



Key Messages

Female Suicide* in Ireland (IPSDS 2015–2020 cohort)

Cox, G., O'Neill, S., & K. Kavalidou (2025) The benefits of hindsight: exploratory analysis of 6 years of Irish coronial data on female suicide mortality across the life course. *Death Studies* 1-12.

1



Suicide risk varies across the lifespan

Suicide rates peak among middle-aged women aged 35–64, with rates nearly three times higher than other age groups.

2

Mental health challenges intensify with age



With middle-aged and older women most affected.

3



Substance misuse is age-dependent

Drug misuse was most common among young adult women, while alcohol misuse peaked in middle-aged women.

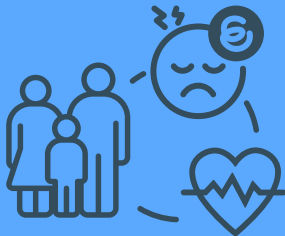
4



Method of suicide differs across age groups

Hanging is the most common method among adolescents, while poisoning and drowning are more frequent in middle-aged and older women, respectively.

5



Adverse life events are widespread but age-specific

Relationship and family conflict dominate among adolescents and young adults, while middle-aged and older women are more likely to experience physical health issues and separation from children.

6



Social and economic vulnerabilities are evident

Young women are more likely to be single and in unstable living arrangements. Older women are more likely to be out of the labour market.

7



Stressful life events are common across all ages

A majority of women across all age groups had documented stressors or emotional distress prior to death.

8



Opportunities for intervention exist

Many women had contact with services or were prescribed psychiatric medication before death. These touchpoints offer potential for suicide prevention interventions, if risks are properly assessed and addressed.



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* This study used data from the Irish Probable Suicide Death Study (IPSDS) 2015–2020, derived from an annual census of closed coronial files for the corresponding years. The IPSDS applies the civil standard of proof—suicide on the balance of probabilities—and includes both coroner determined and research determined suicides. Throughout this paper, the term “suicide” refers to both categories.

Key Findings

Female Suicide in Ireland (IPSDS 2015–2020 cohort)

This is a summary of the findings presented in Cox, G., O'Neill, S., & K. Kavalidou (2025) The benefits of hindsight: exploratory analysis of 6 years of Irish coronial data on female suicide mortality across the life course. [Death Studies](#) 1-12.

Summary

Female suicide in Ireland has rarely been examined independently of male suicide due to its low incidence. Using data from the Irish Probable Suicide Death Study (IPSDS, 2015–2020), this paper explored patterns of female suicide to inform prevention policies. Of 3,625 suicide deaths, 25% (n=927) were female. Analysis showed risk is shaped by age-specific factors and life-course adversity. Younger women often died following crises such as academic stress or interpersonal conflict, often without a diagnosed mental illness. Middle-aged women were most represented, with higher rates of mental health issues, substance misuse, and service contact. Older women faced challenges linked to physical illness and chronic pain. Suicide methods varied by age: hanging was more common among younger women, while poisoning and drowning were prevalent among older women. Gender-based violence emerged across all age groups. Findings underscore the need for age- and gender-sensitive strategies, improved service engagement, and better restriction of access to means.

1. Age distribution

- The majority of the female cohort (59%) were **middle-aged (35–64 years)**.
- Young adults (19–34 years) made up 24%.
- Older adults (65+ years) accounted for 11%.
- Children/adolescents (≤18 years) represented 6%.



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2. Suicide rates

- **Middle-aged women** had the highest suicide rate, averaging **9.3 deaths per 100,000**, nearly **3 times** higher than other age groups combined.
- These rates were significantly higher than:
 - Adolescents (≤18 years): 3.2 deaths per 100,000.
 - Young adults (19–34 years): 3 deaths per 100,000.
 - Older adults (65+ years): 4.8 deaths per 100,000.
- A **modest increase** in female suicide mortality was observed over the six-year period, rising by approximately 13%, from **6.1 deaths per 100,000 in 2015** to **6.9 per 100,000 in 2020**.

3. Socio-demographic trends

- **Single status** was significantly overrepresented among young adults (81%).
- **Not being in the labour market** was most prevalent among older adults (80%).
- **Living with others** was more common in the 19–34 age group (24%).
- **Parenthood** was most prevalent among middle-aged women (48%) indicating a strong association between this age group and caregiving roles.

4. Clinical characteristics

- **Evidence of a mental-health history** increased with age.
 - 39% of adolescents → 85% of middle-aged women.
- **Mental health medication** usage rose from 15% of adolescents to 62% of older adults.
- **Drug misuse** was most prevalent among young adults (41%) whereas **alcohol misuse** was concentrated among middle-aged women (19%).
- **Self-harm history** was recorded in one-third of cases, though likely underreported.
 - No significant age differences in self-harm rates were observed, but older women (40–59) had a higher suicide risk post self-harm.
- **Medical contact** was significantly more common in older adult women.

5. Death details

- **Method of death varied by age:**
 - **Hanging:** Most common among adolescents (91%), but declined with age and was least common among older adults (23%).
 - **Poisoning:** Overrepresented in middle-aged women (25%).
 - **Drowning:** Overrepresented in older adults (32%).
- **Suicide verdict and suicide related communication:** No significant differences across age groups in terms of:
 - Suicide verdicts (i.e., suicide beyond reasonable doubt) which ranged from 76% of adolescents to 64% of older adults.
 - Presence of suicide related communication (e.g., note) which ranged from 28% of older adults to 39% of adolescents.
 - Evidence of risk factors or stressful life events which ranged from 74% of adolescents to 86% of older adults.

6. Adverse life events

- **Stressful life** events were present in the majority of deaths across all age groups ranging from 74% in adolescents to 86% in older adults.
- **Social relationship/connection issues:**
 - Most common in **adolescents**, often involving family conflict or loss of contact with a parent due to divorce/separation.
 - **Young adults** frequently experienced interpersonal problems, especially in non-romantic relationships.
 - **Middle-aged and older women** were more likely to have reduced or no contact with their children, sometimes linked to custody issues.
- **Acute current mental-health symptoms and behaviour changes** increased across the lifespan.
 - That said, these were the most commonly recorded risk factors for **young adult women** (19–34 years).
- **Physical health issues** increased with age:
 - **Older adults:** Over 50% had chronic illnesses or pain. Conditions included diabetes, cancer, COPD, arthritis, dementia, and degenerative diseases.
 - **Reproductive health** issues (e.g., menopause, fertility problems, pregnancy termination) were noted in a small number of cases.