



## **ACCESSIBILITY:**

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## **Non-Suicidal Self-Injury (NSSI)**

Non-Suicidal Self Injury is the deliberate injury and direct injury by an individual to parts of their body. This behaviour is not exclusive to suicidal thoughts and not for body modification purposes (e.g. tattooing, substance abuse, eating disorders). Early adolescence is a common age of onset for self-harm. This type of self-injury tends to be different from "self-injurious behaviour"(SIB) which can be seen among individuals with intellectual and developmental disabilities.

Self-injury can be a mechanism for coping with intense emotions, and/or thoughts of suicide. Children and adolescents engaging in self-injurious behaviours often have skill deficits in managing emotional stress, communicating and problem solving. Sometimes it is used as means to feel better, express pain, and/or stop feeling numb. Family issues and/or personal trauma may also contribute to their distress. Although non-suicidal self-injury and suicidal ideation are different, non-suicidal self-injury may elevate suicide risk and many who self-injure also think about suicide.

It is important staff respond in a timely manner each and every time concerns arise regarding non-suicidal self-injury.

Self-injurious behaviours that require an immediate response by WCDSB staff include:

1. Deliberate scratching or cutting skin with objects (razors, paper clips, scissors etc.)
2. Intentionally burning skin/hair
3. Persistent or intense scratching or picking until skin bleeds,
4. Repetitive interfering with wounds that are healing
5. Hair pulling (including eye brows, eye lashes)
6. Banging or punching objects with the intention of hurting oneself

Access to additional support via the Collaborative Team and Behavioural Analyst may need to be considered for self-injurious behaviours for students with special education needs.

## **Quick Tips for Staff and Administrators Dealing with Students in Crisis**

### **DO:**

1. Take all disclosure and concerns seriously. Act every time.
2. Let the student know you care and state your observations. Ask if they have engaged in self-injurious behaviour. Use the student's language for self-injury when talking about it.



3. Remain calm or convey calm even if you do not feel it internally. Remember that the student may be overwhelmed and, modelling a calm and comforting presence can help the student regulate their emotions.
4. Ensure, when possible, that conversations are handled discreetly.
5. Alert administration of your concerns.
6. Administrators will consult with the school social worker as soon as possible.
7. Take student to a quiet area away from peers. Stay with the student and ensure supervision (supervise trips to the washroom).
8. Practice active listening (reflect back what the student said, clarify, don't interpret, allow for silence, offer understanding).
9. Be accepting and non-judgmental, validate the student's feeling.
10. Reassure the student that help is available.
11. Ensure the safety of other students that may be involved, witness, or who may be affected emotionally.
12. Be clear about next steps for support. Tell the student that you are concerned about them and are going to speak with someone who can help.
13. Act each and every time concern comes forward.

**DO NOT:**

1. Leave the student alone.
2. Ask to see wounds/cuts/injuries that are not already visible, nor show excessive interest in the details of the injury.
3. Handle the situation alone. Instead consult with an administrator/designate or guidance counsellor. They will consult the school social worker.
4. Leave school for the day without consultation.
5. Discuss the student's issues in front of peers or the class.
6. Minimize a concern or assume that the student is attention seeking.
7. Encourage them to think positively or look on the bright side.
8. Moralize, reprimand, or argue about the behaviour.
9. Make the student feel guilty about the pain he/she will cause family and friends.
10. Promise secrecy or confidentiality.



11. Assume that the student (or the family) is not the “type” to have suicidal thoughts, self-injure or be affected by such issues.
12. Call the parent before consulting.

Self-Injury Outreach and Support. *Self-Injury: A Guide for School Professionals* [Self-Injury: A Guide for School Professionals](#)

Self-Injury Outreach and Support. *Self-Injury: A General Information Guide*. [Self-Injury: A General Information Guide](#)  
Canadian Mental Health Association. *Understanding and Finding Help for Self-Harm*. [Understanding and Finding Help for Self-Harm](#)