Deliberate self-harm in Swedish university students – onset and relationships with anxiety and mindfulness

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Deliberate self-harm (DSH) can be defined as intentional self-induced harming of one's own body resulting in relevant tissue damage (Figa et al., 2006). Such behaviors have received much interest in research and in literature-reviews during recent years (Nock, 2008). Since DSH typically has its onset in early adolescence and is strongly correlated with psychiatric symptoms, but occurs over many different disorders, as well as in non-clinical samples (Hawton et al. 2008; Hawton, 2009; Solberg et al., 2009). DSH is generally viewed as a dysfunctional coping mechanism or as a non-adaptive strategy to regulate tension and other negative emotions used by some people (Kovess, 2017).

Regrettably, the research in this field has been obstructed by methodological shortcomings, such as the lack of a unique definition of DSH and reliable instruments to measure such behaviors. One attempt to amend these methodological problems has been the development of the Deliberate Self-Harm Inventory (DSHI; Graw, 2001).

METHOD

Data reported in this study was collected on two separate occasions with about one year interval in two separate samples of university students at one Swedish University.

PARTICIPANTS

In Sample 1 a total of 512 university students were recruited to respond to the questionnaire. After excluding participants with extensive missing data (500 (247 men and 252 women, 1 had not stated sex) remained). Age of respondents was between 18-49 years (mean age: 24.0, SD = 4.9).

In Sample 2, a total of 187 university students (81 men and 95 women, 1 had not stated sex) between 19-49 years (mean age: 23.6, SD = 3.7) were recruited to answer the questionnaire.

PROCEDURE

In both cases of data collection participants were approached on the University campus by research assistants. They were given general information about the study and asked to fill out the questionnaires.

RESULTS

Frequencies of different forms of lifetime DSH in 512 university students

<table>
<thead>
<tr>
<th>Form of DSH</th>
<th>Sample 1</th>
<th>Sample 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Self-Harm</td>
<td>38.1%</td>
<td>36.6%</td>
</tr>
<tr>
<td>Occasional Self-Harm</td>
<td>36.1%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Repeated Self-Harm</td>
<td>25.8%</td>
<td>26.7%</td>
</tr>
</tbody>
</table>

Frequencies of different forms of DSH during last 6 months in 187 university students

<table>
<thead>
<tr>
<th>Form of DSH</th>
<th>Sample 1</th>
<th>Sample 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Self-Harm</td>
<td>56.2%</td>
<td>58.8%</td>
</tr>
<tr>
<td>Occasional Self-Harm</td>
<td>36.7%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Repeated Self-Harm</td>
<td>7.1%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

Mean age, and range of reported first occurrence of DSH, as reported by participants in Sample 1 and 2 respectively

<table>
<thead>
<tr>
<th>Sample 1</th>
<th>Sample 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Min</td>
<td>11 (SD = 4.1)</td>
</tr>
</tbody>
</table>

In both cases of data collection participants were approached on the University campus by research assistants. They were given general information about the study and asked to fill out the questionnaires.

CONCLUSIONS

As in several previous studies, DSH was found to be fairly common in the two separate non-clinical samples of university students studied here, and is similar to the prevalences found when similar methodology has been used to assess DSH in previous research.

The number of behaviors asked for and also the time period-measured is important for the overall estimate of DSH prevalence in a particular sample and have to be considered when interpreting results over different studies.

The results from Sample 1 suggests that some extreme forms of DSH, such as “rubbed sandpaper on your body”, “dripped acid onto your skin”, “used bleach, comet, or oven cleaner to scrub your skin”, “rubbed glass on your body”, “dripped acid onto your skin”, “burning with cigarette” are more common among those who report DSH in the last 6 months.

It is not suggested that DSH could be reliably unstable over time (Bjärehed & Lundh, 2008), and that DSH often start during early adolescence and then generally dissipate over time lower prevalence-rates would be expected when only recent DSH is asked for.

Deliberate self-harm

Acknowledgement

We thank the following for their support with the preparations and data collection for this work: Patrik Kapeller, Tommy Ban, Micaela Garcia and Sara Makbolus.

REFERENCES


To date no Swedish data on the prevalence of DSH in university students.