CHARACTERISTICS OF FAMILIES WITH ADOLESCENTS WHO HAVE ENGAGED IN NON-SUICIDAL SELF-INJURY

Jelena Kostić1,3, Olivera Žikić2,3, Miodrag Stanković4,3, Gordana Nikolić2,3, Aleksandra Ignjatović4

1Department of Child and Adolescent Psychiatry, Center for Mental Health Protection, Clinical Center Niš, Serbia
2Department of Diagnosis and Treatment, Center for Mental Health Protection, Clinical Center Niš, Serbia
3University of Niš, Faculty of Medicine, Department of Psychiatry, Niš, Serbia
4Department of Medical Statistics and Informatics, Faculty of Medicine, University of Niš, Serbia

Contact: Jelena Kostić
Blvd. dr Zoran Djindjić 48, 18000 Niš, Serbia
E-mail: jelenakostic73@gmail.com

Non-suicidal self-injury (NSSI) in adolescents is a complex phenomenon determined by numerous individual, family and sociocultural factors. The aim of the study was to determine whether families with adolescents who have engaged in NSSI differ in functionality from families with no NSSI adolescents. The study involved 99 adolescents, of both sexes, aged 14–18, divided into two groups: the clinical and the control one. The clinical group included adolescents who had engaged at least once in deliberate self-injury, confirmed by an objective physical examination and anamnestic interview with the respondents. The control group consisted of adolescents with no history of NSSI or another psychiatric disorder. A questionnaire designed for the purpose of this study and FACES III (Family Adaptability and Cohesion Evaluation Scale) were used. Disengaged and separated families (51% and 24.5%, respectively) were dominant in the clinical group, while the dominant ones in the control group were separated (53.1%) and connected families (26.5%). The clinical group was dominated by rigid (51.0%) and chaotic (22.4%) families, while in the control group they were flexible (42.9%) and structured (36.7%). The results showed a markedly significant difference in the categories of cohesiveness and adaptability between the examined groups. The clinical group had predominantly disengaged/rigid families (36.7%), while the presence of all other levels was less than 10.0%. The control group was dominated by flexible/separated (30.0%) and structured/separated families (20.0%). The study revealed that families with adolescents who had engaged in NSSI differed from the ones with no NSSI adolescents in terms of functionality on FACES III. These results confirmed the previously obtained results on the connection between family dysfunctionality and engaging in NSSI behavior in adolescents and can have clinical implications in working with the vulnerable group of adolescents and their families.


Key words: non-suicidal self-injury, family functionality, FACES III