Educators and Self-Injury

The missing manual for understanding and aiding students who self-injure.

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Introduction to Educators and Self-Injury (NSSI)

Nonsuicidal self-injury (NSSI) is a phenomenon that impacts up to 16-22% of today's students, often beginning around the ages of 13 to 15, but sometimes starting as early as elementary school. With numbers like these, it is likely that most educators will encounter students who self-harm during their careers. This handbook has been developed as a resource for educators. It provides information in a brief format regarding how to recognize, understand, and respond to self-injury in school settings.

Definition

Self-injury is defined in various ways, but the definition utilized by this handbook is as follows:

Non-suicidal self-injury (NSSI) is the deliberate damage to one's body tissue in the absence of suicidal intent (NSSI; International Society for the Study of Self-Injury, 2018). NSSI can include cutting or scratching the skin, although the range of behaviors is diverse (Swannell et al., 2014). Individuals commonly report engaging in NSSI as a means of regulating particularly intense or unwanted emotions (Taylor et al., 2018).*

This definition is important. For one thing, it helps distinguish self-injury from suicide attempts. This distinction has resulted in the term *nonsuicidal self-injury* (NSSI). The two behaviors are very different and have very different motivations. In short, suicide is an attempt to die, and self-injury is coping mechanism for survival. This definition also helps to differentiate between pathological self-injury and social self-injury such as tattoos and body piercing. It may sometimes be difficult to tell whether or not the behavior is socially motivated, but the student may be able to provide this information. Finally, the self-injury referred to on this handbook is not that which is often found in cases of intellectual disability, autism, or other developmental disorders- it is self-injury that is done by someone who is fully aware of what they are doing.

* *Quoted from: Modeling pathways to non-suicidal self-injury: The roles of perfectionism, negative affect, rumination, and attention control- Tonta, et.al*

Why?

It is impossible to pinpoint the exact cause of self-injury. It can manifest itself in the lives of students who otherwise seem well adjusted and to be living in secure environments. However, research uncovers recurring themes reported by self-injurers who participated in the studies.

Risk factors noted in research include:

- **Emotional Dysregulation:** Difficulties managing and regulating emotions.
- **Adverse Childhood Experiences:** History of childhood trauma or abuse.
- **Family Dynamics:** Family conflict, instability, or significant changes.
- **Parental Criticism:** Experiences of harsh or judgmental parenting.
- **Communication Deficits:** Difficulties with communication skills, both expressing oneself and understanding others.
- **Negative Cognitions:** Negative thinking patterns, including a bias towards interpreting social feedback negatively.
- **LGBTQIA+ Identity:** Sexual and gender minority (SGM) individuals have significantly higher rates of self-injury due to unique stressors such as discrimination, rejection, and internalized stigma.
- **Perfectionism:** Striving for unrealistic standards and fear of failure.
- **Rumination:** Tendency to dwell on negative thoughts and feelings.

Life events often reported by self-injurers include:

Sexual and Physical Abuse

The connection is tenuous, with researchers finding conflicting results. It is possible that when this factor is combined with other factors, such as an invalidating environment, self-injury is more likely to occur. One individual stated, “I definitely think that if I hadn’t been abused it’s very unlikely that I would be a self-harmer.” (Alexander & Clare, 2004).

Invalidating Environments

Self-injury is often connected to invalidating environments where children’s thoughts and behavior are met by erratic, insensitive, or inappropriate responses from their parents. (Linehan, 1993) This finding was corroborated by a later study which suggested that perceived parental criticism and a sense of alienation were significantly related to the presence of self-injury.

Sexuality/Sexual Identity

A study including 16 interviewees who identified as lesbian or bisexual found themes of common experience emerging from the analysis of the interviews, including: 1) Bad experiences, 2) Invisibility and Invalidation, and 3) Feeling different. One research participant

commented, “I grew up taking it for granted that there was something wrong with me.” (Alexander and Clare, 2004)

But…. Why?

Once a student self-injures, why do they continue? There are several models to explain the function and purpose of NSSI in a student’s life. Broadly, NSSI is a coping strategy for emotional stress.

The function of NSSI repeatedly uncovered in research: *“Although it is argued that self-harm serves multiple functions simultaneously, the reasons most consistently endorsed in both clinical and theoretical literature relate to the* ***avoidance and elimination of, or escape from, aversive internal experience****.”*

From: Nielsen E, Sayal K, Townsend E (2016) Exploring the Relationship between Experiential Avoidance, Coping Functions and the Recency and Frequency of Self-Harm. PLoS ONE 11(7): e0159854. doi:10.1371/journal.pone.0159854

Three models consider sustaining factors:

Psychological:

-To avoid psychological pain

-To express psychological distress

-To disrupt a feeling of dissociation

-To refocus one’s attention away from negative stimulus

Social:

This model describes NSSI resulting in social connection or attention in some way. The fact that NSSI can be contagious also suggests a social factor for some who engage in self-injury.

Biological:

This model focuses on the chemicals theorized to change with acts of NSSI. A homeostasis model suggests that those who self-injure may have chronically low levels of endogenous opioids. There is also a study (Plener, Bubalo, Fladung, Ludolph, and Lule, 2012) which indicates that the emotion-regulation deficits present in those who self-injure may be neurologically based.

Contagion is also a concern in dealing with self-injury. Studies indicate that many self-injurers also have a friend who self-injures. The Internet creates another source of information and "camaraderie" for self-injurers that may encourage beginning or continuing the behavior through social networking. In the past, group therapy was utilized in self-injury interventions. It has been discovered that the contagion factor usually negates any possible positive effects of group therapy.

*information for this section taken from *Understanding Self Injury in Youth,* Whitlock and Rodham, 2013

Recognizing Self-Injury

Students may self-injure in many different ways, and some can be very difficult for parents, friends, or educators to detect. Don't blame yourself for not noticing the nearly impossible—but do pay attention if something raises a concern. For example, if a student has unusually even cuts on their arms, don't accept "My cat scratched me" without further thought. You may be the first trusted adult to gently continue the conversation and help connect the student to support. Approaching with mindful, nonjudgmental curiosity and asking open-ended questions can create the space for a student to open up and share.

Common forms of self-injury:

- *Cutting in lines on the arms or legs (with razor blades or knives)*
- *Repeatedly picking at scabs or other injuries*
- *Erasing burns onto any part of the body*
- *Using matches or cigarettes to burn the body*
- *Hair-pulling*
- *Head banging*
- *Punching walls or other hard surfaces repeatedly- may also take the form of hitting oneself (look for bruised and/or bloody knuckles)*

Guidelines for Talking with a Student about Nonsuicidal Self-Injury

- ***Trust your instincts.*** *If something seems unusual or out of place, don't hesitate to ask caring, curious questions.*

- ***Let the student share their perspective.*** *Allow them to describe whether the injury is connected to social pressures, anxiety, stress, or other personal experiences, rather than assuming the cause.*

Common Reactions

Even trained doctors, nurses, psychologists, and psychiatrists can have an unsympathetic reaction to self-injury. It is not surprising that even professionals may feel repulsed by what seems like an unnatural act. Though destructive in nature, self-injury must first be understood as the coping mechanism it often represents before a sympathetic response can be reached.

First, give yourself a break. Remember that even mental health professionals may struggle with an initial sense of discomfort when confronted with this behavior. Allow yourself a moment to acknowledge those feelings. Then, remind yourself of the complicated nature of self-injury. Students who engage in this behavior have often experienced significant difficulties in their life histories, and self-injury has become an effective—though harmful—coping strategy for them. Approach the student with respectful curiosity and a listening ear. Avoid judgment, and resist the urge to simply tell them to stop.

"…It is recommended that responses to NSSI convey a low-key, dispassionate demeanor, as emotion-laden reactions may leave the student feeling embarrassed and apprehensive about seeking help in the future. Professionals working with these youth are therefore strongly advised not to overreact or underreact to a student's NSSI."

Quote: Shapiro, Heath, and Robers, 2013 Citing Walsh (2006) and Walsh and Muehlenkamp (2013). From School Psychology Forum, Research in Practice: Nonsuicidal Self-Injury.

For more detailed guidance, view "Talking to students about self-injury" by The International Consortium on Self-Injury in Educational Settings.

Educator Response

Educators of all kinds are in a unique position to notice and support students in meaningful ways. While parents and caregivers play a vital role, there are times when a student's basic needs may not be fully recognized or met at home. By staying attentive and responsive, educators can serve as an additional layer of care and advocacy, helping to ensure that students feel seen, supported, and safe.

Follow up on your instincts

There are two key principles to keep in mind when working with a student you know or suspect may be self-injuring. First, do not ignore concerning signs. If your instincts tell you something may be wrong, take the time to follow up. It is natural to want to minimize what you see, accept

surface-level explanations, or assume someone else is already helping. However, you may be the only adult who has noticed, and your willingness to listen and respond could be the critical first step in connecting the student with support and intervention.

Extend an attitude of calm understanding

The second principle is to approach the student with empathy and understanding. While self-injury may feel incomprehensible to you, for many students it functions as a coping mechanism that helps them manage overwhelming emotions and continue living. It is important to remember that, although unhealthy, self-injury is different from a suicide attempt. Stay calm, listen openly, and allow the student to describe their behavior in their own words, including whether or not it was intended as a suicide attempt. Your role is to respond without judgment and then take appropriate action based on what the student shares, ensuring they are connected with the support they need.

Any educator who encounters NSSI should keep the two above principles in mind. Other important principles include:

Link the student, family, onsite mental health staff, and offsite mental health professionals

School sites may need to exercise flexibility in allowing a self-injuring student to access the school counselor or school psychologist by means of a simple signal or short statement of request. Many students will feel uncomfortable if they are required to give a lengthy explanation for why they need to leave a classroom or other school activity. Onsite and offsite mental health professionals should work together whenever possible to make plans** for the student to follow at school when they are feeling dysregulated and may possibly self-injure.*

**With a Release of Information signed by the parent.*

***Documented in a 504 or incorporated into an IEP*

Develop a list of outside referrals.

It is outside the scope of this handbook to suggest professionals in areas throughout the United States and beyond. Mental health staff at school sites should have a list of information about counselors and therapists in the area who feel comfortable addressing self-injury in children and adolescents.

Refer out

While school psychologists and school counselors can provide meaningful support to students who self-injure (see section below), it is beyond the expertise of school-based staff to fully treat self-injury within the educational setting. Cases of NSSI should be handled with the same seriousness as expressed suicidal ideation or intent, and three principles apply:

1. *In almost all cases, parents/guardians must be informed.*
2. *The student and their family should be referred to professional help outside of school.*
3. *Follow up—create reminders to check in with the family and ensure the student is receiving appropriate care.*

It is also important that students are reminded of the limits of confidentiality at the beginning of counseling sessions. They must understand that school staff are required to break confidentiality when there is a risk of "harm to self." In short, school-based professionals can play a valuable role, but outside clinical care is essential for addressing self-injury in a comprehensive and lasting way.

Promptly refer students who self-injure to the school nurse and school based mental health staff for assessment

Teachers and other non-mental health staff play an important role in supporting the well-being of students who self-injure by noticing concerns and listening when students choose to share. However, they should never attempt to manage the situation on their own. Students must be referred to the school nurse and to a school counselor or school psychologist, who can assess the situation and connect families with outside resources. This assessment includes evaluating the student's level of risk by considering potential for suicide, the severity of physical injury, and the presence of co-occurring risk factors such as mental health disorders.

Note: Always call 911 immediately for serious injuries. If you are not sure, call.

Follow a planned protocol for dealing with cases of self-injury.

- *Click here or view the Appendix to find a suggested step-by-step protocol (or download the PDF).*
- *Click here or view the Appendix to find a parent notification form (PDF).*
- *Click here or view the Appendix to find a parent fact sheet (PDF).*
- *Click here for a detailed protocol from Cornell Research (or download here)*

Guidance for School Psychologists and School Counselors:

School Based Mental Health Support for Students who Self-Harm

Suicide and Self-Injury

Although nonsuicidal self-injury (NSSI) and suicidal behavior have different intentions, they share many of the same risk factors. These include a history of trauma, abuse, or chronic stress; high emotional sensitivity; few effective coping strategies; feelings of isolation; substance use; depression or anxiety; and feelings of worthlessness. Because of these shared vulnerabilities, the presence of NSSI is considered a risk factor in itself for suicide thoughts and behaviors.

Research shows that a significant number of individuals who self-injure also experience suicidality. In the general population, 35–40% of people who engage in NSSI report suicidal thoughts or behaviors, while in clinical populations this figure rises to 65% or more. Suicidality may emerge in the same general period as NSSI or afterward, though in about 20% of individuals it appears before NSSI begins. Importantly, more than half of youth and young adults who self-injure in non-clinical populations do ***not*** *report suicidal thoughts, so the presence of NSSI does not automatically mean the student is suicidal.*

That said, certain patterns increase risk. More severe or chronic forms of NSSI (e.g., cutting, carving, burning, or using multiple methods) are linked to higher likelihood of suicidality, particularly when combined with over 20 lifetime incidents, recent psychological distress, trauma history, hopelessness, family conflict, impulsivity, substance use, or diagnoses such as depression or PTSD. While NSSI does not cause suicidal behavior, it can lower a person's natural inhibition against harming themselves, making it easier to act on suicidal urges if they emerge. For educators, this means that NSSI should always be taken seriously as a marker of vulnerability, with prompt referral to mental health professionals and ongoing monitoring for signs of escalating risk.

Source: "The Relationship between Non-Suicidal Self-Injury and Suicide" by Janis Whitlock, Rachel Minton, Pamela Babington & Carrie Ernhout – Cornell University (link to full resource)

For more information and resources related to suicide, visit the following links:

- *SPRC.org*
- *AFSP.org*
- *Suicidology.org*

And download this resource:

- *Mental Health Promotion and Suicide Prevention for LGBTQIA2S+ Youth (PDF)*

APPENDIX

Protocol for Immediate Response to Self-Injury or Suspected Self-Injury

(For Teachers, School Staff, Nurses, and School-Based Mental Health Professionals)

If you have found a case of self-injury, or even suspect that a student may be engaging in self-injury, follow the steps below. Early recognition and compassionate response are essential for student safety and recovery.

For Teachers & All Non-Mental Health Staff

- Stay calm and supportive. Approach the student with a nonjudgmental and empathetic attitude. Avoid showing shock, disapproval, or frustration.
- Ask simple, clarifying questions. For example: “I noticed this mark—are you hurt?” or “Can you tell me what happened?” Do not press for details.
- If there is a visible or fresh wound:
    - Escort or refer the student directly to the school nurse.
    - Notify the school counselor or psychologist right away.
- If the student confirms self-injury:
    - Refer the student immediately to the school counselor or psychologist.
- In case of severe injury or uncertainty: Call 911 immediately. When in doubt, err on the side of emergency response.

For the School Nurse

- Provide direct wound care and assess whether emergency medical services are needed.
- Ensure immediate communication with the school counselor or psychologist so that a mental health follow-up can occur the same day.
- Document the incident according to school/district protocols.
- If in doubt, call 911.

For the School Psychologist or Counselor

- Clarify confidentiality. Remind the student of the limits (i.e., safety concerns must be shared).
- Screen for suicide risk. Use your district's suicide assessment protocol. If suicidal ideation or intent is identified, follow your school's suicide crisis response procedures immediately.
- Determine intent. Use an informal interview to confirm whether the behavior is intentional self-injury versus an accident.
- Engage parents/guardians.
    - Unless contraindicated for safety, contact parents and request they come to school.
    - Provide parents with the Parent Fact Sheet and referral information for outpatient therapy, crisis services, and/or medical follow-up.
    - Have parents sign a notification form confirming they were informed and received resources.
- Use professional judgment. If notifying parents is unsafe, consider mandated reporting (e.g., Child Protective Services) or other protective actions consistent with state law and district policy.
- Follow-up care:
    - Check in with the student within 5–7 days.
    - Schedule regular well-being check-ins every 2–4 weeks if the student is not already receiving counseling.
    - Document all interventions and contacts carefully.
    - Guidance for providing ongoing support.

Key Reminders

- Never promise secrecy. Always prioritize student safety.

- Model calm concern. Students may feel embarrassed or fearful; your response sets the tone for support.
- Encourage professional help. Self-injury is often a sign of underlying distress; therapy and support services are essential.
- When in doubt, act. If you are uncertain about the severity, contact emergency services and notify your school mental health team.

Suicide Assessment Guidance

Download the PDF

Download a parent notification form

Download a parent fact sheet

Parent Fact Sheet
Self-Injury

What is Self-Injury?

- Self-injury occurs when an individual deliberately harms themselves as a way of coping with
- psychological distress. Although difficult to understand, for some people this behavior becomes a
- coping mechanism. Feelings of anxiety, emotional numbness or disconnection, and a need for self-punishment are among the reasons individuals report engaging in self-injury.

Why do they do it?

- Research has not clearly defined all of the factors that lead to self-injury. Some individuals come from
- loving homes, while others may have experienced sexual or physical abuse, invalidation, or struggles
- related to identity. What is consistent across the research is that self-injury is often used as a way to
- relieve extremely uncomfortable emotions.

What do I do now?

- Take a deep breath. This is difficult, but it is better that you know about it.
- Remember you cannot solve the problem alone, but you can connect your child with help.
- Access professional support. Find a qualified mental health professional and make an appointment as soon as possible.
- Do NOT tell your child to simply stop. This rarely works and can increase frustration.
- Do remove readily available items for cutting, but be aware that your child may find alternatives.
- Do address any injuries promptly and seek professional medical care when needed.
- Do provide a listening ear. Create an accepting, supportive atmosphere when your child wants to talk.
- Do help coordinate a safety plan with your child's mental health professional and the school's support staff.
- Do keep the school informed about changes in your child's intervention plan and overall well-being.

Self-Injury Notification

Parent/Guardian Notification

School Name: _____
District Name: _____

I have been notified that my child, _____, has stated that they are engaging in self-injury. It has been strongly recommended that I seek immediate psychological assistance for my child.

I understand that the school district will not assume responsibility for this serious concern.

I have been provided with contact information for mental health professionals in this area and I have received the form "Parent Fact Sheet: Self-Injury."

In order to assist my child, I:
____ agree
____ disagree
to immediately take them to a qualified mental health professional for assistance.

Parent's/Guardian's Name: _____ Parent's/Guardian's Signature: _____ Date: _____ Witness Name/Title: _____
Witness Name/Title: _____
Law Enforcement Witness Name/Title (if applicable):_____

Note: Please provide the school with documentation from a physician or mental health professional specifying the assessment date and any information the school may need in order to assist your student. With a signed release of information, the school can help coordinate safety planning for the school setting in collaboration with parents/guardians and outside clinicians