



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 their 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.

Resource 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.bctr.cornell.edu/perch/resources/non-suicidal-self-injury-in-schools.pdf>

Mental Health America

Fact Sheet on Self-Injury
<https://www.mhanational.org/conditions/self-injury-cutting-self-harm-or-self-mutilation>

National Association of School Psychologists

<https://apps.nasponline.org/search-results.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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The Children's Mental Health Matters! Campaign is a collaboration of the Mental Health Association of Maryland (MHAMD) and the Maryland Coalition of Families (MCF) with support from the Maryland Department of Health - Behavioral Health Administration. The Campaign goal, with School and Community Champions across the state, is to raise public awareness of the importance of children's mental health. For more information, please visit www.ChildrensMentalHealthMatters.org