

# Understanding Why Some Children Smear Poo

## A guide for parents and carers

It is not easy for families to understand all of their children's behaviours. However, it is important to remember that children usually want adult approval and attention. They are not motivated by a desire to be naughty or to upset adults. They behave in ways that solves problems for themselves.



As adults we do not always understand when a child perceives a problem. This is because adults do not think or see the world in the same way that children do. Also, children do not understand their own thinking in the way adults do and they do not always have the language to talk about issues they are experiencing. This can result in behaviours that are difficult to understand and manage.

### What is smearing?

Smearing is a behaviour that involves a child wiping poo onto any surface or object.

### Why do children smear?

There are several reasons why children smear. Some children may smear for more than one reason, or for different reasons at different times:

**Medical reasons:** If a child has tummy ache, pain in or around their bottom, or if they have soiling (poo in their pants, which is often caused by constipation), they may explore. If they get poo on their hands, they may wipe it off on anything that is nearby.

**Sensory issues:** We experience the world through our senses. These include touch, taste, sound, sight, smell, balance, knowing where we are in relation to the rest of the world and our bodies own feedback mechanisms (how we know we are hot, cold, hungry, tired, thirsty etc). If a child experiences their senses differently, either they are over stimulated (hypersensitive) or under stimulated (hyposensitive), this can affect how they behave.

Children who are getting too much stimulation will try to avoid situations where there are lots of sensations e.g. places that are too loud, too busy, or have strong smells.

Children who are not getting enough stimulation will try to find ways of increasing their sensory input.

Children who are not getting enough stimulation may be less aware of when they need the toilet than other children. This may result in soiling. If the child is not sure whether poo is in their pants, they may put their hands there to see. The same children may actively seek ways of increasing sensory feedback. Poo is warm, smelly and soft. All of these provide sensory feedback to children who do not understand that it is not appropriate to play with poo.

**Behavioural issues:** Most people find poo unpleasant. Therefore, if a child has smeared, the response is likely to be upset or anger. For children, any response is better than no attention. For this reason, they may be more likely to smear at times when they are getting no attention or when they are bored, such as at bedtime, or when their families are busy. When they get attention for the smearing, even if that is being told off, the behaviour is reinforced and is more likely to happen again.

Smearing may also be used as a way of avoiding contact with other people, or keeping people out of their bedroom. It may also be a way of avoiding something they do not want to do.

**Psychological issues:** Smearing is more likely to happen with children who have processing differences such as autism or attention deficit disorder (ADD). It may also occur in children who have experienced trauma, or have anxiety or depression.

For children affected by these conditions, smearing might provide a way of controlling their body or actions, when other areas of life feel out of control. It can be a way of expressing significant feelings such as anger, frustration. It may also be comforting to the child.

### **What can be done to stop smearing?**

To stop the smearing from happening there needs to be an understanding of why it is the child is doing it. Things that can help include:

**Medical issues:** ask your child's doctor (consultant or GP) to make sure they have not got any bowel problems including constipation. If they have these should be treated.

**Sensory issues:** provide your child with lots of opportunities for sensory play throughout the day. This may include playing with cornflour and water, play dough, plasticine, finger paints, papier-mâché, custard or raw pastry (so long as they do not have any food intolerances or allergies). You could consider adding a small amount of essential oil to provide smell to the soft, squidgy textures.

**Behavioural issues:** ask your child's healthcare professional for help to try and identify what is happening just before the smearing takes place and how do you respond after it has happened. This is sometimes called the A-B-C approach, which stands for

Antecedent – Behaviour – Consequence. That means what is happening before the behaviour, the behaviour itself and the consequences of the behaviour. This approach may help you work out if there is something that triggers the smearing or when the smearing is likely to happen, so that you can use distraction or other activities at those times to prevent it. You may also find that your response to the smearing is something your child likes, so you are unknowingly making it more likely that they will smear again.

Try to make sure that you give your child as little attention as possible after they have smeared. E.g. if they like showering or bathing then avoid giving them this, or they might view the clean-up as a reward for smearing and continue it. Use as few words as you can, do not give your child too much eye contact after the smearing. Some families find it best to remove the child to another place and clean them up with as little fuss as possible, while someone else cleans up the smearing.

**Psychological issues:** ask your GP, school nurse or health visitor for support. Your child may need to be referred for support from a psychologist or from the learning disability or children’s mental health team.

### **What other options are there?**

Many children need more than one approach to solve what is a difficult and distressing problem for families. However, for some children, restricting access to their bodies at times when the soiling is most likely to happen can help. Overalls worn back-to-front, leotards, onesie pyjamas with zips at the back and vests that popper up in the groin under normal clothing can all help.

### **Further advice**

Talk to your child’s GP, paediatrician, school nurse or health visitor. They should be able to provide you with support or refer you to another healthcare professional.

You may contact the **Bladder & Bowel UK confidential helpline** at email: [bbbuk@disabledliving.co.uk](mailto:bbbuk@disabledliving.co.uk) or Telephone: 0161 607 8219

For further information about **Bladder & Bowel UK** services and resources visit our website at [www.bbukuk.co.uk](http://www.bbukuk.co.uk)

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