

Understanding Aggressive Behaviour

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

Aggressive behaviour can be distressing for autistic children, their families, and the people supporting them. It may include hitting, kicking, biting, pushing, throwing objects towards others, or threatening actions.

Some children may respond aggressively when they are frightened, overwhelmed, physically uncomfortable, or unable to make their needs understood. For others, the reasons may be less obvious.

Aggression is not an inevitable part of autism, and the same behaviour may have different causes in different children—or even in the same child at different times.

Our responsibility is to protect everyone involved while trying to understand what the child may be experiencing.

The starting point is not simply how to stop the behaviour. It is to ask what is happening for this child, in this situation, and what support may be needed.

1. Begin by Considering Pain and Physical Discomfort

A child who cannot easily explain pain may show distress through changes in behaviour.

Dental pain, ear infections, constipation, reflux, headaches, poor sleep, illness, or medication-related discomfort may contribute to sudden or escalating aggression.

Observe whether the behaviour is accompanied by changes in eating, sleeping, toileting, movement, or participation in familiar activities.

If aggression begins unexpectedly, becomes significantly more frequent, or is accompanied by signs of illness or discomfort, arrange a medical assessment.

Do not assume that a behaviour has a psychological or sensory cause before considering the child's physical health.

2. Observe What Happens Around the Behaviour

Careful observation can help identify situations in which the child becomes distressed.

Consider what happens immediately before, during, and after an episode.

Does the behaviour occur when a preferred activity ends, an unfamiliar person approaches, or a particular sound begins?

Does the child appear to be trying to move away, obtain help, reach a familiar object, or communicate that something is uncomfortable?

What changes after the episode? Does the child become calmer when the noise stops, the activity changes, or an adult moves farther away?

Record these observations without drawing conclusions too quickly.

For example, if a child hits someone during a learning activity, it does not necessarily mean they are trying to avoid learning. The task may be confusing, the environment uncomfortable, or the child may be experiencing pain or difficulty communicating.

A pattern can guide our questions, but it does not tell us the child's experience on its own.

3. Respond Safely During an Episode

When aggression occurs, the immediate priority is to protect the child and others from injury.

Remain as calm as possible. Reduce unnecessary talking, move other children to safety if needed, and remove nearby objects that could cause injury when it is safe to do so.

Give the child physical space where possible. Avoid crowding, arguing, making repeated demands, or insisting on an explanation while they are distressed.

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

If a particular activity or sensory experience appears to be contributing to the distress, consider whether it can be paused or changed safely.

Physical restraint should not be a routine response to aggression or used as punishment. Any emergency physical intervention must be governed by appropriate training, legal requirements, and an individualized safety plan.

Once everyone is safe, allow time for recovery before attempting to discuss or revisit the situation.

4. Make Communication More Accessible

Some children may have difficulty expressing an urgent need, refusing an activity, or asking another person to move away.

Explore communication methods that allow the child to express messages such as “stop,” “help,” “break,” “pain,” “too loud,” or “I need space.”

Depending on the child's abilities, these may include gestures, photographs, pictures, written words, signs, or an augmentative and alternative communication (AAC) device.

Pay attention to the child's existing ways of communicating.

Turning away, pushing materials aside, moving towards a door, or changing facial expression may be early signs that the child is uncomfortable.

Responding to these signals before distress escalates may help the child experience communication as effective.

A child should not have to reach a crisis before their refusal or request for help is recognized.

5. Adapt the Environment and Daily Activities

Sensory experiences, unexpected changes, and difficult transitions may contribute to distress for some children.

Observe whether particular sounds, lighting, crowded spaces, clothing, or physical contact appear uncomfortable.

Consider offering a quieter space, adjusting the activity, or providing access to familiar materials.

Some children benefit from visual information showing what will happen next. Others may need additional time, a choice between activities, or a gradual introduction to unfamiliar situations.

Movement and sensory activities may also provide enjoyable opportunities for regulation, but they should be selected according to the child's preferences rather than prescribed as a universal calming strategy.

The aim is to create an environment in which the child can participate comfortably, communicate their needs, and anticipate what is happening.

6. Support Learning Without Escalating Distress

Aggression may occur during an activity that is too difficult, confusing, unfamiliar, or uncomfortable.

Consider whether the child understands what is expected and has an accessible way to respond.

Simplify the task when needed. Use familiar materials, demonstrate the activity visually, offer choices, and allow the child to take a break.

Avoid requiring the child to complete a task before responding to clear signs of distress.

After the child has recovered, consider whether a different approach could make the activity more accessible.

The goal is not to teach the child that they must tolerate every demand. It is to develop meaningful participation while respecting their communication, comfort, and individual learning needs.

7. Develop an Individualized Support Plan

When aggression is persistent, severe, or difficult to understand, families and professionals may need to develop a coordinated support plan.

A structured functional assessment can help identify patterns and possible contributing factors. It should consider physical health, communication, sensory experiences, the environment, and the child's learning needs rather than focusing on the behaviour alone.

An individualized plan should describe the child's early signs of distress, known risks, preferred communication methods, helpful environmental adjustments, and safe responses during an episode.

Parents' observations are particularly valuable because they may recognize subtle changes in the child's behaviour that are not apparent to unfamiliar adults.

Teachers, caregivers, and healthcare professionals should share relevant information so that the child receives consistent, appropriate support across settings.

8. Know When Additional Help Is Needed

Seek professional assessment when aggression is new, worsening, causes injury, or significantly affects the child's participation in everyday life.

A healthcare provider can assess possible medical contributors and help determine whether additional support is needed from a psychologist, speech-language pathologist, occupational therapist, or another appropriately qualified professional.

When there is an immediate safety risk

If someone has a serious injury, there is an immediate threat of serious harm, or the situation cannot be managed safely, call 911.

When contacting emergency responders, explain the child's communication needs, sensory sensitivities, and any approaches that may help them feel safer.

9. Remember the Needs of Families and Caregivers

Repeated episodes of aggression can leave families feeling frightened, exhausted, and uncertain about how to respond.

Caregivers need a clear safety plan, practical assistance, and opportunities for rest.

Where possible, arrange shared caregiving responsibilities and seek support from trusted family members, school teams, healthcare professionals, or respite services.

A coordinated plan can reduce the burden on one caregiver and help everyone respond more consistently.

Supporting the child's well-being and protecting the safety of family members are equally important.

Final Thoughts

Aggressive behaviour should not be viewed in isolation from the child's physical health, sensory experiences, communication abilities, and everyday environment.

A child who hits, bites, or pushes another person may be experiencing distress that they cannot yet communicate in a safer or more accessible way. In other situations, the contributing factors may be different or less immediately apparent.

By observing carefully, responding to early signs of discomfort, adapting the environment, and seeking appropriate assessment, families and professionals can work towards reducing injury and improving the child's well-being.

We begin by protecting everyone involved, then asking what the child may be experiencing and what needs to change to help them feel safe, understood, and supported.