

Self-Injury or Suicide Attempt?

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The primary difference between self-injury and suicide attempts lies in the intent or purpose underlying the behavior. The intent of suicidal behavior is to escape from unbearable psychological pain or a desire to terminate consciousness. The primary purpose for suicidal behavior is to end one's life. In contrast, those who engage in self-injury are motivated by a desire to alter or change a negative experience.

Research shows that self-injury differs from those who attempt suicide in term of levels of suicidal ideation, reasons for living and attraction to life be it temporary or permanent. (The Prevention Researcher, Vol.17.1 Adolescent Self-Injury, p.8)



Suicide attempts are characterized by the use of higher lethality methods compared to self-injury. Suicide attempt methods include gunshots, hanging, overdose, self-poisoning and jumping from heights. The most common self-injury methods are cutting, carving, hair pulling, eating toxic substance or objects and burning.

Suicide attempts are infrequent, with two or three attempts over the lifetime. Self-injury may occur 2 or 3 times a week or more over months or years and the self-injurer will develop a personal preference. Self-injury data many times goes unreported due the fact that self-injury youth are not generally admitted to the hospital.

When self-injurers are admitted to the hospital, they are admitted with a diagnosis related to the specific

injury or a psychiatric diagnosis (i.e., cutting, foreign object removal, accidental overdose, depression crisis, bi-polar crisis, etc.); the data is not collected under a broad self-injury category.

In 2008, the suicide rate among Kansas youth ages 15-19 was 10.5 per 100,000. This was 3.7 percent lower than 2007 (10.9 per 100,000). For 2004-2006, the suicide rate for Kansas youth (9.5) was 23.5 percent higher than the United States rate (7.7). For the period 1997-2008, using rolling three-year averages, there is a decreasing trend in completed suicides by Kansas youth (15-19) during 1997-1999 and 2003-2005 followed by a increasing trend from 2003-2005.

In Kansas, adolescent suicide is the second cause of death following accidental death. In the United States, suicide is the third leading cause of death.

Symptoms of self-injury (cutting, burning or any self-hurting) are important to recognize and refer to mental health counseling because over time, as the self-injury increases, hesitation toward suicide may decrease.

It is important to recognize the signs and symptoms of suicide and be prepared to act. If the suicidal person appears to be in immediate danger of hurting themselves, do not leave them alone and call for help.

For more information visit http://depression.about.com/od/suicideprevent/a/warning_signs.htm.