

Age of Onset as a Risk Factor in Non-Suicidal Self-Injury

Nensi Xhunga, Sophia Hipke, Krista Young, Kati Dussl, Brady Gustafson,
Jacob Ottersen, Bram Faledas
Faculty Mentor: Jennifer J. Muehlenkamp, PhD
Department of Psychology



University of Wisconsin
Eau Claire

Introduction

Non-suicidal self-injury (NSSI) is an increasingly prevalent problem among adolescents and young adults, globally (Muehlenkamp et al., 2012). NSSI is most likely to emerge during early adolescence, although some report a later age of onset (Klonsky & Muehlenkamp, 2007; Whitlock et al., 2011).

Past research has suggested an early age of onset is associated with more severe NSSI (Whitlock et al., 2009) and poorer overall quality of life (Rotolone & Graham, 2012). A recent study found that an early age of onset was linked to increased frequency, methods of NSSI, and having a suicide plan (Ammerman et al., 2017).

These studies have been limited by their emphasis on risk factors, and there remain very few studies examining age of onset as a marker of NSSI severity. It would be worthwhile to see if protective factors also vary between those who begin NSSI at younger vs. older ages. Finding potential differences could inform strengths-based prevention and intervention strategies.

Hypotheses: Participants who began NSSI at, or prior to, age 14 would report:

- more frequent NSSI, more methods of NSSI, and greater severity of NSSI
- less life satisfaction, subjective happiness, and resilience than those who began NSSI at age 15 or older.

Method

Participants were 518 first and second year students from two Midwestern universities (82% Caucasian) who reported having engaged in NSSI during their lifetime. The majority of participants were between ages 18 and 19.

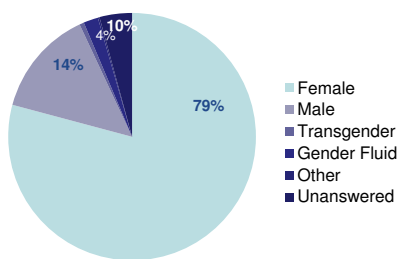
Measures

- **Age of NSSI Onset and Severity:** Self-Injurious Thoughts and Behaviors Inventory (Nock et al., 2009)
- **Happiness:** Subjective Happiness Scale (Lyubomirsky & Lepper, 1998)
- **Life Satisfaction:** Resilience and Satisfaction with Life Scales (Diener et al., 1985; Connor et al., 2007)
- **Demographic Information:** Assessed age, gender, and ethnicity.

Procedure

Students were contacted by email and invited to participate in an online study. Participation was voluntary. An overall participation rate of 28.6% was achieved.

Figure 1: Gender of Participants



* References Available Upon Request

Figure 2: Age of Onset Distribution

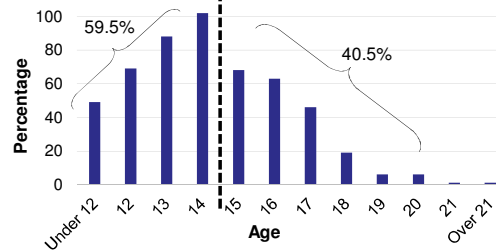


Figure 3: NSSI Features as a Factor of Age of Onset

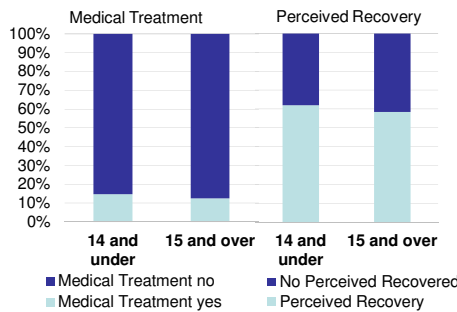
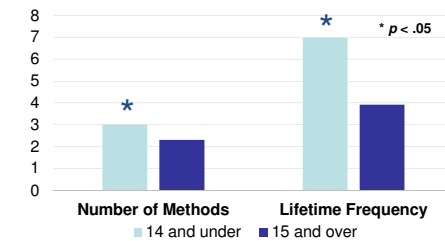


Figure 4: Correlates as a Function of Age of Onset

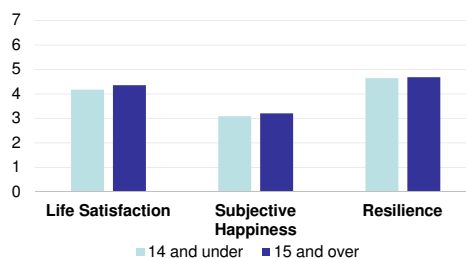
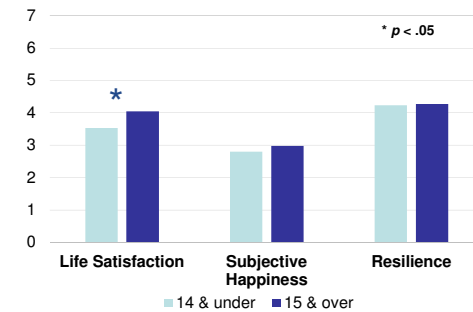


Figure 5: Post-Hoc Analyses



Discussion

The data partially supported the study hypotheses. Similar to others (Ammerman et al., 2017), we found that an earlier age of onset was associated with a greater lifetime frequency and use of more methods for self-injury.

Contrary to our hypotheses, age of onset did not impact the medical severity of, or perceived recovery from, NSSI. We also did not find group differences in the protective correlates, with the exception of life satisfaction among individuals who reported they had not yet recovered from self-injury.

Our findings mirror other research that has noted that low life satisfaction is linked to current engagement in NSSI and an earlier age of onset (e.g., Rotolone & Graham, 2012), so this may be an important risk factor for professionals to consider.

The lack of differences between groups on subjective happiness and resilience indicate that age of onset may not impact these variables. NSSI is motivated by desires to alleviate distress and cope regardless of age of onset or whether or not one has recovered from the behavior (Klonsky & Muehlenkamp, 2007). Thus, the coping-related motivations of NSSI are not influenced by age which may be why no difference in happiness and resilience were observed.

Limitations include the use of cross-sectional, self-report data from college students. Replication with a more diverse sample and with a longitudinal design would improve confidence in the results.

Overall, the current results replicate prior research on NSSI and provide additional data suggesting that an earlier age of onset may lead to more self-injury. Professionals may want to screen for the presence of NSSI in youth under age 14.

Preventative interventions that help youth build life satisfaction, or reduce adverse circumstances leading to low life satisfaction, along with enhancing resilience and perceptions of happiness from a young age may help to reduce NSSI.

Acknowledgements

Research funding provided by the National Institute of Mental Health. We thank UW-Eau Claire poster Printing Services, maintained by Learning and Technology Services, funded in part by Differential Tuition.