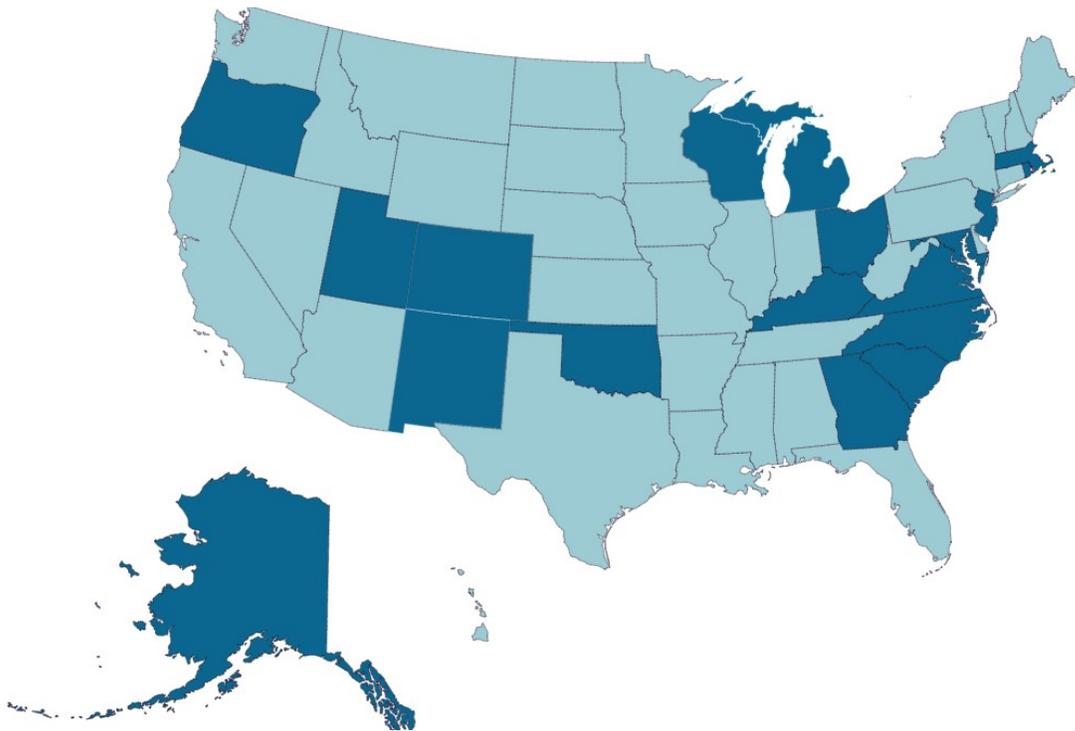


DEATHS FROM SUICIDE: A Look at 18 States

**A Special Report with Data from the
National Violent Death Reporting System, 2013-2014**



Alaska Colorado Georgia Kentucky Maryland Massachusetts Michigan New Jersey New Mexico
North Carolina Ohio Oklahoma Oregon Rhode Island South Carolina Utah Virginia Wisconsin


SAFE STATES
www.safestates.org

February 2017

About the Safe States Alliance

Established in 1993, the Safe States Alliance is a national non-profit organization and professional association whose mission is to strengthen the practice of injury and violence prevention. Safe States is the only national non-profit organization and professional association that represents the diverse and ever-expanding group of professionals who comprise the field of injury and violence prevention. Safe States Alliance engages in a variety of activities to advance the organization's mission, including:

- Increasing awareness of injury and violence throughout the lifespan as a public health problem;
- Enhancing the capacity of public health agencies and their partners to ensure effective injury and violence prevention programs by disseminating best practices, setting standards for surveillance, conducting program assessments, and facilitating peer-to-peer technical assistance;
- Providing educational opportunities, training, and professional development for those within the injury and violence prevention field;
- Collaborating with other national organizations and federal agencies to achieve shared goals;
- Advocating for public health policies designed to advance injury and violence prevention;
- Convening leaders and serving as the voice of injury and violence prevention programs within state health departments; and
- Representing the diverse professionals making up the injury and violence prevention field.

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1 INTRODUCTION

THE NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS) PROVIDES ESSENTIAL INFORMATION FOR PREVENTION

Each year in the United States, more than 59,000 people die from acts of violence, including more than 42,000 deaths from suicide and 16,000 deaths from homicide.¹ Many of these and other violent deaths can be prevented. An essential first step is to ensure the availability of complete, accurate and timely information about these deaths from violence, particularly about populations at risk and the circumstances and factors contributing to these deaths.

To collect this critical information, the Centers for Disease Control and Prevention (CDC) established the National Violent Death Reporting System (NVDRS) in 2002.² Funded by CDC, the NVDRS is the only national state-based surveillance reporting system that compiles data from multiple sources on all deaths from violence – including homicides, suicides, legal interventions, and deaths from acts of terrorism.^{2,3} (See Appendix A for definitions of these terms.)

NVDRS data collection began in 2003 with just six states. Since then, additional appropriations have increased NVDRS participation to 40 states, plus the District of Columbia and Puerto Rico.⁴ The goal is to expand NVDRS participation to all 50 states and U.S. territories.

DATA SOURCES

The primary data sources for the NVDRS are death certificates, coroner and medical examiner (CME) reports, toxicology reports, and law enforcement reports.^{2,5}

Some states may incorporate additional data sources, including Child Fatality Reviews or Domestic Violence Fatality Reviews. All identifying information is removed, the names of individual victims and suspects are not released, and laws protecting other types of health department records, such as communicable disease records, also apply to the NVDRS.

A violent death is a death that results from the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community.

Centers for Disease Control and Prevention

NVDRS DATA COLLECTION

6 TYPES OF VIOLENT DEATHS

Homicide
Suicide
Legal intervention
Death from acts of terrorism
Unintentional death due to firearms
Death of undetermined intent

>100 VARIABLES ACROSS SIX CATEGORIES

Demographics
Injury & death information
Circumstances
Weapons
Suspects
Toxicology

6 TYPES OF CIRCUMSTANCES

- Mental health/substance abuse/other addictions
- Relationship/life stressors
- Crime/criminal activity
- Homicide/legal intervention-specific circumstances
- Suicide/undetermined-specific circumstances
- Unintentional firearm-specific circumstances

LINKING DATA CREATES A MORE COMPLETE PICTURE

The NVDRS links these data to provide a more complete understanding of violent deaths in the U.S., states and local communities. Unlike other surveillance systems that count deaths (e.g., vital statistics), the NVDRS is an incident-based system. The NVDRS collects data on the *entire* violent incident and then links all victims and alleged suspects associated with a given incident in one record.⁵ For example, the NVDRS can identify all victims in a multi-homicide, or link victims and a suspect in a homicide-suicide.

NVDRS DATA COLLECTION: SIX CATEGORIES AND OVER 100 VARIABLES

All NVDRS states use standard coding practices developed by the CDC to collect information about homicides, suicides, legal interventions, deaths from acts of terrorism, unintentional deaths due to firearms, and deaths of undetermined intent.

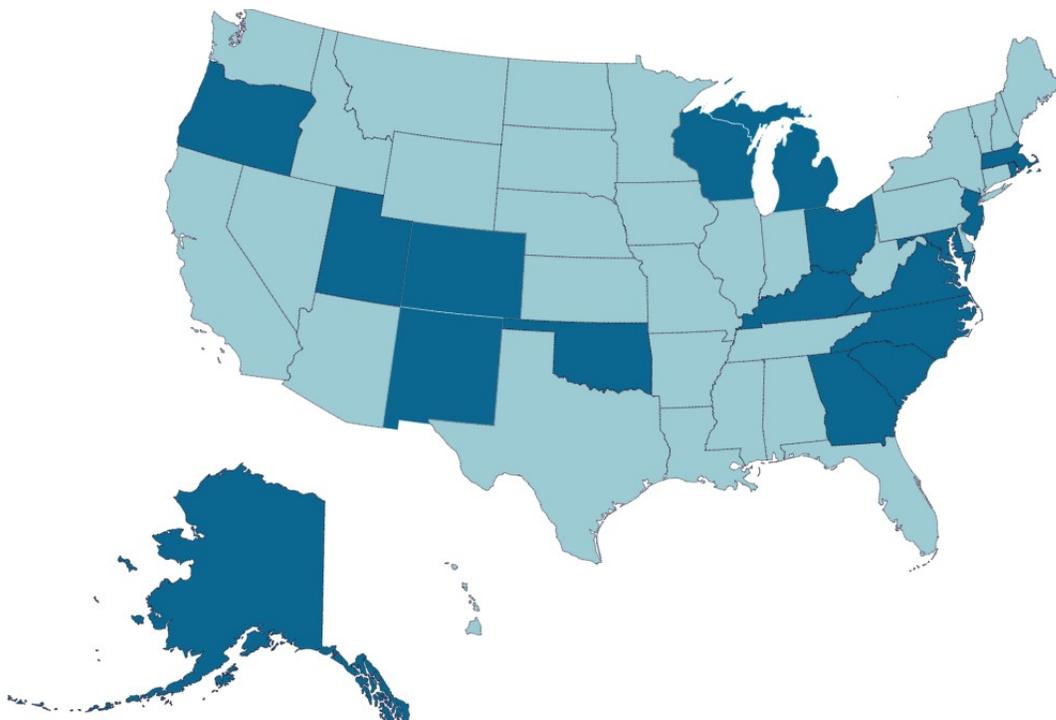
Six categories of information are collected for each type of violent death: demographics, injury and death information, circumstances, weapon, suspects, and toxicology. Over 100 variables are collected, providing a comprehensive picture of each violent death incident.

LINKING DATA INTO ONE DATABASE PLACES A DEATH INTO CONTEXT & PROVIDES INFORMATION NOT PREVIOUSLY POSSIBLE, SUCH AS:

- ⇒ the relationship between the victim and suspect, including if they knew each other
- ⇒ information about the suspect, such as suspect demographics and criminal activity that was part of the incident
- ⇒ circumstances such as a history of depression or other mental health problems, chronic illness, alcohol or drug use
- ⇒ recent problems with a job, finances or relationships
- ⇒ circumstances unique to intimate partner violence, including prior incidents of abuse

18 NVDRS STATES INCLUDED IN THIS REPORT

ALASKA
COLORADO
GEORGIA
KENTUCKY
MARYLAND
MASSACHUSETTS
MICHIGAN
NEW JERSEY
NEW MEXICO
NORTH CAROLINA
OHIO
OKLAHOMA
OREGON
RHODE ISLAND
SOUTH CAROLINA
UTAH
VIRGINIA
WISCONSIN



The types of circumstances collected are:

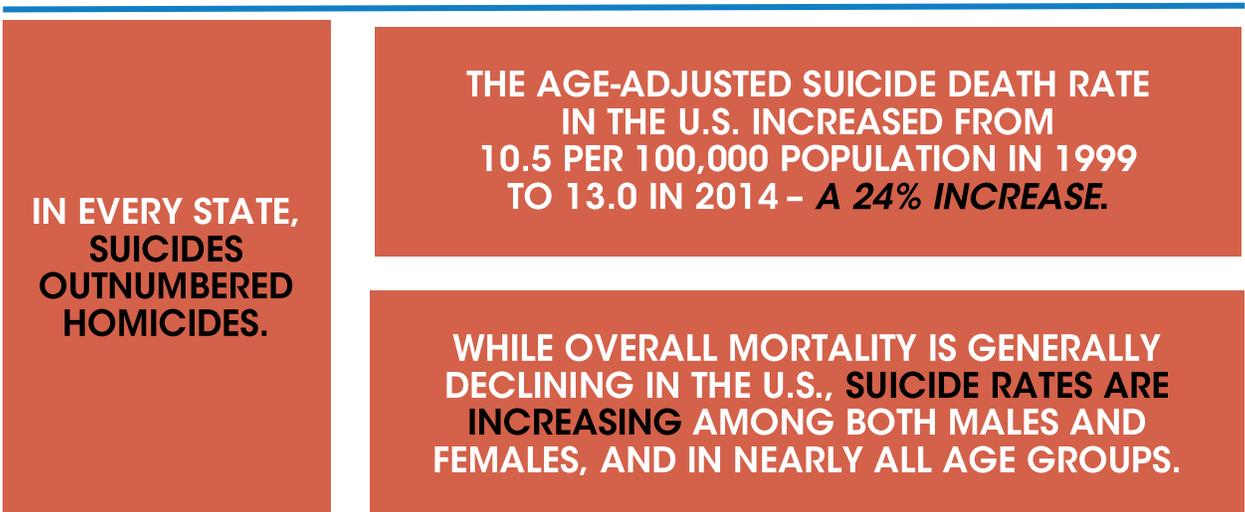
- (1) Mental health (e.g., current diagnosed mental health problem), substance abuse, and other addictions (such as gambling, sexual, etc.)
- (2) Relationship and life stressors (e.g., intimate partner problems)
- (3) Crime and criminal activity (e.g., the death being precipitated by another crime)
- (4) Homicide and legal intervention specific circumstances (e.g., a hate crime)
- (5) Suicide and undetermined specific circumstances (e.g., history of suicide attempts)
- (6) Unintentional firearm specific circumstances (e.g., gun defect or malfunction).⁵

REPORT FOCUS: SUICIDE IN 18 STATES

Suicide is a significant public health problem in the U.S. The nation's age-adjusted suicide death rate rose from 10.5 per 100,000 population in 1999 to 13.0 in 2014 – **a 24% increase**.⁶ The average annual percent increase was greater from 2006-2014 (about 2% per year) than from 1999-2006 (about 1% per year). Suicide rates are increasing among both males and females and in nearly all age groups, while overall mortality in the U.S. is generally declining. NVDRS data provide a clearer understanding of this important public health issue and can help guide prevention efforts.

This report examines suicide using data from 18 NVDRS states that completed data collection for 2013 and 2014 and submitted these data to CDC for compilation in the annual NVDRS Restricted Access Database (RAD), a de-identified, multi-state, case-level micro dataset prepared by the CDC for use by researchers and other investigators. (See Appendix A: Definition of Terms) These states are Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.*¹ This report provides an overview of deaths from violence in the U.S., a detailed look at suicide nationally and among states — including circumstances surrounding suicide deaths in various demographic groups — and an exploration of similarities and differences in violent deaths among the 18 states.

This report is the third in a series of NVDRS data publications. The first report, published in 2008, covered the overall picture of violence using 2004-2005 data collected from 17 NVDRS reporting states.⁷ The second report, published in 2014, covered 2009-2010 data from 18 NVDRS reporting states with a special emphasis on intimate partner violence.⁸



NVDRS data provide a clearer understanding of this important public health issue and can help guide prevention efforts.

2 KEY FINDINGS

NVDRS data analysis results presented in this report demonstrate the unique capacity and strength of the NVDRS to provide essential, useful data that can help inform national policies and programs, and guide states in selecting prevention measures that are most relevant and likely to be effective in their communities.

Key findings from analyses of the 2013-2014 NVDRS data from 18 states are presented below. Also refer to the infographic and tables on pages 9-11.

HOMICIDE/SUICIDE COMPARISON

- In every state, suicides outnumbered homicides.
- In Colorado, Oregon, and Utah the number of suicides was at least six times that of homicides (6.1, 7.7 and 10.3, respectively).

HOMICIDE-SUICIDE INCIDENTS

A total of 450 homicide-suicide incidents were identified, totaling 976 deaths.

- These 976 deaths consisted of 526 homicides and 450 suicides.
- 76% of the homicide victims were female, while 94% of the suspects (suicide victims) were male.
- 81% of these homicide-suicide incidents were related to intimate partner problems or violence.

SUICIDE

Occurrent suicide rate*

- The occurrent suicide rate varied among states. The rate for Alaska (22.7 suicides per 100,000 residents) was 2.7 times that of New Jersey (8.5 suicides per 100,000 residents).
- In 16 NVDRS states, occurrent suicide rates increased from the 2004-2005 and 2009-2010 rates. (Michigan and Ohio data was not included in the two previous reports).^{7,8}

Males and Females

- In all states, the occurrent suicide rate was higher for males than for females. The largest difference was in Kentucky and Wisconsin, where the rate for males was 4.1 times higher than the rate for females. The smallest difference was in Colorado, New Mexico, North Carolina, and Rhode Island, where the

ANALYSIS CONSIDERATIONS

In reviewing all findings in this report, please refer to the *Analysis Considerations* section (pages 54-56) for details on how the data analyses were conducted and for insight into the subtleties and complexities of working with NVDRS data. It is important to understand key factors to consider when analyzing NVDRS data and reasons why the results presented in this report might differ from those derived from other data sources or analysis methodologies.

***Occurrent Suicide Rate, for example, is used throughout this report.** Occurrence statistics are based on all violent deaths that *occur* in the geographic area of interest, not just the deaths of residents. Occurrent deaths are those in which the decedent was fatally injured in the reporting state, whether or not the decedent was a resident of the reporting state. This report uses occurrent rates rather than mortality rates based on residency status because occurrent rates provide a more comprehensive description of a state's burden of deaths from violence. (See pages 54-55 for further details).

rate for males was 3.2 times higher than the rate for females.

- Among males, the highest occurrent suicide rate was among ages 65+ in nine states, among ages 45-64 in seven states, and among ages 25-44 in one state. Among females, those ages 45-64 had the highest rate in all states.

Suicide Methods

Firearm Use

- Firearms were used in more than 60% of suicide deaths in Alaska, Georgia, Kentucky, Oklahoma, and South Carolina, but in less than 25% of the suicides in Massachusetts and Rhode Island.
- The owner of the firearm was unknown in most firearm suicide incidents. However, in 36% of firearm suicide deaths by youth under age 18, the firearm owner was identified as the child's parent. The firearm owner was identified as the shooter in 22% of adult firearm suicide deaths (ages 18+).
- There were three states that did not have firearms as the most frequent suicide method for males (Massachusetts, New Jersey, and Rhode Island). Hanging/strangulation/suffocation was the most common method for males in these three states.

Poisoning

- Poisoning accounted for 34% of suicides among females and 10% of suicides among males.
- Poisoning was the leading method of suicide among females in eight states, and the second leading method of suicide among females in nine states. Virginia had an equal number of firearm and poisoning deaths among females.

Toxicology

- Toxicology test results among suicide victims who were tested show that 39% were positive for alcohol, 38% for antidepressants, 32% for benzodiazepines, and 28% for opiates. (See Table 2 on page 11)

Suicide among Veterans

- Seventeen percent (17%) of victims were identified as veterans (excluding South Carolina, where 88% of victims had an unknown or missing military status).
- Twenty-one percent (21%) of male suicide victims were identified as veterans, as were 42% of suicide victims ages 65+.

Marital status

- Among all states, 33% of suicide victims were married, 33% were never married, 22% were divorced, 6% were widowed, 3% were married but separated, 2% were single, not otherwise specified, and 1% had an unknown or missing marital status.

Sexual Orientation

- A total of 278 suicide victims were identified as gay, lesbian, or bisexual, and 29 suicide victims were identified as transgender.

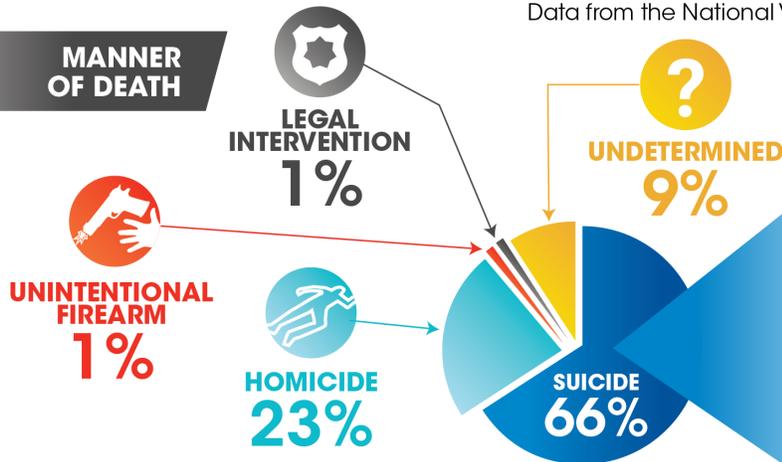
Mental Health Problems and Treatment

- Nearly half (47%) of suicide victims were identified as having a current mental health problem that had been diagnosed by a professional.
- Thirty percent (30%) of suicide victims were identified as currently being treated for a mental health or substance abuse problem at the time of his/her death, and 38% of suicide victims were identified as having ever been treated for a mental health or substance abuse problem.

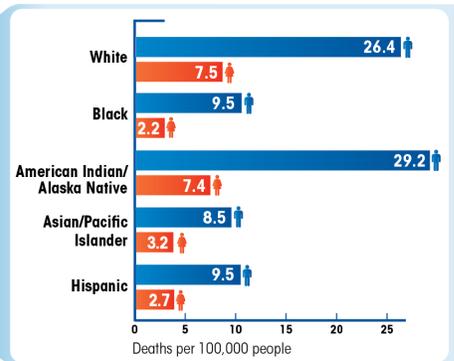
SUICIDE: A LOOK AT 18 STATES

Data from the National Violent Death Reporting System, 2013-2014*

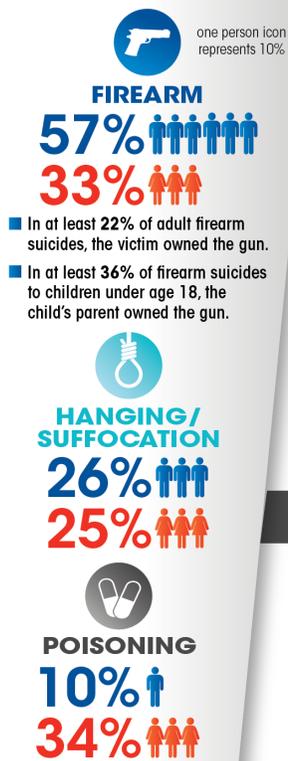
MANNER OF DEATH



SUICIDE RATES By Race & Sex



SUICIDE METHODS By Sex



SUICIDE CIRCUMSTANCES By Life Stage, when circumstances known

YOUTH (AGES 10-24)

Relationship problem: 51% (intimate partner, family, or other relationship problem)
Imminent/recent crisis: 38%
Disclosed suicide intent: 27%
Argument: 23%

ADULT (AGES 25-44)

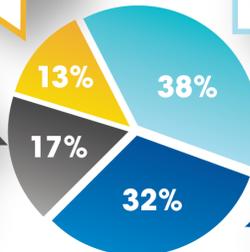
Intimate partner problem: 42%
Imminent/recent crisis: 38%
History of suicidal thoughts/plans/attempts: 34%
Disclosed suicide intent: 28%

OLDER ADULT (AGES 65+)

Physical health problem: 56%
Left a suicide note: 35%
Imminent/recent crisis: 29%
Death of friend or family member: 10%

MIDDLE AGE (AGES 45-64)

Current mental health problem: 51%
Current mental health treatment: 34%
Financial and/or job problem: 25%
Alcohol problem: 22%

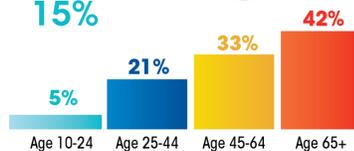
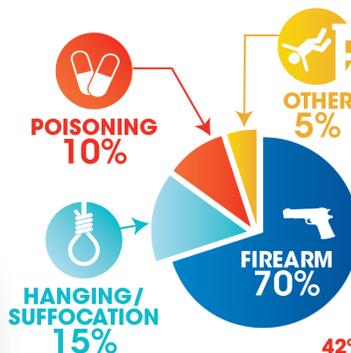


VETERAN SUICIDE VICTIMS

VETERAN SUICIDE CIRCUMSTANCES

Current mental health problem: 42% (Of those, 17% had post-traumatic stress disorder, compared to 2% of non-veterans)
Physical health problem: 36%
History of suicidal thoughts/plans/attempts: 31%
Disclosed suicide intent: 25%

MALE 96%
FEMALE 4%



* Percents may not equal 100% due to rounding

HOMICIDE-SUICIDE

450 450 homicide-suicide incidents resulted in 976 deaths (526 homicides, 450 suicides)

- 58 incidents had multiple homicides
- 76% of homicide victims were female
- 94% of suspects/suicide victims were male

SEXUAL ORIENTATION

278 278 of suicide victims identified as gay, lesbian or bisexual

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* This data represents the following 18 states: Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan (2014 only), New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, and Wisconsin.

TABLE 1. MAGNITUDE of DEATHS FROM VIOLENCE in 18 NVDRS STATES, 2013-2014

Table 1 provides a quick look at the magnitude of violent death in the 18 states that collected 2013-2014 NVDRS data (2014 data only for Michigan). Two measures are shown for each manner of death: (1) the total number of violent deaths that occurred in each state over the two-year period 2013-2014, and (2) the annual occurrent rate of violent deaths per 100,000 resident population. Occurrent death rates are also provided for five sub-groups: suicide, homicide, unintentional firearm injury death, legal intervention death, and death of undetermined intent. Terrorism-related deaths were excluded from this report, as only four violent deaths were identified with this manner of death during 2013-2014.

State	# of violent deaths	Occurrent violent death rate	# of suicides	Occurrent suicide rate	# of homicides	Occurrent homicide rate	# of unintentional firearm deaths	Occurrent unintentional firearm death rate	# of legal intervention deaths	Occurrent legal intervention death rate	# of undetermined deaths	Occurrent undetermined death rate
Alaska	464	31.5	335	22.7	83	5.6	9	‡	6	‡	31	2.1
Colorado	2681	25.2	2119	19.9	349	3.3	13	‡	38	0.4	162	1.5
Georgia	4029	20.1	2556	12.7	1313	6.5	25	0.1	50	0.2	85	0.4
Kentucky	2023	23.0	1409	16.0	377	4.3	35	0.4	20	0.2	182	2.1
Maryland	3444	28.9	1170	9.8	749	6.3	9	‡	38	0.3	1478	12.4
Massachusetts	1627	12.1	1184	8.8	285	2.1	*	‡	17	‡	137	1.0
Michigan [^]	2234	22.5	1349	13.6	572	5.8	6	‡	19	‡	288	2.9
New Jersey	2423	13.6	1512	8.5	786	4.4	0	0.0	29	0.2	96	0.5
New Mexico	1246	29.9	881	21.1	271	6.5	*	‡	29	0.7	62	1.5
North Carolina	3946	19.9	2641	13.3	1095	5.5	31	0.2	57	0.3	122	0.6
Ohio	4682	20.2	3051	13.2	1216	5.2	49	0.2	58	0.3	308	1.3
Oklahoma	2126	27.5	1404	18.2	474	6.1	29	0.4	47	0.6	172	2.2
Oregon	1856	23.5	1491	18.9	193	2.4	15	‡	28	0.4	129	1.6
Rhode Island	373	17.7	256	12.1	61	2.9	0	0.0	*	‡	54	2.6
South Carolina	2196	22.9	1474	15.3	694	7.2	6	‡	14	‡	8	‡
Utah	1700	29.1	1163	19.9	113	1.9	8	‡	19	‡	397	6.8
Virginia	3062	18.4	2211	13.3	656	4.0	18	‡	28	0.2	149	0.9
Wisconsin	2051	17.8	1605	14.0	326	2.8	11	‡	22	0.2	87	0.8

FOOTNOTES

Definitions of terms are found in Appendix A.

Methodology is described in Appendix B.

[^] Numbers for Michigan include the year 2014 only.

Occurrent deaths are those in which the fatal injury occurred in the specified state, regardless of the person's state of residence.

* Indicates a cell size of 1-4 deaths

‡ Rates are not calculated for cells containing fewer than 20 deaths

TABLE 2. TOXICOLOGY TESTING and RESULTS for SUICIDE VICTIMS in 18 NVDRS STATES, 2013-2014

To shed light on the involvement of alcohol and drugs, Table 2 presents toxicology testing and results for suicide victims. Notably, toxicology test results among suicide victims who were tested show that 39% were positive for alcohol, 38% for antidepressants, 32% for benzodiazepines, and 28% for opiates.

SUBSTANCE NAME	TOXICOLOGY TESTING & RESULTS (Total number of suicide victims: n=27, 811)			
	# of Tests Submitted	% Tested (of all suicides)	# of Tests with Positive Result	% Positive (of those tested)
Alcohol	15180	55%	5953	39%
Amphetamines	9091	33%	717	8%
Anticonvulsants	6117	22%	809	13%
Antidepressants	7564	27%	2874	38%
Antipsychotics	6180	22%	599	10%
Barbiturates	7312	26%	227	3%
Benzodiazepines	9424	34%	2997	32%
Carbon Monoxide	3486	13%	662	19%
Marijuana	8096	29%	1537	19%
Muscle Relaxants	6078	22%	481	8%
Opiates	10363	37%	2934	28%
TOTAL # or AVERAGE %	98476	30%	20337	19%

3 STATE SIMILARITIES AND DIFFERENCES

The state profiles and other analyses in this report demonstrate the many similarities and differences among the 18 states that collected 2013 and 2014 NVDRS data. This section highlights key similarities and differences among these states, and addresses state-level variation in the availability of key information.

This section also underscores how the picture of violence is unique in each state. Analyses of state-level NVDRS data provide a more detailed view of homicide and suicide, shed light on issues or subtleties that may differ from national rates or trends, and can inform the selection of appropriate and relevant violence prevention measures.

TOTAL DEATHS FROM VIOLENCE

There was a substantial difference in the occurring rates of total deaths from violence among the 18 NVDRS states. (See Table 1 on page 10)

- The total violent death rates for Alaska, New Mexico, and Utah (all over 29 violent deaths per 100,000 resident population) were more than twice that for Massachusetts, the state with the lowest total violent death rate (12.1 violent deaths/100,000).
- New Jersey had the lowest violent death rate (12.4/100,000) in the two previous reports (with 2004-2005 and 2009-2010 data), but this rate increased in 2013-2014 to 13.6/100,000.^{7,8}
- Massachusetts' rate decreased from 17.2/100,000 and 13.7/100,000 in 2004-2005 and 2009-2010, respectively, to 12.1/100,000 in 2013-2014.^{7,8}

HOMICIDE/SUICIDE COMPARISONS

In all of the 18 NVDRS states included in this report, suicides outnumbered homicides.

- Maryland had the lowest ratio of suicides to homicides in 2013-2014 (1,170 suicides compared to 749 homicides), yet there were still 36% more suicides than homicides in the state. Maryland also had the lowest ratio of suicides to homicides in 2009-2010

(1072 suicides compared to 870 homicides), with 20% more suicides than homicides. (However, in 2004-2005, Maryland was the only NVDRS state that had more homicides than suicides, with 515 homicides compared to 478 suicides.)^{7,8}

- Utah had the highest ratio of suicide to homicide: the number of suicides was more than 10 times the number of homicides.
- In Colorado, Oregon and Utah, the number of suicides was at least six times that of homicides. These states also previously had the highest ratios of suicides to homicides in 2004-2005 and 2009-2010.

SUICIDE

As with total violent deaths, the suicide rate also varied among states.

- **As in the two previous reports, Alaska had the highest suicide rate (22.7/100,000) and New Jersey had the lowest (8.5/100,000) in 2013-2014.**^{7,8} Alaska's suicide rate was nearly three times that of New Jersey.
- **The suicide rates in 16 NVDRS states increased from the 2004-2005 and 2009-2010 rates.**^{*7,8}
 - The state with the largest increase from 2004-2005 to 2013-2014 was Rhode

* Michigan and Ohio data was not included in the two previous reports.

Island, which had a 64% increase (7.4/100,000 to 12.1/100,000), while Alaska had the smallest increase of 3% (22.1/100,000 to 22.7/100,000).

- The state with the largest increase from 2009-2010 to 2013-2014 was Kentucky, which had a 29% increase (12.4/100,000 to 16.0/100,000), while Massachusetts and Rhode Island had the smallest increases of 1% (8.7/100,000 to 8.8/100,000 and 12.0/100,000 to 12.1/100,000, respectively).

Suicide rates differed between males and females, and among age groups.

- **The suicide rate was higher for males than for females in all 18 NVDRS states in 2013-2014.**
 - Alaska had the highest overall male suicide rate (40.9/100,000) while New Jersey had the lowest (15.2/100,000).
 - New Mexico had the highest overall female suicide rate (11.7/100,000) while New Jersey had the lowest (4.4/100,000).
- **Among males, the age group with the highest suicide rate varied among states.**
 - **Ages 10-24:** Males ages 10-24 had the lowest suicide rate in all states except Alaska (in Alaska they were second highest).
 - **Ages 25-44:** Alaska was the only state where males ages 25-44 had the highest suicide rate (51.8/100,000).
 - **Ages 45-64 and 65+:** Males ages 65+ had the highest suicide rate in nine states, as did those ages 45-64 in seven states. North Carolina had the highest rate for males ages 45-64 and 65+, both of which had the same rate (29.9/100,000).
- **Among females, those ages 45-64 had the highest suicide rate (9.9/100,000) among all 18 states.**

The most common method used in suicides varied among states.

- **Use of a firearm was the most common suicide method in 15 of the 18 states**, while hanging/strangulation/suffocation was the most common method in Massachusetts, New Jersey, and Rhode Island. [This was also true in the two previous reports with 2004-2005 and 2009-2010 data].^{7,8}
- **Firearms were used in more than 60% of suicides in five states – Alaska, Georgia, Kentucky, Oklahoma, and South Carolina (up from three states in 2009-2010) – but in less than 25% of the suicides in Massachusetts and Rhode Island.**
- **Massachusetts, New Jersey, and Rhode Island had the three lowest firearm death rates** (3.6, 5.1, and 4.8, all per 100,000, respectively), as well as the lowest overall occurrent violent death rates, and three of the four lowest occurrent suicide rates. These three states have also been identified as having three of the four lowest average firearm ownership rates in the U.S.⁹
- **Alaska, New Mexico, and Utah also had the three highest overall occurrent violent death and occurrent suicide rates. Alaska and New Mexico had the two highest firearm death rates (22.5/100,000 and 17.1/100,000, respectively), while Utah has the 10th highest (13.7/100,000).** These three states have been identified as having the sixth, 28th and 20th highest average firearm ownership rates, respectively, in the U.S.⁹

The most common suicide method differed between males and females.

- **Among males, use of a firearm was the most common suicide method in all states except Massachusetts, New Jersey, and Rhode Island**, where hanging/strangulation/suffocation was the most frequently used method.
- **Among females, poisoning was the most frequent suicide method in eight states**, followed by use of a firearm in seven states, and hanging/strangulation/suffocation in two states. Virginia had an equal number

(178) of firearm and poisoning suicide deaths as the leading method among females.

The NVDRS has a military status variable that uses the death certificate to identify if the victim ever served in the U.S. Armed Forces.

- **Seventeen (17%) of suicide victims were identified as veterans** (excluding South Carolina, where 88% of victims had an unknown or missing military status). The percent ranged from 11% in Rhode Island to 22% in New Mexico and Oregon.
- **Twenty-one percent (21%) of male suicide victims were identified as veterans, as were 42% of suicide victims ages 65+.**

Circumstances associated with suicide deaths varied among states.

Overview of circumstances

- Understanding the circumstances associated with suicide is critical for tailoring suicide prevention programs and policies, both nationally as well as at the state-level. One of the strengths of the NVDRS is the ability to capture information on circumstances or precipitating factors associated with deaths from violence, including suicide.
- This information most frequently comes from coroner/medical examiner reports and from law enforcement investigations. Examples of the variability among states for different circumstances associated with suicide are presented below.
- On average, for all NVDRS states combined, 90% of suicide victims had known circumstances surrounding the death. This percent ranged from a low of 64% in Kentucky to a high of 97% in Utah, Virginia, and Wisconsin.

The following suicide circumstances data is based only upon victims with known circumstances.

Mental health problems and treatment

- **Nearly half (47%) of suicide victims were identified as having a current mental health problem that had been diagnosed by a professional.** The percent varied among states, from a low of 27% in Kentucky to 59% in Virginia.
- Thirty percent (30%) of victims were identified as currently being treated for a mental health problem at the time of his/her death. The percent ranged from a low of 5% in South Carolina to 50% in Rhode Island.
- Thirty-eight percent (38%) of victims were identified as having ever been treated for a mental health problem. The percent ranged from 10% in South Carolina to 61% in Rhode Island.

Personal crisis

- **Thirty-five (35%) of suicide victims were identified as having experienced a personal crisis, or a crisis was imminent within two weeks of the death** (excluding South Carolina, where just 1% of suicide victims were identified as having a recent/imminent crisis). The percent ranged from 15% in Michigan to 73% in Utah.

Relationship problems

- **Relationship problems** — which include family relationship problems, intimate partner problems, and other relationship problems (problems with a friend or associate)—**were a common circumstance in many suicide deaths (particularly among younger victims) and contributed to the suicide death in 39% of cases.** The percent ranged from 28% in New Jersey to 52% in Utah.
- Twenty-nine percent (29%) of suicide victims were identified as having problems with a current or former intimate partner that appeared to have contributed to the suicide. The percent ranged from 22% in New Jersey to 38% in Alaska.
- By age group, relationship problems contributed to 51% of suicide deaths for ages 10-24, 49% for ages 25-44, 32% for ages 45-64, and 15% for ages 65+. For ages 10-24, the

percent ranged from 31% in New Jersey to 68% in Rhode Island.

Argument

- Some victims had a specific argument or conflict that preceded the victim's death (e.g. the victim had an argument with his/her boss over poor performance, then went to a local park and died by suicide). **An argument was identified in 16% of suicide deaths** (ranging from 8% in Kentucky and New Jersey to 24% in Alaska). This circumstance was most common among ages 10-24 (23%) and ages 25-44 (22%).

Physical health problems

- **Twenty-two percent (22%) of victims were identified as having physical health problems (e.g., a terminal or debilitating illness), which appeared to have contributed to the suicide death.**
- **This circumstance was noted more frequently among older adult victims, and was identified among 56% of suicide victims ages 65+.** The percent for ages 65+ ranged from 42% in Maryland to 78% in Colorado.

School-related problems

- **One circumstance almost solely reported among young suicide victims was the existence of problems at or related to school that appeared to have contributed to the death. Among victims ages 10-24, 10% had a school-related circumstance noted** (ranging from 3% in Massachusetts to 16% in Colorado and Wisconsin).

Job/financial problems

- **Although reported less frequently than other circumstances, job and/or financial problems were identified as contributing factors in 18% of suicide deaths.** The percent ranged from 11% in North Carolina to 31% in Wisconsin.

Alcohol- and substance abuse-related problems

- **Eighteen percent (18%) of victims were identified as having an alcohol problem** — they were perceived by themselves or by others as having an on-going problem with or addiction to alcohol, resulting in a disruption in their

relationships, work, health, or other facets of their lives. The percent ranged from 11% in South Carolina to 28% in Colorado.

- **Additionally, 16% of victims were identified as having a non-alcohol related substance abuse problem**, ranging from 9% in South Carolina to 27% in Kentucky. Substance abuse problems were most frequent among ages 25-44, with 24% of victims in this age range identified as having this problem.

Disclosed suicide intent

- **Suicidal intent was disclosed in 25% of suicide deaths**, ranging from 16% in Kentucky and Massachusetts to 36% in Utah. This intent includes victims expressing suicidal feelings or disclosing to others their intent to die by suicide, either explicitly (e.g., "I'm considering killing myself") or indirectly (e.g., "I think everyone would be better off without me").
- Additionally, 20% of victims had a suicide attempt history (ranging from 12% in Kentucky to 28% in Rhode Island), and 32% of victims had a history of suicidal thoughts or plans (ranging from 13% in Kentucky to 48% in Virginia).
- Thirty-four percent (34%) of victims left a suicide note, ranging from 18% in Kentucky to 41% in Utah.

COMPLETENESS OF INFORMATION

Although all NVDRS states are required to gather information from death certificates, coroner/medical examiner reports and law enforcement investigations, the completeness of the information obtained from each source can vary. In general, most NVDRS states can collect complete information on the demographics of the victim and on the type of method(s) or weapon(s) involved in the death, typically from the death certificate. However, capturing detailed information on the circumstances of deaths due to violence is much more difficult. This is due to a variety of factors, but typical challenges include the following:

- **States vary in the structure of their coroner/medical examiner systems.** Some states, such as New Mexico and Oklahoma, have a centralized state medical examiner office that investigates all deaths. Other states have individual county coroners, such as Colorado and Kentucky, or individual county medical examiners, such as Michigan. Some states, such as Wisconsin and Ohio, have a mixed county-based medical examiner and coroner system.
 - **The training required by medical examiners differs from that of county coroners and is not standardized throughout the U.S.**
 - **For coroners/medical examiners and law enforcement, the types of questions asked and the information gathered in investigations of homicides, suicides and other deaths from violence are not standardized throughout the U.S.** Thus, the quality and comparability of the investigation and the data collected can vary by jurisdiction.
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4 STATE PROFILES

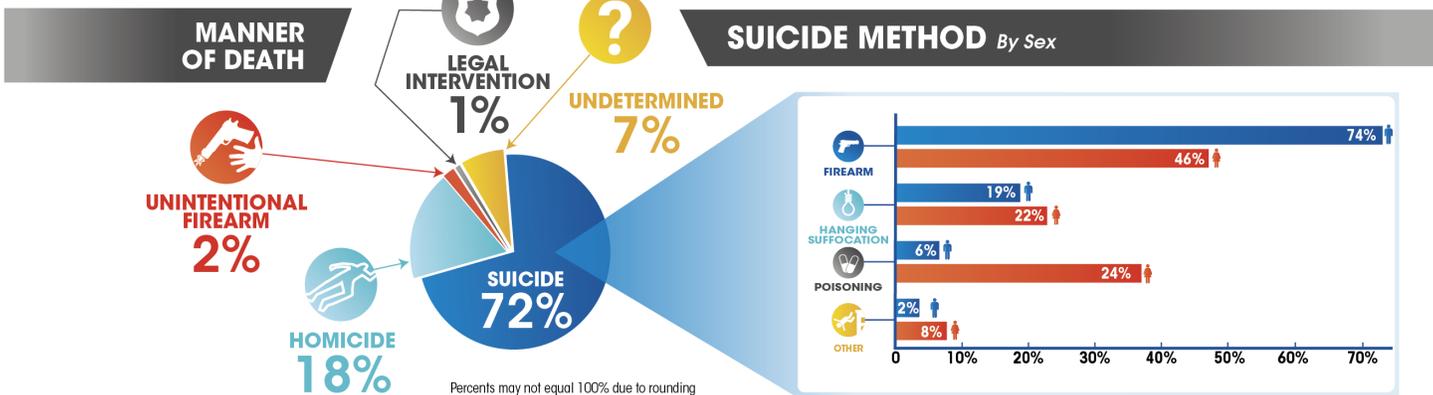
Profiles for each of the 18 states provide a brief overview for comparison purposes within this report, as well as a stand-alone document for each state. Because significant state-level heterogeneity is often masked when aggregate data are analyzed at the national level, the state profiles highlight state-level similarities and differences in the numbers, characteristics and circumstances of suicide. State-level data in each of the 18 profiles provide a more detailed picture that can better inform the choice of suicide prevention measures most likely to be effective at state and local levels.

ALASKA, 2013-2014

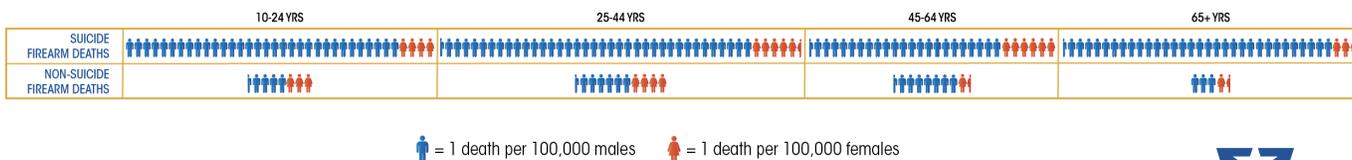
Size	Largest state in the U.S. in land area, covering 570,000 square miles
Population	48 th most populated state with 738,000 residents
Race/ethnicity of state population	62% White non-Hispanic, 4% Black, 7% Hispanic or Latino, 8% Asian/Pacific Islander, 15% American Indian/Alaska Native; 7% two or more races
NVDRS participation	Alaska Violent Death Reporting System (AKVDRS) joined NVDRS in 2002; first year of data collection in 2003

A LOOK AT SUICIDE IN ALASKA

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (Intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN ALASKA

- Nearly all (90%) violent deaths occurring in Alaska in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Alaska (N=335, 72%), occurring four times as often as homicide (N=83, 18%).
- The remaining deaths from violence were attributed to undetermined manner (N=31, 7%), legal intervention (N=6, 1%), and unintentional firearm death (N=9, 2%).

SUICIDE IN ALASKA

- State rates.** Alaska's suicide rate* in 2013-2014 was 22.7 per 100,000 residents, a 3% increase from 22.1 in 2004-2005 and a 5% increase from 21.6 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Alaska was 72% higher than the U.S. suicide rate (13.2) and was the highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 62% White, 26% American Indian/Alaska Native, 4% Black, 3% Hispanic, 2% two or more races, 1% Asian/Pacific Islander, and 1% unknown.
- Sex.** Males accounted for 81% of suicide victims (40.9/100,000 ages 10+) and females accounted for 19% (10.6/100,000 ages 10+). The suicide rate among males was highest for those ages 25-44 (51.8/100,000). For females, the suicide rate was highest among those ages 45-64 (13.6/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 68% of suicides, followed by hanging/strangulation/suffocation (19%) and poisoning (9%).
- Use of a firearm was the most common method for both males (74%) and females (46%). Males ages 25-44 had the highest firearm suicide rate (36.5/100,000). (See infographic)

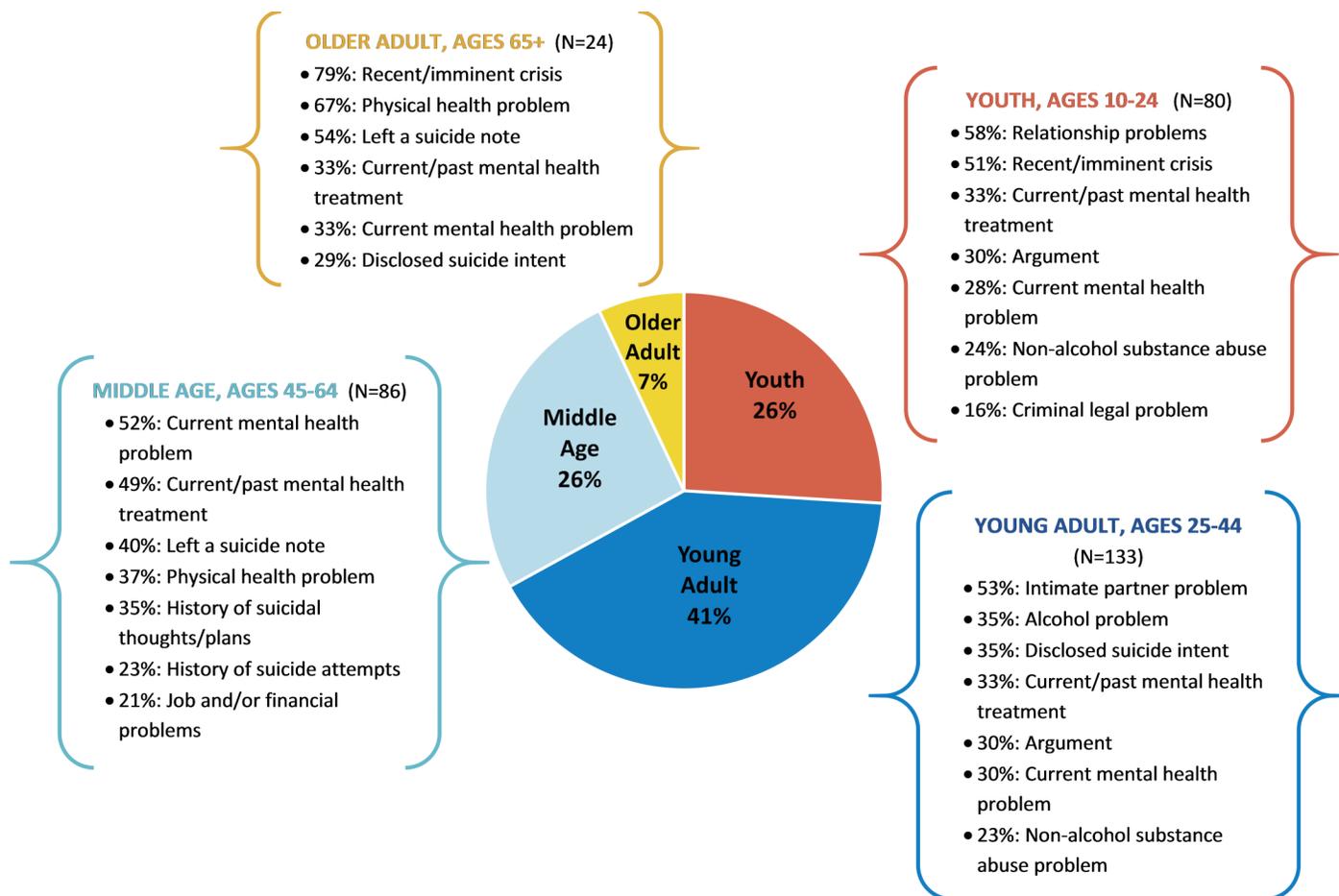
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Twenty-one percent (21%) of victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 58% of those ages 65+.
- **Sexual orientation.** Five (5) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Four (4) victims were identified as homeless at the time of death.
- **Marital status.** Twenty-eight percent (28%) of victims were married, 50% were never married, 18% were divorced, 2% were widowed, and 2% had another or unknown marital status.
- **Educational level.** Among victims ages 25+, 47% had an unknown or missing education level, 21% were a high school or GED graduate, 6% had less than a high school education, and 26% had some college credit or a college degree.

SUICIDE CIRCUMSTANCES

- In 96% of Alaska’s deaths by suicide, circumstances were documented in the records (N=323).
- The most frequently cited circumstances were relationship problems (50%), a recent/imminent crisis (46%), intimate partner problem (38%), current depressed mood (37%), current or past mental health treatment (37%), current mental health problem (36%), and history of suicidal thoughts or plans (35%). A suicide note was left in 32% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, ALASKA, 2013-2014

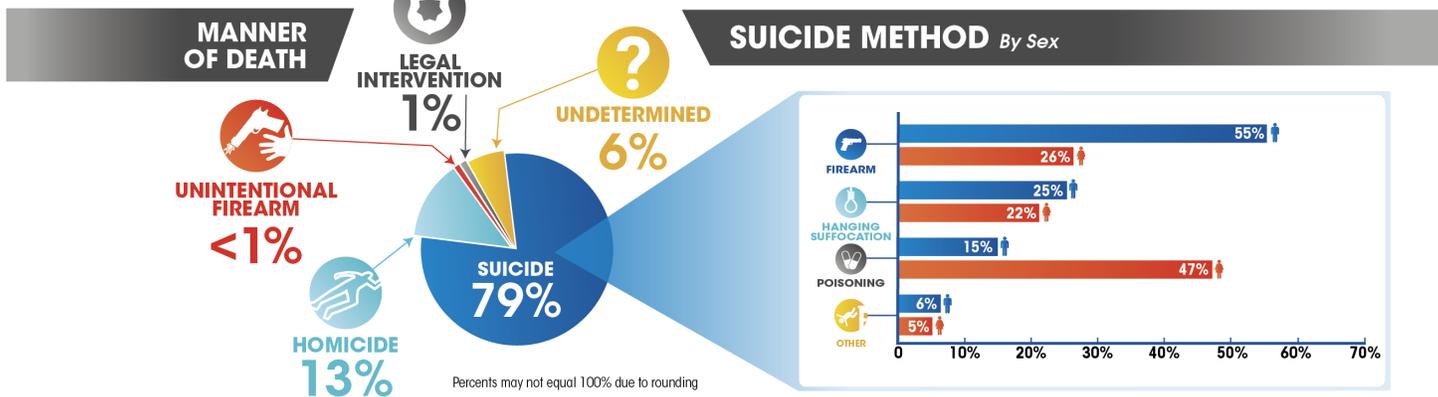


COLORADO, 2013-2014

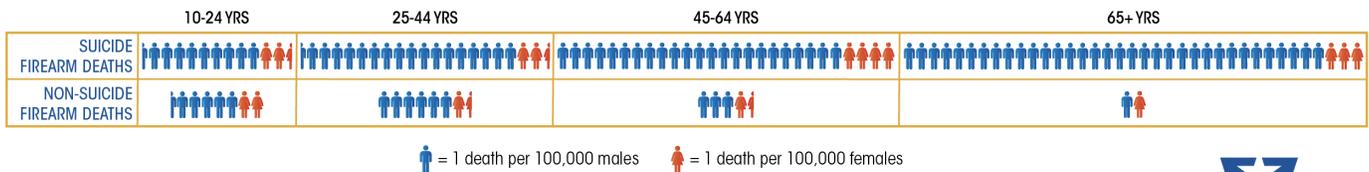
Size	Divided into 64 counties covering 103,000 square miles
Population	22 nd most populated state with 5.5 million residents
Race/ethnicity of state population	69% White non-Hispanic, 5% Black, 21% Hispanic or Latino, 3% Asian/Pacific Islander, 2% American Indian/Alaska Native; 3% two or more races
NVDRS participation	Colorado Violent Death Reporting System (COVDRS) joined NVDRS in 2003; first year of data collection in 2004

A LOOK AT SUICIDE IN COLORADO

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN COLORADO

- Nearly all (92%) violent deaths occurring in Colorado in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Colorado (N=2119, 79%), occurring six times as often as homicide (N=349, 13%).
- The remaining deaths from violence were attributed to undetermined manner (N=162, 6%), legal intervention (N=38, 1%), and unintentional firearm death (N=13, <1%).

SUICIDE IN COLORADO

- State rates.** Colorado's suicide rate* in 2013-2014 was 19.9/100,000, a 14% increase from 17.5 in 2004-2005 and a 10% increase from 18.1 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Colorado was 51% higher than the U.S. suicide rate (13.2) and was tied with Utah for the third highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 83% White, 11% Hispanic, 2% Black, 2% Asian/Pacific Islander, 1% American Indian/Alaska Native, and <1% other/two or more races.
- Sex.** Males accounted for 76% of suicide victims (35.0/100,000 ages 10+) and females accounted for 24% (10.8/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (43.7/100,000). For females, the suicide rate was highest among those ages 45-64 (16.3/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 48% of suicides, followed by hanging/strangulation/suffocation (24%) and poisoning (22%).
- Use of a firearm was the most common method for males (55%), and poisoning was the most common method for females (47%). Males ages 65+ had the highest firearm suicide rate (33.8/100,000). (See infographic)

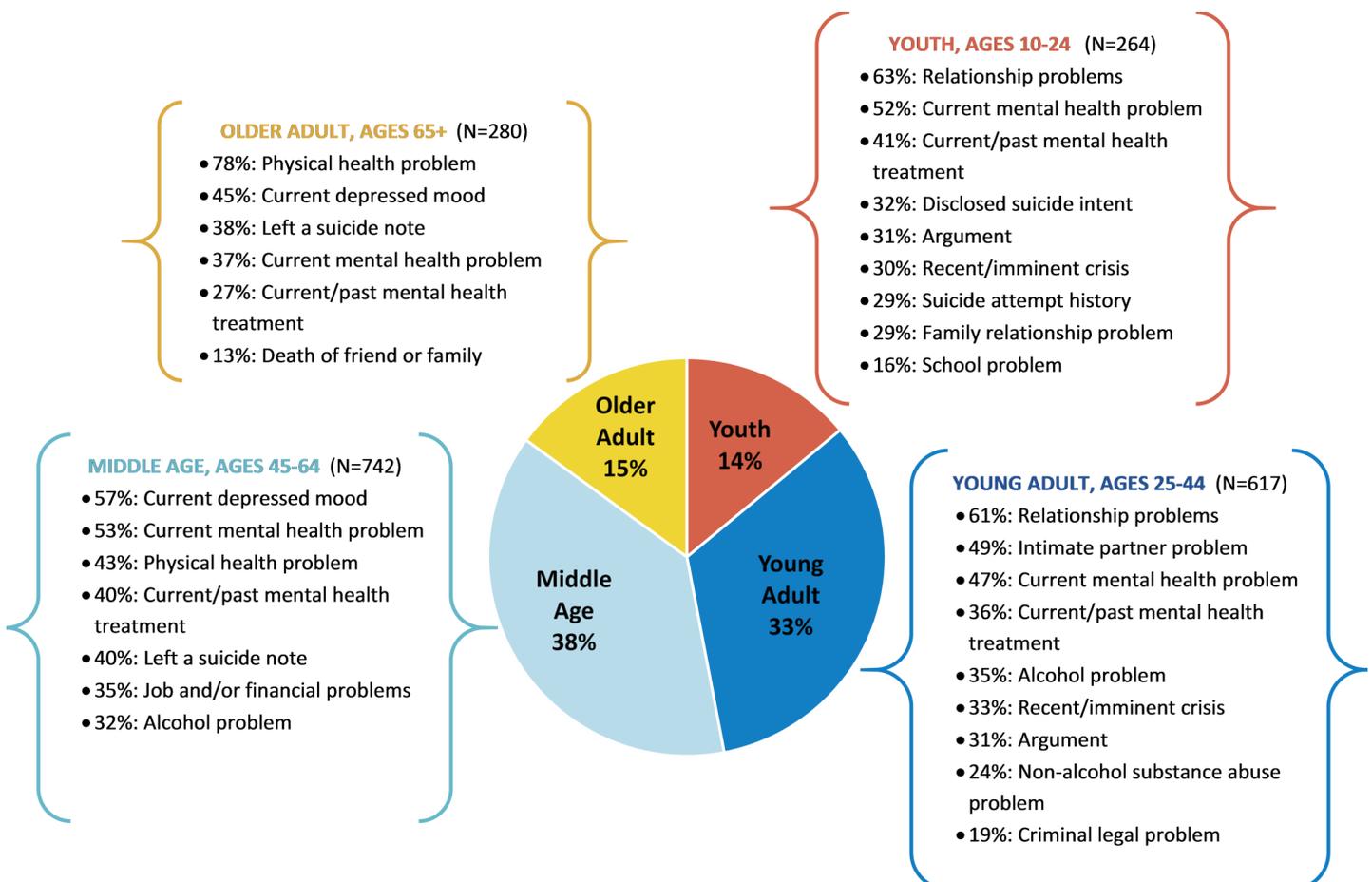
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Eighteen percent (18%) of victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 49% of victims ages 65+.
- **Sexual orientation.** Thirty-six (36) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Twenty-five (25) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-five percent (35%) of victims were married, 35% were never married, 23% were divorced, 5% were widowed, and 2% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 36% were a high school or GED graduate, 9% had less than a high school education, 54% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 90% of Colorado's deaths by suicide, circumstances were documented in the records (N=1903).
- The most frequently cited circumstances were current depressed mood (53%), current mental health problem (49%), relationship problems (48%), current or past mental health treatment (37%), physical health problem (37%), history of suicidal thoughts or plans (36%), and intimate partner problem (35%). A suicide note was left in 35% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, COLORADO, 2013-2014

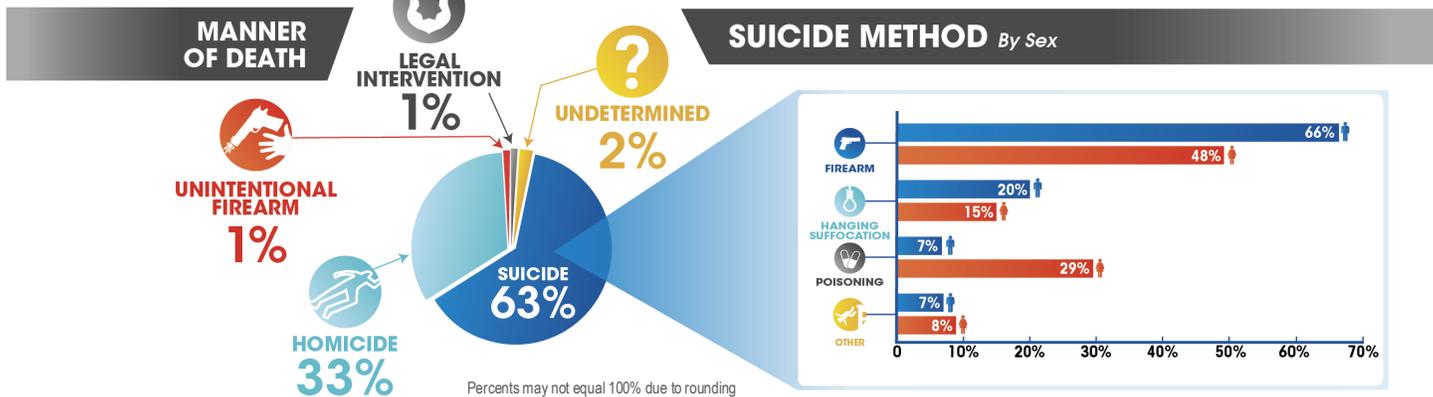


GEORGIA, 2013-2014

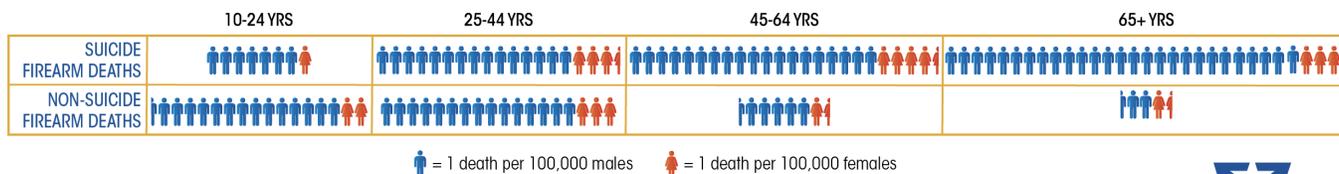
Size	Divided into 159 counties covering 57,000 square miles
Population	8 th most populated state with 10.2 million residents
Race/ethnicity of state population	54% White non-Hispanic, 32% Black, 9% Hispanic or Latino, 4% Asian/Pacific Islander, 1% American Indian/Alaska Native; 2% two or more races
NVDRS participation	Georgia Violent Death Reporting System (GVDRS) joined NVDRS in 2003; first year of data collection in 2004

A LOOK AT SUICIDE IN GEORGIA

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN GEORGIA

- Nearly all (96%) violent deaths occurring in Georgia in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Georgia (N=2556, 63%), occurring twice as often as homicide (N=1313, 33%).
- The remaining deaths from violence were attributed to undetermined manner (N=85, 2%), legal intervention (N=50, 1%) and unintentional firearm death (N=25, 1%).

SUICIDE IN GEORGIA

- State rates.** Georgia's suicide rate* in 2013-2014 was 12.7 per 100,000 residents, a 21% increase from 10.5 in 2004-2005 and an 8% increase from 11.8 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Georgia was 4% lower than the U.S. suicide rate (13.2) and was the fifth lowest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 80% White, 13% Black, 2% Hispanic, 2% Asian/Pacific Islander, 2% other/two or more races, and 1% unknown.
- Sex.** Males accounted for 77% of suicide victims (23.5 per 100,000 ages 10+) and females accounted for 23% (6.4 per 100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (31.6/100,000). For females, the suicide rate was highest among those ages 45-64 (9.9/100,000)

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 62% of suicides, followed by hanging/strangulation/suffocation (19%) and poisoning (12%).
- Use of a firearm was the most common method for both males (66%) and females (48%). Males ages 65+ had the highest firearm suicide rate (27.0/100,000). (See infographic)

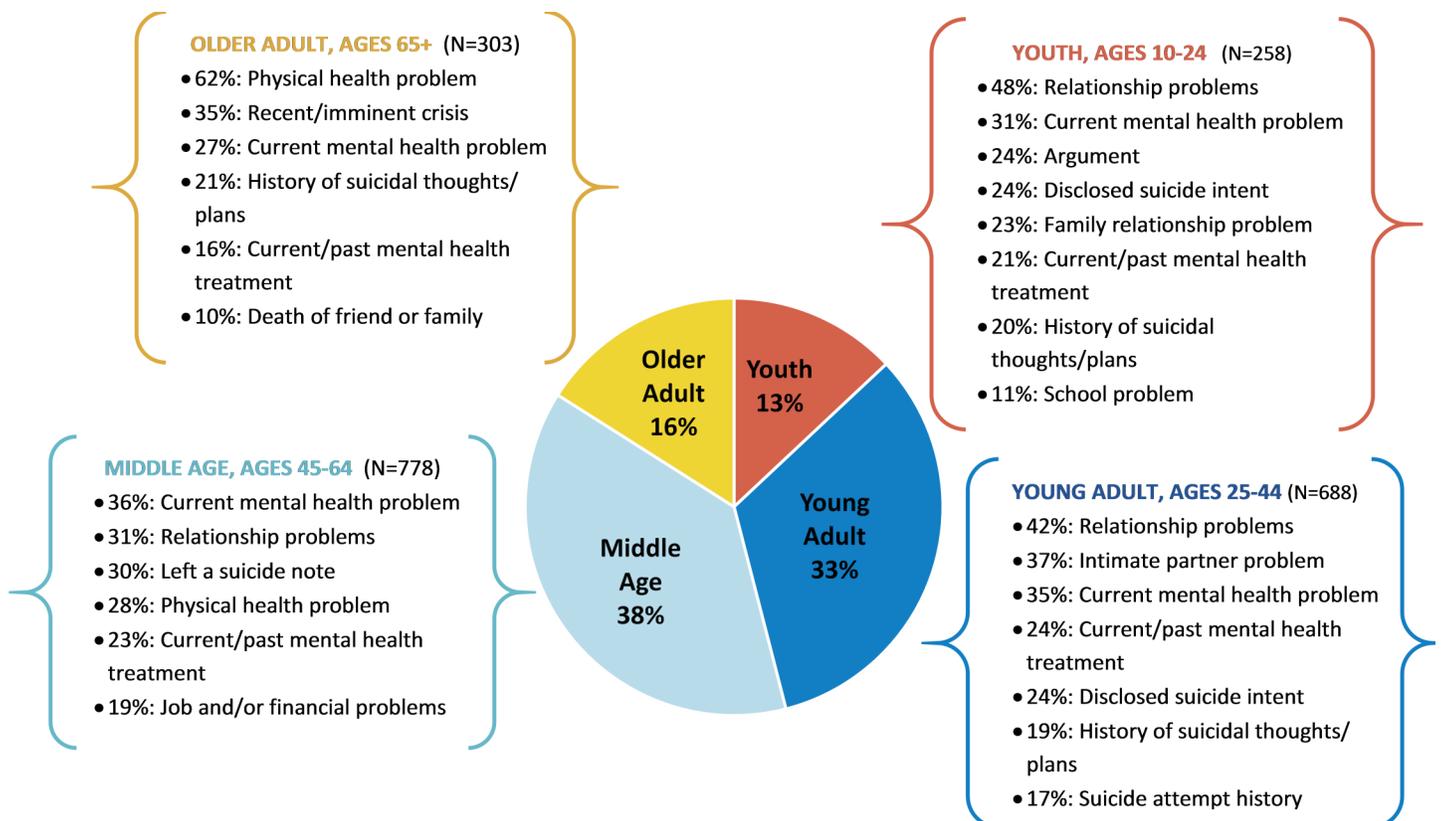
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Sixteen percent (16%) of victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 34% of victims ages 65+.
- **Sexual orientation.** Eighteen (18) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Fourteen (14) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-four percent (34%) of victims were married, 26% were never married, 18% were divorced, 5% were widowed, and 16% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 51% had an unknown or missing education level, 18% were a high school or GED graduate, 6% had less than a high school education, and 24% had some college credit or a college degree.

SUICIDE CIRCUMSTANCES

- In 79% of Georgia's deaths by suicide, circumstances were documented in the records (N=2027).
- The most frequently cited circumstances were relationship problems (35%), current mental health problem (34%), current depressed mood (33%), a recent/imminent crisis (31%), and intimate partner problem (28%). A suicide note was left in 27% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, GEORGIA, 2013-2014

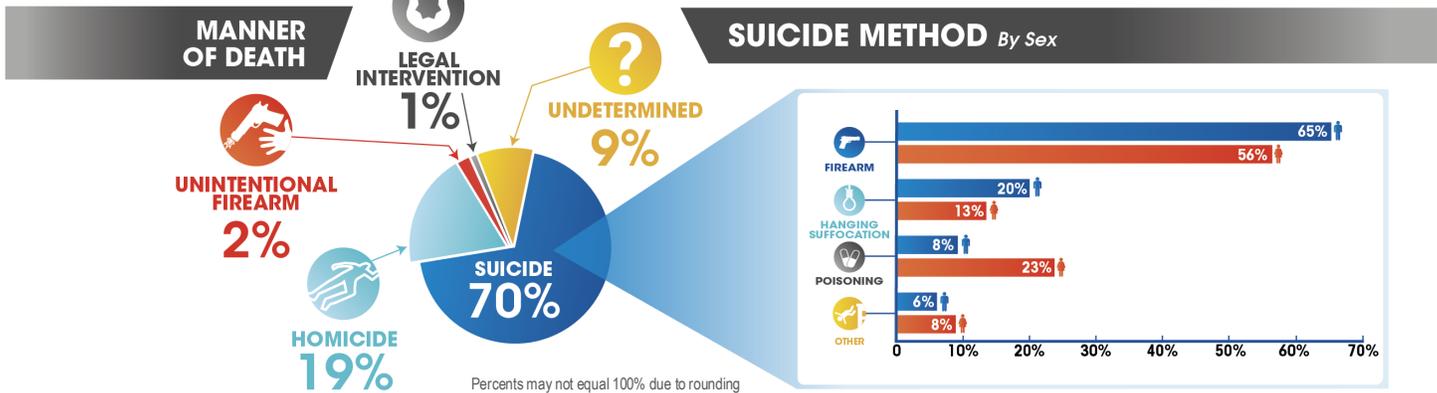


KENTUCKY, 2013-2014

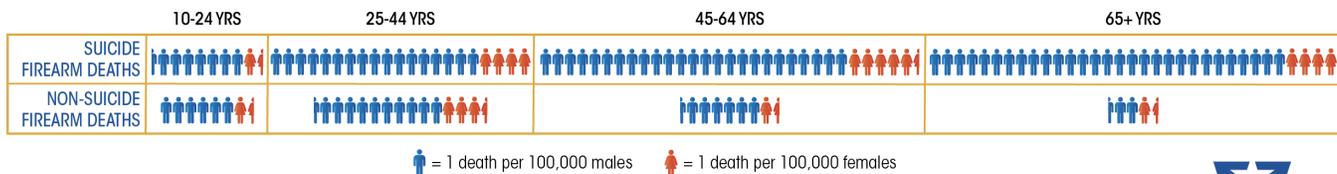
Size	Divided into 120 counties covering 39,000 square miles
Population	26 th most populated state with 4.4 million residents
Race/ethnicity of state population	85% White non-Hispanic, 8% Black, 3% Hispanic or Latino, 2% Asian/Pacific Islander, <1% American Indian/Alaska Native; 2% two or more races
NVDRS participation	Kentucky Violent Death Reporting System (KVDRS) joined NVDRS in 2004; first year of data collection in 2005

A LOOK AT SUICIDE IN KENTUCKY

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE * FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN KENTUCKY

- Nearly all (88%) violent deaths occurring in Kentucky in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Kentucky (N=1409, 70%), occurring 3.7 times as often as homicide (N=377, 19%).
- The remaining deaths from violence were attributed to undetermined manner (N=182, 9%), legal intervention (N=20, 1%), and unintentional firearm death (N=35, 2%).

SUICIDE IN KENTUCKY

- State rates.** Kentucky's suicide rate* in 2013-2014 was 16.0 per 100,000 residents, a 22% increase from 13.1 in 2004-2005 and a 29% increase from 12.4 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Kentucky was 21% higher than the U.S. suicide rate (13.2) and was the seventh highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 93% White, 4% Black, 1% Hispanic, and 2% other/two or more races/unknown.
- Sex.** Males accounted for 80% of suicide victims (29.9/100,000 ages 10+) and females accounted for 20% (7.2/100,000 ages 10+). The suicide rate among males was highest for those ages 45-64 (36.4/100,000). For females, the suicide rate was also highest among those ages 45-64 (9.9/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 64% of suicides, followed by hanging/strangulation/suffocation (19%), and poisoning (11%).
- Use of a firearm was the most common method for both males (65%) and females (56%). Males ages 65+ had the highest firearm suicide rate (29.0/100,000). (See infographic)

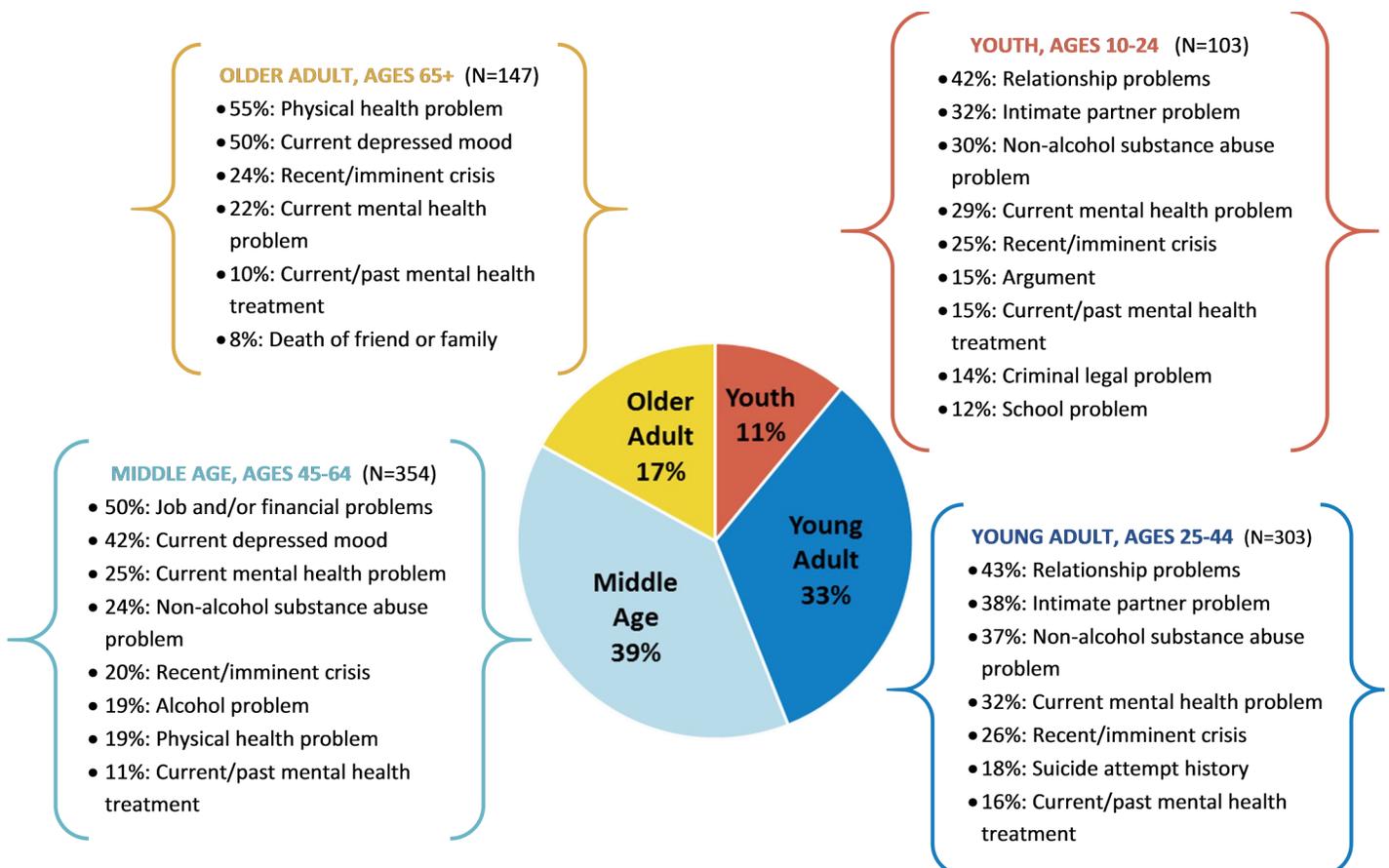
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Eighteen percent (18%) of suicide victims were identified as veterans, (served in the U.S. Armed Forces) on the death certificate, including 42% of victims ages 65+.
- **Sexual orientation.** Six (6) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Eleven (11) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-six percent (36%) of victims were married, 23% were never married, 26% were divorced, 6% were widowed, and 9% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 47% were a high school or GED graduate, 19% had less than a high school education, 33% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 64% of Kentucky's deaths by suicide, circumstances were documented in the records (N=907).
- The most frequently cited circumstances were current depressed mood (40%), relationship problems (30%), current mental health problem (27%), non-alcohol substance abuse problem (27%), intimate partner problem (25%), and a recent/imminent crisis (24%). A suicide note was left in 18% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, KENTUCKY, 2013-2014

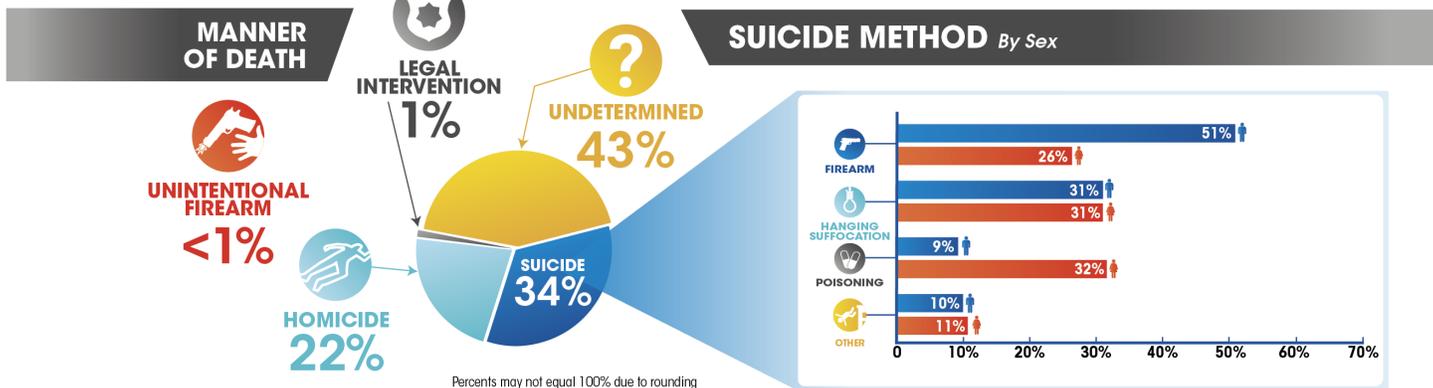


MARYLAND, 2013-2014

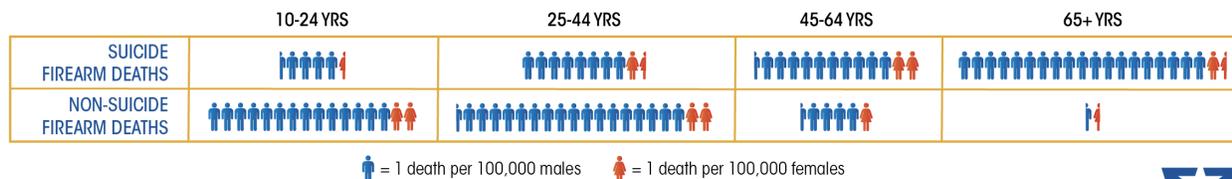
Size	Divided into 24 counties covering 9700 square miles
Population	19 th most populated state with 6 million residents
Race/ethnicity of state population	52% White non-Hispanic, 31% Black, 10% Hispanic or Latino, 7% Asian/Pacific Islander, 1% American Indian/Alaska Native; 3% two or more races
NVDRS participation	Maryland Violent Death Reporting System (MVDRS) joined NVDRS in 2002; first year of data collection in 2003

A LOOK AT SUICIDE IN MARYLAND

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN MARYLAND

- Fifty-six percent (56%) of violent deaths occurring in Maryland in 2013-2014 were classified as suicide or homicide.
- Suicide was the second most common manner of violent death in Maryland (N=1170, 34%), occurring 1.6 times as often as homicide (N=749, 22%).
- Undetermined deaths were the most common manner of violent death (N=1478, 43%). In Maryland, unlike most states, drug poisoning deaths are classified as deaths of undetermined intent and are included in the MVDRS as violent deaths.¹⁰ The remaining deaths from violence were attributed to legal intervention (N=38, 1%) and unintentional firearm death (N=9, <1%).

SUICIDE IN MARYLAND

- **State rates.** Maryland's suicide rate* in 2013-2014 was 9.8/100,000 residents, a 14% increase from 8.6 in 2004-2005 and a 5% increase from 9.3 in 2009-2010.
- **State/U.S. comparison.** The suicide rate in Maryland was 26% lower than the U.S. suicide rate (13.2) and was the third lowest of all NVDRS states.
- **Race/ethnicity.** Suicide victims were 78% White, 15% Black, 2% Hispanic, 2% Asian/Pacific Islander, 2% other/unknown, and 1% two or more races.
- **Sex.** Males accounted for 78% of suicide victims (18.1/100,000 ages 10+) and females accounted for 22% (4.8/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (25.3/100,000). For females, the suicide rate was highest among those ages 45-64 (6.9/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 45% of suicides, followed by hanging/strangulation/suffocation (31%), and poisoning (14%).
- Use of a firearm was the most common method for males (51%), and poisoning was the most common method for females (32%). Males ages 65+ had the highest firearm suicide rate (19.0/100,000). (See infographic)

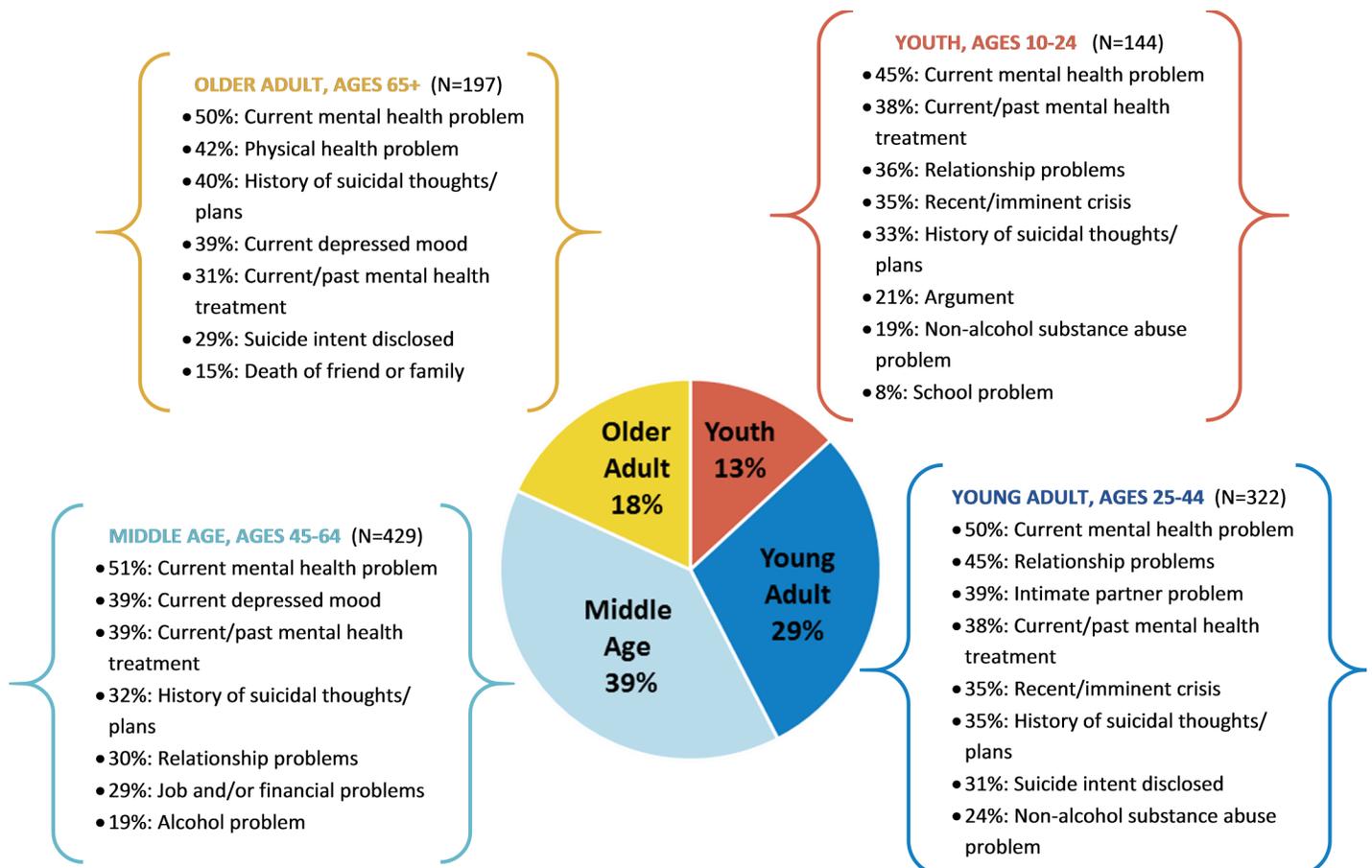
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Eighteen percent (18%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 46% of victims ages 65+.
- **Sexual orientation.** Eighteen (18) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Nine (9) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-nine percent (39%) of victims were married, 38% were never married, 15% were divorced, 6% were widowed, and 1% had an unknown marital status.
- **Education level.** Among victims ages 25+, 40% were a high school or GED graduate, 12% had less than a high school education, 46% had some college or a college degree, and 2% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 93% of Maryland’s deaths by suicide, circumstances were documented in the records (N=1092).
- The most frequently cited circumstances were current mental health problem (50%), current depressed mood (37%), current or past mental health treatment (37%), history of suicidal thoughts or plans (35%), relationship problems (33%), and a recent/imminent crisis (29%). A suicide note was left in 34% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, MARYLAND, 2013-2014

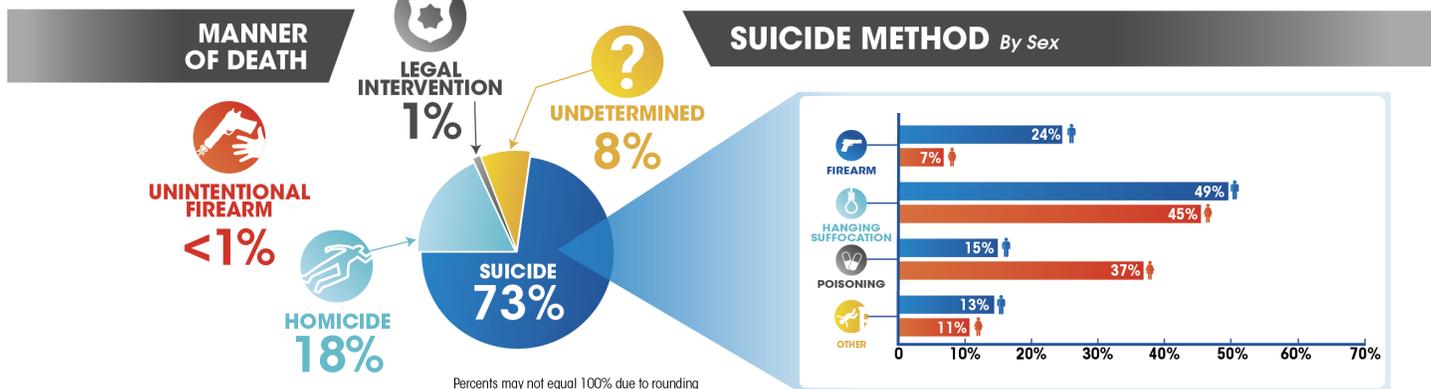


MASSACHUSETTS, 2013-2014

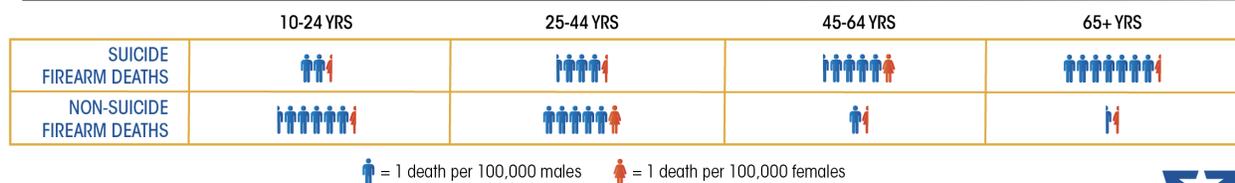
Size	Divided into 14 counties covering 7800 square miles
Population	15 th most populated state with 6.8 million residents
Race/ethnicity of state population	74% White non-Hispanic, 8% Black, 11% Hispanic or Latino, 7% Asian/Pacific Islander, 1% American Indian/Alaska Native; 2% two or more races
NVDRS participation	Massachusetts Violent Death Reporting System (MAVDRS) joined NVDRS in 2002; first year of data collection in 2003

A LOOK AT SUICIDE IN MASSACHUSETTS

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN MASSACHUSETTS

- Nearly all (90%) violent deaths occurring in Massachusetts in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Massachusetts (N=1184, 73%), occurring 4.2 times more often than homicide (N=285, 18%).
- The remaining deaths from violence were attributed to undetermined manner (N=137, 8%), legal intervention (N=17, 1%), and unintentional firearm death (N=<5, <1%).

SUICIDE IN MASSACHUSETTS

- State rates.** Massachusetts' suicide rate* in 2013-2014 was 8.8/100,000, a 17% increase from 7.5 in 2004-2005 and a 1% increase from 8.7 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Massachusetts was 33% lower than the U.S. suicide rate (13.2) and was the second lowest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 87% White, 5% Hispanic, 3% Black, 3% Asian/Pacific Islander, 1% other, and <1% two or more races.
- Sex.** Males accounted for 76% of suicide victims (15.5/100,000 ages 10+) and females accounted for 24% (4.7/100,000 ages 10+). The suicide rate among males was highest for those ages 45-64 (20.4/100,000). For females, the suicide rate was also highest among those ages 45-64 (6.6/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Hanging/strangulation/suffocation was the method used in 48% of suicides, followed by both use of a firearm (20%) and poisoning (20%).
- Hanging/strangulation was the most common method for both males (49%) and females (45%). Males ages 65+ had the highest firearm suicide rate (7.0/100,000). (See infographic)

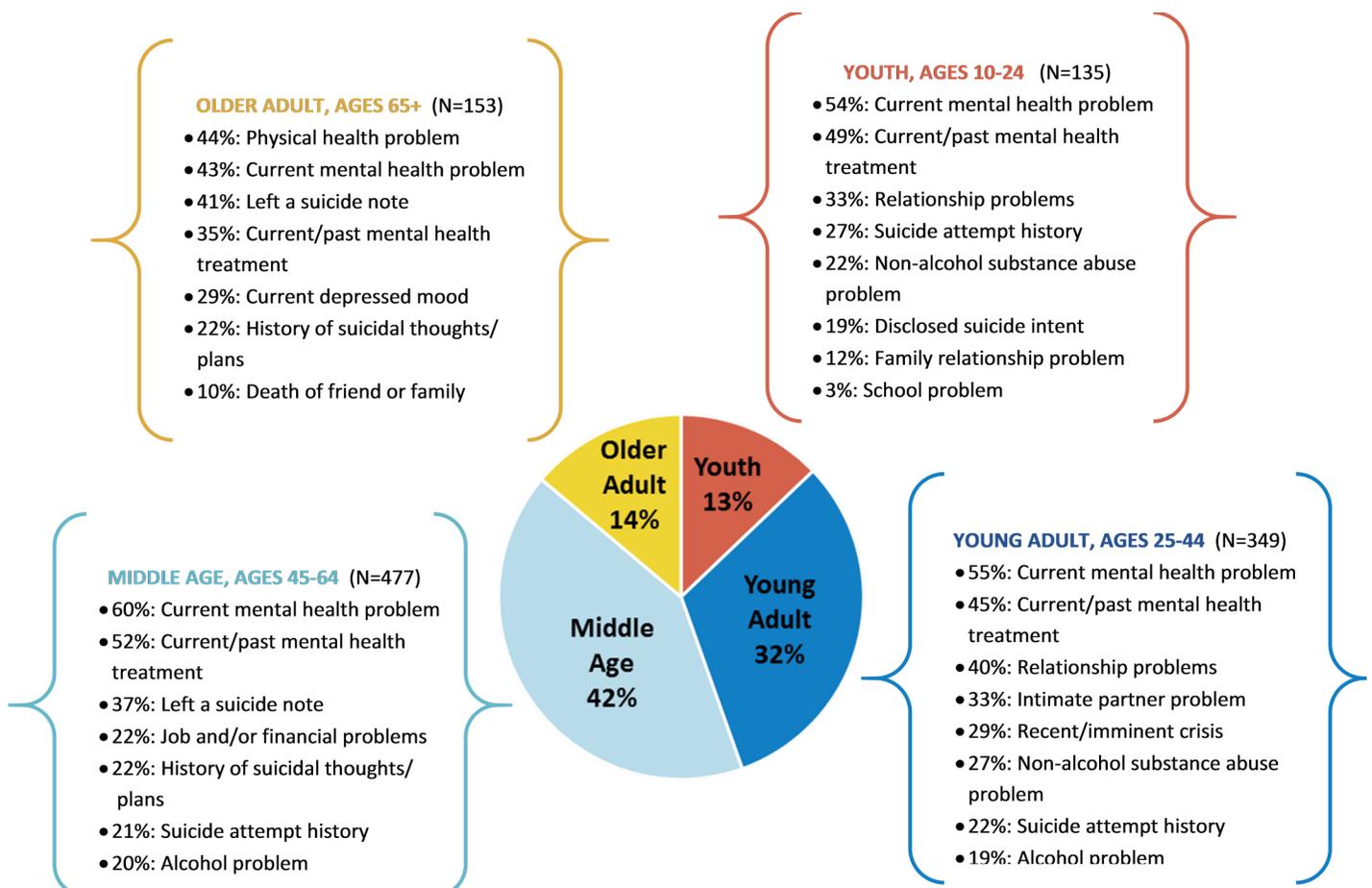
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Nine percent (9%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 29% of victims ages 65+.
- **Sexual orientation.** Twenty-one (21) victims were identified as gay, lesbian, or bisexual
- **Homeless status.** Nine (9) victims were identified as homeless at the time of death.
- **Marital status.** Thirty percent (30%) of victims were married, 45% were never married, 20% were divorced, 4% were widowed, and 1% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 45% were a high school or GED graduate, 10% had less than a high school education, 44% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 94% of Massachusetts' deaths by suicide, circumstances were documented in the records (N=1114).
- The most frequently cited circumstances were current mental health problem (55%), current or past mental health treatment (47%), current depressed mood (30%), and relationship problems (29%). A suicide note was left in 35% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, MASSACHUSETTS, 2013-2014



SUICIDE METHODS

- A firearm was used in 50% of suicides, followed by hanging/strangulation/suffocation (28%), and poisoning (16%).
- Use of a firearm was the most common method for males (55%), and poisoning was the most common method for females (38%). Males ages 65+ had the highest firearm suicide rate (20.0/100,000). (See infographic)

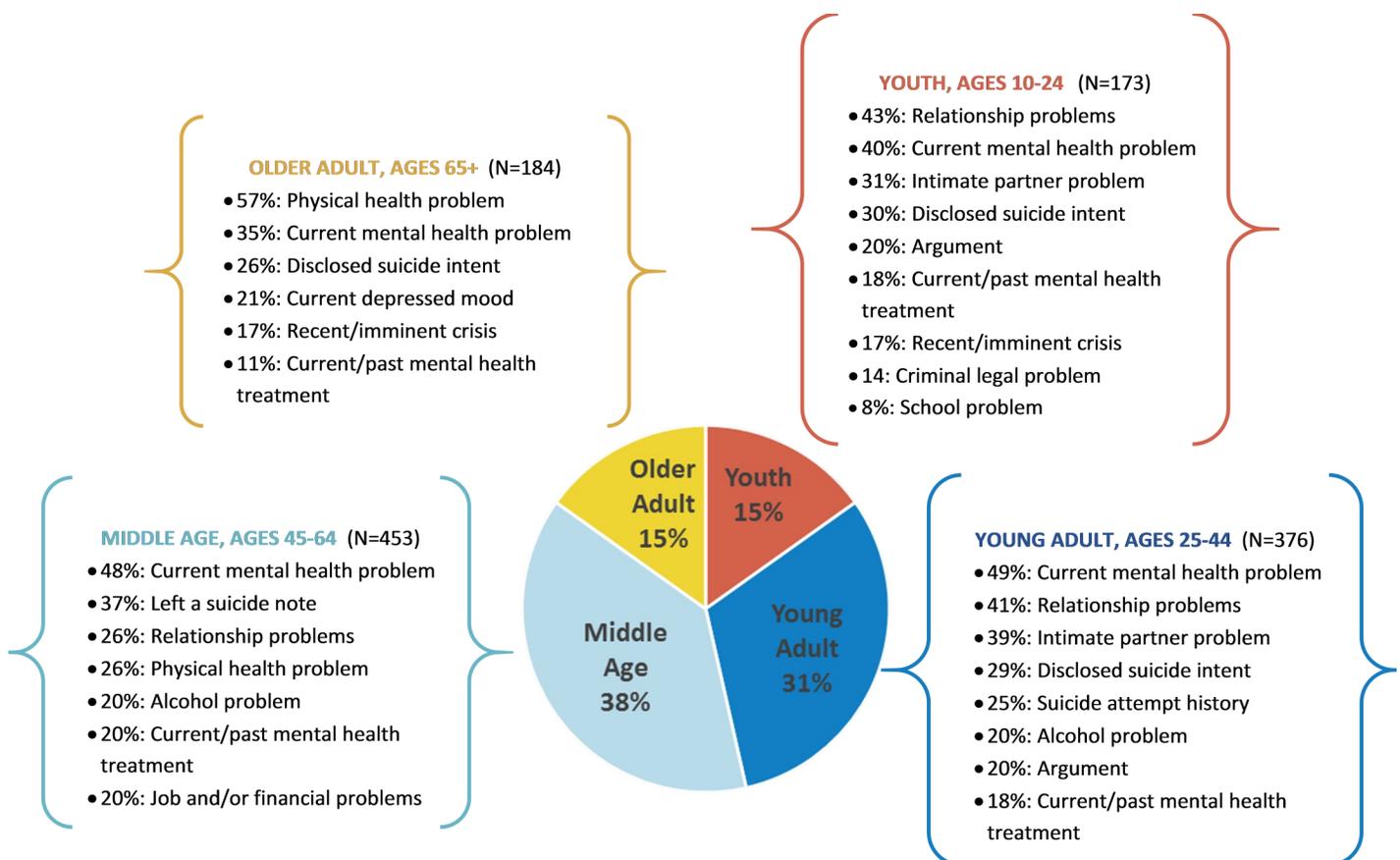
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Sixteen percent (16%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 41% of victims ages 65+.
- **Sexual orientation.** Seven (7) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Six (6) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-three percent (33%) of victims were married, 37% were never married, 23% were divorced, 6% were widowed, and 1% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 44% were a high school or GED graduate, 13% had less than a high school education, 42% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 88% of Michigan’s deaths by suicide, circumstances were documented in the records (N=1186).
- The most frequently cited circumstances were current mental health problem (45%), relationship problem (32%), intimate partner problem (27%), suicide intent disclosed (25%), and history of suicidal thoughts/plans (24%). A suicide note was left in 34% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, MICHIGAN, 2013



SUICIDE METHODS

- Hanging/strangulation/suffocation was the method used in 43% of suicides, followed by use of a firearm (26%) and poisoning (17%).
- Hanging/strangulation was the most common method for both males (43%) and females (42%). Males ages 65+ had the highest firearm suicide rate (11.0/100,000). (See infographic)

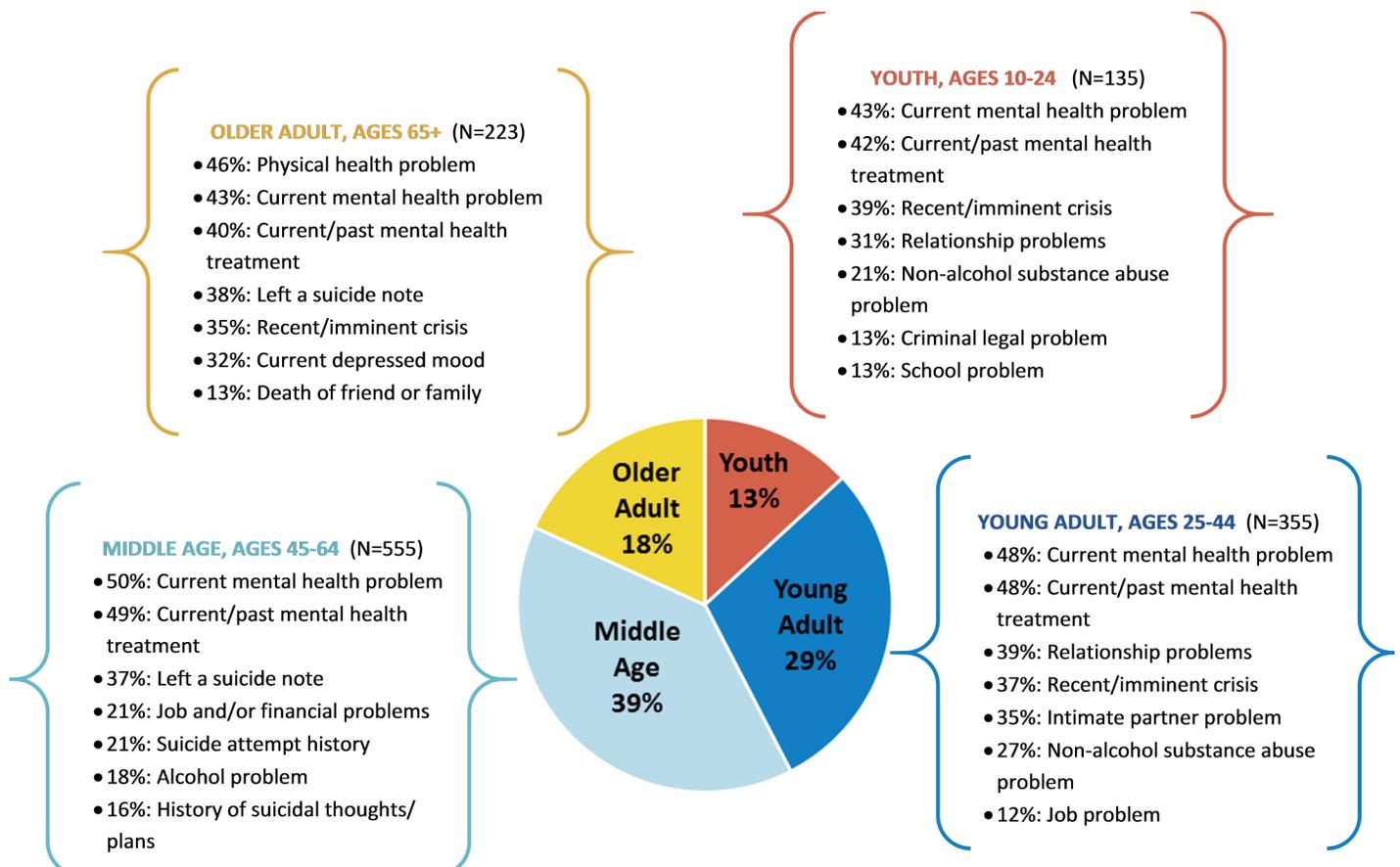
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Thirteen percent (13%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 37% of victims ages 65+.
- **Sexual orientation.** Fewer than five victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Nine (9) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-five percent (35%) of victims were married, 40% were never married, 18% were divorced, 6% were widowed, and 1% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 45% were a high school or GED graduate, 10% had less than a high school education, 44% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 84% of New Jersey's deaths by suicide, circumstances were documented in the records (N=1268).
- The most frequently cited circumstances were current mental health problem (48%), history of mental health treatment (46%), a recent/imminent crisis (35%), relationship problems (28%), and current depressed mood (26%). A suicide note was left in 35% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, NEW JERSEY, 2013-2014

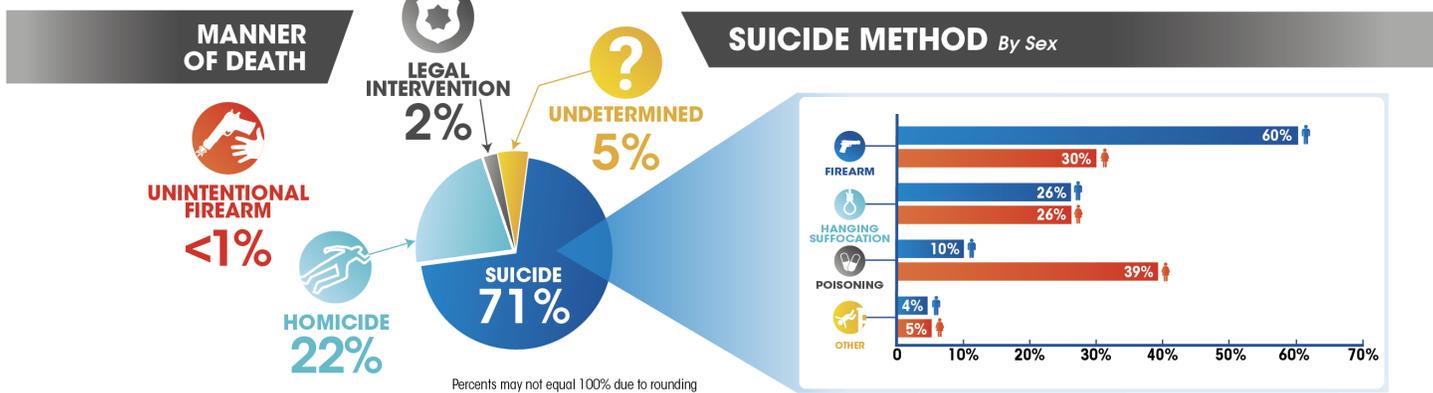


NEW MEXICO, 2013-2014

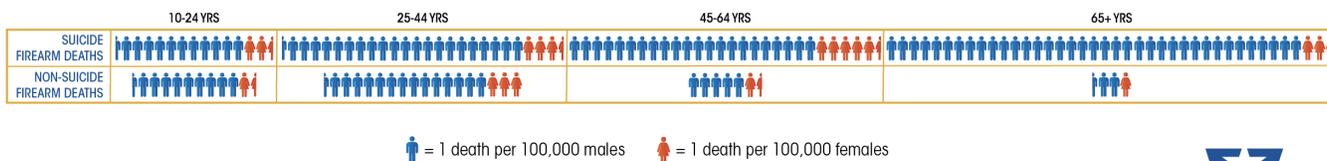
Size	Divided into 33 counties covering 121,000 square miles
Population	36 th most populated state with 2 million residents
Race/ethnicity of state population	38% White non-Hispanic, 3% Black, 48% Hispanic or Latino, 2% Asian/Pacific Islander, 11% American Indian/Alaska Native; 3% two or more races
NVDRS participation	New Mexico Violent Death Reporting System (NMVDRS) joined NVDRS in 2004; first year of data collection in 2005

A LOOK AT SUICIDE IN NEW MEXICO

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



TYPES OF VIOLENT DEATHS IN NEW MEXICO

- Nearly all (93%) violent deaths occurring in New Mexico in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in New Mexico (N=881, 71%), occurring 3.3 times more often than homicide (N=271, 22%).
- The remaining deaths from violence were attributed to undetermined manner (N=62, 5%), legal intervention (N=29, 2%), and unintentional firearm death (N=<5, <1%).

SUICIDE IN NEW MEXICO

- State rates.** New Mexico's suicide rate* in 2013-2014 was 21.1/100,000 residents, a 19% increase from

17.8 in 2004-2005 and a 7% increase from 19.7 in 2009-2010.

- State/U.S. comparison.** The suicide rate in New Mexico was 60% higher than the U.S. suicide rate (13.2) and was the second highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 56% White, 34% Hispanic, 6% American Indian/Alaska Native, 1% Black, 1% two or more races, and 1% other or unknown.
- Sex.** Males accounted for 76% of suicide victims (37.4/100,000 ages 10+) and females accounted for 24% (11.7/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (49.6/100,000). For females, the suicide rate was highest among those ages 45-64 (16.8/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 53% of suicides, followed by hanging/strangulation/suffocation (26%) and poisoning (17%).
- Use of a firearm was the most common method for males (60%), and poisoning was the most common method for females (39%). Males ages 65+ had the highest firearm suicide rate (37.0/100,000). (See infographic)

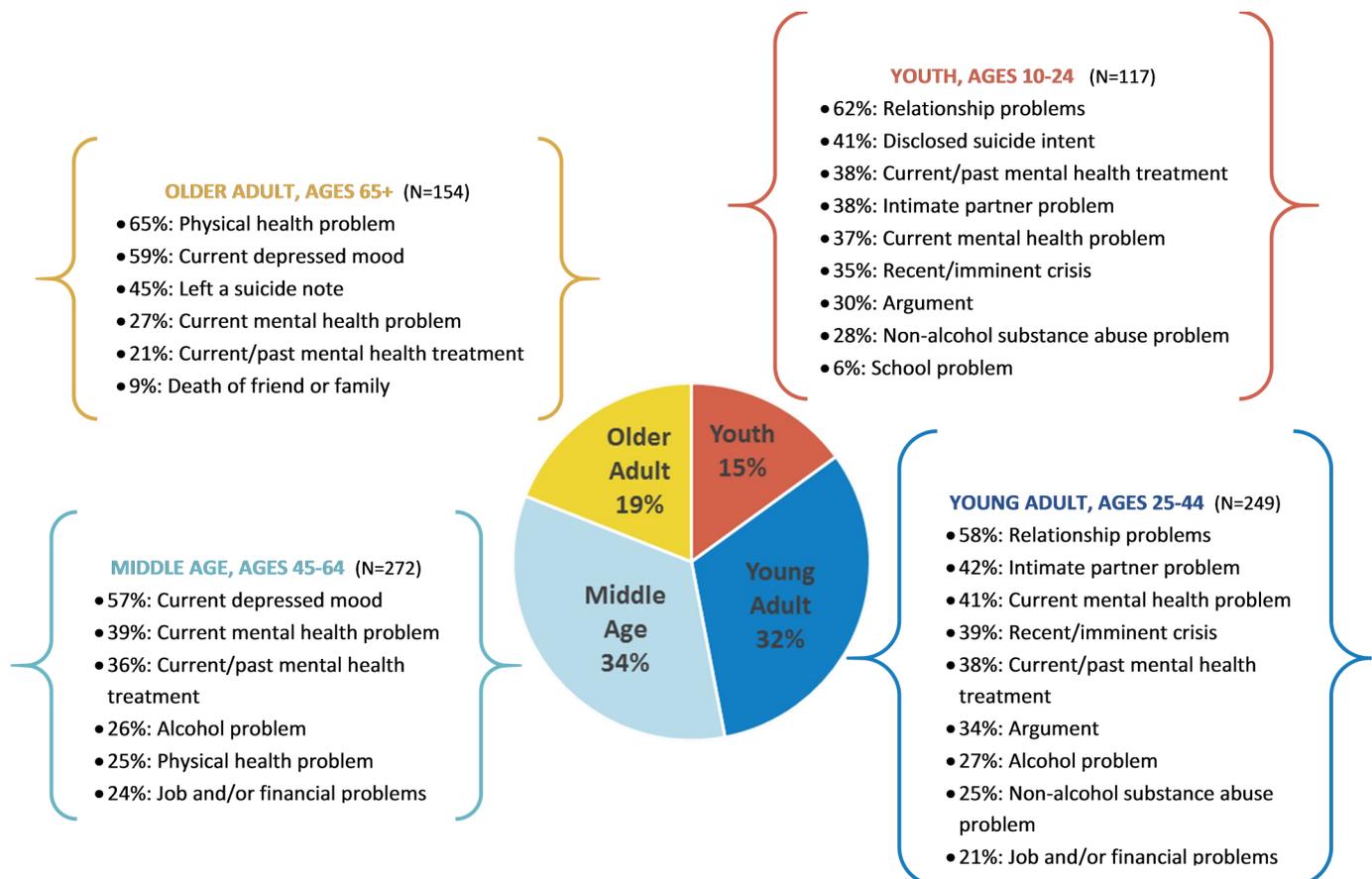
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Twenty-two percent (22%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 53% of victims ages 65+.
- **Sexual orientation.** Five (5) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Ten (10) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-one percent (31%) of victims were married, 38% were never married, 23% were divorced, 5% were widowed, and 3% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 31% were a high school or GED graduate, 13% had less than a high school education, 53% had some college or a college degree, and 3% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 90% of New Mexico's deaths by suicide, circumstances were documented in the records (N=792).
- The most frequently cited circumstances were current depressed mood (54%), relationship problems (43%), current mental health problem (37%), current or past mental health treatment (34%), a recent/imminent crisis (33%), disclosed suicide intent (33%), and history of suicidal thoughts or plans (30%). A suicide note was left in 32% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, NEW MEXICO, 2013-2014

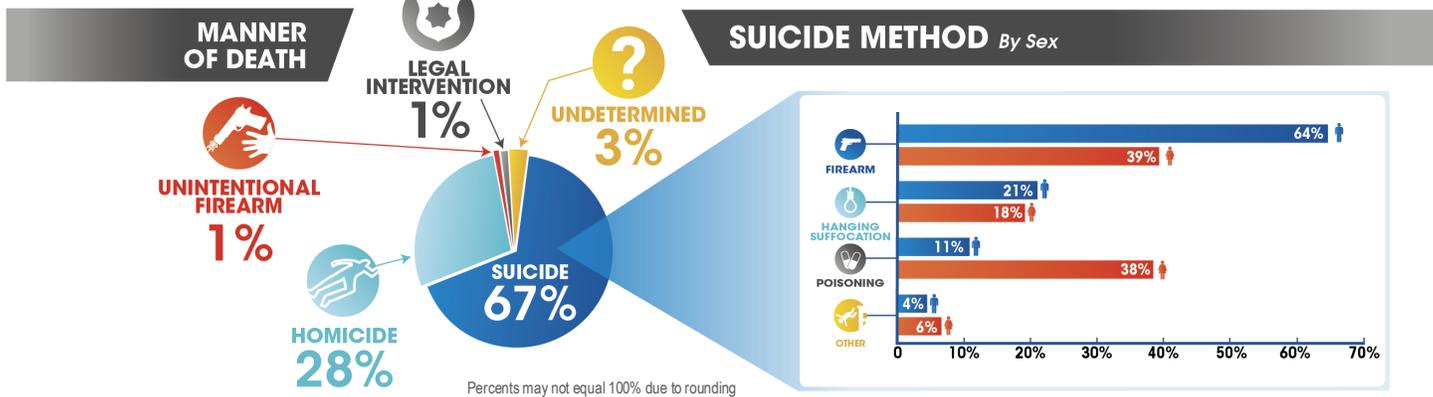


NORTH CAROLINA, 2013-2014

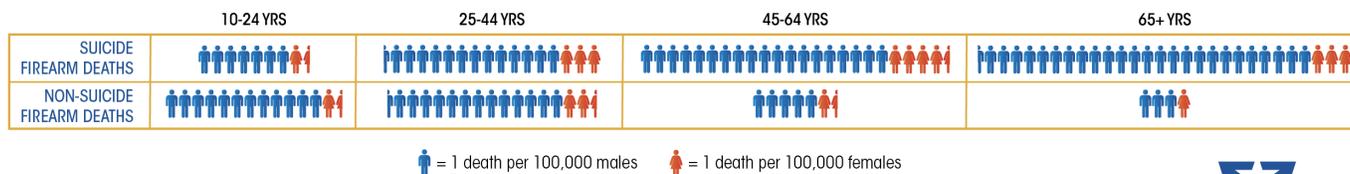
Size	Divided into 100 counties covering 48,000 square miles
Population	9 th most populated state with 10 million residents
Race/ethnicity of state population	64% White non-Hispanic, 22% Black, 9% Hispanic or Latino, 3% Asian/Pacific Islander, 2% American Indian/Alaska Native; 2% two or more races
NVDRS participation	North Carolina Violent Death Reporting System (NCVDRS) joined NVDRS in 2003; first year of data collection in 2004

A LOOK AT SUICIDE IN NORTH CAROLINA

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN NORTH CAROLINA

- Nearly all (95%) violent deaths occurring in North Carolina in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in North Carolina (N=2641, 67%), occurring 2.4 times more often than homicide (N=1095, 28%).
- The remaining deaths from violence were attributed to undetermined manner (N=122, 3%), legal intervention (N=57, 1%), and unintentional firearm death (N=31, 1%).

SUICIDE IN NORTH CAROLINA

- State rates.** North Carolina's suicide rate* in 2013-2014 was 13.3/100,000 residents, an 11% increase from 12.0 in 2004-2005 and a 6% increase from

- 12.6 in 2009-2010 .
- State/U.S. comparison.** The suicide rate in North Carolina was 1% higher than the U.S. suicide rate (13.2) and was tied with Virginia for the seventh lowest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 86% White, 9% Black, 2% Hispanic, 1% American Indian/Alaska Native, 1% Asian/Pacific Islander, and 1% other/two or more races/unknown.
- Sex.** Males accounted for 75% of suicide victims (23.7/100,000 ages 10+) and females accounted for 25% (7.4/100,000 ages 10+). The suicide rate among males was highest for those ages 45-64 and 65+ (29.9/100,000 each). For females, the suicide rate was highest among those ages 45-64 (10.8/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- A firearm was used in 58% of suicides, followed by hanging/strangulation/suffocation (20%) and poisoning (17%).
- Use of a firearm was the most common method for both males (64%) and females (39%). Males ages 65+ had the highest firearm suicide rate (25.5/100,000). (See infographic)

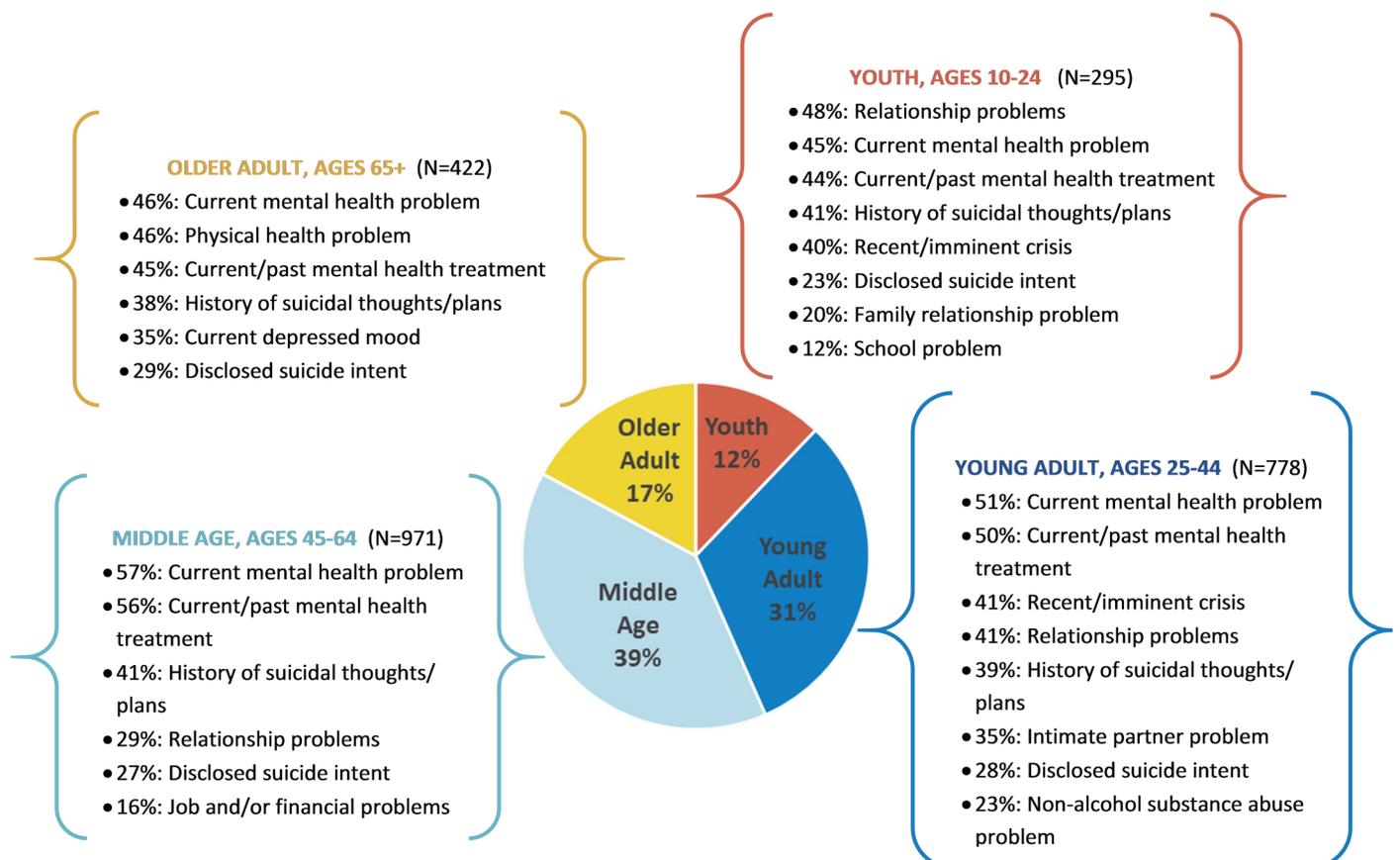
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Twenty percent (20%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 43% of victims ages 65+.
- **Sexual orientation.** Sixteen (16) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Ten (10) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-five percent (35%) of suicide victims were married, 31% were never married, 22% were divorced, 6% were widowed, and 5% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 50% had an unknown or missing education level, 18% were a high school or GED graduate, 8% had less than a high school education, and 24% had some college or a college degree.

SUICIDE CIRCUMSTANCES

- In 93% of North Carolina's deaths by suicides, circumstances were documented in the records (N=2466).
- The most frequently cited circumstances were current mental health problem (52%), current or past mental health treatment (51%), history of suicidal thoughts or plans (40%), a recent/imminent crisis (35%), relationship problems (33%), and current depressed mood (32%). A suicide note was left in 33% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, NORTH CAROLINA, 2013-2014

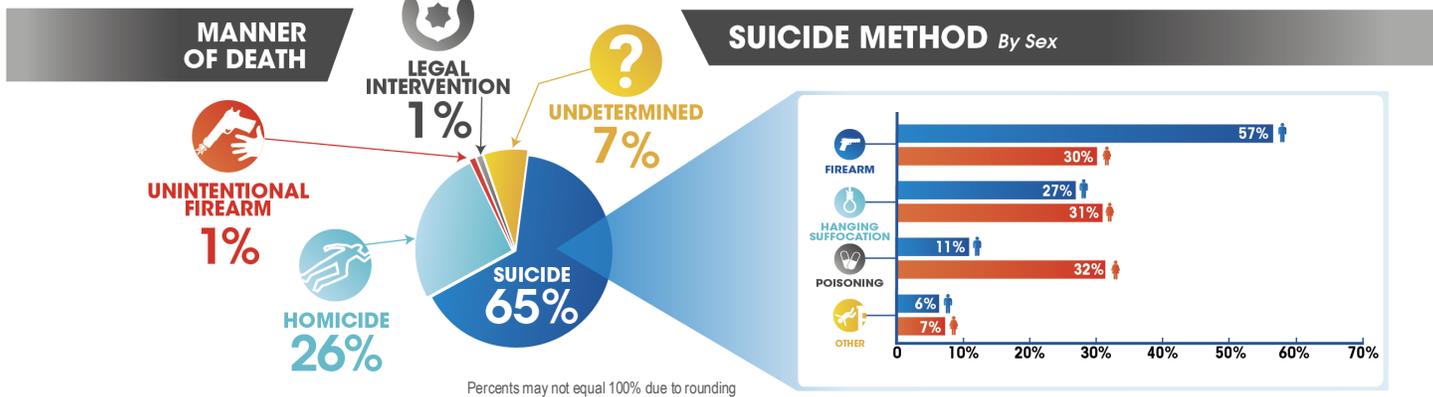


OHIO, 2013-2014

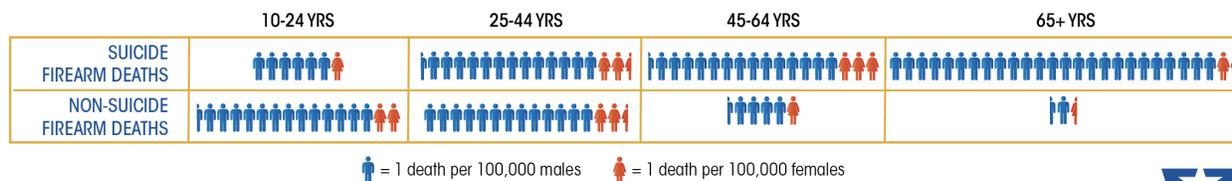
Size	Divided into 88 counties covering 40,800 square miles
Population	7 th most populated state with 11.6 million residents
Race/ethnicity of state population	80% White non-Hispanic, 13% Black, 4% Hispanic or Latino, 2% Asian/Pacific Islander, <1% American Indian/Alaska Native; 2% two or more races
NVDRS participation	Ohio Violent Death Reporting System (OHVDRS) joined NVDRS in 2009; first year of data collection in 2010

A LOOK AT SUICIDE IN OHIO

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN OHIO

- Nearly all (91%) violent deaths occurring in Ohio in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Ohio (N=3051, 65%), occurring 2.5 times more often than homicide (N=1216, 26%).
- The remaining deaths from violence were attributed to undetermined manner (N=308, 7%), legal intervention (N=58, 1%), and unintentional firearm death (N=49, 1%).

SUICIDE IN OHIO

- State rates.** Ohio's suicide rate* in 2013-2014 was 13.2/100,000. Ohio's suicide rate was not included in the 2004-2005 and 2009-2010 NVDRS reports.

- State/U.S. comparison.** Ohio's suicide rate of 13.2/100,000 in 2013-2014 was the same as the U.S. suicide rate for the same years, and was the sixth lowest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 89% White, 7% Black, 1% Hispanic, 1% Asian/Pacific Islander, and 2% other/two or more races/unknown.
- Sex.** Males accounted for 78% of suicide victims (23.9/100,000 ages 10+) and females accounted for 22% (6.4/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (30.1/100,000). For females, the suicide rate was highest among those ages 45-64 (8.7/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 51% of suicides, followed by hanging/strangulation/suffocation (28%) and poisoning (15%).
- Use of a firearm was the most common method for males (57%), and poisoning was the most common method for females (32%). Males ages 65+ had the highest firearm suicide rate (25.0/100,000). (See infographic)

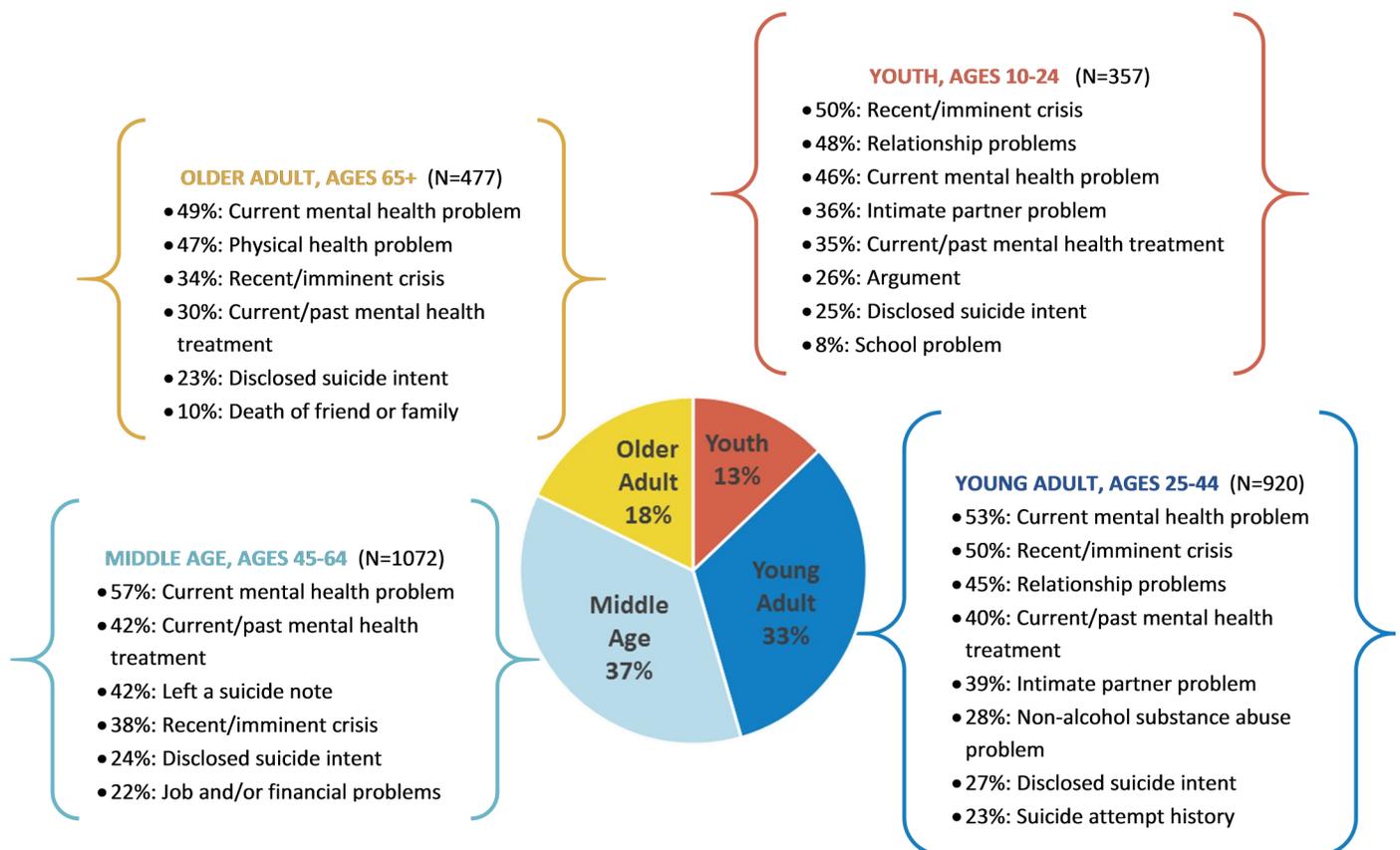
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Seventeen percent (17%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 47% of victims ages 65+.
- **Sexual orientation.** Thirty-two (32) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Twelve (12) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-two percent (32%) of victims were married, 34% were never married, 22% were divorced, 7% were widowed, and 5% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 52% were a high school or GED graduate, 12% had less than a high school education, 35% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 93% of Ohio's deaths by suicide, circumstances were documented in the records (N=2826).
- The most frequently cited circumstances were current mental health problem (53%), a recent/imminent crisis (42%), history of suicidal thoughts or plans (39%), current or past mental health treatment (38%), and relationship problems (33%). A suicide note was left in 38% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, OHIO, 2013-2014

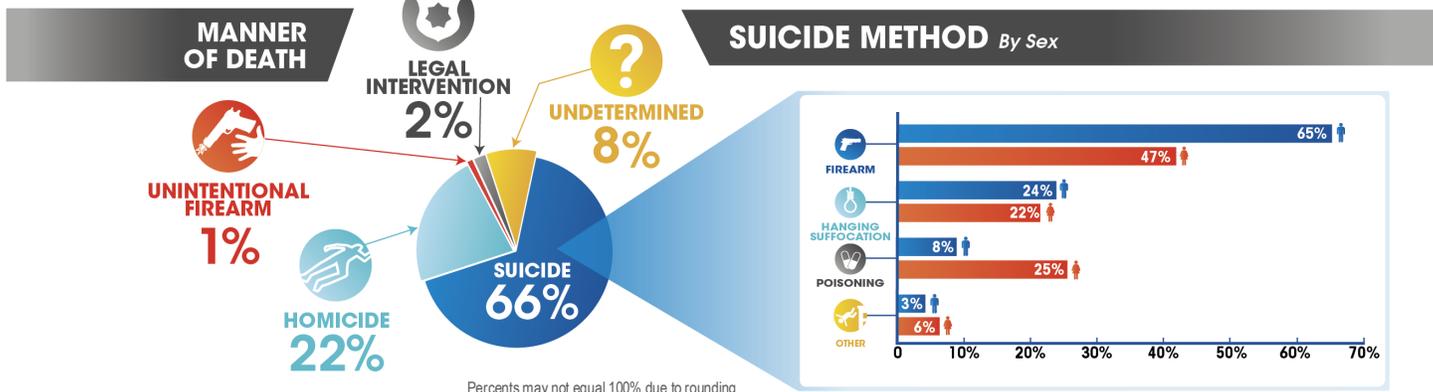


OKLAHOMA, 2013-2014

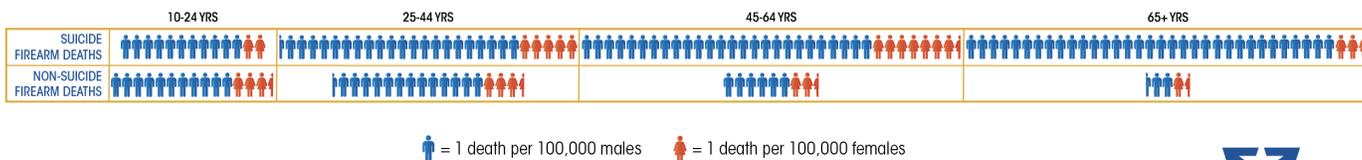
Size	Divided into 77 counties covering 68,000 square miles
Population	28 th most populated state with 3.9 million residents
Race/ethnicity of state population	67% White non-Hispanic, 8% Black, 10% Hispanic or Latino, 2% Asian/Pacific Islander, 9% American Indian/Alaska Native; 6% two or more races
NVDRS participation	Oklahoma Violent Death Reporting System (OKVDRS) joined NVDRS in 2003; first year of data collection in 2004

A LOOK AT SUICIDE IN OKLAHOMA

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN OKLAHOMA

- Nearly all (88%) violent deaths occurring in Oklahoma in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Oklahoma (N=1404, 66%), occurring three times more often than homicide (N=474, 22%).
- The remaining deaths from violence were attributed to undetermined manner (N=172, 8%), legal intervention (N=47, 2%), and unintentional firearm death (N=29, 1%).

SUICIDE IN OKLAHOMA

- State rates.** Oklahoma's suicide rate* in 2013-2014 was 18.2/100,000, a 22% increase from 14.9 in 2004-2005 and a 10% increase from 16.5 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Oklahoma was 38% higher than the U.S. suicide rate (13.2) and was the sixth highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 82% White, 8% American Indian/Alaska Native, 3% Hispanic, 3% Black, 3% two or more races, 1% Asian/Pacific Islander, and <1% other/unknown.
- Sex.** Males accounted for 78% of suicide victims (33.2/100,000 ages 10+) and females accounted for 22% (9.2/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (39.2/100,000). For females, the suicide rate was highest among those ages 45-64 (14.0/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 61% of suicides, followed by hanging/strangulation/suffocation (24%) and poisoning (11%).
- Use of a firearm was the most common method for both males (65%) and females (47%). Males ages 65+ had the highest firearm suicide rate (33.0/100,000). (See infographic)

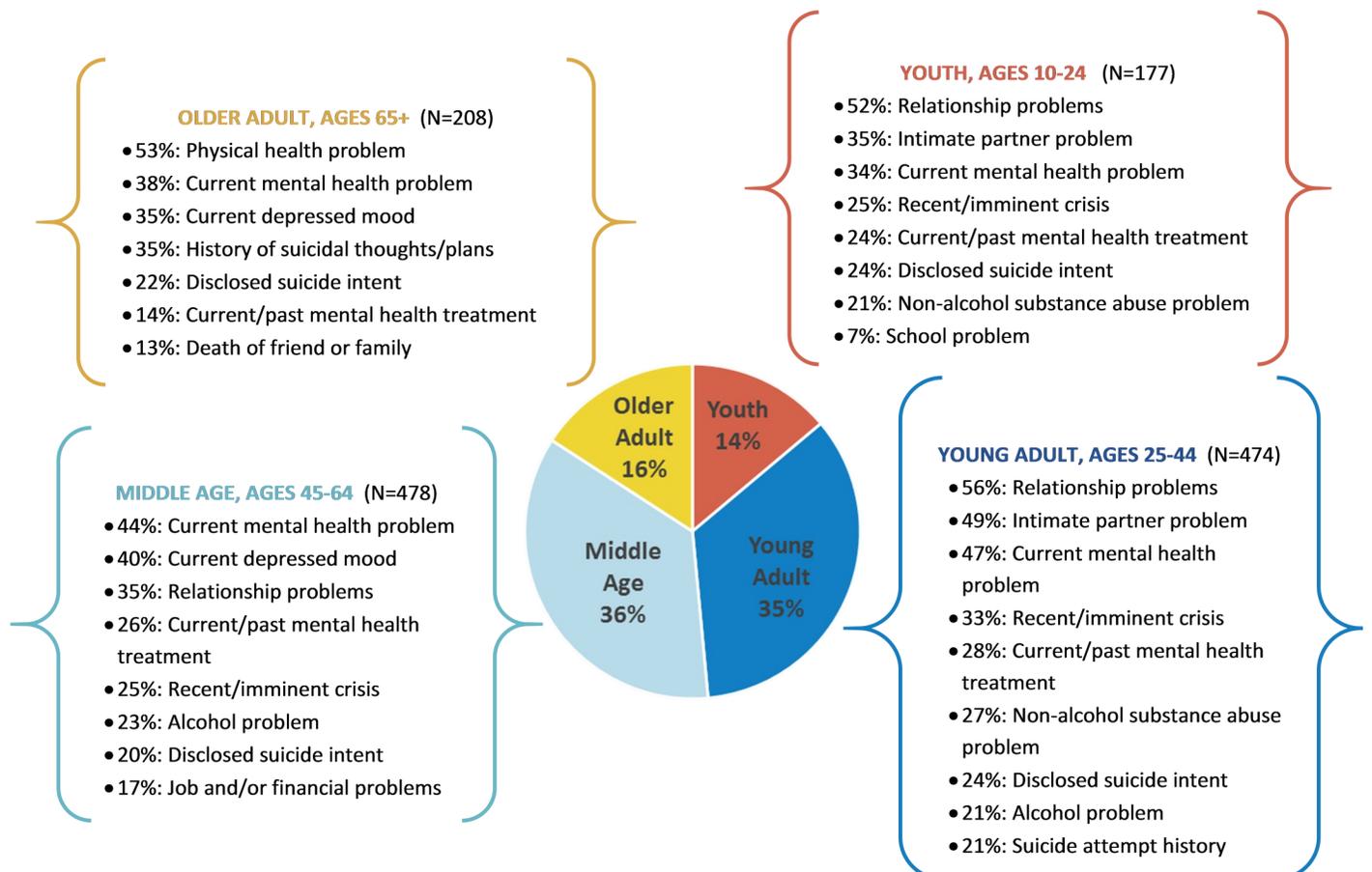
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Twenty percent (20%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 51% of victims ages 65+.
- **Sexual orientation.** Sixteen (16) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Twenty-one (21) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-three percent (33%) of victims were married, 6% were never married, 26% were divorced, 7% were widowed, 24% were single, not otherwise specified, and 4% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 43% were a high school or GED graduate, 16% had less than a high school education, 40% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 95% of Oklahoma's deaths by suicide, circumstances were documented in the records (N=1337).
- The most frequently cited circumstances were current mental health problem (43%), relationship problems (41%), current depressed mood (35%), intimate partner problem (33%), and history of suicidal thoughts or plans (30%). A suicide note was left in 36% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, OKLAHOMA, 2013-2014

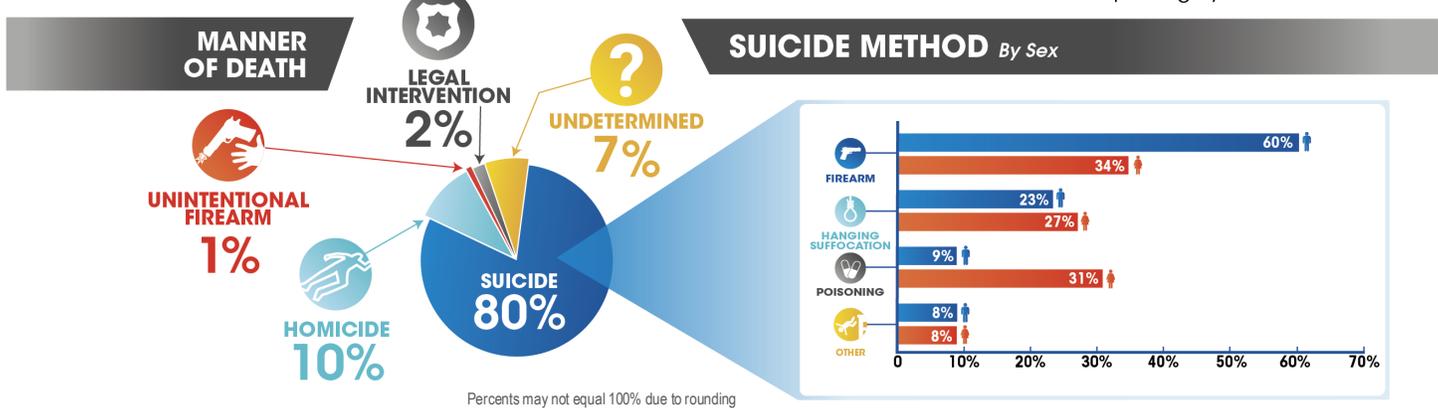


OREGON, 2013-2014

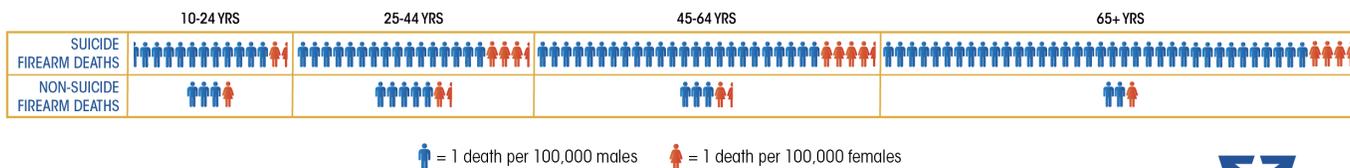
Size	Divided into 36 counties covering 96,000 square miles
Population	27 th most populated state with 4 million residents
Race/ethnicity of state population	77% White non-Hispanic, 2% Black, 13% Hispanic or Latino, 5% Asian/Pacific Islander, 2% American Indian/Alaska Native; 4% two or more races
NVDRS participation	Oregon Violent Death Reporting System (ORVDRS) joined NVDRS in 2002; first year of data collection in 2003

A LOOK AT SUICIDE IN OREGON

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN OREGON

- Nearly all (91%) violent deaths occurring in Oregon in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Oregon (N=1491, 80%), occurring 7.7 times more often than homicide (N=193, 10%).
- The remaining deaths from violence were attributed to undetermined manner (N=129, 7%), legal intervention (N=28, 2%), and unintentional firearm death (N=15, 1%).

SUICIDE IN OREGON

- State rates.** Oregon's suicide rate* in 2013-2014 was 18.9/100,000, an 18% increase from 16.0 in 2004-2005 and a 5% increase from 18.0 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Oregon was 43% higher than the U.S. suicide rate (13.2) and was the fifth highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 90% White, 5% Hispanic, 2% Asian/Pacific Islander, 2% two or more races, 1% American Indian/Alaska Native, 1% Black, and <1% other/unknown.
- Sex.** Males accounted for 77% of suicide victims (33.7/100,000 ages 10+) and females accounted for 23% (9.5/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (44.9/100,000). For females, the suicide rate was highest among those ages 45-64 (13.6/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 54% of suicides, followed by hanging/strangulation/suffocation (24%) and poisoning (14%).
- Use of a firearm was the most common method for both males (60%) and females (34%). Males ages 65+ had the highest firearm suicide rate (36.0/100,000). (See infographic)

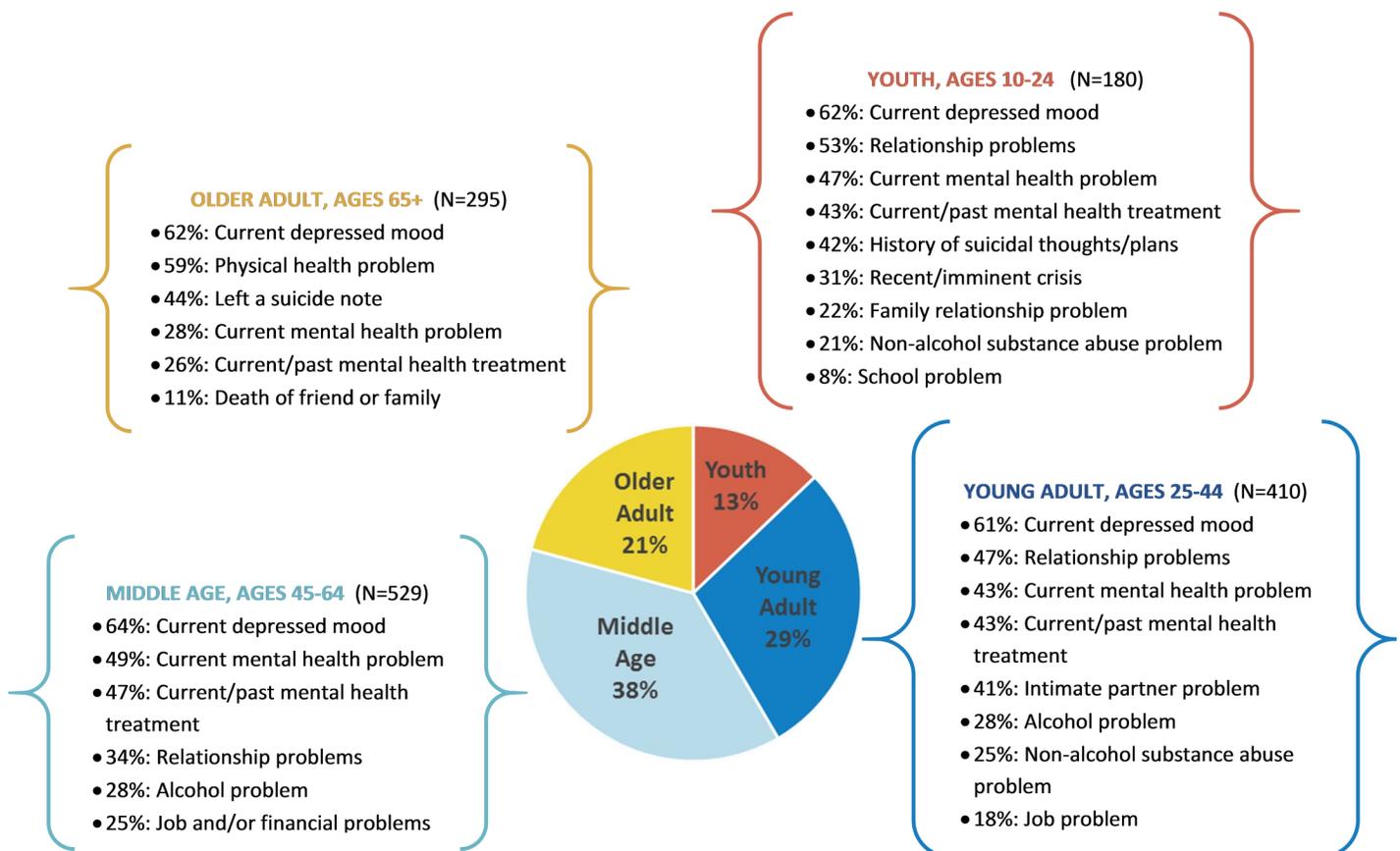
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Twenty-two percent (22%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 53% of victims ages 65+.
- **Sexual orientation.** Nineteen (19) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Forty (40) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-two percent (32%) of victims were married, 36% were never married, 24% were divorced, 7% were widowed, and 2% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 35% were a high school or GED graduate, 12% had less than a high school education, 51% had some college or a college degree, and 2% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 95% of Oregon's deaths by suicide, circumstances were documented in the records (N=1414).
- The most frequently cited circumstances were current depressed mood (62%), current mental health problem (43%), current or past mental health treatment (41%), history of suicidal thoughts or plans (37%), and relationship problems (36%). A suicide note was left in 36% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, OREGON, 2013-2014

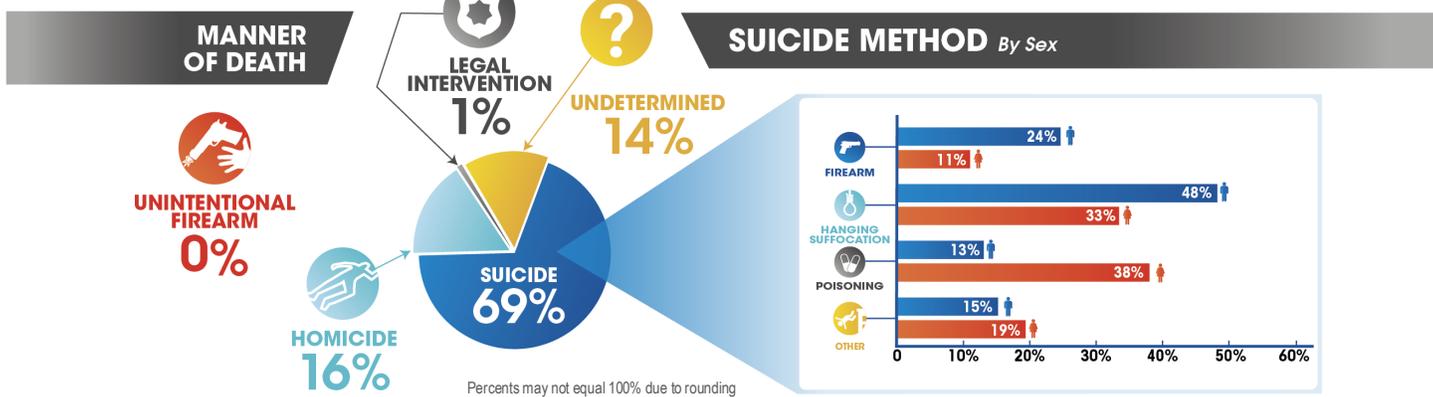


RHODE ISLAND, 2013-2014

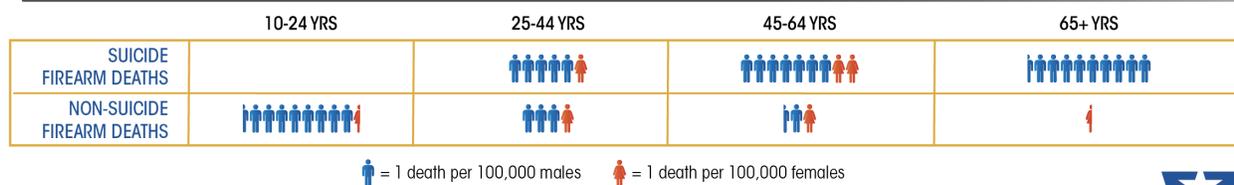
Size	Divided into five counties covering 1,000 square miles
Population	43 rd most populated state with 1 million residents
Race/ethnicity of state population	74% White non-Hispanic, 8% Black, 14% Hispanic or Latino, 4% Asian/Pacific Islander, 1% American Indian/Alaska Native; 3% two or more races
NVDRS participation	Rhode Island Violent Death Reporting System (RIVDRS) joined NVDRS in 2003; first year of data collection in 2004

A LOOK AT SUICIDE IN RHODE ISLAND

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN RHODE ISLAND

- Nearly all (85%) violent deaths occurring in Rhode Island in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Rhode Island (N=256, 69%), occurring 4.2 times more often than homicide (N=61, 16%).
- The remaining deaths from violence were attributed to undetermined manner (N=54, 14%) and legal intervention (N=<5, 1%). Rhode Island had no unintentional firearm deaths in 2013-2014.

SUICIDE IN RHODE ISLAND

- State rates.** Rhode Island's suicide rate* in 2013-2014 was 12.1/100,000, a 64% increase from 7.4 in

- 2004-2005 and a 1% increase from 12.0 in 2009-2010.
- State/U.S. comparison.** The suicide rate in Rhode Island was 8% lower than the U.S. suicide rate (13.2) and was the fourth lowest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 87% White, 6% Hispanic, 4% Black, 1% Asian/Pacific Islander, 1% two or more races, and <1% other/unknown.
- Sex.** Males accounted for 75% of suicide victims (21.2/100,000 ages 10+) and females accounted for 25% (6.6/100,000 ages 10+). The suicide rate among males was highest for those ages 45-64 (29.2/100,000). For females, the suicide rate was also highest among those ages 45-64 (9.5/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Hanging/strangulation/suffocation was the method used in 45% of suicides, followed by use of a firearm (21%) and poisoning (19%).
- Hanging/strangulation was the most common method for males (48%), and poisoning was the most common method for females (38%). Males ages 65+ had the highest firearm suicide rate (9.5/100,000). (See infographic)

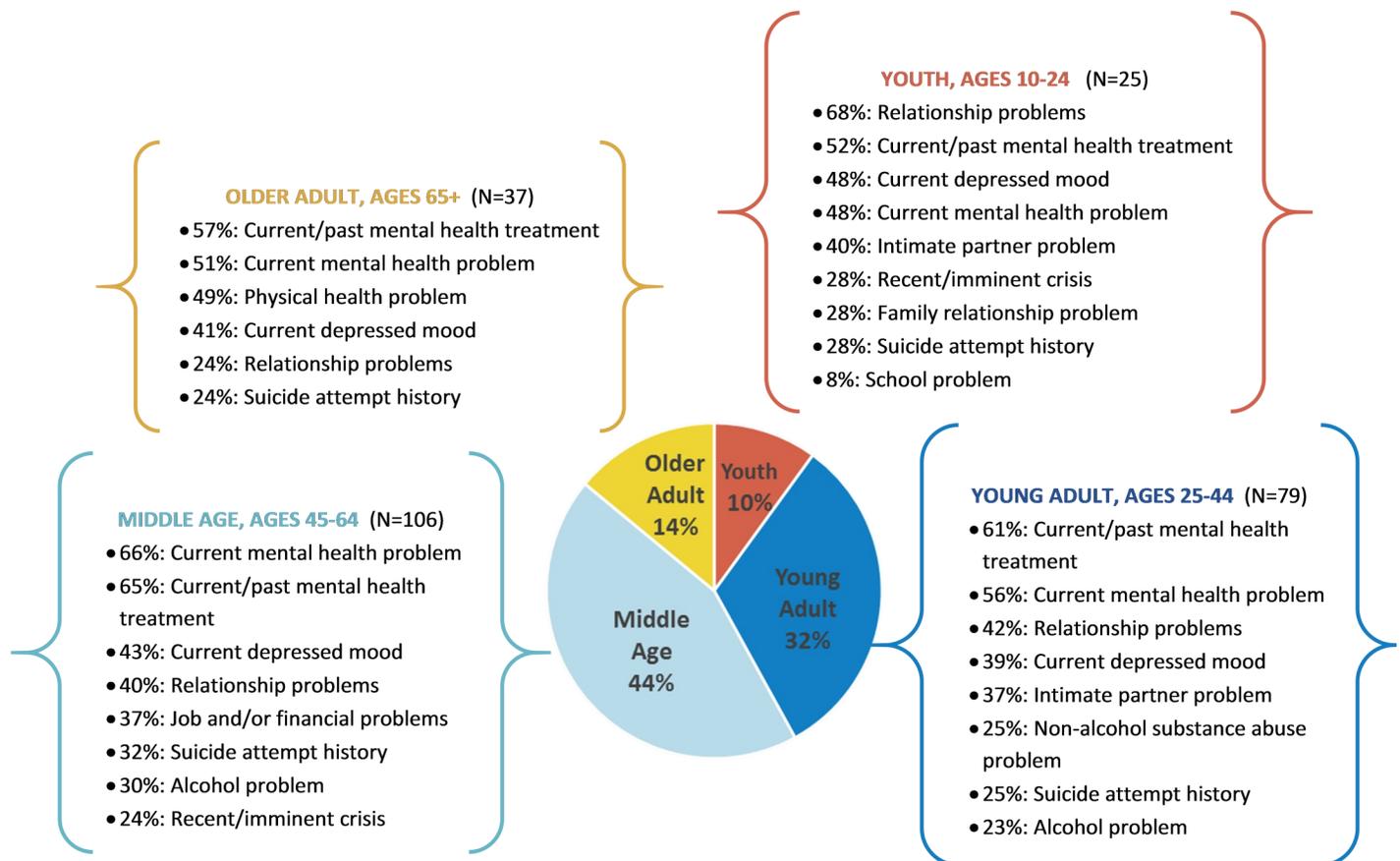
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Eleven percent (11%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 43% of victims ages 65+.
- **Sexual orientation.** Six (6) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Ten (10) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-five percent (35%) of victims were married, 42% were never married, 19% were divorced, 3% were widowed, and 2% had another or unknown marital status.
- **Education level.** Education level was unknown for 95% of victims ages 25+.

SUICIDE CIRCUMSTANCES

- In 96% of Rhode Island's deaths by suicide, circumstances were documented in the records (N=247).
- The most frequently cited circumstances were current or past mental health treatment (61%), current mental health problem (59%), current depressed mood (42%), relationship problems (41%), intimate partner problem (31%), and suicide attempt history (28%). A suicide note was left in 32% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, RHODE ISLAND, 2013-2014

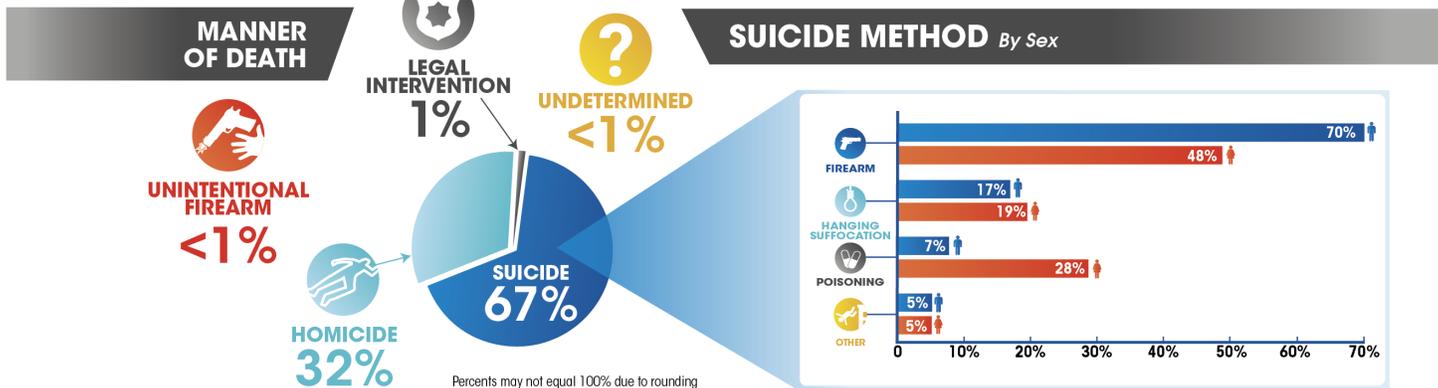


SOUTH CAROLINA, 2013-2014

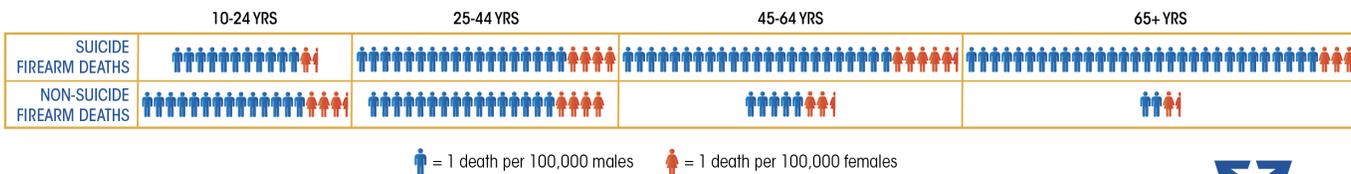
Size	Divided into 46 counties covering 30,000 square miles
Population	23rd most populated state with 4.9 million residents
Race/ethnicity of state population	64% White non-Hispanic, 28% Black, 6% Hispanic or Latino, 2% Asian/Pacific Islander, 1% American Indian/Alaska Native; 2% two or more races
NVDRS participation	South Carolina Violent Death Reporting System (SCVDRS) joined NVDRS in 2002; first year of data collection in 2003

A LOOK AT SUICIDE IN SOUTH CAROLINA

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN SOUTH CAROLINA

- Nearly all (99%) violent deaths occurring in South Carolina in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in South Carolina (N=1474, 67%), occurring 2.1 times more often than homicide (N=694, 32%).
- The remaining deaths from violence were attributed to undetermined manner (N=8, <1%), legal intervention (N=14, 1%), and unintentional firearm death (N=6, <1%).

SUICIDE IN SOUTH CAROLINA

- State rates.** South Carolina's suicide rate* in 2013-2014 was 15.3/100,000, a 28% increase from 12.0 in

2004-2005 and a 15% increase from 13.3 in 2009-2010.

- State/U.S. comparison.** The suicide rate in South Carolina was 16% higher than the U.S. suicide rate (13.2) and was the eighth highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 81% White, 9% Black, 3% Hispanic, 1% Asian/Pacific Islander, 2% other/two or more races, and 3% unknown.
- Sex.** Males accounted for 78% of suicide victims (28.2/100,000 ages 10+) and females accounted for 22% (7.5/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (34.5/100,000). For females, the suicide rate was highest among those ages 45-64 (11.5/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 65% of suicides, followed by hanging/strangulation/suffocation (18%) and poisoning (12%).
- Use of a firearm was the most common method for both males (70%) and females (48%). Males ages 65+ had the highest firearm suicide rate (30.0/100,000). (See infographic)

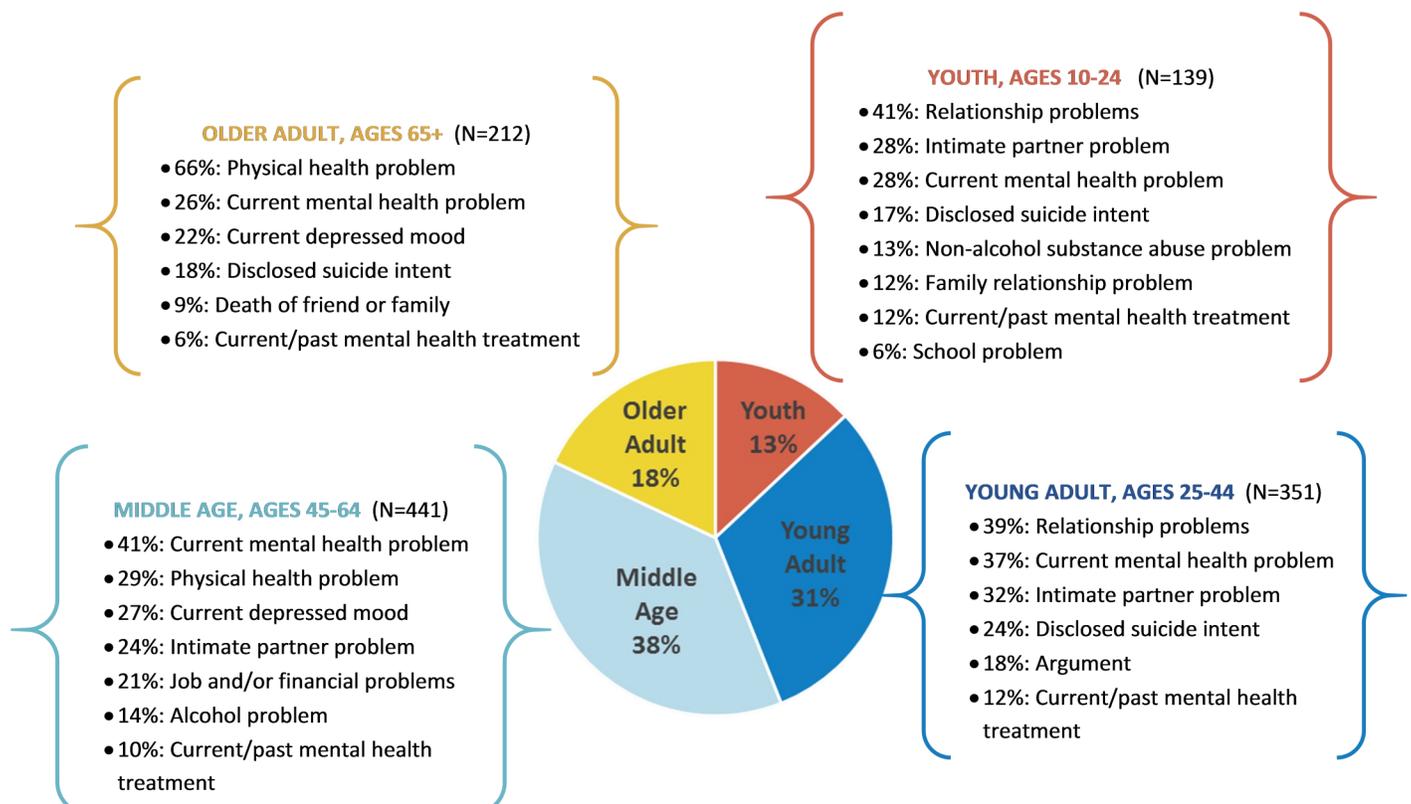
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Four percent (4%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate; 88% of victims had an unknown or missing veteran status.
- **Sexual orientation.** Six (6) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Fewer than five victims were identified as homeless at the time of death.
- **Marital status.** Thirty-nine percent (39%) of victims were married, 30% were never married, 20% were divorced, 7% were widowed, and 3% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 17% were a high school or GED graduate, 50% had less than a high school education, 27% had some college or a college degree, and 6% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 78% of South Carolina's deaths by suicide, circumstances were documented in the records (N=1143).
- The most frequently cited circumstances were current mental health problem (36%), relationship problems (30%), physical health problem (27%), intimate partner problem (24%), current depressed mood (23%), and disclosed suicide intent (20%). A suicide note was left in 28% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, SOUTH CAROLINA, 2013-2014

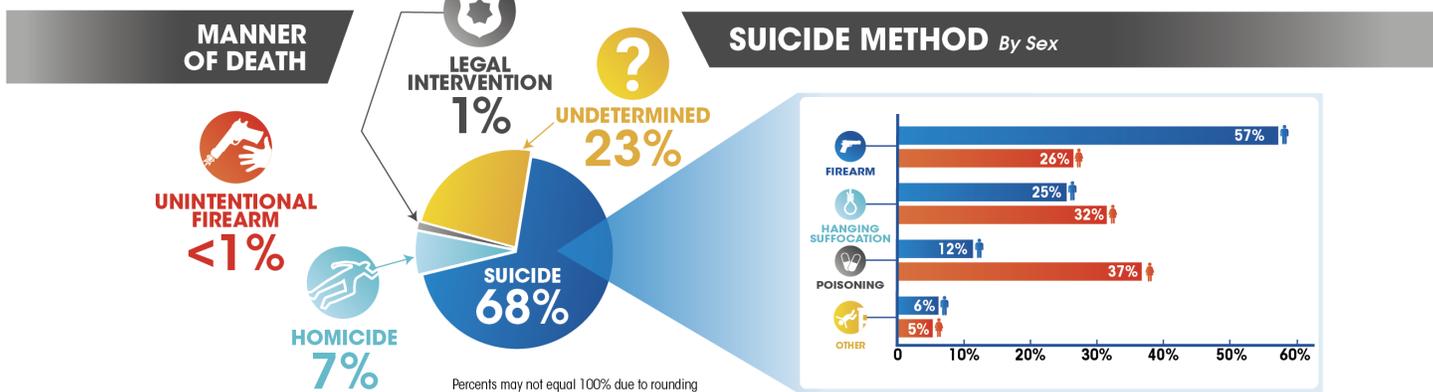


UTAH, 2013-2014

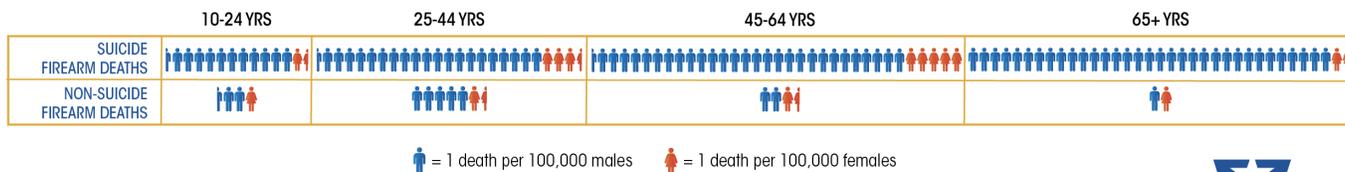
Size	Divided into 29 counties covering 82,000 square miles
Population	31st most populated state with 3 million residents
Race/ethnicity of state population	79% White non-Hispanic, 1% Black, 14% Hispanic or Latino, 4% Asian/Pacific Islander, 2% American Indian/Alaska Native; 2% two or more races
NVDRS participation	Utah Violent Death Reporting System (UTVDRS) joined the NVDRS in 2004; first year of data collection in 2005

A LOOK AT SUICIDE IN UTAH

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN UTAH

- Nearly all (92%) violent deaths occurring in Utah in 2013-2014 were classified as suicide or undetermined manner.
- Suicide was the most common manner of violent death in Utah (N=1163, 68%), occurring 10.3 times more often than homicide (N=113, 7%). Undetermined deaths were the second most common manner of violent death (N=397, 23%).
- The remaining deaths from violence were attributed to legal intervention (N=19, 1%) and unintentional firearm death (N=8, <1%).

SUICIDE IN UTAH

- State rates.** Utah's suicide rate* in 2013-2014 was 19.9/100,000, a 42% increase from 14.0 in

2004-2005 and an 18% increase from 16.9 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Utah was 51% higher than the U.S. suicide rate (13.2) and was tied with Colorado for the third highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 89% White, 6% Hispanic, 2% Asian/Pacific Islander, 2% American Indian/Alaska Native, 1% two or more races, and 1% other/unknown.
- Sex.** Males accounted for 77% of suicide victims (36.9/100,000 ages 10+) and females accounted for 23% (11.3/100,000 ages 10+). The suicide rate among males was highest for those ages 45-64 (47.6/100,000). For females, the suicide rate was also highest among those ages 45-64 (17.0/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 50% of suicides, followed by hanging/strangulation/suffocation (27%) and poisoning (18%).
- Use of a firearm was the most common method for males (57%), and poisoning was the most common method for females (37%). Males ages 65+ had the highest firearm suicide rate (33.0/100,000). (See infographic)

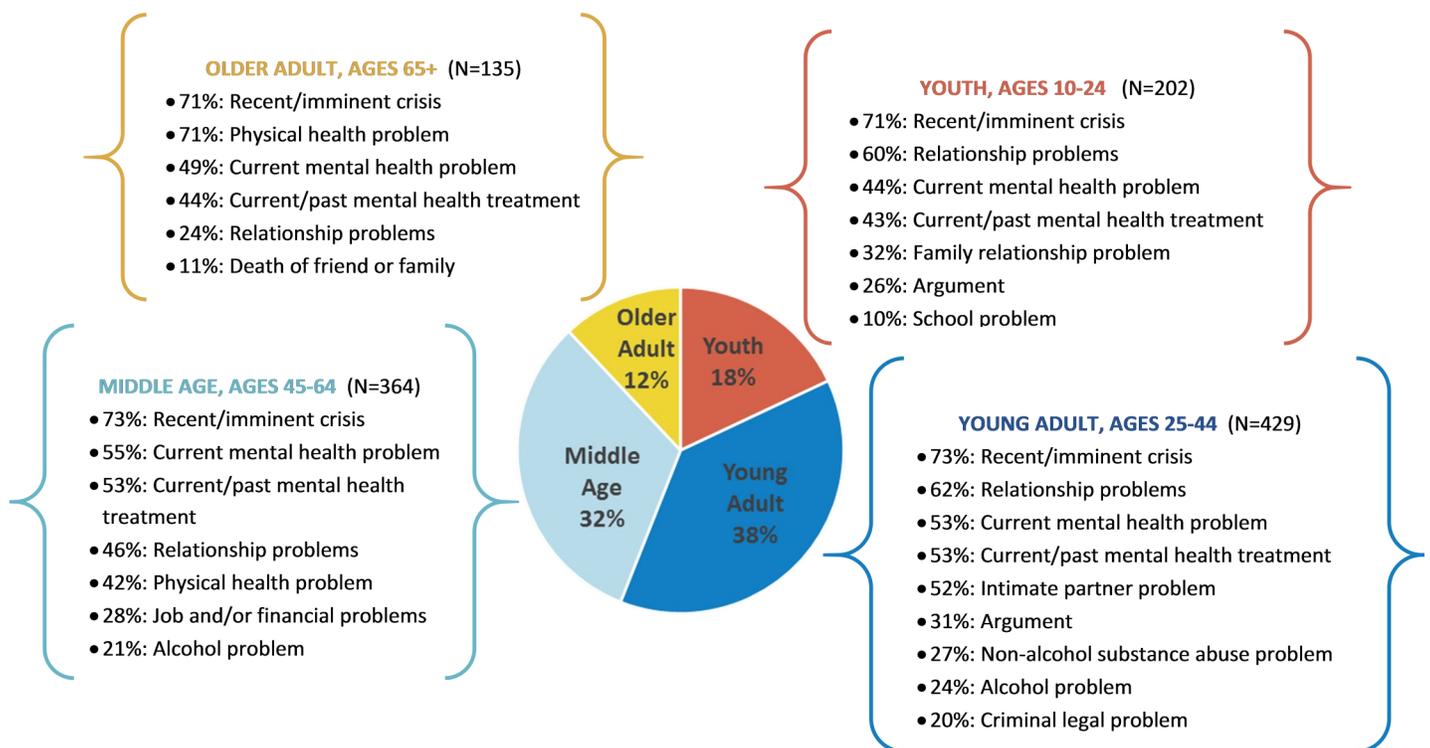
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Fourteen percent (14%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 51% of victims ages 65+.
- **Sexual orientation.** Thirteen (13) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Ten (10) victims were identified as homeless at the time of death.
- **Marital status.** Thirty-three percent (33%) of victims were married, 34% were never married, 24% were divorced, 3% were widowed, and 6% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 37% were a high school or GED graduate, 9% had less than a high school education, 52% had some college or a college degree, and 2% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 97% of Utah's deaths by suicide, circumstances were documented in the records (N=1130).
- The most frequently cited circumstances were a recent/imminent crisis (73%), relationship problems (52%), current mental health problem (52%), current or past mental health treatment (50%), current depressed mood (38%), intimate partner problem (37%), disclosed suicide intent (36%), and physical health problem (33%). A suicide note was left in 41% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, UTAH, 2013-2014

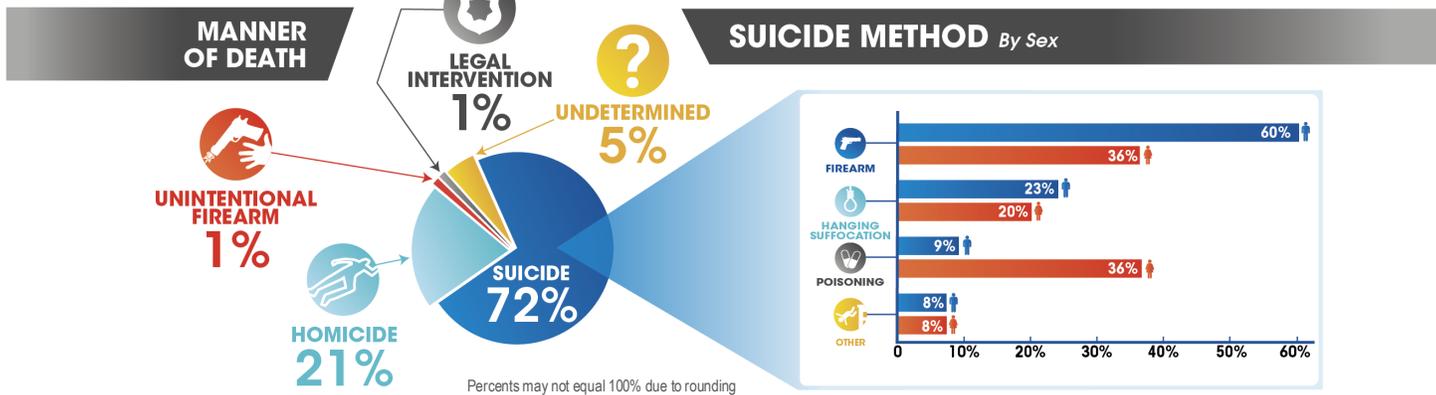


VIRGINIA, 2013-2014

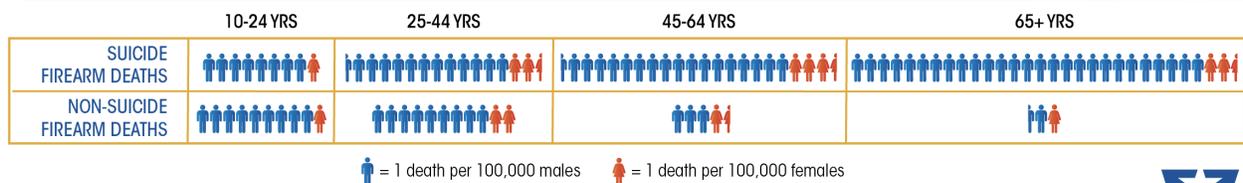
Size	Divided into 95 counties and 38 independent cities covering 39,000 square miles
Population	12th most populated state with 8.4 million residents
Race/ethnicity of state population	63% White non-Hispanic, 20% Black, 9% Hispanic or Latino, 7% Asian/Pacific Islander, 1% American Indian/Alaska Native; 3% two or more races
NVDRS participation	Virginia Violent Death Reporting System (VAVDRS) joined NVDRS in 2002; first year of data collection in 2003

A LOOK AT SUICIDE IN VIRGINIA

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN VIRGINIA

- Nearly all (94%) violent deaths occurring in Virginia in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Virginia (N=2211, 72%), occurring 3.4 times more often than homicide (N=656, 21%).
- The remaining deaths from violence were attributed to undetermined manner (N=149, 5%), legal intervention (N=28, 1%), and unintentional firearm death (N=18, 1%).

SUICIDE IN VIRGINIA

- State rates.** Virginia's suicide rate* in 2013-2014 was 13.3/100,000, a 17% increase from 11.4 in 2004-2005 and an 8% increase from 12.3 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Virginia was 1% higher than the U.S. suicide rate (13.2) and was tied with North Carolina for the seventh lowest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 85% White, 9% Black, 3% Asian/Pacific Islander, 3% Hispanic, and 1% other/two or more races/unknown.
- Sex.** Males accounted for 78% of suicide victims (24.2/100,000 ages 10+) and females accounted for 22% (6.7/100,000 ages 10+). The suicide rate among males was highest for those ages 65+ (32.3/100,000). For females, the suicide rate was highest among those ages 45-64 (9.1/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 55% of suicides, followed by hanging/strangulation/suffocation (22%) and poisoning (15%).
- Use of a firearm was the most common method for males (60%), and the use of a firearm (36%) and poisoning (36%) were both the most common methods for females. Males ages 65+ had the highest firearm suicide rate (27.0/ 100,000). (See infographic)

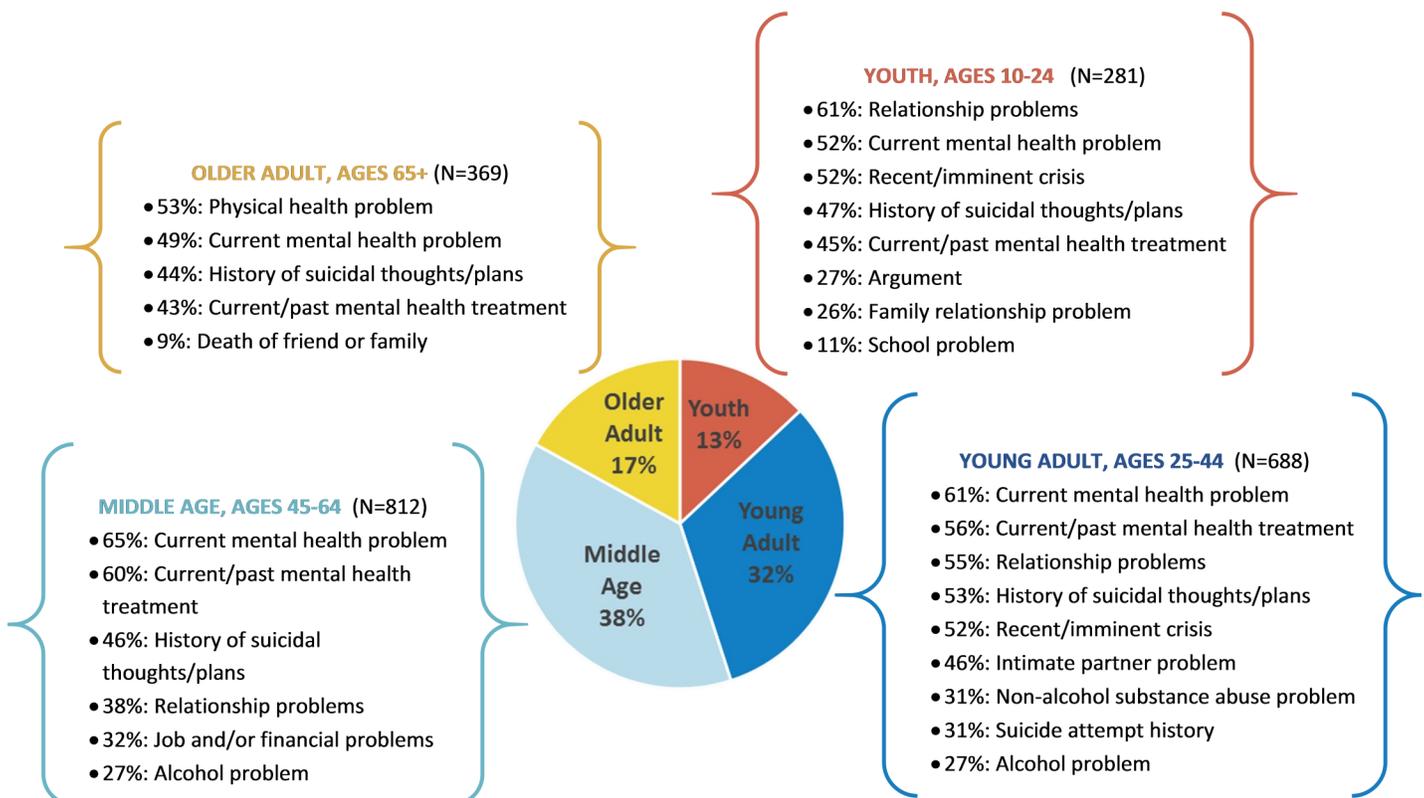
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Twenty-one percent (21%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 44% of victims ages 65+.
- **Sexual orientation.** Thirty-four (34) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Fifteen (15) victims were identified as homeless at the time of death.
- **Marital status.** Twenty-eight percent (28%) of victims were married, 34% were never married, 21% were divorced, 7% were widowed, and 11% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 39% were a high school or GED graduate, 13% had less than a high school education, 46% had some college or a college degree, and 2% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 97% of Virginia's deaths by suicide, circumstances were documented in the records (N=2150).
- The most frequently cited circumstances were current mental health problem (59%), current or past mental health treatment (54%), history of suicidal thoughts or plans (48%), a recent/imminent crisis (44%), relationship problems (43%), current depressed mood (40%), intimate partner problem (34%), and disclosed suicide intent (31%). A suicide note was left in 39% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, VIRGINIA, 2013-2014

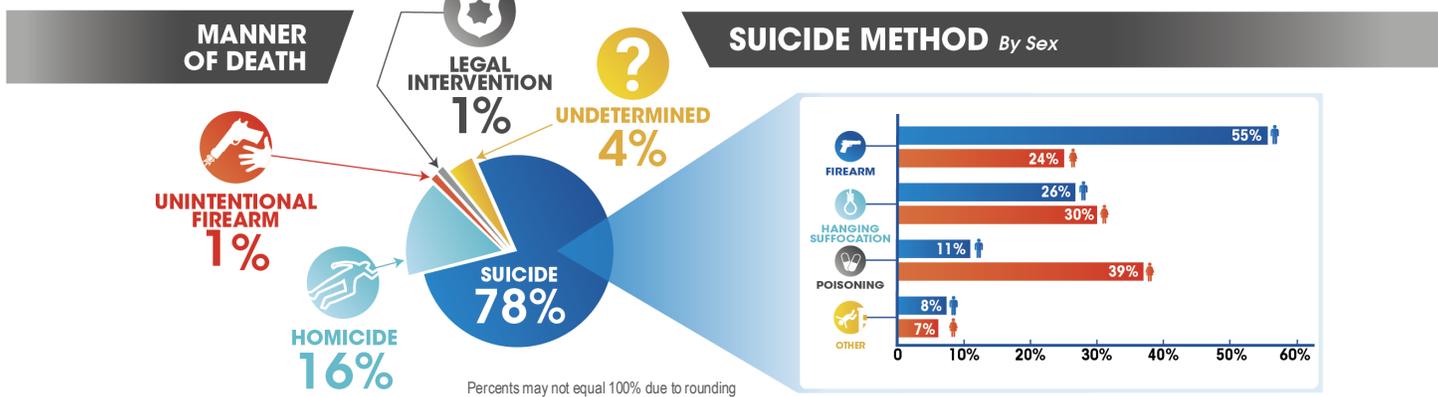


WISCONSIN, 2013-2014

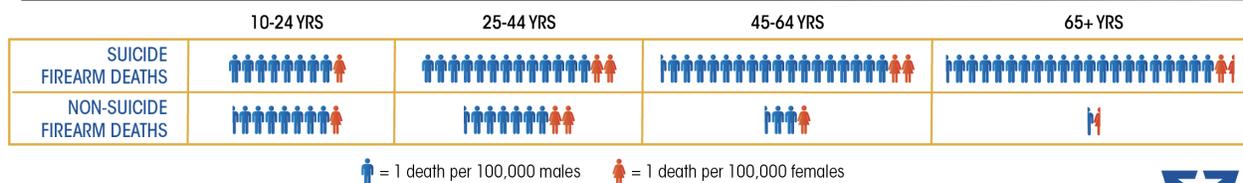
Size	Divided into 72 counties covering 54,000 square miles
Population	20th most populated state with 5.8 million residents
Race/ethnicity of state population	82% White non-Hispanic, 7% Black, 7% Hispanic or Latino, 3% Asian/Pacific Islander, 1% American Indian/Alaska Native; 2% two or more races
NVDRS participation	Wisconsin Violent Death Reporting System (WIVDRS) joined the NVDRS in 2003; first year of data collection in 2004

A LOOK AT SUICIDE IN WISCONSIN

Data from the National Violent Death Reporting System 2013-2014.



SUICIDE AND NON-SUICIDE* FIREARM DEATH RATES By Age and Sex



* Non-suicide deaths include homicides, legal interventions, unintentional firearm deaths, and undetermined manner (intent) deaths that may have resulted from violence.



TYPES OF VIOLENT DEATHS IN WISCONSIN

- Nearly all (94%) violent deaths occurring in Wisconsin in 2013-2014 were classified as suicide or homicide.
- Suicide was the most common manner of violent death in Wisconsin (N=1605, 78%), occurring five times more often than homicide (N=326, 16%).
- The remaining deaths from violence were attributed to undetermined manner (N=87, 4%), legal intervention (N=22, 1%), and unintentional firearm death (N=11, 1%).

SUICIDE IN WISCONSIN

- State rates.** Wisconsin's suicide rate* in 2013-2014 was 14.0/100,000, a 19% increase from 11.8 in 2004-2005 and a 4% increase from 13.4 in 2009-2010.

- State/U.S. comparison.** The suicide rate in Wisconsin was 6% higher than the U.S. suicide rate (13.2) and was the ninth highest of all NVDRS states.
- Race/ethnicity.** Suicide victims were 91% White, 3% Hispanic, 3% Black, 1% Asian/Pacific Islander, 1% American Indian/Alaska Native, 1% two or more races, and <1% other/unknown.
- Sex.** Males accounted for 80% of suicide victims (25.7/100,000 ages 10+) and females accounted for 20% (6.3/100,000 ages 10+). The suicide rate among males was highest for those ages 45-64 (31.4/100,000). For females, the suicide rate was also highest among those ages 45-64 (8.2/100,000).

Percents in this state profile may not equal 100% due to rounding.

*All rates in this profile are occurrent ratios based on the number of resident and non-residents deaths that occurred in the state per 100,000 resident population.

SUICIDE METHODS

- Firearms were used in 49% of suicides, followed by hanging/strangulation/suffocation (27%) and poisoning (17%).
- Use of a firearm was the most common method for males (55%), and poisoning was the most common method for females (39%). Males ages 65+ had the highest firearm suicide rate (20.5/100,000). (See infographic)

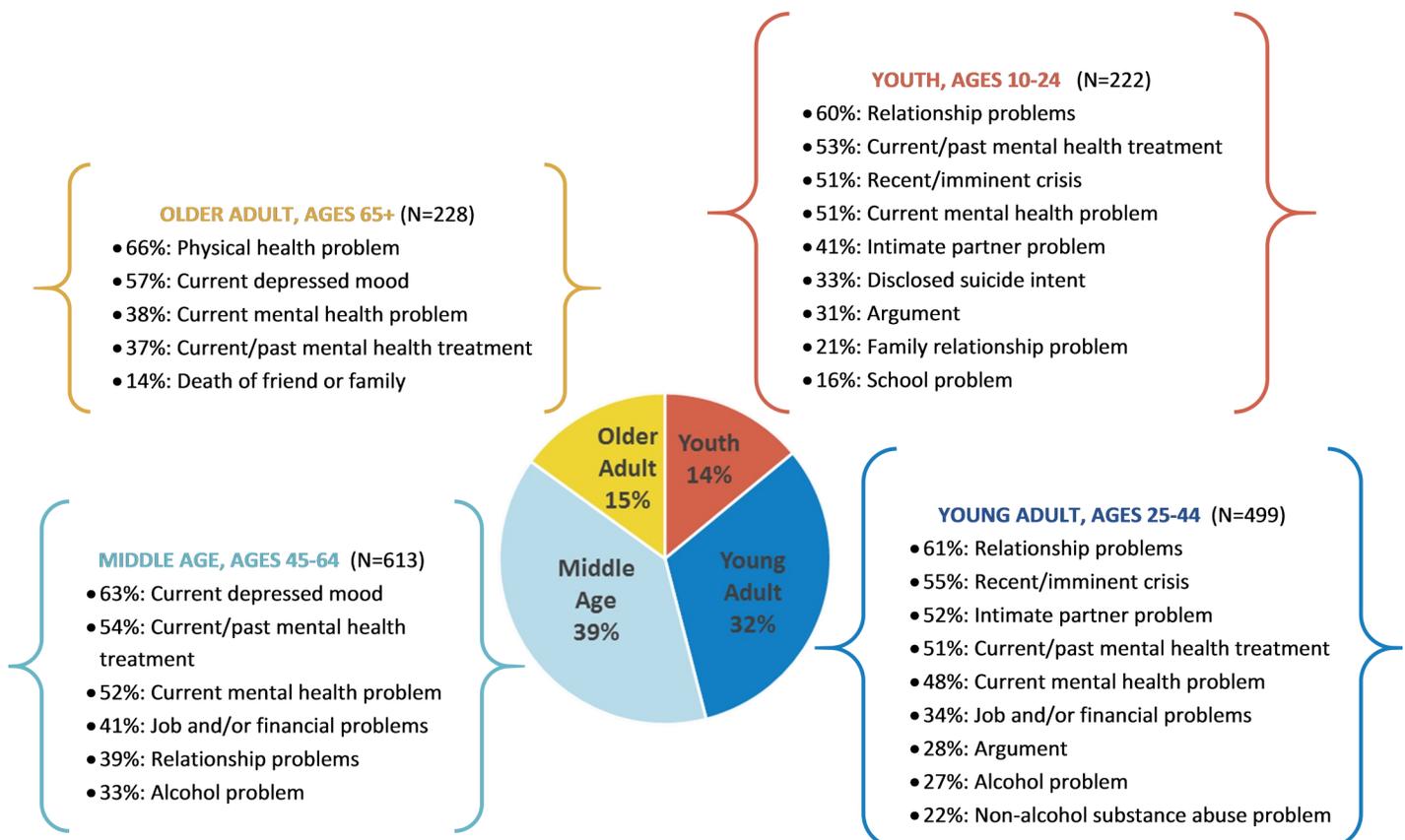
ADDITIONAL SUICIDE DEMOGRAPHICS

- **Veterans.** Seventeen percent (17%) of suicide victims were identified as veterans (served in the U.S. Armed Forces) on the death certificate, including 50% of victims ages 65+.
- **Sexual orientation.** Nineteen (19) victims were identified as gay, lesbian, or bisexual.
- **Homeless status.** Sixteen (16) victims were identified as homeless at the time of death.
- **Marital status.** Thirty percent (30%) of victims were married, 38% were never married, 24% were divorced, 5% were widowed, and 3% had another or unknown marital status.
- **Education level.** Among victims ages 25+, 44% were a high school or GED graduate, 9% had less than a high school education, 46% had some college or a college degree, and 1% had an unknown education level.

SUICIDE CIRCUMSTANCES

- In 97% of Wisconsin's deaths by suicide, circumstances were documented in the records (N=1562).
- The most frequently cited circumstances were current depressed mood (58%), current or past mental health treatment (50%), current mental health problem (49%), history of suicidal thoughts or plans (46%), relationship problems (46%), a recent/imminent crisis (45%), intimate partner problem (35%), job and/or financial problems (31%), and suicide intent disclosed (30%). A suicide note was left in 40% of the incidents.
- The most frequent or notable circumstances by age group are shown in the chart below.

SUICIDE CIRCUMSTANCES BY LIFE STAGE, WISCONSIN, 2013-2014



5 ANALYSIS CONSIDERATIONS

The National Violent Death Reporting System is a complex surveillance system designed to capture detailed information on all violent deaths from multiple sources. Several unique components of this surveillance system should be considered when reviewing the results provided in this report and when comparing the results presented here with those derived from other data sources or analysis methods.

VIOLENT DEATH CASE DEFINITION

The NVDRS definition of a death from violence is rather broad and includes such categories as intentional deaths (suicide and homicide), unintentional deaths resulting from use of a firearm, deaths resulting from legal intervention, terrorism-related deaths, and undetermined manner (intent) deaths.⁵ Terrorism-related deaths were excluded from this report, as only four violent deaths were identified with this death manner.

The undetermined manner category significantly influences the total number of deaths from violence presented in this report. According to the NVDRS Coding Manual, deaths with undetermined manner include those deaths “resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death.” Frequently, these are deaths resulting from drug overdose for which the intent of the death (unintentional/accidental vs. intentional/suicide vs. intentional/homicide) cannot be clearly determined.

In this report, the full NVDRS case definition was used to determine the total number of deaths due to violence, including deaths with undetermined manner and unintentional firearm-related deaths in the total number of violent deaths.

The policies and practices regarding the assignment of “undetermined manner of death” are not standardized throughout the U.S. Therefore, some states, such as Maryland and Utah, have a relatively high percentage of deaths from violence classified as “undetermined manner of death,” whereas other states, such as South Carolina and Georgia, have a low percentage of deaths classified as undetermined manner of death” (See Table 1 on page 10) . Because of the broad case definition used by the NVDRS, the numbers and rates of total violent deaths reported by this surveillance system will likely differ from those reported by other systems.

OCCURRENT DEATHS

The structure of the NVDRS allows for capture of both resident and occurrent deaths. Resident deaths are those in which the decedent was a resident of the reporting state at the time of fatal injury, regardless of whether the injury occurred in the reporting state or another state. Occurrent deaths are those in which the decedent was fatally injured in the reporting state, whether or not the decedent was a resident of the reporting state. In this report, only occurrent deaths are used due to the limited investigation data collected on resident deaths outside of the reporting state’s geographical boundaries. **This report uses occurrent rates rather than mortality rates based on residency status because occurrent rates provide a more comprehensive description of a state’s burden of deaths from violence.**

State and federal agencies traditionally report vital statistics in terms of residence data. That is, mortality rates are typically derived from the number of violent deaths among residents divided by resident population per 100,000 persons. Occurrence statistics, however, are based on all violent deaths that occur in the geographic area of interest, not just the deaths of residents. Occurrence statistics can provide a different measure of a state's burden of deaths from violence because all violent deaths are included in the numerator. The occurrence rate, in contrast to the mortality rate, is derived from the total number of violent deaths in the specified geographic area divided by the resident population of the geographic area per 100,000 persons.

IDENTIFYING SUBCATEGORIES OF VIOLENT DEATHS

As previously mentioned, NVDRS data are captured from multiple sources, including death certificates, coroner/medical examiner reports, and law enforcement investigations. Typically, each source assigns a manner (intent) of death, such as suicide, homicide, or unintentional/accidental. In most instances, the different sources agree on the manner of death; however, occasionally, there can be a discrepancy between sources (for example, one source might categorize the death as a suicide while another source might categorize the death as undetermined manner).

In these instances, the NVDRS state abstractor is instructed to assign a manner of death based on the preponderance of information available from all sources. The manner of death assigned by the abstractor must agree with the manner of death assigned by at least one of the primary sources (death certificates, coroner/medical examiner reports or law enforcement investigations). Use of the "abstractor-defined manner of death" to assign cases to subcategories of violent deaths can result in slight differences in counts compared to cases categorized using the ICD-10 underlying cause of death codes on death certificates (the method used by the CDC National Center for Health Statistics, National Vital Statistics System, and Web-based Injury Statistics Query and Reporting System [WISQARS]).

STATISTICAL MEASURES

Data source: Data are from the NVDRS Restricted Access Database (RAD). Definitions and terms can be found in Appendix A.

Occurrent rates: As described above, occurrent rates are calculated from the total number of deaths where the fatal injury occurred in the state, including both residents and non-residents, divided by the sum of the resident population estimates for the applicable period of time (for this report two years, 2013 and 2014) and multiplied by 100,000.

Populations/race: Populations are categorized based on race and Hispanic origin. The race/ethnicity of each state population was reported for the following categories: white (non-Hispanic), black (any ethnicity), Asian/Pacific Islander (any ethnicity), American Indian/Alaska Native (any ethnicity), two or more races (any ethnicity), and Hispanic (all races).

The race/ethnicity of suicide victims in each state was reported for the following categories: white (non-Hispanic), black (non-Hispanic), Asian/Pacific Islander (non-Hispanic), American Indian/Alaska Native (non-Hispanic), two or more races (non-Hispanic), other (non-Hispanic), and Hispanic (all races).

Sex-specific suicide rates: Since suicide largely affects persons older than 10 years of age, sex-specific suicide rates in the state profiles were calculated using the state's resident population 10 years of age and older instead of the entire population.

Rounding percentages: Each state profile contains percentages for race and ethnicity of the state population, manners of violent death, and race and ethnicity, marital status, and education level of suicide victims. Percentages were rounded to the nearest whole number and therefore the totals may not always add up to 100%.

Circumstances information: The percent of cases with a given circumstance (e.g., current mental health problem) is based on the total number of violent deaths where at least one circumstance of the death was known. Circumstances information is not always collected or available for all cases of violent death. Circumstances are abstracted from information contained in CME reports and law enforcement records. Circumstances might not be known if neither of these data sources was able to be obtained, if very limited information was documented in the reports.

LIMITATIONS

For this report, crude rates were used to show general similarities and differences between the states and the U.S. Use of crude rates instead of age-adjusted rates for such comparisons is a limitation of this report. Because this report used occurrent ratios instead of resident death rates, age-adjustment was determined to be less essential, given that the analyses included deaths of individuals who are not residents of a state. This approach is also consistent with the two previous reports from 2008 and 2014, which did not use age-adjusted death rates.^{7,8} For each state profile, this limitation will apply only to the state and U.S. suicide rate comparison.

6 APPENDIX A: Definition of Terms

Alcohol problem: A suicide circumstance in which the victim is perceived by self or others as having a problem with or being addicted to alcohol. A victim who is participating in an alcohol rehabilitation program or treatment, including self-help groups and 12-step programs, and has been clean and sober for less than five years is also considered as having this circumstance.

Argument: An argument or conflict that led to the victim's death. There must have been a specific argument or disagreement that is related to the violent death (e.g., an argument over money, a relationship problem or an insult).

Circumstances known: Indicates that information about the events or predisposing factors associated with the incident was available from either medical examiner/coroner records or law enforcement reports.

Criminal legal problem: A suicide circumstance in which the victim was facing a recent or impending arrest, police pursuit, or an impending criminal court date, and the consequence was relevant to the suicide event.

Crisis (recent or imminent): The victim experienced a crisis within two weeks of the incident, or a crisis was imminent within two weeks of the incident. A "crisis" is a current/acute event that is indicated in one of the source reports to have contributed to the death.

Current mental health problem: The victim was identified as currently having a diagnosed mental health problem, such as major depression, schizophrenia, and generalized anxiety disorder, as well as neurodevelopmental disorders (such as intellectual disability, autism, attention-deficit/hyperactivity disorder), eating disorders, personality disorders, and organic mental disorders (such as Alzheimer's and other dementias). There does not need to be any indication that the mental health condition directly contributed to the death.

Current mental health treatment: The victim was in current treatment (e.g., had a current prescription for a psychiatric medication, saw a mental health professional within the past two months or participated in treatment for substance abuse such as outpatient treatment or alcohol anonymous) for a mental health or substance abuse problem at the time of the injury.

Death of friend or family: Death of a family member or friend due to something other than suicide appears to have contributed to the suicide death.

Depressed mood: A suicide circumstance in which the person was noted by others to be sad, despondent, down, blue, unhappy, etc. This circumstance can apply whether or not the person has a diagnosed mental health problem.

Disclosed intent to commit suicide: The victim disclosed to another person their thoughts and/or plans to commit suicide within the last month. Disclosure of suicidal thoughts or plan can be verbal, written or electronic.

Education: Represents victim's educational level as measured by the highest degree attained or by years of education completed beyond kindergarten.

Financial problem: A suicide circumstance in which the victim was experiencing monetary issues such as bankruptcy, overwhelming debts, a gambling problem, or foreclosure of a home or business, and these problems appear to have contributed to the death.

History of suicidal thoughts or plans: Victim had a history of suicidal thoughts, plans or attempts. Disclosure of suicidal thoughts or plan can be verbal, written or electronic. This code is used for victims who have at any time in their life expressed suicidal thoughts or plans. The victim may or may not have disclosed suicidal thoughts and/or plans close to the time of the suicide.

Homeless: Homeless persons are those who reside in one of the following: 1) Places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including the following: a car or other private vehicle; park, on the street or other outdoor place; abandoned building (i.e., squatting); bus or train station; airport; or camping ground; or 2) A supervised publicly or privately operated shelter or drop-in center designated to provide temporary living arrangements; congregate shelters; temporary accommodations provided by a homeless shelter (e.g., a motel room provided because the shelter was full); or transitional housing for homeless persons.

Homicide: A death resulting from the intentional use of force or power, threatened or actual, against another person, group, or community. A preponderance of evidence must indicate that the use of force was intentional.

Incident: All victims and suspects associated with a given incident are in one record. A violent death incident can be made up of any of the following: (1) single suicide, (2) death of undetermined intent, (3) single homicide, (4) multiple homicides, (5) homicide(s) followed by a suicide(s) (i.e., a homicide-suicide), (6) unintentional firearm death(s), (7) multiple suicides, or (8) other.

Intimate partner: A current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse. It does not include instances of sex/intimacy in exchange for money/goods. There must be evidence of an intimate relationship (this does not apply to instances where there is simply attraction/infatuation between two individuals or in cases where one person is romantically interested in the other, but the feelings are not returned). The definition of intimate partner does not require sexual intimacy. This definition includes same-sex partners.

Intimate partner problem: Problems with a current or former intimate partner appear to have contributed to the suicide or undetermined death, such as a divorce, break-up, argument, jealousy, conflict, or discord.

Job problem: A suicide circumstance in which the victim was either experiencing a problem at work (such as tension with a co-worker, poor performance reviews, increased pressure, feared layoff) or was having a problem with joblessness (e.g., recently laid off, having difficulty finding a job), and this appears to have contributed to the death.

Legal intervention death: A death in which the decedent was killed by a police officer or other peace officer (persons with specified legal authority to use deadly force), including military police, acting in the line of duty.

Occurrent death: Those deaths in which the decedent was injured in the reporting state, whether or not the decedent was a resident of the reporting state.

Other relationship problem: A suicide circumstance in which the person was experiencing problems or conflict with a family member, friend, or associate (other than an intimate partner) that appeared to have contributed to the suicide.

Other (non-alcohol) substance abuse problem: The victim was perceived by self or others to have a problem with, or to be addicted to drugs other than alcohol. There does not need to be any indication that the addiction directly contributed to the death.

Past mental health treatment: The victim was noted as ever having received treatment (e.g., had a current prescription for a psychiatric medication, saw a mental health professional within the past two months or participated in self-help program such as alcohol anonymous) for a mental health problem (including alcohol and other substance abuse problems), either at the time of death or in the past.

Physical health problem: A suicide circumstance in which the victim was experiencing terminal disease, debilitating condition, or chronic pain relevant to the suicide event.

Poisoning: A state of illness caused by the presence of any harmful or toxic substance that has been ingested, inhaled, applied to the skin or resulted from any other form of contact.

Relationship problems: The decedent had one or more of the following: intimate partner problem, family relationship problem, or other relationship problems.

Restricted Access Database (RAD): A de-identified, multi-state, case-level micro dataset prepared by the CDC for use by researchers and other investigators. To obtain the RAD, requestors must submit a proposal to CDC describing the intended use of the data.

Resident: The decedent was an official inhabitant of the state (or territory) including those portions of a Native American reservation within the state at the time of injury, according to the death certificate.

School problem: Problems at or related to school appear to have contributed to the death, including poor grades, difficulty with a teacher, bullying, social exclusion at school, school detention/suspension, or performance pressures.

Sexual Orientation: This variable captures whether the victim self-identified as heterosexual, gay, lesbian, or bisexual based on interviews of friends, family or acquaintances. Currently, this information is usually not collected systematically and consequently this variable will likely only detect decedents who were gay, lesbian or bisexual according to friends, families or acquaintances. Definitive information on sexual orientation may be unavailable. This variable was added in August 2013 and therefore states may have already collected 2013 data before the variable was made available, potentially undercounting the actual number of gay, lesbian, or bisexual decedents.

Suicide: A death resulting from the intentional use of force against oneself. A preponderance of evidence should indicate that the use of force was intentional.

Suicide attempt history: A suicide circumstance in which the victim was known to have previously tried to end his/her own life, regardless of the severity of the injury inflicted.

Suicide note: A suicide circumstance in which the victim left a message, e-mail, video, or other communication that he or she intended to end his/her own life. A will or folder of financial papers near the victim does not constitute a suicide note.

Suspect: Person or persons suspected of having killed another person in an incident, whether intentionally (any method/weapon) or unintentionally (firearm only), or assisted in the homicide.

Undetermined death: A death resulting from the use of force or power against oneself or another person for which the evidence indicating one manner of death is no more compelling than the evidence indicating another manner of death.

Unintentional firearm death: A death resulting from a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile when there was a preponderance of evidence that the shooting was not intentionally directed at the victim.

NVDRS states: While 40 states, the District of Columbia and Puerto Rico are currently funded by the National Violent Death Reporting System (NVDRS) at the time of this report's publication (February 2017), only data from the 18 NVDRS states that contributed 2013 and 2014 data to the Restricted Access Database (RAD) are included in this report. These states are Alaska, Colorado, Georgia, Kentucky, Maryland, Massachusetts, Michigan, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia and Wisconsin. All states include two years of data (2013-2014) except Michigan, which includes one year (2014).

Veteran: Military/veteran status is indicated on the death certificate in the section captioned, "Ever a member of U.S. Armed Forces." U.S. Armed Forces comprises five armed service branches: Air Force, Army, Coast Guard, Marine Corps, and Navy.

Victim: Person or persons who died in a suicide, violence-related homicide, legal intervention, as the result of a firearm injury, or from an undetermined manner.

Weapon/Method/Mechanism: The primary instrument used by a victim or suspect that contributed to someone's death.

7 APPENDIX B: Methods

This report contains descriptive information using public health surveillance data from the National Violent Death Reporting System. The NVDRS is a population-based, active surveillance system developed and supported by the Centers for Disease Control and Prevention (CDC) designed to obtain a complete census of all resident and occurrent deaths from violence.

- Each participating state collects information from death certificates, medical examiner/coroner reports, and law enforcement records. Some states collect information from additional sources, such as crime labs. As of 2016, 40 states, the District of Columbia, and Puerto Rico participated in the NVDRS. (See Appendix A)
- Cases consist of deaths from suicide, homicide, undetermined intent, legal intervention, and unintentional firearm injury. Related fatal injuries involving multiple victims that occur within 24 hours of each other are captured in one incident. The data submitted to the national NVDRS database do not contain personal identifiers such as name and street address, but they do include descriptive information such as city of residence, county of injury, and a narrative of the incident.
- A full description of the data collection processes of the NVDRS is provided in a Surveillance Summary published in the Morbidity and Mortality Weekly Report in August 2016.² Additional information on data collection and definitions is available in the NVDRS Coding Manual.⁵

DATA SOURCES

The NVDRS Restricted Access Database (RAD), a de-identified, multi-state, case-level micro dataset prepared by the CDC for use by researchers and other investigators, was the primary data source for this report. To obtain the RAD, requestors must submit a proposal to CDC describing the intended use of the data. The Safe States Alliance submitted a proposal to CDC in July 2016. A scientific panel at the CDC reviewed and approved the use of the RAD data for this report. The RAD data file used in these analyses was available for analysis in September 2016.

Basic state demographic data included in the state profiles was obtained from 2015 U.S. Census Bureau Population Estimates.¹¹ Population estimates for calculating the number of occurrent deaths per 100,000 resident population were obtained from the CDC National Center for Health Statistics, Bridged-Race Population Estimates.¹²

CASE SELECTION

Cases were selected based on a date of death in 2013 or 2014, regardless of the date of injury. Cases were categorized to a type of violent death (e.g., suicide or homicide) using the abstractor-defined manner of death. Occurrent deaths were used in all analyses. State occurrent deaths are defined as those deaths in which the initial injury occurred within the state, regardless of the state of residence of the victim. Although most occurrent deaths involve state residents, nonresidents were also included in the total number of occurrent deaths.

ANALYSIS METHODS

This report provides descriptive information using public health surveillance data. Because this is not a research study, no specific hypotheses were tested and no statistical tests were conducted.

In general, three types of measurements are presented: (1) the number of occurrent deaths for a given violent death category, (2) the percent of the total number of violent deaths for a given category, and (3) the number of occurrent deaths per 100,000 population (a rate).

Numbers and proportions/percents describe the frequency of occurrence; rates are summary statistics that provide a standard unit of measurement that permits comparisons between groups and can reveal levels of risk.

As mentioned above, occurrent deaths can include both in-state and out-of-state residents. Use of an occurrent rate emphasizes the total burden of violent death in a state. The rates of occurrent deaths per 100,000 population were calculated using CDC Center for Health Statistics bridged-race population estimates¹² for 2013 and 2014 for the appropriate state, sex, and age. Rates were not age-adjusted.

Population percentages for race and Hispanic origin groups were calculated using the 2015 U.S. Census Bureau population estimates.¹¹

State profiles include information on the percent of suicides having a given circumstance. These percents are calculated based on the number of a given circumstance divided by the total number of suicides in the state with known circumstances. Circumstance information was not available for all suicides for all states. This is briefly discussed in the Analysis Consideration section of the report. Additionally, multiple circumstances could have been involved in the death.

CELL SIZE RESTRICTIONS

Per the RAD users agreement with CDC, cells showing or derived from one to four deaths are suppressed – and are identified by an asterisk (*) in Table 1 on page 10. In general, occurrent rates are not computed for cells containing fewer than 5 deaths; rates based on fewer than 20 deaths have been identified and should be interpreted with caution.

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- Brown S, Casanave L, Yang Y, Haddad D and Stromberg A. *Deaths from violence: A Look at 18 States — Data from the National Violent Death Reporting System*. September 2013.