Parent Information

Self–gratification behaviour

### How does it manifest?

Self-gratification behaviour can manifest differently from one child to the next.

Often there is just repeated crossing of legs or thighs (scissoring) rather than direct stimulation of the genitalia. What is often noted is that the child is staring, or has a faraway look, and can move or shake one or more limbs for several minutes at a time. Sometimes the child may adopt a odd posture, have rocking movements, and other features such as sweating, facial flushing and grunting may also be observed. The child may not immediately respond when called but if interrupted he/she may get angry or show annoyance.

The situations in which these episodes occur often tend to be similar e.g. in the high chair, car seat, the baby walker or when lying prone.

### How common is it?

It has been reported in up to 94% of boys and 55% of girls at some point in their childhood.

### Why does it happen?

The exact reason is not understood but it is thought to occur for different reasons in different children either from boredom, excitement or lack of stimulation. In other instances, it is discovered by chance and then becomes a habit.

### How is it diagnosed?

It may go unrecognized initially and be mistaken for seizures, or a movement disorder or abdominal pain. The right diagnosis is reached by a careful analysis of the history and video footage of the episodes. In doing so, one can avoid unwarranted medical investigations and use of medicines.

### Common misunderstandings

It might be misinterpreted as a ‘sexually deviant’ behaviour by those who are not aware that this is a normal phase in a child’s development. It should be seen as a normal variant rather than as a ‘disorder’.

**How is it managed?**

It is important to understand that this is a normal behaviour that children will often outgrow.

Avoid situations that trigger self-gratification behaviour. For example, if the episodes occur when a child is bored or not stimulated then ensure the child is kept interested.

When the behaviour is underway, attempts can be made to interrupt and distract the child to other activities as with music, toys or games that could sustain their attention.

Scolding the child could result in reinforcing such behaviours and causing low self-esteem; rather they should be gently spoken to on the need to avoid such behaviours.

It would help to complete an ABC chart:

**A**ntecedants – what was happening just before the behaviour started,

**B**ehaviour (description of behaviour – be specific as variations in behaviour might have slightly different causes),

**C**onsequence (what did others do in response to the behaviour) to identify what the responses to the behaviour might be that keep it happening.

It might be occuring because ‘it feels nice’ and young children don’t have the social understanding that this is not acceptable behaviour in public yet, or it might be a self-soothing response, or to do with demand avoidance or about trying to get an interaction/response from family when they don’t know how to communicate that need in a different way.

In some children, the episodes will respond to distraction but may reappear at a later stage. If so, the techniques that have been employed successfully should be reapplied.

**References:**

Nechay A et al (2004) Gratification Disorder: A Review. Archive of Diseases in Childhood. 89: 225-226

Mink JW, Nell JJ (1995) Movement Disorders. 10: 518-520

Yang ML et al (2005) Paediatrics. 116: 1427-1432

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