



Original article

Non-suicidal self-injury within the school context: Multilevel analysis of teachers' support and peer climate



N. Madjar^{a,*}, S. Ben Shabat^a, R. Elia^a, N. Fellner^a, M. Rehavi^a, S.E. Rubin^a, N. Segal^a, G. Shoval^{b,c}

^aSchool of Education, Bar-Ilan University, 5290002 Ramat-Gan, Israel

^bChild and Adolescents' Psychiatry Division, Geha Mental Health Center, Petach Tikva, Israel

^cSackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

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ABSTRACT

Background: Recent studies regarding non-suicidal self-injury (NSSI) among adolescents have focused primarily on individual characteristics (e.g., depressive symptoms) and background factors (e.g., parental relationship), whereas less emphasis has been given to the role of school-related factors in NSSI. Therefore, the purpose of the current study was to explore the relationships between teachers' support, peer climate, and NSSI within the school context.

Methods: The sample consisted of 594 high school students nested within 27 regular classes (54.4% boys; mean age 14.96, SD = 1.33 years). The students were evaluated for NSSI behaviors, perception of teacher support, peer climate, relationships with mothers, and depressive symptoms using validated scales.

Results: The primary analysis used hierarchical linear modeling (HLM), controlling for gender and age. The main findings indicated that teacher support was positively associated with NSSI at the classroom-level (OR = 6.15, 95% CI = 2.05–18.5) but negatively associated at the student-level (OR = 0.66, 95% CI = 0.49–0.89). There was a trend toward an association between positive peer climate and NSSI at the classroom-level (OR = 0.43, 95% CI = 0.18–1.05), while negative peer climate was associated with NSSI at the student-level (OR = 1.37, 95% CI = 1.00–1.87).

Conclusions: School-related factors are associated with NSSI behaviors among students. Teachers and educators should focus on both individual-level and classroom-level perceptions of school context. Students who feel supported by their teachers and who are exposed to a positive peer climate are less likely to engage in NSSI.

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1. Introduction

Non-suicidal self-injury (NSSI) is defined as deliberate damage to a body tissue with no intention to die [1]. With prevalence levels ranging from 17 to 20% across different cultural contexts [2–4], NSSI has long become a major public health concern. Although the vast majority of school counsellors report at least one familiar case of NSSI [5], and for the most, school personnel lack confidence in their skills to properly react and intervene in such cases [6]. Furthermore, the literature contains few studies that focus on the relationship between school context and NSSI behaviors. Therefore, the purpose of the current study was to explore the association between school factors and NSSI behaviors within a general population-derived

sample of adolescents. The study used a multilevel approach and controlled for contextual and individual factors that were identified in previous research.

The contribution of revealing contextual factors associated with NSSI is twofold. First, educational practitioners currently have limited capability to address some of the NSSI antecedents that have already been established in the literature. For instance, a history of childhood maltreatment, genetic factors [1], emotional regulation strategies [7], and exposure to peer NSSI [8] have all been found to predict NSSI onset and progression. However, such factors may be beyond the control of teachers or school personnel, therefore it is important to identify alternative contextual factors that can serve as intervention points. Second, adolescents who report NSSI behaviors are at increased risk for suicide ideation and attempts [9,10], as well as depression and other social difficulties [11,12]. Any reduction in NSSI thoughts and behaviors can lead to increases in adaptive functioning and performance.

* Corresponding author. Tel.: +972 3 5317105; fax: +972 3 7384029.
E-mail address: nir.madjar@biu.ac.il (N. Madjar).

1.1. School-related factors

The school context is a significant factor in adolescents' intellectual and mental development [13]. Teachers' support of their students' basic psychological needs is a critical facilitator of school context and general climate [14]. This concept is derived from Self-Determination Theory (SDT), which posits that sense of competence, autonomy, and relatedness are universal psychological needs [15]. Teachers' support of basic psychological needs is often defined as the students' perceptions of whether teachers allow autonomous choices during learning processes (i.e., autonomy support), provide opportunities to experience a sense of self-improvement (i.e., competence support), as well as encourage respectful and close relationships with school personnel and peers (i.e., relatedness support) [16]. Throughout the paper we will use the term 'teachers' support' to represent students' subjective perceptions of their teachers' support of these basic psychological needs. A sense of support for psychological needs was found to be beneficial in several contexts, such as physical education [17], informal education [18], and even dieting [19]. Therefore, it is reasonable to speculate that perceived teachers' support of psychological needs would be a protective factor for NSSI as well.

Peer climate complements teachers' support, and is often defined as students' subjective evaluation of the quality of the relationships among classmates [20]. We will use the brief term 'peer climate' to represent students' perceptions of the quality of the relationships between peers in their class. Adolescents' attitudes and behaviors are strongly influenced by their peer group norms [21,22] and peer group relationships, and their interactions may become a major stressor during high school [23]. Our recent findings from a longitudinal study suggested that negative peer climate can hinder social motivation across time [24]. Accordingly, hostile and violent school environment was linked with increased rate of NSSI among students [25].

Peer group attitudes may also become a risk factor for the individual. Mere exposure to NSSI among peers can increase the risk of involvement in NSSI behaviors [8]. Furthermore, peer groups where there is higher impulsive reactions to negative emotions may contribute to elevated NSSI risk for their members [26]. Based on these findings, we speculated that general peer climate within a class would be associated with NSSI as well.

Recent findings regarding the relationships between self-harm behaviors and school-related factors provide further support for the hypothesis that students' perceptions of their teacher and peers may play a significant role in NSSI. For instance, perception of teachers' practices as inconsistent, aversion toward school-related assignments, and low sense of belonging among peers at the age of 14 all significantly predicted self-harm behaviors 2 years later [27]. A review of the literature suggested that stress that is related to academic performance and peer bullying can increase self-harm behaviors [28]. Our study aligns with these studies, and suggests additional school-related factors that can explain NSSI behaviors.

1.2. Individual factors: gender, parents, and depression

In order to identify school factors associated with NSSI, we selected three established individual risk factors for NSSI behaviors; these risk factors may also be associated with school-related factors and therefore should be adjusted for. First, gender plays an important role in NSSI manifestation. Although some studies did not find gender differences in the prevalence of NSSI [29], others reported higher risk for women to engage in NSSI [30] and that this risk may be mediated by elevated frequency of stressful life events for women compared to men [31]. A recent review suggested that the gender differences were more prominent within inpatient samples, and that age did not moderate these differences

[32]. Furthermore, it had been suggested that the mechanism that explains NSSI behaviors may vary between men and women. For instance, men are more likely than women to engage in impulsive and severe self-harm behaviors, and some NSSI behaviors may be more socially acceptable for men [33]. In addition, the relationship between depression and NSSI was stronger for women [7]. Gender also plays a significant role in students' perceptions of their teachers. Recent findings suggest that girls report higher levels of perceived psychological support from their teachers [34], whereas boys report higher levels of perceived psychological control practices by their teachers [35].

In addition, the quality of the student's relationship with their parents can predict the onset and development of NSSI. For instance, adolescents who perceive that their parents are supportive of their decisions and maintain open communication commonly report fewer NSSI behaviors [36]. In addition, a longitudinal study among undergraduates revealed that those who recovered from NSSI experience fewer problems with their parents, compared to those who initiated, continued, or relapsed over time [37]. Students' attitudes toward school, engagement, and achievements are affected by their interactions with their parents [38]. More specifically, parental care is associated with positive attitudes toward school [39].

However, the role of social support is still controversial. For instance, it has been suggested that social support may reinforce NSSI behaviors over time. In a diary study that spanned two weeks, it was found that increased social support was associated with same-day overt NSSI behaviors and predicted self-harm urges the day after overt NSSI behaviors [40]. Similarly, family support was found to be the most important predictor of NSSI behaviors among adolescents in Australia [41]. These complex findings emphasize the need to further investigate the relationships between social context and NSSI.

Depression is a final individual factor that has been found to be related to NSSI. Several studies have shown that adolescents with depressive symptoms are more likely to engage in NSSI behaviors [10,11]. In addition, the relationship between NSSI and actual suicide attempts is stronger among those who experience symptoms of depression [42]. Teachers' practices and behaviors may also be associated with students' depressive symptoms [43]. For instance, higher levels of teacher support were related with lower levels of depressive symptoms among their students [44]. Another reason to control for depressive symptoms is that those who experience high levels of depressive symptoms are more likely to negatively evaluate other exposure measures. Therefore, for the purpose of the current study we employed a self-reported assessment of depressive symptoms, rather than a clinical evaluation [45,46]. This approach enables us to screen a large sample for depressive symptoms and control for its presence.

1.3. The current study

In the current study, we aimed to explore school factors that have been hypothesized to be associated with NSSI behaviors among a general population-derived sample of adolescents. When exploring school context it is important to consider the nested structure of the data for two reasons. First, students are assigned to classes, meaning that the share most of their lessons with the same classmates. Their responses on school-related factors may be dependent, and therefore such a structure violates the basic assumption in regular regression analysis that all observations are independent. Second, the effect at the classroom-level may differ from the effects at the individual-level [47]. Therefore, we utilized a multilevel analytical approach to explore our research questions.

Furthermore, we controlled for several factors that have previously been shown to explain NSSI, namely gender, relationship

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