



Self-injurious behaviour

This information sheet may be useful for families who are:

- Looking for information about self-injurious behaviour.
- Looking for information on how to support someone who displays self-injurious behaviour.



All our information sheets are available to download free of charge because we believe that money should not be a barrier to getting the information you need when you need it.

Please see the end of this information sheet for details of how to support us.

We want to make sure our resources are helpful. Please spend a few minutes giving us some feedback: [Feedback form](#)

Introduction

Self-injurious behaviour or self-injury is a distressing and challenging type of behaviour. It describes actions that cause tissue damage to the person's own body, which can include head banging, skin picking, biting and eye poking.

Behaviours like self-induced vomiting and pulling out your own hair are also forms of self-injury. Pica, eating inedible items, can be seen as self-injurious because it is harmful and potentially very dangerous.

Self-injury is different from self-harm, which is hurting yourself intentionally, such as cutting.

A small percentage of children and adults with learning disabilities display self-injurious behaviour. It can have a high impact on their life and the lives of their families.



Impact of self-injury

“The worst thing in the world is to look at your family member lying on the floor banging their head and scratching their face - you feel totally helpless.” Parent

“P self-harms if happy and if sad. He has scratches and cuts all over at any one time. The fact he can see his injuries causes another reaction through the visible reminder, and then the whole thing starts again. Caring for P is relentless and naturally impacts on all the family.” Sibling



When a child or an adult with learning disabilities self-injures, they are usually distressed and may be communicating confusion, frustration, pain or another physical need. We know that people can cause minor to serious injuries, however it is not always clear how much pain each person may be in.

When people self-injure, there are risks of wounds that do not heal, head injuries and the risk of people damaging their eyesight if they hit or poke their eyes.

The impact of this behaviour on family carers, paid carers and others ranges from immediate distress during an episode of self-injurious behaviour, to long term stress and exhaustion.

Why do people self-injure?

Self-injury sometimes begins in very young children with severe or profound learning disabilities and/or autism, and sometimes it begins at a later age. There is always a reason for behaviour, so those who support someone who displays self-injurious behaviour need to work to discover the causes as early as possible.

There are reasons for all behaviours. People may self-injure for one or more of the following functions or purposes.

Tangible: to get an object, food, or activity.

Escape or avoidance: to avoid doing something, to leave a place or activity or to be left alone.

Attention: to get someone’s attention, time or interaction – positive or negative.

Sensory: to get rewarding sensory experience or feedback, such as touch, sound or movement.

Pain: such as toothache or constipation.



To express frustration: for example, if the person's needs aren't being met quickly enough.

Sometimes a person's self-injury means different things at different times.

The behaviour may become habit over time.

In some cases, repeated self-injury produces an increase in endorphins (the body's 'feel-good' hormones). This may either have an effect of blocking the pain from self-injury or of producing a 'high' following self-injury.

What can help people to cope with these behaviours?

Health checks can identify or rule out a physical health problem or pain. The person should also be supported to communicate what they can about possible pain or illness.

Positive Behaviour Support (PBS) has the best evidence base for people who self-injure. PBS is usually provided by psychologists or behavioural specialists, but families and services can follow its principles in supporting someone who displays self-injurious behaviour.

PBS tells us to first work out what message the person is trying to give and then teaching them a better way to communicate it. See CBF's Positive Behaviour Support information for more detail on this approach.

Instead of only focusing on how to respond when the person self-injures, it is important to think too about how to meet their needs in other ways, so they don't have to resort to hurting themselves. Think about the following:

- Can you give them what they need or enable them to get it themselves?
- Can you read their communication, such as their mood and behaviour, and respond to that communication?
- Can you teach them new ways to say or ask something?



It is hard to teach better ways to communicate when someone has very few language skills, but it is possible to help the person gain more control over their environment and daily life.

When a child or adult with learning disabilities starts self-injuring, it's best to seek help as soon as possible. Early intervention could help prevent the self-injurious behaviour getting worse.

"It's worth going forward and seeking help and getting advice because you have to get help, both for yourself, for your other children and for your child with a disability. It will pay off in the long run, because the earlier you have this help, the better the outcome. If you get help early

enough it will make a big difference to you and it will make a big difference to your child.” Parent

Where it is thought that the person may be getting a type of ‘high’ or pleasurable sensation from self-injurious behaviour, then everyone that supports them must think really carefully about their quality of life and what activities and stimulation are available to them. Stimulation can come from different activities; think about sensory stimulation, intensive interaction for social stimulation, or exercise for physical stimulation and endorphin release.

Does medication help?



For some people a combination of PBS and medication can be an effective approach. It is important that any use of medication with someone who self-injures is supervised by a specialist (including ‘over the counter’ medication).

Antipsychotic medication should only be used to manage behaviour if other interventions or treatments do not lead to a reduction in the behaviour or if the risk to the person is very severe. Medication should be seen as a last resort.

If you know or suspect that the person you support self-injures when in pain, then pain relief can be given following the advice of the GP. Make a note of their self-injurious behaviour and any changes in them after taking the pain relief.

What about protective devices, such as helmets?

When someone’s self-injury is very severe, people may begin to use protective clothing or devices to try to prevent the person from injuring themselves. The kinds of protection that people may use include padding (of bed sides or wheelchairs), helmets, gloves and arm splints. These may devices restrict the person’s movement.

However, protective devices do not address the reason for the behaviour. They may lessen injuries but do not necessarily prevent them. It is important to be aware that the person may change the way they self-injure and hurt another part of their body instead. If you are using a protective device or are thinking of doing so, you should seek professional help. If the person is over 16 years old, any decision to use protective items will need to be made in accordance with the Mental Capacity Act.

What can you do about self-injury?

- Get a physical health check to treat or rule out pain or illness.

- Find out why the person is self-injuring. If everyone who supports them understands what they are communicating with the behaviour, then their quality of life can be improved straight away.
- Seek specialist advice as soon as possible: ask the person's doctor for a referral to the local Community Learning Disability Team (for adults), or Child and Adolescent Mental Health Service (for children).
- Before you have an appointment, you can start to think about and plan for this support using the CBF's resources.
- This information sheet is a starting point and families should always seek professional input before using new support strategies in response to self-injury.



Further reading

- [Challenging Behaviour resources from the Challenging Behaviour Foundation.](#)
- *Self-injurious behaviour in children with intellectual disability*, Prof. Chris Oliver, Dr Louise Davies and Dr Caroline Richards. 2016. Cerebra Centre for Neurodevelopmental Disorders, University of Birmingham.

References and research articles available on request from the CBF

Reviewed: January 2023

The Challenging Behaviour Foundation

We are the charity for people with severe learning disabilities who display challenging behaviour. We make a difference to the lives of children and adults across the UK by:

- Providing information about challenging behaviour
- Organising peer support for family carers and professionals
- Giving information and support by phone or email
- Running workshops which reduce challenging behaviour

To access our information and support, call 01634 838739, email info@theCBF.org.uk, or visit our website: www.challengingbehaviour.org.uk

If you have found this information useful, please consider making a donation. You can show your support at www.challengingbehaviour.org.uk/support-us. Make a £5 donation by texting CBF DN05 to 70085 Or email us to get involved at support_us@theCBF.org.uk