The SOL project: Attrition report

Evaluating respondent attrition in a 10-year follow up of the SOL project "Deliberate self-harm, emotion regulation and interpersonal relations in youth."

SOL-research group:
Daiva Daukantaitė
Lars-Gunnar Lundh
Margit Wångby-Lundh
Benjamin Claréus
Jonas Bjärehed
Ya Zhou

Department of Psychology, Lund University

Evaluating respondent attrition in a 10-year follow up of the SOL project "Deliberate self-harm, emotion regulation and interpersonal relations in youth."

SOL-research group: Daiva Daukantaitė[a], Lars-Gunnar Lundh, Margit Wångby-Lundh, Benjamin Claréus, Jonas Bjärehed, and Ya Zhou

Department of Psychology, Lund University

Abstract

The current report compares responders ($N = 541$) to non-responders ($N = 529$) in the third wave of a longitudinal project on deliberate self-harm, emotion regulation and interpersonal relations in a Swedish community sample of adolescents followed-up in young adulthood. The results of the attrition analysis demonstrate that even though some significant differences were found between responders and non-responders on the first- and second wave variables, all effect sizes were very small or small (Cohen's d/Cramer's $V = 0.07 – 0.21$). Therefore, we concluded that the responders represent the original sample well and that attrition could not be attributed to any of the variables examined in the current study.

Project Description

"Deliberate self-harm, emotion regulation and interpersonal relations in youths" is a 10-year prospective project. It was initiated in 2005 by Lars-Gunnar Lundh and Margit Wångby-Lundh at Lund University and granted by the Swedish Research Council for Health, Working Life and Welfare (FAS; dnr 2005-0597). The initial aim of the project was to study the associations between deliberate self-harm, emotion regulation, and interpersonal relationships with a prospective design involving two measure-points separated by one year. Participants were recruited from all regular schools of a southern Swedish municipality in 2007. They completed questionnaires in 2007 (T1; mean age 13.7 ± 0.7) and 2008 (T2; mean age 14.8 ± 0.7). In 2017 a 10-year follow-up (granted by several funds[b]) of the original project was performed aiming to contact all participants (T3; mean age 25.3 ± 0.7) in the original community sample again. The follow-up project was planned to build on the results from the

---

[a]All correspondence should be addressed to Daiva Daukantaitė Daiva.Daukantaite@psy.lu.se

original project, for the purpose of examining longitudinal associations between deliberate self-harm (DSH) in early adolescence and various positive and negative aspects of mental health in young adulthood, and investigating adolescent factors that predict DSH, psychopathology, and well-being among young adults. Given the 10-year gap between T1 and T3, the aim of the present report is to evaluate the sample attrition at follow up.

Methods

Participants and procedure

The community sample described in this report was recruited from all regular schools within a southern Swedish municipality, which on January 1st 2007 had 40,320 inhabitants and five schools with students in Grade 7 to Grade 8. Comparisons to Sweden as a whole in 2007 found that the municipality's demographics were fairly representative of the Swedish population (Lundh, Wångby-Lundh, & Bjärehed, 2008). Exceptions included that the municipality was slightly more rural (80.2 % vs. 84.4 % urban population), that the mean income level each year was lower (210,000 SEK vs. 227,000 SEK), and that adults had a lower educational level (25 % of the population aged 25 – 64 years had a university education vs. 35 % for the whole of Sweden).

T1 and T2. As can be seen in Figure 1, 1,064 students (all students who were found on the class lists of the regular schools) were invited to participate in the study at T1. One year later at T2, the available participant pool had increased to 1,098 students, due to some students moving to or from the municipality in 2008. In total, the number of eligible participants at T1 and/or T2 was 1,109 students, who were all given a unique ID number, which was used to match their answers at both test occasions. We observed a slight decrease in response rate from T1 (93.23 %) to T2 (89.89 %). In total, 909 participants (81.96 %) participated at both T1 and T2. At T1 and T2, data were collected during a separate lecture hour, and the ordinary questionnaire session was followed by extra sessions for those who were absent on the first occasion. Prior to their participation, information about the purpose and form of the project was sent to the participants' parents, who were asked to contact either the teachers or the researchers if they did not want their child to participate. The participants were informed that they were free to terminate the survey at any time if they so wished. As a result of detailed analyses of extreme and/or inconsistent answers, data from twelve students were judged to be dishonest or unreliable, and therefore eliminated from further data analysis.

T3. At the 10-year follow-up in 2017 (T3), we set out to match the IDs of all the 1109 students who were eligible (i.e., were on the class lists) during T1 and/or T2 with their

Swedish person number (Sw. *personnummer*); this was done with help from the school registers. We were unable to match 19 participants, as one of the schools had been closed and their own records destroyed, and information about these participants was missing in the complementary records provided to us by the municipality. For the remaining 1090 participants, we used their person number to find their current address in the Swedish state's person address register (SPAR). The first invitations to participate were sent out by mail in September 2017, inviting participants to take part in an online survey where unique user ID's and passwords were used to match their answers to their project ID. Two subsequent reminders were sent out. One of these reminders had a paper questionnaire with their code number and an anonymous envelope with pre-paid postage attached, for those participants who did not want to use the online survey. Participation was reimbursed with either four lottery tickets or two cinema tickets. In total, 557 individuals participated in either the online or the paper survey. As can be seen in Table 1, the relative response rate at T3 varies between 50.2 and 52.8 % depending on whether the number of responders are compared to the total pool or to the responders at T1 and/or T2.

Table 1.

Response rate at T3 relative to the total participant pool and responders at T1 and T2.

	Response rate at T3	
	Of eligible participants	Of actual participants
at T1	538/1064 = 50.6 %	516/992 = 52.0 %
at T2	553/1098 = 50.4 %	505/987 = 51.2 %
at T1 and/or T2	557/1109 = 50.2 %	541/1070[a] = 50.6 %
at T1 and T2	534/1053 = 50.7 %	480/909 = 52.8 %

Note. [a] In the current report, T1 and T2 data from the 541 responders at T3 were compared with the 529 non-responders (1070-541 = 529).
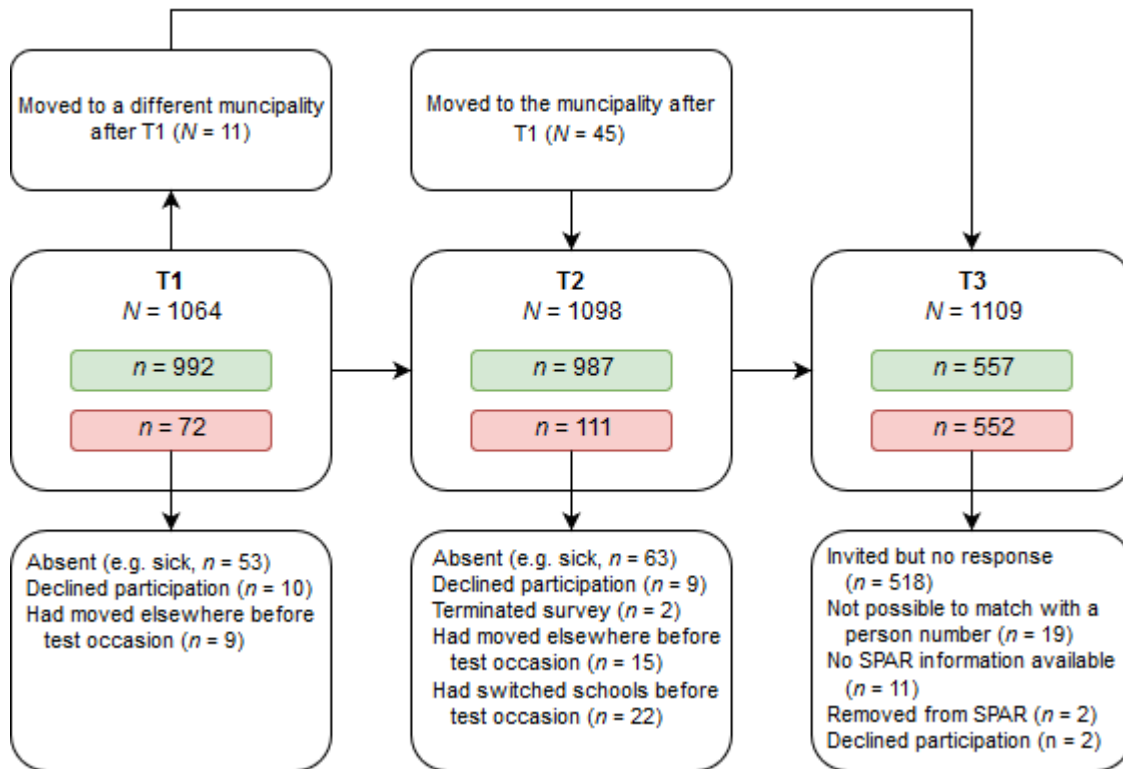
Figure 1. Flow diagram over the total number of available participants at T1, T2, and T3, and those who participated in the survey (green), and who did not (red) and the reasons for attrition.

Measures at T1 and T2

Foreign background. Foreign background was defined as the child either being born abroad with at least one parent born abroad as well, or being born in Sweden with both parents being born abroad.

Revised Deliberate Self-harm Inventory (DSHI-9r). This instrument, validated by Gratz (2001) and shortened and adapted to adolescents by Bjärehed and Lundh (2008) and Lundh, Wångby-Lundh & Bjärehed (2011), was used to measure frequency of engagement in deliberate self-harm. In the present 9-item version of the inventory, respondents are asked if they have deliberately engaged in any of nine different forms of self-harm (i.e., cutting, minor cutting causing bleeding, burning, carving, severe scratching, biting, sticking sharp objects into the skin, punching/banging oneself, preventing wounds from healing) over the past 6 months, using a scale from 0 (*Never*) to 6 (*More than five times*). We replaced missing values with 0 if the participants had valid answers to at least 6 of the other items, and subsequently summed all items for a total score (ranging between 0 to 54). The internal consistency (Cronbach's alpha and McDonalds omega, cf. Dunn, Baguley, & Brunsden, 2014) at both T1 and T2 was $\alpha = 0.90$, $\omega = 0.91$.

Strengths and Difficulties Questionnaire, self-report version (SDQ-s; Goodman, 2001). This 25-item self-rating questionnaire, translated into Swedish by Smedje, Broman, Hetta, and von Knorring (1999), screens for respondents' strengths and difficulties over five dimensions, and has been found to discriminate between community controls and clinical samples among 11- to 16-year-olds. Results are calculated for five subscales (Hyperactivity–Inattention, Emotional Symptoms, Conduct Problems, Peer Problems, and Prosocial Behaviour), each consisting of five items that are rated as 0 (*Not true*), 1 (*Somewhat true*), or 2 (*Certainly true*). A total difficulties score is calculated by summing the scores on all scales except Prosocial Behaviour. The psychometric properties of the Swedish SDQ-s were analysed by Lundh et al. (2008) and were found to be similar to those of the English, Dutch, and Norwegian versions (Goodman, 2001; Muris, Meesters, & van den Berg, 2003; Rønning, Handegaard, Sourander, & Mørch, 2004; Van Widenfelt, Goedhart, Treffers, & Goodman, 2003). In the Swedish study, the internal consistency of the total difficulties scale was $\alpha = 0.76$, $\omega = 0.76$ (T1) and $\alpha = 0.75$, $\omega = 0.75$ (T2), and for the individual subscales: Hyperactivity–Inattention (T1: $\alpha = 0.66$, $\omega = 0.68$; T2: $\alpha = 0.66$, $\omega = 0.66$), Emotional Symptoms (T1: $\alpha = 0.67$, $\omega = 0.68$; T2: $\alpha = 0.69$, $\omega = 0.70$), Conduct Problems (T1: $\alpha = 0.57$, $\omega = 0.58$; T2: $\alpha = 0.60$, $\omega = 0.60$), Peer Problems (T1: $\alpha = 0.56$, $\omega = 0.55$; T2: $\alpha = 0.54$, $\omega = 0.54$), and Prosocial Behaviour (T1: $\alpha = 0.68$, $\omega = 0.69$; T2: $\alpha = 0.70$, $\omega = 0.70$).

Positive and Negative Interpersonal Behaviours Inventory (PANIBI; for details, see Lundh, Daukantaitė, & Wångby-Lundh, 2014). This instrument contains forty statements, asking the general question "How often does it happen that…?", with a five-point response format ranging from 1 (*Never*) to 5 (*Very often*). The first part asks 20 questions on the theme "How are you treated by others?", half of which refer to being the subject of others' aggressive behaviours, and half to being the subject of prosocial behaviours from others. The 20 items in the second part mirror the questions asked in the first, but concern how the participant behaves towards others instead. Six subscales are computed: Direct Aggression (5 items; e.g., "How often do you hit or kick somebody?"), Indirect Aggression (5 items; e.g., "How often do you try to make others dislike someone?"), Victim of Direct Aggression (5 items; e.g., "How often does somebody yell negative words at you?"), Victim of Indirect Aggression (5 items; e.g., "How often does somebody spread untrue or mean rumours about you?"), Treated Well by Others (10 items; e.g., "How often does somebody give you a hug?"), and Treating Others Well (10 items; e.g., "How often do you give someone praise?"). The alpha and omega coefficients were as follows: Direct Aggression (T1: $\alpha = 0.72$, $\omega = 0.76$; T2: $\alpha = 0.80$, $\omega = 0.84$), Indirect Aggression (T1: $\alpha = 0.75$, $\omega = 0.78$; T2: $\alpha = 0.81$, $\omega = 0.84$), Victim of Direct Aggression (T1: $\alpha = 0.75$, $\omega = 0.78$; T2: $\alpha = 0.79$, $\omega = 0.81$), Victim of Indirect Aggression (T1: $\alpha = 0.87$, $\omega = 0.88$; T2: $\alpha = 0.90$, $\omega = 0.91$), Treated Well by Others (T1: $\alpha = 0.87$, $\omega = 0.88$; T2: $\alpha = 0.88$, $\omega = 0.88$), and Treating Others Well (T1: $\alpha = 0.87$, $\omega = 0.87$; T2: $\alpha = 0.86$, $\omega = 0.87$).

Emotional Tone Index (ETI). This is a modified version of an instrument originally developed by Berscheid, Snyder, and Omoto (1989) and adapted for adolescents by Repinski and Zook (2005). In the current version of the ETI, participants are asked to use a 4-point Likert scale (1 = *Never*, 4 = *Very often*) to rate how often they experience various positive (e.g. "safe, secure") and negative emotions (e.g. "angry, irritated") they are together with or are thinking about their parents (17 items; 8 positive and 9 negative) and their closest friends (12 items; 6 positive and 6 negative). Thus, four different subscales are obtained, all of which had acceptable internal consistency in the present samples: Positive Feelings to Parents (T1: $\alpha = 0.83$, $\omega = 0.80$; T2: $\alpha = 0.83$, $\omega = 0.80$), Negative Feelings to Parents (T1: $\alpha = 0.83$, $\omega = 0.83$; T2: $\alpha = 0.82$, $\omega = 0.83$), Positive Feelings to Peers (T1: $\alpha = 0.76$, $\omega = 0.77$; T2: $\alpha = 0.80$, $\omega = 0.80$), and Negative Feelings to Peers (T1: $\alpha = 0.75$, $\omega = 0.75$; T2: $\alpha = 0.80$, $\omega = 0.80$).

Emotional Regulation Questionnaire for Adolescents (ERQA). This 22-item instrument asks participants about how often they engage in different behaviours when they

are "sad, disappointed, nervous, afraid, or experience other negative or distressing feelings". Each item is rated on a scale from 0 (*Never*) to 5 (*Very often*). A factor analysis based on data from 265 adolescents (137 girls and 128 boys) between 14 to 15 years of age from six schools in southern Sweden (Lundh, 2007) led to the identification of the following four factors with their current alpha and omega coefficients within brackets: Rumination/Negative Thinking (7 items, T1: $\alpha = 0.81$, $\omega = 0.82$; T2: $\alpha = 0.83$, $\omega = 0.84$), Distraction (7 items, T1: $\alpha = 0.62$, $\omega = 0.63$; T2: $\alpha = 0.62$, $\omega = 0.63$), Communication (5 items, T1: $\alpha = 0.65$, $\omega = 0.67$; T2: $\alpha = 0.64$, $\omega = 0.67$), and Positive Thinking (5 items, T1: $\alpha = 0.65$, $\omega = 0.66$; T2: $\alpha = 0.64$, $\omega = 0.65$).

Risk Behaviours for Eating Disorder (RiBED-8; Waaddegaard, Thoning, and Petersson (2003). This eight item measure identifies different risk behaviours related to eating disorders, and has been found to have good psychometric properties and ability to discriminate between adolescents with and without an eating pathology in a Danish sample (Waaddegaard et al., 2003). The Swedish version was validated by Viborg, Wångby-Lundh, Lundh and Johnsson (2012). Participants are asked to rate how much they agree with different statements (e.g., "I throw up to get rid of what I have eaten", "I have a bad conscience when I eat sweets") on a four-point Likert scale that ranges from 1 (*Never*) to 4 (*Very often*). Scores are computed as the sum of all items, and individuals at risk of eating disorders are identified based on cut-off points. The internal consistency of this scale was $\alpha = 0.78$, $\omega = 0.80$ (T1) and $\alpha = 0.83$, $\omega = 0.84$ (T2).

Body Esteem Scale for Adolescents and Adults–Appearance subscale (BEAA; Mendelson, Mendelson, & White, 2001). This 10-item measure, translated into Swedish by Erling and Hwang (2004), is used to assess participants' general view of their own appearance. Participants are asked to rate their degree of agreement with different statements (e.g. "I look as good as I'd like", "My appearance bothers me") on a 4-point Likert scale (1 = *Never*; 4 = *Very often*). Internal consistency was $\alpha = 0.91$, $\omega = 0.91$ (T1) and $\alpha = 0.91$, $\omega = 0.92$ (T2).

Depression Index (DI). This index was computed by Lundh, Wångby-Lundh, Paaske, Ingesson, and Bjärehed (2011) on the basis of a selection of items from the questionnaire answered at T1 and T2 that were judged to have a similar content as items on standard measures of depression and/or the DSM-IV criteria for major depression. These items were standardized before being subjected to a Varimax principal components analysis, which identified the following six factors (with their current internal consistency coefficients within parentheses): Dysphoric Relations to Parents (10 items, T1: $\alpha = 0.85$, $\omega = 0.85$; T2: α

7

= 0.84, ω = 0.84), Negative Self-Image (6 items, T1: α = 0.83, ω = 0.84; T2: α = 0.84, ω = 0.84), Dysphoric Relations to Friends (6 items, T1: α = 0.73, ω = 0.74; T2: α = 0.75, ω = 0.76), Fatigue/Somatic Complaints (5 items, T1: α = 0.70, ω = 0.71; T2: α = 0.70, ω = 0.71), Sadness/Loneliness (4 items, T1: α = 0.66, ω = 0.67; T2: α = 0.69, ω = 0.70), and Concentration Difficulties (4 items, T1: α = 0.57, ω = 0.58; T2: α = 0.57, ω = 0.59). Summing these six dimensions gives a total score, for which the internal consistency was α = 0.91, ω = 0.91 (T1) and α = 0.91, ω = 0.91 (T2).

General health and vitality. Participants' general health and vitality was assessed by their responses to single questions with the following response alternatives; "How do you perceive your overall health?" (*Not very healthy*; *Mostly healthy*; *Completely healthy*), "Do you smoke?" (*No*; *Yes, sometimes*; *Yes, almost every day*; *Yes, daily*), "Do you drink alcohol?" (*No*; *Sometimes during the year*; *Sometimes during each month*; *A few times during each month*; *Sometime during each week*; *More often than that*), "Do you sleep well?" and "Do you feel alert and energized during the days?" (*Never*; *Seldom*; *Sometimes*; *Often*; *Always*). Due to the considerable skew of several of these variables, they were dichotomized before comparison between responders and non-responders with the following categories used as the reference: health (*Not very healthy*), frequency of smoking and alcohol consumption (*No*), sleeping well and feeling energized (*Never* and *Seldom*).

Leisure activities. Participants were asked to estimate to what extent they engaged in different leisure activities, including exercise ("Do you exercise, e.g., swim, run, or bike, during your spare time?") and hours spent watching TV and playing video games on weekdays and weekends respectively ("Do you watch TV/play video games during the weekdays/weekends?"). Multiple response alternatives were used, but due to the considerable skew these were dichotomized before analysis. Therefore, the category *No* was compared to *Yes, sometimes/Yes, quite often/Yes, every day* on the exercise variable, and the categories *Not at all/Less than 1 hour each day* were compared to *1-2 hours each day/3-4 hours each day/More than 4 hours each day* on the hours spent watching TV and playing video games.

Future prospects. Participants were asked three questions about their future prospects. These included their future educational attainment ("Which is the highest level of education that you believe you will complete?") with the response alternatives *Elementary school*, *Upper secondary school* (Swedish *gymnasium*), and *University*; overall quality of life ("How do you think that your life will be?") with Likert-style response alternatives from 1 = *Not good* to 5 = *Very good*; and their ability to have an influence on their own future ("To what extent do you believe that you can affect your own future?") with Likert-style response

alternatives from 1 = *Not at all* to 5 = *A lot*. Answers on future overall quality of life and ability to influence one's future were dichotomized into whether the participants scored below or on/above the median, which was 4 in both cases.

Meaningfulness of survey participation. As final questions on the questionnaire, participants were asked to estimate to what extent they perceived that their participation and answering of the questions had been meaningful and interesting ("How interesting and meaningful was it for you to answer the questions in this questionnaire?") on a 4-point Likert scale (1 = *Not at all*, 4 = *A lot*). Answers were dichotomized between not finding their participation meaningful (rating 1 – 2) and finding it meaningful (rating 3 – 4).

Attrition Analysis

Chi-square tests for independence and Student's *t*-tests were performed to compare non-responders and responders at T3 on the variables measured at T1 and T2 (Table 2). Missing data in all analyses were removed casewise. We used Cramer's *V* values of 0.1, 0.3, and 0.5 and Cohen's *d* values of 0.2, 0.5, and 0.8 as indicators of small, medium, and large effect sizes.

As for the categorical variables, non-responders were significantly more likely to report male gender ($p < 0.001$, Cramer's $V = 0.17$). Non-responders were also more likely to spend time playing video games on weekdays at T1 ($p < 0.001$, Cramer's $V = 0.11$) and T2 ($p < 0.001$, Cramer's $V = 0.12$), as well as on weekends at T1 ($p < 0.001$, Cramer's $V = 0.10$) and T2 ($p = 0.03$, Cramer's $V = 0.07$). Non-responders were less likely than responders to believe that they would finish either upper secondary school or a university education at both T1 ($p < 0.001$, Cramer's $V = 0.13$) and T2 ($p < 0.001$, Cramer's $V = 0.15$). Results from Mann-Whitney U-tests with non-dichotomized versions of these variables did not differ appreciably from these (Appendix A).

With regard to scale scores, non-responders scored higher than responders on the following scales at either T1 or T2: SDQ-s Inattention/Hyperactivity (T1: $p < 0.001$, Cohen's $d = 0.21$), SDQ-s Conduct problems (T1: $p = 0.03$, Cohen's $d = 0.14$), PANIBI Direct Aggression ($p = 0.02 – 0.04$, Cohen's $d = 0.12 – 0.16$), DI Dysphoric relations to parents (T2: $p = 0.04$, Cohen's $d = 0.13$), and DI Sadness/Loneliness (T1: $p = 0.03$, Cohen's $d = 0.14$). Additionally, for some scales the differences between non-responders and responders were significant or close to significant ($p \leq 0.10$) at both T1 and T2. These included that non-responders scored lower than responders on SDQ-s Prosocial behaviour ($p = 0.03 – 0.07$, Cohen's $d = 0.11 – 0.14$), ETI Positive feelings towards parents ($p = 0.05$, Cohen's $d = 0.12$), ERQA Rumination ($p = 0.01 – 0.02$, Cohen's $d = 0.16$), and DI Negative self-image ($p = 0.04$

– 0.08, Cohen's d = 0.11 – 0.14). Also, non-responders scored higher than responders on ETI Negative feelings towards parents (p = 0.04 – 0.06, Cohen's d = 0.13), ERQA Distraction (p = 0.001 – 0.01, Cohen's d = 0.16 – 0.21), body esteem (p = 0.02 – 0.03, Cohen's d = 0.14 – 0.15), and DI Difficulties in concentration (p = 0.01 – 0.05, Cohen's d = 0.13 – 0.18). Notably, frequency of engagement in various forms of deliberate self-harm at either T1 or T2 was not significantly associated with attrition at T3, and complementary analyses show that neither was the frequency of engagement in specific forms of self-harm (cf. Appendix B).

Table 2.

Means (SD) and frequencies on variables measured at T1 and T2 for non-responders and responders, with significant differences (α = 0.05) in bold.

Variable	Non-responders (n = 529)	Responders (n = 541)	Statistics
Gender, *Woman* - n (%)	**314 (42.7)**	**226 (58.0)**	**$\chi^2(1)$ = 25.11, p < .01, Cramer's V = 0.15**
Foreign background, *Yes* - n (%)	87 (16.6)	71 (13.2)	$\chi^2(1)$ = 2.43, p = .12, Cramer's V = 0.05
T1 Deliberate self-harm inventory, M (SD)	3.22 (6.74)	3.69 (9.11)	$t(981)$ = -0.92, p = .36, Cohen's d = 0.06
T2 Deliberate self-harm inventory, M (SD)	3.47 (8.34)	4.08 (9.31)	$t(977)$ = -1.08, p = .28, Cohen's d = 0.07
T1 SDQ-s total score, M (SD)	10.3 (4.65)	9.9 (5.37)	$t(930)$ = 1.22, p = .22, Cohen's d = 0.08
T2 SDQ-s total score, M (SD)	10.59 (4.77)	10.43 (5.23)	$t(922)$ = 0.50, p = .62, Cohen's d = 0.03
SDQ-s subscales, M (SD)			
T1 Hyperactivity/Inattention	**4.03 (2.12)**	**3.58 (2.24)**	**$t(974)$ = 3.24, p = .01, Cohen's d = 0.21**
T2 Hyperactivity/Inattention	4.18 (2.08)	3.97 (2.24)	$t(962)$ = 1.48, p = .14, Cohen's d = 0.10
T1 Emotional symptoms	2.45 (1.88)	2.67 (2.26)	$t(968)$ = -1.64, p = .10, Cohen's d = 0.11
T2 Emotional symptoms	2.59 (2.09)	2.83 (2.24)	$t(967)$ = -1.74, p = .08, Cohen's d = 0.11
T1 Peer problems	1.83 (1.48)	1.94 (1.73)	$t(959)$ = -1.04, p = .30, Cohen's d = 0.07
T2 Peer problems	1.83 (1.54)	1.77 (1.61)	$t(967)$ = 0.53, p = .59, Cohen's d = 0.04
T1 Conduct problems	**1.98 (1.66)**	**1.75 (1.65)**	**$t(972)$ = 2.12, p = .03, Cohen's d = 0.14**
T2 Conduct problems	2.02 (1.70)	1.9 (1.77)	$t(969)$ = 1.05, p = .29, Cohen's d = 0.07

T1 Prosocial behaviour	**7.35 (1.88)**	**7.62 (1.9)**	***t*(974) = -2.22, *p* = .03, Cohen's *d* = 0.14**
T2 Prosocial behaviour	7.52 (1.90)	7.74 (1.96)	*t*(970) = -1.79, *p* = .07, Cohen's *d* = .11
PANIBI subscales, *M* (*SD*)			
T1 Direct aggression	**1.37 (0.47)**	**1.30 (0.40)**	***t*(979) = 2.27, *p* = .02, Cohen's *d* = 0.16**
T2 Direct aggression	**1.46 (0.59)**	**1.39 (0.59)**	***t*(960) = 2.27, *p* = .04, Cohen's *d* = 0.12**
T1 Indirect aggression	1.4 (0.47)	1.39 (0.45)	*t*(976) = 0.35, *p* = .73, Cohen's *d* = 0.02
T2 Indirect aggression	1.51 (0.59)	1.5 (0.60)	*t*(965) = 0.11, *p* = .91, Cohen's *d* = 0.02
T1 Victim of direct aggression	1.55 (0.56)	1.53 (0.61)	*t*(972) = 0.48, *p* = .63, Cohen's *d* = 0.03
T2 Victim of direct aggression	1.59 (0.63)	1.55 (0.66)	*t*(965) = 0.87, *p* = .39, Cohen's *d* = 0.06
T1 Victim of indirect aggression	1.73 (0.73)	1.79 (0.84)	*t*(970) = -1.02, *p* = .31, Cohen's *d* = 0.08
T2 Victim of indirect aggression	1.81 (0.82)	1.85 (0.89)	*t*(966) = -0.63, *p* = .53, Cohen's *d* = 0.05
T1 Treated well by others	3.58 (0.73)	3.56 (0.73)	*t*(937) = 0.35, *p* = .73, Cohen's *d* = 0.03
T2 Treated well by others	3.63 (0.72)	3.7 (0.72)	*t*(949) = -1.56, *p* = .12, Cohen's *d* = 0.10
T1 Treating others well	3.53 (0.78)	3.6 (0.70)	*t*(952) = -1.41, *p* = .16, Cohen's *d* = 0.09
T2 Treating others well	3.6 (0.74)	3.7 (0.69)	*t*(947) = -2.25, *p* = .03, Cohen's *d* = 0.14
ETI subscales, *M* (*SD*)			
T1 Parents, positive feelings	**3.03 (0.46)**	**3.09 (0.51)**	***t*(920) = -1.99, *p* = .05, Cohen's *d* = 0.12**
T2 Parents, positive feelings	**3.04 (0.47)**	**3.1 (0.50)**	***t*(938) = -1.97, *p* = .05, Cohen's *d* = 0.12**
T1 Parents, negative feelings	1.71 (0.44)	1.65 (0.50)	*t*(944) = 1.9, *p* = .06, Cohen's *d* = 0.13
T2 Parents, negative feelings	**1.74 (0.48)**	**1.68 (0.47)**	***t*(944) = 2.03, *p* = .04, Cohen's *d* = 0.13**
T1 Peers, positive feelings	3.23 (0.49)	3.24 (0.51)	*t*(944) = -0.42, *p* = .67, Cohen's *d* = 0.02
T2 Peers, positive feelings	3.28 (0.51)	3.33 (0.50)	*t*(962) = -1.44, *p* = .15, Cohen's *d* = 0.10
T1 Peers, negative feelings	1.5 (0.40)	1.52 (0.45)	*t*(960) = -0.87, *p* = .39, Cohen's *d* = 0.05
T2 Peers, negative feelings	1.57 (0.49)	1.54 (0.47)	*t*(972) = 1.17, *p* = .24, Cohen's *d* = 0.06

ERQA subscales, *M* (*SD*)			
T1 Rumination	**14.52 (5.36)**	**15.4 (5.69)**	***t*(932) = -2.42, *p* = .02, Cohen's *d* = 0.16**
T2 Rumination	**15.23 (5.95)**	**16.18 (5.87)**	***t*(943) = -2.47, *p* = .01, Cohen's *d* = 0.16**
T1 Positive thinking	16.18 (3.8)	16.26 (3.82)	*t*(947) = -0.33, *p* = .75, Cohen's *d* = 0.02
T2 Positive thinking	16.21 (3.92)	16.36 (3.84)	*t*(952) = -0.62, *p* = .53, Cohen's *d* = 0.04
T1 Communication	13.13 (4.05)	13.04 (4.16)	*t*(975) = 0.35, *p* = .72, Cohen's *d* = 0.02
T2 Communication	12.86 (4.04)	13 (4.26)	*t*(966) = -0.55, *p* = .58, Cohen's *d* = 0.03
T1 Distraction	**22.22 (5.07)**	**21.2 (4.85)**	***t*(961) = 3.19, *p* < .01, Cohen's *d* = 0.21**
T2 Distraction	**21.81 (5.19)**	**21.01 (4.86)**	***t*(957) = 2.46, *p* = .01, Cohen's *d* = 0.16**
T1 RiBED-8, *M* (*SD*)	12.98 (3.84)	13.47 (4.30)	*t*(951) = -1.85, *p* = .06, Cohen's *d* = 0.12
T1 At risk for eating disorder, *Yes* - *n* (%)	97 (21.50)	131 (26.10)	χ^2(1) = 2.87, *p* = .09. Cramer's *V* = 0.06
T2 RiBED-8, *M* (*SD*)	13.05 (4.32)	13.29 (4.67)	*t*(941) = -0.83, *p* = .41, Cohen's *d* = 0.05
T2 At risk for eating disorder, *Yes* - *n* (%)	114 (24.80)	120 (24.80)	χ^2(1) = 0.00, *p* = .99, Cramer's *V* = 0.00
T1 Body Esteem scale, *M* (*SD*)	**29.69 (6.57)**	**28.73 (6.79)**	***t*(956) = 2.22, *p* = .03, Cohen's *d* = 0.14**
T2 Body Esteem scale, *M* (*SD*)	**29.18 (7.00)**	**28.15 (6.82)**	***t*(941) = 2.30, *p* = .02, Cohen's *d* = 0.15**
T1 DI total score, *M* (*SD*)	-0.012 (0.46)	-0.004 (0.52)	*t*(874) = -0.24, *p* = .81, Cohen's *d* = 0.02
T2 DI total score, *M* (*SD*)	0.005 (0.47)	-0.013 (0.50)	*t*(874) = 0.54, *p* =.59, Cohen's *d* = 0.04
DI subscales, *M* (*SD*)			
T1 Dysphoric relations to parents	0.018 (0.60)	-0.025 (0.71)	*t*(934) = 1.01, *p* = .31, Cohen's *d* = 0.07
T2 Dysphoric relations to parents	**0.04 (0.64)**	**-0.045 (0.64)**	***t*(936) = 2.02, *p* = .04, Cohen's *d* = 0.13**
T1 Negative self-image	**-0.057 (0.73)**	**0.043 (0.74)**	***t*(958) = -2.11, *p* =.04, Cohen's *d* = 0.14**
T2 Negative self-image	-0.048 (0.76)	0.037 (0.73)	*t*(955) = -1.77, *p* =.08, Cohen's *d* = 0.11
T1 Dysphoric relations to friends	0.006 (0.64)	-0.013 (0.66)	*t*(940) = 0.44, *p* = .66, Cohen's *d* = 0.03
T2 Dysphoric relations to friends	0.035 (0.68)	-0.029 (0.66)	*t*(961) = 1.46, *p* = .15, Cohen's *d* = 0.1

T1 Fatigue/somatic complaints	-0.036 (0.66)	0.022 (0.69)	*t*(972) = -1.35, *p* = .18, Cohen's *d* = 0.09
T2 Fatigue/somatic complaints	-0.019 (0.67)	0.015 (0.68)	*t*(973) = -0.8, *p* = .42, Cohen's *d* = 0.05
T1 Sadness/Loneliness	**-0.055 (0.68)**	**0.042 (0.73)**	**_t_(968) = -2.15, _p_ = .03, Cohen's _d_ = 0.14**
T2 Sadness/Loneliness	-0.01 (0.73)	0.013 (0.73)	*t*(968) = -0.48, *p* = .63, Cohen's *d* = 0.03
T1 Concentration difficulties	**0.063 (0.66)**	**-0.057 (0.66)**	**_t_(967) = 2.83, _p_ = .01, Cohen's _d_ = 0.18**
T2 Concentration difficulties	**0.04 (0.65)**	**-0.04 (0.67)**	**_t_(965) = 1.98, _p_ = .05, Cohen's _d_ = 0.13**
General health and vitality			
T1 Health, *Not very healthy - n* (%)	12 (2.5)	16 (3.1)	$\chi^2(1)$ = 0.30, *p* = .59, Cramer's *V* = 0.02
T2 Health, *Not very healthy - n* (%)	13 (2.7)	14 (2.8)	$\chi^2(1)$ = 0.00, *p* = .96, Cramer's *V* = 0.00
T1 Smoking, *No - n* (%)	435 (92.0)	473 (92.0)	$\chi^2(1)$ = 0.00, *p* = .97, Cramer's *V* = 0.00
T2 Smoking, *No - n* (%)	392 (82.0)	406 (80.4)	$\chi^2(1)$ = 0.42, *p* = .25, Cramer's *V* = 0.02
T1 Drinking alcohol, *No - n* (%)	405 (86.0)	450 (87.7)	$\chi^2(1)$ = 0.65, *p* = .42, Cramer's *V* = 0.03
T2 Drinking alcohol, *No - n* (%)	303 (63.3)	344 (68.1)	$\chi^2(1)$ = 2.58, *p* = .11, Cramer's *V* = 0.05
T1 Sleep well, *Never/Seldom - n* (%)	26 (5.5)	41 (8.0)	$\chi^2(1)$ = 2.39, *p* = .12, Cramer's *V* = 0.05
T2 Sleep well, *Never/Seldom - n* (%)	30 (6.3)	39 (7.7)	$\chi^2(1)$ = 0.82, *p* = .37, Cramer's *V* = 0.37
T1 Feeling energized, *Never/Seldom - n* (%)	42 (8.9)	49 (9.5)	$\chi^2(1)$ = 0.13, *p* = .72, Cramer's *V* = 0.01
T2 Feeling energized, *Never/Seldom - n* (%)	51 (10.7)	50 (9.9)	$\chi^2(1)$ = 0.15, *p* = .70, Cramer's *V* = 0.01
Leisure activities			
T1 Exercise, *No - n* (%)	34 (7.2)	37 (7.2)	$\chi^2(1)$ = 0.00, *p* = .99, Cramer's *V* = 0.99
T2 Exercise, *No - n* (%)	46 (9.6)	53 (10.5)	$\chi^2(1)$ = 0.23, *p* = .64, Cramer's *V* = 0.02
T1 Hours spent watching TV on weekdays, *None/Less than 1 hour – n* (%)	113 (23.9)	119 (23.2)	$\chi^2(1)$ = 0.06, *p* = .81, Cramer's *V* = 0.01
T2 Hours spent watching TV on weekdays, *None/Less than 1 hour – n* (%)	123 (25.7)	137 (27.2)	$\chi^2(1)$ = 0.27, *p* = .61, Cramer's *V* = 0.02
T1 Hours spent watching TV on weekends, *None/Less than 1 hour - n* (%)	81 (17.2)	80 (15.6)	$\chi^2(1)$ = 0.44, *p* = .51, Cramer's *V* = 0.02
T2 Hours spent watching TV on weekends, *None/Less than 1 hour - n* (%)	104 (21.7)	112 (22.3)	$\chi^2(1)$ = 0.04, *p* = .83, Cramer's *V* = 0.01

T1 Hours spent playing video games on weekdays, *None/Less than 1 hour - n (%)*	**218 (46.2)**	**290 (56.6)**	**$\chi^2(1) = 10.75, p < .01$, Cramer's $V = 0.11$**
T2 Hours spent video games on weekdays, *None/Less than 1 hour - n (%)*	**240 (50.3)**	**311 (62.0)**	**$\chi^2(1) = 13.46, p < .01$, Cramer's $V = 0.12$**
T1 Hours spent video games on weekends, *None/Less than 1 hour - n (%)*	**202 (42.9)**	**273 (53.3)**	**$\chi^2(1) = 10.69, p < .01$, Cramer's $V = 0.10$**
T2 Hours spent video games on weekends, *None/Less than 1 hour - n (%)*	**239 (50.0)**	**285 (56.8)**	**$\chi^2(1) = 4.52, p = .03$, Cramer's $V = 0.07$**
Future prospects			
T1 Educational attainment, *Elementary - n (%); Upper secondary - n (%)*	**11 (2.4); 280 (61.0)**	**6 (1.2); 249 (49.3)**	**$\chi^2(2) = 17.22, p < .01$, Cramer's $V = 0.13$**
T2 Educational attainment, *Elementary - n (%); Upper secondary - n (%)*	**11 (2.3); 298 (63.0)**	**5 (1.0); 250 (49.8)**	**$\chi^2(2) = 22.37, p < .01$, Cramer's $V = 0.15$**
T1 Overall life quality, *Very poor/Poor/Neither good nor poor - n (%)*	38 (8.0)	42 (8.2)	$\chi^2(1) = 0.01, p = .91$, Cramer's $V = 0.00$
T2 Overall life quality, *Very poor/Poor/Neither good nor poor - n (%)*	41 (8.6)	41 (8.2)	$\chi^2(1) = 0.05, p = .82$, Cramer's $V = 0.01$
T1 Ability to influence own future, *Not at all/Very little - n (%)*	34 (7.3)	42 (8.2)	$\chi^2(1) = 0.31, p = .58$, Cramer's $V = 0.02$
T2 Ability to influence own future, *Not at all/Very little - n (%)*	39 (8.2)	27 (7.4)	$\chi^2(1) = 0.22, p = .64$, Cramer's $V = 0.02$
T1 Was it meaningful for you to participate, *Not very/Not at all - n (%)*	99 (21.0)	102 (20.0)	$\chi^2(1) = 0.16, p = .69$, Cramer's $V = 0.01$
T2 Was it meaningful for you to participate, *Not very/Not at all - n (%)*	168 (35.4)	161 (32.1)	$\chi^2(1) = 1.24, p = .27$, Cramer's $V = 0.04$

Note. Missing values were removed casewise. SDQ-s = Strengths and Difficulties Questionnarie, self-report version; PANIBI = Positive and Negative Interpersonal Behaviours Inventory; ETI = Emotional Tone Index; ERQA = Emotional Regulation Questionnaire for Adolescents; RiBED-8 = Risk Behaviours for Eating Disorder; DI = Depression Index.

Conclusion

In the current report, we studied if individuals who participated in the third wave of data collection within the SOL project differed significantly on either first- or second wave data from those individuals who did not partake in data collection. Although the attrition analyses showed some significant differences on the studied variables between the responders and non-responders at T3, however, low or very low effect sizes indicate that the differences were of low magnitude. The results therefore support that albeit non-responders overall expressed somewhat more negative affect and mental health problems in adolescence, those who participated in the third wave of data collection represent the original sample well.

References

Berscheid, E., Snyder, M., & Omoto, A. M. (1989). The relationship closeness inventory: Assessing the closeness of interpersonal relationships. *Journal of Personality and Social Psychology, 57*(5), 792-807.

Bjärehed, J., & Lundh, L. G. (2008). Deliberate self-harm in 14-year-old adolescents: How frequent is it, and how is it associated with psychopathology, relationship variables, and styles of emotional regulation? *Cognitive Behaviour Therapy, 37*(1), 26-37.

Dunn, T. J., Baguley, T., & Brunsden, V. (2014). From alpha to omega: A practical solution to the pervasive problem of internal consistency estimation. *British Journal of Psychology, 105*(3), 399-412.

Erling, A., & Hwang, C. P. (2004). Body-esteem in Swedish 10-year-old children. *Perceptual and Motor Skills, 99*(2), 437-444.

Goodman, R. (2001). Psychometric properties of the Strengths and Difficulties Questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(11), 1337-1345.

Gratz, K. L. (2001). Measurement of deliberate self-harm: Preliminary data on the Deliberate Self-Harm Inventory. *Journal of Psychopathology and Behavioral Assessment, 23*(4), 253-263.

Lundh, L.-G. (2007). The Emotional Regulation Questionnaire for Adolescents. *Unpublished Manuscript*.

Lundh, L.-G., Daukantaité, D., & Wångby-Lundh, M. (2014). Direct and indirect aggression and victimization in adolescents: Associations with the development of psychological difficulties. *BMC Psychology, 2*(43).

Lundh, L.-G., Wångby-Lundh, M., & Bjärehed, J. (2008). Self-reported emotional and behavioral problems in Swedish 14 to 15-year-old adolescents: A study with the self-report version of the Strengths and Difficulties Questionnaire. *Scandinavian Journal of Psychology, 49*(6), 523-532.

Lundh, L.G., Wångby-Lundh, M., & Bjärehed, J. (2011). Deliberate self-harm and psychological problems in young adolescents. Evidence of a bidirectional relationship in girls. *Scandinavian Journal of Psychology*, *52,* 476–483. DOI: 10.1111/j.1467-9450.2011.00894.

Lundh, L.-G., Wångby-Lundh, M., Paaske, M., Ingesson, S., & Bjärehed, J. (2011). Depressive symptoms and deliberate self-harm in a community sample of adolescents:

A prospective study. *Depression Research and Treatment, 2011*(Article ID 935871), 1-11.

Mendelson, B. K., Mendelson, M. J., & White, D. R. (2001). Body-Esteem scale for Adolescents and Adults. *Journal of Personality Assessment, 76*(1), 90-106.

Muris, P., Meesters, C., & van den Berg, F. (2003). The Strengths and Difficulties Questionnaire (SDQ): Further evidence for its reliability and validity in a community sample of Dutch children and adolescents. *European Child & Adolescent Psychiatry, 12*(1), 1-8.

Repinski, D. J., & Zook, J. M. (2005). Three measures of closeness in adolescents' relationships with parents and friends: Variations and developmental significance. *Personal Relationships, 12*(1), 79-102.

Rønning, J. A., Handegaard, B. H., Sourander, A., & Mørch, W.-T. (2004). The Strengths and Difficulties Self-Report Questionnaire as a screening instrument in Norwegian community samples. *European Child & Adolescent Psychiatry, 13*(2), 73-82.

Smedje, H., Broman, J. E., Hetta, J. & von Knorring, A.-L. (1999). Psychometric properties of a Swedish version of the "Strengths and Difficulties Questionnaire". European Child & Adolescent Psychiatry, 8, 63–70.

Waaddegaard, M., Thoning, H., & Petersson, B. (2003). Validation of a screening instrument for identifying risk behaviour related to eating disorders. *European Eating Disorders Review, 11*(6), 433-455.

Van Widenfelt, B. M., Goedhart, A. W., Treffers, P. D., & Goodman, R. (2003). Dutch version of the Strengths and Difficulties Questionnaire (SDQ). *European Child & Adolescent Psychiatry, 12*(6), 281-289.

Viborg, N., Wångby-Lundh, M., Lundh, L.-G., & Johnsson, P. (2012). Eating-related problems among 13-15 year old Swedish adolescents: Frequency and stability over a one-year period. *Scandinavian Journal of Psychology, 53*(5), 401-406.

Appendix A.

Table 1.

Median and skewness for responders and non-responders on their general health and vitality, their engagement in different leisure activities, their future prospects, and how meaningful they perceived that participation was at T1 and T2, with significant differences (α ≤ .05) in bold.

Variables, *Mdn* (*skewness*)	Non-responders (*n* = 529)	Responders (*n* = 541)	Statistics
General health and vitality			
T1 Health	3 (-0.75)	3 (-1.00)	U = 115665.5, z = -1.3, p = .19, r = -0.041
T2 Health	3 (-0.98)	3 (-0.97)	U = 120534.5, z = -0.11, p = .91, r = -0.004
T1 Smoking	1 (4.05)	1 (4.13)	U = 121481, z = -0.04, p = .97, r = -0.001
T2 Smoking	1 (2.73)	1 (2.46)	U = 118606, z = -0.69, p = .49, r = -0.022
T1 Drinking alcohol	1 (2.13)	1 (2.17)	U = 119612.5, z = -0.33, p = .74, r = -0.01
T2 Drinking alcohol	2 (0.86)	2 (1.02)	U = 113889, z = -1.67, p = .10, r = -0.053
T1 Sleep well	**4 (-1.16)**	**4 (-1.00)**	**U = 112200.5, z = -2.28, p = .02, r = -0.073**
T2 Sleep well	4 (-0.89)	4 (-0.99)	U = 115010, z = -1.38, p = .17, r = -0.044
T1 Feeling energized	4 (-0.85)	4 (-0.53)	U = 118382, z = -0.77, p = .44, r = -0.024
T2 Feeling energized	4 (-0.75)	4 (-0.64)	U = 120346.5, z = -0.03, p = .98, r = -0.001
Leisure activities			
T1 Exercise	2 (0.37)	2 (0.33)	U = 116371.5, z = -1.05, p = .29, r = -0.034
T2 Exercise	2 (0.41)	2 (0.34)	U = 114897, z = -1.37, p = .17, r = -0.044
T1 Hours spent watching TV on weekdays	3 (0.03)	3 (0.18)	U = 116431, z = -1.12, p = .26, r = -0.036
T2 Hours spent watching TV on weekdays	3 (0.19)	3 (0.3)	U = 118708.5, z = -0.42, p = .67, r = -0.013
T1 Hours spent watching TV on weekends	3 (-0.2)	3 (0.03)	U = 113395.5, z = -1.71, p = .09, r = -0.054
T2 Hours spent watching TV on weekends	3 (-0.18)	3 (-0.04)	U = 119885, z = -0.14, p = .89, r = -0.004
T1 Hours spent playing video games on weekdays	**3 (0.27)**	**2 (0.53)**	**U = 103896, z = -3.92, p < .001, r = -0.125**
T2 Hours spent video games on weekdays	**2 (0.4)**	**2 (0.69)**	**U = 106612, z = -3.07, p < .001, r = -0.098**

T1 Hours spent video games on weekends	**3 (0.13)**	**2 (0.44)**	*U* = **105563**, *z* = **-3.46**, *p* < **.001**, *r* = **-0.11**
T2 Hours spent video games on weekends	2.5 (0.32)	2 (0.51)	*U* = 112584, *z* = -1.72, *p* = .09, *r* = -0.055
Future prospects			
T1 Educational attainment	**2 (0.15)**	**2 (-0.18)**	*U* = **100413**, *z* = **-4.13**, *p* < **.001**, *r* = **-0.133**
T2 Educational attainment	**2 (0.24)**	**2 (-0.14)**	*U* = **100841.5**, *z* = **-4.71**, *p* < **.001**, *r* = **-0.151**
T1 Overall life quality	4 (-1.5)	4 (-1.42)	*U* = 119966.5, *z* = -0.16, *p* = .87, *r* = -0.005
T2 Overall life quality	5 (-1.62)	4 (-1.57)	*U* = 114950, *z* = -1.26, *p* = .21, *r* = -0.04
T1 Ability to influence own future	5 (-1.46)	5 (-1.79)	*U* = 113880, *z* = -1.47, *p* = .14, *r* = -0.047
T2 Ability to influence own future	5 (-1.97)	5 (-2.22)	*U* = 113382.5, *z* = -1.71, *p* = .09, *r* = -0.055
T1 Was it meaningful for you to participate	3 (-0.81)	3 (-0.78)	*U* = 250089, *z* = -0.08, *p* = .94, *r* = -0.002
T2 Was it meaningful for you to participate	3 (-0.39)	3 (-0.47)	*U* = 227111.5, *z* = -1.06, *p* = .29, *r* = -0.034

Appendix B.

Table 1.

Median and skew for responders and non-responders on their frequency of engagement in specific self-harm behaviours at T1 and T2, with significant differences (α = 0.05) in bold.

Variables, *Mdn* (*skewness*)	Non-responders (*n* = 529)	Responders (*n* = 541)	Statistics
T1 Cutting of wrists, arms, or body areas[a]	0 (3.3)	0 (3.02)	$U = 119741$, $z = -0.29$, $p = .77$, $r = -0.009$
T2 Cutting of wrists, arms, or body areas[a]	0 (3.17)	0 (3.16)	$U = 118687.5$, $z = -0.47$, $p = .64$, $r = -0.015$
T1 Superficial cutting, causing bleeding[a]	0 (3.07)	0 (3.1)	$U = 120283.5$, $z = -0.09$, $p = .93$, $r = -0.003$
T2 Superficial cutting, causing bleeding[a]	0 (3.4)	0 (3.04)	$U = 117066.5$, $z = -0.99$, $p = .32$, $r = -0.032$
T1 Burning oneself with cigarette, lighter or match	0 (4.62)	0 (4.76)	$U = 117453.5$, $z = -1.34$, $p = .18$, $r = -0.043$
T2 Burning oneself with cigarette, lighter or match	0 (4.07)	0 (3.86)	$U = 118628$, $z = -0.24$, $p = .81$, $r = -0.008$
T1 Carving words, pictures, etc., into the skin	0 (4.48)	0 (3.39)	$U = 115903.5$, $z = -1.47$, $p = .14$, $r = -0.047$
T2 Carving words, pictures, etc., into the skin	0 (4.25)	0 (3.32)	$U = 115276$, $z = -1.24$, $p = .22$, $r = -0.04$
T1 Severe scratching, causing bleeding	0 (3.56)	0 (3.53)	$U = 116753$, $z = -0.85$, $p = .39$, $r = -0.027$
T2 Severe scratching, causing bleeding	0 (3.7)	0 (3.73)	$U = 116618$, $z = -0.61$, $p = .54$, $r = -0.019$
T1 Biting oneself so that the skin is broken	0 (6.36)	0 (5.19)	$U = 116224$, $z = -1.64$, $p = .1$, $r = -0.053$
T2 Biting oneself so that the skin is broken	0 (5.1)	0 (4.28)	$U = 117241$, $z = -0.8$, $p = .42$, $r = -0.026$
T1 Sticking sharp objects into the skin	0 (4.29)	0 (4.43)	$U = 117008$, $z = -1.05$, $p = .29$, $r = -0.034$
T2 Sticking sharp objects into the skin	0 (4.11)	0 (4.1)	$U = 115845.5$, $z = -1.4$, $p = .16$, $r = -0.045$
T1 Punching oneself or banging one's head	0 (3.05)	0 (2.88)	$U = 119389.5$, $z = -0.13$, $p = .9$, $r = -0.004$
T2 Punching oneself or banging one's head	0 (3.02)	0 (2.73)	$U = 118572.5$, $z = -0.06$, $p = .95$, $r = -0.002$
T1 Preventing wounds from healing	0 (3.83)	0 (3.06)	$U = 119071$, $z = -0.01$, $p = 1$, $r = 0.000$
T2 Preventing wounds from healing	0 (3.15)	0 (2.74)	$U = 115951$, $z = -0.76$, $p = .45$, $r = -0.024$