



Understanding and Responding to Self-Harm Behaviours Exhibited by Children: Guide for Caregivers in Prerana's Child Care Services



Numerous research studies and reports have extensively addressed the concerning prevalence of self-harm among children in India. This issue becomes even more distressing for those children who have experienced institutionalization, as their trauma and life experiences are often exacerbated. At Prerana, we firmly advocate for the normalization and mainstreaming of discussions surrounding self-harm, recognizing that this is essential for the development of effective strategies and solutions. In pursuit of this objective, we have developed a guide aimed at enhancing our understanding of and responses to self-harming behaviours exhibited by children.



About self-harm

People facing acutely stressful or painful emotions try to get control over these emotions or get relief from these emotions by coping in a variety of ways. One of the ways is by injuring themselves with no intention to kill oneself. For some people, injuring themselves is a way of healing from the impact of the painful emotions and experiences. For some other individuals, it is a way of expressing hopelessness while for some others, it is a way to feel some emotions instead of experiencing an emotional numbness or vacuum. This behaviour is commonly referred to as ‘Self-Harm’ or ‘Self-Mutilation’ or ‘Self-Injury’.



Some medical experts refer to cutting and other forms of self-harm as ‘Non-Suicidal Self-Injury’ (NSSI). Some others call it ‘Deliberate Self Harm’ (DSH). This document is Prerana’s attempt to discuss self-harming behaviour among children and how to respond to them same as caregivers – Self-harm can be generally considered as a sign that a person is in deep distress.

In a Child Care Institution (CCI) set-up, it will be unreasonable to conclude that a child is contemplating suicidal ideation just because a child has started engaging in self-harm. However, newer studies show that when Non-Suicidal Self Injury goes on for a long period, a child faces higher risks for suicidal thinking and actions. It is important that care-givers in CCIs should take immediate steps when a child is seen self-harming. Such behaviour should not be explained away or undermined that it is just some kind of attention seeking behaviour.

Self -harm: What signs to look out for

Self-harm happens in different ways, some ways are more obvious and serious than others. Children who are self-harming might:

- cut, scratch, carve, brand or mark themselves
- pick at scabs so they don’t heal
- pull their own hair
- burn or graze themselves
- bite, bruise or hit themselves
- hit parts of their bodies on something hard
- poison themselves
- jump from a building floor or high places

The above given points are not an exhaustive list. In some cases, children may only engage in self-harm one time, but those who continue engaging in Non-Suicidal Self Injury / Deliberate Self Harm often hurt themselves in more than one way.



As a Superintendent or a Social worker of a CCI, how can I tell the difference between Non-Suicidal Self Injury and suicidal behaviour?

Discuss the case with your in-house counsellor and share all details that you have observed and all that the child has shared with you. Reach out to your nearest Psychiatrist or Paediatrician. They will not only assist you in comprehending the situation and how to appropriately respond to it but will also provide support to the child.



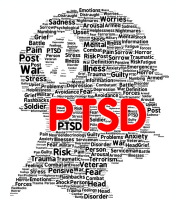
What ages are at the highest risk for engaging in self-harm?

Self-harm behaviours are most common among teenagers/adolescents. Fortunately, most youth who repeatedly self-harm themselves stop after their teenage years. They all need external help and support during the time they are indulging in self-harm.



Is Non-Suicidal Self Injury / Deliberate Self Harm a sign of any existing mental health illness?

Children who experience depression, anxiety, Attention Deficit Hyperactivity Disorder (ADHD), Post-Traumatic Stress Disorder (PTSD), eating disorders, substance use disorders, personality disorders and other mental health conditions are at a higher risk of engaging in self-harm. Looking for and treating both the mental health condition and the self-injury is important.



Steps to be taken by Superintendent, Social worker, and Child Welfare officer of the CCIs:

- Ensure the child who has indulged in self-harm is attended to, immediately.
- Assess the wound, provide First Aid for any cuts or injuries in a calm way without making a fuss. Get professional medical attention for anything that looks serious. This can show the child that their body is important and that you (the organization) cares for them.
- Do not blame the child.
- Do not start giving advice.
- Do not react with anger or threats. Saying that what the child is doing is just to seek attention will not help anyone. Most self-harm isn't about getting attention.
- Do not brush it off as an act/ behaviour of attention seeking or don't let the child think that that you think she is seeking attention.
- Do not pass remarks to the child things such as: "You are so lucky that you are in such a good shelter, where you are getting everything, then why indulge in such behaviour which puts us in trouble and gets you hurt."
- Have a conversation with the child. Don't be afraid to ask the child if they're engaging in Non-Suicidal Self Injury. Take a non-judgmental position, listen more than you speak. Tell the child that you care about them and want them to be always healthy and safe.



- Children might give a strong reaction when you start having a conversation with them. Do not counter-react. The child might be upset with their behaviour and may be in denial as well. Do not say “Tell me the truth.” Let the child calm down first. Communicate to the child that you care for them and that you are there for them.
- When the child calms down tell the child that you are concerned about the child and therefore will be discussing the same with the counsellor, the doctor and the CWC, and ask them if they have any suggestions to this.
- Some children may not speak at all. It is not uncommon for children to be ‘zoned out’, freeze or be unresponsive after the incident.
- Inform the CWC and seek their advice.
- Inform the parent of the child (if the child has a parent or guardian). Ensure you have taken the child into confidence and discussed that you will be informing the parents/guardian. Ensure that the parent does not panic.
- If the child is already meeting the in-house counsellor, inform the counsellor of the incidence.



Counselling

Counselling can help the child understand why they're self-harming, what triggers the self-harming episode and how to prevent or stop. It might include helping the child understand and manage strong emotions and learn more effective ways of managing and expressing strong thoughts and feelings.

Counselling is not a magical wand. You might not see a change in the child's behaviour overnight. Every child will respond differently to the counselling process. Remember every child's experiences and trauma are different and unique. There are different methods that a counsellor would use, such as Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Group or Family Therapy etc. Hence, it is significant that the child gets timely access to such professional services.



- Do not compare one counsellor with another.
- Do not compare children either.
- Avoid directing children to more than one counsellor at a time or change the child's counsellor without having discussed the same with the child. Sometimes the children themselves might want a break from a counsellor or might want a break from counselling sessions. Accept the same.
- When the child has recovered from the wound caused due to self-harm, assess the situation. Taking the child to meet the CWC may help. Discuss this with the CWC.
- If the self-harm was the child's response to bullying by other children or any staff of the CCI, this needs to be addressed immediately and must be eliminated in the long run as well. There should be a zero-tolerance policy for bullying in the CCI.
- Every CCI should have regular sessions for staff and children on sensitive, empathetic communication.



Care for Care givers

- When you find that the child (children) in your CCI are /is self-harming, it is only natural for you to feel scared, afraid, guilty, shocked, panicked or even angry.
- It can be hard to understand what's going on and why – and especially when children are not willing to talk about their feelings or share their thoughts.
- Do not blame yourself.



- As a care giver by staying calm, being respectful and reassuring, by not judging or reacting negatively, and by listening to the child empathetically you might get insight into the child's thoughts, feelings and behaviour and ideas about how to help. This may happen over a period of time.
- Care givers must not shy away from discussing their feelings with the counsellor and seek help from them for oneself.
- Care givers must take care of themselves, especially their physical and emotional wellbeing. This will help them stay calm and consistent when things get tough, which is good for your child too.
- Child Care Institutions – All members of the management, Person-in Charge/ Superintendent, Child Welfare officer, Case worker /Probation officer should read and follow the procedures as mentioned the Maharashtra Juvenile Justice rules of 2018.

Reference

- <https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/when-children-and-teens-self-harm.aspx>
- <https://raisingchildren.net.au/teens/mental-health-physical-health/mental-health-disorders-concerns/self-harm>

This Guide was updated in September 2023.

www.fighttrafficking.org

*Your trusted knowledge partner in the fight against
human trafficking*

Published in July 2023

Our mailing address is:
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