Self-Injurious Behaviors

Students who exhibit self-injurious behavior perform deliberate and repetitive acts of injuring their own body as a way to cope with overwhelming feelings and thoughts. Some forms of self-injurious behavior include cutting, carving, scratching, burning, branding, biting, bruising, hitting, and picking and pulling skin and hair. Studies of high school students indicated prevalence rates of self-harm in this population ranged from 13% to 24%. Onset can occur in children as young as seven years old, but the age of onset is usually between the ages of 12 and 15 years. Self injury is serious and often co-occur with other mental health problems like depression, obsessive-compulsive disorder or anorexia nervosa.

Why is this important?
• Students who exhibit self-injurious behavior have difficulty verbally communicating their feelings with others.
• Students who exhibit self-injurious behavior are more likely to engage in other types of risky behavior, such as substance or alcohol abuse.
• Students who exhibit self-injurious behavior are more likely to isolate themselves from classmates.
• Students may inadvertently seriously harm themselves

What can educators do about it?
Do not ignore suspicious injuries you have noticed on a young person’s body. If you suspect that a student is deliberately injuring themselves:

• Discuss the situation with the child’s parents or caregiver. It is important to let the child’s family know of your suspicions. Ask the family to help the student seek available resources.
• Offer support and reassurance to the student. It is important not to alienate a self-injuring student but rather to build trust.
• Students should be under supervision at all times, until they have been assessed as safe or given over to the care of their parents.
• Be aware that the student’s behavior is usually a symptom of a more serious underlying problem. Talk to the student about what’s going on in his/her life that could be triggering this behavior.
• Notify the school clinicians about the student’s behavior, and ask them to provide additional information and resources to the students and caregivers.
Resources/Links

American Academy of Child and Adolescent Psychiatry.
Facts for Families No. 73: Self-Injury in Adolescents.
https://www.aacap.org/AACAP/Families_and_Youth/
Facts_for_Families/FFF-Guide/Self-Injury-In-
Adolescents-073.aspx

ASCD: Professional Learning & Community for
Educators
http://www.ascd.org/publications/educational_
leadership/dec09/vol67/num04/Helping_Self-Harming_
Students.aspx

Cornell Research Program on Self-Injury and Recovery:
Non-Suicidal Self-Injury in Schools
http://www.selfinjury.bc.tr.cornell.edu/perch/resources/

Mental Health America
Fact Sheet on Self-Injury
http://www.mentalhealthamerica.net/self-injury

National Association of School Psychologists
.aspx?q=self+injury

S.A.F.E Alternatives (Self-Abuse Finally Ends):
http://www.selfinjury.com

Adapted from Resources found on:
www.schoolmentalhealth.org
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