

Research briefing:

Gender and suicide

Suicide is a gendered problem.

Men in the UK and the Republic of Ireland are significantly more likely than women to take their own lives – a trend that has persisted for decades (ONS, 2020; CSO, 2020). This is despite the fact that they are less likely, compared to women, to experience suicidal thoughts and to attempt suicide (Canetto & Sakinofsky, 1998; McManus et al., 2016). While this ‘gender paradox’ in suicide rates is well documented, the reasons behind it are complex and remain only partially understood.

To date, research has demonstrated that men and women tend to choose different methods of suicide, and those used by men tend to be more lethal. Because of this, suicide attempts by men are more frequently categorised as ‘serious’ compared to suicide attempts made by women. Research also highlights the existence of a ‘gendered stigma’, whereby discussion of suicidal thoughts or ‘failing’ to complete a suicide are associated with weakness, which may prevent reporting among men. These differences go some way toward accounting for the existence of the ‘gender paradox’, and understanding them is important for designing targeted and effective interventions.

Effective suicide prevention also depends on recognising that risk factors for suicide may affect men and women differently. Some factors associated with suicide risk regardless of gender, such as non-suicidal self-harm, mood disorders (eg, depression) and domestic violence, are significantly more common among women. By contrast, factors such as relationship breakdown and partner bereavement, while present among both men and women, increase suicide risk more significantly in men.

This briefing summarises what we know about gender and suicide, some of the reasons why the gender paradox in suicide rates exists, and how some risk and protective factors for suicide may affect men and women differently.

In this briefing we focus on comparisons between men and women, which reflects the majority of research on gender and suicide. However, it is important to recognise that suicide is a major concern among trans and non-binary people too (Bachmann & Gooch, 2018; Marshall et al., 2016), who experience a set of specific risk factors for suicide, and whose experiences challenge many assumptions in our understanding of the role of gender as a factor influencing suicide risk, and suicidal behaviours. Suicide among trans and non-binary people is an under-researched topic, one that deserves careful and in-depth exploration.

Key facts and figures

Women are more likely to report having attempted suicide, compared to men.

- In England, approximately 8% of women and 5% of men report they have attempted suicide at some point in their lives (McManus et al., 2016).¹
- In Scotland, 13.8% of women and 8.8% of men between 18 and 34 years old report to have attempted suicide (O'Connor et al., 2018); and of those who had attempted suicide, most had also engaged in self-harm (R. O'Connor et al., 2018).
- In England and Scotland, the gender difference for attempted suicide is greatest between men and women aged 16–25 years (McManus et al., 2016; R. O'Connor et al., 2018).

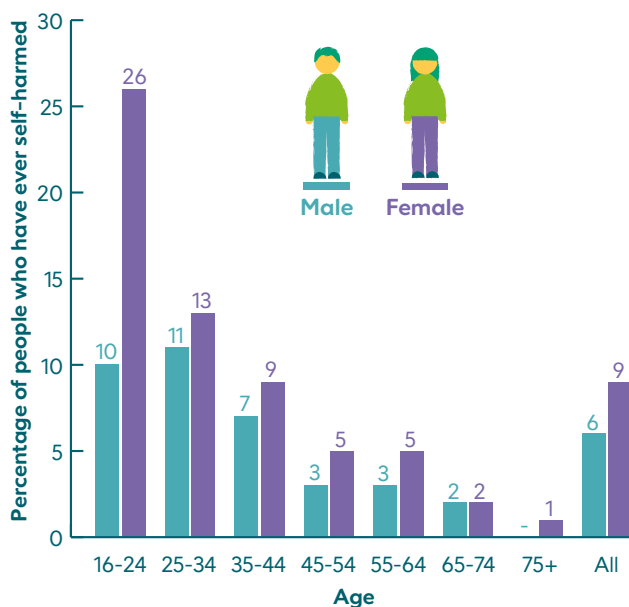
Women are more likely to self-harm, compared to men.

Research has consistently found that people who engage in self-harm are more likely to make a suicide attempt than people with no history of self-harm (Chan et al., 2016; R. O'Connor et al., 2018) and that self-harm may act as a 'gateway' to suicide (Grandclerc et al., 2016). Self-harm might also help 'acquire' an ability to harm oneself more over time and make lethal self-harm more 'cognitively available' (O'Connor & Kirtley, 2018).

- The National Confidential Inquiry into Suicide and Homicide (NCISH) in England shows that around a third (29%) of patient suicides² were people with a recent history of hospital-treated self-harm, a higher proportion of whom were women compared to men (34% and 26%, respectively) and this difference is much more pronounced for younger age groups (NCISH, 2017).

- In England, approximately 9% of women and 5.7% of men self-report that they have self-harmed non-suicidally at some point in their lives (McManus et al., 2016).³
- In England, self-harm rates are highest among young women (16–24 years), with 1 in 4 (26%) having self-harmed at some point. This is compared to 1 in 10 men (10%) of men in the same age range (McManus et al., 2016).
- Similar rates are also found in Scotland, where 21% of young women (18–34 years) self-report a lifetime history of non-suicidal self-harm, compared to 12% of men of the same age range (O'Connor et al., 2018). One study that examined rates across England, Scotland, Northern Ireland and Republic of Ireland demonstrates this pattern is consistent for adolescents (O'Connor et al., 2014).

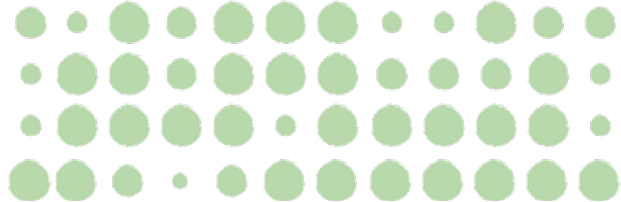
Figure 1.1. Prevalence of lifetime self-harm among men and women (England): Adult Psychiatric Morbidity Survey, 2014 (McManus et al, 2016)



1 There are no comparable data on suicide attempts for Wales, Northern Ireland or Republic of Ireland.

2 This refers to people who had died by suicide who had been in contact with mental health services in the year before their death.

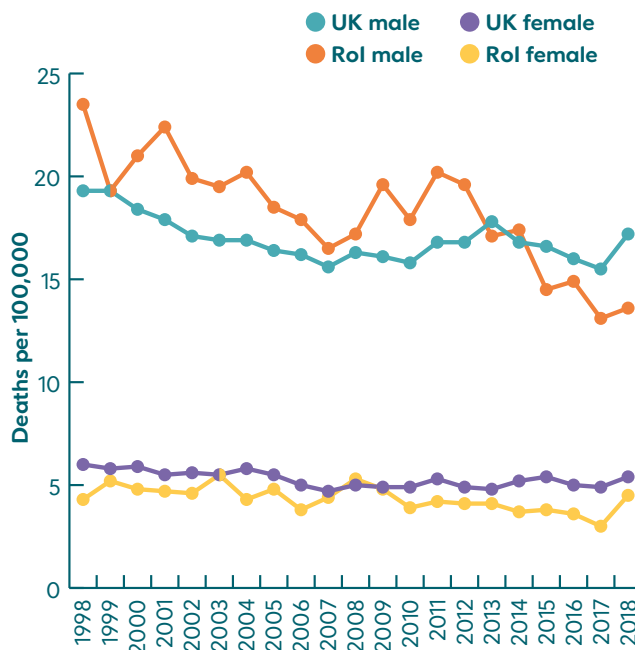
3 There are no comparable self-report data for Wales, Scotland, Northern Ireland or Republic of Ireland.



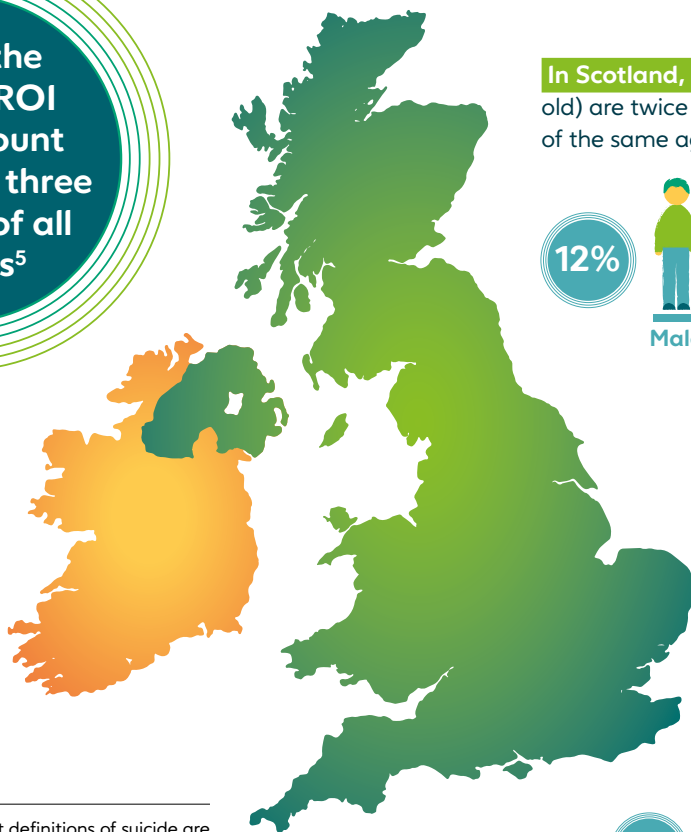
Men are more likely to die by suicide, compared to women.

- Since the mid-1990s, men have accounted for three quarters of registered suicide deaths – this has been true in England, Scotland, Wales, Northern Ireland and the UK as a whole (ONS, 2019).
- In the Republic of Ireland, for much the early 2000's men were four times more likely to die by suicide compared to women and since 2013 three times more likely (CSO, 2019).
- Since the early 1980s, suicide rates in the UK have been highest among those in middle age, for both men and women (ONS, 2020). In 2019, those aged 45–49 had the highest suicide rate among both men and women, however the male rate was three times that of female rate (27 per 100,000 vs 9.2 per 100,000) (ONS, 2019).

Figure 1.2. Suicide rates for men and women in the United Kingdom and Republic of Ireland, 1998 - 2018⁴



Across the UK and ROI men account for around three quarters of all suicides⁵



In Scotland, young women (18 - 34 years old) are twice as likely to self-harm as men of the same age



In England, women are more likely to self-harm than men



⁴ Please note that different definitions of suicide are used in the UK and the Republic of Ireland, and therefore the rates are not necessarily comparable.
⁵ This is approximate across UK and ROI and will be different regionally and locally.

What can help explain the 'gender paradox' in suicide rates?

Method choice

Studies from various European countries have observed differences in suicide method by gender (Aaltonen et al., 2019; Freeman et al., 2017). Men tend to choose more lethal methods of suicide than women, and suicide attempts by men are rated as 'Serious Suicide Attempt' more frequently than suicide attempts by women (Freeman et al., 2017). One study in the UK, among others, has suggested that men have higher suicidal intent (Harriss et al., 2005). However, it should be noted that the rating of 'Serious Suicide Attempt' for men might be assigned according to the methods chosen, rather than differences in suicidal intent.

Studies have also shown differences in the methods of self-harm most commonly used by men and women (Bresin & Schoenleber, 2015; Sornberger et al., 2012; Whitlock et al., 2011). Understanding these differences can help guide targeted interventions. It could also help understand differing rates of hospitalisation for self-harm between men and women and the nature of the link between self-harm, attempted suicide and suicide for men and women.

The role of gendered stigma

Research on how men and women experience the stigma around self-harm and suicidal behaviours is still limited (Fox et al., 2018). One study suggests that non-fatal suicidal behaviours can be viewed by society as 'feminine' and therefore less acceptable for men than women (Fox et al., 2018). For example, adolescent men and boys have reported increased concerns about social disapproval regarding suicidal thoughts than adolescent women and girls (Stillion et al., 1989). Additionally, there is some evidence that young women and girls can receive more sympathy and understanding for suicidal behaviours than men and boys (Stillion et al., 1989). The impact of this gendered stigma means that men may be less likely than women to discuss or seek support for suicidal thoughts or behaviours. Although this can vary according to the individual's experience, for example, the presence or absence of supportive family and friends.

Similarly, research has found that a 'failed suicide' can be viewed as feminine, which may help explain why men choose more lethal means (Canetto and Sakinofsky, 1998).

Differing functions of self-harm

Studies from around Europe and North America suggest that the reasons for engaging in self-harm often differ between men and women.

- A study of teenagers in Canada found that **personal reasons** have been associated with self-harm in young women and girls (eg, with statements such as, 'I felt very unhappy or depressed', 'I did not like myself'), whereas **interpersonal reasons** have been more closely associated with self-harm in young men and boys (eg, 'it helped me join a group', 'to show others how tough I am') (Laye-Gindhu et al., 2005).
- A study of clinical populations in Belgium also found that while both men and women reported self-harming to relieve tension, women also self-harmed to avoid negative emotions and for self-punishment (Claes et al., 2007).
- A sample of adolescents in Portugal found that internal distress, particularly depressive symptoms, was the reason most adolescent women and girls engaged in self-harm, whereas in adolescent men and boys brooding and external distress, mainly due to daily peer hassles were linked to self-harm (Xavier et al., 2018).

These differences matter because they highlight the importance of considering gendered differences in treatment and management of self-harm among men and women. For example, women may benefit from interventions to cope with difficult emotions or experiences, while men might benefit most from support in developing alternative coping strategies while facing interpersonal distress. As Victor et al (2018) highlight, most existing treatments for self-harm heavily emphasise emotion regulation skills, and as such may be less relevant and effective for managing or preventing self-harm among men.

Gendered differences in risk and protective factors for suicide

Research also tells us that some risk and protective factors for suicide affect men and women differently. For example, relationship breakdown increases suicide risk more significantly in men. Other risk factors may be more common in one gender – for example, women are more likely to self-harm than men.

Understanding the relationship between gender and different suicide risk factors is important for designing targeted and effective suicide prevention interventions for both, men and women.

Risk factors

Mental illness

Mental illness is a risk factor for suicidal thinking and behaviour among all genders (Brådvik, 2018). However, research on characteristics of people diagnosed with a mental health disorder who died by suicide highlights gender differences. While substance use disorders, personality and childhood disorders are more common among men, depression is more common among women (Arsenault-Lapierre et al., 2004).

It has been found that pre-adolescent boys report higher rates of depression than girls but, in adolescence, this difference starts to switch (Hankin et al., 1998). In addition, women are more likely than men to self-report a history of a mood disorder, which is strongly linked to a history of suicidal ideation and behaviour (Kessler et al., 1999).

Borderline Personality Disorder (BPD) is more commonly diagnosed in women than men, with a ratio of 3:1 in clinical settings (APA, 2000), although this may be due to women being more likely to access help (Lenzenweger et al., 2007). BPD has a strong relationship with self-harm (Cristea et al., 2017) and has been linked to childhood maltreatment and abuse (Slabbert et al., 2018). By contrast, agitation has been found to be indicative of suicidal ideation and attempts in men, particularly male psychiatric patients – an association which is often not replicated in women (Bryan et al., 2014).

Relationships and bereavement

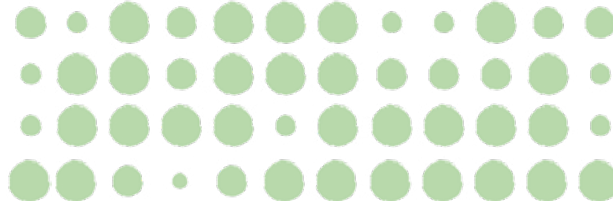
There does not appear to be a straightforward relationship between family or relationship status, gender and suicide. Literature on gender, relationship breakdown and suicide shows inconclusive findings. Twelve studies indicated an increased risk of suicide in men, two studies reported an increased risk in women, and five displayed no clear gender difference (Evans et al., 2016). Higher suicide rates have also been found among never married, divorced and widowed men and women (Fung & Chan, 2011).

Findings from research focused on mid-life suicide risk (Agerbo, 2005) found partner bereavement (by suicide or another cause) created three times as high a suicide risk for men (46.2%) compared to women (15.8%), and that having a marital partner admitted to hospital for a psychiatric disorder incurred a higher risk of suicide for women than for men (6.9% compared to 3.9%). This research also highlighted that, although being a parent was protective for women overall (see more below), child bereavement by suicide or other causes imposed an approximate two-fold risk increase in parents of all genders.

Domestic violence

Intimate partner abuse, which disproportionately affects women, may also be a risk factor for increased suicidal ideation and behaviour. A systematic review, where 90% of studies had all female samples, found a strong and consistent association between intimate partner abuse and both suicidal ideation and attempts (McLaughlin et al., 2012).

A recent systematic review also found that women who experienced childhood maltreatment, particularly sexual abuse, were more at risk of engaging in 'self-injurious' thoughts and behaviours (Serafini et al., 2017).



Protective factors

Social support and community

Social support has been found to be a protective factor against suicide for both men and women. It can take many forms, such as membership of a religious community, social connections, and support through the internet (McClatchey et al., 2018). A study into regional level social support and suicide rates in 23 European countries found that when social support increases suicide rates decrease, regardless of gender (Sedivy et al., 2017).

However, research conducted in Canada highlights that some types of social support are not equally significant for men and women – for example, completion of postgraduate education and religious practice were protective factors for women, but not for men (Eisen et al., 2017).

Children and family support

While there is some evidence to suggest that having children or dependents can be a protective factor for women; this does not appear to extend to men (Basher et al., 2015). In fact, one study has found that having children is a risk factor for older men, which may be related to fears or feelings of burdening them (Conejero et al., 2016). Marriage can also be a protective factor; however, this appears to be more significant for men (Balint et al., 2016; McClatchey et al., 2018).

Access to healthcare services

Access to timely and effective clinical support has been found to be one of key protective factors against suicide (Mann et al., 2005). However, various studies in a number of countries have found that women are more likely, compared to men, to access healthcare services (Fox et al., 2018; Fung & Chan, 2011; Garfield et al., 2008; Giupponi et al., 2016). Men often do not seek help until they have reached a crisis point, which may make it more difficult for them to access the support they need before suicidal thoughts or behaviours escalate (Samaritans, 2020; Wyllie et al., 2012).

Conclusion

For years, men in the UK and the Republic of Ireland have been significantly more likely to die by suicide than women, despite the fact that suicidal thoughts and behaviours tend to be more common among women. As this briefing has highlighted, gendered stigma around help-seeking, differing functions of self-harm and differences in the choice of suicide methods go some way towards explaining gendered differences in suicide rates. Research which has shown differences in how risk factors for suicide, such as self-harm or bereavement, affect men and women differently also deepens our understanding of suicide as a gendered phenomenon.

However, it is important to remember that suicide is complex and gender is one factor which contributes to that complexity. Comparisons between men and women may obscure increased risk among certain groups – for example, some of the sharpest rises in suicide rates in recent years have been among young women (ONS 2020). A more in-depth understanding of the role of gender in suicidal behaviour, and its relationships to other risk factors for suicide, is key to improving suicide prevention policy and practice for both men and women.

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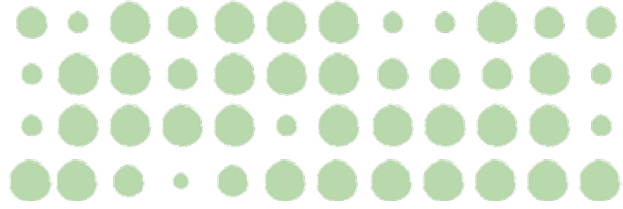
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