Easy Guide: Self Injurious Behaviours (SIB) and Learning Disability

See also Understanding Behaviour Easy Guide. Functional Analysis Questions.

Definition: What are Self Injurious Behaviours (SIB)? Self injurious behaviour or SIB is the term normally used to describe self harm by people with learning disabilities or autism. SIB has been defined as: “Any behaviour, initiated by the individual, which directly results in physical harm to that individual. Physical harm will be considered to include bruising, laceration, bleeding, bone fractures and breakages and other tissue damage” (Murphy and Wilson, 1985).

It may include, hand biting, eye poking, head banging, scratching oneself, anal poking, pulling out hair, cheek biting, self induced vomiting, slapping head face or chest, skin picking, kicking to hitting body parts against a hard surface, pica (eating inedible things), and eating faeces.

Research shows that up to 17.4% of the learning disabled population may show some of these behaviours

Why do children and young people with disability self injure?

Occasionally SIB may be part of a syndrome like Lesch Nyhans (tongue and cheek biting). About 80% of people with Prader Willi Syndrome will self injure usually by picking at their skin. A recent study shows that Self Injurious Behaviours by children with Cornelia de Lange Syndrome which was always thought to have a genetic basis, in some cases might be actually be a response to other things like pain (Oliver 2007).

Autism has a high association with Self Injury. Between 10% and 30% of people with autism self injure.

It is best to view Self Injurious Behaviour (SIB) as a communication or response to need. It may indicate how a child or young person is feeling or that they might need something especially if their communication skills are limited. Children and young people with Severe Learning Disabilities tend to have higher rates of self injury than those with Mild or Moderate Learning Disabilities

Reasons may include

- Communication of pain, anxiety, stress or fear or other emotion,
- A way or gaining some interaction or support or a way of asking to be left alone or a protest against something they want to do
- It could also be a way to get stimulation when bored as during self injury some opiate-like beta-endorphins opioids are released into the body and this may give a pleasurable feeling
- It may be linked to sensory over or under stimulation, both deficits commonly found in autistic people.
It may also be linked to epileptic seizures

If it is not due to a physical cause the child or young person may have been using this behaviour for a long time to successfully meet a need for them. They may not have learned or been helped to find another way to express themselves or get the same feeling.

How can we support someone with Self Injurious Behaviours and help them to keep them safe?

A current Risk Assessment must be in place along side a behaviour support plan My Plan and they should be receiving proper medical attention for any injuries.

The first thing to rule out is a physical cause, there may be an untreated medical problem. A recent study by Chris Oliver at Birmingham University found that autistic children with untreated gastrointestinal problems were much more likely to self injure and that the self injury decreased when they were given the proper care. If a medical problem is ruled out or not likely you will need to do some detective work to find out when the SIB is likely to occur and try and reduce or pre-empt these situations. It is also worth thinking about when it doesn’t occur? Can you replicate these environments? There is a list of Functional Analysis Questions which may help you identify the likely purpose. By careful observation and monitoring you may be able to gain an understanding of what it means for the child or young person and what it might be possible to think about replacing it with. See also the Behaviour Support Flow Chart.

Any plan of action will be most effective if support is holistic and includes making improvements to the quality of the child or young person’s life overall for example introducing new activities, spending more time doing things they enjoy and raising self esteem.

Where can we get help?

Professionals who can help with this would include psychologists, speech and language therapists, occupational therapists and your local CAMHs team and/or your behaviour support trainer who help you set up and monitor a programme to support the young person. You can also help by making the environment less stressful and helping the child or young person to improve their communication skills. By being very mindful of them and their need you may be able to distract or divert where appropriate.

Self Injurious Behaviours can take a long time to replace so you team must be aware of this and understand that they are giving long term support. If your risk assessment and My Plan has reactive measures in it, eg things that stop the behaviour immediately like restraints or splints you must make sure that efforts are being made to find out the function and replace the behaviour with a less harmful alternative. If you are using splints or other mechanical restraints this guidance form BILD is helpful Use of mechanical restraint BILD 2009

If your plan has restraints in it you must also have a Restraint Reduction Plan.
How can workers be supported?

Working with children and young people who self injure can be emotionally distressing, tiring and frustrating and sometimes workers can even feel manipulated. Vicarious traumatisation can be experienced with negative consequences, as workers become used to witnessing extensive self injury. It is important that a formal debriefing system is set up [Easy Guide Debriefing](#) and debriefing is available on request. Team meetings and supervision should also provide workers with opportunities to discuss personal responses. The emotional impact on workers should be acknowledged and not underestimated as it will affect their interactions and relationship with the child or young person.

Key points

- Self injurious behaviours are a way of communicating need or a response to the environment.
- It is very important to rule out physical causes of behavior (i.e. seizures or infections) before attempting behavioral-based treatments because these medical causes need to be treated in a different way.
- Finding out the purpose or function of the behaviour is the first step towards helping someone to replace it.
- Any support plan should include plans to improve the quality of the child or young persons life overall.
- Workers need support from colleagues and managers and debriefing to prevent long term emotional distress from witnessing self injury.

Resources and references

- [www.cndd.bham.ac.uk](http://www.cndd.bham.ac.uk) – the centre for neuro developmental disorders at Birmingham university is where most of the current research takes place.
- Factsheet – Self injurious behaviour Paley (October 2007)
- www.bild.org.uk