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 (Fox et al., 2006). Such behaviors have received much interest in research and in literature-reviews during recent years (Fox et al., 2006).

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 (Green et al. 2006; Fox et al., 2006).

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 (Vickers, 2007).

Regrettably, the research in this field has been obstructed by methodological shortcomings, such as the lack of a unicon 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 (DSH; Grae, 2001).

Previous research

Deliberate Self-Harm Inventory (DSH) (Grae, 2001) asks respondents to report how many times they have engaged in a number of forms of DSH during the last 6 months, ranging from of occasional (1-6 times) to 6 (almost never) scale where high scores represent high prevalence.

Fliege, Lee, Grimm, and Klapp (2009) have previously used the DSH inventory in a sample of university students. This version of the instrument screened for the lifetime prevalence of a broad range of different forms of DSH and was thus used to establish if these behaviors indeed were prevalent in university samples.

Second, a further shortened version of the instrument called the Deliberate Self-Harm Inventory (DSHI; Bjärehed & Lundh, 2008) that had previously been used with Swedish adolescents was administered to a second sample of university students. The reason for using the DSH-I was that a shorter instrument would be easier and quicker for participants to answer.

The HADS is a widely used self-report instrument to measure anxiety and depression in non-clinical populations. The HADS consists of 7 items that measure anxiety, like “I feel tense or wound up” and 7 items that measure depression, like “I still feel depressed most of the time”.

Bajrehed & Lund (2008) have developed a short version of the Deliberate Self-Harm Inventory, called the Deliberate Self-Harm Inventory (DSHI), which was used in a sample of university students. The version of the instrument screened for the lifetime prevalence of a broad range of different forms of DSH and was thus used to establish if these behaviors indeed were prevalent in university samples.

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 (0.5% men and 2.2% 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.

This method was used in a systematic review.

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 prevalence found when similar methodology has been used to assess DSH in previous research. Thus, it seems reasonable to suggest that DSH is a relatively unstable outcome over time (Bjärehed & Lund, 2008). The results of sample 1 suggests that some extreme forms of DSH, such as “rubbed sandpaper on your body”, “dipped acid onto your skin”, “used bleach, comet, or oven cleaner to scrub your skin”, “rubbed glass onto your skin” and “bitten yourself so that the skin is broken” were only reported by a very small proportion of respondents in non-clinical samples.

To date no Swedish data on the prevalence of DSH in university students exists. Therefore, this study was planned in two steps:

1. First a shortened Swedish adaptation of the Deliberate Self-Harm Inventory - short (DSHI-s; Bjärehed & Lundh, 2008) that had previously been used with Swedish adolescents was administered to a second sample of university students. The reason for using the DSH-I was that a shorter instrument would be easier and quicker for participants to answer.

2. Second, a further shortened version of the instrument called the Deliberate Self-Harm Inventory (DSHI; Bajrehed & Lundh, 2008) that had previously been used with Swedish adolescents was administered to a second sample of university students. The reason for using the DSH-I was that a shorter instrument would be easier and quicker for participants to answer.

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

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