

Understanding Self-Injurious Behaviour

** A guide for parents, teachers, and caregivers **

Self-injurious behaviour refers to actions that can cause injury to a person's own body. In autistic children, these may include head banging, hitting or biting themselves, scratching their skin, or repeatedly striking a part of their body.

These behaviours can be frightening for families and caregivers, particularly when a child cannot easily explain what they are experiencing.

Self-injury may occur for different reasons, and the same action may have different meanings for different children. It may be associated with physical discomfort, sensory experiences, emotional distress, communication difficulties, or a situation the child finds difficult to manage.

Our first task is to protect the child from injury while trying to understand what they may be experiencing.

1. Begin by Considering Pain and Physical Discomfort

A child who cannot readily describe pain may express discomfort through changes in movement, behaviour, sleep, or participation.

Head banging, for example, should not automatically be interpreted as a sensory-seeking behaviour. A child may be experiencing an earache, dental pain, headache, or another source of discomfort.

Constipation, reflux, skin irritation, illness, medication effects, and other medical concerns may also contribute to distress.

Pay particular attention when self-injury begins suddenly, becomes more frequent or severe, or occurs alongside changes in appetite, sleep, bowel habits, or general health.

Arrange a medical assessment when the cause is unclear, particularly when the behaviour is new or worsening. Do not wait for the child to demonstrate pain in a familiar or expected way.

2. Observe What Happens Before, During, and After

Careful observation can help identify circumstances associated with self-injury.

Consider:

- Where does the behaviour occur, and what is happening immediately beforehand?
- Is the child exposed to an uncomfortable sound, light, texture, or crowded environment?

- Does the behaviour occur during a transition, an unfamiliar activity, or a difficult interaction?
- Is the child trying to reach something, leave a situation, obtain help, or communicate discomfort?
- What happens immediately afterwards, and does the child's distress appear to change?

A brief record of these observations may reveal patterns.

However, a pattern does not necessarily establish the cause. For example, self-injury during a learning activity may be associated with pain, sensory discomfort, communication difficulties, or the demands of the activity itself.

The purpose of observation is to develop a better understanding of the child's experience, not to assign a meaning to the behaviour too quickly.

3. Respond to the Child's Immediate Needs

When self-injury occurs, remain as calm as possible and assess the child's immediate safety.

Reduce nearby hazards and, when feasible, move hard or sharp objects away from the child. Consider whether noise, crowding, physical discomfort, or the activity taking place may be contributing to distress.

Use familiar, simple communication and allow the child time to respond.

Avoid adding repeated verbal instructions or demands while the child is distressed. Do not assume that the child can process explanations or demonstrate a learned coping skill during an intense episode.

If physical intervention is needed to prevent imminent serious injury, it should follow an individualized safety plan developed with appropriately qualified professionals. Restrictive interventions must not be used as punishment or as a routine response to self-injury.

Once the child is safe, consider what support or change might help prevent a similar situation.

4. Develop Accessible Ways to Communicate

Self-injury may occur when a child has difficulty expressing an urgent need or making themselves understood.

Some children may benefit from learning accessible ways to communicate messages such as “help,” “stop,” “break,” “pain,” “too loud,” or “I don't want this.”

Communication may involve gestures, photographs, pictures, written words, signs, or an augmentative and alternative communication (AAC) device.

Begin with methods that are meaningful and accessible to the individual child.

A child should not have to injure themselves before an adult recognizes that they need assistance or want an activity to stop.

Respond consistently to the child's less intense signals of discomfort, refusal, or a request for help. This can help establish that their communication is recognized and respected.

5. Consider Sensory and Environmental Factors

Some children may experience distress in environments that others find comfortable.

Unexpected sounds, bright lighting, crowded spaces, uncomfortable clothing, or unwanted physical contact may contribute to sensory overload.

Other children may seek particular sensory experiences through movement, pressure, or repetitive actions.

Observe whether self-injury occurs alongside these experiences, but avoid assuming that all self-injurious behaviour serves a sensory purpose.

An occupational therapist familiar with the child's sensory needs may help identify environmental adjustments or safer activities that the child finds comfortable.

For example, access to a quieter space, a familiar movement activity, or a preferred object may support the child in some situations.

These strategies should be individualized and should not replace assessment for pain or other medical concerns.

6. Adapt Activities and Expectations

A child may become distressed when an activity is too difficult, unfamiliar, unpredictable, or uncomfortable.

Observe whether the child understands what is being asked and has an accessible way to participate.

Consider simplifying the activity, changing the materials, offering a choice, or allowing the child to take a break.

Visual information may help some children understand what will happen next, while others may need a different approach.

Do not insist that the child complete an activity before responding to signs of significant distress.

Learning is more likely to be meaningful when the child feels comfortable, understands the activity, and has opportunities to communicate their preferences.

7. Develop an Individualized Support and Safety Plan

When self-injury is persistent, severe, or difficult to understand, families and professionals may need to work together on an individualized plan.

The plan should identify known risks, possible contributing factors, early signs of distress, the child's communication methods, and strategies that have been helpful.

It should also explain how caregivers will respond during an episode, when medical assessment is needed, and how the child's safety will be maintained across home, school, and community settings.

A structured functional assessment may help identify the circumstances associated with self-injury and guide appropriate support. It should consider medical, sensory, communication, environmental, and learning factors rather than focusing on the behaviour alone.

Parents' observations are essential to this process. They often recognize subtle changes in the child's responses that may not be apparent during a brief professional assessment.

8. Know When to Seek Urgent Help

Seek urgent medical attention when:

- The child has a significant injury, uncontrolled bleeding, or suspected fracture.
- Head banging or another impact is followed by loss of consciousness, repeated vomiting, a seizure, unusual drowsiness, or a marked change in responsiveness.
- The behaviour is rapidly escalating and the child cannot be kept safe.
- There is concern about severe pain, acute illness, or another urgent medical condition.

Call 911 if there is an immediate threat to the child's life or safety. For persistent or worsening self-injury without an immediate emergency, arrange prompt assessment through the child's healthcare provider.

9. Support Parents and Caregivers

Repeated self-injury can be emotionally and physically exhausting for families, particularly when one caregiver provides most of the child's support.

Parents may feel frightened about the possibility of serious injury or uncertain about how to respond.

A coordinated support plan can reduce the burden of having to make difficult decisions during every episode.

Share relevant information with teachers, caregivers, and healthcare professionals so that everyone understands the child's needs and the agreed safety measures.

Where available, seek assistance from trusted family members, respite services, and professionals experienced in supporting children with complex needs.

Caregiver well-being is an important part of sustaining safe and consistent support for the child.

Final Thoughts

Self-injurious behaviour should never be viewed in isolation from the child's physical health, sensory experiences, communication abilities, and everyday environment.

A child who hits their head, bites themselves, or scratches their skin may be expressing discomfort or distress that they cannot communicate in another way. In other situations, the behaviour may have a different or less obvious cause.

Our responsibility is to protect the child, remain attentive to their responses, and investigate what may be contributing to the behaviour.

With careful observation, appropriate medical assessment, accessible communication, and individualized support, families and professionals can work towards reducing injury while improving the child's comfort and participation.

We begin not by asking how to stop the behaviour, but by asking what the child may be experiencing—and what needs to change to help them feel safe.