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The Risk Factors and Preventative Methods of Self-Harm and Suicidality for Autistic People

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Abstract

Non-suicidal self-injury (NSSI) and suicide are not new concepts. However, prevention and intervention strategies are evolving. This paper explores NSSI/ Self-Harm and suicidality in the context of autism spectrum disorders (ASD), starting with neurotypical children and adolescents aged 10-24 to compare differences. Suicide is a leading cause of death in adolescents and young adults and is disturbingly high in the autistic community. While evidence about causes and risk factors for NSSI, self-harm, and suicidal behavior in autistic people exist, a comprehensive review of peer-reviewed publications revealed significant gaps in research about severe mental health concern prevention. With high chances of developing mental health disorders, autistic people have higher rates of experiencing self-injury of various types throughout their lives and increased cases of suicide than neurotypical people. Four major risk factors for autistic people: Demographics/SES, ableism and otherness, autism camouflaging, and autistic burnout. Three recommendations for educators are provided on how to support autistic mental health. The implicit focus on causation and behavior identification in research needs to be addressed instead of comprehensive preventative strategy creation. If educators and mental health practitioners know mental health literacy methods and risk factors for suicide and self-harm, specifically for neurotypical students, neurodivergent students deserve equitable support and attention.

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Résumé

L'automutilation non suicidaire (AMNS) et le suicide ne sont pas des concepts nouveaux. Cependant, les stratégies de prévention et d'intervention évoluent. Cet article explore l'automutilation non suicidaire et la suicidalité dans le contexte de l'autisme, en commençant par les enfants et les adolescents qui ne sont pas en situation de handicap âgés de 10 à 24 ans, afin de comparer les différences. Le suicide est l'une des principales causes de décès chez les adolescents et les jeunes adultes, et son taux est inquiétant dans la communauté autiste. Bien qu'il existe des preuves des causes et facteurs de risque de l'AMNS, de l'automutilation et du comportement suicidaire chez les personnes autistes, un examen complet des publications évaluées par les pairs a révélé des lacunes importantes dans la recherche sur la prévention des problèmes de santé mentale graves. Les personnes autistes, qui ont de fortes chances de développer des troubles mentaux, présentent des taux plus élevés d'automutilation de différents types tout au long de leur vie et des cas de suicide plus nombreux que les personnes n'étant pas autistes. Quatre facteurs de risque majeurs pour les personnes autistes sont 1) la démographie et le statut social ; 2) la discrimination fondée sur la capacité et l'altérité ; 3) le camouflage social ; et 4) le burnout autistique. Trois recommandations sont formulées à l'intention des éducateurs sur la manière de soutenir la santé mentale des personnes autistes. Il est nécessaire de se pencher sur l'accent implicite que la recherche met sur la causalité et l'identification des comportements plutôt que sur la création de stratégies préventives globales. Si les éducateurs et les praticiens de la santé mentale connaissent les méthodes d'éducation à la santé mentale et les facteurs de risque de suicide et d'automutilation, en particulier pour les élèves n'étant pas sur le spectre, les élèves issus de la neurodiversité méritent un soutien et une attention équitables.

Keywords

autism, suicide prevention, mental health, special education, autism camouflaging, autistic burnout, autism awareness, addressing ableism

Mots-clés

autisme, prévention du suicide, santé mentale, éducation spécialisée, camouflage social, burnout autistique, sensibilisation à l'autisme, lutte contre le capacitisme

Introduction

Overview

Non-suicidal self-injury (NSSI) and suicide are not new concepts. However, prevention and intervention strategies are evolving. This paper explores NSSI/Self-Harm and suicidality in the context of autism spectrum disorders (ASD), starting with neurotypical adolescents to help explain differences. The definition of self-injurious and NSSI behavior occurring in typically developing people is the intentional and harmful mutilation of someone's own anatomy without suicidal intent (Nock, M.K., 2009). Also, this paper defines self-harm as a prevalent internalized disorder exacerbated by many external factors.

Prevalence for Neurotypical Adolescents

The prevalence of suicide, suicidal ideation, non-suicidal self-injury (NSSI), and other forms of self-harm among neurotypical people is disquieting. Suicide is the third leading cause of death for people aged 10-24 and research suggests that the occurrence is high among adolescents (17.2%) and young adults (13.4%) (Swannell et al., 2014). Furthermore, suicide attempts are more

common, with 1 in 5 teenagers seriously considering suicide and 1 in 12 making a suicide attempt (Carson, G.S., 2015). The long list of risk factors for NSSI for neurotypical adolescents is disturbing.

Risk Factors

Any form of self-harm or suicide is disturbing and therefore, it is important to know some of the circumstances research attributed to such acts. Risk factors for NSSI and suicide include psychological/mental health conditions, treatment history, history of NSSI/Suicide, demographics, socio-economic-status (SES), family environments, and whether they witnessed or know someone who took their own life (Wolfe et al., 2014). These risk factors are alarming for a variety of reasons. The first of many reasons is that a non-quantifiable number of experiences in an individual's life connected to each situation can lead someone to self-harm and suicidal behavior. Therefore, this paper briefly analyzes the two major risk factors of mental health/psychological conditions and demographics to provide evidence about why these factors are disturbing and how they can be attributed to self-harm and suicidal behavior.

Mental Health/Psychological Conditions

Psychological conditions are a major factor to be considered when exploring causes for self-harm and suicidal acts. For example, mood disorders and depression are most often connected with people fatally hurting themselves (Wolfe et al., 2014). Trauma can exacerbate environmental impacts, and mental health situations and intergenerational trauma can have a harmful effect on the mental health situations of those far removed from the initial event. Therefore, if someone with a history of adverse life situations experiences intense stressful life encounters, the individual may view NSSI or suicide as a way to relieve their pain when all other options fail (Baetens et al., 2021). Also, Wolfe and colleagues (2014) state that individuals with additional psychological diagnoses experience more difficulty. This risk factor can be particularly disturbing because if schools, mental health professionals, or teachers are unaware of or cannot access the individual's mental health history, the individual may not receive support.

Demographics

The variety of stressors unique to each of the diverse individual identities someone carries can contribute to their likelihood of self-harm and suicidality. For example, a person's privilege can lessen or increase the gravity of these stressors. The societal construct of privilege and oppression derives from colonial practices where people are segregated based on social status, with authority inequitably allocated (Paradies, Y. C., 2006). Therefore, privilege can help or hinder access to essential resources and high-quality supports (e.g., Mental/physical health support, housing, education, etc...). Gholamrezaei and colleagues (2017) state that there are possible merits in further exploring the connection between gender, race, socioeconomic status, and self-harm. However, there is very little available research exploring the connections collectively or individually. Recognizing this limitation, this subsection briefly analyzes the connection between gender and racial background to self-harm and suicide.

Gender

In the United States, the CDC reported that the male prevalence of suicide is quadruple that of females at a disturbing number of 36,551 people (Centers for Disease Control and Prevention, 2022). The reports Centers for Disease Control and Prevention (2022) and Canada, P.

H. A. (2022) reveal that women are more likely to try to take their own life and harm themselves than men but are less likely to commit suicide successfully.

Also, rates of self-harm, suicidal ideation, and suicide are of significant concern among people who are a gender minority, such as gender non-conforming, transgender, nonbinary, and genderqueer people. Research about the transgender community reveals that the likelihood of suicidal ideation (12 times greater) and intent (18 times greater) is far greater in other communities in the United States (Herman, Brown, & Haas, 2019). Therefore, practitioners need to know how mental health distresses are related to bullying, ostracization, trauma, or fear around their own identity (Liao et al., 2015; Brammer & Ginicola, 2017), when supporting individuals from gender-minoritized populations.

Race

While there are established distinctions between racially minoritized populations, immigrants, and aboriginal people based on the different statuses they hold. They still face similar difficulties, such as prejudice, poverty, lack of support, and other social disparities that increase their chances of suicide (Troya et al., 2022). Murducca, C. (2013) solely focuses on how aboriginal populations in the United States, Canada, New Zealand, and Australia still endure the long-lasting effects of colonialism through infrastructural problems, illness, loss of identity, discrimination, and intergenerational trauma. These similarly high suicide rates and atrocities faced by indigenous and other minority populations like the Siberian aboriginals, the Japanese Ainu, and China's various oppressed minorities need not go unrecognized. Ongoing oppression in tandem with intergenerational and other forms of trauma contribute to increasing likelihoods of suicide and self-harm, including the probability that these events go underreported by racially minoritized and indigenous populations.

What aids in this is legal structures that have a basis in racism and centuries of oppression. For example, since the 1700s, Canadian policies have frequently continued hosting and maintaining aggression against the Black community (Thornhill, E.M.A., 2008). North America's continental history of oppression of racially minoritized people calls for practitioners to utilize and be familiar with the Conceptualizing and Characterizing Privilege/Oppression as a Determinant of Health Model from Paradies (2006) when exploring exposure to all forms of racism and working to understand their client/students' levels of privilege or oppression.

Academic Ramifications & Warning Signs

There is a strong body of research covering the negative educational outcomes of emotional distress (Whitley et al., 2018).

Academic ramifications may include:

- Truancy.
- Decreased interest in topic areas of prior enjoyment.
- A drop in grades.
- School punishment for reactive behavior.

Also, adolescents may be less likely to share that they are engaging in NSSI or are suicidal because of fear, embarrassment, and the risk of being publicly besmirched (Simone & Hamza, 2020) because these behaviors challenge societal concepts of self-preservation.

Noticing warning signs is imperative for ensuring proper support provision and involvement. Warning signs are displayed through art forms like writing, drawings, paintings, or consistently listening to songs or music that connote mental health suffering or pain. Recognizing

the invisibility of self-injurious and suicidal behavior within the school context (Evans & Hurrell, 2016) is pivotal for early intervention. Therefore, the relationship between lived experiences of suicidal ideation and nonsuicidal self-injury calls for preliminary assessments for self-harm for youth suspected of hurting themselves or dealing with tumultuous times (Baetens et al., 2021). After reviewing the causes and effects of NSSI and suicidal behaviors in neurotypical adolescents, this paper explores these aspects in the context of autism.

NSSI, Self-Injurious Behavior, and Suicide in the Autistic Context

Overview

Discussions about prevalence, risk factors, and warning signs associated with NSSI and suicide in the context of autism (ASD) are relatively new. In the case of autism, definitions for self-injurious behavior (SIB) and NSSI differ. SIB is considered repetitive behavior due to adaptive behavior functioning, social cognition, and overwhelming emotional processing challenges. Intense and consistent self-injurious behavior is both enervating and prevalent in children and adults on the spectrum, causing drastic effects on physical health, cognitive development, and overall well-being (Summers et al., 2017). NSSI is SIB's emotional and physical effects over time. Since compartment associated with autistic people is sometimes confined to the repetitive behaviors category, the prevalence of NSSI within this population may go unnoticed (Maddox et al., 2017). These distinctions aid in discussing the prevalence of self-injury, NSSI, and suicide in this population.

Prevalence

With high chances of developing mental health disorders, autistic people have higher rates of experiencing self-injury of various types throughout their lives and increased cases of suicide compared to neurotypical people. Duerden et al. (2012) found that 241 autistic participants aged 2-19 years old (52.3% of study participants) had a lifetime history of self-injury. Oliphant and colleagues (2020) established that 66% of adults with high-functioning autism have life experiences with suicidal ideation, and 35% reported having plans for or having attempted suicide. High rates of NSSI and suicide among autistic people result from numerous factors. The following paragraphs explain what increases these individuals' likelihood of self-harm and suicidality.

Demographics/SES

The initial factor is demographics. While the literature is very conflicted about how gender relates to suicidality in autistic children, there is evidence of its influence among adults. Specifically, in the adult population, autistic women reported higher rates of suicidality (McDonnell et al., 2020). One of a myriad of rationales for autistic women reporting higher rates of suicidality could be linked to camouflaging and late diagnosis because qualitative research around determining characteristics of autism between genders is still emerging. Lai and colleagues (2017) revealed in their study that, while no autistic person is similar to another, autistic women had a higher chance of camouflaging than men resulting in depression and other mental health concerns based on gender expectations. Concerning race, autistic Hispanic and

BIPOC youth have a higher likelihood of suicidal ideation compared to neurotypicals. Regarding age, it is plausible that later-onset diagnoses of autism are associated with increased rates of self-harm (Licence et al., 2020). Warrier & Baron-Cohen (2021) found autistic people to have a higher likelihood of experiencing childhood trauma such as maltreatment, adverse experiences, abuse, and neglect, making self-harm an attractive coping mechanism.

Ableism & Otherness

Ableism and otherness can cause significant mental health distress among autistic people. Focusing on how we are different through a negative lens detracts from being able to see the humanity, beauty, outstanding contributions, and talents everyone has and is the antithesis of inclusion. Ableism and otherness exist in many settings, including schools. For example, Baglieri and colleagues (2011) state that similar to other kinds of persecution, historically and currently, the disability community faces persistent imposed segregation, being devalued as human beings, and being taken advantage of. Furthermore, school environments can be one of those challenging places, not only because of the high likelihood of sensory overload for autistic people but also because deficit mindsets can exist among students and educators. This subsection discusses the impacts of Person first language (PFL), the medical narrative of being othered, and the importance of addressing ableism in literature.

Person first language

Current inclusive language practices like Person first language (PFL) can promote othering mindsets. Special education still places a heavy emphasis on identification and creating names that connote differences (Ashby, C., 2012). PFL is a prime example that refers to members of the disability community as “people with disabilities.” This language is controversial because, like most marginalized groups, labels are thrust upon them by outsiders or influential organizations like the American Psychological Association. Practitioners need to know that labels associated with neurodivergent people often misrepresent how neurodivergent people see themselves because the denomination-creators establish names without input from the community the denomination affects and stigmatizes. Person first language did not come from the disability community, resulting in a lot of division.

Scholars of disability note the problematic aspects of PFL in literature and use, arguing that the continued use of words like “impairment” and “disability” are ideologically loaded terms based on medical discourse. This discourse establishes the notions of perfect human characteristic norms used as forms of control, creating large groups of ‘others’ when deemed fit (Buettgen & Gorman, 2019). Therefore, despite the aim of PFL being to put the person before the disability, it serves the opposite purpose because calling someone a “person with autism” still puts autistic people in a box, portraying them and others with disabilities as different and unreachable. Imagine two individuals facing each other with one person on either side of a closed door with a fogged-up/ blurry big glass window. Therefore, practitioners must know that just because PFL puts the person before the diagnosis does not mean that members of the disability community are recognized more for their humanity or treated equitably (Gernsbacher, M.A., 2017). For example, it is essential to note that PFL’s sole use is for categorizing neurodivergent people and not for neurotypical people. This is an example of ableism. Therefore, asking disability community members whether they prefer person first language (person with a disability) or identity first (disabled person), could actually be inquiring how would they like to conform in society. After unpacking the meaning behind this question, the connotation is othering.

Medical narrative influence

The medical narrative is at the core of how special educators and practitioners are trained. The intense focus on resolving a problem or difficulty based on the perception of an individual's ability or problem is reinforced by the social construct of binary opposition: quandary vs. solution. As a result, the medical narrative only sees the elegance of people when the perceived deficits are not there (Healey, D., 2022). This concept is a possible influencer of the curriculum for pre-service teacher training, whereby disabilities are framed as a medical diagnosis that can be “dealt with” through diagnostic procedures and interventions (Ashby, C., 2012). Therefore, the medical narrative’s interpretation of good and bad, whereby autism is stigmatized, becomes personified when these perceptions influence behaviors promoting a culture in the larger society and schools of “be cool or be cast out” (Lee et al., 1982). The medical narrative is also very prevalent in academic literature.

Addressing ableism in literature

Ableist and medicalized language used in the academic literature about autism contributes to societal stigma, can misrepresent the autistic community, and possibly affect an autistic person’s self-conception (Bottema-Beutel et al., 2021). Practitioners need to be mindful when using medicalized terms and the perceptions they can create when talking about autistic people and other members of the disability community, like co-morbid, at risk of impairment, and treatment. Possible alternative terms are “supported/diagnosed,” which might be used instead of treated/treatment, “in need of support/undiagnosed” instead of untreated, “coexisting/co-related/connected with” instead of co-morbid, “in need of support” instead of at risk, and “has difficulty in/challenges” instead of impaired/impairment. While there are circumstances when an individual on the spectrum can have a coexisting diagnosis or someone has a diagnosis that is both a disability and a chronic illness/medical condition (e.g., Cerebral palsy), it is important to be mindful of what lens from which those labels originate. For example, while, according to the medical narrative, someone may have a diagnosis that is both a disability and a chronic illness/medical condition, the counterargument to the medical perspective and mindset can be reframed into a more humanistic perspective. Rather than focusing on medicalized labels, it may be more prudent to recognize the individual's diverse support needs and how different everyone is from each other, which is the beauty of humanity.

Impact of othering

Similar to other minoritized populations, people on the spectrum are not strangers to receiving derogatory nicknames or labels that other them. Autistic people are often characterized as weird or different through the language and practices of diagnosis resulting in dehumanizing perceptions from society because of a label created for them and not by them (Hodge et al., 2019). Individuals on the spectrum crave equitable treatment, but often times the lyrics from the song “Subdivisions” by Rush, “growing up it seems all one-sided. Opinions all provided. The future pre-decided. Detached and subdivided in the mass production zone” (Lee et al., 1982) resonates with what is felt when walking into school. A possible explanation of these feelings can be connected to complications in social dynamics between autistic and neurotypical people. Available literature suggests that these scenarios result from students being grouped based on neurologies not by character traits or similar interests (Chen et al., 2021). Like minds understand each other, and different minds do not or struggle to do so, which can make the exchange of information and conversations exhausting or challenging for neurotypical peers to follow

(Crompton et al., 2020). The toll of partial societal acceptance causes anxiety around fitting in and feelings of a need to create camouflage to become neurotypical-passing.

Autism camouflaging/masking

Autism Masking is a significant influencer of self-harm and suicide. This social atmosphere survival strategy involves hiding someone's authentic self and suppressing their autistic traits. Camouflaging is an exhaustive process that is an everyday necessity for this population to feel safe, avoid stigma, abuse, bullying, remain employed, find a romantic partner, and form friendships and other relationships. They accomplish this through watching and practicing speech patterns to learn social cues from characters on TV shows and practice body language. Some autistic people are so skilled at camouflaging that peers do not realize they are on the spectrum. (Stanborough & Klein, 2021). The quote, "I can't pretend a stranger is a long-awaited friend" (Lee et al., 1981), explains the anxiety autistic people feel when meeting new people because of societal pressures. The constant need to camouflage or repress their autistic tendencies when in public can lead to feelings of loss of self or a need to be someone else to fit in or be loved. Cassidy and colleagues (2019) revealed that prolonged use of camouflaging causes suicidal ideation and eventual suicide because of feelings about being a burden to society.

Autistic burnout

Although autistic burnout has been a longstanding topic discussed by the autistic community in public forums online, this topic is barely conversed about in the academy (Higgins et al., 2021). The lack of literature about autistic burnout is disturbing because it hinders the creation of needed professional support. This form of burnout results from the combination of life stressors, the cumulative load they experience, and obstacles to support, creating an inability to find relief (Raymaker et al., 2020). Autistic burnout is a more intense version of the standard form of burnout. Higgins and colleagues (2021) revealed that while fatigue was similar for both autistics and non-autistics, autistic people with tendencies to be more pessimistic about social encounters would go into self-imposed seclusion and feel immobilized due to major anatomical and psychological fatigue. It is essential to notice initial signs of immobilization because that could be a warning sign of autistic burnout (Mantzalas, Richdale, & Dissanayake, 2022). Allowing autistic people to take sensory and other kinds of brain breaks can help with diminish the likelihood of burnout.

Academic ramifications

The paucity of literature discussing the academic ramifications of autistic self-injurious behavior needs to be addressed. A significant rationale for why there is a gap in research could be related to how no single autistic person is the same. However, an initial academic ramification can be prolonged absences and disrupted learning due various factors. Absenteeism could be provoked by a particular event or caused by prolonged rejection by peers or self-deprecation (Lowri, C., 2021). An added factor is the set-up of academic settings is not suitable for all people on the spectrum. For example, the misalliance of the learning environment can be difficult to adjust to and provoke interfering behavior (Goodall, C., 2018). These behaviors can include self-injurious acts and physical or verbal aggression toward others because of stress and anxiousness.

How Can We Support Autistic Mental Health Needs?

Overview

Autistic people can struggle to articulate what they need, which leaves them without often-needed support. Also, there is no self-harm behavior assessment tailored specifically for this population. Schools face another challenge because mental health professionals are not always fully trained in ASD. Therefore, these services are unprepared to adapt their support for this group (Raja, 2014), making it difficult for autistic people to self-advocate because they may feel nobody will understand. This paper provides three recommendations for educators on how to best support autistic students.

Flexibility & Autism

Educators, practitioners, and community members need to know the importance of not using the blanket statement of “be flexible” with people on the spectrum without considering the mental health impact, processing time, and amount of energy required to be flexible. Mentally and behaviorally adapting to change requires a lot of executive functioning, is draining, and done consistently, can lead to autistic burnout and the fostering of heavy resentment towards society. Also, the pressures associated with expectation of autistic people mental flexibility and adapting to changes singular or numerous can provoke a fight or freeze response due to its overwhelming nature. Ways to help this population adapt to change, create classroom environments/school cultures, and demonstrate flexibility include the Structured TEACCHing method and other modalities to reestablish structure. This empirically supported practice assists with organizing the classroom environment allowing learners to know the agenda and how to prepare (Mesibov & Shea, in Buron et al., 2014). Positive and inclusive classroom cultures are when educators maintain the schedule in the classroom, use consistent instructional language, provide enough processing time, and use Carol Dweck's Praise Model. It is more important to modify or adapt a classroom to the learner on the spectrum than to require them to adapt themselves. These approaches are adaptable for other settings.

Therapeutic educational strategies

Therapeutic methods in social-emotional learning curricula promote inclusion and enhance student mental health. Trauma-informed Cognitive Behavioral Therapy and Dialectical Behavior Therapy (DBT) are evidence-based approaches effective in assisting autistic people demonstrating self-harm behaviors to learn effective communication, regulate emotions, and handle frustrating situations. Even though DBT is ineffective with most children with ASD exhibiting SIB, it is possible to utilize similar strategies for these children (Shkedy et al., 2019). Another method is Emotion-Focused Therapy (EFT). Practitioners utilize EFT methods by demonstrating focal point tapping (Emotion Freedom Technique) and using metacognitive and mindfulness strategies to foster emotional acceptance and acknowledgement. Frequently, autistic people recount painful experiences resulting from miscommunications and misinterpretation of feelings with their typically developing classmates (Robinson, A., 2018). Therefore, focal point tapping can be a secret signal of SOS for practitioners and others to be on the lookout for when autistic people are in overwhelming or distressing situations providing opportunities for essential professional support in emotion regulation and processing.

Strategies for teachers & schools

Educators have many tools at their disposal to assist autistic students in avoiding getting into trouble because of misunderstandings around restricted and repetitive behaviors. Helping others recognize that some behaviors are more related to difficulties with emotion regulation-- not intentions to inflict harm or discomfort-- creates environments around autism acceptance. Utilizing whole class approaches (Tier 1) like EMPOWER-ASD promotes understanding of autism and neurodiversity to parents and children (Leadbitter et al., 2021). This method teaches neurotypical students to form positive views of their neurodivergent peers and establish supportive and caring relationships.

Concurrent with the EMPOWER-ASD approach, the teacher can use peer support or peer-mediated strategies known to be successful with autistic people. A key factor when educators utilize peer support learning methods in the class is that the peers matched with their autistic classmates demonstrate a higher understanding of autism than those who do not (Laghi et al., 2018). For example, in Black and colleagues (2022), autistic participants defined friendship in five categories: “They would always look after me,” “They understand,” “Grow to become friendly,” “Like the things I like,” and “people like me.” Creating peer groups where the culture fulfills the criterion mentioned above is paramount.

Sosnowy and colleagues (2019) found that autistic people have better connections with others when their mannerisms are accepted. In different friendships, autistic people feel obligated to behave by societal parameters displaying difficulty and hesitations with how to be in particular settings while finding comrades who were not mandating such comportment enhanced their feelings of comfort (Sosnowy et al., 2019). It is a universal fact that everyone wants and deserves to be loved and accepted despite their shortcomings. Educators can also give opportunities for autistic students to gain experience making friendships in class where neurotypical peers learn how to provide constructive and honest feedback to help their classmates on the spectrum grow. Part of this is tackling the issue of autism camouflage can be done by making the classroom and school a designated unmasking zone. Students learn universal self-care methods and teachers could model stimming as an excellent example of a calming mechanism.

Conclusion

As autism awareness and acceptance increases, it is important to recognize the empirical evidence indicating the immediate need to explore and comprehend the increasing risks, nature, and causes of suicidality in autistic people to provide support and establish preventative intervention strategies (Oliphant et al., 2020). Effects of demographics/SES, ableism, autism masking, and autistic burnout on autistic people are often overlooked in the literature and discourse and ignored by society. Acknowledging and working to change that reality saves lives. Educators and mental health practitioners can employ strategies suited for school and therapeutic settings by teaching helpful coping mechanisms and supporting populations susceptible to suicidal ideation as a foundation to addressing systemic issues. In conclusion, if educators and practitioners know mental health literacy methods and risk factors for suicide and self-harm, specifically for neurotypical students, neurodivergent students deserve equitable support and attention.

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References

- Ashby, C. (2012). Disability studies and inclusive teacher preparation: A socially just path for teacher education. *Research and Practice for Persons with Severe Disabilities*, 37(2), 89-99. <https://doi.org/10.1177/154079691203700204>
- Baetens, I., Greene, D., Van Hove, L., Van Leeuwen, K., Wiersema, J. R., Desoete, A., & Roelants, M. (2021). Predictors and consequences of non-suicidal self-injury in relation to life, peer, and school factors. *Journal of Adolescence*, 90, 100-108. <https://doi.org/10.1016/j.adolescence.2021.06.005>
- Baglieri, S., Valle, J. W., Connor, D. J., & Gallagher, D. J. (2011). Disability studies in education: The need for a plurality of perspectives on disability. *Remedial and Special Education*, 32(4), 267-278. <https://doi.org/10.1177/0741932510362200>
- Berger, E., Hasking, P., & Martin, G. (2013). "Listen to them": Adolescents' views on helping young people who self-injure. *Journal of Adolescence*, 36(5), 935-945. <https://doi.org/10.1016/j.adolescence.2013.07.011>
- Black, M., Kuzminski, R., Wang, J., Ang, J., Lee, C., Hafidzuddin, S., McGarry, S. (2022). Experiences of friendships for individuals on the Autism Spectrum: A scoping review. *Review Journal of Autism and Developmental Disorders*. <https://doi.org/10.1007/s40489-022-00332-8>
- Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood*, 3(1), 18-29. <https://doi.org/10.1089/aut.2020.0014>
- Bottema-Beutel, K., Park, H., & Kim, S. Y. (2018). Commentary on social skills training curricula for individuals with ASD: Social interaction, authenticity, and stigma. *Journal of autism and developmental disorders*, 48, 953-964. <https://doi.org/10.1007/s10803-017-3400-1>
- Brammer, R., & Ginicola, M. M. (2017). Counseling transgender clients. In *Affirmative Counseling With LGBTQ+ People* (pp. 183-212). American Counseling Association. <https://doi.org/10.1002/9781119375517.ch14>
- Buron, K. D., Wolfberg, P. J., & Gray, C. (2014). Teaching a different way of behaving: Positive behavior supports. In *Learners on the Autism Spectrum: Preparing Highly Qualified Educators and Related Practitioners* (pp. 152-174). AAPC Publishing.
- Buron, K. D., Wolfberg, P. J., & Gray, C. (2014). Structures Teaching and Environmental Supports. In *Learners on the Autism Spectrum: Preparing Highly Qualified Educators and Related Practitioners* (pp. 265-288). AAPC Publishing.
- Cage, E., & Troxell-Whitman, Z. (2019). Understanding the reasons, contexts, and costs of camouflaging for autistic adults. *Journal of Autism and Developmental Disorders*, 49(5), 1899-1911. doi: <http://dx.doi.org/10.1007/s10803-018-03878-x>
- Camm-Crosbie, L., Bradley, L., Shaw, R., Baron-Cohen, S., & Cassidy, S. (2019). 'People like me don't get support': Autistic adults' experiences of support and treatment for mental health difficulties, self-injury, and suicidality. *Autism*, 23(6), 1431-1441. <https://doi.org/10.1177/1362361318816053>

- Cassidy, S. A., Gould, K., Townsend, E., Pelton, M., Robertson, A. E., & Rodgers, J. (2020). Is camouflaging autistic traits associated with suicidal thoughts and behaviours? expanding the interpersonal psychological theory of suicide in an undergraduate student sample. *Journal of Autism and Developmental Disorders*, 50(10), 3638-3648. <http://dx.doi.org/10.1007/s10803-019-04323-3>
- Centers for Disease Control and Prevention. (2022). Suicide data and statistics. Centers for Disease Control and Prevention. Retrieved October 13, 2022, from <https://www.cdc.gov/suicide/suicide-data-statistics.html>
- Chen, Y.-L., Senande, L. L., Thorsen, M., & Patten, K. (2021). Peer preferences and characteristics of same-group and cross-group social interactions among autistic and non-autistic adolescents. *Autism*, 25(7), 1885-1900. <https://doi.org/10.1177/13623613211005918>
- Crompton, C. J., Ropar, D., Evans-Williams, C. V., Flynn, E. G., & Fletcher-Watson, S. (2020). Autistic peer-to-peer information transfer is highly effective. *Autism*, 24(7), 1704-1712. <https://doi.org/10.1177/1362361320919286>
- Culpin, I., Mars, B., Pearson, R. M., Golding, J., Heron, J., Bubak, I., ... Rai, D. (2018). Autistic traits and suicidal thoughts, plans, and self-harm in late adolescence: Population-based cohort study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 57(5), 313-320. <https://doi.org/10.1016/j.jaac.2018.01.023>
- Duerden, E. G., Oatley, H.K., Mak-Fan, K. M., McGrath, P.A., Taylor, M.J., Szatmari, P., Roberts, S.W. (2012). Risk factors associated with self-injurious behaviors in children and adolescents with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 42(11), 2460-2470. <https://doi.org/10.1007/s10803-012-1497-9>
- Evans, R., Hurrell, C. (2016). The role of schools in children and young people's self-harm and suicide: systematic review and meta-ethnography of qualitative research. *BMC Public Health*. 16(1), 1-16, 401. <https://doi.org/10.1186/s12889-016-3065-2>
- Foley, K. R., & Trollor, J. (2015). Management of mental ill health in people with autism spectrum disorder. *Australian Family Physician*, 44(11), 784-790.
- Fuld S. (2018). Autism Spectrum Disorder: The impact of stressful and traumatic life events and implications for clinical practice. *Clinical Social Work Journal*, 46(3), 210-219. <https://doi.org/10.1007/s10615-018-0649-6>
- Gernsbacher, M. A. (2017). Editorial perspective: The use of person-first language in scholarly writing may accentuate stigma. *Journal of Child Psychology and Psychiatry*, 58(7), 859-861. <https://doi.org/10.1111/jcpp.12706>
- Gholamrezaei, M., De Stefano, J., and Heath, N.L. (2017), Nonsuicidal self-injury across cultures and ethnic and racial minorities: A review. *International Journal Psychology*, 52(4), 316-326. <https://doi.org/10.1002/ijop.12230>
- Goodall, C. (2018). 'I felt closed in and like I couldn't breathe': A qualitative study exploring the mainstream educational experiences of autistic young people. *Autism & Developmental Language Impairments*, 3. <https://doi.org/10.1177/2396941518804407>
- Haas, A. P., Rodgers, P. L., & Herman, J. (2014). *Suicide attempts among transgender and gender non-conforming adults: Findings of the national transgender discrimination survey*. American Foundation for Suicide Prevention. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-GNC-Suicide-Attempts-Jan-2014.pdf>

- Haddad, F., Gerson, R., & Carson, G. S. (2015). Suicide and self-injurious behaviors. In *Helping kids in crisis: Managing psychiatric emergencies in children and adolescents* (2nd ed., Vol. 1, Ser. 1, pp. 35-51). essay, American Psychiatric Publishing.
- Healey, D. (2022). DisAppearing blindness... with a twist. In Titchkosky, T., Cagulada, E., DeWelles, M., & Gold, E. (eds) *DisAppearing: Encounters in Disability Studies* (1st ed., Vol. 1). Canadian Scholars.
- Higgins, J. M., Arnold, S. R., Weise, J., Pellicano, E., & Trollor, J. N. (2021). Defining autistic burnout through experts by lived experience: Grounded Delphi method investigating #AutisticBurnout. *Autism*, 25(8), 2356-2369. <https://doi.org/10.1177/13623613211019858>
- Hodge, N., Rice, E. J., & Reidy, L. (2022). 'They're told all the time they're different': how educators understand development of sense of self for autistic pupils. *Disability & Society*, 34(9-10), 1353-1378. <https://doi.org/10.1080/09687599.2019.1594700>
- Jokiranta-Olkonemi, E., Gyllenberg, D., Sucksdorff, D., Suominen, A., Kronström, K., Chudal, R., & Sourander, A. (2020). Risk for premature mortality and intentional self-harm in autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 51(9), 3098-3108. <https://doi.org/10.1007/s10803-020-04768-x>
- Jones, E. K., Hanley, M., & Riby, D. M. (2020). Distraction, distress, and diversity: Exploring the impact of sensory processing differences on learning and school life for pupils with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 72, 101515. <https://doi.org/10.1016/j.rasd.2020.101515>
- Kiekens, G., Claes, L., Demyttenaere, K., Auerbach, R. P., Green, J. G., Kessler, R. C., ... Bruffaerts, R. (2016). Lifetime and 12-month nonsuicidal self-injury and academic performance in college freshmen. *Suicide and Life-Threatening Behavior*, 46(5), 563-576. <https://doi.org/10.1111/sltb.12237>
- Laghi, F., Lonigro, A., Pallini, S., & Baiocco, R. (2018). Peer buddies in the classroom: The effects on spontaneous conversations in students with autism spectrum disorder. *In Child & Youth Care Forum*, 47(4), 517-536. Springer US. <https://doi.org/10.1007/s10566-018-9449-y>
- Lai, M.-C., Lombardo, M. V., Ruigrok, A. N., Chakrabarti, B., Auyeung, B., Szatmari, P., Happé, F., Baron-Cohen, S. (2017). Quantifying and exploring camouflaging in men and women with autism. *Autism*, 21(6), 690-702. <https://doi.org/10.1177/1362361316671012>
- Lee, G., Lifeson, A., Peart, N. (1981). Limelight [Song]. On Moving Pictures [Album]. Mercury Records
- Lee, G., Lifeson, A., Peart, N. (1982). Subdivisions [Song]. On Signals [Album]. Mercury Records
- Leadbitter, K., Buckle, K. L., Ellis, C., & Dekker, M. (2021). Autistic self-advocacy and the neurodiversity movement: Implications for autism early intervention research and practice. *Frontiers in Psychology*, 12, 1-7. <https://doi.org/10.3389/fpsyg.2021.635690>
- Liao, K. Y.-H., Kashubeck-West, S., Weng, C.-Y., & Deitz, C. (2015). Testing a mediation framework for the link between perceived discrimination and psychological distress among sexual minority individuals. *Journal of Counseling Psychology*, 62(2), 226-241. <https://doi.org/10.1037/cou0000064>
- Licence, L., Oliver, C., Moss, J., & Richards, C. (2020). Prevalence and risk-markers of self-harm in autistic children and adults. *Journal of Autism and Developmental Disorders*, 50(10), 3561-3574. <http://dx.doi.org/10.1007/s10803-019-04260-1>

- Lowri, C. (2021). Issues in persistent nonattendance at school of autistic pupils and recommendations following the reintegration of 11 autistic pupils. *Good Autism Practice (GAP)*, 22(2), 12-20.
- Maddox, B. B., Trubanova, A., & White, S. W. (2017). Untended wounds: non-suicidal self-injury in adults with autism spectrum disorder. *Autism*, 21(4), 412-422.
<https://doi.org/10.1177/1362361316644731>
- Mantzas, J., Richdale, A. L., & Dissanayake, C. (2022). A conceptual model of risk and protective factors for autistic burnout. *Autism Research*, 15(6), 976-987.
<https://doi.org/10.1002/aur.2722>
- McDonnell, C. G., DeLucia, E. A., Hayden, E. P., Anagnostou, E., Nicolson, R., Kelley, E., Georgiades, S., Liu, X., & Stevenson, R. A. (2020). An exploratory analysis of predictors of youth suicide-related behaviors in autism spectrum disorder: Implications for prevention science. *Journal of Autism and Developmental Disorders*, 50(10), 3531-3544.
<http://dx.doi.org/10.1007/s10803-019-04320-6>
- Michalko, R. (1999). *The Two-in-one: walking with Smokie, walking with blindness*. Philadelphia: Temple University Press.
- Murdocca, C. (2013). Persistence and Memorialisation: Self-harm and suicide in reparation politics in Canada. *Australian Feminist Law Journal*, 38(1), 93-107.
<https://doi.org/10.1080/13200968.2013.10854485>
- Nock, M. K. (2009). Why do people hurt themselves? New insights into the nature and functions of self-injury. *Current Directions in Psychological Science*, 18(2), 78-83.
<http://www.jstor.org/stable/20696002>
- Oliphant, R.Y. K., Smith, E. M., & Grahame, V. (2020). What is the prevalence of self-harming and suicidal behaviour in under 18s with ASD, with or without an intellectual disability? *Journal of Autism and Developmental Disorders*, 50(10), 3510-3524.
<http://dx.doi.org/10.1007/s10803-020-04422-6>
- Paradies, Y. C. (2006). Defining, conceptualizing, and characterizing racism in health research. *Critical Public Health*, 16(2), 143-157. <https://doi.org/10.1080/09581590600828881>
- Staniland, L., Hasking, P., Boyes, M., & Lewis, S. (2021). Stigma and nonsuicidal self-injury: Application of a conceptual framework. *Stigma and Health*, 6(3), 312-323.
<https://doi.org/10.1037/sah0000257>
- Strauss, P., Cook, A., Watson, V., Winter, S., Whitehouse, A., Albrecht, N., Wright Toussaint, D., & Lin, A. (2021). Mental health difficulties among trans and gender diverse young people with an autism spectrum disorder (ASD): Findings from trans pathways. *Journal of Psychiatric Research*, 137, 360-367. <http://dx.doi.org/10.1016/j.jpsychires.2021.03.005>
- Summers, J., Shahrami, A., Cali, S., D'Mello, C., Kako, M., Palikucin-Reljin, A., Savage, M., Shaw, O., & Lunsy, Y. (2017). Self-injury in autism spectrum disorder and intellectual disability: Exploring the role of reactivity to pain and sensory input. *Brain sciences*, 7(11), 140.
<https://doi.org/10.3390/brainsci7110140>
- Swannell, S. V., Martin, G. E., Page, A., Hasking, P., & St John, N. J. (2014). Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis, and meta-regression. *Suicide and Life-threatening Behavior*, 44(3), 273-303.
<https://doi.org/10.1111/sltb.12070>

- Thornhill, E. M. A. (2008). So Seldom for Us, So Often Against Us: Blacks and Law in Canada. *Journal of Black Studies*, 38(3), 321-337. <https://doi.org/10.1177/0021934707308258>
- Troya, M. I., Spittal, M. J., Pendrous, R., Crowley, G., Gorton, H. C., Russell, K., Byrne, S., Musgrove, R., Hannam-Swain, S., Kapur, N., & Knipe, D. (2022). Suicide rates amongst individuals from ethnic minority backgrounds: A systematic review and meta-analysis. *EClinicalMedicine*, 47. <https://doi.org/10.1016/j.eclinm.2022.101399>
- Warrier, V., & Baron-Cohen, S. (2021). Childhood trauma, life-time self-harm, and suicidal behaviour and ideation are associated with polygenic scores for autism. *Molecular Psychiatry*, 26(5), 1670-1684. <https://doi.org/10.1038/s41380-019-0550-x>
- Whitley, J., Smith, J.D., Vaillancourt, T., Neufeld, J. (2018). Promoting mental health literacy among educators: A critical aspect of school-based prevention and intervention. In: A. W. Leschied, D. H. Saklofske, G. L. Flett (Eds.), *Handbook of School-Based Mental Health Promotion: An Evidence-Informed Framework for Implementation* (pp. 143-165). Springer International Publishing. https://doi.org/10.1007/978-3-319-89842-1_9
- Wolfe, K. L., Foxwell, A., & Kennard, B. (2014). Identifying and treating risk factors for suicidal behaviors in youth. *International Journal of Behavioral Consultation and Therapy*, 9(3), 11-14. doi: <http://dx.doi.org/10.1037/h0101634>
- Wood-Downie, H., Wong, B., Kovshoff, H., Mandy, W., Hull, L., & Hadwin, J. A. (2021). Sex/gender differences in camouflaging in children and adolescents with autism. *Journal of Autism and Developmental Disorders*, 51(4), 1353-1364. <http://dx.doi.org/10.1007/s10803-020-04615-z>
- Zangeneh, M., & Al-Krenawi, A. (Eds.). (2019). *Culture, Diversity and Mental Health-Enhancing Clinical Practice*. Springer Nature. https://doi.org/10.1007/978-3-030-26437-6_3