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# Relationship between autism & self-injury, and what you can do to support your child to stop

***Read Now***



# What is the relationship between autism & self-injury?

**Sadly, people with Autistic Spectrum Condition are **3x more likely** to self-injure than their neurotypical peers**



Young people with autism show greater levels of:

- Anxiety
- Emotional reactivity (emotions become intense quickly and it takes more time to return to baseline)
- Difficulties in emotion regulation
- Sensory sensitivities
- Difficulties in understanding and communicating their internal worlds

**These factors make it more likely self-injury will be used as a means to cope with the overwhelm**



# What do we mean by self-injury?

As a parent, you understand your child best! We've outlined the definitions, subtle similarities and differences between **Non-Suicidal Self-Injury (NSSI)** and **Self-Injurious Behaviours (SIB)** so you can reflect on your own child's behaviour.



***It's important to note that there is a lot of overlap between them and your child may be somewhere in between***

## **Non Suicidal Self-Injury:**

Seen as the 'typical self-harm'. Deliberate, self-inflicted harm to the physical body without the intention to end one's life. Most commonly used to cope with overwhelming distress, regulate intense emotions, express feelings, feel a sense of control or cope with feelings of numbness.

***Example:*** A teenager might cut their arms with a razor blade to manage feelings of intense sadness after a break-up, finding temporary relief from emotional pain.

## **Self-Injurious Behaviour:**

Associated with difficulties stemming from autistic traits. Involves self-inflicted, repetitive behaviours that cause physical harm to one's body.

Typically stem from sensory overwhelm, frustration in response to demands, or difficulties in processing situations and communicating needs/feelings. Can be used as a way to self-soothe.

***Example:*** A child with autism might repeatedly bang their head against a wall when they are being rushed to leave the house and are unable to otherwise express their needs or overwhelm.

# Self-Injurious Behaviour or Non-Suicidal Self-Injury?

Either (and sometimes both) can be present in young people with autism

## Similarities:

Both involve harm to oneself without the intention to end one's life

Both are used as a coping mechanism

Both can be used as a way to communicate emotions and needs



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## Differences:

### Underlying causes

- NSSI: Primarily linked to emotional regulation difficulties, psychiatric conditions such as depression and anxiety, or trauma.
- SIB in Autism: Often related to sensory processing issues, communication difficulties, frustration, or the need for self-soothing.

### Age of onset

- NSSI: Typically starts during puberty/adolescence
- SIB: Signs often begin in early childhood

### Patterns of behaviour

- NSSI: Typically done privately and in 'episodes' e.g. through cutting or burning
- SIB: Happens more openly and often immediately after triggering event. Behaviour tends to be repetitive. e.g. by head-banging



# Factors that can increase susceptibility to self-injury:

## Emotional and Psychological Challenges

- Feeling different and misunderstood
- Overwhelming emotions and distress
- Not being able to understand, express, and manage emotions
- Self-punishment
- Masking: delayed increased overwhelm later
- To regain a sense of control over feelings or problems

## Social Communication

- Communicating a need (e.g. for support, distress over demands)
- To identify with a peer group
- Relational issues: difficulties in/losses of relationships when they desire having them

## Social & Environmental Challenges

- Being forced to be in unwanted relationships
- Needing to adapt to changes faster than they feel able to

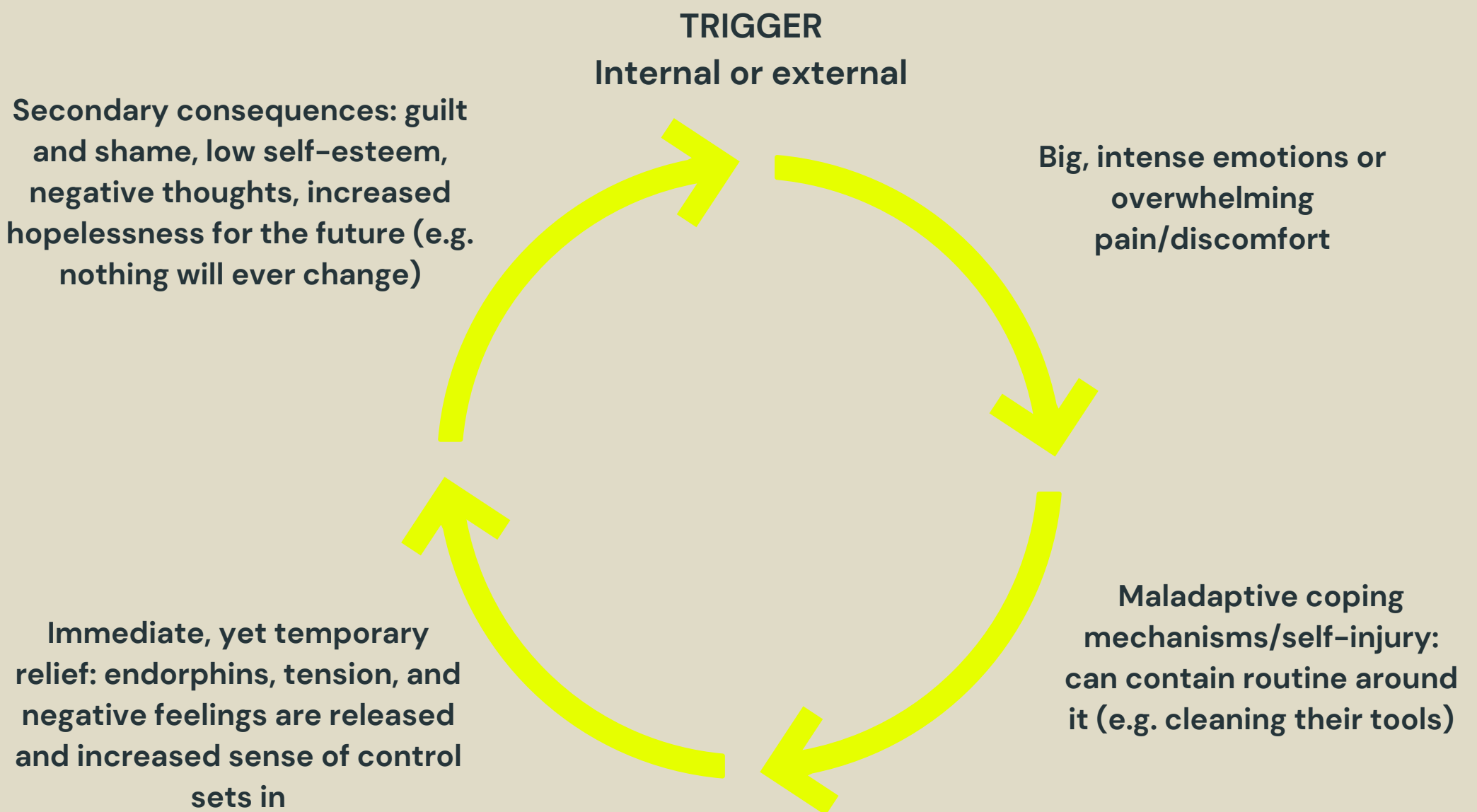
## Sensory & Physical Challenges

- Sensory sensitivity which causes pain, distress, and discomfort
- Response to painful internal medical issues (e.g. heartburn, ear pain, UTI)



***Increased daily anxiety for dealing with judgement and living in a society not built for people with ASC***

# Cycle of self-injury in autistic young people



## Interventions Recommended for Autism & Self-Injury



### Psychological

Supporting them to learn how to recognize and cope with intense and overwhelming negative thoughts and feelings

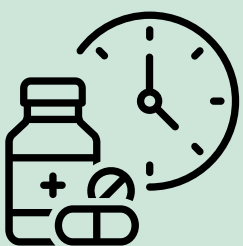
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### Behavioural

Supporting them in learning positive new behaviours and coping strategies

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### Medical

Please speak to your GP or a medical professional if you'd like to explore these options



# Strategies to help with behaviours and communication when your autistic child self-injures

**Create alternative communication styles that fit their awareness levels** (e.g. finding emojis that represent feeling good, so so, bad and in crisis)

**Prompt emotion recognition/labelling** (e.g. "Are you feeling angry?")

**Break tasks down into their smallest steps.** Talk calmly and directly, making sure the young person is looking at you.

**Build routines.** Try to support the young person with organisation by using visual timetables, sticky notes, color coding, alarms, etc.

**Adapt their environment if it's overstimulating.** Try to notice if they are overstimulated or frustrated and remove them from the situation

**Model conversation norms.** Wait for their responses and model taking turns in conversation

**Create communication agreements** (e.g. "Do you think when you feel X, you could do Y so that I can do Z?")

**Reinforce positive behaviours.** Praise immediately for specific good behaviours – though not all young people respond well to praise (e.g. if pathological demand avoidance is present)

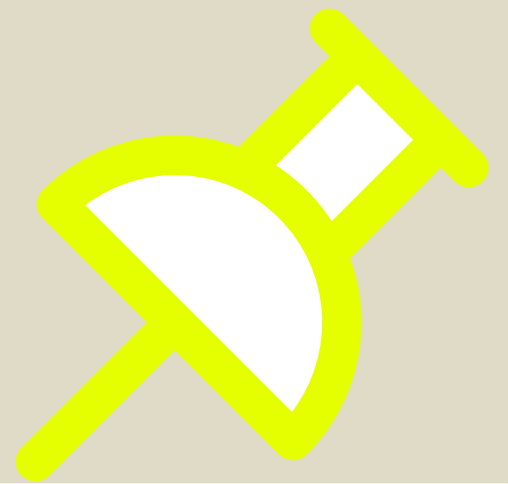


Try to be consistent and very explicit about behaviours that are not acceptable, as well as remain calm when setting boundaries and their consequences, which should be agreed on prior to the behaviour being carried out when possible

Emotion regulation is the priority when overwhelm is building up.

Give them time to return to baseline before problem-solving during times of high-distress. When emotions are high, they will struggle to engage with solution-oriented conversations.

# REMEMBER...



Your young person is living in a society that wasn't built for them

Speek's interventions always come from a place of wanting to improve your child's quality of life – not to change them in any way

If you found this useful,  
join one of our Speek  
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Q&A session

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