



ADVERSE CHILDHOOD EXPERIENCE AS A PSYCHOLOGICAL DETERMINANT OF STUDENTS' SELF-HARM IN THE CONTEXT OF WAR IN UKRAINE

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DOI: 10.37096/SHDISJ-24-1.2-0008

Abstract

This article explores adverse childhood experiences as a psychological determinant that can lead to self-harm in the student population. The paper defines the concept of self-destructive behavior and delves into the phenomenon of self-harm among students and adolescents. A review of current empirical studies on the role of various factors such as gender, age, adverse childhood experiences, family environment, psychological condition, major depressive disorder, stress, and coping strategies in the development of self-harm is provided. The empirical section examines the main determinants of self-harm among students and the primary types of self-harm. Research into the psychological determinants of self-harm in students is important for understanding the causes of this dangerous phenomenon and developing effective prevention and treatment strategies. Adolescence and student years are a critical period for the emergence of mental health issues, as during this time adolescents and students undergo psychological crises and situations that negatively affect personality development and lead to mental disorders. These issues are often difficult to resolve in socially acceptable ways. In such cases, adolescents and young people frequently resort to various forms of self-destruction to cope with life's difficulties. In our study, we focus on examining the psychological determinants of self-harm among students. We believe that this research will contribute to a broader understanding of the causes and the phenomenon of self-harm in young people, which will have significant theoretical value and contribute to the further development of this topic, as well as practical value for psychologists and psychotherapists. The findings emphasize the importance of early identification of individuals at risk for self-harm and the need for creating a safe environment in educational institutions. The conclusions of this study may be helpful to psychologists, educators, and other professionals working with students and addressing youth mental health.

Keywords: autodestructive behaviour, self-harm, students, stress, war.

Relevance

Introduction. Adolescence and student years are a crucial period for the development of mental health issues. During this time, adolescents and students undergo psychological crises and situations that negatively affect personality development and lead to mental disorders, which they cannot resolve in socially acceptable ways. In such cases, adolescents and young people often resort to various forms of self-harm in an attempt to cope with

life's challenges. According to the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the term self-harm or "non-suicidal self-injury" (NSSI) is defined as "intentional, direct self-damage without suicidal intent and with a purpose that is not socially sanctioned" (American Psychiatric Association, 2013). It is sometimes also referred to as self-injurious behavior, non-suicidal self-directed violence, self-injury, or deliberate self-harm (although some of these terms, such as self-injury, do not distinguish between non-suicidal and suicidal intentions) (International Society for the Study of Self-injury, 2007). This is a physical form of self-aggressive behavior where a person intentionally harms themselves without the goal of suicide. Joseph Klonsky, a professor of psychology at Stanford University, has dedicated a significant amount of time to researching the issue of self-harm and developed models for the mechanisms of NSSI. According to his research, NSSI mechanisms may include emotional regulation, reduction of internal tension, increased control over life, and a heightened sense of reality (Klonsky, E. D., 2007). He also studied various types of self-harm and factors that may influence the risk of NSSI, including age and gender differences. Klonsky developed a theoretical model of the risk of self-harm that includes psychological, social, and biological factors influencing the risk of NSSI and other forms of self-destructive behavior. Kimberly Gratz and her team studied the relationship between mental health symptoms and NSSI. Gratz examined the effectiveness of emotion regulation therapy in reducing self-harm incidents. The research showed that participants who received emotion regulation therapy had significantly fewer self-harm incidents (Swanson, S. A., 2011). Furthermore, Gratz concluded that NSSI is prevalent among individuals with mental disorders, especially among those who experience anxiety and depression symptoms. Adolescence and student years are critical for the emergence of mental health problems, often resulting from psychological crises and stressful situations. These problems can negatively affect personality development and lead to mental disorders, where individuals cannot resolve personal life issues in socially acceptable ways. As a result, adolescents and young people frequently attempt to cope with difficulties by engaging in various forms of self-destruction. This trend has become particularly evident during times of war. Self-destructive behavior is a dangerous and widespread phenomenon in our society and poses a significant threat to personal development. Statistical data from the international research project "European School Survey Project on Alcohol and Other Drugs" (ESPAD), in which Ukraine has participated since 1995, confirm this. The latest survey in 2019 revealed that 19.6% to 23% of boys and 16.5% of girls aged 14-17 reported smoking, and 18% of respondents admitted to having used some form of illicit drug at least once in their lives (17.9% of boys and 18.1% of girls). Furthermore, 8.7% had used marijuana in their lifetime (10.7% of boys and 6.8% of girls) (Balkirieva O.M., 2019). In the context of war in Ukraine, these figures are likely to be even higher due to the stress experienced. Adverse childhood experiences (ACE) were first described in relation to health outcomes in one of the largest studies, the CDC-Kaiser study in 1998 (American Psychiatric Association, 2013). The study revealed that individuals who experienced four or more categories of childhood trauma had a 4 to 12 times higher risk of self-harm, alcoholism,



drug abuse, depression, and suicide attempts compared to those who had no such experiences (O'Neill, S., 2018).

Objective

To analyze the connection between adverse childhood experiences and the increase in self-harm behaviors among students during the ongoing war in Ukraine. The research also aims to determine the role of self-harm as a potential response to stressful events in the context of war. Considering studies and theories indicating adverse childhood experiences as one of the key causes, it is important to confirm and clarify these factors to better understand the determinants of self-harm under stress during the war.

Methodology

The research applied the following methodological tools: the "Adverse Childhood Experiences" questionnaire (short version by D. Felitti), the PSS-10 Subjective Stress Scale, the Inventory of Self-Harm (Self-Harm Inventory), and the Inventory of Statements about Self-Injury (ISAS). The "Adverse Childhood Experiences" questionnaire was used to identify childhood psychological traumas, while the PSS-10 was used to assess the level of stress among students. The Self-Harm Inventory was used to determine types and methods of self-harm, and the ISAS was used for a comprehensive evaluation of non-suicidal self-injury functions. Data collection was conducted anonymously using Google Forms in January 2024. The survey included 110 respondents aged 17 to 26, consisting of 78 women and 32 men, all of whom were university students.

Results

To explore the most common methods of self-harm and the functions it serves in men and women, a random sample of 30 men and 30 women was selected. Using descriptive statistics (specifically, mean values) and frequency tables, it was found that men engaging in self-harm most often use methods such as overdose (8.3%), cutting (15%), burning (11.7%), head-banging (20%), reckless driving (5%), and distancing themselves from faith or spirituality (5%). Women, on the other hand, most frequently engage in scratching (30%), picking at wounds (25%), deliberately worsening their health (15%), intentionally quitting their jobs (6.7%), suicide attempts (6.7%), and intentional starvation (13.3%). Both men and women equally often engage in behaviors such as alcohol abuse (43.3%), hitting themselves (38.3%), engaging in indiscriminate sexual relationships (6.7%), expecting their partner to leave them (38.3%), medication abuse (11.7%), abusive relationships (21.7%), inflicting bodily harm (28.3%), and ruminating on suicidal thoughts (23.3%). Through descriptive statistics and mean value analysis, it was revealed that the most frequent motive for self-harm in both men and women is to experience "self-punishment" (mean = 1.10). This suggests that participants are driven by the motive of "proving to themselves that their emotional pain is entirely real." Both genders equally often use self-harm to cope with

"suicide resistance" (mean = 0.767). The construct of "interpersonal boundary" (mean = 0.667) reflects statements like "creating a boundary between myself and others" or "setting up a barrier between myself and others." This behavior may be interpreted as deriving a narcissistic satisfaction from one's suffering, contrasting others' seemingly shallow inner lives. However, literature often highlights a painful sense of otherness in such individuals—a burden rather than a source of pride. The construct of "self-care" (mean = 0.567) suggests that individuals who self-harm may have a deep concern for their own well-being. This concern manifests as a desire to find ways to overcome suffering or improve their condition, even if it involves self-inflicted harm. The construct of "revenge" (mean = 0.500) indicates a desire to retaliate for what an individual perceives as unjust or offensive. In the context of self-harm, this may involve the belief that self-harm is a way to "get back" at someone or something. Revenge may be directed at other people, society as a whole, or even oneself, as an attempt to punish oneself for perceived inadequacies or guilt. In the context of exploring functions of self-harm among men, it was found that they are more likely to use self-harm as a means of seeking "independence" (mean = 1.07). This scale includes statements like "I convince myself that I am self-sufficient," "I demonstrate that I do not need to rely on others for help," and "I prove my autonomy/independence." Additionally, the studied men exhibited a pronounced construct of "seeking feelings and experiences" (mean = 0.567), emphasizing statements like "I try to achieve emotional excitement, to feel a thrill," "I entertain myself or others by doing something extreme," and "I push my limits, as happens during parachuting or other extreme activities." The construct of "connection with others" (mean = 0.300) reflects the individual's relationship with others and their feelings of social isolation or alienation. In the context of self-harm, individuals may feel detached from others or unable to form deep connections, leading to loneliness, alienation, or an increased risk of further self-harm as a way to express these emotions. Unlike men, women showed constructs such as "affect regulation" (mean = 1.87), "anti-dissociation" (mean = 1.13), "resilience" (mean = 1.03), "pain marking" (mean = 0.967), and "interpersonal influence" (mean = 0.833). The highest score was for "affect regulation," indicating the ability to manage emotions. In the context of self-harm, this suggests that women who engage in self-harm may struggle with effectively managing their emotions, using self-harm as a coping strategy for emotional regulation. This is supported by high scores in the "pain marking" construct, suggesting that women may use self-harm as a way to express their pain or alleviate emotional discomfort. The "anti-dissociation" construct, which also scored high among women, highlights a tendency to avoid dissociation—the disconnection or separation from thoughts, feelings, or the body. It can be assumed that women seek to maintain a sense of personal unity and avoid the disconnection that may accompany self-harm. The construct of "resilience" likely reflects psychological strength and adaptability to stress and negative life circumstances. Thus, women may use self-harm as a way to overcome difficulties, emerging with greater inner strength and self-confidence. Finally, the construct of "interpersonal influence" describes how interactions with others affect decisions and behaviors related to self-harm, highlighting the diverse ways interpersonal relationships can play a role in this phenomenon. For example, positive



interpersonal interactions, such as support and understanding from close ones, can help women find alternative ways to express their emotional states and resolve problems that might otherwise lead to self-harm. Conversely, negative interpersonal interactions, such as conflicts, rejection, or lack of acceptance, may intensify emotional tension and increase stress, which can heighten the tendency toward self-harm in women. During the study, it was found that 96 respondents (87.3% of the sample) had engaged in at least one form of self-harm. The findings indicated a correlation between self-harm and the "dysfunctional family" indicator, suggesting that individuals with self-harm experiences are more likely to display certain signs of dysfunctional family dynamics. Among the 110 participants, only 19 were raised in destructive families. Therefore, it cannot be conclusively stated that being raised in a destructive family environment guarantees self-harming behavior. However, it can be asserted that the greater the level of familial destructiveness experienced during childhood, the higher the frequency of self-harming behaviors observed in student years. Additionally, a high correlation between self-harm and a "destructive environment" (0.405, $p=0.001$) confirms that students who engage in self-harm are more likely to exist in environments that foster destructive habits, such as drug or alcohol use, aggressive behavior, and other negative practices. The "emotional neglect" indicator also correlates with self-harm (0.269, $p=0.038$), reflecting that students who grew up in emotionally neglectful environments—characterized by a lack of support, persistent conflicts, and other factors causing psychological discomfort and stress in childhood—may resort to self-harm as adults. Regression analysis results indicate a moderate positive relationship between the level of self-harm and the dysfunctionality of the family environment. This means that the higher the dysfunctionality of the family, the higher the self-harm levels among students. The study also found that participants who engage in self-harm exhibit higher stress levels, as indicated by the average values. Moreover, the overall destructiveness of the family environment is also higher, suggesting a link between adverse childhood experiences and stress, which may ultimately lead to self-harming behavior in students.

Discussion

This study explored the relationship between self-harm, adverse childhood experiences, and stress. Our findings revealed that while most respondents had engaged in at least one type of self-harm, only a minority were raised in destructive families. Using randomized sampling, we established that students who engage in self-harm exhibit higher stress levels and greater overall family dysfunction. Correlational analysis demonstrated strong associations between self-harm and indicators such as "dysfunctional family," destructive environment, and emotional neglect. This suggests that individuals with a history of self-harm are more likely to show signs of dysfunctional family dynamics. However, it is important to emphasize that being raised in a destructive family does not necessarily lead to self-harm. Yet, higher levels of family dysfunction in childhood are associated with increased self-harm during college years, as confirmed by regression

analysis. These results align with findings from a study that examined the role of adverse childhood experiences as determinants of non-suicidal self-harm among children and adolescents admitted to psychiatric facilities (Baiden, P., Stewart, S. L., & Fallon, B., 2017). That research showed that children who experienced physical abuse had a 49% higher likelihood of non-suicidal self-harm, and those subjected to sexual abuse had a 60% higher likelihood compared to peers without such experiences. Our results also align with research conducted in Glasgow, UK, exploring adverse childhood experiences and self-harm among psychiatric inpatients. A univariate analysis revealed that patients with recurrent self-harm reported higher levels of depressive and anxiety symptoms, suicidal intent, adverse childhood experiences, and lower levels of secure attachment (Cleare, S., 2018). In addition, this study examined the most common self-harm methods among students and their underlying functions. We identified a wide variety of self-harm behaviors among both men and women. Regarding functions, both genders frequently used self-harm as a means of self-punishment, suicide resistance, and establishing interpersonal boundaries. Differences were noted in constructs unique to women, such as affect regulation, anti-dissociation, and resilience, suggesting more complex emotional and psychological functioning in the context of self-harm.

Conclusions

This study provided a theoretical overview of the phenomenon of self-destructive behavior, focusing specifically on self-harm. Additionally, an empirical study was conducted to identify the main psychological determinants of self-harm among students and adolescents. Adolescence and the student period are critical phases for the development of mental health issues, which often arise due to psychological crises and stressful situations. These issues can negatively affect personality development and lead to mental disorders that individuals may find difficult to resolve in socially acceptable ways. As a result, adolescents and young people often resort to various forms of self-destruction to cope with their difficulties. NSSI (Non-Suicidal Self-Injury) affects 15–28% of young people (Boullier, M., & Blair, M., 2018) and typically begins between the ages of 12 and 14 (Whitlock J., Knox K.L., 2007). Self-aggressive behavior is a type of behavior in which an individual deliberately and intentionally causes harm to themselves. It is often a sign of emotional and psychological tension, which may arise from stress, anxiety, depression, or other mental states. Self-aggression may also be caused by low self-esteem, dissatisfaction with oneself, or other factors. Self-harm, as a physical manifestation of self-aggressive behavior, involves inflicting harm on one's body without the intention to commit suicide. It may manifest in forms such as cuts, head banging, burns, and other methods. Through empirical research, we explored the determinants of self-harm among students and examined its relationship with adverse childhood experiences and stress. Based on our findings, we established that the majority of respondents had engaged in at least one form of self-harm; however, only a few were raised in dysfunctional families. The key determinants of self-harm in student-age individuals were identified as destructive environments, dysfunctional families, and emotional neglect in childhood. These findings suggest that adverse childhood experiences,



especially within the context of family dynamics, can play a significant role in the development of self-harming behaviors later in life. Moreover, it was found that students who engage in self-harm exhibit higher stress levels and a greater degree of family dysfunction. This provides grounds to hypothesize a relationship between adverse childhood experiences and stress, which may eventually lead to self-harm.

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NEGATIVE CHILDHOOD EXPERIENCES AS A PSYCHOLOGICAL DETERMINANT OF SELF-HARM AMONG STUDENTS IN THE CONTEXT OF THE WAR IN UKRAINE

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Abstract

Актуальність. У даній статті досліджено негативний дитячий досвід як психологічну детермінанту, яка може спричинити селфхарм у студентській популяції.

Методологія. У роботі описано поняття аутодеструктивної поведінки, роль різних чинників (стать, вік, негативний дитячий досвід, сімейне середовище, психологічний стан, великий депресивний розлад, стрес та копінг-стратегії) в розвитку селфхарму. Для виявлення дитячих психологічних травм використано опитувальник «Негативний дитячий досвід», коротка версія Д. Фелітті; для визначення рівня стресу у студентів - Опитувальник рівня суб'єктивного стресу PSS-10; Анкета Способи самоушкодження (Self-Harm Inventory) - для визначення видів та способів самоушкодження; для всебічної оцінки функцій несуйцидального самоушкодження - опитувальник Опис суджень про самоушкодження (ISAS).

Вибірка. В опитуванні узяло участь 110 респондентів віком від 17 до 26 років. З них 78 жінок та 32 чоловіка. Всі респонденти є студентами вищих навчальних закладів. Збір даних проводився анонімно за допомогою Google Forms у січні 2024 р.

Результати. На основі результаті дослідження встановлено, що хоча б до одного виду селфхарму вдавалося більшості респондентів, проте лише деякі з них виховувалися в деструктивних сім'ях. Виявлено також, що аутоагресія студентів може бути спричинена низькою самооцінкою, незадоволеністю собою та іншими причинами. В межах емпіричного дослідження виявлено, що основними детермінантами селфхарму в студентському віці є деструктивне оточення, дисфункціональна сім'я та емоційна занедбаність в дитинстві. Ці результати дозволяють припустити, що негативний дитячий досвід, особливо в контексті сімейного середовища, може мати важливе значення для розвитку самопошкоджувальної поведінки у подальшому. Окрім цього, встановлено, що у студентів, які вдаються до селфхарму, рівень стресу є вищим, також вищим є загальний рівень деструктивності сім'ї. Це дає підставу припускати, що існує взаємозв'язок між негативним дитячим досвідом та стресом, який може в подальшому призвести до самошкодження.

Ключові слова: аутодеструктивна поведінка, селфхарм, студенти, стрес, війна.

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Competing interests: Any competing interests have been declared by the author.

Disclaimer: The author declares that his opinions and views expressed in this manuscript are not subject to the influence of any organizations.

ABOUT THIS ARTICLE

Cite this article

Sokolova Valeriia ADVERSE CHILDHOOD EXPERIENCE AS A PSYCHOLOGICAL DETERMINANT OF STUDENTS' SELF-HARM IN THE CONTEXT OF WAR IN UKRAINE 2024 Socialization & Human Development journal 2. DOI: 10.37096/SHDISJ-24-1.2-0004

Submitted November 10, 2024 / Revised December 16, 2024 / Approved December 30, 2024

Published: December 31, 2024

DOI: 10.37096/SHDISJ-24-1.2-0004

Editor in charge – Yaroslav Ryabchych

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