

Doctors urged to routinely screen for self-injury

June 9 2010, By Ted Boscia

(PhysOrg.com) -- Young adults self mutilate to cope with emotional pain, independent of other mental illness, finds Janis Whitlock, who urges doctors and nurses to routinely screen for evidence of such behaviors.

Teens and [young adults](#) who self injure -- such as by biting, cutting, burning, head banging, punching and scratching themselves -- often do so as a coping mechanism, independent of other mental illness, according to a Cornell study.

Understanding so-called non-suicidal self-injury (NSSI), its risk factors and warning signs would make it easier for physicians to recognize and treat, asserts Janis Whitlock, director of the Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults, in a research review published in [PLoS Medicine](#) May 25. As many as 20 percent of college students and 25 percent of teens have intentionally harmed their bodies at some point in their lives, research shows.

"Medical providers are uniquely positioned to detect its presence, to assess its lethality and to assist patients in caring for wounds and in seeking [psychological treatment](#)," Whitlock writes in the paper, "Self-Injurious Behavior in Adolescents." "NSSI assessment should be standard practice in medical settings."

NSSI, often referred to as cutting or self-mutilation, is defined as deliberately damaging one's body without suicidal intent and apart from

such socially accepted behaviors as tattooing or piercing. Youth may use self-injury to reduce psychological pain, to trigger an adrenaline rush or to get attention from their peers, the paper reports.

According to Whitlock, signs of self-injury might appear during routine medical exams, when a doctor could see wounds or scars that are normally covered by clothing. She describes five steps for medical professionals to diagnose the severity of the behavior and to evaluate patients for more serious health concerns, such as [psychological distress](#) or suicidal tendencies.

"It is important to translate this research into practice so that clinicians better understand the nature of self-injury and the most effective treatment and prevention strategies since it is a common practice among adolescents," said Whitlock, research scientist in the Family Life Development Center and lecturer in the Department of Human Development in the College of Human Ecology.

While NSSI is not typically associated with suicide, Whitlock found research that suggests that inflicting increasingly severe harm to one's body over a period of time could embolden some to try suicide. However, in surveys of young people who self injure, "a majority of respondents say that suicide is not an option."

Though the research is limited, Whitlock also outlines the therapies, such as specific forms of cognitive behavioral therapy, that show the most promise at treating NSSI, as well as the risk factors, typically childhood abuse, that precede such behaviors.

"Self-injury is largely a hidden, quiet phenomenon in need of much greater study," Whitlock said. "For some young people, it has become a coping mechanism, a way to divert negative [emotional pain](#), much like drug or alcohol abuse. With self-injury, people are literally and

figuratively cutting through their layers of protection to relieve their distress."

Provided by Cornell University

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