

# Self-injury and its relationship with suicide

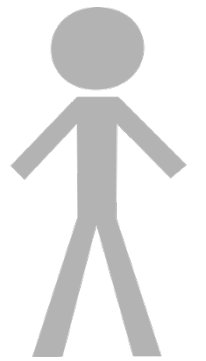
DR RACHEL MOSELEY

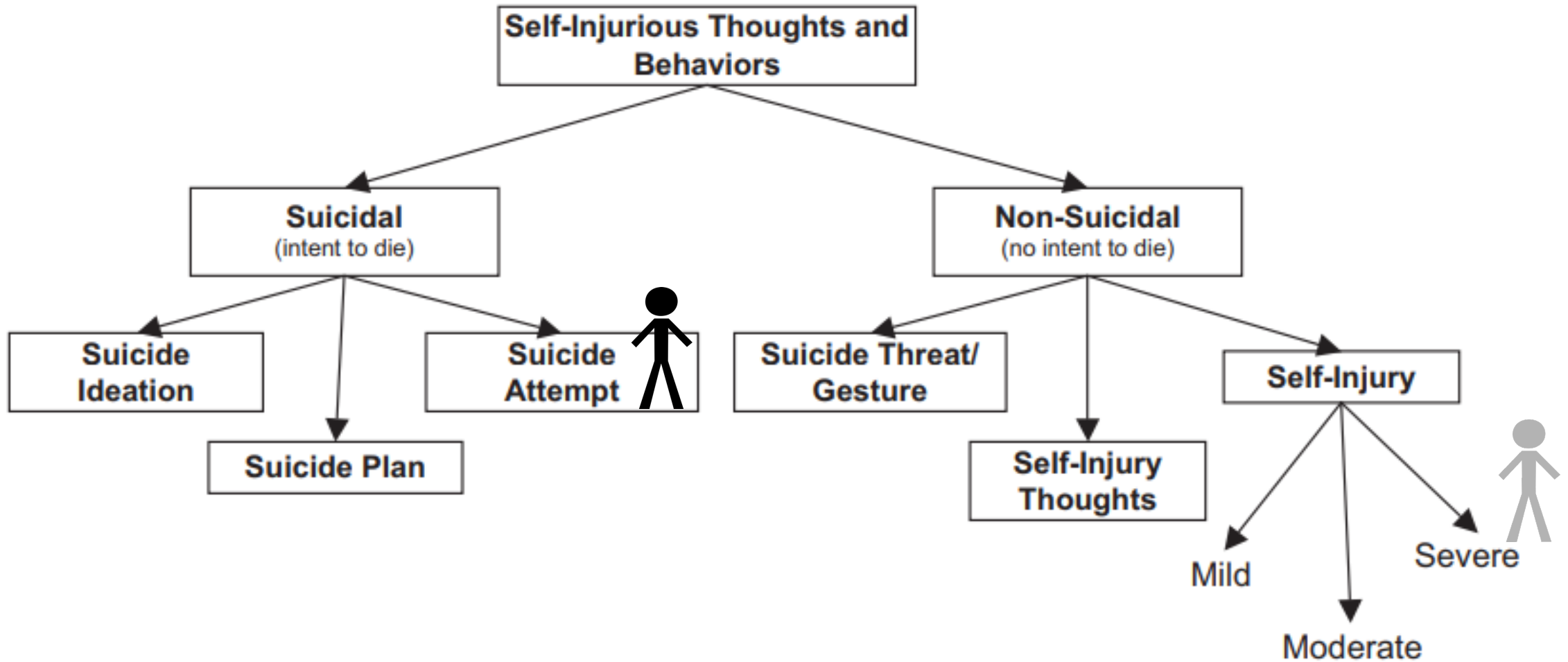


- What is the difference between suicidal and non-suicidal self-injury (NSSI) – and does it matter?
- What does NSSI look like in autistic people, and why does it happen?
- The relationship between self-injury and suicidality: does NSSI increase suicide risk?
- How should we approach it?









Suicide and self-harm are *separate* things – but *related*

## Non-suicidal self-injury (NSSI)

Purposeful, physical harm *without suicidal intent...*

... associated with mental illness, emotion dysregulation, and suicidality.

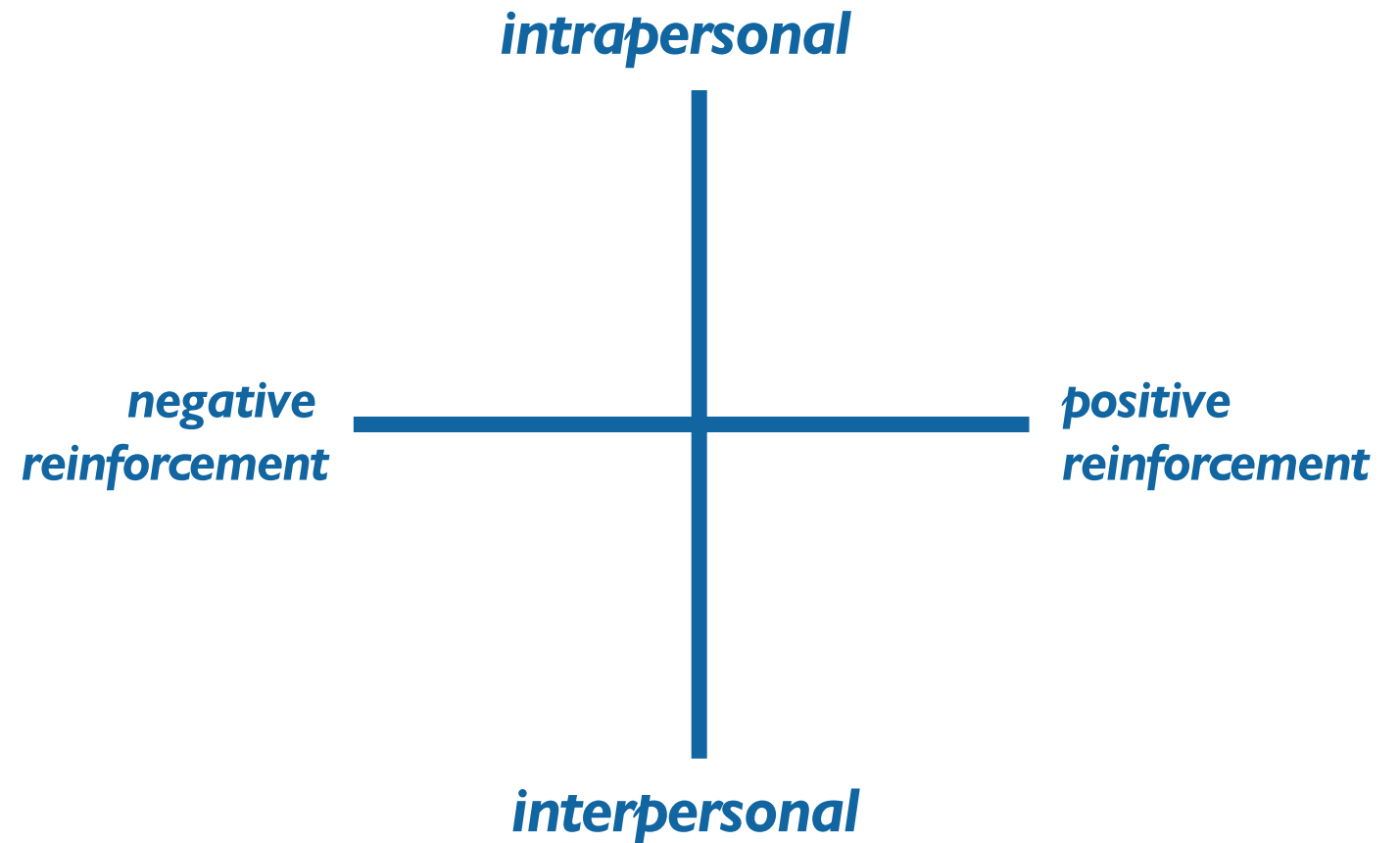
# Non-suicidal self-injury (NSSI)

*“attempts to modify one’s affective/cognitive or social experience”*

(Nock, 2010).

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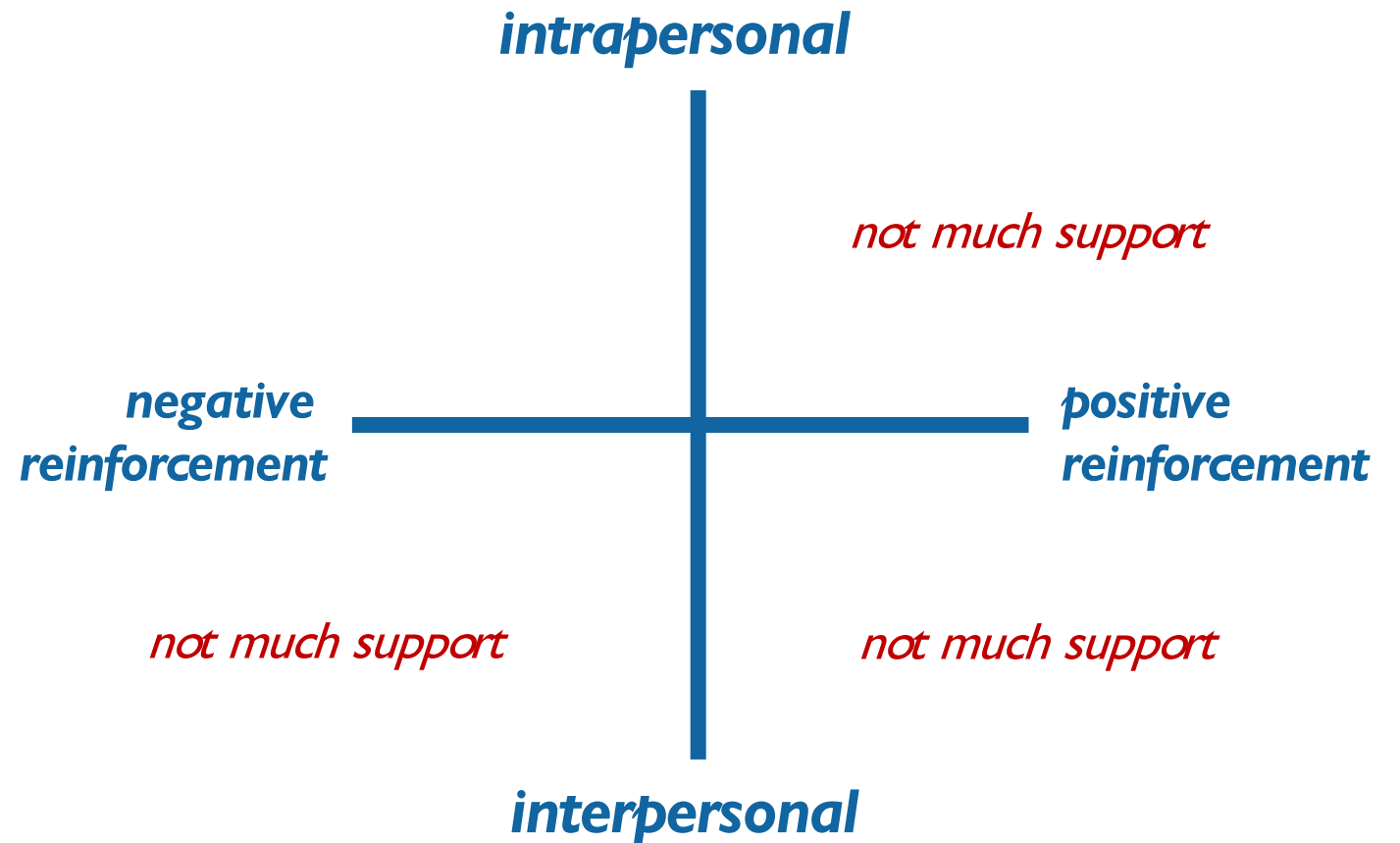
(Nock, 2010).





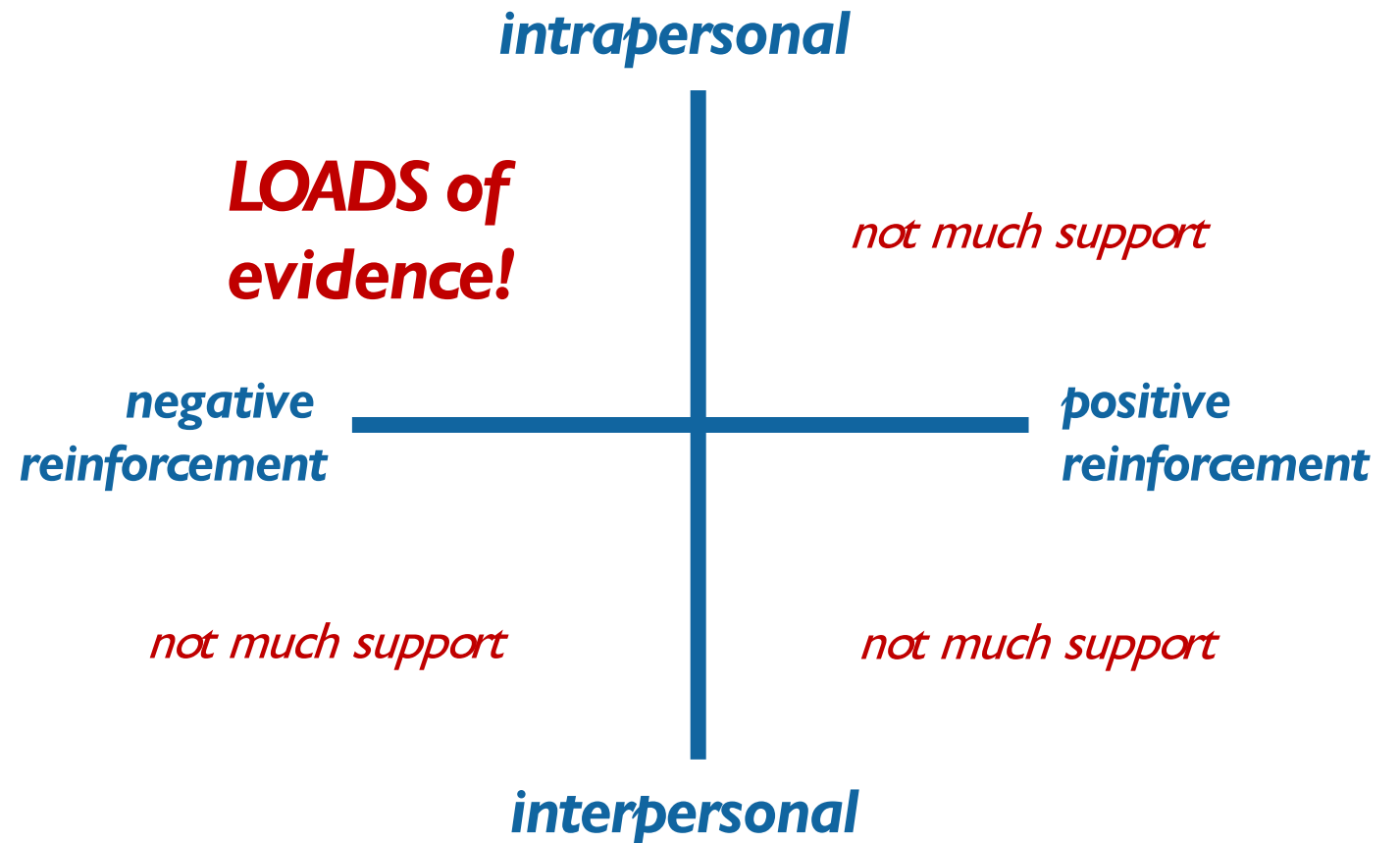
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# NSSI in autistic people

When it comes to NSSI in autistic people, we have to think about another distinction:

**NSSI** vs. **RRBI**

– different things?



# There seem to be different kinds of self-injury engaged in by autistic people...

## *Resembles NSSI as seen in other populations:*

- *Secretive, potentially more planned / elaborate behaviours that may involve implements;*
- *Related to mental illness, suicide and psychological distress*

## *Resembles autism-specific RRBI:*

- *Repetitive, stereotyped, un-self-conscious;*
- *Often associated with intellectual disability;*
- *Not sure if related to suicide?*



# How common is self-injury in autistic people?

If you look at any kind of self-injury, it has a prevalence of 42%... or more than 3 times the rate seen in non-autistic people.

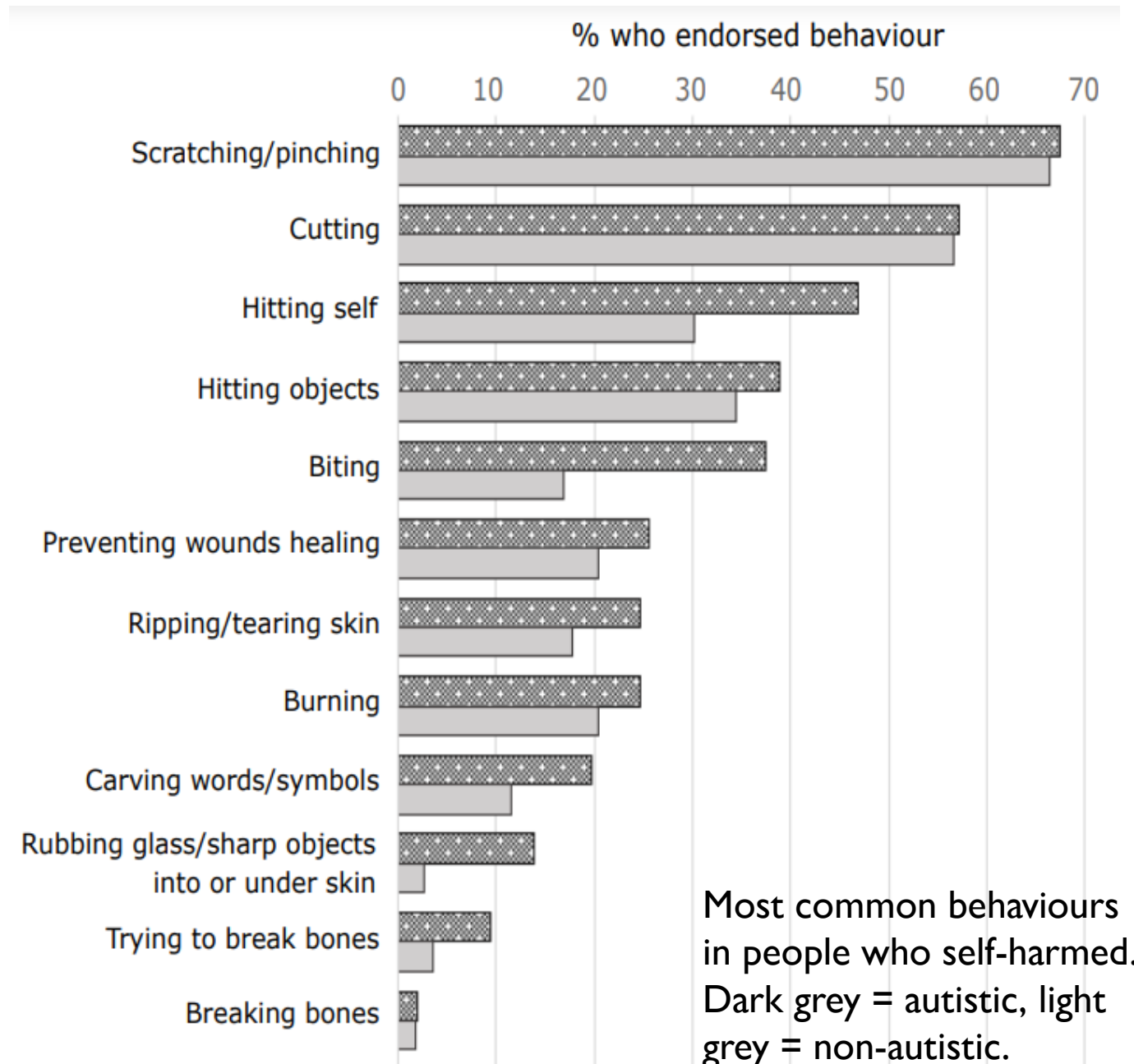
Risk of self-harm is highest in autistic women without intellectual disabilities.



**NSSI looks very similar in autistic and non-autistic people.**

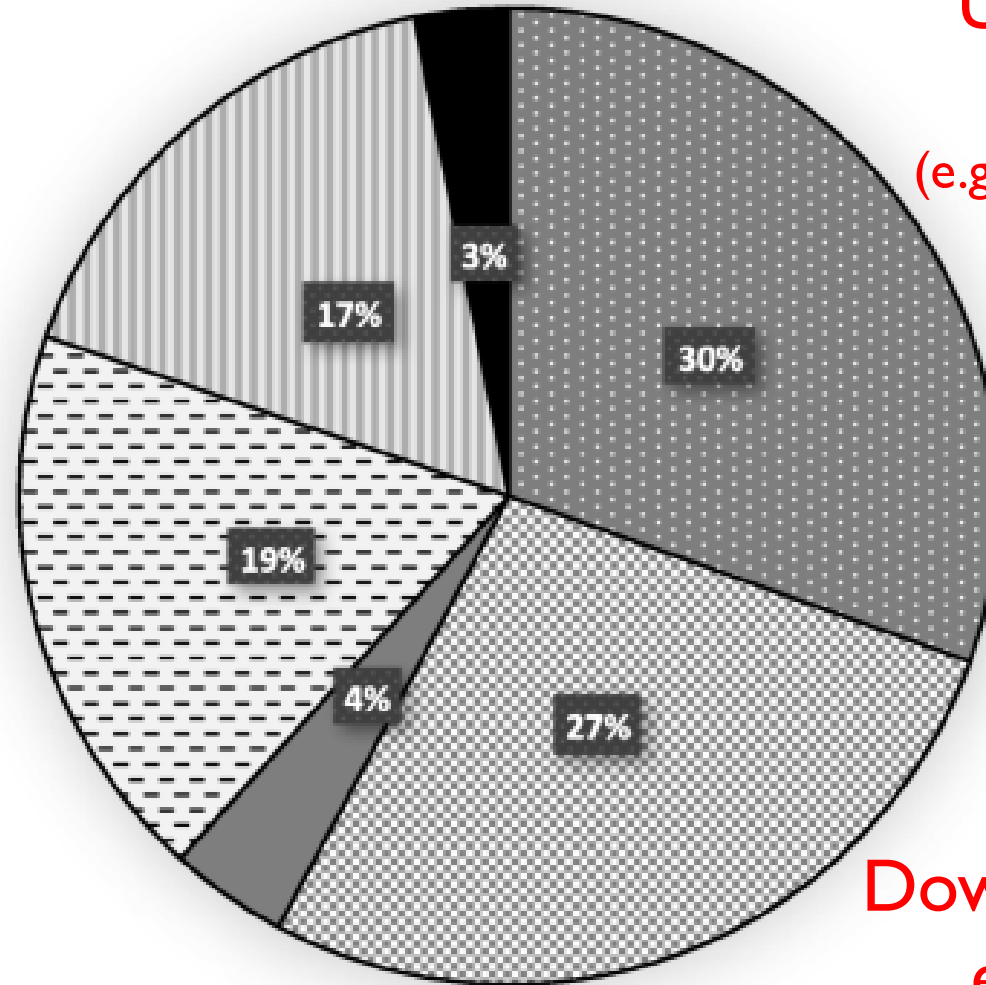
**Do methods matter? We're not sure...**

**([Moseley et al., 2019, 2020, 2022, forthcoming](#))**



**Autistic people  
seem to engage in  
NSSI for similar  
purposes...**

**(Moseley et al., 2019, 2020,  
2022, forthcoming)**



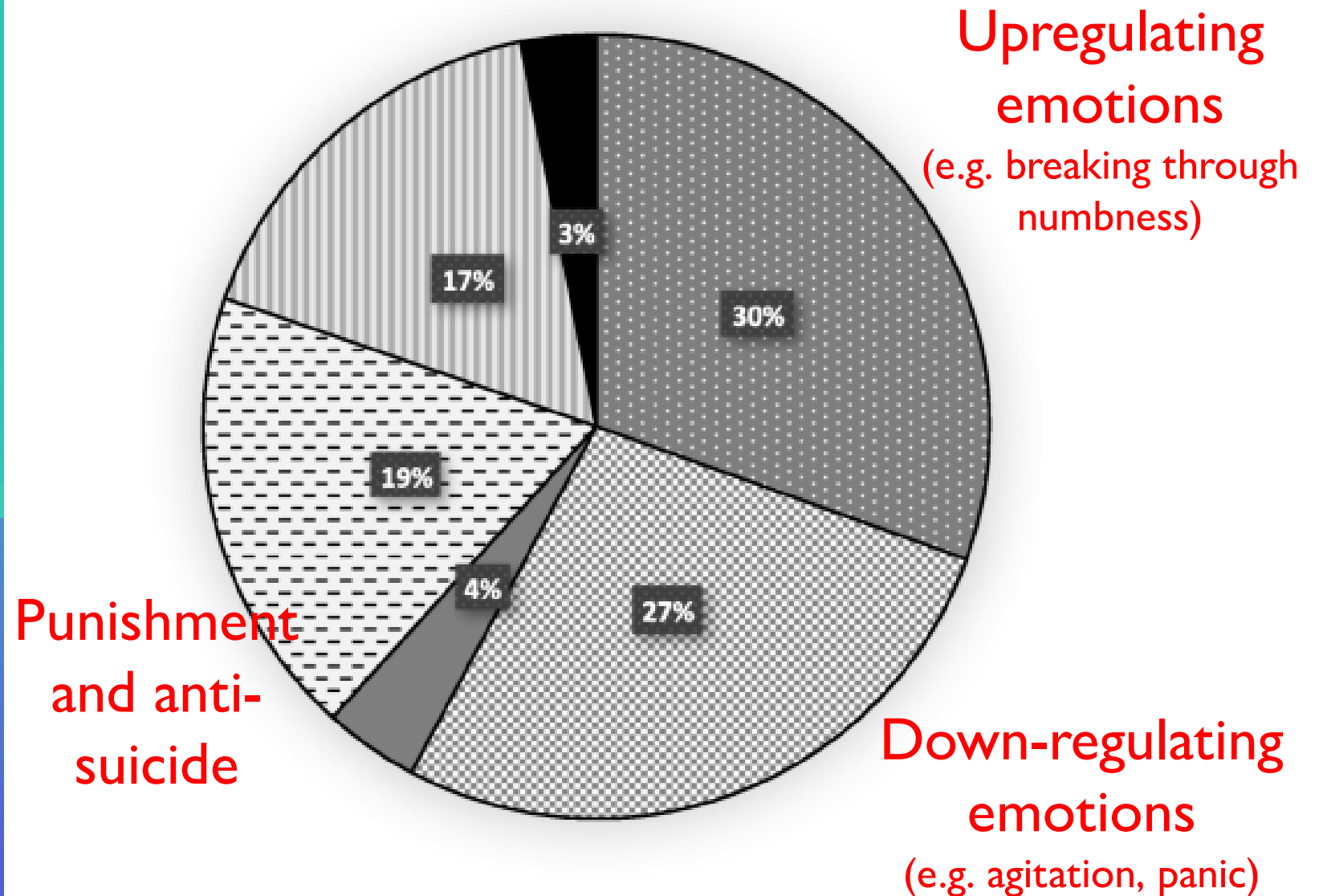
**Upregulating  
emotions**  
(e.g. breaking through  
numbness)

**Down-regulating  
emotions**  
(e.g. agitation, panic)



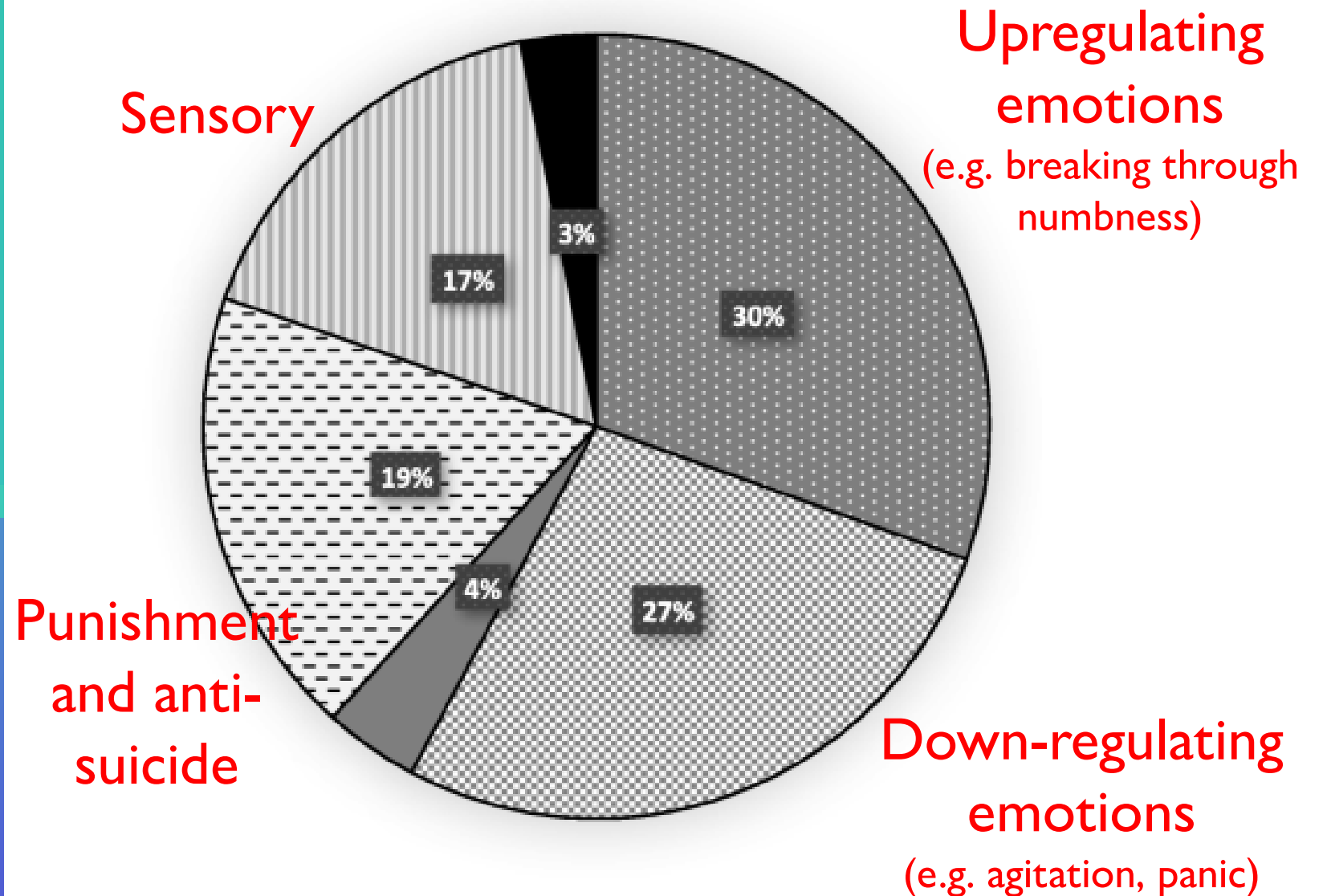
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(Moseley et al., 2019, 2020,  
2022, forthcoming)



NSSI means  
different things  
to different  
autistic people.

Strongly disagree n = 6

Slightly disagree n = 7

Neutral n = 11

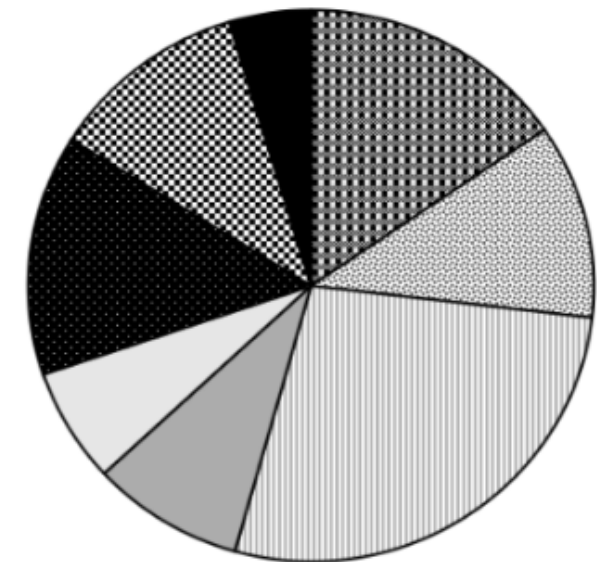
Slightly agree n = 18

Strongly agree n = 7

**The fact that I intentionally hurt myself is a problem in my life:**

**The fact that I intentionally hurt myself interferes with:**

- ☒ It does not interfere with my life in any way (25)
- ☒ My ability to take care of myself (eat right, exercise, etc) (17)
- ☐ My self-worth/self-esteem (42)
- ☐ My ability to complete school or work obligations (14)
- ☐ My ability to engage in hobbies or things I like to do (11)
- Relationships that are important to me (22)
- ☒ The clothing I wear (17)
- Other (7)



**NSSI means  
different things  
to different  
autistic people.**

“a sign of how unwell I was.”

“the outer wound only hints at a much more painful inner (hidden) wound”

“it happened just like that; I had no control over hurting myself”

“no one wants to do it”

**NSSI means  
different things  
to different  
autistic people.**

“Of course there are different degrees of self-harm, but mine ... has **simply helped me to cope with certain situations**. To me it's almost a positive thing.”

“if controlled appropriately, it can be a helpful way to control overwhelming feelings.”

“Self-harm, much like any creative or artistic outlet, is a form of expression that some people turn to when words or other communicative methods do not fully convey how they feel”

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people turn to when words or  
other communicative methods  
do not fully convey how they  
feel

“That sometimes there is  
no choice, they are doing it  
to get through life and  
because no one has given  
them a suitable  
alternative.”

“no one  
wants to  
do it”

(Moseley et al., 2019)

A vertical watercolor-style background on the left side of the slide, featuring various shades of blue and teal with soft, blended edges.

A core fear related  
to NSSI... is that it  
increases a person's  
risk of suicide.

Is this true?



A vertical watercolor-style background on the left side of the slide, featuring various shades of blue and teal with organic, textured edges.

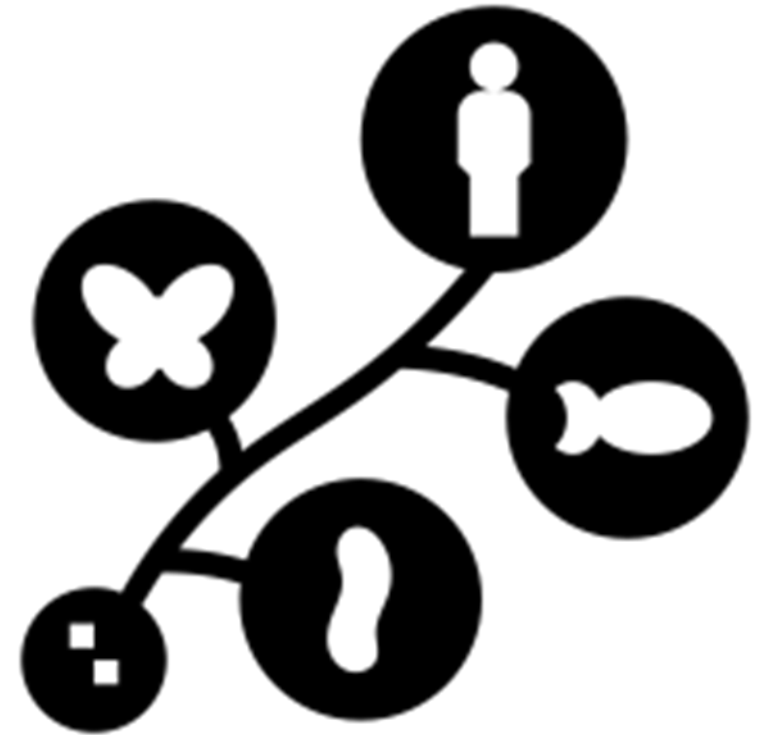
Put really simply... **we  
don't know.**

There is an ***association.***

(Moseley et al., 2020, 2022; Cassidy et al., 2018)

The case for NSSI *increasing*  
suicide risk:

## **Suicide capability**



This might be partially true...



(Moseley et al., 2022)



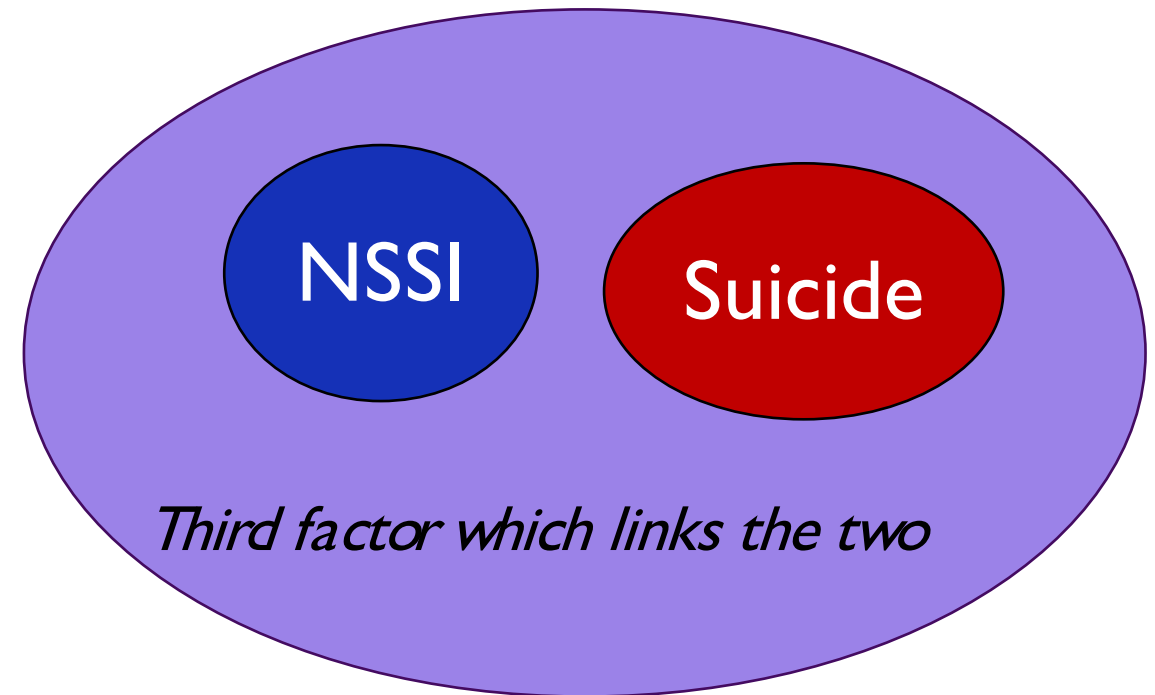
... but it's still only an ***association***



(Moseley et al., 2022)

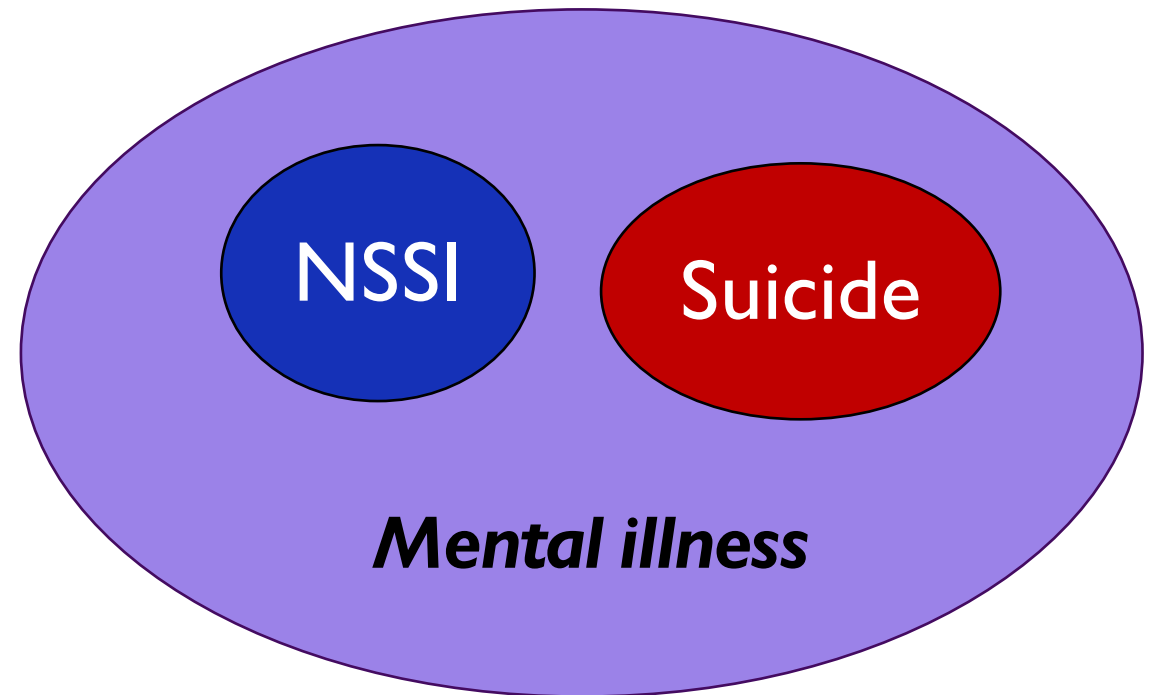
The case against NSSI (directly) *increasing* suicide risk:

## Third factors



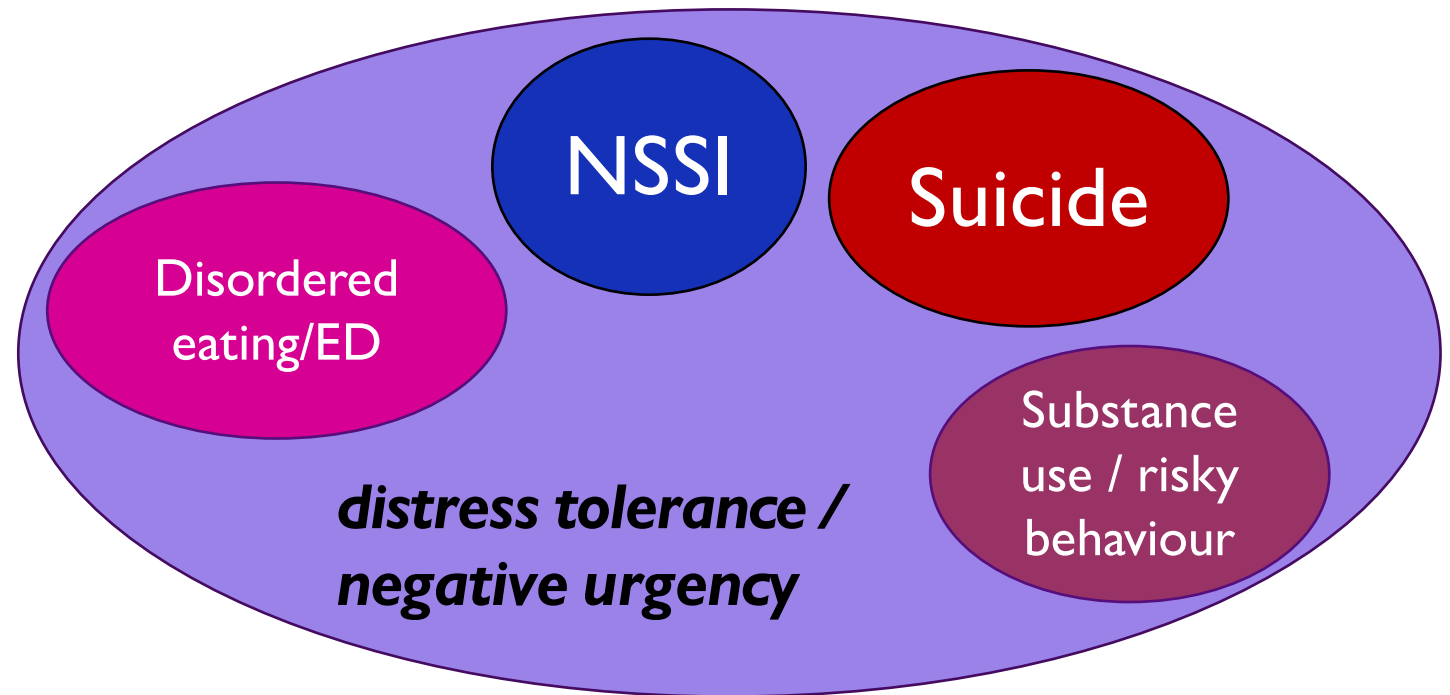
The case against NSSI (directly) *increasing* suicide risk:

## **Third factors**



The case against NSSI (directly) *increasing* suicide risk:

## Third factors



Why is it important to  
*understand the nature* of the  
relationship between NSSI  
and suicide?







What should we take  
from this in terms of  
how we support people  
with NSSI?

1. Try your best to stay calm and respond patiently, compassionately, and non-judgementally.

“Never get emotional about it with someone”

“Be there for them. Make sure they know they’re loved.”



2. Try hard to understand the triggers for NSSI and the need it fulfils – this will differ across individuals, and may differ across times.

“It’s really important to find out how to address each individual, there is a common misconception that we all fit in the same box ... we really don’t”

“If anyone had tried to get me to stop, I would have been much, much worse”



2. Try hard to understand the triggers for NSSI and the need it fulfils – this will differ across individuals, and may differ across times.

(Townsend et al., 2016)



### 3. Try to help them with emotional, awareness and expression.

“... When I do it there is something in my head I really want to get rid of, usually a horrible feeling of shame, and the self-harming gets rid of it and I feel relieved.”

“... starting to understand my emotions and what is 'upsetting', how I change my feelings in a positive way, i.e. go for a walk or paint something.”

(Moseley et al., 2019)



#### 4. Try to help them with awareness of sensory triggers and internal signals.

“Understanding ... what my sensory issues are, and checking in with myself every few hours to know if I am hungry/too hot/too cold/thirsty/tired is helpful because my problems often happen when I have very high stress ... If I keep my stress levels low then I won't be as frustrated, so I won't have those kind of meltdowns.”

(Moseley et al., 2019)



5. Try to tackle low self-worth and loneliness, and help them understand their autism in a positive light.

“I hurt myself out of low self-love and low self-esteem (which did improve in time, and so did self-injuries become less possible)”

(Moseley et al., 2019)



6. Be mindful of cross-neurotype communication barriers – between you and them, and with clinicians/professionals.

“understand how traumatic it can be if you cannot communicate normally, cannot regulate your emotions and feel isolated or stigmatized etc. when you know that inside you are a rational and sentient being. I think that ASC is the loneliest way of being unless you are fortunate enough to have empathy and understanding from the people around you”

“Therapy not understand autistic person ... all it does is give confusion they get cross and I feel sad and lost because I am not being good and compliant”





**Thank you so much for  
listening**

I would love to take your questions!

Access my favourite resources  
here:

<https://www.scienceonthespectrum.net/talknotes>

Or get in touch:

[rmoseley@bournemouth.ac.uk](mailto:rmoseley@bournemouth.ac.uk)