



Australian Government
**Australian Institute of
Family Studies**



Understanding why some Autistic children use potentially harmful behaviours

Kylie Butler, Holly Helprin, Dr Jasmine B. MacDonald and Lisa Tamiakis
Australian Institute of Family Studies

December 2025





The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

© Commonwealth of Australia 2025

With the exception of AIFS branding, the Commonwealth Coat of Arms, content provided by third parties, and any material protected by a trademark, all textual material presented in this publication is provided under a Creative Commons Attribution 4.0 International licence ([CC BY 4.0](https://creativecommons.org/licenses/by/4.0/)). You may copy, distribute and build upon this work for commercial and non-commercial purposes; however, you must attribute the Commonwealth of Australia as the copyright holder of the work. Content that is copyrighted by a third party is subject to the licensing arrangements of the original owner.



This publication was produced by AIFS' **Child Family Community Australia information exchange** (CFCA).

CFCA information exchange provides high quality, evidence-based information, resources and interactive support for professionals in the child, family and community welfare sector. The work of CFCA is made possible by the generous funding of the Department of Social Services.

Questions or comments? Please contact CFCA at cfca-exchange@aifs.gov.au

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

Australian Institute of Family Studies
Level 4, 40 City Road, Southbank VIC 3006 Australia
Ph: (03) 9214 7888 Web: aifs.gov.au

Cover image: © gettyimages/Ridvan_celik

ISBN (online): 978-1-76016-421-8
ISBN (PDF): 978-1-76016-422-5

Suggested citation: Butler, K., Helprin, H., MacDonald, J. B., & Tamiakis, L. (2025) *Understanding why some Autistic children use potentially harmful behaviours*. Melbourne: Australian Institute of Family Studies.

Edited by Katharine Day
Typeset by Rachel Evans

2512-PHB-use-by-autistic-children

Contents

| | |
|--|----|
| Acknowledgements | 2 |
| Overview | 3 |
| Key messages | 3 |
| Introduction | 3 |
| Why it is important to increase our understanding about PHB | 4 |
| What is autism? | 5 |
| The prevalence of autism in Australia | 5 |
| What are potentially harmful behaviours? | 6 |
| Use of potentially harmful behaviours by Autistic children | 7 |
| Impacts of the use of potentially harmful behaviours by Autistic children | 7 |
| Identifying, understanding and addressing potentially harmful behaviours used by Autistic children | 8 |
| Sensory processing, needs and preferences | 9 |
| Social interactions | 10 |
| Routines and managing change | 11 |
| Further reading and resources | 13 |
| Resources from AIFS | 13 |
| Resources from Emerging Minds | 13 |
| Other resources | 13 |
| Other relevant websites | 14 |
| Nature of the evidence | 14 |
| References | 15 |

Acknowledgements

This practice guide was made possible by the funding of the Australian Government Department of Social Services.

The authors are Kylie Butler, Holly Helprin, Dr Jasmine B. MacDonald and Lisa Tamiakis, from the Australian Institute of Family Studies (AIFS). The authors conceptualised this resource, designed and conducted the literature review search and screening, conducted the data extraction, synthesis and stakeholder consultation and co-wrote this practice guide.

Gillian Lord (AIFS) provided support accessing full-text research articles in the literature search and screening phase of this review.

This resource was planned and revised in collaboration with Dr Stewart Muir and extends the review work on adolescent use of violence by Anagha Joshi, Dr Melissa Willoughby and Dr Mandy Truong.

Thank you to the individuals from the following groups who consulted on this project: the Department of Social Services, Family Relationship Services Australia, Family Mental Health Support Services staff and team leaders and headspace Wagga Wagga.

Overview

This practice guide summarises the research evidence about the use of potentially harmful behaviours (PHB) by Autistic children. It also draws on practice wisdom and expertise to highlight examples of situations where Autistic children may use PHB to communicate unmet needs related to common types of neurodevelopmental differences.

This resource covers:

- what autism is and the prevalence of autism in Australia
- what PHB are
- information about the use and impacts of PHB by Autistic children
- identifying, understanding and addressing PHB used by Autistic children.

This practice guide has been developed for, and in consultation with, practitioners working in [Family Mental Health Support Services \(FMHSS\)](#). FMHSS provide early intervention and non-clinical community mental health support for children and young people aged up to 18 years who are showing signs of, or are at risk of, developing mental illness.

Practitioners working in early intervention support services told us that the use of PHB by Autistic children is an area where more information and resources would be useful to help service providers build on the existing supports they provide to children and families.

This practice guide will also be useful to other practitioners working with children and young people, parents and families. The content has been developed specifically for practitioners who have less than 5 years of experience in the child and family services sector, including those who are not trained to work in specialist services supporting Autistic children and families.

Key messages

- Behaviours – including potentially harmful behaviours (PHB) – are a form of communication. When Autistic children use PHB, they are signalling or communicating unmet needs in their current environment and strong emotions. There is rarely an active intent to harm someone.
- While almost all young children will use PHB from time to time, research suggests that Autistic children are more likely than non-Autistic children to continue using PHB as they grow older.
- There are physical, psychological and emotional impacts experienced by children who use PHB, their families and others around them (e.g. teachers and peers).
- Practitioners can support Autistic children who use PHB and their families to identify, understand and address the child's needs using trauma-informed, neurodiversity-affirming approaches. For example:
 - Avoid using words such as 'violence' or 'aggression' to describe behaviours as these can have negative connotations.
 - Consider the broader context and not just the moment in which the behaviour is occurring: what else is happening for the child at home or at school?
 - Remember that every child has their own unique strengths, challenges and ways of experiencing the world.

Introduction

Practitioners working in early intervention family mental health services frequently support families who have concerns about children's behaviours that have the potential to harm others (hereafter referred to as 'potentially harmful behaviours' or PHB). These behaviours include physical and verbal behaviours (e.g. hitting, shouting, throwing things) that children may use in a range of contexts including home, school or other public spaces (Holt, 2024; Kirst et al., 2022; Quetsch et al., 2023; Swaab et al., 2021).

Children's use of PHB is rarely pre-planned, vindictive or intended to cause harm. However, these behaviours can have physical, emotional and relational impacts on parents, siblings, peers, teachers and others, including the

children themselves (Brown et al., 2024; Holt, 2024; Piro-Gambeti et al., 2023; Quetsch et al., 2023). For parents with children who use PHB, this can be a particularly challenging aspect of parenting. Parents report challenges with identifying and understanding why their child may be using these behaviours and how best to support them during and after use of PHB (Holt, 2023; Holt, 2024; Swaab et al., 2021).

This resource focuses on PHB used by Autistic children (toddler to early adolescence). While all children, especially young children, are likely to use PHB from time to time, research indicates that Autistic children use PHB more frequently than non-Autistic children and that the reasons for, or functions of, PHB may differ between Autistic and non-Autistic children (Quetsch et al., 2023; Sivathasan et al., 2024).

This resource synthesises the empirical research and practice wisdom and information from autism advocacy organisations to examine the use of PHB by Autistic children. It also outlines ways that supports for children and families can be strengthened. This resource covers:

- what autism is
- what PHB looks like
- what the research evidence says about the relationship between PHB and autism
- the impacts of PHB use by Autistic children
- PHB as a way of communicating unmet needs relating to autism
- neuro-affirming ways of supporting Autistic children using PHB, including case studies.

This resource primarily focuses on the use of PHB by Autistic children due to the greater availability of research evidence - however, the information may also be useful to practitioners working with neurodivergent children more broadly. Practice strategies based on neuro-affirming and trauma-informed approaches are beneficial for work with all children.

Why it is important to increase our understanding about PHB

Concerns about a child's use of potentially harmful behaviours (PHB) are commonly raised by the important adults in a child's life, and children and their family may access or be referred to early intervention support services. For example:¹

- Parents may feel their child is using PHB frequently or in situations where, in the parents' view, it feels like a disproportionate response.
- Early childhood educators or teachers may identify a child having conflicts in social situations with peers or with environmental stimuli, leading to the use of PHB.

When Autistic children use PHB, adults sometimes misinterpret the behaviours as a child 'acting out' or 'trying to get their own way' and therefore miss an opportunity to recognise that the child may be struggling to cope with their environment or to communicate what they need. It can be difficult for parents (and other adults) to understand what is happening for the child or to know how to respond appropriately.

By increasing awareness and understanding how and when Autistic children use PHB, early intervention practitioners can play an important role in supporting parents to identify, understand and address what is happening for the child, to adapt environments to better suit a child's individual needs and to support the child to develop skills and non-harmful strategies to use in challenging situations (Kirst et al., 2022; Neuhaus et al., 2022). Early intervention support can reduce the likelihood of PHB continuing into adolescence and adulthood (Gohari et al., 2024).

¹ Holt, 2023; Quetsch et al., 2023

What is autism?

Autism is a lifelong neurodevelopmental condition where people experience differences to non-Autistic people in how they process information and interact with their environment (Aspect Autism Spectrum Australia [Aspect], 2025; Department of Social Services [DSS], 2024). Autistic people often share common traits but each person's experiences, strengths and challenges are unique.

These shared characteristics include:²

- different communication preferences, styles and skills to non-Autistic people
- different social interaction preferences and needs to non-Autistic people
- different sensory processing, sensitivity and preferences (e.g. to what they see, hear, smell, touch or taste) to non-Autistic people
- preferences for routines, predictability and structure
- potential difficulty with change and transitions
- special interests
- repetitive behaviours, including stimming.

Did you know ...?

Stimming refers to repetitive movements or noises that some autistic children use to cope with overwhelming situations. It can be either self-stimulating or self-soothing depending on the child and the context. Some Autistic children may use stimming to manage strong emotions and process sensory information (Raising Children Network, 2024d).

In Australia, children can be diagnosed with autism through a comprehensive needs assessment conducted by a team of medical professionals (Raising Children Network, 2025). However, not all families of children with autism characteristics will want or be able to access a clinical diagnosis. This can be due to personal choice, long waiting lists for appointments and services, or constraints on time and finances (DSS, 2024; May et al., 2017; May et al., 2020). This means that early intervention mental health practitioners often work with Autistic children who have not yet been diagnosed.

Autistic people may have low support needs, complex support needs or anything in-between. Support needs vary between individuals but also change throughout an individual's lifetime due to a variety of factors including different developmental stages, life experiences and changing social and environmental contexts (DSS, 2024).

For more information about autism and how it is diagnosed, refer to [Further reading and resources](#).

Language is important

Many Autistic people prefer identify-first language (i.e. 'Autistic person') to reflect that autism is a core part of their identity and character (Amaze, 2025; DSS, 2024). In this resource, we use identify-first language to reflect this preference. When working with Autistic children and their families, it is best to ask about their preferences for language and use those terms (Keating et al., 2023).

To reflect our preference for strengths-based language and respect for identity, we use capital A for the word Autistic when used as a proper noun or adjective. This aligns with the National Autism Strategy (DSS, 2024) and the autism awareness and advocacy charity organisation amaze.org.au

The prevalence of autism in Australia

The Australian Bureau of Statistics (ABS; 2022) Survey of Disability, Ageing and Carers reports that around 1 in 100 Australians have a diagnosis of autism, with a higher reported prevalence (more than 3.8%) amongst school-aged children. The Longitudinal Study of Australian Children (LSAC), using parent and teacher reports, shows an increase over time in the number of children diagnosed as Autistic (May et al., 2017; May et al., 2020).

Patterns of prevalence, such as higher rates for school-aged children or increases in diagnosis over time, may be the result of increased awareness of autism and better understanding of autism characteristics (ABS, 2022; May

² Aspect, 2025; DSS, 2024; Raising Children Network, 2025

et al., 2017; May et al., 2020). Increasing rates of autism diagnosis may also be attributed to the fact that accessing some disability supports can be contingent on having a formal diagnosis.

In addition, early intervention mental health practitioners often work with children who have autistic characteristics but whose family has not yet sought clinical assessment. It can be hard to assess exactly how common autism is because the number of people who could meet the diagnostic threshold is likely to be larger than the number of people who have actually had a clinical assessment of support needs and/or diagnosis. For example, Aspect (2025) estimate that 1 in every 40 people in Australia may be Autistic.

What are potentially harmful behaviours?

In this resource, we use the term potentially harmful behaviours (PHB) to refer to physical or verbal behaviours used by children that have the potential to cause physical, psychological or emotional harm to others.³ Examples of these behaviours include:⁴

- physical behaviours directed towards other people (e.g. biting, hitting, kicking, pinching, pulling hair, punching, slapping, spitting)
- verbal behaviours directed towards other people (e.g. shouting or yelling at someone, using offensive language or name-calling)
- physical and verbal behaviours not directed towards other people (e.g. damaging property, throwing or breaking objects, kicking or punching walls, screaming or vocal outbursts not directed at anyone in particular).

PHB can be reactive or proactive. Reactive PHBs are impulsive (e.g. an immediate response to a real or perceived threat) or retaliatory (e.g. a response to someone else's behaviour that is, or appears, unfair or harmful). They can be thought of as 'hot' emotions or a body stress response. They often arise out of fear, frustration or feeling overwhelmed. Although a child might direct reactive PHB toward someone else, they are typically not actively intending to harm anybody.

Proactive PHB differ in that they are not a response to an immediate threat or situation. They can be unprovoked (e.g. bullying behaviour), goal-directed (e.g. a child wanting to do something their parent has said 'no' to) or a planned or delayed reactive response (e.g. a child pinching a classmate because they called you a mean name the day before) (Centre for Excellence in Child and Family Welfare (2025, Sept 3)).

Fundamentally, all behaviour, including PHB, is a form of communication (Strawa & Lancaster, 2024). Autistic and non-Autistic children may use PHB not because they want to harm anyone but to communicate unmet needs and strong emotions (Raising Children Network, 2025; Strawa & Lancaster, 2024).

Adults may interpret or describe PHB as violent or aggressive (Raising Children Network, 2025) and these terms are commonly used in the research literature. However, 'violence' and 'aggression' are often understood as being motivated by an intent to harm, which is typically absent when children use PHB.

In Australia, the National Disability Insurance Scheme (NDIS) has adopted the use of 'behaviours of concern' and national and international literature often uses 'challenging behaviours' (Strawa & Lancaster, 2024). These terms intend to avoid the negative connotations typically associated with 'violence' or 'aggression', such as implied intent to harm, and to separate the behaviour from the child (Sutherland et al., 2022). In this resource, we use PHB because we are focused on physical or verbal behaviour directed at others, rather than challenging behaviour more broadly.

Did you know ...?

There is a difference between autism, neurodiversity and neurodivergence

Autism is a lifelong neurodevelopmental difference diagnostically attributed to a collection of characteristics.

Neurodiversity means that everyone has a unique way of thinking and feeling. This concept underpins neurodiversity-affirming practice (explored in the following section).

Neurodivergence means that some people think, feel and function in ways considered less common, as opposed to people who are neurotypical. Since autism is characterised by differences in thinking, feeling and functioning, many Autistic people self-identify as neurodivergent. These short, accessible [information sheets](#) from AIFS further explore these terms and provide practical guidance on supporting neurodivergent children.

³ This resource does not examine children's use of behaviours that have the potential to cause physical harm to themselves (sometimes referred to as 'self-injurious behaviours'). The authors acknowledge that this is a critical and distinct need for many children and families but that it is not within the scope of this resource.

⁴ Holt, 2023; Holt, 2024; Kirst et al., 2022; Quetsch et al., 2023; Swaab et al., 2021

Language is important

When working with children and families, it is important to consider the language used when talking about child behaviour. Terms such as 'violence' and 'aggression' may wrongfully imply an intent to harm and be stigmatising and shameful for children and their families.

Use of potentially harmful behaviours by Autistic children

The use of potentially harmful behaviours (PHB) by Autistic children often emerges during toddlerhood (1-3 years) (Holt, 2023; Holt, 2024; Quetsch et al., 2023; Sivathasan et al., 2024). This is not surprising, as many PHB (e.g. kicking, screaming, pinching or breaking things) are common toddler behaviours that reflect early childhood social, emotional and language developmental stages.

However, research suggests that Autistic children are more likely to continue using PHB as they grow older (e.g. at primary school-age and adolescence) and to use PHB more frequently and with higher intensity than non-Autistic children (Gohari et al., 2024; Holt, 2023; Holt, 2024; Quetsch et al., 2023).

Some research shows an increase in the use of physical PHB as Autistic children grow older (Holt, 2023; Holt, 2024). However, other studies suggest that physical PHBs decrease (Gohari et al., 2022; Quetsch et al., 2023) but that verbal PHBs may increase (Quetsch et al., 2023).

It is much more common for Autistic children to use PHB reactively rather than proactively. For example, as an immediate or spontaneous response to the behaviour of another child or to environmental stimuli that is overwhelming for them (Kirst et al., 2022; Quetsch et al., 2023). Use of PHB by Autistic children is not usually goal-oriented or retaliatory, although it is common for parents, teachers and other adults to misinterpret or assume PHB used by Autistic children is 'acting out' or a 'tantrum' (Holt, 2023; Holt, 2024).

The use of PHB can occur anywhere – in the home, at school or in other community settings (Brown et al., 2024; Holt, 2024; Quetsch et al., 2023). When Autistic children use PHB in the home, this is often directed toward, or in the presence of, their mother (Holt, 2023). This is thought to be because mothers are often the primary caregivers and tend to spend more time with their children compared to other family members and is not indicative of patterns of gender-based violence (Holt, 2023).

Regardless of the frequency of PHB, whether it is verbal or physical or where it occurs, parents of Autistic children report that their child's use of PHB becomes more challenging and stressful as the child grows older. This does not imply the emergence of intent to threaten or harm but instead reflects increasing physical size and strength and increasing societal judgements or 'norms' about age-appropriate behaviours as children become adolescents and young adults (Quetsch et al., 2023; Swaab et al., 2021).

Impacts of the use of potentially harmful behaviours by Autistic children

Although Autistic children typically do not use PHB with the intent to harm others, there are physical, psychological and emotional impacts experienced by the children, their families and others around them (e.g. teachers and peers). These impacts include:⁵

- physical injuries to the child or others sharing the physical space when PHB are used
- poor mental health and wellbeing for children and other family members
- shame and stigma:
 - Children can be labelled as 'naughty', 'violent', or 'dangerous' by others (e.g. family members, teachers, people in the community) who misunderstand what is happening for the child when they use PHB.
 - Parents, especially mothers, report feeling judged as 'incompetent' or 'bad' parents, particularly when their child uses PHB in a public space.

5 Brown et al., 2019; Holt, 2023; Holt, 2024; Neuhaus et al., 2022; Piro-Gambetti et al., 2021; Quetsch et al., 2023

- social isolation – for example:
 - parents staying at home with their children because they feel judged in community spaces or by other family members
 - social rejection and/or bullying by peers
- lower academic performance and school attendance rates
- emotional and administrative labour for parents, especially mothers:
 - Mothers often see themselves as their child's 'safe space' and may be reluctant to reach out for help due to concerns about their child being judged.
 - Mothers tend to prioritise their child's needs above their own during and following the use of PHB and do not have time or space for self-care.
 - Parents report feeling high levels of stress and poor mental health and wellbeing.
- family conflict and stress on relationships, including:
 - increased marital conflict
 - siblings feeling as though their needs are secondary and they have to 'walk on eggshells' and compromise their own self-expression and wellbeing
 - strain on parent-child relationships.

Identifying, understanding and addressing potentially harmful behaviours used by Autistic children

Underlying the use of potentially harmful behaviours (PHB) is a child communicating or signalling that their needs are not being met in the current environment (Strawa & Lancaster, 2024; Swaab et al., 2021). As adults supporting children, practitioners should **not** assume that a child using these behaviours is being purposeful, calculated or intending to harm someone (Sutherland et al., 2022). Instead, practitioners can work with families to help them understand that this behaviour is a way for children to communicate to others.

Understanding that PHBs are a communication of need is particularly important when working with Autistic children. Neurodevelopmental differences associated with autism mean that Autistic children perceive and process the world differently. Although a parent, carer, teacher or other adult may view a situation as safe, ordinary or admissible, an Autistic child may perceive and process the same situation as unsafe, unexpected or unmanageable. The use of PHB by Autistic children can be a way of signalling to adults these differences in perception and the need for additional support.

In the following sections, we use case studies to describe how Autistic children may use PHB to communicate need related to 3 common types of neurodevelopmental differences:

- [sensory processing, needs and preferences](#)
- [social interactions](#)
- [routines and managing change.](#)

The case studies give examples of how early-career mental health practitioners who are not specifically trained in supporting Autistic children can work with families to identify, understand and address Autistic children's needs using trauma-informed, neurodiversity-affirming approaches. The case studies intend to support practitioners' professional development by raising awareness and understanding about the relationship between communicating need and the use of PHB by Autistic children.

Each case study draws attention to one type of neurodevelopmental difference. The case studies focus on various relationships and contexts that are common when supporting families (e.g. the needs of the Autistic child, sibling relationships and partnering with parents and schools). In practice, the challenges experienced by families when children use PHB are complex. Autistic children can experience overlapping and interacting needs related to sensory, social and change-related differences.

By using simple case studies, we invite practitioners to think about some of the challenges families of children who use PHB might experience. We invite practitioners to also consider the varied situations in which PHB might be used to communicate need and how to begin working with children and families in a neurodiversity-affirming

way. Program managers can use these case studies in discussions with their team to think about appropriate ways to respond to similar situations. This resource aims to provide insights for practitioners working with families regardless of whether a child has an autism diagnosis.

We have adopted a neurodiversity-affirming approach in these case studies. This is a way of delivering supports that recognises and accepts that everyone has a unique way of thinking, feeling and functioning (Dallman et al, 2022; DSS, 2024). In practice, this means shifting the focus from a desire to change behaviour to understanding and addressing the support needs of the Autistic child and their family.

Sensory processing, needs and preferences

Every individual has different ways of filtering, processing and perceiving sensory information. When professionals work with children and their families to diagnose autism, one characteristic they look for is significant sensory processing differences. Autism assessments often frame these differences as difficulties, with children being seen as either over-sensitive or under-sensitive to certain sensory stimuli (Raising Children Network, 2024b). However, neurodiversity-affirming approaches encourage practitioners and those supporting Autistic children to view this characteristic as sensory differences (Autism Awareness Australia, n.d.).

Sensory differences can relate to (National Autistic Society, 2020):

- sight, smell, sound, touch and taste
- balance and bodily awareness.

Autistic children's sensory needs are not met when they are under- or over-exposed to sensory stimuli. This can lead to stress, distress and feelings of being overwhelmed, which can lead to or exacerbate the use of PHB (Quetsch et al., 2023). Autistic children may use these behaviours to signal that they are struggling to identify, accommodate or articulate their sensory needs.

The following case study illustrates one way that a practitioner can support an Autistic child using PHB in response to their sensory processing differences, and support their family.

Case study: Sensory processing

Avalon and Arnold are seeking your support for their Autistic child, Tiffany, who is 6 years old. Avalon and Arnold are concerned that Tiffany has been using PHB on family walks. Tiffany seems to enjoy the family walks some days but on other days becomes upset or distressed and will begin shouting or pushing and hitting her parents. These behaviours seem sudden and unexpected to Avalon and Arnold.

Identifying sensory needs

As a practitioner, you ask Avalon and Arnold why they value family walks. You also ask them to describe the difference between the walks Tiffany enjoys and walks where she uses PHB.

In a separate session, you ask Tiffany about what she enjoys on her family walks. You direct Tiffany to think about her senses (e.g. Think about an enjoyable family walk. What sounds do you hear? Are there any sounds that you do not like to hear?)

Understanding sensory needs

Avalon and Arnold believe that the family walks are good exercise and they enjoy the opportunity to ask Tiffany about her day. Avalon and Arnold say they try to take family walks at the same time every weekday. They take different routes each day to keep the walk interesting. As such, they struggle to recall features of walks that Tiffany appears to enjoy and walks where Tiffany uses PHB.

Tiffany says she enjoys talking to her parents on their family walks. When drawing a picture of an enjoyable walk Tiffany includes fallen leaves, soft grass and holding her Mum's warm hand. When you ask Tiffany about the walks she does not enjoy, she draws wind, cars and lots of strangers talking.

Addressing sensory needs

You know that Autistic children can use PHB when they become exposed to loud sounds like strong wind, traffic and crowds. You want to create a plan to address Tiffany's sensory needs on family walks because they are enjoyable for the family.

To do this you ...

- Discuss with the family what they have shared in sessions.
- Explore the possibility that Tiffany uses PHB when she becomes exposed to loud sounds on walks. You talk to Tiffany and her parents separately to ensure these discussions are age appropriate.
- Support the family to collaboratively discuss how they can plan family walks that avoid exposing Tiffany to loud noises.
- Work with the family to find ways to communicate about and respond to loud noises without using PHB.

Did you know ...?

Sensory needs change in different scenarios and time periods.

[This information sheet](#) from AIFS explores sensory processing differences and provides practical guidance for working alongside neurodivergent children to understand and address their sensory needs.

Social interactions

People's social preferences and needs evolve throughout their entire lives. Children rapidly develop social skills and learn about their own and others' social preferences. When professionals work with children and their families to diagnose autism, one neurodevelopmental characteristic they look for is differences in how children process and respond to social situations (Raising Children Network, 2024b). This can include differences in some of the following:⁶

- use of eye contact
- using and interpreting facial expressions
- understanding of non-literal language (e.g. metaphors and idioms)
- perceptions of personal space and tolerance for other people being in their personal space.

It is important to note that not all Autistic children will display the same differences in the above characteristics or behaviours.

Autism assessments often define these differences as Autistic children having difficulty with social interactions (Raising Children Network, 2024c). However, some in the Autistic community have critiqued this categorisation because the norms of social interactions tend to be defined by the majority – that is, neuro-typical people (National Autistic Society, n.d.). Some people in the Autistic community argue that the difficulty Autistic children have with social interactions may be less to do with innate deficits in social skills and more to do with the social expectations of non-Autistic people.

This perspective is exemplified by the 'double empathy problem'. Differences in styles and preferences of communication, social interactions and expressing emotions between Autistic and non-Autistic people can make it difficult for Autistic people and non-Autistic people to understand and empathise with each other.

This is called a 'double empathy problem' because both Autistic and non-Autistic people experience difficulty understanding the other group (Reframing Autism, n.d.). Because non-Autistic social expectations are usually assumed to be 'correct', Autistic people have been disproportionately burdened with navigating this lack of understanding, empathy and acceptance (Milton, 2012).

Neurodiversity-affirming approaches encourage practitioners and those supporting Autistic children to identify, understand and address differences in social interactions while recognising there is no 'correct' way to interact. In practice, this means working with families to find strategies that reduce the barriers for socialisation experienced by Autistic children and supporting them to safely socialise with others (National Autistic Society, n.d.). The goal is to:

1. accept and value social interaction differences
2. make socialisation safe for Autistic children in the environments we can control
3. help them build the skills they need to navigate social worlds that are not designed for them and are not within the control of families and support services.

⁶ Raising Children Network, 2024b; The Spectrum, n.d.

The following case study provides an example of how a practitioner can support an Autistic child using PHB in response to social interaction differences, and their family.

Case study: Social interactions

Grace and Jun are seeking your support for their Autistic child, Jackie, who is 7 years old. Jackie has been fighting with his 3-year-old brother, Kai. Grace and Jun are worried because the fights seem to start due to small misunderstandings and escalate quickly. They are particularly worried about Jackie's behaviour because he is a few years older and a lot bigger than Kai.

Identifying social differences

As a practitioner, you ask Grace and Jun to describe how the fights between Jackie and Kai usually start. You guide their responses by asking about specific misunderstandings, timing and environments.

In a separate session, you ask Jackie to describe his relationship with Kai. You ask about what he enjoys doing with Kai and when they get along, as well as times that they do not get along.

Understanding social differences

Grace provides an example of a fight where Jackie got home from school and sat on the couch. Kai was already home from preschool and excitedly sat next to Jackie on the couch, calling his name. Jackie was not responding, so Kai poked him. Jackie yelled at Kai and hit a wall as he walked away. Jun said that this kind of situation was common when Jackie comes home from school.

Jackie says that he usually loves spending time with his little brother. Jackie likes showing Kai how to draw comic book characters and they both enjoy watching cartoons on the weekend. However, Jackie says that Kai can be annoying, especially in the morning when Kai is full of energy and Jackie is just waking up.

Addressing social differences

You know that Autistic children can use PHB when they have different expectations for social interactions than others. The examples provided by the family indicate that Kai and Jackie have different expectations of how to greet each other in the morning and after school. You want to support the family to create a plan for ensuring that Kai and Jackie can greet each other in the mornings and after school in a way that suits the social needs of both.

To do this you ...

- Discuss with the family what they have shared in sessions.
- Explain to the parents the possibility of Jackie using PHB due to Jackie and Kai's different expectations in how they will greet each other.
- Support the family to collaboratively plan how Jackie and Kai can greet each other in a way that meets the social needs of both.
- Work with Jackie to understand his social interaction differences and how he can communicate his social needs with others.

Routines and managing change

Everyone has preferences for how structured, predictable and consistent their everyday life is. This means that everyone manages change differently. When professionals work with children and their families to diagnose autism, one neurodevelopmental difference they look for is a strong preference for routine and apparent difficulty managing change (Raising Children Network, 2024a).

Changes that Autistic children may experience differently to non-Autistic children include:

- changes to everyday routines, such as irregular appointments or school excursions
- bigger life changes and transitions, such as starting school or moving house
- everyday transitions such as transitions between activities, tasks or locations.

Autistic children may respond to change with feelings of anxiety, distress or resistance. Autistic children may use PHB to signal they are having difficulty processing and responding to change or view that change as threatening.

The following case study provides an example of how a practitioner can support an Autistic child using PHB in response to a change in their routine, and their family.

Case study: Routines and managing change

Tony is seeking support for his Autistic child, Celeste, who is 11 years old. For the past few years, Tony has worked from home and driven Celeste to school every morning. Recently, Tony started a new job where he works from the office 3 days a week. This means that Celeste must take the bus to school on those days. Tony says that Celeste is upset by this change and often refuses to get ready for school in the mornings, begins screaming or crying and will sometimes throw her school things at Tony or around the room. Celeste sometimes also gets upset in the classroom when she arrives at school after taking the bus.

Identifying need relating to change

As a practitioner, you ask Tony why he thinks Celeste is reacting to this change using PHB. You guide Tony's response by asking what you think being driven to school by him meant for Celeste and how she could be interpreting this change.

In a separate session, you ask Celeste what she enjoyed about getting driven to school. You also ask Celeste to share her perspective on what it means now that she is not being driven to school and whether there is anything about the morning bus ride that she does not like.

Understanding need relating to change

Tony says that he doesn't understand why Celeste is using PHB in the mornings or what is motivating these behaviours. He thinks that Celeste likes to be driven to school because it is easier for her and says that she is too young to understand his decision to start a new job that requires him to work in the office.

Celeste said that taking the bus to school is okay but driving takes less time and is more comfortable. She says that she has to get up earlier on the days she takes the bus and sometimes she has to rush to get ready. She also feels a little bit nervous about whether the bus will arrive on time and where she will sit if there are lots of other people already on the bus. Celeste states that on some days, she gets a message from the school administrator saying that her dad is working late and she must go to after-school care.

Addressing need relating to change

You know that Autistic children can use PHB when they are not supported through changes in their routine. Tony thinks that Celeste is 'acting out' when using PHB because she prefers to be driven to school. However, your discussion with Celeste demonstrates that she is struggling to adjust to the changes in her morning routine and doesn't like it when she suddenly finds out she needs to go to after-school care instead of going home after school. You want to create a plan to help Tony and Celeste's teachers/after-school care staff understand why these changes are difficult for Celeste and to help address Celeste's needs.

To do this you ...

- Talk to Tony and Celeste's teachers about the possibility of Celeste using PHB in response to changes in routine.
- Work with the family to find ways to communicate about and respond to changes in routine without the use of PHB. This could include helping Tony and Celeste to write down or draw all the steps involved on mornings she catches the school bus.
- Work with the school to ensure teachers and after-school care staff understand that Celeste is Autistic and help her transition from the school day to the after-school care space. This could look like finding a quiet corner for her to sit and do an activity she enjoys when first arriving and trying to keep pick-up time consistent on these days.

Did you know ...?

Neurocognitive functioning supports our ability to process change.

This [information sheet](#) from AIFS explores neurocognitive functioning and provides practical guidance for working alongside neurodivergent children to support neurocognitive development.

Further reading and resources

The resources in the sections below will be useful for practitioners working with Autistic children and young people and neurodivergent children more broadly.

Resources from AIFS

[Understanding behaviours of concern for children with disability](#)

This practice guide draws on research evidence and practitioner knowledge to provide an overview of approaches to understanding the behaviours of children with disability and the concept of 'behaviours of concern'. It includes some practical principles for working with children with disability and their families.

[Supporting neurodivergent children and young people](#)

These information sheets define key terms associated with neurodivergence and provide guidance on understanding and accommodating 2 common areas of difference for neurodivergent children and young people: neurocognitive development and sensory processing. They aim to enhance readers basic neurodivergence literacy and to lay the groundwork for further learning and more informed discussions about neurodiversity.

[How to use neurodivergent-affirming strategies to support child mental health](#)

This webinar, co-produced by CFCA and Emerging Minds, explores neurodivergent-affirming mental health service approaches to supporting Autistic and/or ADHDer children and their families. Service providers and a carer advocate draw on their practice wisdom and lived experience to present neurodivergent-affirming care as a better way to support the mental health of Autistic and ADHDer children.

Resources from Emerging Minds

[A neurodivergent-affirming approach to children's mental health](#)

This podcast explores how neurodivergent-affirming service approaches benefit the mental health of Autistic and ADHDer children and their families. Service providers and parent advocates draw on their practice wisdom and lived experience to discuss language and the relevance of trauma-informed care.

[Working with families in neuro-affirming ways](#)

This podcast explores how practitioners can implement neurodivergent-affirming practice when supporting Autistic and ADHDer children and their families. Service providers and parent advocates draw on their practice wisdom and lived experience of validating, supporting and advocating for children's and families' needs.

[Understanding autistic and ADHDer children's mental health](#)

This free, online course introduces practitioners working with Autistic and ADHDer children to neurodivergent-affirming approaches. It provides insight on autism and ADHD, explores the role of practitioners and presents practice advice for taking a neurodivergent-affirming approach to delivering support services.

Other resources

[What is autism and how is it diagnosed?](#)

[Learning about autism](#)

This set of resources from the Raising Children Network presents fundamental information about what autism is and how it is diagnosed in Australia. It includes short written articles, videos from parents, insights from experts and links to additional resources.

[What is autism?](#)

This information sheet from Aspect presents some of the differences that are associated with autism, from the perspective of Autistic people.

Use of PHB by Autistic children

[Aggressive behaviour and autism: 3-18 years](#)

This article from the Raising Children Network discusses aggressive and self-injurious behaviour used by Autistic children and teenagers, why it happens and how to respond while looking after yourself.

[Distressed behaviour: A guide for all audiences](#)

This article from the National Autistic Society UK provides a list of practice strategies to try when Autistic people are displaying distressed behaviour that would normally be considered as physically aggressive.

[Autism and developmental disability: Management of distress/agitation](#)

These clinical practice guidelines from the Royal Children's Hospital Melbourne advise on how staff can assess and manage Autistic children with distress and agitation and their parents/carers in clinical settings.

These 2 articles from Autism Awareness Australia (linked below) discuss behavioural challenges for young and school-aged Autistic children. They provide guidance on supporting Autistic children who abscond/wander or experience autistic meltdowns.

- [Behavioural challenges for young children](#)
- [Behavioural challenges for school aged children](#)

Other relevant websites

[Reframing Autism](#) is a charity organisation that combines lived experience with research evidence to promote respectful, affirming approaches to autism. Their website hosts a mix of publicly accessible and paid resources for autistic people, as well as parents and professionals supporting autistic people.

[Yellow Ladybugs](#) is a charity organisation that aims to support inclusivity for autistic girls, women and gender-diverse folks. Their website hosts resources and supports that may be of interest to people who support neurodivergent children.

[Autism CRC](#) is a cooperative research organisation that aims to produce collaborative research and best practice guidance to benefit all autistic people. Their website hosts resources, tools and publications, including their best-practice guides.

[Neurodivergent Insights](#) is a blog by Dr Megan Anna Neff, sharing accessible articles, infographics, podcasts and factsheets relating to neurodivergence, mental health and wellness.

Nature of the evidence

The research team conducted a rapid literature review to inform the content of this practice guide. We also drew on insight from consultations with practitioners and team leaders working in early intervention mental health services and information from autism advocacy organisations. Insights from previous AIFS consultation with neurodivergent researchers and frontline staff delivering mental health supports to children and young people influenced and guided the creation of this resource.

The research evidence includes national and international studies, published between 2017 and 2025, that explored one or more aspects of the use of potentially harmful behaviours (PHB) by children, including Autistic children.

The limitations of the research evidence include variations in specific research aims, different aged cohorts (from toddler to adolescents), different sample sizes and variations in behaviours measured and data collection tools (e.g. surveys and scales, parent or teacher reports). Most of the included studies focused on Autistic children with a clinical diagnosis. Most studies focused on the use of PHB in the home and/or at school and not other public or community settings. We acknowledge that much of the research on PHB and autism uses medicalised models and ways of understanding neurodevelopmental differences. We respect the critique of these medicalised models expressed by some Autistic people and the wider neurodivergent community.

Although in this resource we highlight the importance of using neurodiversity-affirming and trauma-informed practice when working with children using PHB, a further limitation of the research evidence is that it is mostly

drawn from studies that do not specifically adopt neurodiversity-affirming or trauma-informed practices in their study design. Furthermore, although the research is about children, data collection mostly relies on parent or teacher reports and children's voices are not amplified.

Despite these limitations, the research evidence provides useful information for determining the patterns of PHB use by Autistic children, the impacts on children and families and the reasons why Autistic children may use PHB. This information was supported by practice experience, lived expertise and information from autism advocacy organisations. The research evidence did not cover support strategies, and we drew on information from practice experience and autism advocacy organisations to develop these sections.

We acknowledge that the use of potentially harmful behaviours by Autistic children, and research on autism more broadly, is an evolving space and includes diverse perspectives informed by research, practice experience and lived expertise.

References

- Australian Bureau of Statistic (ABS). (2022). *Autism in Australia, 2022*. ABS. abs.gov.au/articles/autism-australia-2022
- Amaze. (2025). *What is Autism?* Amaze. amaze.org.au
- Aspect (Autism Spectrum Australia). (2025). *Information sheet: What is autism?* Aspect. [aspect.org.au/uploads.documents/Information-Sheets/WhatisAutism_InfoSheet_-2025.pdf](https://aspect.org.au/uploads/documents/Information-Sheets/WhatisAutism_InfoSheet_-2025.pdf)
- Autism Awareness Australia. (n.d.). *Understanding sensory sensitivities*. Autism Awareness Australia. autismawareness.com.au/navigating-autism/understanding-sensory-sensitivities-in-autism
- Brown, C. E., Borduin, C. M., Dopp, A. R., & Mazurek, M. O. (2019). The social ecology of aggression in youths with autism spectrum disorder. *Autism Research, 12*(11), 1636–1647.
- Brown, C.E., Quetsch, L.B., Aloia, L.S., & Kanne, S.M. (2024). Predictors of aggression, disruptive behaviour, and anger dysregulation in youths with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 54*(4), 1264–1280.
- Centre for Excellence in Child and Family Welfare. (2025, September 3). *YPVITH: Neurodiverse affirming practice with young people and their families*. [Online training event]. Centre for Excellence in Child and Family Welfare.
- Dallman, A. R., Williams, K. L., & Villa, L. (2022). Neurodiversity-affirming practices are a moral imperative for occupational therapy. *The Open Journal of Occupational Therapy, 10*(2), 1–9. doi.org/10.15453/2168-6408.1937
- Department of Social Services (DSS). (2024). *National Autism Strategy 2025–2031*. Commonwealth of Australia.
- Gohari, D., Schiltz, H., & Lord, C. (2024). A longitudinal study of aggression in people with autism and other neurodevelopmental disabilities. *Journal of Autism and Developmental Disorders, 1*–17.
- Holt, A. (2024). 'I'm his safe space': Mothers' experiences of physical violence from their neurodivergent children – gender, conflict and the ethics of care. *The British Journal of Criminology, 64*(4), 811–826
- Holt, A. (2023). 'I don't know what is autism, what is normal teenage behaviour, and what is naughtiness': Conceptualising child and adolescent to parent violence in the context of neurodevelopmental difference. *Children & Society, 1*–17.
- Keating, C.T., Hickman, L., Leung, J., Monk, R., Montgomery, A., Health, H. et al. (2023). Autism-related language preference of English-speaking individuals across the globe: A mixed methods investigation. *Autism Research, 16*(2), 406–428.
- Kirst, S., Bogl, K., Gross, V. L., Diehm, R., Poustka, L., & Dziobek, I. (2022) Subtypes of aggressive behaviour in children with autism in the context of emotion recognition, hostile attribution bias, and dysfunctional emotion regulation. *Journal of Autism and Developmental Disorders, 52*(12), 5367–5382.
- May, T., Brignell, A., & Williams, K. (2020). Autism spectrum disorder prevalence in children aged 12–13 years from the Longitudinal Study of Australian Children. *Autism Research, 13*, 821–827. [doi:10.1002/aur.2286](https://doi.org/10.1002/aur.2286).
- May, T., Sciberras, E., Brignell, A., & Williams, K. (2017). Autism spectrum disorder: Updated prevalence and comparison of two birth cohorts in a nationally representative Australian sample. *BMJ Open, 7*. [doi:10.1136/bmjopen-2016-015549](https://doi.org/10.1136/bmjopen-2016-015549).
- Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem.' *Disability & Society, 27*(6), 883–887. doi.org/10.1080/09687599.2012.710008
- National Autistic Society. (2020). *Sensory differences: A guide for all audiences*. National Autistic Society. www.autism.org.uk/advice-and-guidance/topics/sensory-differences/sensory-differences/all-audiences
- National Autistic Society. (n.d.) Autism and communication. National Autistic Society. www.autism.org.uk/advice-and-guidance/topics/about-autism/autism-and-communication
- Neuhaus, E., Kang, V. Y., Kresse, A., Corrigan, S., Aylward, E., Bernier R. et al. (2022). Language and aggressive behaviours in male and female youth with autism spectrum disorder. *Journal of Autism and Developmental Disorders, 52*, 454–462.
- Piro-Gambetti, B., Rodriguez, G., Papp, L. M., Greenlee, J. L. & Hartley, S. L. (2023). Parent couple conflict and emotional and behavioural problems in youth with autism: Longitudinal investigation of bidirectional effects. *Development and Psychopathology, 35*(1), 62–72.
- Quetsch, L. B., Brown, C., Onovbiona, H., Bradley, R., Aloia, L., & Kanne, S. (2023). Understanding aggression in autism across childhood: comparisons with a non-autistic sample. *Autism Research, 16*(6), 1185–1198.

- Raising Children Network. (2024a). *Aggressive behaviour: Autistic children and teenagers*. Raising Children Network. raisingchildren.net.au/autism/behaviour/common-concerns/aggressive-behaviour-asd
- Raising Children Network. (2024b). *DSM-5-TR and autism diagnosis*. Raising Children Network. raisingchildren.net.au/autism/learning-about-autism/assessment-diagnosis/dsm-5-autism-diagnosis
- Raising Children Network. (2024c). *Social interactions and social relationships: Autistic children and teenagers*. Raising Children Network. raisingchildren.net.au/autism/communicating-relationships/connecting/social-interactions-social-relationships-autistic-children-teens
- Raising Children Network. (2024d). *Stimming: Autistic children & teenagers*. Raising Children Network. raisingchildren.net.au/autism/behaviour/common-concerns/stimming-asd
- Raising Children Network. (2025, March 21). *Autism: what is it?* Raising Children Network. raisingchildren.net.au/autism/learning-about-autism/about-autism/asd-overview
- Reframing Autism. (n.d.). *Milton's 'double empathy problem': A summary for non-academics*. Reframing Autism. reframingautism.org.au/miltons-double-empathy-problem-a-summary-for-non-academics/
- Sivathasan, S., Eldeeb, S., Northrup, J. B., Antezana, L., Ionadi, A., Wakschlag, L. S. et al. (2024). Early childhood aggression in autistic and non-autistic preschoolers: Prevalence, topography, and relationship to emotional reactivity. *JAACAP Open*, 2(2), 112-125.
- Strawa, C., & Lancaster, C. (2024). *Understanding behaviours of concern for children with disability*. Melbourne: Australian Institute of Family Studies.
- Sutherland, G., Vaughn, C., Rangi, M., Kavanagh, A., King, T., & Llewellyn, G. (2022). *Toward a socio-ecological understanding of adolescent violence in the home by young people with disability: A conceptual review*. Research report, 08/2022. Australia's National Research Organisation for Women's Safety (ANROWS).
- Swaab, L., Goodwin, J., Wroe, J., Woolard, A., McCormack, L., & Campbell, L. (2021). Stigma associated with parenting an autistic child with aggressive behaviour: A systematic review. *Review Journal of Autism and Developmental Disorders*, 1-14.
- The Spectrum. (n.d.). *Autism social interaction strategies*. The Spectrum. thespectrum.org.au/autism-strategy/social-interaction/