Nonsuicidal Self-Injury: A Brief Overview

While self-harm is a common predictor for suicidal ideation and behavior, not every person who self-harms is considering suicide. Nonsuicidal self-injury (NSSI) refers to intentionally harming oneself without suicidal intent. Skin scratching, cutting, burning, and self-battery are among the most common methods of NSSI. While an individual may employ NSSI for various reasons, the most common reasons are as a coping mechanism for emotional pain, to inflict punishment, or simply to feel something (American Psychiatric Association, 2022).

NSSI can be a difficult behavior to identify, and supporting students who employ NSSI requires work from various adults in their lives. School psychologists, parents and caregivers, and educators all have important roles and responsibilities in supporting the well-being and recovery of students who engage in NSSI.

**SCHOOL PSYCHOLOGIST’S ROLE**

School psychologists operate as guides, connecting adolescents who turn to NSSI with effective resources. In this role, school psychologists have the obligation to detect and provide aid to children and adolescents who self-injure (Kelada et al., 2017). School psychologists typically lead campus crisis response teams; these teams are responsible for addressing medical needs, determining appropriate interventions, and communicating with community resource providers to effectively support students who self-harm. For school psychologists to successfully fulfill this guiding role, they must understand factors that lead to NSSI, learn how to identify NSSI in students, and familiarize themselves with assessment tools that evaluate risks and co-occurring conditions related to self-harm.

Firstly, school psychologists should gain an understanding of factors that can lead to NSSI. Youth are most commonly at risk for NSSI, with the typical age of onset being between 12 and 14 years old. For this reason, school psychologists at the middle and high school levels will see NSSI among students most frequently. However, between 15%–19% of university students admit to engaging in NSSI while attending college. Additionally, Barrocas et al. (2012) found that 7.6% of third graders employed NSSI behaviors, meaning elementary school psychologists should also be familiar with best practices in NSSI identification and response.

Risk potential and contributing factors for NSSI somewhat differ between girls and boys. For example, girls are slightly more at risk to engage in NSSI during adolescence than boys, but their risk roughly equalizes in young adulthood. Girls commonly report their reasons for self-harm as resulting from internalizing negative emotions from stressors such as trauma and self-blame. Boys, on the other hand, report that NSSI is more commonly used to block out emotions entirely. However, there is no singular “profile” of students that engage in NSSI. Understanding these, and other, common motivations for self-harm provides opportunities for school psychologists to identify NSSI risk when evaluating a student’s emotional state (American Psychiatric Association, 2022).

Recognizing common forms of self-injury among students is another important function of the school psychologist role, especially because the methods of injury used in NSSI often differ from methods employed in suicide attempts. Girls who engage in NSSI, for example, are more likely to employ methods that draw blood (such as scratching), while boys are more likely to use burning and various forms of bludgeoning (such as banging their heads; American Psychiatric Association, 2022). It is critical for school psychologists to be aware of these common injury types and the visible marks they often leave.

While school psychologists should avoid assuming that students who self-harm are suicidal, self-injury and suicide do commonly co-occur (Hamza et al., 2012). Assessing for impulsivity and self-harm ideation can provide vital information regarding the level of suicide risk among students who are not outwardly depressed or agitated (Spokas et al., 2011). In
some cases, that relation is built even without a growing intent of suicide, as growing accustomed to self-harm behaviors can result in students engaging in increasingly painful, physically damaging, and lethal forms of self-harm (Van Orden et al., 2010). Standardized tests are often an efficient tool for these assessments. The Self-Injurious Thoughts and Behaviors Interview (Nock et al., 2007), Suicide Attempt Self-Injury Interview (Linehan et al., 2006), and Columbia Suicide Severity Rating Scale (Posner et al., 2008) are examples of such tests, though student self-reports are not always reliable and should not be used alone (Toprak et al., 2011).

Treatment for adolescents who engage in NSSI can take time and should be supported at school. In many cases, a school psychologist’s office may be the only place that a student who self-harms can go to feel safe and understood (Lieberman, 2004). Direct crisis support provided by the National Association of School Psychologists (NASP) can include consultations with the crisis team, direct aid to both the crisis team and community, training on crisis intervention and recovery, and flexible resources that can be used with students, staff, and families (NASP, n.d.).

CAREGIVER’S ROLE

Learning one’s child is engaging in NSSI is distressing to any caregiver, and caregivers will often immediately seek out ways that they can help. The primary responsibility of a parent or caregiver is to provide support and safe circumstances outside of school for a youth who engages in NSSI. This is best implemented by communicating clearly and consistently with the school’s crisis response team and the youth. Providing information on the student’s mental health and well-being outside of school, for example, helps crisis team members monitor the student appropriately, build understanding of the student’s unique needs, and remain alert to any changes of their risk levels for self-harm.

Providing the youth with access to therapists, counselors, and mental health workers outside of the school setting may also be advised and would be the primary responsibility of the parent or caregiver (Lieberman, 2004).

While parents and caregivers are critical to supporting a student outside of the school setting, the goal is for a student’s school-based crisis team to take primary responsibility for their safety and well-being on campus. A recorded 95% of adolescents with a background of engaging in NSSI believe that school staff should not involve parents, and negative associations with disclosure of their private information has often discouraged adolescents from seeking subsequent help (Kelada et al., 2017). This impresses the importance of parents focusing on supporting their child at home, while informing their school of the child’s symptoms, treatments, and progress so that the crisis team can extend the support of their treatment plan at school.

TEACHERS’ AND ADMINISTRATORS’ ROLE

While educators are not expected to be NSSI experts, all faculty members have a level of responsibility in ensuring that students who engage in NSSI are appropriately supported and that they contribute to a school culture which does not inadvertently promote the use of NSSI.

A key role of head administrators is ensuring that their schools have a clearly structured crisis response plan in place, and that all faculty are appropriately trained on crisis response procedures and district-specific policies. Conducting vulnerability assessments, reviewing and practicing crisis team plans, and considering the needs of students with special needs are important steps in preparing the faculty to efficiently and effectively respond in crisis situations (NASP, 2017).

Another critical task for administrators is to prevent contagion. Contagion refers to the epidemic-like spread of thoughts, actions, and feelings among individuals through social networks and shared information among peers (Kirsch, 2012). In other words, NSSI contagion is giving other students the idea of self-harming, causing an influx of students injuring themselves. Principals and administrators can prevent contagion by limiting access to activities, presentations, and media that focus on self-harming behaviors. Maintaining a policy of individually approaching students who self-harm, while promoting healthy coping skills and reducing stigma for NSSI at a larger scale, limits the likelihood of contagion while protecting student privacy (Lieberman, 2004).

A primary role of frontline educators (e.g., teachers, instructional aides, recess monitors) is to alert crisis team leaders to any signs of NSSI occurring among their students. As the staff members who engage with students most frequently,
frontline educators often have the earliest opportunity to intervene; this places them in a critical role, as early detection is a key factor in providing effective supports for students who engage in NSSI (Bubrick et al., 2010).

**SIGNS OF NSSI**

In addition to the more obvious signs of burning, cutting, or bruising, some covert signs educators should be alert to are detailed below.

**Full Body Coverage, Inappropriate Dress for Season**

The way that students dress and behave during activities that require less body coverage can be identifiers for NSSI. Wearing long sleeves in warm weather or refusing to wear a bathing suit or gym clothes can be a strategy for hiding wounds and scars from self-harm (Bubrick et al., 2010).

**Bandages, Paraphernalia**

Numerous bandages, either on the body or in an adolescent’s possession, can be common among students engaging in NSSI. Odd paraphernalia such as razor blades and other items that can be used to cut or bludgeon can also be red flags that potentially indicate NSSI (Bubrick et al., 2010).

**Heightened Indicators for Depression or Anxiety**

Adolescents with high anxiety and depression are at higher risk for engaging in self-harm behaviors (American Psychiatric Association, 2022). Because NSSI is commonly used to dull emotions or punish oneself, these negative thinking patterns often become apparent in other aspects of a student’s life as well. Fatigue, loss of energy, restlessness, irritability, and weight fluctuations are all symptoms of depression that may also indicate a student’s heightened risk for turning to NSSI (American Psychiatric Association, 2022).

**RESOURCES**

- Suicide Prevention Lifeline: “988” operates as the designated dialing code that connects callers to the Suicide and Crisis Lifeline. This number provides adolescents with access to trained counselors whose goals are to listen, understand how the callers are affected by their problems, and provide necessary support by connecting callers to resources. [https://988lifeline.org/](https://988lifeline.org/)
- The Trevor Project: The Trevor Project is a nonprofit organization dedicated to preventing and ending suicide among lesbian, gay, bisexual, transgender, queer, and questioning young people. This includes tools and connections to counselors for adolescents. While there are other resources for individuals contemplating or engaging in self-harm, young people who are part of the LGBTQIA+ community are far more likely to self-harm than youth outside of that group (Jadva et al., 2021). [https://www.thetrevorproject.org/](https://www.thetrevorproject.org/)
- Institute for Non-Suicidal Self-Injury: The Institute for Non-Suicidal Self-Injury is an organization dedicated to providing resources for individuals engaging in self-harm as well as school staff and caregivers of those individuals. A large part of their mission is to dispel myths, misconceptions, and stigma surrounding those who engage in self-harm. [https://institutefornssi.com/](https://institutefornssi.com/)
- Self-Injurious Thoughts and Behaviors Interview: [https://doi.org/10.1037/1040-3590.19.3.309](https://doi.org/10.1037/1040-3590.19.3.309)
- Suicide Attempt Self-Injury Interview (SASII): [https://doi.org/10.1037/1040-3590.18.3.303](https://doi.org/10.1037/1040-3590.18.3.303)
REFERENCES

https://doi.org/10.1176/appi.books.9780890425787


https://doi.org/10.1016/j.cpr.2012.05.003


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Please cite this document as: