

Author: Dr Rick Bradford (independent, author of *The Empathy Gap*, Ref.[1])
Web sites: <http://empathygap.uk> (blog); <http://rickbradford.co.uk> (professional)

Title: **Male Suicide (England & Wales)**

Synopsis

- Suicide is the leading cause of male deaths under the age of 45, Ref.[1].
- The male suicide rate has been 3 or more times greater than the female suicide rate for the last 30 years (see **Figure 1** in the Notes below), Refs.[2,3].
- In 2019 the number of male suicides was the largest for at least 40 years, Ref.[3] (**Figure 2**).
- Male suicide rates peak at ages 45 to 49 at a rate of 25.5 per 100,000 (51% greater than the rate for men of all ages), Ref.[3]. Women's suicide rate peaks at ages 50 to 54 at 7.4 per 100,000.
- Exogenous factors feature in the high male suicide rate, including unemployment or unskilled manual work, financial troubles, parental separation, child contact denial, and domestic abuse, Ref.[1], see Notes.
- There is a lack of UK-based research to consolidate the influence of parental separation and child contact denial (see, however, data from abroad, **Figures 3,4**).
- Large elevations of death rate have been observed in payees into the Child Maintenance Service (CMS), though any association with suicide is currently unproved.

For year 2020 and the effects of Covid-19 lockdowns see the Notes.

Cultural / Policy Bias

- The obligatory response following any mention of male suicide is to immediately blame either mental health issues, or men's generic lack of emotional openness, or men's reluctance to talk or to seek help. All these conventional perspectives share a common feature: they are all ways to place the blame on the man himself.
- In contrast, the factors which are known to substantially elevate suicide risk in men are unemployment or unskilled manual work, financial troubles, parental separation and associated child contact problems, and domestic abuse, Ref.[1] and Notes. Contrary to the approved narrative, these are all exogenous factors in which a man is impacted by society or his social environment, rather than purely psychological or behavioural issues.
- The approved narrative is reluctant to acknowledge society's role in male suicide because it conflicts with the presumption that men are powerful and privileged, and hence invulnerable to adverse social impacts. Commentaries on the causes of male suicide often involve cognitive contortions which seek to transmute exogenous factors into internal psychological causes (see the Notes).
- As explanations of suicide, a simplistic narrative of mental ill-health and self-harming fails basic credibility checks. Mental ill-health and self-harming are significantly more prevalent in women, but women's suicide rates have reduced markedly and are far lower than men's.
- There appears to be reluctance in the UK to identify the true causes of high male suicide rates. The Notes refer to evidence from the academic literature that partner separation enhances suicide rates, and more so for men than for women. But none of this evidence is from Great Britain.

- In 2012 the Government made £1.5M available for suicide research. Despite initial reports which paid appropriate lip-service to the dominance of the suicide statistics by men in midlife, by the time tenders were raised to let contracts to academics to carry out the research, the demographic which accounts for 77% of suicides had vanished from the picture (see the Notes).
- Wales has a national suicide prevention strategy, ‘Talk to me 2’, Ref.[9], but the Objectives, Ref.[10], and the Key Activities, Ref.[11], make no mention of the male sex despite this being the demographic of concern. In contrast, the Key Activities recognise domestic abuse as a suicide risk for women but not for men, which is odd and contrary to secure data on the matter (see Notes).

References

- [1] William Collins, *The Empathy Gap*, Ips Publishing, 2019
- [2] [Suicide occurrences, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- [3] [Suicides in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- [4] [Quarterly suicide death registrations in England - Office for National Statistics](https://ons.gov.uk)
- [5] Evans, Scourfield and Moore. (2016, December 1), *Gender, Relationship Breakdown, and Suicide Risk: A Review of Research in Western Countries*. Journal of Family Issues, 37(16), 2239-2264. <https://doi.org/10.1177/0192513X14562608>
- [6] Samaritans, (2012, September). [men-suicide-society-samaritans-2012.pdf](https://www.samaritans.org/~/media/Samaritans/Reports/2012/Men-suicide-society-samaritans-2012.pdf)
- [7] Office for National Statistics, [Domestic abuse: findings from the Crime Survey for England and Wales - Appendix tables: year ending March 2018](https://ons.gov.uk).
- [8] Richard Davis (2010), *Domestic violence-related deaths*. Journal of Aggression, Conflict and Peace Research, 2(2), 44-52. <http://doi.org/10.5042/jacpr.2010.0141>
- [9] Welsh Government, (2015), *Talk to me 2*. Part of [Suicide and Self-Harm Prevention Strategy for Wales 2015-2022](https://www.wales.gov.uk).
- [10] Welsh Government, (2015), *Talk to me 2 (Objectives): Suicide and Self Harm Prevention Action Plan for Wales 2015-2022*.
- [11] Welsh Government, (2015), *Talk to me 2 (Main Activities): Annexes*. Suicide and Self Harm Prevention Strategy and Action Plan for Wales 2015-2022.
- [12] UK Government, (2012), *Preventing suicide in England: A cross-government outcomes strategy to save lives*. Mental Health and Disability Division, Department of Health.
- [13] Department of Health, (2012), *Invitation to Tender, Research Initiative to Support the Implementation of the National Suicide Prevention Strategy*. Department of Health Policy Research Programme.
- [14] Edsall, T. (2019, January 17), *The Fight Over Men Is Shaping Our Political Future*. The New York Times. <https://www.nytimes.com/2019/01/17/opinion/apa-guidelines-men-boys.html>
- [15] Levant, R.F., et al. (2019), *Moderation and mediation of the relationships between masculinity ideology and health status*. Health Psychology (APA PsychNET), 38(2), 162-171. <http://dx.doi.org/10.1037/hea0000709>
- [16] William Collins, (September 2020), [Deaths Whilst Paying Child Maintenance](https://www.williamcollins.com), The Illustrated Empathy Gap (blog).
- [17] Both Parents Matter Cymru (charity), (May 2020), [The Gendered Effect of the Covid-19 Lockdown on Child Arrangements for Separated Parents](https://www.bothparents.com)

Conclusion

Suicide is a major male disadvantage for which society shirks responsibility by deflecting blame onto generic shortcomings of masculinity, a narrative which does not bear scrutiny and is actually victim blaming.

Recommendations

- Research should be commissioned specifically to ascertain the causes of the suicide peak in men in midlife, and in particular to examine the hypothesis that there is a significant effect of partner separation and/or child contact problems.
- This research should be carried out using coroners' records on completed suicides, not by indirect means or based on suicidal ideation.
- Careful attention should be paid to the selection of researcher(s) to ensure neutrality. Consideration may be given to letting the work to credible, numerate researchers from outside the usual (social science) disciplines.
- Separately, research should be commissioned to examine the prevalence of suicide attempts by identified victims and perpetrators of domestic abuse, by sex.

Notes

Here I provide a short summary of evidence underpinning the claims made in the Synopsis and Cultural/Policy Bias statements. The topics covered are,

- the leading causes of death under 45;
- the suicide data;
- the non-UK evidence that partnership breakdown elevates suicide rates, in both sexes, but more so for men than for women;
- association of suicidality with domestic abuse;
- association of suicide in men with socioeconomic factors;
- the 2012 Government funded suicide research;
- narratives on the causes of high male suicide rates and their cognitive contortions;
- evidence of elevated death rates in CMS payees;
- effect of Covid-19 and lockdowns (currently unclear).

Leading Causes of Early Death (under 45)

Ref.[1] has gathered the data for 2016 (England & Wales). Suicide accounted for the deaths of 1,792 men under 45. The second, third and fourth most prevalent causes of men's deaths under 45 were cancers (1,484), cardiovascular diseases (1,374) and drugs (1,300).

Men are 78% more likely than women to die before the age of 45. However, more women than men die under 45 of cancers, though this reverses at later ages. More men than women die before 45 of all other causes. Suicide is responsible for the largest sex-disparity in death rate to men's disadvantage (comparable with the cancer disparity to women's disadvantage).

Suicide Data

Sources: Refs.[2,3].

Figure 1

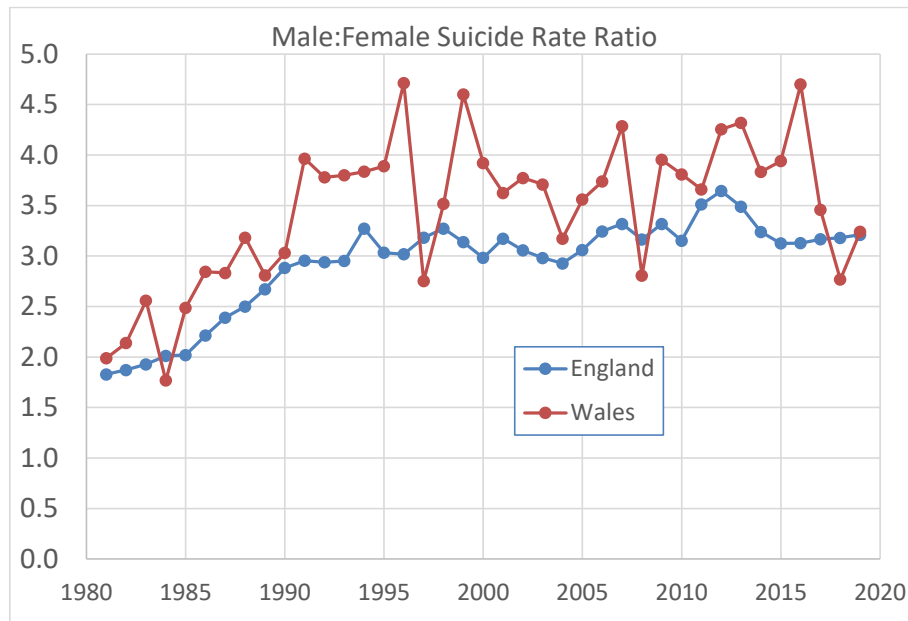
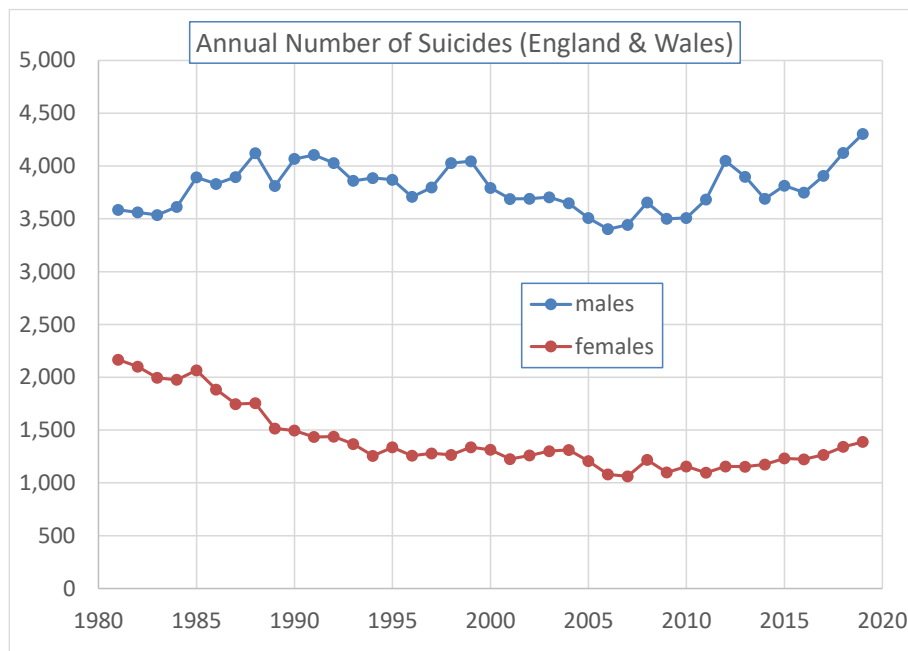


Figure 2



Partnership Breakdown / Separation

There is a body of research evidence from abroad regarding the association between partner separation or divorce and subsequent suicide rates. As usual we must be cautious about the distinction between correlation and causation.

Refs.[5,6] reported a thorough literature search for reputable publications. The authors are rightly cautious about over-stating their conclusions, Ref.[5] noting that,

‘Nineteen published articles that included individual-level data were identified. Twelve reported a greater risk of suicide in men following relationship breakdown, two indicated a greater risk in women, and a further five showed no clear gender differential. Although there are possible indications of increased risk for men, no definitive conclusion about gender differential can be drawn.’

whilst Ref.[6] concludes,

‘This paper presents a systematic review of the evidence on gender differentials in suicide risk after breakdown in intimate relationships (including divorce and separation). Twenty-nine published papers were identified, which included analysis of individual-level data and ecological studies. Of these, 17 found suicide risk to be higher in men, six found risk to be higher in women and six had no consistent findings on gender difference.’

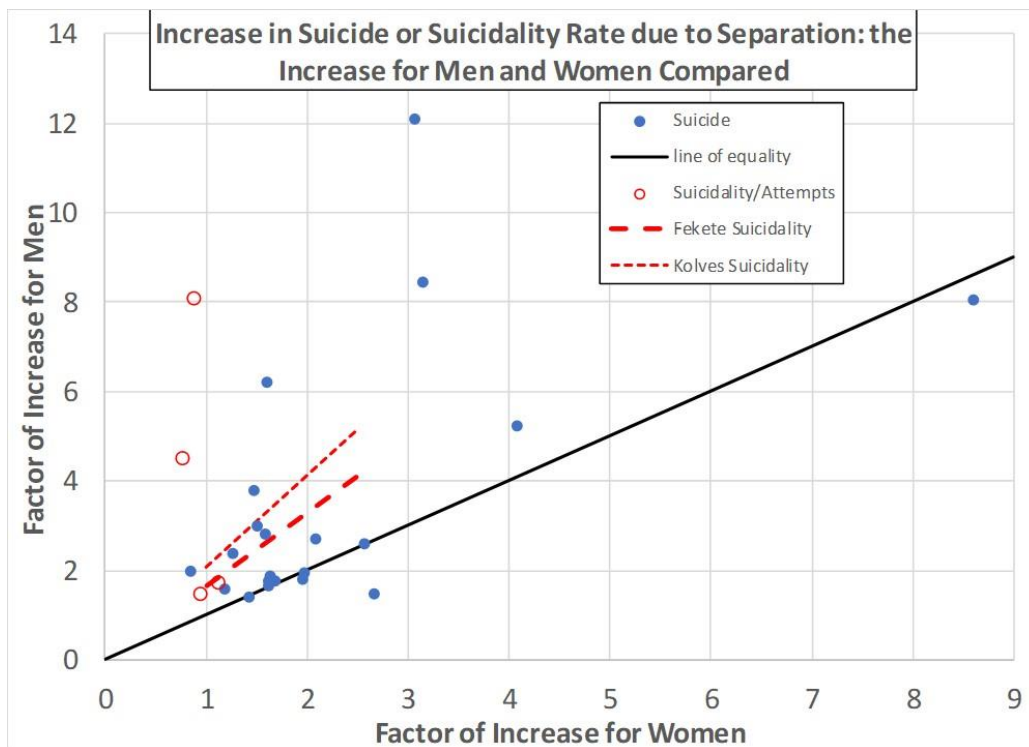
In critiquing these studies, Ref.[1] noted that simply counting how many reports indicate a greater, or equal, effect of separation on suicide rates in the two sexes may not be the best indicator. In particular we are primarily interested in whether there is a greater suicide rate for people after separation than before. Moreover, such effects will be of differing magnitudes in the various studies.

Ref.[1] used the sources quoted in Refs.[5,6] to identify explicit numerical factors by which the rate of suicide or suicidality was increased after separation, divorce or widowhood, separately for the two sexes. This factor was defined as the suicide rate after separation normalised by the base rate for non-separated persons of the same sex. (The non-separated reference might be married people or single people, usually the former). These enhancement factors are plotted in Figure 3.

None of the data relate to Great Britain and only one study to Northern Ireland.

The black line in Figure 3 is the line of equality. It is clear from these data that, (i) separation tends to increase suicidality/suicide rates in both sexes, but that, (ii) the effect of separation on men tends to be substantially greater than that on women.

Figure 3



When interpreting Figure 3 it is important to recall that the base suicide rate in men is already substantially larger than that in women, i.e., prior to separation (by around x3.2 in the UK, see Figure 1). Consequently the relative suicide rate for the two sexes after separation is obtained from Figure 3 by multiplying the ordinate by this factor. Hence, Figure 4 gives the suicide rate for men and women after separation normalised by the base rate for non-separated women. Separated men are 8 times more likely to commit suicide than non-separated women (based on the median, or 12 times more likely based on the mean).

Figure 4



Suicidality and Domestic Abuse

Suicidality is, unsurprisingly, correlated with being the victim of domestic abuse.

However, suicidality is also correlated with being a perpetrator of domestic abuse.

Statistically the latter effect, which may surprise some people, is inevitable because roughly half of domestic abuse has no clear perpetrator/victim dichotomy but is mutual: six of one and half a dozen of the other.

The Crime Survey for England and Wales (CSEW), which is generally taken as the best source for the overall prevalence of domestic abuse, indicated in the March 2018 dataset that 11% of men who identified as victims of domestic abuse attempted suicide in the last year (cf., 7.2% of female victims of domestic abuse), Ref.[7], Table 14-15.

In the context of domestic abuse, there is considerable focus on partner homicides, of which there are typically 100 – 120 per year (75% - 80% women victims). But the suggestion has been made that domestic abuse induces suicide at a greater rate than this. There is some intrinsic credibility to this suggestion because suicide is roughly 50 times more prevalent than partner homicide. Consequently, if only a tiny percentage of suicides were induced by domestic abuse then such suicides would be far more numerous than partner homicides.

In other words, it may well be that if a man is the victim or the perpetrator of domestic abuse, or both, the person at greatest risk of being killed by him is himself.

Though this suggestion is under-researched and not well established, the above CSEW data on suicide attempts by domestic abuse victims also supports the possibility. There is, however, a very large difference between the prevalence of suicide attempts and completed suicide. We note in passing that the suggestion has received some support from a limited US dataset, Ref.[8].

Socioeconomic Factors

The role of socioeconomic factors in men's suicide is summarised in Ref.[6] thus,

“There are systematic socio-economic inequalities in suicide risk. Socio-economic position can be defined in many ways – by job, class, education, income, or housing. Whichever indicator is used,

people in the lower positions are at higher risk of suicide. As you go down each rung of the social ladder, the risk of suicide increases, even after taking into account underlying mental health problems.”

The 2012 Government Funded Research

The areas upon which the Government’s £1.5M of suicide research funding in 2012 was ultimately spent is a case history of how such research funding gets deflected onto anything but the elephant in the room: men. Despite initial strategy documents paying appropriate lip-service to male suicide, Ref.[12], the invitation to tender which emerged, Ref.[13], called for proposals against the following five categories only,

- How to reduce the risk of suicide in a key high-risk group: people with a history of self-harm;
- How approaches and interventions can be tailored to improve mental health in specific groups;
- How self-harm can be better managed and suicide reduced in children and young people, including looked-after children and care leavers;
- How the media can be better supported in delivering sensible and sensitive approaches to suicide and suicidal behaviour;
- How the health and social care system can provide better information and support to those bereaved or affected by a suicide.

There is no mention of the demographic which accounts for 77% of the suicides in the UK in these proposals, the male sex. Note that focussing on self-harm and mental health will actually deflect attention away from men towards women.

The Peculiar Narrative on Male Suicide

As an illustration of prevailing narratives on male suicide I use those sections of Ref.[6] which relate to psychology, sociological issues, and “masculinities” (i.e., the prevailing narrative on gender). I make no attempt at a complete review in these very brief notes. My aim is to illustrate how exogenous factors are re-interpreted as internal factors, a tendency which – though probably unconscious by the authors of Ref.[6] – serves the purpose of aligning the proffered causality with the dominant discourses on gender. This is achieved by “pretzel logic”: a willingness to yield to confirmation bias by contorting explanations or by using misleading nomenclature. Some examples are,

- [1] A key psychological factor identified is described as “socially prescribed perfectionism”. Social perfectionism is defined as the perception that one must always meet the expectations of others, coupled with these prescribed standards being unrealistic. Note how the use of the word “perfectionism” in this context is inappropriate. What is actually being identified is “social obligation” or perhaps “socially imposed burden”. The distinction between “perfectionism” and “obligation” or “burden” is crucial and revealing. “Perfectionism” suggests the fault lies within the mind of the man in question: a character flaw or psychological weakness. In contrast, the words “obligation” or “burden”, which seem more apposite, indicate an imposition upon the man from society. The distinction is therefore between victim blaming and being victimised. Narratives surrounding male disadvantages almost always favour the former.
- [2] We read “*where children are involved.....relationship breakdowns are likely to have an impact on men’s identity as fathers*”. But the problem is not “men’s identity as fathers”, an internal issue, but rather the external issue of men’s access to children. It is being permitted to be a father – by the ex-partner, by the courts and by the State - that is actually the issue. This is another example of how a form of words is used to make an exogenous factor seem like a psychological factor, and thus to facilitate its transmutation into a failing of the man himself, rather than a socially imposed disadvantage.
- [3] The approved narrative regarding the role of men’s stoicism appears repeatedly, for example in this quote,

“The inability to express distressing emotion has been viewed as a risk factor for suicide and the argument that some forms of masculinity position men as stoical and unwilling to seek help has meant that emotions talk by men has come under scrutiny.”

But the evidential support offered for this oft-repeated thesis is very weak. Psychologist Steven Pinker has poured scorn on this notion, Ref.[14], referring to the “dogma”...

“that repressing emotions is bad and expressing them is good - a folk theory with roots in romanticism, Freudian psychoanalysis, and Hollywood, but which is contradicted by a large literature showing that people with greater self-control, particularly those who repress anger rather than “venting,” lead healthier lives: they get better grades, have fewer eating disorders, drink less, have fewer psychosomatic aches and pains, are less depressed, anxious, phobic, and paranoid, have higher self-esteem, are more conscientious, have better relationships with their families, have more stable friendships, are less likely to have sex they regretted, and are less likely to imagine themselves cheating in a monogamous relationship.”

Ref.[15] concurs, concluding that traditional masculine ideology is a protective factor, not the reverse.

In fairness to the authors of Ref.[6], there is much in their discussions which point to other factors, particularly socioeconomic and other exogenous factors. For example, the psychologists, despite their discipline, observe that,

“This point (i.e., the significance of socioeconomics) has not been adequately recognised in suicide prevention strategies which tend to be dominated by psychiatric and mental health research.”

In this context they ask a reasonable question,

“Is it feasible or sensible for the Samaritans to alter their longstanding approach to callers by becoming more adept at helping people think through financial problems as well as emotional problems?”

[4] As a final example, in the discussion on “masculinities” the claim is made that men’s suicide might be related to the “failure to achieve hegemonic masculinity”. This position on hegemonic masculinity is yet another example of converting exogenous causes into internal causes by verbal legerdemain. Unemployment or separation from partner or children is recast as failure to achieve hegemonic masculinity. The failure to achieve hegemonic masculinity is then held to be the cause of increased suicide risk. But why not simply say that unemployment or separation causes increased suicide risk? Why bring the concept of hegemonic masculinity into the picture at all? I suggest the answer is because it reallocates blame from society back onto the man himself.

Elevated Death Rates Among CMS Payees

Freedom Of Information enquiries have revealed that people paying into the Child Maintenance Service (CMS) have a significantly higher death rate than those receiving payments. Payees are 95% fathers and those receiving payment 95% mothers. Analysis has been provided in Ref.[16].

Data obtained in 2015 showed that since June 2003, 8,515 non-resident parents registered with the CMS (then the CSA, Child Support Agency) had died compared to 3,090 resident parents registered with the CSA. Data obtained in 2020 showed that from January 2017 to September 2019 there were 3,270 deaths of paying parents and 1,350 deaths of receiving parents. That payees are 142% to 175% more likely to die than those receiving payment is a worrisome finding. That these findings have caused vanishingly little public concern is more worrying still, though not surprising.

Comparison with the expected death rate for people of the relevant age range and sex in the general public reveals that,

- The number of deaths of people receiving payment is broadly consistent with the expected number of deaths based on women in the general public (within 10%), but,

- The number of deaths of payees substantially exceeds the expected number of deaths based on men in the general public.

Effect of Covid-19 and Lockdowns

Suicide data for 2020 is incomplete at present due to delays in coroners' reports due to Covid-19 lockdowns. It is premature to seek to identify the effect of lockdowns on suicide as coroners' reports generally relate to deaths occurring many months earlier. Such an analysis will need to identify date of death, as distinct from the date of coroners' reports. Data for 2020 will be incomplete until some time in 2022. For example, almost all the data in quarter 1 of 2021 will relate to deaths in 2020, whilst about 50% of reports in quarter 2 of 2021 will relate to deaths in 2020. Even by quarter 4 of 2021, still about 22% of reports will relate to deaths in 2020, see Ref.[4].

However, two adverse impacts can be anticipated. The first relates to conditions during lockdown itself. This is known to have severely inhibited child contact by non-resident parents of both sexes, but especially fathers, Ref.[17]. Similarly, there are reports of increased rates of domestic abuse during lockdowns (yet to be definitively confirmed). The associations between suicide and child contact or domestic abuse suggest that lockdowns will exacerbate suicidality via these intermediaries. The data is not yet in to confirm this.

Longer term, the economic downturn is likely to impact men more than women, both in terms of unemployment and the effects of unemployment on suicidality. Again, this is only anticipated at this stage, not a certainty.