When do children begin to form an understanding about suicide? What do they know and think about suicide at different stages of development? How do their conceptions of suicide develop and change? How do children learn about suicide? What are the implications of children’s understanding of suicide for suicide prevention? The above questions are the major focus of this paper.

Several years ago, a grant proposal which the author of this paper submitted for funding was rejected with the following comment: “It is a waste of valuable resources to support the study of suicide in children since children almost never kill themselves, and those rare cases when children are thought to commit suicide may be more accurately be described as accidental deaths because children cannot understand the finality and seriousness of their acts.” These comments are particularly interesting because they raise questions which may be verified by empirical research: what do children actually understand and know about death and suicide? But it is even more interesting that the author of these comments ignored the possibility that knowledge about how conceptions of suicide develop in childhood may help in the prevention of suicidal behaviour in adolescents.

Despite the lack of funding for this research over the past years, I have been involved in asking children aged 6 to 12, from the first to the sixth grades, in Canada, about suicide, life and death. We asked questions about the concept of life, based upon Piaget (1937). “What does it mean to be alive? Is the sun alive? Why? Or why not? Is fire alive? What about a mountain etc?” We asked questions about children’s understanding of death based upon previous studies (e.g. Grenier, 1986; Normand & Mishara, 1992; Lonetto, 1980; Carlson, Asarnow & Orbach, 1987; Koocher, 1973). For example, we asked: “What does it mean to be dead? What happens when we die? What happens after we die? Can we see? Can we hear? How does one feel? Why do people die?”

We also asked many questions about suicide. We asked: “What does suicide mean? What is the difference between dying and “suiciding”? (We can ask
this question because these were French-Speaking children and "suiciding" (se suicider) exists as a verb in French). When someone is very sick and dies, is this a suicide? Why do you say that? If someone is hit by a car while crossing the street, is this a suicide? If someone drinks poison? How can people suicide? Why do some people want to suicide? What happens afterwards? Do you think an animal can suicide? Why? What about someone your age? Have you ever thought about suicide?"

We asked about children’s experiences with death and suicide, as well as questions from tests on cognitive development in order to determine the relationship between the level of cognitive development and their level of sophistication in their understanding of death and suicide. We asked if anyone ever talked to them about suicide, and if they saw or heard about suicide from films or television. Did they know anyone who committed suicide? We also asked: “What should you say to someone who says to you he or she is thinking of suiciding?”

The interviews were quite lengthy and most children enjoyed talking with us. Only one child out of 135 children in two separate studies seemed upset about discussing suicide during the interview, and this child had recently lost a relative by suicide (I wonder if the mother who approved of our interview on the topic expected us to explain something to the child which she had not yet discussed, but that the eight-year old told us he knew “all about.”)

Our studies were not the first to investigate the topic of children and suicide. Official statistics in Canada (Suicide in Canada, 1994) and the United-States (National Center for Health Statistics, 1988) indicate that, according to official statistics children rarely commit suicide. Between 1950 and 1992 in Canada, not a single child under age 5 was recorded as having committed suicide. During the same period, there were only 18 reported suicides between 1950 and 1992 in children aged 5 to 9, which results in a suicide rate of .2 deaths per 100,000 population per year. In Canada, between 1951 and 1992, suicide rates in 10 to 14 year olds increased from 0.1 per 100,000 population per year (only 1 death) to 1.8 per 100,000 in 1992 (34 deaths). This rate of 1.8 compares with the rate of 12.9 per 100,000 per annum for the 15 to 19 year old age group.

Several researchers have suggested that the official statistics on children's suicides significantly underestimate the actual frequency of the phenomenon for younger ages (Cohen, Sandler, Berman & King, 1982; Hoberman & Garfinkel, 1988; Matter & Matter, 1984; Pfeffer, Lipkins, Plutchik & Mizruchi, 1988). For example, Pfeffer, Lipkins, Plutchik and Mizruchi (1988) found that 2% of a sample of pre-adolescents with no psychiatric history had made suicide threats, 1% had made a “mild” suicide attempt and 8.9% had thought of suicide. Other authors point to the fact that accidents are the number one cause of children's death in Canada and the United-States, with the most common type of accidental death being children hit by cars. Winn and Heller (cited in Shaffer & Fisher, 1981) observed that the majority of chil-