A SUICIDE IN VIRGINIA

The example below tells the story of a typical suicide in Virginia, but to ensure confidentiality, it is not the story of an actual death. The example was created to illustrate the violent death data typically collected and linked in the Virginia Violent Death Reporting System (VVDRS).

DEATH CERTIFICATE

The victim was an 82-year-old white man who lived in a small rural community in Southwest Virginia. He was a U.S. citizen born in North Carolina. He was a widowed veteran and a retired truck driver for a regional supermarket chain. He died at home from a gunshot wound to the head. The manner of death was suicide.

MEDICAL EXAMINER/CORONER

The victim died from a gunshot wound to the head. Entrance and exit wounds reveal a single intra-oral shot using a revolver. Other pathological diagnosis included lesions on his right lung and a history of surgical removal of the lower lobe of the left lung. The victim had a tattoo with a U.S. Navy 1949-1951 anchor on his right forearm. Bruising on his forehead at autopsy suggested that he had fallen and hit his head near the time of his death. Medical records revealed that he was suffering from lung cancer, had stopped receiving chemotherapy, and was recently referred to a pain management specialist because he was frustrated with his level of pain. Pill counts revealed he had taken one dose of Oxymorphone and one of Percocet.

LAW ENFORCEMENT

Law enforcement was called to the victim’s home when a neighbor reported that she had not seen him for a few days. His car was in the driveway. Law enforcement responded for a welfare check and discovered a mildly decomposed body on the living room floor of the home with a revolver lying near the right side of his body. The home was locked and secure. Law enforcement described the home as clean and neat with no evidence of foul play or intrusion. Notes on a nearby table provided post-mortem instructions on bills and funeral arrangements and a copy of his will. Two bottles of prescription medicine, one for Oxymorphone and one for Percocet, were found on the kitchen counter. Law enforcement interviewed the victim’s daughter who reported that her father had been diagnosed with a recurrence of lung cancer five months ago and complained about significant pain. He had told family and friends repeatedly that if his cancer ever got bad again, he would just end it. The daughter reported that her father had no history of mental health problems and that he did not like to take pain medications because it made him sleepy and caused him to lose his balance.

TOXICOLOGY

Toxicology studies revealed that the victim did not have any opiates in his blood, but did have a Blood Alcohol Concentration of .028. Medical records showed that he had gone to a pain specialist who prescribed Oxymorphone and Percocet.
Elder suicide is a complex social problem that is often overshadowed by a focus on suicide among youth, college students or veterans. Data from the Virginia Violent Death Reporting System (VVDRS) show that:

- elders have a higher suicide risk (rate of 15.6) than non-elders (rate of 10.7);
- elder men are 6 times more likely than elder women to die from suicide, and as elder men age, their suicide rate increases while it decreases for elder women; and
- elder and non-elder suicides differ notably in the circumstances and life events that lead to suicide, including the presence of mental and physical health problems.

A new picture of elder suicide
Combining data sources through the VVDRS enabled the Virginia Department of Health to:

- develop a new and more complete picture of elder suicide by exploring it as a separate and unique phenomenon;
- identify what makes elder suicide fundamentally different from non-elder suicide – including life altering events such as a change in marital status, onset of illness, loss of capacity for independent living, and mental and physical health problems;
- make recommendations for where to target prevention efforts, particularly among older men; and
- conclude, in its report Elder Suicide in Virginia: 2003-2010, that elder suicide is an issue that can only be addressed by treating it as distinct from non-elder suicide.

Regional summits increase resources
- Spurred by the release of the VVDRS data, the Virginia Department of Behavioral Health and Developmental Services – a key partner and VVDRS Advisory Committee member – funded 7 regional suicide summits to bring together mental health, public health and other violence prevention advocates for a day of suicide prevention planning.
- In each region, Department of Health staff used VVDRS data to give a tailored data presentation on suicide. Summit participants then looked at state and local resources and developed a regional suicide prevention plan to address at-risk populations and the specific circumstances associated with suicide in their communities.
- Based on VVDRS data and the momentum generated by the regional summits, the Virginia Department of Behavioral Health and Developmental Services requested and received funding for a state suicide prevention coordinator to address suicide issues across the lifespan.

Educating through data
- In response to frequent media and community-level requests for data, VVDRS staff have provided data, radio and newspaper interviews, and education around the fact that suicide is more common than homicide in Virginia – a fact that often surprises those requesting the data.
- Since the VVDRS began publishing its data, staff has seen a jump in requests – from about 3 to 30 per year.
- With the VVDRS, the Department of Health can respond with more robust, useful and finely-tuned information – including the circumstances, methods of fatal injury, and risk factors related to violent deaths that enable communities to hone in on specific local issues and inform the work of their prevention specialists.
- Specialized VVDRS reports on the circumstances of a particular type of violent death – such as who dies at work and the issue of suicide among military members – have garnered extensive interest from the media, data users and stakeholders.