Self-Injurious Behaviour in Neurodivergent Children and Youth

What is self-injurious behaviour?

Children and youth (and adults) with **neurodevelopmental disorders** sometimes engage in what is referred to as **self-injurious behaviour** (SIB). This is most common in individuals with **intellectual disability** and/or **autism spectrum disorder**. It can involve repetitive and rhythmic behaviours, such as head-banging, head-hitting, self-biting, eye-poking, tooth-pulling, hand-mouthing, skin-picking or puncturing, slapping, self-pinching and/or scratching. While there may be no willful intent to cause self-harm, SIB may in fact cause significant harm.

SIB is not a symptom of neurodevelopmental disorders, but certain factors can lead some children and youth who are **neurodivergent** to engage in it. Treating any underlying medical and mental health conditions your child may have, and teaching your child additional communication and coping skills, can help them reduce or avoid self-injury and minimize the long-term effects of this behaviour.

What causes SIB?

The causes of SIB are not completely understood, but it is believed to result from interactions between genetic, physical and environmental factors. SIB may also have different functions, such as communication, social interaction, self-regulation and pain management.

Possible causes of SIB:

- **Genes:** Research has shown that some children's genes may make them more likely to have SIB. Children and youth with certain genetic syndromes, such as Prader-Willi, Smith-Magenis, de Lange and Fragile X, are more likely to engage in SIB.

- **Environmental demands and changes:** SIB may also be a learned behaviour in response to demands (for example, being told to put screens away at bedtime) or changes in routine.

- **Medical causes:** SIB may be a way to manage pain. For example, a child or youth might use SIB to mask pain from an ear infection, toothache, headache or constipation. In some situations, what appears to be SIB may be involuntary movements accompanying a seizure. SIB can also be connected with **sleep disorders**, which involve problems with quality, timing and amount of sleep, resulting in daytime distress and difficulties in functioning.

Words that are highlighted in bold are defined in the Glossary.

Source: healthymindsbc.gov.bc.ca

British Columbia | Ministry of Children and Family Development

Possible causes of SIB continued:

- **Managing emotions and psychological discomfort:** SIB may be an attempt to release tension or relieve anxiety. It is important to assess the child or youth for any underlying psychiatric conditions and mental health challenges.

- **Managing sensory stimulation:** SIB can be a form of **sensory stimulation**, helping children or youth adjust their energy levels or manage overwhelming **sensory input**. It may be an extreme form of self-stimulating behaviours.

- **Seeking attention:** Some children and youth may learn that SIB will get the attention of parents or caregivers and others. But this usually doesn't explain why the SIB first occurred, which might be for another reason, such as to compensate for difficulties in communicating.

- **Avoiding or escaping from undesired activities:** Some children and youth may learn that they can avoid or escape from undesired activities if they engage in SIB. In this case, the child or youth uses SIB to redirect the parent or caregiver from the undesired activity.

- **Communication challenges:** Children and youth may engage in SIB when they have difficulties communicating, particularly under stress. Being unable to communicate wants and needs can lead to frustration, which may in turn lead to SIB.

The impact of SIB on families

Sometimes, despite everyone's best efforts, SIB continues to occur for what seems to be no reason. Your first priority is to keep your child safe.

Parents or caregivers and other family members may feel isolated and helpless. It can be heart-wrenching and terrifying to see your child engaging in SIB. SIB can be very stressful for a family, and it may be helpful to process emotions with a therapist who is knowledgeable about SIB in children and youth with neurodevelopmental disorders.

Respite for the family may also be beneficial, and is often needed to avoid family burnout. But parents or caregivers may hesitate to access respite out of fear that respite providers will not provide the right care when SIB occurs. Finding skilled respite and other care providers that parents can trust and rely on is essential.

In addition to finding accessible, affordable and specialized assessment and treatment for a child or youth, building a strong support network can be essential for families struggling with SIB. It may be hard to talk about parenting a child or youth with SIB with other parents or caregivers who have not experienced it, so finding a **peer support network** with other parents who have lived experience can also be helpful. **Circles of support** that include both formal and informal supports can help to improve families' quality of life when they are dealing with their child's SIB.