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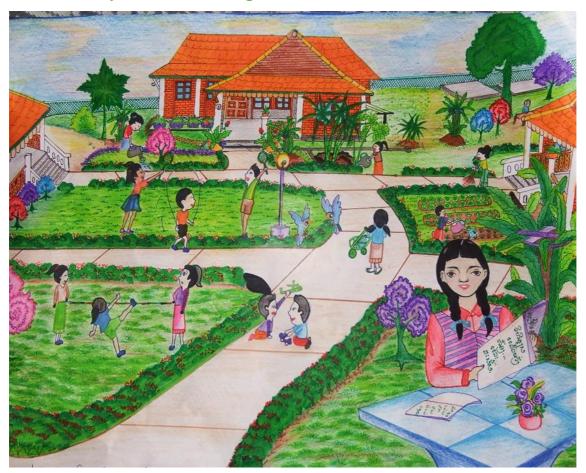
"HOW-TO" GUIDE

DIFFERENTIATING BETWEEN CHILD-TO-CHILD NORMAL, PROBLEMATIC, AND ABUSIVE BEHAVIOURS

February 2020 – Working Document

This document is a working document and will be regularly updated based on lessons learned collected by member associations in their work with children and young people. We therefore encourage all users of this document to share their lessons learned, comments and questions related to the topic of child-to-child boundary violations with the Child Care and Safeguarding Team via the email address childsafeguarding@sos-kd.org.

KEY USERS

Non-binding user guide supporting all SOS Children's Villages member associations

RESPONSIBLE FOR CONTENT

Function:	Child Care and Safeguarding Team, International Competence Centre Programme and Strategy
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RELATED DOCUMENTS

SOS Child Protection Policy

Working together to protect children. Roles and responsibilities of the GSC in the reporting and responding process

Child safety is everybody's business. Child safeguarding reporting and responding procedures in member associations

Differentiating between Adult-to-Child Expected, Inappropriate and Abusive Behaviours

SOS Parent Profession User Guide. Strengthening SOS parents to ensure Quality SOS family care

CHANGE HISTORY

Version	Date	Changes

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Executive summary

The purpose of this document is to guide child and youth care professionals in assessing the differences between normal, problematic and abusive peer-to-peer behaviours so that we can respond in the most effective way possible. As an organisation, from a child safeguarding perspective, we have the responsibility to respond appropriately to these incidents.

1 Introduction

Children develop best in situations where they receive consistent and predictable care and physical and emotional safety. As children grow through different stages of development, they acquire new skills and abilities that enable them to survive and thrive in the world. In order to develop resilience and self-confidence, it is essential that children be treated with dignity by adults as well as by other children.

Experiences of abuse, neglect or toxic stress can have a life-long negative impact on a child's mental and physical development and health. Early exposure to toxic stress and adversity negatively affects neurodevelopment, which in turn affects the development of cognitive, social and emotional skills. Children with a history of abuse or neglect may therefore be more vulnerable to becoming repeat victims of harmful behaviour or even enacting those behaviours themselves.

Situations where boundary violations between children take place can be complex and child and youth care professionals often experience pressure to respond effectively. They should therefore be equipped and empowered to respond to such situations in a balanced, safe and caring manner, ensuring the best interests of every child involved.

1.1 What are boundary violations between children?

Boundary violations happen when one child behaves in a way that violates or compromises another child's sense of safety, privacy or dignity. This may include direct or indirect acts of aggression, inappropriate sexual behaviour and other harmful and disrespectful ways of treating another child. Boundary violations may be harmful or only potentially harmful, and they are used as an overarching term to describe two different categories of behaviours; problematic behaviour and abusive behaviour. These two categories are described in detail below. It is not only the behaviour in of itself that will determine whether the behaviour is normal, problematic or abusive, but also the context within which it occurs. Every situation should be assessed carefully and take into account various contextual factors. Boundary violations that occur between children can be physical, sexual or emotional. Some harmful behaviours can however be self-directed and may include non-suicidal self-injury and suicide.

All reported incidents of boundary violations are recorded[1]. Incidents of problematic behaviours are primarily responded to by an intervention of a child and youth care professional. The main aim of the intervention is to stop the behaviour and ensure that everyone's needs are addressed. Continuation of the problematic behaviours despite support intervention is considered abusive behaviour. In this regard, it is important to assess whether the problematic behaviour becomes a pattern.

For incidents of abusive behaviour, child safeguarding actions are followed to prevent (further) harm. Specific response actions are decided based on the full incident assessment. Depending on the nature of the reported incident and the national legislation, it may be required to report the incident to the relevant governmental authorities.

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[1] Recorded incidents of problematic and abusive behaviours are reported in the annual child safeguarding survey.

1.2 General risk factors

A number of risk factors in the individual child, family relationships or environment may combine to increase the risk of boundary violations taking place. The risk factors mentioned here do not form an exhaustive list and for each category of boundary violations (harmful behaviour), additional risk factors might be present.

Example risk factors

Individual risk factors	Family risk factors	Contextual dimension risk factors
• History of experiencing adversity and child rights violations such as exposure to abuse, neglect or violence • Social skills deficits • Emotional and behavioural difficulties • Lack of age-appropriate knowledge or confusion about personal identity and/or sexuality • Lack of age-appropriate knowledge related to hormonal changes during adolescence • Epigenetic risk factors (inherited risks that can be influenced by experiences and the environment)	• Incidents of maltreatment, violence or witness to familial violence • Family history of sexual or other abuse • Family dysfunction or disorganisation • Family adversity or poverty • Periods of stress and change • Family history of mental illness • Situations where children share sleeping quarters with adults and are exposed to adult sexual activity • Lack of support related to hormonal, physical and emotional changes during adolescence	• Peer pressure • Violent communities • Hyper-eroticised media • Contact with other children with behaviour difficulties • A culture in which women and children experience discrimination, are devalued or their basic rights are not protected • A culture in which the social and legal status results in LGBTQIA+ [2] people experiencing discrimination, are devalued or their basic rights are not protected

Other risk factors may include previous exposure to abuse and the use of alcohol or substances. Children who were previously sexually abused may be more vulnerable to repeated sexual abuse or exploitation and may even appear to be cooperative with an abuser in such instances in order to avoid physical harm. A child may also identify with the abuser in some way and therefore avoid reporting abuse. The use of alcohol or other substances may create additional risk by increasing impulsiveness and decreasing inhibition and judgement.

Children who may be perceived as "different" by other children are often targets of abusive behaviour. Such perceived "differences" can be due to intellectual or physical disabilities or even much more subtle or trivial differences, such as their gender identity or sexual orientation or even because they might wear glasses.

1.3 Signs of possible boundary violations

Since problematic and abusive behaviours do not always occur in plain sight, child and youth care professionals need to identify signs that may indicate a problem. There are many reasons children may not report such incidents, such as fear, shame, emotional blackmail or a lack of trust in adults. Children who were routinely exposed to harmful behaviour may even think that it is normal and therefore not see a reason to report it.

Children who are victims of sexual, physical or emotional abuse may display a combination of physical and behavioural indicators. However, any significant change in a child's mood, attitude or behaviour may indicate a problem and warrant closer attention.

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[2] LGBTQIA+ is defined as lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and more.

Physical indicators and behavioural indicators of abuse

Physical indicators of abuse	Behavioural indicators of abuse
• Lost or destroyed clothing or other property • Difficulty sleeping or nightmares • Somatic complaints such as headaches or stomach aches that do not have a medical cause • Explanations for injuries that are not satisfactory and do not fully explain the injury • Multiple or unexplained wounds or bruises in various stages of healing • Abdominal injuries • Bite marks • Injury, soreness, redness, swelling or itching around the genital area • Sexually transmitted infections • Pregnancy	• Low self-confidence • Social withdrawal or aggression • Deteriorating academic performance • Changes in appetite or weight • Over compliance – eagerness to please • Nightmares • Running away • Unexplained hyperactivity or sudden changes in behaviour • Anxiety, nervousness or fearfulness • Refusal to take off clothing (especially underwear) or wearing too much clothing • Changes in the child's behaviour regarding personal boundaries, such as avoiding all physical contact related to care, or alternatively, clinging to attachment figures • Use of alcohol or other substances • Regressive behaviour in that the child returns to functioning at an earlier level of development (e.g. bed-wetting after a period of not wetting the bed) • Seductive behaviour • Inappropriate sexual knowledge, play with self or others, or sexually explicit drawings or language • Self-harm behaviours such as cutting • Depression or suicidal thoughts or behaviours

2 Types of Behaviour

2.1 Normal and expected behaviours

Some behaviours are normal and expected for the age and development of the child and do not require intervention beyond everyday parenting and boundary setting. Young children discover their bodies through their senses as part of their normal development – this is driven by curiosity and exploration rather than sexual desire or feelings and these are natural, healthy and expected behaviours. As children grow older, they may engage in activities or games that explore the bodies of others. This is primarily about seeking knowledge and the experience of feelings of pleasure. With the onset of puberty and physical development and awareness of their bodies and sexuality, children may have a greater need for privacy about their bodies.

In these normal and expected interactions between children, there is no power imbalance between the children and the behaviour is usually motivated by curiosity (e.g. young children exploring their bodies) or feelings of mutual exchange or affection. The children involved experience positive feelings such as mutual affection or having fun and the behaviour occurs spontaneously and in open contexts of play and trust. There is usually no attempt made by one of the children to keep the behaviour a secret. The child who initiates the behaviour is not overly defensive about it and generally has a positive attitude towards talking about the experiences. The behaviour is age appropriate and may involve questions about reproduction, sexual games or exploration of the body and its sensations.

Natural, expected and healthy behaviours provide an opportunity for learning and preventing problems from arising. These behaviours may provide an opportunity to teach children about appropriate boundaries and behaviour and this should be done within the context of a caring and supportive relationship. It may include everyday aspects of care such as clarifying expectations about behaviour, setting healthy boundaries and educating children about safety and sexuality in an age-appropriate manner.

2.2 Problematic behaviours

Problematic behaviour requires that care professionals intervene to stop the behaviour and ensure that everyone's needs for safety and privacy are addressed. These behaviours may be self-focused and therefore only create risk for the young person engaging in the behaviour, e.g. compulsive masturbation, excessive interest in pornography or self-harm behaviours such as cutting. The behaviours may also be interpersonal in that they involve others as well as the person carrying out the behaviour. These behaviours are often planned and involve a lot of secrecy. While problematic behaviours may at times also involve an intention to do harm, e.g. a physical fight during an anger outburst, these are usually single events involving children where there is no power imbalance.

2.3 Abusive behaviours

Behaviour that is harmful and abusive will require additional professional support. These behaviours may be similar to non-abusive problematic behaviour, but they are distinguished as harmful and abusive because they include an intention to cause harm and there is a clear power imbalance between the children involved. The actions are initiated by a more dominant child towards a more vulnerable child. In some instances, the intent to harm may not be clearly distinguished, for example in the case of children with special mental health needs who do not fully understand or recognise the harmful nature of their behaviour. In these cases, it is important to carefully assess the nature of the incident and find an individualised response.

Various factors can contribute to the creation of a power imbalance. Some of these may come from the person carrying out the actions, such as the use of threats or force. It may result from differences between the persons involved, such as an age difference, size or strength, sexual experience, intellectual capacity or social skills. The child who receives the behaviours may be particularly vulnerable as a result of factors such as a history of sexual abuse, a mental disability, an intense need for approval and affection or an altered state of consciousness (e.g. drugs or alcohol). The environment may also contribute to increase vulnerability, for example in sexist environments where power is assigned to males, the allocation of power roles (e.g. leadership) or imbalanced relational dynamics (e.g. coalitions, positions of authority, secrets, privileges or trans-generational family dynamics).

The child who is the target of abusive behaviours typically experiences discomfort, hurt or pain. The behaviours are non-consensual and while some children may express their discomfort, others might attempt to hide it. Both problematic and abusive behaviours are most often age inappropriate. The behaviours may also be persistent or happen once only.

Problematic and abusive behaviours

Problematic Behaviours	Abusive Behaviours
Consensual between acquaintances with no power imbalance	Non-consensual with power imbalance
Child who initiates the behaviour is motivated to seek comfort or approval or ease feelings of loneliness or sadness	Child who initiates the behaviour has intent to cause harm
Child who receives the behaviour may seek comfort or approval or ease feelings of loneliness or sadness	Child who receives the behaviour experiences pain, hurt and discomfort
Behaviour is not age inappropriate	Behaviour may or may not be appropriate for the age of the child who initiates
Typically involves a high degree of planning and secrecy	Behaviour may be spontaneous or planned and secret
Behaviours are persistent and resume even if stopped by an adult	Behaviours may be persistent or an isolated incident
The child who initiates the behaviour may display refusal, fear or distress when addressed	The child who initiates the behaviour may not view it as a problem and may downplay or deny it

3 Boundary Violations

3.1 Physical boundary violations

Physical boundary violations involve the non-accidental physical injury of a child. These behaviours range between normal, problematic or abusive in nature. Although normal and problematic behaviours may still be potentially harmful, they do not contain the element of deliberate victimisation that is found with abusive behaviours.

Differentiating between normal, problematic and abusive physical behaviours

	Developmentally normal and expected	Problematic behaviours	Abusive behaviours
Features of normal, problematic or abusive behaviours.	• No recognisable or significant power imbalance. • Behaviour is appropriate or expected for the child's development level. • Conflict or aggression can usually be resolved without adult intervention. • When needed, adult intervention resolves the situation.	• No recognisable or significant power imbalance. • Behaviour is not age appropriate and when addressed behaviour may persist. • Behaviours may be harmful or potentially harmful.	• Recognisable and significant power imbalance. • Behaviour is intended to cause discomfort, hurt or pain. • Behaviour usually involves the violation of human rights and may even be illegal.
Examples	• *Occasional conflict, arguments, and disagreements that can usually be resolved without harm.* • *Accidentally bumping into someone*	• *Isolated acts of harassment, aggressive behaviour, intimidation or meanness* • *Fighting, including hitting*	• *Hitting/kicking/pinching* • *Spitting* • *Tripping/pushing* • *Taking or breaking someone's things* • *Making mean or rude hand gestures*

	• Young children fighting over the use of toys *• Sibling rivalry and jealousy*	*• Spitting* *• Tripping/pushing* *• Making mean or rude hand gestures* *• Hitting, pinching, biting, pushing and shoving* *• Taking things away from someone* *• Damaging someone's belongings* *• Stealing money* *• Threats and intimidation*	*• Taking things away from someone* *• Damaging someone's belongings* *• Stealing someone's money* *• Threats and intimidation* *• Intentionally and repeatedly hurting someone physically*

3.2   Sexual boundary violations

Sexual behaviours between children and adolescents may range between normal, problematic or abusive. Normal and healthy sexual behaviours are consensual encounters between children where there is a balance of power and the behaviours are expected for the level of development of the children. Problematic behaviours are no longer developmentally appropriate and may be potentially harmful, but are still consensual and without any significant imbalance of power. Sexually abusive behaviours are however non-consensual encounters where an imbalance of power exists that result in one of the children being victimised. The child (victim or perpetrator) may have a history of violations of rights, difficulties with emotional self-regulation, history of abandonment or an eroticised environment.

Differentiating between normal, problematic and abusive sexual behaviours

Normal and Healthy Sexual Behaviours	Problematic Sexual Behaviours	Abusive Sexual Behaviours
• Relationship is consensual, between two children who normally play together, or adolescents who know each other, where there is no power imbalance. • Positive feelings dominate the interaction for both children. • Motivation is usually associated with curiosity and pleasure, or for adolescents an exchange of affection. • Behaviour is expected for the age and may involve questions about reproduction, sexual games or exploration of the body and its sensations. • Behaviour occurs spontaneously and in open	• Relationship is consensual, but usually not between peers who know each other or interact much. Behaviour involves no power imbalance between those involved and no intention of harm. • Can be self-focused or interpersonal. With self-focused behaviours, risk of harm only involves the child engaging in the behaviour, while interpersonal behaviours also involve other people. • Motivation for both initiator and receiver may be associated with confusion or seeking comfort and proximity (e.g. to alleviate feelings of loneliness, anxiety or sadness).	• Non-reciprocal relationship in which there is a power imbalance between the children or adolescents and as a result, one person is non-consenting. Any form of non-consensual sexual behaviour constitutes sexual abuse. • Depending on the age, behaviour can be carried out against younger children or against peers, and in some instances against adults. • Behaviour is associated with aggression or a motivation to harm (e.g. involving feelings of anger, rage, resentment, domination, revenge, jealousy). Child receiving the behaviour expresses pain, hurt, distress or complaints during the practice, or fear

contexts of trust and play. For adolescents, there is a context of trust, responsibility and respecting privacy.	• Behaviour is not expected for the age of the children and may involve penetration, anal or oral sex, explicit comments or jokes, or sexual contact with animals or harmful objects. For adolescents it may involve the use of money or means of exchange, use of violence or use of hard-core pornography.	and avoidance of the initiator after the practice.
• Behaviour occurs spontaneously and stops when addressed by an adult. For adolescents, considering hormonal changes, it is expected that some non-abusive problematic sexual behaviour will occasionally arise.		• Behaviour can be expected for the age of the children or unexpected. The setting may be open, planned or secret.
• Initiator is usually accepting of his/her sexuality and has a positive attitude towards educational conversations regarding the behaviours. Adolescents are generally accepting of sexuality and have an understanding of the basic facts, developmental changes and sexual response.	• Behaviour suggests a high degree or planning and secrecy. For adolescents, behaviour does not consider privacy and may involve exhibitionism or spying occurring in an irresponsible manner (anywhere and anytime).	• Behaviour can be with contact (for example sexual rubbing, caressing or penetration) or without contact (for example exposing oneself naked for sexual purposes, spying in a sexual manner, verbal harassment of sexual nature, showing pornography or hassling someone over the internet).
• Level of knowledge is appropriate for the age in terms of reproduction, parts of the body and self-care.	• After the behaviour is stopped by an adult, the child resumes it almost immediately and with urgency. With adolescents, there may be increased secrecy.	• Behaviour can also be impulsive or planned. Impulsive actions are due to difficulties in self-control and without the use of sophisticated strategies. Planned actions involve the person planning (for example, planning to be alone with the victim or telling the victim not to tell anyone else).
• Initiator's interests and activities are diverse and not fixated on sexual interests. The initiating child, family or context do not represent abusive sexual behaviour risk conditions or a history of problematic sexual behaviour.	• Initiator shows refusal, fear or distress when the behaviour is discussed, even with close, trusted figures.	• Initiator may not view the behaviour as a problem (denial, playing down or refusing to discuss).
	• Level of sexual knowledge is not expected for the age of the children and may involve premature knowledge and familiarity with non-conventional sexual acts. Adolescents may have rigid perceptions (e.g. sexism or homophobia) or lack of expected knowledge.	• Level of sexual knowledge may involve premature adult knowledge or complete ignorance on the subject.
	• The children's interests and activities are not very diverse and sexual behaviour is a central focus for the children. Adolescents may be more isolated.	

3.3   Emotional boundary violations and bullying

Emotionally abusive behaviours interfere with a child's mental health and social development. This can refer to an isolated incident, such as a verbal insult, but most often includes repeated patterns of behaviour. When physical or sexual abusive behaviours take place, it is always accompanied by emotional boundary violations.

There are many similarities between emotionally abusive behaviour and certain types of bullying, for example verbal and social bullying. While bullying specifically involves repeated boundary violations, single incidents may still be emotionally harmful and may be considered to be problematic behaviours or emotionally abusive behaviours.

Bullying is intentional, unwanted, aggressive and repetitive behaviour among children or young people that involves a real or perceived power imbalance. It often involves the aggressor saying or doing something intentionally hurtful to others and keep doing it, with no sense of regret or remorse, even when the targets of the bullying behaviour show or express their hurt or tell the aggressors to stop. Direct bullying involves physical actions or direct verbal actions, while indirect bullying is conducted out of sight, such as excluding people, spreading rumours about them and hurting their reputation. Bullying may be physical, emotional or carried out via technology – commonly known as cyberbullying.

Single incidents of peer aggression that is developmentally normal or expected, whether physical or emotional, are more often thought of as "unkind, rude or mean" behaviours and while these may warrant correction of some kind, it is not bullying. The harm caused, even by isolated incidents, may still be significant and may therefore not always warrant being designated simply as "unkind, rude or mean". Single or isolated incidents can therefore also be defined as problematic or abusive behaviours if there is a power imbalance between the children involved. For example, a single incident of rape is not less severe because it is not repetitive and would be classified as abuse, not unkind, rude, mean or problematic.

Differentiating between emotionally problematic, and abusive behaviours and bullying

	Problematic behaviours	**Abusive behaviours (bullying)**
Definition	Single incidents of behaviour that are worrisome to adults may be completely normal given the developmental level of children and social context. Unkind, rude or mean behaviours may warrant some correction.	To be defined as bullying, the behaviour must involve: 1. Repeated actions or threats 2. Power imbalance 3. Intention to cause harm.
Verbal bullying	*For example, not liking someone and saying "I don't like you", is not bullying.* A single act of telling a joke about someone may be completely normal and harmless if both concerned find it humorous. If it causes one person to feel hurt, it may be mean and unkind. If it is not a deliberate pattern of making cruel jokes and a single incident, it is not bullying. An argument or heated disagreement is normal, but can also become rude and mean. If there is no power imbalance between the two children involved	When behaviours are repeated and intended to cause harm and there is a power imbalance, they qualify as verbal bullying, *for example*: • *Teasing* • *Name-calling* • *Inappropriate sexual comments* • *Taunting* • *Threatening to cause harm* • *Acting in an unpleasant way near or towards someone* • *Giving nasty looks, making rude gestures, calling names, being rude and impolite, and constantly teasing* • *Harassing someone based on their race, sex, religion, gender or disability*

	and it is a single incident, it is not bullying. Expression of unpleasant thoughts or feelings regarding others is often normal for children. Although it may be unpleasant to hear what someone thinks about you, in every communication there are disagreements and some form of judgment about each other's attitude and behaviour. If the behaviour is not repeated or intended to cause harm, it is not bullying. Teasing is not bullying as long as both children find it funny, it is not deliberately mean and not repetitive. Good-natured teasing is a normal behaviour for children. Most children are teased by friends and siblings in a playful, friendly or mutual way, where no one's feelings get hurt. Joking and teasing become bullying when there is intent to hurt another person. Teasing becomes bullying when children continuously make demeaning comments, engage in name calling, spread cruel rumours or make threats.	Normal arguments may turn into bullying if the bully finds a weakness in the other person, especially when this is on-going and deliberate. The bully may use the knowledge or trust they have gained to hurt the other person. When teasing becomes cruel, unkind and repetitive, it crosses the line into bullying. *Single incidents* of verbal aggression that involve a power imbalance between children, when the intention is to cause harm, may constitute as bullying. The behaviour may for example include content of a sexual or prejudicial nature. *For example:* *Even a single incident of hate speech or racial or sexual harassment can be very serious and may be regarded as bullying.*
Social bullying (sometimes referred to as relational bullying)	It is natural for people to gather around a group of friends and not to be friends with everyone. It is acceptable that when children have a party or play a game, they will include their friends and exclude others. Although unpleasant, it is not an act of bullying. Making other children play in a certain way is very natural, although sometimes unpleasant for some children, but it is not bullying.	When behaviours are repetitive and intended to cause harm and there is a power imbalance, they qualify as social bullying, *for example*: • *Leaving someone out on purpose* • *Telling other children not to be friends with someone* • *Spreading rumours about someone* • *Embarrassing someone in public* • *Making things up to get someone into trouble* • *Taking friends away from someone* *Single incidents* of social aggression that involve a power imbalance between children and where the intention is to cause harm, may constitute as bullying. *For example:* *Even a single incident of social aggression may be very serious, such as spreading a rumour that someone is HIV+ which may result*

		in that person losing social status and being humiliated
Physical bullying involves hurting a person's body or possessions	Accidentally bumping into someone is normal and happens in everyday life. When this happens without any bad intention, it is not bullying. Isolated acts of harassment, aggressive behaviour, intimidation or meanness is not bullying, as bullying is a repeated pattern of intended harm. If these happen with intent to cause harm and a power imbalance exists between the children involved, it may constitute as a problematic or abusive behaviour.	When behaviours are repetitive and intended to hurt or cause harm and there is a power imbalance, they qualify as physical bullying, for example: • *Hitting/kicking/pinching* • *Spitting* • *Tripping/pushing* • *Making mean or rude hand gestures* • *Taking things away from someone* • *Damaging someone's belongings* • *Stealing someone's money* • *Threats and intimidation* • *Intentionally and repeatedly hurting someone physically*
Cyberbullying (bullying that occurs through the use of information or communication technologies such instant messaging or chat, text messages, email and social networking sites or forums. It has many similarities with offline bullying, but can also be anonymous, reach a wide audience, and sent or uploaded material can be difficult to remove)	Not all negative interaction online or on social media can be attributed to cyberbullying and children can be mean and rude online, just as they can be offline without the behaviour being abusive. When the behaviours are not repeated and there is no intent to cause harm, they can be considered as mean, rude or unkind behaviours. Single incidents can however be emotionally abusive when they are intended to cause harm.	The intention of cyberbullying is to cause harm and the behaviours are repeated. Most people who cyberbully also bully off-line. Internet trolling is a form of cyberbullying that attempts to elicit a reaction or disruption, for someone's personal amusement. Cyberstalking uses electronic communications to stalk a victim and this may pose a credible risk to the victim. *Examples:* • *Keeping someone out of a group (online or offline)* • *Spreading rumours or lies, or misrepresenting someone (i.e. using their Facebook account to post messages as if it were them)* • *Making threats* • *Making sexual remarks* • *Hate speech*

4   Non-Suicidal Self-Injury and Suicide

Non-suicidal self-injury (NSSI), also known as self-injurious behaviour, is self-inflicted deliberate bodily harm or disfigurement without suicidal intent. It can include a wide array of behaviours such as cutting, scraping, burning, picking at the skin or banging one's head repeatedly. While NSSI does not necessarily involve thoughts of death, it increases the risk of suicidal behaviour and may be a predictor of suicidal behaviour. Suicidal behaviours are undertaken with the specific purpose of ending one's own life.

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Differentiating between non-suicidal self-injury and suicide behaviours

	NSSI	Suicide
Definition	Behaviours are intended to numb or relieve emotional pain, not to end one's life. It may provide momentary relief from emotional pain.	Suicide-related behaviours are undertaken to end the capacity to feel at all by ending one's life. Suicidal behaviours may consist of thoughts of suicide (ideation), intention to act on the thoughts and following a plan for suicide.
Psychological experience	Individuals experience psychological distress and engage in NSSI behaviours in order to lower distress. Some cognitive distortion and constriction of perception may take place.	Cognitive distortions and constriction of perception may include black-and-white thinking, generalisations, self-denigration and catastrophization.
Intent	The intent of NSSI is to feel better. The physical pain is often experienced as more manageable than the emotional pain.	The intent is to end feeling and life altogether. Not everyone who acts on suicidal thoughts wants to die, but they feel that they cannot continue to live with their pain anymore.
Method	Damage is caused to the surface of the body only and is not lethal. It can include: • Cutting (usually with a razor blade, knife or even scissors) • Scraping • Burning • Picking at the skin • Banging one's own head In some instances, NSSI behaviours may be chosen so as not to leave any physical signs. While these can seem minor or inconsequential, they may be signs that a child is attempting to deal with troubling emotions or struggling to regulate their emotions.	Methods are intended to end the person's life and can vary greatly in lethality. It can include: • Hanging • Jumping from a tall structure • Shooting oneself • Cutting of wrists • Taking a drug overdose, including prescription and over the counter medications
Lethality	NSSI are often carried out using methods designed to damage the body, but not to lethally injure the body badly enough to end life. At times, medical treatment may be required to treat injuries. Although unintentional death does occur with NSSI, it is uncommon.	Methods for suicide are always more potentially lethal than typical NSSI methods. A failed attempt does not indicate that the risk is reduced, in fact, with every attempt the risk of successfully completing a suicide increases significantly.
Risk factors can be situational external stressors, psychological conflict or	Some of the risk factors include: • History of trauma, abuse or chronic stress • High emotional perception and sensitivity	Some of the risk factors include: • History of trauma, abuse or chronic stress • Prior suicide attempt

physical pain. Usually it is a combination of risk factors.	• Few effective mechanisms for dealing with emotional stress and difficulties with emotion regulation • Feelings of isolation • History of and/or current alcohol or substance abuse • Presence of depression or anxiety • Feelings of worthlessness	• Repeating or failing a grade • Recent suicide or death of family member or friend • Sleep disturbance, depression or anxiety • Social isolation • Victim of bullying • Chronic illness • Non-suicidal self-injury • Overwhelming feelings of guilt or worthlessness
Indicators and predictors	Some of the warning signs of self-injurious behaviour include: • Scars, often in patterns • Often wearing long sleeves or long pants, even in warm weather to hide scars • Fresh cuts, scratches, bruises, bite marks or other wounds • Excessive rubbing of an area to create a burn • Keeping sharp objects on hand • Frequent reports of accidental injury • Difficulties in interpersonal relationships • Behavioural and emotional instability, impulsivity and unpredictability • Statements of helplessness, hopelessness or worthlessness	Some of the warning signs of suicide thoughts and risk include: • Direct talk about death and suicide, e.g. "I want to kill myself" • Indirect talk about death and suicide, e.g. "I feel like it is time to end things" or "I cannot go on anymore" • Communicating thoughts of suicide may also involve writing letters or poems or drawings • The presence of alcohol or drugs, depression or a psychological disorder drastically increases the risk of suicide • Feelings of hopelessness – that things can never get better • Feelings of guilt, shame, self-hatred or worthlessness • Dramatic mood swings or changes in personality • Loss of interest in normal activities and self-care • Social isolation and withdrawal

5   Differentiating between Problematic and Abusive Behaviours

Viewing incidents categorically as either problematic or abusive may be useful to help identify a protocol for response, but may also fall short of the complexity of such situations. Child development and behaviour is complex and may require a more flexible and responsive approach. Instead of only seeking a categorical classification, a dimensional approach can also be considered where incidents are seen on a continuum ranging from normal to problematic and abusive. This allows for recognition that at times, a clear distinction is not always easy and when situations are "in-between" the categories it may require an "in-between" response tailored to address the unique features of the situation.

6 Responding

6.1 Principles for responding (how we respond)

Trauma-informed care	A trauma-informed approach enables care professionals to respond in a way that promotes safety, prevent re-traumatisation and empower victims. Consistent and predictable care coupled with healthy connections and nurturing caregivers are essential. A trauma-informed team recognises the impact of trauma and works purposefully to provide safe environments and reduce exposure to trauma or re-traumatisation.
Self-reflection and self-care	Child and youth care professionals should always monitor their own reactions and emotions when witnessing or experiencing abusive behaviour among children so that they can respond in a fair and balanced way. Witnessing harmful behaviours or abuse can itself be traumatic or trigger memories of their own earlier trauma, and personal self-care and supportive supervision is essential to ensure the well-being of caregivers.
Developmental	Responding to incidents of boundary violations should take into consideration each child's level of cognitive, psychosocial and moral development as well as his or her unique learned coping mechanisms. A holistic understanding of the child as a person in dynamic interaction with the environment is important in order to understand the behaviour and needs of all the children involved.
Participative	Allowing children to participate in a developmentally appropriate manner is in line with a trauma-informed approach and allows them to exercise their rights to obtain appropriate information and to express an opinion that is taken into account. A participative approach is also more likely to be supportive to the children involved and will promote a quality care environment.
Organisational support	Managers should create an open atmosphere where co-workers are encouraged to openly address their challenges and where they can receive adequate support. The individual caregiver requires the professionalism and courage to pro-actively address their critical situations with their supervisor and/or team.
Individualised for best interest	Responding should be based on a comprehensive assessment and individualised based on the needs of the children involved. Each child and situation are unique and a rigid, standardised approach should be avoided.

6.2 Guidelines for responding (what we do to respond)

6.2.1 Provide opportunities for experiential learning

Child and youth care professionals and other adults working with children should be encouraged to create and make use of opportunities to engage honestly about their own challenges and learning experiences around these issues. There may already be existing processes that can be utilised such as weekly meetings for child and youth care professionals, but new opportunities can also be created. These everyday discussions which centre on care and relational practice can provide much needed peer support and opportunities to learn from own and others' experiences. Such a learning process can strengthen the quality of care provided and help prevent problems from arising by strengthening the capacity of child and youth care professionals and other adults working with children. In this way, policies focused on care can become daily, living practices.

6.2.2 Ensure the physical and emotional safety of everyone involved

- If a child and youth care professional or co-worker suspects that a child may be engaging in harmful behaviour or be a victim of such behaviour, the suspicion must always be taken seriously and shared with the team or programme director without delay.
- If a child and youth care professional or co-worker discovers harmful behaviours taking place, they must intervene to interrupt or stop the behaviours immediately. The nature of the behaviours will determine what other immediate actions may be needed, e.g. addressing safety concerns or providing medical attention.
- Immediate responses should address safety concerns for all the children involved and prevent further harmful behaviours from taking place. These initial measures should follow the principle of "least restrictive – most empowering" – it should provide the least restrictive environment possible and the most empowering environment possible.

6.2.3 Assess the situation in order to gain a full understanding

- An assessment by a social worker or multi-disciplinary team should provide a contextual understanding of the incident and should engage all of the parties involved, as well as the care setting and child and youth care professional. Proper intervention can only be planned after a comprehensive assessment is completed that provides a full understanding of the situation, including causes and contributing factors.

6.2.4 Provide care and support where needed

- Emotional and physical harm may already have occurred and the affected children should receive medical and psychosocial support depending on their needs. The possible impact of the situation on children or staff who may not have been directly involved should also be determined and if necessary, intervention should expand to include the SOS family or village and community.
- Situations where problematic behaviour has taken place can be addressed at a programme level with the involvement of a multi-disciplinary team, for example including the child and youth care professional, social worker, programme director and other professional co-workers. Importantly, the children affected should also participate in finding a solution and should not be relegated to the passive roles of "victim" and "abuser".
- Situations where boundary violations take place should follow the reporting and responding principles as outlined in the relevant policies. Depending on the region or country, mandatory reporting to government social services departments may be required.

6.2.5 Provide caregiver support where needed

- Child and youth care professionals and other adults involved should have access to specialised support and training to enable them to provide care and deal with the complexity of the situation.

6.2.6 Implement restorative interventions

- Restorative practices may help to provide healing and reconciliation in a way that actively involves the children as central role players who can be empowered through the process, e.g. family group conferencing or victim-offender mediation.
- Restorative justice or reconciliation may not be appropriate in every case and depending on the nature of the behaviours reported, reporting to the police or justice system may be required. Many countries provide youth justice services with an emphasis on diversion programmes and support, although the function of police is generally to deal with criminal behaviour and may not be a child-friendly response.
- While it is a natural reaction to empathise with the victim, care should be taken to ensure that the child who initiated the behaviour also continues to receive compassionate care. Most often, the children who engage in unsafe or abusive behaviours have themselves been victims of abuse and will likely not benefit from a punitive response or engagement in an adversarial justice system. The criminal justice system typically focuses on establishing guilt or innocence and meting out punishment for the guilty. Neither offenders nor victims

play an active role in the process and very little restoration takes place. In contrast, restorative justice processes seek to actively involve offenders, victims and communities in a process whereby each plays an active role in the process and the aim is to repair the harm done.

- Interventions and preventive measure should not punish the victim by restricting him or her; any initial restrictions should apply to the child who initiated the behaviour. For example, in situations where the child continues to be under threat of further harm and it becomes necessary to remove one of the children to ensure safety, the child who initiated the behaviour should be moved and not the child who was a victim of the behaviours. The interventions should focus on helping children overcome trauma through resilience building activities.
- In all actions and decisions taken, the best interest of the children should be a primary consideration.

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