



What Do I Do When My Child Starts Hitting Himself or Herself?

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What do I do when... My Child Starts Hitting Himself/Herself?

Self-injury can be alarming and scary. In a moment, your child may begin to hit himself on the head or face, or she may bang her head on the floor. Often, this behavior follows being told “no” or being denied access to something. Other times, it follows being told to do something by an adult.

The natural reaction to self-hitting is to try to stop the behavior. After all, no parent wants their child to be hurt. And the fact that the child is the one doing the hurting can be even more troubling. Many times, this is the incorrect way to help the child.

Before deciding what to do, let us answer two questions:

1. Is the child hitting hard enough to cause swelling, bleeding, or bruising? If the child’s self-hitting or head-banging behavior is causing serious injury, it is important to administer any necessary first aid. Then, talk to your child’s therapist to discuss a plan for addressing this serious problem.
2. Is the child hitting lightly enough that I am not genuinely worried that the behavior will cause injury to him or her? If the child’s self-hitting is not causing serious harm, then it is not currently a safety risk. To ensure the behavior does not get worse, we should address the behavior but in a careful way. The child is doing the self-hitting for a reason (Iwata et al., 1994; Hanley et al., 2003).



Even when the behavior appears mild, continue to check that it is not causing injury and watch for changes in force, frequency, location, or visible marks. If you are unsure whether the child is injured, if the behavior changes, or if it becomes difficult to keep the child safe, consult the child's physician, therapist, BCBA, or another qualified professional. This calls for calm observation and appropriate help—not panic or dramatic reactions. Respond neutrally while still addressing any genuine injury or medical need.

If you comfort the child when he hits himself, or you give him positive attention, or affection in response to him hitting himself, then the behavior will get worse. Instead, consider these strategies:

After being told “no”: Follow through with what you said. Do not give the child what he or she wants. Do not allow the child to avoid his or her responsibility. Do not show concern, or worry because this will encourage the child to hit himself the next time he is told “no.”

After being told to do something he doesn't want to do: Follow through with your direction. Do not allow the child to escape his or her responsibility. Do not hug the child, or tell him, “It's okay.” Do not comfort him. Simply expect him to do what he is supposed to do.

After something is being taken away, or when leaving an activity or a place: Keep going, do not stop. Do not return to the activity. Do not give the thing back to him. Do not give him something positive to distract him. Simply follow through with your original plan. Do not comfort him, or rub the spot where he hit.

If you use these strategies consistently for a period of time, the behavior will lessen. On the other hand, the behavior will get worse if you are rewarding it with attention, comfort, or if you are giving the child what he wants.

The bottom line is, if the child can hit himself and it results in getting what he wants, he will hit himself more! Your job is to make sure the hitting is not rewarded with escaping things the child doesn't want to do, or getting access to something he wants, or being allowed to keep doing what he wants to do.

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About the author

Teacher at heart, behavior analyst, and writer, Dr. Peter Beddow has spent more than two decades helping children, families, and school teams navigate autism, behavior, trauma, and learning differences with clarity, structure, and hope. He studied English Literature and Creative Writing at Middlebury College and earned a PhD in Special Education from Vanderbilt University's Peabody College, where his work focused on fairness, learning, and access in assessment. Peter has worked as a teacher, special educator, clinical director, consultant, and board certified behavior analyst in homes, schools, and clinics. He founded Accessible Hope, a Nashville-area practice supporting diverse families, and writes and teaches practical, humane approaches to behavior and learning.

Scope and safety

This article provides general educational information. It is not individualized medical, behavioral, mental-health, legal, or emergency advice. Individual support should consider the learner's communication, health, safety, disability-related needs, culture, and context.

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