



Suicide Among Utah Girls and Women

Setting the Stage

Suicide is a serious, evolving, and complex public health issue¹ that negatively impacts individuals, families, and communities across Utah, the nation, and the world.² Suicide can have lasting and harmful effects on everyone touched in some way, and it carries high economic and human costs.³ In fact, the Centers for Disease Control (CDC) estimates that the US loses almost \$70 billion annually as a result of suicide attempts and suicides due to medical and work-loss-related costs.⁴

In 2020, suicide was the 12th-leading cause of death in the US,⁵ and there were double the number of suicides (16.5 per 100,000) to homicides (8.8 per 100,000).⁶ In Utah, according to the Public Health Indicator Based Information System (IBIS), from 2018 to 2020, “the age-adjusted suicide rate in Utah was 21.4 per 100,000 persons, with an average of 657 suicides per year.”⁷ Utah had the ninth highest age-adjusted suicide rate in the US in 2020.⁸ Further, in 2020, “suicide was the leading cause of death for Utahns ages 10–17 and 18–24,” the second leading cause of death for ages 25–44, and the fifth leading cause of death for ages 45–64.⁹ Overall, the Utah Department of Health (UDOH) has reported that “suicide is the eighth leading cause of death for Utahns.”¹⁰ In fact, more deaths result from suicide than from motor vehicle crashes, breast cancer, or other chronic physical health problems.¹¹

Although men are more at risk of dying by suicide than women, suicidal behavior is also a concern for girls and women.¹² Aligned with the Utah Women & Leadership Project’s (UWLP) mission—to strengthen the impact of Utah girls and women—understanding gender-related risks of suicide is essential to decrease suicide in Utah and better protect the girls and women.¹³ Our hope is that this report will help raise awareness of this serious issue and offer recommendations that can empower more Utah girls and women to live fulfilling and productive lives. This research snapshot focuses on general suicide risk factors, specific risk factors for girls and women (including demographics), particular risk factors for Utah, and recommendations for what Utahns can do.

General Risk Factors

Suicide is defined as death resulting from intentionally using force against oneself.¹⁴ For every death caused by suicide, there are 25 suicide attempts, and even more people who are seriously considering suicide.¹⁵ Suicide often occurs as a process starting with suicidal ideation and ending with death by suicide.¹⁶ Obtaining accurate suicide rates is often challenging.¹⁷ Barriers that complicate suicide statistics include misattributing causes of death (e.g., accidental death), which stems from a lack of resources to correctly diagnose causes of deaths.

It is difficult to predict who will attempt or die by suicide.¹⁸ Risk factors are complicated and can vary by sex, age group, culture, and other characteristics. Suicide risk factors include previous suicide attempts, social isolation, financial problems, job problems or loss, impulsive or aggressive tendencies, serious illness, criminal or legal problems, mental illness, substance use disorders, adverse childhood experiences, family history of suicide, relationship problems, sexual violence, easy access to lethal means, bullying, unsafe media portrayals of suicide, a suicide cluster within a community, cultural and religious beliefs, barriers to health care, and the stigma associated with mental illness or help-seeking.¹⁹ According to the CDC, populations with disproportionately high suicide rates or suicidal behaviors/ideations include men, American Indians/Alaska Natives, veterans, those living in rural areas, and LGBTQ+ adults and youth.²⁰

Self-harm is also an essential aspect of suicidality, as self-harm is associated with suicide risk.²¹ Nationally, youth and young adults ages 10–24 tend to have lower suicide rates with higher rates of emergency department visits due to self-harm (342.5 per 100,000).²² Girls and young women ages 10–24 have a high risk of suicide as their emergency department visits are twice that (487.9 per 100,000) of men and boys (203.3 per 100,000).²³ Furthermore, the rate of emergency department visits among girls in 2019 doubled compared to 2001 (244.3 per 100,000).

Utah ranked ninth in the US in age-adjusted suicide rates in 2020, and suicide ranks eighth in leading causes of death for Utahns.

Specific Risk Factors for Girls & Women

In 2020, the United States reported 9,428 female deaths due to suicides with an age-adjusted rate of 5.5 per 100,000.²⁴ That same year, Utah reported 136 female deaths due to suicides with an age-adjusted rate of 8.9 per 100,000.²⁵ In fact, the CDC estimated 3,339 years of potential female life lost in Utah due to suicide in 2020.²⁶ Some general risk factors impact both men and women, but relatively few studies have focused on suicidal behavior in women or explored the complex relationship between gender and suicide.²⁷ Although additional research needs to be completed in these areas, this section shares key findings in seven subject areas:

Suicide Attempts vs. Deaths: Although men typically have a higher risk of dying by suicide, women are more likely to attempt suicide, a phenomenon known as the “gender paradox” of suicidal behavior.²⁸ Males tend to have a shorter duration of the suicidal process than females, which could account for some of this paradox. Several psychosocial and sociocultural factors influence this gender difference.

Eating Disorders: Eating disorders more often occur in women than men and are linked with suicidal behavior.²⁹ Suicide is the second leading cause of death in those with anorexia, which occurs three times more in women than men (0.9% vs. 0.3%)³⁰ and is estimated to increase the risk of suicide 50-fold.³¹ Research has found that anorexia and bulimia (the latter occurs five times more in women than in men, 0.5% vs. 0.1%)³² are both linked with increased risks of suicide attempts.³³

Hormonal Fluctuations: Women are more susceptible to mental illness during times of hormone fluctuations, including puberty, pregnancy, menstrual cycle changes, and menopause.³⁴ Nonfatal suicidal behavior is associated with neurobiological sensitivity to hormone changes across the menstrual cycle.³⁵ Suicide attempts are more likely to occur in phases of a woman’s cycle when estrogen (and serotonin) levels are lowest.³⁶ One study found that 25.0% of women who had died by suicide were menstruating at the time of death compared to 4.5% of the control group.³⁷ Furthermore, women who experience postpartum psychosis have a seven-fold increase in suicide risk in the first year after childbirth. Further research in this area could improve efforts to predict and prevent suicide among females, especially those who are hormone sensitive.³⁸

Pregnancy, Fetal Loss, and Fertility Problems: Pregnancy has typically been found to have a protective effect against suicide.³⁹ However, this protective effect may be reduced in pregnancies that end in stillbirth or miscarriage or if the pregnancy is unwanted.⁴⁰ Furthermore, fetal loss such as stillbirth, miscarriage, or termination of pregnancy can

often increase the risk of mental disorders in women and suicidal behaviors.⁴¹ Fertility problems may also increase suicidal behavior in women.⁴² Women who are unable to conceive after treatment have a higher risk of suicide.

Mental Health: Serious mental illness rates are higher among females (7.0%) than males (4.2%), and the rates are also associated with suicide.⁴³ New research is beginning to uncover differences in neurochemistry, neurobiology, sex steroid, endocrine sex reactivity, and psychosocial stressors that make women more vulnerable to psychological illnesses.⁴⁴ Approximately 29.0% of women are treated for mental health disorders compared to 17.0% of men. Women may seek treatment for mental health conditions more often than men, but women may also underreport mental illness symptoms because of cultural factors, family values, stigma, and fear.⁴⁵

Sexual Abuse and Childhood Adversities: Physical, emotional, and sexual abuse can lead to a substantially higher risk for suicide in women.⁴⁶ Childhood sexual abuse is more common in girls than in boys, and sexual abuse increases vulnerability to subsequent psychopathology and adverse life events, which are associated with the risk of suicidal behavior. In Utah, child sexual abuse is a significant problem. Nearly 13.0% of Utahns report being molested before the age of 18, and more than three-fourths of all sexual assault victims in Utah (78.7%) report being sexually assaulted before their 18th birthday, with more than one-third of these survivors (34.9%) stating they were assaulted before their 10th birthday.⁴⁷ Girls make up a significant percentage of these victims.

Marital Status and Intimate Partner Violence: In general, marriage is a protective factor against suicide. However, marriage may be less protective against suicide for women than men, especially for those who marry young, are economically dependent on their partner, or have low socioeconomic status.⁴⁸ One of the most significant risk factors in suicide for women is intimate partner violence. All forms of intimate partner violence and coercive control are harmful and warrant attention and intervention.⁴⁹

In 2019, 70 Utahns a day were treated for self-inflicted injuries, which often are associated with suicide attempts or ideations.

Specific Risk Factors for Utah

Suicide is a significant public health problem that is considered preventable.⁵⁰ The Utah suicide rate is consistently higher than the national rate, and, as mentioned previously, suicide was the eighth leading cause of death for Utahns in 2020.⁵¹ In fact, in 2019, an average of 70 Utahns were treated each day for self-inflicted injuries, which are often associated with suicidal ideations or suicide attempts. In the state, 515 men died by suicide in 2020 from firearms (57.9%), suffocation (24.1%), drug poisoning (8.9%), and

non-drug poisoning (2.5%).⁵² That same year, 136 Utah women died by suicide with firearms (30.1%), drug poisoning (28.7%), and suffocation (28.7%).⁵³

Suicide is also an issue for Utah's youth. The 2021 Youth Risk Behavior Survey found that 32.5% of all Utah students in grades 6–12 felt sadness or hopelessness for two weeks or more in a row, 17.5% had seriously considered attempting suicide, 13.3% created a suicide plan, 7.0% attempted suicide one or more times, and 17.9% had purposefully self-harmed (without suicidal intention) one or more times.⁵⁴

Overall, although many risk factors impact individuals from across the US, some specific risk factors for Utah include the following:

Domestic Violence and Dating Issues: Domestic violence and intimate partner violence increase a woman's risk of suicide.⁵⁵ According to the National Coalition Against Domestic Violence, 33.6% of Utah women experience intimate partner violence in their lifetime.⁵⁶ Furthermore, in 2017, approximately one-third (33.8%) of Utah teens experienced an unhealthy dating relationship,⁵⁷ with 33.2% of women stating they were emotionally or verbally harmed by their dating partner, and 9.6% stating they were physically hurt on purpose by their dating partner. These issues can cause some teens to consider or even attempt suicide if they do not receive appropriate help or treatment.

Religion: The relationship between religion and suicide is complex and multi-faceted. When individuals feel they are a part of a community, it can create a sense of belonging and connectedness which can serve as a protective factor against suicide.⁵⁸ However, when individuals do not feel they are part of the religious community or when the religious community rejects those individuals, harmful effects can arise.⁵⁹ Furthermore, other research explores the cultural dissonance that occurs when women try to reconcile the values of The Church of Jesus Christ of Latter-day Saints faith and secular American gender roles.⁶⁰ This cultural dissonance could increase perceived stress for members and nonmembers of the religion, which could contribute to the current mental health issues in Utah.

LGBTQIA+ Identifying Populations: LGBTQ+ youth and adults experience a significantly higher risk for suicidal behavior than heterosexual adults.⁶¹ In 2019, 11.8% (6,874) of Utah high school students identified as non-heterosexual. Of these individuals, 47.6% of gay/lesbian, 52.5% of bisexual, and 27.1% of other general/sexual minorities reported suicidal ideations compared to 15.4% of heterosexual students. In fact, LGBTQ+ adults are twice as likely to attempt suicide as heterosexual adults.⁶²

Opioid Epidemic and Substance Use: On average, 323 people die in Utah each year from an accidental prescription opioid

drug overdose, 156 from a heroin overdose, and 88 from a synthetic opioid overdose.⁶³ Substance use has been linked to suicide, particularly as substance use is usually associated with psychopathology and trauma.⁶⁴ Opioid misuse is associated with an increase in suicidal ideation,⁶⁵ particularly when misuse is related to emotional distress and pain.⁶⁶

What Utahns Can Do

Many direct and indirect costs are associated with suicide. Suicide can take a toll on individuals, families, and communities. Utah has programs and resources to reduce suicide rates and support those who are at risk. These programs include the Live On Campaign, which includes the Utah Suicide Prevention Coalition, and the Huntsman Mental Health Institute. Furthermore, the Utah Suicide Prevention Coalition has suicide prevention plans for Utah and the LGBTQIA+ community. Many faith communities, educational institutions, workplaces, and local groups also have related initiatives and programs. In addition to these resources, there is a new national suicide prevention and mental health hotline where individuals can connect to one of 180 crisis centers nationwide by dialing 988.

Although the reasons for suicide are complex, there are many steps Utahns can take to reduce suicide rates for girls and women. Informed by the national literature and Utah experts, UWLP recommends a comprehensive, multi-faceted approach that includes public policy, social welfare, healthcare, and education, focusing on prevention, identification, and intervention. Below are some recommendations Utahns can take to decrease suicidal behavior among girls and women:

- Avoid normalizing or glamorizing suicide and emphasize that many individuals who have contemplated or attempted suicide have gone on to live healthy, normal lives.
- Create preventative messaging around suicide that promotes hope and healing through empathy, warmth, and inclusivity while avoiding negative language, judgments, and stereotypes.
- Educate the community on gender-related risk factors and prevention strategies and teach how to respond in appropriate and helpful ways.
- Encourage communities to promote education, social equality, and inclusion.
- Focus resources on mental health programs that specialize in issues such as postpartum and eating disorders.
- Fund more research regarding gender-related suicidal ideation and suicide attempts.
- Incorporate more gender-specific strategies into existing suicide prevention programs.

- Increase gender-specific training for the programs and resources already in place in Utah, including the [Suicide Prevention Coalition](#), [Live On campaign](#), and [Crisis Lines](#).
- Increase resources to those who have attempted suicide or are contemplating suicide to reduce suicidality and increase the health and well-being of more vulnerable communities.
- Increase the connectedness of girls and women in Utah through encouraging healthy social connections, meaningful supportive relationships, and inclusion in all its forms.
- Prioritize suicide prevention and mental health programs; ensure these important programs are extensively publicized, funded, and utilized.
- Proactively teach coping skills, problem-solving strategies, communication, and resilience training.
- Promote education, economic security, and empowerment of women as an integral part of suicide prevention strategies.
- Provide gender-appropriate, caring, and evidence-based interventions.
- Provide proactive support and resources for those girls and women most at risk and their families.
- Provide social support networks, especially for those girls and women in Utah most at risk.
- Provide young women with detailed information about hormone changes across a lifespan as well as support for postpartum psychosis and other challenges associated with having children.
- Reduce stigma around suicidality and mental health issues and normalize seeking help.

Suicide prevention programs should incorporate women-specific strategies that consider suicide attempts, eating disorders, hormonal fluctuations, pregnancy, fetal loss, fertility problems, mental health, sexual abuse, childhood adversities, marital status, and intimate partner violence. By promoting education, economic security, and empowerment of women as an integral part of suicide prevention strategies, Utah will be better able to reduce suicidal ideation and suicide rates within its female population.

Conclusion

Although many risk factors for suicide may impact people of all genders, some specific risk factors for girls and women should also be acknowledged and explored. Research examining the suicidal thoughts and behaviors of Utah girls and women is urgently needed. Recognizing the unique needs of women and girls nationally and in Utah is an essential step in tailoring programs to help females who are most at risk. Through promoting acceptance, respect, healing, and recovery, women in Utah most at risk for suicide can recover and live whole, healthy, and productive lives.

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