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Self injurious behavior among homeless young adults: A social stress analysis☆

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ABSTRACT

Although self-mutilation has been studied from medical and individual perspectives, it has rarely been examined within a social stress context. As such, we use a social stress framework to examine risk factors for self-mutilation to determine whether status strains that are often associated with poorer health outcomes in the general population are also associated with self-mutilation among a sample of young adults in the United States who have a history of homelessness. Data are drawn from the Homeless Young Adult Project which involved interviews with 199 young adults in 3 Midwestern United States cities. The results of our path analyses revealed that numerous stressors including running away, substance use, sexual victimization, and illegal subsistence strategies were associated with more self-mutilation. In addition, we found that certain social statuses exacerbate the risk for self-mutilation beyond the respondents' current situation of homelessness. We discuss the implications of our findings for the social stress framework and offer suggestions for studying this unique population within this context.

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Introduction

Self injury refers to the act of deliberately harming oneself, causing minor to moderate injuries without suicidal intent (Favazza, 1998; Suyemoto, 1998) and includes a variety of behaviors such as cutting, stabbing, burning, and scratching the skin (Favazza & Conterio, 1989; Ross & Heath, 2002). Although the actual prevalence of self injury is unknown (Nock, Wedig, Janis, & Deliberto, 2008), percentages in the general population vary considerably with rates of 4% for adults (Briere & Gil, 1998), 17–38% among college students (Gratz, Conrad, & Roemer, 2002; Whitlock, Eckenrode, & Silverman, 2006), and 69% among high-risk youth (Tyler, Whitbeck, Hoyt, & Johnson, 2003). Estimates for psychiatric inpatients range from 21% (Briere & Gil, 1998) to 82% (Nock & Prinstein, 2004). Often referred to as self-mutilation, self injury is a major health issue that can affect people of all ages, gender, or racial/ethnic groups and is believed to be increasing in prevalence among adolescents and youth (Ross & Heath, 2002).

Although macro-level processes such as differential access to and possession of wealth, power, and prestige may exacerbate the risk for poor mental health outcomes such as self injury, this behavior has rarely been examined within a social stress perspective. Within this context, stress exposure heightens an individual's risk of experiencing mental health problems such as self-mutilation. This is particularly relevant for homeless young adults because these individuals experience numerous stressors but often lack the personal resources such as family support that may buffer them from the negative effects of stress. In this paper we use a social stress framework (Aneshensel, 1999; Wheaton, 1999) to examine our research questions: Do certain stigmatized statuses exacerbate the risk of self-mutilation beyond the social circumstance of ever being homeless? Are the correlates of self-mutilation among homeless young adults different from those found among general population or clinical samples? Although homeless young people experience numerous stressors due to the daily survival issues that they typically face (e.g., finding food and a place to sleep), it is possible that additional status strains such as gender and sexual orientation, which are often found to be associated with poorer health outcomes (Biernbaum & Ruscio, 2004; Van Voorhees et al., 2008) further increase the risk for self-injury.

A social stress framework

A social stress framework, which guides the current study, is useful for understanding the process that links numerous stressors

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experienced by many homeless young people with self injurious behaviors. Stressors, according to Wheaton, are "conditions of threats, demands or structural constraints that by their very occurrence or existence, call into question the operating integrity of the organism" (1999, p. 177). Wheaton states that it is important to measure a variety of stressors to avoid underestimating their impact, recognizing that stressors are linked to each other and may have direct or indirect effects on mental health. Although the majority of people in the general population adapt to stress, those with unique social circumstances such as homeless individuals may engage in more harmful behavior compared to those in the general population due to the additional stressors associated with their social situation.

The location of individuals within the social system influences their chances of encountering stressors, increasing the likelihood of them becoming emotionally distraught (Aneshensel, 1992). In other words, stressors tend to vary according to one's position in society and thus their impact on mental health outcomes, such as self-mutilation, are likely to differ across groups and/or social conditions. There is a large body of research that finds for example that social status is a correlate of both physical and/or mental health among adults (Demakakos, Nazroo, Breeze, & Marmot, 2008; Honjo, Tsutsumi, Kawachi, & Kawakami, 2006; Kubzansky, Berkman, Glass, & Seeman, 1998). Among homeless individuals, those who are faced with the stressors associated with their disadvantaged circumstance may engage in destructive behaviors including self-mutilation because they lack adaptive alternatives. The daily struggles that homeless individuals experience such as having to secure a place to stay for the night and finding food makes the situation of homelessness a unique social circumstance. Additionally, macro-level factors such as perceived or experienced discrimination and micro-level factors such as growing up in an abusive household may encourage some homeless individuals to self injure as a means of reducing stress and relieving tension. To the extent that homeless young adults have little control over their sources of stress, self-mutilation may become more likely among this group.

Status strain, which is a type of stressor, occurs when majority and minority groups have differential access and possession of power, prestige, and resources that ameliorate or exacerbate the risk for mental health outcomes such as self-mutilation (Pearlin, 1999). Gender and sexual orientation are status strains that may be important in understanding the prevalence of self-mutilation. For example, among homeless youth, females experience unique stressors including higher rates of sexual victimization than males (Tyler, Hoyt, Whitbeck, & Cauce, 2001) and this is associated with higher levels of depression (Whitbeck, Hoyt, & Bao, 2000). Sexual minorities are often stigmatized (D'Augelli, 1998) because of their social status and experience numerous negative outcomes including victimization (D'Augelli, Pilkington, & Hershberger, 2002) and have poor physical and/or mental health (Clatts & Davis, 1999; Cochran, Greer Sullivan, & Mays, 2003; Kipke, O'Connor, Palmer, & MacKenzie, 1995; Ueno, 2005). Additionally, because homeless females and sexual minority youth generally experience more sexual abuse (Cochran, Stewart, Ginzler, & Cauce, 2002; Tyler, 2008; Tyler & Cauce, 2002) and abuse is associated with self-mutilation (Briere & Gil, 1998; Gladstone et al., 2004; Lipschitz et al., 1999), these individuals may engage in higher rates of self injurious behaviors. In sum, homelessness, gender, and sexual orientation are markers of social placement (Aneshensel, Rutter, & Lachenbruch, 1991) that affect the way in which lived reality is experienced, impacting both the stressors encountered as well as the mechanisms mobilized to deal with stress.

Factors associated with self-mutilation

Researchers focusing on self-mutilation have examined gender and sexual orientation among a variety of populations including clinical, community, and high-risk individuals (e.g., homeless and runaway youth). Studies focused on gender have found mixed results. For example, some researchers have found that females are significantly more likely to self-mutilate compared to males (Lipschitz et al., 1999; Ross & Heath, 2002; Zlotnick, Mattia, & Zimmerman, 1999) whereas other researchers report no gender differences (Briere & Gil, 1998; Gratz et al., 2002). Although there is a dearth of studies on sexual orientation and self injury, those that exist show that gay, lesbian, and bisexuals (GLBs) are at greater risk for self injurious behavior compared to their heterosexual counterparts (Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003; Whitlock et al., 2006).

Experiences within the family of origin as well as mental health factors are also associated with self-mutilation. Studies including both clinical and non-clinical populations generally find a higher risk of self-mutilation among those with a history of physical and/or sexual abuse (Briere & Gil, 1998; Gladstone et al., 2004; Lipschitz et al., 1999; Tyler et al., 2003). Although fewer studies have examined neglect, some researchers also find this to be a strong correlate of self-mutilation (van der Kolk, Perry, & Herman, 1991; Lipschitz et al., 1999). In addition to maltreatment, other risk factors for self-mutilation among clinical samples include depression, post traumatic stress disorder (PTSD), victimization, and/or substance abuse (Gladstone et al., 2004; Swift, Copeland, & Hall, 1996; Zlotnick et al., 1999). Depression is also found to be a precursor to self-mutilation among general and high-risk population samples (Ross & Heath, 2002; Tyler et al., 2003).

Homeless individuals not only have to agonize over daily survival but are also shunned within society because they do not live up to cultural norms and expectations. These individuals lack conventional housing, employment, family ties, and other stable relationships and often do not receive appropriate physical and mental health treatment, possibly because many homeless youth mistrust mainstream institutions (Auerswald & Eyre, 2002). They also engage in risky lifestyles through their participation in delinquent activities and running away, both of which place homeless youth at increased risk for negative health outcomes (Chen, Tyler, Whitbeck, & Hoyt, 2004; Tyler et al., 2003). As such, they live on the outskirts of society and are often ostracized and blamed for their current social circumstance. Due to their lack of resources and support, numerous homeless individuals may cope with distal and proximal stressors such as child maltreatment histories and victimization in maladaptive ways such as through self-mutilation. In other words, self-mutilation may help the individual cope because it is a way to express and regulate overwhelming or intolerable emotions by creating a sense of control (Suyemoto, 1998). This is a timely issue given the current economic instability in the U.S. which may lead to increases in homelessness among this young population. Additionally, declining economic conditions could potentially lead to even higher distress among those who are currently homeless, resulting in even poorer mental health.

Although self injury has generally been overlooked in studies of homeless young adults, this group is especially at high-risk for this damaging behavior for several reasons. First, the majority of homeless young people have experienced child maltreatment (Tyler & Cauce, 2002), which is a major risk factor for self-mutilation. Second, homeless young people in general engage in high-risk behaviors such as frequently running away from home and delinquency (Chen et al., 2004; Tyler et al., 2001, 2003) and experience numerous mental health problems including depression, PTSD, and substance abuse (Slesnick & Prestopnik, 2005; Tyler et al., 2003; Whitbeck et al., 2000), all of which are risk factors for self injury. Third, many homeless young adults lack resources and adequate support (Tyler, 2008); therefore, they may be less willing to ask for help when problems arise. As such, using a path model that is

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