

Aggression

Is your child hitting people?



Is your child:

- Hitting siblings and kicking classmates?
- Having aggressive reactions?
- Exhibiting excessive impulsivity?
- Moving constantly or acting frequently without thinking?
- Throwing things, hitting and kicking parents or others when upset?
- Getting in trouble at school?
- Feeling awful after aggressive outbursts?

LET'S TALK ABOUT IT

Sometimes children hit. Some kids are far more physical and seek contact with other kids. Toddlers and preschoolers are learning to engage with others in the environment. They may initially hit and push other kids if they want to play with a toy someone else is using or stand in the line where someone else is standing. When preschool children use aggression to meet their needs, these moments are important learning opportunities. This young age is when children need good models of sharing behavior and socializing skills. As children enter school age, they are expected to keep their hands to

themselves, to handle conflicts verbally, or to seek adult supervision. Generally, early in the kindergarten year, a few incidents of hitting from several students will occur. However, this behavior will soon become a problem if the children aren't learning appropriate conflict resolution skills.

Some children continue to try to resolve conflict with hitting, which may also be an unplanned or unintentional reaction. Children who are *impulsive* often seem as if they are acting five steps in front of their brains. Impulsivity refers to doing things without thinking first. A child who hits the kid who cuts in front of him in line is having an impulsive reaction. He may know not to hit others, but he may act without thinking. Some impulsive children may also seem *hyperactive*, acting as if they are driven by a motor. These children move constantly and may be a bit like a 'bull in a china shop.' If you are in the line of fire, you may be knocked over. Hitting in this context may be completely unintentional, but it can cause problems if your child is of elementary age or older.

CLINICAL DESCRIPTION

Hitting may be unintentional, it may be an *impulsive* response to something your child is unhappy about, or it may be deliberate. Some children hit to *get their own way*, which is referred to clinically as '*conduct*.' Challenges with *mood regulation* may lead to excessive anger or irritability, which can result in a physical confrontation. It could also be poor executive functions and conflict resolution skills.

Considering each of the skills your child needs to refrain from hitting and demonstrate prosocial behaviors, see the following possibilities below:

Impulsivity: your child may have challenges with *impulsivity*, that is, not planning to hit another child but then hitting anyway. Later, he or she may feel great regret and remorse. After all, impulsive behaviors are accidental.

Mood regulation challenges mean your child may have difficulty regulating his or her mood and emotional reactions, which could lead to aggression.

Executive Functions & Conflict Resolution: Without strong skills in inhibiting an automatic response or planning out moves and behaviors, your child may struggle to know how to handle a conflict. Clinically, problem-solving abilities may also be a factor in aggression. Organization and planning skills refer to our ability to plan and execute tasks. Hitting may be the default when a child is not sure how to handle a conflict. These skills are often referred to as *executive functions*, which means the functions of our prefrontal cortex to think steps ahead, to plan, to organize and to solve problems effectively. Kids who struggle with executive functions need a lot of reminders and step-by-step guidance. These challenges are common in children with ADHD or autism.

Conduct: Also, consider challenges related to intentional behaviors, without regard for the feelings of others, which is clinically known as ‘conduct.’ If your child’s intentions appear to be to hurt and injure others, consider behavioral disorders that are characterized by rule breaking behavior. If your child keeps deliberately breaking rules and causing harm, your child is acting in a ‘maladaptive’ way. Maladaptive, as the name implies, refers to bad behavior that gets a kid into trouble. Generally, children with maladaptive behaviors take their anger out on others. If your child is behaving this way, refer to the *antisocial behavior* article for more information.

Social skills: Finally, children who have challenges with *social perspective taking* and *social reciprocity* may not know how to solve a conflict and may hit because of difficulty relating to others. Sometimes, children who hit other children have a hard time taking the other child’s perspective and understanding what the other child is feeling or thinking. In that case, it may be that your child has a disability or delay in development. If the behavior persists, in spite of intervention, it is wise to seek an evaluation to confirm whether or not these behaviors occur in the context of a disability.

WHAT TO DO WHEN YOUR CHILD HITS

Do not over-react. Block the behavior, and provide minimal attention, waiting to reinforce good behavior like using words to request. Sometimes, young children act aggressively because these behaviors get a big reaction and provide attention. Make sure to only provide attention for good behavior.

Find opportunities for physical activity. Provide outlets for physical play, like sports and martial arts, which also teach discipline.

Set your child up for success. Some children do not do well in unstructured and overstimulating environments. Choose playdates for success, and don’t go to the harvest festival if your child gets hyper and rowdy in that type of setting.

Set a good example for how to handle conflict. Teach your child phrases like, ‘agree to disagree,’ ‘these things happen,’ and ‘we can work it out.’ Show empathy when your child is upset. Allow your child to learn ways to vent angry feelings in a safe place without resorting to aggression.

Never model hitting for your children. If you and other family members don’t hit others, including children, adults, or pets, you reduce the risk of accidentally reinforcing or modeling your child’s poor behavior.

Be careful about media exposure. Of course, television and games model hitting, and some children are more vulnerable to these ‘models’ than others. You may consider limiting your child’s exposure to shows and games that show violence. Some children may confuse make-believe and reality, so if your child is indeed exposed to violence or aggression in the media, it is important to clearly differentiate these experiences from real life.

Provide reinforcement for good behavior choices. Point out and praise positive and gentle behavior with others. With a very young child, it can be helpful to model caring behaviors toward a stuffed animal. Teach your child to soothe the teddy bear, to comfort him when upset, and to put him down for a nap when he is tired.

Taken together, turn away from the behavior you do not want to see and turn toward the behaviors you want to see.

If your child's behaviors are not improving see 'Where to go for help' section below. Applied Behavior Analysis therapy is the gold standard for managing behaviors of this nature.

SIMILAR SYMPTOMS

If your child is struggling with a similar problem, not directly addressed in this section, see the list below for links to information about other related symptom areas.

- [Attention or executive functioning problems \(Focusing & Organizing\)](#): aggressive behavior can be related to difficulty with attention and challenges with impulsivity; challenges following directions, or challenges staying organized
- [Emotional problem \(Feeling\)](#): aggressive behavior can be related to underlying mood swings, feelings of sadness and depression; especially if there is a family history of mood disorders, alcoholism or abuse
- [Emotional regulation](#): aggression can be related to problems managing strong feelings and poor coping skills
- [Social skills problems \(Socializing\)](#): aggressive behavior can be related to poor social skills and social emotional reciprocity; trouble reading social cues and knowing when to stop

POTENTIAL DISABILITIES

*Children who have significant problems in this area **may** have any of the following potential disabilities. *Note, this information does **not** serve as a diagnosis in any way. See the 'Where to Go for Help' section for professionals who can diagnose or provide a referral.*

- [Attention Deficit Hyperactivity Disorder AD/HD Combined or Hyperactive Impulsive Type](#): challenges with sustaining attention, distractibility, hyperactivity, and impulsivity; may lead to acting without thinking and accidental aggression
- [Behavior Disorder](#): children who consistently make poor behavior choices may have a behavior disorder such as Oppositional Defiant Disorder (ODD) or Conduct Disorder and may be aggressive
- [Attachment Disorder or PTSD](#): rigidity and extreme behaviors that stem from trauma history or interrupted attachment to primary caregivers (death of a parent,

change of caregivers, or abuse). Traumatized children may 'act out' in the form of aggressive acts towards peers or adults

- [Autism Spectrum Disorder](#): social skills; reading social cues can be difficult; often do not understand other's perspectives; may act aggressively due to poor emotional regulation and social understanding
- [Major Depression](#): depressed mood or, in children, irritability that is pervasive; decreased interest in activities that used to be enjoyable; may respond in a negative manner and display some aggressive behavior
- [Bipolar Disorder](#): irritability that is pervasive and alternates with periods of elevated mood, pressured speech and goal-directed activity; impulsivity; sometimes the impulsivity combined with mood swings may lead to some aggressive behavior

WHERE TO GO FOR HELP

If your child is struggling with this symptom to the point that it is getting in the way of his learning, relationships, or happiness, the following professionals could help; they may offer diagnosis, treatment, or both.

- [CLEAR Child Psychology](#): to obtain a *customized profile* of concerns for your child or to *consult 'live'* a psychologist
- [ABA Therapist](#): to assess and treat behavior; may conduct a functional analysis and develop a behavior plan that can guide treatment
- [Psychologist or Neuropsychologist](#): to consider a full assessment and to consider symptoms in mental health and/or behavioral context
- [Psychotherapist or Play Therapist](#): to treat emotional symptoms that arise and help with social skills training, planning and organization, parent training, cognitive behavioral therapy, neurofeedback (for ADHD)
- [School Psychologist](#): to provide behavioral intervention plan (BIP) or IEP at school
- [Psychiatrist](#): to prescribe and manage medication for inattention and impulsivity. Stimulant medication for ADHD is effective in a high percentage of children with focus and impulsivity challenges

These professionals may recommend the following tests for this symptom:

- [Roberts, BASC-3, Clinical Interview, RCMAS, CDI-2, Human Figure Drawing, PTSD Scale, Rorschach, Brief Projective Measures](#): emotional, personality, and behavior assessment (Neuropsychological or psychological evaluation)
- [WISC-V](#): cognitive assessment (Psychological or School Psychological evaluation)
- [TOL-2, CTMT, WCST, TOVA](#): attention and executive functioning assessment. (Neuropsychological evaluation)
- [ADOS-2](#): social communication assessment; in consideration of an autism diagnosis

LEARN MORE

[1] Barkley, Russell A. (2013). *Taking charge of ADHD, 3rd edition: The complete, authoritative guide for parents.*

Amazon: <https://www.amazon.com/Taking-Charge-ADHD-Third-Authoritative/dp/1462507891/>

[2] Seigel, Daniel J. & Bryson, Tina Payne (2014). *No drama-discipline: The whole-brain way to calm the chaos and nurture your child's developing mind.*

Amazon: <https://www.amazon.com/No-Drama-Discipline-Whole-Brain-Nurture-Developing/dp/0345548043?ie=UTF8&hvadid=4162156440&hvbm=be&hvdev=c&hvqmt=e>

[3] Kroncke, Anna P., & Willard, Marcy & Huckabee, Helena (2016). *Assessment of autism spectrum disorder: Critical issues in clinical forensic and school settings.* Springer, San Francisco.

Springer: <http://www.springer.com/us/book/9783319255026>

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[4] Cook, Julia (2011). *Soda pop head.*

Amazon: <https://www.amazon.com/Soda-Pop-Head-Julia-Cook/dp/193163677X/>
<https://www.amazon.com/Soda-Head-Activity-Idea-Book/dp/1937870022/>

[5] Meiners, Cheri J. (2010). *Cool down and work through anger (Learning to get along).*

Amazon: <https://www.amazon.com/Cool-Through-Anger-Learning-Along/dp/1575423464/>

[6] Mulcahy, William (2012). *Zach gets frustrated (Zach rules series).*

Amazon: <https://www.amazon.com/Zach-Gets-Frustrated-Rules/dp/1575423901/>

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How-to-deal-with-a-child-that-hits

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