

## Background

Although mass media report almost daily that stress, anxiety, depression, self-harm, and disordered eating are increasing among youth, these reports do not always have a sound scientific basis.

### • SELECTION BIAS - WHO RESPONDS TO THE QUESTIONNAIRE:

- ✓ Active parental consent can lead to a decrease in response rates.
- ✓ It is challenging to assess selection bias because we often lack data on those who do not participate.

#### • MEASUREMENT BIAS – DEFINING AND MEASURING NSSI:

- ✓ Do we use a single-item questionnaire, e.g. "Do you deliberately self-harm?" or
- ✓ Do we employ a multi-item questionnaire that includes specific questions about various forms of self-injury, e.g. How frequently have you engaged in... cutting your wrists, arms, or other body areas; head-punching or banging, etc?
- ✓ Zetterqvist et al. (2013): 17% adolescents reported NSSI on a single—item questionnaire vs. 35% adolescents reported NSSI on a multi-item questionnaire.

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## SELECTION BIAS: 2007 VS 2023

- ✓ All students in grades 7-8 (mean age 2007: 13.7, 2023: 13.9) from all regular schools in the same Swedish municipality
- ✓ Passive consent from parents was requested.

Year	Response rate	N	Girls	Boys	Other
2007	92.5%	983	493 (50.2%)	439 (49.8%)	0
2023	78.3%	769	372 (48.3%)	385 (50.1%)	12 (1.6%)



## NSSI MEASUREMENT: 2007 VS. 2023

• A multi-item questionnaire - Deliberate Self-Harm Inventory-9 (Gratz, 2001; Lundh et al., 2011) > 9 items with a response format ranging from 0 (never) to 6 (≥ 6 times):

#### NSSI FORMS

Cutting wrists, arms, or other body areas

**Burning** with cigarette, lighter or match

Carving words, pictures, etc. into skin

Severe scratching, causing bleeding

Biting yourself, so that the skin is broken

Sticking sharp objects into the skin

**Banging head**, punching self, thereby causing a bruise

Preventing wounds from healing



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## NSSI GROUPING: 2007 vs. 2023

- **No NSSI** = 0 reported episodes
- **Infrequent NSSI** = 1-4 reported episodes
- **Repetitive NSSI** = 5 or more reported episodes



## DIFFERENT CONTEXTS: 2007 VS 2023

### • NSSI as a phenomenon:

- In 2007: NSSI was a relatively unknown phenomenon among adolescents and clinicians in general.
- Over the last decade: There has been a significant increase in general awareness about NSSI.

### • Data collection methods:

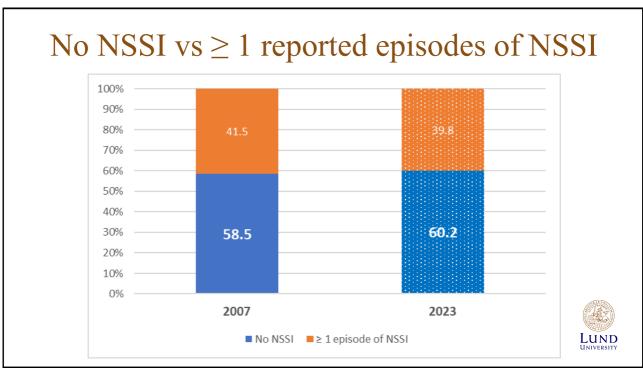
- 2007: primarily relied on paper and pen.
- 2023: have shifted to tablets.

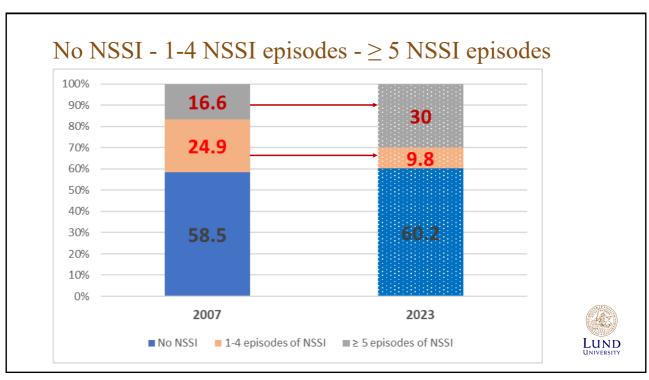


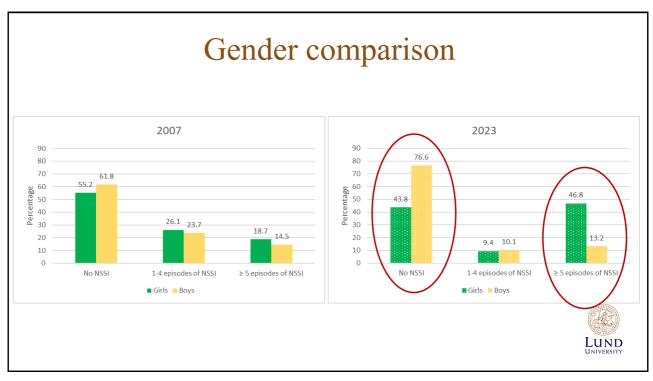
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### **RESULTS**









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# Regarding forms of NSSI

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Cui	tting wrists, arms, or body areas
Buı	rning with cigarette, lighter or match
Caı	ving words, pictures, etc. into skin
Sev	ere scratching, causing bleeding
Biti	ing yourself, so that the skin is broken
Stic	king sharp objects into the skin
Bar	nging head, punching self, thereby causing a bruise



# Reported ≥ 5 of a certain NSSI form 2007 vs. 2023

	GIRLS		Boys	
NSSI FORMS	2007	2023	2007	2023
Cutting wrists, arms, or body areas	8.6%	19.8%	2.7%	1.6%
Burning with cigarette, lighter or match		6.7%	2.9%	1.3%
Carving words, pictures, etc. into skin		10.2%	1.9%	1.0%
Severe scratching, causing bleeding	5.2%	17.7%	2.9%	2.1%
Biting yourself, so that the skin is broken		9.9%	2.7%	1.3%
Sticking sharp objects into the skin	2.6%	11.5%	1.2%	0.5%
Banging head, punching self, thereby causing a bruise	4.2%	16.7%	3.5%	4.9%
Preventing wounds from healing		16.7%	3.9%	3.6%

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# Summary

- **Beyond Dichotomous Measures** relying solely on dichotomous measures of NSSI might not fully capture the nuanced and complex changes in adolescent NSSI behaviors over time.
- Indications of alarming trend
  - ✓ Gender-specific time trends
  - ✓ More girls report repetitive NSSI (i.e.,  $\geq 5$  occasions) in 2023 compared to 2007, representing a substantial increase of 142%.
- Caveats to Consider:
  - ✓ Demographic changes
  - ✓ Impact of the COVID-19 pandemic.



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A big THANK YOU to all the students who took part in our surveys!

We **sincerely appreciate** the cooperation of **all the school personnel** in helping us collect the data!

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## **THANK YOU!**

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