



FLOURISH HORIZON

PSYCHOLOGY &
COUNSELLING

UNDERSTANDING

SELF-INJURY

A practical psychoeducation guide for parents, educators and those supporting young people.

Self-injury is often a response to overwhelming distress. A calm, compassionate response, appropriate risk assessment and timely professional support can make a meaningful difference.

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What is self-injury?

Non-suicidal self-injury (NSSI) refers to deliberately injuring one's body without an intention to die. It is a sign that a person needs support, not a character flaw.

Important: NSSI and suicidal behaviour are different, but they can occur together. Never assume that someone is safe simply because they describe their self-injury as “non-suicidal”. Ask about current suicidal thoughts and assess immediate safety.

Why might a young person self-injure?

- **Managing overwhelming emotions**
To obtain temporary relief from anxiety, anger, shame or emotional pain.
- **Feeling something when numb**
To respond to emotional numbness, disconnection or sensory distress.
- **Communicating a need**
To express distress, seek connection or signal that support is needed.
- **Escaping an unbearable moment**
To shift attention away from painful memories, stressors or intense thoughts.

Remember

The function varies from person to person. Rather than assuming “attention-seeking” or manipulation, ask what was happening before the urge, how they were feeling, and what support would help. Short-term relief can reinforce the cycle even when the behaviour causes harm.

Respond with care, not judgement

For parents, school staff and other trusted adults: your first response can influence whether a young person seeks help again.

What to do

- **Stay calm and thank them**

“Thank you for telling me. I’m glad you came to me.”

- **Listen and validate**

“It sounds like things have felt really overwhelming.” Avoid blame or shock.

- **Check immediate safety**

Ask about injuries needing treatment, current urges, suicidal thoughts, plans and access to means.

- **Explain the limits of confidentiality**

Be clear about who needs to know to keep them safe; follow school safeguarding procedures.

- **Connect to ongoing support**

Collaborate with the young person, their caregiver (where safe), GP, psychologist or school wellbeing team.

What to avoid

Do not: shame, punish or dismiss the behaviour; label it “attention-seeking”; demand to see healed injuries; promise absolute secrecy; interrogate the young person about methods; or rely on a coping kit instead of a safety assessment.

Do: obtain medical care for injuries when needed, document concerns appropriately and follow your organisation’s child-safety procedures.

Building a support plan

The aim is not simply to stop the behaviour, but to understand and safely address the need underneath it.

A simple, collaborative plan

- **1. Notice the pattern**

Identify triggers, feelings, body sensations, situations and warning signs.

- **2. Choose safer alternatives**

Match strategies to the need: grounding, sensory comfort, paced breathing, movement, supportive conversation or a quiet space.

- **3. Make support accessible**

Agree on trusted adults, how to ask for help, and what to do when urges intensify.

- **4. Review with a professional**

A clinician can assess risk, contributing factors and appropriate evidence-based treatment, including emotion-regulation approaches.

When urgent help is needed

If there is immediate danger, serious injury, a suicide plan or inability to stay safe, call 000 or go to the nearest emergency department. Do not leave the person alone while arranging urgent assistance.

Australian support contacts

Lifeline: 13 11 14 | Kids Helpline: 1800 55 1800

Emergency: 000 | Healthdirect: 1800 022 222

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Source: Adapted from the uploaded guide, Supporting Students Through Self-Injury (Logan Flott). This brochure provides general psychoeducation, not individualised clinical advice.