

U.S. hospitals seeing more kids with self-inflicted injuries

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Cutting is the most common problem, followed by firearm injuries.

(HealthDay)—A growing number of U.S. kids are landing in the ER because of self-inflicted injuries, a new study finds.

Between 2009 and 2012, self-injuries accounted for a rising percentage of children's emergency room trips—increasing from 1.1 percent to 1.6 percent of all visits.

Most of the time, researchers found, the injuries were not life-threatening, and included acts such as cutting, piercing and burning.

But, while the total numbers remained relatively low, experts said the increase in self-injuries is concerning.

"I do think this is worrisome," said Aleta Angelosante, a child psychologist at NYU Langone Medical Center, in New York City.

In part, that's because ER visits account only for [kids](#) who are injured seriously enough to need quick medical attention, according to Angelosante, who was not involved in the study.

Gretchen Cutler, the study's lead researcher from Children's Hospitals and Clinics of Minnesota, in Minneapolis, agreed.

Because acts like cutting or burning can be easily hidden, ER records would capture only a small percentage of all kids who harm themselves, Cutler said.

Plus, she said, kids who [self-harm](#) are at higher-than-average risk of eventually attempting suicide.

The study, published online June 15 and in the July print issue of *Pediatrics*, pulled information from a national database on trauma patients. It included almost 287,000 10- to 18-year-olds who were treated in an ER between 2009 and 2012.

Overall, 1.3 percent of those kids—nearly 3,700—were diagnosed with a self-inflicted [injury](#). The most common cause was cutting, followed by firearm injuries. Burns, intentional falls, suffocation and poisoning were among the other ways kids hurt themselves.

Just over 4 percent died from their injuries—making kids who self-harm 13 times more likely to die in the ER than kids treated for other reasons.

There was, however, one bright spot in the findings, Cutler said: Firearm injuries actually declined over time, from 27 percent of all self-inflicted injuries, to 22 percent.

"It is good to see that decrease," Angelosante agreed, "especially given the higher fatality rate with [firearm injuries](#)."

Cutler said it's not clear why those injuries declined, while self-injuries overall rose. It's possible that adults are doing a better job of keeping firearms away from kids, she speculated.

"Or," Cutler said, "there may have been a shift in the mechanisms kids are using to self-injure."

Cutting injuries increased over time, and it was particularly common among girls—accounting for almost half of their self-inflicted injuries.

Why do some kids hurt themselves, without any suicidal intent? "Most often, they're looking for a way to manage emotional turmoil," Angelosante said. "They might be sad, or anxious, or angry. And something about the physical pain helps with the (emotional) stress."

There can be other reasons, too. Some kids do it because they have a sense of being "numb," and want to feel something, Angelosante said. For others, self-harm is their way of revealing how emotionally overwhelmed they are.

"I think we need more programs in place to help prevent these kinds of behaviors, and to help kids deal with stress," Cutler said.

Often, when kids are treated for self-injuries in the ER, a social worker or psychologist will be brought in to do an evaluation. Then they'll work with families to set up some kind of post-discharge plan, Angelosante said.

But, Cutler pointed out, hospitals vary in the types of resources they have, so not all kids will get the same level of help.

For parents, Angelosante said, it's important to be aware that kids sometimes try self-harm as a way to deal with stress. She pointed to

some red flags: Is your child suddenly covering up his skin more than usual? Is she quickly going through bandages or razors?

If a child has a self-inflicted injury, the first step is to have a doctor check it out, to be sure it's not serious, Angelosante said.

"Then you have to talk to them about how they're feeling," she said. "What caused them to do this? Focus on that, rather than the self-harming behavior, itself."

Some kids, Angelosante said, try self-harm once and feel nothing positive from it. They might not need mental-health counseling, she said.

On the other hand, she added, kids who habitually self-harm probably need professional help to deal with the underlying issues.

More information: The American Academy of Child and Adolescent Psychiatry has more on [self-inflicted injuries](#).

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