

SELF
INJURY

Awareness

...IT CAN HAPPEN
TO ANYONE

healing starts with
knowledge

There is hope

Theme:

“The study investigates non-suicidal Self Injury (NSSI) at the St. Vincent and the Grenadines Community College, Division of Arts, Sciences and General Studies.”

Candidate's Name:

Candidate's Number:
150019 _____

School:

St. Vincent Community College

School Code:

150019

Subject Discipline:

Caribbean Studies

Due Date:

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Lecturer's Name:

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Relevance of Topic

This research project is focused on “Self Injury”. Interest in this topic stems from a personal experience I encountered two years ago; my best friend’s sister contacted me telling me that my best friend had passed out on the bathroom floor. She had used a razor and made cuts from both her wrists to her elbows and on the floor beside her, an overturned bottle of painkillers. I cannot begin to explain the state of my mind after I’d been told. I never could understand why she did it. In addition to this, throughout my five years as a high school student, I had four close friends who engaged in self-injurious behavior. The concept was a phenomenon to me. Presented with the opportunity to research a topic, I chose non-suicidal self-injury.

The researcher seeks to increase the awareness of self-injury, as not many people recognize that this is an increasing problem. Its social relevance stems from the fact that through the media and peer relations, individuals are learning harmful ways of coping with their problems. These coping techniques will undoubtedly mould their own frame of mind and determine the way in which problems are dealt with. Additionally, self-injury may lead to alienation, segregation and antisocial behavior, which may hinder the development of a child. This would be beneficial to society as increased awareness and insight into the minds’ of our youths; steps can be formulated to counteract this situation, hopefully reducing this growing problem.

Problem Statement

NSSI is a gradually increasing problem where individuals are engaging in harmful ways of coping with their problems that can have detrimental effects on their social, personal and educational development. This study investigates non-suicidal self-injury at the SVGCC. This study was carried out at the St. Vincent and the Grenadines Community College, Division of Arts, Sciences and General Studies, located on the windward side of the island, approximately 3.75 kilometers (2.5 miles) from capital Kingstown. At the time of investigation, the number of students enrolled at the SVGCC-Division of Arts, Sciences and General Studies was approximately 830 between the ages of 16-21. The present study’s central objectives are to provide information about the prevalence of NSSI with a sample of college students with particular interest in reasons for doing such, frequency and method. It also seeks to observe the possible risk factors associated with NSSI with focus on the criteria of parental attachment. What influences one to do this to one’s self? How often does it occur at this institution? What methods are most exercised? And do the level of parental attachment contribute to this behaviour?

Educational Value

Self-Injury is an escalating area of research. Knowledge about its causes, prevalence and nature is very beneficial to several individuals such as; parents, school officials, medical practitioners, and other youth serving professionals who will be able to better identify the behaviour and assist youths.

CHAPTER 1: Introduction

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The Ministry of Health, more specifically its mental health departments, will be able to understand the way in which the behaviour fits in with mental health trends among youths and education about the role that environmental factors play in promoting the behaviour will assist in the development of strategies aimed at changing these environments. Mental Health counselors and School counselors will be made aware of this type of behaviour and the information can be vital in determining support and treatment regimens that is unique to a college student and setting. It would also contribute to the subject discipline psychology, in relation to expanding the existing body of knowledge about this maladaptive behaviour.

Definition of Technical Terms

Non- Suicidal Self- Injury (NSSI): The deliberate, self-inflicted destruction to one's body tissue resulting in immediate damage, without suicidal intent and for purposes not socially sanctioned.

Feeling Generation: Committing acts or engaging in behaviours that causes an individual to experience a desired feeling or emotion.

Interpersonal Influence: Consists of goals, which drives an individual to attempt a particular behaviour in order to send a particular message so that a desired response would be evoked.

Test Retest-Reliability: A measure of the ability of a testing instrument to yield similar results for a single aspect at different intervals so that any variation can be detected.

Social Desirability: The tendency for respondents to reply in a manner that will be viewed favorably by others.

Emotional Regulation: refers to a person's ability to understand and accept his or her emotional experience, to engage in healthy strategies to manage uncomfortable emotions.

SVGCC- Division of Arts, Sciences and General Studies: The target population of the study consisting of 830 students.

NSSI's: Acronym for the term; 'Non-Suicidal Self-Injurers'

Non-NSSI/ N-NSSI's: Acronym for the term; 'NON Non-Suicidal Self-Injury'

CHAPTER 2: Literature Review

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Literature Review

The increasing occurrence of non-suicidal self-injury (NSSI) has come to the attention of mental health professionals. The importance of understanding NSSI as an emerging behaviour among college students has been discussed and the increasing numbers of literature presented on the topic is testament to its importance.

Silverman et al. (2007) in their publication; *"Suicide related ideations, communications and behaviours. Suicide and Life threatening behaviour"*, insisted that individuals be properly educated on the terms 'self harm' and 'NSSI'. Critical readers of literature should be aware that NSSI cannot be equated with other self-harming behaviour. Silverman and his colleagues accentuate the importance of determining the intent behind the act, suicidal or not. They insisted that behaviours that differ in intent cannot be equated and while NSSI may be similar to other suicidal behaviours, it is a distinct and separate behaviour from suicide attempts (harm to one's self with the intention to kill one's self) and self-harm (any act, intentional or not that harms any aspect of the body). Silverman and his colleagues however failed to mention the specific motivations that would classify an act as a NSSI.

Perhaps one of the most incomprehensible features of NSSI is that most sufferers report doing it in order to relieve pain or simply just to feel something. DiLazzero (2003) reported in his psycho educational program, *"Addressing Self-Injury in a college setting."* that many self injurers report overwhelming sadness or emotional numbness and the act of self-injuring provides a way for one to experience some sense of feeling. The present study is interested in finding what reasons for self-harm are given by self-injurious individuals.

The most common method used by the victims of NSSI has been found to be cutting. Heath et al (2008) found this to be the case in their research; *"An examination of non-suicidal self-injury among college students"*. By way of questionnaires they discovered that 85 of their 728 participants indicated that they 'hurt themselves on purpose' representing an 11.68% prevalence rate of NSSI. Participants reported engaging in various forms; 'cutting' (65.2%) then 'severe scratching' (56.6%) followed by 'punching self' (26.1%), 'burning' (21.7%) and 'banging head' (8.7%). Additionally analysis of the frequency of these behaviours included 23.6% indicating once, 40.3%; 2 to 4 times, 8.3%; 5 to 10 times, 16.7%; 11-50 times, 2.8%; 51-100 times and 4.2% over 100 times. Questionnaires are also being used in the present study to test 50 individuals on the frequency of, and the most commonly used, methods.

The book *Deviant Behaviour* authored by Alex Thio cites a study from Crabb (2005) that claims that the mass media can influence the decision, and what method is used; to harm one's self. However,

Favazza and Conterio (1989) in their publication; “*Why Patients Mutilate Themselves*”, assert that the majority of self-injurers discover it through private or accidental experimentation, they found that 91% of their self-injuring sample had neither known nor read about self-injury before engaging in the behaviour. With those factors presented, do individuals self-harm based on their own accord or is the media indeed influencing the act and method of self-injuring? Although there is a lack of research in this area, some clinical studies shed some light about underlying factors that contribute to self-injury.

CHAPTER 2: Literature Review

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Gratz et al (2002) in their study, “*Risk factors for deliberate self-harm among college students,*” noted that risk factors for NSSI might be understood as falling into one of two general categories, environmental risk factors (e.g. childhood maltreatment) or individual risk factors (e.g. difficulties with emotional expression). Of more particular interest however is that the study conducted by Gratz and his colleagues examined the role of the parent-child relationship as a risk factor for NSSI. Results revealed that NSSI was associated with emotional neglect that stemmed from poor quality of the parent-child bond. These findings clearly point to the importance of taking into consideration the quality of parent-child relationships when investigating the risk factors for NSSI, as is being done in the present investigation at the SVGCC-Division of Arts, Sciences and General Studies.

Also, available evidence presented in “*A Study of the Frequency of Self-Mutilation in a Community Sample of Adolescents*” by Ross and Heath (2002) suggest that females are only some what more likely to self-injure than males. They found that 64% of adolescents who engaged in self-injury in their study were female. However, other studies conducted by Gratz, (2001) and Martin et al. (1995) have found similar rates for both males and females. In light of the contradicting pieces of evidence, the question exists; is one sex more likely to self-injure than the other?

Data Collection Sources

Research Design

The type of research that will be exercised is 'Applied Research'. This study is investigating non-suicidal Self Injury among students of the SVGCC- Division of Arts, Sciences and General Studies; hence a quantitative design within applied research is most appropriate. Applied research is suitable within this context because this type seeks to deepen understanding and improve processes as is needed with a topic such as NSSI. A quantitative design is also beneficial as it allows one to obtain information on a large scale from students at SVGCC- Division of Arts, Sciences and General Studies on an issue that is underappreciated and on which no data exists.

Method of Data Collection

Conventional printed questionnaires are used as the method to collect data from respondents in this study. A questionnaire is a set of pre-set questions given to persons who make up the population of the study. Printed questionnaires work well when respondents are located in a central area, as is the case with the population target; 'SVGCC- Division of Arts, Sciences and General Studies'. Questionnaires are easier to distribute and results are often quantitative thus can be easily analyzed. Furthermore, it can be statistically compared with other divisions and possibly other colleges in the Caribbean. This questionnaire consisted of four (4) sections; 'Section A' consisted thirteen (13) closed ended questions, 'Section B-Part 1' consisted of one (1) open ended and nineteen (19) closed ended questions, 'Section B- Part 2' consisted of three (3) open ended and six (6) closed ended questions and 'Part C' consisted of two (2) open ended and two (2) closed ended questions.

Sample Selection

The sampling method used to select respondents is systematic sampling. Systematic sampling allows the researcher to select any n^{th} person to form a sample, with 'n' being any number chosen by the researcher. In the present research 'n' =8, meaning that every 8th person was eligible for the sample and out of 830 students, 50 were needed. During the lunch period (12:15-1:00pm) every 8th individual was approached, given a brief description about the study and asked to participate by completing a

questionnaire. Fifty- (50) questionnaires were handed out using this method of sampling. This method has a random character to it that may allow one to generalize to the target population with confidence. It also allows the researcher to implement a systematic design to the random selection of subjects. Finally, the sample is spread more evenly over the population, reducing bias and increasing the objectivity of the study.

Collection Of Data

This study was conducted in February 2011. Four (4) weeks in the month of February, dated from the 2nd to the 28th, were used to conduct the study. Upon distribution of the questionnaires to the students of the SVGCC- Division of Arts, Sciences and General Studies, on Tuesday 15th, 2011, they were informed that they had four (4) days to answer and return the questionnaires no later than Friday 18th February.

Analysis and Presentation of Data

The information in this study would be dealt with using quantitative methods of data analysis where the data would be organized and presented using graphic and tabular method. Descriptive and analytical text would also be used to present information that is derived from the analysis of the data collected.

Presentation of Findings**Table 1: A Table showing the reasons for NSSI as indicated by NSSI's.**

REASONS FOR NSSI	Not Relevant (%)	Relevant (%)
1.) Punishing myself	57	43
2.) Causing pain so I will stop feeling numb	60	40
3.) Letting others know the extent of my emotional pain	83	17
4.) Bonding with peers	50	50
5.) Testing pain threshold	60	40
6.) Trying to get a reaction from some one	70	30
7.) Seeking help or care from others	77	23
8.) Expressing anger towards myself for being stupid	43	57
9.) Trying to feel something, even if it is physical pain	47	53
10.) Seeking to fit in with others	93	7
11.) Demonstrating I am tough	73	27
12.) Trying to get parents to notice me	53	47
13.) Reacting to feeling unhappy/ disgusted with myself	33	67
14.) Reducing overwhelming emotions	13	87
15.) Proving that I can handle physical pain	57	43
16.) Trying to stop bad emotional feelings	40	60
17.) Trying to get control of the situation	57	43
18.) Trying to be like some one I admire	93	7
19.) Simply experimenting	57	43

The table depicts reasons selected by individuals according its relevance to the individual. 'Reducing overwhelming emotions' was relevant (R) and irrelevant (IR) to 87% and 13% of individuals respectively, followed by 'Reacting to feeling unhappy/ disgusted with myself', which was (R) and (IR) to 67% and 33% of respondents respectively. The reasons least relevant were; 'Trying to be like some one I admire' and 'Seeking to fit in with others', recording a 93% (R) and 7% (IR) rate. Other reasons and the percentage of individuals that it was relevant and irrelevant to are; 'Causing pain so I will stop feeling numb'; R=40, IR=60, 'Letting others know the extent of my emotional pain'; R=17 IR=83, 'Bonding with peers'; R=50 IR=50, 'Testing pain threshold'; R=40 IR=60, 'Trying to get a reaction from some one'; R=30 IR=70, 'Seeking help or care from others'; R=23 IR=77, 'Expressing anger towards myself for being stupid'; R=57 IR=43, 'Trying to feel something, even if it is physical pain'; R=53 IR=47, 'Demonstrating I am tough'; R=27 IR=73, 'Trying to get parents to notice me'; R=47

IR=53, 'Proving that I can handle physical pain', 'Trying to get control of the situation' and 'Simply experimenting'; R=43 IR=57 and finally 'Trying to stop bad emotional feelings'; R=60 IR=40.

CHAPTER 4: Presentation of Findings
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Figure 1: A Bar chart showing the methods of self harm employed by NSSI's.

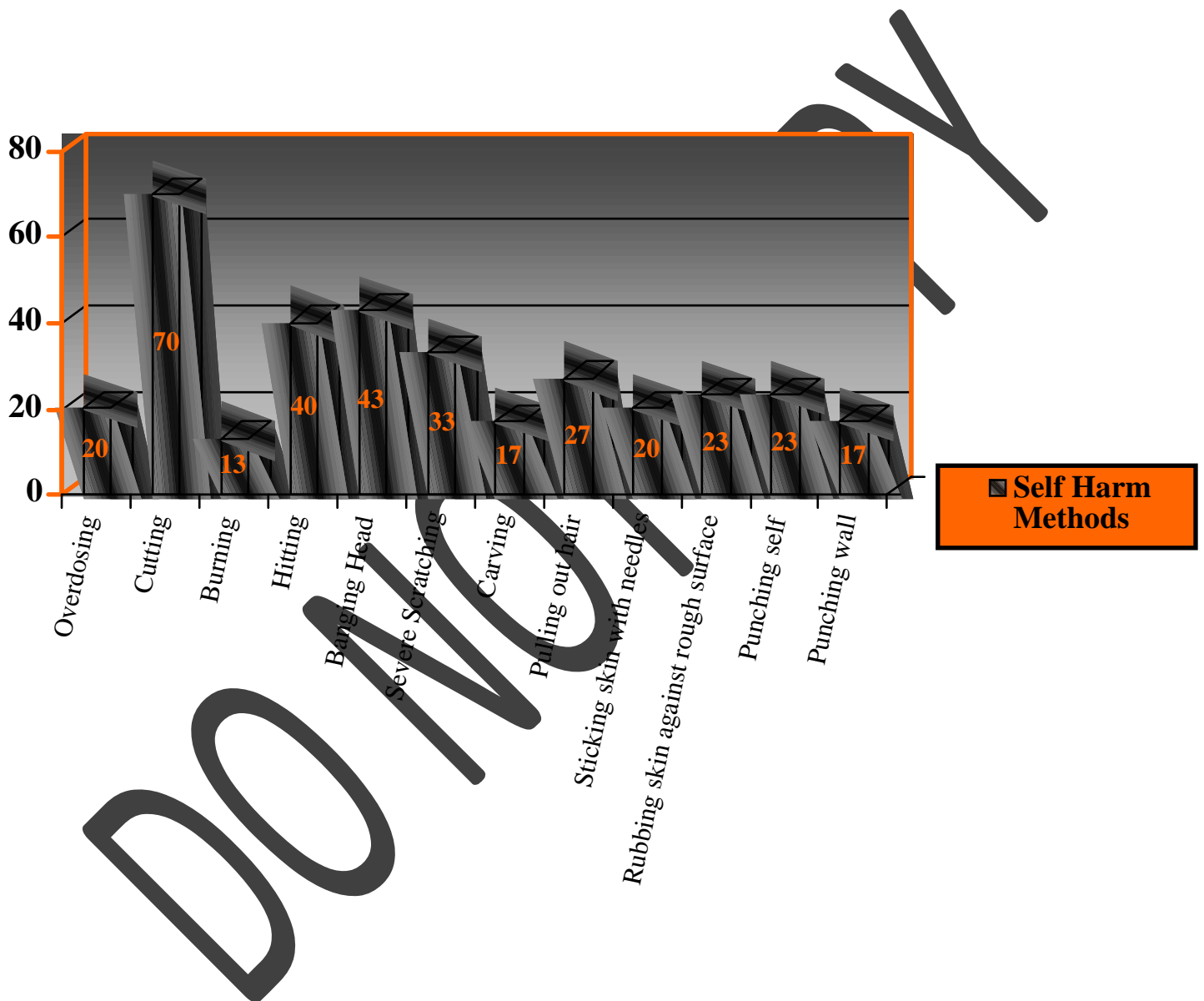


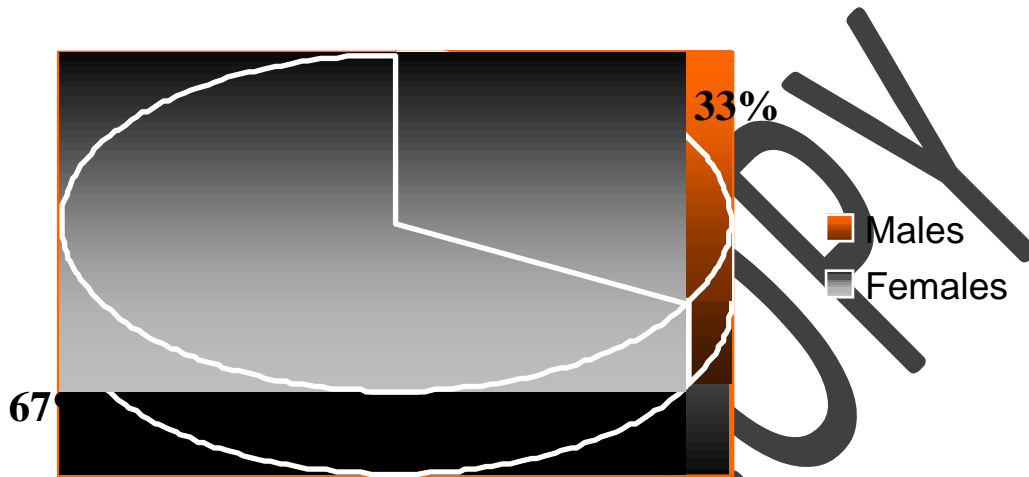
Figure 1 depicts a variety of self-harm behaviors, which individuals have engaged in. The majority of individuals (70%) engage in 'cutting' while 'burning' saw the least amount (13%) reporting usage. Other methods of self injury and their prevalence are; 'Overdosing'; 20%, 'Hitting'; 40%, 'Banging head'; 43%, 'Severe Scratching'; 33%, 'Carving'; 17%, 'Pulling out hair'; 27%, 'Sticking skin with needles'; 20%, 'Rubbing skin against rough surface' and 'Punching self'; 23%. 17% of individuals indicated 'Punching walls' when given the option of 'Other'.

Table 2: A Table displaying the current living situation of respondents.

LIVING SITUATION	NSSI's (%)	Non NSSI's (%)
Both Biological Parents	77%	53%
Single Parent	23%	33%
Biological and Step Parent	20%	--
Non-Biological Guardians	3%	7%
Sibling Household	3%	--
Other	4%	7%

Table 2 outlines the current living situation of NSSI's and Non-NSSI's. 47% of self-injurers live with both biological parents as well as 53% of non self-injurers. 23% of NSSI's and 33% of Non-NSSI's live in single parent households. In relation to a biological and stepparent arrangement, only 20% of the sample indicated living this type of household, all of who are NSSI's. 3% of NSSI's live in non-biological households, as do 7% of Non-NSSI's. 3% of the entire sample lives in a sibling household and all of these individuals are self-injurers. 4% of NSSI's and 7% of Non-NSSI's live in households other than the options provided. They indicated this type of household to be a biological guardian household (i.e. grandmother, uncle. Etc)

Figure 2: A Pie Chart showing the sex distribution for individuals who are NSSI's.



The Pie chart illustrates the percentages of males and females that engage in NSSI. More females engage self-injurious behaviour, with 67%, than males who recorded 33%.

Table 3: Table showing the way in which respondents feel when they are with or think of parents.

When I am with my parents or think about them I feel...	Never		Seldom		Often		Very Often	
	NSSI's (%)	N-NSSI's (%)	NSSI's (%)	N-NSSI's (%)	NSSI's (%)	N-NSSI's (%)	NSSI's (%)	N-NSSI's (%)
Sad/Disappointed/Ignored	10	27	33	53	47	13	10	7
Happy/ Loved/ Cared for	4	6	53	27	30	40	13	27

Table 3 outlines how NSSI's and N-NSSI's feel when they are with or think about their parents. 10% of NSSI's said that they never felt sad/disappointed/ignored, 33% said 'seldom', 47% said 'often' and 10% said 'very often'. Non-NSSI's rates were also recorded. 27% of N-NSSI's indicated that they 'never' felt this way, 53% indicated 'seldom', 13% said 'often' and 7% said 'very often'. Respondents were

also asked if they felt Happy/loved/cared for. 4% of NSSI's indicated that they 'never' felt this way, 53% indicated 'seldom', 30% said 'often' and 13% indicated that they feel this way 'very often'. Non-NSSI's paint a different picture. 6% of Non-NSSI's indicated that they 'never' feel this way, 27% indicated 'seldom', 40% indicated 'often' and 27% indicated 'very often'.

CHAPTER 5: Interpretation of Findings

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Interpretation of Findings

Out of a usable sample of 45, 30 individuals indicated that they were involved in NSSI. 67% were females and 33% were males. The reported prevalence rates seem to suggest the notion that gender differences are being found in the occurrence of NSSI within this community sample.

Certain trends were found between types of NSSI methods and gender. 'Punching self' was a method which solely males indicated using. Only female respondents selected: "overdosing", "burning" and "sticking with needles". "Carving of body" proved to be a method used mostly by female victims (20%) compared to males (10%). The trends identified imply that females are involved in moderate to severe forms of NSSI, (i.e. carving and burning of skin) while males are involved in minor NSSI (i.e. punching self). This may mean that female respondents may be more in need of different coping mechanisms.

The researcher was interested in determining whether there existed a trend between gender and reasons most selected. The sample of NSSI's were divided by gender and analyzed. 'Reducing overwhelming emotions' was the reason most selected by males and females. 'Expressing anger towards myself for being stupid' represented the second most selected reason among males and for females; 'reacting to feeling unhappy/ disgusted with myself'. Individuals of both genders selected the former reason the most and their second reasons were both geared towards "self punishment". This suggests that gender differences are not being found in the reasons behind NSSI. It also; highlights that individuals lack proper methods for dealing with overwhelming emotions and implies that programs need to be implemented to teach emotion regulation.

Rating scales were used to assess the reasons for NSSI; they were designed however, using statements that measured the same functions, to measure test-retest reliability. Individuals were judged to be inconsistent and contradictory when ratings (i.e. 0,1,2) differed significantly between statements. For example; on the rating scale provided to respondents, items 1-'punishing myself', 8-' Expressing anger towards myself for being stupid' and 13- 'Reacting to feeling unhappy/ disgusted with myself' measured the function 'Self Punishment'. 33% of NSSI's had contradicting ratings that may have rated '2' for item 1 and '0' for items 8 and 14. Individuals who had similar ratings or those of 1's and 2's were not judged to be contradictory. More contradictions were found among functions that were measured by various items¹. Items 2 and 9 measured 'feeling generation', 40% of individuals had contradicting ratings. Items 4, 6, 7 and 12 measured 'Interpersonal influence' and 37% of individuals

¹ Items {1& 9}, {4, 6, 7, 13}, {5, 11 & 5} and {3&10} on the Rating scale can be found in Appendix 1, on page 2 of the Questionnaire distributed to respondents.

contradicted themselves. Items 5, 11 and 15 which measured 'toughness' and items 3 and 10 which measured 'peer bonding' saw 10% and 13% of individuals respectively, selecting largely contrasting ratings between items. These findings suggest that individuals may simply have selected a particular rating for an item without pondering sufficiently about what it is saying and its degree of relevance to them; thus, the reliability of information is questioned.

CHAPTER 5: Interpretation of Findings

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The researcher found another informative result in relation to the frequency of NSSI behaviour reported. In the sample of 30 students who engaged in NSSI (66.7% of the total sample) the majority had engaged in this behaviour less than ten times, with 20% indicating that they only self injured once. Thus, these findings imply that the present sample tapped a group of individuals who are largely non-repetitive self-injurers.

The average age of onset of participants in the present study is 14.23 years. Individuals of this age, who are more explosive, experiencing increasing peer pressure, lonely and have conflicts with their parents and authority figures, are at a greater risk of engaging in self-injurious behaviour. The findings indicate that a significant portion of those who will engage in NSSI will do so during their high school years. The findings suggest an important possibility for high school and community services in developing preventative and treatment programs.

When asked how they felt when with or thinking of parents, the majority (47%) of NSSI's said that they 'often' felt sad/ disappointed/ ignored (S/D/I) and 53% 'seldom' felt happy/loved/cared for (H/L/C). This seems to denote that individuals experiencing a less secure parent-child relationship may be at risk for this type of behaviour. To support this conclusion, non-injurers said that they 'seldom' felt S/D/I (53%) and 'often' felt H/L/C (40%). These individuals who are experiencing a secure parental relationship are less involved in NSSI. There remain, however, those victims of NSSI who report never feeling S/D/I and report feeling very H/L/C. This means that while individuals who are not experiencing a positive parental relationship may be more susceptible to NSSI, the breakdown of this relationship is NOT the main factor that encourages NSSI. This implies that parents need to be nurturing about their relationship with children and be concerned with maintaining a healthy and positive parent-child bond.

Gender differences exist with the types of methods used by individuals where females are more engaged in moderate to severe forms of self-injury. Reasons behind the act do not present gender differences and show individuals' inability to properly cope and deal with overwhelming emotions. The researcher interpreted the inconsistency among rating scales to mean that some individuals' responses in this particular section cannot be deemed reliable. The majority of individuals within the present sample are largely non-repetitive self injurers whose average age of onset is 14.23 years which makes them more susceptible because it is a moment in development when individuals are experiencing overwhelming emotions and changes. Finally, having a less secured parental relationship increases the possibility of self-injuring as NSSI's were found to have less secured parental relationships.

Discussion of Findings

The present study had two objectives. First: to examine the characteristics of NSSI within a sample of college students, including prevalence, frequency, method and reasons. Second: to assess parental attachment as an identified risk factor among students who engaged in NSSI.

The most common reasons for NSSI included 'Reducing overwhelming emotions' and 'reacting to feeling unhappy/ disgusted with myself'. These findings are inconsistent with DiLazzerio (2003) who reported that many self-injurers self injure to experience some sense of feeling. In a college sample, the depth of adolescent functioning is deepened, teens in this sample may be more or less socially isolated, depressed or hopeless than DiLazzerio's sample, therefore it is possible that there may be more varied reasons for engaging in NSSI. It also means that there are varied meanings of NSSI and the level of meaning may change over time with greater amounts of NSSI. Hence, before the problem escalates further, reasons behind acts must be identified and dealt with accordingly.

In contrast to the 11.69% prevalence rate reported by Heath et al (2008), the current investigation revealed a rate of 66.67%. One obvious explanation for this discrepancy is the difference in sample size. The study by Heath et al (2008) recruited 728 participants from which 85 indicated NSSI. The present study had only 45 participants from which 30 reported NSSI. A second explanation could be the sensitivity of the method used to assess NSSI. In the present study, the questionnaire completed by the participants provided a comprehensive checklist of all possible NSSI behaviors and they were asked to indicate if they had ever engaged in any of these listed behaviors. In Heath et al's study, the screening measure asked participants if they had ever "hurt themselves on purpose" and thus, it is possible that some individuals may not have recalled behaviors that were placed in the checklist. Hence, the present questionnaire could have captured a greater breadth of NSSI thus yielding a higher rate of NSSI. Finally, a third explanation could simply be that NSSI is more prevalent in this population than previously expected.

As found in Heath et al's study, 'cutting' (70%) was the most common method. Other methods, 'banging head' (43%), 'hitting' (40%), 'severe scratching' (33%) and 'punching self' and 'running skin against rough surface' (23%), contrasted the order found in Heath et al's study. Another informative result, that followed similar patterns reported by Heath et al, was found in the reported frequency of NSSI behaviour. The majority engaged in this behaviour less than ten times, with 20% indicating once, 23%; 2-5 times, 23%; 6-10 times, 4%; 11-20 times, 17%; 21-50 times and 13%; 50+ times. These individuals are not repetitive self-injurers, however, it is important to understand that there is a significant number of young adults who are engaging in mild to moderate NSSI. Understanding that this behaviour is occurring is essential to working towards extinguishing this behaviour.

When asked if the act of self-injuring was influenced by the media 83% of self-injuring respondents said 'no' and 67% indicated that the media did not influence the method used. This is inconsistent with the information provided by Crabb (2005) and goes more hand in hand with Favazza and Conterio (1989) who state that the majority of individuals had no previous knowledge and

CHAPTER 6: Discussion of Findings

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discovered it through private or accidental experimentation. The present study's findings may be due to the fact that the individuals are simply not easily influenced as we may assume but one must ponder the plausibility of Favazza and Conterio's findings as these individuals must have known about the particular act in order to attempt it, this the media more than likely 'planted' the idea rather than 'prompted' the act.

The exploration of risk factors revealed a somewhat significant difference between the NSSI victims and non-victims in ratings of parent-child bond, which supported the results, found by Gratz and his colleagues. When compared with Non self-injurers, 47% of NSSI victims 'often' felt sad/disappointed/ignored while 53% of non-victims 'seldom' felt this way. 40% of non self-injurers said they 'often' felt happy/loved/cared for while 53% of victims 'seldom' felt this way. The results suggest that secure parental attachments play an influential role in the occurrence of NSSI. Thus, parents should be mindful and ensure that bonds between themselves and their child are secure and positive.

Consistent with Ross and Heath's (2002) results, females were found to be more likely to engage in self-injurious behaviour with females comprising 67% of victims. This percent falls close to the 64% found by Ross and Heath. However, of all the respondents in the present study, 71% were female, thus the predominance of this gender within this sample can have a significant effect on whether females are found more likely to self-injure than males. Perhaps with a more even distribution of genders, results may be more consistent with those found by Gratz (2001) and Martin et al (1995) that indicated similar rates for both genders.

Results concerning the characteristics of NSSI in this sample were informative in light of previous literature in that, when compared, the findings present both consistencies and inconsistencies with past research. Nonetheless, these findings can be used to generate new knowledge or act as a predecessor for more in-depth, detailed and large-scale studies.

CONCLUSION

In summary, the current study found NSSI to be quite prevalent amongst this sample of college students as opposed to Heath et al's (2008) sample. By way of anonymous screening, there was found to be a gender difference, in favour of females, in the prevalence of NSSI. However, the entire sample is predominantly feminine (71%) which can lead to false interpretation about the higher prevalence among females. 'Cutting' was the most common method of NSSI and victims within this sample were judged to be largely non-repetitive self-injurers. Individuals who engaged in NSSI felt less happy/loved/cared for and more sad/disappointed/ignored than non-engagers when with or thinking of parents, indicating that parent-child bonds can influence one's decision to engage in NSSI. The determined age of onset was 14.23 years and individuals stated that they engaged in NSSI to 'reduce overwhelming emotions' rather than to 'experience some sense of feeling' as stated by DiLazzeri (2003).

In conclusion, the present study reveals some interesting and controversial information for parents, school administration, medical practitioners and other youth serving individuals not limited to the immediate vicinity of SVGCC- Division of Arts, Sciences and General Studies. Personally, the prevalence and frequency of NSSI at this institution is shocking. It is troubling so many individuals are engaging in this behaviour to cope with problems and emotion when other outlets can be used to attain the same result. This sample is just a minute fraction of what could be a largely widespread and very serious problem, a problem that should be dealt with immediately.

LIMITATIONS

The results of the study provide valuable additions to current knowledge; there are nonetheless some limitations. First, information was gathered using self-report measures, although researchers investigating self-injurious mostly use this method (e.g. Ross and Heath 2002), it could present problems such as social desirability and thus, underreporting of the behaviour. Also, further inquiry into a particular response or clarification of a misunderstanding cannot be had. Secondly, out of 50 questionnaires, only 45 were usable; 5 individuals indicated that they committed these acts with suicidal intent and suicidal intent is a distinct and more serious behaviour than non-suicidal intent and this is not being investigated in the present study. Thirdly; because this sample was predominantly feminine, present findings cannot be generalized to males. Also, the study was conducted at the SVGCC- Division of Arts, Sciences and General Studies and generalizations cannot be made to the other divisions or colleges, however, results can be compared. Fourthly, the relatively small sample (45) against the entire population (830) limits statistical power to detect significant differences between various factors.

Had there been an even gender distribution, perhaps generated by stratified sampling; results may have been different, generalizing to males may be possible and distinction between genders may be more measurable. However, the random nature of systematic sampling would be lost and integrity of study reduced. Had there been more individuals within the sample, statistical power to detect significant differences would be heightened. However, a large sample would be difficult to analyze statistically

with the time frame given and would also be extremely costly. The use of interviews as a data collection method would yield more in-depth data and would allow for clarification of any misunderstandings, however, interviewing would not allow anonymity and individuals may be reluctant to answer questions on this sensitive topic face to face.

RECOMMENDATIONS

School officials of the SVGCC- Division of Arts, Sciences and General Studies should create ‘It gets better’ blog. Anonymous and ambiguous usernames should be used to encourage use. Four capable and willing official should take turns monitoring blog activity. Each official should work shifts to offer sound advice and to monitor to ensure no one tries to decimate the blog and make fun of victims. Any such persons should be removed immediately. Upon registration, individuals should be cautioned about using explicit language and refrain from describing, explicitly, self-injurious behaviour as to give ideas. The blog serves as an outlet for individuals to release frustrations verbally and not physically. They are also supported and surrounded by individuals who understand and relate to their feelings and problems.

It is important to be educated about the typical behaviour of a self-injurer. Educational seminars lasting one week, Monday through Friday from 9-12 am, before the opening of each school year should be organized. Every school official that comes into contact with students on a daily basis should attend this seminar. A trained and certified psychologist should be solicited to conduct these seminars. Individuals should be educated about being neutral, non-judgmental, non-punitive and calm, these officials should serve as models for emotional control. They should be taught conflict resolution and problem solving skills. Also institutional officials should be made aware of the school’s protocol with regard to letting the parents of the students know what is happening should the child refuse to inform parents about the situation.

A trained and qualified school psychologist, registered nurse, two counselors with knowledge of expression therapy should be on staff in every educational institution. These individuals should be within reach, Monday through Fridays, during the hours of school. The staff should have dependable, structured and predictable schedules that would ensure that anyone who is in need of help would be helped. Particularly, for individuals who self injure and whose practice is known, they would be allocated and hour and a half session, three times a week to meet with the counseling staff. In one

session; individual therapy consisting of impulse control management and expressive therapy, in another session; group therapy with other self-injurious individuals and in the third session, family therapy. Four rooms should be allocated for the counseling staff, rooms should be large enough to accommodate group therapy and should be inviting painted with neutral inviting colours.

CHAPTER 7: Conclusions/Limitations/Recommendations

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A mentor is an experienced and trusted advisor. Mentoring programs can be implemented within an institution such as SVGCC- Division of Arts, Sciences and General Studies. School officials as well as other willing individuals can commit to being an important driving force in a youth's life. The more frequent the contact between monitor and youth, the better the quality of the relationship and the more positive effect on youth's improvement such as; improvement in school attendance and grades, decreasing socially and destructive behaviours and increasing the level of self efficacy by creating positive values which empower youth. Individuals interested in being mentors to self-injurer, should be put through a highly structured training program, by individuals trained in that field, lasting two weeks, Monday through Friday, for two hours daily. (4-6pm) Youths are to be randomly assigned to mentors and are to be briefed, by school counselors, about 'their' youth.

The ministry of health should be approached about the possibility of recognizing Self-Injury Awareness Day in the country, along with the world, on March 1st. Two weeks in advance, local newspaper, radio and television stations are sent letters to inform them about the upcoming day and asked to place and announce advertisements about the daylong activities that would be held at the Methodist Church Hall. On this day, there will be a seminar about NSSI for which the public is invited to attend. Secondary and Tertiary schools will also be sent letters asking that 5 students are present to sit in on this seminar. With funds solicited from business places along with donations, orange T-shirts and hand bands can be specially printed to promote self-injury awareness day and school officials can decide, upon their own accord, whether or not students will be allowed to wear these shirts and bands. The seminar will run from 9am to 3 pm with various speakers speaking and educating about different but important aspects of NSSI. Refreshments will be provided for school children and accompanying official.

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APPENDICIES

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APPENDIX 1

My name is Lianne Wynne and I am a sixth form student of the St. Vincent and the Grenadines Community College Division of Arts, Sciences and General Studies. I am carrying out an investigation about non- suicidal self-injury (NSSI) at the St. Vincent and the Grenadines Community College for my Caribbean Studies Internal Assessment. The information you provide on this questionnaire would be kept in the strictest confidence. Thank you!

Please Select Accordingly:

M F

16 17 18 19 20 21

SECTION A

This section asks about a variety of Self-Harm behaviours. Please only select a behaviour if you have done it **intentionally** (i.e. on purpose) and without suicidal intent (i.e. not for suicidal reasons).

YES NO Have you ever intentionally done any of the following to yourself?

____ ____ Overdosed (If yes, number of times ____)

____ ____ Cutting (If yes, number of times ____)

____ ____ Burning (If yes, number of times ____)

____ ____ Hitting (If yes, number of times ____)

____ ____ Banging head (If yes, number of times ____)

____ ____ Severe Scratching (If yes, number of times ____)

____ ____ Carving of the body (If yes, number of times ____)

____ ____ Pulling out of hair (If yes, number of times ____)

____ ____ Sticking with needles (If yes, number of times ____)

____ ____ Rubbing skin against rough surface (If yes, number of times ____)

____ ____ Punching self (If yes, number of times ____)

_____ Other _____ (number of times _____)

Have you committed any of the behaviours listed above in an attempt to commit suicide?

YES

NO

Important: If you have performed one or more of the behaviours listed above, please complete the remainder of this questionnaire (i.e. Section B 1&2 and C). If you have not performed one of the behaviours listed above, please complete only Section C of this questionnaire.

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SECTION B- Part 1

This Inventory was written to help me better understand the reasons behind non-suicidal self-injury. Below is a list of statements that may or may not be relevant to your experience of self-harm. Please identify statements that are relevant to you.

- Circle **0** if the statement is **not relevant** for you at all.
- Circle **1** if the statement is **somewhat relevant** for you.
- Circle **2** if the statement is **very relevant** for you.

“When I self-harm, I am...

Response

1. ... punishing myself	0	1	2
2. ... causing pain so I will stop feeling numb	0	1	2
3. ... bonding with peers	0	1	2
4. ... letting others know the extent of my emotional pain	0	1	2
5. ... testing pain threshold	0	1	2
6. ...trying to get a reaction from some one	0	1	2
7. ...seeking help or care from others	0	1	2
8. ...expressing anger towards myself for being stupid	0	1	2
9. ...trying to feel something, even if it is physical pain	0	1	2
10. ...seeking to fit in with others	0	1	2
11. ...demonstrating I am tough	0	1	2
12. ...trying to get parents to notice me	0	1	2
13. ...reacting to feeling unhappy / disgusted with myself	0	1	2
14. ...reducing overwhelming emotions	0	1	2
15. ...proving that I can handle physical pain	0	1	2
16. ...trying to stop bad emotional feelings	0	1	2
17. ...trying to get control of the situation	0	1	2
18. ...trying to be like some one I admire	0	1	2
19. ...simply experimenting	0	1	2

In the space below, please list, if any, statements that you feel would be more accurate for you than the

ones listed above:

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SECTION B- Part 2

1.) **At what age did you:**

First harm yourself? _____ Most recently harm yourself? _____

2.) **When you harm yourself, are you alone?** Yes Sometimes No

Why? _____

3.) **Since first doing it, I have self injured:**

Only once 2-5 times 6-10 times 11-20 times 21-50 times 50+ times

4.) **Has the act of self-injuring as seen on television (movies etc) influenced your decision to self injure?**

Yes No

5.) **Has the act of self-injuring as seen on television (movies etc) influenced the method that was chosen.**

Yes No

When did you last harm yourself?

Within the past week Within the past month Within the past 6 months
 Within the past year More than a year ago More than 5 years ago

6.) **Do/Did you want to stop self-harming?**

Yes No

SECTION C

1.) **Please select your current living situation:**

- Both biological parents
 Single parent
 Biological and stepparent
 Non biological Guardian
 Sibling household
 Other _____

2.) When I am with my parents (or think about them), I feel;

- Sad/ Disappointed/ Ignored
 Never
 Seldom
 Often
 Very Often
 Happy/ Loved/ Cared for
 Never
 Seldom
 Often
 Very Often

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3.) What do you think can or should be done in order to raise awareness about this type of behaviour?

4.) What do you think can or should be done, within an institutional setting, to aid in the elimination of this problem?

The issue of Non-suicidal Self-Injury is an extremely personal one; in light of this I wish to thank you sincerely for completing this questionnaire. I also would like to reassure you that anonymity would be maintained and what is answered on this questionnaire would be kept in strictest confidence.

Thank you!