How is self-injury different to suicide?
NSSI differs from suicide attempts in three main ways:

1. Intent: People who engage in NSSI do not intend to kill themselves
2. Functions (or reasons): People usually engage in NSSI to reduce their distress and help themselves feel better.
3. Form: Methods of NSSI are typically different to the ways people attempt or complete suicide.

But many people who self-injure are more likely to attempt suicide than people who do not self-injure. NSSI and suicide attempts can co-occur, so it is important to look for suicide risk when people are self-injuring.

Your family doctor can help you find support. Our study website has some links to helpful resources and support services for yourself or someone else you may be concerned about:

Or Google ‘Youth Wellbeing Study’

Illustrations by Ant Sang, Layout by Simon Hartman
Non-suicidal self-injury (NSSI) is when people hurt themselves on purpose, without intending to kill themselves. It is:

- Commonly termed self-harm.
- Not part of a cultural practice.
- Different from modifying the body for beauty or embellishment (e.g. tattoos or body piercings)

**HOW COMMON IS SELF-INJURY?**

It is unknown how common it is in Aotearoa New Zealand. Overseas research suggests 13% - 23% of adolescents and young adults, and 6% - 8% of adults, have engaged in NSSI at some point in their lives.

- Most people who self-injure do so less than 10 times; only a small minority engage in this behaviour regularly for an extended period.
- There are higher rates of NSSI among people being treated for mental health difficulties.
- Research in the Wellington region suggests that up to half of secondary school students will have engaged in self-injury at least once by the time they leave school.

**WHO IS MORE LIKELY TO SELF-INJURE AND WHEN DO PEOPLE START SELF-INJURING?**

People from all walks of life and of different ages and ethnicities self-injure.

- Self-injury is more common among adolescents, and tends to begin between the ages of 12 - 14.
- Both males and females engage in self-injury; but there are differences in the method (e.g. females are more likely to cut, whilst males are more likely to hit themselves).
- A range of risk factors have been linked to self-injury; but we don’t yet have the full story on what causes this behaviour among New Zealand adolescents and rangatahi Māori.

However, we do know that the following signs are all linked to higher incidence of NSSI:

- low mood and depression
- eating disordered behaviour
- low self-esteem
- poorer emotion regulation
- drug and alcohol problems
- poorer attachment to parents and whānau

**WHY DO PEOPLE SELF-INJURE?**

People self-injure for many different reasons. These reasons tend to fall into two broad groups: intrapersonal and interpersonal reasons.

**Intrapersonal reasons** are to do with changing how a person feels and thinks on the inside (e.g. changing emotions, thoughts and body sensations). Peoples’ reported intrapersonal reasons include:

- Escaping from distressing, negative emotions (e.g. sadness)
- Distraction from negative thoughts (e.g. painful memories)
- Releasing tension
- To stop feeling numb or empty
- Self-punishment (because they believe they’re a bad person)

**Interpersonal reasons** for NSSI are less common than intrapersonal reasons. Interpersonal reasons are mainly to do with communicating to others that they need support, but occasionally people have reported self-injuring to avoid certain tasks or responsibilities.

People can self-injure for both intrapersonal and interpersonal reasons; and multiple reasons at any one time. There is huge variation in the reasons people self-injure.