Suicide Morbidity and Mortality by Sex

July 2026

Suicide morbidity and mortality differ by sex. Historically, men have been more likely to die by suicide than women, while women visited the emergency department (ED) for suicide-related reasons such as suicidal ideation, self-harm, or suicide attempts more frequently than men.[1] However, further differences by demographics within male and female populations indicate a more complex picture of suicide morbidity and mortality by sex.

This data brief describes suicide mortality (death) by sex using death certificate (Vermont Vital Statistics System) and suicide circumstance data (Vermont Violent Death Reporting System, VTVDRS). Suicide morbidity (suicidal ideation, attempts, self-harm) includes suicide-related emergency department (ED) visits (Electronic Surveillance System for the Early Notification of Community-based Epidemics, ESSENCE) and suicidal ideation (Behavioral Risk Factor Surveillance System, BRFSS).[2]

Key Points

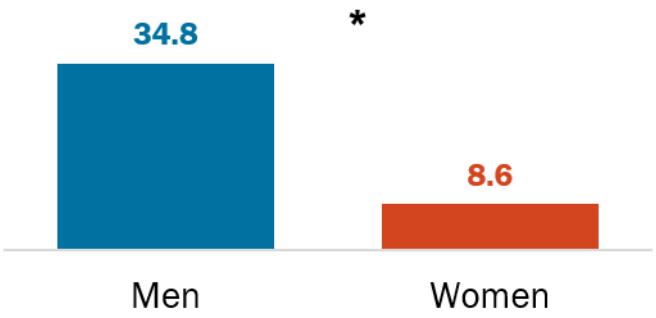
- **The rate of suicide deaths among men is four times the rate among women.**
- **Women who die by suicide are nearly twice as likely to have a history of mental health treatment and three times as likely to have previously attempted suicide than men.**
- **Men and women who consider suicide are two to four times more likely to experience financial insecurity than those who do not consider suicide.**

Suicide Mortality

In 2025, 140 Vermont residents died by suicide, a rate of 21.6 per 100,000 residents. The rate of suicide among men is four times the rate among women (34.8 vs 8.6 per 100,000), and 80% (112 out of 140) of those who die by suicide are men.

While some demographics among men and women are similar and reflect those described in the 2025 Annual Suicide Report, others are statistically different. Demographic differences are explained on the next page.[1]

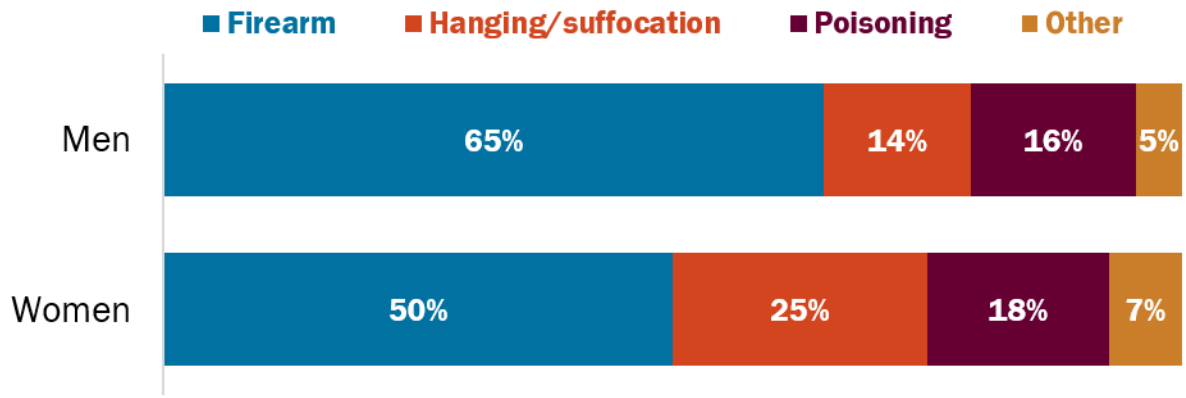
Men are four times as likely to die by suicide than women.



Source: Vermont Vital Statistics System, preliminary 2025
*Statistical difference.

- **Method of injury**: Men are more likely to use a firearm (65% vs 50% of women), while women are more likely to die by hanging or suffocation (25% vs 14% of men). However, these differences are not statistically significant.

Men are most likely to use a firearm, while women are most likely to die by hanging or suffocation.



Source: Vermont Vital Statistics System, preliminary 2025

- **Education**: Though not a statistical difference, 63% of women who die by suicide have at least some college education compared to 50% of men. When looking at education rates among all Vermont residents 18 and older, 71% of women have at least some college education, compared to 62% of men.
- **Service members and veterans (SMVs)**: Nearly all Vermont resident SMVs who died by suicide in 2025 were men (92%). Of note, most SMVs are men (92%), and most SMVs who die by suicide in other years are men as well.[1,3]
- **Place of injury**: Most men and women die by suicide in or around their home or that of a friend or relative (78% of men and 85% of women).
- **Industry**: Women are statistically more likely to have worked in the healthcare and social assistance industry than men (26% vs 5%). In comparison, 18% of Vermonters overall worked in healthcare and social assistance in 2025.[4]

Most people die in or around a home:

Source: Vermont Vital Statistics System, preliminary 2025

- **Occupation**: Women who die by suicide are statistically more likely to have worked in service occupations (32% vs 10% of men). In comparison, 21% of Vermonters overall worked in service occupations in 2025.[5]

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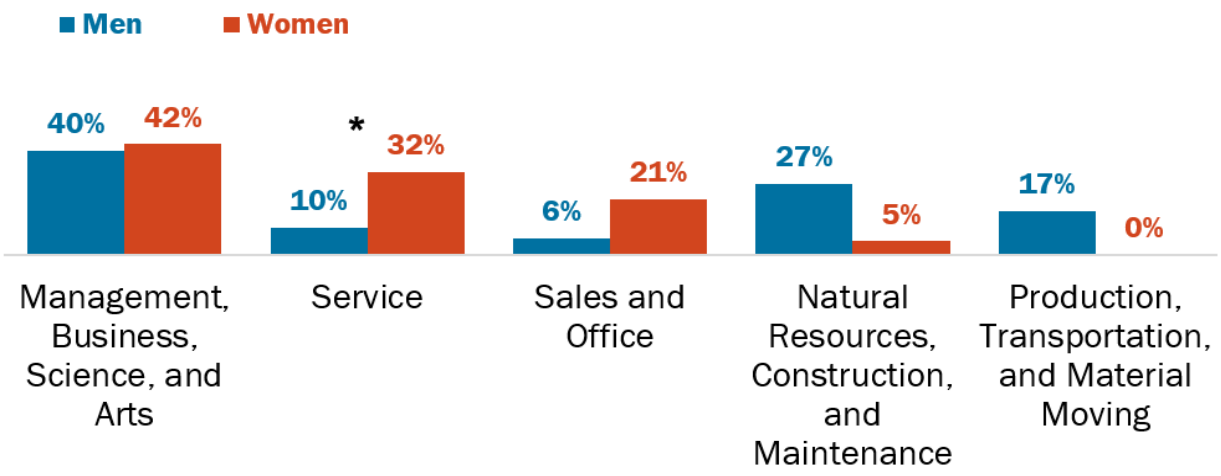
Men and women who die by suicide worked in different occupations before they died.



Source: Vermont Vital Statistics System, preliminary 2025
*Statistical difference.

Factors Associated with Suicide Deaths

Many things can contribute to death by suicide, like substance use, mental health, physical health, and other risk factors.

Substance Use

A statistically similar percentage of men and women had a substance use problem that contributed to their death by suicide in 2024. One-third of men had an alcohol use problem, and one-third of women had a problem with another substance.

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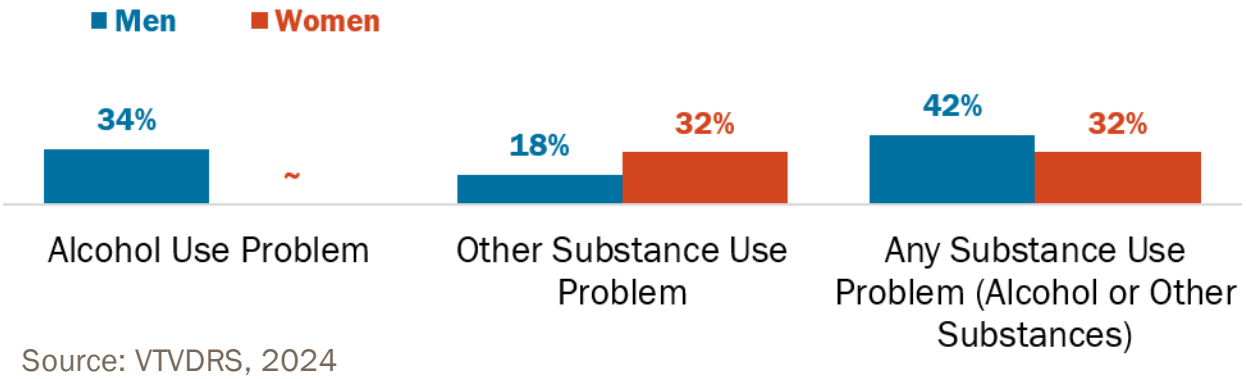

Source: VTVDRS, 2024
2024 VTVDRS data are preliminary and subject to change.
~Suppressed due to fewer than six people.

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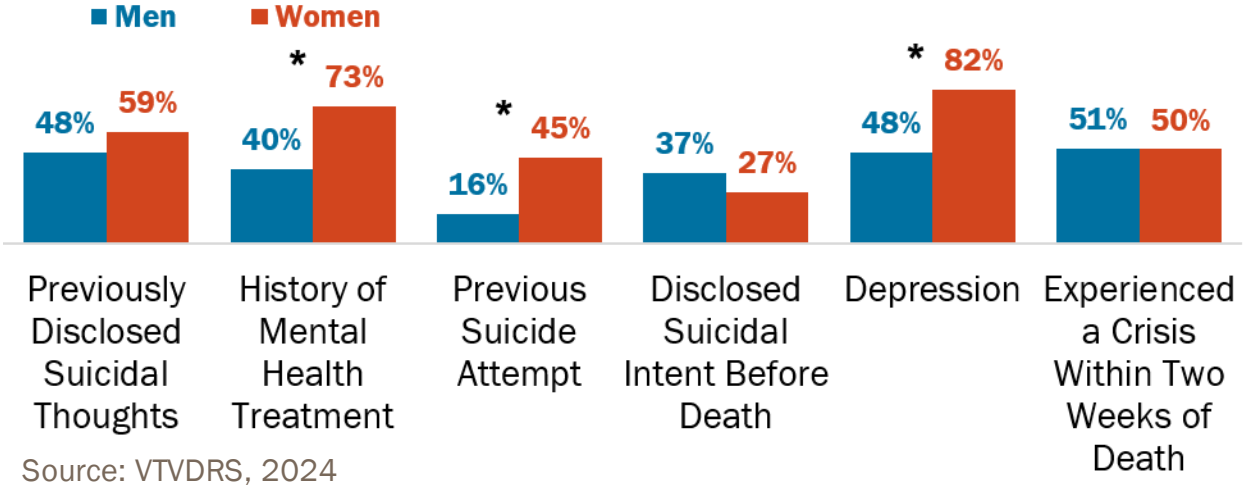
Mental Health

Women are nearly twice as likely as men to have a history of mental health treatment (73% vs 40%) and to have been diagnosed with depression (82% vs 48%). Women were nearly three times as likely to have previously attempted suicide (45% vs 16%). These comparisons are statistically significant.

Women are nearly three times as likely as men to have previously attempted suicide.



Source: VTVDRS, 2024
2024 VTVDRS data are preliminary and subject to change.
*Statistical difference.

Other Risk Factors

A statistically similar percentage of men and women experienced a physical health problem that contributed to their death by suicide in 2024. Nearly one-third of men experienced an intimate partner problem (29%).

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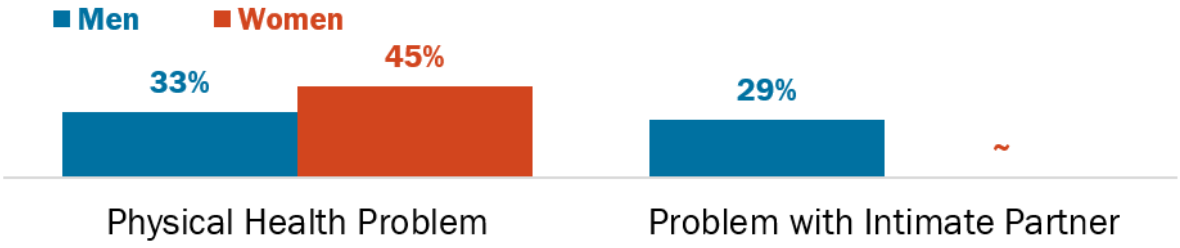

Source: VTVDRS, 2024
2024 VTVDRS data are preliminary and subject to change.
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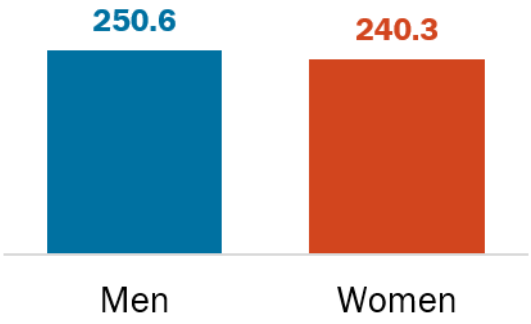
Suicide-Related Emergency Department (ED) Visits

Historically, the rate of suicide-related ED visits has been higher, though statistically similar, for women than men. This flipped in 2023 and remained through 2025 when the male ED rate for suicide-related reasons was at a rate of 250.6 per 10,000 visits compared to 240.3 among women.

The rate of suicide-related ED visits is statistically similar among men than women.
Rate per 10,000 ED Visits

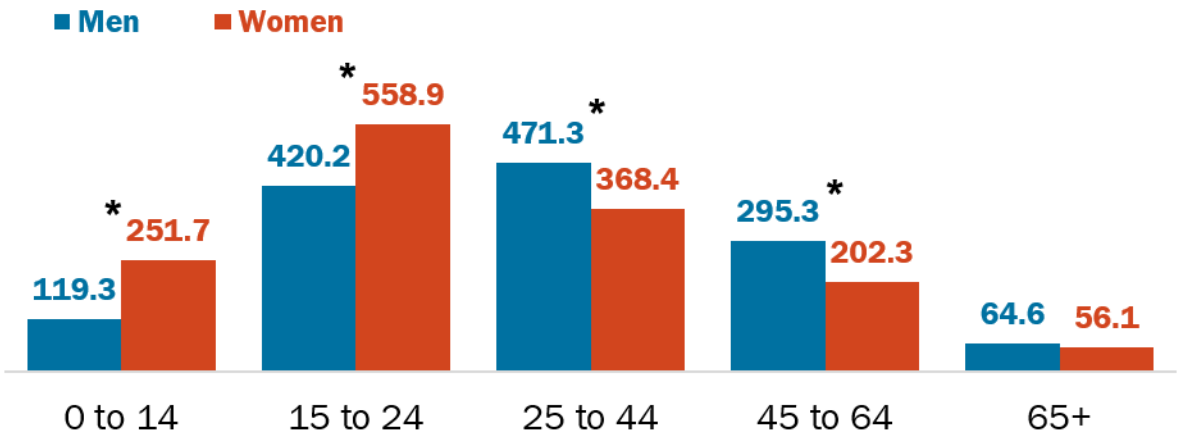


Source: ESSENCE, 2025

The rate of suicide-related ED visits among men and women in 2025 differs significantly by age, race/ethnicity, and county of residence.

- **Age**: The median age of men who visit the ED for suicide-related reasons is higher than the median age of women (38 vs 30). This is also reflected when looking at specific age categories by sex. Rates are highest among men aged 25-44 (471.3 per 10,000) and women 15-24 (558.9 per 10,000).

Men who visit the ED for suicide-related reasons are typically older than women.
Rate per 10,000 ED Visits



Source: ESSENCE, 2025
*Statistical difference.

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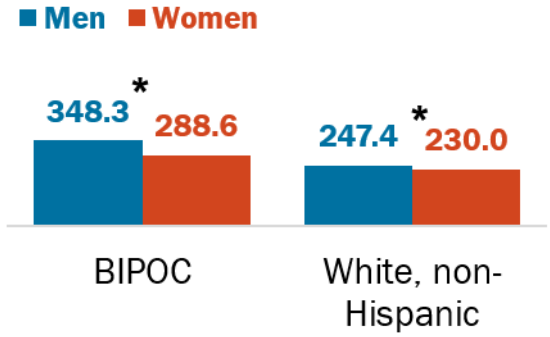
- **Race/ethnicity**: BIPOC men have a statistically higher rate of suicide-related ED visits compared to BIPOC women (348.3 vs 288.6). This is also the case for white, non-Hispanic men and women (247.4 vs 230.0).
- **County of residence**: The rate of suicide-related ED visits is statistically higher among men than women in Rutland (355.2 vs 268.5) and Windsor Counties (277.9 vs 229.9). The rate for women is higher in Bennington County (332.7 vs 233.0).

BIPOC and white, non-Hispanic men are more likely to visit the ED for a suicide-related reason than women.

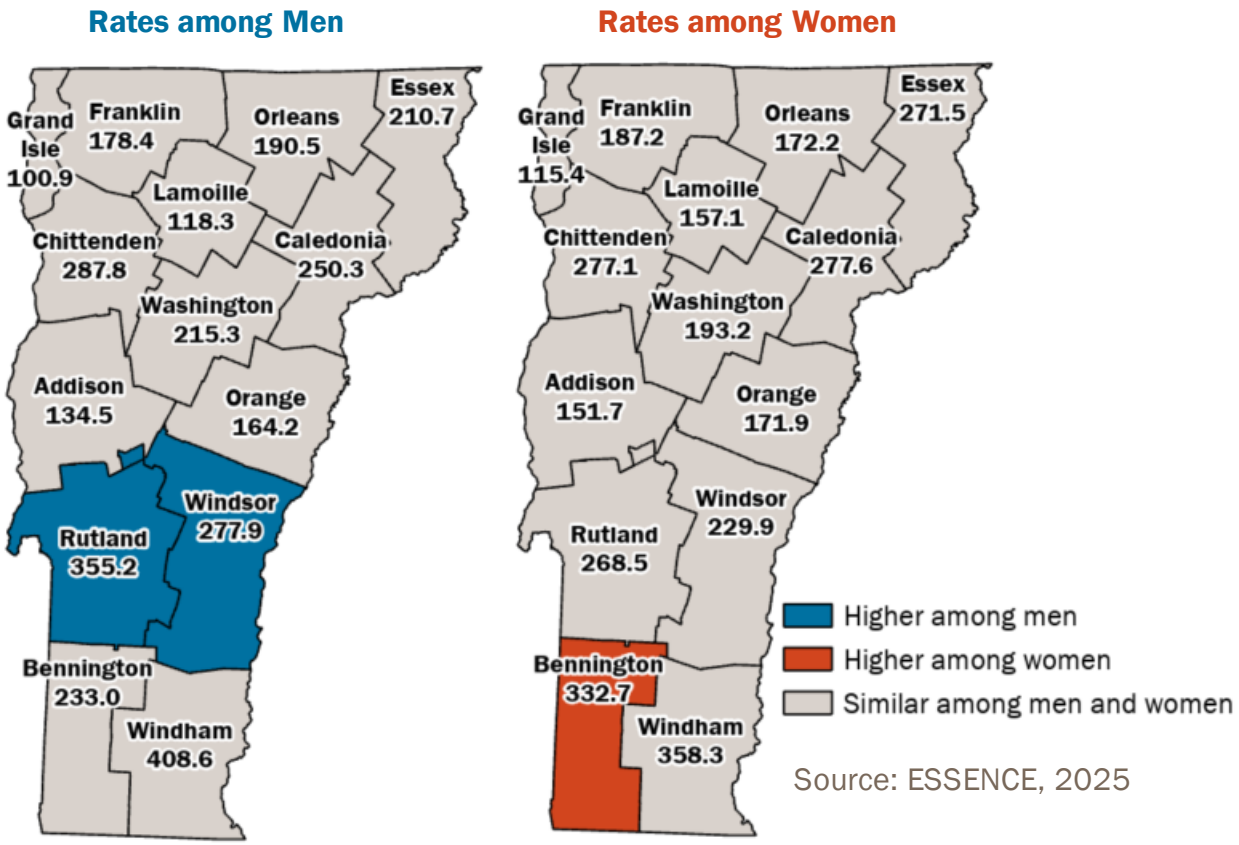
Rate per 10,000 ED Visits



*Statistical difference.

The rate of suicide-related ED visits is higher among men than women in Rutland and Windsor Counties and higher among women than men in Bennington County.

Rate per 10,000 ED Visits



Source: ESSENCE, 2025

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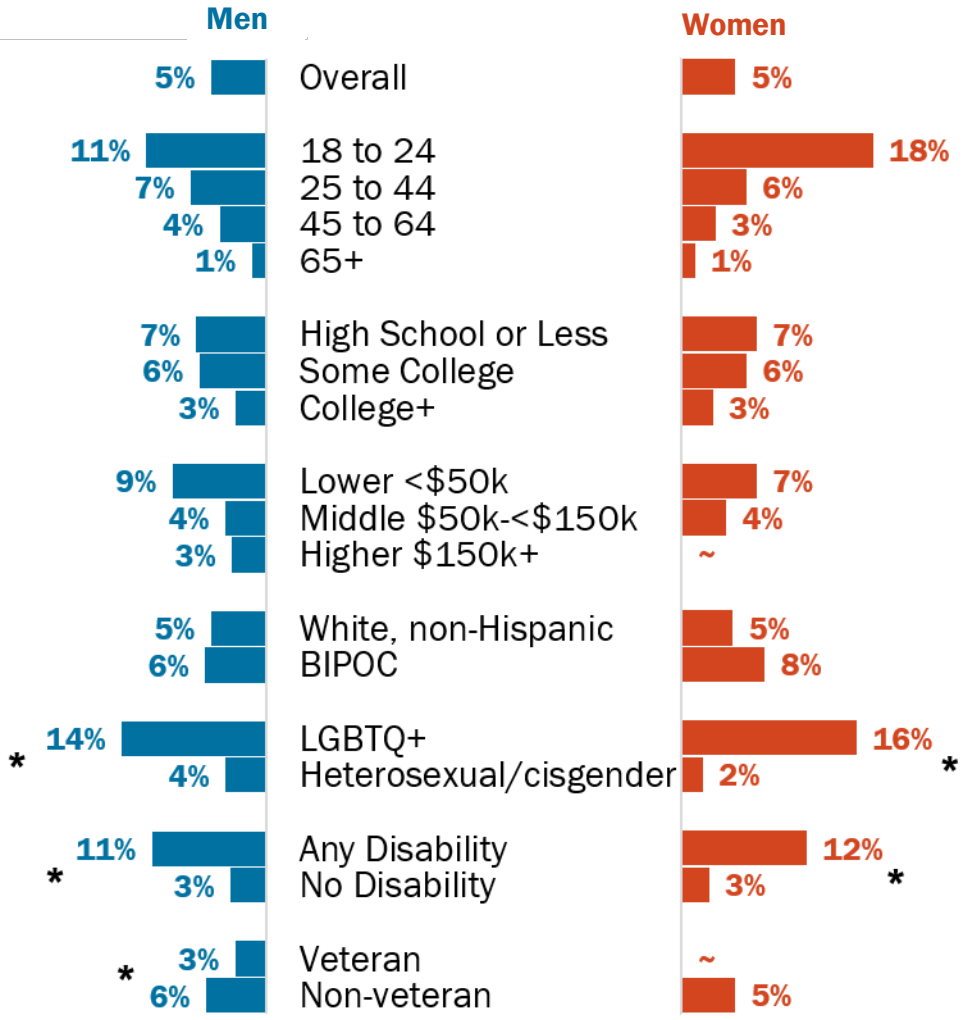
Suicidal Ideation

Men and women report seriously considering suicide at the same rate (5%). Demographic differences within male and female populations are similar to demographic differences seen in the overall population.[6] That report shows that the percent of men and women seriously considering suicide decreases with age, educational levels, and income. Additionally, LGBTQ+ men and women are statistically more likely to seriously consider suicide than heterosexual and cisgender men and women. Those with a disability are also more likely to have suicidal thoughts than those without. Non-veteran men are statistically more likely to consider suicide than veteran men.

Men and women report seriously considering suicide in the past year at the same rate.



Source: Behavioral Risk Factor Surveillance System (BRFSS), 2022 and 2024
*Statistical difference.
~Suppressed due to relative standard error greater than 30.

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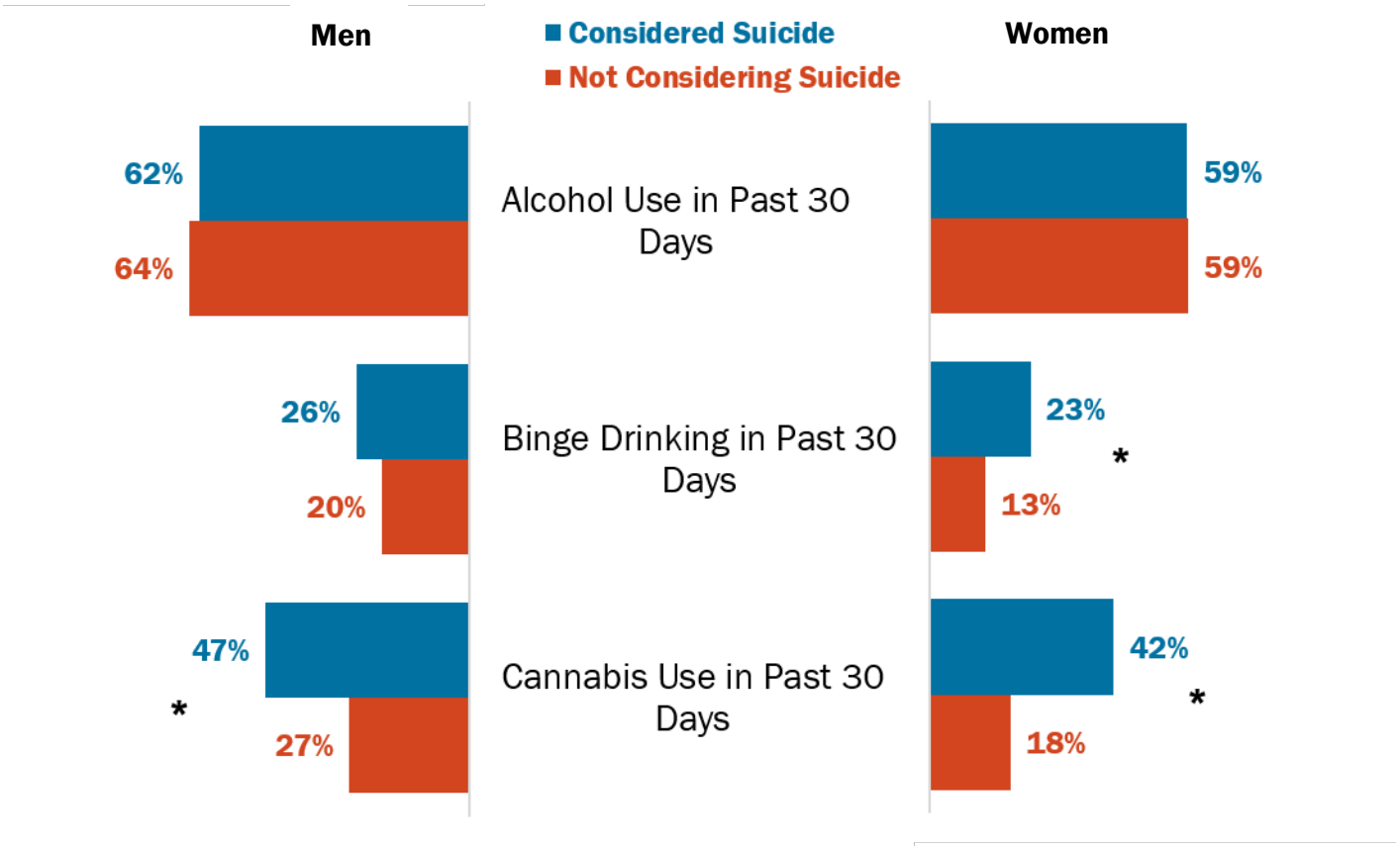
Substance Use

Men who are seriously considering suicide consume alcohol (any number of drinks or binge drinking) at a similar rate as those who are not thinking about suicide. Women who seriously consider suicide are as likely to consume alcohol but are more likely to binge drink compared to women who are not considering suicide. Men and women who seriously consider suicide are statistically more likely to have used cannabis in the past 30 days than those not contemplating suicide.

People who have considered suicide are statistically more likely to use cannabis than those who have not considered suicide.



Source: BRFSS, 2022 and 2024
*Statistical difference.

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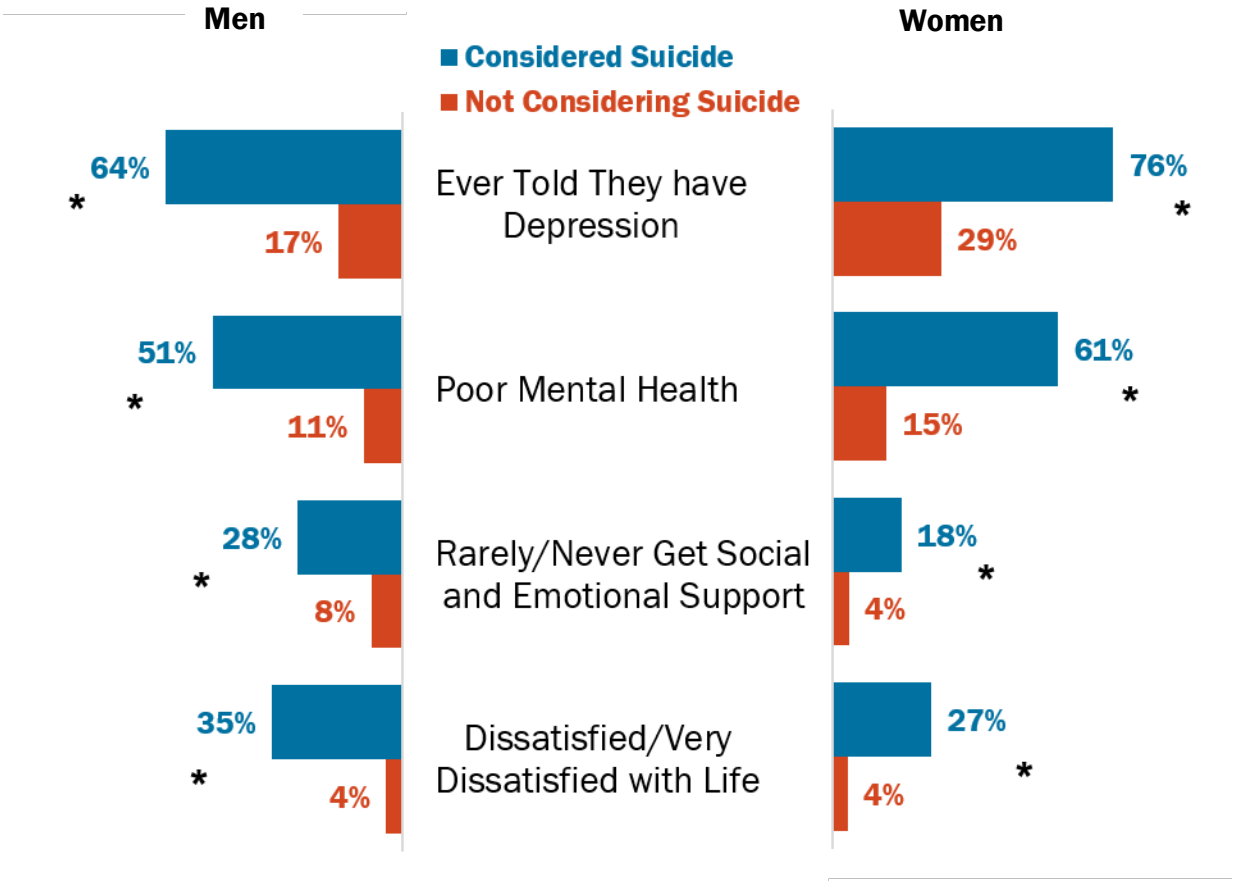
Mental Health

Men considering suicide are nearly four times as likely to have depression (64% vs 17% of men not considering suicide) and are nearly five times as likely to experience poor mental health (51% vs 11%). Similarly, women considering suicide are more than 2.5 times as likely to have depression (76% vs 29% of women not considering suicide) and are four times as likely to experience poor mental health (61% vs 15%).

Men who seriously consider suicide are also 3.5 times as likely to rarely or never get the social and emotional support they need (28% vs 8% of those not considering suicide) and nearly nine times as likely to be dissatisfied or very dissatisfied with life (35% vs 4%). Women considering suicide are 4.5 times as likely to rarely or never get the social and emotional support they need (18% vs 4% of those not considering suicide) and nearly seven times as likely to be dissatisfied or very dissatisfied with life (27% vs 4%).

People who have considered suicide are statistically more likely to experience poor mental health than those who have not considered suicide.



Source: BRFSS, 2022 and 2024
*Statistical difference.

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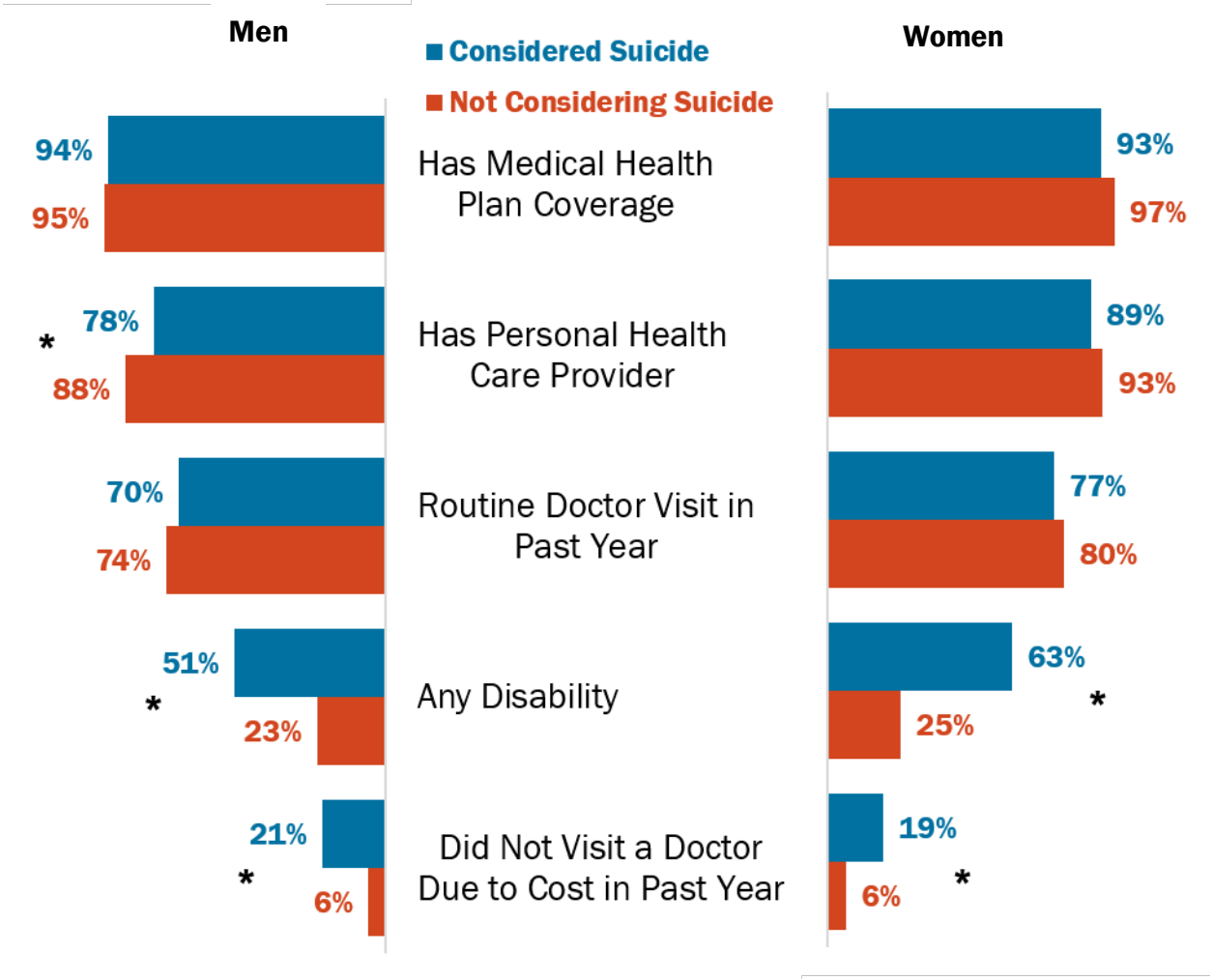
Physical Health and Health Care

People who seriously consider suicide are twice as likely to have a disability compared to those not considering suicide. This is a statistical difference.

The rates of having health plan coverage and going to a routine check-up in the past year do not differ between people seriously considering suicide and those who are not. However, people seriously considering suicide are less likely to have a primary care provider. Additionally, men considering suicide are statistically more likely not to get the care they need because of the cost of healthcare.

People who have considered suicide are statistically more likely to have a disability than those who have not considered suicide.



Source: BRFSS, 2022 and 2024
*Statistical difference.

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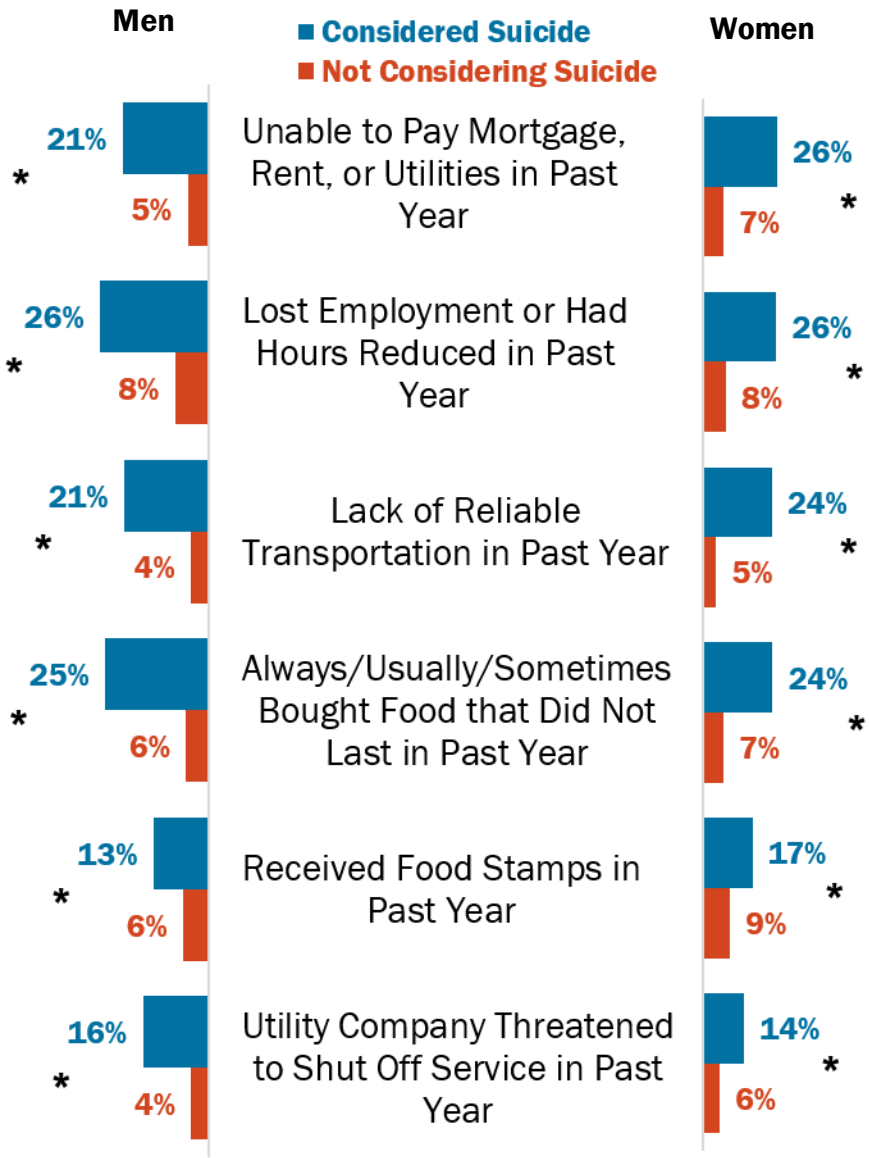
Financial Insecurity

Men and women who consider suicide are two to four times more likely to be experiencing financial insecurity than those not thinking about suicide. This includes not being able to pay for housing, losing a job or having hours reduced, not having reliable transportation, food insecurity, receiving food stamps or Supplemental Nutrition Assistance Program benefits, and having the electric, gas, oil, or water company threaten to shut off services.

People who have considered suicide are statistically more likely to experience financial insecurity than those who have not considered suicide.



Source: BRFSS, 2022 and 2024
*Statistical difference.

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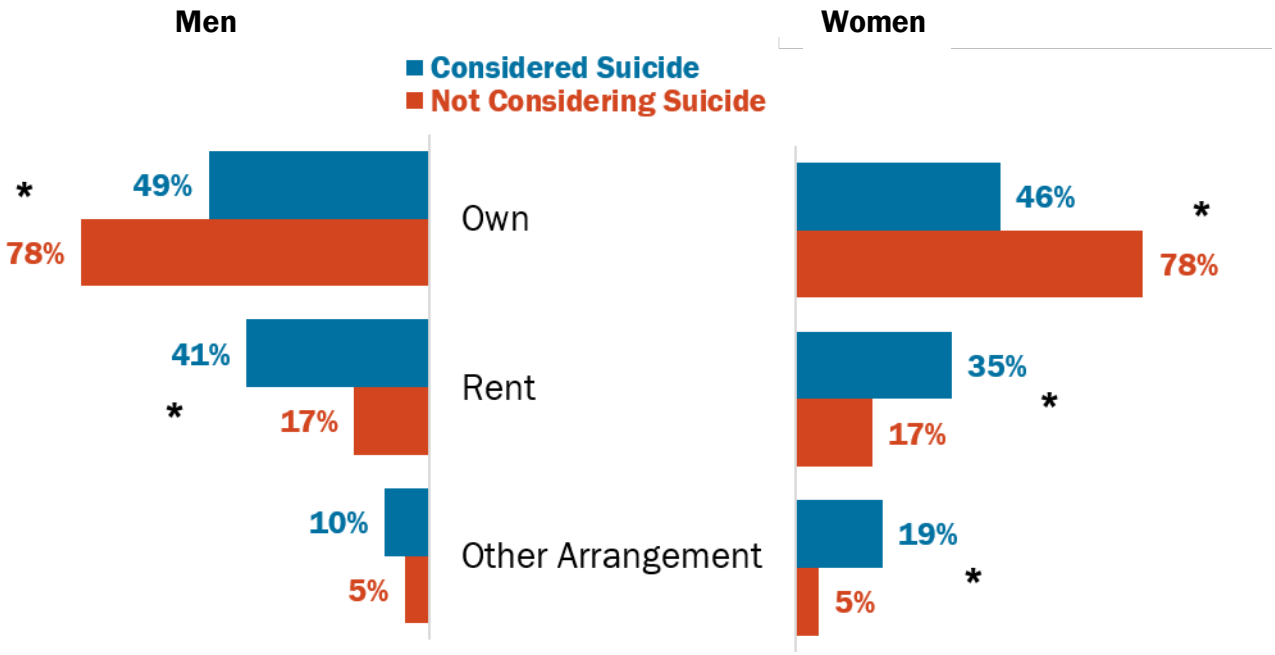
Home Ownership

Men and women who seriously consider suicide are statistically more likely to rent their home compared to those not considering suicide. Women who consider suicide are statistically more likely to have some other living arrangement (group home or staying with friends and family without paying rent) than women who do not consider suicide.

People who have considered suicide are statistically more likely to rent a home than those who have not considered suicide.



Source: BRFSS, 2022 and 2024
*Statistical difference.

Key Takeaways

- Most suicide deaths are among men (80%). Men are more likely to use a firearm (65%), while women are more likely to die by hanging or suffocation (25%).
- Women who die by suicide are nearly twice as likely as men to have a history of mental health treatment (73% vs 40%) and are nearly three times as likely to have previously attempted suicide (45% vs 16%).
- Men who visit the ED for suicide-related reasons are older than women who visit for suicide-related reasons.

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- Men and women who experience suicidal ideation are more likely to experience poor mental health and financial insecurity than men and women who do not experience suicidal ideation.

Resources

- If you or someone you know is thinking about suicide, call or text the Suicide and Crisis Lifeline at 988, or chat at 988lifeline.org.
- For more information about getting support, helping others who may be struggling, and getting involved in suicide prevention in Vermont, go to FacingSuicideVT.com.
- The Vermont Network has a statewide hotline for domestic abuse that can be reached at 800-228-7395.
- For more information about secure storage, free gun locks, and options for temporary storage, go to GunSafeVT.org or https://www.healthvermont.gov/firearm-safety.

References and Notes

1. Annual Suicide Data Report – Data through 2025
2. Although the Vermont Department of Health recognizes genders beyond the binary, the data sources in this report are categorized as male or female only. For this reason, all data throughout this report will reference male or female only.
3. 2024 American Community Survey – as of July 2026, 2024 is the most recent data year available for the American Community Survey.
4. U.S. Bureau of Labor Statistics – Employment and Wages Data Viewer, 2025
5. U.S. Bureau of Labor Statistics – Occupational Employment and Wage Statistics, 2025
6. 2024 Behavioral Risk Factor Surveillance Data Summary Report

The Health Department recognizes that many social, economic and environmental inequities made worse by structural oppression, marginalization and racism influence the data we collect and report. We continuously work to better collect and share data that reflect the lived experiences of all Vermonters. If you have questions or concerns, please check our Data Encyclopedia for more information, including who to contact to find out more.

Note about the data sources used in this report: different years are used for the data sources used in this report because the data were collected and finalized at different times.

If you need help accessing or understanding this information, contact: AHS.VDHSuicideData@vermont.gov.

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