

# Teachers' Perceptions of Non-Suicidal Self-Injury in the Schools

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**Abstract** Non-suicidal self-injury (NSSI) is a growing concern among professionals working with youth. The present study investigated the self-reported confidence, knowledge, and attitudes regarding NSSI among 155 high school teachers (51 men, 104 women). More than half of the teachers (60%) responded that they found the idea of NSSI “horrifying.” When asked about their own levels of confidence in dealing with NSSI, 67% said that they would feel comfortable if a student spoke to them about NSSI; however, only 43% felt knowledgeable about this behavior. Years of teaching experience was found to be positively associated with disagreement that individuals who self-injure are manipulative. Male teachers reported more negative attitudes than female teachers. Implications for school mental health professionals are discussed.

**Keywords** Non-suicidal self-injury · Self-injurious behavior · Adolescents · Attitudes · Knowledge · High school teachers

## Introduction

Non-suicidal self-injury has been called the new epidemic among adolescents (Derouin and Bravender 2004; Walsh 2006), with research indicating that an average of 15–20% of high school students engage in this behavior at least

once (Heath et al. 2009 for review). Given this prevalence rate, it is of great importance to explore responses to this behavior in school settings. Preliminary research has suggested that professionals who work with adolescents report a perceived increase in self-injury, although many do not feel equipped to help individuals who engage in this behavior (Best 2005, 2006; Heath et al. 2006). The current study sought to expand on this research by exploring the confidence, knowledge, and attitudes of high school teachers regarding self-injury in the schools.

## Adolescent Non-Suicidal Self-Injury

Non-suicidal self-injury (NSSI) is defined as the deliberate, self-inflicted damage to body tissue without conscious suicidal intent and does not include socially normative practices, such as body piercings or tattoos (Favazza 1998; Walsh 2006). The most common forms of NSSI include cutting, self-hitting, and burning (Laye-Gindhu and Schonert-Reichl 2005; Lloyd-Richardson et al. 2007; Ross and Heath 2002). Those who self-injure most commonly report an age of onset ranging from 11 to 15 years (Heath et al. 2008; Nixon et al. 2002; Ross and Heath 2002). Minimal research has investigated differences based on socioeconomic status (SES) or ethnicity. Early evidence suggests that SES does not differ between adolescents who self-injure and those who do not, although NSSI appears to be more commonly reported by Caucasian students than their African American peers (e.g., Lloyd-Richardson et al. 2007).

Although increased media attention has raised awareness about this behavior and its occurrence among adolescents, misconceptions persist in the general public regarding the correlates and functions of NSSI. As school professionals are often called upon to manage NSSI, these

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misconceptions may be detrimental to the quality of support and treatment provided to youth who engage in this behavior (Favazza 1996; Whitlock and Knox 2009).

In the past, researchers have often failed to distinguish between self-injury with and without suicidal intent (Heath et al. 2009). However, suicide attempts and NSSI are distinct behaviors and should be understood, managed, and treated differentially. As defined by Silverman and colleagues (2007), suicide attempts are behaviors that may or may not result in injury for which there is intent to die. In contrast, NSSI is a behavior in which immediate tissue damage is present but there is no intent to die. Most adolescents who engage in NSSI use this behavior as a way to cope with or to manage underlying emotional distress (Chapman et al. 2006; Walsh 2006). Despite the distinctions between these two behaviors, it is important to recognize that suicide attempts and NSSI are not mutually exclusive. As such, mental health professionals should assess for both behaviors when any student is referred for self-injury (Heath and Nixon 2009).

NSSI is often perceived as an attention-seeking or manipulative behavior (Walsh 2006). Empirical data from community samples fail to support this negative perception of NSSI, with less than half of those who self-injure telling their parents about their self-injury (Heath et al. 2009). However, there may be social elements to NSSI (Nock and Prinstein 2004; Nock 2008). Preliminary research has suggested that for some individuals, NSSI may have a social function of communicating distress when the individual is not capable of conveying their emotions (Nock 2008).

For many years, self-injury was believed to be indicative of severe psychiatric disorders (e.g., Dulit et al. 1994; Griffin et al. 1985), particularly borderline personality disorder (BPD; Gerson and Stanley 2002; Paris 2005). However, emerging research has shown that NSSI is not limited to individuals with BPD. Recent research examining the phenomenon of NSSI reveals that this behavior is primarily used as a means of regulating emotion and often occurs during the turbulent period of adolescence (Chapman et al. 2006; Heath et al. 2008; Nock and Prinstein 2005).

While research in clinical samples has found NSSI to be a predominantly female behavior (e.g., Claes et al. 2003), the results have not been as conclusive regarding gender differences in community samples of youth and young adults. Some studies have found that girls engage in NSSI more than boys (Nixon et al. 2008; Young et al. 2007), and others conclude that there may be little to no gender difference in NSSI prevalence (Gratz et al. 2002; Whitlock et al. 2006). Interestingly, in examining occurrence of NSSI among adolescents, Heath et al. (2009) note that studies that report gender differences (Laye-Gindhu and

Schonert-Reichl 2005; Nixon et al. 2008; Patton et al. 1997) have included overdose or medication abuse without suicide intent; these studies typically demonstrate a higher NSSI prevalence among girls than among boys. Conversely, every investigation that limits itself to cutting, burning, or self-hitting to bruise or other forms of tissue damage fails to find a gender difference (Lloyd-Richardson et al. 2007; Muehlenkamp and Gutierrez 2004, 2007; Izutsu et al. 2006; Zoroglu et al. 2003). Further, it has been noted that boys are less likely to agree to be interviewed or participate in studies that ask questions regarding NSSI (Heath et al., 2008) and as such, research findings may not represent the true rate of occurrence among boys.

In light of recent findings regarding the prevalence and characteristics of NSSI among adolescents, it is important to explore the degree of knowledge and the attitudes of the school professionals likely to come in contact with those who engage in NSSI. Inaccurate knowledge or lack of awareness on the part of teachers may impinge on their ability to appropriately identify, respond to, and refer students who engage in this behavior.

#### Teachers' Knowledge and Attitudes Regarding Self-Injury

A key element in managing NSSI in schools is teacher response to students who engage in this behavior. While school mental health professionals (e.g., school psychologists or counselors) are central to assessment and intervention with youth who engage in NSSI, teachers remain at the forefront for initial identification, as students often disclose their behavior to a teacher whom they trust. To date, only three studies have explored teachers' attitudes and/or knowledge regarding adolescent NSSI.

Best (2005, 2006) conducted a qualitative study of knowledge and attitudes toward adolescent self-injury, including semi-structured interviews with British teachers, school nurses, counselors, and other school personnel. Interestingly, teachers significantly underestimated the prevalence of this behavior in the schools (estimates ranged from .16 to 2.1%). Teachers' awareness of NSSI was related to having a personal experience with a student who self-injured, and all agreed that additional training was necessary to raise awareness. Overall, teachers reported negative emotional reactions toward the behavior, including feelings of shock, repulsion, "alarm and panic," and being "freaked out." Several teachers discussed a concern that NSSI was an indicator of suicidality, indicating that this was at the root of their anxiety surrounding self-injury.

Among suburban high schools in Chicago, Carlson et al. (2005) examined teachers' level of awareness and knowledge about self-cutting, as well as their confidence in

responding to students who engage in this behavior. The survey was put in the teachers' mail boxes, with an explicit explanation about the focus of the survey on self-cutting. The authors fail to report the response rate, though it seems probable that the teachers with experience or knowledge about self-injury would be more likely to participate. The majority of teachers (87.4%) understood self-injury as a maladaptive coping mechanism and more than half (59.3%) did not agree that self-cutting was a suicide attempt. At the same time, the majority of teachers perceived self-cutting as a form of attention-seeking (62.7%) and felt that it was not a serious concern (56.7%). Eighty-five percent of teachers participating thought that additional professional development in the area of NSSI would be beneficial. The majority of teachers (68.7%) had personal experience with a student who self-injured and a positive relationship was found between personal experience, knowledge, and confidence, although number of years of teaching experience was not associated with teachers' knowledge regarding NSSI or confidence in their ability to respond to it.

Finally, Heath et al. (2006) conducted a preliminary study examining the relationship between teachers' knowledge about NSSI and their attitudes toward the behavior. Participants were recruited through posters explicitly advertising a study of NSSI which were placed at local schools, as well as through graduate courses within a college of education. Fifty high school teachers completed a survey about NSSI among adolescents. The goal of this survey was to assess teachers' actual and perceived knowledge of NSSI, followed by their attitudes. Results suggested mixed findings for overall knowledge. Of the teachers interviewed, 66% were able to correctly identify the typical age of onset for NSSI (ages 11–15) and 77% identified the most common form of NSSI (cutting). However, the majority of teachers (78%) underestimated the prevalence of NSSI and only 20% felt knowledgeable about the behavior. Forty-six percent of teachers reported confidence in their ability to provide support to a student engaging in NSSI.

Similarly, results were mixed with regard to teachers' attitudes regarding NSSI. Forty-eight percent of teachers found the idea of adolescent skin cutting or burning horrifying, and 34% felt that NSSI is a symptom of a mental disorder. However, only 12% of teachers agreed that NSSI is a manipulative behavior, and 22% agreed that those who self-injure are "just trying to get attention." Increased age and teaching experience were associated with greater confidence but were not associated with the level of knowledge.

Examining teacher confidence, perceived knowledge, and attitudes is not a matter of investigating each concept in isolation; these are inter-related elements of a teacher's

overall perceptions. For example, research has shown that, in the context of instruction, teachers' personal attitudes can affect their level of self-confidence (e.g., Mumtaz 2000). In a review of teachers' beliefs and educational research, Pajares (1992) notes that attitudes greatly affect their overall belief system, which is inextricably intertwined with a teacher's knowledge; a teacher's belief or attitude may persevere based on incorrect knowledge, despite empirical evidence disproving the belief. Much of the research on these facets of teachers' perceptions is focused either on education as a broad topic or on instruction specifically. When applied to students' maladaptive coping strategies such as NSSI, research is limited, and it is therefore impossible to hypothesize what the precise relationships between these three aspects will be in such a unique context. Regardless, confidence, knowledge, and attitudes are clearly related concepts, and these relationships are important to explore in the context of teachers' perceptions of NSSI.

As the first study to examine directly the relationship between level of knowledge regarding NSSI and attitudes toward the behavior, this study represents a significant contribution to understanding teachers' perceptions of NSSI. However, there were several limitations to the study. First, as with previous research in the area, participants were self-selected, in that only those who responded to the posters explicitly advertising a study on self-injury were interviewed. Therefore, there could be a significant sample selection bias leading to overrepresentation of those who have particular experience or interest in the area of NSSI. In addition, a large proportion of participants were recruited via graduate-level education classes and, as such, it is probable that they were not representative of the general population of high school teachers. Further research is therefore needed examining teachers' perceptions of NSSI in a larger, more representative sample that is not as subject to selection bias.

### Research Objectives

The current study sought to examine perceptions of NSSI among high school teachers. The present study has three objectives. First, to examine teachers' responses to questions tapping (a) confidence in dealing with NSSI, (b) perceived knowledge about adolescent NSSI, (c) information about NSSI, and (d) attitudes toward this behavior. The second objective was to explore the inter-relationships between confidence, perceived knowledge, and attitude. The final objective was to determine whether confidence, perceived knowledge, and attitudes differ by certain teacher demographic variables (i.e., years of teaching experience, gender).

## Methods

### Participants

Participants were recruited at a teacher conference in Quebec, Canada. Attendance at this annual conference is mandatory for all high school teachers working in the province. The final sample consisted of 155 high school teachers (51 men, 104 women) who agreed to participate, between the ages of 21 and 67 years ( $M = 37.90$ ,  $SD = 11.90$ ). Years of teaching experience ranged from 1 to 39 years ( $M = 11.59$ ,  $SD = 10.84$ ), with 45.8% of teachers having fewer than 5 years of experience.

### Measure

The Teachers' Knowledge and Beliefs about Self-Injury (Heath et al. 2006) survey is a 21-item measure designed to tap teachers' confidence, knowledge, and attitudes regarding NSSI in adolescents. The measure contains a series of statements that were developed based on a thorough review of the literature. These statements assess (a) the level of confidence teachers feel regarding their ability to respond effectively to adolescents who self-injure; (b) perceived knowledge; (c) teachers' ability to identify key information about NSSI; and (d) their attitudes toward NSSI and the adolescents who engage in this behavior.

A slightly adapted version of the survey was used, excluding two questions that do not have clear evidence in the literature to support an agree/disagree response. Thus, the current measure included 19 items. Twelve questions employed a Likert scale, with participants indicating the extent to which they agree with each statement on a scale of 1–5. The additional seven questions were not analyzed for the purpose of the current study; this included five questions related to information about NSSI with multiple-choice response options, and two open-ended questions (see Heath et al. 2006 for published survey).

To assess basic internal consistency for the 12 Likert scale items that will be used in analyses, Cronbach's alpha scores were computed. The range of alpha levels indicated moderate to strong internal consistency across the two items that assessed confidence (.65), two items related to perceived knowledge (.79), five items that tapped information about NSSI (.40), and three items that assessed attitudes (.57). Due to the limited number of items to assess each of the constructs, as well as alpha scores that are not extremely strong (e.g., <.80), individual survey items were used in the analyses.

### Procedure

Teachers were asked to complete a survey regarding their experiences in schools and were offered a small monetary

incentive as compensation for their time. In order to avoid selection bias, NSSI was not presented as the overall focus of the survey. However, upon agreeing to complete the survey, participants were asked to provide written consent. The consent form fully disclosed the nature of the survey by referencing NSSI. Of the 157 teachers who expressed interest in completing the survey, only two participants subsequently refused upon discovering that the specific focus of the survey was on NSSI.

## Results

### Descriptives for Survey Questions

To investigate high school teachers' self-reported confidence, perceived knowledge, and attitudes regarding NSSI, percentages were calculated for teachers' responses to survey questions. Responses to the 12 Likert scale items are presented in Table 1, and the 6 multiple-choice items are described below. When asked to identify the most common methods of NSSI, 81% correctly identified cutting. When asked to identify the typical age of onset of NSSI, 76% of teachers correctly selected 11 to 15 years of age, while 21% of teachers indicated that they believed age of onset to be between 5 and 10 years. When asked to identify the prevalence rate for adolescent NSSI, 33% of teachers correctly identified it as 11–20%. Forty-five percent of teachers underestimated the prevalence of NSSI, indicating that it was less than 10%, while twenty-two percent of teachers believed it to be above 20%. The majority of teachers (69%) reported personally knowing someone who had self-injured. Of these teachers, 64.5% had encountered a student who self-injured, 25.2% had encountered a friend or family member, and 10.3% had encountered another individual who engaged in self-injury.

### Relationships Between Confidence, Perceived Knowledge, and Attitudes

To examine the inter-relationships between the self-reported confidence, perceived knowledge, and attitudes, bivariate Pearson correlation coefficients were calculated (see Table 2). This included 7 survey items, excluding the questions tapping information about NSSI as reported in Table 1. Comfort with talking to a student about NSSI was found to be associated with feeling knowledgeable and more positive attitudes. Interestingly, neither of the knowledge items was found to be related to attitudes related to NSSI.

**Table 1** Percentage distribution for the Teachers’ Knowledge and Beliefs about Self-Injury Survey (Likert scale response items)

Statement	M (SD)	Responses (%)				
		Strongly agree	Agree	Neutral	Disagree	Strongly disagree
<i>Confidence</i>						
I would feel comfortable if a student spoke to me about NSSI [r]	3.66 (1.18)	27	40	12	16	5
I feel confident that I would know how to respond [r]	3.14 (1.12)	11	32	21	32	5
<i>Perceived knowledge</i>						
I feel knowledgeable about NSSI [r]	2.82 (1.09)	5	27	23	36	10
I believe I would know how to identify NSSI behaviors [r]	3.21 (1.04)	8	41	20	28	3
<i>Information about NSSI</i>						
NSSI is a symptom of a mental disorder	2.82 (1.11)	10	36	22	26	6
Students who self-injure are almost always girls	3.21 (1.00)	3	28	21	43	6
Students who self-injure are usually suicidal	3.51 (.82)	1	12	25	57	5
Students who self-injure often have eating disorders [r]	2.88 (.79)	1	21	42	35	1
I feel that NSSI is on the increase [r]	3.68 (.68)	9	53	34	3	0
<i>Attitudes</i>						
I find the area of cutting or burning the skin horrifying	2.52 (1.08)	14	46	18	17	5
Students who self-injure are just trying to get attention	3.42 (1.22)	5	25	13	36	21
Students who self-injure are doing it to manipulate others	3.66 (1.03)	1	17	16	46	20

Note: Means and standard deviations (parentheses) presented for all Likert scale response items. Low score (1) indicates strong agreement with the statement, whereas high score (5) indicates strong disagreement. Items marked with [r] are reverse-scored

**Table 2** Correlations between items assessing confidence, perceived knowledge, and attitudes

Variables	1	2	3	4	5	6	7
1. I would feel comfortable if a student spoke to me about NSSI	–						
2. I feel confident that I would know how to respond	.478**	–					
3. I feel knowledgeable about NSSI	.513**	.676**	–				
4. I believe I would know how to identify NSSI behaviors	.390**	.554**	.650**	–			
5. I find the idea of cutting or burning the skin horrifying	–.307**	–.070	.137	–.131	–		
6. Students who self-injure are just trying to get attention	–.103	.013	–.086	.050	.283**	–	
7. Students who self-injure are doing it to manipulate others	–.007	.072	.068	.021	.209**	.432**	–

\*  $p < .05$ ; \*\*  $p < .01$

Teacher Demographic Variables Related to Perceptions

To investigate the relationship with teaching experience, bivariate Pearson correlations were run between years of experience and the seven survey items tapping confidence, perceived knowledge, and attitudes. Interestingly, years of teaching experience was only significantly related to the statement that individuals who engage in NSSI are trying to manipulate others,  $r = -.200$ ,  $p = .013$ , indicating that teachers with more years of experience were more likely to agree with this statement.

Analysis of variance (ANOVA) was employed to examine possible gender differences in responses to several of the statements related to *confidence* (“I would feel comfortable if a student spoke to me about NSSI” and

“I feel confident that I would know how to respond”), *perceived knowledge* (“I feel knowledgeable about NSSI” and “I believe I would know how to identify NSSI behaviors”), and *attitude* (“I find the idea of cutting or burning the skin horrifying,” “Students who self-injure are just trying to get attention,” and “Students who self-injure are doing it to manipulate others”).

Upon examination of self-reported confidence and perceived knowledge, no gender differences were found. However, a significant difference was found on two of the three questions that tapped attitudes toward NSSI. Male teachers were more likely to agree with statements that individuals who self-injure are just trying to get attention ( $M = 2.90$ ,  $SD = 1.12$ ) than female teachers ( $M = 3.67$ ,  $SD = 1.19$ ),  $F(1, 153) = 15.01$ ,  $p = .00$ ,  $d = .67$ . They

also agreed with the statement that individuals who self-injure are manipulative ( $M = 3.31$ ,  $SD = 1.14$ ) more often than female teachers ( $M = 3.83$ ,  $SD = .93$ , respectively),  $F(1,153) = 8.96$ ,  $p = .003$ ,  $d = .50$ . However, in an initial examination of demographic differences between women and men in the sample, a  $t$ -test revealed a significant age difference between men and women ( $M = 41.04$  years,  $SD = 13.01$ ;  $M = 36.34$ ,  $SD = 11.05$ , respectively),  $t(152) = 2.21$ ,  $p = .03$ ,  $d = .39$ . Thus, analysis of covariance (ANCOVA) was used in order to ascertain whether the gender difference found on the two attitude questions was a function of the age differences. With age as a covariate, the gender difference remained intact with men showing more negative attitudes than women in their perceptions that individuals who engage in NSSI are attention-seeking,  $F(1, 152) = 7.63$ ,  $p = .001$ ,  $\eta p^2 = .09$ , and manipulative,  $F(1, 152) = 8.53$ ,  $p = .000$ ,  $\eta p^2 = .10$ .

## Discussion

A school professional's attitude toward NSSI may influence whether or not an adolescent feels comfortable seeking help for their self-injury and can have a significant impact on the professional's response to an adolescent who admits engaging in this behavior. In many cases, teachers will be the initial point of contact for youth who self-injure. The present study was the first to survey a sample of high school teachers without selection bias (i.e., recruiting participants for a study on self-injury), regarding their confidence, perceived knowledge, and attitudes in the area of NSSI.

Interestingly, although teachers expressed a willingness to be approached by students who self-injure, less than half of the teachers felt they would know how to respond in that instance and less than one-third felt knowledgeable about NSSI. These findings are consistent with previous studies (Best 2006; Heath et al. 2006) in demonstrating that, while most teachers are willing to be approached by a student who engages in NSSI, they do not perceive themselves as knowledgeable about NSSI. Other research has found that a perceived lack of knowledge by teachers is associated with teachers reporting a need for further training in this area (e.g., Best 2006; Heath et al. 2006). Even in the sample of teachers surveyed by Carlson et al. (2005), who largely minimized NSSI as not being a serious concern, the overwhelming majority expressed a need for further training in the area. However, in these previous studies, it was believed that the results may have reflected the interest of the participants who self-selected to engage in a survey openly focusing on NSSI. The current study offers more broadly persuasive evidence that NSSI training for high school teachers is warranted.

Despite their self-perception of poor knowledge in the area, the majority of teachers in the current study demonstrated fairly good knowledge regarding basic facts about NSSI. Teachers were generally accurate about the age of onset and most common method of NSSI. They largely rejected the notion that self-injury is suicidal in nature and the perception that it occurs "almost always in girls." It is possible that some of this knowledge may be gleaned from media information about NSSI. However, the fact that teachers rejected the common media myth that NSSI occurs predominantly among girls suggests that teachers may instead be drawing on personal experience. Only recently has research begun to reveal that in the community and school samples NSSI occurs in boys as well as girls (e.g., Heath et al. 2008; Laye-Gindhu and Schonert-Reichl 2005). On the other hand, as in previous studies, the majority of teachers underestimated the prevalence of NSSI. Thus, there is a discrepancy between teachers' accurate gender knowledge and inaccurate prevalence information. This may be a result of knowledge gained through personal encounters regarding lack of gender differences, while an awareness of prevalence would require a broader exposure to all students who self-injure. For example, if a teacher learns of the NSSI behavior of five students over 2 years and two of those students are male, this would contradict the gender myth. Teachers' estimates of prevalence could only be accurate if the individual teacher was made aware of every student who engages in NSSI. Although teachers demonstrated more knowledge regarding basic facts of NSSI than expected, it is possible that in a written survey, teachers are able to provide educated guesses about some aspects of NSSI (e.g., gender differences), which may not be an indication of their overall knowledge of the behavior. In summary, with less than one-third of teachers reporting that they feel knowledgeable about NSSI, there is a clear indication that further training in this area would be helpful.

In assessing attitudinal indices, the current study replicated earlier findings (Best 2006; Heath et al. 2006), with the majority of teachers finding the idea of NSSI horrifying. However, in striking contrast to Carlson et al. (2005) study, 57% disagreed that NSSI was "just to get attention" and 46% felt it was a sign of a mental disorder. Thus, the teachers in the present study clearly saw NSSI as a serious concern and not just an attention-seeking behavior, while also acknowledging that this behavior is on the rise.

In examining the correlations between confidence, perceived knowledge, and attitude items, it became apparent that confidence and perceived knowledge were strongly related to each other. Furthermore, not surprisingly, finding the behavior "horrifying" was significantly negatively related to being comfortable with dealing with a student engaging in the behavior. This finding further emphasizes

the need to reduce the discomfort teachers feel regarding NSSI in order to ensure that teachers will be available as initial contacts for students who need to approach them concerning their NSSI. Unexpectedly, feeling knowledgeable about the behavior was not related to a more positive attitude to the behavior. In the current study, those teachers who felt they were more knowledgeable did not demonstrate more positive attitudes. This may be a result of teachers' inaccurate perceptions of their own level of knowledge or perhaps due to the use of only three items (horrifying, attention-seeking, and manipulative) to measure teachers' attitudes toward NSSI.

Certain patterns were revealed through examination of teacher variables related to responses to confidence, perceived knowledge, or attitude items. Previous studies of health professionals' attitudes have indicated that more experience may result in more negative attitudes toward NSSI (McAllister et al. 2002), which the current study replicated in teachers. A significant relationship was found between more teaching experience and a tendency to agree that individuals who self-injure are doing it to "manipulate" other people. Whether this effect is due to age or experience is impossible to determine. One possible explanation could be that, as teachers continue to be exposed to NSSI occurring in their schools, they begin to feel increasingly ineffective in their ability to help these youth and may begin to react with a less tolerant or understanding attitude to the behavior.

Of particular interest were the differences in attitude as a function of gender, even when age was controlled. Specifically, male teachers were significantly more likely to agree that NSSI was attention-seeking and manipulative than female teachers regardless of age. This suggests that future training and information should explicitly challenge this belief on the part of male teachers.

### Limitations

Certain limitations of the current study should be noted. First, the questions on the survey that were felt to reflect "attitudes" (i.e., horrifying, attention-seeking, manipulative) were chosen by the researchers as being representative of negative attitudes expressed in previous studies. However, to extrapolate from these questions to an overall "negative attitude" may be unwarranted. Further research is needed to explore the prevalence of a broader range of negative attitudes and their relationship to knowledge about NSSI. In addition, the conceptual constructs of confidence, perceived knowledge, and attitudes were assessed with a limited number of survey items. Future research is necessary to explore a broader range of items that tap these constructs and develop a measure of teachers' perceptions with strong psychometric properties.

Second, while the present study provides important preliminary quantitative data indicating initial directions for training of teachers in the area, future studies are needed to complement this information with more in-depth qualitative data on types of training and support requested. Finally, although the conference where the sample was obtained is mandatory for all teachers in Quebec, it is unknown whether the participants comprise a sample of teachers who serve a truly representative cross-section of students based on ethnicity, socioeconomic status, and other demographic factors. Future research would benefit from consideration of these variables.

### Implications for School Mental Health Professionals

School mental health professionals (e.g., psychologists, counselors, social workers) are often the professionals responsible for managing and responding to NSSI in the schools. Specific implications for these professionals that can be drawn from the present study focus on the need to provide appropriate training for teachers, in particular teachers or staff who are in open communication with students. In the area of suicide prevention, there are training programs that work with all school staff to improve knowledge and perception of their own efficacy (or confidence) in dealing with suicide risk identification (Aseltine and DeMartino 2004; Kalafat 2003; Quinnett 1995). However, recent research in the area has found that while universal training of all staff significantly improves knowledge and confidence, it is not sufficient to improve suicide identification. Rather, consistent with the authors' communication model, it was found that in addition to improving knowledge and confidence, the individual staff member must already be actively communicating with students concerning sensitive issues (Wyman et al. 2008). Thus, with limited resources available in our schools, training should target staff members who already engage in this type of student–staff interaction.

School mental health professionals are called upon to be the providers of such training. However, as the research base on NSSI among adolescents in community samples has only begun to emerge and is ever-growing, many school mental health professionals are themselves lacking information, resources, and training related to this behavior. Indeed, a recent study of school psychologists' perceptions of self-injury (Jones et al. 2009) found that they felt the need for training in this area. In recognition of this potential hurdle for school mental health professionals in providing the recommended services, Fig. 1 outlines recommended resources for understanding self-injury in the schools.

In summary, the current study provides important evidence regarding teachers' perceptions of the increasing rate

**Fig. 1** Essential readings and resources for school professionals

<b>NON-SUICIDAL SELF-INJURY IN THE SCHOOLS</b>
<p><b><u>Books for Practitioners</u></b></p> <p>D’Onofrio, A. A. (2007). <i>Adolescent self-injury: A comprehensive guide for counselors and health care professionals</i>. New York, NY: Springer Publishing Inc.</p> <p>Gratz, K. L., &amp; Chapman, A. L. (2009). <i>Freedom from self-harm: Overcoming self-injury with skills from DBT and other treatments</i>. Oakland, CA: New Harbinger Publications, Inc.</p> <p>Nixon, M. K., &amp; Heath, N. L. (2009). <i>Self-injury in youth: The essential guide to assessment and intervention</i>. New York, NY: Routledge Press.</p> <p>Walsh, B. (2006). <i>Treating self-injury: A practical guide</i>. New York, NY: Guilford Press.</p>
<p><b><u>Books for Parents</u></b></p> <p>McVey-Noble, M. E., Khemlani-Patel, S., &amp; Neziroglu, F. (2006). <i>When your child is cutting: A parent’s guide to helping children overcome self-injury</i>. Oakland, CA: New Harbinger Publications, Inc.</p>
<p><b><u>Websites</u></b></p> <p><i>Life SIGNS: Self-Injury Guidance and Network Support</i>  <a href="http://www.lifesigns.org.uk">www.lifesigns.org.uk</a></p> <p><i>S.A.F.E. Alternatives</i>  <a href="http://www.selfinjury.com">www.selfinjury.com</a></p>
<p><b><u>Factsheets</u></b></p> <p>The <i>Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults</i> has developed a variety of factsheets, designed to synthesize existing information and fill-in some of the informational gaps related to non-suicidal self-injury. These factsheets focus on multiple topics and are being made accessible in several languages through collaboration with the <i>Heath Research Team</i> at McGill University. [Available online at: <a href="http://www.crpsib.com">www.crpsib.com</a> or <a href="http://www.education.mcgill.ca/heathresearchteam/">www.education.mcgill.ca/heathresearchteam/</a>]</p>

of NSSI in our schools and their perception of little knowledge concerning the behavior. Teachers view NSSI as a growing problem. The results of this study show that teachers are beginning to feel comfortable about the idea of students approaching them about NSSI but that the majority of teachers do not feel confident that they would know how to react. These results highlight the need for information and support for teachers in the area of NSSI.

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