



SELF-HARM IN AUTISTIC PEOPLE

Shedding Light on a Worrying Behaviour

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I remember hiding in a corner of the school library when I was 15. School was a blooming, buzzing, overwhelming experience of noise, fear, loneliness and self-hate. I felt like I was moving through treacle while everyone else moved at high speed around me. I hurt myself in order to feel something real when inside felt so dead.

Fast forward and I am hiding in the corner of the staff room at age 35. I am terrified and utterly overwhelmed. In just ten minutes, I have to project a confident, smiling face to the world. I hurt myself because it knocks me back into calmness. It helps me fix the mask and go out into the world while the pain distances me from the inner turmoil.

For many people, self-harm seems utterly bizarre. It's a behaviour that seems to fly in the face of the hardwired evolutionary drives to avoid pain and danger, rendering those who engage in it freaks by comparison. It takes on nightmarish proportions when parents observe it in their child.

As a scientist who studies self-harm in autistic people and an autistic adult with a long history of self-harming, I'd like to shine a light on this worrying and misunderstood behaviour. In the main, I'll focus on self-harming in autistic people who do not have an intellectual or learning disability – people like me.

Non-suicidal Self-injury (NSSI)

Scientists often refer to self-harm as non-suicidal self-injury. We do this because people hurt themselves for very different reasons. Let's consider two people you might find in the emergency department. The first was injured in the course of a suicide attempt. The self-harm in this instance is more a "means to an end," and the most important thing to understand is what made that person desperate or sad enough to attempt suicide. The second person might have similar injuries but had no intention of ending his or her own life. For that individual, self-harming behaviour is the end or goal in and of itself, not a means of dying.

Research has shown us that the factors which drive suicidal thoughts and feelings are not the same as those which drive self-injury which is non-suicidal.¹ This means that our responses and interventions should also differ depending on whether self-harm was part of a suicide attempt or the goal itself.

Why Do People Engage in NSSI?

Scientists believe that the most common reason for engaging in such behaviour is because causing yourself pain, or seeing injuries on your body, changes the thoughts and emotions you're experiencing.² Someone who is experiencing high-intensity emotions, like anger, agitated anxiety, overwhelm or immense guilt, can reduce the intensity of these emotions or eliminate them outright through NSSI. Alternatively, an individual who feels numb or dissociated may find that NSSI either breaks through the numbness or grounds the person back in the present.

NSSI can be a means of changing a sensory experience or of generating a desired sensation that provides comfort. It can also change something about the interpersonal or social situation that a person is experiencing. When individuals struggle to express their thoughts and feelings, NSSI may be a means of communicating distress, signalling that a situation is intolerable, or seeking comfort from others.

A widespread myth is that NSSI is attention-seeking or manipulative. This is not true. Wounds are usually hidden from others, and the reasons for self-harming aren't always well understood by people who engage in the practice. It may simply make them feel better.

Why Do Autistic People Self-harm?

My research suggests that autistic and non-autistic people engage in NSSI for very similar reasons, and that these reasons vary by individual and situation.³

While some individuals reported engaging in NSSI to generate sensation, a very small number suggested it was a form of communication. Most indicated that NSSI was a means of coping with a whole range of emotions: anger, stress, anxiety, frustration, pressure, self-hate and low self-worth. They explained that it was "a coping mechanism to convert emotional into physical pain."

Some autistic people experience NSSI as a distressing addiction over which they feel they have little control. Others approach it as a conscious and deliberate strategy that helps them maintain balance when faced with overwhelming feelings and situations. The latter did not necessarily see it as a problem, but suggested that it served as a coping mechanism. NSSI helped them avoid attempting suicide.

This explanation resonates with me. While I might know all the scientific theories associated with NSSI, sadly I've never found a more effective way of dealing with overwhelming emotions so that I don't drown.

When non-speaking autistic people with an intellectual disability engage in self-harm, it can be harder to understand the reason why. However, it seems to be provoked by similar factors, such as distress at unexpected changes, frustrated communication attempts and sensory discomfort. Like other repetitive behaviours, it may function to soothe these feelings.⁴

How Prevalent Is NSSI in Autistic People?

Given its secretive nature, it's hard to tell how common NSSI is in autistic people. What we do know is that the way it presents in autistic people without an intellectual disability is similar to what we see in the general population. It typically starts in the teenage years and involves the same kinds of behaviours, with scratching and cutting oneself most common, followed by hitting and biting oneself. In contrast, self-harming in individuals with an intellectual disability may be more rhythmic, out in the open, and less likely to involve implements, with head-hitting being more common than cutting.

We know from the general population that protective factors, such as good self-esteem, prevent most people from ever trying NSSI.⁵ In autistic people without intellectual disabilities, NSSI seems highly associated with self-criticism, depression and other mental illnesses, as well as sensory sensitivities and difficulties identifying and communicating emotions. This makes sense since people engage in NSSI as a means of punishing themselves, or of regulating overwhelming emotions and sensations that they may not fully understand.

How Can I Help?

Autistic individuals that I have worked with highlighted several important messages for those who want to help.

Try your best to stay calm and respond in a patient, compassionate and non-judgmental way. As terrifying and devastating as NSSI can be, try your hardest not to get emotional with someone who has self-harmed.

One of the most overwhelming emotions that parents feel when they see their child suffering is guilt. Is it in some way their fault for not taking better care of their child? Please know that **it is not your fault**. It is so hard to live in the world as someone with a different kind of mind, and unfortunately we are prone to mental illness and NSSI. While it is hard to see someone suffer, remember that you are your child's best asset for living in the world.



It is upsetting to discover NSSI, but try hard to keep your emotions under control with the autistic person. Autistic people are very affected by the emotions of others.⁶ In fact, we struggle to regulate our own emotions. Your child may feel immense guilt and worry about upsetting you. Let the person know that he or she is loved and you're not angry.

Seek to understand what triggers NSSI and what need it fulfills, while recognising that this differs across individuals. People who self-harm may feel it's the only coping strategy in their arsenal. While you don't want to encourage the behaviour, work with the person to identify the triggers and functions of self-harm so you can work together on alternatives that might meet the same sensory or emotional needs.

Offer help with emotional awareness and expression. Participants in my research said that learning to identify and articulate their emotions, as well as recognise when situations were causing them distress, was very helpful. This allowed them to feel more in control of their emotions and put strategies in place to change how they feel without resorting to NSSI.

Try to raise awareness of sensory triggers and internal signals. Autistic people often struggle to identify inner signals, such as hunger, fatigue or temperature, or if they are getting overwhelmed by the sensory environment. This can build up suddenly until it's too late. Participants in my research found it helpful to consciously check in on their physical and mental state. Those who struggle to do that in the present moment should set very clear boundaries around how much they should do before withdrawing from a situation.

Tackle low self-worth and loneliness. These are major factors in mental health for autistic people, and mental illness is a major contributor to NSSI. Do everything you can to help people build a positive sense of their self-identity as autistic, and connect them with their "tribe." Autistic adults suggest there is great comfort in belonging to an autistic community with similar experiences.

Communication barriers between autistic and non-autistic minds can challenge therapeutic interventions. Unadapted therapeutic approaches can actually be harmful for autistic people. If you want to support a young person in receiving help from a professional, find someone who specialises in autism and adopts an autism-affirming approach rather than one that pathologizes.

I hope that you have found this article useful. Please leave some feedback on my website or email me at rmoseley@bournemouth.ac.uk. I'd love to hear from you! If you would like to read more about NSSI, mental health and suicidality in autistic people, you can find accessible versions of my research on my website, <https://www.scienceonthespectrum.net/>. You'll also find my favourite resources and links to further reading.

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