infectious agents. In the context of self-harm, social contagion operates through mechanisms such as emotional mimicry, normative influence, and the desire for group cohesion—amplifying the likelihood that one individual's self-harm will trigger similar behaviors in others [9]. This contagion effect is particularly strong among adolescents, whose social identities are still forming and who are highly attuned to peer norms.

Subsequently, under the influence of psychological factors like identifying with their peers or trying to ease their own emotional distress, they might unconsciously repeat similar self-harm behaviors. This is called reproduction. The effect becomes even more intense when the peer is admired, as confirmed by the study [7]: when individuals observe behaviors in those they admire, social learning processes increase the likelihood of imitation. In the case of peer NSSI, the admired peer becomes a role model—albeit in a negative and harmful way. To illustrate this dynamic, consider a hypothetical example: at a Manchester Secondary School, campus idol Chloe displayed cigarette burns in chemistry class, six students replicated her injuries within 72 h (three with no prior self-harm history). Over time, repeated exposure to such peer NSSI can further erode self-control, making it increasingly difficult for the adolescent to resist the temptation to self-harm.

3.2. Social Conformity Pressures Fuel Compliance with NSSI

Moreover, peer influence drives self-harm among adolescents through potent social conformity dynamics. Adolescents are highly sensitive to social acceptance and rejection, and this sensitivity plays a crucial role in their susceptibility to peer-influenced self-harm [10]. They often misperceive self-harm as a group-approved behavior. Adolescents, in their desire to fit in and avoid rejection, may conform to the perceived norm. For instance, in an adolescent friendship group where one or more members engage in self-harm, other members may start to believe that self-harm is an expected or accepted behavior within the group. Even when these norms are misjudged, which means in reality, self-harm is a harmful and abnormal behavior, the fear of being ostracized can be so great that adolescents will comply. Critically, this compliance is amplified by individual vulnerabilities. Teens with low self-esteem and social anxiety are particularly susceptible [11]. A teen with low self-esteem may believe that engaging in self-harm is the only way to gain recognition and social belonging within the peer group. They may think that by conforming to the perceived self-harm norm, they will be accepted and valued. Similarly, a teen with social anxiety, who is constantly worried about being rejected by their peers, may see self-harm as a means to avert exclusion. They may believe that if they don't engage in self-harm, they will be cast out of the group.

4. Effective Interventions Involve Coordinated School, Digital, and Caregiver Strategies

Given the significant impact of peer influence on adolescent self-harm, it is crucial to design targeted interventions. One approach is to integrate comprehensive educational programs, such as the Peer Mentor Program, into the school curriculum. Research from the Peer Mentor Program, as outlined in the Frontiers in Psychiatry article [12], demonstrates its effectiveness in enhancing social and emotional skills among adolescents. This program can be incorporated to not only educate adolescents about the psychological mechanisms at play in peer-influenced self-harm but also adopt interactive teaching methods. Workshops and group discussions can be organized, where students analyze real-life case studies and role-play scenarios to understand how social conformity and the allure of digital media contribute to self-harm. Trained peer mentors, under the guidance of counselors, can facilitate exercises that help students recognize the subtle signs of peer pressure to engage in self-harm, such as sudden changes in a friend's behavior or the normalization of self-harm in online conversations. Through such activities, adolescents develop critical thinking skills and practical strategies like assertive communication techniques or finding positive peer groups to resist negative peer influences, while also strengthening their self-awareness and self-regulatory abilities.

Several evidence-based interventions have shown promise in reducing peer-influenced self-harm. One highly effective example is the Youth Aware of Mental Health (YAM) program. Conducted across 168 schools in 10 European countries and involving over 11,000 adolescents aged 13–17, a large-scale randomized controlled trial found that students who participated in YAM experienced a 50% reduction in both suicide attempts and severe suicidal ideation over the following year compared to those in control groups [13]. The program uses a combination of role-playing exercises, classroom discussions, and informational booklets to engage adolescents in exploring mental health challenges and developing coping strategies. By encouraging peer dialogue and empowering youth to seek help, YAM disrupts the cycle of silent suffering and conformity that often fuels peer-influenced self-harm. Its flexibility across cultural contexts and emphasis on active participation make it a valuable school-based intervention.

In addition to school programs, helping families talk to each other in healthier ways can also make a big difference. One approach that works well is called Attachment-Based Family Therapy (ABFT) [14]. It's a type of counseling that helps rebuild trust between teens and their parents, especially when there's been a lot of fighting, distance, or emotional pain. The idea is that when teens feel truly understood and supported at home, they're less likely to turn to self-harm or feel like they have to please their friends just to be accepted. The therapy involves five steps, including special sessions where parents learn to better understand what their child is going through and how to respond with more care and less judgment. Studies show that ABFT really works—it has helped many teens feel less depressed and have fewer thoughts about having self-inflicted injuries, and the benefits often last over time. By creating stronger, more open relationships at home, ABFT

helps teens feel safer and less alone when life gets hard.

In addition, interventions must target the digital space more aggressively. Social media platforms should be legally obligated to implement advanced content moderation algorithms that can detect and filter self-harm-related content in real-time, including not only explicit images but also coded language and subtle references. Platforms could also collaborate with mental health organizations to provide immediate resources and support links to users who interact with or are exposed to such content. Simultaneously, more educational resources should be provided to help teenagers to recognize harmful content and understand the commercial and psychological motives behind its dissemination.

Finally, parents, teachers, and caregivers need to work together to undergo specialized training to recognize the signs of peer-influenced self-harm. By creating a safe and supportive space where adolescents feel comfortable talking about their feelings and experiences without fear of judgment, these adults can serve as early interventionists. For example, regular family meetings that focus on mental health can enhance communication and improve family dynamics, ensuring that adolescents receive consistent support at home and reducing their reliance on self-harm as a coping mechanism. Moreover, enhancing parent-teacher interaction and communication is crucial. Regular meetings between parents and teachers can facilitate the sharing of insights about the adolescent's behavior, both in school and at home. This joint effort ensures a consistent approach to identifying signs of peer-influenced self-harm and providing timely support.

5. Conclusions

In conclusion, peer influence exerts a profound impact on adolescent self-harm, operating through direct observation, social conformity, and the amplification of social media. Direct exposure to peer NSSI erodes self-control, while social conformity pressures, especially among vulnerable teens, drive self-harm as a means of social acceptance. Social media further intensifies these risks via algorithm-driven content and normalization.

Recognizing how these forces affect each other is the key to reducing NSSI among adolescents. By integrating school-based peer mentorship, aggressive digital content moderation, and caregiver training that bridges home-school communication, we can slowly reduce NSSI in teens. For example, a family's open talks can make teens feel loved enough to seek help instead. And several small things can add up. These efforts empower young people to resist harmful influences, embrace their resilience, and build lives free from self-injury. With care from families, schools, and communities, young people will learn how to handle life's hard parts without really having self-inflicted injuries. The road ahead is challenging, but each small step—whether a school workshop, a family conversation, or a platform's content filter—brings us closer to support adolescents in choosing healthier ways to navigate their lives.

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