

Contents lists available at [ScienceDirect](http://www.sciencedirect.com)

Journal of Adolescence

journal homepage: www.elsevier.com/locate/jado

Family-based risk factors for non-suicidal self-injury: Considering influences of maltreatment, adverse family-life experiences, and parent–child relational risk



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ARTICLE INFO

Article history:

Keywords:

Non-suicidal self-injury
Childhood maltreatment
Adverse family-life events
Parent–child relationships

ABSTRACT

The current investigation addressed the potential for unique influences of perceived childhood maltreatment, adverse family-life events, and parent-child relational trauma on the lifetime occurrence and addictive features of non-suicidal self-injury (NSSI). Participants included 957 undergraduate students (747 females; $M = 20.14$ years, $SD = 3.88$) who completed online questionnaires regarding the key variables under study. Although self-injuring youth reported more experiences with each family-based risk factor, different patterns of association were found when lifetime engagement in NSSI or its addictive features were under study. Perceived parent-child relational trauma was uniquely linked with NSSI behavior after accounting for perceived childhood maltreatment; adverse family-life events had an additional unique association. In contrast, perceived paternal maltreatment was uniquely related with NSSI's addictive features. Findings underline the importance of studying inter-related family-based risk factors of NSSI simultaneously for a comprehensive understanding of familial correlates of NSSI behavior and its underlying features.

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Non-suicidal self-injury (NSSI) is the intentional destruction of body tissue without suicidal intent, using methods that are not socially sanctioned (Nixon & Heath, 2009; Nock & Favazza, 2009). Commonly endorsed methods include cutting, burning, inserting objects beneath the skin, hitting, and biting (Nock, 2010). NSSI is especially prevalent in adolescence and young adulthood. In their recent meta-analysis of NSSI's prevalence in non-clinical samples, Swannell, Martin, Page, Hasking, and St. John (2014) report that 17.5% of adolescents and 13.4% of emerging adults endorsed at least one lifetime incident of NSSI, compared to only 5.5% of adults in the reviewed samples; these rates are similar to those identified in prior reviews of the

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literature (Brunner et al., 2014; Muehlenkamp, Claes, Havertape, & Plener, 2012). Adolescents and emerging adults may be at higher risk for engaging in NSSI due to increases in perceived emotional distress during these developmental periods (e.g., Compas, 1987), combined with immature development of regulatory systems in the brain (see Steinberg, 2008), which may together increase one's tendency toward impulsive risk-taking behavior, including NSSI. Each of these factors may in themselves be further affected by inadequate interpersonal experiences, suggesting that NSSI behavior in adolescents and emerging adults may serve as a social communicative behavior in response to detrimental familial or interpersonal experiences during these developmental stages (Nock, 2010). As such, several family-based characteristics, including childhood maltreatment (Yates, 2009), adverse family-life events (see Voon, Hasking, & Martin, 2014a; 2014b), and general quality of parent–child relationships (Baetens et al., 2015; Lundh, Wångby-Lundh, & Ulander, 2009; Yates, Tracy, & Luthar, 2008) have each been implicated as correlates of NSSI, though there is limited research concerning the potential unique or additive influences of these risk factors when considered together.

Theory and research suggest that a variety of family-life events can increase the risk for NSSI behavior. Linehan's biosocial model (1993) suggests that experiencing invalidating family environments during childhood, in which emotional experiences are negated or ignored, inhibits the attainment of appropriate emotion regulatory skills. These deficits are believed to leave the individual at risk for engaging in less optimal means to cope with emotional distress, including NSSI. Similarly, a developmental psychopathology framework can be used to study links between adverse family-life events, particularly maltreatment experiences, and NSSI (see Yates, 2009). This approach purports that the risk for NSSI behavior increases through maladaptation of the child's cognitive, emotional, or behavioral development, resulting from negative experiences within the caregiving environment. Such maladaptation may alter the child's representations of self and other, may prevent the development of appropriate emotion regulation skills, or may produce neurophysiological dysregulation in biological systems underlying stress reactivity and regulatory processes (see Yates, 2009; see also Schore, 2001b), thus increasing the risk for NSSI behavior. Common to both theories is the notion that high quality, responsive caregiving promotes the development of optimal emotional reactivity and regulatory processes, whereas inadequate or atypical caregiving experiences promote emotional deficits (Schore, 2001a; 2001b), thus driving individuals' propensity for subsequent negative coping behavior. Indeed, as elaborated below, research findings support these proposed associations with NSSI.

Maltreatment, adverse family-life events and relational trauma

Empirical support linking maltreatment with NSSI is well established (see Yates, 2009 for a review), though specific findings can be inconsistent across empirical investigations, particularly in non-clinical populations. For instance Klonsky and Moyer (2008) meta-analytic results, which included samples of both adolescents and adults, suggest only a modest association between sexual abuse and NSSI, especially in community-based samples, an association that becomes non-significant when additional risk factors, including the overall quality of the family environment, were accounted for. As such, the influence of sexual abuse in NSSI's etiology may have been overestimated in past research, particularly when other family based factors were not accounted for. Other researchers have similarly not found anticipated associations with physical abuse (Whitlock, Eckenrode, & Silverman, 2006) and neglect (Di Pierro, Sarno, Perego, Gallucci, & Madeddu, 2012) within community-based high school and college student samples, further suggesting that additional risk factors, including interpersonal factors, which co-occur with maltreatment, may be associated with NSSI in normative-risk populations.

Experiencing adverse family-life events is one additional family-based risk factor for NSSI. Similar to maltreatment, experiencing adverse family-life events (e.g., poverty, inter-parental violence) decreases individuals' capacities to cope with distress both behaviorally (see Taylor & Stanton, 2007) and physiologically (see Taylor, 2010). Given theoretical links between behavioral and physiological maladaptation of socio-emotional development and NSSI (e.g., Yates, 2009), one may expect that adverse family-life events would also be linked with increased risk for NSSI, as these experiences may interrupt or alter the quality of the caregiving environment. Indeed, experiencing parental divorce (Nixon & Heath, 2009), prolonged parental illness (Muehlenkamp, Hoff, Licht, Azure, & Hasenzahl, 2008; van der Kolk, Perry, & Herman, 1991), familial death (Cerutti, Manca, Presaghi, & Gratz, 2011), and witnessing inter-parental violence (Asgeirsdottir, Sigfusdottir, Gudjonsson, & Sigurdsson, 2011; Cerutti et al., 2011) have each been correlated with NSSI. Similarly, self-injuring adolescents report greater familial socioeconomic risk (e.g., lower income, fewer employed adults in the family; Baetens et al., 2014; Keenan, Hipwell, Stepp, & Wroblewski, 2014). However, the potential for unique impacts of adverse family-life events on NSSI when considered in combination with other family-based risk factors remains uninvestigated.

The socio-emotional impacts of childhood maltreatment and adverse family-life events are likely to co-occur in a context of low-quality parent–child relationships. Researchers have indeed shown associations between NSSI and retrospectively reported negative parent–child relationship quality, including parental alienation (Yates et al., 2008; Yurkowski et al., 2015), parental criticism (Wedig & Nock, 2007; Yates et al., 2008), negative emotional climate (Adrian, Zeman, Erdley, Lisa, & Sim, 2011), and lack of parental support (Andrews, Martin, Hasking, & Page, 2014) across adolescent and college student samples. Inadequate parent–child relationship quality, can also be referred to as a *hidden relational trauma* given current prospective evidence indicating that a lack of supportive care holds equal or greater impact on psychological disorders than more easily observable and reportable maltreatment events (see Bureau, Martin, & Lyons-Ruth, 2010). Relational trauma is particularly relevant to dysregulated emotional development (Schore, 2001b).

Given these implications of relational trauma for emotion dysregulation, theorists further suggest that relational trauma may be especially relevant to NSSI behavior, beyond the influences of other more readily documented family-based risk

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