



Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis



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HIGHLIGHTS

- Research on whether women are more likely to engage in NSSI has been inconsistent.
- We meta-analyzed all available studies.
- We found that women were more likely to engage in NSSI with a small effect size.
- This effect was bigger for clinical samples compared to other samples.

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ABSTRACT

Epidemiological research on the prevalence of nonsuicidal self-injury (NSSI) has found inconsistent results in terms of gender differences, with some studies showing a higher prevalence for women compared to men and other studies showing no difference. The goal of the current study was to use meta-analytic techniques to better conceptualize the presence and size of gender differences in the prevalence of NSSI. We also examined two factors proposed to explain gender differences in NSSI prevalence: the gender difference would be larger for clinical samples relative to community samples, and the gender difference would be larger for younger (versus older) samples. The results showed that across studies women were significantly more likely to report a history of NSSI than men. Moderator analyses showed that the gender difference was larger for clinical samples, compared to college/community samples. However, there was not a significant relation between age and effect size. Women were more likely to use some methods of NSSI (e.g., cutting) compared to men, but for other methods there was no significant difference (e.g., punching). These results increase our knowledge of NSSI and fit with a larger literature examining gender, emotion regulation, and psychopathology.

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1. Introduction

A large body of research indicates that men and women regulate their emotions in different ways (e.g., Augustine & Hemenover, 2009; Kwon, Yoon, Joormann, & Kwon, 2013; McRae, Ochsner, Mauss, Gabrieli, & Gross, 2008; Nolen-Hoeksema, 2012; Nolen-Hoeksema & Aldao, 2011; Zlomke & Hahn, 2010), which may contribute to differential expressions of psychopathology between men and women. For example, women's use of preservative self-focused thinking (e.g., rumination; Nolen-Hoeksema, 2012) likely plays a role in the higher rates of depression and anxiety among women than among men (e.g., Aldao, Nolen-Hoeksema, & Schweizer, 2010; Kessler, Merikangas, & Wang, 2007). Conversely, men's use of alcohol and aggression to regulate emotions (e.g., Archer, 2004; Bettencourt & Miller, 1996; Nolen-Hoeksema, 2012) may contribute to the higher prevalence of externalizing disorders among men (e.g., substance use disorders; antisocial personality disorder; Grant et al., 2004; Keyes, Grant, & Hasin, 2008). Given that maladaptive emotion regulation strategies are often conceptualized as mechanisms by which symptoms and disorders are maintained (see Kring & Sloan, 2010), increasing our knowledge of gender differences in specific emotion regulation strategies is imperative.

The most popular models of nonsuicidal self-injury (NSSI) – purposeful acts of self-inflicted physical harm with the potential to damage body tissue but performed without the intent to die (e.g., Nock & Favazza, 2009) – conceptualize NSSI as an emotion regulation strategy (e.g., Bentley, Nock, & Barlow, 2014; Chapman, Gratz, & Brown, 2006; Linehan, 1993) aimed at reducing negative emotions (e.g., Chapman et al., 2006; Klonsky, 2007) and/or increasing positive emotions (e.g., via peer bonding, displays of dominance; Heilbron & Prinstein, 2008; Nock, 2008). Consistent with the research focus on affect regulation, both retrospective reports and reports in the moments after engaging an incident suggest that reducing negative emotions is the most common reason for engaging in NSSI (Klonsky, 2007; Nock & Prinstein, 2004; Nock, Prinstein, & Sterba, 2009). In addition, converging evidence from retrospective reports, ecological momentary assessment, and laboratory paradigms suggests that NSSI (and physical pain) temporarily reduces negative emotions (e.g., Armey, Crowther, & Miller, 2011; Bresin & Gordon, 2013; Klonsky, 2009). Thus, in the short term NSSI may be adaptive in that it leads to temporary relief; however, if the behavior is maintained overtime it can become maladaptive, as it is associated with a host of negative outcomes (detailed below).

Contrary to the clarity of the evidence indicating the role of affect regulation and NSSI, there is mixed evidence as to whether NSSI is more common among men or women. Historically, NSSI has been thought to be specific to women (Favazza & Conterio, 1989; Suyemoto, 1998), but numerous published studies since the early 2000s have found equal odds of men and women engaging in NSSI (Gratz, Conrad, & Roemer, 2002; Muehlenkamp & Gutierrez, 2007; Whitlock et al., 2011). Therefore, the question remains as to whether women are more likely than men to engage in this emotion regulation strategy. In service of addressing this question, our goal was to examine the existing literature on the prevalence of NSSI among men and women meta-analytically, in the hopes that the results would inform the work of both clinicians and researchers.

1.1. Clinical & societal relevance of nonsuicidal self-injury

Many clinical practitioners worldwide have a vested interest in understanding NSSI (e.g., Nock & Favazza, 2009). Rates of NSSI among clinical samples drawn from various countries range from 11.8% to 82.4%

(e.g., Nock & Prinstein, 2004; Selby, Bender, Gordon, Nock, & Joiner, 2012), and it is thus reasonable to assume that a majority of practitioners will encounter patients with a history of NSSI at some point in their career. Similarly, many clinical researchers are committed to understanding NSSI, sometimes for its own sake and at other times because of its relevance to other outcomes of interest. Indeed, NSSI is transdiagnostic, occurring in the context of a host of psychological disorders, including but not limited to: borderline personality disorder, depression, substance use disorders, and conduct disorder (e.g., Deliberto & Nock, 2008; Herpertz, 1995; Jacobson, Muehlenkamp, Miller, & Turner, 2008; Nock, Joiner, Gordon, Lloyd-Richardson, & Prinstein, 2006; Serras, Saules, Cranford, & Eisenberg, 2010; Zlotnick, Mattia, & Zimmerman, 1999). In fact, so concerning is engagement in NSSI among clinicians and researchers alike that NSSI disorder was recently added as a diagnostic classification in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013).

More broadly, NSSI represents a major public health concern, with high rates of lifetime NSSI among adolescents (e.g., 14% to 24%; Heath, Schaub, Holly, & Nixon, 2009), college students (e.g., 13.4%; Swannell, Martin, Page, Hasking, & St John, 2014), and adults (e.g., 5.5%; Swannell et al., 2014). Furthermore, individuals who engage in NSSI may incur lasting physical injuries (Olsson et al., 2005), later engage in suicidal acts (e.g., Asarnow et al., 2011), and are at greater risk of death by suicide (e.g., Brown, Comtois, & Linehan, 2002; Joiner, 2009). Additionally, NSSI is societally costly; for example, NSSI results in more frequent visits to the emergency room (Olsson et al., 2005). Taken all together, it is clear that NSSI is of significance to many in both research-focused and applied mental health professions, as well as for society at large. Despite the fact that NSSI has a high clinical relevance, data also suggest that a sub-group of individuals only engage in NSSI a few times, using relatively less severe methods (e.g., banging/hitting; Klonsky & Olino, 2008; Whitlock, Muehlenkamp, & Eckenrode, 2008), suggesting that not all NSSI necessarily warrants clinical intervention. In fact, some NSSI may represent a part of a normative developmental process.

1.2. Gender differences in the prevalence of nonsuicidal self-injury

The existing literature is inconsistent with regard to the presence of gender differences in the prevalence of NSSI. Whereas some studies report no difference in the rates of NSSI between genders (e.g., Gratz, 2001; Klonsky, Olmanns, & Turkheimer, 2003; Muehlenkamp & Gutierrez, 2004), others report significantly higher rates among women (e.g., Laye-Gindhu & Schonert-Reichl, 2005; Rodham, Hawton, & Evans, 2004). Even with the disproportionate number of women included in many mixed-gender studies of NSSI (cf. Heath et al., 2009), at this point there appears to be sufficient data to explore possible gender differences in the prevalence of NSSI meta-analytically.

In addition to examining the overall effect of gender on NSSI prevalence, we sought to investigate the roles of two factors that may be influencing the likelihood of finding gender differences in NSSI prevalence: (1) mean age of the sample, and (2) type of sample. In their review of the research on NSSI among adolescents, Heath et al. (2009) observed that gender differences seemed to be more common in studies that used clinical samples than community samples. Moreover, it has been suggested that gender differences would exist or be especially pronounced at younger ages (Sornberger, Heath, Toste, & McLouth, 2012), as studies using adolescent samples seem more likely to report gender differences than those that focus on young adults (e.g., Gratz, 2001;

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