



Cornell Research Program on Self-Injury and Recovery

BY MARGARET FLEMING AND LAUREN ARONSON

Who is this for?

Individuals looking to learn more about child maltreatment and its relationship to NSSI

Professionals working with individuals who self-injure

Individuals who self-injure

What is included?

Definition of maltreatment: what it is, prevalence, different types of child maltreatment

Information on the link between maltreatment and NSSI

The impact of maltreatment, breaking the cycle of maltreatment, protective factors against the effects

The relationship between self injury and child maltreatment

What is child maltreatment?

Child Maltreatment is defined by the Administration for Children Youth and Families as an act or failure to act by a parent, caregiver, or other person defined by state law that results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or presents imminent risk or harm to a child (Administration for Children Youth and Families).

Researchers and child protective service workers recognize four broad types of child maltreatment:

- **Physical Abuse:** Causing injury or harm to a child by hitting with a hand or other object or by kicking, shaking, throwing, burning, stabbing, or choking. (APSAC, 2002)
- **Sexual Abuse:** Any sexual act accomplished by force or threat of force, including sexual penetration or touching, or noncontact sexual acts such as exposure or voyeurism, where consent is not given. (APSAC, 2002)
- **Neglect:** Failure to protect from harm or danger and provide for the child's basic physical needs, including adequate shelter, food, or clothing. (APSAC, 2002)
- **Emotional/Psychological Abuse:** A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or of value only in meeting another's needs. (APSAC, 1995)

How common is child maltreatment?

According to the Administration for Children Youth and Families, each year there are hundreds of thousands substantiated investigations of child abuse/neglect, however, this only scratches the surface, as a large number of cases go unreported and are therefore not included in this approximation. It has been estimated that 80% of perpetrators of child maltreatment are parents.

Prevalence of different types:

- **Neglect** – more than 75% of children who experienced child maltreatment experience neglect
- **Physical Abuse** – 18%
- **Sexual Abuse** – 9%
- **Emotional/Psychological Abuse** – 8.7%

Are there gender, age, or racial/ethnic differences in who is more likely to experience maltreatment?

Gender: The occurrence of child maltreatment is slightly greater for girls than boys. Data suggests that approximately 50.9% of child victims are girls and 48.7% are boys.

Age: The highest rates of child maltreatment occur in the age group of birth to 1 year.

Race/Ethnicity: An estimated 87% of child maltreatment victims are one of three races or ethnicities: White (44%), Hispanic (21.8%), and African American (21%).

What is the link between child maltreatment and self-injury?

Up to 79% of individuals who self injure report physical and/or sexual abuse during his or her

childhood. Effects are seen for both suicidal and non-suicidal self-injury, the specifics of this relationship are inconsistent within the current scientific research.

Why is there a link between self-injury and childhood maltreatment?

There are several ways that researchers believe that maltreatment in childhood may lead to self-harming behaviors. One framework involves three different pathways that overlap and interact. These pathways are: regulatory, representational, and reactive. During child maltreatment, these pathways are not correctly developed and cause problems with adapting normally to life. Self-injury is viewed as a way to compensate for abnormalities in each pathway. (Lang, C. M., & Sharma-Patel, K, 2011).

The pathways are:

- **Regulatory:** Disturbance created by trauma in cognitive and affective processing, thinking and feelings, and expressing emotional states. Individuals who self-injure may feel a desire to make up for an irregular regulatory pathway, thereby regulating their emotions through self-injury.
- **Representational:** Self-injury could be caused by disturbances in child-caregiver attachment that has impaired working models of the self and others. Self-injury therefore could result from learning ineffective emotion management, trying to reduce tension, or trying to gain sympathy.
- **Reactive:** Neurobiological response to trauma is altered (excitatory and inhibitory processes). Children who have experienced maltreatment could have very high stress responses. This dysregulation is thus linked to NSSI.

While some people who experience child maltreatment go on to self-injure, not all individuals who self injure have a history of maltreatment as a child.

Somebody I know self-injures. Does that mean that they experienced childhood maltreatment?

While some people who experience child maltreatment go on to self-injure, not all individuals who self injure have a history of maltreatment as a child. If you are interested in learning more about an individual's experience with self-injury, we encourage you to initiate a discussion without judgment or assumptions; refer to our guides on respectful discussion of self-injury. If there is a confirmed case of childhood maltreatment, a good resource is Child Protective Services.

Of the four types of childhood maltreatment, which one causes the highest risk for self-injury?

There is not yet consensus among researchers about which type of child maltreatment is the strongest predictor of self-injury; though the varying types do relate to NSSI behavior in different ways. Neglect is most associated with severity of self-injury. Although sexual abuse is not apparently associated with NSSI behavior, individuals with a history of sexual abuse may present similar risk factors to those who self-injure (Klonsky, E.D., & Moyer, A. 2008). Gender is also a factor: in males, physical abuse is the greatest predictor of self-harm, while in females physical abuse and neglect are the strongest predictors.

in males, physical abuse is the greatest predictor of self-harm, while in females physical abuse and neglect are the strongest predictors.

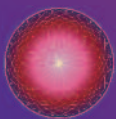
Does the severity of childhood maltreatment affect the presence, frequency, or form of self-injury?

- **Presence:** Some evidence suggests that severity of maltreatment does not increase the likelihood that someone will self-injure.
- **Frequency:** Child abuse is related to intermittent injury (1-2 events).
- **Form:** Another study suggests that maltreatment histories do not cause differences in the types of self-injury.

What is the impact of child maltreatment later in life?

There are long term negative effects of all types of child maltreatment on adolescent and adult physical and mental health. The negative effects can be psychological, for example, depression, PTSD, anxiety, and an increased response to stress, such as self-injury. Individuals who have experienced various forms of maltreatment can also have difficulty forming close relationships with peers or at work, and they may be more likely to abuse drugs and alcohol to cope with feelings of isolation or low self-esteem.

Individuals who have experienced various forms of maltreatment can also have difficulty forming close relationships with peers or at work, and they may be more likely to abuse drugs and alcohol to cope with feelings of isolation or low self-esteem.



If someone experiences childhood maltreatment, are there any protective factors that can help them stay resilient against the negative effects?

Among maltreated children, those who believe they can control the events affecting them have reported fewer mental troubles. The presence of an empathetic caregiver can help the child understand their experiences. There is also evidence that shows that a supportive family environment and social network buffer children from potential consequences of maltreatment. In addition, dissociation is a significant mediator between child sexual abuse and self-injurious behavior.

How can we break the cycle of childhood maltreatment?

An individual with a history of child maltreatment is 4 times more likely to maltreat their offspring. Safe, stable, and nurturing relationships can significantly reduce the transmission of maltreatment across generations. Programs that have the greatest likelihood of breaking the cycle of child maltreatment are those that begin before child-rearing and those that enhance relationship skills.

An individual with a history of child maltreatment is 4 times more likely to maltreat their offspring.

Summary

Close to 700,000 cases of child maltreatment are reported in the United States per year. The four types of child maltreatment are neglect (most often), physical abuse, emotional abuse, and sexual abuse. The reason why self-injury occurs after child maltreatment is because of irregularly formed regulatory, representational, and reactive pathways in the brain. We can prevent this cycle from happening by reducing the likelihood of child maltreatment or increasing protective factors against self-injury in children who have experienced maltreatment.

We can prevent this cycle from happening by reducing the likelihood of child maltreatment or increasing protective factors against self-injury in children who have experienced maltreatment.



FYI

<http://www.naccchildlaw.org/?page=childmaltreatment>

<http://www.cdc.gov/violenceprevention/childmaltreatment/>

<https://www.childwelfare.gov/pubs/usermanuals/foundation/foundationf.cfm>

<http://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>

<https://www.childwelfare.gov/pubPDFs/canstats.pdf#page=1&view=How%20many%20allegations%20of%20maltreatment%20were%20reported%20and%20investigated?>

<http://www.acf.hhs.gov/sites/default/files/cb/cm2013.pdf>

Resources:

Administration for Children Youth and Families. "Child maltreatment, 2011 report". US Department of Health and Human Services. Administration for Children and Families (2012).

APSAC. (1995). *Psychosocial evaluation of suspected psychological maltreatment in children and adolescents*. Practice Guidelines. American Professional Society on the Abuse of Children.

American Professional Society on the Abuse of Children. (2002). *The APSAC handbook on child maltreatment*. John EB Myers (Ed.). Sage.

Bolger, K. E., & Patterson, C. J. (2001). Pathways from child maltreatment to internalizing problems: Perceptions of control as mediators and moderators. *Development and Psychopathology*, 13, 913-940.

Di Pierro, R., Sarno, I., Perego, S., Gallucci, M., & Madeddu, F. (2012). Adolescent nonsuicidal self-injury: the effects of personality traits, family relationships and maltreatment on the presence and severity of behaviours. *European child & adolescent psychiatry*, 21(9), 511-520.

Gratz, K. L., & Chapman, A. L. (2007). The role of emotional responding and childhood maltreatment in the development and maintenance of deliberate self-harm among male undergraduates. *Psychology of Men & Masculinity*, 8, 1.

Klonsky, E. D., & Moyer, A. (2008). Childhood sexual abuse and non-suicidal self-injury: meta-analysis. *The British Journal of Psychiatry*, 192(3), 166-170.

Lang, C. M., & Sharma-Patel, K. (2011). The relation between childhood maltreatment and self-injury: a review of the literature on conceptualization and intervention. *Trauma, Violence, & Abuse*, 12, 23-37.

Maniglio, R. (2011). The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. *Acta Psychiatrica Scandinavica*, 124(1), 30-41.

Muehlenkamp, J. J., Kerr, P. L., Bradley, A. R., & Larsen, M. A. (2010). Abuse subtypes and nonsuicidal self-injury: Preliminary evidence of complex emotion regulation patterns. *The Journal of nervous and mental disease*, 198, 258-263.

Sachsse, U., Von Der Heyde, S., & Huether, G. (2002). Stress regulation and self-mutilation. *American Journal of Psychiatry*, 159(4), 672-672.

Weierich, M. R., & Nock, M. K. (2008). Posttraumatic stress symptoms mediate the relation between childhood sexual abuse and nonsuicidal self-injury. *Journal of consulting and clinical psychology*, 76, 39.

Yates, T. (2009). Developmental Pathways From Child Maltreatment to Nonsuicidal Self-Injury. In *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp.117-137). Washington, DC: American Psychological Association.

Yates, T. M., Carlson, E. A., & Egeland, B. (2008). A prospective study of child maltreatment and self-injurious behavior in a community sample. *Development and psychopathology*, 20, 651-671.

Suggested Citation:

Flemming, M., & Aronson, L. (2016). *Child maltreatment and non-suicidal self-injury*. Information Brief Series, Cornell Research Program on Self-Injury and Recovery. Cornell University, Ithaca, NY.

FOR MORE INFORMATION, SEE: www.selfinjury.bctr.cornell.edu

