Motivation to Self-harm in Middle Childhood: Relationship to Emotional Symptomatology and Home Environment

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Introduction

Self-harm in childhood is an important, though neglected area of empirical research. Research has, however, investigated the emotional and environmental factors associated with self-harm in adolescent and adult populations. This research provides a foundation from which to investigate desire to self-harm in child populations.

With regard to emotional factors, self-injury represents a negative affect they wish to avoid (Folk & Liu, 2007). Further, emotion-driven pain has been identified as the most prevalent motivation for self-harm across gender (Dowdall, Martin, Sauther, & Griffin, 2008). Bratton and Gid (1997) found self-injury is used as an attempt to decrease distress and emotional pain.

Additionally, individuals who self-harm present with risk factors in their home environment. Pool and Liu (2007) found that parents with high stress and low self-efficacy were associated with increased risk of self-harm. However, these risk factors remain absent in a good relationship with one parent and a sharply negative relationship with the other. Some individuals identify themselves as a single intermediate group.

Further research has shown various types of maltreatment are related to self-harm. Bratton and Gid (1997) found childhood sexual abuse and psychosomatic symptoms are good predictors. In addition, self-injury has also been found with childhood history of physical abuse exposure to family violence (Carroll, Schaffner, Symonds, & Aharonson, 1999), as well as neglect (Hobbs, 1996).

Research has examined female self-injuries in particular. Godley (2003) found for many women survivors of child abuse, self-injury behavior serves as a form of self-working in dealing with intense and painful emotions. These emotions may become overwhelming because of suppressed expression of feelings, double messages, and lack of affection within the family (Faison & Conners, 1988). Faison and Conners (1988) also found sexual abuse in women is a function of impulsivity, providing relief from racing thoughts, depersonalization, and anxiety.

The purpose of this study is to better understand the desire to self-harm in middle childhood, where group exposed by caregivers (e.g., physical abuse, psychological abuse, sexual abuse) and race (e.g., white, nonwhite) who self-harm has been supported in two groups, but self-report data in general consensus. The present study examines various emotional and environmental factors contributing to the desire to self-harm.

The present study uses a randomization process to identify differences in motivations to self-harm across children.

Our research hypothesis stated children exhibiting emotional distress (e.g., anxiety, higher distress, suicidal ideation), would more likely to want to self-harm than children not reporting such distress. Additionally, no hypothetically children who had experienced risk factors (e.g., limited physical abuse, mental maltreatment, parental substance abuse) would be more likely to want to self-harm than their counterparts without such risk factors.

Method

Participants

Participants in the study included 197 of the 375 children in the Longitudinal Study of Child Abuse and Neglect (LONGSCAN) cohort. Participants included in the analysis for the present study had completed the Trauma Symptom Checklist and Things I Have Seen and Heard measures. Child Protective Services data was available for all included cases.

The cohort is based at the University of North Carolina-Chapel Hill and consists of five sites across the United States. Randomization procedures varied at the five sites, and 43.2% of participating families received government-subsidized assistance on the LONGSCAN site (McGuire, Monk, Johnston, Matthews, Knight, & Luthar, 2003).

For the full LONGSCAN sample, 48.7% made 3.35, Black (B), 3.35, White (w), 1.35, Hispanic (H), 1.35, and Asian (A), 1.35. Of the total sample, 5% were Axios (Ax), 1.35, Black (B), 1.35, White (w), 1.35, Hispanic (H), 1.35, and Asian (A), 1.35.

Participants were identified as having a history of maltreatment, or having experienced maltreatment before three and a half years of age.

Measures

Demographic information, including age, gender and ethnic background, was collected from caregivers. Maltreatment data was collected by Child Protective Services for all eligible and confirmed abuse, physical abuse, neglect, and neglect for each child.

The Trauma Symptom Checklist and Things I Have Seen and Heard are used to identify children with emotional distress and are used in a similar manner.

Table 1b. Standardized Canonical Coefficients and Structure Weights for the Discriminant Function Model for Females

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Table 2a. Univariate Statistics and ANOVAs for the Discriminating Variables for Males (N = 175)

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Discussion

The purpose of the present study was to better understand the desire to self-harm in middle childhood. Emotional symptomatology and home environment variables were analyzed between both genders.

For males, having been beaten up, feeling safe at home and suicidality were significant as the function predicting wanting to self-harm. As was hypothesized, factors in the “almost all the time” group had higher numbers for males who had been beaten up and suicidality and lower numbers for feeling safe at home. This is consistent with previous findings that indicate childhood history of severe abuse and neglect is correlated with self-harm behavior (Hobbs, 1994).

For females, suicidality contributed to the first function predicting wanting to self-harm. However, as hypothesized, females in the “almost all the time” group had higher levels of suicidality. Feeling safe at home, anxiety, depression, and parental substance abuse were discriminative factors for differentiation between the groups for females. These factors were consistent with the desire to self-harm in general population.

For females, suicidality contributed to the first function predicting wanting to self-harm. This shows the desire to self-harm may have different origins between males and female children.

Limitations of this study include initial equivalence because the children come from various backgrounds. In the future, researchers should attempt to increase power by having more adequate sample sizes for each group in order to properly identify differential causes for self-harm between genders.