Original Research Article

Exploring Childhood Challenges and Male Suicide Risk: Findings From a Global Survey

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Abstract

In this study, we address the limited understanding of the potential relationship between male suicide risk and challenges in childhood. To this end, 2660 men completed a global cross-sectional survey examining associations between suicidal history and measures of childhood traumas, parental styles, and bullying. Results from multinomial logistic regression analyses indicated that higher levels of bullying, emotional abuse, emotional neglect, and maternal over-control increased the odds of being in the suicidal ideation group compared to having no suicidal history. Bullying, emotional abuse, emotional neglect, maternal overcontrol, and sexual abuse increased the odds of being in the suicide attempt group compared to having no suicidal history. Bullying, emotional abuse, and sexual abuse, increased the odds of suicide attempt group membership compared to suicidal ideation. Further research is required to confirm the significance of these findings, including understanding how childhood challenges interact to compound some men's risk and the psychological pathways by which traumas in childhood correlate to an elevated suicide risk over the life course.

Keywords

male suicide, suicide attempt, suicidal ideation, childhood trauma, masculinity

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Men die by suicide at more than double the rate women do (World Health Organization, 2021). The higher suicide rate in men has been consistently reported across different age groups, locations, and historical records (Minois, 1999; Sher, 2020). Despite the preponderance of male vulnerability to suicide, there has been a lack of research to explore the role male psychology may play in elevating men's suicide risk (Bennett et al., 2023; Bolster & Richardson et al., 2019; Seager, 2019). We still have an insufficient understanding of why men are at elevated risk, and we urgently need to identify the factors contributing to this heightened vulnerability.

Challenges in childhood are a well-established suicide risk factor (Angelakis et al., 2019; Bruffaerts et al., 2010). A recent systematic review and meta-analysis of mixed-gender studies exploring different types of childhood neglect and abuse found every type of adversity increased the risk of suicidal thoughts and attempts, irrespective of gender (Angelakis et al., 2019). In particular, sexual abuse was linked to a threefold higher risk of a suicide attempt, and physical and emotional abuse with a 2.5 times higher risk (Angelakis et al., 2019). Similarly, Bruffaerts et al.'s (2010) study—using nationally representative samples from 21 countries (N = 55,299)—explored associations between childhood physical/sexual abuse, neglect, parental death/divorce/loss, family violence, physical illness, and financial adversity on suicide risk. The authors found that people who experienced childhood sexual or physical abuse were three times more likely to experience a lifetime suicide attempt or thoughts of suicide. In a retrospective cohort study involving 17,337 adults, Dube et al. (2001) found that adverse childhood experiences (emotional/physical/sexual abuse, battered mother, household substance abuse, mental illness in the household, parental separation or divorce) increased the risk of attempted suicide by between 2 and 5 times. Experiencing bullying during childhood has also been reported as a suicide risk factor, with bullied adults twice as likely to have attempted suicide later in life (Meltzer et al., 2011).

The link between childhood challenges and suicide risk is thus relatively robust, with evidence suggesting sexual abuse may be particularly significant. However, there are some significant gaps in the literature. We have a limited understanding of what particular childhood challenges are most related to suicidality in men specifically, with existing study samples being predominately female (Lemaigre & Taylor, 2019). A recent qualitative meta-synthesis of 78 studies on male suicide found men who are suicidal may experience a variety of childhood adversities, including caregiver abuse, neglect, over-control, and bullying (Bennett et al., 2023). Building on these findings, we need to establish quantitative evidence for the relevancy of these adversities to suicide risk in men. As far as the authors are aware, there has been no previous study looking at these specific adversities in men who are suicidal.

Similarly, while we know childhood adversity can increase suicide risk, we don't know the psychological mechanisms by which challenges in childhood translate into lifetime suicide risk (Lemaigre & Taylor, 2019). Given the higher suicide death rate in men, it is important to consider how childhood challenges may specifically impact male psychology over the life course. The authors of the male suicide qualitative meta-synthesis suggest that childhood adversities may impact the emotional development

and self-esteem of men and that emotional dysregulation and painful feelings of self are potentially two of the drivers of suicidal distress. These findings support other theoretical assertions that negative feelings of self are relevant to suicidal pain (Baumeister, 1990; Joiner, 2005). Similarly, overwhelming dysregulated psychological pain is a critical component of many psychological theories of suicide (Gunn, 2017; O'Connor, 2011; Shneidman, 1993; Soper, 2018).

Additionally, researchers have suggested that suicide research needs to work harder to understand psychological distinctions between people who think about suicide and people who attempt suicide (O'Connor & Nock, 2014). Suicidal ideation is a more common behavior than making an attempt (Glenn & Nock, 2014). While these states are interconnected, a clearer understanding of psychological characteristics that may differentiate individuals contemplating suicide from those who attempt could help with the development of more tailored and appropriate interventions suitable for different stages of suicidality (O'Connor & Nock, 2014; Pirkis et al., 2000).

This study aims to address several of these novel gaps in the literature. Firstly, it aims to explore the link between a broad set of childhood challenges—including abuse, neglect, parental style and bullying—and suicide risk in men specifically. Secondly, it aims to understand which specific childhood challenges may be most relevant to populations of men who are suicidal. Thirdly, it aims to explore distinctions in how these risks may impact men who have attempted suicide compared to those who have thoughts of suicide compared to men with no suicidal history. Using a global, cross-sectional sample, the following research questions were explored:

1. Do higher levels of childhood challenges relating to abuse, neglect, parental style and bullying increase the odds of being in the (a) suicidal ideation group compared to the not suicidal control group, (b) suicide attempt group compared to the not suicidal control group, and (c) suicide attempt group compared to the ideation group?
2. Which specific childhood challenges most increase the odds of being a man in the (a) suicide attempt group compared to the not suicidal control group; (b) suicidal ideation group compared to the not suicidal control group; and (c) suicide attempt group compared to the ideation group?

Methods

The data in this study come from an online, global survey administered between March and October 2021, exploring factors relating to male suicide risk and recovery. Approval for the study was granted by the College of Medical, Veterinary and Life Sciences (MVLS) at the University of Glasgow (ID 200200085). All respondents were 18 and over, gave informed consent, and received no compensation for their involvement.

Sample

The inclusion criteria were identifying as male and being 18 or older. The survey was open to participants worldwide but only available in English. The survey, hosted on JISC online software, looked at multiple aspects of suicide risk and recovery and included a thematic section on childhood challenges, reported here. A pilot study with six men with lived experience provided feedback on the survey's clarity, accessibility, and sensitivity. Participant recruitment ran from March to October 2021 and involved adverts shared with mental health organizations, men's support groups, social media pages, and personal networks. The survey welcome page included a participant information sheet, consent form, and consent opt-in checkbox. Participants then completed demographic questions before answering the survey and could save progress as they went. The survey closed with a debrief message and signposting to support resources. The lead author's email was provided for queries. No incentive was offered for participation.

Measures

Three measures were used to explore different facets of challenges in childhood, including experiences of abuse, neglect, relationship with caregivers, and bullying (see Supplemental Material A for full survey questions).

Childhood Abuse and Neglect. The Childhood Trauma Questionnaire (Bernstein et al., 1994) is a 28-item measure of childhood trauma, broken down into five sub-scales that explore: (1) physical neglect, (2) emotional neglect, (3) emotional abuse, (4) sexual abuse, and (5) physical abuse (e.g., "*People in my family hit me so hard that it left me with bruises or marks*"), with five response options ("Never True" to "Very Often True"). In this study, the scale displayed high internal reliability across the subscales ("Physical Neglect" Cronbach's $\alpha = 0.92$; "Physical Abuse" $\alpha = 0.85$; "Emotional Neglect" $\alpha = 0.9$; "Emotional Abuse" $\alpha = 0.88$; "Physical Abuse" $\alpha = 0.86$; "Sexual Abuse" $\alpha = 0.94$).

Childhood Parental Style. The Measure of Parental Style (Parker et al., 1997) is a 30-item measure examining the relationship between participants and their primary paternal and maternal caregivers across subscales of: (1) over-control, (2) abuse and (3) indifference (e.g., "*During your first 18 years how 'true' are the following statements about the behavior of your primary male/female caregiver towards you?*" "*Left me on my own a lot*"). Questions are answered for maternal and paternal experiences separately. Each item had four response options ("Not true at all" to "Extremely true"). The scale displayed high internal reliability across all sub-scales ("Maternal Over-Control" Cronbach's $\alpha = 0.86$; "Maternal Abuse" $\alpha = 0.9$, "Maternal Indifference" $\alpha = 0.91$; "Paternal Over-Control" $\alpha = 0.87$; "Paternal Abuse" $\alpha = 0.92$; "Paternal Indifference" $\alpha = 0.92$).

Childhood Bullying. One question about bullying was taken from the Scottish Health Survey (Scottish Government, 2017) and read: "*While you were growing up, before the age of 18 … how often were you bullied at school, home or elsewhere (includes threats, nasty names and tricks, social exclusion, spreading lies or rumours)?*" Items had five response options from "Never" to "Very often".

Primary Outcome: Suicide-related Measures. To measure participants' history of suicidal thoughts and behaviors, two items were used from the Adult Psychiatric Morbidity Survey (McManus et al., 2007). To measure past suicide attempts, participants were asked: "*Have you ever made an attempt to take your life?*" Participants who answered "Yes" were grouped together (Suicide attempt group) to indicate their status as men who had made a previous suicide attempt. To measure participants' past thoughts of suicide, respondents were asked, "*Have you ever thought of taking your life, but not actually attempted to do so?*" Participants who answered "Yes" to this question but "No" to the suicide attempt question above were grouped together (Suicidal ideation group) to indicate their status as men who had past thoughts of suicide but had not made an attempt. Men who responded "No" to both questions were grouped together (Not suicidal or control group) to indicate they had never been suicidal.

Missing Data

Missing data were low, with all scales missing at under 1%. To establish patterns in the missing data, Little's test of missing completely at random was conducted (Little, 1988). The test was non-significant in all cases, suggesting that data were missing completely at random. The expectation maximization technique was used to impute missing data (Rubin, 1987).

Statistical Analysis

First, the data was cleaned and entered into two classification models. For Model 1, the reference group was men who were *not* suicidal. This model explored (a) men who are not suicidal (reference: not suicidal) versus men with thoughts of suicide (ideation) and (b) men who are not suicidal (reference: not suicidal) versus men who have attempted suicide (attempt). For model 2, men with suicidal ideation were the reference group, and this model compared (c) men with thoughts of suicide (reference: ideation) versus men who have attempted suicide (attempt).

A descriptive summary of all psychological and demographic data was conducted via means, standard deviations, frequencies, and percentages. Separate multinomial univariate logistic regression analyses were then performed for each psychological variable within each model, reporting odds ratios (OR) and 95% confidence intervals (CIs). Psychological variables demonstrating statistical significance at p-value $<.05$ in both models were incorporated into a multinomial multivariate logistic regression analysis. This multivariate analysis included all significant psychological variables,

thereby controlling for each other. Odds ratios (OR) and 95% CIs for this regression analysis are presented in the Results section, Table 4, along with model fit statistics. A risk factor was considered significant if the p-value was <0.05. Supplemental Material B provides a comprehensive breakdown of variables included in the multivariable analysis. To assess the correlation among independent variables in the multivariate model, multicollinearity tests were conducted. In both models, collinearity levels were identified as low, medium, and high, necessitating cautious interpretation of results. See Supplemental Material C for a detailed breakdown of collinearity. The Cronbach's alpha for all measures exceeded 0.80 (refer to Supplemental Material D). R version 4.2.2 was used for all analyses, and the analysis script is available in Supplemental Material E.

Results

Suicidal History

There were 2660 men in the study sample. Overall, 753 (28%) men reported a lifetime suicide attempt, 1597 (60%) participants reported suicidal ideation within their lifetime, and 310 (12%) participants reported no suicidal history. These findings align with other studies looking at male suicide and childhood experiences, such as Xue and Xu (2023) who reported lifetime suicidal ideation prevalence at 66% and suicide attempts at 37%, and Ford et al. (2020) who reported suicide attempts at 32.1%.

In our study, of the ideation group, 34% had thoughts of suicide in the past week, 32% in the last year, and 34% longer ago. Of the attempt group, 5% had attempted suicide that week, 27% in the last year, and 68% longer ago, with 54% of the attempt group reporting their wish to die during their last attempt was "high", 35% saying "moderate", and 10% reported "low" intent.

Participant Characteristics

Of the 2660 men in the sample, 1619 were aged 18–30 (61%); 808 were aged 31–50 (n = 30%); and 233 were 51 and older (n = 9%) The majority (81%) of the sample was white, straight (77%), in part- or full-time employment (59%), not in a relationship (62%) and financially "Doing alright / Just about getting by" (58%). The sample included men from 80 countries, with representation across World Bank regions as follows: Europe & Central Asia (51%), North America (36%), East Asia & Pacific (6%), Latin America & Caribbean (4%), South Asia (2%), Sub-Saharan Africa (1%), and Middle East & North Africa (1%) (World Bank, 2021). The mean impact of COVID-19 on participants was 5 out of 10–10, indicating "severely affects my life" (SD = 2.85); the mean for impact on wellbeing was 5 out of 10 (SD = 3.1); and 3 out of 10 for impact on their financial situation (SD = 3.14). Table 1 presents participant demographic and Table 2 presents psychological characteristics by suicidal history.

Table 1. Demographic and Clinical Characteristics by Suicidal History.

	(N (%) or M (SD))			
Psychosocial Factor	Total 2660 (100%)	No Suicidal History 310 (12%)	Suicidal Thoughts 1597 (60%)	Suicide Attempts 753 (28%)
Sociodemographics				
Age	18–30: 1619 (61%) 31–50: 808 (30%) 51+: 233 (9%)	18–30: 169 (55%) 31–50: 93 (30%) 51+: 48 (15%)	18–30: 983 (62%) 31–50: 491 (31%) 51+: 123 (8%)	18–30: 467 (62%) 31–50: 224 (30%) 51+: 62 (8%)
Gender				
Trans / Gender Queer / Prefer Not to Say	91 (3%)	2 (1%)	30 (2%)	59 (8%)
Male	2569 (97%)	308 (99%)	1567 (98%)	694 (92%)
Sexuality				
Gay / Bisexual / Not Sure	609 (23%)	33 (11%)	32=5 (20%)	251 (33%)
Straight	2051 (77%)	277 (89%)	1272 (80%)	502 (67%)
Relationship Status				
Single / Divorced / Separated / Widowed / Other	1636 (62%)	137 (44%)	1000 (63%)	499 (66%)
Married / In a relationship	1024 (38%)	173 (56%)	597 (37%)	254 (34%)
Ethnicity				
Black / Asian / Arab / Mixed	493 (19%)	54 (17%)	290 (18%)	149 (20%)
White	2167 (81%)	256 (83%)	1307 (82%)	604 (80%)
Employment				
Unemployed	452 (17%)	17 (5%)	254 (16%)	181 (24%)
Student / Stay at home parent / Retired	639 (24%)	77 (25%)	392 (25%)	170 (23%)
In employment (ref)	1569 (59%)	216 (70%)	951 (60%)	402 (53%)
Financial				
Doing alright / Just about getting by	1556 (58%)	148 (48%)	961 (60%)	447 (59%)
Finding it quite difficult / Finding it very difficult	367 (14%)	18 (6%)	186 (12%)	163 (22%)
Living comfortably	737 (28%)	144 (46%)	450 (28%)	143 (10%)
Mental Health and Suicidal Behaviours				
Mental Health Diagnosis[a]				
Yes	1248 (47%)	51(16%)	672 (42%)	525 (70%)
No	1412 (53%)	259 (84%)	925 (58%)	228 (30%)

[a]Psychiatric diagnosis data was not collected for participants beyond a dichotomous Yes/No response.

Table 2. Psychosocial Factors by Suicidal History.

Psychosocial Factor	(N (%) or M (SD))			
	Total	No Suicidal History	Suicidal Thoughts	Suicide Attempts
Psychological Variables				
Childhood Bullying	3.30 (1.18)	2.66 (0.99)	3.22 (1.14)	3.75 (1.18)
Childhood Trauma Questionnaire				
Emotional Abuse	11.78 (5.69)	7.92 (3.75)	11.14 (5.16)	14.74 (6.03)
Emotional Neglect	13.54 (5.33)	9.85 (4.35)	13.26 (5.05)	15.67 (5.34)
Physical Abuse	7.59 (3.95)	6.16 (2.28)	7.10 (3.32)	9.20 (5.08)
Physical Neglect	13.21 (4.95)	10.29 (3.64)	12.76 (4.41)	15.37 (5.60)
Sexual Abuse	6.76 (4.30)	5.54 (2.52)	6.26 (3.48)	8.34 (5.78)
Measure of Parental Style				
Maternal Abuse	7.41 (3.66)	5.89 (2.25)	7.02 (3.20)	8.86 (4.48)
Maternal Over-control	8.83 (3.35)	7.02 (2.80)	8.63 (3.24)	9.98 (3.38)
Maternal Indifference	9.13 (4.29)	7.27 (2.72)	8.73 (3.86)	10.74 (5.10)
Paternal Abuse	8.25 (4.33)	6.51 (2.71)	7.83 (3.94)	9.86 (5.10)
Paternal Over-control	7.32 (3.06)	6.08 (2.50)	7.18 (2.97)	8.14 (3.24)
Paternal Indifference	10.67 (5.22)	8.15 (3.58)	10.31 (4.90)	12.46 (5.82)

Factors Increasing the Odds of Suicidal Ideation Category Membership (Compared to No Suicidal History)

In the univariate multinomial logistic regression, all childhood challenges increased the likelihood of suicidal ideation category membership compared to no suicidal history (Table 3).

In the multivariate multinomial logistic regression model, the factors that significantly increased the odds of ideation group membership versus not suicidal were bullying [OR (95% CI) = 1.304 (1.154–1.475) $p < .0001$], emotional abuse [OR (95% CI) = 1.108 (1.045–1.174]) $p < .001$], emotional neglect [OR (95% CI) = 1.101 (1.052–1.152) $p < .0001$], and maternal over-control [OR (95% CI) = 1.078 (1.016–1.144]) $p < .01$]. See Figure 1(a) and Table 4.

Factors Increasing the Odds of Suicide Attempt Category Membership (Compared to No Suicidal History)

In the univariate multinomial logistic regression (Table 3), all childhood challenges were associated with suicide attempt group membership compared to no suicidal history.

Table 3. Univariate Multinomial Logistic Regression of Childhood Experiences Associated With Suicidal History Group Membership.

	Suicidal Ideation vs No Suicidal History[a]		Suicide Attempts vs No Suicidal History[a]		Suicidal Thoughts vs Suicide Attempts[b]	
Model Variables	Unadjusted OR (95% CI)	*p* value	Unadjusted OR (95% CI)	*p* value	Unadjusted OR (95% CI)	*p* value
Childhood Trauma Questionnaire						
Physical Neglect	1.189 [1.144–1.235]	0	1.317 [1.265–1.371]	0	1.108 [1.089–1.128]	0
Emotional Neglect	1.165 [1.132–1.199]	0	1.273 [1.234–1.314]	0	1.093 [1.074–1.112]	0
Emotional Abuse	1.192 [1.151–1.236]	0	1.331 [1.283–1.382]	0	1.117 [1.099–1.135]	0
Physical Abuse	1.143 [1.081–1.208]	0	1.288 [1.217–1.362]	0	1.127 [1.103–1.151]	0
Sexual Abuse	1.112 [1.046–1.181]	0.001	1.224 [1.152–1.3]	0	1.101 [1.08–1.122]	0
Measure of Parental Style						
Maternal Over-control	1.199 [1.146–1.255]	0	1.353 [1.289–1.42]	0	1.128 [1.099–1.158]	0
Maternal Abuse	1.215 [1.137–1.298]	0	1.371 [1.282–1.466]	0	1.128 [1.103–1.154]	0
Maternal Indifference	1.186 [1.124–1.251]	0	1.307 [1.237–1.38]	0	1.102 [1.081–1.123]	0
Paternal Over-control	1.166 [1.109–1.227]	0	1.286 [1.22–1.356]	0	1.103 [1.073–1.134]	0
Paternal Abuse	1.13 [1.081–1.182]	0	1.247 [1.192–1.305]	0	1.103 [1.082–1.124]	0
Paternal Indifference	1.144 [1.102–1.187]	0	1.23 [1.184–1.279]	0	1.076 [1.059–1.093]	0
Childhood Bullying Question	1.536 [1.374–1.719]	0	2.316 [2.043–2.626]	0	1.508 [1.393–1.631]	0

[a]Reference category: no suicidal history.
[b]Reference category: suicidal thoughts.

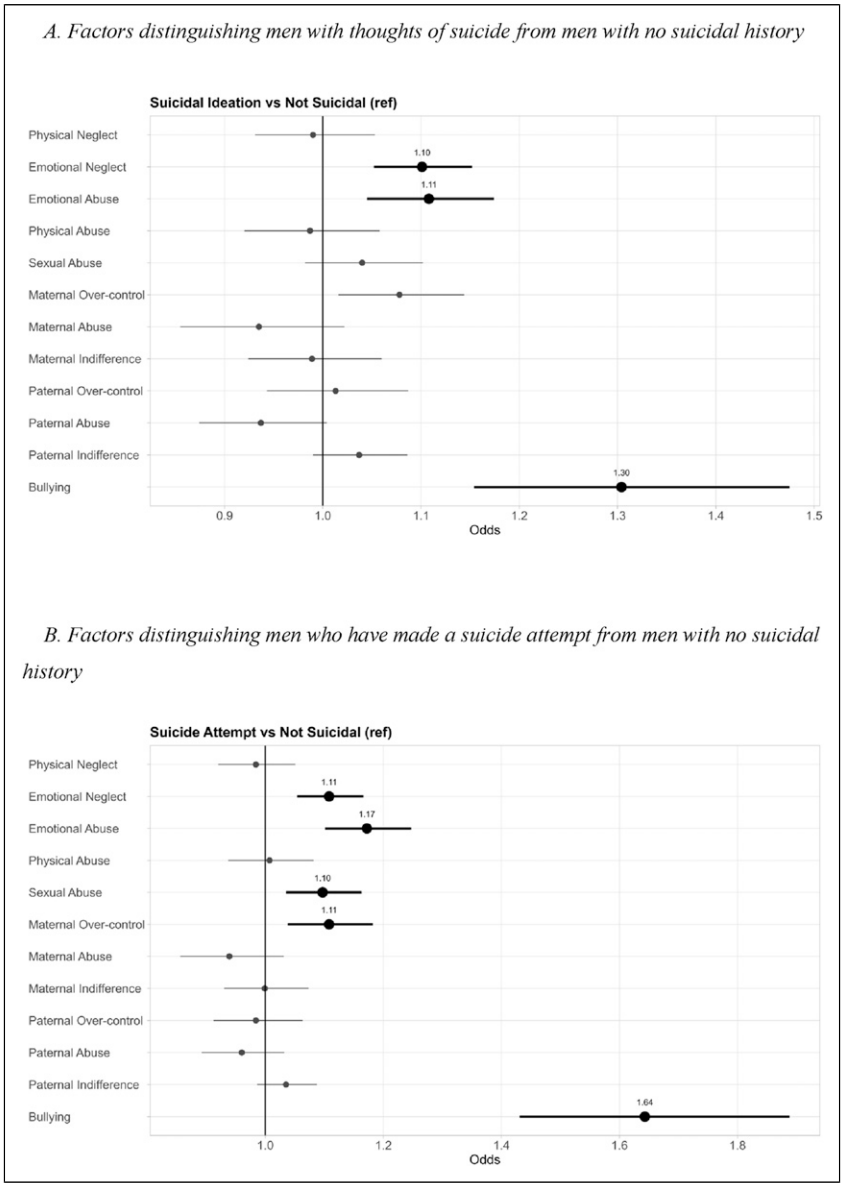

Figure 1. Forest plots of factors distinguishing group membership. (a) Factors distinguishing men with thoughts of suicide from men with no suicidal history. (b) Factors distinguishing men who have made a suicide attempt from men with no suicidal history. (c) Factors distinguishing men with thoughts of suicide from men who have made a suicide attempt. *Notes*: The vertical line represents the non-significance (null) line (OR = 1). Circles represent the OR values located on the x-axis OR scale (the bigger the circle, the higher the OR value). Lines crossing the circles represent the extent of the 95% confidence intervals. 95% CI lines crossing/touching the null line indicate no association. * = Sub-scales rather than full scale used.

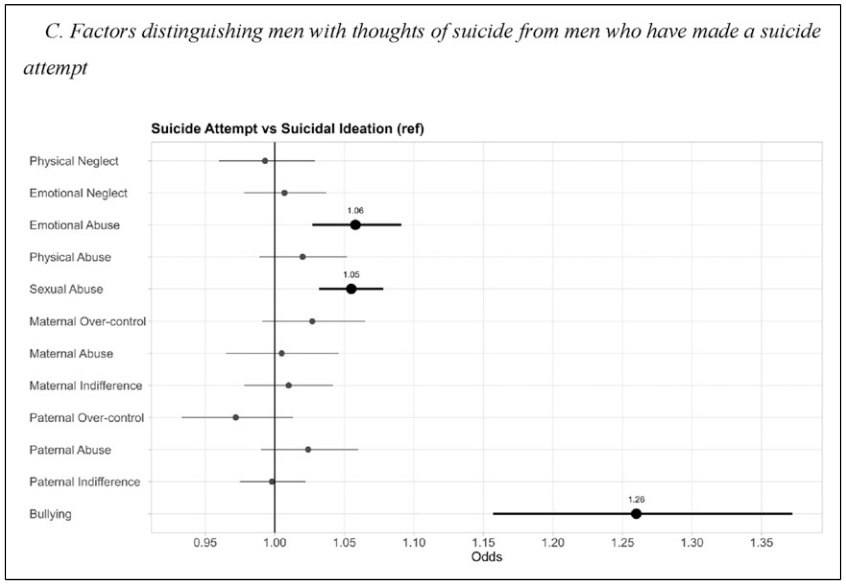

Figure 1. Continued.

In the multivariate multinomial logistical regression, factors significantly associated with suicide attempt category membership were bullying [OR (95% CI) = 1.643 (1.431–1.888) $p < .001$]; emotional abuse [OR (95% CI) = 1.172 (1.101–1.247) $p < .001$]; emotional neglect [OR (95% CI) = 1.108 (1.054–1.166) $p < .001$]; maternal over-control [OR (95% CI) = 1.108 (1.038–1.182) $p < .002$]; and sexual abuse [OR (95% CI) = 1.097 (1.035–1.163) $p < .002$]. See Figure 1(b) and Table 4.

Factors Increasing the Odds of Suicide Attempt Category Membership (Compared to Suicidal Ideation)

In the univariate multinomial logistic regression (Table 3), all childhood challenges significantly increased the likelihood of suicide attempt category membership.

In the multivariate multinomial logistic regression, the factors associated with increased odds of a suicide attempt suicide (compared with experiencing only suicidal ideation) were: bullying [OR (95% CI) = 1.26 (1.157–1.372]) $p < .001$]; emotional abuse [OR (95% CI) = 1.058 (1.027–1.091) $p < .001$]; and sexual abuse [OR (95% CI) = 1.055 (1.032–1.078]) $p < .001$]. These associations are represented in Figure 1(c) and Table 4.

Table 4. Multivariate Multinomial Logistic Regression of Childhood Experiences Associated With Suicidal History Group Membership.

	Suicidal Ideation vs No Suicidal History[a]		Suicide Attempts vs No Suicidal History[a]		Suicidal Thoughts vs Suicide Attempts[b]	
Model Variables	Adjusted OR (95% CI)	*p* value	Adjusted OR (95% CI)	*p* value	Adjusted OR (95% CI)	*p* value
Childhood Trauma Questionnaire						
Physical Neglect	0.99 [0.931–1.053]	0.753	0.984 [0.92–1.051]	0.628	0.993 [0.96–1.029]	0.712
Emotional Neglect	1.101 [1.052–1.152]	0	1.108 [1.054–1.166]	0	1.007 [0.978–1.037]	0.639
Emotional Abuse	1.108 [1.045–1.174]	0.001	1.172 [1.101–1.247]	0	1.058 [1.027–1.091]	0
Physical Abuse	0.987 [0.92–1.058]	0.709	1.007 [0.937–1.082]	0.855	1.02 [0.989–1.052]	0.203
Sexual Abuse	1.04 [0.982–1.102]	0.181	1.097 [1.035–1.163]	0.002	1.055 [1.032–1.078]	0
Measure of Parental Style						
Maternal Over-control	1.078 [1.016–1.144]	0.013	1.108 [1.038–1.182]	0.002	1.027 [0.991–1.065]	0.147
Maternal Abuse	0.935 [0.855–1.022]	0.141	0.939 [0.856–1.031]	0.187	1.005 [0.965–1.046]	0.819
Maternal Indifference	0.989 [0.924–1.06]	0.76	0.999 [0.93–1.073]	0.974	1.01 [0.978–1.042]	0.551
Paternal Over-control	1.013 [0.943–1.087]	0.73	0.984 [0.912–1.063]	0.687	0.972 [0.933–1.013]	0.175
Paternal Abuse	0.937 [0.874–1.004]	0.065	0.96 [0.892–1.032]	0.266	1.024 [0.99–1.06]	0.174
Paternal Indifference	1.037 [0.99–1.086]	0.122	1.035 [0.986–1.087]	0.163	0.998 [0.975–1.022]	0.898
Childhood Bullying Question	1.304 [1.154–1.475]	0	1.643 [1.431–1.088]	0	1.26 [1.157–1.372]	0

[a]Reference category: no suicidal history.
[b]Reference category: suicidal thoughts.

Discussion

The current study aimed to investigate whether childhood challenges related to abuse, neglect, parental style, and bullying increased suicide risk in men. Additionally, it aimed to investigate which childhood challenges were associated with increased odds of being in the suicidal ideation category (compared to no suicidal history), suicide attempt group (compared to no suicidal history), and suicide attempt group (compared to suicidal ideation). When analyzed individually, our findings indicate that experiencing any of the childhood challenges examined in our study was associated with an increased likelihood of belonging to both the suicidal ideation group and the suicide attempt group, compared to having no suicidal history. The same findings are true for the increased likelihood of belonging to the suicide attempt group when compared to the suicidal ideation group. Factors that significantly distinguished between the comparative group memberships were (see Figure 2):

- Bullying, emotional abuse, emotional neglect, and maternal over-control appeared to significantly increase the odds of suicidal ideation category membership compared to controls.
- Bullying, emotional abuse, emotional neglect, maternal over-control, and sexual abuse appeared to significantly increase the odds of suicide attempt category membership compared to controls.
- Bullying, emotional abuse, and sexual abuse appeared to significantly increase the odds of suicide attempt category compared to suicidal ideation.

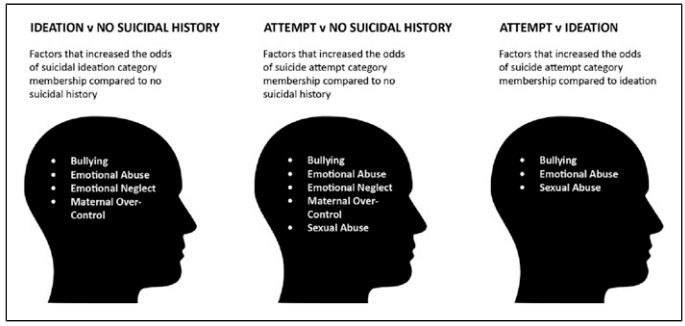

Figure 2. Risk factors by category membership.

Bullying

Bullying was a significant risk factor across all three models. There is growing evidence to suggest the enduring and far-reaching consequences of childhood bullying on an individual's life (Kim & Leventhal, 2008). Takizawa et al.'s (2014) longitudinal cohort study found that people who experienced childhood bullying remained vulnerable to negative social, health, and economic consequences for almost four decades following the exposure. Bullying has also previously been reported in the literature as a risk factor for deaths by suicide (Geoffroy et al., 2023).

Our evidence adds to this literature by suggesting childhood bullying may be a critical risk factor concerning male suicide specifically and that this risk relates to both men who have thoughts of suicide and men who attempt. Further research is needed to understand the psychological impact of bullying on men and how this relates to an increase in suicide risk over the life course. Scholars suggest that boys who don't fit traditional ideas of masculinity and display more feminine traits may be more vulnerable to being bullied and that it may be important to work therapeutically with them to positively integrate aspects of their masculine identity (Miehls, 2017). Additionally, we need to understand more about men's bullying experiences. For example, examining the impact of different forms of bullying (physical, psychological, emotional violence), age and duration of exposure to bullying, and the characteristics of perpetrators (male or female, adults, or peers) on male suicide risk. Future qualitative work could help surface what men who are suicidal experienced bullying for, that is, being neurodiverse, not conforming to predominant norms of masculinity, appearance, race, sexuality, and how bullying experiences shaped their masculine identities, sense of self, and interpersonal relationships.

Emotional Abuse and Neglect

Emotional abuse was also significant across all three models, and emotional neglect across two (attempt v no suicidal history; ideation v no suicidal history). In the measures used, emotional abuse questions explored instances of hurtful insults or feeling hated by family members, and questions about emotional neglect focused on individuals not experiencing a sense of closeness, support, or care within their families.

The impact of emotional abuse and neglect is not as well studied or established as other childhood traumas, such as physical or sexual abuse, particularly among men (Burns et al., 2010; Gama et al., 2021). Emerging evidence suggests that we need to start taking the role of emotional abuse and neglect more seriously. In Salokangas et al.'s (2019) study with adult patients attending primary and psychiatric outpatient care, emotional abuse was associated with suicide risk in men specifically. Choi et al.'s (2017) study of the association between adverse childhood experiences and lifetime suicide attempts found emotional neglect increased the odds of having attempted suicide.

Future research can start to explore the long-term impact of childhood emotional abuse and neglect on the psychology of men who are suicidal. These experiences should also be contextualized within prevailing societal norms and expectations for male emotionality. In certain cultures, men are socialized to suppress aspects of their emotional life, especially those relating to pain and vulnerability, and are expected to be independent and self-reliant (Coston & Kimmel, 2012). A recent meta-synthesis of male suicide identified cultural norms of emotional suppression as a potential suicide risk factor for men (Bennett et al., 2023). Emotional suppression in men was linked to emotional dysregulation, increased psychological pain, and suicide risk. It could be that boys who experience emotional abuse and neglect at home have the psychological impact of this compounded by cultures that arguably further emotionally abuse and neglect men through norms that diminish and limit men's ability to embody and express their emotions fully. Where do men who experience emotional neglect and abuse as boys find emotional release, validation, and safety in their adult lives? Could the interaction of caregiver and cultural emotional abuse/neglect, amplify emotional dysregulation, psychological pain, and suicide risk in certain men? Understanding how childhood experiences of emotional abuse and neglect may interact with societal norms that limit male emotional connection and expression could support the development of more effective interventions and help men build healthier connections to their emotions and find healthier expressions and release for them.

Similarly, it is important to consider how different cultures will shape lived experiences of emotional neglect and abuse. Mesquita (2022) highlights how children are socialized in the emotions that their specific culture values most. She suggests that in more individualistic, Western societies, becoming independent and developing robust self-esteem are often prioritized, with children emotionally socialized to be guided primarily by their own personal feelings. In contrast, she says that in collectivist cultures like China, concepts like "self-esteem" do not have a similar prominence. Instead, children are often raised to emotionally prioritize community and relational needs, rather than personal ones. These distinctions suggest that what is perceived as emotional neglect or abuse may vary significantly across cultural contexts. For example, how a child perceives being loved, and family closeness/support may be experienced very differently across cultures. In individualistic cultures, a lack of emotional validation might be interpreted as neglect. In contrast, in collectivist cultures, emotional neglect might be more closely tied to failures in helping a boy fulfil relational or community responsibilities. Future research should consider how these culturally shaped emotional frameworks influence the psychological impact of childhood emotional abuse and neglect. Cross-cultural studies are needed to examine how differing emotional values affect the way emotional abuse and neglect are perceived and experienced and the resultant impact on men's suicide risk.

Maternal Over-Control

Maternal over-control also distinguished men who had thoughts of suicide and men who had attempted suicide from men with no suicidal history. This measure explores

female caregivers perceived to be overprotective, controlling, critical and/or inducing guilt in the child. Previous research, using a different measure, found an association between paternal over-control and the attempted suicide of adolescents whose fathers were war veterans with PTSD (Maršanić et al., 2014). A review of 12 studies, also using a different measure, found an absence of maternal care and/or overprotection associated with increased suicidal behavior in adolescents (Goschin et al., 2013). A systematic review of 47 studies comparing parenting behaviors and the internalizing problems of children found that maternal overprotection predicted symptoms of child anxiety (Manuele et al., 2023). As far as the authors know, this is the first time a potential association between maternal over-control and male suicide risk specifically has been found.

The notion that male suicide risk may be specifically connected to experiences with female caregivers necessitates further exploration. Understanding why this might be more detrimental to the well-being of men and boys compared to experiences with male caregivers is crucial. Caregiving roles are often shaped by cultural norms, and scholars have suggested that as mothers have traditionally been expected to do more of the caregiving, children may be more susceptible to their parenting style (Manuele et al., 2023). Broader contextual considerations are also essential in understanding these dynamics. For instance, are these observations more prevalent in single-parent families, families in violent communities, or financially unstable settings? What are the psychological origins of the female caregiver's need to exert control? Are maternal caregivers intentionally exerting control, or do such perceived behaviors have different motivations? How does the perceived experience of female caregiver over-control psychologically impact men to elevate suicide risk in adulthood? Further research is required to gain a comprehensive understanding of this dynamic.

Similarly, cultural contexts need to be examined as these may influence how men perceive, experience, and respond to maternal over-control. What may be considered "over-controlling" in one culture could be seen as protective or nurturing in another. For example, most respondents in this study came from individualistic cultures. In such contexts, personal autonomy is culturally valued, and maternal over-protection may be perceived as restricting a person's ability to achieve this. In collectivist cultures, maternal over-control may not necessarily be seen as a negative but aligned with cultural expectations of interdependence. While speculative, we suggest cultural variability will potentially be critical. Further research should explore how cultural and socioeconomic contexts shape these dynamics and increase risk in specific men. Similarly, the possibility that female caregiver over-control may be linked to experiences of emotional neglect and abuse could also be further explored.

Sexual Abuse

Sexual abuse increased the odds of suicide attempt category membership compared to no suicidal history and suicidal ideation. Sexual abuse has previously been reported in the literature as a suicide risk factor and been associated with repeat suicidal behavior in

other populations (O'Connor et al., 2009). A meta-analysis involving 47 studies and 151,476 mixed-gender participants investigated the connection between early-life sexual abuse and suicide risk. The findings from both cross-sectional and longitudinal studies consistently revealed that sexual abuse constituted a significant risk factor (Ng et al., 2018).

Some studies suggest childhood sexual abuse may be a more significant suicide risk factor for men than women. In Molnar et al. (2001) study, sexual abuse increased the odds of a suicide attempt by 4–11 times in men compared to 2–4 times in women. Similarly, Rhodes et al. (2011) systematic review of 16 studies found a stronger association in boys of sexual abuse and suicide attempts. Whilst sexual abuse is traumatic for all genders, these findings speak to a potential additional taboo that men may endure. A recent narrative review of men's experience of childhood sexual abuse—whilst not directly exploring the relationship with suicide risk—found that men are less likely, or take longer, to disclose their experiences, potentially prolonging and compounding their psychological trauma (O'Gorman et al., 2023). Tryggvadottir et al.'s (2019) study of 17 men who had experienced sexual abuse and been suicidal found that the abuse decimated men's self-esteem and was associated with profound feelings of shame, loneliness, worthlessness, and self-disgust. Masculine norms for men to exhibit sexual virility, deny their emotional pain, and cope with challenges independently, may compound the isolation of men who have experienced the trauma of sexual abuse.

Further research is crucial to help us understand the barriers men and boys face in disclosing sexual abuse, effective interventions, and how the psychological impact on their lives relates specifically to suicide risk. Investigating potential differences in the length of exposure to sexual abuse and the gender and role of the perpetrator, that is, parent, sibling, teacher, female, or male, could also provide important insights.

Clinical Implications

Enhancing our understanding of the psychological pathways from childhood trauma to suicide risk will facilitate the identification of the most impactful targets for clinical interventions. Important work has started to explore what these pathways could be. Evidence from a recent qualitative meta-synthesis of male suicide risk factors suggests that challenges in childhood may negatively impact men's emotional development and self-esteem (Bennett et al., 2023). A study of 86 Scottish men found that emotional dysregulation and interpersonal challenges significantly mediated the relationship between childhood adversities and suicidal behaviors (Lemaigre & Taylor, 2019). Additionally, a recent study of 430 male Chinese prisoners identified alexithymia as having a significant mediating impact on the relationship between childhood trauma and suicide (Chen et al., 2023). This evidence seems to suggest that childhood challenges may negatively impact men's (1) self-esteem, (2) emotional regulation, and (3) interpersonal relationships.

We can hypothesize how our findings would also suggest psychological harm to these domains. For example, bullying and emotional abuse consistently emerged as risk

factors across all three of our models. These adversities may increase men's risk for emotional dysregulation by exposing them to experiences of heightened emotional pain, stress, anxiety, and overwhelm. They may also undermine men's ability to form safe and meaningful connections with others by eroding interpersonal trust and safety. Additionally, they may harm men's self-esteem by exposing them to scenarios where men feel rejected and unworthy of care. Emotional abuse, for example, was recently found to be the strongest predictor of later emotional dysregulation in a study exploring childhood maltreatment and PTSD severity (Gama et al., 2021). It has also been linked with impacting attachment and reduced self-esteem (Thompson & Kaplan, 1996). The relational and emotional aspects of bullying and emotional abuse may mean that clinical explorations of how men build trust, intimacy, and connection with others and regulate their emotions are worth exploring. Similarly, both these experiences may damage a man's self-esteem, hindering his ability to perceive himself as socially or emotionally valuable. Helping men revise and strengthen their self-concept could be of potential clinical value.

Given the robustness of childhood challenges as a suicide risk factor, exploring the psychological legacy of childhood events, supporting men to acknowledge, process and express pain in relation to these experiences, and develop effective coping strategies could be important. In their collaborative formulation with male patients, clinicians should consider how masculine norms may impact how men recount experiences from childhood—potentially minimizing or feeling disconnected from distress and the psychological impact of events. It is also important to consider the double jeopardy men may experience in terms of experiencing childhood trauma and being socialized to deny their pain (Bennett et al., 2023). Many childhood challenges are psychologically painful and may expose young boys to tremendous distress. If these boys are then socialized to suppress and deny their pain, they may be left profoundly isolated, and this isolation may have an additional and dangerous impact on how they regulate their pain, robbing them of effective coping strategies and potentially elevating suicide as a coping mechanism for their suffering.

Our findings support how critical early interventions are for spotting the signs of childhood abuse, and the need for appropriate support that will minimize harm, accelerate healing and not promote additional trauma (Geoffroy et al., 2023). Interventions focused on helping children develop healthy emotional regulation tools and skills to improve interpersonal relating have previously been recommended, and our findings support these suggestions (Lemaigre & Taylor, 2019).

Theoretical Implications

Childhood adversity is a suicide risk factor in Joiner's (2005) "Interpersonal Theory of Suicide" and O'Connor's (2011; 2018) "Integrated Motivational-Volitional Model of Suicidal Behavior". Our findings support the importance of integrating an understanding of childhood challenges into theoretical explanations of suicide. What needs further investigation is the psychological pathways from childhood adversity to suicide

risk. What are the long-term psychological implications of childhood challenges, and how do they elevate suicide risk over the life course?

As already discussed, the psychological impact of childhood challenges on the relationship men have with their emotions, interpersonal connections, and sense of self may be critical. These domains align with those identified in Bennett et al.'s (2023) "3D Model of Male Suicide Risk." The 3D model explores socio-cultural dimensions of male suicide risk, with the 3 "Ds" representing 1. denial, 2. disconnection, and 3. dysregulation. The model proposes that masculine norms, such as emotional suppression, self-reliance, independence, and coping alone, may contribute to men experiencing denial, disconnection, and dysregulation in their relationships with (1) emotions, (2) self, and (3) others. This dysregulation may increase psychological pain and suicide risk in men. It is possible that childhood challenges similarly affect these psychological domains and, when combined with cultural factors, may further compound suicide risk for some men.

Our findings of childhood emotional abuse and emotional neglect as male suicide risk factors support previous suggestions of the theoretical importance of emotional dysregulation to theories of male suicide risk (Bennett et al., 2023). Similarly, all the adversities identified in our study may make men more vulnerable to dysregulation in the interpersonal domain. All these adversities are relational-based traumas, whereby boys experience pain and harm from external others. Interpersonal challenges, loneliness and isolation are theoretically significant to suicide (Joiner, 2005; Leenaars, 1996). Specific childhood traumas may disrupt the development of psychological characteristics required to build, manage, or maintain connections with others successfully. For example, bullying may mean some men struggle to trust or feel safe with others. Emotional neglect and abuse may limit some men's ability to express intimacy or receive care from others. Additionally, these adversities may harm men's sense of self and undermine their belief that they are people worthy of care, love, and protection. Escaping painful feelings of self has also been theoretically linked to suicide risk (Baumeister, 1990) and suicide risk in men specifically (Bennett et al., 2023).

Limitations

Like all suicide research, the major limitation of our findings is that we cannot study men who have died by suicide directly, and their experiences may differ from the men in our sample. Our cross-sectional and retrospective design means we cannot establish causation or make observations about the direction of relationships. In our survey, we asked about lifetime suicidal behaviors, which may have happened at any point in a participant's life and may not be a direct result of childhood experiences. Similarly, our evidence is based on men's perception of experiences recounted after the event, and participants may experience recall bias when recollecting their childhoods (Burns et al., 2010). Our sample was predominantly composed of white Western men, and childhood risk factors may vary across different cultural contexts, ethnicities, sexualities, and abilities. For example, variables such as maternal over-control and bullying may be

perceived and experienced differently across diverse cultural and social settings. Future research should aim to recruit more diverse groups of men to encompass a broader range of ethnicities, socioeconomic statuses, and cultural backgrounds. This would allow for a more nuanced understanding of how the identified risk factors may vary across different ethno-cultural populations and help to develop interventions tailored to different cultural contexts. Our data is also subject to self-selection bias.

Additionally, and as previously highlighted in the literature, there are certain issues with the measurement of traumas, such as sexual abuse, within the CTQ (Burns et al., 2010). For instance, in response to a question like "Someone molested me," participants are required to rate the frequency on a scale from "rarely true" to "often true". This approach may mean a participant who experienced molestation only a few times but endured profound psychological trauma as a consequence may only rate the experience as "rarely true". Likewise, the questions about physical abuse involve specific scenarios, such as punishment with hard objects or beatings that left marks noticeable to others. This means that men who underwent physical abuse but not in these precise ways might not have their experiences effectively represented in the gathered data. It is important to review our findings within the confines of these constraints.

Future Research

Alongside the suggestions given above, we encourage future research to explore childhood challenges in *interaction*. Many experiences of trauma are multiple. For example, perpetrators of sexual abuse may also be emotionally abusive (Lemaigre & Taylor, 2019). The substantial collinearity in our models implies that the examined constructs may be interconnected. Future investigations using more complex methods such as network analysis may allow a more detailed exploration of how the recollection of different childhood traumas functions as a complex system in the lives of men who are suicidal. Alongside understanding interaction, we also need to understand the psychological pathways routing childhood trauma to suicide risk. What specific psychological legacies do certain traumas leave, leading to an elevated suicide risk in men? Future qualitative studies could help reveal the potential mechanisms behind the possible associations found in this study and help us understand the "why" behind them. Additionally, our findings should be replicated in future research, given that many significant effect sizes were relatively small.

Conclusion

Our study suggests experiences of each type of childhood trauma assessed increased male suicide risk, supporting the robust evidence that early life adversity can contribute significantly to long-term psychological distress. Our results suggest that bullying and emotional abuse may be particularly critical, significantly increasing risk in men across all three models. Additionally, emotional neglect and maternal over-control increased the odds of suicidal ideation and suicide attempt category membership compared to no

suicidal history. Sexual abuse increased the odds of suicidal attempt category membership compared to ideation and no suicidal history.

Our findings highlight the critical need to address the emotional and interpersonal pain experienced by men exposed to childhood adversity. We need to continue to understand men as emotional, relational beings with a need for safe and meaningful connection, validation, and care, and the deep psychological wounds childhood trauma in these domains can leave. Our study stresses the potential importance of early intervention and support for young boys facing childhood challenges to develop emotional regulation, interpersonal skills, and robust self-esteem. Moreover, childhood challenges need to be understood within cultural contexts. We need to consider the double jeopardy men who experience early-life adversity may experience in cultures that further constrain some men's emotional and relational potential via masculine norms of independence, suppressing emotional pain, and coping alone (Bennett et al., 2023). Addressing psychological and cultural factors together could help the development of more effective interventions for men and boys at risk of suicide.

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Public Health Statement

Challenges in childhood, particularly bullying, emotional abuse, emotional neglect, sexual abuse, and maternal over-control, significantly increase male suicide risk. This study highlights the need for early interventions that recognize the emotional and relational needs of men. Childhood challenges need to be understood within cultural contexts, and how masculine norms that constrain men's emotional and relational potential may additionally harm and isolate boys who experience adversity.

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Data Availability Statement

The data that support the findings of this study are openly available at Enlighten Research Data at https://doi.org/10.5525/gla.researchdata.1921

Supplemental Material

Supplemental material for this article is available online.

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