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Prevalence and clinical correlates of deliberate self-harm among a community sample of Italian adolescents

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A B S T R A C T

The aims of this study were to investigate the rates of deliberate self-harm (DSH) behavior among an Italian adolescent sample, as well as to explore its clinical correlates. On a sample of 234 adolescents in Italian secondary schools (Mean age = 16.47; SD = 1.7) were assessed the DSH as well as externalizing symptoms (including both conduct disorder [CD] and oppositional defiant disorder [ODD] symptoms), borderline personality disorder [BPD] symptoms, dissociative symptoms, and the incidence of life-stressors. Consistent with past research on DSH in youth, 42% of the adolescents in this sample engaged in DSH. Results indicate a positive association between DSH and all psychopathological correlates, including BPD, dissociative, and ODD and CD symptoms. Further, findings revealed an association between DSH and specific life-stressors (i.e., psychological and sexual abuse, natural disasters and serious accidents, the loss of someone important, and the witnessing of family violence or a serious accident).

Adolescence is a developmental stage characterised by a complex series of intrapsychic and relational changes related to body transformations linked to puberty, as well as emerging social responsibilities. During this stage, youth are faced with the task of defining and redefining their own identities, roles, and social functions. Likely related to the demands of this transitional stage of life, it is often during adolescence that youth being to express their discomfort through their bodies and by enacting risky behaviors that function to release and express aversive emotional distress and tension. One such behavior that often begins in adolescence and may function to regulate or escape painful emotions is deliberate self-harm (DSH), defined here as the deliberate, direct destruction or alteration of body tissue, without conscious suicidal intent but resulting in injury severe enough for tissue damage to occur (see also Chapman, Gratz, & Brown, 2006; Gratz, 2001; Klonsky, Oltmanns, & Turkheimer, 2003; Pattison & Kahan, 1983).

As defined here and by others (see Chapman et al., 2006; Gratz, 2001; Klonsky et al., 2003; Pattison & Kahan, 1983), DSH (also referred to as nonsuicidal self-injury; see Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007) is distinguished from suicidal behaviours involving an intent to die, and encompasses a variety of methods including skin cutting, carving, burning, severe scratching, needle sticking and interference with wound healing (Favazza, 1998; Gratz, 2003; Pattison & Kahan, 1983). This behavior generally begins in early adolescence (between the ages of 12 and 14; see Favazza, 1998; Favazza & Conterio, 1989; Jacobson & Gould, 2007; Walsh & Rosen, 1988) and peaks in later adolescence and young adulthood (Nada-Raja,

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Morrison, & Skegg, 2003; Skegg, 2005; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003), with adolescents and young adults emerging as two high-risk groups for this behavior (see, e.g., Hooley, 2008).

Despite literature suggesting that adolescence is a period of increased risk for DSH (Nock & Prinstein, 2005), however, research has only recently begun to explore the presence and correlates of this behavior among diverse adolescent populations, and almost no studies have done so in samples outside the United States, Canada, and the United Kingdom. However, findings that lifetime rates of DSH in adolescence range from 13% to 56% in nonclinical community samples (Hilt, Cha, & Nolen-Hoeksema, 2008; Laye-Gindhu & Schonert-Reichl, 2005; Muehlenkamp & Gutierrez, 2004; Ross & Heath, 2002) highlight the relevance of this behavior in adolescence and suggest the need for further research in this area.

In particular, research is needed to examine the rates and clinical correlates of DSH among more diverse groups of adolescents, including both female and male adolescents from a variety of European countries. To date, limited research has examined DSH among European adolescents outside of the UK (with the exception of recent work on DSH among Swedish adolescents; see Bjärehed & Lundh, 2008; Lundh, Karim, & Quilisch, 2007), and no known studies have examined DSH among Italian adolescents. Further, despite literature suggesting that DSH generally begins in early adolescence, research on DSH in youth has historically focused most attention on older adolescents, with the majority of studies examining DSH among high-school students (Lloyd-Richardson et al., 2007; Lundh et al., 2007; Muehlenkamp & Gutierrez, 2004; Ross & Heath, 2002; for exceptions, see Bjärehed & Lundh, 2008; Hilt, Cha, et al., 2008; Hilt, Nock, Lloyd-Richardson, & Prinstein, 2008; Izutsu et al., 2006). Thus, research examining DSH across the entire developmental period of adolescence is crucial. Finally, research is needed to examine the clinical correlates of DSH among community samples of adolescents.

To date, most studies on the psychopathological and clinical correlates of DSH among adolescents have involved clinical samples of psychiatric inpatients, with few studies of community youth examining aspects of psychopathology and their associations with DSH. Indeed, despite evidence of high rates of Axis I and II psychopathology among clinical samples of self-harming adolescents (see Jacobson, Muehlenkamp, Miller, & Turner, 2008; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006), as well as a growing body of research on the clinical correlates of DSH among community adults (e.g., Andover, Pepper, Ryabchencko, Orrico, & Gibb, 2005; Klonsky et al., 2003; Paivio & McCulloch, 2004), few studies have examined the clinical correlates of DSH among adolescents in the community (for exceptions, see Bjärehed & Lundh, 2008; Ross & Heath, 2002, 2003), and most of these have focused on depression and anxiety. Further research on the psychopathological and clinical correlates of DSH among community adolescents may highlight important targets of intervention for DSH among youth in nonclinical settings. Moreover, such research has the potential to elucidate the risk factors for DSH among a wider range of youth, including those without diagnosable psychopathology. Below, we review the literature on the association between DSH and several key forms of psychopathology in adolescents (see also Jacobson & Gould, 2007).

Borderline personality pathology

Despite findings of a robust association between borderline personality (BP) pathology and DSH among both clinical and nonclinical samples of adults (Gratz, Breetz, & Tull, in press; Klonsky et al., 2003; Zanarini et al., 2008), no studies have examined the relevance of BP pathology to DSH among community samples of youth. However, studies conducted among clinical samples of adolescents in inpatient settings have found high rates of BP pathology among self-harming adolescents (ranging from 37 to 52%; Jacobson et al., 2008; Nock et al., 2006), as well as evidence of a significant association between BP pathology and DSH (Jacobson et al., 2008). These findings suggest the potential relevance of BP pathology to DSH among youth, and highlight the need for research examining this association within community samples of adolescents.

Externalizing psychopathology

As mentioned above, most of the research on the clinical correlates of DSH among community adolescents has focused on internalizing psychopathology, with research finding an association between DSH and depression and anxiety (Garrison, Cheryl, McKeown, et al, 1993; Hintikka et al., 2009; Ross & Heath, 2002, 2003). Nonetheless, researchers have recently begun examining the role of externalizing psychopathology in DSH, including both externalizing disorders and externalizing behaviors. Specifically, studies conducted among clinical samples of adolescents in inpatient settings have found high rates of externalizing disorders (ranging from 24 to 63%; Jacobson et al., 2008; Nock et al., 2006) and substance use disorders (ranging from 14 to 60%; Nock et al., 2006) among self-harming adolescents. Further, research indicates significant associations between DSH and a variety of externalizing behaviors, including conduct problems, delinquent behavior, and drug and alcohol use among community samples of early adolescents (Bjärehed & Lundh, 2008; Brunner et al., 2007; Hilt, Nock, et al., 2008; Izutsu et al., 2006), as well as drug use among delinquent adolescents in a juvenile detention facility (Matsumoto et al., 2005). Moreover, parent reports of externalizing problems and aggression among 12-year-old adolescents in the community were found to prospectively predict acts of DSH three years later (Sourander et al., 2006). Yet, despite clear evidence of an association between externalizing psychopathology in general and DSH, no studies to date have examined the association between externalizing disorders and DSH among community adolescents.