



117 Self-Mutilative Behaviors in a Forensic Population of Children and Adolescents: Clinical Features and Relationship With Depression

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The goal of this presentation is to show how socio-demographic factors (i.e., age, number of children in the family, parental divorce, history of sexual abuse, substance abuse, suicidal attempt, and number of attempted crimes) are potential risk factors for self-mutilative behavior.

This presentation will impact the forensic science community by suggesting how adolescents who have self-mutilative behaviors have wide-ranging problems in their lives. These results also suggest that symptoms of major depressive disorder significantly heighten the risk of self-mutilative behaviors in a forensic child and adolescent population.

Introduction: Self-Mutilation (SM) is defined as deliberate self-injury to body tissue without suicidal intent. SM typically starts in adolescence. Population-based studies suggest that, even with minor SM behavior, an elaborated screening for psychiatric disorders is recommended. Despite the increasing recognition of SM, its prognostic factors and association with depression are not well-understood.

Although various risk factors have been identified for SM behavior, there are very few studies in the literature researching SM behavior in forensic children and adolescents.

Objective: The purpose of this study was to investigate the risk factors for SM behavior and to present data on a possible relationship between SM behavior and depression levels in children and adolescents who were brought for forensic examination.

Methods: This study was approved for 295 consecutive children and adolescents who were brought for judicial examination. The socio-demographic factors of alcohol and substance abuse, history of sexual abuse and suicide attempts, and self-injurious behaviors were assessed by a semi-structured questionnaire. Depression levels were assessed with the Beck Depression Inventory.

Results: The mean age of the subjects was 14.27 ± 1.05 years (age range 10-18 years); 90.5% were between 13 and 15 years of age; 75.6% were male and 24.4% were female; 81.4% had graduated from either junior or senior high school and 21% of these had held a part-time job while attending school; 47.5% were of low socioeconomic status; and 81.4% were members of families with at least three children.

According to the statements of the subjects, 3.7% were victims of sexual abuse, 67.5% had no substance abuse, 22% smoked cigarettes, 2% used alcohol and cigarettes, and 8.5% abused at least one substance other than alcohol and cigarettes (for example: marijuana, cocaine, LSD, heroin, and toluene).

Of these subjects, 22.7% had scars from SM behavior. The prevalence of SM behavior was 20.2% for the boys and 30.6% for the girls. This study found statistically significant differences when comparing the subjects with SM against the subjects without SM in terms of: number of children in their families; whether or not their parents were divorced; whether or not they had a part-time job; a history of sexual abuse; a history of substance abuse; a history of suicide attempts; and the number of involvements in crimes. Respectively, these were: $p=0.02$, $p=0.01$, $p=0.02$, $p=0.01$, $p<0.001$, $p<0.001$, and $p<0.001$, respectively.

In terms of depression, 41.8% of subjects with SM scored ≥ 17 on the Beck Depression Inventory, whereas the score was ≥ 17 in 18.9% of the subjects without SM. There was a statistically significant difference between these two groups in terms of Beck Depression Inventory ($p<0.001$).

Conclusions: This study attempts to identify specific risk factors for SM behavior. Data was analyzed using logistic regression analysis. Statistically significant differences were found in terms of age, number of children in the family, parental divorce, history of sexual abuse, history of substance abuse, history of suicide attempt, and number of attempted crimes.

Taken together, the results of this study suggest that adolescents with SM behaviors have wide-ranging problems in their lives. These results also suggest that symptoms of major depressive disorder significantly heighten the risk of SM behaviors in a forensic child and adolescent population. The specific characteristics of these behaviors need further investigation.

Depression, Self-Mutilation, Children and Adolescents