1. RATIONALE

We aim to provide a positive, safe and caring environment at St Mary’s. In order for the school to respond effectively to self injury, a systematic approach is needed. This document is intended to act as a guideline for such response. Each incident will need to be managed based on the specific concerns of each individual case.

2. PURPOSE

The purpose of this policy is to further our aim to provide a secure, safe, healthy and stimulating environment for all students, staff and visitors to the school.

3. UNDERSTANDING SELF INJURY

a) What is Self-Injury?

Self-injury is a direct and deliberate form of bodily harm which is intentional but not life-threatening and often repetitive in its nature. (Walsh, 2006). Self-injury is complex and many biological, environmental and psychological factors combine to produce this behaviour. Treatment of self injury usually takes time and staff should not expect a quick fix or rapid extinction of the behaviour.

Self-injury can include body cutting on the wrists, arms or body, as well as self-scratching, self-burning, self-hitting, picking of wounds, crude self-inflicted tattoos or disfiguring hair pulling and removal.

b) Why do students Self-Injure?

A common myth is that people who self-injure are “attention seeking”. While a small minority of young people may hope to communicate their needs and influence others in this way, most people who self-injure do so in private and often hide their scars.

There are many reasons why people self injure, including:

- to ease tension and anxiety;
- to escape feelings of depression and emptiness;
- to escape feelings of numbness;
- to relieve anger and frustration;
- to relieve intense emotional pain;
- to regain control over one’s body;
- to maintain a sense of security;
- as a continuation of previous abusive patterns;
- to obtain a feeling of euphoria;
- to express coping with feelings of alienation;
- as a response to self-hatred or guilt.
c) **Which factors may contribute to tendency to Self-injure?**

Self injury is a coping mechanism and it is important to recognise the underlying reasons behind a person’s self-injury. Risk factors include, but are not limited to:

- low self-esteem;
- perfectionism;
- mental health issues such as depression and anxiety;
- onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder;
- problems at home or school;
- physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

d) **Is there a connection between Self-Injury and Ideation about taking own life?**

The underlying characteristics of deliberate self-harming behaviour and suicidal behaviour differ in their intention, method, potential to be fatal and the frequency with which the behaviour manifests itself.

Injuries linked to self-injury are generally not suicidal in intent and are normally unlikely to result in death. However, they do indicate serious psychological distress requiring urgent professional assessment and treatment.

e) **How does Self-Injury impact on other students?**

A common problem that schools face is dealing with epidemics or contagion episodes of self injury. In these situations multiple students appear to be communicating frequently about self injury and this maintains the behaviour. This can be particularly risky in a boarding setting.

4. **SCHOOL RESPONSE**

a) **What is the role of Staff?**

All school staff should contact the Dean of Students, Head of Junior School or the School Counsellors immediately if a student presents with any instances of self-injury. Staff should respond to self injury in a low-key and neutral manner. The behaviour should not be responded to with strong emotion, but should also not be dismissed, minimised, or normalised. A calm approach is essential at all times.

It is very unlikely that a student will engage in self-harming behaviour in a public place. It is more likely that staff will see injuries they suspect are deliberate, or receive information from other students that indicates a student may be engaging in this behaviour. The procedures listed below should be followed:
(i) **Response of staff to self-injury noted or reported**

If a student engages in self injury on the school grounds and a staff member is notified by other students or finds them self-harming, staff should:

- remain calm and non-judgemental at all times;
- as long as it is safe to do so remove the object, being careful to avoid any body fluids coming into contact with yourself or others;
- remove the student or others from a situation where they might attract unnecessary attention;
- aim to respond in a matter of fact, “neutral” and calm manner;
- avoid being angry or punishing as this can reinforce the behaviour, as can being overly caring or concerned. Avoid asking questions as to how it happened or why it happened.
- escort or have another staff member escort the student to the medical centre. Do not leave the student alone. Ask the medical centre to contact the Dean of Students and the Counsellors immediately.
- if needed, organise for any body fluids to be safely cleared;
- minimise the impact on and disruption to other students by remaining calm and encouraging students to continue with their work. Do not allow other students to become overly involved in the situation.
- if the student returns to class, continue to respond in a neutral manner, encourage them to continue with their work and do not allow students to discuss the incident;
- monitor the reactions of other pupils who know about the self injury;
- as soon as possible, document what you have seen and done, including the date and time. Give this documentation to the Dean of Students or Head of Junior School, who will share this information with the School Counsellors. Planning will take place to decide the most appropriate response.

If a staff member suspects a student of engaging in self injury, but there are no visible wounds, staff should:

- document your concerns and observations, including date and time. Give this documentation to Dean of Students or the Counsellors.
- if a student discloses self injury to you, do not promise that you will keep this to yourself as you have a duty of care to the student. You need to document the disclosure and give it to the Dean of Students or Head of Junior School, who will immediately share this information with the School Counsellors. Planning will take place to decide the most appropriate response.

If a staff member views an injury that they suspect is the result of self-injury, staff should:

- remain calm and non-judgemental at all times;
- report concerns to the Dean of Students or Head of Junior School immediately. This information will be shared with the School Counsellors. Planning will take place to decide the most appropriate response.
Response of staff to self-injury noted in the boarding house.

The Boarding House is a unique part of the school community as girls live together. Self-injury in the boarding house context thus has the potential to create significant risk for other students. A distressed student who is self-injuring has the potential to negatively impact on her peers. Communication and exhibition of scars cannot occur in the boarding house context as this creates the serious risk of harm to other students. It is thus important to support individual students, whilst being mindful of the needs of the boarding house community.

Incidences of self-harming in the boarding house should be reported to the Head of Boarding so that support can be provided. Each case will be managed individually. However in general:

- the Head of Boarding will inform parents of self-injury and recommend school based or external counselling;
- the Head of Boarding will explain procedures i.e. if counselling support is not accessed, or the self-injury behaviour continues and impacts on others then the student is unlikely to be able to continue in boarding until the self-injury is managed appropriately;
- counselling support will generally involve external professionals, as well as school based counselling assistance where necessary.

If a student engages in self-harming behaviour in the boarding house and a staff member is notified by other students or finds them self-harming, staff should:

- remain calm and non-judgemental at all times;
- as long as it is safe to do so remove the object, being careful to avoid any body fluids coming into contact with yourself or others;
- remove the student or others from a situation where they might attract unnecessary attention;
- aim to respond in a matter of fact, “neutral” and calm manner;
- avoid being angry or punishing as this can reinforce the behaviour; as can being overly caring or concerned. Avoid asking questions as to how it happened or why it happened.
- escort or have another staff member escort the student to the medical centre. Do not leave the student alone. Ask the medical centre to contact the Head of Boarding, Dean of Students and the Counsellors immediately.
- if needed, organise for any body fluids to be safely cleared;
- minimise the impact on and disruption to other students by remaining calm, encouraging students to occupy themselves with other tasks. Do not allow other students to become overly involved in the situation. Write down the names of students who may have been affected by the incident so they can be monitored and supported.
- when the student returns to the boarding house continue to respond in a neutral manner. Do not allow students to discuss the incident and do not discuss the incident with the student.
• as soon as possible, document what you have seen and done, including the date and time. Give this documentation to the Head of Boarding and Dean of Students. Planning will take place to decide the most appropriate response.

If a staff member suspects a student of engaging in self injury, but there are no visible wounds, staff should:

• document your concerns and observations, including date and time. Give this documentation to the Head of Boarding.
• if a student discloses self injury to you, do not promise that you will keep this to yourself as you have a duty of care to the student. You need to document the disclosure and give it to the Head of Boarding and Dean of Students. Planning will take place to decide the most appropriate response.

If a staff member views an injury that they suspect is the result of self-injury, staff should:

• remain calm and non-judgemental at all times;
• report concerns to the Head of Boarding immediately. This information will be shared with the Dean of Students, Head of Junior School (if appropriate) and School Counsellors. Planning will take place to decide the most appropriate response. Planning will take place to decide the most appropriate response.

(iii) At school camps and excursions

• For suspected self-harm, document your observations and report to the Head of Year and School Nurse as soon as possible.
• For serious self harm (e.g. requiring sutures or bleeding cannot be stopped) the Head of Year should take the student to the nearest emergency department and contact the Dean of Students. The Dean of Students will immediately contact the student’s parents. Planning will take place to decide the most appropriate response.

(iv) The role of staff in addressing exhibition of scars and contagion

Pupils should be monitored as they are expected to:
• not display open wounds/injuries. These must be dressed appropriately.
• talk to the appropriate staff member if they are in emotional distress;
• alert a teacher if they suspect a fellow pupil of being suicidal or at serious risk of harm to them-selves, and know when confidentiality must be broken;
Contagion
Relevant staff, including the School Counsellors will work to minimise the risk of contagion by:

- reducing communication about self-injury amongst members of the peer group;
- reducing the public exhibition of scars or wounds in the school situation.

Reducing communication about Self-Injury
Students talking to each other about self-injury generally has a strong triggering effect. If this is occurring, an appropriate staff member, generally the Dean of Students or a Counsellor will explain to individual students and their parents/guardians that communicating about self-injury has a negative effect on peers and makes self-injury much more likely in others. If the student continues to discuss her self-injury and put other students at risk then additional responses will be needed such as suspension until the communication ceases.

Managing students who exhibit their scars or wounds
A related problem is students who openly show their scars or wounds at school. Viewing these scars or wounds can be triggering for other vulnerable students. The Dean of Students or Counsellors will meet with the student and her parents/guardian and make a request that the scar is covered appropriately when at school. Parents will be asked to assist in monitoring their daughter’s choice of clothing.

If the student does not respond appropriately other action may be taken such as having clothes to change into or in extreme cases, the student may be sent home.

b) Role of Executive in responding to Self Injury

Outcome 1
If the incident is deemed to be an emergency or crisis involving imminent risk, the student will be screened at the appropriate facility, usually Princess Margaret Hospital. The School Nurses will be involved in the assessment about whether medical attention is immediately required.

In such circumstances, parents or guardians will be informed of the situation as soon as possible. Ideally, parents will transport their daughter to seek medical help, although this may not always be possible.

Outcome 2
The student’s parent or guardian will be called by the appropriate staff member. Whenever possible, the student will be advised in advance that her parents or guardian are going to be contacted. The purpose of the call will be explained as ensuring that the student has adequate support, protection, and assistance.
The parent or guardian will be asked to pursue a number of possible options to assist the student:

- initiating outpatient counselling for the child and/or family;
- agreeing to the child’s receiving enhanced academic and/or counselling support.

Once the staff member has made the recommendation for professional help, he or she will recontact the parent or guardian within one week to ascertain whether or not the referral has been pursued.

REFERENCES
Self-Injury - a short guide for Schools and Teachers Including how to write a self-injury policy.

References from original publication:
