

# Self-Injury Screening Quick Reference

*Beyond Surface: Asking About Coping Mechanisms*

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**March 1 is Self-Injury Awareness Day.** Many clients with substance use disorders also engage in non-suicidal self-injury (NSSI) as a coping mechanism. If you're only screening for suicidality and substance use, you may be missing a critical piece of the picture.

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

**NSSI is:** Deliberate, self-inflicted harm without intent to die

**Common forms:** Cutting, burning, hitting, scratching, interfering with wound healing

**Function:** Often serves as emotion regulation—relief from overwhelming feelings, self-punishment, feeling 'something' when numb, or communicating distress

**Key distinction:** NSSI is not the same as a suicide attempt, but it is a risk factor for future suicidal behavior. Both require attention.

## Signs That May Indicate Self-Injury

- Unexplained cuts, burns, or bruises—especially in patterns or on arms, thighs, stomach
- Wearing long sleeves or pants in warm weather
- Frequent 'accidents' or vague explanations for injuries
- Isolation or withdrawal, especially after emotional events
- Possession of sharp objects without clear purpose
- Statements about feeling numb, empty, or needing to 'feel something'
- History of trauma, especially childhood abuse or neglect

## How to Ask

*Asking directly does not increase risk—it opens the door. Use a calm, non-judgmental tone.*

### Opening questions:

- *'When things get really overwhelming, how do you cope?'*
- *'Some people hurt themselves as a way to deal with big feelings. Is that something you've ever done?'*
- *'Have you ever done anything to hurt yourself on purpose—not to end your life, but to manage pain or stress?'*

### If they disclose:

- Stay calm. Don't react with shock or judgment.
- Thank them for trusting you: *'I'm glad you told me.'*
- Ask about function: *'What does it do for you?'*
- Ask about frequency and recency: *'When was the last time? How often?'*
- Assess for suicidal ideation separately—they're related but distinct.

## Response & Next Steps

- Document what the client shared, including frequency, method, and function
- Collaborate on a safety plan that includes alternative coping strategies
- Identify triggers and warning signs together
- Consider referral to a therapist specializing in DBT or trauma if available
- If there's concurrent suicidal ideation, escalate per your agency's protocol
- Follow up—don't let it become a one-time conversation that's never revisited

**Remember:** Self-injury is a coping mechanism, not a character flaw. Approach it with the same curiosity and compassion you'd bring to substance use. The goal isn't just to stop the behavior—it's to understand what it's solving and help them find safer alternatives.