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Maltreatment as a Child and Non-suicidal Self-injury

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Introduction

Non-suicidal self-injury is a serious public health concern, with lifetime prevalence rates ranging from roughly 5% in adults and 17% in adolescents in the general population to almost 30% in teenagers with a mental illness. Self-injury that is not suicidal has been established as one of the most powerful indicators of future suicide attempts. Better preventative efforts are critical; yet, the processes that raise the risk of non-suicidal self-injury are largely unclear. The authors observed that all five subtypes of childhood maltreatment—sexual abuse, physical abuse, physical neglect, emotional abuse, and emotional neglect—were positively linked with non-suicidal self-injury, with the strongest effects in community samples compared to clinical samples [1]. Although the analysis for emotional neglect comprised the fewest studies, the link was strongest for emotional abuse (odds ratio 303, 95 percent CI 256-354) and least for emotional neglect. Overall, childhood maltreatment was linked to the severity of non-suicidal self-injury, and adolescent samples were more strongly linked to non-suicidal self-injury than adult samples.

Meta-analysis

These findings add to recent findings from a meta-analysis that found a small link between childhood sexual abuse and non-suicidal self-injury. The meta-analysis by Liu and colleagues emphasises some major limitations in research on the link between childhood maltreatment and non-suicidal self-injury, such as the lack of studies focusing on the peak period of onset of non-suicidal self-injury, which is early adolescence [2].

The majority of the studies included in the meta-analysis did not specify whether or not participants who engaged in non-suicidal self-injury also engaged in suicidal behaviour (e.g., a history of suicide attempts). As a result, it's unclear whether childhood maltreatment causes non-suicidal self-injury directly or indirectly through suicidal behaviours that are frequently related with non-suicidal self-injury.

The necessity of personalising services to take into consideration the unique needs of persons who were maltreated as children, as well as the expanding understanding of the depth of the impact of childhood maltreatment on a range of mental and physical health and other behavioural outcomes. The findings have important implications for the management of non-suicidal self-injury in both clinical and community settings. The authors stress the importance of screening for maltreatment history, particularly in community settings, in order to estimate non-suicidal self-injury risk. Although there was some preliminary evidence for the role of negative cognitive tendencies and negative urgency in mediating the link between non-suicidal self-injury and childhood maltreatment, the study also highlighted the scarcity of studies that look into potential mediating and moderating factors; only 15 of the 71 meta-analysed studies looked into potential mediators or moderators [3-5].

To inform the development of risk algorithms to predict non-suicidal self-injury in community settings, future longitudinal studies modelling the complex interplay between childhood maltreatment and other mediating and moderating risk factors are needed. For abuse of children have larger ramifications and consequences in the treatment of non-suicidal self-injury. Treatment planning for all mental health disorders and behavioural health problems requires an understanding of an individual's context, including the presence of a history of abuse and its impact on mental health symptoms and interpersonal functioning.

Conclusion

Disclosure of past childhood maltreatment to a health professional can be a distressing experience owing to factors such as shame and guilt regarding the maltreatment, fear of the reaction of the assessor, and triggering of post-traumatic intrusions. Because non-suicidal self-injury might function to distract from distress in some people, disclosures of distressing maltreatment have the potential to raise the risk of non-suicidal self-injury afterwards. Trauma-informed care is a system model that integrates knowledge of trauma, including childhood maltreatment, and its effects into organisational policies, procedures and practices in order to reduce re-traumatisation in vulnerable service users.7 Assessment of childhood maltreatment for non-suicidal self-injury treatment planning should be done in accordance with principals of trauma-informed care.

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Conflict of Interest

There are no conflicts of interest by author.

References

1. Glassman, Lisa H., Mariann R. Weierich, Jill M. Hooley and Tara L. Deliberto, et al. "Child maltreatment, non-suicidal self-injury, and the mediating role of self-criticism." *Behav Res Ther* 45 (2007): 2483-2490.
2. Maniglio, Roberto. "The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury." *Acta Psychiatrica Scandinavica* 124 (2011): 30-41.
3. Liu, Richard T., Katie M. Scopelliti, Sarah K. Pittman and Alejandra S. Zamora. "Childhood maltreatment and non-suicidal self-injury: a systematic review and meta-analysis." *Lancet Psych* 5 (2018): 51-64.
4. Titelius, Elise N., Emily Cook, Jayson Spas and Lindsay Orchowski, et al. "Emotion dysregulation mediates the relationship between child maltreatment and non-suicidal self-injury." *J Aggress Maltreat Trauma* 27 (2018): 323-331.
5. Martin, Jodi, Jean-François Bureau, Kim Yurkowski, Tania Renaud Fournier, Marie-France Lafontaine, and Paula Cloutier. "Family-based risk factors for non-suicidal self-injury: Considering influences of maltreatment, adverse family-life experiences, and parent–child relational risk." *J Adoles* 49 (2016): 170-180.

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