

Suicide, male honour and the masculinity paradox: its impact on the ADF

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Introduction

While there are few human problems as complex or multi-determinate as suicide, one factor remains constant: men are considerably more likely to end their lives by suicide than women.¹ To emphasise this point, of the 803,900 suicides world-wide in 2012, 506,487 (65%) were men, which equates to a rate of 15 per 100,000 for men and 8 per 100,000 for women.

The gender disparity in global suicide rates remains evident even though women have double the risk of engaging in suicide-related behaviours—such as non-fatal suicide attempts—and almost twice the rate of diagnosed major depression, a condition often associated with suicide risk.² However, in high-income countries such as Australia, the US and UK, the male rate of suicide can rise to over three times that of females. Indeed, the combined male rate of suicide for first-world countries reported by the World Health Organization

is 19.9 per 100,000 men, compared to 5.7 per 100,000 women.

Despite a recent reduction in the prevalence of suicide globally, it remains one of the leading causes of death for young people in the West.³ In Australia, suicide is the leading cause of death for men and women aged between 15-44.⁴ However, men had a suicide rate of 17.8 deaths per 100,000 compared to 5.8 per 100,000 women in 2016.⁵ Moreover, while young men make up most of the world's completed suicides, middle-aged and elderly men in the Western world have the highest suicide rate for their respective age groups.⁶ In other words, suicide amongst men in the West is not simply a factor of youth (higher risk taking, impulsivity and/or aggression) but reflects something uniquely male in a cultural context.

There is an interesting paradox in Australia that one of the safest occupations for young men is serving in the ADF. Overall, the rate of suicide



for men serving full-time in the ADF is 53 per cent lower than the general population.⁷ However, for ex-serving men, the suicide rate is 13 per cent higher than the general population, with those aged 18-24 having double the rate of the general population. By contrast, serving and ex-serving women have a suicide rate so low it is difficult to conduct any meaningful analysis.⁸

This article examines these issues and advances the proposition that the risk of suicide in Australia—and in the ADF—is linked to a culture of honour that is deeply ingrained in the psyche of young men with a predominantly Anglo-Scottish-Irish background. It argues that Australia and the ADF must look more deeply at the way men and women treat men, that men must be encouraged to open up and talk when they need help, and that suicide must be regarded not as an honourable solution but as a tragedy.

Gender and method of suicide

One common explanation for the disparity in male and female suicide in the West is that men choose more lethal methods of suicide, such as a firearm, while women choose potentially less lethal methods, such as poisoning.⁹ In Australia, the most common method of suicide for men is a firearm, whereas hanging is the second most common for both men and women.¹⁰ Regardless of the method of suicide chosen by either gender, women in the West seem to survive suicide attempts in much higher numbers than men.

To fully understand this point, it might be helpful to examine a country where women have a higher rate of suicide than men, namely China.¹¹ Pesticide poisoning is the most common method of suicide for both men and women in rural China.¹² Given that it is such a commonly used and almost always fatal method of suicide, it is doubtful either gender group would be unaware that consuming a pesticide is likely to end in death. Accordingly, the fact that women in rural China have a higher rate of suicide is seemingly because rural Chinese women intend to die rather than survive a suicide attempt. If Western women behaved the same way, the suicide rate among women in Western countries would be affected markedly.

While women in the West generally do not have at their disposal the range of highly-toxic

chemicals available in rural China, it seems fair to conclude that if they really wanted to end their lives by suicide, they would be able to do so. The difference between women in a country like China and women in the West is that women in Western countries are more likely to choose a method of suicide that allows them to survive.¹³ Indeed, it could be argued this is the 'point' of their behaviour, raising obvious questions about why rural women in China, and Western men, do not behave the same way.

Suicide and suicidal intent

The choice of suicide method provides an indication of the suicidal intentions of the person at the time, and it is the 'intention to die' that seems to differ between men and women in affluent societies, not just that women choose methods that are potentially less lethal.¹⁴ Some authors have argued that women are simply 'less competent' at completing suicide, a view described by George E. Murphy as 'sexist baloney'—and a view certainly disproved by the example of rural women in China.¹⁵

Murphy was one of the first to argue that the population of people who attempt suicide is actually different from the population of people who complete suicide. Indeed, the percentage of people surviving a suicide attempt is so high that Murphy argues the 'intent' behind most is actually to survive.¹⁶ Murphy estimates that 90-95 per cent of all suicide attempts—or 'para-suicides'—regardless of gender, are not intended to result in death but to change unbearable circumstances. According to Murphy, such para-suicides characteristically act impulsively, make provision for rescue (by having others present or notified) and employ slow-acting means, with the ultimate aim of bringing attention to a problem the individual feels cannot be resolved on their own.

The high rate of attempted suicide among women suggests women are more likely to perceive themselves as having serious problems compared to men, therefore increasing their risk of suicidal behaviour. Evidence in favour of this was provided by Lars Wichstrom and Ingeborg Rossow, who investigated gender differences in self-reported suicide attempts by some 9500 Norwegian adolescents.¹⁷ They found

that significantly more girls attempted suicide than boys; however, girls also reported significantly more risk factors, such as depressed mood, disordered eating patterns and lowered self-concept. Interestingly, Wichstrom and Rossow also found that being involved in a romantic relationship more than tripled the likelihood of a suicide attempt for both genders.

While the gender disparity in suicide risk factors may explain why more women attempt suicide, it says nothing about why males are more likely to end their lives by suicide or, indeed, why women are more likely to attempt suicide without apparently intending to die. Discussing this point, Murphy concluded that women are less inclined to want to end their lives because they are more considerate of the impact of suicide on those around them, and that women were more likely to seek help for their problems and heed the advice they receive.

According to Murphy, women are encouraged to share their problems and discuss issues and concerns with peers, whereas men are competitive and find the admission of any weakness 'unthinkable'. He argued that it was male socialisation in Western societies that increased the risk of a more-deadly decision to complete suicide, whereas female socialisation increased the likelihood that a woman would seek and receive help.

Masculinity, violence and suicide

The idea that socialisation could explain the gender paradox in suicide in the Western world has been explained by 'the socialisation model of suicide'.¹⁸ According to this model, suicidal behaviours acquire a 'gendered value', making them more or less congruent with broader masculine and feminine cultural scripts. Hence, it would follow that a suicide attempt without an obvious intent to die would be regarded as 'feminine behaviour', more likely to be chosen by women, whereas completing suicide would be regarded as 'masculine behaviour' because it aligns with male gender norms of being action-focused, aggressive and decisive.

While such a description seems to be touting an unpopular perception of women as less 'action-focused' than men, this is one occasion

where the possession of a more feminine cultural script is a significant survival advantage. Indeed, the influence of gender socialisation in relation to suicide appears so powerful that it justifies revisiting the issue of gender norms in Western society.

Of course, it is not just suicide where socialisation might arguably put men at greater risk of death or injury. According to the socialisation model, potentially any behaviour congruent with masculine norms would show this effect. To test this theory, one has only to look at the statistics for violent crime and death in Australia, where data from the 2012 census indicates that 42 per cent of people over the age of 15 reported having experienced violence perpetrated by a man at some point in their lives, compared to 12 per cent reporting violence at the hands of a woman.¹⁹

More troublingly, young men between 20-29 years were the most likely perpetrators of homicides in Australia, with around 6.5 per 100,000 young men committing murder in 2006-07, compared to <1 per 100,000 young women. There is nothing particularly surprising about this finding as it is entirely consistent with masculine gender norms in almost any part of the world.²⁰ However, what is less appreciated is that men also comprise the majority victims of violent crime, including murder. Indeed, according to a 2015 UN report, 79 per cent of all murder victims are male, and men have a global murder victim rate of 9.7 per 100,000, compared to 2.7 per 100,000 for women.²¹

The results for men in Australia are no different. As shown at Table 1, Australian men are significantly more likely to be victims of almost all forms of interpersonal violence (excluding sexual assault and intimate partner abuse). They also have two-thirds the risk of being a murder victim and are at greater risk of robbery, extortion and even road fatalities compared to women.

Table 1: Victims of suicide, violence and premature death in Australia, 2012-13²²

Problem behaviour	% of total male victims	Number of male victims	% of total female victims	Number of female victims	Year
Completed suicide	75	2030	25	649	2012
Road fatalities	72	940	28	370	2012
Murder	63	157	37	92	2013
Attempted homicide	63	99	37	58	2013
Manslaughter	71	17	29	7	2013
Robbery – all kinds	72	6788	28	2250	2013
Armed robbery (interpersonal)	77	2942	23	893	2013
Extortion/blackmail	71	338	29	140	2013
Total victims	75	13,182	25	4459	2012/13

These results provide reasonable support for a socialisation model of male violence and suicide, suggesting it may be the socialisation of men that puts them at greater risk of dying by suicide as opposed to any other explanation. This appears to particularly apply in a Western culture like Australia. It is therefore surprising how little has been done to address the problem. While Australians are very familiar with the slogan ‘violence against women is wrong’, the community remains largely unaware or even indifferent to the reality that men in this country are at high risk of interpersonal violence, including domestic homicide.²³

But haven’t gender stereotypes changed?

There is little evidence that deeply ingrained perceptions around male and female gender have markedly changed over the past 30 years—indeed, between 1983 and 2014, perceptions of gender stereotypes in the US remained very stable.²⁴ While men working side-by-side with women may have a more open mind about gender-based stereotypes, for most people gender norms and employment choices have not really changed, despite significant changes in attitudes towards women’s rights throughout the industrialised world. However, as outlined earlier, the disparity in suicide risk is not just a factor of being male.

There are also marked differences between men from different cultural backgrounds, which is particularly the case for men with an indigenous background in the US and Australia.²⁵ Indeed, Australian Aboriginal men between 25-29 have an extremely high risk of suicide with a rate of 91 per 100,000.²⁶ However, aside from the appalling toll of suicide among indigenous peoples in the West, it is white men—many with an Anglo-Scottish-Irish heritage—who have an unusually high risk of suicide compared to other groups.²⁷ In other words, some men in Western society may be at even greater risk of suicide because of the way their heritage defines manhood and what it is to be a ‘man.’

Suicide and the male culture of honour

In 2016, James David Vance published a memoir about his family and his people, the hill-folk of the American South.²⁸ He raised issues about his culture that to him were harbingers of annihilation. These hill-folk from Greater Appalachia, with a strong (almost exclusive) Scottish-Irish heritage, had become an anachronism in modern America. Their deeply ingrained culture of honour still required them to violently defend every insult and perceived slight, to uphold family honour, and view outsiders as potential enemies rather than friends.

In a similar memoir by James Rebanks, the reader is given an insight into the herding culture that has existed in the Lake District of the UK for millennia.²⁹ Indeed, it is believed that the Anglo-Scottish-Irish culture of honour that travelled from Britain to the 'New World' largely reflected the demanding nature of this lifestyle, where herdsman could revert to almost ferocious violence to protect their herd.³⁰

Despite living thousands of miles apart, both Vance and Rebanks' personal stories were surprisingly similar. Both tell of an almost self-destructive loyalty to their culture and traditional way of life. This loyalty prevented them from investing in education and the attainment of skills that would have broadened their opportunities and decreased their reliance on a more traditional lifestyle. Also embedded in their stories was an environment where male academic under-achievement, community and interpersonal violence, and alcohol abuse were part-and-parcel of growing up.

No Australian reading either of these memoirs could escape the parallels with our own society. Indeed, when we think about the foundations of Western society around the globe, the influence of this deeply traditional Anglo-Scottish-Irish culture is pervasive. Regardless of how apparently advanced these modern cultures are, there remains something ingrained in the Western way of life that makes men of this heritage more aggressively male than other cultures.

Australia has retained at its core a unique variant of this cultural script that harks back to the days of the penal colonies and Britain. Successive waves of immigration from Europe and Asia have done little to change the core Anglo-Australian culture, largely defined by a culture of honour encapsulated in 'mateship', which strongly emphasises the priority of the group over the individual. Among other things, Australian mateship places a very high value on loyalty to one's mates, a distrust of authority and strangers, sticking to one's promises, never revealing weakness of any kind, and standing on one's own two feet. While Australian women often adopt many of the norms of the code of mateship, the expectations and social pressure to conform to this ideal do not apply in the same way.

Of course, these characteristics are not peculiar to Australian or even Western men—many would be identifiable in any high male-honour society. However, it is the rejection of 'weakness', whether perceived or real, that really places Australian men at a grave disadvantage.³¹ Admitting to a fault, showing emotion, seeking help, backing down under threat, revealing pain, being overly friendly, having a mental problem, being even slightly effeminate, having concerns about sexuality, needing support, losing in competition, trying too hard (especially as a student), falling in love, caring too much, even smiling too often, can be construed as signs of weakness, potentially resulting in a loss of face or feelings of shame.

Because men are expected to handle problems with rugged independence, when they need help they cannot ask for it without exacerbating the negative emotions that brought them to need help in the first place. Indeed, young men caught in this vicious cycle might eventually regard suicide as preferable to the dilemma and shame of admitting a weakness they neither understand nor know how to manage.

While Vance does not directly discuss suicide statistics among his people, the reality is that suicide is significantly more common in parts of the US with a highly masculine culture of honour.³² A similar trend is observable in rural areas in Australia. Kairi Kölves et al in their 2012 study of suicide found that men in remote areas of Queensland had a suicide rate of 36.3 per 100,000, which is one of the highest in the world.³³ It is also one-third higher than the rate for men living in regional areas of the state, and over twice the rate for men in metropolitan areas. By contrast, women in the same remote areas of Queensland had a suicide rate of 8.8 per 100,000, which was higher than women in either regional or metropolitan areas but nowhere near the rate for men.

Male suicide and mental illness

While it has long been assumed that suicide is related to mental illness, research has demonstrated that feelings of hopelessness account for nearly all the variance in the relationship between suicide and diagnosis.³⁴ This suggests it may be the sense of failure associated with vulnerability

that increases suicide risk, as opposed to the diagnosed problem. Because suicide is an action-oriented, aggressive behaviour consistent with a traditional masculine cultural script, it can almost appear culturally preferable to the perceived shame of illness and incapacity. This conclusion is supported by considerable research showing that men are less likely than women to engage in help-seeking behaviour, especially for mental illness.³⁵

The impact of such a pervasive cultural bias is incalculable. While women in Western countries are able to show their emotions, admit to problems, seek help and even have a language for discussing their emotional concerns without experiencing cultural or personal condemnation, the experience for Western men is entirely different. Despite campaigns in Australia to reduce the stigma associated with help-seeking among men, especially for mental illness—which includes personal accounts from male sporting heroes, military commanders, politicians and even Prince Harry—the increasing gender divide in rates of suicide and violence in Australia indicates that the stigma remains.

Indeed, this stigma appears so hard to shift it may even be counter-productive to highlight the relationship between mental illness and suicide, as men may regard suicide as an ‘honourable’ solution. A more constructive and positive message would be to embrace normal emotional expression as completely consistent with a Western construction of manhood. This could open the way for men who possess more affiliative characteristics to become prominent role models for young men in Western society. The point being that emotional expression does not make an individual man weaker or stronger, it makes men as a group more resilient.

Suicide risk and ADF service

While it could be argued that the rate of suicide among serving ADF members has been reduced by a comprehensive focus on suicide prevention, it seems evident that something else is also happening. According to the 2010 ‘Mental Health Prevalence Study’, men serving in the ADF report a higher rate of suicide ideation and planning than the Australian general population, while the rate of suicide attempts is consistent

with community trends.³⁶ In the experience of the author, suicide attempts among men in the military best fit the description of a para-suicide, as opposed to an intention to die, suggesting these men might be approaching suicide in a similar way to many women.

Interviews with a number of male ADF members who have attempted suicide indicate that most did not take more lethal action because they did not want to inflict the negative consequences for their death on their mates. In other words, serving ADF men reveal a generosity and thoughtfulness towards their predominantly male comrades that is simply not seen in the behaviour of men elsewhere. It would appear that the unique sense of belonging and male honour that is part of service in the ADF changes male behaviour, and that the risk of suicide is markedly reduced. Of course, as men leave this highly esteemed occupation, often with injuries and emotional concerns, they re-enter a world where men are too often perceived as the cause of every kind of negative interpersonal problem. It is no surprise that many do not cope well with the transition.

ADF suicide statistics seem to show that the ADF today is a supportive and possibly even androgynous work environment for men and, as such, they are safer from suicide while they serve. For example, the decision to make post-operational psychological screening mandatory for all ADF members has succeeded in removing a barrier to care that once would have deprived men from receiving support. Nevertheless, such protection ends at the point of discharge and, for many ex-servicemen, the dilemma of integration into what they may perceive to be an uncaring and unappreciative civilian world remains a challenge.

The way forward

Recent World Health Organization statistics suggest that world rates of suicide are declining. Indeed, suicide rates declined across most Australian states and territories from 12.6 per 100,000 in 2015 to 11.7 per 100,000 in 2016.³⁷ Nevertheless, there has been an upward trend in the five years from 2011 (10.5) to 2016 (11.7), which is a concern. While men in metropolitan areas appear to have less risk of suicide, for those living in rural and remote locations the suicide rate remains disturbingly high. The

possibility that such men feel they have only two options when facing emotional problems—either to stoically ‘cope’ in silence or take lethal steps to end their lives—is deeply troubling.

To address the problem of male suicide, Australia must look more deeply at the way men and women treat men. As has been discussed, men are substantially more at risk of almost every form of violence, not just as perpetrators but as victims. This reality has, for too long, been hidden from view. Women have been repeatedly told they are the greatest victims of violence in our society, resulting in an understandable sense of outrage and anger almost entirely directed at men. While the statistics for domestic and sexual violence align with this viewpoint, they are not the whole story.

It is now evident that boys and young men have long been significant victims of institutionalised sexual and physical violence in Australia, and possibly all Western countries.³⁸ Moreover, men and boys are far less likely to report domestic or sexual violence due to a male culture of honour that implies a ‘real man’ cannot be hurt (especially by a woman) and cannot be a sexual victim. To complain merely reduces one’s masculine prestige and, in the absence of actual physical damage, observers too often treat complainants as less of a man. Such silence advantages perpetrators and creates a deepening sense of injustice amongst men.

The perception that men are invulnerable, or must behave as such, puts men and boys at considerable risk of violence, abuse and death, including by suicide. While it is not suggested that men should completely change their male cultural script, acknowledging the disadvantage and danger facing men in a culture of silence must now become a societal imperative. This is beginning to happen in Australia, and men are finally finding their voice. Helping them to understand and accept their emotions, to reject an unrealistic expectation of invulnerability, to open up and talk when they need help, and to regard suicide as a tragedy not an honourable solution, are positive and necessary steps in this direction, which must also continue to be embraced within the ADF.

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If you or someone you know needs help, call:

- Emergency on 000 (or 112 from a mobile)
- ADF All-hours Helpline on 1800 628 036
- Defence Family Helpline on 1800 624 608
- APS Employee Assistance Program on 1300 361 008
- Veterans and Veterans Families Counselling Service on 1800 011 046
- Lifeline on 13 11 14 or <https://www.lifeline.org.au>
- Beyond Blue on 1300 224 636 or <http://www.beyondblue.org.au>
- Headspace on 1800 650 890
- Kids Helpline 1800 551 800
- Mensline Australia on 1300 789 978
- Suicide Call Back Service on 1300 659 467

Notes

- 1 World Health Organization (WHO), ‘Preventing suicide: a global imperative’, *WHO* [website], 2014, p. 16, available at www.who.int/mental_health/suicide-prevention/world_report_2014/en/ accessed 14 September 2017.
- 2 M. Kaess et al, ‘Explaining gender differences in non-fatal suicidal behaviour among adolescents: a population-based study’, *BMC Public Health*, Issue 11, 2011, p. 597, abstract available at <https://bmcpublihealth.biomedcentral.com/articles/10.1186/1471-2458-11-597> accessed 14 September 2017; also M. Piccinelli and G. Wilkinson, ‘Gender differences in depression: critical review’, *The British Journal of Psychiatry*, Issue 177, 2000, pp. 486-92.
- 3 WHO, ‘Preventing suicide’, p. 7.
- 4 Australian Bureau of Statistics (ABS), ‘Causes of death, Australia 2013’, ABS [website], available at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument> accessed 13 September 2017; Australian Institute of Health and Welfare (AIHW), ‘Leading causes of death’, AIHW [website], 2012, available at <http://www.aihw.gov.au/deaths/leading-causes-of-death/#leading-age> accessed 14 September 2017; and S. Beaton and P. Forster, ‘Insights into men’s suicide’, *InPsych*, August 2012, available at <https://www.health.act.gov.au/sites/default/files/Insights%20into%20men%E2%80%99s%20suicide%20article.pdf> accessed 14 September 2017.
- 5 ABS, ‘Causes of death, Australia, 2016’, ABS [website], 27 September 2016, available at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0-2016-Main%20>

- [Features~Intentional%20self-harm:%20key%20characteristics~7>](#) accessed 6 November 2018
- 6 AIHW, 'Leading causes of death', *AIHW* [website], 2012, available at <http://www.aihw.gov.au/deaths/leading-causes-of-death/#leading-age> accessed 14 September 2017; WHO, 'Preventing suicide', Annex 1, p. 80.
 - 7 AIHW, 'Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2014', *AIHW* [website], available at <http://www.aihw.gov.au/publication-detail/?id=60129557674> accessed 1 August 2017.
 - 8 According to the AIHW, between 2001–14 just 20 serving and ex-serving women took their own lives. In 2014, women comprised around 15 per cent of the permanent ADF and have a separation rate of around 9 per cent (~771) per year: AIHW, 'Incidence of suicide among serving and ex-serving Australian Defence Force personnel 2001–2014'; see also Department of Defence, 'Women in the ADF report: supplement to the Defence Annual Report 2013–14', *Department of Defence* [website], available at <http://www.defence.gov.au/Publications/WomenintheADFRReport.pdf> accessed 14 September 2017. As it is not possible to know exactly how many ex-serving women there are in the community, it seems fair to conclude the suicide rate for ADF serving and ex-serving women is relatively low and possibly below the annual rate of suicide for women in the general community.
 - 9 It should be noted that all methods of suicide are equally lethal: the variation in lethality tends to reflect the way the method is practised by the suicidal individual.
 - 10 Which may reflect a lack of familiarity with weapons among the majority of Australian women: M.M. Large and O.B. Neilsen, 'Suicide in Australia: meta-analysis of rates and methods of suicide between 1988 and 2007', *Medical Journal of Australia*, Vol. 192, No. 8, 2010, pp. 432–7.
 - 11 WHO, 'Preventing suicide', p. 81.
 - 12 WHO, 'Preventing suicide', p. 24.
 - 13 The primary difference between a suicide attempt that is unlikely to end in death and 'self-harm' behaviour is the lack of suicidal ideation in self-harm. Self-harm behaviour is generally designed to regulate emotions.
 - 14 E.K. Moscicki, 'Epidemiology of suicidal behavior', *Suicide and Life-threatening Behavior*, Vol. 25, No. 1, Spring 1995, pp. 22–35.
 - 15 Washington University in St Louis, 'Why women are less likely than men to commit suicide', *ScienceDaily* [website], 12 November 1998, available at <https://www.sciencedaily.com/releases/1998/11/981112075159.htm> accessed 15 September 2017.
 - 16 G.E. Murphy, 'Why women are less likely than men to commit suicide', *Comprehensive Psychiatry*, Vol. 39, No. 4, 1998, pp. 165–75.
 - 17 L. Wichstrom and I. Rossow, 'Explaining the gender difference in self-reported suicide attempts: a nationally representative study of Norwegian adolescents', *Suicide and Life-threatening Behaviour*, Vol. 32, No. 2, 2002, pp. 101–16.
 - 18 S.S. Canetto cited by S.S. Canetto and I. Sakinofsky, 'The gender paradox in suicide and life-threatening behavior', *Behavior*, Issue 28, 1998, pp. 1–23.
 - 19 ABS, 'Recorded crime - offenders, 2012–13', *ABS* [website], 2012, available at <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4519.0~2012-13~Main%20Features~Sex~11> accessed 15 September 2017.
 - 20 UN Office on Drugs and Crime (UNODC), 'Homicide and gender 2015', *UNODC* [website], available at http://www.heuni.fi/material/attachments/heuni/projects/wd2vDSKcZ/Homicide_and_Gender.pdf accessed 15 September 2017; A.L. Kellerman and J.A. Mercy, 'Men, women, and murder: gender-specific differences in rates of fatal violence and victimization', *Journal of Trauma*, Vol. 33, No. 1, July 1992, pp. 1–5.
 - 21 UNODC, 'Homicide and gender 2015'.
 - 22 Sourced by the author from data from WHO, [Australian] Bureau of Infrastructure, Transport and Regional Economics, and ABS.
 - 23 Women have a significantly higher rate of reported sexual abuse than men (16,655 female cases compared to 3169 male cases in 2013): ABS, 'Recorded crime - victims, 2013', *ABS* [website], 2013, available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4510.02013?OpenDocument> accessed 15 September 2017. When the figures for sexual assault are included into the totals in Table 1, some 57% of victims of all violence in Australia are women, while 43% are men.
 - 24 J. Sikora and A. Pokropek, 'Gender segregation of adolescent science career plans in 50 countries', *Science Education*, Vol. 96, No. 2, 2012, pp. 234–64; E.L. Haines, K. Deaux and N. Lofaro, 'The times they are a-changing ... or are they not? A comparison of gender stereotypes', *The Psychology of Women Quarterly*, Vol. 40, No. 3, 2016, pp. 353–61; and K. Struthers, 'Where are the female tradies?', *The Conversation* [blog], 28 January 2015, available at <https://theconversation.com/where-are-the-female-tradies-32273> accessed 15 September 2017.
 - 25 S.C. Curtin, M. Warner and H. Hedegaard, 'Suicide rates for females and males by race and ethnicity: United States, 1999 and 2014', *National Centre for Health Statistics* [website], 2016, Table 2, p. 5, available at http://www.cdc.gov/nchs/data/hestat/suicide/rates_1999_2014.pdf accessed 15 September 2017; [Australian] Department of Health, 'Aboriginal and Torres Strait Islander suicide: origins, trends and incidence 2013', *Department of Health* [website], available at <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc-mental-natsisps-strat-1-mental-natsisps-strat-1-ab> accessed 15 September 2017.
 - 26 Department of Health, 'Aboriginal and Torres Strait Islander suicide', p. 2.
 - 27 Curtin *et al.*, 'Suicide rates for females and males by race and ethnicity', Table 2, p. 5.
 - 28 J.D. Vance, *Hillbilly Elegy: a memoir of a family and a culture in crisis*, Harper Collins: New York, 2016.
 - 29 J. Rebanks, *The Shepherd's Life: the tale of the Lake District*: Penguin: London, 2016.
 - 30 See D. Cohen, R.E. Nisbett, B.F. Bowdle and N. Schwarz, 'Insult, aggression, and the Southern culture of honor: an "experimental ethnography"', *Journal of Personality and Social Psychology*, Vol. 70, No. 5, 1996, pp. 945–60 for an overview of the history of herding cultures. It may be

- relevant that in herds of domestic farm animals, the adult animals are generally female, which may arguably inspire a more protective attitude in herdsman.
- 31 In the experience of the author, the words most often spoken by young men considering suicide are 'I'm not good enough'. When asked who or what they are comparing themselves to, it is nearly always an invulnerable perception of manhood that, in the experience of the author, is counter-productive to life.
- 32 L. Osterman and R.P. Brown, 'Culture of honor and violence against the self', *Personality and Social Psychology Bulletin*, Vol. 37, No. 12, 2011, pp. 1611-23.
- 33 K. Kölves, A. Milner, K. McKay and D. De Leo, *Suicide in rural and remote areas of Australia*, Australian Institute for Suicide Research and Prevention: Brisbane, 2012, available at https://www.griffith.edu.au/_data/assets/pdf_file/0007/471985/Suicide-in-Rural-and-Remote-Areas-of-Australia.pdf accessed 15 September 2017.
- 34 A.T. Beck, G. Brown and R.A. Steer, 'Prediction of eventual suicide in psychiatric inpatients by clinical rating of hopelessness', *Journal of Consulting and Clinical Psychology*, Issue 57, 1989, pp. 309-10; and J. Zhang and Z. Li, 'The association between depression and suicide when hopelessness is controlled', *Comprehensive Psychiatry*, Vol. 54, No. 7. October 2013, pp. 790-6, abstract available at <https://www.ncbi.nlm.nih.gov/pubmed/23602028> accessed 15 September 2017.
- 35 G. Andrews, C. Issakidis and G. Carter, 'Shortfall in mental health service utilisation', *British Journal of Psychiatry*, Issue 179, November 2001, pp. 417-25; H. Britt et al, *General practice activity in Australia 2003-04*, AIHW: Canberra, 2004; and R. Parslow, A. Jorm, H. Christensen and P. Jacomb, 'Factors associated with young adults obtaining general practitioner services', *Australian Health Review*, Vol. 25, No. 6, 2002, pp. 209-18.
- 36 A.C. McFarlane et al, 'Mental health in the Australian Defence Force: results of the 2010 ADF Mental Health Prevalence and Wellbeing Study: full report', Department of Defence: Canberra, 2011, available at <http://www.defence.gov.au/Health/DMH/Docs/MHPWSReport-FullReport.pdf> accessed 16 November 2017.
- 37 ABS, 'Causes of death, Australia, 2016'.
- 38 A. Goyme et al, 'Abuse of power in the ADF: a culture transformed?', *Australian Defence Force Journal*, Issue 201, 2017, pp. 73-9; also S. Crome, 'Male survivors of sexual assault and rape', *Australian Institute of Family Affairs* [website], 2 September 2006, available at <https://aifs.gov.au/publications/male-survivors-sexual-assault-and-rape> accessed 17 September 2017.

